

## Chairperson - Pat Kilpatrick

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09:30 - 09:35 **1. CHAIRPERSON'S WELCOME AND OPENING REMARKS**  
5 min  
PK

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09:35 - 09:35 **2. DECLARATION OF MEMBERS' INTERESTS**  
0 min  
PK


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09:35 - 09:35 **3. APOLOGIES FOR ABSENCE - G Downie**  
0 min  
PK

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09:35 - 09:35 **4. MINUTE OF PREVIOUS MEETING HELD ON 26 MARCH 2024**  
0 min  
(enclosed) PK  
 Item 04 - Minutes 20240326.pdf (13 pages)

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09:35 - 09:35 **5. MATTERS ARISING / ACTION LIST**  
0 min  
(enclosed) PK  
 Item 05 - Action List.pdf (1 pages)

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09:35 - 09:55 **6. CHIEF EXECUTIVE'S REPORT**  
20 min

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

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

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09:55 - 10:10 **7. CHAIRPERSON'S REPORT**  
15 min

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

## 7.2. Board Committee Membership

(enclosed) PK

- Item 07.2 - SBAR Chairpersons Report - Committee Membership.pdf (3 pages)
- Item 07.2 - Board Standing Committees - issued May 2024.pdf (1 pages)

## 7.3. Board Development Sessions - 8 & 30 April 2024

(enclosed) PK

- Item 07.3 - Board Development Session Note 20240430.pdf (2 pages)

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

30 min

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

(enclosed) CP

- Item 08.1 - SBAR IPQR Board May 2024.pdf (5 pages)
- Item 08.1 - IPQR Position at March 2024 v2.0.pdf (48 pages)

### 8.2. Financial Performance Report at March 2024

(enclosed) MM

- Item 08.2 - SBAR Financial Performance Report 202324 Final.pdf (9 pages)

### 8.3. Medium-Term Financial Plan 2024/25 - 2026/277

(enclosed) MM

- Item 08.3 - board paper MTFP.pdf (6 pages)
- Item 08.3 - Annex 1 Medium-Term Financial Plan.pdf (23 pages)
- Item 08.3 - Annex 2.pdf (3 pages)

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## 10:40 - 10:50 9. PLANNING

10 min

### 9.1. Implementation of Non-Pay Aspects of the 2023/24 Agenda for Change Pay Agreement

(enclosed) DM

- Item 09.1 - SBAR AfC Non-Pay Agreement V0.4.pdf (8 pages)

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## 10:50 - 11:25 10. GOVERNANCE

35 min

### 10.1. Governance Committee Chairs' Reports

(verbal) PK

### 10.2. Introduction of Assurance Levels / Committee Chairs' Assurance Reports

(enclosed) GM

- Item 10.2- SBAR Board Assurance Levels Chairs Reports.pdf (4 pages)
- Item 10.2 - App 1 May 2024 Assurance Levels.pdf (2 pages)
- Item 10.2 - App 2 SBAR Paper Template JUNE 24.pdf (4 pages)
- Item 10.2 - App 3 May 2024 Chair's Assurance Report Guidance.pdf (3 pages)

### 10.3. Annual Review of Code of Corporate Governance

(enclosed) GM

📎 Item 10.3 - SBAR Annual Review of Code of Corporate Governance.pdf (3 pages)

#### **10.4. Draft Fife NHS Board Annual Workplan 2024/25 Update**

(enclosed) GM

📎 Item 10.4 - SBAR Draft NHS Board Workplan 2024-25.pdf (3 pages)

📎 Item 10.4 - Annual Board Workplan 2024-25 DRAFT.pdf (3 pages)

#### **10.5. Update on Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019**

(enclosed) DM

📎 Item 10.5 - Fife NHS Board Update on Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019 28.5.24.pdf (5 pages)

#### **10.6. Whistleblowing Annual Performance Report 2023/24 incorporating Whistleblowing Quarter 4 for 2023/24**

(enclosed) DM

📎 Item 10.6 - NHS Fife Board Whistleblowing Annual Report 2023-2024 28.5.24.pdf (28 pages)

#### **10.7. Annual Assurance Report from Area Clinical Forum**

(enclosed) AL

📎 Item 10.7 - SBAR Area Clinical Forum Report.pdf (2 pages)

📎 Item 10.7 - Annual Report ACF 280324.pdf (6 pages)

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### **11:25 - 11:35 11. RISK**

10 min

#### **11.1. Corporate Risk Register Update**

(enclosed) MM

📎 Item 11.1 - SBAR Corporate Risk Register Update to Fife NHS Boardmm.pdf (9 pages)

📎 Item 11.1 - Appendix 2, NHS Fife Corporate Risk Register as at 300424.pdf (20 pages)

📎 Item 11.1 - Appendix 3, Assurance Principles (1) (2).pdf (1 pages)

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### **11:35 - 11:55 12. STRATEGY**

20 min

#### **12.1. Population Health & Wellbeing Strategy Annual Report 2023/24**

(enclosed) CP/MM

📎 Item 12.1 - SBAR PHWS Annual Reportmm.pdf (3 pages)

📎 Item 12.1 - PHW Strategy Annual Report 2023-24 v0.5.pdf (61 pages)

#### **12.2. Draft NHS Fife Public Participation and Community Engagement Strategy 2024/28**

(enclosed) JK

📎 Item 12.2 - SBAR Public Participation and Community Engagement Strategy.pdf (4 pages)



📎 Item 12.2 - Public Participation and Community Engagement Strategy.pdf (23 pages)

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### **11:55 - 12:00 13. STATUTORY AND OTHER COMMITTEE MINUTES**



### **13.1. Audit & Risk Committee dated 16 May 2024 (unconfirmed)**

*(enclosed)*

-  Item 13.1 - ARC Minute Cover 20240516.pdf (1 pages)
-  Item 13.1 - Audit & Risk Committee Minutes (unconfirmed) 20240516.pdf (8 pages)

### **13.2. Clinical Governance Committee dated 3 May 2024 (unconfirmed)**

*(enclosed)*

-  Item 13.2 - CGC Minute Cover 20240503.pdf (1 pages)
-  Item 13.2 - Clinical Governance Committee Minutes (unconfirmed) 20240503.pdf (9 pages)



### **13.3. Finance, Performance & Resources Committee dated 7 May 2024 (unconfirmed)**

*(enclosed)*

-  Item 13.3 - Finance, Performance & Resources Committee Minutes (unconfirmed) 7 May 2024.pdf (7 pages)

### **13.4. Public Health & Wellbeing Committee dated 13 May 2024 (unconfirmed)**

*(enclosed)*

-  Item 13.4 - PHWC Minute Cover 20240513.pdf (1 pages)
-  Item 13.4 - Public Health Wellbeing Committee Minutes (unconfirmed) 20240513.pdf (9 pages)



### **13.5. Staff Governance Committee dated 14 May 2024 (unconfirmed)**

*(enclosed)*

-  Item 13.5 - SGC Minute Cover Paper\_14.05.24.pdf (1 pages)
-  Item 13.5 - Staff Governance Committee Minutes (Unconfirmed) 14.05.24.pdf (12 pages)



### **13.6. Communities & Wellbeing Partnership dated 14 March 2024 (unconfirmed)**

*(enclosed)*

-  Item 13.6 - CWP Cover Paper 240314.pdf (1 pages)
-  Item 13.6 - CWP Minutes 24 03 14 unconfirmed.pdf (4 pages)

### **13.7. East Region Programme Board dated 26 January 2024**

*(enclosed)*

-  Item 13.7 - ERPB Minute Cover Paper.pdf (1 pages)
-  Item 13.7 - ERPB 260124 Minutes confirmed.pdf (9 pages)

### **13.8. Fife Health & Social Care Integration Joint Board dated 2 February 2024**

*(enclosed)*

-  Item 13.8 - IJB Minute Cover.pdf (1 pages)
-  Item 13.8 - IJB 020224 Final Minute.pdf (8 pages)

### **13.9. Audit & Risk Committee dated 14 March 2024**

*(enclosed)*

-  Item 13.9 - ARC Minutes (confirmed) 20240314.pdf (9 pages)

### **13.10. Clinical Governance Committee dated 1 March 2024**

*(enclosed)*

-  Item 13.10 - CGC Minutes (confirmed) 20240301.pdf (10 pages)




### **13.11. Finance, Performance & Resources Committee dated 12 March 2024**

*(enclosed)*

 Item 13.11 - Finance, Performance & Resources Committee (confirmed) 12 March 2024.pdf (6 pages)

### **13.12. Public Health & Wellbeing Committee dated 4 March 2024**

*(enclosed)*

 Item 13.12 - PHWC Minutes (confirmed) 20240304.pdf (9 pages)

### **13.13. Staff Governance Committee dated 6 March 2024**

*(enclosed)*

 Item 13.13 - Staff Governance Committee Minute (Confirmed) 06.03.24.pdf (12 pages)

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## **12:00 - 12:00 14. ANY OTHER BUSINESS**

0 min

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## **12:00 - 12:00 15. DATE OF NEXT MEETING: Tuesday 25 June 2024 at 09.30 am in the Boardroom, Staff Club, Victoria Hospital (Annual Accounts) and Tuesday 30 July 2024 at 10.00 am in the Boardroom, Staff Club, Victoria Hospital**

0 min

**Fife NHS Board**

**MINUTE OF THE FIFE NHS BOARD MEETING HELD ON TUESDAY 26 MARCH 2024 AT 10:00 AM IN THE BOARDROOM, STAFF CLUB, VICTORIA HOSPITAL**

**PAT KILPATRICK**

Chairperson

**Present:**

|                                     |  |
|-------------------------------------|--|
| P Kilpatrick ( <b>Chairperson</b> ) | J Kemp, Non-Executive Director           |
| C Potter, Chief Executive           | K Macdonald, Non-Executive Director      |
| S Braiden, Non-Executive Director   | M McGurk, Director of Finance & Strategy |
| G Downie, Non-Executive Director    | C McKenna, Medical Director              |
| A Grant, Non-Executive Director     | L Parsons, Non-Executive Director        |
| C Grieve, Non-Executive Director    | J Tomlinson, Director of Public Health   |
| A Haston, Non-Executive Director    | A Wood, Non-Executive Director           |
| J Keenan, Director of Nursing       |  |

**In Attendance:**

N Connor, Director of Health & Social Care  
C Dobson, Director of Acute Services  
B Hannan, Director of Pharmacy & Medicines  
K MacGregor, Associate Director of Communications  
G MacIntosh, Head of Corporate Governance & Board Secretary  
D Miller, Director of Workforce  
P King, Corporate Governance Support Officer (Minutes)

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

The Chair welcomed everyone to the meeting, in particular media colleagues who joined today's public session.

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

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

- Dr Allie Ramsay, Speciality Doctor within the Fife Specialist Palliative Care Service, on achieving a Masters degree in Medical Ethics and Palliative Care from Keele University; and
- Janet Stirrat, District Charge Nurse, Valleyfield Health Centre, and Carol Hunter, Team Leader and Practice Assessor, Cowdenbeath Health Visiting Team, who have been selected to take part in a unique professional development programme that will earn them the right to use the coveted title of Queen's Nurse.

The Chair highlighted that Jaki Lambert, Director of the Royal College of Midwives, visited our midwifery team on 15 February. She met with midwives and maternity care assistants before taking a tour of our maternity unit.

Finally, the Chair advised that the application process for the Non-Executive Member vacancy on the Board has now gone live on the Public Appointments website. Recruitment is being undertaken jointly with NHS Tayside, who are also looking to recruit two new Non-Executive Members. Members are asked to publicise the vacancy and application process via their own networks, noting the closing date of 18 April 2024 for applications.

## 2. Declaration of Members' Interests

There were no declarations of interest made by members.

## 3. Apologies For Absence

Apologies for absence were received from Non-Executive members A Lawrie and A Morris and routine attendee N McCormick, Director of Property & Asset Management.

## 4. MINUTE OF PREVIOUS MEETING HELD ON 30 JANUARY 2024

Approval of the previous minute was **proposed** by A Grant, Non-Executive Director, and **seconded** by C Grieve, Non-Executive Director.

## 5. MATTERS ARISING / ACTION LIST

There were no matters arising.

The Board **noted** the updates provided within the rolling action list and **noted** that the action plan would be revised to include the completion or estimated completion date for actions going forward.

**Action: G MacIntosh**

## 6. CHIEF EXECUTIVE'S REPORT

The Chief Executive began her report by welcoming Pat Kilpatrick as the new Chair of NHS Fife from 1 February 2024, and she stated that the full Executive Team was looking forward to working with her.

The Chief Executive recorded her ongoing thanks to all staff across NHS Fife and our partners for their continued support and efforts to deliver care to our population, and to our patients, families and carers for their patience at a time when pressure on the NHS remains extremely high.

It was noted that, since the Board last met, focus had been on development of our 'Re-form, Transform, Perform' (RTP) Framework in parallel with the finalisation of our Financial Plan and Annual Delivery Plan. Regular meetings have been held with Scottish Government and Chief Executives from across the NHS Scotland Boards where much attention has similarly been on planning for 2024/25, in the context of the challenging financial climate. A meeting was also held with Chief Executive colleagues in our East Region partner boards of Lothian and Borders.

The Chief Executive set out several other activities since the last Board meeting:

- the Chair, Vice Chair and Chief Executive held their routine bi-monthly meeting with local MPs and MSPs, taking the opportunity to brief them on current issues including the NHS Scotland financial position, the pausing of capital projects across Scotland, Emergency Department performance, our work with the Scottish Ambulance Service, and the complaints process;
- a joint Area Partnership Forum and System Leadership Group was recently held to discuss development of our RTP Framework and further sessions have been diarised. A similar session will be arranged with the Area Clinical Forum;
- The Chief Executive joined the Medical Director at the local GP Sub Committee last week to discuss some current issues and she was grateful for the opportunity to hear more about our shared challenges;
- a number of Directors and senior colleagues visited Ninewells Hospital to meet with our colleagues and hear more about their work to support the 4-hour emergency access target and wider unscheduled care programme. This was a helpful opportunity to compare and contrast our respective services, with learning on both sides;
- the Whistleblowing Champion, Employee Director and Chief Executive met with our new cohort of Confidential Contacts last week. These individuals are existing members of staff who support colleagues by providing a listening ear and safe space to discuss concerns that staff may wish to raise and can sign post to other helpful sources of information. These roles are important in supporting our commitment to a positive organisational culture. K Macdonald, Non-Executive Director & Whistleblowing Champion, emphasised the important commitment the confidential contacts have made by volunteering their own time and expertise to support staff within NHS Fife;

Finally, the Chief Executive and Medical Director were delighted to host Professor Dame Sally Mapstone and Professor David Crossman of the University of St Andrews at Victoria Hospital last week, where a formal Partnership Agreement between the University and NHS Fife was signed. This Agreement is a hugely positive milestone for both parties. It will enhance education and training capacity, grow research

capability, and provide a platform to enable delivery of new advances in healthcare. In addition to partnership work in the areas of clinical teaching and research, the new agreement will also see us work collaboratively with the University across a range of other areas, including environmental sustainability, the mutual use of estates and buildings, and a joint effort around population health initiatives.

The new Partnership follows a key decision by the Scottish Parliament in 2021 to remove a historic prohibition that had prevented St Andrews from awarding its own medical qualifications. For a number of years, St Andrews medical students had to leave Fife to undertake their clinical training elsewhere in the UK, under the supervision of other medical schools. Now, students choosing to study medicine at St Andrews will be able to do all their clinical training and complete their primary medical qualification in Fife. For NHS Fife, aiming to achieve the status of teaching hospital will also help us to retain, train and recruitment of the next generation of doctors, at a time when the medical recruitment is more competitive than ever before.

The Chief Executive was delighted to be able to formalise our already positive relationship and noted that she looked forward to an exciting future of collaboration with our University partners.

The Chair offered congratulations to the Chief Executive and Medical Director for progressing this work, which was a great achievement for NHS Fife.

## **6.2. Patient Story**

The Medical Director introduced the story, which was the first of a series of presentations about how NHS Fife is going above and beyond to develop service innovation for the benefit of patients in Fife. The video recording showed how a new technology called Rezum is being used in NHS Fife to treat the common condition of Benign Prostatic Hyperplasia in an out-patient setting under local anaesthesia. The video recording was followed by a story from a patient who has had the procedure, in which he explains the difference it has made to his life. This innovative, patient-centred work is being led by Mr Feras Al Jaaari, Consultant Urologist, and demonstrates real service transformation within the urology specialty. It was noted that NHS Fife is the only Board in Scotland that currently offers this treatment and is one of the first places in the world to perform this procedure under local anaesthesia.

After Board members viewed the video, the Chair commented on the innovative changes within urology. She recognised the tremendous service provided by NHS Fife, which has had success in recruiting staff because of its reputation, which is important given the national shortage of urologists.

The Board **noted** the information provided in the patient story and thanked everyone involved in the production of the video presentation.

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

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

Since taking up post, the Chair has begun a series of meetings to get to know people, such as the Board members, including the Employee Director, Whistleblowing Champion and Chair of the Area Clinical Forum, and members of the Executive Team. She chaired the March meeting of the Public Health & Wellbeing Committee and attended meetings of the Finance, Performance & Resources Committee and the Staff Governance Committee. The Chair noted that details of proposed changes to Board Committee Membership will follow once the one-to-one meetings with all members has concluded. The Chair commented on her recent visit to St Andrews Community Hospital, which was a fantastic facility, and she confirmed that she planned to visit other sites including Stratheden Hospital (to see the mental health facilities there) and Kincardine and Lochgelly (to meet with the GPs to discuss anything that can be done to help alleviate their particular situation until further capital monies become available).

It was advised that work has been undertaken with the Scottish Government Public Appointments Unit on the Non-Executive vacancy and the Chair thanked the Communications team for their work in promoting the vacancy.

The Chair reported on interaction with Scottish Government through her induction programme and on her meeting with the Director General for Health & Social Care and she provided an update on discussion from two recent Chairs' meetings with the Cabinet Secretary for NHS Recovery, Health & Social Care, highlighting the Audit Scotland Report on the NHS in 2023, which will be brought for further review to the May Board meeting.

The Chair referred to the recent Board Development Sessions in February on the Blueprint for Good Governance, facilitated by colleagues from National Education Scotland, and the role of the Board in relation to RTP where the Board looked at process and the work being taken through the various workstreams. There were two further Board Development Sessions planned in April, the first on the Board's Risk Appetite and the second reviewing the Board's own needs in reference to supporting the RTP Framework.

Finally, the Chair was pleased to announce that A Morris would continue at present as Vice-Chair of the Board.

The Board **noted** the update.

## **7.2. Board Development Sessions – 19 and 27 February 2024**

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

## **8. PERFORMANCE**

### **8.1. Integrated Performance & Quality Report (IPQR) – January 2024 Position**

The Chief Executive confirmed that the January IPQR has been scrutinised in detail through the governance committees. The IPQR included tables that track performance against our agreed activity projections set out in the Annual Delivery Plan and benchmarking with other Boards. It was noted that the IPQR was under review and would be discussed at the Board Development Session on 30 April 2024. A Short

Life Working Group has been established to consider how to reset the report for the new financial year, incorporating additional important metrics to provide further assurance to Board members. Executive Leads made comment on the key issues emerging from the performance report:

### **Clinical Governance**

The Director of Nursing provided an update on the key issues from a clinical governance perspective, which were related to Major and Extreme Adverse Events, Inpatient Falls, Pressure Ulcers and Healthcare Acquired Infections (HAI), including the staphylococcus aureus bacteraemia (SAB), c.difficile and e-coli bacteraemia rate, and complaints. For HAIs, it was noted that urinary catheter related infections were responsible for 29 of the 113 infections in the last year and remain a key focus for improvement work. However, compared with the previous year, the number of urinary catheter infections has decreased by almost 13% and the Urinary Catheter Group has been shortlisted for an innovation award.

In response to comments about complaints data, the Director of Nursing explained the challenge in capturing the work around complaints management based on the performance target and she noted that the complexity scoring categorisation will provide insight into the volume of complex complaints that NHS Fife receives and handles. Work is being undertaken to get that “lived” experience. The Chief Executive assured members that the Patient Experience Team is focused on ensuring that the complaint is responded to in detail and is reviewed in a compassionate and meaningful way, with feedback from staff and personalised content to each letter. On occasion, this may result in a lengthier response time. Stage 2 complaints may be more complex and these responses are personally reviewed by the Chief Executive and relevant Director for the service. The Chief Executive highlighted the importance of hearing the voice of the patient and ensuring that complaints responses address the issues being raised. She also advised that in the majority of letters to complainants or their family a face-to-face meeting is offered with clinical teams involved in that person’s care.

The Chair of the Clinical Governance Committee confirmed there were no specific performance issues to escalate to the Board. She provided assurance that the committee was fully sighted on the challenge around falls, pressure ulcers and complaints and papers to the committee outlined the actions underway to improve and enhance safety around these issues.

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

The Director of Acute Services provided an update on performance and advised that performance related to the 4-hour Emergency Access target increased across all sites to 71.5%, which, although below target, was an improved position. Unplanned attendances remained high, and the biggest challenge was the wait for a bed, indicating the ongoing challenge with flow. Despite improvement actions across all specialties, performance around Patient Treatment Time Guarantee (TTG) was unable to meet demand, with an increase in waits over 12 weeks. The number of long waiting patients continued to be less than predicted for all specialities apart from Orthopaedics due to referrals received from another health board for treatment in the National Treatment Centre. December 2023 performance has been impacted by sickness absence, annual leave and vacancies but it is expected that this will improve

and have a positive impact on activity towards the end of Q4. Notably, there has been a sustained improvement in maximising the use of capacity for day cases at Queen Margaret Hospital and efforts continue to look for productive opportunities to maximise throughput in theatres and to validate the waiting lists. New Outpatient performance saw a further decline despite a variety of different improvement actions, but performance was in line with projections. It was advised that in Radiology the demand for in-patient and out-patient scans and urgent imaging requests remained high but there is a continued focus on urgent and urgent suspicion of cancer referrals. The position around endoscopy saw an improvement but diagnostics decreased due to referral pressure, with continued staffing challenges in ultrasound despite the best efforts to recruit staff to posts. Members noted that monthly performance in relation to the Cancer 31-day target decreased, with challenges noted in the prostate pathway. The Cancer 62-day performance improved but again the prostate pathway was a particular area of focus. Referral rates for urgent suspicion of cancer remained high.

Questions were asked about Cancer 31-day and 62-day performance, given NHS Fife is in the low-range of all Mainland Health Boards and what work is underway in relation to TTG to look at how demand might be reduced to match the demand/capacity element, and these were responded to. The Medical Director highlighted that the mismatch between demand and capacity that exists across all of healthcare reflects NHS Fife under pressure. He highlighted that where people have difficulty accessing a GP appointment it is because GP colleagues are extremely busy striving to meet the demand of the people they support. It was noted that there is a longer-term issue about how to manage demand into the future and the work being undertaken through the Population Health & Wellbeing Strategy will need to ensure that the children of today will not increase demand for healthcare by living healthier lifestyles. It was further noted that the relationship between secondary and primary care is critical, and discussions are ongoing to try and improve the interface and communication with general practice colleagues particularly in relation to planned care. The importance of ongoing communication with patients was also emphasised.

Comments were made about including further data within the IPQR to make information more meaningful and realistic for members particularly in relation to Emergency Department performance, the increase in urgent referrals, the overall gap between projection and reality and diagnostics to understand the issues in each of the modalities. It was noted that information is available publicly on the NHS Inform website on median waiting times by specialty. The link will be circulated for Board Members and consideration will be given as to how this will be incorporated into the IPQR going forward.

**Action: C Potter**

The Director of Health & Social Care confirmed that the percentage of Bed Days lost to 'Standard' delays decreased to 5.9% in January 2024 (a reduction of 1.6% since November 2023). This is still above the 5% target but remains within control limits and is below the 24-month average of 6.4%. Work continues around complex delay and the most recent Public Health Scotland data shows that NHS Fife remains in the mid-range for Standard Delays.

On behalf of the Chair of the Finance, Performance and Resources Committee, J Kemp, Non-Executive Director, confirmed there were no specific performance issues



to escalate to the Board. He was pleased to report that the financial position has improved in March and noted that a paper will be prepared for the next committee following the visit to Ninewells Hospital by members of the senior team.

### **Staff Governance**

The Director of Workforce provided an update on sickness absence, noting an increase to 8% in the January position. However, this has decreased to 7.6% in February, bringing NHS Fife back to mid-table performance when compared with the rest of Scotland. The actions being put in place to address the position was discussed in detail at the Staff Governance Committee. It was noted that a large proportion of sickness absence noted mental health related reasons for absence and the Director of Workforce outlined work being done to impact the levels of absence around mental health for our staff. The Occupational Health Service is also undergoing a review to maximise the support given to staff who need it the most. Personal Development Plan and Review (PDPR) compliance has seen a small decrease reflecting the pressures over the festive period and a new trajectory has been set to reach the 80% target in the new financial year. The position in relation to vacancies noted no change in medical vacancies and a significant decrease in Nursing & Midwifery vacancies, which was positive.

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

### **Public Health & Wellbeing**

The Director of Health & Social Care reported on performance in relation to Child & Adolescent Mental Health Services (CAMHS) and Psychological Therapies, both of which saw an improvement in December. The service priority is continuing to reduce the longest waits in order to sustainably achieve the 18-week Referral to Treatment target and an improvement programme continues to focus on both areas. Performance related to uptake for Flu/Covid vaccination was set out in the report. Teams are meeting to review the programme over the winter period, including lessons learned which will be taken forward into the next financial year.

The Director of Public Health provided an overview of performance related to childhood immunisation around the 6-in-1 and MMR2, noting that the latest published data was for quarter ending September 2023 and showed a steady improvement over the first two quarters of the year. Improvement work continues to look at children not brought in to understand the reasons for this and a series of short- to medium-term actions will be put in place for next year. The Director of Public Health emphasised that the trend in immunisation performance is the most important aspect of performance in this area.

The Medical Director reported that a range of indicators has been developed through the Primary Care team and these will be reported via the Public Health & Wellbeing Committee, with an extract to the Board to incorporate Mental Health and Learning Disabilities also.

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

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

## 8.2. Financial Performance Report at 31 January 2024

The Director of Finance & Strategy provided an overview of the financial position at the end of January 2024, which was considered in detail at the Finance, Performance & Resources Committee, noting the improved position, which was due to funding from Scottish Government to all NHS Boards, following confirmation of additional non-recurring consequential funding and a reduction in CNORIS contributions for 2023/24. The forecast outturn indicates an overspend at March 2024 of £12.881m, which is £2m above the level of deficit identified in our approved 2023/24 financial plan in March 2023 and is a significant improvement on our previously reported overspend.

The key points from the report were highlighted, noting in particular the significant additional costs for contracts with external healthcare providers and the challenge in relation to the financial improvement and sustainability programme. This has delivered £7.5m of the £15m savings target, of which only £2.8m has been delivered on a recurring basis, thus adding to the cost pressures for 2024/25.

In response to questions, the Director of Finance & Strategy confirmed that any Board deficits reported at the financial year end will be subject to repayable brokerage and this will require discussion with Scottish Government, which has already been sighted on the position. The additional costs associated with the new cost model implemented by NHS Lothian is for a whole range of specialist services that are not provided by NHS Fife and work is ongoing to review and analyse cost reduction opportunities across this area of spend. The issue around Stracathro was also explained.

The Board took **assurance** from the information within the paper.

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

The Director of Workforce drew the Board's attention to the update on whistleblowing concerns, anonymous / unnamed concerns, local press articles related to whistleblowing and data on the training modules undertaken between 1 October to 31 December 2023. The report also provides an update on the status of actions from previous Whistleblowing Annual Reports and Internal Audit Reports. He confirmed that there had been no whistleblowing concerns received in Quarter 3, with two anonymous/unnamed concerns received. There were no whistleblowing articles published in the local newspaper during the third quarter reporting period.

It was noted that bullying is one of the key themes within the report and this requires a judgement to be made about whether to record concerns received through the whistleblowing process or under the Once for Scotland policy. Assurance was provided that NHS Fife has effective ways of dealing with bullying in place, as you would expect all Boards to have, but there was a desire to continue to improve staff confidence to speak up. The Employee Director confirmed that significant work has been undertaken over the past six months, which has resulted in an increase in the number of confidential contacts and support for those confidential contacts, but it is recognised that further work is required to develop opportunities for further feedback from staff.

The proposed changes to the procedures for raising concerns in Fife, including the establishment of an oversight group chaired by the Chief Executive, will enable NHS Fife to continue to evolve in this area, making it easier for staff to feel more confident in speaking up. It was noted that key metrics about investigations at stage 1 and stage 2 are included in the Annual Report.

The Chair of the Staff Governance Committee recorded thanks to the Staff Governance Committee and all colleagues involved in the whistleblowing process, especially to the Whistleblowing Champion, who is resolute in driving forward changes.

The Board took **assurance** from the report and thanked the Director of Workforce and his team for their work in this important matter.

## 9. GOVERNANCE

### 9.1. Governance Committee Chairs' Reports

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

A Wood, Chair of the Clinical Governance Committee, confirmed that there were no matters to be escalated to the Board. She advised that the committee was sighted on areas of challenge and was assured by actions in place. The committee considered the following items of business:

- Medical Education Annual Report 2022/23;
- Organisational Duty of Candour Annual Report 2022/23;
- Alignment of NHS Fife Realistic Medicines/Value-Based Health and Care Delivery Plan and the Scottish Government Value-Based Health and Care Action Plan; and
- Research & Development Progress Report & Strategy Review 2023-25 and Research, Innovation and Knowledge Annual Report 2022/23;

J Kemp, Non-Executive Director and member of the Finance, Performance & Resources Committee, confirmed that there were no matters to be escalated to the Board and advised that the committee considered the following items of business:

- IPQR elements delegated to the committee;
- Effect of the capital programme on the Kincardine & Lochgelly Project and how it would be helpful for the Board to visit both areas to reassure staff; and
- Fife Specialist Palliative Care Services Update.

S Braiden, Chair of the Staff Governance Committee, confirmed that committee escalated the risks related to the non-pay aspects of the 2023/24 Agenda for Change Pay Agreement to the Board, noting the potential impact on the current workforce and financial pressures. She advised that the committee considered the following items of business:

- Performance against the workplan, which would be updated to include references to workforce workstreams to feed into the RTP Programme;
- Corporate Risks aligned to Staff Governance Committee;
- Whistleblowing; and
- Update on administering the Board's statutory obligation on the Armed Forces Covenant.

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

- Patients' Private Funds Audit Planning Memorandum;
- Initial Annual Accounts Preparation Timeline;
- External Auditors' Annual Accounts Progress Update;
- Business Continuity Arrangements Internal Audit Report;
- Losses & Special Payments Quarter 3; and
- NHS in Scotland 2023 Audit Scotland Report.

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

- High Risk Pain Medicines Patient Safety Programme – Year 2 Update;
- Impact of the cost of living crisis on health inequalities and the challenges that poses for the organisation and within our communities;
- Presentation by the Director of Health & Social Care on Prevention & Early Intervention; and
- Targets on climate change, noting NHS Fife is on track to meet standards as they currently stand.

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

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

The Head of Corporate Governance & Board Secretary presented the proposed improvement plan, which has been developed following the Board's recent self-assessment exercise against the requirements of the second edition of the NHS Scotland Blueprint for Good Governance. She drew attention to the areas that require further work to strengthen, as discussed at the Board's recent Development Session, which are captured in the improvement plan.

Some comments were made in relation to further engagement of Board members with staff, and it was noted that a rolling programme of dates would shortly be identified to facilitate future Non-Executive Director visits.

The Board **discussed** the plan and **agreed** to submit to Scottish Government by 1 April 2024.

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

The Head of Corporate Governance & Board Secretary introduced the draft Fife NHS Board Workplan 2024/25, which outlines the draft schedule of items for the Board for the financial year, as required under the Code of Corporate Governance. It was noted that the plan will remain iterative and be updated throughout the year as Board business requires.

The Board **approved** the draft Fife NHS Board workplan for 2024/25, noting it will be further updated to include RTP reporting timelines and will be reformatted to align with our four strategic priorities.

**Action: G MacIntosh**

## 10. ANNUAL REPORT

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

The Medical Director advised that the report is presented to the Board on an annual basis and is thereafter required to be published. It was noted the report being published is for 2022/23, due to the timings of collating the data required. He explained that only when the adverse event review process is completed can a decision be made by the Medical Director about whether to activate the Duty of Candour process.

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

The Medical Director advised that we always strive to be open, honest and transparent with patients regardless of whether the duty is activated or not. It was highlighted that between 1 April 2022 and 31 March 2023 there were 33 adverse events reported where Duty of Candour processes applied. The details of the outcomes reported across NHS Fife are noted in the report, together with our compliance, the learning from the event and how that was shared across the organisation as a result of the investigations.

In response to a question, the Medical Director was able to confirm that if an event is triggered in a secondary care setting, for example, it is the Board in which an event occurred that would report on the event.

The Board **reviewed** the substance and content of the report for assurance and **noted** that any incidents that conclude after submission of the 2022/2023 report will then be included in next year's 2023/2024 report.

## 11. STATUTORY AND OTHER COMMITTEE MINUTES

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

11.1. Audit & Risk Committee dated 14 March 2023 (unconfirmed)

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

- 11.3. Finance, Performance & Resources Committee dated 12 March 2024 (unconfirmed)
- 11.4. Public Health & Wellbeing Committee dated 4 March 2024 (unconfirmed)
- 11.5. Staff Governance Committee dated 6 March 2024 (unconfirmed):  
The Director of Workforce updated members on work to date around the three non-pay aspects of the 2023/2024 Agenda for Change Pay Agreement. It was noted that there was a variety of different modelling assumptions for the financial impact and Boards are asked to capture the financial implications of these non-pay aspects. The Director of Workforce **agreed** to bring a further update to the May Board meeting.  
**Action: D Miller**
- 11.6. Fife Health & Social Care Integration Joint Board dated 24 November 2023
- 11.7. Fife Partnership Board dated 13 February 2024 (unconfirmed)

**Approved Minutes:**

- 11.8. Audit & Risk Committee dated 13 December 2023
- 11.9. Clinical Governance Committee dated 12 January 2024
- 11.10. Finance, Performance & Resources Committee dated 16 January 2024
- 11.11. Public Health & Wellbeing Committee dated 15 January 2024
- 11.12. Staff Governance Committee dated 11 January 2024

**12. FOR ASSURANCE**

The Board **noted** the item below:

- 12.1. Integrated Performance & Quality Report – December 2023 Position

**13. ANY OTHER BUSINESS**

None.

**14. DATE OF NEXT MEETINGS**

Tuesday 28 May 2024 at 10.00 am in the Boardroom, Staff Club, Victoria Hospital.

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

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

**FIFE NHS BOARD – ACTION LIST**  
**Meeting Date:** Tuesday 28 May 2024



| NO. | DATE OF MEETING | AGENDA ITEM / TOPIC   | ACTION   | LEAD | COMMENTS / PROGRESS  | COMPLETION DATE |
|-----|-----------------|---|--|------|--|-----------------|
| 1.  | 26/09/23        | <b>Organisational Learning</b>  | Bring paper to future round of governance committees, setting out proposed approach in the interests of providing assurance and enhancing our governance   | CP   | New approach being worked up through organisational development and quality/clinical governance, with anticipated report to governance committees and Board                | July 2024       |
| 2.  | 28/11/23        | <b>Chairperson's Update (Annual Review)</b>                             | Consider further communication with the people of Fife, to listen to feedback from the patients that we serve  | CP   | NHS Fife Engagement Strategy being developed for submission to the Board in May which will set out our approach to increasing our communication and feedback to the public | May 2024        |
| 3.  | 26/03/24        | <b>IPQR (FP&amp;R Section)</b>  | Consider how to incorporate further data within the IPQR to make info. more meaningful and realistic for members particularly re Emergency Department performance, the increase in urgent referrals, the overall gap between projection / reality and diagnostics to understand the issues in each of the modalities | CP   | To be discussed at the Board Development Session on 30.04.24   | May 2024        |
| 4.  |                 |   | Circulate link to publicly available information on the NHS Inform website to Board Members  | CP   | <a href="#">NHS inform</a>   | May 2024        |
| 5.  | 26/03/24        | <b>Draft Fife NHS Board Workplan 2024/25</b>                            | Update to include RTP reporting timelines and reformat to align with our four strategic priorities   | GM   | On the Board's agenda for 28.05.24   | May 2024        |
| 6.  | 26/03/24        | <b>Statutory &amp; Other Comm. Minutes (Staff Governance Committee)</b> | Bring update to the May Board around the three non-pay aspects of the 2023/2024 Agenda for Change Pay Agreement  | DM   | On the Board's agenda for 28.05.24   | May 2024        |

**Meeting:** NHS Fife Board

**Meeting date:** 28 May 2024

**Title:** Chairperson's Report: Board Committee Membership

**Responsible Executive:** Margo McGurk, Director of Finance & Strategy

**Report Author:** Gillian MacIntosh, Head of Corporate Governance & Board Secretary

## 1 Purpose

**This report is presented for:**

- Endorsement

**This report relates to:**

- Local policy

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

- Effective

## 2 Report summary

### 2.1 Situation / Background

This paper outlines the recent Board Committee Membership appointment changes, for formal Board endorsement.

### 2.2 Assessment

Following a review of Committee membership by the new Chair, after discussion with individual Non-Executive and Stakeholder Board members at their 1:1 introductory meetings with the Chair, a number of consequential changes have been made to Board Committee appointments. To inform the placement of members on new committees, the completed Skills Matrix for the Board membership overall has been consulted. Details of the current Committee appointments, reflecting recent moves effective from 1 May, are attached as Appendix 1.

There are no proposed changes at present to the membership of either Audit & Risk, Clinical Governance, Public Health & Wellbeing or Remuneration. Further appointments/committee reassignments will be made on the appointment of our new Non-Executive member, to address as a priority the current Non-Executive vacancies on both FP&R and Public Health & Wellbeing.



Since its original issue to Board members, it has been confirmed that there is no further requirement for Non-Executive membership on the Communities & Wellbeing Partnership (where a vacancy had occurred), and thus this body has been removed from the grouping listing.

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

Ensuring Board scrutiny in this area is a significant aspect of the Board's responsibilities, undertaken through Non-Executive membership of committees such as Clinical Governance and Public Health & Wellbeing.

### **2.2.2 Workforce**

N/A

### **2.2.3 Financial**

N/A

### **2.2.4 Risk Assessment / Management**

This paper is not related to any active risks on the Corporate Risk Register.

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

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

### **2.2.6 Climate Emergency & Sustainability Impact**

N/A

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

The appointments have been informed by discussions with Committee Chairs and Non-Executive Members, led by the Chair.

### **2.2.7 Route to the Meeting**

The revised Committee membership chart has previously been circulated to members and induction arrangements are already underway to support new placements.

## **2.3 Recommendation**

This paper is provided for:

- **Endorsement** – For the Board to formally approve the new Committee membership arrangements.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No. 1 - Committee Membership Chart, May 2024

**Report Contact**

Gillian MacIntosh

Head of Corporate Governance & Board Secretary

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

**BOARD STANDING COMMITTEES – issued May 2024**

**Committees**

Changes since last issue: P Kilpatrick added; C Grieve added as Ch SGC, M IJB Q&C and RTP Ambassador; S Braiden M FP&R and M SGC; J Kemp M SGC; M Mahmood removed; A Lawrie added as Spiritual Care Champion; Communities & Wellbeing Partnership removed, following confirmation that Non-Exec rep no longer required; F Forrest, A Graham and K MacGregor added.

|                       | Audit & Risk<br>(5 NEDs) | Clinical Governance<br>(6 NEDs) | Finance, Performance & Resources<br>(6 NEDs) | Public Health & Wellbeing<br>(4 NEDs + ED) | Remuneration<br>(3 NEDs+ED+Ch) | Staff Governance<br>(4 NEDs+ED) | IJB<br>(Chair until Oct 2024) | IJB Audit & Assurance | IJB Finance, Perf. & Scrutiny | IJB Quality & Communities | Pharm Practices Cttee | Fife Partnership Board | Discret Points Yearly | Dental Appeals |
|-----------------------|--------------------------|---------------------------------|--|--|--------------------------------|---------------------------------|-------------------------------|-----------------------|-------------------------------|---------------------------|-----------------------|------------------------|-----------------------|----------------|
| <b>Executive Team</b> |                          |                                 |  |  |                                |                                 |                               |                       |                               |                           |                       |                        |                       |                |
| C Potter*             | A                        | M                               | M  | M  | A                              | M                               |                               |                       |                               |                           |                       | M                      |                       |                |
| N Connor              |                          | A                               | A  | A  |                                | A                               | A                             |                       |                               |                           |                       | M                      |                       |                |
| C Dobson              |                          | A                               | A  |  |                                | A                               |                               |                       |                               |                           |                       |                        |                       |                |
| F Forrest             |                          | A                               |  | A  |                                |                                 | A                             |                       |                               |                           |                       |                        |                       |                |
| A Graham              |                          | A                               | A  |  |                                |                                 |                               |                       |                               |                           |                       |                        |                       |                |
| B Hannan              |                          | A                               | A  | A  |                                |                                 |                               |                       |                               |                           |                       |                        |                       |                |
| J Keenan*             |                          | M                               | M  | M  |                                | M                               | M                             |                       |                               |                           |                       |                        |                       |                |
| K MacGregor           |                          |                                 |  | A  |                                | A                               |                               |                       |                               |                           |                       |                        |                       |                |
| N McCormick           |                          |                                 | A  | A  |                                |                                 |                               |                       |                               |                           |                       |                        |                       |                |
| M McGurk*             | A                        | A                               | M  | M  |                                | A                               |                               |                       |                               |                           |                       |                        |                       |                |
| Dr C McKenna*         |                          | M                               | M  | M  |                                |                                 | M                             |                       |                               |                           |                       |                        |                       |                |
| D Miller              |                          |                                 |  |  | A                              | A                               |                               |                       |                               |                           |                       |                        |                       |                |
| J Tomlinson *         |                          | M                               | M  | M  |                                |                                 | A                             |                       |                               |                           |                       | M                      |                       |                |
| <b>Non Exec</b>       |                          |                                 |  |  |                                |                                 |                               |                       |                               |                           |                       |                        |                       |                |
| S Braiden*            |                          | M                               | M  |  |                                | M                               | M                             | M                     | Ch                            |                           |                       |                        |                       |                |
| G Downie*             | M                        |                                 |  |  |                                |                                 |                               |                       |                               |                           |                       |                        |                       |                |
| A Grant*              | Ch                       |                                 | M  |  | M                              |                                 | M                             | Ch                    | M                             | Ch                        |                       |                        |                       |                |
| C Grieve*             |                          | M                               |  |  |                                | Ch                              | M                             | M                     | M                             |                           |                       |                        |                       |                |
| A Haston*             | M                        | M                               |  |  |                                |                                 |                               |                       |                               |                           |                       |                        |                       |                |
| J Kemp*               |                          |                                 | M  |  | M                              | M                               | M                             | M                     | M                             |                           |                       |                        |                       |                |
| P Kilpatrick*         |                          |                                 |  | Ch   | Ch                             |                                 |                               |                       |                               |                           |                       | Ch                     |                       |                |
| A Lawrie*             | M                        | M                               | M  |  |                                |                                 |                               |                       |                               |                           |                       |                        |                       |                |
| K MacDonald*          | M                        | M                               |  |  |                                | M                               |                               |                       |                               |                           |                       |                        |                       |                |
| A Morris*             |                          |                                 | Ch   | M  | M                              |                                 |                               |                       |                               |                           | M                     |                        |                       |                |
| L Parsons*            |                          |                                 |  | M  | M                              | M                               | M                             |                       |                               |                           |                       |                        |                       |                |
| A Wood*               |                          | Ch                              |  | M  |                                |                                 | Ch                            |                       |                               |                           |                       |                        |                       |                |
| Vacancies             |                          |                                 | V  | V  |                                |                                 |                               |                       |                               |                           |                       |                        |                       | V              |

All Board Members\* are Trustees (T) of the Board of Trustees, Fife Health Charity

Counter Fraud Services Champion – Alastair Grant

Equality & Diversity Champion – Sinead Braiden

Re-form, Transform, Perform Ambassador – Colin Grieve

Spiritual Care Champion – Aileen Lawrie

Staff Health & Wellbeing Champion – John Kemp

Sustainability Champion– Anne Haston

Whistleblowing Champion – Kirstie Macdonald (Scottish Government appointment)

M = Member      Ch = Chair      VCh= Vice-Chair      A = In Attendance      M+ = Member in own right      V = Vacancy

|    | <u>COMMITTEE</u>  | <u>EXEC LEAD</u>                               | <u>SECRETARIAT CONTACT EMAIL</u>   |
|----|---|--|--|
| 1. | <b>Audit &amp; Risk Committee</b>                         | Director of Finance & Strategy<br>Margo McGurk | <a href="mailto:hazel.thomson4@nhs.scot">hazel.thomson4@nhs.scot</a>     |
| 2. | <b>Board of Trustees / Fife Health Charity Committees</b> | Director of Finance & Strategy<br>Margo McGurk | <a href="mailto:elaine.dodds@nhs.scot">elaine.dodds@nhs.scot</a>         |
| 3. | <b>Clinical Governance Committee</b>                      | Medical Director<br>Chris McKenna              | <a href="mailto:hazel.thomson4@nhs.scot">hazel.thomson4@nhs.scot</a>     |
| 4. | <b>Discretionary Points</b>                               | Medical Director<br>Chris McKenna              | <a href="mailto:alison.gracey@nhs.scot">alison.gracey@nhs.scot</a>       |
| 5. | <b>Finance, Performance &amp; Resources Committee</b>     | Director of Finance & Strategy<br>Margo McGurk | <a href="mailto:kerrie.donald@nhs.scot">kerrie.donald@nhs.scot</a>       |
| 6. | <b>Public Health &amp; Wellbeing Committee</b>            | Director of Public Health<br>Joy Tomlinson     | <a href="mailto:hazel.thomson4@nhs.scot">hazel.thomson4@nhs.scot</a>     |
| 7. | <b>Remuneration Committee</b>                             | Director of Workforce<br>David Miller          | <a href="mailto:lakshmi.anderson@nhs.scot">lakshmi.anderson@nhs.scot</a> |
| 8. | <b>Staff Governance Committee</b>                         | Director of Workforce<br>David Miller          | <a href="mailto:lakshmi.anderson@nhs.scot">lakshmi.anderson@nhs.scot</a> |



## Report to the Board on 28 May 2024

### BOARD DEVELOPMENT SESSION – 30 April 2024

#### Background

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

#### **April Development Session**

4. The most recent Board Development Session took place in the Boardroom, Staff Club, Victoria Hospital, Kirkcaldy on Tuesday 30 April 2024. There were three main topics for discussion: Scrutiny & Assurance – Best Practice in Governance and the Role of Board Standing Committees, Integrated Performance & Quality Report Review and the Public Participation and Community Engagement Strategy.
5. There was an additional Board Development Session held in the Boardroom, Staff Club, Victoria Hospital, Kirkcaldy on Monday 8 April 2024. The purpose of the session was to review the current risk appetite statement, within the current operating landscape for NHS Fife, consider our risk appetite against strategic ambitions and elements of the corporate risk register, consider the use of risk appetite and assurance within our decision-making processes and develop a consensus on our risk appetite. A follow-up session will shortly be arranged.

#### **Recommendation**

6. The Board is asked to **take assurance** that members have discussed and reflected on the range of topics covered at recent Development Sessions.

**PAT KILPATRICK**  
Board Chairperson  
02 May 2024

|                               |   |
|-------------------------------|---|
| <b>Meeting:</b>               | <b>Fife NHS Board</b>   |
| <b>Meeting date:</b>          | <b>28 May 2024</b>  |
| <b>Title:</b>                 | <b>Integrated Performance &amp; Quality Report</b>                    |
| <b>Responsible Executive:</b> | <b>Margo McGurk, Director of Finance &amp; Strategy</b>               |
| <b>Report Author:</b>         | <b>Susan Fraser, Associate Director of Planning &amp; Performance</b> |

## 1 Purpose

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

- Assurance

**This report relates to:**

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

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

The period covered by the performance data is generally up to the end of February 2024. However, there are a number of measures with a data time lag either due to their nature or when the information is published by Public Health Scotland: these are tabled in [Appendix 1 – Table of Metrics and Data Lag](#)

In the spirit of providing local data as soon as possible, the following measures have data up to the end of March 2024:

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

- Influenza and COVID Vaccination
- Complaints

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

In FY 2023/24, activity is continuing to be monitored for the Acute Services Waiting Times measures. Actual and Projected figures are shown in the table on Page 4.

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

## 2.2 Background

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

We have now transitioned to the Annual Delivery Plan for 2023/24. Improvement actions have been included in the IPQR: statuses for these actions are being collated and will be included in the IPQR and redistributed prior to going to the Committees. This streamlines local reporting for governance purposes with quarterly national reporting to the Scottish Government.

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

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

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

## 2.3 Assessment

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

The following are of particular note:

- Inpatient Falls (All Falls) achieved target in February 2024.
- SAB and C Diff achieved target in February 2024.
- VHK 4-hour performance in March was below trajectory but within control limits and above national average (for February).
- Waiting Times continue to be below target for the longer waits.

- Cancer (31-Day DTT) achieved target in February 2024.
- Delayed Discharge did not achieve target in March 2024 but remains within control limits and is below 24-month average.
- Sickness Absence figures reduced in February 2024 and are now back within control limits.
- Up-to-date PDPR and Vacancies figures were not available for analysis.
- CAMHS waiting times decreased further in February 2024, remains below national standard and now sits below local trajectory.
- Psychological Therapies waiting times decreased further in February 2024, remains below national standard and now sits below local trajectory.

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

IPQR contains quality measures.

### **2.3.2 Workforce**

IPQR contains workforce measures.

### **2.3.3 Financial**

Financial reporting is covered in the specific section of the IPQR.

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

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

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

Not applicable.

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

Not applicable.

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

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

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

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

- **Executive Directors Group** 18 April 2024
- **Clinical Governance Committee** 03 May 2024
- **Finance, Performance and Resource Committee** 07 May 2024
- **Public Health and Wellbeing Committee** 13 May 2024



- **Staff Governance Committee** 14 May 2024

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

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

## 2.4 Recommendation

The NHS Fife Board is requested to:

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

## 3 List of appendices

- Appendix 1 – Table of Metrics and Data Lag
- IPQR Position at March 2024 v2.0

### Report Contact

Bryan Archibald

Planning and Performance Manager

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

## Appendix 1 – Table of Metrics and Data Lag

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

\* Performance reporting for Actions Closed aspect of Adverse Events (in respect to SAER/LAER) is paused; was previously a 1-month lag but moving to 3-month lag; reporting will recommence in Position at April IPQR

# **Fife Integrated Performance & Quality Report**

**Position (where applicable) at March 2024  
Produced in April 2024**

# Introduction

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

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

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

The IPQR comprises the following sections:

- a. Corporate Risk Summary**  
Summarising key Corporate Risks and status.
- b. Indicatory Summary**  
Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.
- c. Projected & Actual Activity**  
Comparing projected Scheduled Care activity to actuals.
- d. Assessment**  
Summary assessment for indicators of continual focus.
- e. Performance Exception Reports**  
Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2023/24, relevant to indicators are incorporated accordingly.

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

**MARGO MCGURK**  
Director of Finance & Strategy  
16 April 2024

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

## a. Corporate Risk Summary

| Strategic Priority                                 | Total Risks | Current Strategic Risk Profile |          |          |          | Risk Movement | Risk Appetite |
|--|-------------|--------------------------------|----------|----------|----------|---------------|---------------|
| To improve health and wellbeing                    | 4           | 2                              | 2        | -        | -        | ↔             | High          |
| To improve the quality of health and care services | 6           | 4                              | 2        | -        | -        | ↔             | Moderate      |
| To improve staff experience and wellbeing          | 2           | 2                              | -        | -        | -        | ↔             | Moderate      |
| To deliver value and sustainability                | 6           | 4                              | 2        | -        | -        | ↔             | Moderate      |
| <b>Total</b>                                       | <b>18</b>   | <b>12</b>                      | <b>6</b> | <b>0</b> | <b>0</b> |               |               |

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

| Movement Key |                              |
|--------------|------------------------------|
| ▲            | Improved - Risk Decreased    |
| ↔            | No Change                    |
| ▼            | Deteriorated - Risk Increase |

### Summary Statement on Risk Profile

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

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

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



## b. Indicator Summary

| Section                                       | Indicator   | Target<br>2023/24<br>2023/24 TBC |         | Reporting<br>Period | Current<br>Period | Current<br>Performance | SPC<br>Outlier | Vs<br>Previous | Vs Year<br>Previous | Benchmarking |
|---|---|----------------------------------|---------|---------------------|-------------------|------------------------|----------------|----------------|---------------------|--------------|
| Clinical<br>Governance                        | Major/Extreme Adverse Events - Number Reported          | N/A                              | -       | Month               | Feb-24            | 50                     | ○              | ▼              | ▼                   | ●            |
|   | Major/Extreme Adverse Events - % Actions Closed on Time | 50%                              |         | Month               | Dec-23            | 61.0%                  | ○              | ▲              | ▲                   | ●            |
|   | HSMR  | N/A                              | -       | Year Ending         | Sep-23            | 0.96                   | ●              | —              | —                   | ●            |
|   | Inpatient Falls   | 6.95                             | (L)     | Month               | Feb-24            | 6.49                   | ○              | ▲              | ▲                   | ●            |
|   | Inpatient Falls with Harm                               | 1.44                             | (L)     | Month               | Feb-24            | 1.45                   | ○              | ▲              | ▲                   | ●            |
|   | Pressure Ulcers   | 0.89                             | (L)     | Month               | Feb-24            | 1.67                   | ○              | ▼              | ▼                   | ●            |
|   | SAB - HAI/HCAI  | 18.8                             | (N)     | Month               | Feb-24            | 10.2                   | ○              | ▲              | ▲                   | ● QE Sep-23  |
|   | C Diff - HAI/HCAI                                       | 6.5                              | (N)     | Month               | Feb-24            | 3.4                    | ○              | ▲              | ▲                   | ● QE Sep-23  |
|   | ECB - HAI/HCAI  | 33.0                             | (N)     | Month               | Feb-24            | 44.2                   | ○              | ▼              | ▼                   | ● QE Sep-23  |
|   | S1 Complaints Closed in Month on Time                   | 80%                              |         | Month               | Mar-24            | 33.3%                  | ○              | ▼              | ▼                   | ● 2021/22    |
|   | S2 Complaints Closed in Month on Time                   | 33%                              |         | Month               | Mar-24            | 14.3%                  | ○              | ▼              | ▲                   | ● 2021/22    |
| S2 Complaints Due in Month and Closed On Time | N/A   | -                                | Month   | Mar-24              | 15.8%             | ●                      | ▼              | ▲              | ●                   |              |
| Operational<br>Performance                    | IVF Treatment Waiting Times                             | 90%                              |         | Month               | Dec-23            | 100.0%                 | ●              | ↔              | ↔                   | ●            |
|   | 4-Hour Emergency Access (A&E)                           | 95%                              | (N)     | Month               | Mar-24            | 72.5%                  | ○              | ▲              | ▲                   | ● Feb-24     |
|   | 4-Hour Emergency Access (ED)                            | 82.5%                            | (L)     | Month               | Mar-24            | 65.8%                  | ●              | ▲              | ▲                   | ● Feb-24     |
|   | Patient TTG % <= 12 Weeks                               | 100%                             |         | Month               | Feb-24            | 36.7%                  | ●              | ▼              | ▼                   | ● Dec-23     |
|   | New Outpatients % <= 12 Weeks                           | 95%                              |         | Month               | Feb-24            | 37.6%                  | ●              | ▼              | ▼                   | ● Dec-23     |
|   | Diagnostics % <= 6 Weeks                                | 100%                             |         | Month               | Feb-24            | 54.4%                  | ●              | ▲              | ▼                   | ● Dec-23     |
|   | Cancer 31-Day DTT                                       | 95%                              |         | Month               | Feb-24            | 96.4%                  | ○              | ▲              | ▲                   | ● QE Sep-23  |
|   | Cancer 62-Day RTT                                       | 95%                              |         | Month               | Feb-24            | 75.0%                  | ○              | ▲              | ▲                   | ● QE Sep-23  |
|   | Freedom of Information Requests                         | 85%                              |         | Month               | Mar-24            | 77.9%                  | ●              | ▼              | ▲                   | ●            |
|   | Delayed Discharge % Bed Days Lost (All)                 | N/A                              | -       | Month               | Mar-24            | 10.2%                  | ●              | ▼              | ▼                   | ● Feb-24     |
|   | Delayed Discharge % Bed Days Lost (Standard)            | 5%                               |         | Month               | Mar-24            | 6.2%                   | ○              | ▲              | ▼                   | ● Feb-24     |
| Antenatal Access                              | 80%   |                                  | Quarter | Dec-23              | 90.8%             | ●                      | ▼              | ▼              | ● CY 2022           |              |
| Finance                                       | Revenue Resource Limit Performance                      | (£12.9m)                         | -       | Month               | Mar-24            | (£11.01m)              | ●              | —              | —                   | ●            |
|   | Capital Resource Limit Performance                      | £11.47m                          | -       | Month               | Mar-24            | £11.47m                | ●              | —              | —                   | ●            |
| Staff<br>Governance                           | Sickness Absence  | 4.00%                            |         | Month               | Feb-24            | 7.64%                  | ○              | ▲              | ▼                   | ● YE Dec-23  |
|   | Personal Development Plan & Review (PDPR)               | 80%                              | (L)     | Month               | Mar-24            | 40.9%                  | ●              | ▼              | ▲                   | ●            |
|   | Vacancies - Medical & Dental                            | N/A                              |         | Quarter             | Dec-23            | 7.5%                   | ●              | ▲              | ▼                   | ●            |
|   | Vacancies - Nursing & Midwifery                         | N/A                              |         | Quarter             | Dec-23            | 4.6%                   | ●              | ▲              | ▼                   | ●            |
| Vacancies - AHPs                              | N/A   |                                  | Quarter | Dec-23              | 4.7%              | ●                      | ▲              | ▲              | ●                   |              |
| Public Health &<br>Wellbeing                  | Smoking Cessation (FY 2023/24)                          | 473                              | (N)     | YTD                 | Nov-23            | 167                    | ●              | —              | —                   | ● YT Jun-23  |
|   | CAMHS Waiting Times                                     | 90%                              |         | Month               | Feb-24            | 65.8%                  | ○              | ▼              | ▼                   | ● QE Dec-23  |
|   | Psychological Therapies Waiting Times                   | 90%                              |         | Month               | Feb-24            | 69.2%                  | ○              | ▼              | ▼                   | ● QE Dec-23  |
|   | Drugs & Alcohol Waiting Times                           | 90%                              |         | Month               | Dec-23            | 84.3%                  | ○              | ▲              | ▼                   | ● QE Sep-23  |
|   | Flu Vaccination (Winter, Age 65+)                       | 85%                              |         | Month               | Mar-24            | 80.2%                  | ●              | ▲              | —                   | ●            |
|   | COVID Vaccination (Winter, Age 65+)                     | 85%                              |         | Month               | Mar-24            | 79.6%                  | ●              | ▲              | —                   | ●            |
|   | Immunisation: 6-in-1 at Age 12 Months                   | 95%                              |         | Quarter             | Dec-23            | 95.0%                  | ○              | ▲              | ▼                   | ● QE Dec-23  |
| Immunisation: MMR2 at 5 Years                 | 92%   |                                  | Quarter | Dec-23              | 89.1%             | ○                      | ▲              | ▲              | ● QE Dec-23         |              |

### Performance Key

|   |  |
|---|--|
| <span style="background-color: green; width: 15px; height: 10px; display: inline-block;"></span>  | on schedule to meet Standard/Delivery trajectory           |
| <span style="background-color: yellow; width: 15px; height: 10px; display: inline-block;"></span> | behind (but within 5% of) the Standard/Delivery trajectory |
| <span style="background-color: red; width: 15px; height: 10px; display: inline-block;"></span>    | more than 5% behind the Standard/Delivery trajectory       |

### SPC Key

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

### Change Key

|   |                                 |
|---|---------------------------------|
| ▲ | "Better" than comparator period |
| ↔ | No Change                       |
| ▼ | "Worse" than comparator period  |
| — | Not Applicable                  |

### Benchmarking Key

|   |                |
|---|----------------|
| ● | Upper Quartile |
| ● | Mid Range      |
| ● | Lower Quartile |
| ● | Not Available  |



## c. Projected & Actual Activity and Long Waits

|  |           | Quarter End | Quarter End | Quarter End | Month End |        |        | Quarter End |
|--|-----------|-------------|-------------|-------------|-----------|--------|--------|-------------|
|  |           | Jun-23      | Sep-23      | Dec-23      | Jan-24    | Feb-24 | Mar-24 | Mar-24      |
| ED 4-hour Performance (VHK only)                 | Projected |             |             |             | 75.0%     | 80.0%  | 82.5%  |             |
|  | Actual    |             |             |             | 64.7%     | 63.9%  |        |             |
|  | Variance  |             |             |             | -10.3%    | -16.1% |        |             |
| Elective Activity Diagnostics                    | Projected | 15,363      | 15,363      | 15,363      | 5,121     | 5,121  | 5,121  | 15,363      |
|  | Actual    | 14,393      | 15,588      | 15,587      | 5,136     | 5,138  |        |             |
|  | Variance  | -970        | 225         | 224         | 15        | 17     |        |             |
| Elective Activity New Outpatients                | Projected | 22,309      | 22,337      | 22,274      | 7,436     | 7,436  | 7,436  | 22,308      |
|  | Actual    | 21,225      | 21,580      | 21,121      | 7,436     | 7,150  |        |             |
|  | Variance  | -1,084      | -757        | -1,153      | 0         | -286   |        |             |
| Elective Activity TTG                            | Projected | 3,416       | 3,433       | 3,487       | 1,164     | 1,164  | 1,164  | 3,492       |
|  | Actual    | 3,403       | 3,289       | 3,517       | 1,307     | 1,260  |        |             |
|  | Variance  | -13         | -144        | 30          | 143       | 96     |        |             |
| Long Waits Diagnostics > 26 weeks                | Projected | 109         | 63          | 10          | 0         | 0      | 0      | 0           |
|  | Actual    | 171         | 165         | 204         | 111       | 158    |        |             |
|  | Variance  | 62          | 102         | 194         | 111       | 158    |        |             |
| Long Waits New Outpatients > 104 weeks           | Projected | 0           | 74          | 212         | 258       | 304    | 352    | 352         |
|  | Actual    | 1           | 2           | 2           | 12        | 25     |        |             |
|  | Variance  | 1           | -72         | -210        | -246      | -279   |        |             |
| Long Waits New Outpatients > 78 weeks            | Projected | 150         | 339         | 849         | 1019      | 1189   | 1358   | 1358        |
|  | Actual    | 85          | 255         | 336         | 649       | 741    |        |             |
|  | Variance  | -65         | -84         | -513        | -370      | -448   |        |             |
| Long Waits TTG > 104 weeks                       | Projected | 16          | 67          | 173         | 228       | 288    | 351    | 351         |
|  | Actual    | 20          | 17          | 32          | 27        | 33     |        |             |
|  | Variance  | 4           | -50         | -141        | -201      | -255   |        |             |
| Long Waits TTG > 78 weeks                        | Projected | 159         | 305         | 547         | 627       | 763    | 893    | 893         |
|  | Actual    | 84          | 133         | 183         | 167       | 174    |        |             |
|  | Variance  | -75         | -172        | -364        | -460      | -589   |        |             |
| Arthroplasty 4 joint sessions                    | Projected | 25.0%       | 25.0%       | 25.0%       |           |        |        | 25.0%       |
|  | Actual    | 10.3%       | 16.9%       | 12.4%       |           |        |        |             |
|  | Variance  | -14.7%      | -8.1%       | -12.6%      |           |        |        |             |
| Same Day Procedures Knee Arthroplasty            | Projected | 1.9%        | 1.9%        | 1.9%        |           |        |        | 1.9%        |
|  | Actual    | 4.1%        |             |             |           |        |        |             |
|  | Variance  | 2.2%        |             |             |           |        |        |             |
| Same Day Procedures Hip Arthroplasty             | Projected | 4.3%        | 4.3%        | 4.3%        |           |        |        | 4.3%        |
|  | Actual    | 8.0%        |             |             |           |        |        |             |
|  | Variance  | 3.7%        |             |             |           |        |        |             |
| Cancer Waiting Times 31-Day                      | Projected | 93.8%       | 94.1%       | 94.3%       |           |        |        | 94.5%       |
|  | Actual    | 96.5%       | 92.5%       | 93.1%       | 94.9%     | 96.4%  |        |             |
|  | Variance  | 2.7%        | -1.6%       | -1.2%       |           |        |        |             |
| Cancer Waiting Times 62-Day                      | Projected | 81.9%       | 82.8%       | 85.0%       |           |        |        | 85.4%       |
|  | Actual    | 77.5%       | 73.7%       | 73.0%       | 64.2%     | 75.0%  |        |             |
|  | Variance  | -4.4%       | -9.1%       | -12.0%      |           |        |        |             |
| CAMHS 18 Weeks RTT                               | Projected |             |             |             | 60.0%     | 70.0%  | 90.0%  |             |
|  | Actual    |             |             |             | 84.0%     | 84.0%  |        |             |
|  | Variance  |             |             |             | 24.0%     | 14.0%  |        |             |
| CAMHS Waiting List <= 18 weeks                   | Projected | 216         | 228         | 235         | 222       | 201    | 200    | 200         |
|  | Actual    | 224         | 197         | 180         | 184       | 200    |        |             |
|  | Variance  | 8           | -31         | -55         | -38       | -1     |        |             |
| CAMHS Waiting List > 18 weeks                    | Projected | 116         | 98          | 42          | 39        | 15     | 0      | 0           |
|  | Actual    | 70          | 91          | 64          | 35        | 38     |        |             |
|  | Variance  | -46         | -7          | 22          | -4        | 23     |        |             |
| Psychological Therapies 18 Weeks RTT             | Projected |             |             |             | 68.0%     | 72.5%  | 69.5%  |             |
|  | Actual    |             |             |             | 54.2%     | 54.3%  |        |             |
|  | Variance  |             |             |             | -13.8%    | -18.2% |        |             |
| Psychological Therapies Waiting List <= 18 weeks | Projected | 888         | 888         | 888         | 888       | 888    | 888    | 888         |
|  | Actual    | 1460        | 1480        | 1427        | 1370      | 1325   |        |             |
|  | Variance  | 572         | 592         | 539         | 482       | 437    |        |             |
| Psychological Therapies Waiting List > 18 weeks  | Projected | 1660        | 1569        | 1680        | 1739      | 1691   | 1604   | 1604        |
|  | Actual    | 1173        | 1219        | 1109        | 1159      | 1114   |        |             |
|  | Variance  | -487        | -350        | -571        | -580      | -577   |        |             |
| Psychological Therapies Waiting List > 52 weeks  | Projected | 219         | 165         | 111         | 93        | 75     | 57     | 57          |
|  | Actual    | 273         | 251         | 263         | 289       | 293    |        |             |
|  | Variance  | 54          | 86          | 152         | 196       | 218    |        |             |

## d. Assessment

### CLINICAL GOVERNANCE



To improve the quality of health and care services

6



Moderate

Target Current

#### Major & Extreme Adverse Events

50% of Action from Major and Extreme Adverse Events to be closed within time

(n.b. Performance reporting on the 'Actions Closed' aspect of Adverse Events has been paused at Dec23 – the performance figure has been revised since the previous IPQR)

50%

61.0%

There were 25 actions relating to LAER/SAER closed on time in December 2023, from a total of 41, which equates to a performance of 61%: an increase on the 34.9% from previous month as well as an improvement on previous year (41.9%). Target achieved for the first time since August 2023. On average, 52 actions have been closed per month in 2023 compared to 37 over the same period in 2022.

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

There were 50 Major/Extreme adverse events reported in February out of a total of 1,572 incidents. 69% of all incidents were reported as 'no harm'. Over the past 12 months, 'Pressure Ulcer developing on ward' has been the most reported Major/Extreme incident (193) followed by 'Patient Fall' (64 incidents), and then 'Cardiac Arrest' (61 incidents).

#### Service Narrative

The number of SAERs/LAERs has continued to steadily rise in 2023, with 335 reviews being commissioned. These high-level reviews place a significant resource burden on clinical and management teams to complete. In the current landscape of financial and clinical pressures it is pertinent to review the value the SAER/LAER process is adding. As part of this work, 2 workshops with representation from across the organisation took place to review the NHS Fife Adverse Events Major/Extreme Trigger List. The trigger list is part of NHS Fife Adverse Events Policy and has been in place for over 10 years. During this time, event types, alongside major/extreme outcomes in term of harm have been added. The accumulation of triggers is partly responsible for the increase in major/extreme events that we see reported. The output of the workshops and the redefined trigger list will be presented to the Clinical Governance Oversight Group in April, where 3 options will be put forward for discussion and decision on the improvement actions required.

#### HSMR

1.00

0.96

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

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

#### Inpatient Falls

Reduce **All Falls** (inpatient) rate by 15% in FY 2023/24 compared to baseline (YE Sep-21)

6.95

6.49

Reduce **Falls with Harm** (inpatient) rate by 10% in FY 2023/24 compared to baseline (YE Sep-21)

1.44

1.53

The number of inpatient falls in total was 183 in February 2024, down from 224 the month prior. This equates to a rate of 6.49 falls per 1,000 Occupied Bed Days (OBD). Performance has therefore achieved the target of < 6.95 for February.

The number of inpatient Falls 'with Harm' was 43 in February, 5 less than the month prior, and this equates to a rate of 1.53 falls per 1,000 OBD: thus, performance was outwith the target of < 1.44 for February.

The number of falls within Acute Services was 88 in February. This is 21% less than the month prior and equates to a rate of 6.62 per 1,000 OBD (compared to 7.90 in January).

The number of falls within HSCP was 95 in February, 17 less than the month prior and this equates to a rate of 6.38 per 1,000 OBD (compared to 7.04 in January).

The majority of falls in the last 3 months (78.6%) were classified as 'No Harm' whilst 18.8% were classified as 'Minor Harm' and < 2% were classified as 'Moderate Harm'. Falls classified as 'Major/Extreme Harm' accounted for < 2% of the total falls (less than a third of that seen in the preceding 3 months).



**Service Narrative**

The updated Falls toolkit was launched w/c 4th March 2024 with an emphasis on safer mobility and falls reduction. The session was well by both Acute and HSCP staff.

**Pressure Ulcers**

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

**0.89**

**1.70**

The total number of pressure ulcers in February 2024 was 48, which was 13 more than the month previous and the highest figure in the past 24-months. This equates to a rate of 1.70 per 1,000 Occupied Bed Days (OBD). Performance has worsened and therefore PU rate for February is now sitting as an outlier.

The number of pressure ulcers in Acute Services was 38 in February, an increase of 8 on the previous month (24-month average is 25 and rate is 2.86).

The number of pressure ulcers in HSCP for year ending Feb-24 is 78 which is 5% less than was seen in year ending Feb-23.

Most pressure ulcers continue to be in Acute Services with 99 recorded between Dec23-Feb24 compared with 20 in HSCP.

Of all Pressure Ulcers recorded in Dec23-Feb24, Grade 2 accounted for 36% of the total; with Grades 3 & 4 accounting for 23%.

**Service Narrative**

Recognising the increasing figures of PU incidences, it remains a priority for us to effectively monitor and mitigate these occurrences. There is already a strong collaborative approach is already in place across HSCP and Acute Services Division.

Both Acute and HSCP are actively engaged in Tissue Viability (TV) meetings, where pertinent discussions and actions are undertaken. Moreover, within HSCP, significant work is underway with the rollout of a new Pressure Ulcer checklist within our Community Nursing teams. Additionally, fortnightly meetings have been initiated to review PU incidences within the community setting. We anticipate that these initiatives, coupled with the introduction of the new tool, will yield improvements in PU figures over time.

Regarding the proposed development of a singular Tissue Viability team covering both Acute and HSCP, a comprehensive review has been conducted. At this juncture, it has been determined that maintaining two separate teams is optimal. However, we are committed to fostering a more collaborative approach between these teams, which includes regular meetings and joint training sessions. We will continue to assess this structure and revisit the possibility of consolidation in the future. Lots of dedication and cooperation demonstrated by all teams involved in these efforts. Together, we remain steadfast in our commitment to enhancing patient care and outcomes in the realm of tissue viability.

**SAB**

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

**18.8**

**10.2**

The SAB infection rate decreased from 16.1 in January 2024 to 10.2 in February: this is 4.2 lower than February 2023.

Of the 45 HAI/HCAI reported in the last 12 months, 8 have been categorised as 'VAD'; 12 have been categorised as 'Other' or 'Not Known'; and 7 have been categorised as 'Device Other Than VAD'.

The cumulative number of HCAI SAB cases for the year ending February 2024 is 45: this is lower than the same time period in 2022/23 (51).

The Infection rate has remained below the target of 18.8 since March 2023.

The most recent quarterly ARHAI report from Health Protection Scotland, covering the quarter ending September 2023, showed that NHS Fife (with a quarterly infection rate of 9.2) lay below national rate and was the 2nd lowest rate in mainland Scotland.

**Service Narrative**

Challenges: Vascular access devices (VAD) continue to be an area to focus, there were 2 dialysis line related SABs in January, both cases have been added to Datix and will undergo a Complex Care Review to ascertain learning.

There was a PVC related SAB identified in January: prior to this a full year had been achieved without a PVC related SAB.

Achievements: At the time of reporting (01/03/2024), NHS Fife had achieved 585 days since last CVC related SAB.

The cumulative number of HCAI cases during the time period March 2023 to February 2024 (n=45) was lower than during the same timeframe the previous year, when there were 51 HCAI cases. With the HCAI rate remaining below the target of 18.8 since March 2023.

|               |   |            |            |
|---------------|---|------------|------------|
| <b>C Diff</b> | <i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2024</i> | <b>6.5</b> | <b>3.4</b> |
|---------------|---|------------|------------|

The C Diff infection rate decreased to 3.4 in February: this is -11.0 on the rate in February 2023 (16.0). The cumulative total of infections Mar 23 – Feb 24 at 28 is lower than during the same time period in 2022/23 at 49. The number of recurring infections for the period Mar 23 - Feb 24 (3) has decreased compared to the same period in 2022/23 (5).

The most recent quarterly report from ARHAI Scotland, covering the quarter ending Sep 2023, showed that NHS Fife was the top performing of all Mainland Health Boards for HCAI cases at 4.6.

**Service Narrative**

The cumulative total of HCAI CDIs was higher during 2023 (n=33) than the previous 2 years (2022, n=30 and 2021, n=28). However, when considering the time-frame March 2023 to February 2024, there was an improvement in the number of cases (n=28 cases) compared to March 2022 to February 2023 (n=36 cases). IPCT will continue to monitor cases to assess if this improvement is sustained.

History of recent antibiotics (i.e. within the previous 12 weeks) and/or PPIs (Protein Pump Inhibitors) are frequently seen risk factors amongst cases.

|            |   |             |             |
|------------|---|-------------|-------------|
| <b>ECB</b> | <i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2024</i> | <b>33.0</b> | <b>44.2</b> |
|------------|---|-------------|-------------|

The number of HCAI infections decreased from 18 in January 2024 to 13 in February and the rate of infection decreased from 58.1 to 44.2 HAI/HCAI per 100,000 Occupied Bed Days (OBD).

The cumulative number of infections for the period March 2023 - February 2024 (127) is slightly higher than the same period in 2022/23 (125). Encouragingly, these same time-periods have seen a reduction in the number of CAUTI related ECBs.

In the year ending February 2024 Urinary Catheter related infections have been responsible for 31 of the 127 infections in the last year (24.4%) and remains a key focus for improvement work although the 'Not Known' category accounts for 31 infections (24.4%).

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

**Service Narrative**

The Urinary Catheter Improvement Group (UCIG) continues to meet regularly, with the aim of establishing improvement work, to reduce CAUTIs. Each CAUTI related ECB is added to Datix and undergoes a Complex Care Review (CCR) to ascertain any learning. Monthly CCR meetings continue to take place to explore and discuss recent CAUTI cases.

Considering the year ending February 2024 timeframe, around half (49.6%) of all ECBs were community acquired (CAI) in origin. Hepatobiliary and renal remain the most commonly found source of ECB infection.

|                   |  |            |              |
|-------------------|--|------------|--------------|
| <b>Complaints</b> | <i>At least 33% of Stage 2 complaints will be completed within 20 working days by March 2024</i> | <b>33%</b> | <b>14.3%</b> |
|-------------------|--|------------|--------------|

*Stage 1*

There were 35 stage 1 complaints received in March, with 33 closed. Of those closed 11 (33.3%) were within timescales.

With 1 greater than 21 days after due date, 12 of which were closed between 6 and 20 days. 39 complaints were due to be closed in the month, 12 (30.8%) of which were closed on time.

25.8% of live complaints have been open for more than 21 days with 41.9% open for between 6 and 20 days.

67.7% (21) of live complaints are awaiting statements.

The total number of open Stage 1 in March was 31 this is an increase of 2 from February. *Stage 2*

There were 22 stage 2 complaints received in March, with 95.5% acknowledged within timescales, with 21 closed. Of those closed 14.3% were within timescales.

With 10 greater than 41 days after due date, 74 of which were closed greater than 80 days after due date. 19 complaints were due to be closed in the month 3 (15.8%) of which were closed on time.

38.7% of live complaints have been open for more than 40 days a decrease from 45.6% in February, with 16.1% (10) open for more than 80 days and 3.2% (2) open for more than 160 days.

41.9% (26) of live complaints are awaiting statements with 27.4% (17) awaiting approval of final response the latter having increased from 26.3% in February.

The total number of open Stage 2 Complaints increased slightly in March to 62 from 75 in the previous month this equates to a decrease of 58.7% from April 2023 (150).

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**Service Narrative***Stage 1*

We recognise we have not met the target of 80% for Stage 1 complaints closed in time for March 2024, which is due to various factors such as staffing, capacity and service pressures. However, there has been a 13.3% increase in Stage 1 complaints closed on time from February 2024 which shows a positive improvement. There has been significant work from the wider team to review, progress and close older Stage 1 complaints, this work is ongoing. Weekly complaint meetings continue with a focus on Stage 1 complaints, which helps to keep the momentum. Current open Stage 1 complaints are 28 across all services. We continue to use the Stage 1 template with positive results with good uptake from clinical services. A reminder will be sent to clinical services around the benefits of making direct contact with complaints via telephone to resolve quickly at the point of care.

*Stage 2*

We recognise we have not met the target for Stage 2 complaints closed on time for March 2024, which is due to various factors such as capacity, complexity of complaints and service pressures. However, there has been positive work from the team in closing some of our older complaints, where we see a reduction in those complaints over 100 days, which is currently 7. Of those 7, 5 responses have been drafted and are with clinical teams for comment or approval, 1 is with the CEO for sign off and will be issued soon, and 1 is with the clinical team for statements. The PET team continues to meet weekly with services to keep the focus and momentum on complaints. Current open Stage 2 complaints are 62 across all services. Out of those 62, only 10 complaints are with the PET team for action. This shows the significant work that has been done around progressing and managing complaints within the team. We are also in the final stages of developing a new investigation template for Stage 2 complaints which will be trialled in April 2024 as an initial test of change with the Medical Directorate and Primary & Preventative Care Services. The aim is to support the clinical teams in responding to complaints, keeping a focus on the key points of complaint. This will support staff and improve the quality of statements from clinical teams, and in turn the responses issued by The Patient Experience Team.

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## OPERATIONAL PERFORMANCE



To improve the quality of health and care services

6



Moderate

|                                |   | Target | Current |
|--------------------------------|---|--------|---------|
| <b>4-Hour Emergency Access</b> | <p><b>National Standard:</b> 95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</p> <p><b>Local target</b> by March 2024: 82.5% of ED patients to wait less than 4 hours from arrival to admission, discharge or transfer</p> | 95.0%  | 72.5%   |
|                                |   | 82.5%  | 65.8%   |

For A&E (Emergency Department and Minor Injury Units), performance in March was 72.5%, below National Standard, but an increase from month prior and corresponding month year previous. Emergency Department performance increased to 65.8% but below the local trajectory of 82.5%. Trajectory has been reviewed for 2024/25 with aim of 75% by March 2025.

There were 7,716 unplanned attendances in March, equivalent to 249 per day which is an increase on the 245 per day month prior and 19 more than March 2023. There were also 460 planned attendances with 59.5% of these occurring at MIUs.

There were 438 8-hour breaches recorded in March and 42 with await longer than 12 hours: both measures have decreased from month prior.

Breach reasons 'Wait for Bed' and 'Wait for 1st Assessment' accounted for 67% of all breaches.

The most recent publication from Public Health Scotland, for month of February 2024, shows that NHS Fife continues to be in the mid-range of all Mainland Health Boards and above the Scottish average for both A&E (+4.5%) and Emergency Departments (+0.1%).

### Service Narrative

Attendance has remained high, with the daily average increased slightly since January. However, 8-hour breaches have decreased significantly since January. Staffing models continue to be reviewed within ED, ensuring Senior clinical decision maker presence. The successful appointment of a dedicated ED CNM ensures appropriate leadership and support. Capacity pressures remain and continue to impact and be a focus for daily/weekly discussion and planning.

|                              |   |      |       |
|------------------------------|---|------|-------|
| <b>Patient TTG (Waiting)</b> | <i>All patients should be treated (inpatient or daycase setting) within 12 weeks of decision to treat</i> | 100% | 36.7% |
|------------------------------|---|------|-------|

Monthly performance decreased from 36.9% in January to 36.7% in February, this is the lowest figure in the last 24 months.

Waiting list numbers for waits of 'over 12 week' increased to 4992 in February.

Waits 'over 26 weeks' increased to 2766, waits 'over 52 weeks' increased to 606. The majority of over 52 weeks lie within Orthopaedic (300) and Urology (223).

Waits 'over 104 weeks' increased to 33 well below projected figures. These are split General Surgery 4, Orthopaedic 13, Plastic Surgery 1, Urology 7 and Gynaecology 8.

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

### Service Narrative

Activity increased over the last 2 months and overall has improved to 95% of projected capacity due to improvements in absence and vacancies. Activity, however, continues to be less than demand with a gap of 270 procedures per month. The waiting list size as a result continues to rise with the biggest gaps being in Cardiology, General Surgery, Ophthalmology and Orthopaedics.

As projected there continues to be an overall deterioration in waiting times albeit that the numbers waiting over 52, 78 and 104 weeks have stabilised since November 2023 and are less than predicted at the end of March 2024.

The main specialities of concern for long waits remain Orthopaedics, General Surgery, Urology, Gynaecology, Ophthalmology and Plastic Surgery. The focus continues to be on urgent and urgent suspicious of cancer patients with a renewed effort to reduce the number of long waiting patients particularly those waiting over 104 weeks. However, as routine waiting times increase there are proportionally more patients being assessed as urgent which is leading to increasing waits for routine patients.

There has been a sustained improvement in maximising the use of capacity for day cases at Queen Margaret Hospital and efforts continue to look for productive opportunities to maximise throughput in theatres particularly in Orthopaedics and Ophthalmology and to validate the waiting lists. Discussions continue with NECU to find a solution for specialist urogynaecological procedures.

|                        |  | Target     | Current      |
|------------------------|--|------------|--------------|
| <b>New Outpatients</b> | <i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i> | <b>95%</b> | <b>37.6%</b> |

Monthly performance remained unchanged at 37.6% in February 37.5% in January). Waits for over 12, 26, 52, 78 and 104 weeks all saw increases: 'over 78 weeks' increased by 14.2% to 741, though this remains well below the projected figures. Waits 'over 104 weeks increased from 12 to 25.

Gynaecology 'over 52 weeks saw the largest increase of 13.2% from 655 to 741.

The largest number of over 78 weeks waits are in Gastroenterology (167) & Neurology (281) whilst Gynaecology saw an increase of 84.5% from 71 in January to 131 in February.

The overall waiting list increased to 31828 patients in February.

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

### Service Narrative

Overall activity has remained at 95% of projected capacity and activity is not meeting demand with a gap of over 800 appointments per month. The biggest gaps continue to be in Cardiology, Dermatology, ENT, Gynaecology, Neurology, Oral Maxillofacial, Urology and Vascular due to a combination of vacancies, sickness absence and an increased proportion of urgent referrals. As a result, long waiting times for routine patients continue to increase in several specialities and the waiting list size is increasing.

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

There is a continued focus on productive opportunities to maximise use of capacity with increasing use of ACRT and PIR and validation of waiting lists as well as recruiting to vacant consultant posts. Further engagement with the National Elective Coordination Unit has taken place and validation is underway for Neurology and Endocrinology.

|                    |   |             |              |
|--------------------|---|-------------|--------------|
| <b>Diagnostics</b> | <i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i> | <b>100%</b> | <b>54.4%</b> |
|--------------------|---|-------------|--------------|

Monthly performance increased from 45.6% in January to 54.4% in February.

Endoscopy saw an increase in performance from 53.1% in January to 58.4% in February. Imaging saw an increase in performance from 45% to 54%.

In terms of waiting list numbers, Imaging has increased to 7864 in February from 7852 in January. MRI saw numbers decrease from 254 in January to 1173 in February. CT saw an increase to 1042 the highest figure since Oct 23; Ultrasound increased to 5649.

Endoscopy waiting list increased to 630 in February. The diagnostic waiting list overall increased slightly to 8499 from 8469 in January.

The number of those waiting over 6 weeks decreased from 4607 in January to 3876 in February

### Service Narrative

In Radiology the available core capacity overall continues to be unable to meet the demand with an ongoing gap between capacity and demand. Activity has been greater than projected in the last 2 months due to presence of a CT van funded from Cancer waiting times money, locums being available in Ultrasound and an increase in availability of reporting capacity particularly for MRI routine scans. It is anticipated that this level of activity and improvement in performance will not be sustained in next year as there will be staffing challenges in Ultrasound to cover additional weekend lists. The proportion of urgent outpatient referrals and demand for inpatient scans remains high and this is resulting in increased waiting times for routine outpatient imaging for all modalities. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been experiencing long waits in ultrasound. The number of patients waiting over 26 weeks for a routine Ultrasound is reducing and it is projected that this will be zero by the end of March 2024. Clinical validation of the waiting lists continue with action taken to expedite referrals as required. Efforts continue to recruit substantively to the vacant ultrasound posts.

In Endoscopy activity has been slightly lower in the last 2 months, however, the capacity figure includes all of the available endoscopy capacity which is used flexibly to manage emergency, urgent, urgent suspicious of cancer, surveillance and new referrals. Demand has remained stable. The numbers of patients waiting over 6 weeks is stable and the number waiting over 52 weeks has reduced: however, the numbers waiting over 26 has increased as the proportion of new urgent and urgent surveillance referrals remains high. It is projected that the number waiting over 52 weeks will be zero by the end of March 2024. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been experiencing long waits. Clinical validation of the waiting lists continues with action taken to expedite referrals as required.

|  |   | Target      | Current      |
|--|---|-------------|--------------|
| <b>Cancer 31-Day DTT</b>   | <i>95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment</i>              | <b>95%</b>  | <b>96.4%</b> |
| <p>Monthly performance in February 2024 increased from 94.9% in January to 96.4% which is above target and the highest level since June 2023.</p> <p>The number of eligible referrals increased from 118 in January to 138 in February, the highest level since August 2023.</p> <p>There were 5 breaches in February 2024, 4 attributable to Urology and 1 to Colorectal.</p> <p>The most recent quarterly publication from Public Health Scotland, covering the quarter ending Sept 2023, showed that NHS Fife was in the lower-range of all Mainland Health Boards.</p> <p><b>Service Narrative</b></p> <p>All 5 breaches were surgical and dependant on theatre and surgeon capacity. Robotic surgery capacity remains an issue, however, additional theatre sessions are taking place and we can assess the impact of these additional sessions.</p> <p>Range 2-75 with an average of 25 days (a reduction from 73 days in December)</p>  |   |             |              |
| <b>Cancer 62-Day RTT</b>   | <i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i> | <b>95%</b>  | <b>75.0%</b> |
| <p>Monthly performance in February 2024 increased from 64.2% to 75.0%, this is 7.5% above the same month in 2023.</p> <p>The number of eligible referrals decreased from 81 in January to 80 in February.</p> <p>There were 20 breaches in February 2024 with 17 of these (85%) attributable to Prostate. The other breaches were 1 'Lung', 1 'Head &amp; Neck' and 1 'Cervical'.</p> <p>The most recent quarterly publication from Public Health Scotland, covering the quarter ending Sept 2023, showed that NHS Fife was in the lower-range of all Mainland Health Boards.</p> <p><b>Service Narrative</b></p> <p>Urgent suspected cancer referrals remain stubbornly high, particularly in breast, colorectal, Lung and urology. In terms of performance Urology remains our biggest challenge with 17 breaches (prostate) seen. The main reasons attributing to breaches were delays between many steps throughout the pathway, with the exception of waits to 1st outpatient appointment.</p> <p>The range of breaches for prostate 3-156 days, average 45 days. It should be noted that the average days breached by has reduced from 125 in December.</p> <p>There were further breaches seen, 1 H&amp;N, 1 Lung and 1 Cervical. These breaches were due to lack of resources for appointments within ENT and Lung over the Christmas period and biopsy slots for Cervical.</p> <p>Range for all breaches 3-156 days, average 41 days (a reduction from 115 days in December).</p>   |   |             |              |
| <b>Delayed Discharges</b>  | <i>The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce</i>                  | <b>5.0%</b> | <b>6.2%</b>  |
| <p>The percentage of Bed Days lost to 'Standard' delays decreased to 6.2% between February and March 2024. This is above the 5% target but below the 24-month average and remains within control limits. The number of Bed Days lost to Standard delays in March decreased to 1916 but there was a significant increase in Code 9 delays, which increased from 3% to 4% of Total Occupied Bed Days.</p> <p>At March Census, there were 112 patients in delay, 69 Standard delays and 43 Code 9 delay, an increase from 93 previous month. Within Acute and Community Hospitals, there was 91 delays, 60 Standard delays and 31 Code 9 delays, of which 21 were in delay due to AWI (Adult with Incapacity) reasons.</p> <p>The most recent monthly publication from Public Health Scotland, for data up to end of February 2024, shows that NHS Fife remains in the mid-range for Standard Delays at Census by Local Authority of Residence. The proportion of delays within Acute Hospital setting in Fife was 4.3% which is the lowest in Scotland.</p> <p><b>Service Narrative</b></p> <p>Daily oversight and focused planning for all people who are delayed in hospital remains a priority through whole system verifications. Process around timely referrals and assessments for all people requiring support on discharge have substantially improved through a number of quality Improvement Initiatives to keep the demands on the services to a sustainable level. There has been real opportunity through our educational "Planned Day of Discharge Roadshows" to ensure the local narrative and perception around the HomeFirst principles continue to be fully embedded and practiced in all community and acute hospitals. We continue to ensure a blended approach to discharge with all pathways being explored and inclusive conversations with the third sector, to build a more holistic view of people's needs. The variable picture in standard delays has been recognised as challenging with a significant increase for social work services and assessment bed placements. Suitable placement for increasing numbers of people with high level complex needs who are unable to return home continues to remain challenging.</p> |   |             |              |



## FINANCE



To deliver value and sustainability

6



Moderate

Forecast Current

**Revenue Expenditure** *Work within the revenue resource limits set by the SG Health & Social Care Directorates* **(£12.9m)** **(£11.01m)**

The draft 2023/234 financial position for the board has been finalised and delivery of the three financial targets is confirmed subject to External Audit review. We achieved break even and stayed within our RRL, however this delivery was materially supported through receipt of our NRAC share of non-recurring additional UK Government consequential funding of £10.3m and a share of a national reduction to CNORIS costs of £2.3m, both occurring very late in the financial year. In addition, we required to request Scottish Government repayable brokerage of £11.013m to deliver the RRL target of breakeven.

**Capital Expenditure** *Work within the capital resource limits set by the SG Health & Social Care Directorate* **£11.47m** **£11.47m**

The capital resource limit (CRL) was achieved at the end of the financial year (subject to external audit scrutiny).

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

## STAFF GOVERNANCE



To improve staff experience and wellbeing

2



Moderate

Target Current

### Sickness Absence

To achieve a sickness absence rate of 4% or less

4.00%

7.64%

Sickness absence has decreased from 8.7% in January to 7.64% in February 2024. Short-term absence has decreased from 3.95% in January to 3.565% in February 2024. There has also been a decrease in long term absence from 4.32% In January to 4.08% in February 2024.

Most sickness absence episodes and hours lost related to mental health related reasons for absence, (amounting to 26.3%), this has increased by 0.8% from the previous month.

Emergency Care & Complex & Critical Care both have absence rates above 8%. Community Care has an absence rate above 10%.

The latest benchmarking for February 2024 shows NHS Fife to be in the lower range of all the mainland Boards.

#### Service Narrative

A number of managing absence initiatives continue to be promoted:

- Attendance Management training programmes and the TURAS Learn NHS Scotland Attendance eLearning module.
- The use of Promoting Attendance Panels which provide opportunities for case discussion, shared learning, expert OH input and provision of assurance.
- Improve long term sickness absence due to mental health, using our core Occupational Health provision, the additional input of the OH Mental Health Nurse and other support services.
- Utilise our Occupational Therapy Fatigue Management service to support successful returns to work.

Future plans include a newly formed Attendance Management Group will oversee a multi factorial review on absence issues, to take forward lessons learned, identify priority actions, and seek assurance on actions being implemented. The group will develop an action plan to support improvement activities across the key themes identified, including best practice, professional development, and training. A workforce indicators matrix will be utilised to identify areas classified as 'high priority' to support the development of bespoke initiatives and plans and to support a deeper dive of all root causes for absence.

### PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

80%

40.9%

Compliance decreased slightly to 40.9% in Mar-24, a decrease of 0.2% from month prior and +3.0% on the same month in 2023.

The number of reviews held increased by 69.8% to 452 (there was a 91% increase in the same period in 2023)

Compliance was highest in HSCP (Primary & Preventative) at 51.8% whilst in Acute Services there was an overall increase of 1% to 37%. Planned Care saw an increase to 43.5% (+5.3%).

Performance remains at approximately half of the national standard of 80% and has remained relatively static for the last 4 months.

#### Service Narrative

A series of Turas Appraisal Lunchtime Bytes continue to be offered on a monthly basis, supplementing eLearning courses on (i) *TURAS Appraisal: Preparing for a PDPR meeting* and (ii) *TURAS Appraisal: During & After the PDPR Conversation*.

In addition, targeted improvement interventions were undertaken focusing on those managers of teams that showed high levels of non-compliance, with a request to implement actions to improve compliance before 31st March where possible. Where there would be difficulties in achieving this target, managers were asked to develop action plans to increase compliance in their teams before 30th April.

These activities contributed to a 24% increase in the number of PDPs signed off within Quarter 4, compared to the previous quarter: however, ongoing service pressures impacting front line staff meant overall engagement did not reach the highs of Quarter 4 in 2022/23. This meant that despite increased activity, there was a 0.2% reduction in the reported compliance across NHS Fife.

Emphasising the importance of PDPR/Appraisal factors highly in the work outlined to implement Protected Learning Time in NHS Fife. Action plans have been developed and this work will be taken forward in the first half of the 2024/25 financial year.



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Reduce the number of vacancies in the following professions:

|                  |                                    |             |
|------------------|------------------------------------|-------------|
| <b>Vacancies</b> | Medical & Dental (M&D)             | <b>7.5%</b> |
|                  | Nursing & Midwifery (N&M)          | <b>4.6%</b> |
|                  | Allied Health Professionals (AHPs) | <b>4.7%</b> |

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*(n.b. we await the most recent data so below is a repeat of the analysis from the Position at February IPQR)*

Medical & Dental WTE vacancies saw decrease from the September 2023 figure to 23.8 in December. The largest number of vacancies falls within a single area of General Psychiatry at 8.

Nursing & Midwifery WTE vacancies has seen a decrease for this reporting quarter dropping from 282.1 WTE to 201.2 WTE. 76.5% of vacancies are for qualified staff Band 5 - Band 7+.

AHP WTE vacancies have decreased to their lowest level since March 2022 (35.1 WTE). The largest number of vacancies lie within Physiotherapy and Occupational Therapy.

#### **Service Narrative**

Medical & Dental: There is a national challenge to recruit permanent staff into Psychiatry. A Short Life Working Group, led by the Clinical Director, has been set up to consider how permanent medical staff can be attracted to work in NHS Fife.

Nursing & Midwifery: Recruitment to Band 5 nursing posts continues to be challenging. Efforts to recruit newly qualified Band 5 nursing staff continue and NHS Fife was represented at recent recruitment fairs by members of the Professional nursing team and Practice and Professional Development amongst others. International recruitment has also resulted in an additional 99 new registered nurses over the previous 2 years. To address the shortfall in nursing staff, NHS Fife has adapted the nursing workforce by introducing Assistant Practitioners and realigning the skill mix.

AHP: There is a national shortage in most AHP professions with recruitment to Physiotherapy and Occupational Therapists roles being particularly challenging. To address this, Physiotherapy has opted into the Funded Places Scheme and has permanently recruited those that qualified and have current trainees they hope to recruit to permanent positions. In addition, work on education and learning frameworks to attract new talent is progressing.

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## PUBLIC HEALTH & WELLBEING



To improve health and wellbeing

4



High

Target Current

### Smoking Cessation

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

**315**  
(Nov-23)

**126**  
(Nov-23)

There were 13 successful quits in November 2023, which is 27 short of the monthly target and 14 less than was achieved in November 2022. Achievement against trajectory is 40.0%, which is slightly less than was achieved in October 23.

For all quit attempts, the quit success rate in 'Specialist' services is significantly higher than for other services.

The most recent quarterly publication from Public Health Scotland, covering the quarter ending June 2023 (Q1), showed that NHS Fife was in the lower-range of all Mainland Health Boards, with a rate of 48.7% against a Scottish average of 66.1%.

#### Service Narrative

##### *Quit Your Way – Specialist Service*

As indicated in the data analysis above, the quit numbers are lower than anticipated to meet the LDP target for 2023/24. We have a significant lag in the data due to the nature of the measure (post 12-week quits) and the duration of the smoking cessation programme, data is 4 months behind. To address low footfall, we conducted several awareness & promotional events which increased engagement from Oct 2023 (see Specialist Service Engagement table)

It is expected that this increase will be reflected in the January 2024 data analysis as referrals are increasing, however we are seeing more families and individuals referred who are on low income/living in poverty and receiving universal credit that live outside the 40% (MDQ).

For 2024/25 reporting the IPQR will capture all successful quits and highlight the 40% (MDQ) - The LDP target has not been reviewed since 2017, there is a working group to review targets beginning later in the year.

Contacting other board areas there is no significant difference between what we deliver in Fife, as we now also offer a hybrid approach to appointments. Most other boards do have prison populations that will contribute to their data.

Specialist service provision has increased to 38 clinics weekly across Fife: 26 community-based, & 12 GP/hospital-based clinics, alongside cyclical delivery of the Very Brief Advice (VBA) & promotional stands in our most vulnerable communities. Initial feedback is positive, helping to build relationships & trust with people who have said they were previously resistant to engage with any services to make positive health behaviour changes, especially smoking cessation. We have had to work hard to promote health benefits and accessibility for people who have or are experiencing health inequalities.

In March we had a local campaign, running alongside a Scottish Government national campaign to promote No Smoking Day, with a range of activities promoting smoking cessation including a radio campaign, poster campaign, signage on public transport & resources available across all clinics. Additionally with the support of the Health Promotion IRC team, we sent out 374 No Smoking Day resource packs to key venues - Community Pharmacies, GP practices, Health Centres, Community Centres, Foodbanks & 3rd sector organisations.

To support service development, we will undertake an insight survey with clients who have disengaged or lost contact to capture some evidence on what individuals would find most helpful to support their quit attempts. We will begin this at the end of April 2024.

##### *Quit Your Way – Maternity Service*

Working in partnership with Fife Maternity services we have an increase in referrals from first point of contact with a health professional. This allows advisors to have supportive & informative discussions on the impact smoking has on them & their baby, improving engagement from women & their partners.

There is now drop-in clinic at the maternity unit at VHK, supporting women to continue engaging with the service & lessening number of appointments women are asked to attend.

### CAMHS Waiting Times

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

**90%**

**65.8%**

Monthly performance decreased from 69.4% in January 2024 to 65.8% in February 2024.

In February, no patient was waiting more than 35 weeks for treatment, whilst the number of those waiting between 19-35 weeks increased from 34 in January to 38 in February.

The percentage of those waiting less than 18 weeks stayed unchanged in February at 84%.

The number of referrals received in February was 259, a 7.5% increase from January and +9.8% compared to the same month in 2023.

The overall waiting list saw an increase (238 in February compared with 219 in January).

Benchmarking for the quarter ending December 23 shows NHS Fife lie in the lower range of all mainland boards, 68.9% against Scotland average of 83.8%.

**Service Narrative**

Work continues to bring the waits over 18 weeks down and no patient has waited more than 35 weeks for treatment. Reduced RTT reflects treatment started with more cases waiting over 18 weeks and fewer urgent/priority cases starting treatment in February.

This then shows as an increase in numbers waiting overall, as more cases were added to the waiting list, rather than being seen as urgent/priority.

The number of referrals received in February 2024 was 259 which is a 7.5% increase from January 24 and a 9.8% increase when compared to February 2023.

Service priority will be to continue to reduce the longest waits in order to sustainably achieve the 18-week RTT. This is dependent on the effective management of staff vacancies and the ability to retain staff in order to ensure capacity meets demand.

Benchmarking for the quarter ending December 2023 shows NHS Fife lie in the lower range of all mainland boards, 68.9% opposed to the Scottish average of 83.8%.

|                                |  |            |              |
|--------------------------------|--|------------|--------------|
| <b>Psychological Therapies</b> | <i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i> | <b>90%</b> | <b>69.2%</b> |
|--------------------------------|--|------------|--------------|

The number of patients who started treatment within the 18-week target increased from the previous month. The total number of patients who started treatment (including those waiting more than 18 weeks) also increased from the previous month. Monthly performance against the target decreased from 73.6% in January 2024 to 69.2% in February 2024. This is an expected consequence of increased overall activity and patients being seen in waiting list order. The overall waiting list decreased to 2439, the lowest level since February 2023.

**Service Narrative**

On average PT are currently stating treatment with 587 people a month, 409 of whom fall within the target (i.e., wait 18 weeks or less) and 178 of whom do not (i.e., those who have been on the waiting list in excess of 18 weeks).

Analysis of data from the whole service (including digital PTs), shows that the average number of appointments per course of PT is 10, of which usually only one (i.e., 10%) is countable under the target.

Further service developments include a completed pilot of group for patient with complex needs, the outcomes of which are currently being evaluated.

|                                |  |            |              |
|--------------------------------|--|------------|--------------|
| <b>Immunisation: Influenza</b> | <i>Achieve 85% uptake for Influenza vaccinations for 65+ population by end of Dec-23</i> | <b>85%</b> | <b>80.2%</b> |
|--------------------------------|--|------------|--------------|

Uptake for Influenza vaccination in Fife for ages 65+ was 80.2% at the end of March 2024. Vaccination numbers are no longer increasing on a weekly basis. For ages 75+ uptake is higher at 84.9%.

Care Home residents are the priority group with the highest uptake at 86%. Uptake for all Health Care Workers was 38% (no change on month prior).

Uptake for all priority groups was 51.8% for March which is lower than the Scottish average of 53.7% and slightly lower than the month prior. Fife remains in the lower-range of all Scottish boards for overall uptake with the highest uptake being 65.0%.

Uptake for Children overall was 43.6% for March with the highest uptake being the Primary School cohort at 67.3%.

**Service Narrative**

The 85% uptake target has been met for those aged 75+. The local 85% uptake target was not met for the full cohort of all those 65+ in Fife: however, uptake in Fife for the population over 65 years has been very similar to the rest of Scotland:

- 75+ uptake: 85.0% (Scotland 84.7%)
- 65 to 74 uptake: 75.9% (Scotland 75.7%)

Overall, 18+ Flu uptake in Fife compared with the rest of Scotland has been impacted by lower uptake rates in the healthy 50 to 64 cohort which is large in size (Fife 37.6%; Scotland 42.7%). This group were not prioritised by the JCVI as a vulnerable group requiring flu vaccination, and whilst the decision was made to offer this group flu vaccination in Scotland for the 23/24 winter period, it is known this group will not be offered flu vaccine in 24/25. Therefore, they have not been a priority group for mop-up activity within Fife. Instead, additional boost activity in the final stages of the programme focussed on the older age groups and the at-risk under 65s.

|                            |  |            |              |
|----------------------------|--|------------|--------------|
| <b>Immunisation: COVID</b> | <i>Achieve 85% uptake for COVID vaccinations for 65+ population by end of Dec-23</i> | <b>85%</b> | <b>79.6%</b> |
|----------------------------|--|------------|--------------|

Uptake for Covid-19 vaccination in Fife for ages 65+ was 79.6% at the end of March 2024 (unchanged from February). Vaccination numbers are no longer increasing on a weekly basis. For ages 75+ uptake is higher at 84.8%. Similar to Influenza vaccination, the priority group with the highest uptake continues to be Care Home residents at 86.2%.

Uptake for Frontline Health Care Workers is 30.3% (unchanged on month prior).

Uptake for all priority groups was 56.6% for March, equal to the Scottish average at 56.6%. Fife remains in the mid-range of all Scottish boards for overall uptake with the highest uptake being 68.2%.

**Service Narrative**

The uptake data for COVID vaccination is very similar to that for flu, due to the co-administration of both vaccines for most groups where eligible for both. Overall uptake of COVID vaccination for all eligible groups is higher for COVID than for flu (and slightly above the Scottish average) because it does not include the healthy 50 to 64 cohort who were eligible for flu-only.

Overall, the boost activity that took place in Fife over December and January has had a positive impact on uptake, with an improvement in our overall COVID performance.

Health and Social Care worker uptake has been challenging for all Boards across Scotland this year. A national health and social care worker survey has been carried out to better understand the reasons for this. A local lessons learned event was carried out in February facilitated by the Fife resilience team and recommendations from this will feed into Winter 24 planning.

|                             |  |            |              |
|-----------------------------|--|------------|--------------|
| <b>Immunisation: 6-in-1</b> | <i>At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age</i> | <b>95%</b> | <b>95.0%</b> |
|-----------------------------|--|------------|--------------|

The latest published data (for quarter ending December 2023) shows that NHS Fife uptake for 6-in-1 at 12 months of age had increased slightly from 94.2% in the last quarter to 95.0% in the most recent quarter, which is on target and above the average of 94.7% (based on last 18 quarters). Rotavirus saw a decrease of 0.7 percentage points on the previous quarter; and MenB saw a decrease of 0.3 percentage points. NHS Fife was in the mid-range of all mainland NHS Boards for uptake at 12 months for 6-in-1 with the highest uptake being 95.9%.

**Service Narrative**

Whilst still slightly below target, it is encouraging to see an increase in 6-in-1 uptake at 12 months over the last two quarters. The infant vaccination clinics take place year-round and improvements in 'was not brought' pathways initiated as part of the MMR2 quality improvement work are likely to have had a positive impact on other parts of the childhood programme, for example by strengthening relationships and feedback from health visitors. A Public Health led strategic review of the delivery of childhood immunisation in Fife reported into the October meeting of the Immunisation Programme Board with a range of short- and medium-term suggestions for improvement. A programme of implementation is anticipated over 2024.

|                           |   |            |              |
|---------------------------|---|------------|--------------|
| <b>Immunisation: MMR2</b> | <i>At least 92% of children will receive their MMR2 vaccination by the age of 5</i> | <b>92%</b> | <b>89.1%</b> |
|---------------------------|---|------------|--------------|

The latest published data (for quarter ending December 2023) shows that NHS Fife uptake for MMR at 5 years of age has increased from 88.8% in the previous quarter to 89.1% in the most recent quarter, which is slightly above the average of 88.7% (based on last 18 quarters) and to the same levels seen in QE Sep-22. Hib/MenC saw a decrease of 0.42 percentage points on the previous quarter; and MMR1 saw a decrease of 0.4 percentage points. NHS Fife was in the mid-range of all mainland NHS Boards for uptake at 5 years for MMR2 with the highest uptake being 98.3%.

**Service Narrative**

Whilst still below both local and national target, it is hoped that the overall trend in MMR2 uptake at 5 years in Fife will continue to differ from the national trend of declining uptake over the last 5 quarters. There are further improvement actions relating to this cohort that were highlighted in the strategic review report and which are anticipated to be implemented over 2024.

## e. Performance Exception Reports

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### Clinical Governance

|  |    |
|--|----|
| <a href="#">Adverse Events (Major &amp; Extreme)</a> | 19 |
| <a href="#">HSMR</a>                                 | 20 |
| <a href="#">Inpatient Falls</a>                      | 21 |
| <a href="#">Pressure Ulcers</a>                      | 22 |
| <a href="#">HAI/HCAI: SAB, C Diff, ECB</a>           | 23 |
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### Finance, Performance & Resources: Operational Performance

|  |    |
|--|----|
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| <a href="#">Cancer</a>                                 | 34 |
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### Staff Governance

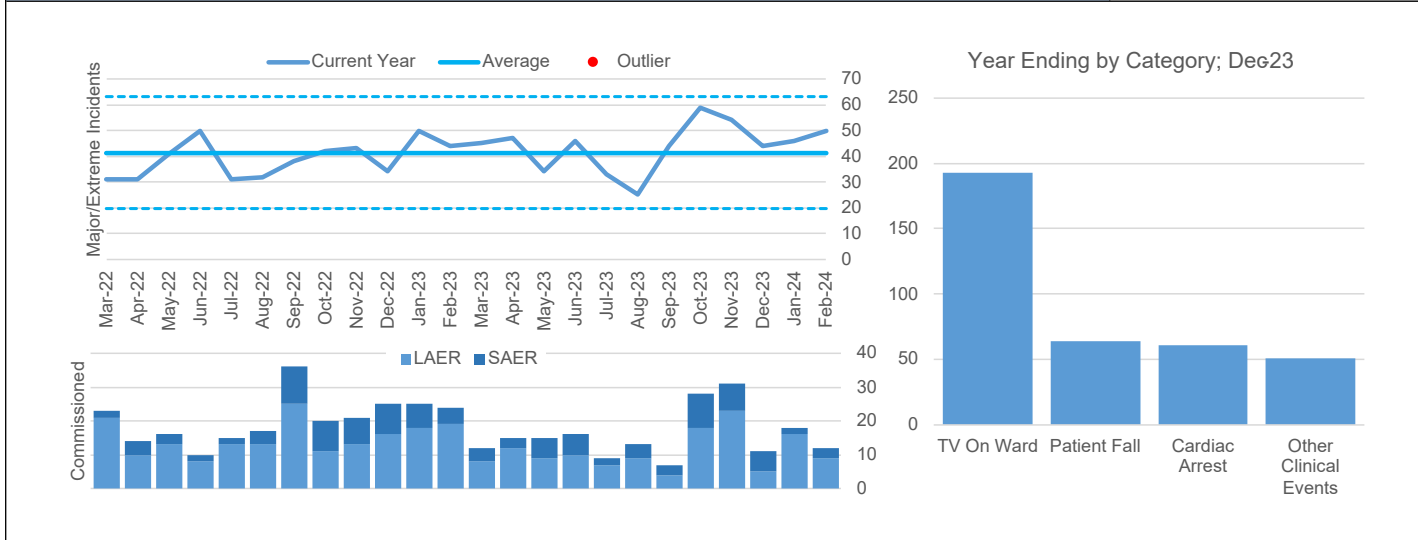
|                                  |    |
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| <a href="#">Sickness Absence</a> | 38 |
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### Public Health & Wellbeing

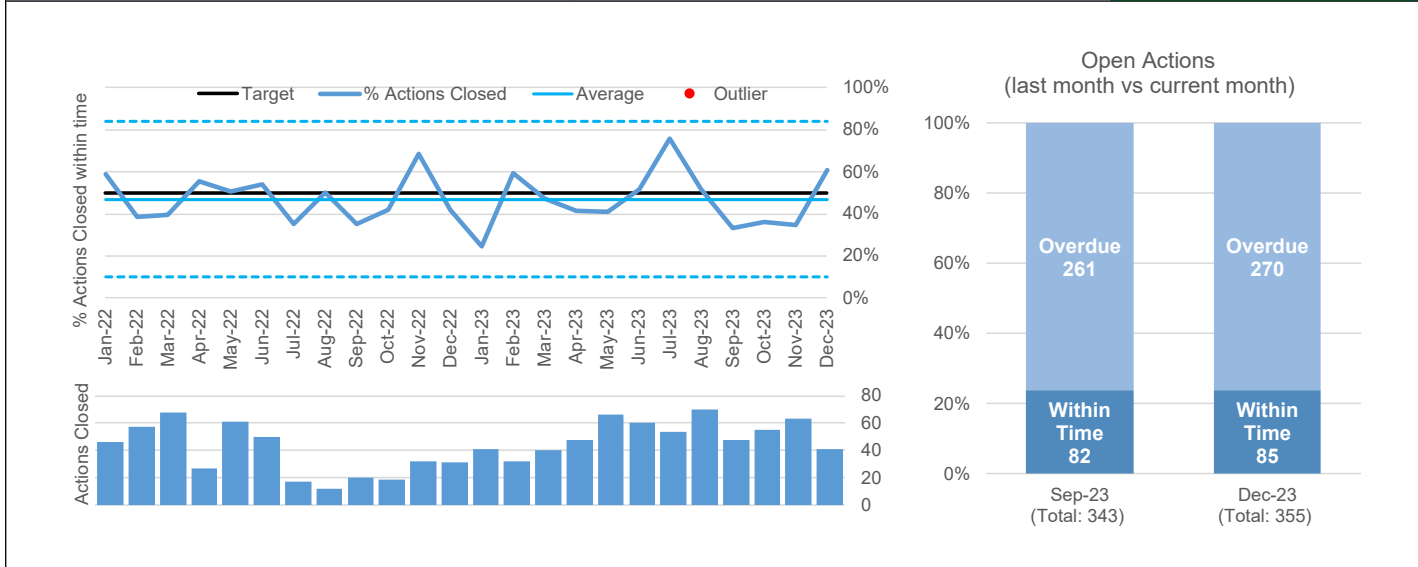
|  |    |
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| <a href="#">Smoking Cessation</a>                                      | 42 |
| <a href="#">CAMHS 18 Weeks Referral to Treatment</a>                   | 43 |
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# CLINICAL GOVERNANCE

|                       |                      |
|-----------------------|----------------------|
| <b>Adverse Events</b> | <b>Number<br/>50</b> |
|-----------------------|----------------------|



|  |                                      |
|--|--------------------------------------|
| <p><b>Actions from Significant and Local Adverse Event Reviews</b></p> <p>50% of Actions from Major and Extreme Adverse Events to be closed within time<br/> <i>(performance reporting on the 'Actions Closed' aspect of Adverse Events has been paused at Dec23 - below is a revision of the analysis from last month's IPQR)</i></p> | <p><b>Closure Rate<br/>61.0%</b></p> |
|--|--------------------------------------|



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

## HSMR

Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted.  
 (n.b. data is published quarterly so below is a repeat of the analysis in last month's IPQR)

**Performance**  
**0.96**

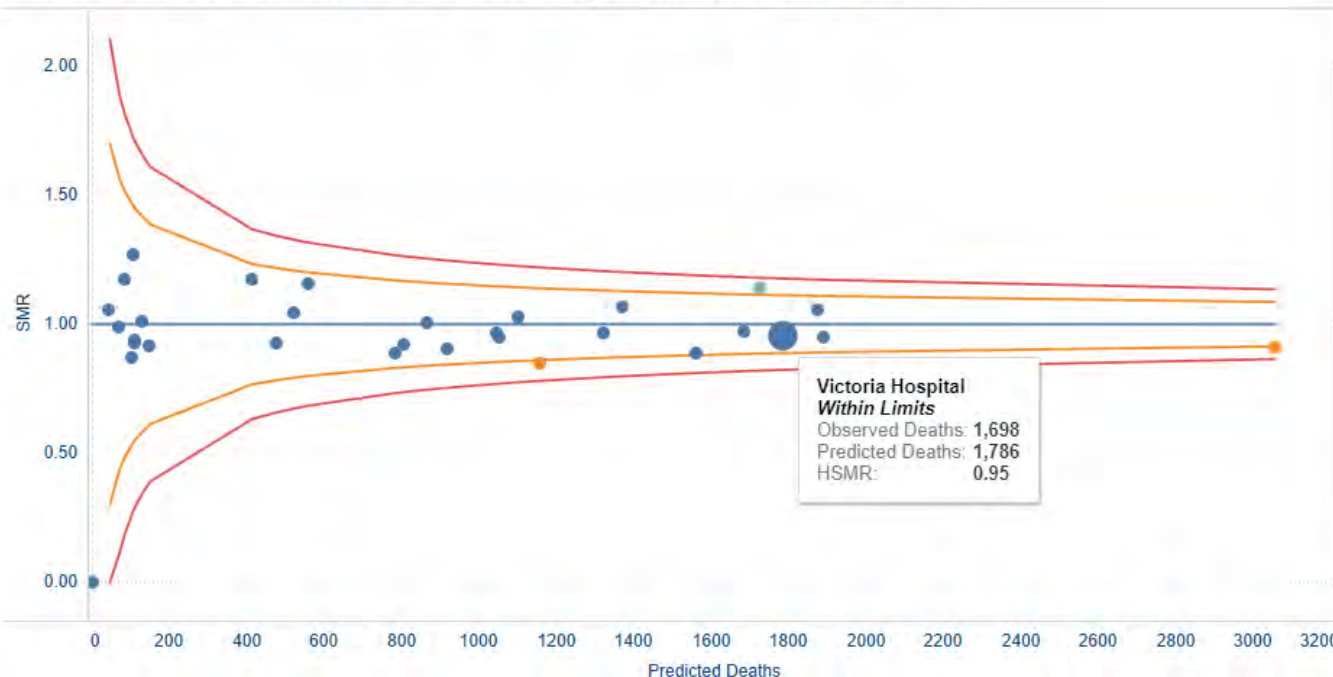
**Reporting Period: October 2022 to September 2023**

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

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

**HSMR by Scotland: October 2022 to September 2023**

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



**Commentary**

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

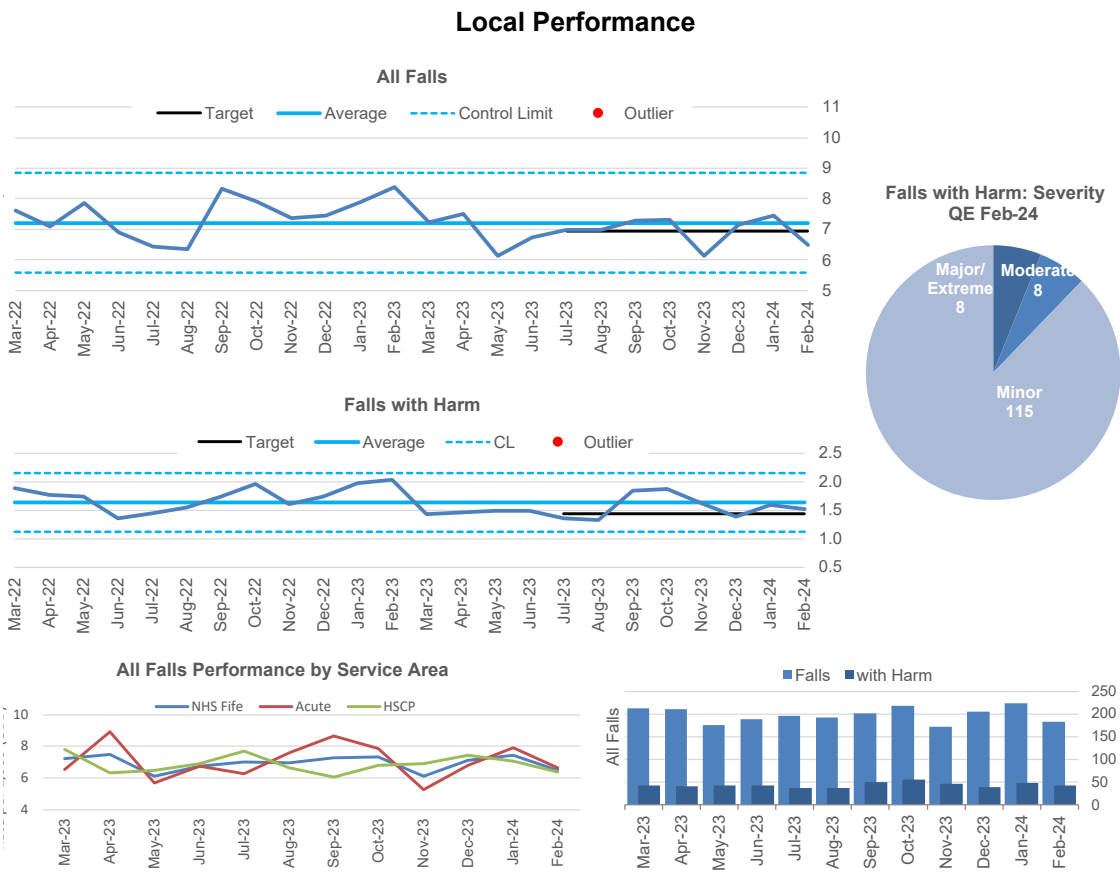
## Inpatient Falls

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

**Performance 6.49**

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

**Performance 1.53**



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



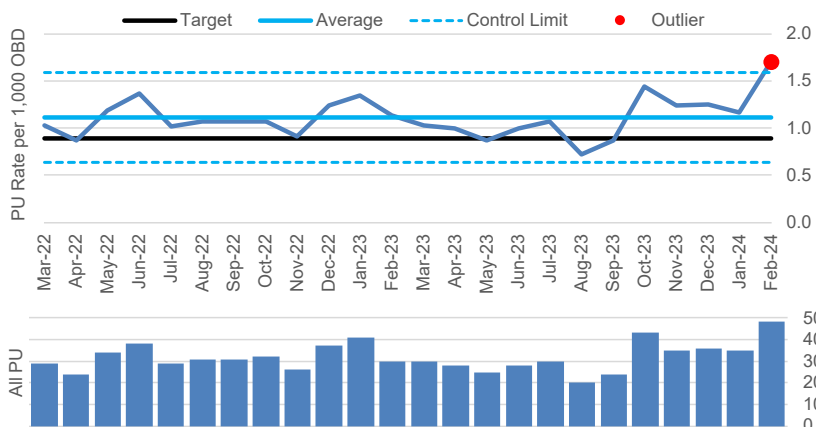
# CLINICAL GOVERNANCE

## Pressure Ulcers

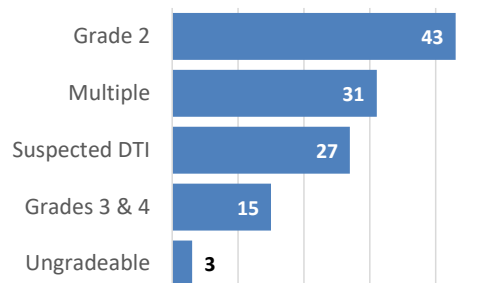
Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting  
Target Rate (by end March 2024) = 0.89 per 1,000 OBD

**Performance  
1.70**

### Local Performance



### Pressure Ulcers by Grade: QE Feb-24



### Performance by Service Area

|                 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 |
|-----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| <b>NHS Fife</b> | 1.13   | 1.02   | 1.00   | 0.87   | 1.00   | 1.07   | 0.72   | 0.87   | 1.44   | 1.24   | 1.28   | 1.16   |
| <b>Acute</b>    | 2.33   | 1.82   | 1.41   | 1.44   | 1.43   | 1.95   | 1.45   | 1.61   | 2.44   | 2.08   | 2.40   | 2.19   |
| <b>HSCP</b>     | 0.14   | 0.37   | 0.65   | 0.38   | 0.66   | 0.39   | 0.13   | 0.21   | 0.52   | 0.47   | 0.32   | 0.25   |

### Key Deliverable

### End Date

Off track

At risk

On track

Complete

Suspended

Proposed

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

**Dec-24**

### Key Milestones

Acute TVNT - Provide training to over 1000 staff

Dec-24

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

Jul-23

Embed the use of the CAIR resource

Mar-24

Embed the revised HIS Pressure Ulcer Standards (October 2020)

Mar-24

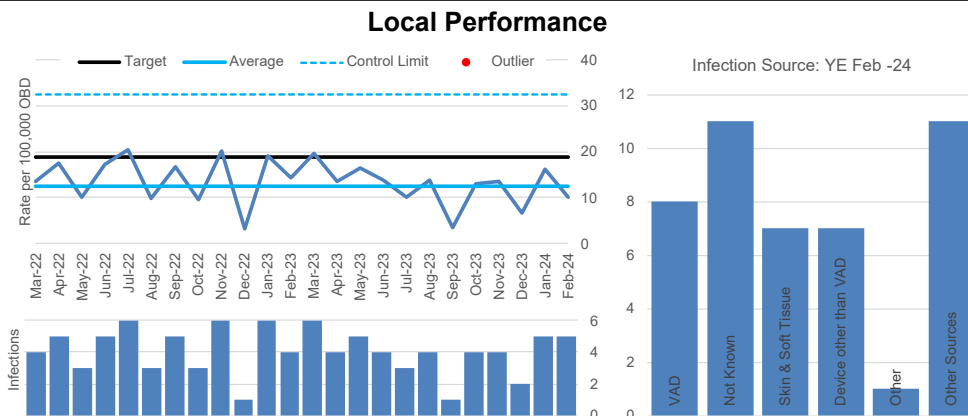
Review of services and options for new service design

Mar-24

## HAI/HCAI

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

**Performance 10.2**

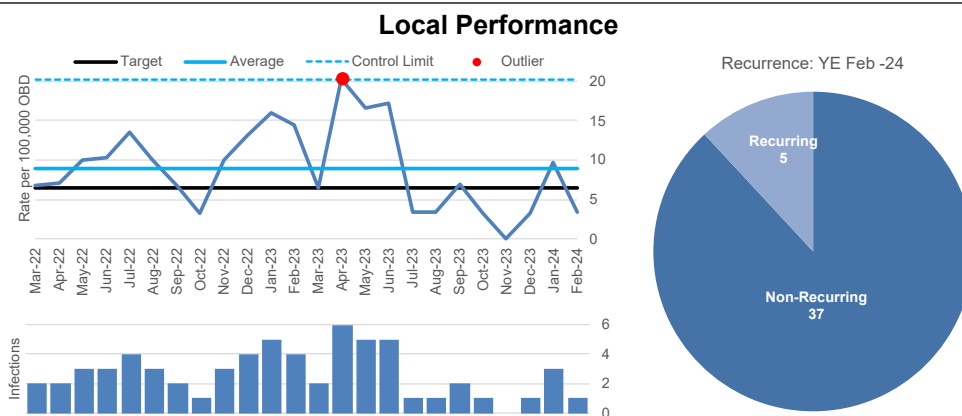


### National Benchmarking

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

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

**Performance 3.4**

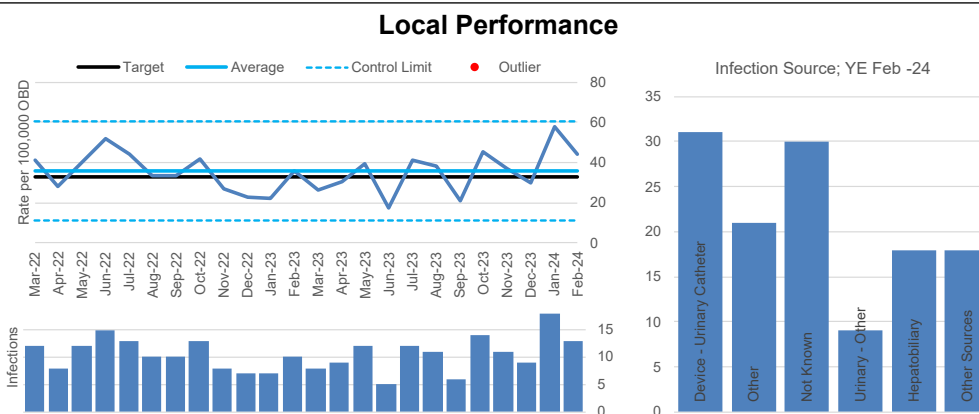


### National Benchmarking

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

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

**Performance 44.2**



### National Benchmarking

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

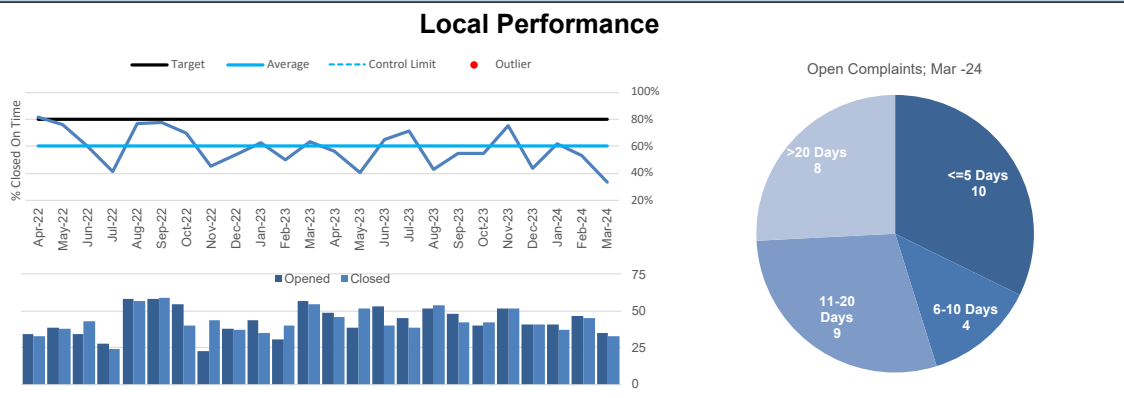
# CLINICAL GOVERNANCE

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

## Complaints

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

**Performance**  
**33.3%**

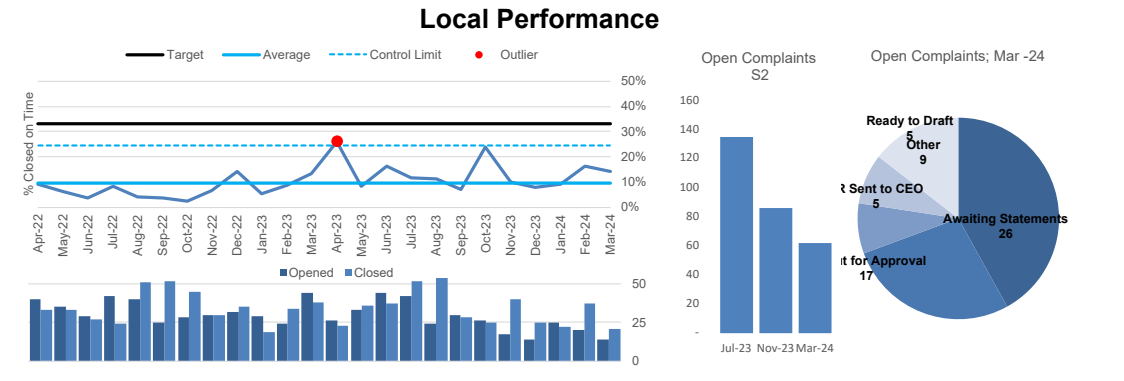


### Performance by Service Area

|                  | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 |
|------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Opened in Month  | 57     | 49     | 39     | 53     | 45     | 52     | 48     | 40     | 52     | 41     | 41     | 47     |
| Due in Month     | 57     | 43     | 44     | 46     | 50     | 55     | 40     | 42     | 51     | 48     | 35     | 44     |
| % Closed on time | 57.9%  | 53.5%  | 56.8%  | 56.5%  | 60.0%  | 41.8%  | 57.5%  | 52.4%  | 72.5%  | 43.8%  | 60.0%  | 50.0%  |
| Closed in Month  | 55     | 46     | 52     | 40     | 39     | 54     | 42     | 42     | 52     | 41     | 37     | 45     |
| % Closed on time | 63.6%  | 56.5%  | 40.4%  | 65.0%  | 71.8%  | 42.6%  | 54.8%  | 54.8%  | 75.0%  | 43.9%  | 62.2%  | 53.3%  |

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

**Performance**  
**14.3%**



### Performance by Service Area

|                        | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 |
|------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Opened in Month        | 44     | 26     | 33     | 44     | 42     | 24     | 30     | 26     | 17     | 14     | 25     | 14     |
| % Acknowledged on time | 97.7%  | 96.2%  | 97.0%  | 93.2%  | 90.5%  | 100.0% | 100.0% | 92.3%  | 100.0% | 100.0% | 80.0%  | 100.0% |
| Due in Month           | 28     | 38     | 29     | 35     | 43     | 46     | 19     | 30     | 23     | 17     | 15     | 24     |
| % Closed on time       | 14.3%  | 15.8%  | 6.9%   | 17.1%  | 16.3%  | 10.9%  | 15.8%  | 20.0%  | 26.1%  | 5.9%   | 13.3%  | 16.7%  |
| Closed in Month        | 38     | 23     | 36     | 37     | 52     | 54     | 28     | 25     | 40     | 25     | 22     | 37     |

# CLINICAL GOVERNANCE

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

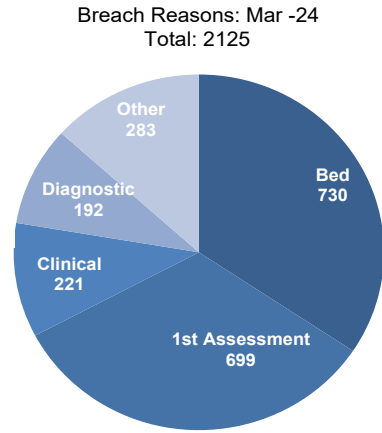
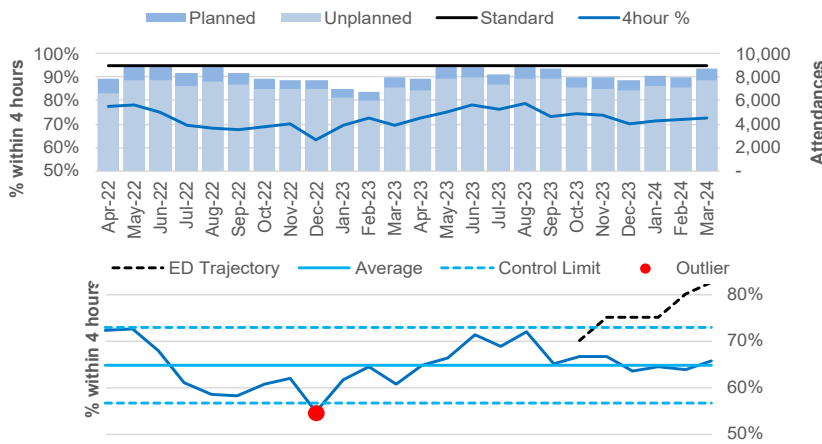
# OPERATIONAL PERFORMANCE

## 4-Hour Emergency Access

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

**Performance**  
**72.5%**

### Local Performance



### National Benchmarking

A&E (all sites)

|          | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 |
|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| NHS Fife | 69.6%  | 72.7%  | 74.5%  | 78.4%  | 76.0%  | 78.9%  | 73.3%  | 73.9%  | 74.1%  | 70.2%  | 71.5%  | 71.5%  |
| Scotland | 68.0%  | 69.3%  | 70.8%  | 72.6%  | 72.7%  | 71.3%  | 70.0%  | 68.3%  | 67.1%  | 65.9%  | 65.5%  | 67.0%  |

ED (VHK only)

|          | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 |
|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| NHS Fife | 60.7%  | 64.7%  | 66.5%  | 71.3%  | 68.9%  | 72.2%  | 65.1%  | 66.8%  | 66.6%  | 63.5%  | 64.7%  | 64.0%  |
| Scotland | 64.5%  | 65.7%  | 67.2%  | 69.0%  | 69.5%  | 67.9%  | 66.5%  | 64.8%  | 63.6%  | 62.5%  | 62.0%  | 63.8%  |

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



# OPERATIONAL PERFORMANCE

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

## OPERATIONAL PERFORMANCE

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



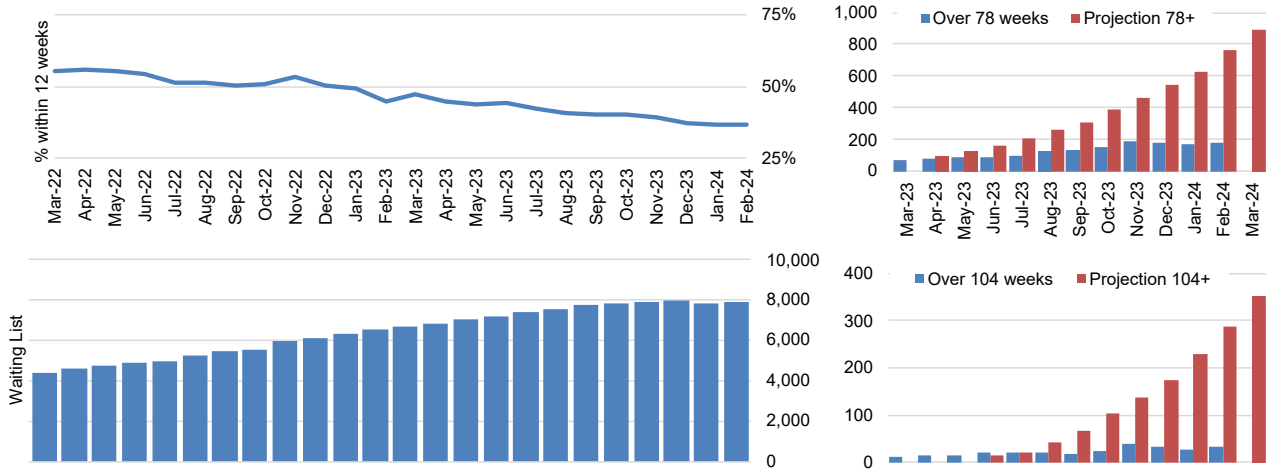
# OPERATIONAL PERFORMANCE

## Patient TTG

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

**Performance**  
**36.7%**

### Local Performance



### National Benchmarking

|                 | Jun-21 | Sep-21 | Dec-21 | Mar-22 | Jun-22 | Sep-22 | Dec-22 | Mar-23 | Jun-23 | Sep-23 | Dec-23 |
|-----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| <b>NHS Fife</b> | 69.4%  | 69.3%  | 65.0%  | 57.1%  | 55.6%  | 52.2%  | 51.3%  | 47.8%  | 45.1%  | 40.3%  | 37.6%  |
| <b>Scotland</b> | 39.8%  | 38.4%  | 35.4%  | 34.7%  | 32.0%  | 32.2%  | 31.7%  | 32.3%  | 32.2%  | 31.8%  | 31.6%  |

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

# OPERATIONAL PERFORMANCE

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

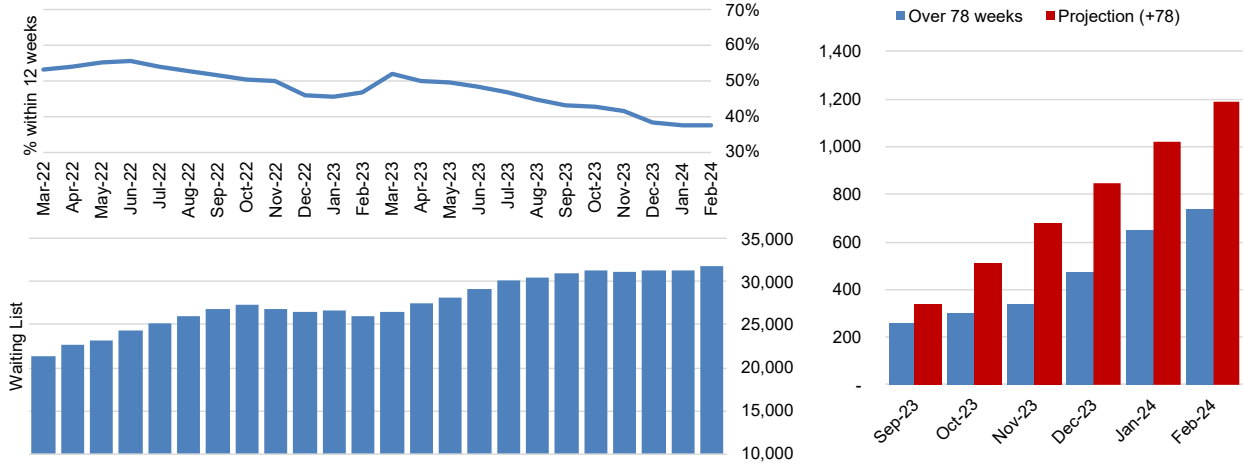
# OPERATIONAL PERFORMANCE

## New Outpatients

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

**Performance**  
**37.6%**

### Local Performance



### National Benchmarking

|          | Jun-21 | Sep-21 | Dec-21 | Mar-22 | Jun-22 | Sep-22 | Dec-22 | Mar-23 | Jun-23 | Sep-23 | Dec-23 |
|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| NHS Fife | 62.2%  | 57.9%  | 53.5%  | 53.4%  | 54.8%  | 51.0%  | 45.6%  | 51.5%  | 48.1%  | 43.3%  | 38.3%  |
| Scotland | 53.8%  | 48.9%  | 47.1%  | 50.1%  | 49.5%  | 47.0%  | 44.1%  | 47.1%  | 45.5%  | 42.4%  | 40.1%  |

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

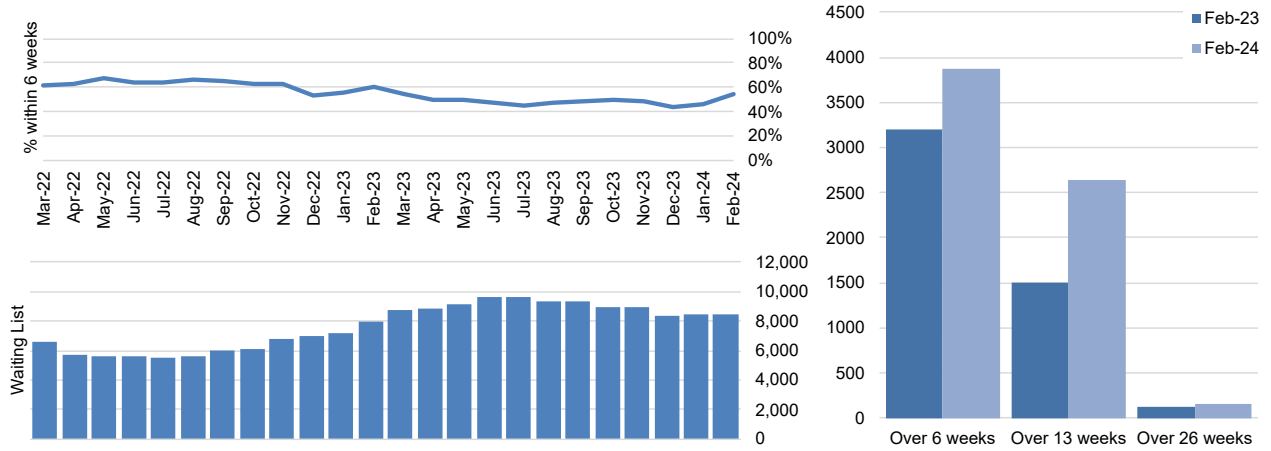
# OPERATIONAL PERFORMANCE

## Diagnostics Waiting Times

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

**Performance**  
**54.4%**

### Local Performance



### National Benchmarking

|                 | Jun-21 | Sep-21 | Dec-21 | Mar-22 | Jun-22 | Sep-22 | Dec-22 | Mar-23 | Jun-23 | Sep-23 | Dec-23 |
|-----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| <b>NHS Fife</b> | 90.7%  | 75.8%  | 57.9%  | 61.7%  | 63.6%  | 64.7%  | 53.4%  | 54.7%  | 47.0%  | 48.9%  | 43.9%  |
| <b>Scotland</b> | 62.6%  | 57.8%  | 49.6%  | 49.6%  | 47.5%  | 47.9%  | 45.9%  | 52.1%  | 49.9%  | 49.8%  | 48.5%  |

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

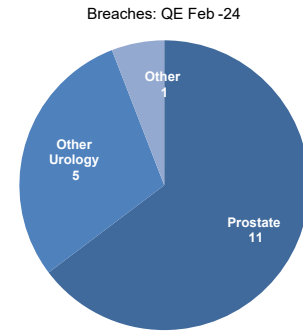
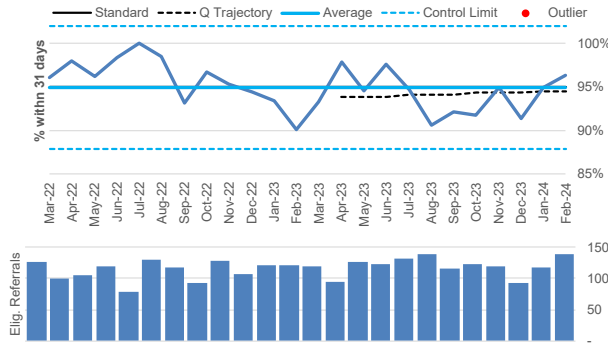
# OPERATIONAL PERFORMANCE

## Cancer

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

**Performance**  
**96.4%**

### Local Performance



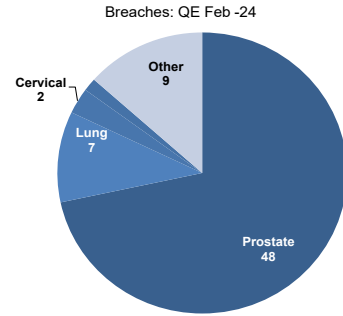
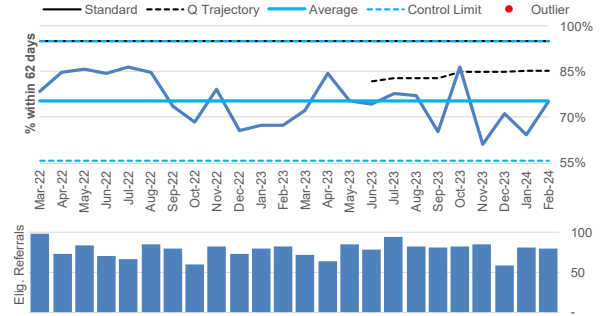
### National Benchmarking

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

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

**Performance**  
**75.0%**

### Local Performance



### National Benchmarking

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

# OPERATIONAL PERFORMANCE

| Key Deliverable  |   | End Date      |
|--|---|---------------|
| Off track  | At risk   | On track      |
| Complete   | Suspended   | Proposed      |
| <b>Adoption of the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times</b> |   | <b>Mar-24</b> |
| <b>Key Milestones</b>  | Work toward implementation of the Effective Breach Analysis SOP   | Mar-24        |
|  | Undertake a deep dive in relation to prostate performance and explore a nurse led model within the service  | Oct-23        |
|  | To embed the Realistic Medicine Framework into Cancer Services  | Mar-24        |
|  | Continue to review cancer pathways to reduce waits between steps in the pathway, including agreement of specific milestones to improve efficient escalation | Mar-24        |
|  | Review protocol and guidance for GP direct access to CT   | Oct-24        |
|  | Scope the opportunity for community pharmacists to develop a referral pathway for lung and head & neck  | Dec-23        |
|  | Audit GP referrals  | Mar-24        |
|  | Introduce ACRT into cancer services   | Mar-24        |
|  | Develop the Regrading Framework   | Mar-25        |
|  | Ensure all MDT Terms of Reference are up to date  | Mar-24        |
| Improved digital tracking solution   | Mar-24  |               |
| <b>To ensure routine adherence to optimal diagnostic pathways</b>  |   | <b>Mar-24</b> |
| <b>Key Milestones</b>  | Recruit to additional cancer lung posts   | Dec-23        |
|  | Measure improvement   | Mar-24        |
|  | Recruit to urology posts  | Aug-23        |

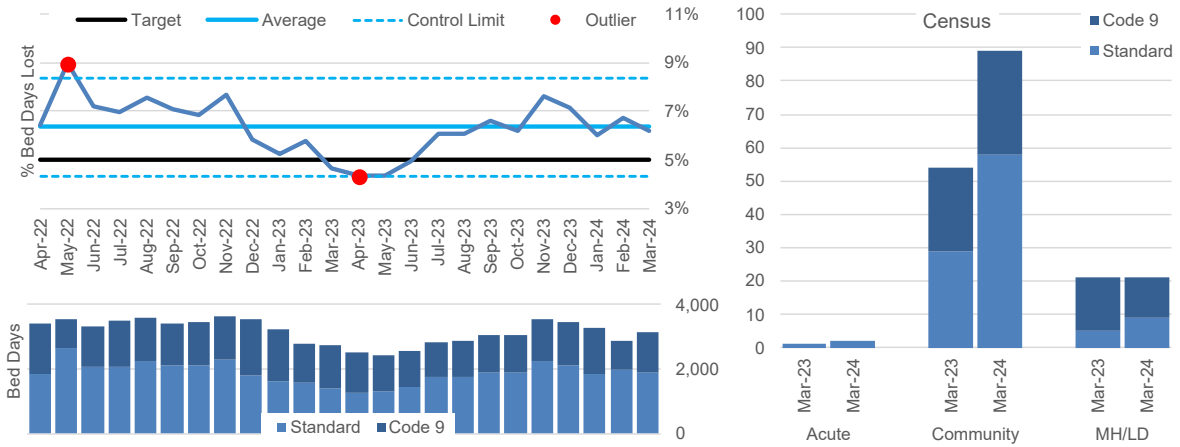
# OPERATIONAL PERFORMANCE

## Delayed Discharges (Bed Days Lost)

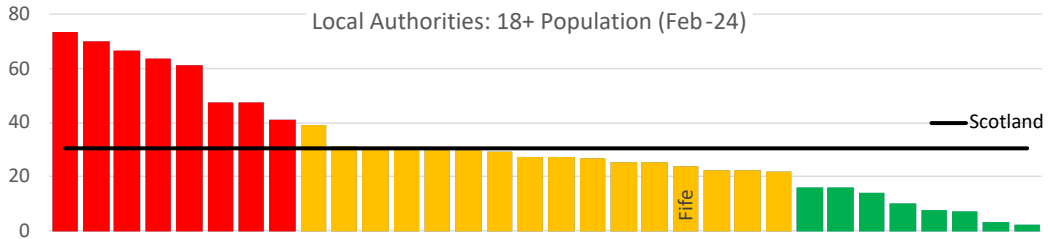
*We will limit the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied*

**Performance  
6.2%**

### Local Performance



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



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



# OPERATIONAL PERFORMANCE

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



# STAFF GOVERNANCE

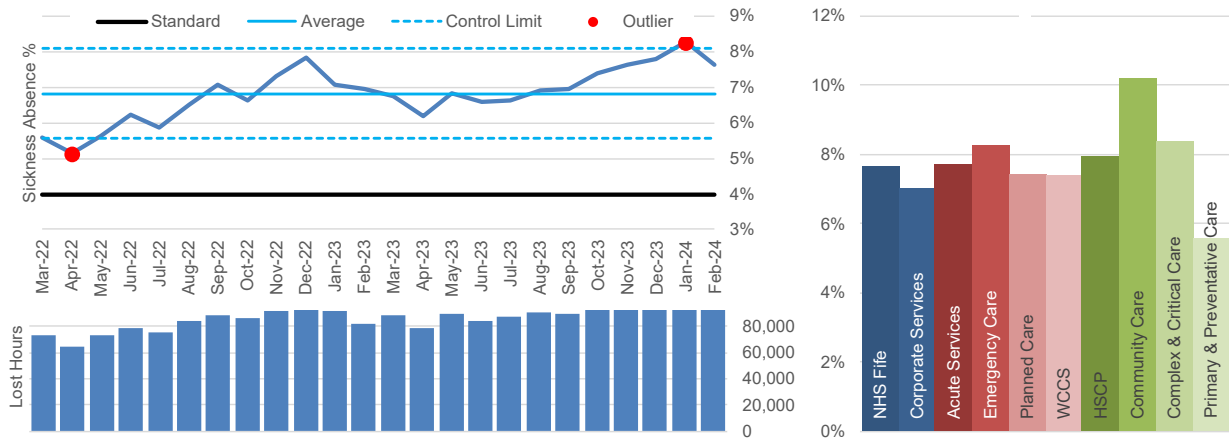
## Sickness Absence

To achieve a sickness absence rate of 4% or less

**Performance**

**7.64%**

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



### National Benchmarking (sourced from SWISS)

|          | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 |
|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| NHS Fife | 6.76%  | 5.69%  | 6.51%  | 5.59%  | 6.20%  | 6.22%  | 5.40%  | 6.56%  | 6.30%  | 6.75%  | 7.01%  | 7.40%  |
| Scotland | 6.87%  | 5.60%  | 6.25%  | 5.55%  | 5.94%  | 5.87%  | 5.78%  | 6.32%  | 5.94%  | 6.31%  | 6.36%  | 6.68%  |

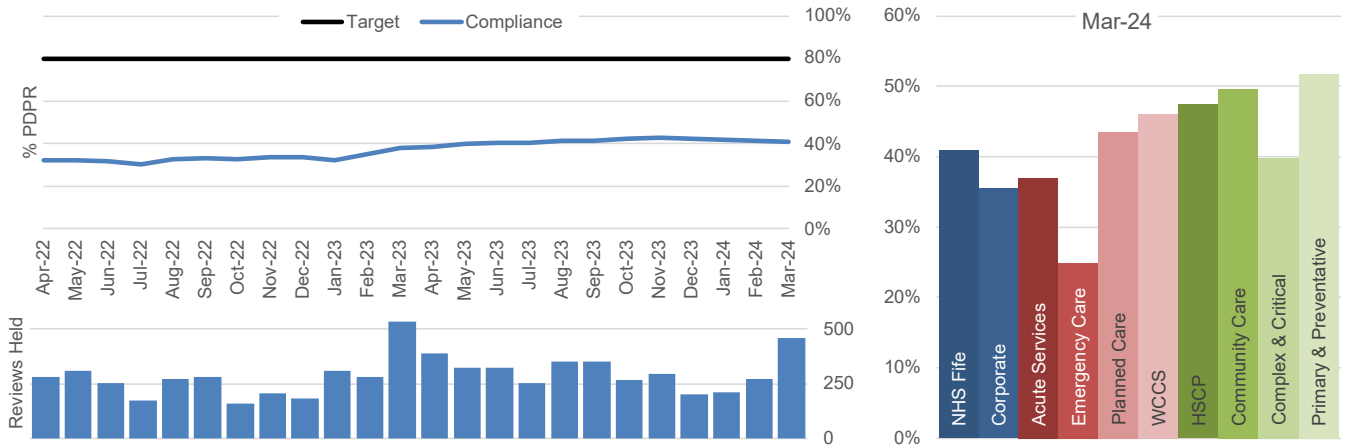
| Key Deliverable   |  | End Date      |
|---|--|---------------|
| Off track   | At risk  | On track      |
| Complete  | Suspended  | Proposed      |
| <b>Delivery of Staff Health &amp; Wellbeing Framework aims for 2023 to 2025</b>   |  | <b>Mar-25</b> |
| Key Milestones  | Draft Staff Wellbeing action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

## PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

**Performance**  
**40.9%**

### Local Performance



|                 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 |
|-----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| <b>NHS Fife</b> | 38.3%  | 39.8%  | 40.3%  | 40.4%  | 41.2%  | 41.3%  | 42.1%  | 42.6%  | 42.1%  | 41.6%  | 41.1%  | 40.9%  |
| <b>Corp.</b>    | 24.1%  | 27.6%  | 29.2%  | 29.5%  | 29.8%  | 29.7%  | 32.6%  | 32.4%  | 33.2%  | 33.7%  | 33.2%  | 35.5%  |
| <b>Acute</b>    | 36.0%  | 36.2%  | 35.3%  | 34.0%  | 34.4%  | 33.8%  | 34.2%  | 35.5%  | 34.7%  | 34.9%  | 36.0%  | 37.0%  |
| <b>HSCP</b>     | 49.1%  | 50.5%  | 51.5%  | 52.5%  | 53.6%  | 54.5%  | 54.4%  | 54.8%  | 54.0%  | 52.2%  | 50.3%  | 47.4%  |

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

# STAFF GOVERNANCE

## Vacancies

(n.b. below is a repeat of the analysis from last month's IPQR)

|  |  |
|--|--|
| <p><b>Medical &amp; Dental</b><br/>Reduce the number of Medical &amp; Dental vacancies</p>       | <p><b>Local Performance</b></p> <p><b>Dec-23</b></p> |
| <p><b>Performance</b><br/>7.5%</p>   |  |
| <p><b>Nursing &amp; Midwifery</b><br/>Reduce the number of Nursing &amp; Midwifery vacancies</p> | <p><b>Local Performance</b></p> <p><b>Dec-23</b></p> |
| <p><b>Performance</b><br/>4.6%</p>   |  |
| <p><b>AHPs</b><br/>Reduce the number of AHP vacancies</p>  | <p><b>Local Performance</b></p> <p><b>Dec-23</b></p> |
| <p><b>Performance</b><br/>4.7%</p>   |  |

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

## STAFF GOVERNANCE

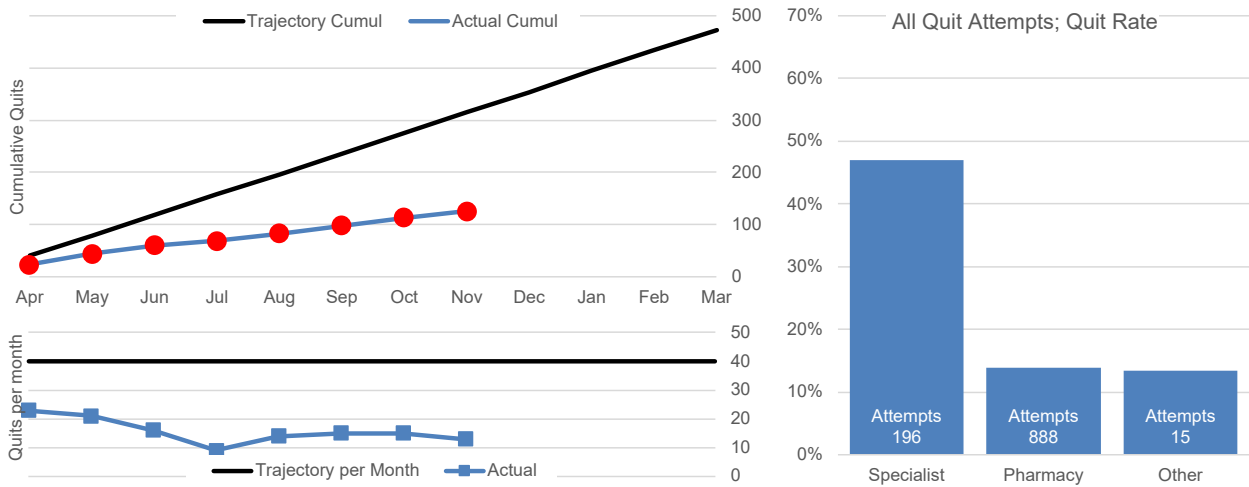
|   |   |               |
|---|---|---------------|
| <b>Delivering Anchor Institution workforce aims - Promoting employability priorities</b>  |   | <b>Mar-25</b> |
| <b>Key Milestones</b>   | Identification of future Modern Apprenticeship programme numbers for 2023/24  | Jul-23        |
|   | Representation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

## Smoking Cessation

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

**Performance**  
**126**

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



### National Benchmarking

|          |                  | 2023/24 |       |       |       |       |       |       |       |     |     |     |     |
|----------|------------------|---------|-------|-------|-------|-------|-------|-------|-------|-----|-----|-----|-----|
|          |                  | Apr     | May   | Jun   | Jul   | Aug   | Sep   | Oct   | Nov   | Dec | Jan | Feb | Mar |
| NHS Fife | Actual           | 23      | 21    | 16    | 9     | 14    | 15    | 15    | 13    |     |     |     |     |
|          | Actual Cumul     | 23      | 44    | 60    | 69    | 83    | 98    | 113   | 126   |     |     |     |     |
|          | Trajectory Cumul | 40      | 79    | 118   | 158   | 197   | 236   | 276   | 315   | 354 | 394 | 434 | 473 |
| Scotland | Achieved         | 57.5%   | 55.7% | 50.8% | 43.7% | 42.1% | 41.5% | 40.9% | 40.0% |     |     |     |     |
|          | Achieved         |         |       |       |       |       |       |       |       |     |     |     |     |

| Key Deliverable   |  | End Date |          |           |               |
|---|--|----------|----------|-----------|---------------|
| Off track   | At risk  | On track | Complete | Suspended | Proposed      |
| <b>Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2023-24</b> |  |          |          |           | <b>Mar-24</b> |
| Key Milestones  | Remobilise face to face service provision across GP practices by engaging with Practice Managers to assess working arrangements, accommodation, appointment system   | Mar-24   |          |           |               |
|   | Remobilise face to face service provision within community venues; contact community venues to assess accommodation, costings, working arrangements, appointment system. Ongoing review and improvement of service provision | Mar-24   |          |           |               |
|   | Engage with and offer service to all pregnant mums identified as smokers at booking appointment  | Mar-24   |          |           |               |
|   | Increase awareness that the service is available using a variety of mechanisms; consider available opportunities to promote service and establish a marketing and communication plan   | Mar-25   |          |           |               |
|   | Provide out-reach service provision in most deprived communities; assess appropriate sites and permissions to park, signage  | Mar-25   |          |           |               |
|   | Development and review of text messaging system  | Mar-24   |          |           |               |
|   | Deliver financial inclusion referral pathways for pregnant women and families with young children  | Mar-25   |          |           |               |
|   | Support NHS actions in the Fife Child Poverty Action Report including income maximisation for pregnant women and parents of under 5s   | Mar-25   |          |           |               |

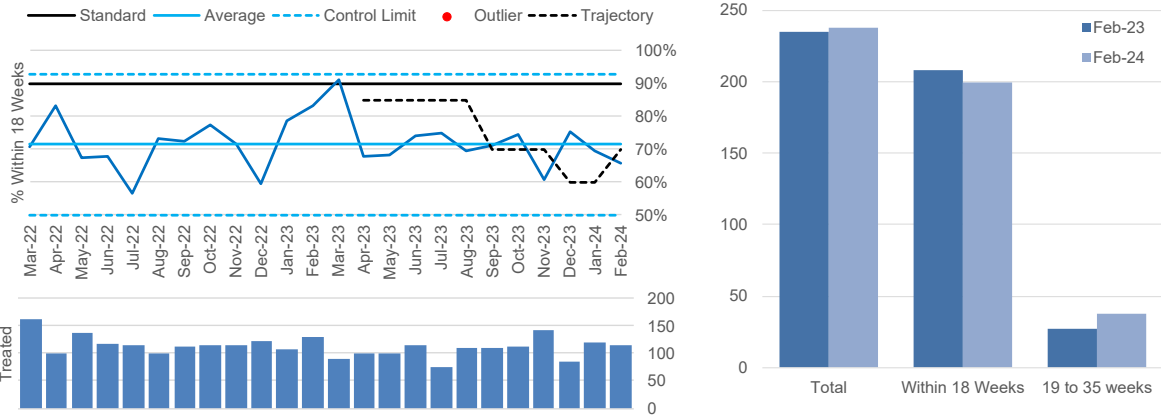


## CAMHS 18 weeks RTT

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

**Performance**  
**65.8%**

### Local Performance



### National Benchmarking

|          | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 |
|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| NHS Fife | 83.2%  | 91.1%  | 67.7%  | 68.0%  | 74.1%  | 75.0%  | 69.4%  | 71.2%  | 74.3%  | 60.8%  | 75.3%  |
| Scotland | 73.8%  | 74.5%  | 71.7%  | 72.4%  | 77.0%  | 71.9%  | 75.7%  | 79.0%  | 82.7%  | 83.4%  | 83.8%  |

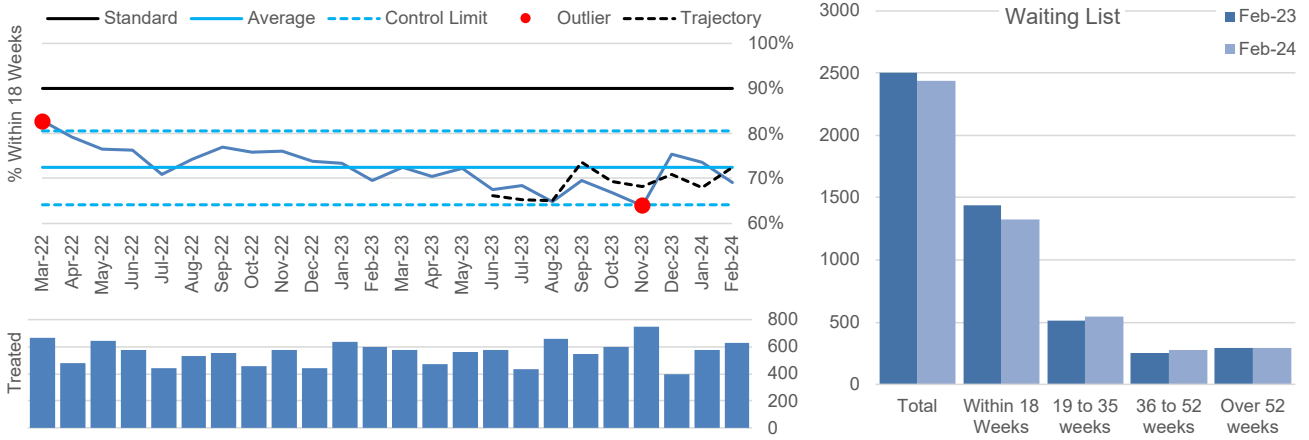
| Key Deliverable   |  |          |          |           | End Date      |
|---|--|----------|----------|-----------|---------------|
| Off track   | At risk  | On track | Complete | Suspended | Proposed      |
| <b>CAMHS will build capacity to eliminate very long waits (over 52 weeks) and implement actions to meet and maintain the 18- week referral to treatment waiting times standard.</b>                       |  |          |          |           | <b>Mar-24</b> |
| Key Milestones  | Implementing caseload management to ensure throughput, reduce bottlenecks and maintain capacity  |          |          |           | Apr-24        |
|   | Maintaining early intervention services to ensure young people who require specialist CAMHS can achieve timely access  |          |          |           | Sep-24        |
|   | Ongoing recruitment to ensure workforce is at full capacity  |          |          |           | Sep-24        |
| <b>CAMHS will build capacity in order to deliver improved services underpinned by these agreed standards and specifications for service delivery.</b>   |  |          |          |           | <b>Mar-24</b> |
| Key Milestones  | Implement CAMHS improvement plan derived from gap analysis against the national service specification  |          |          |           | Mar-25        |
|   | Focus resources on prioritised improvement dimensions - access and response, care pathways, communication and engagement   |          |          |           | Mar-25        |
| <b>Partners within Fife HSCP will continue to build capacity across services in order to achieve the standards set within the National Neurodevelopmental Specification for children and young people</b> |  |          |          |           | <b>Mar-24</b> |
| Key Milestones  | Work will continue on reducing the ASD waiting list which will be achieved as a result of additional staffing and reallocation of staffing resources from streamlining assessment pathways |          |          |           | Dec-23        |
|   | Implement learning from partnership test of change alongside colleagues in education   |          |          |           | Dec-23        |
|   | Co-produce and deliver pre and post diagnostic support to children, siblings and families  |          |          |           | Sep-24        |
|   | Fully operationalise Triage model aligned to National ND Specification   |          |          |           | Sep-24        |
|   | Implement neurodevelopmental pathway, combining existing Neurodevelopmental teams to embed a single point of access for NDD  |          |          |           | Sep-24        |

**Psychological Therapies 18 weeks RTT**

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

**Performance**  
**69.2%**

**Local Performance**



**National Benchmarking**

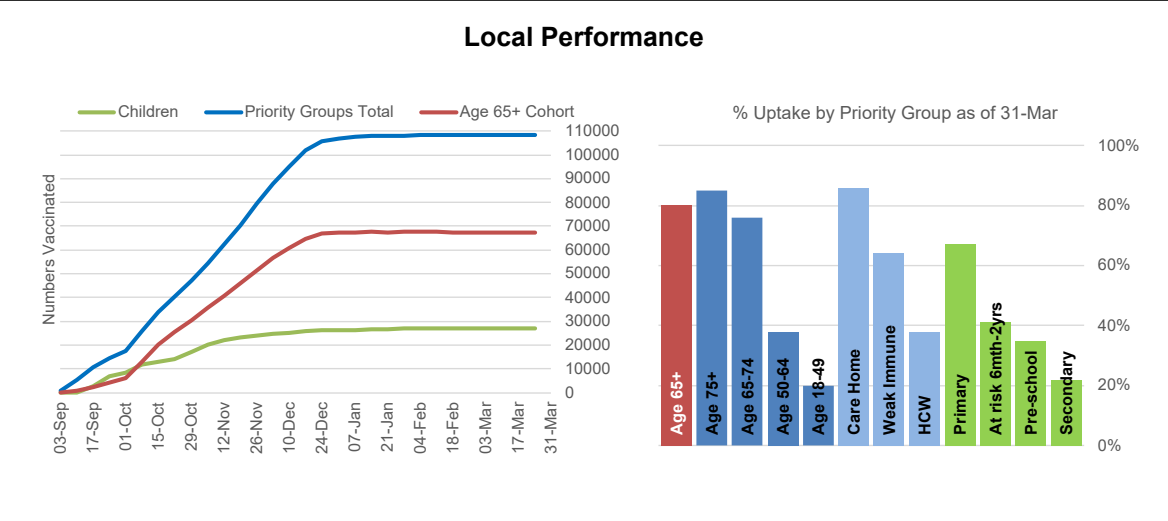
|          | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 |
|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| NHS Fife | 69.6%  | 72.5%  | 70.5%  | 72.3%  | 67.5%  | 68.4%  | 64.8%  | 69.6%  | 66.8%  | 64.0%  | 75.5%  |
| Scotland | 79.4%  | 79.3%  | 79.4%  | 78.5%  | 78.5%  | 79.7%  | 78.8%  | 79.7%  | 80.4%  | 79.3%  | 82.9%  |

| Key Deliverable  |  |          |          |           | End Date      |
|--|--|----------|----------|-----------|---------------|
| Off track  | At risk  | On track | Complete | Suspended | Proposed      |
| <b>Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits (over 52 weeks) and meet &amp; maintain the 18 week referral to treatment waiting times standard</b> |  |          |          |           | <b>Mar-24</b> |
| Key Milestones   | Recruitment to increase capacity                 |          |          |           | Mar-25        |
|  | Service development and redesign                 |          |          |           | Mar-25        |
|  | Training and CPD activities to increase capacity |          |          |           | Mar-24        |
|  | Demand-capacity monitoring across all services   |          |          |           | Mar-24        |

Immunisation: FVCV

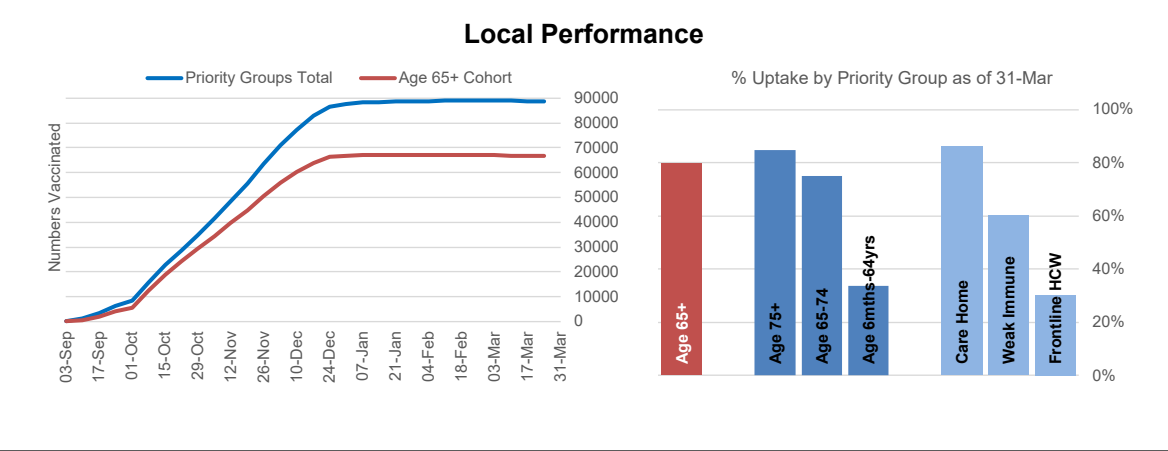
**Flu**  
Uptake of the Influenza vaccination for 65+ population of Fife to reach 85% by end of December 2023

**Performance**  
**80.2%**



**Covid**  
Uptake of the Covid-19 vaccination for 65+ population of Fife to reach 85% by end of December 2023

**Performance**  
**79.6%**



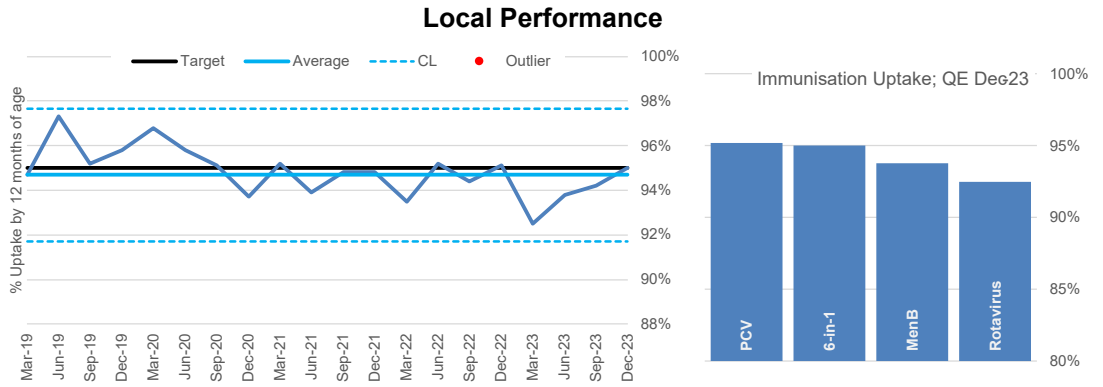
| Key Deliverable                          |         |          |          |           | End Date |
|--|---------|----------|----------|-----------|----------|
| Off track                                | At risk | On track | Complete | Suspended | Proposed |
| Delivery of Winter Vaccination Programme |         |          |          |           | Mar-24   |



Child Immunisation

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

**Performance**  
**95.0%**

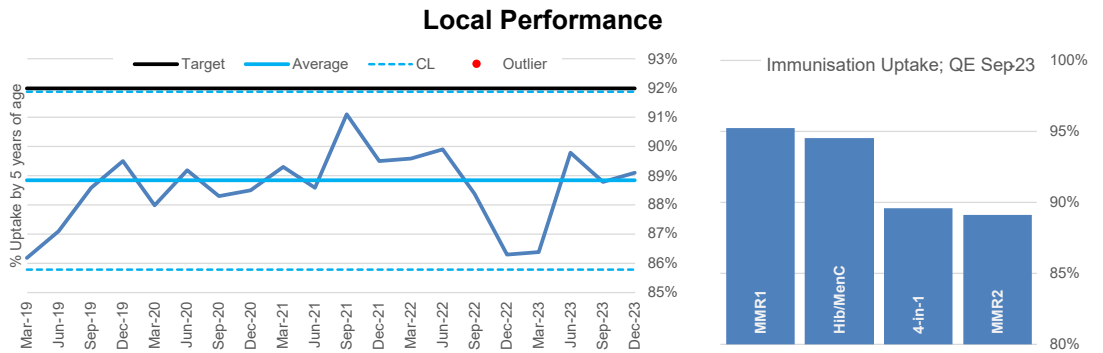


**National Benchmarking**

| Quarter  | Jun-21 | Sep-21 | Dec-21 | Mar-22 | Jun-22 | Sep-22 | Dec-22 | Mar-23 | Jun-23 | Sep-23 | Dec-23 |
|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| NHS Fife | 93.9%  | 94.8%  | 94.8%  | 93.5%  | 95.2%  | 94.4%  | 95.1%  | 92.5%  | 93.8%  | 94.2%  | 95.0%  |
| Scotland | 96.6%  | 96.6%  | 96.4%  | 96.1%  | 96.2%  | 96.1%  | 95.5%  | 95.2%  | 95.3%  | 94.9%  | 94.8%  |

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

**Performance**  
**89.1%**



**National Benchmarking**

| Quarter  | Jun-21 | Sep-21 | Dec-21 | Mar-22 | Jun-22 | Sep-22 | Dec-22 | Mar-23 | Jun-23 | Sep-23 | Dec-23 |
|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| NHS Fife | 88.6%  | 91.1%  | 89.5%  | 89.6%  | 89.9%  | 88.4%  | 86.3%  | 86.4%  | 89.8%  | 88.8%  | 89.1%  |
| Scotland | 93.2%  | 92.8%  | 91.7%  | 91.9%  | 91.7%  | 91.2%  | 90.8%  | 89.8%  | 89.7%  | 89.6%  | 89.9%  |

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

|  |   |               |
|--|---|---------------|
| <b>Targeted actions to improve the quality of our Immunisation services</b>  |   | <b>Mar-24</b> |
| <b>Key Milestones</b>  | Children's immunisation QI group  | <b>Mar-25</b> |
|  | Learning from Adverse Events  | <b>Mar-24</b> |
|  | Implementation of 15 step review of community clinics and other quality assurance tools | <b>Mar-24</b> |
|  | Development of robust clinical pathways and process of SOP review                       | <b>Jun-24</b> |
| <b>Develop plans to make sure CIS delivers on key operational priorities</b> |   | <b>Dec-24</b> |
| <b>Key Milestones</b>  | Maternity immunisations   | <b>Mar-25</b> |
|  | S3 to S2 changes  | <b>Dec-24</b> |
|  | Preparation for children's 18 month visit   | <b>Mar-25</b> |
|  | Communication strategy to stakeholders  | <b>Jun-24</b> |

|                               |   |
|-------------------------------|---|
| <b>Meeting:</b>               | <b>NHS Fife Board</b>                                   |
| <b>Meeting date:</b>          | <b>28 May 2024</b>                                      |
| <b>Title:</b>                 | <b>Financial Performance Report to 31 March 2024</b>    |
| <b>Responsible Executive:</b> | <b>Margo McGurk, Director of Finance &amp; Strategy</b> |
| <b>Report Author:</b>         | <b>Maxine Michie, Deputy Director of Finance</b>        |

## 1 Purpose

**This report is presented for:**

- Assurance

**This report relates to:**

- Annual Delivery Plan
- Financial Sustainability

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

- Safe
- Effective
- Person Centre

## 2 Report summary

### 2.1 Situation

NHS Boards are required by the Scottish Government to achieve three key financial targets each year. These are: -

- To operate within the Revenue Resource Limit.
- To operate within the Capital Resource Limit.
- To operate within the Cash Requirement.

The 2023/234 financial position for the board has been finalised and delivery of the three financial targets is confirmed subject to; External Audit review, delivery of final funding allocations and confirmation of final IJB outturn position.

The 2023/24 annual accounts are being drafted in line with the agreed timetable and the External Audit review of financial statements is currently in progress. Draft audited annual accounts and audit report will be considered by the Audit and Risk Committee on 20 June 2024 and presented for approval at the NHS Board meeting on 25 June 2024.

## **2.2 Background**

Whilst the Board achieved break even and stayed within the RRL, this delivery was materially supported through receipt of our NRAC share of non-recurring additional UK Government consequential funding of £10.3m and a share of a national reduction to CNORIS costs of £2.3m, both occurring very late in the financial year. Additionally, for the second consecutive year we require to request Scottish Government repayable brokerage to balance our position which will be £11.013m to deliver the RRL target of breakeven.

## **2.3 Assessment**

At the beginning of the financial year the approved financial plan projected a planned deficit of £10.9m. Whilst the final draft outturn is almost in line with our initial projected forecast this has been supported by receipt of significant non-recurring in-year funding. The financial plan required recurring cost improvements of £15m to be made in 2023/24. The delivery against this target fell far short of the agreed plan and mitigating actions required to be identified.

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

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

### **2.3.2 Workforce**

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

### **2.3.3 Financial**

Financial implications are detailed in the paper.

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

Delivering a balanced financial position and financial sustainability in the medium-term continues to be reported as high risk in the NHS Board's corporate risk register, out with the Board's agreed risk appetite for value and sustainability. An assessment of the major financial risks is contained in the Medium-Term Financial Plan.

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

An impact assessment has not been carried out as it is not relevant to the content of this paper. All initiatives progressed through RTP will however be subject to the appropriate level of assessment.

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

There are no direct implications arising from this report.

### 2.3.7 Communication, involvement, engagement and consultation

This paper has been prepared following completion of the financial year-end process in consultation with senior finance colleagues, Directorate Management Teams and monthly financial reporting to the Scottish Government.

### 2.3.8 Route to the Meeting

Executive Directors Group 2 May 2024.

Finance Performance & Resources Committee 7 May 2024.

## 2.4 Recommendation

- Assurance

## 3 List of appendices

Appendix 1 – Finance Report for March 2024

### Report Contact

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# NHS Fife

## Appendix 1

### 1. Financial Position March 2024

1.1 This final report for the finance year 2023/24 provides a summary of the 2023/24 financial position at 31 March 2024 (subject to external audit and scrutiny) and includes performance against the three annual financial targets set by Scottish Government.

- Revenue Resource Limit (RRL): a resource budget for ongoing operations
- Capital Resource Limit (CRL): a resource budget for new capital investment.
- Cash Requirement: a financing requirement to fund the cash consequences of the ongoing operations and new capital investment.

We achieved break even and stayed within our RRL, however this delivery was materially supported through receipt of our NRAC share of non-recurring additional UK Government consequentials funding of £10.3m and a share of a national reduction to CNORIS costs of £2.3m, both occurring very late in the financial year. In addition, we required to request Scottish Government repayable brokerage of £11.013m to deliver the RRL target of

breakeven. (Table 1). Both the Capital Resource Limit (Table 5) and the Cash Requirement were also achieved at the end of the financial year.

## Revenue Financial Position as at March 2024

| Table 1<br>Budget Area                             | Annual Budget<br>£'000 | YTD Budget<br>£'000 | YTD Spend<br>£'000 | YTD Variance<br>£'000 |
|--|------------------------|---------------------|--------------------|-----------------------|
| <b>NHS Services (incl Set Aside)</b>               |                        |                     |                    |                       |
| <b><u>Clinical Services</u></b>                    |                        |                     |                    |                       |
| Acute Services                                     | 293,490                | 293,490             | 317,555            | -24,065               |
| IJB Non-Delegated                                  | 10,007                 | 10,007              | 9,512              | 495                   |
| Non-Fife & Other Healthcare Providers              | 103,985                | 103,985             | 112,212            | -8,227                |
| <b><u>Non Clinical Services</u></b>                |                        |                     |                    |                       |
| Estates & Facilities                               | 94,498                 | 94,498              | 95,582             | -1,084                |
| Board Admin & Other Services                       | 69041                  | 69041               | 66,362             | 2,679                 |
| <b><u>Other</u></b>                                |                        |                     |                    |                       |
| Financial Flexibility & Allocations                | 27,409                 | 27,409              |                    | 27,409                |
| Income   | -9,239                 | -9,239              | -9,634             | 395                   |
| 23-24 Cost Improvement Target                      | -12,420                | -12,420             | -4,271             | -8,149                |
| <b>Sub-total Core position</b>                     | <b>576,771</b>         | <b>576,771</b>      | <b>587,318</b>     | <b>-10,547</b>        |
| Financial Gap                                      | -10,865                | -10,865             | -10,865            | 0                     |
| SG Sustainability                                  | 10,865                 | 10,865              | 10,865             | 0                     |
| <b>TOTAL HEALTH BOARD RETAINED SERVICES</b>        | <b>576,771</b>         | <b>576,771</b>      | <b>587,318</b>     | <b>-10,547</b>        |
| <b><u>Health &amp; Social Care Partnership</u></b> |                        |                     |                    |                       |
| Fife H & SCP                                       | 423,962                | 423,962             | 424,428            | -466                  |
| <b>TOTAL HEALTH DELEGATED SERVICES</b>             | <b>423,962</b>         | <b>423,962</b>      | <b>424,428</b>     | <b>-466</b>           |
|  |                        |                     |                    |                       |
| <b>TOTAL</b>                                       | <b>1,000,733</b>       | <b>1,000,733</b>    | <b>1,011,746</b>   | <b>-11,013</b>        |

- 1.2 In March 2023, the NHS Fife Board approved the medium-term financial plan which confirmed an underlying deficit in 2023/24 of £25.9m which was to be partly mitigated by a £15m cost improvement plan, with a projected residual gap of £10.9m. The year-end outturn against that residual gap was £11.013m prior to receiving repayable financial brokerage of £11.013m from Scottish Government to deliver a balanced financial position. Without this repayable brokerage the RRL target would not have been achieved.

## 2. Health Board Retained Services

- 2.1 The financial performance of the organisation has been significantly challenged throughout the financial year with high medical and nursing pay costs, material increases in volume and cost of drugs, funding allocation changes, increased costs associated with commissioning services from other NHS Boards and high levels of inflationary increases across non-pay budgets. This was compounded by the level of challenge associated with delivering savings whilst managing the impact of increasing demand for our services alongside workforce challenges, an aging estate and the costs associated with implementing several nationally agreed programmes.

2.2 The Acute Services Division reports a significant overspend at the end of the year of £24.066m. This is mainly driven by cost pressures across both nursing and medical staffing budgets, significant overspends in surgical sundries and external SLAs for Laboratory services. Surge and Covid expenditure are also included within the Acute overspend with an ongoing focus on reducing covid legacy costs to minimise the financial impact in 2024/25. Table 2 below summarises the reported Acute Services overspend by Directorate. This significant overspend must be addressed in a sustainable way during 2024/25 and 2025/26.

| <b>Table 2</b>                      | <b>Annual Budget</b> | <b>YTD Budget</b> | <b>YTD Spend</b> | <b>YTD Variance</b> |
|-------------------------------------|----------------------|-------------------|------------------|---------------------|
| <b>Budget Area</b>                  | <b>£'000</b>         | <b>£'000</b>      | <b>£'000</b>     | <b>£'000</b>        |
| <b>Acute Services</b>               |                      |                   |                  |                     |
| Emergency Care & Medicine           | 118,043              | 118,043           | 134,456          | -16,413             |
| Planned Care & Surgery              | 98,539               | 98,539            | 105,608          | -7,069              |
| Women, Children & Clinical Services | 75,514               | 75,514            | 75,607           | -93                 |
| Acute Nursing                       | 1,128                | 1,128             | 973              | 155                 |
| Director of Acute Services          | 265                  | 265               | 911              | -646                |
| <b>TOTAL ACUTE SERVICES</b>         | <b>293,489</b>       | <b>293,489</b>    | <b>317,555</b>   | <b>-24,066</b>      |

2.3 Included in the ASD position is an overspend on specialties defined as “large hospital services” which form part of IJB Set Aside budgets. At the end of March, set aside services reported an overspend of £12.297m which accounts for 51% of the Acute Services total overspend. This budget is not formally delegated to the HSCP as the services are managed by NHS Fife unlike a number of the other territorial health boards where the budget and services are delegated.

2.4 Service Level Agreements and contracts with external healthcare providers are £8.227m overspent. This overspend is driven by several factors:

- increased costs from NHS Tayside as a result of the withdrawal of historical funding of £1.5m for specific services linked to Stracathro
- high costs of SLAs and contracts with both NHS and independent providers for mental health services
- the implementation of a new cost model for services provided by NHS Lothian.

2.5 Corporate Directorates, including Estates and Facilities are underspent by £1.595m.

Vacancy Management Controls have delivered a level of underspend across a number of corporate functions to support the organisation’s challenging financial position. Rates relief on several properties have been secured during the year increasing Estates and Facilities contribution to the cost improvement target.



| <b>TABLE 3</b>                 | <b>Annual Budget</b> | <b>YTD Budget</b> | <b>YTD Spend</b> | <b>YTD Variance</b> |
|--------------------------------|----------------------|-------------------|------------------|---------------------|
| <b>Budget Area</b>             | <b>£'000</b>         | <b>£'000</b>      | <b>£'000</b>     | <b>£'000</b>        |
| Nhs Fife Chief Executive       | 241                  | 241               | 253              | -12                 |
| Estates & Facilities           | 94,498               | 94,498            | 95,582           | -1,084              |
| Nhs Fife Finance Director      | 9,274                | 9,274             | 8,711            | 563                 |
| Nhs Fife Medical Director      | 10,023               | 10,023            | 9,362            | 662                 |
| Nhs Fife Nurse Director        | 4,927                | 4,927             | 4,865            | 62                  |
| Nhs Fife Public Health         | 3,769                | 3,769             | 3,599            | 170                 |
| Nhs Fife Workforce Directorate | 4,671                | 4,671             | 4,824            | -153                |
| Pharmacy Services              | 15,699               | 15,699            | 15,243           | 457                 |
| Digital + Information          | 19,249               | 19,249            | 19,671           | -422                |
| Depreciation                   | 22,486               | 22,486            | 22,486           | 0                   |
| Other Board Functions          | -21,299              | -21,299           | -22,651          | 1,352               |
|                                | <b>163,538</b>       | <b>163,538</b>    | <b>161,943</b>   | <b>1,595</b>        |

The main areas of concern continue to be the impact of inflation across PPP contracts, energy, property maintenance and digital support costs for business support systems.

### Financial Improvement & Sustainability Programme

- 3.1 Key to achieving the financial plan forecast outcome was the delivery of our cost improvement target. Scottish Government expected all Boards to engage with the national Sustainability and Value (S&V) programme, reflecting this work at a local level to support delivery of a cost reduction target of 3% per annum and productivity and related improvements in line with the programme aims.

In line with our financial plan a cost improvement target of £4.6m was delegated to the HSCP and £15m to Health Board retained services to deliver. Despite having identified the main areas to target cost reduction in the financial plan, progress throughout the year on the Health Board retained target was very challenging and we did not deliver our cost improvement target as planned. Contingency planning for this non-delivery identified areas on non-recurrent savings in-year to help mitigate this.

- 3.2 Table 4 below summarises the efficiency savings target areas totalling £15m. Just over 54% of the cost improvement target was delivered and only 20% was achieved on a recurring basis. Consequently around 80% of the 2023/24 savings plan (£12m) will be carried forward for action into 2024/25.

| <b>TABLE 4</b>                | <b>Target per Fin Plan</b> | <b>Confirmed M12</b> | <b>Confirmed Recurring</b> |
|-------------------------------|----------------------------|----------------------|----------------------------|
|                               | <b>£m</b>                  | <b>£m</b>            | <b>£m</b>                  |
| Temporary Staff Net Reduction | 10.000                     | 0.352                | 0.538                      |
| Surge Capacity Reduction      | 5.000                      | 0.000                | 0.000                      |
| Corporate Overheads           | 0.000                      | 0.000                | 0.000                      |
| Medicines                     | 0.000                      | 1.875                | 1.153                      |
| Vacancy Factor (Corporate)    | 0.000                      | 0.140                | 0.000                      |
| Public Health                 | 0.000                      | 0.006                | 0.000                      |
| Acute Services                | 0.000                      | 0.596                | 0.366                      |
| Estate & Facilities           | 0.000                      | 0.902                | 0.117                      |
| Major Contract Review         | 0.000                      | 1.241                | 0.800                      |
| Balance Sheet Review          | 0.000                      | 3.030                | 0.000                      |
|                               | <b>15.000</b>              | <b>8.142</b>         | <b>2.974</b>               |



### Bank and Agency Staffing

- 3.3 At the end of March 2024, the total spend on supplementary staffing for Health Board retained services was £21.1m, a reduction of £2.4m from the previous financial year. The net saving was £0.538m, following investment in permanent staff roles to reduce reliance on supplementary staff. The actions taken to increase controls on spend and investment in staffing models and permanent posts took several months to deliver and the anticipated supplementary staffing reduction only occurred in Q4 of the financial year. The use of Agency staffing, particularly in relation to off-framework contracts reduced however the use of Bank increased. Work will continue into 2024/25 ensure the reductions made in the latter part 2023/24 are sustained and increased.

#### Health Board Retained 2023/24 compared with 2022/23

|         | NURSING   |             |            | MEDICAL   |             |            | TOTAL         |             |            |
|---------|-----------|-------------|------------|-----------|-------------|------------|---------------|-------------|------------|
|         | Bank<br>£ | Agency<br>£ | Total<br>£ | NHS<br>£  | Agency<br>£ | Total<br>£ | Bank/NHS<br>£ | Agency<br>£ | Total<br>£ |
| 2023/24 | 6,771,579 | 6,231,114   | 13,002,693 | 2,712,726 | 5,366,977   | 8,079,703  | 9,484,305     | 11,598,091  | 21,082,396 |
| 2022/23 | 6,698,038 | 7,587,898   | 14,285,936 | 2,511,686 | 6,693,276   | 9,204,962  | 9,209,724     | 14,281,174  | 23,490,898 |
| Change  | (73,541)  | 1,356,784   | 1,283,243  | (201,040) | 1,326,299   | 1,125,259  | (274,581)     | 2,683,083   | 2,408,502  |

Figures in red are increases in year

### Medicines Optimisation

- 3.4 The Medicines Optimisation Board had an original target of £1m which was stretched to £2m and delivered £1.875m by the end of March 2024.

### Major Contract Review

- 3.5 As previously reported, the work on a major contract review to deliver recurring cost reductions was concluded on 1 December 2023. The review secured significant and recurring cost reductions over the remaining term of the contract with further non-recurring savings also secured for delivery in 2024/25.

### Estates and Facilities

- 3.6 Despite being challenged with high energy costs, the directorate have delivered almost £0.902m of savings in addition to concluding the major contract review. Savings include securing rates relief on several properties and income generation.

### Acute Services

- 3.7 Although experiencing significant financial pressure the Acute Services team secured savings of £0.596m covering reductions in consumables spend, travel costs, vacancy management and legacy covid costs.

### Balance sheet Review

- 3.8 A review of the Balance Sheet confirmed financial flexibilities of £3.03m at the end of the financial year. It is important to note that, whilst helpful, this flexibility is non-recurring in nature and is unlikely to be repeated in future years.

In summary, the delivery of savings in-year fell far short of the agreed plan and learning from this including early detection of non-delivery and availability of contingency plans must be

reflected in the 2024/25 RTP processes. Had the savings been delivered in full and on a recurring and sustainable basis, the Board may not have required the level of in-year brokerage to support delivery of the RRL statutory target.

#### 4 Health & Social Care Partnership

4.1 The reported draft IJB outturn has increased to a £17m overspend. The January reported position advised of a £7m forecast deficit to be managed through the application of £7m from reserves. The movement in variance to £17m includes:

- an increase in social care costs of £14m
- an increase in supplementary staffing and GP prescribing of £1m and
- costs associated with providing out of area mental health services of £1.3m.

After the application of general reserves of £7m, noted above in relation to the previous forecast deficit, there remained sufficient “ear marked” reserves to reduce the recently advised £17m overspend to £0.775m of which NHS Fife has included an additional allocation amount of £0.466m in the year-end outturn.

The Director of Finance, NHS Fife and the Director of Finance, Fife Council remain in dialogue with the CFO to determine the final position for the IJB including the ability and agreement of partners to support reinstating aspects of the applied “ear marked” reserves in 2024/25. Full agreement on this has not been reached and discussions remain ongoing.

Any proposal would require Board approval in 2024/25 and would need to take into consideration the overall position of the HSCP and would also require all the financial recovery stages set out in the integration scheme to be assessed before any risk share in 2024/25 is enacted. In parallel the CFO is completing due diligence around the reasons for the significant move in the position.

| Budget Area                            | Annual Budget<br>£'000 | YTD Budget<br>£'000 | YTD Spend<br>£'000 | YTD Variance<br>£'000 |
|--|------------------------|---------------------|--------------------|-----------------------|
| Fife Health & Social Care Partnership  | 423,962                | 423,962             | 424,428            | -466                  |
| <b>TOTAL HEALTH DELEGATED SERVICES</b> | <b>423,962</b>         | <b>423,962</b>      | <b>424,428</b>     | <b>-466</b>           |

#### 5 Capital

5.1 Capital expenditure for 2023/24 was £11.475m reflecting a balanced position illustrated in Table 5 below, securing delivery of the Capital Resource limit financial target.

| <b>TABLE 5</b>                           | <b>CRL<br/>New<br/>Funding<br/>£'000</b> | <b>Total<br/>Expenditure<br/>at March<br/>£'000</b> | <b>Variance<br/>2023/24<br/>£'000</b> |
|--|--|---|---------------------------------------|
| <b>Project</b>                           |  |   |                                       |
| Statutory Compliance/Backlog Maintenance | 1,904                                    | 1,906   | -                                     |
| Clinical Prioritisation                  | 769                                      | 769   | 0                                     |
| Capital Equipment                        | 1,706                                    | 1,704   | 1                                     |
| Digital & Information                    | 698                                      | 703   | -                                     |
| Mental Health Review                     | 1,108                                    | 1,108   | -                                     |
| Kincardine & Lochgelly Health Centres    | 59                                       | 58  |                                       |
| QMH Upgrade                              | 933                                      | 934   | -                                     |
| HEPMA                                    | 984                                      | 988   | -                                     |
| LIMS                                     | 1,126                                    | 1,132   | -                                     |
| Ward 5 Upgrade                           | 826                                      | 825   | 1                                     |
| Cameron Education Works                  | 363                                      | 362   | 0                                     |
| GreenSpace Project                       | 151                                      | 151   | 0                                     |
| Fleet Decarbonisation                    | 486                                      | 486   | -                                     |
| Switch-on Fleet Funding                  | 386                                      | 387   | -                                     |
| Laundry NDEEF                            | 222                                      | 220   | 2                                     |
| FCON NDEEF                               | 320                                      | 320   | 0                                     |
| Capital to revenue                       | (579)                                    | (579)   | -                                     |
| Net Book Value                           | 13                                       |   | 13                                    |
| <b>Total Capital Expenditure 2023/24</b> | <b>11,475</b>                            | <b>11,474</b>                                       | <b>(0)</b>                            |

## 7 Recommendation

The Board is asked to discuss the content of the report and specifically that:

- the reported core revenue resource limit breakeven position will only be achieved through requesting repayable brokerage of £11.013m from Scottish Government
- the significant under-delivery against the in-year savings target and the consequent impact on the level of brokerage required and additional financial challenge that brings into 2024/25
- the unexpected and significant deterioration of the HSCP financial position and the ongoing discussion with relevant partner colleagues
- the break-even position against Capital Resource Limit
- achievement of the cash balance target at 31 March 2024.

|                               |  |
|-------------------------------|--|
| <b>Meeting:</b>               | <b>Fife NHS Board</b>  |
| <b>Meeting date:</b>          | <b>28 May 2024</b>   |
| <b>Title:</b>                 | <b>Medium-Term Financial Plan 2024/25 – 2026/27</b>  |
| <b>Responsible Executive:</b> | <b>Margo McGurk, Director of Finance &amp; Strategy</b>  |
| <b>Report Author:</b>         | <b>Margo McGurk, Director of Finance &amp; Strategy/<br/>Maxine Michie, Deputy Director of Finance</b> |

## 1 Purpose

**This report is presented for:**

- Approval

**This report relates to:**

- Annual Delivery Plan
- Financial Sustainability

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

- Safe
- Effective
- Person Centre

## 2 Report summary

### 2.1 Situation

The purpose of this report is to provide the Board with the Medium-Term Financial Plan for final approval, subject to continued engagement with Scottish Government on the actions required to reduce the financial deficit reported. This follows the NHS Board consideration and approval of the draft plan on 26 March 2024.

### 2.2 Background

On 4 December 2023 the Planning Approach, expectations, and parameters for the 2024/25 planning process and the 2 subsequent years was issued to Boards from the Scottish Government. This provided joint guidance for the development of the 3-Year Delivery Plan and the 3-year Financial Plan. The key dates for submission were confirmed as; Draft Financial Plan 29 January 2024, 3-Year Delivery Plan 13 March 2024 and Final Financial Plan 13 March 2024.

On 13 December Scottish Government wrote to Boards setting out clear expectations for the financial plans and specifically that they should include;

- A clear programme to deliver 3% recurring efficiency savings in 2024/25 on baselined budgets.
- Re-emphasis of the 15-box grid that had been approved by BCE in November and that Boards are expected to progress on these efficiency initiatives with support from national programmes of work.
- An improved forecast outturn position compared to that estimated as part of the 2023/24 financial planning process for the 2024/25 year.
- This letter also included notification of a brokerage cap for 2024/25 which for NHS Fife was confirmed as a maximum of £5m in 2024/25 reducing in the 2 subsequent years.

The Scottish Budget 2024/25 was announced on 19 December 2023 and was approved in the Scottish Parliament on 27 February 2024. The Budget significantly changed all NHS Board's planning assumptions for 2024/25 and the 2 following years. The budget announcement was set in the context of an unprecedented level of financial challenge across health and social care and public sector services more broadly. Some of the key planning assumptions within the budget included:

- All Territorial Boards to receive a total increase of 4.3%, however this headline figure relates to baseline allocations received in 2023/24 and is not new funding. The uplift in 2024/25 is therefore 0% or flat cash.
- An assumption for all Boards that any uplift for pay agreed for 2024/25 will be funded.
- Additional NRAC funding for Boards to maintain them at a minimum at 0.6% of parity.
- Covid 19 funding to be provided to meet costs of Vaccinations, Test and Protect and PPE.
- Capital Funding – Formula Capital to be maintained at 2023/24 levels and only existing projects under construction will have funding to allow completion. No funding will be available for new projects, with an expectation that these should be placed on pause for two years at least.
- Health and Social Care Integration additional funding to be passed to Local Authorities to meet the minimum pay settlement and an inflationary uplift in relation to Free Personal Nursing Care.

## 2.3 Assessment

### Initial Draft Financial Plan 29 January 2024

NHS Fife submitted an initial draft financial plan on 29 January 2024 which reported financial savings required to breakeven of £59m in 2024/25. At this stage, whilst planning for specific schemes had commenced, savings schemes were unconfirmed and referenced as "in development". Scottish Government responded to the draft plan on 12 February 2024 requesting the detail of the schemes in development be presented in the

final draft due on 13 March 2024. Scottish Government emphasised that the financial plan must meet the brokerage cap and deliver a minimum of 3% recurring savings.

In this letter Scottish Government further advised that following notification of an increase in February 2024 to the New Medicines Fund allocation for all territorial Boards, that the NHS Fife allocation from that of £6.9m would reduce the previous brokerage cap of £5m to zero.

### Final Financial Plan Submission 13 March 2024

During February and March 2024 NHS Fife worked through the detail of the financial plan submission for 2024/25 and the 2 subsequent years. The impact of the additional New Medicines Funding plus a number of increases to previous cost pressure estimates reduced the January reported deficit position of £59m to £54.8m. The savings plans associated with the minimum 3% recurring efficiency savings required and the initial areas of assessment to drive out the remaining savings to reach a breakeven position were aligned to and will be delivered through the Re-form Transform Perform Framework. The financial plan paper detailing this is attached as Annex 1 to this paper and was submitted to Scottish Government on 13 March 2024 and considered by the NHS Fife Board on 26 March 2024.

The plan details the funding assumptions, areas of cost pressure and the savings programmes planned and those in development for 2024/25. The table below sets out the financial position over the 3-year period of the plan with savings and forecast deficit. The plan does not reach a breakeven position until year 3 and is currently beyond the brokerage cap notified.

|   | 2024/25 | 2025/26 | 2026/27 |
|---|---------|---------|---------|
|   | £m      | £m      | £m      |
| <b>Underlying Deficit</b>   | -33.3   | -29.8   | -19.2   |
| <b>Funding Uplift</b>   | 0       | 0       | 0       |
| <b>In-year Cost Pressure Level</b>  | -21.5   | -14.4   | -7.1    |
| <b>Financial Gap</b>  | -54.8   | -44.2   | -26.3   |
| <b>3% Identified Savings Schemes "Re-form - RTP" *</b>                    | 25      | 25      | 26.3    |
| <b>Financial Position After Identified 3% Schemes</b>                     | -29.8   | -19.2   | 0       |
| <b>4% In Development Savings Requirement "Transform/Perform - RTP" **</b> | 29.8    | 19.2    | 0       |
| <b>Total Recovery Plan Requirement to Balance</b>                         | 54.8    | 44.2    | 26.3    |

\*Annual Value/Schemes Confirmed for 2024/25 which are required on a recurring basis  
2025-26 & 2026/27 targets are in addition to the recurring 3% for 2024/25

\*\*Annual Value/Schemes in Development Phase  
Delivery into the 4% target for 2024-25 on a recurring basis will reduce the underlying deficit identified for 2025-26.

The plan does not include repayment of the cumulative brokerage received during 2022/23 and 2023/24 which current sits at £20.8m, this will require to be factored into future years and will also require delivery of further savings to enable that to be repaid.

### **Current Status of Financial Plan**

The Board received feedback from the Scottish Government on 4 April 2024, the letter is attached at Annex 2. The letter notes the identified savings target of £25m “Re-form” and other cost reduction measures to improve the financial position. The letter also acknowledged that this results in a net deficit of £29.8m in 2024-25 given the current unconfirmed status of the additional 4% savings required. Scottish Government have advised that since this is above the revised brokerage cap previously communicated to the Board of breakeven and does not show an improvement on the prior year submitted plan, the plan cannot be agreed at this stage. Scottish Government have indicated the board must continue to work with both finance and performance colleagues within Scottish Government to consider options to reduce expenditure to deliver a financial outturn within the brokerage cap communicated. Specifically they have requested the Board undertake the following actions ahead of Q1 reporting:

- Progress delivery of a minimum 3% recurring savings in 2024-25 and develop options to meet any unidentified or high-risk savings balances.
- Continue to progress with the areas of focus set out in the 15-box grid.
- Engage and take proactive involvement in supporting national programmes as they develop in 2024-25.
- Develop further measures to reduce the Board’s residual 4% financial gap towards the brokerage cap set.
- Provide an update on the financial risks outlined within the financial plan to assess likelihood of these materialising and the impact these could have on the Board's outturn.

Following this feedback and further meetings with Scottish Government, the Executive Team will continue, through EDG and RTP specifically, to progress delivery of the identified 3% savings schemes and develop options for Board consideration in relation to bridging the residual 4% financial gap to reduce the deficit position as far as possible during 2024/25 and eliminate it over the 3-year term of the plan.

### **NHS Scotland Support and Intervention Framework**

In relation to the NHS Scotland Support and Intervention Framework and due to the scale of the forecast deficit for 2023/24 and the significant movement from plan, the Board was assessed in November 2023 as being at level 2 of the framework. Discussions are ongoing with Scottish Government about the impact of the current position in relation to the status of the financial plan for 2024/25. At this stage the Board has been advised it will remain at level 2.

The level of challenge associated with the financial plan and delivering the Board statutory financial targets is significant and will require difficult decisions and choices

during the course of 2024/25 and beyond. All of this will require managing the important balance of risk across financial, workforce and clinical priorities. A proposal on the actions and transformation options required to bridge the residual 4% financial gap will be presented to the July Board meeting for approval and will require to be delivered safely but also at pace.

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

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

### **2.3.2 Workforce**

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

### **2.3.3 Financial**

Financial implications are detailed in the paper.

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

Delivering a balanced in-year financial position and financial sustainability in the medium-term continues to be reported as high risk in the NHS Board's corporate risk register, out with the Board's agreed risk appetite for value and sustainability. The scoring of both related corporate risks will increase to reflect the current approval status and delivery challenge associated with the plan.

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

An impact assessment has not been carried out as it is not relevant to the content of this paper. All initiatives progressed through RTP will however be subject to the appropriate level of assessment.

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

There are no direct implications arising from this report.

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

The MTFP has been informed and prepared through focussed engagement across the organisation and scrutiny through our Board governance processes.

### **2.3.8 Route to the Meeting – (Draft MTFP Submission)**

NHS Board Development Session 27 February 2024

Joint Area Partnership Forum & Systems Leadership Group 8 March 2024

Finance, Performance & Resources Committee 12 March 2024

Executive Directors Group 21 March 2024

NHS Board (Private Session) 26 March 2024



## 2.4 Recommendation

The purpose of this report is to provide the Board with the Medium-Term Financial Plan for final **approval**, subject to continued engagement with Scottish Government on the actions required to reduce the financial deficit reported.

## 3 List of appendices

Appendix 1 – Medium-Term Financial Plan 2024/25 – 2026/27

Appendix 2 – Letter from Richard McCallum, 4 April 2024

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# Medium Term Financial Plan 2024/25 – 2026/27

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## Introduction

In March 2023, NHS Fife launched its new Population Health and Wellbeing Strategy, which signalled a significant change in direction, outlining the ways in which healthcare in the Kingdom will evolve to meet the developing needs of the local population over the course of the next five years. This strategy does not set out a series of detailed actions. It is a declaration of our vision and intent to prioritise health inequalities and support improvement in the health and wellbeing of our citizens.

The Medium Term Financial Plan (MTFP) 2024-2027 is an important enabler to underpin the delivery of our strategic priorities and ambitions. There is no doubt that we are facing more challenge in the NHS in Scotland than at any other time since devolution and our new strategy

acknowledged the compounding pressures that the financial challenges are bringing. The ask of our staff to manage our resources effectively, to ensure the best care can be provided to our population, means we need to have a clear financial plan in place, and to drive financial sustainability over the medium term. Our 4 key priorities as outlined in our strategy and highlighted below, include our commitment to deliver value and sustainability. We will strive to drive the best value from our resource allocation for the people of Fife. There are likely to be important choices ahead, ensuring that we focus on the areas of service and support which drive the most health benefit to the people of Fife.

This financial plan has been developed within the context of the four pillars of governance: finance, performance, quality, workforce - recognising the multi-faceted nature of our organisational responsibilities and our ongoing commitment to address health inequalities and ensure our citizens can continue to *Live Well, Work Well and Flourish in Fife*.

Prior to the global Covid 19 pandemic, NHS Fife declared an underlying financial deficit of circa £20m-£25m. Despite efforts to address the financial gap in recent years, the recurring deficit has grown alongside significant waiting list pressures and continuing high levels of unscheduled care demand. Additionally, there are significant workforce sustainability and resilience issues, resulting in recruitment and retention challenges across all areas of our workforce. There are also estates issues due to the constraints in capital funding available nationally to support investment in our ageing infrastructure, and pressures across primary care and social care impacting on demand within the acute, community and mental



health sectors. The financial challenges we face are not unique to NHS Fife and it is becoming widely recognised that successful delivery of financial balance will only be achieved through a combination of difficult choices and decisions on the level, and range, of care we can sustainably support and a collaborative approach with all our partners.

This paper provides an overview of the draft financial plan for the 3-year period 2024/25 to 2026/27. The plan incorporates the funding settlement advised by the Scottish Government on 19 December 2023 and is aligned with the four aims of the National Sustainability and Value Framework; to deliver better value care, to optimise capacity, to make effective use of resources and to be environmentally and socially sustainable.

## Financial Position 2024/25-2026/27

Financial planning guidance issued by the Scottish Government, set out the government's expectations that financial plans will describe:

- A programme of work and supporting actions to achieve a target of 3% recurring savings on baseline budgets (which equates to £24.9m for NHS Fife in 2024/25).
- The impact of the 'Choices' programme which will provide the framework in which decisions around workforce, innovation and Service and Infrastructure optimisation will be made.
- The impact of actions flowing from the "15-point grid" as summarised in the table at Appendix 2

The MTFF details the financial position for the next 3 years, which will require a focussed whole system response to recover the deficit position. The table below details our projected financial position for 2024/25. For the three years 2024-27, the detail is included in Appendix 1 and indicates that it is likely the 3 year reporting period will be required in order to deliver savings in full and achieve financial sustainability. Financial planning assumptions were only provided for 1 year with no detail provided for years 2 and 3 in relation to both funding and expenditure expectations. We have included the same funding and expenditure assumptions for years 2025-27.

The closing recurring deficit for 2023/24 being carried into 2024/25 is £33.3m. After taking account of the implications of the Scottish Government's Budget settlement announcement in December 2023 and the impact of both national and local cost pressures, along with the directions issued by SG in relation to New Medicines Funding, the opening financial gap for NHS Fife for 2024/2025 is £54.8m based on information available at the end of March 2024.

| <b>Financial Plan 2024/25</b>             | <b>£m</b>   |
|---|-------------|
|   |             |
| <b>Recurring deficit c/f from 2023/24</b> | <b>33.3</b> |
|   |             |
| Non pay inflation                         | 6.3         |
| New Medicines Fund reduction              | 4.8         |
| CNORIS premium increase                   | 2.0         |
| Other national initiatives                | 1.6         |
| <b>Unavoidable cost increases</b>         | <b>14.7</b> |
| Unscheduled care                          | 1.0         |
| Rota compliance                           | 2.4         |
| Other                                     | 3.4         |
| <b>Local cost pressures</b>               | <b>6.8</b>  |
|   |             |
| <b>Financial Plan Gap</b>                 | <b>54.8</b> |

| <b>Recovery Plan 2024/25</b>            | <b>£m</b>   |
|---|-------------|
|   |             |
| Re-form 3% (Plans identified)           | <b>25.0</b> |
| Transform 4%+ (Plans in development)    | <b>29.8</b> |
|   |             |
| <b>Recovery Plan to deliver balance</b> | <b>54.8</b> |

Our approach to financial recovery will be delivered by our new Reform, Transform and Perform Framework (RPT) and further details are set out later in this report. The first phase of our RPT framework, Reform, will concentrate on immediate changes to how we work across the organisation with increased grip and control and principles to enable system wide leadership to improve our financial position. Our Reform phase is designed to deliver the 3% savings target set out by Scottish Government. The Transform phase will focus on changes to our services, structures and care delivery. Both phases will align with the 'Choices' programme and 15 box grid.

We have detailed plans to achieve recurring savings of £25m (3%) in 2024/25 which although challenging, we consider to be both credible and deliverable. These initiatives will require ongoing scrutiny through the Board's governance processes during the year, underpinned by robust partnership working and a relentless focus on pace and delivery. Plans for the remaining 4% to achieve financial sustainability are for schemes that have still to be developed and present significant risk to achieving a break-even financial position in 2024/25.

Fife Integration Joint Board (IJB) are currently preparing their medium-term financial plan. Given the financial challenging environment the IJB is also working within there is the potential for risk share in 2024/25. As this risk is yet to be formally quantified, any potential risk share is **not** included in NHS Fife's projected financial gap currently.



## Deficit Drivers

Our financial challenges are driven by local, regional and national factors. As previously identified the key reasons for our deteriorating financial position relate to the level of challenge associated with delivering savings whilst managing the impact of increasing demand for our services alongside workforce challenges, an aging estate, and the costs associated with implementing a number of nationally agreed programmes.

Fife’s population is now estimated at 370,400 as of Census Day 2022, an increase of around 1% since the 2011 census. However, of significant note is Fife’s age structure which continues to change, with fewer children and working age people than in 2011, and a significant increase in its older population. NHS Fife’s Population Health and Wellbeing Strategy 2023-28 notes that while the Fife population is predicted to decline there is an anticipated 30% increase in the over 65 population by 2043. We know this age group is likely to experience multiple health conditions with increasing frailty and will require to access support from health services more frequently than others.

Due to the Covid 19 pandemic, many patients are now experiencing longer waits for treatment and care. This is increasing the level of acuity of patients as they access the system and therefore is also increasing associated costs of treatment.

Despite inflation slowing down in recent months, prices remain high, particularly across medicines and energy costs. UK Inflation currently at 4% (December 2023) remains higher than the Bank of England’s 2% target. NHS Fife also has the inflationary increases associated with our 2 PFI hospitals.

A range of historic and current cost pressures are challenging our financial sustainability. We have seen significant growth in our spend on acute medicines, some 40% since 2020/21 which is supported by non-recurring new medicines funding. Additionally, we are experiencing significant increases in our SLAs with other Scottish Health boards for services outwith the main costing model, with increases more than the historically agreed funding principles. Moreover, the introduction of PLICS by NHS Lothian has further exacerbated our expenditure on SLAs along with the uncoupling of the historic Stracathro SLA funding with NHS Tayside.



## Funding Assumptions

The 2024/25 indicative funding settlement provided by the Scottish Government on 19 December 2023 confirmed a 0% baseline budget uplift; the first ever flat cash settlement for NHS Boards. An additional allocation to reflect the impact of demographic changes on individual Boards (NRAC) was confirmed, to ensure no territorial board is further than 0.6% from their 'fair share' i.e. parity. Our NRAC share increases to 6.88% in 2024/25, an increase of 0.03% on 2023/24. However, whilst NHS Fife will receive a level of NRAC parity funding for 2024/25, there remains an in-year shortfall of £4.7m and excludes the cumulative effect of prior year shortfalls which exceeds £100m of recurring funding. This has a significant impact on the Board's ability to deliver sustainable financial balance.

Funding arrangements for pay uplifts following the outcome of the pay negotiations in the new financial year will be revisited by the Scottish Government; along with the financial impact of the AFC non-pay elements set out this year.

| <b>Initial Revenue Allocation 2024/25</b> | <b>£m</b>      |
|---|----------------|
| Closing baseline budget 2023/24           | <b>822.055</b> |
| NRAC parity adjustment                    | <b>7.155</b>   |
| <b>Opening baseline budget 2024/25</b>    | <b>829.210</b> |

Further anticipated allocations totalling £132m are expected to be added to our RRL during the financial year including Family Health Services, Mental Health, Elective and Unscheduled Care, the New Medicines Fund, Covid & Flu Vaccinations and the National Treatment Centre. The Scottish Government are committed to provide early indication of allocations wherever possible and to issue out 80% of allocations in the first quarter to reduce uncertainty and difficulties in service planning.

The Scottish Government have also advised that they will provide funding relating to increases in employers' superannuation and not to recognise any associated cost in our plans.

## Expenditure Assumptions

We have made a number of cost inflation assumptions in completing our draft financial plan. These estimates have been discussed and agreed nationally through the NHS Scotland Corporate Finance Network (CFN) and amended to reflect local assessment of risk.

| <b>Inflation Projections</b> | <b>%</b>      |
|------------------------------|---------------|
|                              |               |
| Pay*                         | <b>0</b>      |
| Medicines                    | <b>8</b>      |
| Energy                       | <b>11.5</b>   |
| Rates                        | <b>7</b>      |
| Unitary charge               | <b>5.3</b>    |
| Capital charges              | <b>Actual</b> |
| SLAs with other Boards       | <b>0</b>      |
| Other supplies               | <b>1.9</b>    |

\* TBC following national negotiations

Pay for staff remains subject to agreement for 2024/25 and will be revisited by the Scottish Government following the outcome of pay negotiations in the new financial year. Our plan assumes the funding implications of 2024/25 agreed pay awards will be provided by the Scottish Government. Our plan also assumes increases in employer's superannuation costs will be funded by the Scottish Government.

Significant inflationary pressures are expected to continue in relation to energy and contracts linked to the rate of inflation. There is a significant degree of uncertainty in estimates for inflation. Most commentators on inflation levels do expect it to fall significantly over the next few months. The general inflation estimates identified by the CFN range from 1.9%-3.5%

Acute medicines have seen an increase of between 7%-8% in 2023/24, similar levels are expected in 2024/25.

Initial information from rates advisors indicates increases ranging from 5%-7% and will be firmed up as information becomes available.

Unlike in previous financial years, the Scottish Government have not advised an uplift in the budgets delegated to Integration Joint Boards (IJBs). Consequently, our financial planning assumptions do not include an uplift to Fife Health and Social Care Partnership (HSCP) for delegated health agreed recurring budgets which aligns to the flat cash budget settlement. However, in line with previous years, funding received from Scottish Government in relation to 2024/25 pay awards will be allocated to the HSCP. The HSCP budget will be increased throughout the year

as additional funding is confirmed by Scottish Government for various delegated Health and Social Care policy developments and other relevant IJB funding allocations.

Additionally, for financial planning purposes we have assumed no uplift in the value of Service Level Agreements with other Scottish Health Boards. This assumption is based on the underlying principles agreed nationally that any increase to the SLAs should reflect the uplift received from Scottish Government to core funding.

## Reform, Transform and Perform Framework

Our financial improvement plan will be delivered through our Reform, Transform and Perform (RTP) Framework, working collaboratively across the system. Delivering Value and Sustainability is one of our 4 corporate objectives, to maximise the use of our scarce and valuable resources to the best effect for our patients. The RTP framework will support the Board to take forward a renewed and strategic approach to empower change across NHS Fife, to drive improvement in our clinical and corporate services, and to achieve greater efficiency and improved outcomes.

**Reform** will necessitate immediate changes in our working practices across the organisation

**Transform** will focus on evolving our services, structures, and care delivery

**Perform** will be pivotal in driving sustainable improvements throughout the organisation.



Service design and delivery, across our system, will be assessed to look for opportunities to remove duplication, streamline, innovate, and deliver within our available resources. Realistic medicine will be a core principle, with leadership from our Medical Director and clinical teams across all services. Impacts on quality and changes on performance will be assessed, both in the short term as well as looking at longer-term impacts on population health. In the face of financial challenges, it is inevitable that the shape of our workforce may need to evolve to deliver affordable health and care services. This evolution may result in a workforce that must either shrink, or at best, remain static. At the very least, NHS Fife will require to further reduce our dependency on supplementary staffing. In navigating this change, we will place a significant emphasis on working in close partnership with our Area Partnership Forum and staff side colleagues.

Progress is being made at pace to drive change within our infrastructure, to understand the feasibility and impact of reduction of our estate footprint in use – utilising metrics which measure financial impact, as well as reduction in energy usage, water consumption, travel, waste, backlog maintenance and carbon emissions. It is envisioned that there are some parts of our estate that are no longer required should agile working and shared working with partners be implemented at pace.

The options we are considering align with the “15 box grid” improvement actions referred to in recent discussions between Scottish Government and Board Chief Executive and Directors of Finance and have been categorised in line with the decision-making levels set out in Appendix 2.

| Scheme       | REFORM 3% SAVING                        | Risk Rating | £                  | Innovation & VBHC | Workforce Optimisation | Service Optimisation | Decision Making Levels |
|--------------|---|-------------|--------------------|-------------------|------------------------|----------------------|------------------------|
| 1            | Medicines Optimisation                  | L           | £2,000,000         | R                 | ✓                      |                      | C                      |
| 2            | Unscheduled Care Bundle review          | L           | £700,000           | R                 |                        | ✓                    | C                      |
| 3            | PFI Contract                            | L           | £400,000           | N/R               |                        | ✓                    | C                      |
| 4            | Estates Rationalisation                 | M           | £2,000,000         | R                 |                        | ✓                    | C                      |
| 5            | Non Compliant Rotas                     | M           | £1,000,000         | R                 |                        | ✓                    | C                      |
| 6            | Surge Beds Reduction                    | H           | £1,850,000         | R                 |                        | ✓                    | C                      |
| 7            | Unfunded COVID costs                    | M           | £1,000,000         | R                 |                        | ✓                    | C                      |
| 8            | Planned Care Allocation Spend Reduction | H           | £1,200,000         | R                 |                        | ✓                    | C                      |
| 9            | Supplementary Staffing                  | M           | £5,000,000         | R                 |                        | ✓                    | C                      |
| 10           | External Care Providers & SLA Activity  | H           | £5,000,000         | R                 |                        | ✓                    | B                      |
| 11           | Procurement                             | M           | £500,000           | R                 |                        | ✓                    | C                      |
| 12           | Corporate Directorates Savings Plans    | M           | £1,500,000         | R                 | ✓                      | ✓                    | C                      |
| 13           | Business Services Transformation        | M           | £2,400,000         | R                 | ✓                      | ✓                    | C                      |
| <b>Total</b> |   |             | <b>£24,550,000</b> |                   |                        |                      |                        |

Risk - Rated High, Medium and Low on basis of delivery

Decision making Levels - As per 15 box grid Appendix 2

Key to our RTP framework is to ensure that the options we take forward consider all pillars of governance. To facilitate the pace, agility and urgency required to make rapid change, several approaches will be adopted. A weekly Executive Directors RTP Huddle was convened from early January 2024, to ensure rapid decision making, and an incident management mindset of ‘what, so what, now what’ will be core in understanding how delivery of initiatives remain on track and are moving at pace. Our approach to date has featured four themes including Medicines, Infrastructure, Service Design and Delivery, and Workforce, supported by appropriate professional disciplines and our corporate PMO office. This will be reviewed as we move to delivery stage of and put further pace to achieve the ‘Transform’ stage as we aim for balance.

Since the early stages of the financial plan development in January, communication with our Board and staff has been a key priority. Team briefs and video messaging, including a specific RPT staff brief are routinely shared on our staff intranet to ensure all staff are fully aware of the current financial challenge. An RPT mailbox has been set up to enable all staff to participate in the programme and enable change with their ideas and contributions. A series of full System Leadership Group events have also been held to harness engagement and develop opportunities with all colleagues including the senior leaders within the Fife Health & Social Care Partnership.

### **Medicines – Scheme 1**

Our approach to medicines optimisation has been successful for many years and we will continue to identify opportunities for savings in 2024/25. Approaches will consider end to end use of medicines, including effective purchasing, prescribing, supply, administration, and waste reduction. We have identified the potential to reduce medicines of low clinical value and will develop plans to take action as appropriate. We have identified savings arising from numerous medicines switches, price reductions from both framework and generic impacts. Plans have also been identified that have yet to be quantified but will provide resilience to the £2m identified in the table above or scope to stretch our target. Savings delivery is categorised as low risk.

### **Unscheduled Care Bundle – Scheme 2**

The Flow Navigation Centre, previously managed by the HSCP, has been realigned with our Acute Services Division supporting a more efficient and effective service model. This will enable optimisation of our unscheduled care funding bundle and improved service delivery at the front door. The model of care has been agreed and will provide an improved experience for patients. Savings will come from economies of scale; redesign of workforce models and delivery of the savings are categorised as low risk.

### **PFI Contract – Scheme 3**

Additional savings related to the major contract review of our PFI contract for phase 3 at the Victoria hospital are confirmed. Savings delivery is categorised as low risk.

### **Estates Rationalisation and Infrastructure – Scheme 4**

In Fife we have around 270,000sq.m of property assets which nationally is estimated to be 50,000sq.m beyond the baseline benchmark (NHS Grampian). Some of our space is poor clinically for patients and staff and we have around £100m of back-log maintenance across our estate which represents the investment required to restore our estate back into an acceptable position. There are opportunities to consolidate space on our sites by doing things differently or taking up unused capacity elsewhere including sharing space with our partners, Fife Council. We plan to rationalise office accommodation, utilising spare office capacity within the Fife Council headquarters, along with other NHS Fife sites, to



accommodate displaced NHS Fife staff displaced, aided by agile working practices. We are also looking at other opportunities to consolidate on other sites which may take longer to implement due to the impact on clinical services.

We are investigating an opportunity for part of one of our sites (unused) to be utilised for battery storage with initial revenue projections estimated at £0.5m per year. There are barriers to overcome in respect to procurement so this initiative would take time to implement and realise. The work of our infrastructure workstream will also look at driving out further energy savings. In 2023/24 we have invested significantly in LED lighting and anticipate savings to be delivered in 2024/25 with consideration being given to further investment in technologies which will deliver recurring revenue savings.

Savings delivery is categorised as medium risk as it will be subject to successful retraction from sites in a timely manner and the redeployment of FM staff.

### **Non-Compliant Rotas - Scheme 5**

Despite investment in additional posts during 2023/24, a number of fragile rotas remain at risk of becoming non-compliant. The gaps experienced in doctors in training rotas are growing in numbers and becoming normalised, further exacerbated by the withdrawal of funding by NES for any trainee vacancies. Regardless of trainee vacancies, rota gaps require to be filled to safeguard patients and staff wellbeing. Plans are currently being worked up to make fragile rotas compliant by reducing the length of a shift to 8 hours resulting in fewer breaks. This plan is likely to require investment to make rotas compliant but will still bring savings by avoiding expensive banding supplements. It is unlikely this plan will be operational before the August 2024 rotation which has already been factored into the level of savings required.

Savings delivery is categorised as medium risk as this is subject to successful discussion with doctors in training, maintained on each successive rotation; the availability of invest to save funding; and timely recruitment of the staff needed to make rotas compliant.

### **Reduction of Surge Bed capacity – Scheme 6**

We have a level of unfunded surge beds costing approximately £3.5m per annum. Plans to remove the beds have been unsuccessful to date due to challenges across unscheduled care and more general capacity and flow issues across the whole system. However, plans to relocate the beds in an alternative location on the Victoria Hospital site, alongside a review of the model of care, will enable a reduction in the number of beds by 14 to 30. This will enable a reduction in cost to be delivered quickly as supplementary staffing is widely used to staff unfunded beds. The level of risk to delivery is categorised as high as plans will be dependent on unscheduled care demand and successful collaboration with HSCP colleagues.

### **Legacy Covid Costs – Scheme 7**

Ongoing Covid costs have been identified and plans are in place to cease remaining adherence to Covid guidelines no longer advised by SG. It is anticipated unfunded posts recruited on a permanent basis during the pandemic will be redeployed into vacancies supporting our plan to reduce temporary staffing spend. Savings delivery is categorised as medium risk as this is subject to successful redeployment.

### **Planned Care funding allocation – Scheme 8**

NHS Fife agreed a sustainable workforce to deliver waiting times activity with SG prior to the Covid pandemic. Except for the period 2022-2023, funding from SG failed to be uplifted for pay awards eroding the value of the planned care funding allocation. Consequently, to maintain previously agreed levels of activity NHS Fife would have to overspend against the allocation to the value of £1.2m. We have been advised by SG that we do not have authority to commit spend for which we have no funding. Plans are therefore in place to reduce the spend against the funding allocation which includes ceasing waiting list initiatives, not filling several vacancies and closing our surgical short stay unit which will require redeployment of staff. Any reduction in spend on elective activity will have an adverse impact on waiting times and we expect patients to wait longer when plans are taken forward. Savings delivery is categorised as high risk as this is subject to successful redeployment. Moreover, waiting times will be an adversely impacted.

### **Supplementary Staffing – Scheme 9**

A Bank & Agency Programme to support cost reductions in supplementary staffing spend was established in 2023/24. The programme was slow to gain traction in delivering savings despite the number of mitigating steps taken to reduce the reliance on supplementary staffing including international recruitment, new Band 4 practitioner role, block recruitment and flexible staff pools. However, this work is beginning to deliver savings and will continue into 2024/25. Plans to ensure adherence to SG guidelines are in place with all agency usage for non-registered staff ceasing on 1 April 2024 and registered staff from 1 October 2024. Locum senior medical spend will only continue in specialities deemed to be at risk. Additionally, work is ongoing to reduce agency usage in non-nursing and non-medical job families. Work is also underway to reduce overtime levels and in particular stop overtime in non-clinical roles. The principal reasons identified for temporary staff usage include vacancies and sickness absence. Significant work has already been undertaken to reduce vacancies and a refreshed approach to reduce sickness absence and support staff back to work is also underway. The level of risk to delivery is categorised as medium as success will be dependent on recruitment and retention, reduction in sickness absence levels and demands of winter in Q4 of the financial year.

### **External Healthcare Providers – Scheme 10**

Expenditure with external healthcare providers is significantly overspent. Plans are in place to realign budgets for services delegated to the HSCP enabling services to be more effective in actions that can be taken to mitigate this expenditure.

Activity levels with other Scottish health boards will be reviewed and work taken forward to repatriate services which could be delivered more effectively in NHS Fife, particularly improving the patient experience. A deep dive review of costs will also be taken forward given the two

significant events that occurred in 2023/24, introduction of PLICS by NHS Lothian and the uncoupling of the Stracathro funding with NHS Tayside which together added approximately £3m to our cost base, alongside a review of all SLAs outwith both PLICS and NHS Tayside's equivalent costing model. The value of the SLAs with NHS Lothian and NHS Tayside is in excess of £70m, a significant proportion of the NHS Fife retained budget. The costing models used for these agreements are based on actual historic cost and a rolling three-year average of activity. Given that all Boards are seeking to drive out at least 3% efficiency across their cost base (as directed by SG), it would be reasonable for NHS Fife to request a 3% reduction in the SLA values to reflect this cost reduction and to ensure we are not unfairly disadvantaged. In parallel, we are seeking to reduce our activity levels through the repatriation of activity, and this is a key element of our RTP approach.

The level of risk to delivery is categorised as high as success will be dependent on successful negotiation with external partners. We will, however, seek support from Scottish Government, as required, in these discussions.

## **Procurement – Scheme 11**

The ability to drive out procurement price savings in 2024/25 will be extremely challenging due to the broad range of cost increases due to the overall economic climate. However, changes in our procurement patterns can deliver savings. We will reduce our reliance on single use items and set up our own theatre trays rather than purchasing “ready-made” which can be inherent with a level of wastage. We will enhance procurement controls in relation to national and local contracting, pursue further cost reductions where possible and are looking to escalate authorisation limits to further manage discretionary spend.

## **Corporate Directorates – Scheme 12**

Recognising most cost reduction and efficiency savings targets described above are related to the Acute Services Division, all other Directors including the ‘corporate’ functions as well as Public Health and Pharmacy have been allocated a 3% savings target. Teams are reviewing all current and potential vacancies with a view to shaping and forming a different workforce going forward and discretionary spend will be reduced. Our Digital & Information Directorate team are committing to a review of all digital systems to consider what system could be stopped or decommissioned as not delivering the anticipated benefits or where functionality could be moved to other existing systems. At the same time, we will consider investment via our capital plan in digital solutions which will generate revenue savings.

## **Business Services Transformation – Scheme 13**

Work is ongoing to look at how we provide our business support services across the organisation. This involves a review of our administration processes to improve and streamline wherever possible. We aim to remove duplication and waste focusing on essential and value-added processes. A weekly vacancy management panel, whose membership is exclusively executive directors, has been established chaired by our Chief Executive and supported by our Employee Director to ensure only vacancies essential to service delivery are recruited and recruitment where necessary is taken forward in a time efficient manner to mitigate the requirement for temporary staffing. Continue the work of the theatre optimisation group including the green theatre programme.

Additionally, we have established an Electronic Health Record Steering Group to support NHS Fife with our paperlite ambition and create a joined up electronic patient record across NHS Fife. Alongside the work of the EHR group we are planning to increase our uptake of ePayslips to reduce our reliance on paper. We are currently rolling our eRostering and anticipate the financial benefits of e-Rostering to begin to be realised in 2024/25. Other work includes reviewing our transport usage with private suppliers and how to optimise our own transport fleet, the use of digital options to reduce postage expenditure and to ensure all income generating opportunities are optimised, eg overseas income.

### Savings beyond 3% target

Work continues to drive out cost improvement plans to manage the identified financial gap deficit beyond the 3% grip and control savings identified above. Plans have still to be identified in detail, but consideration is being given to the initiatives in the table below to close the current remaining gap of £29.8m. We have established target savings levels for each of our workstreams which will be confirmed as early as possible in the new financial year as each of schemes 14 – 27 are scoped out along with detailed actions and timescales necessary to delivery.

| Workstreams      | Total       | Risk Rating | Service Design & Delivery | Workforce  | Infrastructure | Medicines  |
|------------------|-------------|-------------|---------------------------|------------|----------------|------------|
| Targeted Savings | £30,000,000 | H           | £20,000,000               | £5,000,000 | £3,000,000     | £2,000,000 |

A number of the initiatives being considered are likely to take time to progress and may have an impact on both range and volume of service offered and delivered by NHS Fife including the size of our workforce and are unlikely to deliver during financial year 2024-2025. These schemes will require robust assessment in terms of clinical governance, staff governance and performance governance alongside the levels of cost reductions that may be achieved to secure affordable and sustainable services. Additionally capital investment may be required to support change required to our estate to deliver service improvement and consequently we have prioritised a level of funding within our capital plan for 2024/25 to support the RTP framework.

All opportunities to work with our partners to deliver value and sustainability, including the Fife Health & Social Care Partnership, Fife Council and the third sector are also being considered. However, any potential schemes are likely to require time and resource to deliver including potential consultation with various stakeholders which means potential savings delivery in 2024/25 is categorised as high risk.

| Scheme | Transform 4%+ SAVINGS  | Risk Rating | Workstream                                  |   | Innovation & VBHC | Workforce Optimisation | Service Optimisation | Decision Making Levels |
|--------|--|-------------|---|---|-------------------|------------------------|----------------------|------------------------|
| 14     | Site rationalisation   | H           | Infrastructure                              | R |                   | ✓                      | ✓                    | C                      |
| 15     | Review overnight urgent and unscheduled care                         | H           | Service Design & Delivery                   | R |                   | ✓                      | ✓                    | C                      |
| 16     | Re-imagine Victoria Hospital site                                    | H           | Service Design & Delivery<br>Infrastructure | R | ✓                 | ✓                      | ✓                    | A,B,C                  |
| 17     | Same day emergency Care  | H           | Service Design & Delivery                   | R |                   | ✓                      | ✓                    | C                      |
| 18     | Reimagine Queen Margaret Hospital site                               | H           | Service Design & Delivery<br>Infrastructure | R | ✓                 | ✓                      | ✓                    | A,B,C                  |
| 19     | Review of medical devices  | H           | Service Design & Delivery                   | R |                   |                        | ✓                    | C                      |
| 20     | Optimise digital enablement  | H           | Infrastructure                              | R | ✓                 | ✓                      | ✓                    | C                      |
| 21     | Right sizing medical workforce                                       | H           | Workforce                                   | R |                   | ✓                      | ✓                    | C                      |
| 22     | Service redesign reviewing the range and level of services provided. | H           | Service Design & Delivery                   | R | ✓                 | ✓                      | ✓                    | A,B,C                  |
| 23     | Review procedures of low clinical value                              | H           | Service Design & Delivery                   | R |                   |                        | ✓                    | C                      |
| 24     | Optimise remote appointments   | H           | Service Design & Delivery                   | R |                   |                        | ✓                    | C                      |
| 25     | Theatre optimisation   | H           | Service Design & Delivery                   | R |                   |                        | ✓                    | C                      |
| 26     | Whole system integrated opportunities                                | H           | Service Design & Delivery                   | R | ✓                 | ✓                      | ✓                    | C                      |
| 27     | Further Medicines Optimisation                                       | H           | Medicines                                   | R | ✓                 |                        |                      | A,B,C                  |

The table below details further how each of our schemes noted above align with the 15 box grid.

## 15 - Box Grid

| Innovation & VBHC                               | Workforce Optimisation                                  | Service Optimisation                                       |
|---|---|--|
| 1. Medicines of low Clinical value - Scheme 1   | 6 Nurse Agency Reduction - Scheme 6 & 9                 | 11 Theatres Optimisation - Scheme 13                       |
| 2. Procedures of low clinical value - Scheme 24 | 7. Medical Locums Reduction - Scheme 6 & 9              | 12. Remote outpatient Appointments - Scheme 25             |
| 3. Diagnostics Review - Scheme 22               | 8. Sickness absence reduction - Scheme 6,9 & 12         | 13 PLICS roll out - review use of existing costing package |
| 4 Polypharmacy reviews - Scheme 1 & 28          | 9. Non compliant rotas review - Scheme 5                | 14 LOS reductions - Scheme 23                              |
| 5. Medicines Switches - Scheme 1 & 28           | 10 Central functions job family review - Scheme 12 & 13 | 15 Energy Efficiency Schemes - Scheme 4                    |

## Financial Risks

The scale of the indicative funding gap for 2024/25 and the sustained volatility in the current economic climate, continues to highlight that the Board's financial position is sitting beyond the agreed risk appetite in relation to delivering value and sustainability.

Recognising the current climate, the Board intends to review all aspects of risk appetite in early April

Specific risks and challenges associated with our financial plan include the following:

- Our ability to fully identify the level of recurring cost improvement plans required in 2024/25 and beyond to address the underlying deficit and reduce the reliance on non-recurring actions to deliver a breakeven financial position.
- The Scottish Government has committed to review Agenda for Change as part of the 2022-23 AfC pay deal. This review includes a review of band 5 job nursing profiles; protected learning time, and a review to deliver a reduction in the working week. The impact of the absence of funding from the Scottish Government to support these commitments when implemented is not included in our financial planning assumptions.
- There is a risk that any agreed pay award for 2024/25 is funded by Scottish Government but requires mitigating actions by boards to support. Our plan assumes funding implications of 2024/25 pay award will be met in full by the government.
- The Health and Care (Staffing) (Scotland) Act 2019 (HCSA) was passed in the summer of 2019 and will come into effect on 1 April 2024. Whilst our plan assumes a level of increased staff costs to maintain patient safety as we manage demand and capacity issues, the full impact of safe staffing is still to be finalised.

- There is a risk that price inflation rates will increase beyond assumed levels within our financial plan which will have a direct impact on the cost of goods and services and as a consequence will increase the cost base.
- Like every board we continue to experience significant expenditure in supplementary staffing because of both workforce challenges and system wide additional capacity issues. We continue to implement a range of mitigating actions to reduce our reliance on temporary staffing including adhering to national guidelines.
- NHS Fife has employed substantive staff to deliver waiting times rather than more costly supplementary staffing and waiting lists initiatives as much as possible. There is a risk we will not secure sufficient planned care funding to deliver activity targets anticipated by Scottish Government.
- There is a risk we will not receive anticipated allocations at the level we anticipated.
- Our financial plan assumes no uplift will be applied to SLAs with other Scottish Health Boards. SLA uplifts were robustly debated during 2023/24 with the historic principle of the SG uplift to core funding agreed to be maintained. However, exceptions for energy and efficiency savings, were agreed nationally for 2023/24. Currently no agreement has been reached on any potential uplift for 2024/25. We will be pursuing a reduction in the SLA values with NHS Lothian and NHS Tayside to reflect the planned reduction in their cost base, however this will require further discussion at a regional and national basis.
- Our financial plan does not make any assumptions in relation to cost pressures associated with Fife Integration Joint Board potentially in relation to the risk share arrangements. Our £54.8m financial planning gap does not reflect any potential IJB financial gap which may lead to a potential risk share cost.



## Capital Expenditure Plans

Capital Funding for 2024/25 has been assumed at the 2023/24 capital formula allocations level as advised by Scottish Government in their budget letter to boards. The core allocation is expected to be £7.764m which may be supplemented by additional allocations as we await confirmation on any potential funding to be awarded by the National Infrastructure and Equipping Board. As advised by government we have ceased project development spend to ensure our formula capital budgets are directed towards maintenance of the existing estate and essential

| 2024/25 Yr Capital Plan              |                |
|--------------------------------------|----------------|
| <u>Committed Capital</u>             | <u>2024/25</u> |
| Capital Staffing                     | 290            |
| Scribe Nurse                         | 52             |
| SG Payback                           | 200            |
| <b>Total Committed</b>               | <b>542</b>     |
| <b><u>Routine Formula</u></b>        |                |
| Statutory Compliance                 | 2,500          |
| RTP Framework/Clinical Contingencies | 750            |
| Equipment                            | 1,074          |
| Mental Health Estate                 | 1,000          |
| Digital                              | 500            |
| <b>Routine Formula Split</b>         | <b>5,824</b>   |
| <b><u>Specific Schemes</u></b>       |                |
| HEPMA                                | 667            |
| LIMS - National Interface            | 731            |
| <b>Specific schemes Total</b>        | <b>1,398</b>   |
| <b>Total Capital Formula</b>         | <b>7,764</b>   |

equipment and digital replacement. The only exception to this position is our assumption, following discussion with the Health Capital Team, we will receive the final tranche of capital funding previously agreed by SG to support the implementation of HEPMA. The detail of our capital plan is identified in the table below.

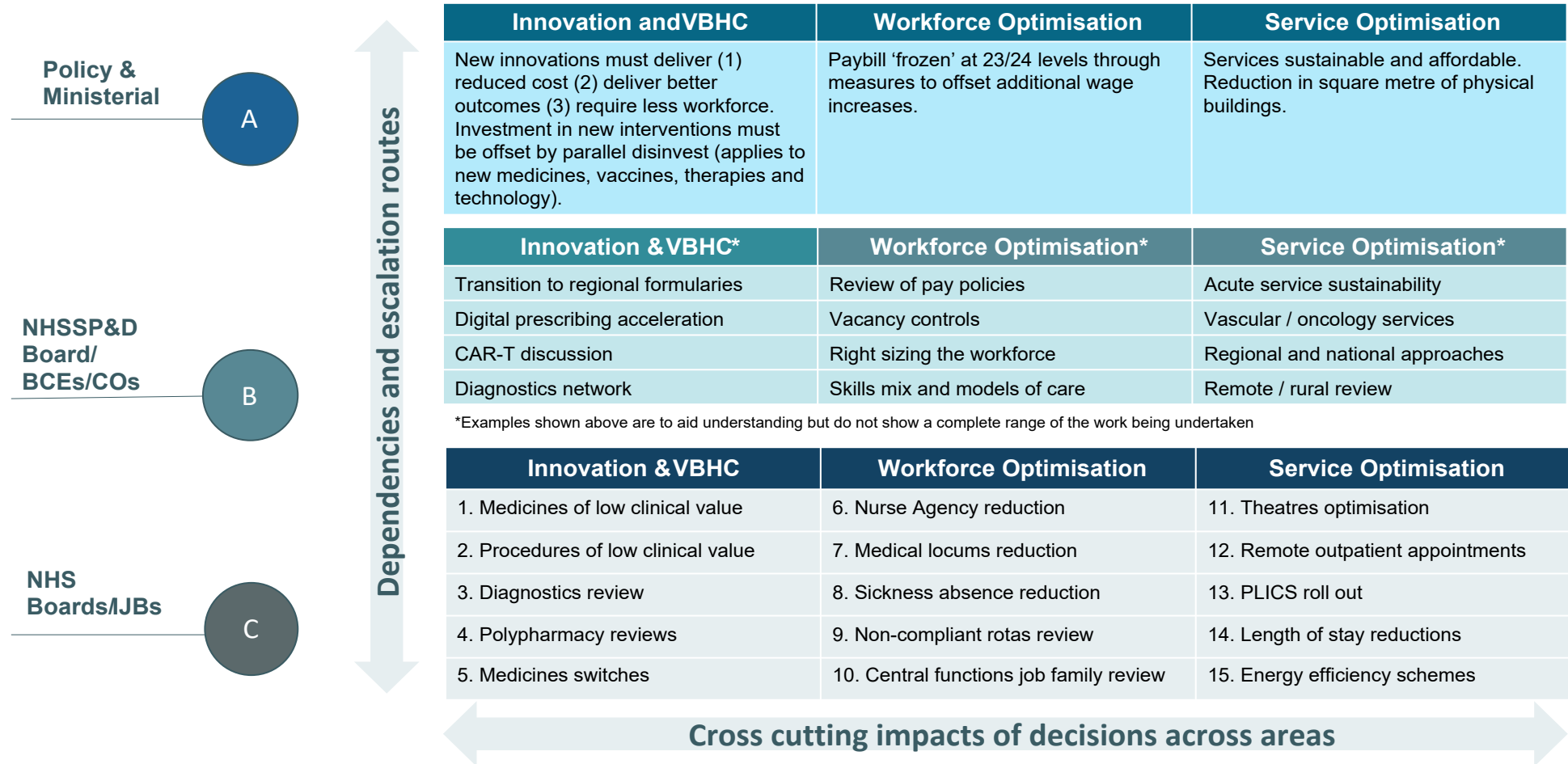
For 2024/25 our draft capital expenditure plan was discussed and endorsed at Fife Capital Investment Group at the beginning of March. Our formula allocation will be allocated to various groups responsible for delivering on the approved capital plan, Capital Equipment Management, Backlog Maintenance Priorities, Digital commitments, Mental Health Estate and our RPT Framework and Clinical Priorities. Our plan will have a focus on our key priorities including expenditure which will support our RPT programme.

## Appendix 1 - Financial Plan 2024/25 – 2026/27

| Narrative  | 2024/2025<br>£'000 | 2025/2026<br>£'000 | 2026/2027<br>£'000 |
|--|--------------------|--------------------|--------------------|
| Opening Financial Gap  | (29,783)           | (29,750)           | (19,185)           |
| Prior Year Savings Delivered non recurringly                     | (3,574)            | (400)              |                    |
| 2024/25 Non Pay Inflation Uplifts - planning assumptions per CFN | (6,284)            | (6,284)            | (6,284)            |
| Identified Cost pressures  |                    |                    |                    |
| <b>National Pressures</b>  | (8,355)            | (7,750)            | (792)              |
| <b>Additional Local pressures emerging</b>                       | (6,754)            | 0                  | 0                  |
| <b>Total Cost pressures identified</b>                           | <b>(54,750)</b>    | <b>(44,185)</b>    | <b>(26,261)</b>    |
| <b>Financial Gap</b>   | <b>(54,750)</b>    | <b>(44,185)</b>    | <b>(26,261)</b>    |
| <b>Recovery Mitigation</b>                                       | <b>£'000</b>       | <b>£'000</b>       | <b>£'000</b>       |
| Minimum 3% savings required by SG                                | 25,000             | 25,000             | 26,261             |
| Efficiencies required beyond 3%                                  | 29,750             | 19,185             | 0                  |
| <b>Mitigation of 7.1% of Baseline RRL required to Break Even</b> | <b>54,750</b>      | <b>44,185</b>      | <b>26,261</b>      |
| <b>Best Case Financial out turn 31.03.2025</b>                   | <b>(29,750)</b>    | <b>(19,185)</b>    | <b>0</b>           |

## Appendix 2 - 15 Box Grid

# Decision Making Levels





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E: [richard.mccallum@gov.scot](mailto:richard.mccallum@gov.scot)

Carol Potter, Chief Executive, NHS Fife

cc:

Margo McGurk, Director of Finance and Performance, NHS Fife  
Chair, NHS Fife

By email only

04 April, 2024

Dear Carol

### **NHS Fife - 2024-27 Financial Plan**

Thank you for the submission of NHS Fife 2024-27 financial plan.

I note NHS Fife is projecting a financial challenge of £54.750 million in 2024-25. It is recognised this financial pressure is driven by: a brought forward underlying deficit, non pay inflation, ongoing workforce challenges and costs implementing nationally agreed programmes. We recognise many of these issues impact service delivery and we will work with you and our colleagues in the Directorate of the Chief Operating Officer to understand any impact of your developing 2024-27 Delivery Plan. Should there be any material changes to your finance plan as a result of feedback on the Delivery Plan we will review further with you.

The Board has set a savings target of £25 million and other cost reduction measures to improve the financial position. This results in a net deficit of £29.750 million in 2024-25.

This is above the revised brokerage cap previously communicated to the Board of breakeven, and does not show an improvement on the prior year submitted plan. Given the criteria set out in my previous letter, the plan as you have set out cannot be agreed by the Scottish Government at this stage. The Board must continue to work with both finance and performance colleagues within SG to consider options to reduce expenditure to deliver a financial outturn within the brokerage cap communicated. Should the Board not meet this position, it is my current expectation that an overspend would need to be shown in the financial statements.

We expect all efforts to continue to be made to drive an improvement against this plan within the monthly reporting throughout 2024-25 and continued engagement with the Finance Delivery Unit at the Scottish Government.

NHS Fife will remain at level two of the NHS Scotland Support and Intervention Framework, which is not formal escalation.

### **Financial Plan – Next Steps**

We acknowledge the position outlined in the financial plan for 2024-25 and expect the Board to undertake the following actions ahead of Quarter One in year reporting:

1. Progress delivery of a minimum 3% recurring savings in 2024-25 and develop options to meet any unidentified or high risk savings balances.
2. Continue to progress with the areas of focus set out in the 15 box grid.
3. Engage and take proactive involvement in supporting national programmes as they develop in 2024-25.
4. Develop further measures to reduce the Board's residual financial gap towards the brokerage cap set.
5. Provide an update on the financial risks outlined within the financial plan to assess likelihood of these materialising and the impact these could have on the Board's outturn.

We will continue to engage and perform regular monitoring of the Board's financial position via the Financial Performance Return process, beginning with the 2024-25 Quarter 1 review.

We note the uncertainty in future years' financial outlook and the Board will be required to carry out further work to address the financial challenges presented in the latter years of the 2024-27 financial plan.

### **Engagement expectations**

We continue to expect NHS Boards to work locally and collaboratively to support the monitoring of in-year and future year financial performance and to seek efficiencies and cost reductions to drive financial balance. I therefore expect continued engagement, with appropriate representation of your Board, at each of the key forums: Directors of Finance meetings, Corporate Finance Group, Financial Improvement Network, Technical Accounting Group and Financial Accounting Network. This will ensure the appropriate level of understanding of pressures, assumptions to be applied within financial reports, funding announcements, policy changes and approval and scrutiny of business cases across NHS Scotland. In addition, we expect NHS Boards to continue to use these groups to share learning, savings schemes, and national improvements.

### **Financial Allocations**

We recognise the importance of certainty and flexibility of funding to support you in managing your Board's financial position. The Scottish Government's Health and Social Care Directorates are reviewing all allocations to assess those which are appropriate for either baselining or bundling into a bigger allocation. We remain committed to putting out 80% of allocations in the first quarter - where necessary these may be a percentage of the full allocation value.

I appreciate that there is a significant financial challenge in 2024-25, above levels we have seen before, and we will continue to work closely with Chief Executives and colleagues across the whole system. I thank you again for your support to date and your continued engagement moving into the new financial year.

Yours sincerely

A handwritten signature in black ink, appearing to read 'R McCallum', with a long horizontal flourish extending to the right.

Richard McCallum  
Director of Health and Social Care Finance, Digital and Governance

|                               |   |
|-------------------------------|---|
| <b>Meeting:</b>               | <b>Fife NHS Board</b>   |
| <b>Meeting date:</b>          | <b>28 May 2024</b>  |
| <b>Title:</b>                 | <b>Implementation of Non-Pay Aspects of the 2023 / 2024 Agenda for Change Pay Agreement</b>   |
| <b>Responsible Executive:</b> | <b>David Miller, Director of Workforce</b>  |
| <b>Report Authors:</b>        | <b>Sandra Raynor, Head of Workforce Resourcing &amp; Relations<br/>Carol Brown, Programme Manager<br/>Rose Robertson, Assistant Director of Finance<br/>Jackie Millen, Interim Learning &amp; Development Manager</b> |

## 1 Purpose

**This report is presented for:**

- Assurance

**This report relates to:**

- Emerging issue
- Government policy / directive

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

As part of the pay settlement for AfC staff 2023 / 2024 pay deal, it was agreed to conduct a review of the Agenda for Change system in NHS Scotland. This work was taken forward in partnership by a series of Working Groups created under the aegis of the Scottish Terms and Conditions Committee (STAC):-

- Reduced Working Week
- Provision of Protected Learning Time
- Review of Band 5 Nursing Roles



It was agreed that there should be a reduction in the working week from 37.5 to 36 hours per week. This would be done in a phased way over the next 3 years reducing by 30 minutes each year starting from 1<sup>st</sup> April 2024.

It was also agreed to implement changes to improve access to Protected Learning Time (PLT) for Agenda for Change staff. Circular PCS(AFC)2024/01 provided national guidance on the implementation of these changes and suggestions of how the implementation should be supported at a local level, this new policy came into effect from 1<sup>st</sup> April 2024.

Finally, this included a review of Band 5 Nursing roles in accordance with the existing National Job Evaluation Policy. The Job Evaluation Group, a subgroup of the Scottish Terms and Conditions Committee were tasked with delivering a proposed process for this. The group have been working at pace to ensure that there is clear guidance and support for both Band 5 Nursing staff who request a review of their role, and for managers and panels who will assess these reviews and this national guidance is awaited.

## 2.2 Background

To support the reduction in full time hours to 37-hours a week, a Short Life Working Group (SLWG) was established under the Reform, Transform, Perform (RTP) Workforce Workstream. The group have been meeting weekly since 4<sup>th</sup> April 2024 to consider the most appropriate approach.

NHS Scotland Agenda for Change staff are required to complete all statutory and core mandatory training during working hours. In addition to the core statutory and mandatory requirements applicable to all staff groups, medical and dental staff and those working in primary care have separate arrangements that are set out in the relevant circulars.

NHS Scotland Health Boards will also be required to provide PLT for Agenda for Change staff to complete profession specific mandatory training, some of which is required by professional regulators.

Under the Health and Care (Staffing) (Scotland) Act 2019 (HCSA), Health Boards have a statutory duty to appropriately train and develop staff. Section 12II of the Act provides details on the 'Duty to ensure appropriate staffing: training of staff'. Every Health Board must ensure its employees receive:

- Such training as it considers appropriate and relevant for the purposes set out in section 12IA (a) and (b), and;
- Such time and resource as it considers adequate to undertake such training.

The purpose of this report is to update on the implementation of the reduction in working hours for Agenda for Change (AfC) staff, to outline the approach that will be taken to implement PLT from 1<sup>st</sup> April 2024 and to ensure consistency of the national application process for the review of band 5 nursing roles when available to the Board.

## 2.3 Assessment

### Reduced Working Week

A data collection exercise was undertaken to understand how service department areas are planning to adopt and implement the initial 30-minute reduction in working hours. Analysis was based on an expected headcount of 9,440 staff with a 97% return achieved (9,207). This shows that a headcount of 7,913 (78%) can implement the changes within the first three months. Additional analysis by area is provided in Table 1 below.

The initial reduction for full time staff has been achieved through a combination of accrual of hours to take back within a 4-week block, or through a weekly 30-minute reduction on a day and time that meets service and staff needs either starting later or finishing shifts earlier. A similar approach is being taken with part-time staff being offered slightly shorter days, using a pro rata reduction of the 30-minutes. In some areas the option to accrue to take back as a block once an increment of 15 minutes or more has been reached is being offered, as there is acknowledgement that for staff on minimal hours it could take some time to reach larger increments to have a day or half day off (i.e. staff member working 8-hours per week would accrue 6 minutes per week).

During this data collection exercise services were asked to identify any issues. General feedback has identified concerns around the impact, and requirement for planning, of years 2 and 3 reductions and the impact on clinical services and patient safety. The majority did not consider there to be any impact on service delivery with the initial 30-minute reduction, many areas did note however that it would put additional pressure on services already under strain with a possible knock-on effect to delivery of clinical services, and the resulting impact on waiting times.

Additional guidance on a pro-rata reduction in working hours for part-time staff was circulated to Boards STAC(TCS01)2024 and discussion around this was held at the SLWG. Due to the reduction in hours requiring to be meaningful, this is difficult to achieve for staff who only work a few hours each week. The pro-rata reduction would only amount to a few minutes per week, which would take months to accrue to a meaningful amount to take as time back. It has been agreed to develop in partnership guiding principles on how to deal with part time staff requests to maintain their contractual hours, which would be considered on a case by case based on service need and budgetary approval.

The SLWG have agreed to widen the scope of their discussions to include evaluation of the impact of the further reductions in hours in years 2 and 3, which will include the number of WTE posts lost and the impact to services, as well as recommendations on maintaining access to services during standard core working hours.

Two workforce updates have been issued to staff via Blink. These included an update on the 30-minute reduction along with Q&A for staff, further Communications will be developed and issued to staff as work progresses.

Table 1.RiWW Analysis

| Area                             | RiWW implemented (% headcount of confirmed returns)  | Confirmed Returns (headcount) | Themes   | Data  |
|----------------------------------|--|-------------------------------|--|---|
| Acute Services Division          | 75%  | 3,363                         | Several clinical departments continue to discuss implementation of RiWW & impact on roster.  | Return highlighting 11 additional in headcount compared to eESS headcount values (3,352). 731 (22%) report unable to implement due to patient safety concerns and impact on clinical service delivery. 2,540 confirmed implementation in first 3 months, with 573 (23%) of these have no timescale indicated. 87 (3%) can partially implement. Headcount of 5 has no data provided on implementation. |
| Corporate Services Division      | 100%   | 2,212                         | Most areas will accommodate RiWW by May. Estates, Facilities, D&I and Health Records 70% (1,551) will implement in June due to impact on rotas.                    | 98% of Corporate Services have responded. Impact in catering, fleet and laundry with some staff on very few hours resulting in significant reduction in staff on “shop floor”. Accumulation of minutes to meaningful levels difficult to achieve. Small number required to retain hours in catering to maintain service.  |
| Health & Social Care Partnership | 87%  | 3,632                         | Most areas will accommodate RiWW by May. Areas unable to accommodate initially linked with pre-booked activity or resources to Special Schools / Residential Care. | Return highlighting 5% fewer headcount compared to eESS headcount values (3,824). 3,161 confirm implementation in first 3 months, 4% (119) of those confirmed have no date provided. 71 (2%) unable to implement, these are all in CAMHS. 307 (8%) have confirmed partially implemented. 93 (3%) no data provided on implementation at all only headcount numbers.                                    |
| <b>COMBINED RETURNS</b>          | <p>The returns received accounts for 9,207 staff headcount, which is 97% of the expected headcount number (9,440). Of these returns 7,913 have confirmed that implementation can occur within the first 3 months, which is 91% of the total headcount (78% of the confirmed returns). There are 10% (691) of confirmed Yes responses that have no date assigned to them, although details of plans to implement have been provided.</p> <p>Services who have confirmed that implementation can partly occur accounts for 5% (394) of the returns, 59 of these did not provide an implementation date. Those who have confirmed they are unable to implement accounts for 10% (802) of returned numbers with 90% of these being within acute service areas. There is a headcount of 98 where no implementation information has been provided.</p> <p>Further focused feedback will be undertaken to understand the barriers, impact, and implications for areas who have indicated they are unable to implement and for those areas who had indicated a partial implementation or had blank returns. Some of the administrative functions, will incur no additional cost of implementation; however, there are several areas who may incur additional cost in the short-term as we work through the transition. Further analysis will take place to ascertain transitional arrangements and any additional costs. Confusing and contradictory guidance around calculating entitlements for part time staff has not supported this position.</p> |                               |  |   |

## **Provision of Protected Learning Time**

Line Managers are responsible for ensuring that PLT is provided in line with the new guidance and that staff are given adequate time in a suitable environment to engage in the core and mandatory learning associated to their role.

There are already good practice examples of PLT well established in and across NHS Fife and the HSCP; however, the provision of time to staff to access learning and development is inconsistent. Some experiences include scheduled attendance at training cancelled by a manager at short notice due to service pressures and staffing levels. Staff attempting to complete learning whilst on shift as a core team member between delivering patient care can place patients at risk if the employee is distracted. This method of learning can also reduce the quality and absorption of the learning due to frequent interruptions.

Due to the current financial and performance pressures there is a risk that learning, and development will be deprioritised. To ensure implementation success, it is essential that learning and development, and the PDPR/Appraisal conversation remains a priority commitment for all line managers on behalf of NHS Fife and our collective ambitions for NHS Fife to be recognised as an employer of choice.

Recent guidance issued from Scottish Terms and Conditions Committee (STAC) indicates that a national subgroup is expected to be initiated to assess the progress of the PLT workstream, and its benefit to AfC staff. As part of this work, the group will be asked to identify measures of success.

Managers should be encouraged to identify the most appropriate approach for their own service, raising any concerns or difficulties with their own line manager. Throughout May and June 2024, initially on a two-week basis, the Learning and Development team will deliver a series of Lunchtime Byte PLT Clinics to Support managers to understand PLT requirements.

Anticipated time to complete Core Skills training will be dependent on individual levels of knowledge and length of service in the NHS. New members of staff who have no previous healthcare experience may take longer to complete learning when compared with long term employees. Consideration must also be given to the level of digital skills, learning styles and cognitive understanding.

A series of actions and opportunities to create awareness of the new policy, to signal learning and development as a priority commitment for NHS Fife and support local line managers to adopt and sustain good practice will be undertaken.

## **Review of Band 5 Nursing Roles**

At present the Job Evaluation Group are finalising the following documentation to support those Band 5 Nurses who wish to request a review:

- Questionnaire
- Guidance to applicants and managers
- Guidance to panels
- FAQs.

To ensure consistency of the application process a national online digital platform is being developed. The platform will host the online application form for all Band 5 NHS Scotland nursing staff, who can request a review and submit their application.

It had been intended that this platform would be available from 1 May however work continues on this development to ensure it is fit for purpose following service user testing. Communication will take place at a local level in relation to how staff who wish to request a review can then do so using the platform as their first step. This will include relevant links to the platform itself within which all of the relevant guidance will also be available.

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

There are anticipated to be positive benefits to quality of care and services by improving working conditions for staff and an enhanced well skilled workforce. However, it is recognised that the further reduction to 36 hours over the coming two years will have a direct impact on patient care due to the impact this will have on the ability to provide the current service.

Providing protected learning time will support core skills compliance, as well as other role-specific training for all employees. This will ensure that all care is provided with up-to-date, relevant knowledge and skills always.

### **2.3.2 Workforce**

This change will have a positive impact as it will allow Agenda for Change Staff to have a better work life balance and more flexibility in how they manage their hours.

Providing workforce with protected learning time during working hours will provide dedicated opportunities to enhance, or refresh, core and mandatory learning and will support the Staff Governance Standard for staff to be well informed, appropriately trained and provided with a continuously improving and safe working environment. It will also support the strategic priority of the Board to improve staff experience and wellbeing leading to an engaged and positive workforce.

### **2.3.3 Financial**

On 15<sup>th</sup> April 2024 the Director of Health and Social Care Finance, Digital and Governance wrote to territorial Boards to detail the funding allocation in 2024 / 2025 for AFC reform. As advised above there are three elements to the reforms, a total of £200 million was distributed to Territorial Boards on an NRAC basis, with £13.7m allocated to NHS Fife.

This funding is non-recurring for 2024 / 2025 as the reforms are implemented, with further funding updates to support future years to be advised. The funding is to cover all relevant staff including those where funding is delegated to Integration Authorities. This allocation falls short of the indicative costs of the AFC reform across Scotland and will be kept under review.

In the short-term payment of RWW transitional allowance in lieu of moving to changed working patterns will be utilised, in line with all territorial Boards, which will be an additional cost to the Board. RWW transitional allowance payments will only be a short-term solution

while new working patterns are developed. These costs and associated funding will remain under review as the financial year unfolds.

A tool has been developed to assist services to measure the wider financial consequences due to loss of activity. This has demonstrated that the impact on Theatres, for example, is equivalent to a loss of 2.4WTE equivalent staff each week, an additional cost of £160,000 per year if transitional allowance payments are continued. This will rise exponentially as the reductions to 36.5 and 36 hours are introduced.

There will be a financial impact to all services when providing cover for employees who are accessing their protected learning time opportunities. Again these costs and associated funding will remain under review.

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

Any risks will be identified, reviewed and escalated through the RTP governance, as necessary.

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

This proposal will not require an EQIA at this stage. There is no anticipated impact on the NHS Fife Anchor Institute Strategy.

Equality and Diversity training will introduce staff to equality legislation and explains how it protects different groups of people from discrimination and unfair treatment. Providing a structured approach to protected learning time will ensure every employee is given access to, and opportunities for learning, development and PDPR/ Appraisal conversations according to their individual core and mandatory training requirements.

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

There is no anticipated impact to the aims and targets outlined by the NHS Scotland Climate Emergency and Sustainability strategy for NHS Fife because of the work of this board.

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

This paper has been contributed to by the Reduced Working Week SLWG and the proposed implementation and associated actions for PLT were developed in consultation with NHS Fife HSCP representatives, and the paper was revised by the Associate Director of Culture, Development and Wellbeing.

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

This paper has been approved by the Director of Workforce as Chair of the Reduced Working Week SLWG and RTP Workforce Workstream.

## 2.4 Recommendation

This paper is provided to members for an assurance that all three elements of the non-financial aspect of the pay deal for AFC staff for 2023 / 2024 are being implemented across the workforce:

- **Assurance** – For Members' information.

## 3 List of appendices

There are no appendices with this report.

### Report Contact

Sandra Raynor

Head of Workforce Resourcing & Relations

Email [sandra.raynor@nhs.scot](mailto:sandra.raynor@nhs.scot)

**Meeting:** Fife NHS Board  
**Meeting date:** 28 May 2024  
**Title:** Introduction of Assurance Levels / Committee Chairs' Assurance Reports  
**Responsible Executive:** Margo McGurk, Director of Finance & Strategy  
**Report Author:** Dr Gillian MacIntosh, Board Secretary

## 1 Purpose

**This report is presented for:**

- Decision

**This report relates to:**

- Local policy

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

- Effective

## 2 Report summary

### 2.1 Situation

At the April 2024 Board Development Session, members discussed the adoption of Levels of Assurance for substantive Board and Committee reporting and also the introduction of Committee Chairs' Assurance Reports, to accompany the existing meeting minutes from Standing Governance Committees. This paper supplies the final Assurance Levels definitions and thresholds, with an updated SBAR meeting template for use for Board and Committee papers, and also the suggested guidance to support the introduction of Committee Chairs' Assurance Reports. These documents are provided for members' review and final Board approval.

### 2.2 Background

The Board has previously endorsed a set of Committee Assurance Principles, developed by the previous Chief Internal Auditor, Risk Manager and Board Secretary of NHS Fife, in collaboration with other Board Secretaries and Risk Managers with the FTF Audit Partnership. The adoption of the processes described in this report will assist in completing the rollout of this work and help support the further integration of Assurance Mapping principles within NHS Fife.



## 2.3 Assessment

As discussed at the Board Development Session in April, enhancements to Board reporting mechanisms to include specific Levels of Assurance have been introduced at other Health Boards (such as Tayside, which operates within the same internal audit partnership). In Fife, over the past 12 months, defining the specific Level of Assurance has been introduced to risk management reporting, with beneficial results.

It is proposed that this approach is now expanded to full Board reporting. Going forward, for agenda papers to the Board and its committees, the report author should advise the level of assurance that is being provided in their paper, based on the agreed definitions (the four-level approach discussed at the Board Development Session – see Appendix 1). This will provide a consistent and coherent approach to the provision of assurance, in line with the governance mapping principles recommended for all NHS Scotland Health Boards within the Blueprint for Good Governance. The approach is also intended to help the report author focus on what assurance is being provided on and also to draw out clearly any risks to the achievement of objectives.

The standard SBAR Board template has been amended to include a clear section on the suggested Level of Assurance the report intends to provide (see Appendix 2).

For the Board and its Committees, the aim is to focus discussion on the assurance members can take from the report and stimulate scrutiny and challenge. The agreed level of assurance should be decided by the Committee and recorded formally in the minute of the meeting. Whilst the final assurance level within the minute is important, the quality and depth of Board members' scrutiny on the assurance provided is of equal importance in evidencing active governance through discussion. In their consideration of each report, members should consider what the suggested Level of Assurance means in respect of the subject matter, and focus their questioning and governance oversight on these aspects of the report.

To support the introduction of Assurance Levels, Committee Chairs will also be asked to submit to each Board meeting, with their Committee minute, an Assurance Report, to provide a summary of each Committee's business and to enhance escalation of items to the Board. The proposed Guidance and template for the report is enclosed as Appendix 3.

The Board is invited to feed back on these documents, with a view to approving final versions of each.

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

The proposed approach will help focus discussions on the key aspects of proposals in support of the delivery of safe and quality care and realistic medicine.

### **2.3.2 Workforce**

The proposed approach will be easily adapted to help support workforce-based discussions, at both Staff Governance Committee and the Board, both around resource and staff health & wellbeing.

### **2.3.3 Financial**

Introducing Levels of Assurance will have particular value in the scrutiny of financial reporting, particularly to support a medium-term approach to planning for financial sustainability.

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

Levels of Assurance are currently in use for risk management reporting and the proposed introduction across Board reporting is intended to enhance and strengthen this further.

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

The proposed approach will be easily adapted to help support discussions in this area, particularly in regard to health inequalities and the long-term changes that need to be made to improve overall population health.

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

The proposed approach will be easily adapted to help support climate and sustainability reporting, linking also to the risk reporting in this area.

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

The Board discussed in detail the principles contained in this paper at their Development Session on 30 April. The meeting was attended by the Chief Internal Auditor, who explained practice at other Boards where similar processes have been implemented successfully, and a number of example documents in use at other Boards were circulated and discussed.

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

A draft of this paper has been reviewed by the Board Chair, Committee Chairs, Chief Executive and Director of Finance & Strategy, in advance of the Board meeting.

## **2.4 Recommendation**

This paper is provided to members for:

- **Decision** – to agree the adoption of the principles described within this paper and approve the definitions and template documents contained in the appendices attached.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No. 1 – Levels of Assurance definitions

- Appendix No. 2 – Updated SBAR template
- Appendix No.3 – Chairs' Assurance Report Guidance & Template

**Report Contact**

Dr Gillian MacIntosh

Board Secretary & Head of Corporate Governance

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

**LEVELS OF ASSURANCE**

**1. SIGNIFICANT ASSURANCE**

Examples of when significant assurance can be taken are:

- The purpose is quite narrowly defined, and it is relatively easy to be comprehensively assured.
- There is little evidence of system failure and the system appears to be both robust and sustainable.
- The Board or Committee is provided with evidence from several different sources to support its conclusion. External sources of corroboration (audit reports etc.) are especially useful.

| DEFINITION  | MOST LIKELY COURSE OF ACTION   |
|---|--|
| <p>The Board or Committee can take robust assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.</p> | <p>If no issues at all, may not require a further report until the next scheduled periodic review of the subject, or if circumstances materially change.</p> <p>In the event of there being any residual actions to address, the Board or Committee may ask for assurance that they have been completed at a later date agreed with the relevant Director, or it may not require that assurance.</p> |

**2. MODERATE ASSURANCE**

Examples of when moderate assurance can be taken are:

- In most respects the “purpose” is being achieved.
- There are some areas where further action is required, and the residual risk is greater than “insignificant”.
- Where the report includes a proposed remedial action plan with timescales and the Board or Committee considers the actions to be credible and deliverable in the period defined.

| DEFINITION  | MOST LIKELY COURSE OF ACTION   |
|---|--|
| <p>The Board or Committee can take sufficient assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.</p> | <p>The Board or Committee will ask the lead Director to provide assurance at an agreed later date that the remedial actions have been completed. The timescale for this assurance will depend on the level of residual risk.</p> |

**3. LIMITED ASSURANCE**

Examples of when limited assurance can be taken are:

- There are known material weaknesses in key areas.
- It is known that there will have to be changes to the system (e.g. due to a change in the law) and the impact has not been assessed and planned for.
- The report has provided incomplete information, and not covered the whole purpose of the agenda item.
- The proposed action plan to address areas of identified residual risk is not comprehensive or credible or deliverable.

| DEFINITION  | MOST LIKELY COURSE OF ACTION   |
|---|--|
| The Board or Committee can take some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk which requires action to be taken. | The Board or Committee will ask the lead Director to provide a further paper at its next meeting, and will monitor the situation until it is satisfied that the level of assurance has been improved. The monitoring of the risk will also be added to the Board or Committee rolling action list. |

**4. NO ASSURANCE**

Examples of when no assurance can be taken are:

- Immediate action is required to address fundamental gaps, weaknesses or non-compliance.
- The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area in question.
- There has been a significant breakdown in the application of internal controls.

| DEFINITION  | MOST LIKELY COURSE OF ACTION  |
|---|---|
| The Board or Committee cannot take any assurance from the information that has been provided.<br><br>There remains a significant amount of residual risk. | The lead Director will provide a further paper at its next meeting, and the Board or Committee will monitor the situation until it is satisfied that the level of assurance has been improved.<br><br>Additionally the Chair of the meeting will notify the Board Chair of the issue. |



# NHS Fife

**Meeting:** Meeting name  
**Meeting date:** Day Month Year  
**Title:** Name of report  
**Responsible Executive:** Full name and title of responsible Executive lead  
**Report Author:** Full name and title of report author

## 1 Purpose

Please select at least one item in each section and remove any other highlighted text.

**This report is presented for:**

- Assurance
- Discussion
- Decision

**This report relates to:**

- Annual Delivery Plan
- Emerging issue
- Government policy / directive
- Legal requirement
- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board Strategic Priority/ies (\*please specify which – see note below)<sup>1</sup>

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

- Safe
- Effective
- Person Centred

The following section to be completed for Staff Governance Committee papers only.

Delete whole section below if not applicable.

**This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:**

- Well informed
- Appropriately trained & developed
- Involved in decisions

<sup>1</sup> The four Strategic Priorities of the Board are: 1. To Improve Health & Wellbeing; 2. To Improve Quality of Health & Care Services; 3. To Improve Staff Experience & Wellbeing; and 4. To Deliver Value & Sustainability.

- Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued
- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community

## 2 Report summary

### 2.1 Situation

Provide a concise statement of the situation. Why is this being brought to the meeting’s attention? What is the strategic context? What is the meeting being asked to do? (Clearly cross-reference with Recommendation Section below).

### 2.2 Background

Provide pertinent information relating to the situation. Summarise issues of significance, any National / Local objectives involved and relevant legislative / Healthcare Standards.

### 2.3 Assessment

Provide analysis of the situation and considerations. Assess the current position, identifying any organisational risks, stakeholder considerations and evidence base to help inform decision-making. **This section should be the bulk of the paper.**

For Staff Governance Committee papers, demonstrate within this section the linkage to, and any particular impact upon, the relevant Staff Governance Standard.

The author should indicate what suggested Level of Assurance this report provides. Please see full definitions [here](#) and complete the table below accordingly.

This report provides the following Level of Assurance: (add an ‘x’ to the appropriate box)

|            | Significant   | Moderate  | Limited   | None   |
|------------|---|---|---|--|
| Level      |   |   |   |  |
| Descriptor | There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all. | There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk. | There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken. | No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk |

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

Describe any positive and negative impact on quality of care (and services), or proactive support of public health and wellbeing, which can be linked to the proposal described in the paper. This section of the paper should clearly reference how the principles of Realistic

Medicine will deliver value-based health and care and deliver outcomes that really matter to people.

### 2.3.2 Workforce

Describe any positive and negative impact on staff, including resources, staff health and wellbeing, which can be linked to the proposal described in the paper.

### 2.3.3 Financial

Describe any financial impact (capital, revenue and efficiencies) of the proposal and how this will be managed. Describe how this proposal recognises and prioritises the importance of best use of our health and care resources, which not only includes equipment, diagnostics and treatment, but also our health and care colleagues' skills and time.

### 2.3.4 Risk Assessment / Management

Should risk be fundamental to the proposals contained in the paper, it would normally be expected that the Assessment section (2.3) should provide initial detail and analysis on how this might influence the meeting's decision-making process.

This section of the paper should clearly reference any related strategic, operational or cyber-security risks (using the Risk ID and Risk Title) and conclude on whether the proposal will impact (positively or negatively) upon any of the current risk ratings / levels and adequacy of risk controls.

Performance reports should make explicit links to any related risk(s) and should contain a conclusion on whether the performance indicates that risk controls are operating effectively to mitigate the risk as intended, or otherwise. The escalation process, and responsible group for addressing any concerns, should be detailed.

The author should also make reference to the Board's associated risk appetite, if the proposal is aligned to one of the Board's four strategic priorities and/or specific corporate objectives.

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

State how this proposal might support the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes. If the proposal links to wider strategic ambitions such as the Board's aim to become an Anchor Institution, please describe this here.

If relevant, note that 'An impact assessment has been completed and is available at ...' or otherwise explain why an impact assessment has not been completed.



### 2.3.6 Climate Emergency & Sustainability Impact

Describe the impact this proposal has on the Board's likelihood of meeting the aims and targets outlined by the [NHS Scotland Climate Emergency & Sustainability Strategy](#). For example, any impact on carbon emissions, water consumption, travel or waste. Please also outline any mitigations that will be utilised to reduce this impact.

### 2.3.7 Communication, involvement, engagement and consultation

If relevant, indicate how the Board has carried out its duties to involve and engage internal and external stakeholders where appropriate:

State how this has been carried out and note any meetings that have taken place, e.g..

- Stakeholder / Group Name, date written as Day Month Year

### 2.3.8 Route to the Meeting

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

- Committee / Group / Meeting Name, date written as Day Month Year

## 2.4 Recommendation

State the action being requested. Use one of the following directions for the meeting. No other terminology should be used.

This paper is provided to members for:

- **Assurance** – This report provides a \*\*\* Level of Assurance. (Please specify explicitly the suggested Level of Assurance detailed in Section 2.3).
- **Discussion** – For examining and considering the implications of the matter.
- **Decision** – For reaching a conclusion after the consideration of options detailed within the report.

## 3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Document title
- Appendix No. 2, Document title

### Report Contact

Author Name

Author's Job Title

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

### Committee Chair's Assurance Report Guidance

Minutes are valuable for the Committee itself but are not the only effective source of assurance to the Board. The Chair's Assurance Report allows issues to be collated and presented in a way that gives readers a quick and comprehensive summary of the key issues considered at the respective meeting, without considering unnecessary detail or having to decode or investigate areas of interest.

The Chair's Assurance Report is included twice on all Standing Committees agenda. The first reference should be the Chair's Assurance Report presented to the last Board meeting, in order to receive feedback on the discussion. It should follow the minute of the last meeting and be described on the agenda as:

***Chair's Assurance Report presented to Fife NHS Board on \*\*\****

The second reference should be the last agenda item in the open meeting business and should be described as:

***Meeting reflections & agreement of matters for Chair's Assurance Report to be presented to Fife NHS Board on \*\*\****

After the meeting has concluded, the Committee Secretary will provide a note of discussion in the form of a draft text for the Assurance Report, to help the Chair finalise their Board report.

The following questions should be considered as part of the meeting's reflections discussion:

Are there any issues that could potentially be a disclosure in the Governance Statement or could be included within the Committee's own Year-End assurance report?

Is the Committee fulfilling its workplan and, if not, would any omissions have an impact on its ability to provide assurance to the Board at Year End?

For the strategic risks delegated to the Committee -

- Are the scores correct and have there been any significant movements?
- Has the Committee received assurances that internal controls intended to mitigate the risk are working as intended and are effective?
- Does performance reporting support this?
- Has the Committee received assurances that actions intended to reduce the risk to its target level are working as intended and will be effective?
- Are there any new risks emerging that require escalation to the Board or recording in the Corporate or operational risk registers?
- What Level of Assurance can be taken from the risk reporting at the meeting?

As a priority, following the Committee meeting, the Chair, with support of the

Committee Secretary, will use the Chair's Assurance Report template below and update this with the matters the Committee wishes to report to the next Fife NHS Board meeting. The Assurance Report can be concluded at the same time as the Chair reviews and approves the draft meeting minutes.

The style of the Chair's Assurance Report will not be a bulleted list but a short sentence on each matter, advising what the Committee members wish to highlight to Board at its next meeting.

Once the Chair's assurance report is finalised, it should be submitted with the finalised draft minutes, to be included in the Board meeting pack.

The Chair's Assurance Report should be added to the agenda for the next Standing Committee meeting by the respective Committee Secretary. This will allow the Chair to provide feedback to the Committee, following presentation of the report to the Board.

**Meeting:**                      **Committee name**

**Meeting date:**            **Day Month Year**

**Title:**                        **Committee Chair's Assurance Report**

**1.        Committee's Performance against Annual Workplan**

*Detail if any agenda items have been delayed or deferred, and if any business has been added ad hoc.*

**2.        The Committee considered the following items of business:**

*This should focus largely on exception reporting, i.e. areas where the level of assurance for any agenda item is 'moderate' or below. Short sentences rather than bullet points are recommended.*

**3.        Delegated Decisions taken by the Committee**

*Include details of any decisions taken.*

**4.        Update on Performance Metrics**

*Please provide a short summary of the Committee's discussions on IPQR performance, including any performance-related matters to escalate to the Board.*

**5.        Update on Risk Management**

*Please provide an update on each individual risk considered by the Committee.*

*Highlight if the assurance provided to the meeting described how current controls are performing and detail progress with implementing planned / proposed controls.*

*If planned / proposed controls are ineffective and risk is not reducing or risk is above appetite, please describe escalation / enhanced monitoring (inclusive of dates) that will be put in place.*

*State explicitly what Level of Assurance (Substantial / Moderate / Limited / No Assurance\*) was received in relation to each risk (\*delete as appropriate).*

**6.        Any other Issues to highlight to the Board:**

*Items to include here also include examples of best practice or commendation, in addition to any concerns to escalate.*

**Name**  
**Chair**  
**Committee Name**

**Meeting:** Fife NHS Board  
**Meeting date:** 28 May 2024  
**Title:** Annual Review of Code of Corporate Governance  
**Responsible Executive:** Margo McGurk, Director of Finance & Strategy  
**Report Author:** Gillian MacIntosh, Board Secretary

## 1. Purpose

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

- Approval

**This report relates to a:**

- Local policy

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

- Effective

## 2. Report Summary

### 2.1 Situation

The Fife NHS Code of Corporate Governance is an all-encompassing suite of documents setting out the Board's Standing Orders, Committee Terms of Reference, Scheme of Delegation, Standing Financial Instructions and Code of Conduct for Board Members. It is therefore important that it remains current and correct.

### 2.2 Background

An annual review of the Code of Corporate Governance is normally undertaken each spring, to ensure any updates are in place for the new financial year.

### 2.3 Assessment

The new version of the Code has been made available to members online for review (<https://www.nhsfife.org/media/galjyffc/code-of-corporate-governance-tracked-changes-0524-2.pdf>), to help manage the amount of pages with the Board paper pack, given the large size of the full document. The version accessible at the above link reflects the following updates clearly tracked within:

- minor tracked changes to each Standing Committee's remit, as discussed and agreed by each Committee following their specific Terms of Reference review at their March cycle of meetings; (pp.17-42)
- consequential changes to the Board's Scheme of Delegation to reflect these amendments (pp.75-86);
- an amendment to the Board's Standing Financial Instructions (p.60), to reflect a change to the Board's Authorisation Limits, as endorsed by the Audit & Risk Committee at their meeting in May; and
- minor corrections to update out-of-date references to the Board Assurance Framework (BAF) to Corporate Risk Register.

For clarity, there have been no changes made to the Board's Standing Orders, Code of Conduct for Board Members, or Standards of Business Conduct for Staff. Both the Standing Orders and Code of Conduct for Board Members follow a national template, where content is prescribed.

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

Delivering robust governance across the organisation is supportive of enhanced patient care and quality standards.

### **2.3.2 Workforce**

N/A.

### **2.3.3 Financial**

Ensuring appropriate scrutiny of NHS Fife's governance documents, and ensuring these remain up to date, is a core part of the Committee's remit.

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

The identification and management of risk is an important factor in Board Committees providing appropriate assurance to the NHS Board. The Board Committee Terms of Reference contained with the Code outline the delegated responsibilities in this area from the Board to its key standing committees.

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

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

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

No direct impact via this annual updating exercise.

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

N/A.

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

The proposed changes have been endorsed by the Audit & Risk Committee at their meeting on 16 May. Content also reflects comments received from colleagues within the Finance Directorate. Each of the Committees' Terms of Reference have been reviewed in depth at their meetings held in March 2024.

## **2.4 Recommendation**

The paper is provided for:

- **approval** by the Board of the updated Code of Corporate Governance for 2024/25.

## **3 List of appendices**

- Appendix 1 – [Revised Code of Corporate Governance](#)

### **Report Contact**

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

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

**Meeting:** Fife NHS Board  
**Meeting date:** 28 May 2024  
**Title:** Draft NHS Board Workplan 2024/25 Update  
**Responsible Executive:** Margo McGurk, Director of Finance & Strategy  
**Report Author:** Gillian MacIntosh, Board Secretary

## 1 Purpose

**This report is presented for:**

- Decision

**This report relates to:**

- Local policy

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

- Effective

## 2 Report summary

### 2.1 Situation

The NHS Fife Code of Corporate Governance states that the Board and all its Committees “will draw up and approve, before the start of each year, an annual workplan for ... planned work during the forthcoming year”.

This paper therefore outlines the draft schedule of items for the Board for Financial Year 2024/25, which has been updated following initial discussion at the Fife NHS Board meeting on 26 March 2024, to re-formatted to align business under the headings of our four strategic priorities, and also now including Re-form, Transform, Perform reporting timelines.

### 2.2 Background

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



## **2.3 Assessment**

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

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

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

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

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

### **2.3.2 Workforce**

There are no workforce implications arising from this paper.

### **2.3.3 Financial**

There are no financial implications arising from this paper.

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

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

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

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

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

N/A.

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

N/A.

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

This workplan builds on the governance committee workplans, each of which were considered and approved by the respective committees at their March 2024 meetings. The paper has been circulated to the Executive Directors, to check timings, and has also been considered by the Chair, Chief Executive and Deputy Chief Executive. A draft Board workplan 2024/25 was also submitted to the Fife NHS Board meeting on 26 March 2024.

## 2.4 Recommendation

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

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Draft Board Workplan 2024/25

### Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

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

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

|  | Lead                   | May            | June | July | September | November        | January | March          |
|--|------------------------|----------------|------|------|-----------|-----------------|---------|----------------|
| <b>Standing Items</b>  |                        |                |      |      |           |                 |         |                |
| Minutes of Previous Meetings   | <b>Chair</b>           | ✓              |      | ✓    | ✓         | ✓               | ✓       | ✓              |
| Matters Arising / Action List  | <b>Chair</b>           | ✓              |      | ✓    | ✓         | ✓               | ✓       | ✓              |
| Chair’s Update   | <b>Chair</b>           | ✓              |      | ✓    | ✓         | ✓               | ✓       | ✓              |
| Chief Executive’s Update   | <b>Chief Executive</b> | ✓              |      | ✓    | ✓         | ✓               | ✓       | ✓              |
| Note of Board Development Sessions   | <b>Chair</b>           | ✓              |      | ✓    | ✓         | ✓               | ✓       | ✓              |
| Patient / Staff Story  | <b>Chief Executive</b> | ✓              |      | ✓    | ✓         | ✓               | ✓       | ✓              |
| Statutory and Other Committee Minutes  | <b>Comm. Chairs</b>    | ✓              |      | ✓    | ✓         | ✓               | ✓       | ✓              |
| Governance Comm. Chairs’ Assurance Reports                                     | <b>Comm. Chairs</b>    | ✓              |      | ✓    | ✓         | ✓               | ✓       | ✓              |
|  |                        |                |      |      |           |                 |         |                |
| <b>Delivering Value &amp; Sustainability</b>                                   |                        |                |      |      |           |                 |         |                |
| Annual Accounts & Financial Statements (inc. Patients’ Private Funds Accounts) | <b>DoFS / Auditors</b> |                | ✓    |      |           |                 |         |                |
| Annual Report to Board Members from External Auditors                          | <b>External Audit</b>  |                | ✓    |      |           |                 |         |                |
| Decarbonisation of NHS Fife Fleet  | <b>DoPAM</b>           |                |      |      |           |                 | ✓       |                |
| Climate Emergency & Sustainability Annual Report                               | <b>DoPAM</b>           |                |      |      |           |                 | ✓       |                |
| Corporate Objectives   | <b>CEO</b>             |                |      | ✓    |           |                 |         |                |
| Financial Performance Report   | <b>DoFS</b>            | ✓              |      | ✓    | ✓         | ✓               | ✓       | ✓              |
| Greenspace Strategy Update   | <b>DoPAM</b>           |                |      |      | ✓         |                 |         |                |
| Medium-Term Financial Plan 2025-30   | <b>DoFS</b>            | ✓<br>(private) |      |      |           |                 |         | ✓<br>(private) |
| Medium-Term Financial Strategy   | <b>DoFS</b>            |                |      | ✓    |           | ✓<br>(mid-year) |         | ✓              |
| Public Private Partnerships Annual Report                                      | <b>DoPAM</b>           |                |      |      |           | ✓ (private)     |         |                |
| ‘Re-form, Transform, Perform’ Performance Report                               | <b>DoRT</b>            | ✓              |      | ✓    | ✓         | ✓               | ✓       | ✓              |
| Tender Process for 2C Practices  | <b>DoHSC</b>           |                |      |      | ✓         |                 |         |                |
| Whole System Infrastructure Planning PIA (First Planning Phase)                | <b>DoPAM</b>           |                |      |      |           | ✓               |         |                |
|  |                        |                |      |      |           |                 |         |                |

|  | Lead             | May | June | July   | September | November | January | March          |
|--|------------------|-----|------|--------|-----------|----------|---------|----------------|
| <b>Improving Health &amp; Wellbeing</b>  |                  |     |      |        |           |          |         |                |
| Anchor Institution Strategic Plan Delivery Report  | DoPH             |     |      |        |           |          | ✓       |                |
| Annual Delivery Plan 2024-25   | DoFS             | ✓   |      |        |           | ✓        |         | ✓<br>(private) |
| Annual Return of Health Promoting Health Service   | DoPH             |     |      |        | ✓         |          |         |                |
| Director of Public Health Annual Report  | DoPH             |     |      |        | ✓         |          |         |                |
| Joint Health Protection Plan (every two years, therefore 2026)   | DoPH             |     |      |        | ✓         |          |         |                |
| Pharmaceutical Care Services Report  | DoPM             |     |      |        |           | ✓        |         |                |
| Population Health & Wellbeing Strategy Annual Report   | CEO/ DoFS        | ✓   |      |        |           |          |         |                |
| Population Health & Wellbeing Strategy Mid-Year Review   | CEO / DoFS       |     |      |        |           | ✓        |         |                |
| Public Sector Duty Update: Equality & Human Rights Final Report 2021-25 / new Report 2025-29           | DoN              |     |      |        |           |          |         | ✓              |
| <b>Improving Quality of Health &amp; Care Services</b>   |                  |     |      |        |           |          |         |                |
| Integrated Performance & Quality Report  | CEO / Directors  | ✓   |      | ✓      | ✓         | ✓        | ✓       | ✓              |
| Organisational Duty of Candour Annual Report   | MD               |     |      |        |           |          |         | ✓              |
| Prevention & Early Intervention Strategy   | DoHSC            |     |      | ✓      |           |          |         |                |
| Public Participation & Community Engagement Strategy   | DoC&E            | ✓   |      |        |           |          |         |                |
| <b>Improving Staff Experience &amp; Wellbeing</b>  |                  |     |      |        |           |          |         |                |
| Annual / Mid-Year Report from Area Clinical Forum and Area Partnership Forum                           | ACF / APF Chairs | ✓   |      |        |           | ✓        |         |                |
| Health and Care (Staffing) (Scotland) Act 2019 – Update on Implementation of Safe Staffing Legislation | DoW              | ✓   |      | ✓      |           | ✓        | ✓       |                |
| Three-Year Workforce Plan 2022-25 Update   | DoW              |     |      | ✓      |           |          |         |                |
| Whistleblowing Annual Report 2023/24 (inc Q4)  | DoW              | ✓   |      |        |           |          |         |                |
| Whistleblowing Quarterly Report 2024-25  | DoW              |     |      | ✓ (Q1) |           | ✓ (Q2)   |         | ✓ (Q3)         |

|   | Lead                   | May | June | July | September | November | January | March |
|---|------------------------|-----|------|------|-----------|----------|---------|-------|
| Workforce Strategy (every three years, therefore 2028)      | <b>DoW</b>             |     |      |      |           |          |         | ✓     |
| <b>Governance</b>   |                        |     |      |      |           |          |         |       |
| Annual Board Workplan                                       | <b>Board Secretary</b> |     |      |      |           |          |         | ✓     |
| Annual Review of Code of Corporate Governance               | <b>Board Secretary</b> | ✓   |      |      |           |          |         |       |
| Board Committee Annual Assurance Statements                 | <b>Comm. Chairs</b>    |     | ✓    |      |           |          |         |       |
| Corporate Calendar – Board & Committee Dates to March 2026  | <b>Board Secretary</b> |     |      |      | ✓         |          |         |       |
| Internal Audit Annual Plan 2024/25                          | <b>DoFS</b>            |     |      | ✓    |           |          |         |       |
| NHS Scotland Blueprint for Good Governance Improvement Plan | <b>Board Secretary</b> |     |      |      | ✓         |          |         |       |
| Corporate Risk Register                                     | <b>DoFS</b>            | ✓   |      |      |           | ✓        |         |       |
| Risk Appetite Statement                                     | <b>DoFS</b>            |     |      | ✓    |           |          |         |       |
| Revised Risk Management Framework                           | <b>DoFS</b>            |     |      | ✓    |           |          |         |       |
|   |                        |     |      |      |           |          |         |       |

|  | Lead         |
|--|--------------|
| <b>Beyond 2024-25</b>  |              |
| Joint Health Protection Plan (every two years, therefore September 2026)                                   | <b>DoPH</b>  |
| Whole System PIA - Preferred Way Forward Option (Second Planning Phase) Nov 25 for submission to SG Jan 26 | <b>DoPAM</b> |

|                               |   |
|-------------------------------|---|
| <b>Meeting:</b>               | <b>Fife NHS Board</b>   |
| <b>Meeting Date:</b>          | <b>28 May 2024</b>  |
| <b>Title:</b>                 | <b>Update on Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019</b> |
| <b>Responsible Executive:</b> | <b>David Miller, Director of Workforce /<br/>Janette Keenan, Executive Director of Nursing</b>            |
| <b>Report Authors:</b>        | <b>Rhona Waugh, Head of Workforce Planning &amp; Staff Wellbeing</b>                                      |

## 1. Purpose

**This report is presented for:**

- Assurance

**This report relates to:**

- Government policy / directive
- Local policy

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

- Safe, Effective and Person Centred

## 2. Report Summary

### 2.1 Situation

The purpose of this paper is to provide an update on current progress in respect of Board wide preparations for the implementation of the Health and Care (Staffing) (Scotland) Act 2019, (HCSA) which came into effect from 1 April 2024.

There are also three specific areas being addressed as current priorities, the first is in relation to the implementation of eRostering, specifically the access to the SafeCare module and the benefits associated with the built-in reporting and risk escalation processes of this module.

The second issue is in relation to future internal reporting, pending formal annual reports, the recommendation set out within NHS Circular DL(2024)6, is for quarterly internal reporting and there is a means in place to provide this via the HCSA Local Reference Group, using a modified version of the Scottish Government reporting template. Reports will be provided to EDG, Local and Area Partnership Fora, the Staff Governance Committee and the Board.

The third issue is in respect of the process for workforce risk escalation. While all services have indicated that they use Datix or other means, such as the OPEL framework, to record workforce risks, a formal overview of the workforce risks, their escalation and feedback to staff in terms on any severe and recurrent risks identified and the steps taken to address

these, is required on an ongoing basis to support the evidence for meeting the requirements of the Act.

## 2.2 Background

Alongside implementation of the Act, the commencement of monitoring and governance will also commence from 1 April 2024, with the first Board reports due to the Scottish Government by 31 March 2025. NHS Fife must provide information to the Scottish Ministers on the steps taken to comply with the legislation and the first Ministerial reports to Parliament are expected in April 2026. NHS Fife will need to demonstrate how the Board has met the specific duties of the Act.

For clarity, it is anticipated that all of the clinical functions within NHS Fife and commissioned clinical services are covered by the Act. Following recent discussions, it was identified that Call Handlers within the Urgent Care Services Fife would not be covered by the Act, as they do not provide clinical advice.

The HCSA stipulates that Boards have a duty to follow the Common Staffing Methodology, set out within NHS Circular DL(2024)5. This includes using the outputs of the staffing level Tools where these are available and professional judgement, to inform and ensure they have appropriate staffing in place for the speciality specific areas where there are currently tools developed. An optional Multidisciplinary Professional Judgement Staffing Level Tool is available to those areas not mandated to use one of the speciality specific tools.

There is an agreed complementary schedule of tool runs which is overseen at present by the Corporate Nursing Directorate team and the results of these tool runs are provided to services for consideration, after quality assurance checks have been completed. A second run of the Clinical Nurse Specialist tool concluded in February 2024 and the Emergency Medicine Department tool run is currently under way. The OPEL Tools in place with the Acute Services Division and HSCP are a good source of information to support reporting. This has been adapted for use in other services, for example, Physiotherapy and Podiatry. The Psychology Service has been involved in development of a national Realtime Staffing resource and is trialling this in Fife.

NHS Fife participated in nationally led Guidance Chapter testing and the penultimate presentation of the Chapter Testing SWOT Analyses was carried out at the Local HCSA Implementation Group in April 2024, which allows services to consider the processes and evidence required to meet the expectations of each Chapter of the Act, based on the feedback from the SWOT analysis.

## 2.3 Assessment

In terms of Scottish Government reporting to date, we have received positive feedback in relation to the Quarter 2 report submitted in November 2023. The action points were reviewed and assisted in the preparation of the Quarter 3 report which was submitted in April 2024. The Quarter 3 report was the final quarterly report required to be submitted by the Board for 2023/2024. Details of the Quarter 2 feedback and Quarter 3 return would be available, if Board members would find these useful.

To provide evidence for the Quarter 2 report, an MS Forms based HCSA Assurance Questionnaire was implemented with feedback being received from the Local HCSA

Implementation Group members and Heads of Nursing. The results were used to help populate the Quarter 3 submission and will be used to assist with the implementation of the Act.

A Fife wide Action Plan is in place, and we will continue to support service preparations for Act implementation during 2024/2025, as this is an iterative process. The areas we are aware require further input from the newly introduced MS Forms Assurance Questionnaire is application of the principles of the Common Staffing Method (to non-nursing functions), risk escalation and feedback within services and in respect of evidence in support of the duties to seek clinical advice and to provide time to lead.

Following Scottish Government / Health Improvement Scotland's review of our Quarter 2 return, the Board's self-assessment as providing Reasonable Assurance at this time, has been supported.

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

Quality, person-centred, and safe care remains the core of the Health and Care Staffing Scotland Act (2019), with the focus on ensuring having the "right staff, with the right skills, in the right place". The new legislation aims to embed this into all health care professions and ensure that this is thread throughout Clinical Governance and Staff Governance, with all staff being educated in the provisions of the Act.

### **2.3.2 Workforce**

Firstly, one of the key guiding principles of the legislation is to ensure the well-being of our staff, by having open transparent decision-making conversations regarding staffing requirements; this also aligns to our workforce planning arrangements and the implementation of eRostering, which has a "SafeCare" module would facilitate reporting on safe staffing.

Secondly, there is requirement to consider our ability to meet the requirements of the Act in terms of workforce capacity, governance and staff wellbeing.

### **2.3.3 Financial**

The Workforce Lead post for the Board was supported nationally by funding from the Scottish Government during 2023/2024 and is being provided for 2024/2025. The recent DL(2024)6 set out the requirements for high cost agency report and this is being progressed within the Board via the RTP Workforce Workstream.

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

There is a legislative requirement that NHS Fife is prepared for enactment of the Health and Care (Staffing) (Scotland) Act 2019, adhering to the timeline set out by the Scottish Government. The Board will have to evidence that it is meeting the terms of the legislative chapters and have processes and procedures in place to do so. The consequences of not adhering to the legislation have not yet been advised to Boards, but HIS has new inspection and audit responsibilities to support this aspect of the legislation. Details of Risk ID 2774 on HCSA and preparation for implementation, was added to Datix last year and has been regularly reported to the Staff Governance Committee.



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

The Health and Care Staffing Scotland Act (2019) is inclusive of all clinical health and social care staff, external care providers and contractors.

### 2.3.6 Climate Emergency & Sustainability Impact

No known impact at this time.

### 2.3.7 Communication, involvement, engagement and consultation

The Workforce Directorate and Board Workforce Lead communicate with key stakeholders and leads both nationally and locally regarding any decisions taken forward.

- Practice and Professional Development to deliver training and education on workload tools and workforce planning.
- Multi professional engagement and collaboration.
- Support for the NHS Fife Local HCSA Reference Group.

This is supported by the use of a Teams Channel for sharing of information with members of the multi-disciplinary Local Reference Group, with those who assisted with Guidance Chapter Testing and with Communications Team support in terms of the new StaffLink HCSA pages.

### 2.3.8 Route to the Meeting

This paper has been discussed and shared with the eRostering Programme Lead, the HCSA Implementation Group, the Executive Director of Nursing, Director of Nursing Corporate and Director of Workforce, whose comments and feedback have informed the content. A report was provided to the Staff Governance Committee on 14 May 2024 and to the Area Partnership Forum on 22 May 2024.

## 2.4 Recommendation

This paper is presented to NHS Fife Board for information and members are asked to:

- **Note** the progress of the work undertaken so far in preparation for the implementation of the Health and Care Staffing Act and the content of the Quarter 2 Feedback and Quarter 3 Scottish Government Return.
- **Note** the pending prioritisation of the implementation of eRostering within clinical areas and therefore access to SafeCare or in the interim to progress to independent use of SafeCare pending full implementation of eRostering, noting this requires further scoping.
- **Note** the plans for internal quarterly reporting in advance of the formal Board Annual report in 2025.
- **Note** the plans for a formal recognised feedback process for risk escalation and in terms of severe and recurrent risks, is in place and implemented by managers, via

Datix or other means to relevant fora, Clinical Governance and Risk meetings, Management Team meetings and EDG.

- **Note** the plans for high cost Agency reporting in line with NHS Circular DL(2024)6.

### 3. List of Appendices

N/A

**Report Contact:**

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|                               |   |
|-------------------------------|---|
| <b>Meeting:</b>               | <b>Fife NHS Board</b>   |
| <b>Meeting Date:</b>          | <b>28 May 2024</b>  |
| <b>Title:</b>                 | <b>Whistleblowing Annual Performance Report 2023/2024, incorporating Whistleblowing Quarter 4 for 2023/2024</b> |
| <b>Responsible Executive:</b> | <b>David Miller, Director of Workforce</b>  |
| <b>Report Author:</b>         | <b>Sandra Raynor, Head of Workforce Resourcing and Relations</b>  |

## 1. Purpose

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

- Assurance

**This report relates to a:**

- Government policy / directive
- Legal Requirement

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

- Safe, Effective and Person Centred

## 2. Report Summary

### 2.1 Situation

All NHS organisations are required to follow the National Whistleblowing Principles and Standards and report on any concerns raised both quarterly and produce an Annual Performance report.

### 2.2 Background

This is the third Whistleblowing Annual Performance Report provided to NHS Fife Board on whistleblowing concerns received from 1 April 2023 to 31 March 2024, as required by the National Whistleblowing Standards.

This report also provides an update on whistleblowing concerns, anonymous / unnamed concerns, local press articles related to whistleblowing and data on the training modules undertaken during Quarter 4 (1 January to 31 March 2024).

## **2.3 Assessment**

As part of on-going engagement with NHS Boards, the Independent National Whistleblowing Officer (INWO) continues to review and evolve best practice on reporting, and we anticipate further guidance later in 2024 on this matter.

Attached as Appendix 1 is the Whistleblowing Annual Performance Report for 2023/2024, which details the concerns raised since 1 April 2023 including Quarter 4.

Attached as Appendix 2 is the Whistleblowing Quarter 4 data for 2023/2024 for the period 1 January to 31 March 2024 including actions taken.

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

Ensuring effective governance oversight is applied across the organisation in terms of any issue of whistleblowing is supportive of enhanced patient care and quality standards.

Procedures for raising concerns should provide good-quality outcomes through a thorough but proportionate investigation. The approach to handling whistleblowing concerns ensures that learning and improvement is progressed for upheld whistleblowing concerns and are shared across all relevant services.

### **2.3.2 Workforce**

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

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

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

### **2.3.3 Financial**

N/A

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

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

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

In respect of the implementation of the standards, there is a risk that if the standards are not widely promoted across the organisation, then staff will be unaware of how to raise a concern and consequently the organisation may lose the opportunity for improvement and learning. To mitigate this risk, there is on-going communications and training.

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

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

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

N/A

### **2.3.7 Communication, Involvement, Engagement and Consultation**

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

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

This paper has been shared with the Executive Directors Group, Staff Governance Committee, Kirstie Macdonald, Whistleblowing Champion and the Whistleblowing Oversight Group and their feedback has informed the development of the content presented in this report. A minor textual change to the report has been made to the version originally circulated with the Staff Governance Committee papers, which has been circulated electronically to SGC members after the meeting.

## **2.4 Recommendation**

The Whistleblowing Annual Performance Report 2023/2024, incorporating the Whistleblowing Quarter 4 2023/2024 data, is provided to NHS Fife Board members for **Assurance**.

## **3. List of Appendices**

The following appendices are included with this report:

Appendix 1 – Whistleblowing Annual Performance Report 2023/2024

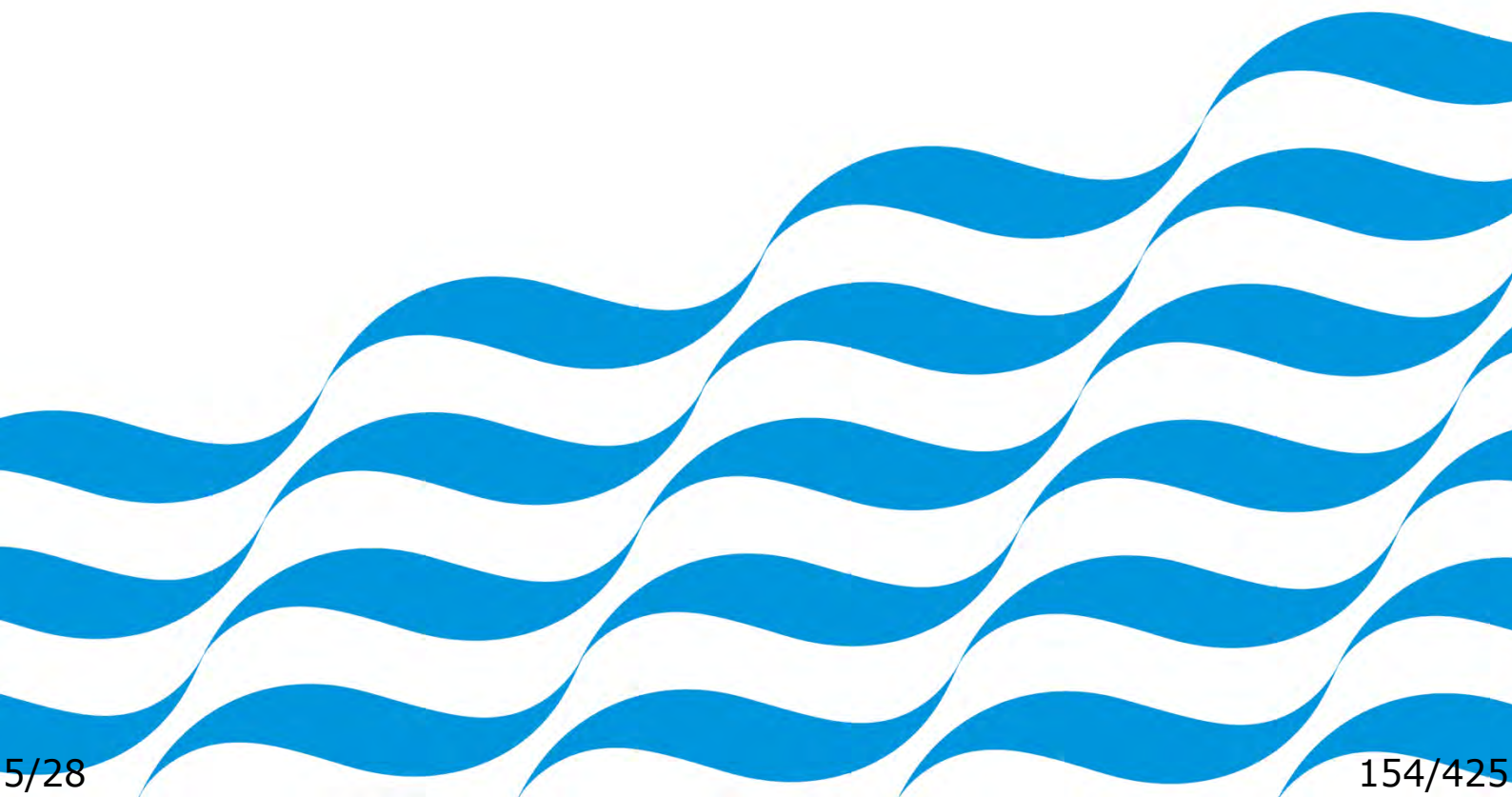
Appendix 2 – Whistleblowing Quarter 4 2023/2024 data

**Report Contact:**

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# Whistleblowing Annual Performance Report 2023/2024



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# 1. Introduction

NHS Fife supports and encourages an environment where employees can feel confident to raise concerns about practices in their workplace. The National Whistleblowing Policy for NHSScotland, which was introduced in April 2021, implements the National Whistleblowing Standards that apply to all providers of NHS services in Scotland. The Standards set out the process for raising concerns and are designed to:

- support an open and learning culture;
- ensure all people providing services for or on behalf of NHS Scotland have recourse to a structured process for raising concerns; and
- provide access to an independent review by the Independent National Whistleblowing Officer (INWO) where local process has not been effective.

Following the introduction of the Whistleblowing Standards, work has continued over the past three years to embed the Standards within NHS Fife and the Health and Social Care Partnership including Primary Care. Looking ahead to 2024/2025, NHS Fife will focus on improvement and learning to foster a Speak Up Culture where everyone providing services on behalf of NHS Fife is able to speak up and be heard.

## 2. Implementation During 2023/2024

- 2.1 Regular updates on speaking up are provided via our Chief Executive's monthly newsletter. There is also a dedicated Whistleblowing information hub in our employee app, StaffLink, which includes a list of Confidential Contacts who can help guide staff to the most appropriate channel through which to raise concerns. Where staff do not have access to e-mail, publicity information is visible in their place of work and updates are printed and distributed by managers.
- 2.2 Publication of Independent National Whistleblowing Officer materials, such as the Quick Reference Guide for Managers Receiving Concerns; Checklist for Managers Raising Concerns; and a Guide to Whistleblowing for Anyone Delivering NHS Services has been widely publicised on StaffLink and other forms of staff communication.
- 2.3 Quarterly reporting has been reviewed to include progress being made on formal Whistleblowing Concerns, explanation for any senior manager approval of any extensions to prescribed timeframes for response and resolution. Information relating to actions taken following a formal Whistleblowing Concern has been incorporated into quarterly reports.
- 2.4 Quarterly reporting includes anonymous concerns and press articles and describes learning and actions taken to implement changes.
- 2.5 The suite of Whistleblowing Guidance Materials continues to be reviewed, as required. Recently updated versions of the Frequently Asked Questions, Whistleblowing Process Evaluation Form, and Anonymous Concerns Flowchart have been made available to staff on StaffLink.

- 2.6 A Whistleblowing Terms of Reference for Commissioning Officers has been created and publicised on StaffLink. This includes information on the provision of administrative support; target completion date; allocation of management time to undertake the investigation; assurance that the Investigating Officer has completed the appropriate TURAS training modules; and the requirement to update the Board's Non-Executive Whistleblowing Champion monthly to ensure investigations are fully supported.
- 2.7 A Whistleblowing Champion Feedback letter will be sent to all people who have raised concerns under Stage 2 of the Standards. This will offer people the opportunity to provide feedback, in confidence, on their experience of Speaking Up. This information will be used to improve experience and make necessary changes to support an open and learning culture. Anyone involved in the process of raising concerns, whether under the Whistleblowing Standards or as business as usual, are encouraged to provide feedback to support with enhancing our Speak Up Culture.
- 2.8 The Whistleblowing Action Plan continues to be updated and progression is provided within the quarterly reporting through the Board's formal governance structure. The Action Plan and annual review of formal reporting now includes action target dates and Responsible Officers. The Action Plan was presented to the NHS Fife Board within the Quarter 3 Whistleblowing report, for assurance.
- 2.9 We completed a successful campaign to increase the existing pool of Confidential Contacts. Training took place during October and November 2023 and 22 trained Confidential Contacts are now operating across a range of services and areas within NHS Fife.
- 2.10 NHS Fife's Whistleblowing Confidential Contact posters have been updated, detailing the new list of Confidential Contacts, and have been circulated for display on local Notice Boards and widely publicised on StaffLink.
- 2.11 The first Confidential Contact Network Meeting took place on Tuesday 19 February 2024 and it was agreed that quarterly networking meetings would be held going forward. The next meeting is scheduled to take place in July 2024 which will include a Values-Based Reflective Practice session.
- 2.12 Service Provider Leads have been reminded that Contractors and Primary Care Contractors should have access to Confidential Contacts under the Standards.
- 2.13 Service Provider Leads have also been reminded of the requirement to develop appropriate policies to ensure that Contractors and Primary Care Contractors comply with the Standards.
- 2.14 To assist with the recording of Whistleblowing Concerns by Contractors and Primary Care Contractors, a Microsoft Word version of the Datix form has been developed and shared with Service Providers, including Primary Care, with any resultant data to be integrated into the Datix risk management system for analysis and recording purposes.

## 3. Key Performance Objectives

### 3.1 Improvements Identified from Concerns Investigated and Lessons Learned

A Whistleblowing Concern was raised within Quarter 1 of the 2023/2024 reporting period. The key themes identified were: Safe Staffing; Supervision; Care Planning; and Philosophy of Care.

The actions taken were to ensure that the Service Leadership Team supported the daily safe staffing review; implement recruitment processes to optimise recruitment to vacancies; implement NHS Education for Scotland (NES) supervision resources to support supervision delivery; undertake monthly planned supervision and record its delivery; provide ad hoc supervision to support meaningful supervisory culture and record its delivery; implement a documentation audit; and the Ward Management Team to instigate tangible actions to embed safe wards in the team culture.

The lessons identified and learned were that dynamic risk and operational challenges can impact on safe staffing; vacant Mental Health Nursing posts were impacting on staff morale and the function of the ward environment; supervisory support was sub-optimal within the staff team, impacting on staff morale and confidence in the role; there was a need to ensure all care plans evidence patient involvement in care planning; and there was also a need to strengthen person-centred culture.

### 3.2 Awareness and Training

National Training materials from the INWO are promoted, such as Investigation training for senior managers involved with receiving, responding to, and reporting on Whistleblowing Concerns to the Board.

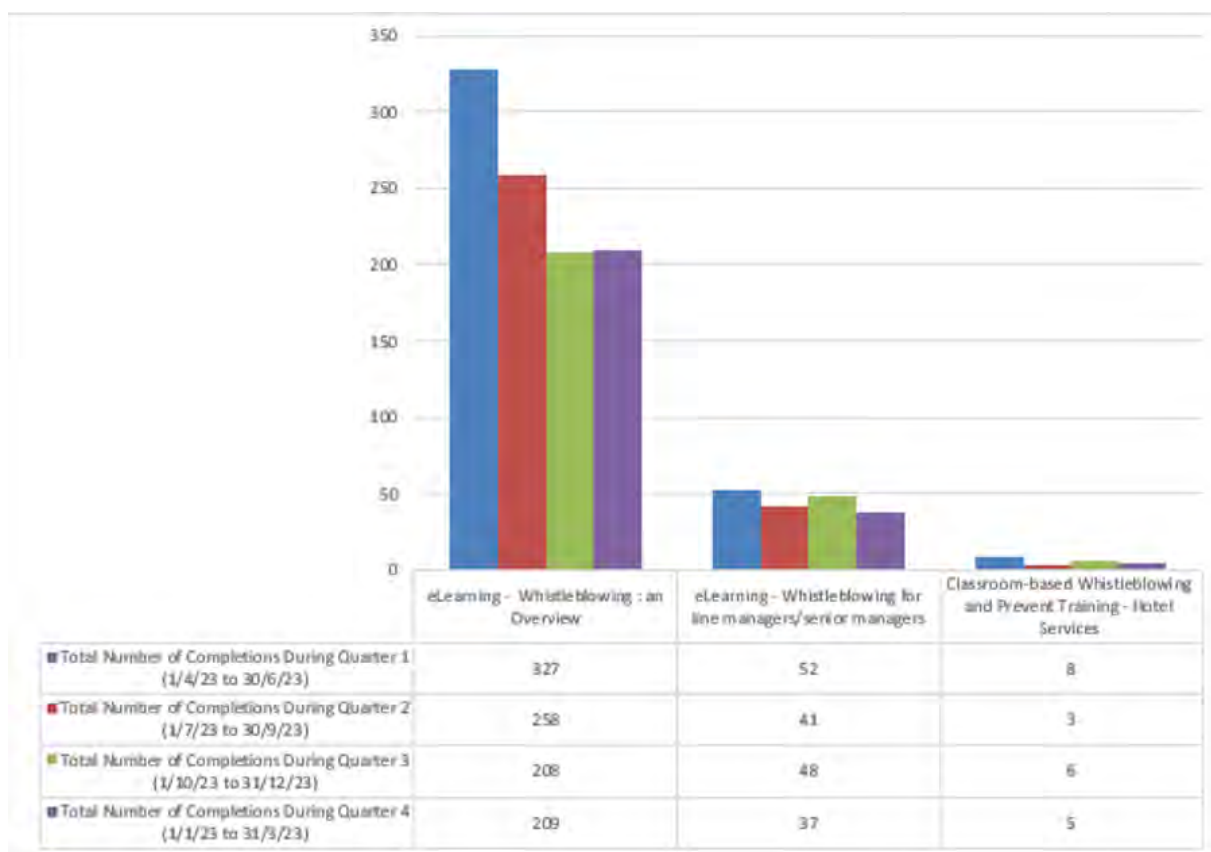
TURAS learning modules continue to be publicised on StaffLink, together with articles on how staff can raise Whistleblowing Concerns effectively within NHS Fife and within the mandatory training section of the TURAS Learn platform.

All members of staff are encouraged to complete the TURAS learning programme relevant to and required for their role and we continue to monitor uptake, effectiveness, and appropriateness of training available. We review and refine training and courses, as appropriate.

We raise awareness of relevant training during all organisational learning events and managers are encouraged to ensure that their teams comply with training requirements.

Overall, compliance for the mandatory Whistleblowing TURAS modules is 50.76%. The training undertaken per quarter between 1 April 2023 and 31 March 2024 is summarised below:

## Whistleblowing Training Undertaken During 2023/2024



Information outlining the Whistleblowing training requirements for all new members of staff are included within NHS Fife's Corporate Induction materials.

The existing suite of Whistleblowing materials, including managers and staff guidance, has been updated and additional supporting materials have been incorporated to help support managers and staff, which can be accessed 24/7 via StaffLink.

## 4. Number of Concerns Received

### 4.1 Whistleblowing Concerns Received by Quarter During 2023/2024

|   | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total    |
|---|-----------|-----------|-----------|-----------|----------|
| <b>Whistleblowing Concerns Received</b> | <b>1</b>  | <b>0</b>  | <b>0</b>  | <b>0</b>  | <b>1</b> |
| Reviewed at Stage 1 (5 days)            | 0         | 0         | 0         | 0         | 0        |
| Reviewed at Stage 2 (20 days)           | 1         | 0         | 0         | 0         | 1        |

## Anonymous / Unnamed Concerns Received by Quarter During 2023/2024

|  | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total    |
|--|-----------|-----------|-----------|-----------|----------|
| <b>Number of Anonymous Concerns Received</b> | 0         | 2         | 2         | 2         | <b>6</b> |
| <b>Number of Unnamed Concerns Received</b>   | 0         | 0         | 0         | 0         | <b>0</b> |

Whilst anonymous concerns cannot be investigated under the Standards, nor can they be considered by the INWO, NHS Fife has adopted good practice and follows the Whistleblowing Standard Principles as far as practicable in investigation of Anonymous / Unnamed Concerns.

NHS Fife has agreed that Anonymous / Unnamed Concerns should be recorded for management information purposes. The definition of an Anonymous Concern is “a concern which has been shared with the organisation in such a way that nobody knows who provided the information”. Alternatively, someone may raise a concern with the organisation, but are not willing to have their name or personal details recorded. This is known as an “Unnamed Concern” (someone is aware of their identity, so it is not completely anonymous).

NHS Fife received six Anonymous Concerns during 2023/2024; two respectively in each of Quarters 2, 3, and 4 of the annual reporting period.

All six of the Anonymous Concerns were received within the Fife Health and Social Care Partnership and related to Bullying; Alleged Bullying; Behaviours; Potential Fraud; Alleged Bullying Behaviours; and Alleged Culture of Bullying.

Where appropriate, and applicable, the outcomes from the investigations into Anonymous / Unnamed Concerns are shared with the service area and form part of the reporting to Executive Directors, Area Partnership Forum, Staff Governance Committee, and the Board to share lessons learned and provide assurance on actions.

## Press Articles Received by Quarter During 2023/2024

|   | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total    |
|---|-----------|-----------|-----------|-----------|----------|
| <b>Press Articles Received and Responded To</b> | 0         | 0         | 0         | 0         | <b>0</b> |

## Primary Care and Contractors Concerns Received by Quarter During 2023/2024

|   | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total    |
|---|-----------|-----------|-----------|-----------|----------|
| <b>Primary Care and Contractors Concerns Received</b> | 0         | 0         | 0         | 0         | <b>0</b> |

Primary Care Contractors (GP practices, dental practices, optometry practices and community pharmacies) are also covered by the Standards.

The Primary Care Manager continues to remind all practices and community pharmacies that they are required to have their own procedures in place that meets with the requirements of the Whistleblowing Standards.

Each contractor group is provided with dedicated support from within NHS Fife to help with any concerns regarding the delivery of an NHS Service. Primary Care Contractors and Contractors are required to report using the same key performance information as NHS Fife, i.e., quarterly reports on number of cases, cases closed etc. In instances where no concerns have been raised within either primary care or other contracted services, there is no need to provide a quarterly return to the Board, but annual reports must still be submitted, setting out the concerns that have been raised over the year, or providing an explanation that there have been no concerns raised.

#### 4.2 Concerns Closed at Stage 1 and Stage 2

The one Whistleblowing Concern received during Quarter 1 of the annual reporting period was dealt with at Stage 2 of the Standards and reached a conclusion and was subsequently closed in Datix.

#### Whistleblowing Concerns Closed by Stage as a Percentage of all Whistleblowing Concerns Closed

| Stage 1 Concerns |   |
|------------------|---|
| 0                | Total number of Stage 1 Concerns received                               |
| N/A              | Percentage of Stage 1 Concerns that were closed                         |
| N/A              | Percentage of Stage 1 Concerns closed within five working days target   |
| Stage 2 Concerns |   |
| 1                | Total number of Stage 2 Concerns received                               |
| 100%             | Percentage of Stage 2 Concerns that were closed                         |
| 0%               | Percentage of Stage 2 Concerns closed within twenty working days target |

#### 4.3 Concerns Upheld, Partially Upheld and Not Upheld

The definition of a Stage 1 Concern: Early Resolution is for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action, within 5 working days.

The definition of a Stage 2 Concern: Investigation is for concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response, ideally within 20 working days.

The Whistleblowing Concern received during Quarter 1 of the 2023/2024 reporting cycle was Not Upheld at Stage 2 of the Whistleblowing procedure, as detailed below:

## Outcome of all Whistleblowing Concerns Closed

|                | Not Upheld |      | Partially Upheld |   | Fully Upheld |   | Total |
|----------------|------------|------|------------------|---|--------------|---|-------|
|                | No.        | %    | No.              | % | No.          | % |       |
| <b>Stage 1</b> | -          | -    | -                | - | -            | - | 0     |
| <b>Stage 2</b> | 1          | 100% | -                | - | -            | - | 1     |

### 4.4 The Average Time in Working Days for a Full Response

The average time, in working days, by Division to provide a full response to Whistleblowing Concerns raised at each stage of the Whistleblowing procedure is detailed below:

#### Average Response Times by Division

|                | Acute (Working Days) | Corporate (Working Days) | HSCP (Working Days) | Total Average (Working Days) |
|----------------|----------------------|--------------------------|---------------------|------------------------------|
| <b>Stage 1</b> | -                    | -                        | -                   | -                            |
| <b>Stage 2</b> | -                    | -                        | 112                 | 112                          |

### 4.5 Number of Concerns Closed in Full Within Set Timescales

The number (and percentage) of Whistleblowing Concerns at each stage which were closed in full within the set timescales of 5 and 20 working days are detailed below:

#### Total (and Percentage) of Whistleblowing Concerns Closed within the Set Timescale, by Quarter

|                          |  | Quarter 1        | Quarter 2        | Quarter 3        | Quarter 4        |
|--------------------------|--|------------------|------------------|------------------|------------------|
| <b>Stage 1 (5 days)</b>  | Average time in working days for responses             | -                | -                | -                | -                |
|                          | No of cases closed at Stage 1 within timescale         | -                | -                | -                | -                |
|                          | Percentage of cases closed at Stage 1 within timescale | -                | -                | -                | -                |
|                          | No of Stage 1 cases extended                           | -                | -                | -                | -                |
|                          |  | <b>Quarter 1</b> | <b>Quarter 2</b> | <b>Quarter 3</b> | <b>Quarter 4</b> |
| <b>Stage 2 (20 days)</b> | Average time in working days for responses             | 112              | -                | -                | -                |
|                          | No of cases closed at Stage 1 within timescale         | 0                | -                | -                | -                |

|  |  | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|--|--|-----------|-----------|-----------|-----------|
|  | Percentage of cases closed at Stage 1 within timescale | 0%        | -         | -         | -         |
|  | No of Stage 1 cases extended                           | 1         | -         | -         | -         |

#### 4.6 Concerns Where an Extension Was Authorised

Under the terms of the Standards, for both Stage 1 and Stage 2 Whistleblowing Concerns, there is the ability in some instances (for example staff absence, the number of witnesses involved or difficulty in arranging meetings) to extend the timeframe in which a response is provided. The person raising the concern must be advised that additional time is required, when they can expect a response, and for Stage 2 concerns an update on the progress must be provided every 20 days.

An extension was approved for the Stage 2 Whistleblowing Concern received during Quarter 1 of the reporting cycle due to the complexities of the investigation and the number of witness interviews, authorised by the Head of Complex & Clinical Care Services. The Whistleblower was advised of the need to extend the timescales and was kept up-to-date with the progress of the investigation into their concerns throughout.

The number of Whistleblowing Concerns at Stage 1 and Stage 2 where an extension was authorised as a percentage of all concerns received is detailed below:

#### Whistleblowing Concerns Closed where an Extension was Authorised

|         | Number Received | Extension Authorised | As Percentage of All Concerns |
|---------|-----------------|----------------------|-------------------------------|
| Stage 1 | -               | -                    | -                             |
| Stage 2 | 1               | 1                    | 100%                          |

#### 4.7 Independent National Whistleblowing Officer Referrals and Investigations

There were no referrals escalated to INWO during 2023/2024.





# Whistleblowing 2023-2024

## At a glance

### Concerns received



#### **1 whistleblowing concern raised**

resulting in one closed concern not being upheld.



#### **6 anonymous and unnamed concerns.**



#### **No press articles were received.**



### **Whistleblowing Training**

Whistleblowing training was provided to over **1000** staff and **178** managers.



### **Whistleblowing Champion**

A Whistleblowing Terms of Reference for Commissioning Officers has been developed to include the requirement to update the Whistleblowing Champion on a monthly basis to ensure investigations are fully supported.



### **Confidential Contacts**

The campaign to increase the existing pool of Confidential Contacts is complete. There are now 22 trained Confidential Contacts available to provide support to staff.



### **Whistleblowing materials**

The suite of Whistleblowing Materials have been reviewed and updated and are available on StaffLink to support managers and staff.

## 5. Learning, Changes or Improvements to Services or Procedures

Managers must record all Whistleblowing Concerns in a systematic way so that the concerns data can be analysed to identify themes, trends and patterns and to prepare management reports. By recording and using concerns information in this way, the root causes of concerns can be identified and addressed, such as through service improvements or training opportunities.

A focus on the Action Plan will demonstrate that concerns are taken seriously and that staff are treated well through the process.

An update on the learning, changes and improvements to services in relation to the one Whistleblowing Concern received during Quarter 1 of 2023/2024 is detailed within Section 3.1.

For the Whistleblowing Concern that has been received, a documented Action Plan has been put in place to address any shortcomings or apply the identified learning acknowledged during the investigation. The Action Plan is agreed and overseen by the Head of Service responsible for commissioning the investigation under the Standards and they will have the opportunity to agree and advise how best this will be shared.

All recommendations identified from the investigations received to date have resulted in improvements being made within the respective areas of the Board. Any learning identified has also been considered when actioning improvements being made, as detailed within Section 3.1 of this report.

## 6. Experience of Individuals Raising Concerns

All those who raise concerns or are involved in the Whistleblowing process should be given the opportunity to feedback on their experience of using the Board's Whistleblowing procedures in order that we can learn and make any improvements in our processes, without compromising confidentiality.

Whilst no formal feedback has been received from those members of staff who have raised concerns during 2023/2024, we recognise and encourage the importance of receiving feedback from individuals who have used the standards. To support this going forward, a questionnaire is now available to gather this information voluntarily, along with the offer to speak to the Whistleblowing Champion at the outcome of a Stage 2 investigation, for staff to share their thoughts on the process.

The Whistleblowing Champion has shared some informal feedback received via a Confidential Contact from a staff member involved in raising a recent concern. The staff member indicated that their interaction and support received from a Confidential Contact was very helpful, and their feedback has provided assurance that the Board's Whistleblowing processes overall helped identify issues to be addressed and was likely to improve oversight and patient care in the service in question. However, the staff member also indicated that, for them, the process was extremely stressful and ultimately resulted in them choosing to leave the Board to take up employment elsewhere. The honest and open reflection of those

directly impacted by concerns raised during the Whistleblowing process helps the Board identify areas where further improvement may be needed.

As part of the iMatter Survey, for the first-time staff were asked if they were confident that they could safely raise concerns about issues within their workplace and if they were confident that these would be followed up and responded to. Work continues through the local operational group and Chief Executive newsletters to promote speaking up across the Board.

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



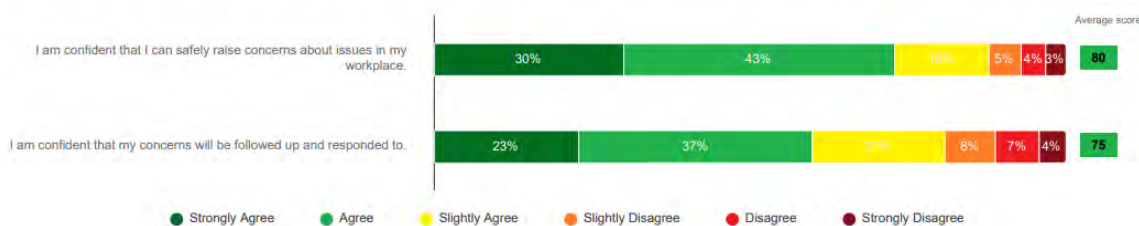
## Raising Concerns Report

NHS Fife

Total number of respondents: 7710

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

Number of respondents: 7578



## 7. Future Planning for 2024/2025

NHS Fife is committed to on-going learning and improvement, and we will make several enhancements to our Whistleblowing arrangements in the year ahead, as follows:

- A new Whistleblowing Oversight Group and Decision-Making Team is to be established, with broad representation from across a range of professional services, including the Board's Whistleblowing Champion, to drive forward improvements in our processes and ensure implementation of INWO best practice and guidance.
- Whistleblowing responsibility will move from Director of Workforce to the Board's Chief Executive, as per good practice from the INWO.
- Plans for a dedicated staff resource, in the form of a Speak Up Co-Ordinator, to enhance our outreach work across the organisation, support training and provide administrative support for Whistleblowing reporting and tracking of concerns.
- A process for Confidential Contacts to capture activity to allow the Board to understand themes of staff contact and experiences with this group.
- A Whistleblowing Activity Tracker to ensure that a single point of recording on Datix is maintained is currently being considered to enhance our Governance reporting processes.
- The provision of recording Anonymous Concerns in Datix and any adjustments required to support this change is to be considered to aid reporting.
- Continual monitoring and review of Speaking Up Guidance and informational materials.
- Focussed work to gather feedback from those involved in Speaking Up processes.
- Review of internal systems and build on digital solutions to capture the experiences of those involved and data reporting.
- Communications Strategy will include introduction of a user-friendly infographic on the many ways to speak up in NHS Fife and Speak Up week engagement events.

## 8. Whistleblowing Champion Statement

Ms Kirstie Macdonald was appointed by Scottish Government in 2021 as Whistleblowing Champion and Non-Executive Member of the NHS Fife Board. Ms Macdonald has offered the following comments relating to whistleblowing work and the implementation of the National Whistleblowing Standards during 2023/2024.

*The Standards provide a clear framework through which anyone providing NHS services may raise concerns where other day-to-day routes have failed to provide resolution. This includes access to an independent ombudsman.*

*The Standards are part of the greater remit to ensure an open, responsive and learning culture – this is the responsibility of all Board members and senior managers. There is evidence at Board level that leaders are responsive to concerns and lead by example to promote a Speak Up Culture. I am assured that at Board level there is an environment of listening and openness. Feedback from those involved in concerns and from Internal Audit have identified key areas for improvement, which have been acknowledged and agreed by the leadership team. This year many more staff in NHS Fife have kindly agreed to act as Confidential Contacts. The Board is grateful to the commitment Confidential Contacts have made to supporting colleagues. Further work needs to be carried out at pace to implement recommendations and to ensure everyone knows how to raise concerns, that there are no barriers to speaking up for certain groups and that nobody feels that they will suffer any form of detriment when Speaking Up. This is all the more important during this period of reform and transformation.*

*I am pleased to report that NHS Fife and Fife Council have carried out extensive work to ensure a robust shared process and reporting for concerns raised within the Health & Social Care Partnership.*

### **Looking to the year 2024/2025, important developments will include:**

- *Improved tracking of concerns and triangulation with Quality and Patient Safety;*
- *Improved reporting to include feedback from anyone involved in any part of the concerns process;*
- *Review of Governance arrangements to move Whistleblowing oversight away from the Workforce Directorate;*
- *Renewed communication on all channels through which people can raise concerns and how people will be supported;*
- *Increased support for Confidential Contacts; and*
- *Launch of a new Whistleblowing Oversight Group.*

**Appendix 2 – Whistleblowing Concerns, Anonymous / Unnamed Concerns, Local Press Coverage, Whistleblowing Training Undertaken During Quarter 4, along with an update on the status of actions from previous Whistleblowing Annual Reports and Internal Audit Reports**

**1. Whistleblowing Concerns Received During Quarter 4**

There were no Whistleblowing Concerns received during Quarter 4.

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

**2. Anonymous / Unnamed Concerns Received During Quarter 4**

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However, good practice is to follow the whistleblowing principals and investigate the concern in line with the Standards, as far as practicable. The definition of an anonymous concern is “a concern which has been shared with the organisation in such a way that nobody knows who provided the information”. Alternatively, someone may raise a concern with the organisation, but not be willing to have their name or personal details recorded. This is known as an ‘unnamed concern’ (someone is aware of their identity, so it is not completely anonymous).

There were two Anonymous / Unnamed Concerns received during Quarter 4:

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



| Quarter 3<br>1 October to<br>31 December | Theme                       | Division                           |
|--|-----------------------------|------------------------------------|
| Anonymous Complaint 1                    | Behaviours                  | HSCP – Primary & Preventative Care |
| Anonymous Complaint 2                    | Potential Fraud             | HSCP – Complex & Critical Care     |
| Quarter 4<br>1 January to<br>31 March    | Theme                       | Division                           |
| Anonymous Complaint 1                    | Alleged Bullying Behaviours | HSCP – Primary & Preventative Care |
| Anonymous Complaint 2                    | Alleged Culture of Bullying | HSCP – Primary & Preventative Care |

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

Both Anonymous Complaints lodged during Quarter 4 were progressed as business as usual. As both complaints were too general in nature, a survey was undertaken by Senior Managers outwith the Service and responses are currently being collated. Any update on the Themes, Actions Taken and Lessons Learned will be provided in future quarterly reporting.

### 4. Local Press Coverage During Quarter 4

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

| Quarter 1<br>1 April to<br>30 June | Theme | Quarter 2<br>1 July to<br>30 September | Theme |
|------------------------------------|-------|--|-------|
| Nil                                |       | Nil                                    |       |

| Quarter 3<br>1 October to<br>31 December | Theme | Quarter 4<br>1 January to<br>31 March | Theme |
|--|-------|---------------------------------------|-------|
| Nil                                      |       | Nil                                   |       |

### 5. Whistleblowing Training

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

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

During Quarter 4, 2.38% of employees completed the Whistleblowing: An Overview eLearning training; 6% of Line Managers have completed the Whistleblowing for Line

Managers training; and 6.33% of Senior Managers have completed the Whistleblowing for Senior Managers.

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



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

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

| Action Identified   | Action Status  | Responsible Officer(s)        | Target Date      | RAG                |
|---|--|-------------------------------|------------------|--------------------|
| <b>2023/2024 Actions</b>  |  |                               |                  |                    |
| Process for Confidential Contacts to capture activity, i.e. themes and experiences  | Developing a meeting form to identify themes and a guidance form for Confidential Contacts to use and complete.  | Sandra Raynor                 | 30 June 2024.    | <b>In Progress</b> |
| Review the format of the Annual Whistleblowing Reporting  | A schedule of annual reviews of the format of the annual report prior to the Annual Report preparation.  | Sandra Raynor                 | 31 December 2024 | <b>In Progress</b> |
| Whistleblowing Materials  | A Whistleblowing Managers Guide to be drafted to assist managers with the completion of relevant documentation.  | Jackie Herkes / Lynne Parsons |                  | <b>In Progress</b> |
| Whistleblowing Activity Tracker   | Discussed and agreed single point of recording is Datix, Jackie Herkes to pick up offline if Datix can be used to provide similar format for governance reporting purposes and new co-ordinator post can co-ordinate the return longer term.   | Paul Smith / Jackie Herkes    |                  | <b>In Progress</b> |
| Consideration is being given to the provision of recording Anonymous Concerns in Datix and any adjustments required to support this change. | Group agreed to explore recording of anonymous concerns in Datix. Discussions are on-going with the Risk Manager to establish any adjustments Datix may need to suit this reporting arrangement. Communications to publicise the launch of recording on Datix is also being considered. On hold pending Whistleblowing move to Corporate Governance. | Jackie Herkes / Paul Smith    |                  | <b>On Hold</b>     |

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

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

| Action Identified  | Action Status  | Responsible Officer(s)                        | Target Date          | RAG         |
|--|--|---|----------------------|-------------|
| The existing suite of Whistleblowing materials will continue to be updated and additional materials introduced, as required.   | Whistleblowing materials are updated and publicised on StaffLink on an on-going basis.   | Sandra Raynor / Jackie Herkes / Lynne Parsons | As and when required | Complete    |
| <b>2022/2023 Actions</b>   |  |   |                      |             |
| Work to look at whistleblowing through a broader concern handling lens reflecting work across the organisation which incorporates other forms of complaint and adverse event handling. | Work commenced late 2023 to consider actions needed to re-implement the standards and more triangulation of data.  | Sandra Raynor / Gillian MacIntosh             | December 2024        | In progress |
| Further enhancement to our process for handling concerns, incorporating other best practice guidance from the INWO.  | The review of how we handle concerns remains an on-going activity and many other actions taken over 2023/2024 are detailed more specifically above.  | Sandra Raynor / Jackie Herkes / Lynne Parsons | As and when required | Complete    |
| Development of our flow chart to ensure effective handling and appropriate transparency of decision making in relation to anonymous complaints.  | This was developed as a flow chart to support managers through the management of anonymous / unnamed concerns.   | Jackie Herkes / Lynne Parsons                 | October 2023         | Complete    |
| Revision to our Whistleblowing reporting to provide greater assurance on lessons learned from handling concerns and feedback from both those raising and addressing concerns.          | A reporting template was prepared to ensure that the lessons learned from handling concerns and feedback received from both those raising and addressing concerns was incorporated within the quarterly reports. | Sandra Raynor                                 | 4 September 2023     | Complete    |
| <b>2021/2022 Actions</b>   |  |   |                      |             |
| Continue the discussions of the need for further training managers in the skills to undertake a good investigation.  | Investigation training remains under review for development as bitesize / webinars.  | Sandra Raynor / Jackie Millen                 | December 2024        | In progress |

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

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

**Meeting:** Fife NHS Board  
**Meeting date:** 28 May 2024  
**Title:** Area Clinical Forum (ACF) Assurance Report  
**Responsible Executive:** Dr C McKenna, Medical Director  
**Report Author:** Aileen Lawrie, ACF Chair

## 1 Purpose

**This report is presented for:**

Assurance

**This report relates to:**

- NHS Board

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

- Safe
- Effective
- Person Centred

## 2 Report summary

This report provides assurance to the Board that the ACF has fulfilled its remit.

### 2.1 Situation

This is the first Assurance Report being provided by the ACF to the Board via NHS Fife Clinical Governance Committee.

### 2.2 Background

The recent work undertaken by the Chair and Co-Chair of the ACF has been to increase the profile of the Forum among clinicians and Board members. This Assurance Report is part of the commitment from the Board to assist the ACF in this action.

### 2.3 Assessment

The Report outlines the Assurance (Appendix 1).

### 2.3.1 Route to the Meeting

This paper has been previously considered by the following groups as part of its development. The groups have supported the content:

ACF April 2024

ASDCG April 2024

## 2.4 Recommendation

This paper is provided to members for:

**Assurance** – For Members' information

## 3 List of appendices

The following appendices are included with this report:

- Appendix No. 1 ACF Annual Assurance Report 2023

### Report Contact

Aileen Lawrie

Chair, Area Clinical Forum

Email [aileen.lawrie@nhs.scot](mailto:aileen.lawrie@nhs.scot)



## ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE AREA CLINICAL FORUM

### 1. Purpose

- 1.1. The purpose of the Area Clinical Forum is to ensure that efficient and effective systems are in place which promotes the active involvement of all clinicians from across NHS Fife in the decision-making process. The Area Clinical also acts as a multi-professional reference group on proposals brought forward through the strategic planning / redesign process.
- 1.2. The Area Clinical Forum will be supported by nine Area Professional and Advisory Committees and Cognate Groups:
- Area Medical Committee
  - Area Dental Committee
  - Area Pharmaceutical Committee
  - Area Optical Committee
  - Allied Health Professions Clinical Advisory Forum
  - GP Sub-Committee of the Area Medical Committee
  - Healthcare Scientists Forum
  - Clinical Psychology Group
  - Nursing and Midwifery Committee
- 1.3. The nine Chairs and nominated representatives of the Area Professional and Advisory Committees will form a multi-professional Area Clinical Forum.

### 2. Membership

- 2.1 During the financial year to 31 March 2024, membership of the Area Clinical Forum comprised: -

| <b>Name</b>             | <b>Role / Designation</b>  |
|-------------------------|--|
| Aileen Lawrie           | Chair  |
| Ailie McKay             | Speech and Language Therapy SLT<br>Operational Lead & Vice Chair             |
| Susie Mitchell          | General Practitioner   |
| Christopher McKenna     | Medical Director/Area Medical Committee                                      |
| Jackie Fearn            | Consultant Clinical Psychologist   |
| Donna Galloway          | Women Children & Clinical Services<br>General Manager                        |
| Robyn Gunn              | Clinical Scientist/Head of Laboratories                                      |
| Amanda Wong             | Allied Health Professionals Representative                                   |
| Ben Hannan              | Director of Pharmacy & Medicines ( <i>now represented by Fiona Forrest</i> ) |
| Nicola Robertson        | Nursing and Midwifery Representative   |
| Emma O'Keefe            | Consultant in Dental Public Health   |
| Unfilled Representation | Area Optical Committee Chair   |

2.2 The Area Clinical Forum may invite individuals to attend meetings for particular agenda items, the Director of Nursing, the Director of finance will normally be in attendance at meetings. Other attendees, deputies and guests are recorded in the individual minutes of each meeting.

### 3. Meetings

3.1 The Area Clinical Forum met on five occasions during the financial year to 31 March 2024, on the undernoted dates:

- 8 June 2023
- 3 August 2023
- 5 October 2023
- 1 December 2023
- 7 February 2024

3.2 The attendance schedule is attached at Appendix 1.

### 4. Business

4.1 **Area Clinical Forum inclusion and engagement:** the work continues by the Chair and Vice Chair to increase engagement with portfolio leads across the multidisciplinary/multiagency clinical systems. By proactively involving a diverse group of healthcare professionals the Area Clinical forum aims to ensure a wide range of clinical perspectives and expert knowledge are considered in care planning and strategic planning. Engagement with and by the Area Clinical Forum members assists in identification of specific patient groups needs and challenges which should lead to an increase in equitable and effective healthcare solutions. Engagement and inclusion in the wider strategic planning activity has been challenging also, however, progress has been made in increasing the visibility of the Area Clinical Forum as an excellent resource to ensure the clinical voice is considered.

4.2 **Population Health and Wellbeing Strategy:** the strategy has sought to support the development of a vision for NHS Fife in the coming years. The strategy underpins NHS Fife ongoing recovery from the Covid-19 pandemic and begins to address a range of current and emergent challenges. The Area Clinical Forum recognised the importance of multi-professional engagement in the strategy development and offered to be involved in giving professional clinical feedback as and when required. This has taken the format of questionnaire and direct clinical voice feedback to the team developing the strategy. The Area Clinical Forum now receives regular updates and feedback regarding the progress of the strategy and is regularly asked to input into emerging priorities.

4.3 **Scottish Government Women's Plan:** The Women's Health Plan is a comprehensive strategy aimed at improving women's health outcomes across Scotland. Despite some progress, there remain disparities in healthcare access and persistent challenges in issues relating to maternal health and reproductive rights. The Area Clinical Forum recognise the benefits for being included in the developing work to advance the objectives of the women's

health plan and have received regular presentations regarding the progress of the women's health plan group.

One area of the plan which the Area Clinical Forum became directly involved in, was menopause prescribing after receiving feedback from the clinical teams regarding inequity of care for women in prescribing challenges locally. Work undertaken led to improvement in prescribing guidelines, with specific reference to testosterone prescribing, which has improved the quality of care and support for women experiencing menopausal symptoms.

- 4.4 **Scottish Health and Care Staffing Act:** The Act aims to ensure safe and effective staffing levels across health and social care settings. The Area Clinical Forum has recognised the need for a strong clinical voice in the discussions around staff to patient ratios in ensuring safe and effective care. The Area Clinical Forum have offered to feedback regarding the current challenges being experienced in staff recruitment and retention strategies, workforce vacancies and workforce development. The Area Clinical Forum now receive regular feedback from the Director of Nursing on the development of the implementation of the Act and have been asked to provide professional feedback on the barriers to implementation of the Act locally.
- 4.5 **Escalations and Updates from Subgroups to the Area Clinical Forum:** The Area Clinical Forum can assist portfolio leads to escalate areas of concern to the Board, currently via the Clinical Governance Committee. The Local Area Medical Committee had raised safety concerns directly relating to lack of GP capacity within the Levenmouth areas. Mitigation for concerns was provided and feedback given to the Local Area Medical Committee from the Chair of the Clinical Governance Committee. A current area for possible escalation is the response and action plan to the Area Clinical Forum on the Audiology External Independent Review. Any consideration for escalation will be following the Area Clinical Forum review of the action plan.
- 4.6 **RTP:** The Area Clinical Forum receive regular updates and feedback regarding the financial position of the Board. There is recognition of the need to focus attention on the work being undertaken through the Re-form, Transform, Perform programme. The Area Clinical Forum Chair has requested a presentation to the group on the current initiatives being planned and has offered the groups availability for consultation from clinical portfolio leads on emerging initiatives.

## 5. Risk Management

- 5.1 Reviewing the business of professional advisory committees to ensure co-ordination of clinical matters across each of the professional groups.
- 5.2 The provision of a clinical perspective on the development of the Annual Operational Plan and the strategic objectives of the NHS Board.
- 5.3 Sharing best practice and encouraging multi-professional working in healthcare and health improvement.

- 5.4 Ensuring effective and efficient engagement of clinicians in service design, development and improvement.
- 5.5 Providing a local clinical and professional perspective on national policy issues.
- 5.6 Ensuring that local strategic and corporate developments fully reflect clinical service delivery.
- 5.7 Taking an integrated clinical and professional perspective on the impact of national policies at local level.
- 5.8 Through the ACF Chair, being fully engaged in NHS Board business.
- 5.9 Supporting the NHS Board in the conduct of its business through the provision of multi-professional clinical advice.

## **6. Other Highlights**

- 6.1 The current Vice Chair has noted her intention to stand down in the summer of 2023 and there will be a request for nominations to fill the vacant position.
- 6.2 Work is being undertaken by the Area Clinical Forum Chair and the lead for inclusion at a national level regarding racialised inequalities. The current areas of development are a national guidance for interpretation services and locally development of clinical assessment and documentation.

## **7. Conclusion**

- 7.1 As Chair of the Area Clinical Forum during financial year 2022-23, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Area Clinical Forum has allowed us to fulfil our remit. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place in the areas under our remit during the year.
- 7.2 I can confirm that that there were no significant control weaknesses or issues at the year-end which the Area Clinical Forum considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.
- 7.3 I would pay tribute to the dedication and commitment of fellow members of the Area Clinical Forum and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings.

Signed:  Date: 28/03/2024

**Aileen Lawrie, Chair**  
On behalf of the Area Clinical Forum

## Appendix 1 – Attendance Schedule

### NHS Fife Area Clinical Forum Attendance Record 1 April 2023 to 31 March 2024

|   | 08.06.23           | 03.08.23      | 05.10.23        | 01.12.23        | 07.02.24           |
|---|--------------------|---------------|-----------------|-----------------|--------------------|
| <b>Members</b>  |                    |               |                 |                 |                    |
| <b>Aileen Lawrie</b> , Chair  | R                  | R             | X               | R               | R                  |
| <b>Ailie McKay</b> , Speech and Language Therapy SLT Operational Lead & Vice Chair  | R                  | R             | R               | X               | R                  |
| <b>Jackie Fearn</b> , Consultant Clinical Psychologist  | R                  | R             | X               | R               | R                  |
| <b>Donna Galloway</b> , Women Children & Clinical Services General Manager  | X                  | R             | X               | X               | X                  |
| <b>Robyn Gunn</b> , Head of Laboratory Services   | X                  | R             | R               | R               | R                  |
| <b>Ben Hannan</b> , Director of Pharmacy & Medicines<br><i>*Deputised by Fiona Forrest</i>  | X                  | X             | X               | X               | X                  |
| <b>Chris McKenna</b> , Medical Director   | X                  | X             | R               | X               | X                  |
| <b>Susannah Mitchell</b> , General Practitioner   | X                  | X             | R               | X               | X                  |
| <b>Janette Keenan</b> , Director of Nursing   | R                  | R             | X               | X               | R                  |
| <b>Emma O’Keefe</b> , Consultant in Dental Public Health<br><i>*Unavailable due to diary clash. Feedback provided, where required</i> | X                  | X             | X               | X               | X                  |
| <b>Nicola Robertson</b> , Associate Director of Nursing   | X                  | R             | R               | R               | R                  |
| <b>Amanda Wong</b> , Director of Allied Health Professions  | R                  | R             | X               | R               | R                  |
| <b>In Attendance</b>  |                    |               |                 |                 |                    |
| <b>Isla Bumba</b> , Equality & Human Rights Lead Officer  |                    | R<br>Item 5.1 |                 |                 |                    |
| <b>Sharon Crabb</b> , Public Health Service Manager   |                    |               | R<br>Item 5.1   |                 |                    |
| <b>Fiona Forrest</b> , Deputy Director of Pharmacy  |                    |               | R<br>Deputising | R<br>Deputising |                    |
| <b>Susan Fraser</b> , Associate Director of Planning & Performance  | R<br>Items 1 – 5.1 |               |                 |                 | R<br>Items 5.2 & 6 |
| <b>Lynne Johnston</b> , Service Manager   |                    |               | R<br>Item 5.2   |                 |                    |

|   | <b>08.06.23</b>    | <b>03.08.23</b> | <b>05.10.23</b> | <b>01.12.23</b> | <b>07.02.24</b>    |
|---|--------------------|-----------------|-----------------|-----------------|--------------------|
| <b>Siobhan McIlroy</b> , Head of Patient Experience   | ↳<br>Deputising    |                 |                 |                 |                    |
| <b>Tom McCarthy</b> , Portfolio Manager               | ↳<br>Items 1 – 5.2 |                 |                 |                 | ↳<br>Items 5.2 & 6 |
| <b>Laura Petrie</b> , Senior Health Promotion Officer |                    |                 |                 | ↳<br>Item 5.1   |                    |
| <b>Katie Provan</b> , Senior Health Promotion Officer |                    |                 |                 | ↳<br>Item 5.1   |                    |
| <b>Lynne Riach</b> , Senior Programme Advisor (HIS)   |                    |                 |                 |                 | ↳<br>Item 5        |
| <b>Sally Tyson</b> , Head of Pharmacy                 | ↳<br>Deputising    | ↳<br>Deputising |                 |                 |                    |

**Meeting:** Fife NHS Board  
**Meeting date:** 28 May 2024  
**Title:** Corporate Risk Register  
**Responsible Executive:** Margo McGurk, Director of Finance & Strategy, NHS Fife  
**Report Author:** Pauline Cumming, Risk Manager, NHS Fife

## 1 Purpose

**This report is presented for:**

- Assurance

**This report relates to:**

- Annual Delivery Plan
- Emerging issue
- Local policy
- NHS Board / IJB Strategy or Direction / Plan for Fife

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

This paper provides the Board with an update on the Corporate Risk Register since the last report on 28 November 2023. The content reflects the corporate risk updates reported to the standing committees in May 2024.

The Board is invited to:

- review the Strategic Risk Profile and Risk Improvement Trajectory at Appendix 1;
- review the corporate risks as at 30 April 2024 at Appendix.2;
- consider the information against the Assurance Principles at Appendix 3;
- take assurance from the update provided or recommend further action

### 2.2 Background

The Corporate Risk Register aligns to the 4 strategic priorities. The format is intended to prompt scrutiny and discussion around the level of assurance provided on the risks and their management, including the effectiveness of mitigations in terms of:

- relevance

- proportionality
- reliability
- sufficiency

## 2.3 Assessment

Our risk profile has not significantly changed since the beginning of the financial year 2023/24.

Since the last report to the Board:

- The strategic risk profile contains 18 risks - 12 high and 6 moderate level
- One corporate risk has been closed - Risk 3 - Covid -19 Pandemic
- One risk has reduced its risk rating and level - Risk 9 - Quality & Safety
- One new corporate risk has been opened - Risk 19 - Implementation of Health and Care (Staffing) (Scotland) Act 2019 [HCSA]
- Potential new corporate risks have been identified and are in development:
  - Pandemic Preparedness/Biological Threat (former working title 'Future Biological Threats including Pandemics')
  - Capital Funding - Service Sustainability

### Corporate Risk Register Updates

#### Closed Risk

##### **Risk 3 - COVID 19 Pandemic**

The Director of Public Health provided a report including a deep dive review to the Clinical Governance Committee (CGC) on 12 January 2024; this showed that following a period of due diligence and monitoring, the risk had been stable for several months and surpassed its risk target level. It was recommended that the risk should close on the Corporate Risk Register with oversight transferred to the Public Health Assurance Committee. The CGC took assurance from the report and endorsed the recommendation.

##### **Risk 2 - Health Inequalities**

In the Corporate Risk report to the Public Health and Wellbeing Committee (PHWC) in May 2024, the Director of Public Health advised there is no recommended change to the current or target risk levels at this point, but signalled that it is likely this will be necessary later in the year. While there is a clear commitment within NHS Fife to address inequalities, some actions are less likely to be achieved given budgetary pressures impacting on both health and social care and it is anticipated this will increase the likelihood of increasing healthcare inequalities. The risk will be reviewed in early summer as the Reform, Transform, Perform (RTP) Programme becomes established.

##### **Risk 4 - Optimal Clinical Outcomes**

Following a deep dive review in May 2023, this risk was the focus of a Clinical Governance Committee (CGC) Development Session on 23 October 2023, with a further deep dive review presented to the CGC in March 2024. There is to be further discussion through the Risks and Opportunities Group (ROG) on whether the risk should close and a revised risk or risks developed. The Associate Director for Risk & Professional Standards



advises that pending the outcome, the target timescale has changed from 31/03/24 to 31/03/25; this may change depending on developments in the interim.

### **Risk 9 - Quality and Safety**

The last report to the Board indicated the potential to reduce the level of this risk from high to moderate but that this was to be deferred pending a review of governance arrangements. An update to the CGC on 1 March 2024 advised that it was possible to confirm the adequacy and effectiveness of the relevant governance arrangements and consequently, the current risk rating and level were reduced from High 15 to Moderate 12 and to within its risk appetite of Moderate. The risk target has also been reduced from Moderate 10 to Low 6. In the report to the CGC on 3 May 2024, the Associate Director of Quality & Clinical Governance advised that one of the root causes of the risk is that there are “no effective systems of supporting effective organisational learning”. A paper setting out a proposed approach to refreshing the work of the Organisational Learning Group was shared with the Clinical Governance Oversight Group in April 2024, with a formal update scheduled for the EDG in July 2024. The paper includes a work plan for 2024/2025 and outlines a number of activities the group will progress. The target timescale has accordingly been adjusted from 31/03/24 to 31/03/25.

### **Risk 10 - Primary Care Services**

Following discussion of this risk at the PHWC meeting on 15 January 2024, the Director of Health & Social Care agreed to review the timeline for achieving the target reduction in risk level from High 16 to Moderate 12. As the Primary Care Strategy is a 3 year programme, it is unlikely that the score will reduce before 2025 and so the timeline has been changed from 31/03/2024 to 31/03/2025.

### **Risk 11 - Workforce Planning and Delivery**

Following discussion at various operational and strategic workforce planning meetings and at the Staff Governance Committee (SGC), at its meeting on 6 March 2024, the SGC considered a proposal to amend the existing risk description to more accurately reflect the specific nature of the workforce challenges facing the Board. The proposed change was:

**From:** *“There is a risk that if we do not implement effective strategic and operational workforce planning, we will not deliver the capacity and capability required to effectively deliver services”.*

**To:** *“There is a risk that the current supply of a trained workforce is insufficient to meet the anticipated Whole System capacity challenges, or the aspirations set out within the Population Health & Wellbeing Strategy, which may impact on service delivery”.*

The Committee endorsed the change.

The on-going national shortages of trained staff are well documented and can only be mitigated in part by workforce planning. This risk may be subject to further change given the current RTP focus.

### **Risk 13 - Delivery of a balanced in-year financial position**

Members are advised that the year-end outturn is currently being finalised and will be subject to audit review. The Director of Finance & Strategy will propose further clarification on the description of the risk for 2024/25 once the 2023/24 position is finalised.

#### **Risk 14 - Delivery of recurring financial balance over the medium term**

The Director of Finance & Strategy advises that the medium-term financial plan was approved by the NHS Fife Board in March 2024 however discussion is ongoing with Scottish Government in relation to a number of key planning assumptions and is currently not approved. The plan indicates a 3-year time period is required to enable delivery of sustainable cost reduction and service change to deliver recurring financial balance.

#### **Risk 19 - Implementation of Health and Care (Staffing) (Scotland) Act 2019 [HCSA]**

The Board approved the addition to the Corporate Risk Register of the above risk at its meeting on 28 November 2023. A risk update to the SGC meeting in March 2024 indicated that the actions to prepare for the implementation of the Act from April 2024 were progressing well. Work continues which includes preparing to be in a position to formally report on progress to Scottish Government (SG) from 1 April 2025. A separate update on HCSA preparations is on the agenda for the SGC meeting on 14 May 2024. The target timescale has been adjusted from 01/04/24 to 22/07/24 by which point the Board will have received final SG feedback on progress to date.

### **Potential New Risks**

#### **Pandemic Preparedness/Biological Threat**

The Director of Public Health advises that more time is needed to prepare a deep dive review on this issue and work is ongoing in that regard. This will be tabled at the meeting of the CGC on 12 July 2024. Following initial scoping, work is ongoing to develop two risks in line with the approach set out in the UK national risk register. These risks are (i) Pandemic Preparedness and (ii) Emerging Infectious Disease. A paper relating to this will be tabled with the EDG on 3 June 2024. This will allow EDG to consider the risk descriptors for the two risks, the requirement for inclusion on the Corporate Risk Register and governance committee alignment.

#### **Capital Funding - Service Sustainability**

At the F, P&R Committee in January 2024, it was agreed that a corporate risk should be developed to reflect how services can continue to be sustained given the challenging capital funding position. A draft risk was progressed through the Financial Capital Investment Group (FCIG) and presented for discussion at EDG on 2 May 2024 to allow Directors to consider if they support the risk being included on the Corporate Risk Register, and if so, to recommend to which committee it should be aligned.

#### **Deep Dive Reviews**

Deep dive reviews remain an important element of our assurance arrangements. 14 of the 18 corporate risks have undergone at least one deep dive. The exceptions are:

- Risk 6 - Whole System Capacity – however this matter is routinely discussed in detail through the IPQR.
- Risks 11 and 12 - Workforce Planning & Delivery, and Staff Health & Wellbeing - reviews have been carried out on related topics, most recently, Pharmacy Workforce, which will be presented to the SGC on 14 May 2024.
- Risk 19 - Implementation of Health and Care (Staffing)(Scotland) Act 2019 - new risk

Further to the previous report to the Board, at its meeting on 13 December 2023, the Audit and Risk Committee endorsed the following triggers for deep dive reviews during the life - cycle of a corporate risk:

**Proposal of a New Corporate Risk:**

*A potential risk is identified to the delivery of strategic priorities*

**Deteriorating Corporate Risk:**

*A risk has deteriorated i.e. current risk level increased from when initially identified/ risk level causes risk to exceed risk appetite*

**Static Risk:**

*There is stasis in a corporate risk beyond the target date for achieving the target risk rating*

**Proposed De- escalation or Closure of Corporate Risk:**

*A risk has achieved or surpassed its planned risk target*

The requirement for a risk deep dive will continue to be determined through routes including EDG and the ROG, with decisions informed by consideration of the above trigger factors and intelligence from operational teams. The refreshed approach will be implemented from Quarter 2, 2024/25.

**Next Steps**

The Corporate Risk Register will continue to evolve in response to feedback from the Board, its standing committees and other stakeholders, including via Internal Audit recommendations. The content will need to adapt to reflect the current operating landscape, and our risk appetite in relation to changes in the internal and external environment, including developments with the RTP Programme.

The ROG will seek to enhance its role in the identification and assessment of emergent risks and opportunities and make recommendations on the potential impact to the Board’s Risk Appetite position. The Group will also contribute to the development of deep dive reviews as part of a broader consideration of our assurance framework.

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

Effective management of risks including the application of realistic medicine principles will have a positive impact on quality of care and the outcomes and experiences that matter to patients, their families and carers.

**2.3.2 Workforce**

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

### 2.3.3 Financial

This paper does not raise, directly, financial impacts, but these do present significant elements of risk for NHS Fife to consider and manage in pursuit of our strategic priorities.

### 2.3.4 Risk Assessment / Management

Management and oversight of the corporate risks continue to be maintained, with risk reporting provided regularly to the relevant groups and committees.

The majority of risks remain above risk appetite, reflecting the ongoing level of demand across all services within an increasingly challenging financial environment. The appetite status is as follows:

**Above** - 10

**Within** - 6

**Below** - 2

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

An Equality Impact Assessment (Stage 1) was carried out to identify if any items of significance need to be highlighted to EDG. The outcome of that assessment concluded that no further action was required.

### 2.3.6 Climate Emergency & Sustainability Impact

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

### 2.3.7 Communication, involvement, engagement and consultation

A range of communication and engagement has been undertaken to inform this report.

### 2.3.8 Route to the Meeting

- Risks & Opportunities Group on 05/12/23, 06/02/24 and 02/04/24
- Executive Directors Group on 02/05/24
- Public Health & Wellbeing Committee on 06/11/23, 15/01/24, 04/03/24 and 13/05/24
- Clinical Governance Committee on 03/11/23, 12/01/24, 01/03/24 and 03/05/24
- Staff Governance Committee on 09/11/23, 11/01/24, 05/03/24 and 14/05/24
- Finance, Performance & Resources Committee on 14/11/23, 16/01/24, 12/03/24 and 07/05/24
- Audit and Risk Committee on 13/12/23, 14/03/24 and 16/05/24

## 2.4 Recommendation

This report provides the latest position in relation to the management of corporate risks. Members are asked to take a “**reasonable**” level of assurance that, all actions, within

the control of the organisation, are being taken to mitigate the risks as far as is possible to do so.

### **3 List of appendices**

The following appendices are included with this report:

Appendix 1, Strategic Risk Profile and Risk Improvement Trajectory

Appendix 2, NHS Fife Corporate Risk Register as at 30 April 2024

Appendix 3, Assurance Principles

#### **Report Contact**

Pauline Cumming

Risk Manager

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## NHS Fife Strategic Risk Profile

The current Strategic Risk Profile as at 30/04/24 is provided below.

| Strategic Priority  | Total Risks    | Current Strategic Risk Profile |          |                     |                               | Risk Movement | Risk Appetite |
|---|----------------|--------------------------------|----------|---------------------|-------------------------------|---------------|---------------|
| To improve health and wellbeing   | 4              | 2                              | 2        | -                   | -                             | ◀▶            | High          |
| To improve the quality of health and care services  | 6              | 4                              | 2        | -                   | -                             | ◀▶            | Moderate      |
| To improve staff experience and wellbeing   | 2              | 2                              | -        | -                   | -                             | ◀▶            | Moderate      |
| To deliver value and sustainability   | 6              | 4                              | 2        | -                   | -                             | ◀▶            | Moderate      |
| <b>Total</b>  | <b>18</b>      | <b>12</b>                      | <b>6</b> | <b>0</b>            | <b>0</b>                      |               |               |
| <b>Summary Statement on Risk Profile</b>  |                |                                |          |                     |                               |               |               |
| The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite. |                |                                |          |                     |                               |               |               |
| Mitigations are in place to support management of risk over time with some risks requiring daily assessment.  |                |                                |          |                     |                               |               |               |
| Assessment of corporate risk performance and improvement trajectory remains in place.   |                |                                |          |                     |                               |               |               |
| <b>Risk Key</b>   |                |                                |          | <b>Movement Key</b> |                               |               |               |
| <b>High Risk</b>  | <b>15 - 25</b> |                                |          | ▲                   | Improved - Risk Decreased     |               |               |
| <b>Moderate Risk</b>  | <b>8 - 12</b>  |                                |          | ◀▶                  | No Change                     |               |               |
| <b>Low Risk</b>   | <b>4 - 6</b>   |                                |          | ▼                   | Deteriorated - Risk Increased |               |               |
| <b>Very Low Risk</b>  | <b>1 - 3</b>   |                                |          |                     |                               |               |               |

## NHS Fife Risk Improvement Trajectory

| To improve health and wellbeing                        | Risk Improvement Trajectory |          |          |          |
|--|-----------------------------|----------|----------|----------|
|  | High                        | Mod      | Low      | Very Low |
| Risks which have improved                              | -                           | -        | -        | -        |
| Risks which have deteriorated                          | -                           | -        | -        | -        |
| Risks which have not moved                             | 2                           | 2        | -        | -        |
| Risks which have reached acceptable level of tolerance | -                           | 1        | -        | -        |
| <b>Total 4</b>   | <b>2</b>                    | <b>2</b> | <b>0</b> | <b>0</b> |

| <b>To improve the quality of health and care services</b> |             | <b>Risk Improvement Trajectory</b> |            |                 |  |
|---|-------------|------------------------------------|------------|-----------------|--|
| <b>Risk Level</b>   | <b>High</b> | <b>Mod</b>                         | <b>Low</b> | <b>Very Low</b> |  |
| Risks which have improved                                 | -           | 1                                  | -          | -               |  |
| Risks which have deteriorated                             | -           | -                                  | -          | -               |  |
| Risks which have not moved                                | 4           | 1                                  | -          | -               |  |
| Risks which have reached acceptable level of tolerance    | -           | -                                  | -          | -               |  |
| <b>Total 6</b>  | <b>4</b>    | <b>2</b>                           | <b>0</b>   | <b>0</b>        |  |

Since report on 28/11/23



1 risk - Risk 9 reduced from High 15 to Moderate 12

1 new Moderate risk - Risk 19


| <b>To improve staff health and wellbeing</b>           |             | <b>Risk Improvement Trajectory</b> |            |                 |  |
|--|-------------|------------------------------------|------------|-----------------|--|
| <b>Risk Level</b>                                      | <b>High</b> | <b>Mod</b>                         | <b>Low</b> | <b>Very Low</b> |  |
| Risks which have improved                              | -           | -                                  | -          | -               |  |
| Risks which have deteriorated                          | -           | -                                  | -          | -               |  |
| Risks which have not moved                             | 2           | -                                  | -          | -               |  |
| Risks which have reached acceptable level of tolerance | -           | -                                  | -          | -               |  |
| <b>Total</b>   | <b>2</b>    | <b>0</b>                           | <b>0</b>   | <b>0</b>        |  |


| <b>To deliver value and sustainability</b>             |             | <b>Risk Improvement Trajectory</b> |            |                 |  |
|--|-------------|------------------------------------|------------|-----------------|--|
| <b>Risk Level</b>                                      | <b>High</b> | <b>Mod</b>                         | <b>Low</b> | <b>Very Low</b> |  |
| Risks which have improved                              | -           | -                                  | -          | -               |  |
| Risks which have deteriorated                          | -           | -                                  | -          | -               |  |
| Risks which have not moved                             | 4           | 2                                  | -          | -               |  |
| Risks which have reached acceptable level of tolerance | -           | -                                  | -          | -               |  |
| <b>Total</b>   | <b>4</b>    | <b>2</b>                           | <b>0</b>   | <b>0</b>        |  |

## NHS Fife Corporate Risk Register as at 30/04/24

| No | Strategic Priority and Risk Appetite   | Risk Title and Description   | Mitigation  | Risk Appetite Status | Current Risk Level/ Rating | Target Risk level & rating by dd/mm/yy | Current Risk Level Trend | Risk Owner                | Primary Committee                |
|----|--|--|---|----------------------|----------------------------|--|--------------------------|---------------------------|----------------------------------|
| 1  |  <p><b>HIGH</b></p>   | <p><b>Population Health and Wellbeing Strategy</b></p> <p>There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.</p>                        | <p>The strategy was approved by the NHS Fife Board in March 2023. This is in the context that the management of this specific risk will span a number of financial years.</p> <p>NHS Fife's 3-year Medium Term Plan was submitted to Scottish Government in July 2023 which flows from our strategy and is based on the same principles and values.</p> <p>An update on the deep dive review was provided to the PHWC in Sept 2023 which reported that structures and processes are being put in place to allow ongoing assessment on delivery of the strategy.</p> <p>Progress against delivery of the strategy has been documented in the PHW Strategy Mid Year Report approved in January 2024 by NHS Fife Board.</p> <p>The Annual Report 23/24 will describe progress made during 2023/24 against the strategy outcomes as well as the proposed actions for 2024/25. This will be aligned to the medium term financial plan.</p> | Below                | Mod<br>12                  | Mod<br>12<br>by<br>31/03/24            | ◀▶                       | Chief Executive           | Public Health & Wellbeing (PHWC) |
| 2  |  <p><b>HIGH</b></p> | <p><b>Health Inequalities</b></p> <p>There is a risk that if NHS Fife does not develop and implement an effective strategic approach to contribute to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut</p> | <p>Public Health and Wellbeing Committee established, with the aim of providing assurance that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population.</p> <p>The Population Health and Wellbeing</p>   | Within               | High<br>20                 | High<br>15<br>by<br>31/05/24           | ◀▶                       | Director of Public Health | Public Health & Wellbeing (PHWC) |



|   |  |   |   |       |        |                      |    |   |                                  |
|---|--|---|---|-------|--------|----------------------|----|---|----------------------------------|
|   |  | <p>short in the most deprived areas of Fife compared to the least deprived areas, representing huge disparities in health and wellbeing between Fife communities.</p>   | <p>Strategy is monitoring actions which will contribute to reducing health inequalities.</p> <p>Consideration of Health Inequalities within all Board and Committee papers.</p> <p>Leadership and partnership working to influence policies to 'undo' the causes of health inequalities in Fife.</p> <p>Public Health working on approach to ensure that financial decisions under RTP take into account impacts on protected characteristics and inequalities.</p> <p>Development of Anchors strategic plan. Key achievements to date:</p> <ul style="list-style-type: none"> <li>- Real Living Wage accreditation achieved</li> <li>- 100% of newly awarded contracts of 50K and over are with Real Living Wage accredited businesses</li> <li>- Eight employability programmes in place and engaging with Local Employability partnership</li> <li>- Baseline reporting in place to track spend on local businesses within Fife</li> </ul> |       |        |                      |    |   |                                  |
| 4 |  <p><b>HIGH</b></p> | <p><b>Policy obligations in relation to environmental management and climate change</b></p> <p>There is a risk that if we do not put in place robust management arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.'</p> | <p>Robust governance arrangements remain in place including an Executive Lead and a Board Champion. Regional working group and representation on the National Board ongoing.</p> <p>Active participation in Plan 4 Fife continues.</p> <p>The NHS Fife Climate Emergency Report and Action Plan have been developed. These form part of the Annual Delivery Plan (ADP). The Action</p>  | Below | Mod 12 | Mod 10 by 01/04/2025 | ◀▶ | Director of Property & Asset Management | Public Health & Wellbeing (PHWC) |

|   |  |  |   |        |            |                             |    |                     |                                 |
|---|--|--|---|--------|------------|-----------------------------|----|---------------------|---------------------------------|
|   |  |  | <p>Plan includes mechanics and timescales.</p> <p>The Board's Climate Change Annual Report was prepared for submission to PHWC in January 2024 and thereafter to Scottish Government (SG) and has been published as per the requirements of the policy DL38.</p> <p>Resource in the sustainability team has increased to 4 FTE's in total including an energy manager who will be key in supporting the requirements of the strategy and policy.</p> <p>The Head of Sustainability has been seconded from the Estates initially for 18 months to drive delivery of the Climate Emergency Action Plan.</p> <p>A partnership plan for Fife Council, Fife College and University of St Andrews is being prepared for submission to the Fife Partnership board in May 2024. This will set out the agreed actions discussed in the 'addressing the climate emergency working group' and formally create joint actions we will work on as part of the climate emergency in Fife. The deliverables associated with climate change, will be monitored through the Annual Delivery Plan.</p> |        |            |                             |    |                     |                                 |
| 5 |  <p><b>HIGH</b></p> | <p><b>Optimal Clinical Outcomes</b></p> <p>There is a risk that recovering from the legacy impact of the ongoing pandemic, combined with the impact of the cost-of-living crisis on citizens, will increase the level of challenge in meeting the health and care needs of the population both in the immediate and medium-term.</p> | <p>The Board has agreed a suite of local improvement programmes, as detailed in the diagram below and related activities, to frame and plan our approach to meeting the challenges associated with this risk.</p>   | Within | High<br>15 | Mod<br>10<br>by<br>31/03/25 | ◀▶ | Medical<br>Director | Clinical<br>Governance<br>(CGC) |



The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time:

Delivery of the Population Health & Well-being Strategy

Delivery of the Recovery and Renewal Priorities Plan4Fife 2021-2024 Update


Embedding of Anchor Institution Principles

Continue the work of the Integrated Planned Care Programme Board (Chaired by the Director of Acute Services).


Continue the work of Integrated Unscheduled Care Project Board (chaired by the Medical Director) reporting to the Clinical Governance Committee three times per year.


Continue the work of the Acute Cancer Services Delivery Group (chaired by the Director of Acute Services) reporting to the Cancer Governance and Strategy Group (chaired by the Medical Director).

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|--|--|--|--|--|--|--|--|--|--|
|  |  |  | <p>Continue to develop and implement Annual Delivery Plans for the Cancer Framework.</p> <p>Continue the work of the Primary Care Strategy Group</p> <p>Continue work on the Mental Health Redesign Programme</p> <p>Continue the work of the Scheduled Care Group</p> <p>Review the Scottish Government (SG) Value Based Health &amp; Care. A Vision for Scotland, December 2022 document against our local plans.</p> <p>Continue escalation of issues through Senior Leadership Teams to Executive Director's Group then through to Clinical Governance Committee and other committees as appropriate</p> <p>Implement the Fife H&amp;SCP Strategic Plan for Fife 2023-26</p> <p>Implement the Cancer Framework Delivery Plan 2024/25</p> <p>Ensure the NHS Fife Realistic Medicine/Value Based Health Care Delivery Plan aligns with the Scottish Government (SG) Value Based Health &amp; Care. Action Plan 2023.</p> |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|


|   |   |  |   |       |            |                            |    |                                  |  |
|---|---|--|---|-------|------------|----------------------------|----|----------------------------------|--|
| 6 |  <p>MODERATE</p> | <p><b>Whole System Capacity</b></p> <p>There is a risk that significant and sustained admission activity to acute services, combined with challenges in achieving timely discharge to downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised.</p> | <p>The combination of application of our OPEL process on a daily basis and the improvement work through our Integrated Unscheduled Care and Planned Care programmes provides the operational and strategic response to the challenges posed through this risk.</p> <p>A Whole System Winter Plan 23/24 has been produced as well as a report from the Whole System Winter Planning Workshop held in Sept 2023. This will include a response to surge and demand for an increase in capacity and flow through Acute, Community and Social Care.</p> <p>The System Flow Operational Group meets weekly with senior operational managers to review and plan capacity and flow across the Fife health and care system with escalation to the Integrated Unscheduled Care Board.</p> <p>Whole System Essential Flow Verification provides assurance that all patients identified as clinically fit or with a Planned Date of Discharge are reviewed daily.</p> <p>Weekly ASD Long Length of Stay (LoS) verification group to review and action LoS. Weekend verification group reviews the number of discharges and staffing ahead of weekend.</p> | Above | High<br>20 | Mod<br>9<br>by<br>30/04/24 | ◀▶ | Director of<br>Acute<br>Services | Finance,<br>Performance<br>& Resources<br>(F,P&RC) |
|---|---|--|---|-------|------------|----------------------------|----|----------------------------------|--|

|   |                        |  |  |       |            |  |    |                            |   |
|---|------------------------|--|--|-------|------------|--|----|----------------------------|---|
|   |                        |  |  |       |            |  |    |                            |   |
| 7 | <p><b>MODERATE</b></p> | <p><b>Access to outpatient, diagnostic and treatment services</b></p> <p>There is a risk that due to demand exceeding capacity, compounded by unscheduled care pressures, NHS Fife will see deterioration in achieving waiting time standards. This time delay will impact clinical outcomes for the population of Fife.</p> | <p>Planning for 2024/25 has been completed in line with planning guidance letter received on 24/01/24. Confirmed funding 1M less than committed staff costs.</p> <p>Paper has been prepared for discussion by EDG outlining the impact of the reduction in funding in addition to the ongoing gap between capacity and demand which is driving an increase in waiting list size and waiting times</p> <p>The Integrated Planned Care Programme Board continues to oversee the productive opportunities work and this along with ongoing waiting list validation seeks to maximise available capacity.</p> <p>Speciality level plans in place outlining local actions to mitigate the most significant areas of risk. Focus remains on urgent and urgent suspicious of cancer patients however routine long waiting times will increase.</p> <p>Weekly waiting times meetings to review and action long waits. Monthly meeting to review and develop longer</p> | Above | High<br>20 | It is still not possible to provide a target risk and date given the uncertainty over level of funding | ◀▶ | Director of Acute Services | Finance, Performance & Resources (F,P&RC) |


|   |  |  |   |       |            |                             |    |                            |   |
|---|--|--|---|-------|------------|-----------------------------|----|----------------------------|---|
|   |  |  | <p>term plans to improve waiting times.</p> <p>Monthly meetings with Scottish Government to monitor delivery against the annual plan.</p> <p>The governance arrangements supporting this work continue to inform the level of risk associated with delivering against these key programmes and mitigate the level of risk over time.</p> <p>Discussions continue with Scottish Government around the need for additional funding to help reduce the waiting times for long waiting routine patients.</p>  |       |            |                             |    |                            |   |
| 8 |  <p><b>MODERATE</b></p> | <p><b>Cancer Waiting Times (CWT)</b></p> <p>There is a risk that due to increasing patient referrals and complex cancer pathways, NHS Fife will see further deterioration of Cancer Waiting Times 62-day performance, and 31 day performance, resulting in poor patient experience, impact on clinical outcomes and failure to achieve the Cancer Waiting Times Standards.</p> | <p>The prostate project group continues with actions identified to improve steps in the pathway. The nurse-led model went live in August 23. 240 patients have been seen in this clinic to date. There will be a focus to look at the waits to TP biopsy, post MDT part of the pathway and review robotic surgery capacity.</p> <p>Fortnightly meetings with Scottish Government (SG) and quarterly monitoring of the Effective Cancer Management Framework continue.</p> <p>Single Point of Contact Hub (SPOCH) continues to effectively support initiation of the Optimal Lung Cancer support the negative qFIT pathway. To remove patients from the lung pathway in a timely manner the Hub advises patients of 'good news'.</p> <p>The Cancer Framework and delivery plan has been launched and priorities for 2023 -24 are being reconciled. Work is underway to develop actions for</p> | Above | High<br>15 | Mod<br>12<br>by<br>30/04/24 | ◀▶ | Director of Acute Services | Finance, Performance & Resources (F,P&RC) |


|   |   |  |   |        |                |                            |    |                     |                                 |
|---|---|--|---|--------|----------------|----------------------------|----|---------------------|---------------------------------|
|   |   |  | <p>2024-25.</p> <p>The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time.</p> <p>Cancer Waiting Times funding is expected to be provided on a recurring basis from 2024-25. Bids have been prioritised to support improvement</p> <p>ADP Actions for 2024/25 have been reviewed.</p>  |        |                |                            |    |                     |                                 |
| 9 |  <p><b>MODERATE</b></p> | <p><b>Quality &amp; Safety</b></p> <p>There is a risk that if our governance, arrangements are ineffective, we may be unable to recognise a risk to the quality of services provided, thereby being unable to provide adequate assurance and possible impact to the quality of care delivered to the population of Fife.</p> | <p>Effective governance is in place and operating through the Clinical Governance Oversight Group (CGOG) providing the mechanism for assurance and escalation of clinical governance (CG) issues to Clinical Governance Committee (CGC).</p> <p>There are also effective systems &amp; processes to ensure oversight and monitoring of national &amp; local strategy / framework / policy /audit implementation and impact.</p> <p>One of the root causes of this risk is that there are “no effective system of supporting effective organisational learning”. A paper setting out a proposed approach to refreshing the work of the Organisational Learning Group has been shared with the Clinical Governance Oversight Group in April 24 with a formal update scheduled to the Executive Directors in July 24. The paper includes a workplan for 2024/2025 and outlines a number of activities the group will progress.</p> | Within | Moderate<br>12 | Low<br>6<br>by<br>31/03/25 | ◀▶ | Medical<br>Director | Clinical<br>Governance<br>(CGC) |





|    |  |  |   |       |            |                             |    |                                  |                                  |
|----|--|--|---|-------|------------|-----------------------------|----|----------------------------------|----------------------------------|
| 10 |  <p><b>MODERATE</b></p> | <p><b>Primary Care Services</b></p> <p>There is a risk that due to a combination of unmet need across health and social care as a result of the pandemic, increasing demand on services, workforce availability, funding challenges, adequate sufficient premises and overall resourcing of Primary Care services, it may not be possible to deliver sustainable quality services to the population of Fife for the short, medium and longer term.</p> | <p>A Primary Care Governance and Strategy Oversight Group (PCGSOG) is in place.</p> <p>A Primary Care Strategy was developed following a strategic needs analysis and wide stakeholder engagement. This was approved at IJB in July 2023 and is now moving to implementation. This is a 3 year strategy focused on recovery, quality and sustainability.</p> <p>Development of a Performance and Assurance Framework covering qualitative and quantitative performance will provide robust reporting, monitoring and oversight of implementation and impact of the Primary Care Strategy to committees quarterly. This is due by end of January 2024. <b>Completed</b> – this will go to the Primary Care Governance and Strategic Oversight Group for ratification.</p> <p>Following approval of the Performance and Assurance Framework an annual report will be presented to Committee / IJB.</p> <p>A Primary Care Improvement Plan (PCIP) is in place; subject to regular monitoring and reporting to General Medical Services (GMS) Board, Quality &amp; Communities (Q&amp;C) Committee, IJB and Scottish Government.</p> <p>A workshop took place in January 2023 to review and refresh the current PCIP to ensure it is contemporary and based on current position and known risks to ensure a realistic and feasible PCIP. This will be progressed via committees for approval by</p> | Above | High<br>16 | Mod<br>12<br>by<br>31/03/25 | ◀▶ | Director of Health & Social Care | Public Health & Wellbeing (PHWC) |
|----|--|--|---|-------|------------|-----------------------------|----|----------------------------------|----------------------------------|


|  |  |   |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|
|  |  | <p>April 2024, following a further workshop to be convened by March 24.</p> <p>Local negotiations in relation to MOU2 transitional payments are complete and agreement has been reached and implemented for 23/24.</p> <p>The review of leadership, management and governance structure which has been jointly commissioned by Deputy Medical Director (DMD) and Head of Service (HOS) for Primary &amp; Preventative Care (P&amp;PC) is now complete and is to be ratified by PCGSOG when it next convenes early 2024.</p> <p>Memorandum of Understanding 2 (MOU2) - in line with the direction of MOU2, the focus for the PCIP remains to be delivery of a complete CTAC and Pharmacotherapy, This programme of work will be underpinned by the PCIP 2023-2024 with regular monitoring and oversight by the GMS groups and the governance structures of the IJB. This will be reviewed - April 2024.</p> <p>The PCIP 2023-2024 will focus on consistency, continuity of service and communication to develop a 52 week model of service delivery for the priorities of MOU2 and continue to sustain service delivery in line with the priorities of MOU including MSK, mental health practitioners, urgent care in hours and community link workers - March 2024.</p> <p>Pharmacotherapy and CTAC models for care continue to be shaped and developed. The anticipated date for completion is April 2024.</p> |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|




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|----|--|--|--|--------|----------------|----------------------------|----|-----------------------|------------------------|
| 19 |  <p><b>MODERATE</b></p> | <p><b>Implementation of Health and Care (Staffing) (Scotland) Act 2019 [HCSA]</b></p> <p>Taking account of ongoing preparatory work, there is a risk that the current supply and availability of trained workforce nationally, will influence the level of compliance with HCSA requirements.</p> <p>While the consequences of not meeting full compliance have not been specified, this could result in additional Board monitoring / measures.</p> | <p>NHS Fife Local HCSA Reference Group, with Fife wide, multi-disciplinary and staff representation, is now well established. Frequency of meetings increased to monthly from September 2023.</p> <p>Nationally led Chapter Guidance testing and monthly national Chapter Testing Group and fortnightly monitoring meetings have now concluded. Five SWOT Analyses have been presented so far both at local and national level, to share knowledge and increase awareness, three remaining SWOTs to be shared and logged with national team.</p> <p>N&amp;M Workforce Lead in post since March 2021, with SG funding provided.</p> <p>HCSA resources continue to be shared widely within NHS Fife. Active MS Teams Channel used to share information outwith meetings.</p> <p>Quarterly progress returns submitted to SG. Enhanced local engagement and reporting achieved via introduction of MS Forms to capture latest activity in respect of Act requirements. Feedback informs local action plan.</p> <p>Regular updates provided to APF, EDG and SGC.</p> <p>Board participation in national SG /HIS event on 12 March 2024, Speech &amp; Language Therapy service recorded HIS podcast to support shared learning.</p> <p>This risk on the preparations for HCSA implementation is monitored via the NHS Fife HCSA Local Reference Group.</p> | Within | Moderate<br>12 | Mod<br>9<br>by<br>22/07/24 | ◀▶ | Director of Workforce | Staff Governance (SGC) |
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| 11 |  <p><b>MODERATE</b></p> | <p><b>Workforce Planning and Delivery</b></p> <p>There is a risk that the current supply of a trained workforce is insufficient to meet the anticipated Whole System capacity challenges, or the aspirations set out within the Population Health &amp; Wellbeing Strategy, which may impact on service delivery</p> | <p>Continued development of the workforce elements of the Annual Delivery Plan, Population Health &amp; Wellbeing Strategy and Strategic Framework; alongside the Workforce Plan for 2022 to 2025 and aligned service based workforce plans and now aligning to new RTP Programme.</p> <p>Implementation of the Health &amp; Social Care Workforce Strategy and Plan for 2022 to 2025 to support the Health &amp; Social Care Strategic Plan for 2023 to 2026 and the integration agenda.</p> <p>Implementation of the NHS Fife Board Strategic and Corporate Objectives, particularly the “exemplar employer / employer of choice” and the associated values and behaviours and aligned to the ambitions of an Anchor Institution, e.g. Employability agenda / Modern Apprenticeships and new EMERGE programme in conjunction with Levenmouth Academy, Fife College and NES, offering up to 15 places for pupils interested in health related careers.</p> <p>Continued development of Service Level Workforce Plans, taking account of the 2024/2025 ADP submissions to establish the projected workforce gap between supply, demand, the financial envelope and identifying workforce and non workforce solutions services are progressing to mitigate workforce risks and balance service delivery.</p> <p>Quarterly Workforce Planning updates have been built into the governance cycle for 2024/2025.</p> <p>Consideration of impact of planned reduction in Agenda for Change staffs’ full time working week from 37.5 hours to 36 hours per week on workforce numbers and service capacity, with modelling being undertaken in line with</p> | Above | High<br>16 | Mod<br>8<br>by<br>31/03/25 | ◀▶ | Director of Workforce | Staff Governance (SGC) |
|----|--|--|---|-------|------------|----------------------------|----|-----------------------|------------------------|

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|--|--|--|---|--|--|--|--|--|--|
|  |  |  | <p>National implementation plans.</p> <p>Consideration of impact of non pay elements of Agenda for Change staff pay award for 2023/2024 in respect of Band 5 review.</p> <p>Consideration of impact of non pay elements of Agenda for Change staff pay award for 2023/2024 in respect of protected learning time.</p> <p>Progression of Bank and Agency Programme of Work and Nursing &amp; Midwifery Workforce actions, to improve workforce sustainability, e.g. introduction of Assistant Practitioner roles and new Registrant recruitment.</p> <p>Recruitment of 104 Registered Nurses and Radiographers as part of International recruitment initiative to support workforce resilience.</p> <p>The Fife Care Academy held a recruitment event in November 2023 to support workforce sustainability. The event was attended by over 20 providers including NHS Fife nursing, Fife Council, independent and third sectors. A further event is planned for 21 February 2024, with 24 employers represented. The Care Academy Strategic Group is arranging tracking of all HSC learning activity to support mapping of course progression to inform future programme capacity.</p> <p>A HSCP reference group has also been established, with multi service representation including named CI registered managers. Sector leads from Third and Independent sector are included. A Teams channel and self-assessment tool have been created and work on compiling the findings is advanced. Engagement sessions for the managers / supervisors are</p> |  |  |  |  |  |  |
|--|--|--|---|--|--|--|--|--|--|


|    |  |   |  |       |            |                             |    |                                |   |
|----|--|---|--|-------|------------|-----------------------------|----|--------------------------------|---|
|    |  |   | underway in two of the three services and a communication plan is being developed.   |       |            |                             |    |                                |   |
| 12 |  <p><b>MODERATE</b></p>   | <p><b>Staff Health and Wellbeing</b></p> <p>There is a risk that if due to a limited workforce supply and system pressure, we are unable to maintain the health and wellbeing of our existing staff we will fail to retain and develop a skilled and sustainable workforce to deliver services now and in the future.</p> | <p>Working in partnership with staff side and professional organisations across all sectors of NHS Fife to ensure staff health and wellbeing opportunities are maximised, to support attraction, development and retention of staff.</p> <p>The Staff Health &amp; Wellbeing Framework for 2022 to 2025, setting out NHS Fife's ambitions, approaches and commitments to staff health and wellbeing, was published in December 2022 and complementary Action Plan for 2023 to 2025 now approved, in order to deliver these commitments.</p> <p>Consideration and review of staff support priorities for 2022-2025 being progressed via Staff Health &amp; Wellbeing Group and other fora, aligned to Action Plan.</p> <p>Work progressing on Promoting Attendance improvement actions to support reductions in staff absence and promote staff wellbeing. This includes commencing multifactorial reviews within targeted areas to develop bespoke support to both staff and managers in these areas as part of the 2024 / 2025 initiatives, overseen by a new Board wide assurance group.</p> | Above | High<br>16 | Mod<br>8<br>by<br>31/03/25  | ◀▶ | Director of Workforce          | Staff Governance (SGC)                    |
| 13 |  <p><b>MODERATE</b></p> | <p><b>Delivery of a balanced in-year financial position</b></p> <p>There is a risk that due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally, the Board will not achieve its statutory financial revenue budget target in 2023/24</p>               | <p>During February 2024, all Boards received from the Scottish Government, a portion of UK consequentials funding to support a break even position.</p> <p>Despite this funding and the intensified measures and commitment to reduce costs and avoid any additional investment in our services, including</p>   | Above | High<br>16 | Mod<br>12<br>by<br>31/03/24 | ◀▶ | Director of Finance & Strategy | Finance, Performance & Resources (F,P&RC) |


|    |  |  |   |            |                                |    |                                       |   |  |
|----|--|--|---|------------|--------------------------------|----|---------------------------------------|---|--|
|    |  | without further planned brokerage from Scottish Government.  | implementation of the Reform, Transform, Perform (RTP) programme, a large deficit remains and it is highly likely that the Board will require significant financial brokerage from Scottish Government to break-even. |            |                                |    |                                       |   |  |
| 14 |  <p><b>Delivery of recurring financial balance over the medium-term</b></p> <p>There is a risk that NHS Fife will not deliver the financial improvement and sustainability programme actions required to ensure sustainable financial balance over the medium-term.</p> | <p>Our financial improvement plan will be delivered through our Reform, Transform and Perform (RTP) Framework working collaboratively with our partners.</p> <p>Reform will necessitate immediate changes in our working practices across the organisation, Transform will focus on evolving our services, structures, and care delivery, and Perform will be pivotal in driving sustainable improvements throughout the organisation.</p> <p>We are currently refreshing our Medium-Term Financial Plan (MTFP) to reflect funding announcements presented in the Scottish Government's budget for 2024/25. The MTFP identifies significant cost savings across all years covered by the financial plan.</p> <p>Work is underway through the RTP programme to support the change required across the organisation to deliver financial balance</p> <p>The Board will maintain its focus on reaching the full National Resource Allocation (NRAC) allocation over the medium- term.</p> | Above   | High<br>16 | Mod<br>12<br>by<br>31/03/24    | ◀▶ | Director of Finance & Strategy        | Finance, Performance & Resources (F,P&RC) |  |
| 15 | <p><b>Prioritisation &amp; Management of Capital funding</b></p> <p>There is a risk that lack of prioritisation</p>  | <p>Ongoing governance through FCIG with capital plan being submitted through FP&amp;R and the Board.</p>   | Within  | Mod<br>12  | Mod<br>8<br>(by<br>01/04/26 at | ◀▶ | Director of Property & Asset Manageme | Finance, Performance & Resources (F,P&RC) |  |

|           |  |  |   |               |                   |  |   |  |  |
|-----------|--|--|---|---------------|-------------------|--|---|--|--|
|           |  <p><b>MODERATE</b></p>    | <p>and control around the utilisation of limited capital and staffing resources will affect our ability to deliver the PAMS and to support the developing Population Health and Wellbeing Strategy.</p>  | <p>Annual Property and Asset Management Strategy (PAMS) updates to provide strategic direction now being replaced with the Whole System Initial Agreement development over the next 2 years.</p> <p>Rolling 5-year equipment programme and implementation of medical devices database.</p> <p>Implementation of medical devices database.</p> <p>Rolling 5-year Digital &amp; Information programme linked to D&amp;I strategy. Ongoing management of estate risks using the Estate Asset Management System (EAMS).</p> <p>Use of Business Case template to present new schemes for consideration. Future consideration/development of prioritisation investment tool.</p> <p>Fleet and sustainability requests will be linked to plans/strategy and presented through SBARs to Fife Capital Investment Group (FCIG).</p> |               |                   | <p>next SG funding review)</p>   |   | <p>nt</p>  |  |
| <p>16</p> |  <p><b>MODERATE</b></p> | <p><b>Off-Site Area Sterilisation and Disinfection Unit Service</b></p> <p>There is a risk that by continuing to use a single off-site service Area Sterilisation Disinfection Unit (ASDU), our ability to control the supply and standard of equipment required to deliver a safe and effective service will deteriorate.</p> | <p>Monitoring and review continues through the NHS Fife Decontamination Group.</p> <p>Establishment of local SSD for robotics is progressing with an indicative date of 31/12/23.</p> <p>Health Facilities Scotland (HFS) has agreed the design and the unit at St Andrews Community Hospital (SACH); the timescale to become operational has been revised from December 2023 to possibly June 2024. Work is underway to meet this target.</p>  | <p>Within</p> | <p>Mod<br/>12</p> | <p>Low<br/>6<br/>(by<br/>01/04/2026<br/>at next SG<br/>funding<br/>review)</p> |  | <p>Director of<br/>Property &amp;<br/>Asset<br/>Management</p> | <p>Clinical<br/>Governance<br/>(CGC)</p> |



|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  | <p>An option appraisal for delivery of the service is being explored.</p> <p>Ensure that mitigations are in place to ensure that no trays are damaged while they are handled and stored in NHS Fife to include new racking and training</p> <p>Staff have received training in the safe handling of trays. Training is being repeated on a yearly basis.</p> <p>Staff must inspect each tray prior to loading on to storage system.</p> <p>New racking system installed early March 2022 costing £27,000 and prevents the stacking of trays.</p> <p>Tins purchased in early 2022 costing £29,000 in use to protect our heavy trauma and orthopaedic trays<br/>A trial of foam corners has been instigated by Tayside.</p> <p>Ensure that contingency stock has been procured to mitigate the effects of any down-time on the service to include: -</p> <ul style="list-style-type: none"><li>•At least 3 Days of Trauma trays</li><li>•At least 3 days of obstetric trays</li></ul> <p>Consideration being given to increasing stock to 7 days for Trauma and Obstetric trays.</p> <p>Manage the SLA appropriately and consider changes to allow quality issues to be identified and treated seriously and in a timely manner.</p> <p>Regular Liaison meetings to discuss issues with the service have been taking place since 2021.</p> <p>Discussions are taking place about</p> |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

|    |  |   |  |       |            |                              |    |                     |                                 |
|----|--|---|--|-------|------------|------------------------------|----|---------------------|---------------------------------|
|    |  |   | <p>changing some of the terms in the SLA to allow defective trays to be identified at point of use rather than at point of delivery (July 2023).</p> <p>Consideration of alternative providers to determine whether value for money is being provided and whether increased resilience can be provided continues. Involvement and influencing the National group looking at capacity and resilience in CDU provision across Scotland. This group, facilitated by National Services Scotland (NSS) will make recommendations to the Scottish Government (SG) about how best to increase capacity and resilience within NHS Scotland. This Group was convened in 2021.</p> <p>The Decontamination Collaborative Programme Board (DCPB) is now chaired by the Director of Property &amp; Asset Management and has been briefing SG through regular meetings. Work with Regional partners to identify synergies in service delivery including the developing business plan for re-provision of CDU capacity within NHS Lothian.</p> <p>Raise the profile of this issue at National Estates and Facilities Fora including National Strategic Facilities Group which includes key representatives from NSS and SG.</p> |       |            |                              |    |                     |                                 |
| 17 |  <p><b>MODERATE</b></p> | <p><b>Cyber Resilience</b></p> <p>There is a risk that NHS Fife will be overcome by a targeted and sustained cyber attack that may impact the availability and / or integrity of digital and information required to operate a full health service.</p> | <p>The Network Information System Directive (NISD) and now Cyber Resilience Framework Audit has concluded. The compliance rate has increased to 87%, up from 76% from the previous year.</p> <p>The action plan for improvement has</p>  | Above | High<br>16 | Mod<br>12<br>by<br>Sept 2024 | ◀▶ | Medical<br>Director | Clinical<br>Governance<br>(CGC) |

|    |  |  |   |       |            |                              |    |                     |                                 |
|----|--|--|---|-------|------------|------------------------------|----|---------------------|---------------------------------|
|    |  |  | <p>been presented to the Information Governance and Security Steering Group.</p> <p>The Deep Dive review for this risk was presented to Clinical Governance Committee in January 2024.</p> <p>Management actions detailed continue to be progressed.</p>  |       |            |                              |    |                     |                                 |
| 18 |  <p><b>MODERATE</b></p> | <p><b>Digital &amp; Information</b></p> <p>There is a risk that the organisation maybe unable to sustain the financial investment necessary to deliver its D&amp;I Strategy and as a result this will affect our ability to enable transformation across Health and Social Care and adversely impact on the availability of systems that support clinical services, in their treatment and management of patients.</p> | <p>Consistent alignment of the D&amp;I Strategy with the NHS Fife Corporate Objectives and the Population Health &amp; Wellbeing Strategy.</p> <p>Active review of the current digital programmes against current strategic objectives is complete and has governed by the Digital and Information Board. The annual delivery plan for 2024/25 will demonstrate a reduced level of activity to match the resource availability and limited levels of finance. (Capital and revenue)</p> <p>The revised strategy will include, financial and workforce planning, to support the mitigation of this risk.</p> <p>D&amp;I Board have established new prioritisation and authorisation processes with ongoing review.</p> | Above | High<br>15 | Mod<br>8<br>by April<br>2025 | ◀▶ | Medical<br>Director | Clinical<br>Governance<br>(CGC) |

**Risk Movement Key**

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

## Assurance Principles

### Risk Assurance Principles:

#### Board

- Ensuring efficient, effective and accountable governance

#### Standing Committees of the Board

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


#### Committee Agenda

- Agenda Items should relate to risk (where relevant)

#### Seek Assurance of Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

#### Chairs Assurance Report

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

#### Year End Report

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





### General Questions:

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

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

- History of the risk (when was it opened) – has it moved towards target at any point?
- Is there a valid reason given for the current score?
- Is the target score:
  - In line with the organisation's defined risk appetite?
  - Realistic/achievable or does the risk require to be tolerated at a higher level?
  - Sensible/worthwhile?
- Is there an appropriate split between:
  - Controls – processes already in place which take the score down from its initial/inherent position to where it is now?
  - Actions – planned initiatives which should take it from its current to target?
  - Assurances – which monitor the application of controls/actions?
- Assessing Controls
  - Are the controls "Key" i.e., are they what actually reduces the risk to its current level (not an extensive list of processes which happen but don't actually have any substantive impact)?
  - Overall, do the controls look as if they are applying the level of risk mitigation stated?
  - Is their adequacy assessed by the risk owner? If so, is it reasonable based on the evidence provided?
- Assessing Actions – as controls but accepting that there is necessarily more uncertainty
  - Are they on track to be delivered?
  - Are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk?
  - Are they likely to be sufficient to bring the risk down to the target score?
- Assess Assurances:
  - Do they actually relate to the listed controls and actions (surprisingly often they don't)?
  - Do they provide relevant, reliable and sufficient evidence either individually or in composite?
  - Do the assurance sources listed actually provide a conclusion on whether:
    - the control is working
    - action is being implemented
    - the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level
  - What level of assurance can be given or can be concluded and how does this compare to the required level of defence (commensurate with the nature or scale of the risk):
    - 1<sup>st</sup> line – management/performance/data trends?
    - 2<sup>nd</sup> line – oversight / compliance / audits?
    - 3<sup>rd</sup> line – internal audit and/or external audit reports/external assessments?

### Level of Assurance:

| Substantial Assurance  | Reasonable Assurance  | Limited Assurance   | No Assurance  |
|--|---|---|---|
|  |  |  |  |

|                               |  |
|-------------------------------|--|
| <b>Meeting:</b>               | <b>Fife NHS Board</b>  |
| <b>Meeting date:</b>          | <b>28 May 2024</b>   |
| <b>Title:</b>                 | <b>Population Health and Wellbeing Strategy 2023-24 Annual Report</b>              |
| <b>Responsible Executive:</b> | <b>Margo McGurk, Deputy Chief Executive and Director of Finance &amp; Strategy</b> |
| <b>Report Author:</b>         | <b>Susan Fraser, Associate Director of Planning and Performance</b>                |

## 1 Purpose

**This report is presented for:**

- Approval

**This report relates to:**

- NHS Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

Following the publication of the [NHS Fife Population Health and Wellbeing Strategy](#) in March 2023, it was agreed an annual report summarising the progress of the strategy would be presented with the NHS Fife Board. This first annual report for 2023/24 includes a summary of key metrics that will be monitored going forward and a progress update against the key actions outlined in the strategy.

### 2.2 Background

During summer 2023, a deep dive was undertaken of the corporate risk associated with the implementation of the Population Health and Wellbeing Strategy which focused on how we provide assurance on progress of implementation to the NHS Fife Board. Through that process it was agreed that both a mid-year report and an annual report providing a summary of progress with key achievements and impact would be produced.

## 2.3 Assessment

This first annual report has been prepared with engagement across the organisation and feedback from the Public Health and Wellbeing Committee.

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

The annual report provides a high-level progress update on the work being undertaken to deliver high quality, patient centred and value-based health & care with a focus on how we are addressing the impact of health inequalities.

### 2.3.2 Workforce

The annual report provides a high-level progress update on the work on the work being undertaken to improve staff experience and wellbeing in the 2023-24 financial year in line with the commitments and vision outlined in the Population Health and Wellbeing Strategy.

### 2.3.3 Financial

The implementation of the Population Health and Wellbeing strategy is central to the achievement of our medium-term financial plan.

### 2.3.4 Risk Assessment / Management

A deep dive of the corporate risk associated with implementation of the Population Health and Wellbeing Strategy was undertaken in summer 2023.

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

An Equality Impact Assessment (EQIA) was completed as part of the development of the PHW Strategy and will be reviewed annually as part of the governance process.

### 2.3.6 Climate Emergency & Sustainability Impact

The annual report does not raise, directly, issues relating to climate emergency and sustainability. However, these items do form important parts of our strategy. This update makes reference to key aspects of the work that has been taken forward, for example how we are reducing our energy usage and carbon emissions.

### 2.3.7 Communication, involvement, engagement and consultation

This paper reflects a range of communication, involvement, engagement and consultation across NHS Fife and beyond.

### 2.3.8 Route to the Meeting

- Executive Directors' Group, Thursday 2 May 2024
- Public Health and Wellbeing Committee, Monday 13 May 2024

## 2.4 Recommendation

NHS Fife Board is asked to **approve** the report for publication.

### 3 List of appendices

The following appendices are included with this report:

- Appendix 1: Living well, working well and flourishing in Fife, Population Health and Wellbeing Strategy 2023-2028, Annual Report 2023-24

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# Annual Report

Population Health and  
Wellbeing Strategy  
Annual Report 2023-24



## Introduction

# Transforming our thinking

Living well, working well, and  
flourishing in Fife

**In March 2023, NHS Fife Board approved our Population Health and Wellbeing Strategy. This strategy outlines our vision to support the population of Fife to live well, work well and flourish.**

We said we would deliver this through prioritising addressing health inequalities and supporting improvement in health and wellbeing across the population of Fife. The strategy outlines our 4 strategic priorities and for each priority a range of key commitments we would take forward.

In the Mid-Year Report, published in January 2024, we provided a progress update on the work taken forward in the first 6 months of the strategy implementation across these commitments. This is our first annual report since the strategy was approved, providing further updates on the work that was taken forward over 2023-24.

## Health Inequalities

We highlighted in our strategy the impact of inequalities and the difference in life expectancy between our most affluent and most deprived communities. Men in our most deprived communities die, on average, 10 years younger than men in the most affluent communities. For women the difference is 8 years. The reasons for this are complex and multifactorial.

Many factors influence health and wellbeing, some cannot be changed such as our age or genetics. Others are potentially modifiable such as diet, smoking and alcohol intake. Our health and wellbeing is also influenced by the conditions we are born, grow up in, live and work. The key building blocks include affordable, secure and quality housing, stable well-paid work, accessible childcare, and training and education. Responsibility for these 'determinants of health' lie out with the direct control of NHS Fife.

Nonetheless, access to health and care services still plays a significant role. The Marmot Review (2010) identifies that health and social care services contribute around 20% of the modifiable determinants of health.

Health and care services make an important contribution to improving health outcomes and reducing health inequalities by enabling inclusive, high quality, and patient-centred care; supporting action-focused work on prevention; improving early detection; supporting early intervention and treatment; and delivering sustainable services. All of these factors are closely aligned to the 4 strategic priorities of NHS Fife.

## Measuring the impact of our work

In this report we outline a range of metrics that we will monitor throughout the lifetime of this strategy to assess if we are making an impact. This includes both life expectancy and healthy life expectancy. Recognising the challenge of changing long standing trends, we do not expect that we will eradicate inequalities in the lifespan of this strategy. However, we are taking positive and deliberate steps to close the inequality gap and as a minimum for the gap to not grow any further.



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## Reform, Transform, Perform

Plans for 2024-25 must be considered in the context of the significant financial challenge facing us. Following the Scottish Government Budget announcement in December 2023, it has become clear that all public services, including those provided by NHS Scotland, will need to change how we work. It is widely acknowledged that financial pressures across health and social care are the most challenging since devolution. NHS Fife is no exception to this.

Reform, Transform, Perform is NHS Fife's approach to improving services delivered to the population of Fife and addressing our financial challenges. It sets out our intention to implement a renewed strategic approach to creating the right conditions for us to evolve our services, empower our staff and to ensure a more sustainable future.

This framework is firmly rooted in the ambitions laid out in our NHS Fife Population Health and Wellbeing Strategy. NHS Fife remains committed to our strategy and seeks to deliver the best quality health and care for the people of NHS Fife.



# The foundations of our strategy



**Our vision:** Living well, working well and flourishing in Fife

## Our values

Care and compassion

Dignity and respect

Openness, honesty and responsibility

Quality and teamwork

## Our principles

Listening and involving

Supporting communities

Empowering people

Prevention and early intervention

Creating wellbeing

Being kind

## Our strategic priorities

### 1. Improve health and wellbeing



We work to close the inequality gap ensuring that all people of Fife can flourish from cradle to grave.

### 2. Improve the quality of health and care services



We provide the safest and best possible health and care services, from cradle to grave, for the people of Fife.

### 3. Improve staff experience and wellbeing



We value and look after our staff.

### 4. Deliver value and sustainability



We use our resources wisely to ensure our services are sustainable and meet our population's needs.

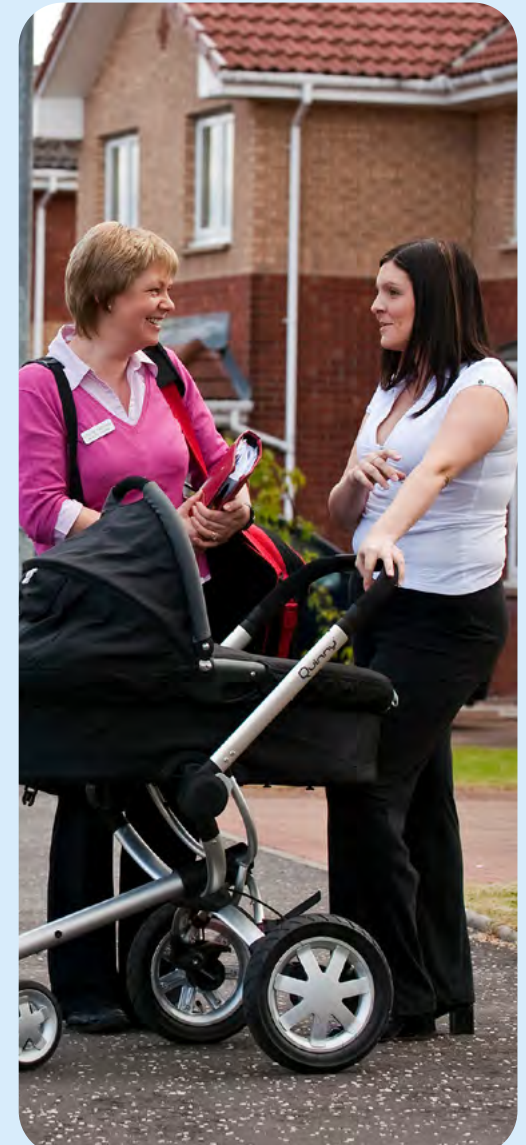
# Strategic Population Health and Wellbeing Indicators

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**The progress against the ambitions of the Strategy will be demonstrated through monitoring public health indicators to measure the impact on the health and wellbeing of the population.**

This section provides a deep dive into a few selected public health indicators on life expectancy and a summary of further public health indicators.

It should be noted that publication of public health indicators is yearly and for some metrics data is reported in arrears. All the data can be viewed at the [Public Health Scotland website](#).

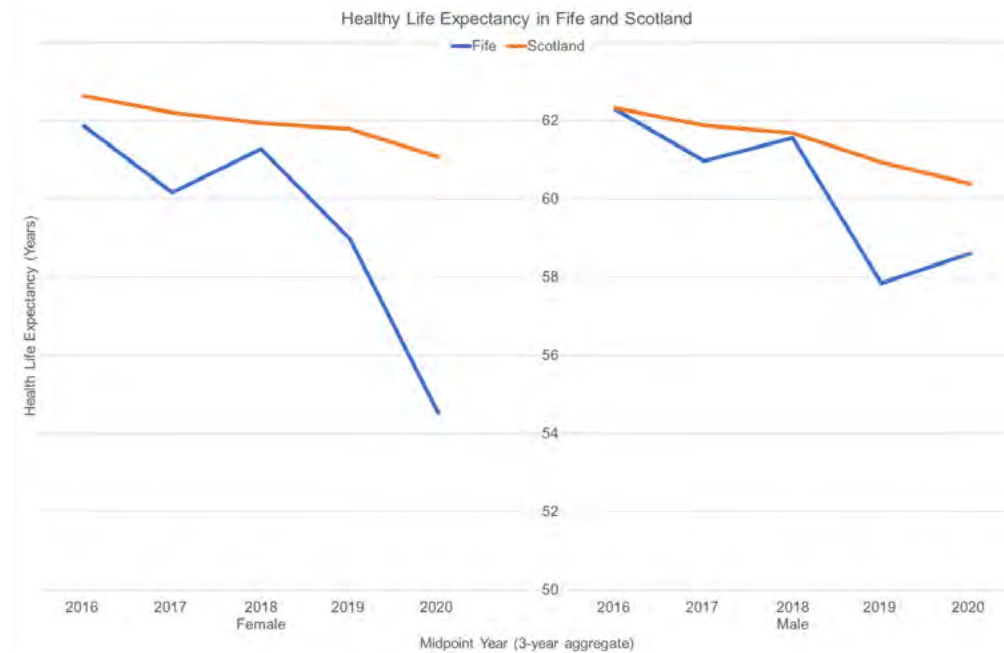




## Life Expectancy Data Deep Dive

### Healthy Life Expectancy

**Definition:** Healthy life expectancy (HLE) is an estimate of the number of years lived in 'very good' or 'good' general health, based on how individuals perceive their state of health at the time of completing the annual population survey (APS) (Source: [Public Health Scotland](#)).



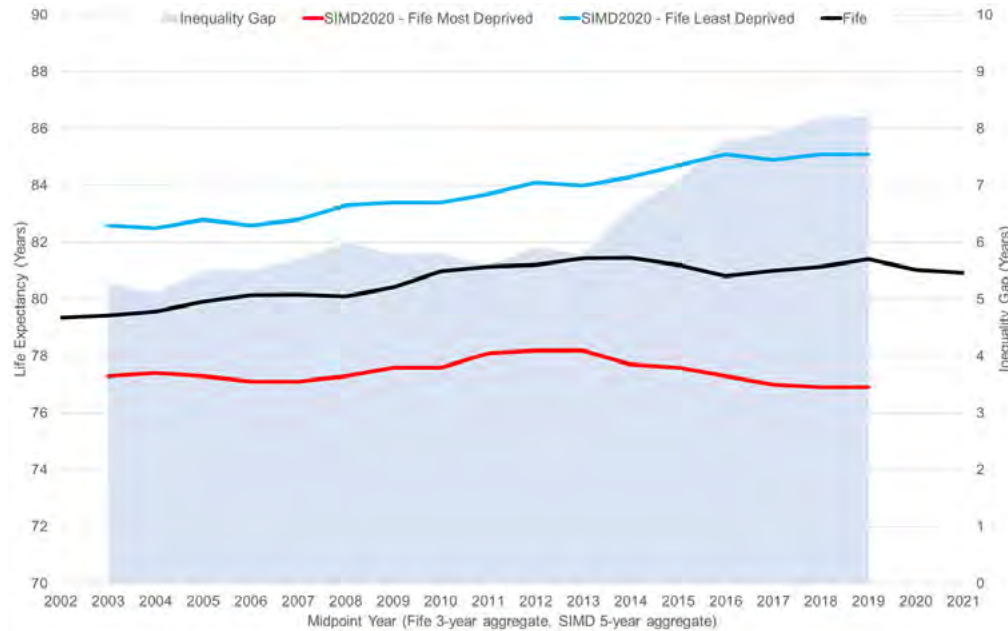
### Analysis

- Healthy Life Expectancy is falling in Fife for both Males and Females as it is elsewhere in Scotland. Healthy life expectancy has been lower than the Scottish average for both males and females since at least 2015, which is when estimates of healthy life expectancy started to be published for health boards and councils alongside national estimates.
- In 2019-2021, healthy life expectancy was 54.5 years for females and 58.6 years for males in Fife. Both estimates were lower than the estimates for Scotland which were 61.1 years for females and 60.4 years for males over the same time period.
- Healthy Life Expectancy is falling faster for women in Fife than it has elsewhere in Scotland. The difference between Fife and the Scottish average is statistically different.

## Life Expectancy and Deprivation

**Definition:** Estimated life expectancy at birth in years, multi-year average

### Female life expectancy



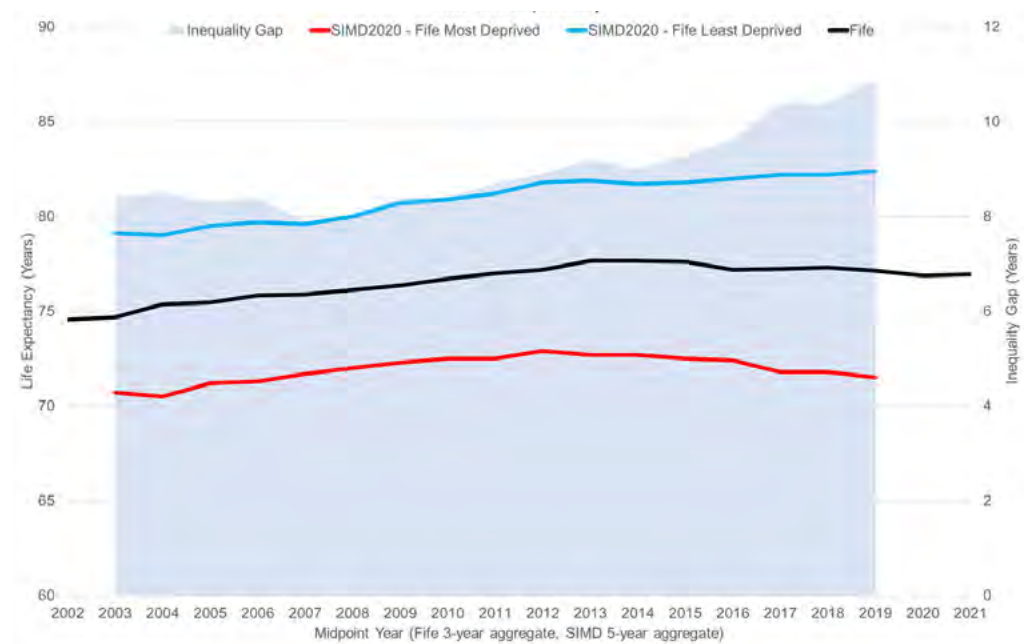
The inequality gap is widening over time.

#### Female Life Expectancy

Inequality Gap in 2001-2005: 5.3 years  
 Inequality Gap in 2017-2021: 8.2 years  
 Increase: 2.9 years



### Male life expectancy



The inequality gap is widening over time.

#### Male Life Expectancy

Inequality Gap in 2001-2005: 8.4 years  
 Inequality Gap in 2017-2021: 10.9 years  
 Increase: 2.5 years



## Analysis of Life Expectancy (See page 8 for charts)

Life expectancy at birth in Fife was 76.9 years for males and 81.0 years for females in 2019-2021. This represents a slight drop in life expectancy in males and in females since the last estimates of 77.2 years and 81.2 years respectively over the period 2018-2020.

However, the full extent of inequality in life expectancy across Fife is most apparent when you look at the differences between the life expectancies of the populations living in the most and least deprived quintiles in Fife.

For both males and females in our least deprived communities, life expectancy has been steadily increasing since 2001-2005. While since 2013, life expectancy has been falling for men and women in the most deprived communities. This is contributing to a widening of inequalities. Differences in national life expectancy between the least and most deprived have similarly been widening since 2013-2015.



## Other Population Health and Wellbeing Indicators

We are tracking the indicators shown over the following pages as part of the monitoring of this strategy. We expect this strategy to impact on these indicators over time.

These indicators have been selected for one or more of the following reasons:

- They are routinely captured by information systems allowing us to easily report on them.
- They can be disaggregated by SIMD, which is critical given the strategy aims to address health inequalities.
- They directly link to at least one of the four priorities of the Population Health and Wellbeing strategy; and
- They are indicators where Fife is faring worse than the Scottish average and so the scope to improve upon current performance is high.



## 1. Early Years and Young People

| Metric and Definition   | Indicator            | Fife   | Scotland |   |
|---|----------------------|--------|----------|---|
| <b>1.1 Child dental health in primary 1</b><br>Percentage of Primary 1 children receiving a letter 'C' (no obvious decay experience but should continue to see the family dentist on a regular basis) at basic inspection. 2021/22 school year. | 1.1.1 Overall        | 70.97% | 73.11%   | ● |
|   | 1.1.2 Most deprived  | 58.2%  | 58.4%    | – |
|   | 1.1.3 Least deprived | 83.4%  | 85.8%    | – |
| <b>1.2 Child healthy weight in primary 1</b><br>Percentage of Primary 1 children (with a valid height and weight recorded) whose BMI is between the 5% and 95% of the 1990 UK reference range for their age and sex. 2019/20 financial year.    | 1.2.1 Overall        | 75.67% | 76.34%   | ● |
|   | 1.2.2 Most deprived  | n/a    | n/a      | – |
|   | 1.2.3 Least deprived | n/a    | n/a      | – |
| <b>1.3 Teenage pregnancies</b><br>Pregnancies in under 20s. Crude rate per 1,000 females aged 15-19. 2019 to 2021 calendar years; 3-year aggregate.   | 1.3.1 Overall        | 29.63  | 24.95    | ● |
|   | 1.3.2 Most deprived  | 58.6   | 47.3     | – |
|   | 1.3.3 Least deprived | 9.6    | 10.3     | – |

### Analysis

The data show that the proportion of children in primary 1 in Fife experiencing no dental decay has been broadly static since 2012-13 at around 70%. However, since 2021-22, there has been an improvement in dental health across Scotland and now Fife has comparatively worse child dental health than Scotland as a whole. This difference is statistically significant (meaning that it is not just down to expected variation). The proportion of children this age with a healthy weight remains similar to the national average, with the rate not having changed significantly since 2002-03. The rate of teenage pregnancies in Fife is significantly higher than the Scottish average. Again, there is evidence of an inequality gradient ranging from 9.6/1000 females aged 15-19 from the least deprived area to 58.6/1000 of females aged 15-19 in the most deprived area. Teenage pregnancies in Fife have been consistently falling since 2006-08 when the overall rate was 65.2 births per 1000 females aged 15-19.

### Key

|   |   |
|---|---|
| ● | <b>Orange</b> – statistically NHS Fife is significantly worse than Scotland |
| ● | <b>Grey</b> – not statistically significantly different to Scotland         |
| ● | <b>Blue</b> – NHS Fife is statistically significantly better than Scotland  |
| – | <b>White</b> – no difference calculation available                          |

This falling trend is also mirrored across Scotland as a whole.

| 2. Alcohol and Drugs  |                      |       |          |   |
|---|----------------------|-------|----------|---|
| Metric and Definition   | Indicator            | Fife  | Scotland |   |
| <b>2.1 Alcohol-specific deaths</b><br>Alcohol related deaths (based on new National Statistics definition):<br>Age-sex standardised rate per 100,000, 2017 to 2021 calendar years;<br>5-year aggregate. | 2.1.1 Overall        | 18.95 | 21.11    | ● |
|   | 2.1.2 Most deprived  | 36.5  | 43.1     | - |
|   | 2.1.3 Least deprived | 7.6   | 8.5      | - |
| <b>2.2 Drug-related deaths</b><br>Number of drug-related deaths: Age-sex standardised rate per 100,000,<br>2021 calendar year   | 2.1.1 Overall        | 20.48 | 25.24    | ● |
|   | 2.1.2 Most deprived  | 53.6  | 62.2     | - |
|   | 2.1.3 Least deprived | 2.4   | 3.7      | - |

### Analysis

Both alcohol-specific and drug-related death rates are lower in the Fife population compared to the Scottish average, but these differences are not significant. Alcohol specific deaths in Fife had been falling from a high in 2007-11 (rate of 20.82) but then started to increase again since 2012. This trend is mirrored in Scotland as a whole. By contrast, drug related deaths in Fife have been increasing since 2002 when the rate was 3.51/100,000 to 20.48/100,000 in 2021. This rising trend is mirrored across Scotland as a whole.

### Key

|   |   |
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### 3. Mental Wellbeing

| Metric and Definition   | Indicator     | Fife | Scotland |   |
|---|---------------|------|----------|---|
| <b>3.1 Mental wellbeing score, females</b><br>Females aged 16+ mean Score on The Warwick-Edinburgh Mental Well-being Scale (WEMWBS). 4-year aggregate (2017-2021) | 3.1.1 Overall | 48.9 | 49.4     | ● |
| <b>3.2 Mental wellbeing score, males</b><br>Males aged 16+ mean Score on The Warwick-Edinburgh Mental Well-being Scale (WEMWBS). 4-year aggregate (2017 - 2021)   | 3.1.1 Overall | 50.1 | 49.5     | ● |

#### Analysis

Mental wellbeing scores are not significantly different for males and females in Fife compared to the national average. Review of trends show that mental wellbeing scores have remained broadly stable since 2012-15. This data is not available by deprivation quintiles.

#### Key

|   |   |
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#### 4. Hospital Admissions

| Metric and Definition   | Indicator     | Fife | Scotland |   |
|---|---------------|------|----------|---|
| <b>4.1 Multiple emergency hospital admissions, aged &gt;65 years</b><br>Patients aged 65+ years with 2 or more emergency hospital admissions within a 12 month period and discharged from hospital: 3 year rolling average number and directly age-sex standardised rate per 100,000 population, 2019 to 2021 calendar years (3-year aggregates). | 4.1.1 Overall | 4814 | 5000     | ● |

#### Analysis

NHS Fife has a lower rate of multiple emergency admissions of people aged 65+ to hospital than compared to Scotland and this is statistically significant (meaning that it is not just down to expected variation). Multiple admissions are important to monitor as chronic patterns of acute hospital use could indicate failed discharges, inadequate care planning and missed opportunities to provide holistic care. In Fife and Scotland as a whole, the rate of multiple admissions has been consistently increasing over time from 2002-04 through 2017-2019. It has fallen in 2018-20 and 2019-21 which is likely to have been impacted by changes to services arising from the Covid-19 pandemic. It is unclear what will happen as the effects of Covid-19 recede; whether rates will revert back to their historical trend or if they continue to fall. This data is not available by deprivation quintiles.

#### Key

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## 5. Mortality

| Metric and Definition   | Indicator            | Fife  | Scotland |   |
|---|----------------------|-------|----------|---|
| <b>5.1 Early deaths from coronary heart disease (CHD), aged &lt;75 years</b><br><br>Deaths from coronary heart disease (CHD), (<75 years), 3 year rolling average number. Age-sex standardised rate per 100,000, 2019 to 2021 calendar years (3-year aggregates). | 5.1.1 Overall        | 52.27 | 52.59    | ● |
|   | 5.1.2 Most deprived  | 82.5  | 99.5     | – |
|   | 5.1.3 Least deprived | 22.6  | 26.3     | – |

### Analysis

Deaths from coronary heart disease in people aged less than 75 years potentially indicate where prevention of risk factors such as high blood pressure and cholesterol could be improved upon. For Fife, 52.3/100,000 population die younger than the age of 75 because of coronary heart disease. This rate has been falling in Fife since 2002-2004 when the rate was 108.32 per 100,000. Again, this mirrors declines seen across Scotland.

## 6. Screening

| Metric and Definition   | Indicator            | Fife   | Scotland |   |
|---|----------------------|--------|----------|---|
| <b>6.1 Bowel screening uptake</b><br><br>Bowel screening uptake for all eligible men and women invited (aged 50-74): Percentage, 2020 to 2022 calendar years; 3-year aggregate. | 6.1.1 Overall        | 66.32% | 66.23%   | ● |
|   | 6.1.2 Most deprived  | 55.6   | 53.7     | – |
|   | 6.1.3 Least deprived | 74.8   | 75.1     | – |

### Analysis

Screening is an effective healthcare public health intervention and supports earlier diagnosis of disease in people who may not have symptoms. Overall, uptake of bowel screening by those eligible in Fife is 66.3% which is not statistically different to the national average. Screening uptake has been steadily increasing since 2008-2010 when it was 54.66%. This trend is mirrored in national data. However, there is an inequality in screening uptake between the most deprived (55.6%) and least deprived (74.8%).

### Key

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## 7. Smoking

| Metric and Definition  | Indicator            | Fife   | Scotland |   |
|--|----------------------|--------|----------|---|
| <b>7.1 Smoking during Pregnancy</b><br>Women with known smoking status at 1st antenatal booking appointment who are recorded as a 'current smoker':<br>2019/20 to 2021/22 financial years (3-year aggregate) percentage (those with a smoking status of 'unknown' have been excluded). | 7.1.1 Overall        | 19.05% | 12.92%   | ● |
|  | 7.1.2 Most deprived  | 33.8%  | 24.3%    | - |
|  | 7.1.3 Least deprived | 3.6%   | 2.5%     | - |

### Analysis

Deaths from coronary heart disease in people aged less than 75 years potentially indicate where prevention of risk factors such as high blood pressure and cholesterol could be improved upon. For Fife, 52.3/100,000 population die younger than the age of 75 because of coronary heart disease. This rate has been falling in Fife since 2002-2004 when the rate was 108.32 per 100,000. Again, this mirrors declines seen across Scotland.

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**How our work is  
making a difference  
in practice**

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## Case study one: Are there inequalities in accessing elective care?

In line with all Health Boards across Scotland waiting times have increased for many services. Our Planned Care Programme Board has undertaken work to ensure that waiting times are not increasing at different rates for different groups and increasing any existing inequalities gap. We also wanted to understand whether there are any inequalities in how services are accessed.

### How did we review our waiting times?

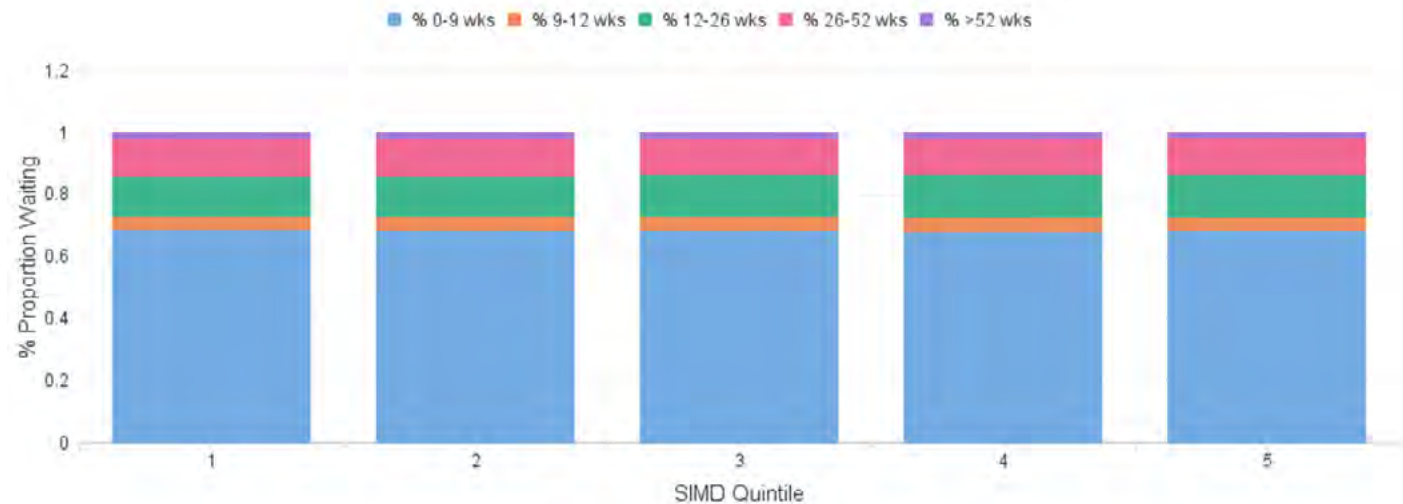
We reviewed outpatient waiting time data from 2022-23 to compare the waiting times for different groups to ensure that there was no difference between groups. We split patients by categories such as deprivation, gender and age and then compared the waiting times between these categories.

### What did our review tell us?

Reassuringly, when comparing waiting times for appointments for people by deprivation, there was no obvious difference in length of waiting times for outpatient appointments, indicating no obvious inequality associated with deprivation in elective outpatient waiting times.



**Percentage Proportion of OP Completed Waits by SIMD Quintile and Weeks Waiting**

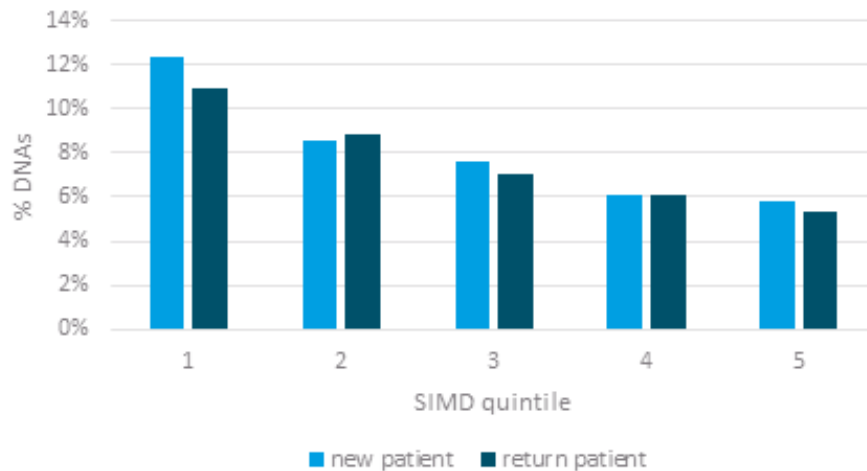




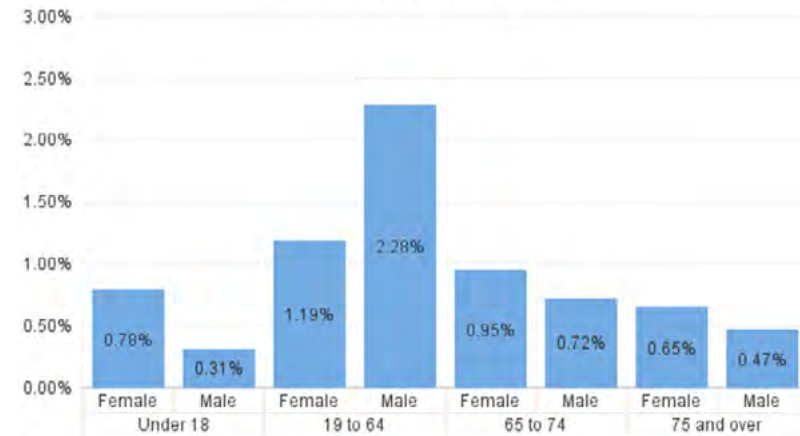
However, we did find that there were differences in patients who Did Not Attend (DNAs) for both new and return outpatient appointments across all specialties, with DNAs being more common in those from deprived groups. This is consistent with findings in other NHS Boards.

This is shown in the graph below (SIMD quintile 1 is the most deprived group, 5 is the least deprived), whilst further analysis identified differences in DNA rates by age and gender.

### Comparing the DNA Rate of Different SIMD Groups



### DNA Rate by Age Group and Sex



In conclusion, we found that:

- Higher level of non-attendance (DNAs) at outpatient appointments for patients from more deprived areas
- Men living in the most deprived areas are less likely to attend appointments than men living in the least deprived areas of Fife
- Younger men aged 18-34 years are at highest risk of not attending appointments.
- DNAs tend to be highest for all groups over the summer months compared to other seasons.

### What are we doing next?

We are reviewing the existing evidence around barriers and interventions to improve access to healthcare services. We are also seeking to engage with younger men (aged 18-34) to better understand local barriers and potential ways of increasing access for this group. We are doing this in collaboration with our participation and engagement team, and through the dissemination of a short survey.

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## Case study two: Improving access to NHS Fife services for British Sign Language users

NHS Fife has a statutory responsibility to ensure people who use British Sign Language (BSL) can access our services. Historically, we have used external companies to provide BSL interpretation services, however feedback from patients and staff was that this service was no longer meeting their needs. For example, we have not always been able to book interpreters when they were needed.

This has caused delays in accessing appropriate services for patients. We have received feedback that some patients have chosen to avoid treatment as they found communication so difficult. In addition, costs of using external providers have been rising over time and we have consistently overspent our budget for this service.

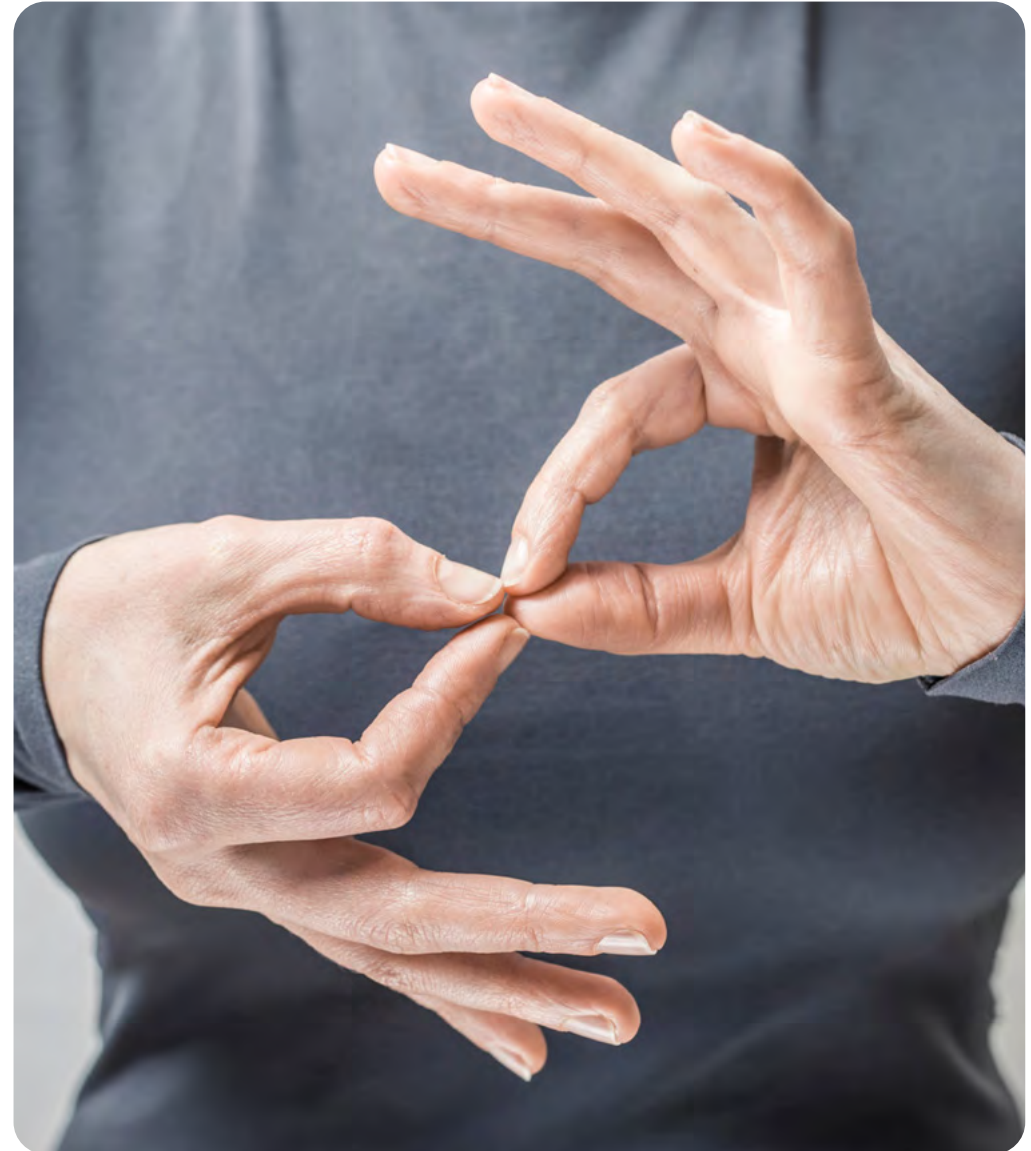
In 2023, we undertook a review of our BSL provision to identify how we could improve access to services for patients and staff.

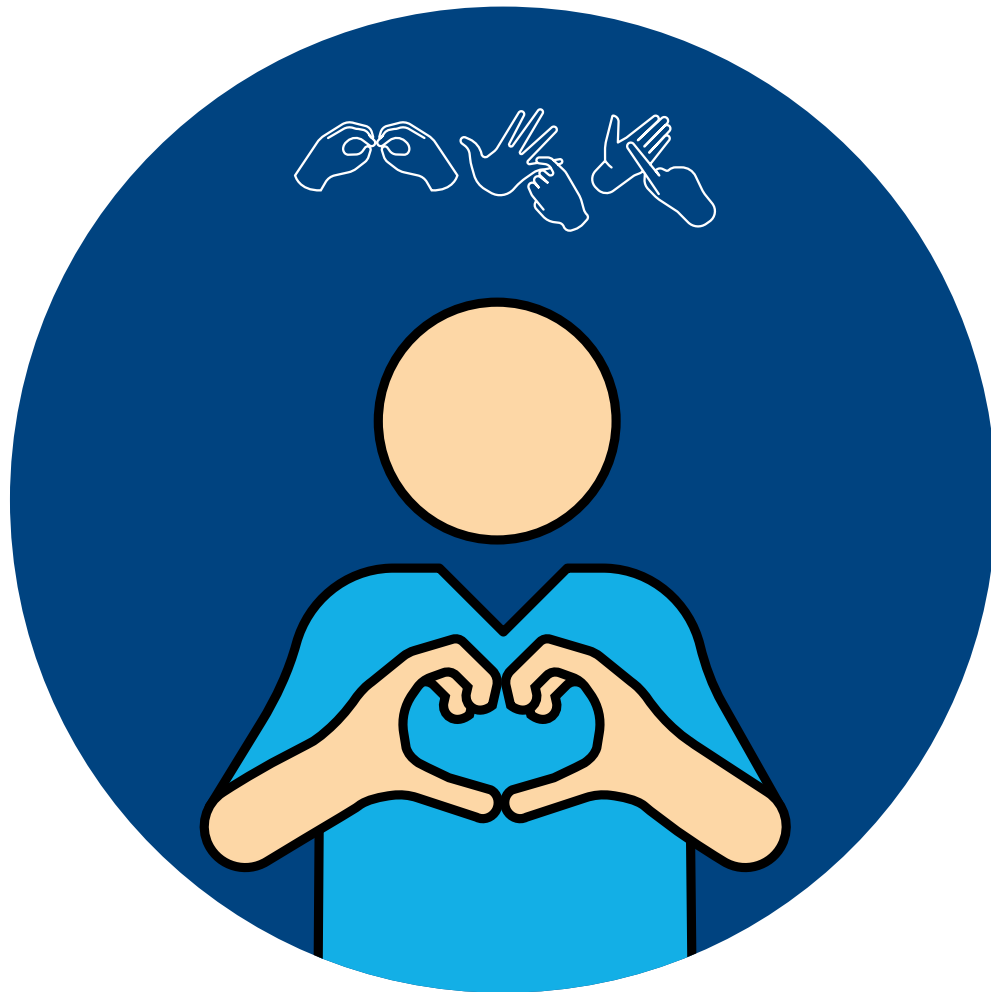
### How did we review the BSL service?

The review gathered a range of data on the use of the service, feedback from patients and staff, and associated costs. Following this, we undertook an options appraisal evaluating different options for providing this service. The preferred option was to test the provision of an in-house BSL interpreter service.

### What did our review tell us?

NHS Fife recruited Mandy, a BSL Interpreter who was employed in January 2024 on a temporary basis. Since starting in post, Mandy has improved the service available to patients and staff and improved access to clinical services for patients resulting in cost savings for NHS Fife.





Benefits include:

- Increased availability for interpretation at short notice or emergency appointments.
- Greater uptake of BSL interpretation including by patients who have previously avoided accessing services due to poor interpretation support.
- Positive feedback from patients and staff using the service.
- Ability for patients to access the interpreter for help with rescheduling or planning appointments via video call.

An example of the feedback from staff and patients include:

***“Was not an easy process before. Now is much better by a country mile!” (staff member)***

***“Great for Fife... [the interpreter] was with me and my wife last Friday... at our GP [appointment]” (Patient)***

The provision of an in-house interpreter has helped to reduce the barriers to accessing our services which in time will contribute to improved health and wellbeing for the Deaf-BSL Community using our services.

Our BSL interpreter has also been able to support staff working in NHS Fife who communicate using sign language and has supported job interviews. There are opportunities in the future to support 1-1 meetings and appraisals in the future. We are demonstrating how we can be an exemplar employer in line with our Anchor Ambitions supporting all parts of our community to access employment with NHS Fife.

#### **What are we doing next?**

We are currently evaluating the impact of our in-house interpreter service and will take forward next steps in summer 2024.



## Strategic Priority 1

# Improve health and wellbeing

We work to close the inequality gap ensuring that all people of Fife can flourish from cradle to grave.

### Ambitions\*

A Fife where we:

- 1 live in flourishing, healthy and safe places and communities.
- 2 thrive in our early years.
- 3 have good mental wellbeing.
- 4 reduce the use of and harm from alcohol, tobacco, and other drugs.
- 5 have a sustainable, inclusive economy with equality of outcomes for all.
- 6 eat well, have a healthy weight and are physically active.

### Key Achievements in 2023-24

Delivering of a wide range of work that is supporting improvements to health and wellbeing including:

- Undertaking a review of childhood immunisations to ensure that we maximise the number of children who receive protection from childhood immunisations.
- Tackling poverty through our Tackling Poverty Preventing Crisis Partnership which has been commended for the way it has brought together and coordinated work on both child and adult poverty.

\*Based on Scotland's 6 public health priorities.

- Continued to reduce the adverse impacts from alcohol and drugs including a review of alcohol drugs deaths, providing evidence-based submissions to the Fife Licensing Board, and delivering against the Medication Assisted Treatment (MAT) standards for people with drug problems.
- Aligning our work of the Health Promoting Health Service with the work of the Population Health and Wellbeing Strategy.
- Taking forward plans to support the implementation of the UN Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 from July 2024.

Developed a range of plans and strategies in 2023-24 that lay the foundations for much of our work in the coming years to support health and wellbeing across the life course. Examples include our Early Intervention and Prevention Strategy (expected to be signed off imminently), Fife Alcohol and Drugs Partnership Strategic Plan 2024-27 and our Anchors Strategic Plan which was submitted to Scottish Government in autumn 2023.

Continued partnership working to maximise our contribution to health and wellbeing including Fife Council, community groups and third sector organisations. Examples of work include Plan for Fife and the development and delivery of the Fife Children Services Plan with a wide range of multi-agency partners.



### 5.3 Key Enabling Strategies and Frameworks

| NHS Fife            | Fife HSCP                                  |
|---------------------|--|
| Anchor Institution  | Alcohol and Drug Strategy                  |
| Greenspace Strategy | Prevention and Early Intervention Strategy |
|                     | Carer's Strategy                           |



## Linked NHS Performance and Quality Indicators

### Smoking Cessation

| Indicator              | Target (2023/24) | 2022/23 | 2023/24 | Change | Notes             |
|------------------------|------------------|---------|---------|--------|-------------------|
| Smoking Cessation (FY) | 473              | 301     | 181     |        | 2023/24 to Dec-23 |

#### Analysis

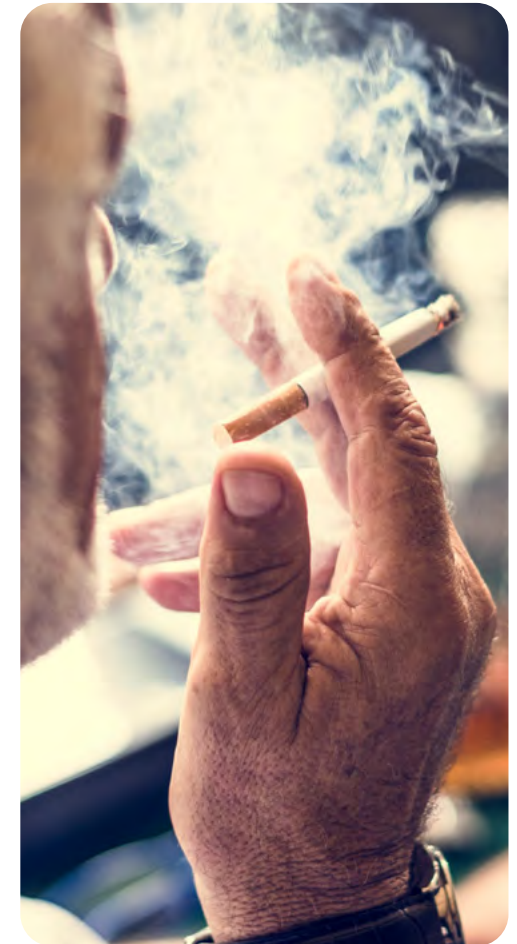
This data is reported in arrears and 2023-24 data is only complete to December 2023. There has been 181 successful quits in the 40% Most Deprived areas in Fife so far in 2023/24 (to Dec-23). The trajectory by December 2023 was for 354 successful quits therefore this equates to a 51.1% achievement. The annual target is for 473 successful quits. Compared to same stage in 2022/23, there has been 51 less successful quits against the same trajectory.

### Drugs and Alcohol Waiting Times

| Indicator                       | Target (2023/24) | 2022/23 | 2023/24 | Change | Notes         |
|---------------------------------|------------------|---------|---------|--------|---------------|
| Drugs and Alcohol Waiting Times | 90%              | 93.2%   | 86.4%   | -6.8%  | Calendar year |

#### Analysis

Performance against Drug and Alcohol waiting time standard (90% within 3 weeks) has decreased to 86.4% in 2023 compared to 93.2% in 2022. There were 3565 referrals into service in 2023 which is a 11.8% increase from 2022.



## Vaccinations

| Indicator                                    | Target (2023/24) | 2022/23 | 2023/24 | Change | Notes         |
|--|------------------|---------|---------|--------|---------------|
| <b>Flu Vaccination (Winter, Age 65+)</b>     | 85%              | n/a     | 80.2%   | n/a    | Calendar year |
| <b>COVID Vaccination (Winter, Age 65+)</b>   | 85%              | n/a     | 79.6%   | n/a    | Calendar year |
| <b>Immunisation: 6-in-1 at Age 12 Months</b> | 95%              | 94.6%   | 93.9%   | -0.7%  | Calendar year |
| <b>Immunisation: MMR2 at 5 Years</b>         | 92%              | 88.5%   | 88.6%   | 0.1%   | Calendar year |

### Analysis

Uptake for Influenza vaccination in Fife for ages 65+ was 80.2% at the end of March 2024, for ages 75+ uptake is higher at 84.9%. Care Home residents are the priority group with the highest uptake at 86% with uptake for all Health Care Workers at 38%. Uptake in children was 43.6% at the end of March with the highest uptake being the Primary School cohort at 67.3%.

Uptake for Covid-19 vaccination in Fife for ages 65+ was 79.6% at the end of March 2024, for ages 75+ uptake is higher at 84.8%. The priority group with the highest uptake continues to be Care Home residents at 86.2%. Uptake for Frontline Health Care Workers is 30.3%.

Uptake for all schedules by 12 months of age has decreased slightly in 2023 compared to 2022, ranging from decrease of 0.2% in PCV uptake to 0.8% for 6in1 and Meningitis B. At 24 months of age, there was an increase in primary course of MMR1 and boosters for Hib/MenC, PCVB and MenB. There was no change in MMR2 uptake at 5 years of age but uptake fell below 90% at 6 years. There was also decrease in uptake in 4in1 immunisation at both 5 and 6 years of age.



## Progress update

**SP 1.1** **What we said we would do:** Scale up the work supporting people to access benefits advice through training and upskilling so that more people, where appropriate, can access financial and benefits support.

Delivered 70 training sessions reaching over 600 people raising awareness in a range of poverty related issues such as child poverty, food insecurity, fuel poverty, income maximisation and period poverty.

Training is planned and coordinated through our multi-agency Poverty Awareness Training Group. Training courses are open to all public and voluntary sector workers in Fife. [Fife Health Promotion Training website](#) provides more details of the training available.

Hosted 'Train the Trainer' workshops to support an increase in training capacity and development of further training materials. For example, animated Learning Bytes which are due to be launched in summer 2024.

SP: Strategic Priority

## Training delivered in 2023-24

| Course   | Sessions Delivered | Attendees  |
|--|--------------------|------------|
| Fife Benefit Checker and Our Fife Toolkit Workshops              | 42                 | 356        |
| Online Fife cost-of-living campaign awareness session            | 9                  | 116        |
| Train the Trainer workshop                                       | 3                  | 7          |
| Poverty Information Session – Children and Young People          | 2                  | 16         |
| Poverty Information Session – Adults                             | 4                  | 30         |
| In-Work Poverty for Managers                                     | 2                  | 14         |
| Benefit Basics Scotland  | 2                  | 53         |
| Supporting Low Income Households                                 | 4                  | 34         |
| Thinking About Stigma – promoting inclusive practice across Fife | 2                  | 10         |
| <b>Total</b>   | <b>70</b>          | <b>636</b> |



**SP 1.2 What we said we would do:** Ensure equitable access to routine, seasonal and selective immunisation programmes throughout the life course.

Agreed the final report of the Strategic Review of Childhood Immunisation Services in Fife. Now taking forward implementation of agreed actions including:

- Refreshed measles elimination action plan.
- Established the immunisation inclusion group to explore a community champions model.
- Initiated a quality improvement working group to improve pre-school measles, mumps and rubella (MMR) vaccine uptake.

**SP 1.3 What we said we would do:** In line with the UN Convention on the Rights of the Child, support every child to have the best possible health. Examples include promoting breast-feeding and helping to address child poverty.

Developed our [Children's Services Plan 2023-2026](#). Delivery is being reported to the Fife HSCP Children in Fife Group. Priority areas of work include supporting breastfeeding, reducing smoking during pregnancy and the health visitor pathway.

With our community planning partners as part of [Plan4Fife](#), we have published our 2022-23 [Tackling Poverty and Preventing Crisis Annual Report](#) which includes the Fife Annual Local Child Poverty Action Report. This joint approach has received positive feedback nationally. A key priority is developing our income maximisation in conjunction with partner agencies as outlined in SP1.1.

Participating as a pathfinder site testing the implementation of the [Bairn's Hoose standards](#) supporting the provision of holistic, child-centred support to both those who have been victims or witnessed abuse and to children, under the age of criminal responsibility, whose behaviour has caused harm. We are working with the 3rd sector and have developed a Joint Interviewing and Investigation (JII) Suite at Queen Margaret Hospital.

Received gold accreditation in the [UNICEF Baby Friendly Standards](#) in maternity, neonatal and community care.

Participated as a [Getting it Right for Everybody \(GIRFE\)](#) pathfinder site in conjunction with Scottish Government. We focussed on the transition from child to adult services and how this journey can be improved for young people. Enhanced services that support the most vulnerable children in our communities. For example, we have launched our kinship team supporting children looked after by their family members.

**SP 1.4 What we said we would do:** Improve awareness of the range of mental health and wellbeing support across Fife amongst NHS staff and the public.

**For the public:**

- Agreed a Mental Health Triage Car Test of Change (ToC) in Levenmouth locality to support people who contact emergency services with a mental health need or emotional distress. Working in partnership between Fife HSCP and Scottish Ambulance Service we plan to test the provision of a service staffed by one mental health paramedic and a mental health nurse skilled in mental health assessment. Planning is now complete and expected this ToC will begin in April 2024.
- Developed, launched and evaluated a new mental health and wellbeing resource 'Jobseekers Wellbeing Toolkit' designed as a self-management prevention and early intervention resource issued by employability partners to support client wellbeing.

**For staff:**

- Promoted Access Therapies Fife, Step on Stress and other resources to support staff in addition to Counselling, Occupational Health, Peer Support, Spiritual Care and Staff Psychology Support.
- Delivered the Health and Safety Executive Stress Talking Toolkit with staff working in Mental Health and Learning Disability services, Domestic Services, and NHS Fife Pharmacy. Planning to offer this intervention to staff working in acute services.
- Tested different approaches to early intervention by our new Occupational Health Mental Health Nursing Service. Both uptake of this service and feedback has been positive and a full evaluation is currently underway.



**SP 1.5 What we said we would do:** Improve mental health services for individuals struggling with substance misuse through closer working with the community alcohol and drug partnership.

Agreed an updated 2024-27 Fife Alcohol and Drugs Partnership Strategic Plan to enable all the people of Fife affected by drug and alcohol use to have healthy, safe, satisfying lives free from stigma. The strategic plan includes a three-year delivery plan across six strategic priority themes.

Developed a performance framework for all Medication Assisted Treatment (MAT) standards to inform board performance reporting and Scottish Government returns. This provides Scrutiny and Assurance whether the project and programme plans are delivering impactful changes to improve the lives of people affected by drug use.

Submitted an evidence-based response to the Fife Licensing Board consultation to inform local implementation licencing policy.

**SP 1.6 What we said we would do:** Encourage people to make healthier food choices

Drafted the 2023-2030 Food4Fife strategy. The consultation on the strategy has now closed and the strategy will be finalised ahead of publication during summer 2024.

An event focusing on the 3 strands of Public Health Priority 6 (food, weight, and physical activity) to identify priority areas for action and ensure alignment with our work around type 2 diabetes prevention. There are initial plans for a follow up event in summer 2024.

**SP 1.7 What we said we would do:** Support increased access to physical activity, particularly in older age, enabling people to stay independent and healthier for longer.

Finalised the 2024- 2029 Fife Musculoskeletal Physiotherapy Service Strategic Plan which has a focus on supporting physical activity for patients.

Published a range of health and wellbeing resources on the NHS Fife website. A tool has been developed which has links for staff to signpost patients, supporting them to increase their physical activity, linked to their personal outcomes and good conversation work.

**SP 1.8 What we said we would do:** Use NHS Fife's buildings and land to support communities to improve health and wellbeing. For example, making our buildings and land more accessible to support third sector activities.

Developed our Anchor Strategic Plan, identified baseline metrics, and submitted to Scottish Government. This outlines how NHS Fife will maximise local employment, local procurement and the use of our land and buildings.

Engaged with the Community Benefits Portal to link NHS Suppliers with Fife community needs. This supports NHS Suppliers to fulfil their statutory duties of delivering community benefits as per the Procurement Reform (Scotland) Act 2014 and the Sustainable Procurement Duty.

**SP 1.9 What we said we would do:** Collaborate in regeneration projects like the River Leven programme.

Joined the Green Health Partnership (GHP) which has been established to support development of green prescribing and social prescribing.

Issued a tender to undertake a needs analysis and is continuing to explore funding for a GHP co-ordinator role.

**SP 1.10 Other relevant areas of work linked to priority 1 ambitions**

Developed our first Prevention and Early Intervention Strategy which is expected to be published in summer 2024 and will improve overall public health and wellbeing by preventing or limiting impact of disease or other social problems.

Developed an action plan to reduce known inequalities in screening uptake.

Continued to work with a range of key partners as part of the [Plan for Fife](#). This work is focussed on tackling poverty, inequality, and prevention. Through this work we are supporting multi-agency partnership working and coordination.

Continuing to deliver a programme of work around The Health Promoting Health Service which seeks to ensure that *'every healthcare contact is a health improvement opportunity'*. This is supported by a whole-system approach to health improvement, with all NHS sectors and all staff groups having a role to play. Much of our work aligns to the delivery of the Population Health and Wellbeing Strategy.



## Strategic Priority 2

# Improve the quality of health and care services

We provide the safest and best possible health and care services, from cradle to grave, for the people of Fife.

### Ambitions

For all healthcare services provided by NHS Fife, we will:

- 1 Provide high quality person-centred care.
- 2 Deliver services as close to home as possible.
- 3 Less reliance on inpatient beds by providing alternatives to admission to hospital.
- 4 Ensure timely access to services based on clinical need.
- 5 Prevent and identify disease earlier.
- 6 Support the delivery of seamless, integrated care and services across health and social care.

### Key Achievements in 2023-24

#### Primary Care and Community Services:

- Continued integration of health and care services taking a #TeamFife approach to support all people in Fife receive the right care that best meets their needs.
- Developed a range of strategies that will guide our plans in coming years to deliver better care. For example, our Home First Strategy which supports people to be cared for at home or in a homely setting. Scope includes care planning, improvements to the discharge process, developing our frailty at home service and developing methods to avoid unnecessary admissions to hospital.



We also finalised our Primary Care Strategy (2023-26) outlining how we will work with communities across Fife to support transformation of primary care services that better meet the needs of people, families, and their carers.

- Worked with communities through our locality planning forums to redesign services to deliver better outcomes and utilise our resources effectively. For example, we have completed our transformation of palliative and end of life care services with the decision to increase our community palliative care team allowing us to care for more patients with complex palliative and end of life care needs.



### Acute Services:

- Commenced redesign of our Front door of the Victoria Hospital bringing together different teams supporting assessment and care of acutely unwell patients at the front door. The Flow Navigation Team is now part of the wider Front Door team and ensures that patients are receiving the right care at the right time.
- Following the opening of the National Treatment Centre- Fife Orthopaedics in March 2023 we have embedded this new facility into the care provided by NHS Fife. We are continuing to review the provision of our Orthopaedic-Trauma pathways and continue to support patients waiting for care, for example, through embedding Waiting Well approaches.

- Prioritised cancer care for patients ensuring that we provide timely access to investigations, diagnosis, and treatment. We continue to innovate, for example, further embedding the Rapid Cancer Diagnosis Service, testing a Rapid Access Diagnostic Clinic (RADC) for suspected prostate cancer, as well as locally embedding the optimal Lung Cancer Pathway.

## Key Enabling Strategies and Frameworks

### NHS Fife

Cancer Framework

Clinical Governance  
Strategic Framework

NHS Fife Women's Health Plan

Pharmacy and Medicines  
Strategic Framework

### Fife HSCP

Children's Services Plan

Dementia Strategy

Home First Strategy

Learning Disability Strategy

Mental Health Strategy

Primary Care Strategy

Carer's Strategy

## Linked NHS Performance and Quality Indicators

Key metrics identified from the NHS Fife Integrated Performance and Quality report are shown below with performance from 2023-24 and comparative performance in 2022-23. Additional analysis is provided for each metric.

### Unscheduled Care

| Indicator                                | Target (2023/24) | 2022/23 | 2023/24 | Change | Notes |
|--|------------------|---------|---------|--------|-------|
| <b>4-Hour Emergency Access (A&amp;E)</b> | 95%              | 70.9%   | 74.1%   | 3.2%   |       |
| <b>4-Hour Emergency Access (ED)</b>      | 70%              | 62.9%   | 66.7%   | 3.8%   |       |

### Analysis

Performance against the 4-hour Emergency Access standard was highest between June and August 2023, exceeding 75% in each month and peaking at 79.0% in August. Lowest monthly performance was in December 2023, achieving 70.2%, with improvement to 72.5% by March 2024. Performance at Victoria Hospital Emergency Department also peaked in August 2023 (72.2%) and at lowest in December 2023. It should be noted that the number of attendances during 2023/24 generally exceeded corresponding months previous year especially during Q4 (January to March). Overall, there was over 4,000 more attendances in 2023/24 compared to 2022/23 with 2,664 more in Q4. Despite increase in activity, performance has generally been higher month on month in 2023/24 (74.0% for 12-month period) compared to year previous (70.8%).

## Planned Care Access

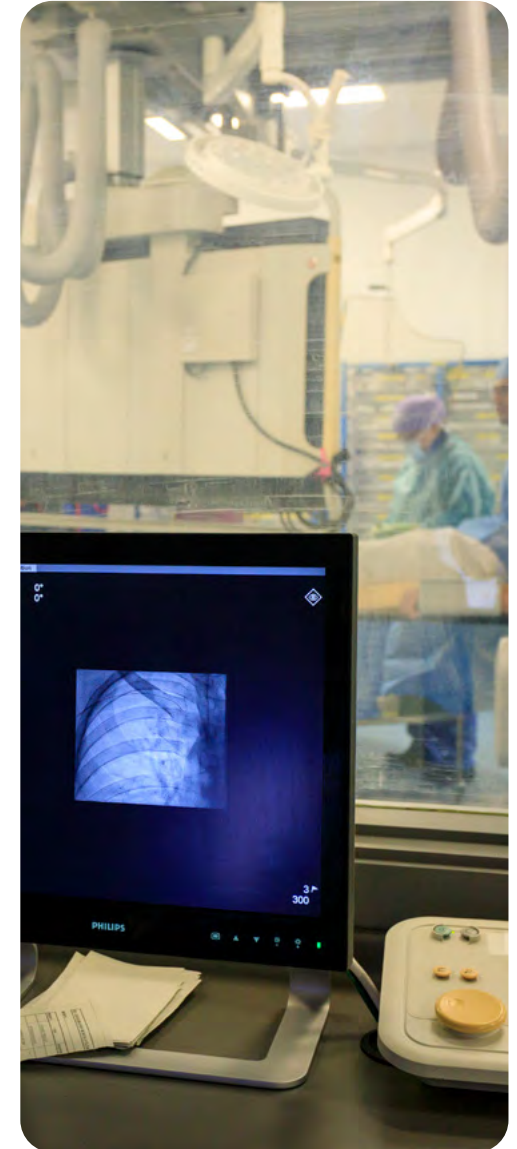
| Indicator                     | Target (2023/24) | 2022/23 | 2023/24 | Change | Notes        |
|-------------------------------|------------------|---------|---------|--------|--------------|
| Patient TTG % <= 12 Weeks     | 100%             | 47.5%   | 38.6%   | -9.0%  | As of 31 Mar |
| New Outpatients % <= 12 Weeks | 95%              | 52.0%   | 39.5%   | -12.5% | As of 31 Mar |
| Diagnostics % <= 6 Weeks      | 100%             | 54.7%   | 51.2%   | -3.5%  | As of 31 Mar |

### Analysis

Acute waiting times focus remains on prioritising urgent and cancer cases. For inpatients and day cases, efforts have been made to move elective activity to Queen Margaret Hospital, where clinically appropriate, but performance against the national standard has been below 50% since August 2023. The waiting list has increased to nearly 8,000 patients with nearly 5,000 waiting in excess of 12 weeks. Waits over 104 weeks have more than doubled since April 2023 with significant increases in waits over 26, 52 and 78 weeks.

New Outpatient waits follow a similar picture to inpatients and day cases with decreasing performance against the national standard with increasing waiting lists despite implementation of tools such as Active Clinical Referral Triage (ACRT) and Patient Initiated Return (PIR) to increase clinic capacity. As of March 2024, nearly 20,000 patients are waiting over 12 weeks and near 13,000 over 26 weeks. The number over 52 weeks has more than trebled since April 2024, with re-emergence of 104 week waits from June 2023 for first time since August 2022.

Performance for key diagnostic tests has remained static throughout most of 2023/24 but evident improvement in Q4. Scope performance was below 50% for most of early 2023/24 but upward trend over latter months of the year is evident. Similarly, performance within Radiology averaged between 45 and 50% for much of 2023/24 but following a low of 42.5% in December 2023, an upturn in performance has been experienced in subsequent months.





## Cancer Care

| Indicator         | Target (2023/24) | 2022/23 | 2023/24 | Change | Notes   |
|-------------------|------------------|---------|---------|--------|---------|
| Cancer 31-Day DTT | 95%              | 95.4%   | 94.4%   | -1.1%  | 2023/24 |
| Cancer 62-Day RTT | 95%              | 76.8%   | 73.5%   | -3.3%  | 2023/24 |

### Analysis

The national standard of 95% of patients to start Cancer treatment within 31 days of a decision to treat was achieved in 2023/24 Q1 (April to June 2023) before dropping to 90.6% by August 2023. There was no sustained improvement until 2024 with 95.6% achieved in Q4. Across the duration of 2023/24, performance falls just short of achieving 95% Standard (94.4%). The significant challenge to achieve an improved performance against the 62-day referral to treatment standard continues with performance across 2023/24 below 75%.

## Delayed Discharge

| Indicator                                    | Target (2023/24) | 2022/23 | 2023/24 | Change | Notes |
|--|------------------|---------|---------|--------|-------|
| Delayed Discharge % Bed Days Lost (Standard) | 5%               | 6.7%    | 6.0%    | -0.7%  |       |

### Analysis

The number of Bed Days Lost to Delayed Discharge (Standard and Complex delays, any setting) peaked in November 2023 at over 3,500 days from less than 2,500 in May 2023. Most delays are in Community Hospitals followed by in a Mental Health setting. During 2023/24, on average per day, only 2.2 patients are in delay within Acute setting (Victoria Hospital), this compares to 70 in Community Hospitals and 25.5 in Mental Health setting. When comparing to previous year, April to November 2023 performance was better (lower percentage) but percentage higher between December 2023 to March 2024.



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## Progress update

### **SP 2.1 What we said we would do: Redesign urgent and emergency care to reduce our reliance on the Emergency Department and in-patient care.**

Supported system resilience and delivery of timely effective patient care in our Emergency Department through investing in our medical workforce. This will reduce reliance on additional medical staffing in ED.

Integrating the Flow Navigation Centre (FNC) with our Emergency Department and acute hospital front door to simplify communication and streamline pathways.

Commenced a review and redesign of the care homes pathways ensuring high quality care for residents of care homes with a focus on embedding Future Care Plans to support coordination of care.

Tested hot clinics to avoid attendance or admission to hospital for patients by providing rapid access to an outpatient Dermatologist appointment. Learning from this approach has supported a similar service to be tested with General Surgery and Paediatrics. We are currently scoping how this might work for urology patients.

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Published our 2023-26 Home First Strategy with an Action Plan which outlines how we will transform the discharge process from hospital and support people to be at home or in a homely setting. This will build on our existing work, for example by increasing the number of patient discharges taking place at the weekend and employing a solicitor to assist patients who require welfare guardianship.

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Commenced a review of orthopaedic trauma services which aims to deliver a patient centred, safe, flexible, and sustainable orthopaedic-trauma model which can plan for the changes in demand over the next 15-20 years.

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**SP 2.2 What we said we would do: Improve cancer care, for example by continuing to develop our Rapid Cancer Diagnostic Service.**

Delivered key commitments from the [NHS Fife Cancer Framework Action Plan 2022-25](#) which has made improvements to prevention, treatment, end of life care and survivorship. Key achievements include:

- Improved coordination of care across a range of patient pathways through implementation of the Single Point of Contact Hub (SPOCH). Initial findings show that the hub has improved patient experience at the beginning of the pathway and has reduced the number of calls received by the colorectal and urology Clinical Nurse Specialists and provides a single point of contact for Primary Care.
- Implementation of the optimal colorectal cancer diagnostic pathway and expansion of SPOCH to support Radiology to manage urgent suspected lung cancer referrals.
- Introduction of a nurse led 'Rapid Access Diagnostic Clinic' (RADC) for suspected prostate cancer referrals. Funded by Cancer Research UK over a period of 18 months. The aim is to improve patient experience from triage, diagnostics, and decision to treat. Evaluation of the project is underway by University of Stirling.
- Delivery of the [Optimal Lung Cancer Pathway](#) including introduction of enhanced vetting of referrals, rapid access to diagnostics and MDT discussion, introduction of frailty scoring prior to the first outpatient appointment to ensure patients are provided with tailored information relevant to their condition, and ensuring timely reporting of results for patients who do not have a cancer diagnosis.
- Evaluation of the effectiveness of lifestyle interventions that can improve health and wellbeing for patients referred to the RCDS who are not found to have any definitive diagnosis for their symptoms. For example, providing advice around sleep, nutrition, exercise and relaxation.

An evaluation of the Rapid Cancer Diagnosis Service is underway and the findings will be used to determine the next steps for this service in 2024-25.

**SP 2.3 What we said we would do: Provide a world class elective orthopaedic service through the National Treatment Centre – Fife Orthopaedics.**

Embedded the newly opened National Treatment Centre – Fife Orthopaedics.

Commenced development of a strategy considering how we will deliver elective orthopaedic care in the future.

**SP 2.4 What we said we would do:** Further develop our day surgery service at Queen Margaret Hospital.

Delivered additional day surgery capacity and improved patient experience for patients using Queen Margaret Hospital.

Opened a Procedure Unit at Queen Margaret Hospital (QMH) in September 2023. 328 procedures have now been completed across 6 different specialties. Previously these procedures would have been completed in our main theatres.

**SP 2.5 What we said we would do:** Increase the level of ambulatory services (care provided without being admitted to hospital) across Fife.

Commenced scoping work to explore how we can provide more ambulatory care services to enable more patients to be treated without an unnecessary in-patient admission to hospital.

The next steps for this work are being considered as part our RTP redesign work and will be taken forward in 2024-25 as part of a wider consideration of how we deliver acute services in future years.

**SP 2.6 What we said we would do:** Redesign women's services aligned to the ambitions of the [Women's Health Plan](#).

Identified good practice and areas for further development across a wide range of women's health services including contraception, termination of pregnancy, menopause care, promoting positive approaches to menstrual health and pregnancy.

Redesigned our termination of pregnancy pathway using online referral to ensure people are referred onto the correct pathway. Around 50% of patients are now able to manage their terminations at home.

Developed an early pregnancy bleeding guideline in conjunction with primary care incorporating prescribing guidance and counselling support.

**SP 2.7 What we said we would do: Implement Best Start for maternity and neonatal services.**

NHS Fife has delivered all the ambitions outlined in Best Start for Maternity and Neonatal services expected by March 2024. This includes ensuring provision of a range of birth options, in line with clinical needs and individual preferences, such as midwife only care, home births and births in the midwife-led unit that is part of the Victoria Hospital Birthing Unit; delivering a range of education for our staff to enhance clinical skills and a range of improvements in how we deliver care.

We achieved the Bliss Baby Charter for our neonatal unit demonstrating our commitment to continually deliver the highest quality of family-centred care and we are part of the NHS Scotland National Perinatal Adverse Event Review Network.

**SP 2.8 What we said we would do: Focus on waiting times and support people, where appropriate, to wait well for their procedure.**

Maximised planned care outpatient capacity through embedding Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR). In Fife 8 Specialties are now using ACRT and 1600 patients have been reviewed. 14 Specialties are using PIR and around 13600 patients were discharged in 2023-24. Around 3000 patients have since re-engaged with secondary care this equates to around 20% of patients.

Updated outpatient communications (letters and website information) to provide information on the availability of The Well which can provide people with a wide range of support as they are waiting for treatment. Examples of support provided include practical support to access a Blue Badge, access to advice around benefits or guidance on social groups to help people avoid loneliness and isolation.

Tested a Waiting Well service in Orthopaedics. This service can refer people to The Well. For patients who have had longer waits, a Waiting Well appointment with an Advanced Nurse Practitioner was tested to provide a review of patients waiting for treatment. The feedback from this was positive and next steps are being agreed.

**SP 2.9 What we said we would do:** Continue to invest and develop in new technologies such as robot assisted surgery to provide high quality care.

Trained surgeons in the delivery of Robotically Assisted Surgery (RAS) to support better outcomes for people including shorter length of stay. 276 patients received RAS in 2023-24.

Introduced surgical developments such as the (iTind) device to treat lower urinary tract symptoms associated with an enlarged prostate. This method is less invasive than traditional interventions with patients being treated as day-cases and returning home the same day.

Developed processes to support local delivery of innovation related projects such as the NHS Scotland Accelerated National Innovation Adoption (ANIA) Pathway to support fast tracking of proven technology into clinical settings.

**SP 2.10 Other relevant areas of work linked to priority 2 ambitions**

Launched a project to improve the care and management of deteriorating patients in our hospitals.

Developed resources to improve safety and reduce the harm associated with usage of high-risk pain medicines including identifying pain champions, creating the Pain Talking Webpage and variety of promotional resources for patients.

Reduced the backlog of open complaints with work ongoing to reduce the length of time to receive a complaint response.

Received funding from NHS Fife Charity to enhance staff and patient areas.



### Strategic Priority 3

# Improve staff experience and wellbeing

We value and look after our staff.

## Ambitions

Our workforce:

- 1 is inclusive and diverse, reflecting Fife's communities.
- 2 is supported to develop new skills that help improve care for patients.
- 3 is heard and at the heart of transforming services.
- 4 works in partnership across health and social care, recognising interdependencies.
- 5 experiences compassionate leadership in a culture that supports wellbeing.

## Key Achievements in 2023-24

- Supported our workforce resilience by continuing to focus on staff wellbeing. This includes both physical and mental wellbeing: for example, we launched a new occupational mental health nursing service for existing staff and with the support of the NHS Fife Charity, we have continued to invest in staff hubs across many of our sites providing a place for staff to take breaks and recharge.

- Continued to address gaps in our staffing through a range of tailored and targeted recruitment to ensure we have the breadth of skills needed to support all parts of our organisation. This includes mass recruitment of nursing graduates in summer 2023, international recruitment for hard-to-fill roles and targeted recruitment for mental health services.
- Attracting our future workforce into the NHS by raising the profile of NHS careers across the schools and young people, creating a range of entry routes into the organisation such as apprenticeships and investing in employability.

- Invested in developing our existing workforce to ensure that they have the skills and knowledge to deliver high quality care, for example the creation of our career development framework for healthcare support workers and assistant practitioners which outlines how staff can move from a band 2 to a band 4 and then complete nursing training.
- Supporting sustainable clinical staffing by working towards a more substantive workforce and use of our own in-house staff bank leading to reductions in high-cost agency usage.

## Key Enabling Strategies and Frameworks

| NHS Fife                | Fife HSCP                             |
|-------------------------|---------------------------------------|
| Anchor Institution      | Fife HSCP Workforce Plan and Strategy |
| NHS Fife Workforce Plan |                                       |





## Linked NHS Performance and Quality Indicators

Key metrics identified from the NHS Fife Integrated Performance and Quality report are shown below with performance from 2023-24 and comparative performance in 2022-23. Additional analysis is provided for each metric.

### Sickness Absence

| Indicator        | Target (2023/24) | 2022/23 | 2023/24 | Change | Notes |
|------------------|------------------|---------|---------|--------|-------|
| Sickness Absence | 4%               | 6.58%   | 7.13%   | 0.54%  |       |

#### Analysis

Sickness Absence rate in 2023/24 was 7.13% compared to 6.58% in 2022/23 where most hours were lost due to mental health reason such anxiety, stress, and depression. Long-term absence rate was 3.96% compared to short-term absence rate of 3.17%.

### Personal Development Planning and Review

| Indicator                            | Target (2023/24) | 2022/23 | 2023/24 | Change | Notes        |
|--------------------------------------|------------------|---------|---------|--------|--------------|
| Personal Development Plan and Review | 80%              | 37.9%   | 40.9%   | 3.0%   | As of 31 Mar |

#### Analysis

Compliance at end of March 2024 was 40.9% an increase of 3% for position at the end of March 2023. There was a total of 3,701 reviews held over the course of 2023/24 compared to 3,240 over 2023/24, 14.2% increase.



## Vacancies

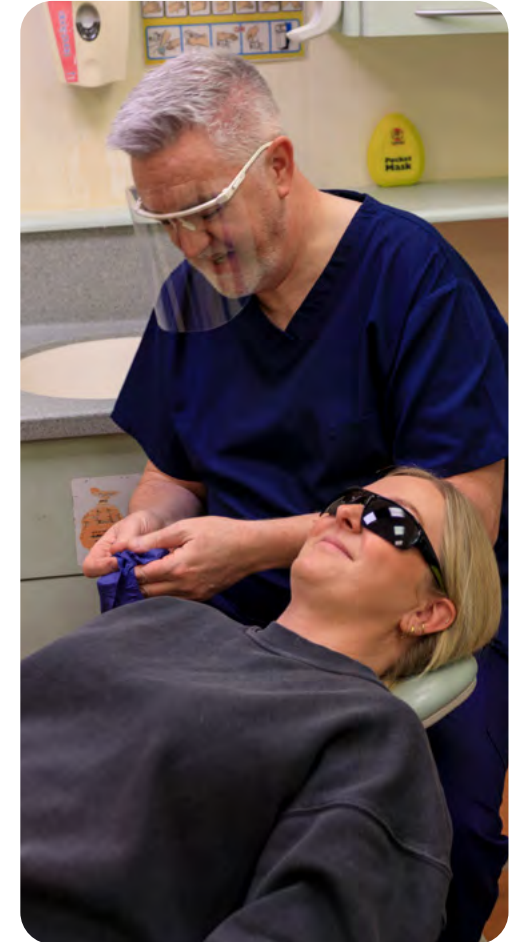
| Indicator                                  | Target (2023/24) | 2022/23 | 2023/24 | Change | Notes         |
|--|------------------|---------|---------|--------|---------------|
| <b>Vacancies - Medical &amp; Dental</b>    | n/a              | 5.8%    | 7.5%    | 1.7%   | Calendar year |
| <b>Vacancies - Nursing &amp; Midwifery</b> | n/a              | 13.9%   | 4.6%    | -9.3%  | Calendar year |
| <b>Vacancies - AHPs</b>                    | n/a              | 9.6%    | 4.7%    | -4.9%  | Calendar year |

### Analysis

There was a Medical and Dental vacancy rate of 7.5% at end of 2023 with 23.8 WTE vacant, this compares with 17.5 WTE (5.8%) at end of 2022. General Psychiatry vacancies accounted for 33% of the position at end of 2023.

There was a Nursing and Midwifery vacancy rate of 4.6% at end of 2023 with 201.2 WTE vacant, this compares with 635.2 WTE (13.0%) at end of 2022. 68% of vacancies at end of 2023 were either band 5 or band 6.

There was a AHP vacancy rate of 4.7% at end of 2023 with 35.1 WTE vacant, this compares with 72.3 WTE (9.6%) at end of 2022. Physiotherapy vacancies accounted for 58% of the position at end of 2023.



## Progress update

### SP 3.1 What we said we would do: Promote a range of career pathways with a focus on developing our workforce.

Agreed a Career Development Framework for Healthcare Support Workers and Assistant Practitioners (band 2-4) to support the development of the nursing workforce.

Undertaken a mass recruitment event in June 2023 where we successfully appointed an additional 74 staff for NHS Fife..

Delivered a targeted recruitment for newly graduating mental health nurses. To date this has led to applications from 77 newly qualified practitioners.

Invested in Gateway Doctors to replace junior locum spend.

Appointed additional ward administration staff in post to mitigate the workload associated with non-clinical clerical tasks for nursing staff.

Reduced use agency staffing by working towards a more substantive workforce and use of our own in-house staff bank.

### SP 3.2 What we said we would do: Expand and enhance our employability programmes across Fife including a range of foundation and modern apprenticeships.

Established internship and apprenticeship (including Graduate Apprenticeship) programmes by working closely with colleagues and local education providers. These are supporting both development and progression of existing staff as well as recruitment of new staff into the organisation.

Collaborated with Fife College, NHS Education for Scotland (NES) and Levenmouth Academy, to offer 15 places on a new health careers related course from Summer 2024.

Established an Apprenticeship pipeline through the integration of Modern Apprenticeships aligned to Band 2/3 Healthcare Support Workers. This has seen to up to 66 staff per year enter an SVQ 2 and/or 3 Modern Apprenticeship in Healthcare Support (Clinical).

Worked with Fife Council's employability team to establish of employability pathways such as the Kickstart Scheme. This has seen recruitment and development of 12 young people in a variety of entry-level roles, 7 of these individuals remain employed within NHS Fife.

Recruited an Employability Officer to support all our work in NHS Fife.

Working with local schools to raise awareness of the wide range of NHS careers at schools and careers fairs through in-person and virtual platforms, with a #TeamNHSFife approach.

**SP 3.3 What we said we would do:** Continue to support our staff with their physical health and mental wellbeing.

Agreed a Wellbeing Action Plan and a new Staff Well@Work Handbook.

Supported staff to maintain their physical health by:

- Implementing a new Cycle to Work in March 2024. In the first month of operation 30 new applications were made to the scheme.
- Providing menopause support for staff, with monthly drop-in sessions at Victoria and Queen Margaret Hospitals.
- Launching a new Corporate membership for Fife Sports & Leisure Trust in January 2024.
- Bidding to the NHS Fife Charity for funding for a Weight Management App.

Delivered a range of mental wellbeing support:

- Launched a new Occupational Mental Health nursing service for staff.
- Utilised values based reflective practice with around 40 teams through our Chaplaincy Service to help staff with their mental wellbeing in the workplace.
- Delivered multiple Leading with Compassion sessions to managers and senior leaders by the staff psychology support team.
- Provided facilities for staff to take breaks and recharge: staff hubs were opened in a range of locations, permanent locations for the EnergyPods were identified at the Victoria Hospital site and plans developed to upgrade staff rooms across 22 Health Centres.
- Testing a support pathway in three areas for staff who have experienced adverse events.

**SP 3.4 What we said we would do:** Set new international recruitment targets annually for Fife, focussing on key areas of shortage over the next five years.

Continued international recruitment of staff. In 2023-24 we have welcomed 17 nursing and radiographer recruits. Since commencing the international recruitment programme in February 2022, we have welcomed a total of 104 international nursing and radiology recruits to NHS Fife.

Participated in the pilot for the NHS Scotland Pastoral Care Quality Award (PCQA) and begun the accreditation process for the International Recruitment Pastoral Care Quality Charter.

We are working with Scottish Government and other stakeholders to identify plans for further international recruitment beyond March 2024.

**SP 3.5 What we said we would do:** Continue to support our staff with their physical health and mental wellbeing.

Established the Systems Leadership Group in October 2023. This brings together senior managers across NHS Fife and work to date has focussed on supporting the development of the RTP framework. Three meetings have been held in 2023-24 and members of the Area Partnership Forum attended the March 2024 session.

Supported the Acute and Senior Nursing Leadership Teams to undertake externally facilitated Leadership Development. The Executive Director Group have engaged a series of team coaching sessions.

The work to develop the Leadership Framework has not progressed in the timeline anticipated. The newly appointed Associate Director of Culture, Development & Wellbeing will progress this work in 2024-25.

**SP 3.6 Other relevant areas of work linked to priority 3 ambitions**

Established a Diverse Ethnicity Network which has undertaken a survey collating the experiences of ethnically diverse staff from across the organisation.

Begun scoping the establishment of a LGBTQ+ Staff Network.

Through the #SpeakingUp project, recruited and trained 21 confidential contacts to offer support to staff who wish to speak up and raise concerns.

Improved participation in iMatter: 78% of teams in NHS Fife now have an action plan. This reflects the best performance from a territorial board in NHS Scotland.

NHS Fife Board has continued to engage with staff through a programme of visits to a range of locations across Fife.

Developed our Corporate Communication and Public Participation and Community Engagement strategies. These are expected to be finalised and published by summer 2024.



## Strategic Priority 4

# Deliver value and sustainability

We use our resources wisely to ensure our services are sustainable and meet our population's needs.

### Ambitions

- 1 Provide the right services in the right places with the right facilities.
- 2 Ensure the best use of our buildings and land.
- 3 Reduce energy usage and carbon emissions, working toward carbon neutral by 2040.
- 4 Deliver our capital programmes for primary care, mental health, and acute services creating high quality environments for patients and staff.
- 5 Deliver sustainable and effective resource allocation that supports value-based healthcare.

### Key Achievements in 2023-24

Developing our land and buildings to help us meet the needs of services across the organisation and investing in building upgrades that will support us to meet net-zero and ensured that we prioritise use of scarce maintenance resources. For example, we have refurbished mental health wards to ensure we have fit-for purpose clinical areas and made changes to our primary care estate that have provided an additional 61 consulting rooms.

Continuing to take forward a range of Digital programmes to support seamless delivery of care. For example, we have upgraded our laboratory system, launched Patient Hub to give people using our services greater online access to appointments, letters and results, established a federation between NHS Fife and Fife Council on M365 platform to ease sharing of calendars and MS Teams which is supporting closer working between staff across these two organisations and commenced a range of projects such as the Hospital Electronic Prescribing Management Administration (HEPMA) project.

### 8.3 Key Enabling Strategies and Frameworks

#### NHS Fife

Anchor Institution

Clinical Governance Strategic Framework

Digital and Information Strategy

NHS Fife Greenspace Strategy

Property and Asset Management Strategy

Research Innovation and Knowledge

### 8.4 Progress update

**SP 4.1 What we said we would do:** Maximise the use of our buildings and land in line with service and community needs.

Completed a premises review of our primary care estate to understand the future requirements for space and facilities across GP Practices. The review identified recommendations which have now all been completed with support of £2 million funding from Fife HSCP. This has resulted in the creation of an additional 61 consulting rooms across NHS Fife's primary care estate.

Approved the [NHS Fife Greenspace Strategy](#). With 62% of the NHS Fife estate classed as green space this describes how we will maximise the health promoting potential NHS Fife's land and support the response to the climate emergency. As part of Fife Community Climate Action Network (FCCAN) we held an online event to share ideas and promote joint working.

**SP 4.2 What we said we would do:** Develop buildings to support service delivery, such as new Health and Wellbeing Centres in Kincardine and Lochgelly.

Due to financial pressures across NHS Scotland our approach to developing buildings has changed substantially during 2023-24. With confirmation of limited capital funding available nationally, all capital planning and development work has now been paused.

Underscoring this changing strategic context, we received updated guidance from Scottish Government in February 2024 outlining a new approach to strategic infrastructure planning. We are now required to agree a Programme Initial Agreement (PIA) with Scottish Government detailing our estate developments for the next 20-30 years.

In the short term our focus is on ensuring buildings are maintained in line with service requirements. Our approach is on adapting existing buildings. For example, we have undertaken refurbishment of Ward 3 at Queen Margaret Hospital and work is currently underway of Ward 7 at Cameron Hospital. We are also continuing to retrofit buildings to make them more environmentally sustainable. We recently completed building fabric works at the Fife College of Nursing. We have also bid for further funding in 2024-25 and 2025-26 for further retrofit works.

As part of the RTP approach, we are reviewing the estate seeking to identify opportunities to utilise our estates in a more efficient way. We have already made plans to close administration buildings including Hayfield House, Cameron House and Haig House in spring 2024. It is expected that these building closures will save around £650,000 on a recurrent basis. We are now reviewing other parts of our estate and exploring opportunities to consolidate space on our other sites.

**SP 4.3 What we said we would do:** Redesign and develop mental health services in Fife, including fit-for-purpose inpatient and community-based services.

Following publication of the NHS Scotland [Mental Health and Wellbeing Strategy](#) in summer 2023, Fife HSCP has developed a delivery plan which responds to priorities for the population of Fife.

Funding has been approved to expand Live Life Fife, to encourage supported self-management for stress, anxiety, and mental wellbeing.

Work on the capital programmes for the Mental Health Estates Project has paused (as outlined at 4.2). There is a continued commitment to funding for the next 3 years to improve the Mental Health estate across NHS Fife and Ward 3 at Queen Margaret Hospital has now been refurbished and plans for other parts of our mental health estate agreed. The focus is on ensuring sites provide a holistic and safe environment for patients.



**SP 4.4 What we said we would do:** Reduce our carbon footprint by adopting zero carbon technology, such as increased usage of solar panels and redesigning how we heat our buildings.

Invested £1.8 million from Scottish Government in a low carbon infrastructure programme. Enabling installation of solar panels, improvements to hot water systems, more accurate automated heating controls and optimisation of our fridge-freezers. This is making buildings more comfortable, reliable, and reducing our carbon emissions. We have also reduced energy usage leading to financial savings and supporting the RTP infrastructure scheme.

Made further bids for additional funding for energy efficiency works in 2024-25 and 2025-26. This will be taken forward in the context of our wider capital planning work as described in SP4.2.

Reduced use of medical gases and working with pharmacy colleagues to transition to non-greenhouse gas inhalers, for example, through use of powder inhalers.

Published the [NHS Fife Annual Climate Emergency and Sustainability Report 2022-23](#).

**SP 4.5 What we said we would do:** Lower the environmental impact of travel by adapting the use of technology (virtual appointments and virtual working), supporting sustainable travel (walking, cycling and public transport) and investing in electric and low emissions vehicles.

Agreed plans to increase the availability and usage of Electric Vehicles (EV) across the NHS Fife fleet. Currently 44% of light vehicles and 6% of cars are electric. This number is expected to rise substantially between now and 2025.

Increased the EV charging points across NHS Fife for NHS Fife vehicles. We have met a commercial company to explore how we can increase availability of charging points for staff, patients and other visitors. This work will continue in 2024-25.

Implemented an updated NHS Fife cycle to work scheme for all staff. We are continuing with our car share scheme and providing Personal Travel Plans.

**SP 4.6 What we said we would do:** Become an organisation providing more responsive care using technology, developing digital solutions such as virtual appointments, electronic access to test results and growing our use of data to support planning and delivery of care.

Launched Patient Hub to give people using our services greater online access to appointments, letters and results. There is also functionality to issue surveys and questionnaires to patients which can reduce additional appointments and delays associated with mail services. A growing number of services are now using Patient Hub including pain management and vasectomy. It is expected more services will use Patient Hub in 2024-25 and this will support transformation of our services through the RTP framework.

Extended data sharing arrangements with the Scottish Ambulance Service to support sharing of electronic summaries to support provision of out of hours care.

Established a federation between NHS Fife and Fife Council on M365 platform to ease sharing of calendars and MS Teams which is supporting closer working between staff across these two organisations.

Completed phase 1 of the Laboratory Information Management System (LIMS) upgrade. This system is used to receive, process, track and report all primary, secondary and tertiary laboratory requests received by Laboratory Services. Phase 2 of this work is now underway and due to complete in March 2025. This will ensure improved functionality and greater national alignment of LIMS systems across Scotland.

Commenced the Hospital Electronic Prescribing Management Administration (HEPMA) project with replacement of Pharmacy Stock Control system.

Reviewed the progress in delivering the 2019-2024 Digital and Information Strategy and shared findings with the Clinical Governance Committee. Findings from this review are supporting development of the future Digital Strategy which will be aligned to national and local strategic priorities.

Digital and Information is a key driver to support the RTP priorities and will support us to redesign our services.

**SP 4.7 What we said we would do:** Apply value-based healthcare principles that focus on achieving the outcomes that matter to people and targeting our interventions on what really makes a difference.

A workshop bringing together a wide range of stakeholders from across NHS Fife was held in September 2023. This explored how we embed the aims and principles of value-based health and care in everything we do in Fife. This will continue into 2024-25 and be a key enabler in the delivery of our RTP priorities.

Developing links between Realistic Medicine and Value-Based Healthcare as a driver for change across a range of work. For example, we include consideration of value-based health and care in all NHS Fife committee and board papers, it is also considered across the Prevention and Early Intervention Strategy and the NHS Fife Cancer Framework.

Embedding the Benefits, Risks, Alternatives and do Nothing (BRAN) framework in patient letters to help patients make an informed choice about their test and treatment options.

Developed further plans for a patient survey to inform engagement work with patients and those who use NHS Fife's services.

**SP 4.8 What we said we would do:** Use a structured approach to identify financial efficiencies, for example, through careful procurement of supplies and optimising the use of medicines.

In September 2023 we commenced a conversation with clinical and service leaders across the organisation to identify opportunities to deliver improved outcomes and experiences for the people we care for through the equitable, sustainable, appropriate and transparent use of resources. Throughout 2023/24 we discussed and began to develop plans to:

- Focus our discussion on the most effective allocation of our total resource envelope.
- Deliver disinvestment or cost improvement to support change.
- Deliver and increase productivity or capacity gains to support service access and more effective resource allocation.

This work continues through our new Re-form, Transform Perform ambitions across a range of workstream areas.



# Transforming our future

## Next steps for 2024-25 and beyond

**The Population Health and Wellbeing Strategy 2023-28 covers a 5-year period, and this report provides a summary of the work taken forward in the first year. As we outlined when we developed the strategy, we are continually reviewing and refreshing plans in response to new opportunities and challenges as they emerge.**

Our plans for 2024-25 and beyond are described in the NHS Fife Annual Delivery Plan agreed with Scottish Government; the RTP framework; and our Corporate Objectives. We continue to undertake horizon scanning to identify new and emergent developments that will impact on the delivery of health and care services in the future. We will bring an update on all our work in a 2024-25 mid-year report.

## Appendix One: Update on Supporting Strategies and Programmes

| NHS Fife Strategies   |           |             |      |      |      |      |  |
|---|-----------|-------------|------|------|------|------|--|
| Strategy/<br>Programme Area   | Timeline  | Status      | SP 1 | SP 2 | SP 3 | SP 4 | Summary of progress  |
| <b>Cancer Framework</b>   | 2022-2025 | Delivery    |      | ●    |      |      | The <u>NHS Fife Cancer Framework</u> , outlines key initiatives aimed at enhancing cancer care are on track for 2024. The plan includes workforce-related risks that may potentially impact the completion of some of the outlined objectives. The Prostate Rapid Access Diagnostic Nurse-Led Clinic has seen over 200 patients to date. Funding has been secured for Rapid Cancer Diagnostic Service (RCDS) for an additional year and the final report of the evaluation of RCDS by Strathclyde University has been published. |
| <b>Pharmacy and Medicines Strategic Framework</b>                   | 2024-2026 | Development |      | ●    |      |      | Draft Pharmacy and Medicines of the strategic framework developed. The focus is the development and delivery of medicines efficiency plans, aligning with the wider organisation's focus on RTP. A delivery plan for the Strategic Framework will be developed by early summer 2024.   |
| <b>NHS Fife Workforce Plan and HSCP Workforce Plan and Strategy</b> | 2022-2025 | Delivery    |      |      | ●    |      | A Workforce Planning update was provided to the Staff Governance Committee in March 2024. Actions to support workforce sustainability are ongoing, and local workforce projections continue to be captured via Annual Delivery Plan (ADP) feedback and Service Based Workforce Plans. Progress continues to report via the NHS Fife Annual Delivery Plan, pending new National guidance.   |
| <b>Digital and Information Strategy</b>                             | 2019-2024 | Delivery    |      |      |      | ●    | Evaluation against the revised priorities and strategic Programmes outlined within the PHW Strategy is complete. Current work is focused on the national capabilities being delivered through the Digital Health and Care Major Programmes Board. A revised Digital Strategy will be produced in 2024-25 financial year.   |

## NHS Fife Strategies

| Strategy/<br>Programme Area                    | Timeline  | Status   | SP 1 | SP 2 | SP 3 | SP 4 | Summary of progress  |
|--|-----------|----------|------|------|------|------|--|
| <b>Property and Asset Management-</b>          | 2023-2030 | Delivery |      |      |      | ●    | 3 Strategies/Programmes have been approved by NHS Fife Board, all of which are now in delivery. Property and Asset Management spans several years- with reviews planned on an annual basis. Primary Care (Premises) supports the work being taken forward through the HSCP Primary Care Strategy from a land/premises perspective.   |
| <b>Research Innovation and Knowledge</b>       | 2022-2025 | Delivery |      |      |      | ●    | Prioritisation of the clinical research and clinical trials portfolio is underway to widen access to clinical trials participation, increase income and identify cost savings. We have been recognised at a national level for Innovation leadership in administration of the national Reducing Drug Deaths program, part of a £5m Catalyst Challenge to identify solutions to reduce substance misuse related mortality. An update to the the Research, Innovation and Knowledge Strategy, will be published in 2024. |
| <b>Clinical Governance Strategic Framework</b> | 2022-2025 | Delivery |      | ●    |      | ●    | Plan is in delivery. The 2024-25 delivery plan is currently being developed. The focus includes developing our Organisational Learning, improving the care and management of deteriorating patients and medicines safety.  |
| <b>NHS Fife Women's Health Plan</b>            | Ongoing   | Delivery |      | ●    |      |      | A number of workstreams have been completed, which will now be sustained as part of core business. The Oversight Group has reviewed activity and priorities and is agreeing a refined set of priorities for 2024/25 focused on Women's Health Access and Outcomes, and, Reproductive and Gynaecological health.  |
| <b>Anchor Institution</b>                      | 2023-2028 | Delivery | ●    |      | ●    |      | A draft Strategic Plan was submitted to Scottish Government in November 2023. We have now agreed a range of baseline metrics in relation to workforce, local procurement and land and assets and submitted to Scottish Government in March 2024. The work programme continues.   |

## NHS Fife Strategies

| Strategy/<br>Programme Area                      | Timeline  | Status   | SP 1 | SP 2 | SP 3 | SP 4 | Summary of progress  |
|--|-----------|----------|------|------|------|------|--|
| <b>NHS Fife Greenspace Strategy</b>              | 2023-2030 | Delivery | ●    |      |      | ●    | The Renewable Energy project is now at the feasibility stage. QMH Greenspace/active travel project, refreshed Greenspace/biodiversity audit and Lynebank Greenspace Consultation are all underway. Other projects in development include Akin project, Climate Literacy Training Programme and VHK-AU2 staff wellbeing garden. Ongoing collaboration with Fife Communities Climate Action Network (FCCAN), Fife Coast and Countryside Trust (FCCT) and Fife Council to support their green infrastructure masterplan developments.           |
| <b>Realistic Medicine and Value Based Health</b> | 2024-2025 | Delivery |      | ●    |      | ●    | The Realistic Medicine Delivery Plan and Communications and Engagement Plan (including public facing activities) are in progress. Reporting to Scottish Government and locally through the Annual Delivery Plan, Clinical Governance Committee and Executive Directors Group. We are also working with Health and Social Care to embed realistic medicine. We are focusing on ensuring that people we care for, our workforce and systems are enabled to embed realistic medicine in practice and then achieve valued based health and care. |

## Fife HSCP Supporting Strategies

| Strategy/<br>Programme Area        | Timeline  | Status      | SP 1 | SP 2 | SP 3 | SP 4 | Summary of progress  |
|------------------------------------|-----------|-------------|------|------|------|------|--|
| <b>Alcohol &amp; Drug Strategy</b> | 2024-2027 | Development | ●    |      |      |      | Alcohol and Drug Partnership (ADP) Strategy 2024 – 2027 has been developed and a Needs Assessment completed. Harm Reduction Service Project is underway. 2 additional One Stop Shops have opened. Subgroups have been established to focus on MAT standards. A review has been completed, with a view to expanding Assertive Outreach, Anticipatory Care, and retention service provision. A review of the Prevention Education Programme has taken place- tests will be carried out in 3 schools in Feb 24. Lived Experience Panel has been established.  |
| <b>Carers Strategy</b>             | 2023-2026 | Delivery    |      | ●    |      |      | Strategy approved by IJB in July 2023. Investment in services including additional respite opportunities through Fife Voluntary Action and Crossroads, and locally based carer-led support by way of the Carers Community Chest funding. Support is now available through Self Directed Support (SDS) specifically for carers and an additional 10 Social Work Assistants for carers have been recruited.  |
| <b>Childrens Services Plan</b>     | 2021-2023 |             |      | ●    |      |      | Data has been collected from all services to identify gaps in provision as part of the National Sleep programme. Development of evaluation plans for multi-agency child poverty work underway. Continued development of training and awareness raising plan, with a focus on online resources. The impact of vaping and smoking by young people will continue to be explored. Preparations being made ahead of the United Nations Convention of the Rights of the Child (UNCRC) Act coming into force in July 2024.  |
| <b>Dementia Strategy</b>           | 2024-TBC  | Delayed     |      | ●    |      |      | The Fife Dementia Strategic Implementation Group has been re-established to progress development of a local Dementia Strategy and ensure alignment to the national strategy. The multiagency group will collaborate to shape a local strategic direction, timeline for strategy development, and plan for engagement with wider stakeholders.  |
| <b>Home First Strategy</b>         | 2023-2026 | Delivery    |      | ●    |      |      | Scoping of a single point of access (SPOA) commenced in January 2024. Planned Discharge Date (PDD) and Discharge Without Delay (DWD) pieces have become embedded. Fife Equipment Loan Store capacity was increased to support delivery and collection of community equipment. Additional ANPs were recruited to Community Nursing, to support identification and treatment of frailty at home. An Anticipatory Care Planning proforma has been developed and is currently being tested. Ongoing development of Front Door Team. Direct referral pathways for Scottish Ambulance Service are in operation, to reduce unnecessary admissions to Acute hospitals. |



## Fife HSCP Supporting Strategies

| Strategy/<br>Programme Area                       | Timeline  | Status      | SP 1 | SP 2 | SP 3 | SP 4 | Summary of progress  |
|---|-----------|-------------|------|------|------|------|--|
| <b>Learning Disability Strategy</b>               | 2024-TBC  | Not Started |      | ●    |      |      | Following the appointment of a senior Learning Disability (LD) Service Manager, a new LD Strategy and Delivery Plan will be developed with input from key stakeholders, including third sector providers and lived experience groups. A Needs Assessment of people with learning disabilities will be completed as part of the development of the strategy, drawing from local and national data and research.   |
| <b>Mental Health Strategy</b>                     | 2024-2027 | Development |      | ●    |      |      | The Mental Health Strategic Implementation Group has been reestablished to develop a Fife Mental Health Strategy.  |
| <b>Prevention and Early Intervention Strategy</b> | TBC       | Development | ●    |      |      |      | The Prevention and Early Intervention Strategy is nearing completion with final approval expected imminently. A Needs Analysis has been undertaken with vision, aims and principles defined, and challenges recognised. Considerable stakeholder engagement has taken place with further consultations planned.  |
| <b>Primary Care Strategy</b>                      | 2023-2026 | Delivery    |      | ●    |      |      | Strategy is now complete and supporting a localities-based approach to the transformation of Primary Care Services in Fife that ensures services are codesigned with communities to better meet the needs of people, families, and carers. A year one delivery plan has been developed is being implemented. Further discussions are planned for 2024, including ongoing engagement with local communities through Locality Planning Stakeholder Events. |
| <b>Carers Strategy</b>                            | 2023-2026 | Delivery    | ●    | ●    |      |      | Strategy approved by IJB in July 2023. There has been significant investment in services including additional respite opportunities through Fife Voluntary Action and Crossroads, and locally based carer-led support by way of the Carers Community Chest funding. Support is now available through Self Directed Support (SDS) specifically for carers and an additional 10 Social Work Assistants for carers have been recruited.                     |

## NHS Fife Corporate PMO Strategic Programmes Update

### Supporting delivery of Reform, Transform, Perform framework

| Strategy/<br>Programme<br>Area          | Timeline        | Status      | Summary of progress   |
|---|-----------------|-------------|---|
| <b>Unscheduled Care Programme (USC)</b> | N/A             | Development | The main areas of focus for Unscheduled Care are Rapid Triage Unit, Flow Navigation, Complex Community Care and Call before you Convey. An additional project (Optimisation of Care Home Pathways) was established in December 2023 to focus work on reducing the number of unplanned attendances from Care Homes.  |
| <b>USC - Flow Navigation</b>            | April 23-Dec 24 | Delivery    | The management responsibility for the Flow Navigation Centre (FNC) switched from HSCP to Acute Services Division (ASD) in December 2023. Work is currently underway to embed the service into ASD.  |
| <b>High Risk Pain Medicines</b>         | Sep 21-Mar 25   | Delivery    | All areas progressing well, aligned to agreed plans across phase 2 (phase 2 ended in March 2024). Scope of phase 3 has been reduced with a focus on to sustaining the benefits from work already delivered over phase 2 and with an emphasis on transitioning capabilities to business as usual.  |
| <b>Planned Care Programme- CfSD</b>     | Aug 22-Mar 25   | Delivery    | Active Clinical Referral Triage (ACRT)/Discharge Patient Initiated Review (PIR) work ongoing. Good engagement with 11 priority specialties with a further 5 out-of-scope specialties now included. Around 50 specialty specific conditions identified to use ACRT and PIR capabilities (30 now in use for ACRT and 11 for PIR). This work will continue throughout 2024 with year 3 of the programme to be launched by the Centre for Sustainable Delivery (CfSD) imminently. |
| <b>FIS- Bank and Agency Programme</b>   | Mar 23-Mar 25   | Delivery    | The work of the programme has led to a significant reduction in the use of non-framework agency staff. The Bank & Agency Programme will continue as part of the RTP framework.  |

## Appendix Two: Glossary of Abbreviations and Acronyms

|                |   |
|----------------|---|
| <b>A&amp;E</b> | Accident & Emergency                                      |
| <b>ACRT</b>    | Active Clinical Referral Triage                           |
| <b>ADP</b>     | Annual Delivery Plan                                      |
| <b>AHP</b>     | Allied Health Professional                                |
| <b>ANIA</b>    | Accelerated National Innovation Adoption                  |
| <b>ASD</b>     | Acute Services Division                                   |
| <b>BRAN</b>    | Benefits, Risks, Alternatives and do Nothing framework    |
| <b>BSL</b>     | British Sign Language                                     |
| <b>CAMHS</b>   | Child and Adolescent Mental Health Services               |
| <b>CfSD</b>    | Centre for Sustainable Delivery                           |
| <b>DTT</b>     | Diagnosis to Treatment                                    |
| <b>DWD</b>     | Discharge Without Delay                                   |
| <b>ED</b>      | Emergency Department                                      |
| <b>EV</b>      | Electric Vehicle  |
| <b>FCCAN</b>   | Fife Communities Climate Action Network                   |
| <b>FCCT</b>    | Fife Coast and Countryside Trust                          |
| <b>FNC</b>     | Flow Navigation Centre                                    |
| <b>GHP</b>     | Green Health Partnership                                  |
| <b>GIRFE</b>   | Getting it Right for Everybody                            |
| <b>HAI</b>     | Healthcare Acquired Infection                             |
| <b>HCAI</b>    | Healthcare Associated Infections                          |
| <b>HEPMA</b>   | Hospital Electronic Prescribing Management Administration |
| <b>HLE</b>     | Healthy Life Expectancy                                   |
| <b>HSCP</b>    | Health and Social Care Partnership                        |
| <b>IPQR</b>    | Integrated Performance Quality Framework                  |
| <b>iTIND</b>   | Second Generation Temporarily Implanted Nitinol Device    |
| <b>JII</b>     | Joint Interviewing and Investigation                      |
| <b>LD</b>      | Learning Disability                                       |

|               |  |
|---------------|--|
| <b>LGBTQ+</b> | Lesbian, Gay, Bi, Trans. The plus stands for all other sexual orientations, gender identities or expressions, and sexual characteristics. Including (but not limited to) asexual, intersex, non-binary, pansexual, queer or questioning. |
| <b>LIMS</b>   | Laboratory Information Management System   |
| <b>MA</b>     | Modern Apprenticeship  |
| <b>MAT</b>    | Medication Assisted Treatment  |
| <b>MDT</b>    | Multidisciplinary Team   |
| <b>PCQA</b>   | Pastoral Care Quality Award  |
| <b>PHS</b>    | Public Health Scotland   |
| <b>PIR</b>    | Patient Initiated Review   |
| <b>QMH</b>    | Queen Margaret Hospital  |
| <b>RADC</b>   | Rapid Access Diagnostic Clinic   |
| <b>RAS</b>    | Robotically Assisted Surgery   |
| <b>RCDS</b>   | Rapid Cancer Diagnosis Service   |
| <b>RTP</b>    | Reform, Transform, Perform   |
| <b>RTT</b>    | Referral to Treatment  |
| <b>SAB</b>    | Staphylococcus Aureus (S. aureus) Bacteraemia  |
| <b>SDS</b>    | Self-Directed Support  |
| <b>SIMD</b>   | Scottish Index of Multiple Deprivation   |
| <b>SPOA</b>   | Single Point of Access   |
| <b>SPOCH</b>  | Single Point of Contact Hub  |
| <b>ToC</b>    | Test of Change   |
| <b>TTG</b>    | Treatment Time Guarantee   |
| <b>UN</b>     | United Nations   |
| <b>UNCRC</b>  | United Nations Convention on the Rights of the Child   |
| <b>USC</b>    | Unscheduled Care   |

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|                               |  |
|-------------------------------|--|
| <b>Meeting:</b>               | <b>Fife NHS Board</b>  |
| <b>Meeting date:</b>          | <b>28 May 2024</b>   |
| <b>Title:</b>                 | <b>Draft - NHS Fife Public Participation and Community Engagement Strategy 2024-2028</b> |
| <b>Responsible Executive:</b> | <b>Janette Keenan, Director of Nursing</b>   |
| <b>Report Author:</b>         | <b>Kirsty MacGregor, Director of Communications and Engagement</b>                       |

## 1 Purpose

**This report is presented for:**

- Assurance
- Decision

**This report relates to:**

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

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

A draft of NHS Fife Community Engagement and Public Participation Strategy 2024-28 was originally presented to EDG on 7<sup>th</sup> December 2023. Since that initial presentation, the draft strategy has also been presented at the Population Health and Wellbeing Committee on 13<sup>th</sup> May and discussed at the Board Development Session on 30<sup>th</sup> April 2024.

### 2.2 Background

This Public Participation and Community Engagement Strategy 2024-2028 has been developed to reflect the aims and objectives of the new NHS Fife Population Health and Wellbeing Strategy 2024/2028.

In March 2023, the NHS Fife Board approved its new Population Health and Wellbeing Strategy for the next five years, with a commitment to providing high-quality health and care services for all Fife citizens.

The strategy focuses on addressing health inequalities and supporting the improvement of overall health and wellbeing. While the strategy does not outline specific actions, it serves as a declaration of the organisation's vision and intent.

Public participation and community engagement will play a crucial role in the implementation and delivery of the strategy along with our new Re-form, Transform and Perform (RTP) activity. The organisation will regularly update staff and the public on progress while seeking feedback and ideas and suggestions from service users and communities across Fife to help shape current and future service delivery in line with the ambitions outline in NHS Fife's strategy and our RTP financial targets.

Collaborating with other partner organisations involved in planning and providing services will be essential to achieving the strategy's objectives and our community engagement ambitions.

Our new NHS Fife Public Participation and Community Engagement Strategy outlines the best practice methods for achieving this and will complement the objectives detailed in the new Corporate Communications strategy (currently being refined to reflect our new RTP objectives).

Once approved the new Public Participation and Community Engagement Strategy 2024-2028 will then be used to develop a supporting community engagement delivery plan and identify resource allocation and investment required to deliver this new service for NHS Fife.

## **2.3 Assessment**

Given the current context, of post covid recovery the NHS Fife the Public Participation and Community Engagement Strategy 2024-2028 connects succinctly with a range of existing NHS Fife strategies including our Population Health and Wellbeing Strategy, Public Health Strategy, Digital and Information Strategy, Estates Strategy as well as our commitments as an Anchor Institution.

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

The NHS Fife Public Participation and Community Engagement Strategy 2024-2028 will be a significant enabler for delivery of the Population Health and Wellbeing Strategy together with other local strategies. Therefore, it will contribute towards improving Quality / Patient Care.

### **2.3.2 Workforce**

The NHS Fife Public Participation and Community Engagement Strategy 2024-2028 will make a significant and positive impact on our communications and engagement with our workforce to help ensure they feel informed and supported to carry out their duties and understand how they contribute to the delivery of the strategic ambitions of the organisation and how they can display the values of NHS Fife.

### **2.3.3 Financial**

Putting the NHS Fife Public Participation and Community Engagement Strategy 2024-2028 into practice will require dedicated resources. Work has already started with colleagues in Finance and Workforce to reflect this new ask and how funding might be achieved in relation to the ambitions and priorities outlined in the new strategy.

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

The financial outlook remains a challenge to deliver the scope and speed of our ambition - prioritisation of public participation and engagement plans to support delivery of the NHS Fife strategy and RTP will therefore become a requirement as we review current spend across the organisation on current engagement related activity. In relation to managing risk there is an opportunity to link in with Fife HSCP Engagement team and Fife Council Engagement team to see if there are opportunities to work in partnership or certain elements of engagement activity with the population of Fife to ensure best value and coordinate our efforts.

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

We have worked with Healthcare Improvement Scotland to ensure our strategy complies with our statutory requirements and best practice. When we look to operationalise the strategy in relation to specific programmes of work, we will look to complete EQIA Stage 1 returns. The NHS Fife Public Participation and Community Engagement Strategy 2024-2028 also aligns with our ambitions as an Anchor Institution.

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

Climate Emergency and Sustainability Impact falls under one of our NHS Fife strategic priorities within the Population Health and Wellbeing Strategy and is expected to form part of our public participation and community engagement operational activity.

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

Working with a range of services, committees and partners have helped to inform the development of this draft strategy. The strategy was also developed in line with industry best practice in the public sector and national guidance and legislation through Health Care Improvement Scotland. Once the board has approved the principles outlined within this draft strategy and resources established to support our strategic ambition. A period of engagement will commence with our partners and community groups to seek feedback and inform the development of our new community engagement delivery/ operational model and annual activity plan.

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

The development of the community engagement and public participation strategy was shared with the Director of Finance & Strategy and Director of Nursing to ensure that the evolving strategy could help support the strategic needs of the organisation and the ambitions outlined in the NHS Fife Population Health and Wellbeing strategy. The strategy has been further evolved following feedback from EDG, the Board Development Session,



Population Health and Wellbeing Committee, Fife HSCP Engagement Team and Healthcare Improvement Scotland.

## 2.4 Recommendation

That the NHS Fife Board **approve** the principles outlined in the strategy to enable the creation of an engagement service for NHS Fife developed with input from NHS Fife services including Governance, Project Management, Patient Experience team (including Equalities and Diversity lead). Our partners in the HSCP Engagement team, Fife Council Engagement, Fife Voluntary Action, and Health Care Improvement Scotland to create our new engagement delivery/ operational model and activity plan for 2024/25.

## 3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Draft NHS Fife Public Participation and Community Engagement Strategy 2024-28

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# Public Participation and Community Engagement Strategy

2024-2028

20 May 2024

NHS Boards and Integration Joint Boards have a statutory duty to involve people and communities in the planning and development of care services and in decisions that will significantly affect how services are run.

Scottish Government – Planning with People, February 2023

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DRAFT

# 1. Introduction

This Public Participation and Community Engagement strategy outlines the approach NHS Fife will take to engage with its stakeholders, including staff, patients, stakeholders, and communities across Fife. It incorporates the principles and guidelines of Scottish Government's "Planning with People" guidance. The strategy aims to enhance existing corporate communications activities as outlined in NHS Fife's Corporate Communications Strategy, to help promote transparency and foster meaningful collaboration to improve healthcare services in Fife.

## **NHS Fife Corporate Communications Strategy 2024-2028**

[nhsfife/](#) Insert OR code link to NHS Fife Corporate Communications Strategy when published.



## **Health and social care – Planning with People: community engagement and participation guidance**

[gov.scot/publications/planning-people-community-engagement-participation-guidance/](https://gov.scot/publications/planning-people-community-engagement-participation-guidance/)

## **Living well, working well and flourishing in Fife**

Engaging with and involving people is an integral part of the design and delivery of NHS services. People are routinely asked for their views and their experience of services, through Care Opinion, the UK's independent non-profit feedback platform for health and social care, which contributes to staff training and service development.

The key national policy drivers make it clear that we must carry on embedding engagement as good practice in all that we do. By inviting the views and opinions of patients, service users, carers, stakeholders and local people, organisational decision-making will be better informed.

With the introduction of NHS Fife's 5-year Population Health and Wellbeing Strategy, NHS Fife has made a commitment to maintaining and developing our engagement work through patient and public involvement. This new Public Participation and Community Engagement strategy reflects this desire. It outlines how we need to continue building on and embedding engagement into everyday practice alongside other policy and performance requirements.

As part of this commitment, we also need to support colleagues across NHS Fife to understand the importance of engaging and involving people in planning and decision-making, when to do so, how to do so, and to be aware of the range of approaches which can be used to achieve this.

Early and continuous engagement and involvement with our stakeholders leads to successful and meaningful decision-making. Our engagement activity should be inclusive, informed, and fit for purpose: transparent, influential, reciprocal, and proportionate to the issue.

## The case for community engagement

Effective and ongoing engagement brings many benefits, including:

- Allowing organisations to hear new ideas and understand issues affecting communities.
- Creates opportunities to identify sustainable solutions to service challenges and allow our stakeholders to influence future planning.
- Ensuring communities, especially vulnerable and underrepresented groups, are connected and engaged with services, improving access to care services and health outcomes.
- Improving public confidence and decreasing resistance to change due to a better understanding of the reasons for change.
- Reducing the risk of legal challenges resulting from concern about the process of engagement.

## Defining community engagement

Effective services must be designed with and for people and communities – not delivered top down for administrative convenience. In order to be effective, community engagement must be relevant, meaningful and have a clearly defined focus. NHS Boards, Integration Joint Boards and Local Authorities should engage with the communities they serve, following the principles set out in the National Standards for Community Engagement.



**National Standards for Community Engagement**

[scdc.org.uk/what/national-standards](https://scdc.org.uk/what/national-standards)

These standards define 'community engagement' as:

*'A purposeful process that develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions. It involves respectful dialogue between everyone involved, aimed at improving understanding between them, and taking joint action to achieve positive change.'*

*National Standards of Community Engagement*

## 2. Purpose

This strategy describes how NHS Fife will actively engage with, involve, and consult with our patients, their families and carers, members of the public and other key stakeholders to evaluate existing services and also when redesigning services.

The strategy considers all relevant legislative requirements, standards, and guidance to ensure best practices in all our engagement activities.

It provides a clear guide, ensuring that patient and clinical voices are central to our work as an organisation. From the outset, it is also important that any supporting public engagement plans have clarity of purpose and clearly defines the reason for engagement. Often, the issue under consideration may be better suited to formal consultation or another approach to gathering community views.

## 3. Scope

The Public Participation and Community Engagement strategy is a resource for all NHS Fife colleagues. It applies to our patients, their relatives and carers, members of the public, our partners, and all NHS Fife stakeholders.

Community engagement at NHS Fife should be a flexible and evolving model that continually adapts, experiments, and draws upon input and feedback, including taking advantage of digital communications opportunities and partnership working.

This includes collaborating with the Fife Health and Social Care Partnership's Engagement team to work in partnership to build services around people's needs and aspirations and work with individuals and communities to build their resilience so that people in Fife are supported to live healthy, independent lives.

It is also important as part of our engagement activity that we embed and promote a clear point of access for users of services and the public to provide feedback, make complaints or suggestions for improvement, with feedback on services being open, transparent, and accessible via NHS Fife's Patient Experience team. This feedback can also be used to address issues proactively and share our service improvement plans with local and national politicians, representing local constituents.



## 4. Our engagement objectives

Whatever form of engagement or community involvement is being undertaken, our reasons for doing so will always be:

- To discuss the ideas put forward by patients, service users, carers and colleagues, their experiences, why services need to change, our plans, and how to make the best use of resources.
- To develop insight into what patients, service users and carers want from services, to better understand their needs and preferences, including underrepresented groups.
- To ensure that the services we are responsible for meet the needs and preferences of the people we serve.
- To continually improve our services.
- To facilitate mutual understanding.
- To ensure that NHS Fife has the mechanisms to engage with communities at a local level, including planning and co-ordinating our activity with our partners in Fife Health and Social Care Partnership, Fife Council and Fife Voluntary Action.
- To ensure all citizens across Fife have the opportunity to engage including those traditionally harder for us to reach groups.
- To raise the profile and understanding of public participation and community engagement and make it more accessible to communities and individuals.
- To address statutory requirements for collaboration with local communities, under various Community Empowerment legislation and guidance.
- To establish opportunities for collaborative working across sectors with an ability to build capacity for public engagement.

## 5. How this strategy has been developed

This strategy has been informed using best practice applied in a range of organisations and guidance outlined in the following publications including:

- Scottish Government – Planning with People
- Healthcare Improvement Scotland
- Fife Health and Social Care Partnership Engagement Strategy 2022-2025.
- Scottish Community Development Centre.
- Fife Council Consultation and Engagement.

In response to the ambitions outlined in NHS Fife's Population Health and Wellbeing strategy, this draft strategy was developed with input from a range of services in NHS Fife, Fife Health and Social Care Partnership, Fife Council and Fife Voluntary Action with the final approved version of this strategy being used to inform and educate future engagement activity, planning and delivery in support of specific projects and initiatives with the public of Fife and NHS Fife.

### Developing this strategy in partnership and through shared learning

We already benefit from existing mechanisms and approaches to consultation activity across our Third and Independent sectors, Fife HSCP, and Fife Council. This strategy seeks to learn from the past and improve the quality of participation and engagement methods and better coordinate activities with our partners avoiding consultation fatigue and duplication of effort across services and partners.

To this end, as NHS Fife does not currently have any dedicated engagement resource the NHS Fife strategy was developed using engagement feedback from Health Care Improvement Scotland and the Fife HSCP. Many of the principles and approached outline in the NHS Fife strategy are lifted directly from the Fife HSCP strategy to ensure synergy and a consistent approach. When they were creating their own strategy last year, which was produced in collaboration with members of Fife Integration Joint Board and NHS Fife Board which includes public members, elected members, representatives from Health and Social Care and the Third Sector.



**Fife HSCP Participation and Engagement Strategy for Fife**

<https://www.fifehealthandsocialcare.org/media/ehjd3zfm/hscp-participation-and-engagement-plan-2022.pdf>



The process for developing the strategy was as follows:

- Reviewing revised and updated strategy requirements, policy drivers, quality standards and legal requirements.
- Consider how existing arrangements could support NHS Fife in line with strategic priorities.
- The Fife HSCP also held seven engagement events, in Fife's designated seven localities in 2022.

Members of the public and wider stakeholders were invited to participate through Fife Council's People Panel and NHS Fife Public Partner Volunteers virtual network. Wider stakeholders were invited to attend through Fife's Health and Social Care Partnerships Locality Planning Wider Stakeholders Network including various other participation groups throughout Fife.

The events focused on feedback building on previous strategy approaches to participation and engagement and work undertaken across all partners. Participants had the opportunity to ask questions and raise concerns regarding the approaches and how this should be taken forward over the next three years.

This feedback has been reflected in NHS Fife's new Community Engagement and Public Participation Strategy and once the strategy is formally adopted by NHS Fife a supporting public participation and engagement action plan will be developed to help operationalise this strategy and an annual activity plan that will outline NHS Fife specific projects and opportunities for engagement.

## 6. Our engagement goal



The revised National Standards for Community engagement has set out five levels for engagement:

1. **Inform** – To help stakeholders understand the problem, alternatives, opportunities, and solutions.
2. **Consult** – To obtain stakeholder feedback and listen to and acknowledge concerns and aspirations.
3. **Involve** – To involve stakeholders throughout the process, ensuring their specific concerns and aspirations are understood and considered and to provide feedback on how their input influenced the decision.
4. **Collaborate** – To work in partnership with stakeholders, seeking their perspectives and encouraging their ideas and solutions to inform priorities and planning.
5. **Empower** – To involve stakeholders in shared decision-making about strategic priorities and service delivery.

## The 4p's of NHS Fife's engagement activity will also focus on

### 1. People

To have a well-informed, skilled, innovative, compassionate and caring workforce, where colleagues are empowered to act, and where patient-centred care, clinical leadership and two-way communication with colleagues and stakeholders are at the heart of our services.

**Team and Service Leads and Managers** – All team, service leads, and managers are responsible for ensuring their team members are aware of the Public Participation and Community Engagement Strategy and their responsibilities within it. They are also responsible for supporting the strategy's implementation within their area(s) of work.

**All Staff** – All staff should be aware of the Public Participation and Community Engagement strategy and the Scottish Governments' Planning with People Guidance and ensure they follow and comply with it as required. All staff must ensure they are aware of their responsibilities in relation to the strategy and comply with these on a day-to-day basis.

**NHS Fife Governance** – Monitoring and reporting of engagement activity will be via regular activity reports and updates to the Population Health and Wellbeing Committee

2. **Public** – Working together from design to delivery, sharing information and opportunities to inform the ways to deliver services and strategic decision-making.
3. **Purpose** – To transform and deliver high-quality, efficient, integrated services informed by appropriate levels of engagement that enable the best possible outcomes.
4. **Promotion** – To promote NHS Fife services, listen to and communicate clearly, effectively and in a timely manner with all our stakeholders.

## 7. Engagement terms and definitions

The principles that inform this strategy promote a change of focus from a culture of 'telling' to one of 'listening' when it comes to community engagement. Consistent, relevant, open communication between all parties is vital, and there is an expectation for organisations to do more.

For this strategy, and to ensure continuity and consistency when describing engagement activity, the following definitions apply.

**Community:** refers to a group of people who share a common place, a common interest, or a common identity. There are also individuals and groups with common needs. It is important to recognise that communities are diverse, and that people can belong to several at one time.

**Engagement:** covers a range of activities that encourage and enable people to be involved in decisions that affect them. This can range from encouraging communities to share their views on how their needs are best met and influencing how services should be delivered to giving communities the power to inform decisions. For NHS Fife, this also outlines the process by which patients, service users, carers, and members of the public are informed, listened to and asked for their opinions.

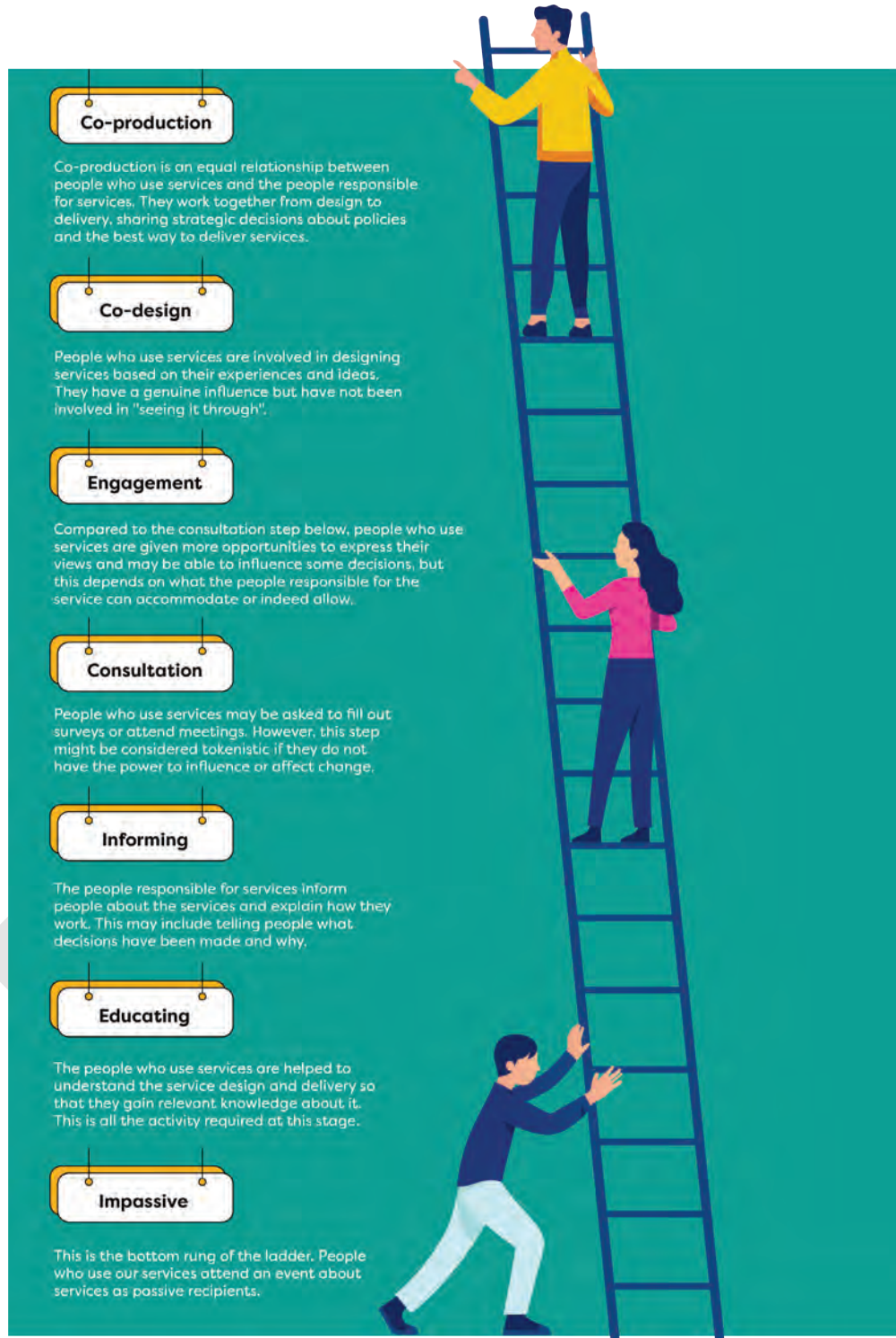
**Consultation:** there is a specific requirement for NHS Boards to formally consult with patients, carers, communities, and members of the public on issues which are considered major service changes, as set out in the Healthcare Improvement Scotland guidance.

Fundamentally, consultation is the process of dialogue leading to a decision and describes more formal engagement and involvement when reaching an important decision. Consultation also forms an essential element of structured engagement and participation plans for any change process being considered, as having a defined beginning, middle and end: it might be part of an ongoing engagement period, but it is a process in its own right. Its remit should be finite and the scope for stakeholder input and influence should be clearly stated.

**Involvement:** the opportunity and process by which individuals and representatives of communities directly influence and shape health and social care services. The term 'involvement' indicates a greater degree of working together with an organisation to influence decision-making profoundly or to reach a decision in partnership.

**Co-production:** the process of active dialogue and engagement between people who use services and those who provide them. Co-production requires people to act together equally, contributing their lived experience, skills, and ideas about what works to improve our communities. By adopting a co-production approach, decisions affecting people are made with them, not for them.

# Public Participation and Engagement terms and levels of involvement



**Guidance on identifying major health service changes**

[www.hisengage.scot/service-change/resources/identifying-major-service-change/](http://www.hisengage.scot/service-change/resources/identifying-major-service-change/)



## 8. Our engagement cycle

Colleagues, patients, carers, and the public should be involved in a systematic way that is integrated into everyday practice. This links members of the community through different clinical areas to strategic decision-making and impacts the way NHS Fife organises and delivers care. Building a system of engagement for evaluating and developing services is complicated and will take time and dedicated resources.

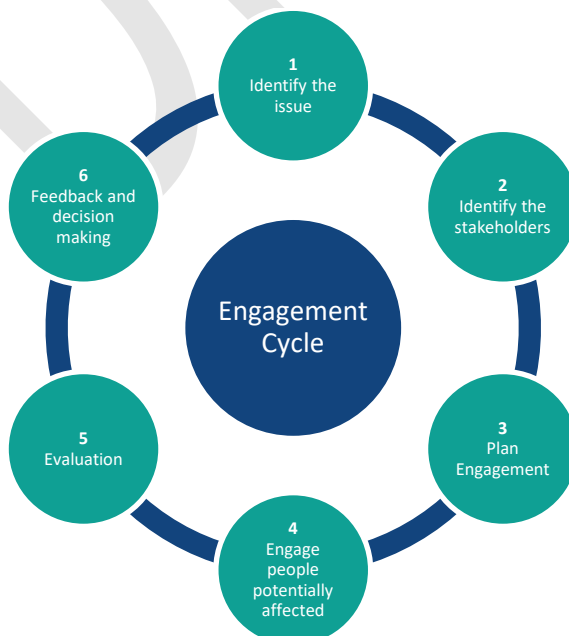
Engagement should not be a one-off activity but part of an integrated system. A systematic approach helps ensure that changes address people's views and are regularly evaluated.

Undertaking a specific engagement activity, for instance, a patient satisfaction questionnaire, is likely to tell you how the individual who completed the survey felt about the information provision at that time. It might suggest things that you could do to improve it. However, we would need to go around the cycle again to repeat the survey in order to check that the changes put in place are real improvements. So, repetition holds the key to ensuring that changes inspired by the views and experiences of people actually make the service better. Without repetition, there is no way to be sure that engagement activities are being successfully used for service development.

### Engagement Cycle – 6 simple steps:

The engagement cycle illustrated below is underpinned by principles of the National Standards for Community Engagement and should be followed in order to demonstrate good practice. Each stage is important and should be applied proportionately to the scale of the proposed activity and level of change.

The engagement cycle presents a way of thinking systematically about the different phases and processes that are involved.



## 1. Identify the issue

Agree on a clear purpose to identify engagement objectives, anticipate outcomes, and help determine the scope of the engagement. At the outset, the objectives should be clear and shared to help shape the process and identify the best methods to reach people and communities. Project goals may evolve as engagement progresses, but they are necessary to keep the process focused.

## 2. Identify stakeholders who may be affected by the issue

Stakeholder mapping is important to identify all groups and individuals within the community who may be affected or who might have an interest in the proposal. Existing networks can help to identify potentially affected people, including those who do not find it easy to share their views. Recruiting representatives of communities to the engagement planning team at the earliest possible stage will help to inform the process and ensure an effective approach.

## 3. Plan engagement

Identifying the best approaches to reach the people whose views need to be shared is vital. All steps in the cycle, Equality Impact Assessment (EQIA), including an early evaluation of the project's development so far, should be considered to ensure an inclusive approach from the outset. Involving community representatives and providing any support they may require will help encourage the flow of ideas and suggestions, resulting in better engagement and robust and sustainable outcomes.

## 4. Engage those potentially affected

Every effort should be made to engage with the right people throughout the planning, development, and appraisal of potential options or models. There are many different engagement methods, and no one method will suit all engagement purposes. A range of methods should be considered at the planning stage. This ensures that all views are heard and considered.

## 5. Evaluation

It is important to carry out evaluation throughout the engagement process to ensure that outcomes set at the beginning, are being met. Ongoing evaluation also demonstrates that people are being listened to by adapting the approach where appropriate. Evaluation can also identify improvement areas and help you understand what works and what doesn't. All information gathered from the engagement process should be captured and evaluated to support future learning.

## 6. Feedback and decision-making

It is important to keep participants informed about a project's development throughout the engagement cycle and to encourage ongoing feedback. This helps to improve project and programme management by supporting two-way communication, as well as continuous review and reflection. It also helps monitor progress towards the goals outlined at the planning stage and improves accountability by fully reporting what is being done and achieved.

Some statutory guidance, such as the Community Empowerment (Scotland) Act 2015, set out defined processes and timelines for engaging with local communities, such as the establishment of an Outcome Improvement Process, with defined steps and reporting, which we need to follow if we are the named Public Service Authority.

Decisions must be made throughout the engagement process, and community representatives must be involved so that robust, evidence-based, and person-centred outcomes are achieved. When engagement activity reaches its conclusion, NHS Boards, Integration Joint Boards, and Local Authorities must approve or reject recommendations. Decision makers should consider the quality of the engagement process and note that Healthcare Improvement Scotland also has a duty to assure the engagement process, particularly in relation for major service change.

### Cyclical process

The different components of the cycle relate to one another, and each phase of the process (or cycle) builds on and leads to the next phase. This cyclic process helps ensure that you conduct engagement activities in a planned way that links directly to changes in service organisation and provision, and that people, staff, and clinicians continually evaluate these changes.

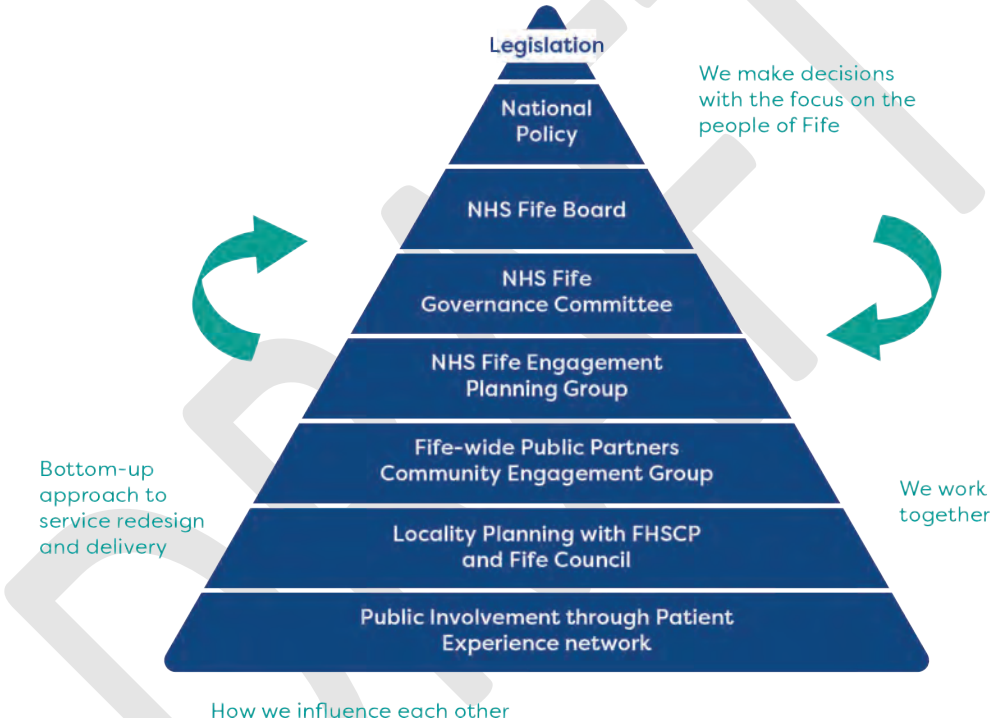


# 9. NHS Fife our adopted model of engagement

Working from a "top-down" "bottom-up" approach, NHS Fife's model is based on Fife Health and Social Care's "New Model of Engagement and Participation".

This model was sent out to wider participation networks in Fife in April 2020. There were a total of 71 respondents. The majority of respondents agreed with the proposed approaches, agreeing that they would make it easier to have their voice heard. NHS Fife has adapted this model to reflect our organisational position and structure.

**NHS Fife model of engagement diagram**





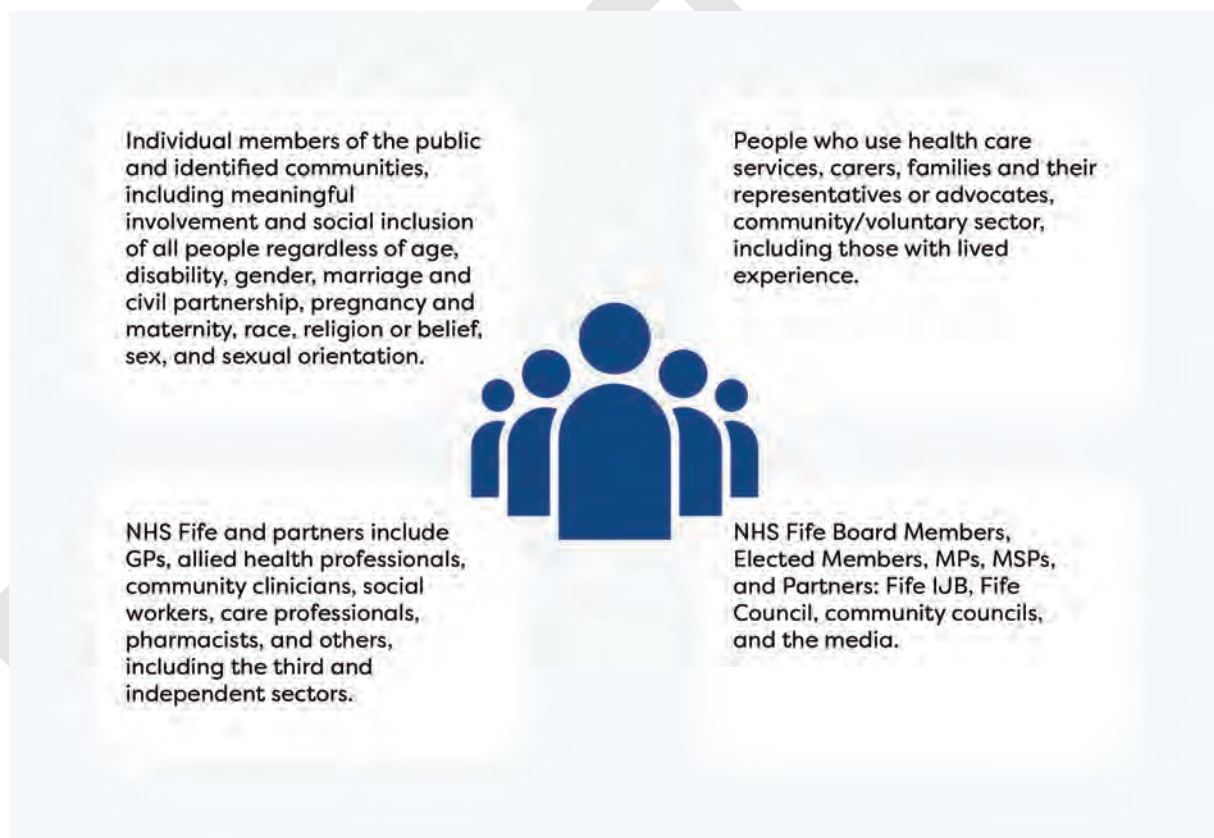
**Fife Health and Social Care Partnership – Participation and engagement network**

[fifehealthandsocialcare.org/about-us/participation-and-engagement-network](https://fifehealthandsocialcare.org/about-us/participation-and-engagement-network)

## 10. Understanding our stakeholders

As part of our engagement activity, we need to identify and categorise key stakeholders within NHS Fife, including staff, patients, community groups, local authorities, healthcare partners, and other relevant organisations, to ensure effective engagement. Developing a comprehensive stakeholder map is essential in helping us understand the needs, interests, and expectations of stakeholders regarding healthcare services and in helping to shape and inform engagement plans and delivery models. This stage will be complemented by an EQIA as not everyone will identify themselves as stakeholders.

### NHS Fife Key Stakeholders



### What approaches will be used to obtain stakeholder views?

NHS Fife will work to identify the best method of consulting, engaging, and involving patients, service users, carers, relatives, and other stakeholders. The method may vary depending on the target audience, and the best approach will be agreed upon in advance when developing a consultation or engagement action plan as part of our project management approach.

Methods for obtaining views and feedback will include:

- Formal and informal consultation, due to service redesigns and service delivery.
- General ongoing engagement with both internal and external stakeholders, primarily through social media and StaffLink NHS Fife's employee communication and engagement App.
- Patient Satisfaction Surveys.
- Experience-based co-design is an approach that enables staff and patients (or other service users) to co-design services or care pathways together in partnership.
- Patient and Service User representation at formal meetings, project boards and committees.
- The Patient Experience Network database or mailing list.
- Service and condition-specific participation groups for patients and carers.
- Mystery Shopper programme.
- Focus Groups.
- Use of web feedback form.
- Public and stakeholder events.
- Identifying people with lived experience.
- Face-to-face during clinical interventions.
- Through patient stories and customer journey mapping.
- Through the Patient Experience team and Complaints management process.
- By using external feedback websites such as Care Opinion.
- Through the use of Volunteers network.
- Collaboration with Fife Health and Social Care Partnership Engagement Team and Fife Council.
- Elected members briefing sessions and engagement with local political representatives through Community Councils.
- Internal surveys, polls, and feedback tools.

## How will the views of stakeholders be used?

The views of stakeholders will be used to influence and evidenced in the Board's decision-making where appropriate and to improve services and the quality of care where required. We will work with our patients, service users and any other identified stakeholders to develop and enhance the services we provide to the community. Where changes in service delivery will occur, those affected will be given the opportunity to tell us how this may potentially affect them, and we will work with them to reduce any negative the impact where possible.

# 11. Our duties and responsibilities

## NHS Fife Board

The NHS Fife Board is responsible for the Public Participation and Community Engagement Strategy and ensuring adequate resources are available for its implementation in line with Planning with People's best practice and guidance.

## Fife Health and Social Care Partnership – Integration Joint Board (IJB)

The Fife Integration Joint Board has a statutory duty to engage. The IJB's engagement and participation duties are specified by the Public Bodies (Joint Working) (Scotland) Act 2014. The duty to involve people in the design and delivery of care services was strengthened with the introduction of the Community Empowerment (Scotland) Act 2015.

The Scottish Government Planning with People, Community Engagement and Participation Guidance for Health and Social Care was updated in April 2023. The guidance supports Integration Joint Boards in carrying out their statutory duty to consult as part of any service change process.

## Accountable Officer

The Chief Executive, as Accountable Officer, is responsible for ensuring that the Public Participation and Community Engagement strategy is implemented across NHS Fife services. Through the Executive Directors, this responsibility is delegated to individual portfolios and services.

## Population Health and Wellbeing Committee

The Population Health and Wellbeing Committee will monitor the implementation of the Public Participation and Community Engagement Strategy and provide comments on any associated actions on a quarterly basis.

## NHS Fife Corporate Communications and Engagement Directorate

The newly designated Director of Communication and Engagement will be responsible for the operational oversight of the NHS Fife Public Participation and Community Engagement Strategy, working with the Patient Experience team Project Management Office, Governance and the Fife Health and Social Care Partnership engagement team and in partnership with Fife Council.

## Fife Engagement Network

If all partners agree a Fife wide *Public Partners Community Engagement Network* could be established as illustrated in the operating model to help coordinate and collaborate on Fife wide engagement activity.

## 12. Creation of a dedicated engagement function within NHS Fife

To engage effectively, NHS Fife will be required to dedicate resources to engagement activity. Depending on the operational delivery model adopted this may include:

**Engagement and inclusion champions** – senior staff to promote and support meaningful engagement and inclusion. Executives and Board non-executives need to understand why engagement is essential and must ensure that engagement is undertaken effectively. Organisational barriers that could hinder or impact negatively on engagement should be identified and addressed by effective leadership.

**Engagement and inclusion leads** – members of staff who know how to help individual services reach communities and access any support that may be required forming part of a new NHS Fife Engagement Planning Group.

**Dedicated engagement team** – appointment of an Engagement Manager to sit within the reconfigured NHS Fife Corporate Communications and Engagement Directorate. To ensure that engagement activity is conducted in-depth, monitored, and evaluated in line with wider corporate communications activity.

**Dedicated budget** – there are costs associated with community engagement, depending on the scale. Recognising the current financial climate, services will need to be creative in managing engagement costs within existing resources.

**Sufficient time** – effective engagement cannot be rushed. Adequate time is required to reach affected community members, and flexible and innovative approaches may be required as part of project management.

**Collaboration** – NHS Fife will work with Healthcare Improvement Scotland to ensure best practice. We will also strengthen our existing partnerships with Fife Health and Social Care Partnership, Fife Council, Fife Voluntary Action, and other independent, third-sector groups to help promote engagement efficiency and effectiveness and avoid participation fatigue.

**Equality and diversity** – Equity of access and accessible material including translations, easy read and EQIAs should be embedded as part of all engagement activity plans.

## 13. Conclusion

By adopting the Scottish Governments Planning with People guidance and aligning with HIS best practice, NHS Fife aims to strengthen its engagement activity and create an in-house multi-disciplinary team to help design and develop opportunities for effective engagement. We will continue to work with our partner organisations to ensure a co-ordinated and timely approach, allowing NHS Fife to fulfil our commitment outlined in our Population Health and Wellbeing Strategy.



### Population Health and Wellbeing Strategy

[nhsfife.org/strategy](https://nhsfife.org/strategy)

When done well, the process of community engagement should lead to improved community participation so that communities can have more influence over the services and decisions that affect their lives. Some of the benefits of good community engagement and better participation include:

- The way in which public services are planned, developed, and delivered is influenced by, and responds to, local community need.
- People who find it difficult to get involved (for example, because of language barriers, disability, poverty, or discrimination) help to influence the decisions that affect their lives.
- The various strengths and assets in communities and across public and private sector agencies are used effectively to deal with the issues communities face.
- New relationships are developed between communities and public sector bodies which build trust and make joint action possible.

These principles also help to ensure that NHS Fife's organisational mission and values are also achieved.

**Our mission** – Transforming Health and Care in Fife to be the best.

#### Our values

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and teamwork

**On request we can provide accessible communication in a variety of formats including for people who are speakers of community languages, who need Easy Read versions, who speak BSL, read Braille or use Audio formats.**





Our 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**

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**[www.nhsfife.org](http://www.nhsfife.org)**

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**AUDIT & RISK COMMITTEE**  
**(Meeting on 16 May 2024)**

No issues were raised for escalation to the Board.



## **Fife NHS Board**

### **Unconfirmed**

## **MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON THURSDAY 16 MAY 2024 AT 2PM VIA MS TEAMS**

### **Present:**

Alastair Grant, Non-Executive Member (Chair)  
Anne Haston, Non-Executive Member  
Aileen Lawrie, Non-Executive Member  
Kirstie Macdonald, Non-Executive Member

### **In Attendance:**

Kevin Booth, Head of Financial Services & Procurement  
Andy Brown, Principal Auditor  
Chris Brown, Head of Public Sector Audit (UK), Azets  
Barry Hudson, Regional Audit Manager  
Jocelyn Lyall, Chief Internal Auditor  
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary  
Margo McGurk, Director of Finance & Strategy  
Carol Potter, Chief Executive  
Dr Shirley-Anne Savage, Associate Director of Risk & Professional Standards  
Hazel Thomson, Board Committee Support Officer (Minutes)

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

The Chair welcomed everyone to the meeting, and advised that, prior to the meeting, members had a training session on the Annual Accounts: Role and Function of the Audit & Risk Committee, presented by Chris Brown, Azets.

The Chair advised that Dr Shirley-Anne Savage has joined the Committee as a regular attendee in her new role as the Associate Director of Risk & Professional Standards.

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

#### **1. Apologies for Absence**

Apologies were received from member Cllr Graeme Downie (Non-Executive Member) and routine attendee Pauline Cumming.

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

There were no declarations of interest made by members.

### 3. **Minute of the last Meeting held on 14 March 2024**

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

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

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

## 5. **ANNUAL ACCOUNTS**

### 5.1 **Annual Accounts Preparation Timeline – Follow Up**

The Head of Financial Services & Procurement advised that the papers provide an update to the Annual Accounts preparation timeline, and that the full set of draft Annual Accounts have now been submitted to the external auditors as per the schedule. An explanation was provided on the only action that has not yet been complete, in relation to the provision of the working papers, and assurance was provided that this is more of a continuous process, and these will continue to be submitted to Azets throughout the audit process.

It was highlighted that there was a delay in relation to receiving the pension value calculator from SPPA to calculate pension values for disclosures, and that this was a national issue. Confirmation was provided that the component parts, being the Fife Health Charity Accounts and the Patients' Private Funds, which have been incorporated into the Consolidated Accounts, were provided to their respective auditors (Thomson Cooper) on time and that the assignments for each of these audits is progressing on schedule.

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

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

The Head of Azets Public Sector Audit advised that the full set of Annual Accounts were received timeously and were of the required standard. A minor ongoing matter was reported that the Annual Accounts still require to be reconciled to the ledger, to ensure that samples can be taken, and that the issue was escalated prior to the Committee meeting.

The Head of Financial Services advised that this matter was raised at the weekly meeting earlier in the day and that NHSF had requested a meeting with the Auditors for the following day to assist a resolution with this matter.

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

## 6. **INTERNAL AUDIT**

### 6.1 **Internal Audit Progress Report**

The Regional Audit Manager provided an overview on the work being undertaken, and the completed work, within the progress report. The current capacity challenges were

summarised, and an explanation was provided on the recruitment situation for two key auditor posts that were vacant due to recent staff turnover, and it was advised that following the recent unsuccessful round of recruitment, agreement has been made to recruit two unqualified auditors to a lower band, with the job description currently going through the approvals process. Assurance was provided that the quality of work would not be affected, and the actions in place to mitigate the risk were outlined. It was noted that this risk will form part of the risk assessment for the audit plan in 2024/25, and that the highest risk areas will be prioritised. It was also noted that the 2024/25 audit plan will encompass the reduced capacity and will be achievable.

The Committee noted that the Internal Audit Progress Report provides **reasonable assurance**.

## 6.2 Internal Audit – Follow Up Report on Audit Recommendations 2023/24

The Principal Auditor reported that progress continues to be made in implementing actions from the audit reports, and that three reports have had their final actions implemented, allowing those to be removed from the Follow Up Report. It was advised that the remaining action, not completed within a year of the date of the report publication, was to revise the NHS Fife Board risk appetite, and assurance was provided that it is expected to be completed by the revised completion date in June 2024. An update was also provided on the Audit Follow Up Protocol which has been updated, with minor changes, including documenting the process, and only reporting actions to the Committee which have been extended longer than one year or are graded as fundamental or significant.

The Committee took **assurance** from the Internal Audit recommendations recorded within the Audit Follow Up system.

The Committee also **approved** the updated Audit Follow Up protocol at Appendix G of the paper.

## 7. RISK

### 7.1 Corporate Risk Register

The Director of Finance & Strategy advised that the respective sections of the Corporate Risk Register have been presented to the other Standing Governance Committees at their May 2024 meetings.

It was highlighted that the NHS Fife Board have agreed to further discuss refreshing the risk appetite, to reflect the ongoing operational context and the significant financial challenges currently faced. It was noted that a Board Development Session was held in April 2024, and that a follow up session has been arranged for the end of June 2024, with the intention that the refreshed risk appetite is approved at that session.

The health & inequalities risk was highlighted, and it was advised that no change to the target level is suggested, and that the risk will be reconsidered, to align to the revised risk appetite, given the wider economic pressures within the organisation and the budgetary restraints.

It was reported that a deep dive was carried out at the Clinical Governance Committee March 2024 meeting on the clinical outcomes risk, and that the Risk & Opportunities Group are preparing a proposal on either closing, revising or replacing this risk.

It was noted that the whole system capacity risk is being reconsidered, with discussions ongoing.

In terms of the finance risks, it was reported that the financial position for 2023/24 is with the external auditors for review as part of the annual accounts process, and it is expected that this will be signed off by the June 2024 deadline. An overview was provided on the financial position, which remains significantly challenging, and is a key objective of the Re-form, Transform, Perform workstream.

Following questions from the Committee it was advised that the findings on the refresh of the Organisational Learning workstream will be summarised and provided to the NHS Fife Board Development Session on 25 June 2024, with an update on next steps for that group.

Following a question in relation to cyber resilience, it was advised that NHS Fife is subject to a number of external annual reviews on the control environment across all of our information systems, including cyber resilience and cyber controls. It was noted that in 2023/24 NHS Fife improved significantly in this area. It was reported that benchmarking will be carried out in terms of control processes, which be overseen by the Information Governance & Security Steering Group.

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

## 7.2 Draft Annual Risk Management Report 2023/24

The Director of Finance & Strategy spoke to this item and highlighted the key points from the report. It was advised that during 2023/24 continued advice and support from the internal audit team was taken in terms of embedding the risk management arrangements, and that the engagement is reflected within the Internal Controls Evaluation Report for 2023/24. It was noted that further work will be carried out to enhance the risk management arrangements.

It was reported that the Risk Management Framework was approved by NHS Fife Board in September 2023, and that it reflects the improvement work that has been embedded. It was explained that, following a review of the Risk Management Policy, it was identified that there was considerable duplication and overlap with the content of the Framework, and agreement was made to remove the policy, enabling easier engagement and guidance for staff. It was noted that the Framework will be revised following the refresh of the risk appetite by the Board. The second stage review of the risk appetite statement will link into the Re-form, Transform & Perform work.

The Risks & Opportunities Group were commended on being instrumental in progressing some of the key developments and engaging with key stakeholders across the organisation throughout their work, to date.

It was advised that the NHS Fife has a more formal approach to recognise the complexity of the corporate risks, and that the maturity of discussion is now in place. It was noted that reviewing risks too often does not necessarily provide new information.

An updated was provided on the assurance principles work that is being undertaken in terms of levels of assurance.

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

### **7.3 Risk Management Key Performance Indicators 2023/24**

The Associate Director of Risk & Professional Standards provided an overview on the graphs within appendix 1. It was advised that there are a number of risks open, which have reached the risk target rating, and that those risks are being reviewed to consider whether they can be closed. It was also advised that work is underway to review older risks, and identify if they still remain a risk, given their extended timeframe of existence.

A request was made for regular updates on improvement and developments to be provided to the Committee.

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

### **7.4 Risks & Opportunities Group Annual Statement of Assurance 2023/24**

The Associate Director of Risk & Professional Standards provided an overview of the coverage of the statement, noting the feedback received from the self-assessment that was carried out.

Discussion took place on membership, and it was advised that there is a lack of clinical input. Suggestion was made to add a representative from midwifery to the group. There was further comment about formalising the relationship of the Group to the Board. It was advised that any changes to the membership and the Group's place in the governance structure would be considered through the Executive Directors' Group in the first instance. It was questioned how the group could be strengthened and attendance encouraged. The Associate Director of Risk & Professional Standards agreed to take this forward as an action.

**Action: Associate Director of Risk & Professional Standards**

The Committee took **assurance** from the report, and agreed any actions from the annual report would first be presented to the Executive Directors' Group for review.

## **8. GOVERNANCE MATTERS**

### **8.1 Update to Scheme of Delegation**

The Head of Financial Services & Procurement explained the amendment made to the levels of authorisation within the Scheme of Delegation, along with the reasons behind and the anticipated benefits to the Boards grip and control process. It was noted that the material change will be reflected in the updated Code of Corporate Governance, as well as the Financial Operating Procedures to ensure it is robustly followed.

The Committee took **assurance** from the planned amendment to the delegated authority to authorise orders and commit expenditure as contained within the Code of Corporate Governance.

## **8.2 Annual Review of Code of Corporate Governance**

The Board Secretary reported that the Code of Corporate Governance has been fully reviewed, and that a summary of the main changes is tracked within the document. It was highlighted that there has been remit changes to the Terms of Reference for each Standing Governance Committee, a change to the Scheme of Delegation as detailed in the previous agenda item, and other small textual amendments to bring the document up to date.

The Committee **recommended approval** to the Board of the updated Code, subject to members' comments regarding any further amendments necessary.

## **8.3 Draft Audit & Risk Committee Annual Statement of Assurance 2023/24**

The Board Secretary reported that the Draft Audit & Risk Committee Annual Statement of Assurance 2023/24 will come formally with the Annual Accounts at the next Committee meeting in June 2024, and the current draft provides a summary of activity over the previous year. Members were encouraged to send any comments or additions to the Board Secretary by email, in order that these can be reflected in the final draft.

The Committee took **assurance** and **approved** the Annual Statement of Assurance, subject to members' comments regarding any amendments necessary.

## **8.4 Draft Governance Statement**

The Board Secretary advised that the draft Governance Statement will be included within the Annual Accounts as part of the front-end narrative. The text seeks to address the content requirements detailed within the Scottish Public Finance Manual and the Accounts Manual.

It was advised that a review of the achievements from the first year of the Population Health & Wellbeing Strategy is included within the statement. An overview was provided on the disclosure that is included, in relation to an information governance & security incident that received Information Commissioner scrutiny within the reporting year. Assurance was provided that work has been carried out to strengthen the process, with an action plan now in place. An update on the action plan will be provided to the Information Governance & Security Group and the Clinical Governance Committee in due course.

The Committee **reviewed** the draft Governance Statement and were welcomed to provide any comments on its content as required. A further version will come back to the Committee for formal approval with the annual financial statements.

#### **8.5 Losses & Special Payments Quarter 4**

The Head of Financial Services & Procurement presented the NHS Fife Board's losses & special payments for quarter 4 and highlighted that there was a reduction in losses & special payments compared to the previous quarter, as a result of a decrease in clinical ex-gratia payments. An overview was provided on the quarterly analytical review carried out to identify any developing trends. It was noted that the non-clinical ex-gratia payments had increased in the quarter whilst the losses and special payments excluding ex-gratia payments had increased in the quarter following the year end debtors review process.

The year end position which will be included in the Boards return to Scottish Government as part of the Annual Accounts process showed a decrease in both the number of reports along with the total cost in comparison to the 2022/23 report.

It was highlighted that a number of graphs were included within the paper to provide additional assurance to the Committee on the historical trends across clinical ex-gratia, non-clinical ex-gratia and all other payments.

It was advised that the Organisational Learning review will consider how to capture and report the clinical or operational learnings from any ex-gratia payments, along with the financial consequences, for that overall triangulation.

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

#### **8.6 Procurement Tender Waivers Compliance Quarter 4**

The Head of Financial Services & Procurement reported that the paper provides assurance that the appropriate application for any procurement waivers of competitive tenders were correctly followed in quarter 4. It was advised that there were three contracts, above £50k, that were awarded across the board, and that none of these were subject to a waiver of competitive tender. It was noted that there was a significant reduction in 2023/24 with only two waivers of competitive tender awarded to a value of just over £1m, compared to the twelve waivers awarded the previous year. It was advised that this reduction and the continued tightly controlled process in relation to the approval of any waivers of competitive tender has provided the NHS Fife Board with less exposure to any potential future challenge.

The Committee took **assurance** that the Procurement process for the waiver of competitive tenders was correctly applied in the period.

#### **8.7 Delivery of Annual Workplan 2023/24**

It was advised that the final version of the Risk Management Framework has been deferred until the risk appetite work is complete. The Counter Fraud Standards Annual assessment was also deferred, and the challenges with the timescale were outlined.

It was advised that Counter Fraud Standards had been consulted and are content to receive the assessment in quarter 1 in 2024/25.

The Committee took **assurance** from the tracked workplan.

**9. ESCALATION OF ISSUES TO NHS FIFE BOARD**

There were no issues to highlight to the Board.

**10. ANY OTHER BUSINESS**

There was no other business.

**Date of Next Meeting (Annual Accounts):** Thursday 20 June 2024 from 2pm - 4pm via MS Teams



**CLINICAL GOVERNANCE COMMITTEE**

**(Meeting on 3 May 2024)**

No issues were raised for escalation to the Board.

## Fife NHS Board

Unconfirmed

### MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 3 MAY 2024 AT 10AM VIA MS TEAMS

#### Present:

Arlene Wood, Non-Executive Member (Chair)  
Colin Grieve, Non-Executive Member  
Anne Haston, Non-Executive Member  
Kirstie Macdonald, Non-Executive Whistleblowing Champion  
Aileen Lawrie, Area Clinical Forum Representative  
Janette Keenan, Director of Nursing  
Liam Mackie, Area Partnership Forum Representative  
Dr Chris McKenna, Medical Director  
Carol Potter, Chief Executive

#### In Attendance:

Nicky Connor, Director of Health & Social Care  
Gemma Couser, Associate Director of Quality & Clinical Governance  
Claire Dobson, Director of Acute Services  
Fiona Forrest, Acting Director of Pharmacy & Medicines  
Susan Fraser, Associate Director of Planning & Performance  
Ben Hannan, Director of Reform & Transformation  
Helen Hellewell, Deputy Medical Director, Health & Social Care Partnership (HSCP)  
Alistair Graham, Director of Digital & Information  
Pat Kilpatrick, Board Chair (*observing*)  
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary  
Dr Iain MacLeod, Deputy Medical Director, Acute Services Division  
Dr Shirley-Anne Savage, Associate Director for Risk & Professional Standards (*part*)  
Hazel Thomson, Board Committee Support Officer (Minutes)

#### Chair's Opening Remarks

The Chair welcomed everyone to the meeting, and extended a warm welcome to Pat Kilpatrick, Board Chair, who had joined the meeting to observe.

A welcome was also extended to Liam Mackie, Charge Nurse, in his new role as the Area Partnership Forum representative. Liam was unable to join the previous meeting but was attending today's Committee.

The Chair advised that Fiona Forrest has joined the Committee as a regular attendee in her role as Acting Director of Pharmacy & Medicine, replacing Ben Hannan who has been seconded to the role of Director of Reform & Transformation. Fiona was warmly welcomed to the Committee.

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

## 1. **Apologies for Absence**

Apologies were received from members Sinead Braiden (Non-Executive Member), Joy Tomlinson (Director of Public Health) and routine attendees Margo McGurk (Director of Finance & Strategy) and Neil McCormick (Director of Property & Asset Management).

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

There were no declarations of interest made by members.

## 3. **Minutes of the Previous Meeting held on 1 March 2024**

The Committee formally **approved** the minutes of the previous meeting.

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

### 4.1 **Health & Social Care Partnership Response to Community Associated E. Coli (ECB) Bacteraemia and Clostridium Difficile Infection (CDI)**

The Director of Nursing highlighted the key points from the paper and advised that there are a number of actions being undertaken to reduce CDI, particularly antimicrobial therapy. It was also highlighted that there were no community associated CDIs reported from September to December 2023. An explanation was provided on the main reasons for ECB and an overview was provided on the work that is being carried out to reduce this infection.

Following questions, it was reported that some protocols from other Health Boards are being used in terms of sharing best practice for infections. An explanation was provided on the lag of data within the Healthcare Associated Infection Report, and it was noted that once the targets have been set for 2024/25, providing more up-to-date data to the Committee is expected.

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

### 4.2 **Medical Education Survey Results Action**

Following the action in relation to the medical education survey results, the Associate Director of Quality & Clinical Governance confirmed that there are no concerns in relation to IT access for ScotGEM undergraduate students. A full explanation is provided on the Action List entry.

The Committee **noted** the updates and also the closed items on the Action List.

## 5. **ACTIVE OR EMERGING ISSUES**

There were no active or emerging issues to be discussed.

## 6. **GOVERNANCE MATTERS**

### 6.1 **Annual Assurance Statements & Reports from Clinical Governance Subcommittees & Groups**

The Board Secretary reported that the Annual Assurance Statements and reports are presented to the Clinical Governance Committee on a yearly basis to provide assurance that each subgroup has delivered on their remit. It was noted that the Integration Joint Board (IJB) Quality & Communities Committee Annual Assurance Statement was issued later than the others, due to the timing of the IJB's own committees, and a request has been made to bring that meeting forward for next year.

The Board Secretary agreed to clarify if the Covid Mortality Report, mentioned in the Clinical Governance Oversight Group Assurance Statement, went to the NHS Fife Board in private session, and to also add to the same Assurance Statement that a further update will be provided to the Committee around the deteriorating patient improvement programme at a future meeting in 2024/25.

**Action: Board Secretary**

It was highlighted that the Information Governance & Security Steering Group Assurance Statement identifies the likely disclosure within the Annual Accounts regarding the incident at St Andrews Community Hospital in spring 2023, and that this will be recorded in detail within the Board's Governance Statement. It was noted that formal assurance from the Steering Group will be brought to the Committee at the July 2024 meeting.

In terms of the Resilience Forum Assurance Statement, a request was made to reference the IJB as a category 1 responder and the connection of business continuity plans.

**Action: Board Secretary**

The Chair welcomed the inclusion of the annual workplan in the Health & Safety Subcommittee Assurance Statement, noting this gave assurance on the range of business considered at meetings of the group.

The Chair commended the Board Secretary for her work in pulling these assurance statements together.

Following consideration of the reports, the Committee took **assurance** that each group has delivered on its remit in the reporting year.

## **6.2 Draft Clinical Governance Committee Annual Statement of Assurance 2023/24**

The Board Secretary explained that NHS Fife Board require assurance that all Standing Governance Committees have delivered on their remit and the Statement seeks to provide detail on how the Clinical Governance Committee has met this through the 2023/24 financial year. The Clinical Governance Committee's Annual Statement of Assurance will go through the Audit & Risk Committee as part of the Annual Accounts 2023/24 process, before being submitted to NHS Fife Board for approval.

The Board Secretary was commended for an excellent report and no changes were requested to the current content of the Statement.

The Committee **approved** the draft Clinical Governance Committee Annual Statement of Assurance 2023/24.

### **6.3 Area Clinical Forum Annual Statement of Assurance 2023/24**

A Lawrie, Area Clinical Forum (ACF) Representative, highlighted that the main focus for the ACF during 2023/24 was to improve engagement with clinicians and increase the visibility of the Forum, and that discussions are ongoing to further enhance this work.

An overview was provided on the key points from the Assurance Statement. It was advised that there had been regular updates in relation to the Re-form, Transform, Perform programme. Ongoing challenges with engagement from clinical groups was discussed, and the importance of a clear engagement plan was highlighted. The Director of Health & Social Care and ACF Representative agreed to discuss outwith the meeting any work that could be undertaken to enhance those connections.

**Action: ACF Representative**

Deputy attendance was raised, and it was advised that a deputy would only be invited to attend a meeting to stand in for a member (rather than an attendee) of a group. It was reported that a request is made for Terms of Reference, for each group, to be reviewed on an annual basis, which includes a review of the membership.

The Committee took **assurance** from the ACF Annual Statement of Assurance 2023/24.

### **6.4 Clinical Governance Oversight Group Assurance Summary from April 2024 Meeting**

The Director of Quality & Clinical Governance highlighted the key items discussed at the Clinical Governance Oversight Group meeting held in April 2024, including the work that is underway to review drug-related deaths, the endorsement of a new trigger list for the commissioning of significant adverse events, and the work that is underway through the Scottish Government for medical devices. It was noted that the group has matured in terms of functionality and connecting activity from both the Health & Social Care Partnership and Acute Services.

Questions followed, and it was advised that the Medical Assisted Treatment (MAT) Standards were announced this week and demonstrate that NHS Fife has improved in all areas. It was noted that work is underway to address the challenges with elements of waiting times.

In terms of drug-related deaths, it was reported that there has been a reduction in Fife, and that work is being carried out to connect multi-agency drug death reviews into the public protection system, to strengthen the governance.

A report on the MAT Standards and the Fife Alcohol & Drug Partnership Strategy will both be presented to the Public Health & Wellbeing Committee at their meeting on 13 May 2024.

It was agreed further detail on the adverse event process for drug related deaths be brought back to the next meeting.

**Action: Medical Director**

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

## **6.5 Corporate Risks Aligned to Clinical Governance Committee**

The Medical Director reported no significant changes to the corporate risks aligned to the Committee, and no changes to the risk ratings or risk appetite, which have all been discussed in detail.

It was noted that a deep dive was recently presented to the Committee on the clinical optimal outcomes risk, and that this risk is being further reviewed through the Risk & Opportunities Group. It was agreed that the timescale requires to be included in the review.

**Action: Associate Director for Risk & Professional Standards**

It was reported that an update on the quality & safety risk will be provided to the Executive Directors' Group in relation to how that risk might be adapted to improve our approach to organisational learning, before being presented to the Committee at the July 2024 meeting. It was also advised that work is underway for a new risk around pandemic preparedness, which has not yet been added to the Corporate Risk Register.

The Board Chair raised some concerns relating to elements of the risks contained within the overall Corporate Risk Register. The Medical Director and Board Chair agreed to discuss further outwith the meeting.

**Action: Medical Director**

The Medical Director acknowledged the contribution of Pauline Cumming, thanking her for all her hard work and diligence in her role as Risk Manager, and members joined in wishing her well for her retirement.

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

## **6.6 Delivery of Annual Workplan 2023/24**

The Committee took **assurance** from the tracked workplan.

## **7. STRATEGY / PLANNING**

### **7.1 Annual Delivery Plan 2024/25 Scottish Government Response**

The Associate Director of Planning & Performance reported that the Annual Delivery Plan (ADP) is presented in draft, as the Scottish Government's response is still awaited. An overview on the contents of the ADP was provided and it was noted that the plan has been aligned to the Population Health & Wellbeing Strategy, Medium-Term Financial Plan and the Re-form, Transform, Perform programme. It was confirmed that the ADP has been developed in conjunction with the Health & Social

Care Partnership, and that the performance reporting elements to the Integration Joint Board are being worked through.

The Associate Director of Planning & Performance agreed to revisit the health inequalities aspect of the ADP in terms of providing more detail, and to also explore a system for establishing the non-financial elements of the plan. It was noted that there is a requirement to report regularly to the Scottish Government on progress of the ADP, and that regular updates will also be provided to the Committee.

**Action: Associate Director of Planning & Performance**

The Committee took **assurance** from the contents of the Annual Delivery Plan.

## **8. QUALITY / PERFORMANCE**

### **8.1 Integrated Performance & Quality Report (IPQR)**

The Director of Nursing provided a summary on the clinical governance aspects of the IPQR, as detailed in the report. It was highlighted that the trigger list, which is part of the NHS Fife Adverse Events Policy, is being reviewed and an update will come back to the Committee. It was questioned if there were any recurring themes in terms of type of event and levels of harm caused in the category labelled 'other', for the major and extreme category, and the Director of Nursing agreed to take that forward as an action for the next meeting.

**Action: Director of Nursing**

It was highlighted that there has been a significant improvement for inpatient falls within the Health & Social Care Partnership and Acute Services, and that the inpatient falls toolkit, which was launched at the beginning of March 2024, has an emphasis on safer mobility and falls reduction.

It was reported that there was a concerning increase in pressure ulcers in February 2024, and that further detail has been requested to understand the increase and the improvement actions being undertaken. It was noted that the increase is an outlier. Further detail on pressure ulcers will be included in the next iteration of the report and will include detail on the 'Quality of Care Review', which is a new national tool, currently being piloted in NHS Fife.

**Action: Associate Director of Planning & Performance**

The Committee took **assurance** and **examined** and **considered** the NHS Fife performance as summarised in the IPQR.

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

The Director of Nursing reported that the surgical site infection surveillance programme had been paused, due to Covid, and that it is expected to resume in the near future. It was questioned if local surveillance is being carried out, whilst the national programmes are paused. In response, it was advised that data is currently collected locally by our orthopaedic and gastroenterology teams, who work closely with our microbiologists.

Ward closures due to norovirus outbreaks, influenza and Covid, during the reporting period, were highlighted. It was advised that no new inspections had been carried

out, and that the Ear, Nose & Throat (ENT) unit in the Victoria Hospital has now reopened following its refurbishment. It was noted that there is an improved process in place for understanding any infection control issues within wards, which includes environmental checks.

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

## **9. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT**

### **9.1 Patient Story**

The Director of Nursing presented on a patient's ectopic pregnancy, which highlighted the deteriorating patient work, rapid response, evidence-based care, and the psychological impact. The national bereavement care pathway within NHS Fife was also highlighted.

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

### **9.2 Patient Experience & Feedback Quarter 4 Report**

The Director of Nursing spoke to the key aspects of the report. It was highlighted that the majority of NHS Fife Care Opinion stories are positive, and that it is a vital tool for staff receiving positive feedback. The main themes around complaints were outlined, and the locations receiving the most complaints. In terms of reporting to the Scottish Public Services Ombudsman, there were seven new cases reported in quarter 4, with one decision report received and six cases not taken forward. It was noted that levels of assurance will be incorporated into future reporting, in line with the performance work being undertaken following a recent Board Development Session.

It was advised that feedback and analysis from the recently developed complainants' questionnaire will be brought back to the Committee.

**Action: Director of Nursing**

An update was provided on the improvement work being undertaken, including exploring an internal complexity categorisation tool for the team to better understand the volume and nature of negligible, moderate and complex complaints.

It was reported that complaints data indicates a shortfall in meeting the Scottish Public Services Ombudsmen's standards. It was also reported that the Complaints Complexity Categorisation Tool has been piloted successfully and will be monitored and reviewed to ensure that further enhancements are made when indicated. Assurance was provided that the categorisation tool is not intended to replace the national standard. Suggestion was made to include more detail within the report on the work that is being carried out to prevent complaints and to support teams. A further request was made to outline the actions that are being undertaken to address the common themes and how staff are being supported in these areas. The backlog of complaints was also highlighted, and the Director of Nursing agreed to separate those from new complaints, and to also consider simplifying the level of data, particularly to support understanding of the data.

**Action: Director of Nursing**



The Associate Director of Quality & Clinical Governance agreed to discuss with the Director of Nursing outwith the meeting the organisational learning work taking place in terms of thematic studies of complaints and will bring a high-level update back to the next meeting.

**Action: Associate Director of Quality & Clinical Governance / Director of Nursing**

The Chair acknowledged all the hard work of the Patient Experience Team.

The Committee took **assurance** that work continues to refine and improve our complaints response.

### **9.3 Scottish Public Service Ombudsman Investigation Report & Action Plan**

The Director of Nursing provided background detail to the investigation of complaints by the Scottish Public Service Ombudsman (SPSO). The investigation report and action plan presented to the Committee was outlined, and it was noted that two outstanding recommendations from the SPSO were now complete.

Following a query, it was advised that SPSO are content with the response to the outstanding recommendations and have closed this particular investigation report. It was also advised that SPSO Investigation Reports & Action Plans are held locally, due to the operational nature, and that assurances would come through the Clinical Governance Oversight Group and be included in that regular assurance report to Committee. Furthermore, the recommendations in the report presented today will form part of the Clinical Governance Framework Delivery Plan for the forthcoming year, and assurance will also be provided to Committee through an overview of the delivery plan, which is on the Committee's workplan.

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

## **11. LINKED COMMITTEE MINUTES**

The Committee **noted** the linked committee minutes and that there were no escalations to the Committee.

11.1 Area Clinical Forum held on 4 April 2024 (unconfirmed)

11.2 Area Medical Committee held on 13 February 2024 (confirmed)

11.3 Clinical Governance Oversight Group held on 16 April 2024 (unconfirmed)

11.4 Fife Area Drugs & Therapeutic Committee held on 17 April 2024 (unconfirmed)

11.5 Health & Safety Subcommittee held on 8 March 2024 (unconfirmed)

11.6 Infection Control Committee held on 7 February 2024 (confirmed) & 3 April 2024 (unconfirmed)

## **12. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **12.1 To the Board in the IPQR Summary**

There were no performance related issues to escalate to the Board.

### **12.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board**

There were no matters to escalate to the Board.

### **13. ANY OTHER BUSINESS**

There was no other business.

**Date of Next Meeting** – Friday 12 July 2024 from 10am – 1pm via MS Teams

**FINANCE, PERFORMANCE & RESOURCES COMMITTEE**

**(Meeting on 7 May 2024)**

The latest position on the corporate risks associated with the in-year and medium-term financial position should be escalated to the Board for review and consideration. The committee were unable to take reasonable assurance from the information presented noting all actions, within the control of the organisation, were being taken to mitigate these risks as far as possible.

## Unconfirmed

### MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 7 MAY 2024 AT 10AM VIA MS TEAMS

**Alistair Morris**  
Chair

#### **Present:**

|   |   |
|---|---|
| Alistair Morris, Non-Executive Director (Chair) | Dr Chris McKenna, Medical Director                |
| Alastair Grant, Non-Executive Director          | Carol Potter, Chief Executive                     |
| John Kemp, Non-Executive Director               | Aileen Lawrie, Area Clinical Forum Representative |
| Sinead Braiden, Non- Executive Director         | Margo McGurk, Director of Finance and Strategy    |
| Lynne Parsons, Employee Director                |   |

#### **In Attendance:**

Ben Hannan, Director of Reform and Transformation  
Fiona Forrest, Deputy Director of Pharmacy  
Neil McCormick, Director of Property and Asset Management  
Maxine Michie, Deputy Director of Finance  
Nicky Connor, Director of Health and Social Care  
Claire Dobson, Director of Acute Services  
Lynn Barker, Director of Nursing  
Emma O'Keefe, Consultant in Dental Public Health  
Jenni Jones, Associate Director of Culture, Development & Wellbeing (*observing*)  
Hazel Thomson, Board Committee Support Officer (*item 5.3*)  
Susan Fraser, Associate Director of Planning and Performance (*item 6.4*)  
Kerrie Donald, Executive Assistant (*Minutes*)

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

Members were advised that the meeting will be recorded via MS Teams for the purposes of the minute.

#### **1. Apologies for Absence**

Apologies were noted from member Janette Keenan (Director of Nursing), Joy Tomlinson (Director of Public Health), and attendee Dr Gillian MacIntosh (Head of Corporate Governance and Board Secretary).

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

There were no members' interests to declare.

### 3. Minute of the last Meeting held on 12 March 2024

The Committee formally **approved** the minute of the last meeting pending the following change to section 5.1 - Integrated Performance and Quality Report:

“It was noted NHS Fife are not accepting a large number of out of area referrals for any other procedures (*apart from NTC activity*), however any out of area referrals received are recharged to the referring board to ensure costs are covered”.

### 4. Action List / Matters Arising

The Committee **noted** the updates on the Action List.

### 5. GOVERNANCE MATTERS

#### 5.1 Draft Finance, Performance & Resources Committee Annual Statement of Assurance 2023/24

The Director of Finance and Strategy provided an in-depth review of the paper highlighting the key milestone reporting on the forecast financial position throughout the year.

The Chair thanked the Director of Finance and Strategy and the Head of Corporate Governance and Board Secretary for producing the report noting the challenging financial position and outturn for the year.

The Committee **approved** the Finance, Performance & Resources Annual Statement of Assurance 2023/24 for final sign off by the Chair and onward submission to the Audit & Risk Committee.

#### 5.2 Corporate Risks Aligned to Finance, Performance & Resources Committee

The Director of Finance and Strategy presented the corporate risk report highlighting work is ongoing to review the risk descriptions and mitigation in relation to both Finance risks during 2024/25. Increased granularity on the risks is likely to include specific reference to the RTP savings proposals. It was further noted a new corporate risk, regarding the availability of capital funding has been developed identifying the potential impact on service sustainability.

Following a query from S. Braiden, Non-Executive Director, the Director of Acute Service noted while the 31-day cancer target has been achieved, whereas the 62-day cancer target remains a challenge for all Boards in Scotland. The Director of Acute Services further noted, NHS Fife have been successful in receiving additional funding for Cancer Waiting Times and Diagnostics in 2024/25. It was noted the team are in the process of reworking planned care trajectories and once complete, a paper will be brought to the Committee for assurance.

Following a query from J. Kemp, Non-Executive Director, the Committee discussed the challenge in assessing the path to balancing the financial position on a recurring basis. This discussion included reflection on the recent Scottish Government letters in relation to the 2024/25 and medium-term financial plan submission. The Director of Finance and Strategy highlighted NHS Fife must deliver a 3% efficiency savings as a minimum to meet the first milestone in reducing the projected deficit.

The Chair noted due to the brokerage cap now being confirmed, the wording around risk 13 should be updated.

**Action: Director of Finance and Strategy**

Following discussion, it was agreed the latest position on the corporate risks associated with the in-year and medium-term financial position should be escalated to the Board.

The committee were unable to take reasonable assurance from the information presented noting all actions, within the control of the organisation, were being taken to mitigate these risks as far as possible.

### 5.3 Review of General Policies & Procedures

The Board Committee Support Officer presented the review of General Policies and Procedures noting an improved position since last reported to the Committee in November 2023.

It was noted due to the ongoing Reform, Transform, Perform Workstreams, work on updating policies has paused however, following a specific policy area query from A Lawrie, Area Clinical Forum Representative, it was agreed feedback would be sought to confirm a date for work re-commencing.

**Action: Board Committee Support Officer**

The Committee **approved** that the review of general policies and procedures be presented to the Committee on a yearly reporting schedule, with the next report due in March 2025.

### 5.4 Delivery of Annual Workplan 2024/25

The Director of Finance and Strategy presented the annual workplan for 2024/25, noting the plan will continually be updated to reflect the ongoing work with the development of the Reform, Transform, Perform Framework.

The Committee **approved** the tracked workplan.

## 6. STRATEGY / PLANNING

### 6.1 2024/25 Financial Plan – Scottish Government Response

The Director of Finance and Strategy presented the paper noting that the NHS Fife financial plan for 2024/25 has not been approved by Scottish Government.

The Director of Finance and Strategy noted, following discussion with Richard McCallum, Director of Health and Social Care, Finance, Digital and Governance, it was confirmed Scottish Government require NHS Fife to deliver an improved forecast position, as compared to the forecast outturn reported at the start of 2023/24, and require a credible financial plan that will meet the brokerage cap as set by Scottish Government, which is 0.

The Director of Finance and Strategy raised a governance point with Richard McCallum; that the NHS Fife Board have approved the financial plan however this is yet to be approved by Scottish Government.

The Chief Executive highlighted that NHS Board across Scotland continue to be in dialogue regarding their financial plans.

The Committee took **assurance** that there is ongoing engagement with Scottish Government however were unable to take full assurance given the current unapproved status of the financial plan.

## 6.2 Annual Budget Setting Process 2024/25

The Deputy Director of Finance presented the paper noting the alignment with the RTP framework this year. It was noted the financial grip and control sheets will be completed via MS Forms and will be issued to every staff member who receives a budget.

The Chair suggested the letter be updated to highlight the requirement for teams to go above and beyond to meet the 3% savings target.

The Committee took **assurance** from the annual budget setting process however were unable to take full assurance given the current unapproved status of the financial plan.

## 6.3 Draft Annual Delivery Plan 2024/25

The Associate Director of Planning and Performance presented the draft Annual Delivery Plan noting the plan was discussed at the private session of the NHS Fife Board meeting on 26 March 2024, and was submitted to Scottish Government on 21 March 2024, with no feedback received at present.

Following discussion, it was agreed due to the financial position the risk profile should indicate the impact on performance of initiatives reducing or stopping due to limited or no funding.

The Committee were unable to take full assurance on delivery of all activity within the Annual Delivery Plan given the current unapproved status of the financial plan.

## 7. QUALITY / PERFORMANCE

### 7.1 Integrated Performance & Quality Report

The Director of Acute Services reported the 4-hour access target for March 2024 was below the national standard, however, was an improved position compared to the previous month. Unplanned attendances continue to increase with overall capacity challenges across the acute site impacting patient flow at the front door. The monthly performance of Treatment Time Guarantee activity increased in the last quarter; however, NHS Fife remain in a position where we are unable meet all demand within current capacity.

The Director of Acute Services further noted work is ongoing with the National Elective Coordination Unit on the validation of waiting lists to maximise the capacity available at Queen Margaret Hospital and Victoria Hospital. It was advised that additional diagnostic funding has been confirmed and NHS Fife anticipate by March 2025, 95% of patients will wait less than 6 weeks for a diagnostic test. The 31-day cancer performance was above the target at 96.4% and the 62 day cancer performance was improved however prostate remains the most challenging pathway.

Following comments from S. Braiden, Non-Executive Director, The Director of Acute services highlighted demand does exceed available capacity however work is ongoing to achieve the most effective balance between capacity, demand, finance and performance through the RTP.

Following a query from J. Kemp, Non-Executive Director, the Director of Acute Services noted 8-hour breaches are generally due to long waits for beds.

Following a query from A. Grant, Non-Executive Director, The Director of Acute Services noted regular review meetings are held to scrutinise performance, as well as track improvement activity.

The Director of Health and Social Care provided an overview of the delayed discharge section of the report, noting work continues with the acute team to keep delay within the acute setting as low as possible. Delayed discharge (bed days lost) decreased to 6.2% in March 2024 which is above the 5% target, however, is below the 24-month average, but remains within control limits.

The Director of Health and Social Care further highlighted an increase within complex delay recognising the challenges within this area and noted work has been commissioned through the IJB to review alternative pathways, with the Red Cross, to support patients returning home.

The Chair thanked the teams for their continued efforts noting the ongoing day to day pressures across the organisation.

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

## **7.2 Financial Performance Report – 2023/24 Year End**

The Director of Finance and Strategy presented the paper highlighting a change in the position from £11.099m to £11.013m as a result of a minor change which has affected all boards. It was further highlighted the deficit of £11m would have been £21m if NHS Fife had not received the additional consequential non-recurring allocation in February 2024. The Director of Finance and Strategy advised the year-end position transitions to a £33m opening gap for 2024/25.

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

## **7.3 Procurement Key Performance Indicators**

The Deputy Director of Finance provided an overview of the report noting the team should be commended on the continuous improvement and support provided across NHS Fife service areas.

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

## **8. LINKED COMMITTEE / GROUP MINUTES**

The Committee **noted** the linked committee minutes:-

8.1 Fife Capital Investment Group held on 17 April 2024 (unconfirmed)

8.2 Primary Medical Services Subcommittee held on 5 March 2024 (unconfirmed)

## **9. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **9.1 To the Board in the IPQR Summary**

There were no issues to escalate to the Board in the IPQR summary.

### **9.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board**

The latest position on the corporate risks associated with the in-year and medium-term financial position should be escalated to the Board for review and consideration as the committee were unable to take reasonable assurance from the information presented noting



all actions, within the control of the organisation, were being taken to mitigate these risks as far as possible.

**10. ANY OTHER BUSINESS**

There was no other business.

**11. DATE OF NEXT MEETING**

The next meeting will be held on **Tuesday 16 July 2024** from 10am – 12.30pm via MS Teams

**PUBLIC HEALTH & WELLBEING COMMITTEE**

**(Meeting on 13 May 2024)**

No issues were raised for escalation to the Board.

## **Fife NHS Board**

### **Unconfirmed**

## **MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 13 MAY 2024 AT 10AM VIA MS TEAMS**

### **Present:**

Alistair Morris, Non-Executive Member (Acting Committee Chair)

Arlene Wood, Non-Executive Member

Lynne Parsons, Employee Director

Janette Keenan, Director of Nursing

Dr Chris McKenna, Medical Director

Carol Potter, Chief Executive

Dr Joy Tomlinson, Director of Public Health

### **In Attendance:**

Nicky Connor, Director of Health & Social Care

Fiona Forrest, Acting Director of Pharmacy & Medicines

Susan Fraser, Associate Director of Planning & Performance

Kirsty MacGregor, Director of Communications & Engagement

Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary

Fay Richmond, Executive Officer to the Chair & Chief Executive

Lorna Watson, Consultant in Public Health Medicine (item 8.1 only)

Hazel Thomson, Board Committee Support Officer (Minutes)

### **Acting Committee Chair's Opening Remarks**

The Acting Committee Chair welcomed everyone to the meeting.

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

#### **1. Apologies for Absence**

Apologies were received from Committee Chair Pat Kilpatrick (Board Chair) and regular attendees Margo McGurk (Director of Finance & Strategy) and Neil McCormick (Director of Property & Asset Management).

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

There was no declaration of members' interests.

#### **3. Minutes of Previous Meeting held on 4 March 2024**

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

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

The Committee **noted** the updates and the closed items on the Action List.

#### 5. **GOVERNANCE MATTERS**

##### 5.1 **Annual Assurance Statement from Sub-Groups for Public Health Assurance Committee**

The Director of Public Health advised that it had been agreed by the Committee previously that the two subgroups which report into the Committee - the Public Health Assurance Committee and Equalities & Human Rights Steering Group - will now provide an Annual Assurance Statement to provide the required assurance they have delivered on their remit. The Director of Public Health noted this is a new approach and feedback would be helpful in shaping the assurance statements for Committee.

It was reported that the majority of business for the Public Health Assurance Committee was focused on the management of public health risk. Comments were made from members regarding the contents of the statement, specifically that they were not fully assured. They noted that while the Terms of Reference were comprehensive the statement did not encompass all of the business that the subcommittee is responsible for, particularly relating to lessons learned. It was recommended further narrative is added. The Medical Director and Director of Public Health agreed to discuss further outwith the meeting.

**Action: Director of Public Health**

The Equalities & Human Rights Steering Group Annual Assurance Statement was made available on the day of the meeting, and it was agreed that it will be circulated to members for comment via email.

**Action: Board Committee Support Officer**

The Committee took limited **assurance** from the subgroup Assurance Statements, noting that final copies of both require to be circulated for further review..

##### 5.2 **Draft Public Health & Wellbeing Committee Annual Statement of Assurance 2023/24**

The Board Secretary explained that NHS Fife Board require assurance that all Governance Committees have delivered on their remit and the Statement provides detail on how the Public Health & Wellbeing Committee has met this through the 2023/24 financial year. The Public Health & Wellbeing Committee Annual Statement of Assurance will go through the Audit & Risk Committee as part of the Annual Accounts 2023/24 process, before being submitted to NHS Fife Board for approval.

A comment was made that the Committee supported the approach to refresh the Mental Health Strategy, as opposed to supporting the refreshed strategy itself. A further comment was made that Lynne Parson, Employee Director, was omitted from the table in section 2.1. The Board Secretary agreed to take forward these amendments and also will reflect in an updated draft the content of the sub-group statements, as per the previous agenda item.

**Action: Board Secretary**

The Chair requested that the assurance statement for 2024/25 captures more detail around the impact the Committee is making, now that it is maturing.

The Committee **approved** the draft Public Health & Wellbeing Committee Annual Statement of Assurance 2023/24, subject to the amendments previously discussed, for final sign-off by the Chair and submission to the Audit & Risk Committee.

### 5.3 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health outlined the latest position on the corporate risks aligned to the Committee and advised that a deep dive has now been carried out for all those risks. It was advised that alternative approaches to a deep dive will be carried out going forward for any risks that need to close or require further consideration.

The challenges in relation to the health inequalities risk was provided, and it was reported that mitigations will be considered through the Re-form, Perform, Transform work. This issue will be further explored under item 9.1.

Members commented that a balance is required on the amount of information that the Committee requires, in terms of taking assurances from the connecting strategies and programmes of work to mitigate risks.

A request was made for the partnership plan for Fife Council, Fife College and the University of St Andrews, that is being prepared for submission to the Fife Partnership Board in May 2024, be shared with the Committee. The Chief Executive agreed to take this forward as an action.

**Action: Chief Executive**

It was confirmed that updates to the Primary Care Strategy, including the delivery plan, will come to the Committee in September 2024.

It was reported that a further session is being planned around next steps for the Board's risk appetite, which is timetabled for June.

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

### 5.4 Delivery of Annual Workplan 2024/25

Discussion took place. A comment was made that it can be challenging to take assurance from annual reports, with a suggestion made to include mid-year reports to the workplan, to ensure that more up-to-date information is provided to the Committee. It was noted a discussion on the coverage of the Terms of Reference of the Committee was being arranged, as per comments made at the last meeting. A request was also made to revisit the Integrated Performance & Quality Report metrics in relation to the Population Health & Wellbeing Strategy activities, and it was advised that regular reports from the transformation schemes will be added to the respective Standing Governance Committee workplans.

**Action: Director of Public Health / Board Committee Support Officer**

The Committee took **assurance** from the tracked workplan.

## **6. STRATEGY / PLANNING**

### **6.1 Population Health & Wellbeing Strategy Annual Report and Corporate Risk Update**

The Associate Director of Planning & Performance provided an overview on the contents of the Annual Report, highlighting that a section has been included for indicators, with commentary added on those of significance. It was noted that the data will be updated as soon as available. An overview was also provided on the two case studies that have been included. It was reported that the delivery plan will form part of the corporate objectives. In terms of the Re-form, Transform, Perform work, it was advised that this will have an impact on delivery of the strategy.

Committee members welcomed the report, noting that the selection of key indicators alongside explanatory narrative was helpful. Discussion took place on the contents of the report, and a request was made to make more explicit the connections between the targeted areas of the strategy and the relevant programmes, supporting frameworks and action plans. Members requested there should be clarity over which group is responsible for oversight of work related to each indicator. An additional request was made to consider benchmarking further than Scotland. Committee recommended that a statement of benefit should be added in addition to the existing description of activities under each strategic priority area. Discussion took place on the indicators, presentation of data, available data, and providing supporting narrative.

The Committee **approved** the content of the Annual Report.

### **6.2 Draft Annual Delivery Plan 2024/25**

The Associate Director of Planning & Performance reported that the Annual Delivery Plan (ADP) is presented in draft, as the Scottish Government's response is still awaited. An overview on the contents of the ADP was provided and it was noted that the plan has been aligned to the Population Health & Wellbeing Strategy, Medium-Term Financial Plan and the Re-form, Transform, Perform programme. It was advised that the quarterly performance reports to the Scottish Government will be focussed on the outcomes of the schemes to be taken forward under the Re-form, Transform, Perform work.

A comment was made in relation to ensuring that recovery drivers are linked to the four strategic priorities, and that this is made explicit. It was reported that further work is required in terms of strengthening connecting our own strategic priorities, and not only those set by the Scottish Government, to ensure that there is a clear understanding.

The Committee took **assurance** from the content of the draft Annual Delivery Plan 2024/25.

### **6.3 Anchor Programme Update and Developing Metrics**

The Director of Public Health explained that further guidance had been received from the Scottish Government in relation to the metrics which will be used to establish a baseline for all Health Boards. The metrics will also inform the development of Anchor Strategic Plans, and that narrative has been provided for each of the three focussed areas, as detailed in appendix 1 of the paper. It was advised that the programme update presented to the Committee has also been considered through the Anchor Programme Board. A meeting is scheduled with programme leads from Scottish Government on 14 May 2024 to consider feedback on local plans further.

Following a comment regarding linking in with other NHS Health Boards, it was reported that there is both a coordinated programme within the Scottish Government and a Learning Network Board, which is supported by Public Health Scotland. It was also noted that there is a national Anchor Delivery Group, and that a national communication strategy for the Anchor programme has been developed.

The Committee took **assurance** from the work progressed by the Anchor Operational Group and noted the baseline of metrics submitted by NHS Fife.

#### **6.4 Draft Public Participation and Community Engagement Strategy 2024-28**

The Director of Communications & Engagement advised that the strategy outlines our strategic approach to engagement in line with the ambition in our Population Health & Wellbeing Strategy, and that it also supports the work of the Re-form, Transform, Perform framework. It was reported that the strategy has been developed in partnership, with input from a range of NHS Fife services, Fife Health & Social Care Partnership, and has had scrutiny from Health Improvement Scotland, who presented at a recent Board Development Session.

Comments followed regarding the involvement of local groups and the importance of tailoring the approach for Fife. It was advised that the strategy is deliberately high-level, and that once the strategy has been approved, operational and delivery plans will follow, which will provide more in-depth detail. Suggestion was made to include some high-level priorities for Fife, to make this specific to our Health Board area. It was also advised that an annual engagement plan will be developed, and an overview was provided on elements of engagement that will be carried out to inform the operational plans. The importance of educating and informing the public was discussed, and suggestion was made to include Non-Executive Directors' engagement, which will be further explored. Discussion also took place on support and resource to deliver the strategy.

The Committee **agreed** with the principles outlined in the draft strategy.

#### **6.5 Fife Alcohol and Drug Partnership Strategy 2024-27**

The Director of Health & Social Care reported that the published strategy and delivery plan have been developed and approved by members of the strategic partnership in Fife, and that it underpins the Population Health & Wellbeing Strategy. An overview was provided on the contents, with it being noted that it outlines the key themes and priorities for the various services within Fife. It was advised that, as a minimum, an annual delivery update will be provided to the Committee on progress.

Discussion followed, and suggestion was made to include within the progress updates an executive summary, to include learning from the previous year and recommendations to be carried forward. It was advised that work is underway to develop an easy-read summary. A request was made to ensure that progress against outcomes is visually clear within the progress updates. The Director of Health & Social Care agreed to feed back to the team.

**Action: Director of Health & Social Care**

Following questions, it was reported that funding sources for routine outpatient facilities, are being explored. An overview was provided on the services provided from KY Clubs, which has a one-stop shop approach, and it was noted that case studies could be brought back to the Committee.

The Director of Health & Social Care agreed to clarify outwith the meeting the definition of patient self-discharge.

**Action: Director of Health & Social Care**

The Committee **discussed**, **examined** and **considered** the implications of the Five ADP Strategy's delivery over the next three years.

## **7. QUALITY / PERFORMANCE**

### **7.1 Integrated Performance & Quality Report (IPQR)**

The Director of Public Health provided a summary on the public health aspects of the IPQR, as detailed in the report. It was highlighted that there had been a slight improvement for both the immunisation: 6 in1 immunisation and MMR2, since the last report to the Committee. The 6 in 1 immunisation target was achieved. It was noted that the improvement work to increase uptake is ongoing with the aim of sustaining the target uptake levels to prevent spread of vaccine preventable disease.

An overview was provided on the data for the influenza and COVID vaccination programme for people aged 65 years and over.

It was advised that a refreshed smoking cessation maternity pathway has now been implemented, and is showing positive results, to date. A further update will be provided in the next report to the Committee. It was noted that there is a lag in the data for smoking cessation. A query was raised in relation to understanding the impact of the service. It was agreed a deep dive will be provided to the Committee at the next meeting.

**Action: Director of Health & Social Care**

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

### **7.2 Child & Adolescent Mental Health Services (CAHMS) Performance Update**

The Director of Health & Social Care presented the CAMHS performance update and advised that the paper covers referrals, activity, waiting time, treatment time, performance & trajectory, and challenges & opportunities in relation to workforce.



The key points from the paper were provided, and it was reported that significant work has been undertaken in terms of reducing the number of patients not attending the service, and that support has been put in place in terms of additional capacity. It was noted that there had been positive feedback in relation to therapeutic letters, which is an additional support tool, and that the evening clinics that are in place have allowed increased capacity in order to offer alternatives. Further groups have been developed around early intervention and it was reported that planning is being carried out within the CAHMS team to ensure that case loads are being managed. An overview was also provided on additional actions that have been put in place.

Following a query, the breakdown of the full CAHMS team, including within the various pathways, were provided. An explanation was provided on the demand capacity work that has been undertaken.

It was agreed to hold a future Committee Development Session on CAHMS.

**Action: Director of Health & Social Care / Board Committee Support Officer**

The Committee took **assurance** on CAMHS performance, and the considerable actions being taken to both achieve the RTT and reduce longest waits, offering children and young people timely access to Child and Adolescent Mental Health Services.

### **7.3 Psychological Therapies Standard Update**

The Director of Health & Social Care spoke to the key points of the detailed report, and highlighted the various psychological services that are offered within Fife, noting that specialised therapy does not necessary always apply to higher severity illness. An overview was provided on performance, and workforce issues were highlighted. It was noted that case studies have been included in the report, in addition to the improvement work that is being undertaken.

Following questions, it was reported that patients are supported by other services, whilst waiting on psychological therapies, and the challenges of performance reporting the patient's entire care journey was outlined.

It was agreed to hold a future Committee Development Session for Psychological Therapies.

**Action: Director of Health & Social Care / Board Committee Support Officer**

The Committee took **assurance** on the actions being taken to work towards the Treatment Time Standard and also address longest waits.

### **7.4 Spring Booster Campaign**

The Director of Health & Social Care advised that the spring COVID 19 booster campaign is on track. It was agreed this campaign becomes business-as-usual, and that performance measuring, for all booster campaigns, includes a trajectory of planned versus actual. The Director of Health & Social Care agreed to discuss further outwith the meeting with the Associate Director of Planning & Performance.

**Action: Director of Health & Social Care**

The Committee took **assurance** on the delivery of the campaign.

## 7.5 Medication Assisted Treatment (MAT) Standards

The Director of Health & Social Care reported that the paper outlines progress made, and that there has been improvement across all indicators in Fife. An overview was provided on the process for achieving the standards, and it was advised that Health Improvement Scotland have scrutinised the standards. It was noted the MAT standards complement the Fife Alcohol & Drug Partnership Strategy 2024-27.

Following questions, it was advised that, when funding stops, it may become unsustainable to deliver services in line with expectations set out in the Standards. In terms of mental health, it was advised that a performance framework has been developed, which allows clear indicators for presenting evidence. It was also noted that the Mental Health Working Group is now well established, and that the group consider both mental health services and addiction services together, which supports synergies between patients' care, and can be evidenced robustly.

It was agreed to hold a future development session on aspects of the Fife Alcohol and Drug Partnership Strategy 2024-27 and the MAT standards.

**Action: Director of Health & Social Care / Board Committee Support Officer**

The Committee took **assurance** on the progress of MAT Standards Implementation in Fife as part of the Alcohol and Drug Partnership's strategic plan to prevent drug-related deaths and harm and improve the support and treatment service for those who can benefit from the system of care.

## 8. ANNUAL REPORTS / OTHER REPORTS

### 8.1 United Nations Convention on the Rights of the Child (Implementation) (Scotland) Act 2024

The Director of Public Health introduced this item and advised that the legislation will be enforced from 16 July 2024, and that all services will need to consider their statutory responsibilities. It was noted that statutory guidance is currently being prepared, and a working group has been established to consider the breadth of the duties for NHS Fife.

Lorna Watson, Consultant in Public Health Medicine, joined the meeting and, following questions, advised that the paper is a live document, and some of the appendices are still in draft. It was reported that the Act will cover all public sector organisations, and that there is a Children's Right Oversight Group, which includes membership from Fife Council, where joint working is considered. It was reported that discussions are ongoing around a Strategic Planning Group in relation to commission services.

A Wood, Non-Executive Member, agreed to send an email with further questions for consideration to the Director of Public Health.

The Committee took **assurance** that appropriate preparations are in place in NHS Fife and Fife Health & Social Care Partnership for the Act coming into force in July 2024

## 9. INEQUALITIES

### 9.1 Equality and Health Inequalities Impact of Financial Decisions

The Director of Public Health noted that the equality and health inequalities impact of financial decisions outlined in this paper will have direct benefit to the Re-form, Transform, Perform work. The paper outlines a checklist for decision makers to ensure that equality matters are considered within any decision making process. This checklist approach will be used at an early stage in the development of the Re-form, Transform, Perform schemes. The checklist will support the full Equality Impact Assessment (EQIA) which remains a requirement, to ensure the legislative requirements are undertaken.

It was confirmed that there is no requirement for the checklist which will support future EQIA's to be approved by the Central Legal Office, however, it will be shared with our contacts there for assurance purposes.

A request was made to add in detail around indirect discrimination. It was also requested to add to the equality questions within the document an additional question around ensuring that all equality groups have been engaged, to avoid triggering a further EQIA. It was suggested consideration is given to add carers onto the checklist on the Impact assessment within the EQIA (appendix 2).

**Action: Director of Public Health**

The Committee **examined** and **considered** the implications of the matter.

## **10. LINKED COMMITTEE MINUTES**

The Committee noted the linked committee minutes:

10.1 Public Health Assurance Committee held on 21 February 2024 (unconfirmed)

## **11. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **11.1 To the Board in the IPQR Summary**

There were no issues to escalate to the Board in the IPQR summary.

### **11.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board**

There were no matters to escalate to NHS Fife Board.

## **12. ANY OTHER BUSINESS**

There was no other business.

**Date of Next Meeting** - Monday 1 July 2024 from 10am – 12.30pm via MS Teams.

**STAFF GOVERNANCE COMMITTEE**

**(Meeting on 14 May 2024)**

No issues were raised for escalation to the Board.

## Fife NHS Board

### Unconfirmed

## MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON TUESDAY 14 MAY 2024 AT 10.00 AM VIA MS TEAMS

### Present:

Colin Grieve, Non-Executive Member (Chair)  
John Kemp, Non-Executive Member & Staff Health & Wellbeing Champion  
Janette Keenan, Executive Director of Nursing  
Kirstie Macdonald, Non-Executive Whistleblowing Champion (*part meeting*)  
Lynne Parsons, Employee Director  
Carol Potter, Chief Executive  
Andrew Verrecchia, Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum (LPF)

### In attendance:

Nicky Connor, Director of Health & Social Care (*part meeting*)  
Claire Dobson, Director of Acute Services  
Fiona Forrest, Acting Director of Pharmacy & Medicines (*for Agenda Item 5.2 only*)  
Susan Fraser, Associate Director of Planning & Performance (*for Agenda Item 6.1 only*)  
Ben Hannan, Director of Reform & Transformation  
Jenni Jones, Associate Director of Culture, Development & Wellbeing  
Jackie Millen, Interim Learning and Development Manager (*for Agenda Item 5.6 only*)  
Dr Chris McKenna, Medical Director  
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary  
David Miller, Director of Workforce  
Kirsty MacGregor, Director of Communications & Engagement (*for Agenda Item 8.1 only*)  
Sandra Raynor, Head of Workforce Resourcing & Relations  
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

### Minute:

Lakshmi Anderson, Executive Assistant to the Director of Workforce

### Chair's Opening Remarks

The Chair welcomed everyone to the meeting and extended a warm welcome to John Kemp, Non-Executive Member and Staff Health & Wellbeing Champion, to Dr Chris McKenna, Medical Director, who have both recently joined the Staff Governance Committee and to Ben Hannan, Director of Reform & Transformation, who was attending his first meeting of the Committee.

The Chair expressed the Committee's thanks to Sinead Braiden for her contribution and input during her tenure as Chair of the Committee since September 2021.

In addition, the Chair thanked all staff for their continued efforts during the current workforce pressures.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had been read prior to the meeting. Thanks were extended to all who had responded to the request to contact report authors with queries in advance of the meeting.

The Chair advised that the meeting is being recorded for the purpose of producing the minutes.

## **1. Apologies for Absence**

Apologies for absence were received from members Wilma Brown, Interim Co-Chair Health & Social Care Partnership (H&SCP) LPF, Sinead Braiden, Non-Executive Member and Equality & Diversity Champion, and attendee Margo McGurk, Director of Finance & Strategy.

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

There were no declarations of interest made by members.

## **3. Minutes of the Previous Meeting held on Wednesday 6 March 2024**

The minutes of the meeting held on Wednesday 6 March 2024 were **agreed** as an accurate record.

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

The Committee **noted** the updates and the closed items on the Action List.

The Chair sought feedback on suggestions for Deep Dive topics that members wished to consider as part of the Committee's Annual Work Plan and requested members to email proposals to the Head of Workforce Planning & Staff Wellbeing or the Director of Workforce.

## **5. GOVERNANCE MATTERS**

### **5.1 Whistleblowing Annual Performance Report 2023/2024, incorporating the Quarter 4 Report**

The Chair invited the Head of Workforce Resourcing & Relations to speak to Whistleblowing Annual Report for 2023/24, submitted for consideration as mandated by the National Whistleblowing Standards. It was highlighted that this was the first time that the Annual Report had been presented along with the Quarter 4 data, to align with the Board's overall year-end reporting timeframes and assurance processes.

The Head of Workforce Resourcing & Relations provided an overview of the report and appendices, which emphasised the efforts undertaken during 2023/24 to embed Whistleblowing Standards within the organisation, concerns raised in Quarter 4 of the 2023/24 reporting period, mitigating actions implemented, lessons learned and the training materials promoted to raise awareness and support an open and learning Speak Up culture.

The Committee was informed that the report format continued to be developed, to incorporate feedback from stakeholders involved in using the standards. Planned enhancements to the Board's Whistleblowing arrangements for 2024/25 were also highlighted, including the establishment of a Whistleblowing Oversight Group chaired by the Chief Executive, the creation of a Decision Making Team and a planned dedicated staff resource in the form of a Speak-Up Coordinator, amongst other initiatives. Referring to Appendix 2, it was noted that whilst there were no formal concerns reported during the Quarter 4 reporting period, two anonymous complaints had been received, which had been dealt with in accordance with business as usual protocol.

The Committee noted that the report also included an Assurance Statement from K Macdonald, the Board's Non-Executive Whistleblowing Champion, regarding the implementation of the National Whistleblowing Standards during 2023/24.

It was also noted that a small textual amendment had been made to the report since its original circulation to the Committee, and an updated version would be sent to members by email.

Whilst inviting the Committee's further feedback, assurance was offered that the report would continue to be developed in collaboration with the Board's Whistleblowing Champion and the Oversight Group and that any further updates to the report would be circulated for approval following the meeting, prior to being submitted to the Board.

#### **Action: Head of Workforce Resourcing & Relations**

In response to a query from A Verrecchia, Co-Chair, Acute & Corporate LPF, as to whether there was regular engagement with Confidential Contacts to seek feedback on current processes, the Employee Director confirmed that the implementation of feedback mechanisms for Confidential Contacts had been a particularly positive development in this programme of work.

The Head of Workforce Resourcing & Relations provided details of ongoing work to support the efforts of Confidential Contacts, adding that a Values Based Reflective Practice session had been scheduled for July 2024. The Chief Executive also advised that there was provision within the Terms of Reference of the new Whistleblowing Oversight Group, to facilitate receiving feedback from Confidential Contacts.

The Committee took **assurance** from the Whistleblowing Annual Performance Report 2023/24, which incorporated the Whistleblowing Quarter 4 2023/24 data, **noting** that any revisions to the report would be circulated virtually for the Committee's endorsement, prior to submission to the Board.

## **5.2 Corporate Risks Aligned to Staff Governance Committee, incorporating Deep Dive: Pharmacy Workforce Overview**

The Chair invited the Director of Workforce to introduce the report. The Committee discussed the three aligned Corporate Risk namely, Workforce Planning & Delivery, Staff Health & Wellbeing (both of which were rated as high risk) and the Implementation of Health & Care (Staffing) (Scotland) Act 2019 (HCSA) (which was rated as a moderate risk). The Committee also noted the associated

mitigations in place to manage these risks. Linkages between the three risks, all of which related to the supply of workforce, were highlighted.

Offering appreciation for the work done by the Board to improve staff health and wellbeing, and noting that these efforts had had been recognised at both local and national levels, the Director of Workforce invited the Committee to consider whether the Staff Health & Wellbeing risk should be downgraded to a moderate rating.

In response, J Kemp, Non-Executive-Member, questioned whether the organisation had made sufficient progress in the area of sickness absence to warrant a downgrading in the rating of this risk. He also invited feedback from the Director of Workforce on the recently issued Workforce Planning Internal Audit Report, which concluded that the timescale for reducing the Workforce Planning & Delivery risk was optimistic, and queried whether this feedback should be taken into account, prior to considering a reduction in the rating of the Staff Health & Wellbeing risk.

The Director of Workforce advised that the Internal Audit Report was a reflection of the organisation's position at a particular point in time and that although the operational landscape may have evolved significantly since the audit report had been commissioned and produced, it was important to acknowledge that the supply of workforce was one of the biggest challenges currently faced by the organisation. It was reiterated that this challenge was further exacerbated by the implementation of the non-pay aspects of the Agenda for Change (AfC) Pay deal for 2023/24, in particular the Reduced Working Week.

Emphasising the need to carefully consider revised models of care whilst adopting a whole system approach to address workforce challenges, the Director of Workforce agreed that it may be appropriate for this risk to remain unchanged at this time, notwithstanding that the recent reduction in the sickness absence rate from 7.64% to 6.7%, was indicative of a positive trend. It was proposed that if the staff absence rate was maintained at the target rate of 6.5%, the Committee could consider reducing this risk rating to moderate.

The Co-Chair, Acute & Corporate LPF and the Chair were both in agreement for the risk rating to remain unchanged, taking into account the potential impact of aspects of the Reform, Transform, Perform (RTP) Programme on employees. In addition, highlighting the challenges and impact associated with workforce supply from a nursing perspective, the Director of Nursing agreed with maintaining the current risk rating.

The Chair invited F Forrest, Acting Director of Pharmacy & Medicines, to speak to the Deep Dive topic, the Pharmacy & Medicines Workforce Overview. A detailed presentation with a comprehensive outline of the Pharmacy workforce, its composition and the workforce challenges currently faced was provided, noting the current Pharmacy vacancy rate of 11.4%.

Progress made in this area was attributed to growth in Pharmacy teams working in general practice as a result of the 2018 GP Contract, which has seen the Pharmacy team in Primary Care grow from 20 to 100 staff. Another key driver in reducing the vacancy rate was reported to be an emphasis on a 'Grow our Own'



approach, which focuses on increasing experiential learning for Pharmacy students, Foundation Training Places, investment in training, and promoting education and training as a shared responsibility.

The presentation also showcased the work undertaken to integrate and optimise Pharmacy Directorate operations across services, roles and skill mix, whilst focussing on patient care, with a view to optimising patient outcomes, as part of a multi-disciplinary team.

A summary of the Directorate's overall successes, challenges and areas for improvement was also outlined, along with the strategies to promote staff health and wellbeing, as part of an overall performance management approach. It was highlighted that proactive management of attendance has reaped rewards and in the last couple of months absence has fallen below 4%, as compared to a peak rate of approximately 7% in October 2023. Core Mandatory training was reported as 65%, whilst Annual Personal Development Plan & Review completion rates were 68%. The presentation also detailed the NHS Fife Pharmacy Strategic Workforce Priorities for the period 2024 to 2026.

The Employee Director commended the innovative approach adopted by the Pharmacy & Medicines Directorate to promote staff inclusion, as well as to address workforce challenges. The Committee discussed at length how the holistic approach adopted by the Pharmacy Directorate towards its workforce challenges could be implemented in other areas of the organisation, with particular focus on attraction and retention of staff.

The Chair thanked the Acting Director of Pharmacy & Medicines for an interesting and informative presentation.

The Committee took a "reasonable" level of **assurance** that all actions within the control of the organisation are being taken to mitigate the risks outlined in Appendix 1 of the report, as far as it is possible to do so.

### **5.3 Staff Governance Committee Annual Statement of Assurance 2023/24**

The Chair invited the Head of Corporate Governance & Board Secretary to speak to the report. Noting that all NHS Fife Governance Committees are required to provide an Annual Statement of Assurance to the Board, it was explained that the Staff Governance Committee Annual Statement of Assurance 2023/24 provides detail on how the Committee has delivered on all aspects of its mandated remit throughout the year. It was advised that following approval by the Committee, the Statement would be considered by the Audit & Risk Committee as part of the 2023/24 Annual Accounts process, prior to being submitted to the NHS Fife Board for approval.

Whilst inviting feedback from the Committee, members were informed that feedback could also be provided post-meeting via email.

The Committee **approved** the Annual Statement of Assurance 2023/24, subject to members' comments regarding any amendments necessary, for final sign-off by the Chair and submission to the Audit & Risk Committee.

#### 5.4 Health & Care (Staffing) (Scotland) Act 2019 - Update on Implementation of Safe Staffing Legislation

The Head of Workforce Planning & Staff Wellbeing was invited to speak to the report, which provides an overview of the progress, key achievements, challenges and risks associated with the work undertaken in preparation for the implementation of the Health & Care (Staffing) (Scotland) Act 2019 (HCSA). It was noted that the legislation had come into effect on 1 April 2024.

The Head of Workforce Planning & Staff Wellbeing acknowledged the collective efforts of the Board's Health Care Staffing Group in delivering this programme of work. The invaluable contributions of stakeholders across the organisation who had constructively engaged in the provision of feedback to inform the Quarter 3 Return were also recognised. A summary of the key highlights and learning from these activities was shared with the Committee. The Committee was advised that the current year's annual activity would include the production of the first formal update report for the NHS Fife Board, along with quarterly reports for the Committee.

The Director of Nursing thanked the Head of Workforce Planning & Wellbeing and the Health Care Staffing Group for their hard work, underscoring the magnitude of work involved in the production of the HCSA Returns.

The Co-Chair, Acute & Corporate LPF whilst acknowledging the efforts employed in preparing for the implementation of this Legislation, enquired what plans were in place, if areas were found to be non-compliant. In response, the Director of Nursing described the mitigating efforts, reiterating that the scale of the workforce challenge currently being faced by the organisation could not be underestimated.

The Head of Workforce Planning & Staff Wellbeing advised that Health Improvement Scotland (HIS) has expanded their audit and inspection remit. It was advised that these additional controls could potentially result in unannounced visits to Health Boards and poor performance may lead to Boards being placed on 'Special Measures' status. The Committee was assured that HIS / Scottish Government have accepted reasonable assurance of the Board's assessment in relation to the preparations in place for implementation of the Legislation.

It was noted that there are areas within the Board where staffing is a challenge and significant efforts are being made to mitigate those challenges. The Director of Workforce emphasised the enormity of the workforce challenges facing the organisation, particularly in the context of the current financial climate and commended the concerted efforts being undertaken across the organisation to manage these challenges. The Employee Director highlighted the importance of Business Continuity Plans as a means of response to any eventualities that may arise from non-compliance with the legislation.

The Committee took **assurance** from the report and noted the following:-

- The progress of the work undertaken so far in preparation for the implementation of the HCSA and the content of the Quarter 2 Feedback and Quarter 3 Scottish Government Return.

- The pending prioritisation of the implementation of eRostering within clinical areas.
- The plans for internal quarterly reporting in advance of the formal Board Annual Report in 2025.
- The plans for a formal recognised feedback process for risk escalation.
- The plans for high cost Agency reporting.

## 5.5 Delivery of Annual Workplan 2024/2025

The Chair invited the Director of Workforce to speak to the report. The Director of Workforce summarised the updates made to the 2024/25 Annual Workplan. It was advised that the updates included three papers that had been deferred to July 2024, namely the Health & Safety Quarterly Report, Corporate Objectives 2024/25 and the Improved and Safe Working Environment Strand overview.

The Committee took **assurance** from the report and **noted** the updates made to the Staff Governance Workplan for 2024/25.

## 5.6 Protected Learning Time

The Chair invited the Interim Learning & Development Manager to speak to the report, which outlined the approach to facilitate the provision of Protected Learning Time (PLT) to employees, in relation to their statutory and mandatory training requirements, as part of the Agenda for Change (AfC) Pay deal for 2023/24. A comprehensive overview of the actions employed to support implementation of PLT across the organisation was provided. The importance of quality conversations between managers and employees was identified as key to fostering a successful PLT approach that builds engagement.

The Committee was advised that work was ongoing at pace to improve monitoring and reporting functionalities for managers, which would offer clear visibility of individual team member's core and mandatory training compliance status. The Committee was also briefed on the plans for the design of a new dashboard report, on plans to establish a Short Life Working Group comprising core skills training providers, to support the implementation of PLT, lead the delivery of blended corporate induction to new staff and agree the format for the delivery of combined protected learning sessions, where employees are released to update two or more core skills. This will provide assurance to both new and existing employees that colleagues are fully skilled and safe in their roles.

The Director of Workforce praised the Interim Learning and Development Manager and the entire team for their commitment to the implementation of the PLT statutory mandate. The Head of Corporate Governance & Board Secretary commented favourably on the new reports that would provide visibility of individual team member's core training compliance status, noting that such functionality would be particularly beneficial in PDPR discussions. The value of establishing a more formal linkage between training compliance and the TURAS appraisal system was also reiterated.

In response to a query from the Chair regarding the measures in place to ensure that mandatory training was prioritised before any additional training is accommodated, the Interim Learning & Development Manager advised that the

PLT Clinics would focus on providing support to managers to ensure that there was clear communication with employees in this area, so that that any additional staff learning needs are negotiated separately from PLT.

The Committee **examined** and **considered** the implications of the approach outlined in the report in relation to the implementation of Protected Learning Time.

## **6. STRATEGY / PLANNING**

### **6.1 Draft Annual Delivery Plan 2024/25**

The Chair invited the Associate Director of Planning & Performance to speak to the report. The Committee was informed that the 2024/25 NHS Fife Annual Delivery Plan (ADP) had been submitted to the Scottish Government (SG) on 21 March 2024 and, as at the time of the meeting, feedback was still awaited, as a result of which only an overview of the Draft 2024/2025 ADP could be provided at this meeting.

The Chair sought assurance on how aspects of ongoing work programmes that were closely linked to the delivery of the ADP, such as the RTP and others, would be reported into the respective Committees, Board and related workstreams. In response, the Associate Director of Planning & Performance advised that, in accordance with the mandated quarterly ADP updates that were required to be submitted to the SG, feedback would be requested from services on relevant programmes of work and returns submitted would be shared with Governance Committees and the Board on a quarterly basis.

The Chair commented that, given the pace of change in the organisational landscape, there might be a requirement to provide off table updates to the Board and Governance Committees outwith planned meeting cycles.

The Committee took **assurance** from the content of the Draft Annual Delivery Plan 2024/25, noting that feedback was still awaited from Scottish Government.

### **6.2 Workforce Planning Audit Report**

The Chair invited the Head of Workforce Planning & Staff Wellbeing to speak to the findings of the Internal Audit Workforce Planning report.

Given the time lapse between the commissioning of the audit in 2022 and the publishing of the Workforce Plan and report, it was suggested that the report did not fully reflect the evolving organisational landscape, including recent changes to Strategic Planning & Resource Allocation (SPRA) and ADP processes, the development and application of the Scottish Government / National Education for Scotland / Centre for Workforce Supply designed workforce modelling tool, RTP Programme and the current financial climate.

Highlighting discussions that had already taken place at the meeting in relation to Workforce Planning risks, and in particular whether mitigations in place were sufficient to address workforce challenges, the Head of Workforce Planning & Staff Wellbeing provided the Committee with a comprehensive overview of the focus areas identified in the report, mitigations and actions already implemented

and the ongoing collective efforts in place to provide assurance from a governance perspective.

Whilst acknowledging the challenges outlined in the Audit Report, the Director of Workforce drew the Committee's attention to the increased availability and utilisation of data across the organisation over the past year and how this had helped to positively informed organisational planning from an evidence platform.

J Kemp, Non-Executive Member, queried the reason for the time lapse between the draft and final report, particularly noting that the recently published Integrated Joint Board (IJB) Audit Report did not reflect Workforce Planning risks in the same tenor as this report. The Head of Workforce Planning & Staff Wellbeing responded that the time lapse could potentially be attributed to staff absence in the team involved in the preparation of the Board's Audit Report.

The Committee was offered assurance that an integrated workforce planning approach is already in place, with members of the NHS Fife Workforce Planning team working in close collaboration with Workforce Planning colleagues in H&SCP.

The Chair requested an off-table consultation with the Director of Workforce and the Head of Workforce Planning & Staff Wellbeing to discuss whether moving forward Workforce Planning risks should be discussed at the Committee as a standing agenda item or whether a Deep Dive session would be more beneficial.

**Action: Head of Workforce Planning & Staff Wellbeing**

The Committee took **assurance** from the content and responses to the Workforce Planning Audit B17/23.

## **7. QUALITY / PERFORMANCE**

### **7.1 Integrated Performance & Quality Report**

The Director of Workforce spoke to the report, which highlights the Board's position with regard to Sickness Absence, PDPR Compliance & Vacancy Rates.

It was highlighted that Sickness Absence had seen a positive decline from 8.7% in January 2024 to 7.64% in February 2024, with a further reduction to 6.7% in March 2024. The Director of Workforce commended the ongoing efforts of all stakeholders involved in positively impacting on this metric.

It was noted that PDPR Compliance has decreased slightly to 40.9% in March 2024, a reduction of 0.2% from the previous month. The Committee was advised that there were no updated metrics available for the vacancy position as at February 2024.

The Chair sought an update on the request to managers of teams where high levels of PDPR non-compliance were noted, to develop action plans to increase compliance within their teams before 30 April 2024. The Director of Workforce agreed to obtain an update and for this to be circulated to the Committee post meeting.

**Action: Director of Workforce**

In addition, the Chair requested for feedback from the Medical Director on the Short Life Working Group that had been set up to consider strategies to attract permanent medical staff to NHS Fife and whether the Committee would benefit from an update on lessons learned from this initiative. It was also enquired as to whether these lessons could be shared with the other areas of the organisation that are facing similar challenges.

The Medical Director responded that there was work ongoing in relation to the Senior Medical Workforce Strategy, which would be reported via the Acute Services Division and H&SCP to the Professional Standards Oversight Group, following which regular updates would be provided to the Committee. It was hoped that this would offer the Committee the required level of assurance and bridge the gap that currently exists between ongoing medical workforce activity and the reporting of this workstream to the Committee.

The Chair recommended an offline discussion between the Medical Director and the Director of Workforce to agree on a format for providing assurance to the Committee in the area of medical workforce activity.

**Action: Medical Director & Director of Workforce**

The Committee **examined** and **considered** the NHS Fife performance as summarised in the IPQR and took **assurance** from the report.

## **8. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD**

### **8.1 Well Informed – Communication & Feedback**

The Chair invited the Director of Communications & Engagement to speak to the report, which provides a detailed quarterly update summarising NHS Fife communications and engagement activity with staff, patients and the wider population of Fife, for the period from 1 January to 31 March 2024. It was advised that the report uses a standard set of data modelling to track reach, assess the impact of communications activity and to ensure that the organisation's goals are being met, whilst delivering best value.

It was highlighted that the analytics software used comprises either built-in analytics (example StaffLink) or Google Analytics, which are the industry standard used by organisations reporting on communications activity. The report also provides a breakdown of channels and types of communication as well as interpretations of the analytics, with trend analysis being the next focus in this area. The Committee was informed of ongoing work to develop a Draft Corporate Communications Strategy in support of the new Public Participation and Community Engagement Plan, due to be presented at the May 2024 Board meeting and which will also help to support the RTP programme of work.

It was noted that funding for the required platforms, particularly StaffLink, the organisation's main communications and engagement application, was the primary risk associated with delivering the Corporate Communications Strategy.

The Employee Director enquired whether there was value in providing a regular update of key messages to managers prior to these details being made available on StaffLink, as a timely and supportive forewarning which would afford managers

the opportunity to have local discussions with their teams. The Director of Communications & Engagement acknowledged the benefit of such updates to managers and confirmed support for this request.

The Committee took **assurance** that NHS Fife Corporate Communications activity is being monitored and adjusted to continue to meet the needs of its target audience and the organisation.

## **8.2 Staff Health & Wellbeing Champion Update**

The Chair informed the Committee that 'Champion Updates' were being introduced as a new item on the Committee Agenda, with a view to obtaining feedback on specific areas of remit from Board Champions, garnered from their interactions directly with staff and other stakeholders, as well as from being members of related Working Groups. It was advised that a format was currently being developed to facilitate the provision of written 'Champion Updates' to the NHS Fife Board.

The Chair invited J Kemp, Non-Executive Member, to provide an update to the Committee on his new role as the Board's Staff Health & Wellbeing Champion.

J Kemp commented on the volume of well-being efforts being employed across the organisation. It was pointed out that being a member of the Staff Governance Committee would help provide the appropriate context for informing his role as the Board's Staff Health & Wellbeing Champion. A key focus would be understanding the impact of the RTP Programme of Work on staff wellbeing. The importance of making staff feel part of the RTP journey was emphasised as being vital to staff wellbeing, particularly as the organisation undergoes a period of significant transformational change.

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

## **8.3 Equality & Diversity Champion Update**

The Chair advised that S Braiden, Non-Executive Member and the Board's Equality & Diversity Champion, had tendered apologies for the meeting and that an update on the Board's Equality & Diversity Champion's activity would be provided at a future meeting.

## **8.4 Whistleblowing Champion Update**

The Chair advised that K Macdonald, Non-Executive Whistleblowing Champion, had been required to leave the meeting early due to personal circumstances and that an update on the Board's Whistleblowing Champion's activity would be provided at a future meeting.

## **9. LINKED COMMITTEE MINUTES**

The Committee **noted** the following linked Committee Minutes:

### **9.1 Area Partnership Forum held on 20 March 2024 (unconfirmed)**

- 9.2 Acute Services Division & Corporate Directorate Local Partnership Forum held on 15 February 2024 (unconfirmed)
- 9.3 Health & Social Care Partnership Local Partnership Forum held 16 January 2024 (confirmed)
- 9.4 Health & Safety Sub Committee held on 8 March 2024 (unconfirmed)

## **10. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **10.1 To the Board in the IPQR Summary**

There were no issues to escalate to the Board in the IPQR summary, notwithstanding the Committee noting the continual challenges around managing the Board's sickness absence position.

### **10.2 Chair's Comments on the Minutes / Any other matters for escalation to NHS Fife Board**

There were no matters identified for escalation to the NHS Fife Board.

## **11. ANY OTHER BUSINESS**

### **11.1 Staff Governance Monitoring Return Feedback 2022/2023**

The Chair invited the Head of Workforce Resourcing & Relations to speak to the paper, detailing the feedback received from the Scottish Government in response to the Board's 2022/23 Staff Governance Monitoring Return. It was noted that the report included highlights of activities which had worked well within the Board and which could be shared as good practice. In addition, the report detailed areas to be considered whilst developing the 2023/24 Return.

It was advised that Committee would be advise of any further advice from the Scottish Government to support the preparation of 2023/24 Return.

## **12. DATE OF NEXT MEETING**

Tuesday, 9 July 2024 at 10.00 am, via MS Teams.



**COMMUNITY & WELLBEING PARTNERSHIP**

**(Meeting on 14<sup>th</sup> March 2024)**

No issues were raised for escalation to the Board or amend as necessary.

Unconfirmed

**Communities & Wellbeing Partnership**  
**Thursday 14<sup>th</sup> March 2004, 2.00pm, by Teams**  
**Note**

**Present:** Darren-Wyn Jones, Emma Walker, Helen Rorrison, Jo-Anne Valentine, Julie Dickson, Kenny Murphy, Lucy Denvir (chair), Paul Vaughan, Ruth Bennett, Sarah Roxburgh

**Attending:** Gill Musk, Joy Tomlinson, Linda Watson, Tricia Ryan

**Apologies:** Michelle Sweeney, Sinead Braiden

**1. Welcome and introductions**

Lucy welcomed all and noted that Sarah and Paul could join for the first part of the meeting only. Apologies were noted as above.

Sinead has stepped down from CWP due to other commitments; an alternative NHS Fife Board member is to be identified. Lucy noted the partnership's thanks for Sinead's participation and contribution.

**2. Note of last meeting on 6<sup>th</sup> October**

Note approved as an accurate record. All matters arising covered by the agenda.

**3. Update from Recovery & Renewal Leadership Board, 14<sup>th</sup> March**

Joy and Kenny gave brief feedback on the meeting held earlier in the day. In particular they noted:

- The recently published Our Place report - [Our-Place-Fife-2023.pdf](#) - lower scorings against most of the national Place and Wellbeing outcomes (apart from Active Travel) compared with previous years may reflect a current general sense of negativity?
- Refresh of the Plan for Fife - broad consensus that the priorities agreed for 2021-24 are the right ones, so will continue to be the focus until 2027.
- Fife Partnership - collaborative programmes of work needed to get traction across partners and we need to measure what matters. Is there potential to narrow down on a smaller subset of priorities? Use of Marmot health inequalities principles being explored.

**4. Trusts' Annual Reports**

Paul drew attention to the four Trusts' annual reports, which had recently been presented at Committee. Papers and livestream available here - [People and Communities Scrutiny Committee \(29th February 2024\) | Fife Council](#).

Emma noted that FSLT had reduced barriers to access by simplifying and reducing prices. Demand for services is now growing. Free access to swimming programmes has meant that over 50% of young people under 18 in Fife were now using swimming pools.

(Sarah and Paul left the meeting.)

Unconfirmed

## 5. Public Health Priority 6

Jo-Anne gave background to the PHP6 work which had come from:

- Health and Wellbeing Leadership Summits in late 2022, where leaders agreed there should be Fife partnership focus on physical activity with social connectedness
- East Regions work on Type 2 Diabetes coming to an end
- development of the Food for Fife strategy.

The PHP6 event held in September 2023 and launch of Obesity Action Scotland's report *Local Levers for Diet and Healthy Weight* - [local levers for diet and healthy weight final.pdf](#) ([obesityactionsotland.org](#)) - had been discussed at the October CWP meeting. Members had agreed that the local levers should be used as a framework for the development of PHP6 in Fife.

A small working group has been assessing the current state of play in Fife as regards each local lever and local lever recommendations. There are clear strategic and operational linkages for some of the local levers, but for others it is harder to see how those recommendations would be implemented.

Jo-Anne asked that CWP members note progress and provide direction around the desired output from this work and timescale for completion.

Kenny asked for a background paper to the work.

Ruth suggested that the ask from CWP is that strategic and operational groups linked to this work are asked to consider what they are delivering against each of the 7 local levers. This was agreed. **ACTION:** Jo-Anne/PHP6 group to produce a position paper on the 7 local levers for June meeting.

Darren-Wyn introduced himself as Active Communities Team Manager at Fife Council. He noted that he and Ronan Capon (Active Schools) are carrying out an internal review of the 2021-24 Physical Activity & Sport Strategy, which should be completed by end May. The aim is to have a new strategy in place by 2025. Darren-Wyn is keen to work with partners on this.

Members expressed support for the new strategy being a Fife-wide partnership strategy, not just Fife Council, in line with recommendations from the Leadership Summits.

## 6. CLD Plan Annual Monitoring

Julie Dickson introduced herself as Community Manager, Kirkcaldy Area, currently co-chairing (with Helen) the CLD Partnership.

Tricia shared a presentation explaining the context for the CLD Plan and its contribution to Plan for Fife delivery; key findings from the HMIe inspection visit in December; and plans for development of the next CLD Plan 2024-27, due to be published by 1<sup>st</sup> September. [*Slides circulated with note.*]

She noted inspectors' positive feedback on the effective leadership of CLD in Fife, how well it is embedded in strategic partnerships, the focus on addressing inequalities and tackling poverty, and the strong knowledge that CLD partners have of their communities.

All 7 areas have action plans and updates. The report circulated by email in advance of the meeting aimed to provide some highlights and specific examples of CLD activity's contribution.

Helen noted that she sits on the national CLD Review Group and that Fife seems to be unique in its particularly collaborative approach to CLD.

Unconfirmed

Ruth asked about links to H&SCP. Julie noted that the CLD Partnership group were looking to recruit a replacement for Heather Bett, who has retired, and that Community Development Team Managers are linked into locality planning in each area.

Tricia invited comments on the next CLD Plan and future reports, noting the challenge of capturing the CLD contribution succinctly and clearly.

There followed a discussion about the difficulty of gaining a full picture of the breadth of CLD activity happening in Fife – through the Trusts and more widely - and understanding unmet need. Kenny noted scope to be more systematic about how we use SLA data.

Lucy urged members to participate if possible in the Cultural Summit being organised by OnFife on 10<sup>th</sup> May (details already circulated by email).

Julie noted especial thanks to Tricia for her work in the run-up to the inspection.

## 7. Volunteering Strategy and Action Plan update

Linda Watson, FVA's Head of Volunteering Development, introduced the paper previously circulated and provided a verbal update. She noted:

- the impact of the cost-of-living crisis on volunteering
- a Fife-wide volunteering campaign, due to launch over the next few weeks
- redevelopment of the FVA website
- challenges around monitoring impact where data is sparse, inconsistent partner involvement in the SIG, the increase in the amount of volunteer support organisations are having to offer, and a lack of formal recognition routes for volunteers.

Kenny said that the recently opened Community Support Hub in Dunfermline had already attracted new potential volunteers.

Lucy noted the strong connection between volunteering and anchor institutions work.

Emma highlighted the work of pickleball ambassadors across Fife and expressed particular interest in opportunities and pathways for young volunteers. **ACTION:** Emma and Linda to follow up

Kenny urged continued support for the VSIG across partners.

(Ruth left the meeting.)

## 8. Planning for June meeting

Members agreed it would be useful to review progress in the two focus areas identified at the development session last June – drug and alcohol work, and physical activity / PHP6. **ACTION:** Gill to invite Elizabeth Butters to the meeting

Darren-Wyn highlighted a collaboration between the Outdoor Education team at Lochore Meadows and ADP colleagues, which includes a new cycling and outdoor activity programme for people in recovery. He offered to present this work in June.

Julie noted that the new Fife Council Executive Director of Place, Carol Connolly, has a background in CLD and could be invited to help future discussions around place.

Unconfirmed

## 9. AoB

Ruth had intended to share an update on the new mental health strategy but had to leave the meeting promptly at 4pm. She provided this written update following the meeting:

### **Fife Mental Health Strategy - update on progress with development of the new strategy.**

The consultation closed on 31<sup>st</sup> December. Engagement activity reached responses from over 1000 people across the 7 localities. 77% of respondents had lived experience of mental health challenges, 48% provided unpaid support to a person impacted by mental health challenges.

There were responses from all sectors (HSCP, NHS, Fife Council, Third Sector, Independent Sector, Emergency Services), and we reached people from a wide range of communities/ protected characteristic groups (LGBTQI communities, young people/ students, people living in care homes, people with long term conditions/ disabilities) both via the questionnaire and face to face activities.

There was strong agreement for the draft vision, mission, values and priorities set out in the consultation.

Key themes raised include:

- Access to support before crisis point
- The cultural shift required to address stigma, ensure parity with physical health and help people to understand how to look after and nurture mental health (including developing coping strategies)
- Funding/ resources - What we can achieve given financial constraints
- Tackling underlying causes of mental health, e.g. poverty
- The need to have a stronger focus on prevention and early intervention and increasing community based support
- The importance of a person centred or holistic approach to supporting people/ developing care plans
- Better integration/ coordinated services
- Need to strengthen and support our workforce

A draft MH Strategy consultation report has been provided by the Participation & Engagement team. This is being considered and the key themes and all feedback will help to form the actions in the delivery plan. This will all go to the next Mental Health Strategic Implementation Group on 26<sup>th</sup> March for discussion.

The final draft of the strategy will progress through governance starting in April. Aim is ratification of the strategy and launch June 2024.

## 10. Date of next meeting

Wednesday 5<sup>th</sup> June, 2.00-4.00pm, Auchmuty Learning Centre, Glenrothes.

**EAST REGION PROGRAMME BOARD**

**(Meeting on 26 January 2024)**

No issues were raised for escalation to the Board.

## East Region Programme Board

Date: Friday 26<sup>th</sup> January 2024  
Time: 14.00 - 16.00  
Venue: Via Microsoft Teams



### MINUTES

#### Present:

|                  |  |
|------------------|--|
| C Potter (Chair) | Chief Executive, NHS Fife                          |
| R Roberts        | Chief Executive, NHS Borders                       |
| C Campbell       | Chief Executive, NHS Lothian                       |
| C Briggs         | Interim Director of Regional Planning, NHS Lothian |
| C Dobson         | Director of Acute Services, NHS Fife               |
| P McLoughlin     | Interim Head of Regional Planning, East Region     |
| M Carr           | Chief Officer Acute Services, NHS Lothian          |
| L McCallum       | Medical Director, NHS Borders                      |
| S Fraser         | Associate Director of Planning, NHS Fife           |
| C McKenna        | Medical Director, NHS Fife                         |
| D Miller         | Director of Workforce, NHS Fife                    |
| S Horan          | Director of Nursing, Midwifery & AHPs, NHS Borders |
| M McGurk         | Director of Finance, NHS Fife                      |
| L Jones          | Director of Quality and Improvement, NHS Borders   |
| J Keenan         | Executive Director of Nursing, NHS Fife            |
| T A Miller       | Employee Director, NHS Lothian                     |
| B Hannan         | Executive Director, NHS Fife                       |
| C Myers          | Chief Officer, NHS Borders                         |
| M Porteous       | Finance Manager, East Region / NHS Lothian         |
| T Gillies        | Medical Director, NHS Lothian                      |
| C Marriott       | Director of Finance, NHS Lothian                   |
| A MacDonald      | Executive DoN, Midwifery & AHPs, NHS Lothian       |
| N Connor         | Director of HSC, NHS Fife                          |
| F Wilson         | Chief Officer, NHS Lothian                         |
| M Barrow         | Joint Director of HSC, NHS Lothian                 |
| N McAlister      | Head of Workforce Planning, NHS Lothian            |

#### In Attendance

|         |  |
|---------|--|
| K Lakie | Unscheduled Care Service Manager, NHS Borders (For L Huckerby) |
|---------|--|

#### Apologies:

|                     |   |
|---------------------|---|
| A Bone              | Director of Finance, NHS Borders                |
| A Carter            | HR Director, NHS Borders                        |
| L Huckerby          | Interim Director of Acute Services, NHS Borders |
| J Butler            | Director of HR, NHS Lothian                     |
| A White             | West Lothian HSCP Director                      |
| J Smyth             | Director of Planning, NHS Borders               |
| S Errington         | Head of Planning & Performance, NHS Borders     |
| M Massoro-Mallinson | Chief Officer IJB                               |
| P Togher            | Chief Officer, Edinburgh HSCP                   |

|            |  | <b>ACTION</b> |
|------------|--|---------------|
| <b>1.</b>  | <b>Welcome</b>   |               |
| <b>2</b>   | <b>Apologies for Absence</b>   |               |
|            | C Potter welcomed everyone to the meeting and noted the slightly different format of the agenda. Apologies were noted as above.  |               |
| <b>3.</b>  | <b>Items for Approval or Noting</b>  |               |
| <b>3.1</b> | <b>Minutes of Previous Board Meeting – 8<sup>th</sup> September 2023</b>   |               |
|            | The minutes of the meeting held in September 2023 were approved as an accurate record, following the correction from Michelle to Maxine Michie. All actions are covered within the agenda. It was agreed to take item 3.5 as the first item.   |               |
| <b>3.5</b> | <b>Regional Thrombectomy Roll Out</b>  |               |
|            | <p>C Briggs noted uncertainty around funding from SG regarding expansion heading into 2024/25. This is being worked through currently. In terms of operational expansion, M Carr advised that the paper is in line with the plans for extension, however the uncertainty of financial coverage from SG is problematic. The intent is believed to increase from 12m to 17.5m (5m Nationally), and assumptions would be made that this would cover the extension, however cannot proceed until funding is absolutely secured.</p> <p>R Roberts noted that, in terms of the expansion already done across the region, this is funded within the current allocations and the uncertainty is around the next steps of further extension. C Briggs noted that this would be a risk to each regional board and that SG have aspirations to expand coverage to be as close to 24/7 as possible and that this funding is likely more at risk given the general situation. Any information will be shared through the regional implementation group, operational teams and networks.</p> <p>C McKenna noted the need to be kept informed and that the ultimate outcome should be equity within the region and should be monitored carefully. Members agreed and C Briggs advised that the regional implementation group is working on this and would be convened if there was a change to funding available to hold conversations with equity in mind.</p> |               |
| <b>3.2</b> | <b>Update on Child Protection MCN Development</b>  |               |
|            | P McLoughlin noted the paper circulated regarding the development of a proposal for a single national child protection network structure for Scotland. The new structure would replace the existing 3 regional networks, who are all currently struggling to deliver on their remit and maintain a staffed network capacity. A joint application, from the 3 regions, has been submitted to NSD and this has been initially approved in the NSD process. Working towards the end of March 2023 to finalise this with NSD. P McLoughlin also noted that a similar paper has gone to the West of Scotland Board in December 2023 as well as one to the North of Scotland Board and are all aligned with moving to a national network.  |               |



|            |  |   |
|------------|--|---|
|            | <p>An interim National structure is being put in place over 2024 given the NSD timescale is rather slow in its consideration. Any further updates will be tabled at future ERPB.</p> <p>M McGurk queried whether this would be a new funding request for NSD and P McLoughlin advised that existing resources, which are already invested, of the regional networks would be used and NSD are asked to govern and manage the national network. M McGurk noted that during the recent National DoFs meeting, NSS confirmed that NSD funding allocation from SG has been reduced by 3% and this would pose an issue to any further ask of them.</p>  | <b>P McLoughlin</b>   |
| <b>3.3</b> | <b>East Region Learning Disability MCN – Pause and Further Review</b>  |   |
|            | <p>P McLoughlin advised that the paper circulated notes a pause to the LD MCN as of the end of January 2024 following an initial stage of review undertaken within the regional planning team. The temporary pause will be for a 4 month period to allow for further review which will be focused on the value and return from this network and whether this needs to continue. The network has not been drawing additional funds from Boards for the last couple of years and the current budget, accrued over a number of years, will come to an end in 2024/25 and therefore there will be an increase in costs for Boards if it is decided to continue with the network. The LD MCN Manager is communicating this pause to stakeholders at present and MCN staff have agreed to move their focus to other priority regional work over the next few months whilst the review is undertaken. P McLoughlin advised that he will work with S Fraser to carry out the review, with a view to table the outcome at the April ERPB for agreement.</p> <p>C Myers noted a key consideration should be what it is we are looking for the network to do and this would define which model is needed. Keen for ERPB members to have a really clear specification of needs moving forward in this area. P McLoughlin agreed to pick this up.</p> <p>C McKenna noted the need to link with Nicky Connor &amp; HSCP on this and S Fraser advised that this would be the intention.</p> <p>C Briggs noted that at the moment the delivery model is working from a slightly outdated planning model and in 2015 planning and commissioning of LD services moved across to IJB partners and these partners would need to agree the direction of travel.</p> | <p><b>P McLoughlin/<br/>S Fraser</b></p> <p><b>P McLoughlin</b></p> |
| <b>3.4</b> | <b>Best Start – Regional Neonatal Outline Implementation Plan: Initial Plan, Programme Update &amp; Next Steps</b>   |   |
|            | <p>C Campbell noted this paper for members awareness and P McLoughlin noted the paper to provide the update report that SG requested on 13<sup>th</sup> January 2024. The only thing to flag is that SG asked for a nomination for a public engagement lead around this and Judith McKay, Director of Communications within NHS Lothian, has been nominated. HIS and others are also involved in this and there is a programme of comms work coming which members should be aware of given the political public sensitivity around some of this. A full implementation plan is due in early Summer 2024 and are working</p>  |   |

|            |  |  |
|------------|--|--|
|            | <p>towards this, along with an external consultants report on the data modelling and service model we will be working to in order to produce this implementation plan.</p> <p>C Potter requested that Judith links in, with anything of relevance, with Kirsty McGregor, NHS Fife Comms Lead, and the Comms Lead in NHS Borders.</p> <p>R Roberts queried what we know of the financial implications of this, if any, and are we committing that we are only extending any additional financial cost in this assuming it is funded or are we assuming it is actually about doing what we do currently in a more cost effective manner and therefore it would actually result in a more cost effective service across the region. C Campbell advised that as the plan is identified, if there are any additional costs associated this would be articulated if funding is not confirmed we need to take it as far as possible with the funding that is available to us.</p> <p>L Jones came back to previous point about Lothian having agreed some principles and queried whether there would be scope to use this in a regional space to use this one as an example of a set of principles where we are and an opportunity to consider a regional principle ambition. It was agreed to discuss this further within the next discussion section of the meeting (Item 4).</p> |  |
| <b>3.6</b> | <b>Adult Cystic Fibrosis 2023/24 Mid-Year Report</b>   |  |
|            | <p>P McLoughlin noted the circulated routine mid-year report from the service based at WGH and outlines the activity. The main points to note are workforce consultant medical and nurse staffing issues. There has been a slow rise in patient demand over a number of years. Will continue to work with the WGH management team. A full year report will be available at the end of the year which will be tables at future ERBP.</p>  |  |
| <b>3.7</b> | <b>SG SLWG on National &amp; Regional Planning: Progress with Strategic Planning &amp; Networks Working Group</b>  |  |
|            | <p>C Briggs noted that there is work ongoing around ascertaining what the problem is and there is an awareness that, particularly given the financial and workforce situations we are facing, not clarifying ToR for some of the sub groups is giving some challenges going forward. The National and Regional Working Group has met on one occasion and therefore progress has not moved far from position during last discussion at ERPB. Not currently a clear picture and there is a mismatch between practicality's and the thinking. There are potential difficulties of not having ToRs and good ways of working.</p> <p>R Roberts noted that what is being taken forward at a national level is unclear, as well as difference between national, local and mid section element. Opportunity for ERBP to take a level of control regarding what will be done at regional level.</p>   |  |
| <b>4.</b>  | <b>Items for Discussion</b>  |  |
| <b>4.1</b> | <b>Regional Transformation Fund- Stimulating New Ideas for Sustainable Service Delivery</b>  |  |

C Briggs noted that, within the regional space, this has been an issue for some time and thoughts are currently around how SG might issue an updated regional planning HDL. There is an emphasis on what can be achieved collaboratively at present. The priorities agreed around 14 months ago seem relevant basis to take some of this work forward. Conversations were held and discussed capital planning and prioritisation which informed the process undertaken by Lothian and the Directors of Finance have been re-established.

M McGurk noted that the discussions held within National DoFs group should be reflected and the Board Chief Executives have remitted the DoFs to begin to work up the options around choice areas that were identified. The DoFs are now meeting weekly until the end of March 2024 to bring forward propositions within workforce, supplementary staffing and system redesign. This is to ensure clarity is reached around potential propositions within the authorisation environment and subsequently whether national agreement could be reached. There are 10 initial propositions to take to Board Chief Executives.

C Potter noted that, as part of this conversation, the optimal output from collective involvement with the funding that is held within transformation funding and how best to target this resource needs consideration in order to move forward.

P McLoughlin mirrored the need for taking control as a region and to shape the regional workplan priorities. The support papers around the ADP, regional workplan and transformation fund are to open conversation around regional priorities to support going forward. In respect of paper 4.1 Regional Transformation Fund, P McLoughlin advised that there is 330k of non-recurring funding remaining which requires a spend plan. There is potential for this to be utilised in pump priming schemes or a programme of work aligned to the Board financial positions, service sustainability and recovery. Discussion around this and the best way forward would be beneficial as there are a number of possible ways to utilise this fund.

C McKenna noted that potentially some areas have a claim to this funding as an active decision around strategic cancer posts in board was not taken. There is a cost pressure, within NHS Fife services, as a direct result of continuing to not make a decision to fund strategic cancer posts in board and C McKenna reflected this has been lost within the gaps in regional planning and is the reason why money is available. C McKenna believes that 60k of this should be coming to Fife on this basis.

C Briggs advised that, in relation to governance, it is entirely up to this programme board as to how best to utilise the funding available. Need to be clear as to how this would help with the challenges faced currently. C McKenna advised that a conscious decision was made to spend funds on strategic cancer posts and that it has not been consciously chosen not to. Was it decided as a board to cease funding these posts as Fife have continued to employ the member of staff in post and continued to deliver in that space.

C Campbell queried if this is the case why Fife did not pull down the money and what has been the deliver from the strategic cancer post. We need to be clear on what money is available within the transformation fund and how we plan to use it.

It was agreed for members to discuss further outside of ERPB meeting.

P McLoughlin advised that he is unaware of the detail of the governance falling down here has been, however within the ledger it is clear that funding was to stop in 2021/22. Within the paper there is an overview analysis of Board sustainability returns. This fund needs to be usefully applied and a programme of work commissioned within priority areas and consider different ways of working regionally.

R Roberts noted there are effectively two choices. Either put the available funding to bottom line in a shared way or it would be more beneficial for members to be explicit and agree to use it in a way that assists address the challenges being faced, with a rate of return attached to it. There is more work to be done on the sustainability returns collectively but there are areas of overlap and non overlap.

C Potter summarised that a piece of work is to be undertaken by with the finance team regarding NHS Fife Strategic Cancer Post funding within the next week or so to ensure understanding of the total amount of transformation funding available. A proposal to be developed around the utilisation of transformation fund which will assist services and specialties that collectively are agreed as priorities.

Haematology is an area where a collective approach may be considered and C Potter asked for opinions of Acute Directors and Medical Directors.

T Gillies noted consideration needs to be given to where we have patients who travel across the boundaries and where we would want to ensure the work being undertaken to reduce costs is lined up so that patients are not moving between the 3 boards. Some of the high cost drugs is potentially a reasonable place to start. There is a regional formulary and application process that considers all of the costs related to any new drug. There is an opportunity to set up a group that could meet before the Formulary to ensure all questions have been asked in relation to where additional pressures introduced by this. The formulary would still make the decision with this new group having provided work around. Regarding Haematology, it is unclear actually what problem we are trying to solve other than there aren't enough haematologists and the only way to get staff into the region is to ensure the practice is aligned to the rest of the UK practice. This is a huge element to unpack.

L Jones mirrored T Gillies comments and could go with elements where we know there are legitimate clinical or workforce pressures but there are also areas that may be different to that, perhaps a bigger transformational gain. Speaking for acute, a list of specialties has been submitted for potential conversations in this area and this is not

**M Porteous/  
M McGurk/A  
Bone/C  
Marriott**

reflected in the paper. Some work needs to be undertaken to represent the position but essentially most of the listed specialties would be put forward for discussion by acute services. L Jones suggested consideration be given to use some of the transformational fund to scope out where some of the biggest transformational gains might be rather than areas where a regionalised approach is wanted because of the workforce, as there may not be any savings in terms of large scale. High Cost drugs is definitely an area that is being looked into and there would be much more consistence of approach if done together following the same principles. Also some corporate functions i.e. Digital and where we could get a much greater transformational change if we consider collaboration. There is a potential scoping exercise as to where is the largest potential gain from the list.

B Hannan also supports T Gillies comments and in regard to medicines policy, although in need of some reform, there is nothing to stop adding additional scrutiny or controls to decide if something requires to be accepted onto that form to the formulary. With some of the SMC approved medicines the gains are marginal. It would enable realisation of some of the benefits.

L McCallum reinforced the points made previously and agreed this would be a good area to focus on. Reflecting on conversations earlier this week, careful consideration could be given to Clinical decision making, value based health & care piece and decisions that are made by teams that impact across the region. For example oncologists making decisions for patients within / out with Lothian. L McCallum queried the possibility, giving careful thought as to what it would like, around regional value based health and care. A large part of where we are from a financial perspective relates to the decision making that is taking place in the clinical space. 20% of health care delivered either causes harm or doesn't add value for the patient, so if we could focus on this 20% then from a financial perspective a significant amount should fall out of this.

C Potter noted there is a need for a piece of work with Directors of Pharmacy in relation to medicines conversation by the medical directors around the points noted above.

M Carr noted that herself and C Dobson have had discussions around how they can help each other, whether with OMFS or the NTC for orthopaedics, to address operational pressures. Consideration needs to be given to engaging differently, being clear around the opportunities to work collaboratively to take pressure off one are in the most cost effective way and prevent duplication.

C Dobson noted that engagement has been reactive or responsive. It is difficult to move anything forward due to the operational pressures and the reactive nature of involvement. Having a different approach lens would allow for different conversations to be held and focus on what would be possible across the region between acute services divisions. C Potter queried whether it would be helpful to look at services where we would want to consciously have conversations

**MDs/  
DoPharmacy**

about repatriation where possible or sharing of activity. Again would be a piece of work to be picked up by Acute Service colleagues.

**M Carr/ C  
Dobson/ L  
Huckerby**

Realistic Medicine was also noted.

R Roberts supports all of the areas noted with a recognition that in doing some initial work, we would then have to commit some of the non-recurring transformation fund to support the work going forward. This needs to be really purposeful and have clear principles about return on investment and delivery of a model that is more sustainable and more cost effective. R Roberts would be keen, as overall financial plans are developed in each board through the DoFs, that we also then do the piece of work that shows understanding of what we are each doing and where there might be overlap, opportunities to bring things together and where there might be opportunities for consistency of approach. C Potter agreed.

M McGurk noted that given the financial challenges being faced, realistically head count and numbers of staff reducing has got to be part of it and potentially a level of recruitment freeze. A Regional approach to this should at least be discussed.

C Campbell noted that all have a duty to produce a balanced financial plan and that 60% of costs are staffing. For Lothian the bottom line is this is between 12 and 15 hundred. The difficulty is around how we are going to do it and this will be a magnitude of change NHS Scotland has never seen. C Potter fully agreed and noted briefings are being held locally.

C McKenna noted that given the problems we are facing, we could be really smart on how we use this money to the best effect to each Board to have a positive impact on the financial problem. The one thing that we have that is regional is the formulary and there is merit in the regional value based health care. There is also something in the messaging around realistic medicine. Thought needs to be given as to how best to apply some lateral thinking to this particular question and come back with a solution and within the next little while.

S Horan advised that the approach being used within the borders is between health and care (nursing, AHP and pharmacy involvement)

C Potter noted that we cannot, as a region, make decisions that essentially add in additional cost and this needs to be added as a core principle. A collective approach to reduce costs is needed.

M Porteous noted that a plan outline is needed over the next month or so to help money to be carried forward.

Members are asking for commitment from Acute Directors, Medical Directors, Pharmacy Directors & Directors of Finance with support from C Briggs & P McLoughlin.

P McLoughlin noted that boards are surveying the sustainability of services and making submissions to SG and that there is no reference

|            |   |  |
|------------|---|--|
|            | at all, in the current way we are working with SG, to regional planning. March ADPs are approaching and thought needs to be considered to address how best to regionalise this and the regional work programme and priorities. C Potter noted that this should hopefully develop from the previous discussions as agreed above. |  |
| <b>4.2</b> | <b>2024 ADP / Financial Plan- Process and Draft Plans</b>   |  |
|            | Discussed above under item 4.1  |  |
| <b>5.</b>  | <b>Any Other Business</b>   |  |
|            | No Further business was noted.  |  |
| <b>6.</b>  | <b>Dates of Future Meetings (All 2-4pm)</b>   |  |
|            | 26 <sup>th</sup> April 2024<br>2 <sup>nd</sup> August 2024<br>25 <sup>th</sup> October 2024   |  |

**INTEGRATION JOINT BOARD**  
**(Meeting on 2 February 2024)**

No issues were raised for escalation to the Board.





## CONFIRMED

### MINUTE OF THE FIFE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) FRIDAY 2 FEBRUARY 2023 AT 10.00 AM

- Present**
  - Arlene Wood (AW) (Chair)
  - Graeme Downie (GD) (Vice-Chair)
  - Fife Council – David Alexander (DA), Dave Dempsey (DD), Margaret Kennedy (MK), Rosemary Liewald (RLie), Mary Lockhart (ML), Lynn Mowatt (LM) and Sam Steele (SS)
  - NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), Colin Grieve (CG), John Kemp (JK), Sinead Braiden (SB)
  - Janette Keenan (JK), Director of Nursing, NHS Fife
  - Lynne Parsons (LP), Employee Director, NHS Fife
  - Amanda Wong (AW), Associate Director, AHP’s, NHS Fife
  - Debbie Fyfe (DF), Joint TU Secretary, Fife Council
  - Kenny Murphy (KM), Third Sector Representative
  - Morna Fleming (MF), Carer Representative
  - Paul Dundas (PD), Independent Sector Representative
  - Wilma Brown, Interim Staff Representative, NHS Fife
- Professional Advisers**
  - Nicky Connor (NC), Director of Health and Social Care/Chief Officer
  - Audrey Valente (AV), Chief Finance Officer
  - Helen Hellewell (HH), Deputy Medical Director
  - Lynn Barker (LB), Associate Director of Nursing
  - Christine Moir (CMo), Chief Social Work Officer, Fife Council
- Attending**
  - Lynne Garvey (LG), Head of Community Care Services
  - Rona Laskowski (RLas), Head of Complex & Critical Care Services
  - Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning
  - Vanessa Salmond (VS), Head of Corporate Services
  - Hazel Williamson (HW), Communications Adviser
  - Wendy Anderson (WA), H&SC Co-ordinator (Minute)

|           |              |               |
|-----------|--------------|---------------|
| <b>NO</b> | <b>TITLE</b> | <b>ACTION</b> |
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**1 CHAIRPERSON’S WELCOME / OPENING REMARKS / APOLOGIES**

Arlene Wood, IJB Chair welcomed everyone to the first Integration Joint Board meeting of 2024.

Apologies had been received from Chris McKenna, Ian Dall, Eleanor Haggett and Jackie Drummond.

Those present were reminded that they should mute their mobile phones for the duration of the meeting and also mute their microphone when not talking and that, in an effort to keep to our timings for this meeting, all questions and responses should be as succinct as possible.

A recording pen was in use at the meeting to assist with Minute taking and the media have been invited to listen in to proceedings.

| NO | TITLE   | ACTION |
|----|---|--------|
| 2  | <b>DECLARATION OF MEMBERS' INTERESTS</b>  |        |
|    | There were no declarations of interest.   |        |
| 3  | <b>MINUTES OF PREVIOUS MEETING &amp; ACTION NOTE 24 NOVEMBER 2023</b>   |        |
|    | The Minute and Action Note were both approved as accurate records.  |        |
| 4  | <b>CHIEF OFFICER UPDATE</b>   |        |
|    | Arlene Wood handed over to Nicky Connor who provided the Chief Officer update   |        |
|    | Nicky Connor began her update by advising that following a rigorous recruitment process Jillian Torrens will join the Partnership in the next few months as Head of Complex & Critical Care Services, replacing Rona Laskowski who retires in June 2024.  |        |
|    | At the Development Session on Friday 15 December 2023 IJB members received updates from Kenny Murphy and Morna Fleming on the 3 <sup>rd</sup> Sector and Carers respectively. The Ministerial Steering Group (MSG) Indicators were also discussed and these will be brought back to the IJB in a future meeting cycle.  |        |
|    | A briefing was circulated yesterday to IJB members to keep them updated on various aspects of the partnership including much to celebrate around the great work of our teams. A number of new Nurses and Allied Health Professionals have recently joined the Partnership and the Care Academy continues to grow.   |        |
|    | Morna Fleming, Carers Representative now contributes to the monthly IJB briefing alongside Kenny Murphy and Paul Dundas.  |        |
|    | The year ahead will be challenging balancing the delivery of service, performance, quality of care, pace of transformation, the financial position and supporting our workforce. The Senior Leadership Team are actively considering this quadruple aim as we bring forward plans and this is also reflected on the Board's agenda.   |        |
| 5  | <b>STRATEGIC PLANNING &amp; DELIVERY</b>  |        |
|    | <b>5.1 Transformation – Transforming Overnight Care</b>   |        |
|    | This report was most recently discussed at the Quality & Communities Committee on 17 January 2024, the Finance, Performance & Scrutiny Committee on 18 January 2024 and the Local Partnership Forum on 16 January 2024. Arlene Wood introduced Rona Laskowski who presented this report which is part of the transformation programme agreed in March 2023. Feedback from all meetings where this has been discussed has been included in this updated report. It has been agreed that the Finance, Performance & Scrutiny Committee will receive 6-monthly updates as this project progresses. |        |
|    | Arlene Wood then invited in turn Rosemary Liewald (for Sinead Braiden, Chair of Quality & Communities), Alastair Grant, Chair of Finance, Performance & Scrutiny and Wilma Brown, Co-Chair of the Local Partnership Forum to comment on discussions at that meeting before questions from Board members. All three confirmed that the report had been discussed in detail at their meetings and welcomed the progress to date.  |        |

| NO | TITLE | ACTION |
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**5 STRATEGIC PLANNING & DELIVERY (CONT)**

**5.1 Transformation – Transforming Overnight Care (Cont)**

Discussion took place around changes to the proposal, which included the impact on carers and their involvement in the assessment process, unintended consequences of proposed changes and communications with staff, both internal and external. Debbie Fyfe raised the need for parallel communications with staff and concern that this had not happened ahead of the board. Rona Laskowski confirmed that a formal communications campaign, including a series of roadshows, are planned to communicate key messages to staff.

The Board discussed the proposed Transformation of Overnight Care, were assured of the work done to develop the model and the scrutiny applied through the various governance routes to date and agreed the proposed model and support the Senior Leadership Team to operationalise the model with partners and provide an update to the Finance, Performance and Scrutiny Committee through the reports on transformation and regular financial reporting.

**5.2 Local - Locality Planning Outcomes Progress Report**

This report was discussed at the Quality & Communities Committee on 17 January 2024. Arlene Wood introduced Fiona McKay who presented this report. The Public Bodies Act gives clear guidance on the role of partnerships within localities and this report is a look back over the last year across the 7 localities of Fife. Some projects will continue into this year. One of the recommendations in the paper is to bring this to a future Development Session for further discussion.

**FM/VS**

Arlene Wood then invited Rosemary Liewald (for Sinead Braiden, Chair of Quality & Communities) to comment on discussions at that meeting before questions from Board members. The committee welcomed the good quality work which is taking place in localities.

Discussion took place on encouraging wider stakeholder involvement, communications around new Wells opening and the frequency of meetings of the core groups involved in this. Fiona McKay updated on additional staffing and also advised that a new Well is being supported by Fife Council's West Fife Area Committee for one year initially.

The Board took assurance on the work undertaken to deliver on the Locality Action Plans 2023 and to carry over incomplete actions into 2024 and agreed that locality planning undertakes a two-year planning cycle (currently one year).

**6 LIVED EXPERIENCE & WELLBEING**

**6.1 People Story – Our People**

Arlene Wood handed over to Nicky Connor who introduced this item. A video was shared entitled Celebrating Our Staff – A Reflection of 2023 which featured staff from all areas of the partnership. Nicky highlighted that presenting person stories to the IJB reminds us of our collective purpose for the People of Fife. We could not deliver care if it was not for the fantastic teams and staff we have working across the whole

| NO | TITLE | ACTION |
|----|-------|--------|
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**6 LIVED EXPERIENCE & WELLBEING (CONT)**

**6.1 People Story – Our People (Cont)**

partnership in primary and preventative care, community care, complex and critical care, business enabling, professional standards, third and independent sector and our close working with NHS Fife and Fife Council. For that reason our first story of 2024 is dedicated to our staff and the outstanding job they do each and every day. The board reported that the video was inspiring and the Arlene Wood, on behalf of the Board, thanked all those who were involved in producing it and thanked all staff working across all sectors in Fife every day.

**7 INTEGRATED PERFORMANCE & QUALITY**

**7.1 Finance Update**

This report was discussed at Finance, Performance & Scrutiny on 18 January 2024 and the Local Partnership Forum on 16 January 2024. Arlene Wood introduced Audrey Valente who presented this report which detailed the financial position (provisional outturn) of the delegated and managed services based on 30 November 2023. The forecast is currently a deficit £4.171m, mainly due to a recent Fife Council pay award and increased locum costs. There had been rich discussion at the recent IJB drop-in session on the report and reserves.

Arlene Wood then invited in turn Alastair Grant, Chair of Finance, Performance & Scrutiny and Wilma Brown, Co-Chair of the Local Partnership Forum to comment on discussions at their meeting before questions from Board members. Alastair Grant confirmed his committee had an in-depth discussion and one of the issues raised was timescales for the reporting of financial information, which are reliant on NHS Fife and Fife Council providing information.

Discussion around achieving a balanced budget, delivering efficiency savings, covid-19 funding and the key areas of work being undertaken by the Senior Leadership Team to ensure due diligence is in place.

The Board were assured that there is robust financial monitoring in place and approved the financial monitoring position and the use of Reserves as at November 2023.

**7.2 Performance Report – Executive Summary**

The full Performance Report was discussed at Finance, Performance & Scrutiny on 18 January 2024. Arlene Wood introduced Fiona McKay who presented this report which highlighted areas for improvement. A Planning and Performance Board has been set up to help provide assurance to the IJB.

Arlene Wood then invited Alastair Grant, Chair of Finance, Performance & Scrutiny to comment on discussions at that meeting before questions from Board members. Alastair wood advised that the Committee were happy to see reductions in waiting times for care packages and to see further analysis of the available data.

| NO | TITLE | ACTION |
|----|-------|--------|
|----|-------|--------|

|   |  |  |
|---|--|--|
| 7 | <b>INTEGRATED PERFORMANCE &amp; QUALITY (CONT)</b> |  |
|---|--|--|

**7.2 Performance Report – Executive Summary (Cont)**

Discussions then took place around CAMHS and Psychological Therapy waiting times, which had been the subject of a deeper report at the most recent governance committee, and these challenges these presented.

The report had been submitted to assure the Board that the full report has been discussed at the relevant committee, the areas which require improvement are highlighted in the appendix and are subject to continual scrutiny by Head of Service. The board recognised the progress being made in relation to performance and asked that as well as a summary of performance the board requires the assurance on how performance is being addressed. It was agreed to bring a Summary Assurance Report to the IJB meeting on 28 March 2024.

**FM**

**7.3 IJB Strategic Risk Register**

This report was discussed at the Audit & Assurance Committee on 19 January 2024. Arlene Wood introduced Audrey Valente who presented this report which features the Risk Register which was reviewed in December 2023. Four risks are currently showing high residual risk scores – Finance, Primary Care Services, Workforce and Demographic/ Changing Landscape Impacts and to date three of them have been subject to a deeper dive report at committee. Workforce will be looked at in depth during the March committee cycle.

Arlene Wood then invited Dave Dempsey, Chair of Audit & Assurance Committee to comment on discussions at Committee before questions from Board members. Dave Dempsey advised the Audit and Assurance committee do not own the individual risks, they oversee the committee processes and receive assurance that the relevant committees are monitoring dealing with them and this is well managed.

The Board took assurance that risks continue to be managed by the relevant risk owners, discussed the IJB Risk Register and approved the Risk Register.

|   |                                  |  |
|---|----------------------------------|--|
| 8 | <b>GOVERNANCE &amp; OUTCOMES</b> |  |
|---|----------------------------------|--|

**8.1 Self-Assessment Checklist**

This report was discussed at previous Audit & Assurance Committee meetings. Arlene Wood introduced Vanessa Salmond who presented this report which is a high-level analysis produced as a result of an online questionnaire sent to Board members in October 2023. There was a 50% response rate and these were positive overall although there is room for improvement. An Action Plan has been produced.

Arlene Wood then invited Dave Dempsey, Chair of Audit & Assurance Committee to comment on discussions at the Committee before questions from Board members. Dave Dempsey advised the committee were happy to recommend the action plan be implemented.

Discussion took place around receipt of meeting papers and input from stakeholder members into induction materials.

| NO | TITLE   | ACTION |
|----|---|--------|
| 8  | <b>GOVERNANCE &amp; OUTCOMES (CONT)</b>   |        |
|    | <b>8.1 Self-Assessment Checklist (Cont)</b>   |        |
|    | <p>The Board discussed and agreed the draft action plan and agreed to work with Corporate Services to implement the suggested improvements and review progress/impact in September 2024.</p>  |        |
|    | <b>8.2 Inspection Oversight Report</b>  |        |
|    | <p>This report was discussed at the Quality &amp; Communities Committee on 17 January 2024. Arlene Wood introduced Fiona McKay who presented this report which highlights a number of external inspections from the Care Inspectorate and the Mental Welfare Commission and is brought to provide assurance on progress and discussion in relation to actions and next steps.</p>   |        |
|    | <p>Arlene Wood invited Rosemary Liewald (for Sinead Braiden, Chair of Quality &amp; Communities) to comment on discussions at that meeting before questions from Board members. The reports had been discussed in detail by committee.</p>  |        |
|    | <p>Discussion took place around how important it is that inspections are being monitored and appropriate actions are in place, ongoing covid recovery and how information may be presented differently in future. The board discussed an annual report on routine planned inspections, and exception reports for any unplanned inspections.</p>   |        |
|    | <p>The Board took assurance that inspections and reporting is monitored on a regular basis.</p>   |        |
| 9  | <b>LEGISLATIVE REQUIREMENTS &amp; ANNUAL REPORTS</b>  |        |
|    | <b>9.1 Chief Social Work Officer Report 2022-2023</b>   |        |
|    | <p>This report was shared at Fife Council's People and Communities Scrutiny Committee on 16 November 2023 and was also presented for noting at Quality &amp; Communities Committee on 17 January 2024 and Finance, Performance &amp; Scrutiny Committee on 18 January 2024. Arlene Wood introduced Chris Moir who presented this report which highlighted common themes, which include ongoing concerns regarding recruitment and retention of staff and staff health and wellbeing. The 2023-2024 report will be brought to the IJB in September 2024.</p> |        |
|    | <p>Arlene Wood then invited in turn Rosemary Liewald (for Sinead Braiden, Chair of Quality &amp; Communities) and Alastair Grant, Chair of Finance, Performance &amp; Scrutiny to comment on discussions at that meeting before questions from Board members. The report was discussed in detail at both meeting and members looked forward to seeing the next report later in the year.</p>  |        |
|    | <p>The report had been submitted to the Scottish Government as part of the statutory responsibilities of the role of the Chief Social Work Officer and provided members with an overview of key aspects of social work provision in Fife.</p>   |        |
|    | <p>Board member noted the role and range of functions covered by the Chief Social Work Officer including social work and social care services provided by both the authority and by the Health and Social Care Partnership.</p>   |        |

## 9 LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS (CONT)

### 9.2 Director of Public Health Report 2023: Children and Young People in Fife: the Building Blocks for Health

This report was discussed at the Quality & Communities Committee on 17 January 2024. Arlene Wood introduced Joy Tomlinson who presented this report which gives an overview of the health and wellbeing of the population of Fife. This year's focus is on Children's Health and how this has been affected by covid, the ongoing cost of living crisis and poverty.

Arlene Wood invited Rosemary Liewald (for Sinead Braiden, Chair of Quality & Communities) to comment on discussions at that meeting before questions from Board members. The committee had a robust conversation on the content of the report.

Discussion took place around the priorities and pressures within the report, the elements which can be contributed to which will make a difference and the changing demographics of the local population.

Morna Fleming commended the team behind the report for the clarity and readability provided.

The Board noted the detail within the report and that much of the work is covered within the Children's Services Plan 2023-26 with further reporting coming through the agreed governance routes. The IJB were assured re progress and priorities.

### 9.3 Fife Child Protection Committee Annual Reports - 2021/22 & 2022/23

This report was discussed at the Quality and Communities Committee on 17 January 2024. Arlene Wood introduced Dougie Dunlop who presented this report which covered two annual reports following a period of transition for the Child Protection Committee. There is a significant developmental agenda ongoing and new national Child Protection procedures are in place.

Arlene Wood invited Rosemary Liewald (for Sinead Braiden, Chair of Quality & Communities) to comment on discussions at that meeting before questions from Board members. The Committee discussed the reports in detail and no concerns were raised.

Discussion took place around increasing child poverty, emerging priorities and key measures being taken locally to respond to these.

The Board took assurance from the past work of the Committee and their future direction.

## 10 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP - ITEMS TO BE ESCALATED

Arlene Wood handed over to Nicky Connor who invited each of the Chairs in turn to provide an update from their meetings and on items to be escalated to the Board.

### **Audit & Assurance Committee**

Dave Dempsey had nothing to escalate from the meeting held on 19 January 2024.

### **Finance, Performance & Scrutiny Committee**

Alastair Grant had nothing to escalate and advised that members had had good discussions on agenda items.

| NO | TITLE  | ACTION |
|----|--|--------|
| 10 | <p><b>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP - ITEMS TO BE ESCALATED (Cont)</b></p> <p><b>Quality &amp; Communities Committee</b></p> <p>Sinead Braiden and Rosemary Liewald had nothing to escalate. The committee had been keen for the report on Inspections to be discussed at the IJB meeting.</p> <p><b>Local Partnership Forum</b></p> <p>Nicky Connor and Wilma Brown advised that there had been a full discussion on all agenda items including service pressures and staff wellbeing.</p> <p><b>Strategic Planning Group</b></p> <p>Graeme Downie had nothing to escalate from the meeting held on 13 November 2023.</p> |        |
| 11 | <p><b>AOCB</b></p> <p>As Arlene Wood had not been alerted prior to the meeting of any other business to be raised under this item the meeting, she thanked those present for their contribution to the meeting and updated on the dates of the next meetings.</p>  |        |
| 12 | <p><b>DATES OF NEXT MEETINGS</b></p> <p><b>IJB DEVELOPMENT SESSION – FRIDAY 23 FEBRUARY 2024</b></p> <p><b>INTEGRATION JOINT BOARD – THURSDAY 28 MARCH 2024 – 2.00 PM (FRIDAY 29 MARCH – NHS PUBLIC HOLIDAY)</b></p>   |        |



## **Fife NHS Board**

### **Confirmed**

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

### **Present:**

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

### **In Attendance:**

Kevin Booth, Head of Financial Services & Procurement  
Andy Brown, Principal Auditor  
Chris Brown, Head of Public Sector Audit (UK), Azets  
Alan Mitchell, Thomson Cooper (*item 5.1 only*)  
Pauline Cumming, Risk Manager  
Alistair Graham, Associate Director of Digital & Information (*item 8.2 only*)  
Barry Hudson, Regional Audit Manager  
Amy Hughes, Senior Auditor, Azets  
Jocelyn Lyall, Chief Internal Auditor  
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary  
Carol Potter, Chief Executive (*part*)  
Dr Joy Tomlinson, Director of Public Health (*item 7.5 only*)  
Hazel Thomson, Board Committee Support Officer (Minutes)

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

The Chair welcomed everyone to the meeting.

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

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

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

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

## 1. **Apologies for Absence**

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

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

There were no declarations of interest made by members.

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

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

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

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

## 5. **EXTERNAL AUDIT**

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

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

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

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

## 6. **ANNUAL ACCOUNTS**

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

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

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

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

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

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

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

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

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

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

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

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

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

## **7. INTERNAL AUDIT**

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

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

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

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

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

The Committee:

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

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

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

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

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

## 7.3 Internal Audit Framework

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

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

The Committee:

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

#### 7.4 Business Continuity Arrangements Internal Audit Report

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

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

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

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

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

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

## 8. RISK

### 8.1 Corporate Risk Register

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

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

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

## 8.2 Risks & Opportunities Group Progress Report

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

The approach to deep dives reviews was outlined.

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

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

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

## 9. GOVERNANCE MATTERS

### 9.1 Audit & Risk Committee Self-Assessment Report 2023/24

The Board Secretary advised that a self-assessment is carried out for all the Board’s Standing Governance Committees on an annual basis. This paper provides the feedback given by members and attendees for the Audit & Risk Committee.

An overview on the themes of the self-assessment was provided, and it was noted that there were some common themes identified across all the Board's Standing Governance Committees self-assessment outcomes. Work in the next year will attempt to address members' comments as part of a continuous improvement exercise.

In relation to the comments around enhanced training for members, the Board Secretary encouraged members to carry out the Board Development Training available online covering finance, effective audit & risk, and how to be an effective Board member. A reminder of the links to these courses would be circulated.

Discussion took place on the importance of the SBAR capturing the main points and assurance elements, and of reducing the length of papers in the meeting pack. The Board Secretary agreed to take these points forward for further consideration and noted that a common approach across all of the Standing Governance Committees would be beneficial.

**Action: Board Secretary**

Members made comment in relation to the usefulness of Development Sessions in relation to the role of the Standing Governance Committees.

## **9.2 Annual Review of Audit & Risk Committee Terms of Reference**

The Board Secretary advised that a review of the Terms of Reference is carried out for all the Board's Standing Governance Committees on an annual basis, and any updates are reflected in the annual publication of the Code of Corporate Governance. An overview of the main changes was provided, which were largely to updates to the Internal Audit section, and to reflect the movement of Freedom of Information and Whistleblowing performance monitoring to other committees of the Board.

The Committee **approved** the Terms of Reference, for further consideration by the Board.

## **9.3 Losses & Special Payments Quarter 3**

The Head of Financial Services & Procurement advised that there were 235 losses in quarter 3, which is in line with the previous quarter. The total cost of losses in quarter 3 has increased to £1.3m, which is a result of a significant increase to the ex-gratia payments. Confirmation was given that Losses and Special Payments had also increased out with any ex gratia payments and this could be attributed to the Debtors review which was not carried out in quarter 2. It was confirmed that at the end of quarter 3 the total losses and special payments are below the 12 month figure reported to the Scottish Government in 2022/23. Assurance was provided that regular analytical reviews are carried out to look for any developing trends for losses, and that any areas or risk would be highlighted to the applicable senior management and escalated through the Finance, Performance & Resources Committee if necessary. Following a question in relation to the ex-gratia payments for clinical negligence it was noted that the Clinical Governance committee has oversight for the detail and outcomes associated. It was also confirmed that the Central Legal Office provide legal advice to the Board including the recommendations on settlements, which are signed off by both the Chief Executive

and Director of Finance on behalf of the Board.

The Committee took **assurance** from the visibility of the Board's losses and special payments in the quarter to 31 December 2023.

#### **9.4 Waiver of Competitive Tenders Quarter 3**

The Head of Financial Services & Procurement reported that there were no Procurement contracts awarded over £50k in quarter 3, and, as such, no tender waivers were required to be put in place.

The Committee took **assurance** that the procurement process for the waiver of competitive tenders was correctly applied in the period.

#### **9.5 Final Annual Workplan 2024/25**

The Board Secretary advised that the workplan outlines the work that will come forward to Committee in 2024/25 to ensure that the Committee's role and remit is fulfilled, and that the document will be iterative with new and emerging items of business added on as appropriate.

The Committee considered and **approved** the proposed workplan for 2024/25; and approved the approach to ensure that the workplan remains current.

### **10. FOR ASSURANCE**

#### **10.1 Audit Scotland Technical Bulletin 2023/4**

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

#### **10.2 NHS in Scotland 2023 Audit Scotland Report**

Following a query, it was advised that the inpatient/day case waiting list indicators are scrutinised by the Finance, Performance & Resources Committee via the Integrated Performance & Quality Report.

The Committee **noted** the conclusions of the report.

#### **10.3 Delivery of Annual Workplan 2023/24**

The Board Secretary highlighted that the Counter Frauds Standards update, and the risk management key performance indicators, had been deferred but will both come forward to the Committee in May 2024.

The Committee took **assurance** from the tracked workplan.

### **11. ESCALATION OF ISSUES TO NHS FIFE BOARD**

There were no issues to highlight to the Board.



## **12. ANY OTHER BUSINESS**

There was no other business.

**Date of Next Meeting** - Thursday 16 May 2024 from 2pm – 4pm via MS Teams.

## Fife NHS Board

### Confirmed

## MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 1 MARCH 2024 AT 10AM VIA MS TEAMS

### Present:

Arlene Wood, Non-Executive Member (Chair)  
Sinead Braiden, Non-Executive Member  
Colin Grieve, Non-Executive Member  
Anne Haston, Non-Executive Member  
Kirstie MacDonald, Non-Executive Whistleblowing Champion  
Aileen Lawrie, Area Clinical Forum Representative  
Janette Keenan, Director of Nursing  
Dr Chris McKenna, Medical Director  
Carol Potter, Chief Executive  
Joy Tomlinson, Director of Public Health

### In Attendance:

Gemma Couser, Associate Director of Quality & Clinical Governance  
Claire Dobson, Director of Acute Services  
Jamie Doyle, Head of Nursing (*deputising for Norma Beveridge*)  
Alistair Graham, Associate Director of Digital & Information  
Ben Hannan, Director of Pharmacy & Medicines  
Helen Hellewell, Deputy Medical Director, Health & Social Care Partnership (HSCP)  
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary  
Dr Iain MacLeod, Deputy Medical Director, Acute Services Division  
Neil McCormick, Director of Property & Asset Management  
Elizabeth Muir, Clinical Effectiveness Manager  
Nicola Robertson, Associate Director of Nursing  
Dr Shirley-Anne Savage, Associate Director for Risk & Professional Standards  
Hazel Thomson, Board Committee Support Officer (Minutes)

### Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

A warm welcome was extended to Gemma Couser, who has returned as the Associate Director of Quality & Clinical Governance, following her period of maternity leave.

Dr Shirley-Anne Savage was congratulated on her appointment to the new role of Associate Director for Risk & Professional Standards.

The Chair advised that Liam Mackie, Charge Nurse, has been elected as the new Area Partnership Forum Representative for the Committee, replacing Lynne Parsons. Liam, however, was not able to join the meeting today.

The Chair also extended a welcome to Jamie Doyle, Head of Nursing, who is deputising for Norma Beveridge.

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

## **1. Apologies for Absence**

Apologies were received from routine attendees Lynn Barker (Associate Director of Nursing), Norma Beveridge (Associate Director of Nursing), Nicky Connor (Director of Health & Social Care), Liam Mackie (Area Partnership Forum Representative) and Margo McGurk (Director of Finance & Strategy).

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

There were no declarations of interest made by members.

## **3. Minutes of the Previous Meeting held on 12 January 2024**

The Committee formally **approved** the minutes of the previous meeting.

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

The Committee **noted** the updates and also the closed items on the Action List.

## **5. ACTIVE OR EMERGING ISSUES**

### **5.1 Research & Development Progress Report & Strategy Review 2023-25; and 5.2 Research, Innovation and Knowledge Annual Report 2022/23**

The Chair advised that discussion on these items was deferred from the previous meeting.

The Medical Director advised that the Annual Reports provide a significant level of assurance on the quality of work that is being undertaken within the Research, Innovation & Knowledge team, detailing the research and increasing amount of innovation activities. An overview was provided on the innovation activity.

A significant opportunity was reported on, and it was advised that NHS Fife and the University of St Andrews, as joint partners, have recently been awarded a grant from the Chief Scientist's Office, to deliver a research project in relation to improving pathways for unscheduled care in the last year of life.

A comment was made on the benefits of undergraduate training in relation to fostering the culture that research and innovation forms part of the clinical practice.

It was explained that the Research, Innovation & Knowledge team campaign to attract individuals to work in the Board who have an interest in research and innovation. It was also noted that the majority of consultants have an interest in research, as this increasingly forms part of their academic training.

The Medical Director praised Frances Quirk, Assistant Director of Research, Innovation & Knowledge, for leading the work in this area and advised the Committee that Frances holds a joint appointment with the University of St Andrews as a Professor of Healthcare Science.

The Chair thanked Frances Quirk for the papers, and the Committee took **assurance** from the reports.

## **6. GOVERNANCE MATTERS**

### **6.1 Clinical Governance Committee Self-Assessment Report 2023/24**

The Board Secretary advised that a self-assessment is carried out for all the Board's Standing Governance Committees on an annual basis. This paper provides the feedback given by members and attendees for the Clinical Governance Committee.

An overview on the themes of the self-assessment was provided, and it was noted that there were some common themes identified across all the Board's Standing Governance Committees self-assessment outcomes. Work in the next year will attempt to address members' comments as part of a continuous improvement exercise. An action plan will be developed to support improvements.

A comment was made in relation to the usefulness of Development Sessions in relation to the role of the Standing Governance Committees. The Chair confirmed that a future Committee Development Session would be held on the Principles of Clinical Governance, which would address members' feedback given in the survey responses.

### **6.2 Annual Review of Clinical Governance Committee Terms of Reference**

The Board Secretary advised that a review of the Terms of Reference is carried out for all the Board's Standing Governance Committees on an annual basis, and any updates are taken forward through the Audit & Risk Committee, followed by the Board, and are reflected in the annual publication of the Code of Corporate Governance. An overview of the main changes was provided, which were around general updates to enhance clarity of text, or to address outstanding internal audit recommendations.

It was questioned how the actions will be captured from the Reform, Transform, Perform (RTP) programme, in terms of the clinical elements. It was advised that change transformation actions will not be specific to the RTP programme, and that the actions will come through the Standing Governance Committees from May 2024 onwards. An amendment would be made to the current text to refer explicitly to transformation programmes.

Clarification was provided on the received minutes to the Committee, and it was advised that the 'Area Radiation Protection Committee' should be corrected to the 'Radiation Protection Committee', and that the IRMER Board also reports into the Committee and should be included within.

After discussion on these points, the Board Secretary agreed to circulate a final draft to the Committee, and the Committee **approved** a final version for further consideration by the Board, subject to these amendments being actioned.

### **6.3 Corporate Risks Aligned to Clinical Governance Committee, including Deep Dives: Optimal Clinical Outcomes**

The Associate Director of Risk & Professional Standards provided an update on the optimal clinical outcomes risk, advising that this risk was updated following the Committee Development Session in October 2023. An overview was provided on the updates to the optimal clinical outcomes risk, cyber resilience risk and digital & information risk. It was noted that the target risk score for the quality & safety risk has been reduced until the work of the Organisational Learning Group is complete. It was also advised that the Covid-19 risk has been closed and a potential new corporate risk around pandemic preparedness and biological threats is being explored and that work is underway.

The actions to mitigate the optimal clinical outcomes risk was expanded on. In terms of the Anchor Institution element, it was advised that a staged approach has been taken.

It was highlighted that consideration will be required in terms of reviewing the risks and any new risks in the context of the financial pressures faced and the developing Reform, Transform, Perform programme. It was also noted that the financial environment will impact the Corporate Risk Register as a whole, and that the Board's risk appetite will be refreshed at a forthcoming Board Development Session in April.

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

### **6.4 Clinical Governance Oversight Group Assurance Summary from February 2024 Meeting**

The Associate Director of Risk and Professional Standards reported that the assurance summaries from the Clinical Governance Oversight Group are being provided to the Committee following an internal audit recommendation. It was noted that further work on improving assurances is being undertaken.

Following a question in relation to unwanted behaviours against staff, it was advised that the information and data on instances of this is shared with the Health & Safety Committee and the Staff Governance Committee. An example was provided on how clinical governance is working well across the organisation with good oversight through the Clinical Governance Oversight Group and the Health & Social Care Partnership.

The implications around the significant increase in critical incidents for Emergency Care Directorate was questioned, and it was advised that this was in relation to the busier winter period and a notable uptake in the number of critical incidents and adverse events that were reported within the Emergency Care Directorate.

The Chair requested that any actions that have been initiated from the Clinical Governance Oversight Group be added to the summaries going forward to strengthen assurance.

**Action: Associate Director of Risk and Professional Standards**

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

## **6.5 Final Annual Workplan 2024/25**

The Associate Director of Quality & Clinical Governance advised that the workplan outlines the work that will come forward to Committee in 2024/25 to ensure that the Committee's role and remit is fulfilled, and that the document will be iterative with new and emerging items of business added on as appropriate.

The Committee considered and **approved** the proposed workplan for 2024/25; and approved the approach to ensure that the workplan remains current.

## **6.6 Delivery of Annual Workplan 2023/24**

The Associate Director of Risk and Professional Standards reported that the delivery of the workplan for 2023/24 is complete, with the exception of the Review of Deaths of Children & Young People, which has been deferred to May 2024, due to a change to the reporting period.

The Committee took **assurance** from the tracked workplan.

# **7. QUALITY/PERFORMANCE**

## **7.1 Integrated Performance and Quality Report (IPQR)**

The Director of Nursing provided an update on the clinical governance aspects of the IPQR and advised that the target for the closure of adverse events has been achieved for the first time since July 2023. An overview was provided on the work being undertaken for in-patient falls. It was advised that grading for pressure ulcers has been added to the report, and pressure ulcers are being closely monitored both within Acute and the Health & Social Care Partnership.

In terms of healthcare associated infections, it was reported that this had dramatically decreased in December 2023 and is on target. The target for the CDI rate slightly increased and is expected to achieve the target by the end of March 2024. It was highlighted that the history of antibiotics for C Diff remains the most frequently seen risk factor amongst cases.

It was reported that improvement work is being undertaken for catheter care through the Catheter Improvement Group, who have been nominated for the Innovation Award by the Royal College of Nursing this year.

Assurance was provided on the processes in place for tissue viability pressure ulcers, and it was advised that there has been a large amount of work carried out in terms of

awareness of tissue viability to improve compliance. It was noted that the position is similar to other NHS Scotland Health Boards in terms of pressure damage.

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

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

The Director of Nursing provided detail on the norovirus outbreaks and advised that there had been four ward closures during the reporting period. It was advised that ward closures are typical for this time of year, and assurance was provided that there are no concerns about any trend, and that if there were any future concerns, then they would be raised to the Clinical Governance Oversight Group and would be included in the summary report to the Committee.

The Deputy Medical Director, HSCP, agreed to request further information on how the HSCP are responding to the community-associated CDIs and ECBs, as the Committee has a responsibility to provide assurance to the Board that there are effective systems and process in place within the partnership.

**Action: Deputy Medical Director, HSCP**

It was advised that there are challenges for the reporting of hand hygiene, and assurance was provided that work is ongoing to capture the information electronically using Microsoft Forms, until a solution for an electronic system is put in place. Assurance was provided, that despite absence of system level data capture, there were processes in place across each department where concerns would be addressed.

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

## **7.3 Alignment of NHS Fife Realistic Medicines / Value-Based Health and Care Delivery Plan and the Scottish Government Value-Based Health and Care Action Plan**

The Medical Director provided an overview on some of the work that has been carried out during the previous year in relation to embedding realistic medicine and creating resource, including a workshop and developing a workplan in line with the Chief Medical Officer's action plan. It was advised that the papers being presented describe the intended progress this year for Fife.

Discussion took place on evidencing the impact of realistic medicine, which is a work in progress. It was advised that work is being undertaken in relation to key areas of focus in terms of variation, including benchmarking against other NHS Scotland Boards.

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

## **7.4 Safe Delivery of Care Inspection and Learning Review - Victoria Hospital from 31 July 2023 to 2 August 2023**

The Director of Nursing advised that an initial update on the inspection was presented to the Committee at an earlier meeting. The report presented today was published in October 2023 and details the areas that were inspected. It was advised that a considerable amount of work has since been undertaken with a comprehensive action plan agreed and accepted by the Health Improvement Scotland inspection team. An overview was provided on the improvement actions, and it was advised that progress on the action plan will be brought back to the Committee.

Assurance was provided that the majority of actions in place to address the nine requirements are on track, and that Health Improvement Scotland have been advised of any areas of issue or slippage.

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

## 8. DIGITAL / INFORMATION

### 8.1 Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme Update

The Medical Director introduced this item and advised that since the last report to the Committee, significant contractual negotiations have been undertaken and the contract was signed in December 2023. It was noted that the clinical portal is being worked through and that testing of the product and its integration into our systems is currently underway. The pharmacy stock control system, which is the first part of programme, was described.

It was reported that roll out of the programme will commence in 2025 and will be carried out in stages. An update will be brought back to the Committee.

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

### 8.2 Information Governance & Security Steering Group Update

The Associate Director of Digital & Information reported that the Information Governance & Security Steering Group are overseeing on a quarterly basis the activities of the two improvement activities around the Infection Control Unit audit. It was advised that both action plans are complete and are being progressed through the Information Governance & Security Steering Group.

An overview was provided on the priority areas. It was advised that the Information Governance & Security Steering Group will take a view on including the publicity around the Information Commissioner's Office (ICO) reprimand in the annual assurance statement and annual accounts governance statement. Further detail was provided on the ICO reprimand, which has been responded to appropriately.

The Committee **noted** the progress being made across the Information Governance and Security domains and took **assurance** from the governance, controls and measures in place.

## 9. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT



## 9.1 Patient Story

The Director of Nursing presented on a particular patient incident in relation to bereavement care that occurred in January 2024, and highlighted the lessons learned for improvements. It was confirmed that lessons learned will be discussed in relation to practice at other hospital sites. The impact on staff in relation to the story was also highlighted.

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

## 9.2 Patient Experience & Feedback Quarter 3 Report

The Director of Nursing presented the report and highlighted that 44 stage one complaints were received in December 2023, and 42 are now closed, however only 45% were within the target timeframes. It was also highlighted that 14 stage two complaints were received in December 2023, and 25 stage two complaints were closed. It was noted that the team are working hard with services to improve the timeframe and to address the backlog of complaints. The complaints dashboard that launched in November 2023 provides screenshots on the position of complaints, which are shared with managers and senior leaders.

It was reported that additional information in relation to the Scottish Public Services Ombudsman (SPSO) has been added to the report, and members were welcomed to request any further information to be added. It was advised that further detail on the SPSO investigation report will be brought back to the next Committee meeting.

**Action: Director of Nursing**

Following comments, it was advised that only particular areas are recorded in Datix in relation to compliments. A request was made to have more detail around the barriers referred to within the flashcard. Acknowledgment was also given to the Patient Experience Team, in terms of their wider remit and supporting work in areas in addition to complaints handling.

Comments were made in relation to the closure rates, and the challenges with meeting the 20-day target for complex complaints was highlighted as being unrealistic. The Director of Nursing agreed to link in with the Planning & Performance Team around capturing more detail within the Integrated Performance & Quality Report.

**Action: Director of Nursing**

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

## 10. ANNUAL REPORTS / OTHER REPORTS

### 10.1 Medical Education Annual Report 2022/23

The Medical Director provided an overview on the contents of the report, noting that it contains detail on developments, for both undergraduate and postgraduate students. It was also advised that the report details the results of the postgraduate surveys, which received variable feedback and some areas of significant challenge.

Further detail was provided in relation to the challenges within Acute and General Medicine areas, both of which are exceptionally pressurised areas across the system. It was agreed to investigate the feedback in relation to a lack of IT equipment and access to software.

**Action: Associate Director of Quality & Clinical Governance**

It was reported that governance for medical education will be improved this year, through the creation of a Professional Standards Oversight Group, with the first meeting scheduled for April 2024. It was noted that the Committee will receive regular updates. Assurance was provided that any emergent risks or concerns around potential General Medical Council/Deanery actions, were not anticipated.

The Committee took **assurance** in relation the approach taken to ensure the delivery of high-quality medical education in NHS Fife.

## **10.2 Organisational Duty of Candour Annual Report 2022/23**

The Medical Director provided an overview on the contents of the review and advised that the number of incidents that activate the legislative part of Duty of Candour is a similar position to the previous year. It was reported that a requirement from Internal Audit was to add in incidents for 2023/24, given that the 2022/23 data is now in arrears.

It was explained that the learnings from the review are captured from individual incidents, and that recommendations and an action plan then follows. The approach to organisational learning was described and it was advised that an Organisational Learning Framework is being developed and will be brought to the Committee in early 2025.

The Committee took **assurance** and **agreed** to present to the Board. Any incidents that conclude after submission of the 2022/23 report will then be included in the 2023/24 report.

## **11. LINKED COMMITTEE MINUTES**

The Committee **noted** the linked committee minutes and that there were no escalations to the Committee other than Health and Safety Subcommittee covered on the agenda today.

- 11.1 Area Clinical Forum held on 8 February 2024 (unconfirmed)
- 11.2 Area Medical Committee held on 12 December 2023 (confirmed)
- 11.3 Cancer Governance & Strategy Group held on 11 January 2024 (unconfirmed)
- 11.4 Clinical Governance Oversight Group held on 13 February 2024 (unconfirmed)

11.5 Fife Area Drugs & Therapeutic Committee held on 20 December 2023 (confirmed) & 7 February 2024 (unconfirmed)

11.6 Fife IJB Quality & Communities Committee held on 17 January 2024 (unconfirmed)

11.7 Resilience Forum held on 7 December 2023 (unconfirmed)

## **12. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **12.1 To the Board in the IPQR Summary**

There were no performance related issues to escalate to the Board.

### **12.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board**

There were no matters to escalate to the Board.

## **13. ANY OTHER BUSINESS**

There was no other business.

**Date of Next Meeting** – Friday 3 May 2024 from 10am – 1pm via MS Teams

## Fife NHS Board

### Confirmed

## MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 12 MARCH 2024 AT 9.30AM VIA MS TEAMS

### Alistair Morris Chair

#### Present:

|   |   |
|---|---|
| Alistair Morris, Non-Executive Director (Chair) | Dr Chris McKenna, Medical Director                |
| Alastair Grant, Non-Executive Director          | Carol Potter, Chief Executive                     |
| John Kemp, Non-Executive Director               | Janette Keenan, Director of Nursing               |
| Joy Tomlinson, Director of Public Health        | Aileen Lawrie, Area Clinical Forum Representative |
| Lynne Parsons, Employee Director                |   |

#### In Attendance:

Ben Hannan, Executive Director of Pharmacy and Medicines  
Miriam Watts, Emergency Care General Manager (*item 5.1 only*)  
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary  
Neil McCormick, Director of Property & Asset Management  
Maxine Michie, Deputy Director of Finance  
Nicky Connor, Director of Health & Social Care  
Patricia Kilpatrick, NHS Fife Chairperson  
Kerrie Donald, Executive Assistant (*Minutes*)

### Chair's Opening Remarks

Members were advised that the meeting will be recorded via MS Teams for the purposes of the minute.

#### 1. Apologies for Absence

Apologies were noted from member Margo McGurk, Director of Finance & Strategy, and attendee Claire Dobson, Director of Acute Services.

#### 2. Declaration of Members' Interests

There were no members' interests to declare.

#### 3. Minute of the last Meeting held on 16 January 2024

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

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

The Committee **noted** the updates on the Action List.

#### **5. QUALITY / PERFORMANCE**

##### **5.1 Integrated Performance & Quality Report**

The Director of Health & Social Care provided an overview of the Delayed Discharge section of the report, noting an increase in the percentage of bed days lost to 5.9% in January 2024, noting, however, this is a reduction of 1.6% since November 2023. It was further noted work is ongoing to improve the flow and pathway into care homes for patients who have more complex needs.

The Director of Health & Social Care further reported a 13% delay in the number of bed days lost to standard delay, noting the percentage is in line with the 24 month average. It was highlighted this area remains very challenged and is a high priority for the system with work ongoing to support the prevention of admission and discharge.

The Emergency Care General Manager reported a 64.6% compliance with the 4 hour emergency access performance target, also noting a year-on-year increase in patients. The flow & navigation centre was confirmed to have transitioned over to the Acute Services Division enabling the team to remodel areas of the front door to reduce pressure at A&E through various GP pathways. It was further noted teams are reviewing waiting lists through the Advance Clinical Referral Triage system to ensure patients who no longer require to be seen are removed from the list and advised via the digital hub and text messaging.

Following a query from A Grant, Non-Executive Director, it was advised NHS Fife has a service level agreement (SLA) for the National Treatment Centre (NTC) for elective orthopaedics with NHS Lothian. It was noted NHS Fife are not accepting a large number of out of area referrals for any other procedures (apart from NTC activity), however any out of area referrals received are recharged to the referring board to ensure costs are covered.

Following a query from J Kemp, Non-Executive Director, the Emergency Care General Manager noted the MRI and CT vans that come to NHS Fife are provided by Scottish Government and transit between the Boards with the highest demand. A profile review is provided to Scottish Government on a monthly basis, to ensure they are aware of NHS Fife's activity demands.

The Chief Executive noted several members of staff from NHS Fife visited Ninewells Hospital on 11 March 2024 and met with the clinical and management leadership team where a presentation on urgent and unscheduled care models was given. Several opportunities for NHS Fife to learn from Ninewells' models of care were identified and an update will be brought back from the Acute Services team to a future committee. The NHS Fife Chairperson highlighted the benefits of learning from other Boards, noting new models and approaches can be implemented by NHS Fife.

Following a query from the NHS Fife Chairperson, the Emergency Care General Manager noted the 62 day breach on cancer targets is often breached by as little as 3 or 4 days due to the timings of the multidisciplinary team meetings and appointments.

It was highlighted opportunities to mitigate this issue have been identified at the start of the pathway and when implemented should result in a reduced number of 62 day breaches.

The NHS Fife Chairperson congratulated the Board for their work on improving the cancer target, noting that this was a considerable achievement when compared to the Scottish position.

Following a query from the Chair, the Emergency Care General Manager noted that while NHS Fife have the ability to increase theatre capacity, NHS Fife are unable to staff this increase. If staffing was not a factor, then NHS Fife would require a review on how to manage procedures and operate theatres more efficiently.

The Chair further queried if the availability and space within nursing homes has stabilised and what impact that has on delayed discharge. The Director of Health & Social Care noted care homes are working collaboratively and noted work is also taking place to support patients being discharged home to have wraparound 24 hour care to enable patients to make choices in their own home.

The Committee took **assurance** from the report, discussing, examining and considering the NHS Fife performance as summarised in the IPQR.

## 5.2 Financial Performance & Sustainability Report

The Deputy Director of Finance provided an in-depth review of the financial position, as at the end of January 2024, noting an improved position due to funding from Scottish Government following confirmation of additional consequential funding and a reduction in CNORIS contributions for 2023/24.

Following a query from A Grant, Non-Executive Director, the Chief Executive highlighted going forward into 2024/25 there will be a greater connection between the Acute leadership team and other NHS Boards in terms of understanding the SLA values and what NHS Fife receive for their payment to other Boards. It was further highlighted that NHS Fife are discussing a 3% reduction in the SLA values from NHS Lothian and NHS Tayside as of 1 April 2024.

Following discussion, it was agreed clearer communication on the benefits of ensuring NHS Fife patients are treated within Fife should be established and communicated to patients and staff. The Chief Executive noted this would fit into the Re-form, Transform, Perform plan and will be included in the plan for onward submission to the Board.

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

## 5.3 Procurement Key Performance Indicators

The Deputy Director of Finance provided an overview of the report highlighting the significant work the Procurement Team has made in a short space of time.

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

## 6. GOVERNANCE MATTERS

### 6.1 Finance, Performance & Resources Committee Self-Assessment Report 2023/24

The Head of Corporate Governance and Board Secretary provided an overview of the report, noting the concerns expressed regarding the strength of the Non-Executive / Stakeholder voice on the committee. It was noted the results of the self-assessment are for the Committee to review and address over the next year.

Following discussion of the report results, the Chair noted the Committee would benefit from having more Non-Executive members, which is likely to be addressed in the Chairperson's committee membership review. He noted that, in reference to performance monitoring, the IPQR would be more beneficial as a guide to see where NHS Fife are projected to be rather than looking backwards at previous data.

Following a query from J Kemp, Non-Executive Director around the Committee's actual input into budgeting, the Chief Executive advised that, going forward, the Finance Team would undertake a detailed look into the granularity of detail within the financial plan, what NHS Fife are getting for their money and provide more detailed specific narrative within the plan, to provide the Board with a greater sense of ownership of the decision making.

The Committee took **assurance** from the report, noting the Head of Corporate Governance and Board Secretary would take forward the suggestions into the broader Board Blueprint action plan.

### 6.2 Annual Review of Finance, Performance & Resources Committee Terms of Reference

The Head of Corporate Governance and Board Secretary noted the changes made to the updated terms of reference. Following discussion, it was agreed a reference to the transformative change programmes should be included within the terms of reference to ensure the Committee are capturing the reporting of RTP workstreams.

The Committee **approved** the updated terms of reference, pending an additional reference to the reporting from RTP workstreams.

### 6.3 Corporate Risks Aligned to Finance, Performance & Resources Committee

The Deputy Director of Finance presented the paper, noting that, due to timescales, the additional corporate risk has not been developed. However, this will be brought to the May committee.

The Committee took **assurance** from the report, noting that all actions, within the control of the organisation, are being taken to mitigate these risks.

### 6.4 Project Hydra

The Director of Property and Asset Management provided an overview of the paper, noting the project should be completed by March 2025.

The Chief Executive praised the ongoing work by the team, noting the complex work relating to the PFI.

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

## **6.5 Fife Specialist Palliative Care Services Update**

The Director of Health & Social Care presented the paper, highlighting that the IJB's direction issued in May 2023 has been delivered and the delivery of the specialist palliative care service is now fully implemented and operating business as usual.

The Chair praised the work completed by the team noting despite the resilience at the beginning, the project has made a positive difference and should be used as an exemplar for other changes going forward.

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

## **6.6 Final Annual Workplan 2024/25**

The Head of Corporate Governance and Board Secretary presented the annual workplan for 2024/25, noting the plan will continually be updated to reflect the ongoing work with the development of the Re-form, Transform, Perform Framework.

The Committee **approved** the workplan.

## **6.7 Delivery of Annual Workplan 2023/24**

The Committee **approved** the tracked workplan.

## **7. LINKED COMMITTEE / GROUP MINUTES**

The Committee **noted** the linked committee minutes:-

- 7.1 Fife Capital Investment Group held on 13 December 2023 (confirmed) and 8 February 2024 (unconfirmed).
- 7.2 IJB Finance, Performance & Scrutiny Committee held on 18 January 2024 (unconfirmed)
- 7.3 Procurement Governance Board held on 28 February 2024 (unconfirmed)

## **8. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **8.1 To the Board in the IPQR Summary**

There were no issues to escalate to the Board in the IPQR summary.

### **8.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board**



Following discussion regarding information provided in the Fife Capital Investment Group minutes regarding the halt of the Kincardine and Lochgelly Project, members of the Committee agreed that the Chairperson's onsite visit to the current estate, accompanied by the Director of Property & Asset Management, would be helpful in reassuring staff and also beneficial to understand what improvements can be made to enhance the current working and patient environments.

**9. ANY OTHER BUSINESS**

There was no other business.

**10. DATE OF NEXT MEETING**

The next meeting will be held on **Tuesday 7 May 2024** from 10am – 12:30pm via MS Teams.

## Fife NHS Board

### Confirmed

## MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 4 MARCH 2024 AT 10AM VIA MS TEAMS

### Present:

Pat Kilpatrick (Chair)  
Alistair Morris, Non-Executive Member  
Arlene Wood, Non-Executive Member  
Lynne Parsons, Employee Director  
Janette Keenan, Director of Nursing  
Dr Chris McKenna, Medical Director  
Carol Potter, Chief Executive  
Dr Joy Tomlinson, Director of Public Health

### In Attendance:

Nicky Connor, Director of Health & Social Care  
Susan Fraser, Associate Director of Planning & Performance  
Ben Hannan, Director of Pharmacy & Medicines  
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary  
Neil McCormick, Director of Property & Asset Management  
Fay Richmond, Executive Officer to the Chair & Chief Executive  
Hazel Thomson, Board Committee Support Officer (Minutes)

### Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

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

#### 1. Apologies for Absence

Apologies were received from routine attendee Margo McGurk, Director of Finance & Strategy.

#### 2. Declaration of Members' Interests

There was no declaration of members' interests.

#### 3. Minutes of Previous Meeting held on 15 January 2024

Approval of the previous minutes was **proposed** by Alistair Morris, Non-Executive member, and **seconded** by Arlene Wood, Non-Executive Member.

#### 4. Matters Arising / Action List

The Chief Executive, on behalf of the Director of Finance & Strategy, agreed to provide further detail on the timelines for roll-out of the corporate risk dashboard to Board members.

**Action: Chief Executive**

The Committee **noted** the updates and the closed items on the Action List.

#### 5. GOVERNANCE MATTERS

##### 5.1 Public Health & Wellbeing Committee Self-Assessment Report 2023/24

The Board Secretary advised that a self-assessment is carried out for all the Board's Standing Governance Committees on an annual basis. This paper provides the feedback given by members and attendees for the Public Health & Wellbeing Governance Committee.

An overview of the themes of the self-assessment was provided, and it was noted that there were some common themes identified across committees' self-assessment outcomes. Work in the next year will attempt to address members' comments as part of a continuous improvement exercise, for this committee in tandem with Clinical Governance, to ensure there is no duplication.

Discussion took place, and the number of Non-Executives on the Committee was highlighted as being low in order to achieve a majority independent view. Comments were made in relation to the Committee being relevantly new in terms of its development, and that it can be difficult to know the impact the Committee is having in reference to scrutiny of the delivery of the Population Health & Wellbeing Strategy. The importance of having the right quality indicators, along with evidential work, particularly for known health inequalities, was also highlighted. It was reported that the Population Health & Wellbeing Strategy Year-End Report will be brought to the next Committee meeting and will assist in shaping the 2024/25 corporate objectives.

A comment was made in relation to the usefulness of Development Sessions in relation to the role of the Standing Governance Committees and a preference that these continued.

The Committee **noted** the findings of the self-assessment exercise and took assurance from the fact that improvement actions would be implemented across the Board committees, driven also by the Blueprint action plan.

##### 5.2 Annual Review of Public Health & Wellbeing Committee Terms of Reference

The Board Secretary advised that a review of the Terms of Reference is carried out for all the Board's Standing Governance Committees on an annual basis, and any updates are taken forward through the Audit & Risk Committee, followed by the Board, and are reflected in the publication of the Code of Corporate Governance.

It was reported that the most significant amendment was to the membership section, to allow the new Chair of the Board flexibility in deciding in due course whether the future

chairing of the Committee is undertaken by the Chair or another Non-Executive. It was also advised that the Director of Property & Asset Management has been added as a regular attendee.

Suggestion was made that increasing the number of Non-Executive members of the Board on the Committee's membership would be helpful, and that adding additional Stakeholder members would allow for a broader range of views at the Committee. Discussion took place on additional stakeholders outwith the Board joining the Committee, to allow for more wider input, which will also support the ambitions set out in the Plan for Fife and the Health & Social Care Partnership Strategic Plan. It was noted that an update had previously come to the Committee on the Three-Year Plan for Fife, and that future updates on the plan could come forward.

Suggestion was made to have a Development Session around the focus of the Committee, followed by a fundamental review of the Terms of Reference.

**Action: Director of Public Health / Board Committee Support Officer**

The Chair agreed to discuss the membership of the Committee with the Board Secretary outwith the meeting, as part of her overall review of committee placements, and members were welcomed to submit any further comments to the Board Secretary on the current draft in advance of a final version going to the Board.

**Action: Members / Board Secretary**

The Committee **approved** a final version for further consideration by the Board, subject to a more fundamental review of the Terms of Reference and Committee workplan being undertaken in due course.

### **5.3 Corporate Risks Aligned to Public Health & Wellbeing Committee**

The Director of Public Health explained that at the previous Committee meeting it was agreed to endorse a change to the target risk rating for health & inequalities, due to the cost-of-living crisis on the wider population and the impact on health inequalities. It was advised that the target risk rating will be reviewed by the Public Health Assurance Committee.

It was reported that all the Public Health corporate risks have been through the Committee as a deep dive approach, which has been positive in terms of the wider learning. It was advised that the Risk & Opportunities Group have been collating learning from the deep dives and providing feedback. The triggers for setting up new, closed or seeing no change to corporate risks, was highlighted from the paper. It was noted that there is a high level of risk and risk appetite for the health inequalities corporate risk, which fits within our current strategy.

Assurance was provided that it is expected that the majority of the 2025 targets will be reached for the climate change risk, and that the challenges are with delivery of the 2030 targets, due to a lack of sustainable funding.

The Director of Health & Social Care provided an update on the key change to the primary care risk and advised that the timing was unrealistic. It was reported that as the risk is reviewed, other substantial areas of work for primary care, including delivery on the Primary Care Strategy and performance indicators, will come to the Committee

through regular reporting and that this will enable strengthened scrutiny. This was supported by the Committee.

In terms of any new or emerging risks for primary care being added to the Corporate Risk Register in relation to the financial pressures from the Reform, Transform, Perform Programme, it was advised that this will be considered by the Executive Directors' Group in the first instance, and will be part of the corporate objectives setting and forthcoming Board Development Session on Risk Appetite.

The challenges with sustainability on primary care services was highlighted, and concern was raised for the availability of future sustainability loans. The Director of Health & Social Care agreed to provide an update on sustainability loans for primary care at the next Committee meeting.

**Action: Director of Health & Social Care**

The Risk Manager, Pauline Cummings, was acknowledged for all her hard work.

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

#### **5.4 Final Annual Workplan 2024/25**

The Director of Public Health presented the Annual Workplan for 2024/25 and reported that the biological threats corporate risk deep dive requires further consideration in terms of timings, and queried whether it would sit better under the Clinical Governance Committee.

Extensive discussion took place on the dental services & oral health improvement, and the privatisation of dental services in Fife. It was agreed to hold a Development Session on Oral Health Prevention & Treatment. Further suggestions for Development Sessions were welcomed.

**Action: Director of Public Health / Board Committee Support Officer**

The Committee **approved** the proposed workplan for 2024/2025; and **approved** the approach to ensure that the workplan remains current.

#### **5.5 Delivery of Annual Workplan 2023/24**

The Committee took **assurance** from the tracked workplan.

### **6 STRATEGY / PLANNING**

#### **6.1 High Risk Pain Medicines Patient Safety Programme – Year 2 Update**

The Director of Pharmacy & Medicines advised that the paper provides an update against year two delivery of the High Risk Pain Medicines Patient Safety Programme. Background detail was provided on the programme, along with an overview on aspects of the deliverables. It was reported that the programme is delivering against budget, however, the financial elements will be reviewed within the wider Reform, Transform, Performance programme challenges. The Equality Impact & Assessment was

highlighted, and it was noted that we continue to work with the Lived Experience Group. An update on delivery of year two will be provided to the Committee, as per the workplan, and will include detail on sustainability of the programme.

Questions followed, and the Director of Pharmacy & Medicines agreed to share with the Committee slides which describes the national therapeutics indicators and how they are measured. The Director of Pharmacy & Medicines also agreed to share the detail on the evaluation of the effectiveness of the education, which was designed with our Professional Personal Development colleagues and General Practitioners Clinical Leads.

**Action: Director of Pharmacy & Medicines**

In terms of the non-pharmaceutical approaches to pain management, it was reported that work is ongoing through the workstream, which includes sign-posting people to the right space, and the launch of a resource hub, which will direct both patients and clinicians, and will go live in the coming weeks.

It was reported that the third year of the programme will include the sustainability elements, and demonstrating what is deliverable within a business-as-usual environment.

An update on the financial elements of high risk pain medicines was provided, and it advised that investment was received for the programme, and that mainstreaming the programme will be explored, to prevent a recurring investment.

It was noted that roll-out of the Hospital Electronic Prescribing and Medicines Administration (HEMPA) programme will commence in 2025 and will be carried out in stages.

The Committee took **assurance** from the progress in year 2 towards delivering the programme benefits of the HRPM Patient Safety Programme.

## **6.2 Prevention & Early Intervention Presentation**

The Director of Health & Social Care gave a presentation on prevention & early intervention and the slides will be shared with the Committee.

**Action: Director of Health & Social Care / Board Committee Support Officer**

In terms of high impact changes due to finances, it was reported that evidence briefings are being developed to address inequalities and will include strengthening place-based working and our community planning partnerships, child poverty and obesity prevention, and making best use of resource. The importance of managing resources was discussed. It was also explained that there will be an Anchor Institution approach for those in priority groups.

The Chair and Medical Director agreed to have a discussion outwith the meeting on care packages.

**Action: Medical Director**

The Chair thanked the Director of Health & Social Care for an excellent presentation, and the Committee took **assurance** from the presentation.

## 7. QUALITY / PERFORMANCE

### 7.1 Integrated Performance & Quality Report

The Director of Health & Social Care provided an update on smoking cessation and advised that improvement actions are being taken forward and include pathways at maternity clinics straight into smoking cessation services.

It was reported that performance for Child & Adolescent Mental Health Services (CAHMS) is at 75.3%, which is an increase compared to the previous reporting period. An overview was provided on the challenges in relation to psychological services. It was advised that, following a meeting with the Scottish Government, additional actions have been brought forward to include how we can support group therapy, where it is clinically viable.

It was reported that the uptake of Covid and Flu vaccinations within care homes continues to perform well, and that there are challenges of uptake for both staff and in relation to children's services for both vaccinations.

Discussion took place on sustaining trajectories and scrutinising performance, for both CAHMS and psychological therapies, and a further update will be provided at the next Committee meeting.

It was noted that additional mental health indicators will be included within the IPQR from late Summer, and suggestion was made to have a Development Session to discuss mental health metrics to assess wider performance.

It was advised that the Alcohol & Drugs Partnership have a performance framework around the Medical Assisted Treatment (MAT) standards, and the Director of Health & Social Care agreed to present at the next Committee meeting.

**Action: Director of Health & Social Care**

The Director of Public Health reported an increase in terms of uptake for both Immunisation 6:1 and MMR2 vaccinations.

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

### 7.2 Primary Care Governance and Strategic Oversight Group

The Director of Health & Social Care presented this item and advised that the Primary Care Governance and Strategic Oversight Group has now been established. It was advised that updates from the group will come through the Annual Report, which will have clear progress against delivery of each of the nine themes within the Primary Care Strategy, and the substantive items will be added to the Committee workplan.

The Committee took **assurance** that the Primary Care Governance and Strategic Oversight Group is now well established with a clear purpose, role and remit, enabling executive operational and strategic oversight of delivery of Primary Services within Fife and ensuring a continued strategic focus on recovery, quality and sustainability.

### 7.3 Fife Specialist Palliative Care Services Update

The Director of Health & Social Care advised that the paper provides an update on specialist palliative care services, following a change to the direction of these services, that was agreed by the Integrated Joint Board (IJB) in May 2023. It was advised that the report will also go to the Board's Finance, Performance & Resources Committee, who have a role in overseeing the delivery of directions from the IJB, and to outline what has been directed and update on the progress made. It was reported that parts of specialist palliative care services in Fife have been improved and sustained, and that there are no concerns in terms of risk. Assurance will also be provided to the IJB. Further work in terms of ongoing developments were reported and raising awareness of accessibility of services, particularly within ethnic minority groups.

The Committee took **assurance** that the direction issued in May 2023 has been delivered and that the delivery of the specialist palliative care service is now fully implemented and operating as business as usual.

### 7.4 The Promise Update

The Director of Health & Social Care advised that the paper provides an update on the work that has been undertaken to satisfy the key priorities of The Promise Scotland. It was highlighted that the national Promise plan concludes later this year. An overview on the work that has been undertaken was provided. It was advised that next steps will include the development of a workplan and an evaluation & monitoring framework to evidence the impact of the Promise work, and that a training module on TURAS for staff is being developed.

Questions followed, and it was explained that cross boundary working is multi-agency working, and that the lead agency for the Promise is the local authority. It was advised that elements of the priorities in the 2021-24 national plan and key messages are being fed through the Children in Fife Group, and an Annual Report will be developed, which will provide assurance on the delivery of the work in Fife. It was noted that delivery in Fife has been positive.

The Committee took **assurance** on the progress with The Promise Plan 2021-24 and challenges and opportunities for the next steps of this work.

### 7.5 Measles Preparedness Briefing

The Director of Public Health advised that all the preparatory work has been carried out, both within Acute Services and the Health & Social Care Partnership, in response to the national alert regarding an increase in the number of measles cases in England. It was reported that vaccine uptake, preventable diseases and associated risks are carefully considered through the Public Health Assurance Committee, and that the risk rating has been increased for measles. An overview was provided on the actions that have been put in place.

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

### 7.6 Satellite Static Unit in Fife for National Screening Division Commissioned Service for Breast Cancer Screening



The Director of Public Health outlined the challenges with mobile screening units and advised that the paper raises awareness on the discussions that have taken place with NHS Lothian, who are supportive of Fife moving to a static site. It was also advised that further assurances from the NHS National Services Division will be sought.

An overview on the benefits was provided, and it was advised that a mixture of both mobile and static units is being explored. It was noted that potential locations for a static site is being explored and will be discussed further through the Executive Directors' Group, to ensure there are no unintended consequences with other issues within the hospital sites. A query on the funding was also raised.

The Committee **proposed** further discussion at the Executive Directors' Group, before bringing back a further update to the Committee.

## **8 ANNUAL REPORTS / OTHER REPORTS**

### **8.1 Fife Violence Against Women Partnership and Gender Based Violence Nurse Advisory Service Annual Reports 2022/23**

The Director of Health & Social Care highlighted that the report covers the Gender Based Violence Nurse Advisory Service, is aligned to the national equally safe strategy and that there has been an increase in referrals. An overview was provided on the key points from the report.

It was also highlighted that the Fife Violence Against Women Partnership is multi-agency work and that there is a direct correlation between the two strategies.

The Chair requested that any questions on the reports be submitted to the Director of Health & Social Care directly and copied to the Chair and Board Secretary.

The Committee took **assurance** and note the activity and performance contained in the two annual reports.

### **8.2 Sexual Health and Blood Borne Virus Update 2023**

The Director of Health & Social Care advised that the activity is aligned to our Population Health & Wellbeing Strategy around health inequalities and health promotion, and that it links strongly into other priorities such as the Women's Health Plan, Medical Assisted Treatment (MAT) standards and the national standards for sexual health. The ongoing work around hepatitis C, and the support for recovery of some of these services, was highlighted. It was noted that hepatitis C has not yet been eradicated in Fife.

The Committee took **assurance** on the delivery and activity of sexual health and blood born virus services, aimed at improving sexual health and wellbeing, and reducing blood borne viruses, aligned to ambition in both the Population Health and Wellbeing Strategy, the Health and Social Care Strategic Plan and National Strategic Plans.

## **9. LINKED COMMITTEE MINUTES**

The Committee noted the linked committee minutes:

9.1 Equality and Human Rights Steering Group held on 1 February 2024 (confirmed)

## **10. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **10.1 To the Board in the IPQR Summary**

There were no issues to escalate to the Board in the IPQR summary.

### **10.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board**

There were no matters to escalate to NHS Fife Board.

## **11. ANY OTHER BUSINESS**

There was no other business.

**Date of Next Meeting** - Monday 13 May 2024 from 10am – 12.30pm via MS Teams.

## Fife NHS Board

### Confirmed

## MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON WEDNESDAY 6 MARCH 2024 AT 10.00 AM VIA MS TEAMS

### Present:

Sinead Braiden, Non-Executive Member (Chair)  
Colin Grieve, Non-Executive Member  
Janette Keenan, Director of Nursing  
Lynne Parsons, Employee Director  
Carol Potter, Chief Executive  
Andrew Verrecchia, Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum (LPF)

### In attendance:

Nicky Connor, Director of Health & Social Care  
Claire Dobson, Director of Acute Services  
Jenni Jones, Associate Director of Culture, Development & Wellbeing  
Patricia Kilpatrick, Chairperson, NHS Fife  
Brian McKenna, Board Workforce Planning Lead (*for agenda Item 5.7 only*)  
Mairi McKinley, Senior Practitioner Advanced Practice and NHS Fife Armed Forces & Veterans Champion (*for agenda Item 5.9 only*)  
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary  
Maxine Michie, Deputy Director of Finance (*deputising for Margo McGurk*)  
David Miller, Director of Workforce  
Sandra Raynor, Head of Workforce Resourcing & Relations  
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

### Minute:

Lakshmi Anderson, Executive Assistant to the Director of Workforce

### Chair's Opening Remarks

The Chair welcomed everyone to the meeting and in particular, the new Chairperson of NHS Fife, Pat Kilpatrick, and Jenni Jones, the Board's new Associate Director of Culture, Development & Wellbeing. The Chair thanked all staff for their continued efforts during the current workforce pressures.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had been read prior to the meeting. Thanks were extended to all who had responded to the request to contact report authors with queries in advance of the meeting.

The Chair advised that the meeting is being recorded for the purpose of the minutes.

### 1. Apologies for Absence

Apologies for absence were received from members Kirstie MacDonald, Whistleblowing Champion and Non-Executive Member, Wilma Brown, Interim Co-Chair Health & Social Care Partnership (H&SCP) Local Partnership Forum (LPF), and attendee Margo McGurk, Director of Finance and Strategy.

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

There were no declarations of interest made by members.

## **3. Minutes of the Previous Meeting held on Thursday 11 January 2024**

The minutes of the meeting held on Thursday 11 January 2024 were **agreed** as an accurate record.

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

The Committee **noted** the updates and the closed items on the Action List.

## **5. GOVERNANCE MATTERS**

### **5.1 Staff Governance Committee Self-Assessment Report 2023/2024**

The Chair invited the Head of Corporate Governance & Board Secretary to speak to the report, which presented the outcome of the 2023/2024 self-assessment exercise recently undertaken by the Staff Governance Committee. An overview of the themes within the report was provided. Positive comments around the Committee's operation this year, including improvements in its focus on strategic rather than operational detail, the usefulness of the Committee development sessions, as well as feedback that the Committee Chair's update to the Board was deemed helpful in raising the profile of the Committee's work with the wider Board members, were noted. Comments around areas for improvement included suggestions to continue the focus on enhanced agenda management, the need to fill the longstanding Non-Executive vacancy on the Committee, inviting the Board's Staff Health & Wellbeing Champion to be part of the Committee membership, alongside the importance of feedback from clinical and operational leads, to better interpret performance data. The Committee was informed that the April 2024 Board Development session earmarked to focus on general governance would offer an opportunity for further dialogue on the overall performance of Board Committees.

Discussion took place on the actions members would wish to see implemented to address areas identified for improvement in the self-assessment exercise. With a view to supporting more effective evaluation of performance, the Employee Director suggested possibly restructuring the Committee cycle to quarterly meetings, to better reflect the availability of data, on the proviso that any urgent or emerging matters would be tabled as appropriate. The suggestion to include the Board's Health & Wellbeing Champion in the Committee was also supported.

The Director of Workforce agreed with the Employee Director's feedback and commented that it was heartening to note improvements in the Committee's performance over the past year. The ongoing challenge of providing assurance to

the Committee with lagging performance data and the specific need to focus on improvements in this key area was reiterated.

C Grieve, Non-Executive Member, commented on the importance of off-table information briefings, particularly in ensuring the Committee was agile enough to respond to outcomes suggested by transformation groups, such as Re-form Transform Perform (RTP) workstreams. Whilst supporting the inclusion of the Staff Health & Wellbeing Champion in meetings going forward, C Grieve queried whether the suggestion to include the Medical Director in future meetings had been progressed further, noting the value of having the Medical Director's perspective on issues pertaining to this Committee. The Board Secretary agreed to discuss the matter further with the Medical Director and amend the composition of the Committee in the Terms of Reference as appropriate.

**Action: Board Secretary**

The Committee **discussed** the report and **agreed** actions members wished to see implemented to address areas identified for improvement in the Staff Governance Committee Self-Assessment Report 2023/2024.

## **5.2 Annual Review of Staff Governance Committee Terms of Reference**

The Head of Corporate Governance & Board Secretary advised that amendments to the Committee's Terms of Reference (ToR) had been tracked within the paper and only minor changes were being proposed, to improve clarity and maintain consistency across all Standing Committees. It was highlighted that the substantive changes within the ToR included two outstanding recommendations from Internal Audit requesting specific references within the ToR around workforce planning and whistleblowing.

The Board Secretary invited C Grieve to speak to amendments that had been suggested subsequent to the paper being issued. C Grieve proposed a change to paragraph 1.4 of the ToR, recommending that the remit of the Committee be expanded to oversee and evaluate staff governance and risk management activities in relation to the delivery of the Board's Population Health & Wellbeing Strategy, including assessing the quality and safety aspects of transformative change programmes and new and innovative ways of working. It was explained that these recommendations had been made in line with similar discussions which had taken place at the March 2024 Clinical Governance Committee and with a view to further strengthening the role of the Committee. Furthermore, C Grieve opined that the ToR were not focussed enough and that there was perhaps a need to review them in their entirety at a later date.

The Committee agreed that an updated draft of the ToR, with the proposed changes suggested by C Grieve, be circulated via email for comment and approval by circulation.

**Action: Head of Corporate Governance & Board Secretary**

The Committee **considered** and **approved** the Staff Governance Committee's Terms of Reference, subject to the changes discussed above.

## **5.3 Corporate Risks Aligned to Staff Governance Committee**

The Director of Workforce highlighted the three risks that are aligned to the Staff Governance Committee as at 5 February 2024, referenced in Appendix 1 of the paper, and the associated mitigations in place since the last report was presented at the Committee meeting on 11 January 2024. The Committee noted that the risk scores in relation to the three risks remain unchanged. The rationale for the recommendation to change the description for Risk 11 relating to Workforce Planning & Delivery was also explained.

In the context of the wider risks described in the paper, the Chief Executive drew the Committee's attention to a letter from the Cabinet Secretary to the Co-Chairs of Scottish Terms & Conditions Committee (STAC), notifying of the expectations from government as agreed with Trade Unions for Health Boards to implement the three non-pay aspects of the Agenda for Change (AfC) Pay deal for 2023/2024 with effect from 1 April 2024. It was advised that work is ongoing at pace within NHS Fife to implement the first 30-minute reduction in the working week, in addition to looking at pilots to move to the full reduction from 37.5 hours to 36 hours per week. The Chief Executive emphasised that the two other non-pay elements of the pay deal (namely, the review of Band 5 nursing roles and protected learning time) will also need to be taken into account from a workforce planning perspective. Further guidance is awaited from the Scottish Government on the progressing of their implementation. It was advised that the Director of Workforce will be meeting with the national Human Resource Directors Group and others this week, to discuss how these proposals can be consistently applied across Scotland.

Responding to a query from the Chair as to whether the impact of the above implementations should be formally recorded as a risk, the Chief Executive acknowledged that they should be considered when conducting a further review of the risks. The Head of Workforce Planning & Staff Wellbeing confirmed that the impact of the planned reduction in the working week had already been added to Risk 11 and further work will be undertaken to incorporate the impact of the two other non-pay elements into the Corporate Risk Register.

**Action : Head of Workforce Planning & Staff Wellbeing**

C Grieve queried whether the above AfC implementations were being presented to the Committee as an emerging risk or elements of an existing risk that had never been captured before within the Workforce Directorate Risk Register. The Director of Workforce responded that this was as an existing risk as it had been captured in the Risk Register, however, due to the pace at which the risk was developing and information yet to be clarified, there were also elements of an emerging nature within this risk.

Responding to a further query from C Grieve, the Director of Workforce agreed that the implementation of the three non-pay elements of the AfC pay deal should be escalated to the Board as a risk. The Chief Executive affirmed the need for escalation, adding that this is a complex and multi-faceted risk with clinical, workforce, staff wellbeing and financial implications.

**Action: Committee Chair**

The Committee took a reasonable level of **assurance** that all actions within the control of the organisation are being taken to mitigate the risks highlighted in the

report, as far as it is possible to do so. The Committee also **endorsed** the description change for Risk 11: Workforce Planning and Delivery.

#### **5.4 Attendance Management Update**

The Director of Workforce invited the Head of Workforce Resourcing & Relations to speak to the report, which presented absence data as at January 2024. It was highlighted that December 2023 had seen the highest absence rate of the year at 7.8% and long term absence continues to rise into 2024. An overview of key absence management initiatives which would continue to be implemented during 2024/2025 was provided. These included standing up of the Attendance Management Group to oversee a multi-factorial review of absence issues, developing absence data analytics that would inform initiatives to support a targeted approach of 'high priority' absence areas, extending Values Based Reflective Practice (VBRP) and promoting the Staff Health and Wellbeing offers. It was acknowledged that this was a complex challenge that required all stakeholders to work together cohesively.

The Employee Director welcomed a targeted approach to manage absence in 'high priority areas' and also an improvement in data analytics which would support efforts. The importance of evaluating the effectiveness of the Staff Health & Wellbeing offering was also emphasised.

The Director of Acute Services advised that the newly appointed General Manager of Women & Childrens Clinical Services, who had a proven track record in absence management, would co-chair the Attendance Management Group, bringing a positive and fresh outlook to supporting improvement across the organisation. In reference to the high absence rate within Ward 32 Medicine of the Elderly (MoE), assurance was provided to the Committee that significant work had been undertaken and was ongoing in this area.

The Director of Health & Social Care provided an overview of the multi-factorial approach that had been adopted towards addressing absence within the Health & Social Care Partnership and illustrated examples such as the importance of Review Panels, one-to-one meetings, working collaboratively with colleagues in Psychology and Occupational Therapy to implement therapeutic interventions in mental health wards to support the nursing team, amongst others.

The Director of Nursing commended the Spiritual Care Service for their role in promoting employee health and wellbeing, whilst recommending that it would be beneficial to capture themes in relation to the reasons for the declining mental health of employees. The Employee Director welcomed this suggestion and commented favourably on the positive feedback received around initiatives such as the Staff Listening Service and Values Based Reflective Practice. A Verrecchia, Co-Chair of the Acute & Corporate LPF, affirmed the invaluable role played by the Spiritual Care Team in the health and wellbeing of employees.

Responding to a query from C Grieve regarding the root causes for psychiatric illnesses amongst employees, which account for a high percentage of overall absence, the Head of Workforce Planning & Staff Wellbeing commented that although a further breakdown was not available within this absence code, previous

deep dives into reasons for absence in this category had attributed the causal factors as multi-faceted, not all of which were work-related.

The Committee **noted** the current absence information detailed within Appendix 1 of the report and the plans on how NHS Fife should approach this complex and long-standing issue.

## **5.5 Whistleblowing Process Short-term Implementation Plan**

The Chair invited the Head of Corporate Governance & Board Secretary and the Head of Workforce Resourcing & Relations to speak to the report, which describes the work underway to progress with a refresh of the process around the governance of Whistleblowing compliance reporting within NHS Fife, in response to Internal Audit recommendations. It is intended that the transition to the new model would take place from 1 April 2024.

A summary of the Board's refreshed approach highlighted in Section 2.3 of the paper included Executive oversight of the Whistleblowing function to move from the Director of Workforce to the Chief Executive, enhanced governance via a Whistleblowing Oversight Group chaired by the Chief Executive, enhanced operational management through introduction of a standalone Whistleblowing Coordinator role, establishment of a cross-functional Whistleblowing Decision Making Team and the introduction of a Speak-Up email and phone line for staff to seek support and advice. It was advised that owing to the current financial pressures, it was not possible to proceed with recruitment to the Whistleblowing Coordinator role at present, however, plans to move forward with the setting up of the Oversight Group and Decision Making Team would still be progressed.

The Head of Workforce Resourcing & Relations advised that an on-going review of the Redeployment Register would be undertaken to examine if there are any suitable individuals within the workforce who could undertake the Whistleblowing Coordinator role in the future.

The Board Chair offered unequivocal support to the Committee in this important area of work, reiterating that the psychological safety of employees was of paramount importance and the organisation needs to do all it can to give staff the confidence that any concerns raised would be addressed and resolved appropriately.

The Employee Director, whilst acknowledging the work that had been done in this area in a relatively short period of time, welcomed the introduction of Confidential Contacts and their ability to signpost and support employees through the Whistleblowing process. The decision to move Executive oversight of the function from the Workforce Directorate and the progression of the Whistleblowing Oversight Group were both heralded as positive steps. The importance of retaining momentum in the areas highlighted was noted. However, the Employee Director expressed that complaints being raised by staff anonymously were an indication that staff did not fully trust the internal processes in place and this was a matter of grave concern.

The Chief Executive acknowledged the Employee Director's feedback whilst affirming that employees need to feel confident to be able to speak up and



expressed confidence that management were not complacent in making this evident to staff. Reference was made to feedback within the last iMatter report, which noted that employees felt confident to speak up and had confidence in the culture for doing so.

The Chair acknowledged the efforts of K MacDonald, Non-Executive Member and the Board's Whistleblowing Champion, in progressing the move of Executive oversight in this area to the Chief Executive.

The Director of Workforce assured the Committee that the Workforce Directorate would offer all the necessary support during the transition period and that administrative support for an interim period was in place.

The Committee took **assurance** from the report and noted the content.

## 5.6 Whistleblowing Quarter 3 Report

The Head of Workforce Resourcing & Relations was invited to speak to the report for the period from 1 October to 31 December 2023. It was noted that no whistleblowing concerns were received during this reporting period, however, two anonymous concerns had been received. Enhancements to the report in response to Internal Audit recommendations were highlighted and were reflected in Appendix 1 of the report, including an update on the status of individual actions identified during 2023/2024 and reported in the Whistleblowing Annual Report and Internal Audit Report.

The Committee was informed that the first meeting of Confidential Contacts was due to take place later in March 2024, where feedback would be gathered as to the support that was required to be put in place to make Confidential Contacts confident and competent in their role.

The Chair thanked the Head of Workforce Resourcing & Relations for the enhancements made to the report, whilst also acknowledging the high uptake of whistleblowing training across the organisation.

The Committee took **assurance** from the report which confirmed that there were no whistleblowing concerns received in Quarter 3; two Anonymous / Unnamed Concerns were received; no whistleblowing articles were published in the local press; the whistleblowing training undertaken during Quarter 3 was detailed, along with an update on the status of actions from the previous Whistleblowing Annual Report and Internal Audit Report.

## 5.7 Workforce Planning Update

The Head of Workforce Planning & Staff Health & Wellbeing and the Workforce Planning Lead were invited to speak to the report, which provides an update on current workforce planning activity within the Board with an update on the actions progressed to address the Scottish Government feedback on the current Workforce Plan 2022/2025, included in Appendix 1.

The Workforce Planning Lead provided a comprehensive overview of the workforce modelling tool developed jointly by NHS National Education for Scotland

(NES) and the Centre of Workforce Supply to build a labour supply side platform from available data sources, to allow Health Boards to gather the evidence required to support future workforce planning. It was advised that the tool provides insight into the inflows, outflows and changes within education streams that would impact current staffing levels. It also provides access to training details thereby allowing for an estimation of the expected inflows from Nursing & Midwifery graduate streams and Medical and Dental staff completing their higher specialty training. The analysis of these inflows when considered alongside other data sets would facilitate quantification of any gaps in future workforce capacity.

A summary of the benefits and limitations of the tool was provided to the Committee. It was agreed that a demonstration of the workforce modelling tool would be provided at a future Committee Development session.

**Action: Head of Workforce Resourcing & Relations**

The Director of Nursing welcomed the use of the workforce planning tool and the positive impact it would have on the Board's ability to forecast ward staffing and develop appropriate models of patient care.

C Grieve commented favourably on the tool and emphasised that projections of future workforce capacity gaps would be crucial for transformation programmes such as the Re-form, Transform, Perform Programme and others. Due consideration would also need to be given as to how NHS Fife could compete effectively on a national level to attract talent in a labour market where demand exceeds supply.

The Director of Workforce commended the Head of Workforce Planning and Staff Wellbeing, the Workforce Planning Lead and the entire team for their efforts in the execution of this important piece of work and welcomed a deeper dive into the workforce planning tool at a future Board Development session.

The Committee **discussed** the report and took **assurance** from the workforce modelling tool published by The Centre of Workforce Supply and NHS National Education for Scotland which will be utilised as part of the wider discussions within the Re-form, Transform and Perform Agenda, as well as within Workforce Planning and Health and Care (Staffing) (Scotland Act) 2019 discussions.

## **5.8 Bank and Agency Programme Update**

The Director of Workforce was invited to speak to the report, which outlines the progress made by the Bank & Agency Programme to date as well as provides an update on how this programme of work will be integrated with the Re-form, Transform & Perform Programme for 2024/2025. An overview of the programme objectives for 2023/2024 as detailed in section 2.2 of the paper was highlighted.

Whilst the level of activity that had taken place to move away from off-framework agencies was acknowledged, it was also advised that the financial impact of actions taken to reduce the reliance on temporary staffing had not yet realised savings to the extent as laid out in the 2023/2024 financial plan. As a consequence, the overall spend on supplementary staffing remains high.

The Director of Workforce commented that initiatives which were continuing at pace in this area offered a degree of confidence in the work being undertaken as the programme transitioned into 2024/2025. These initiatives included exploring a more robust and effective process for managing nurse bank invoicing, implementation of a Direct Engagement model for medical locums which would allow the Board to claim 20% VAT against invoices for all locums engaged via this model, staff bank consolidation and the Workforce Workstream of the Re-form, Transform, Perform Programme which would focus on priorities such as the Junior Doctor Rota Review, Supplementary Staffing Review, Administration and Systems Review, Vacancy Management, and Skill Mix Review.

The Director of Workforce acknowledged the efforts of all colleagues and in particular the support of the Director of Acute Services and the Director of Health of Health & Social Care in the progress that had been made to date to reduce reliance on supplementary staffing.

In response to a query from C Grieve regarding a cost / benefit analysis of staff bank consolidation, the Director of Workforce advised that an options appraisal would be presented to the Executive Directors Group in March 2024 to support the amalgamation of all staff banks into a single resource.

The Chief Executive drew the Committee's attention to the recently established National Medical Locum Task & Finish Group, the remit of which was to ensure consistency of approach across Scotland and best value for public funds where medical locums needed to be engaged. It was noted that the Chief Executive had been appointed as Co-Chair of this group and updates would be shared with the Committee going forward.

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

## **5.9 Armed Forces / Veterans Update**

Mairi McKinley, Senior Practitioner, Advanced Practice and NHS Fife Armed Forces & Veterans Champion, joined the meeting for this agenda item. She was invited to share a presentation which provided insight into the Board's efforts in administering the Armed Forces Covenant in line with statutory obligations, as mandated by the Scottish Government. The role of Dr C McKenna, the Board's Medical Director as Executive Lead, and M McKinley as the Operational Lead in this programme was noted. NHS Fife representation on national groups, such as the Strategic Group chaired by the Chief Medical Officer and the Implementation Group chaired by the National Clinical Director, was highlighted.

From a workforce perspective, reference was made to the provisions of the existing NHS Fife Reserve Forces Training and Mobilisation Policy (HR29), which offers support to employees who are members of, or wish to join the Volunteer Reserve Forces. The role of the Armed Forces Talent Programme established by NES to promote the recruitment of skilled and trained military professionals to healthcare services was also emphasised.

The Director of Workforce expressed his sincere gratitude to M McKinley in recognition of her efforts as the NHS Fife Armed Forces & Veterans Champion, underscoring that this role was being performed in a voluntary capacity and in

addition to her substantive role. The Chair and the Director of Nursing echoed these sentiments.

The Committee **noted** the update.

### **5.10 Final Annual Workplan 2024/2025**

The Director of Workforce was invited to speak to the workplan, which had been previously presented to the Committee for discussion on 11 January 2024. Taking into account deliberations that had taken place earlier at today's meeting, the Director of Workforce recommended that the 2024/2025 Annual Workplan be further updated to include explicit references to workforce workstreams earmarked to feed into the Re-form, Transform, Perform Programme. It was advised that this would facilitate assurance to the Committee on the progress being made within these important transformative areas. The Committee agreed that this update would be captured in future iterations of the rolling workplan.

The Committee **approved** the Annual Workplan 2024/2025, subject to the addition of RTP reporting.

### **5.11 Delivery of Annual Workplan 2023/2024**

The Director of Workforce presented the report, which highlights updates made to the Annual Workplan for 2023/2024 since it was presented to the Committee for discussion on 11 January 2024.

The Committee took **assurance** from the report and **noted** the updates made to the Staff Governance Annual Workplan for 2023/2024.

## **6. QUALITY / PERFORMANCE**

### **6.1 Integrated Performance & Quality Report**

The Director of Workforce spoke to the report, which measures Sickness Absence, PDPR Compliance and Training. It was reported that sickness absence has increased from 7.64% in November to 7.80% in December 2023, whilst PDPR compliance has decreased slightly to 41.6% in December, a decrease of 0.5% from the prior month. Medical & Dental WTE vacancies did not reflect a change from the June figure of 30.2. Nursing & Midwifery WTE vacancies have seen a significant decrease for this reporting quarter, dropping from 507.7 WTE to 282.1 WTE. It was also advised that AHP WTE vacancies have decreased to their lowest level since March 2022. An overview of the mitigating actions in place to improve performance was outlined.

The significance of the Re-form, Transform, Perform Programme as a whole system approach that could potentially effect improvements in IPQR metrics was acknowledged.

C Grieve reiterated the importance of identifying linkages between the individual elements of the performance metrics.

The Committee **considered** the NHS Fife performance, as summarised in the IPQR, and took **assurance** from the report.

## **7. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD**

### **7.1 Training Compliance Report 2022/2023**

The Director of Workforce invited the Associate Director of Culture, Development & Wellbeing to speak to the report, which provides an update on NHS Fife's Mandatory Core Training Compliance performance as at 22 January 2024. The report features a 56% completion rate across the nine core skills topics and illustrates mitigating actions in place to improve the organisation's position in this area. The relationship between IPQR metrics and the leadership challenge they present to the efforts of fostering a learning and engagement ethos in NHS Fife was recognised.

The Employee Director commented favourably on the comprehensive information detailed in the report and acknowledged improvements in the uptake of manual handling training. It was, however, noted that overall training attainment was disappointing and significant measures were needed to improve these metrics. Whilst conceding the challenges faced in this area, the Employee Director stressed that momentum should not be lost, particularly noting the positive impact of a trained workforce on staff and patient health, wellbeing and safety.

In response, the Director of Acute Services offered assurance to the Committee by providing examples of the concerted efforts being employed to improve training compliance, particularly within Acute, despite extreme staff and service pressures ongoing.

The importance of facilitating the transfer of acquired knowledge to the workplace, as well as providing a beneficial learning experience to all staff was acknowledged.

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

### **7.2 Internal Control Evaluation Report: Staff Governance Standard**

The Head of Workforce Planning & Staff Wellbeing advised that this report had been developed in response to a recommendation by Internal Audit to offer assurance that the Staff Governance Committee had met the stipulations of its Terms of Reference in respect of oversight of the Staff Governance Annual Monitoring Return, NHS Scotland Staff Governance Standard compliance and the Annual Whistleblowing Report. Feedback was sought as to whether the Committee was content with the approach that had been adopted in discharging its obligations in these core areas of the Committee's business.

The Chair commented favourably on the comprehensive nature of the report.

The Head of Corporate Governance & Board Secretary acknowledged the value of being able to consider the report as a standalone agenda item, noted that it provided examples of the efforts that had been made to respond to the

recommendations of Internal Audit and that additional measures (such as signposting on agendas which element of the Standard each report relates to), have helped raised visibility of the Committee's coverage across the full reporting year.

The Committee took **assurance** from and **noted** the contents of the report and the evidence provided in Appendix 1 which highlighted evidence towards completion of B08/24 Internal Control Evaluation Report 2023/2024 and B06/24 Internal Audit Annual Report 2022/2023.

## **8. LINKED COMMITTEE MINUTES**

The Committee **noted** the following linked Committee Minutes:

- 8.1 Area Partnership Forum held on 24 January 2024 (unconfirmed)
- 8.2 Acute Services Division and Corporate Directorate Local Partnership Forum held on 21 December 2023 (unconfirmed)
- 8.3 Health and Social Care Partnership Local Partnership Forum held on 21 November 2023 (confirmed)
- 8.4 Equality & Human Rights Strategy Group held on 1 February 2024 (confirmed)

## **9. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **9.1 To the Board in the IPQR Summary**

There were no issues to escalate to the Board in the IPQR summary, notwithstanding the Committee noting the continual challenges around managing the Board's sickness absence position.

### **9.2 Chair's Comments on the Minutes / Any other matters for escalation to NHS Fife Board**

The Committee agreed to highlight to the Board the non-pay aspects of the 2023/2024 Agenda for Change Pay Agreement in relation to Protected Learning time, Review of Band 5 Nursing Roles and Reduction in the Working Week, which the Board has recently been advised will be implemented from 1 April 2024, noting the potential impact on current workforce and financial pressures.

## **10. ANY OTHER BUSINESS**

There was no other business.

## **11. DATE OF NEXT MEETING**

Tuesday, 14 May 2024 at 10.00 am, via MS Teams.