




Chairperson - Pat Kilpatrick

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

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

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

10:10 - 10:10 **4. MINUTE OF PREVIOUS MEETINGS HELD ON 28 MAY AND 25 JUNE 2024**
0 min
(enclosed) PK
 Item 4 - Minute 20240528.pdf (17 pages)
 Item 4 - Minute 20240625.pdf (7 pages)

10:10 - 10:10 **5. MATTERS ARISING / ACTION LIST**
0 min
(enclosed) PK
 Item 05 - Action List.pdf (2 pages)

10:10 - 10:30 **6. CHIEF EXECUTIVE'S REPORT**
20 min
6.1. Chief Executive Up-date
(verbal) CP
6.2. Patient / Staff Story
(Presentation) CP

10:30 - 10:40 **7. CHAIRPERSON'S REPORT**
10 min
7.1. Chairperson's Update
(verbal) PK

7.2. Board Development Session - 25 June 2024

(enclosed) PK

📎 Item 7.2 - Board Development Session Note 20240625.pdf (1 pages)

10:40 - 11:05 8. PERFORMANCE

25 min

8.1. Integrated Performance & Quality Report - May 2024 Position

(enclosed) CP

📎 Item 8.1 - SBAR IPQR Board July 2024 v1.1.pdf (10 pages)

📎 Item 8.1 - IPQR Position at May 2024 v1.0.pdf (29 pages)

8.2. Financial Performance Report at May 2024

(enclosed) MM

📎 Item 8.2 - SBAR Financial Performance Report (from FPR)final.pdf (15 pages)

11:05 - 11:15 9. PLANNING

10 min

9.1. Reforming Services and Reforming the Way we Work

(enclosed) CP

📎 Item 9.1 - SBAR - Reform.pdf (6 pages)

📎 Item 9.1 - Appendix 1 - Letter to Health and Social Care Leaders - Reforming Services and Reforming the way we work - DG.CE NHS.pdf (9 pages)

11:15 - 11:30 10. STANDING COMMITTEE REPORTS

15 min

10.1. Board Committee Membership

(enclosed) PK

📎 Item 10.1 - SBAR Board Committee Membership.pdf (3 pages)

📎 Item 10.1 - Board Standing Committees issued August 2024.pdf (1 pages)

10.2. Governance Committee Chairs' Assurance Reports:

PK

10.2.1. Audit & Risk Committee Report

(verbal)

10.2.2. Clinical Governance Committee Report and Minute dated 12 July 2024 (unconfirmed)

(enclosed) AW

📎 Item 10.2.2 - CGC Chair's Assurance Report 20240712.pdf (3 pages)

📎 Item 10.2.2 - Clinical Governance Committee Minutes (unconfirmed) 20240712.pdf (12 pages)

10.2.3. Finance, Performance & Resources Committee Report and Minute dated 16 July 2024 (unconfirmed)

(enclosed) AM

- Item 10.2.3 - Chair's Assurance Report for July FPR.pdf (2 pages)
- Item 10.2.3 - Finance, Performance & Resources Committee dated 16 July 2024 (unconfirmed) Main Session.pdf (6 pages)

10.2.4. Public Health & Wellbeing Committee Report and Minute dated 1 July 2024 (unconfirmed)

(enclosed) PK

- Item 10.2.4 - PH&WC Chair's Assurance Report.pdf (3 pages)
- Item 10.2.4 - Public Health Wellbeing Committee Minutes (unconfirmed) 20240701.pdf (11 pages)

10.2.5. Staff Governance Committee Report and Minute dated 9 July 2024 (unconfirmed)

(enclosed) CG

- Item 10.2.5 - Staff Governance Committee_Chair's Assurance Report (From Meeting on 09.07.24).pdf (2 pages)
- Item 10.2.5 - Staff Governance Committee Minutes (Unconfirmed) 09.07.2024.pdf (11 pages)

11:30 - 11:40
10 min

11. GOVERNANCE

11.1. NHS Fife Corporate Objectives 2024/25

(enclosed) CP

- Item 11.1 - SBAR Corporate Objective 2425 30 July 24.pdf (4 pages)
- Item 11.1 - Corporate Objectives 202425 final.pdf (1 pages)

11:40 - 11:45
5 min

12. STATUTORY AND OTHER COMMITTEE MINUTES

12.1. Audit & Risk Committee dated 20 June 2024 (unconfirmed)

(enclosed)

- Item 12.1 - A&R Minute Cover Paper 20240620.pdf (1 pages)
- Item 12.1 - Audit & Risk Committee Minutes (unconfirmed) 20240620.pdf (6 pages)

12.2. Communities & Wellbeing Partnership dated 5 June 2024 (unconfirmed)

(enclosed)

- Item 12.2 - CWP Cover Paper 240605.pdf (1 pages)
- Item 12.2 - 24 06 05 CWP note_draft.pdf (3 pages)

12.3. Fife Health & Social Care Integration Joint Board dated 28 March 2024

(enclosed)

- Item 12.3 - IJB Minute Cover Papers 240328.pdf (1 pages)
- Item 12.3 - IJB 280324 Confirmed Minute.pdf (8 pages)

12.4. Fife Partnership Board dated 21 May 2024 (unconfirmed)

(enclosed)

- Item 12.4 - FPB Minute Cover Paper 24 05 21.pdf (1 pages)
- Item 12.4 - FPB Minute 2024-05-21.pdf (3 pages)

12.5. Audit & Risk Committee dated 16 May 2024

(enclosed)

- Item 12.5 - Audit & Risk Committee Minutes (confirmed) 20240516.pdf (8 pages)

12.6. Clinical Governance Committee dated 3 May 2024

(enclosed)

 Item 12.6 - Clinical Governance Committee Minutes (confirmed) 20240503.pdf (9 pages)

12.7. Finance, Performance & Resources Committee dated 7 May 2024

(enclosed)

 Item 12.7 - Finance, Performance & Resources Committee Minutes (confirmed) 20240507.pdf (6 pages)

12.8. Public Health & Wellbeing Committee dated 13 May 2024

(enclosed)

 Item 12.8 - Public Health Wellbeing Committee Minutes (confirmed) 20240513.pdf (9 pages)

12.9. Staff Governance Committee dated 14 May 2024

(enclosed)

 Item 12.9 - Staff Governance Committee Minutes (Confirmed) 14.05.2024.pdf (12 pages)

11:45 - 11:45 13. ANY OTHER BUSINESS

0 min

11:45 - 11:45 14. DATE OF NEXT MEETING: Wednesday 25 September 2024 at 10.00 am in the Boardroom, Staff Club, Victoria Hospital, Kirkcaldy

0 min

Fife NHS Board

MINUTE OF THE FIFE NHS BOARD MEETING HELD ON TUESDAY 28 MAY 2024 AT 9:30 AM IN THE BOARDROOM, STAFF CLUB, VICTORIA HOSPITAL

PAT KILPATRICK

Chairperson

Present:

P Kilpatrick (Chairperson)	A Lawrie, Non-Executive Director
C Potter, Chief Executive	M McGurk, Director of Finance & Strategy
S Braiden, Non-Executive Director	C McKenna, Medical Director
A Grant, Non-Executive Director	A Morris, Non-Executive Director
C Grieve, Non-Executive Director	L Parsons, Non-Executive Director
A Haston, Non-Executive Director	J Tomlinson, Director of Public Health
J Keenan, Director of Nursing	A Wood, Non-Executive Director
J Kemp, Non-Executive Director	

In Attendance:

N Connor, Director of Health & Social Care
C Dobson, Director of Acute Services
S Fraser, Associate Director of Planning & Performance
A Graham, Director of Digital & Information
B Hannan, Director of Reform & Transformation
G MacIntosh, Head of Corporate Governance & Board Secretary
N McCormick, Director of Property & Asset Management
D Miller, Director of Workforce
N Stevenson, Communications Manager (Press & Media)
P King, Corporate Governance Support Officer (Minutes)

1. CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the meeting, in particular Alistair Graham, Director of Digital & Information, who will be a regular attendee at Board meetings going forward, and a colleague from the media who joined today's public session.

The Chair reminded those attending 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:

- Nicky Connor, Director of Health & Social Care, who will be leaving in July 2024 to take up the post of Chief Executive of NHS Tayside. On behalf of NHS Fife, the Chair thanked Nicky for her hard work and commitment during her time as Director and for her many years of service within the nursing profession in Fife.
- Ben Hannan, Director of Reform and Transformation, who has been designated as a Fellow of the Royal Pharmaceutical Society for distinction in the profession of pharmacy. He is the youngest Scottish Fellow in the society's history to receive this honour.
- Charge Nurse Jacqueline James for her winning presentation at the Royal College of Emergency Medicine's Scottish conference held in Dundee earlier this month. Jacqui was recognised for her study on non-adrenaline safety in septic shock.

The Chair was pleased to advise that NHS Fife has received an International Recruitment Pastoral Care Quality Award from the Scottish Government, recognising NHS Fife's commitment to providing high-quality pastoral care to internationally recruited staff. On behalf of the Board, the Chair thanked all those involved in this achievement.

Finally, the Chair advised that NHS Fife's Annual Review with Scottish Government will be held on Monday 30 September 2024. NHS Fife has been selected this year for a Ministerial Review, and this will be chaired by Jenni Minto, Minister for Public Health & Women's Health.

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 G Downie and K Macdonald.

4. MINUTE OF PREVIOUS MEETING HELD ON 26 MARCH 2024

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

5. MATTERS ARISING / ACTION LIST

There were no matters arising.

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

6. CHIEF EXECUTIVE'S REPORT

The Chief Executive began her report by offering warm congratulations to Nicky Connor, both personally and on behalf of the Executive Team, on her appointment as Chief Executive for NHS Tayside. She thanked Nicky for her contribution to NHS Fife, noting that her dedication, leadership and unwavering commitment to providing person-centred healthcare to our communities across Fife has been commendable. Fiona McKay, Head of Strategic Performance, Planning & Commissioning, will be Acting Chief Officer of the Fife Health and Social Care Partnership (H&SCP), whilst the vacant post is recruited to.

It was noted that, in order to strengthen the focus at Board level of our Re-form, Transform, Perform (RTP) framework and digital, communication and stakeholder engagement, the following appointments have been made:

- Ben Hannan has been seconded on a fixed-term basis into the role of Director of Reform & Transformation in order to deliver the pace and scale of our RTP commitments;
- Fiona Forrest has been appointed as Acting Director of Pharmacy & Medicines for the period of Ben's secondment;
- Alistair Graham and Kirsty MacGregor have both been welcomed into the Executive Team as Director of Digital & Information and Director of Communication & Engagement respectively.

The Chief Executive was pleased to advise that NHS Fife and Fife College have agreed an exciting new strategic partnership, which is intended to improve education and training opportunities for people in Fife and enable much greater collaboration between the two institutions. A new formal five-year partnership has been agreed, which aims to provide a platform for collaborative working across a range of initiatives. The Director of Workforce will provide an update to the Board on work being undertaken with Fife College to support those living in the most deprived areas of Fife in due course.

Representatives of SARCS in Fife, a dedicated NHS Scotland service for people who have experienced recent rape or sexual assault, were among those who met Her Majesty the Queen at Buckingham Palace. The Queen thanked those who work to support people who access this vital service.

The Chief Executive provided a summary from recent meetings with Scottish Government and other Board Chief Executives held in April and May 2024 and advised that discussions had largely focussed on NHS Scotland's finance and performance. On 26 April 2024, representatives from NHS Fife met with the Chief Operating Officer of NHS Scotland, for the bi-annual engagement session, where discussion took place around finance and performance.

The Chief Executive had also attended a strategy workshop hosted by Public Health Scotland about population health and tackling inequalities, where NHS Fife Consultant in Public Health, Rishma Maini, was one of the presenters.

Visits that have taken place during April/May included:

- The then First Minister, Humza Yousaf MSP, visited our National Treatment Centre (NTC) in Kirkcaldy on 1 April as part of a Scottish Government announcement on NHS investment. The visit marked one year since the NTC was formally opened by the First Minister's predecessor.
- Jackie Lambert, Royal College of Midwives Director, and their Chief Executive Officer, Gill Walton, visited the Maternity Unit at the end of April for a tour of the facility and to meet our maternity teams.
- April also saw NHS Fife as one of three Health Boards which had the privilege of hosting Pharmacy Technicians from Iceland. The visit presented a valuable opportunity to exchange knowledge and insights on Pharmacy Technician practices.
- Executive Director of Care Opinion Scotland, Fraser Gilmore, visited us to spend time with our patient experience team and learn how we have been using feedback to enhance and improve services. Sexual health and the NTC are just two of the services promoting Care Opinion to patients.

Finally, the Chief Executive confirmed that she continued to meet with staff on a regular basis and during April/May this included a visit to Lochgelly Health Centre, with the Medical Director, and meeting staff within the neo-natal team.

6.2. Patient Story

The Director of Nursing introduced the story, which continued the theme about how NHS Fife is going above and beyond to develop service innovation for the benefit of patients in Fife. The video recording told the story of a patient who had undergone robotic surgery to treat bowel cancer. Mr John Robertson, Lead Colo-rectal Surgeon, talked about using robotic surgery to perform operations and its benefits, which included more precise surgery, shorter hospital stays, quicker recovery and better outcomes for patients overall. The Director of Nursing thanked the Communications Manager (Press & Media) for pulling the presentation together.

After Board members viewed the video, the Director of Acute Services explained that robotic prostatectomy activity had been repatriated to Fife from NHS Lothian, following requests from the urology team. She advised that being able to offer such a service in Fife was positive for patients, but demand is high, and it is therefore one of the most challenged pathways across Scotland in terms of waiting times for surgery. The Medical Director emphasised that this was a successful achievement for NHS Fife and was due to the dedication of the surgical team, who were enthusiastic about advancing their training and skills via the robot. As noted above, the use of robotic surgery led to better outcomes for patients and also helped to recruit and retain staff.

A Morris, Non-Executive Director, noted that he had attended a presentation by staff on the use of robotics and he recommended that other Board members attend any such future presentation.

The Director of Finance & Strategy commented that the story today was a good example of innovation within NHS Fife, which has benefitted patients and supported retention of key specialist staff. It is an useful example of the type of project we need to continue to invest in, to help address increasing demand and complexity of cases.

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

The Chair reported that she continued to undertake a series of visits across the organisation to familiarise herself with services, including a visit to Lochgelly Health Centre with the Director of Property & Asset Management, to speak with the GPs to discuss anything that can be done short term and longer term to alleviate their situation. A similar visit will shortly be arranged to Kincardine Health Centre, noting that re-provision of both health centres remains at the top of the priority list when capital monies become available from Scottish Government.

The Chair also visited Stratheden Hospital with the Director of Health & Social Care and members of her team to see the mental health facilities there. The Chair commended staff, who were doing a remarkable job to make the patient experience as good as it can be. Staff were sometimes working in difficult circumstances, as the dated accommodation is not always fit for purpose to deliver mental health care at current standards.

It was advised that the Chair has participated in interviews for the Non-Executive member vacancies in NHS Fife and Tayside and recommendations have been submitted to the Cabinet Secretary for approval of the respective appointments.

The Chair provided an update on recent meetings she had participated in, including an update on discussion from the recent Board Chairs' meetings with the Cabinet Secretary for NHS Recovery, Health & Social Care, the Chief Operating Officer for NHS Scotland and the Ministerial team, highlighting challenges in the system, sustainability of services and potential areas where services could work more closely together. She has taken on the Chair of the Remuneration Committee role and has talked to other Chairs about how the committee currently functions. The Chair had been pleased to speak at the Aspiring Chairs' Programme (which she had previously participated in), which would help NHS Scotland undertake succession planning for such roles in the future. The Chair and Chief Executive had also met with their counterparts at Healthcare Improvement Scotland (HIS) to consider where there could be areas of support from HIS colleagues, noting that the meeting had been a productive one.

The Chair was delighted to have been invited to represent the Board at the Principal's Dinner in advance of the ScotGEM graduation ceremony at the University of St Andrews, taking place on 14 June 2024.

Finally, the Chair referred to dates being held in members' diaries for visits by Non-Executive members and advised that consideration is being given to making the visits themed around specific services.

The Board **noted** the update.

7.2. Board Committee Membership

The Chair presented the paper, which outlined the recent Board Committee Membership appointment changes, presented for formal Board endorsement. The Board Secretary reported that a few committee vacancies remained outstanding and these would be addressed as a priority when the new Non-Executive member is appointed.

The Board **formally endorsed** the new Committee membership arrangements effective from 1 May 2024.

7.3. Board Development Sessions – 8 and 30 April 2024

The Board took **assurance** that members have discussed and reflected on the range of topics covered at recent Development Sessions.

8. PERFORMANCE

8.1. Integrated Performance & Quality Report (IPQR) – March 2024 Position

The Chief Executive confirmed that the March IPQR has been scrutinised in detail through the governance committees and is the final report for 2023/24. The refreshed IPQR format will be available for the July Board meeting and thanks were given to Board members who provided feedback on the appearance and content of the new style report. A Wood, Non-Executive Director, will be meeting with the Associate Director of Planning & Performance next week to review the updated report. It was confirmed that the enhanced IPQR will include expanded mental health indicators, as has previously been requested by the Board. Executive Leads made comment on the key issues emerging from the performance report:

Clinical Governance

The Director of Nursing provided an update on the key issues from a clinical governance perspective, which were related to Major and Extreme Adverse Events, Inpatient Falls, Pressure Ulcers and Healthcare Acquired Infections (HAI) (including the staphylococcus aureus bacteraemia (SAB), c.difficile and e-coli bacteraemia rate) and complaints. In summary, it was noted that there had been improvements in several areas, including adverse event management and infection control, despite on-going challenges. Continuous efforts and initiatives aimed at further enhancing patient care and outcomes, particularly around pressure ulcers and falls, were regularly reported into the Clinical Governance Committee.

The Chair of the Clinical Governance Committee confirmed there were no specific performance issues to escalate to the Board. She confirmed that the Committee was assured by the explanation provided around the spike in pressure ulcer numbers and awaited further information through a full review initiated by the Director of Nursing.

Finance, Performance & Resources

The Director of Acute Services provided an update on performance in relation to the 4-hour Emergency Access target, the Patient Treatment Time Guarantee (TTG), which remained unable to meet demand for in-patient and day case procedures, and New Outpatient performance. The latter also continued to see a demand and capacity mismatch and, as a result, long waiting times for routine patients continued to increase in several specialities, with the waiting list size increasing. It was advised that monthly performance for Diagnostics increased from 45.6% in January to 54.4% in February, with improvement in imaging and endoscopy, although there were still challenges around demand and capacity. It was noted that NHS Fife was in receipt of additional monies from Scottish Government to support diagnostics and the position is looking more favourable, with an anticipated 95% of patients seen within 6 weeks for a diagnostic test by March 2025. Performance in relation to the Cancer 31-day target was above target at 96.4% and a significant improvement was noted around the Cancer 62-day performance at 75%, although prostate remained the most challenged pathway.

In response to questions, the Director of Acute Services confirmed that there is active discussion around the multiple improvement actions in place to try and address the waiting list position for TTG and New Outpatients but, as noted in the IPQR, there continues to be a mismatch between capacity and demand, and this is challenging to manage. The Chief Executive confirmed that a report will be submitted to the July meeting of the Finance, Performance & Resources Committee setting out the detail of planned care, which will describe the impact of ongoing work on the trajectories financially and on planned care performance.

The Director of Health & Social Care provided an update on Delayed Discharges and confirmed that the position is constantly monitored, with considerable efforts to support the whole system flow.

The Chair of the Finance, Performance and Resources Committee confirmed there were no specific performance issues to escalate to the Board. However, he referred to the minute of the Finance, Performance & Resources Committee dated 7 May 2024, which escalated an issue from discussion at the committee around the latest position on the corporate risks associated with the in-year and medium-term financial position, in which it was stated that “The Committee was 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.” He explained that, from a Non-Executive’s perspective, there had not been sufficient information and evidence at this stage to give confidence and take assurance that all possible actions within the control of the organisation are being taken to mitigate the related risks. He emphasised the will of the Non-Executive members of the Board to help the organisation achieve its targets, but noted that, in order to do so, it was essential to have the right information available at the right time to get to that level of

assurance. He emphasised the need for pace so that the Board can evidence that it is in control of the situation and is making progress towards achieving its financial targets, given NHS Fife will be assessed at the end of Quarter 1 by Scottish Government. The Chair confirmed that this position reflected the view of the Non-Executive cohort as a whole, who wished to constructively challenge and stress the need to be able to demonstrate that sufficient progress is being made at the end of Q1, to evidence that the Board is on track to deliver the required financial position at 31 March 2025. It was noted that further discussion would take place in the private session of the Board later in the day.

Staff Governance

The Director of Workforce provided an update on sickness absence, noting a decrease to 7.64% in the February position, which is positive and due to the continued work of the Absence Management Group. The data on Personal Development Plan and Review (PDPR) compliance and vacancies was also highlighted.

The Chair of the Staff Governance Committee confirmed there were no specific performance issues to escalate to the Board. He reported that the Committee noted the positive sickness absence trajectory, which was on a downward trend, PDPR performance and vacancy position, and discussed the impact on these targets as a result of RTP.

Questions were asked about the high absence rate within community teams and the impact that vacancies in general psychiatry are having on people requiring mental health services and these were responded to by the Director of Health & Social Care. The Employee Director and Director of Workforce took the opportunity to comment on the re-refresh and re-focus of the Absence Management Group, which should lead to an improvement in the absence position as a whole and they acknowledged the commitment of teams to support staff back to work. It was noted that NHS Fife offers a range of wellbeing support to staff, and the organisation has been commended nationally for this. Nevertheless, it is important to ensure that the support offered is that which makes the most impact for staff and this is currently under review.

Public Health & Wellbeing

The Director of Health & Social Care confirmed that there had been good discussion at the Public Health & Wellbeing Committee around the Smoking target. This would be further discussed at the July Public Health & Wellbeing Committee.

It was noted that performance in relation to Child & Adolescent Mental Health Services (CAMHS) and Psychological Therapies had both decreased from the January position but showed an improved position in March to 76.8% and 74% respectively. A detailed report was presented to the last Public Health & Wellbeing Committee outlining the challenges of meeting long waits whilst meeting the TTG and the work ongoing to address this. A dedicated development session of the Public Health & Wellbeing Committee is being planned to discuss further. Performance related to uptake for Flu/Covid vaccination was set out in the report.

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 December 2023. This showed a small improvement over

the first two quarters of the year, notably meeting the target of 95% for the 6-in-1 standard. The Director of Public Health emphasised that the trend in immunisation performance is the most important aspect of performance in this area.

On behalf of the Chair of the Public Health & Wellbeing Committee, A Morris, Non-Executive Director, confirmed there were no specific performance issues to escalate to the Board from the Committee's last meeting.

The Chair thanked the Associate Director of Planning & Performance for the work on the IPQR and noted that the refreshed IPQR format will be available for the July Board

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

8.2. Financial Performance Report at 31 March 2024

The Director of Finance & Strategy provided an overview of the financial position at 31 March 2024, which was considered in detail at the Finance, Performance & Resources Committee, and confirmed that the three statutory targets are expected to be achieved (subject to external audit and scrutiny). It was noted that a break-even position resulted from 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. It was further noted that Scottish Government repayable brokerage will be required to deliver the Revenue Resource Limit target of breakeven at year end. Both the Capital Resource Limit and the Cash Requirement were achieved at the end of the financial year.

It was recognised that the financial performance of the organisation had been challenged throughout the financial year, with a significant overspend in Acute Services, additional costs for contracts with external healthcare providers, and challenges in relation to meeting the targets within the financial improvement and sustainability programme. The reported draft Integration Joint Board (IJB) overspend has also substantially increased, as was described further to members, with the IJB meeting later that week to confirm the position.

In response to questions, the Director of Finance & Strategy confirmed that the current request for brokerage had been confirmed by Scottish Government. Learning was being taken forward around the approach to the delivery of savings targets, particularly in relation to the time it takes to deliver specific schemes where there is an element of dis-investment, such as reducing supplementary staffing and surge beds. The movement in the position related to the draft IJB outturn was mainly related to an increase in social care costs. The scale of the overspend was unexpected, which was largely due to a reporting issue, and discussion is taking place at the IJB about lessons learned to ensure the reasons for the position and how it will affect the IJB's financial position in 2024/25 are known.

The Chief Executive advised that the learning and experience of the last financial year was considered by the Executive Team at the start of the calendar year, resulting in the development of the RTP. It was noted that going into 2024/25, the organisation has a better understanding of the role that everyone has to play in managing resources and there is pace and focus of that on a daily basis.

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

8.3. Medium-Term Financial Plan 2024/25 – 2026/27

The Director of Finance & Strategy presented the Plan, which had been discussed and approved in draft by the Board in Private Session on 26 March 2024, in line with normal practice, until Scottish Government has approved the Plan. The Director of Finance & Strategy highlighted the key points from the paper, noting in particular the need for delivery of the identified 3% savings schemes to be progressed through the RTP framework and also to 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 three-year term of the plan. It was emphasised that any proposal on the actions and transformation options required to bridge the residual 4% financial gap will require to be delivered safely but also at pace.

Members recognised the challenging financial position facing the Board and noted the need to respond as effectively as possible, being clear there will be difficult decisions ahead in order to achieve the required level of savings. Some concern was expressed about progress on the savings schemes already identified and the current level of assurance of members that the savings would be achieved by the target date. The detail of each scheme, and progress against it in terms of savings achieved, would be discussed in detail in the Private Session of the Board later in the day. The Director of Finance & Strategy reported that the Scottish Government will undertake close scrutiny of the Q1 position, and it is essential for the Board to be able to demonstrate at that point in the year that progress is being made towards meeting the initial 3% savings target.

The Board **approved** the final Medium Term Financial Plan 2024/25 – 2026/27, subject to continued engagement with Scottish Government on the actions required to reduce the financial deficit reported.

9. PLANNING

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

As requested at the last Board meeting, the Director of Workforce presented a paper that provided an overview on the implementation of the three Non-Pay Aspects of the 2023/24 Agenda for Change Pay Agreement in relation to a reduced working week, provision of protected learning time and a review of Band 5 nursing roles. He provided an update on the current position for each of the three aspects and confirmed that updates would be brought through the governance committees to be assured about the work being undertaken to implement the Agreement.

The Employee Director reiterated the position, noting the need to plan for the next two years around the reduction in the working week so this can be implemented seamlessly, and she highlighted the significant amount of work that will be required to review the Band 5 nursing roles. It was noted that national guidance is currently awaited (although work has started locally) on the detail and process to be undertaken.

Questions were asked about the tools in place to ensure that staff are working within the bandings associated with their role and the financial impact of the non-pay aspects given the financial gap for NHS Fife and these were responded to.

The Chair thanked the Director of Workforce and his team, staff side colleagues and the Staff Governance Committee for their efforts in progress these aspects of the Agenda for Change pay agreement.

The Board **took assurance** that all three elements of the non-financial aspect of the pay deal for Agenda for Change staff for 2023/24 are being implemented by NHS Fife across the workforce.

10. GOVERNANCE

10.1. 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.

Alastair Grant, Chair of the Audit & Risk Committee, confirmed that there were no matters to be escalated to the Board.

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

- Annual Assurance Statements & Reports from Clinical Governance Subcommittees & Groups showing that the groups had carried out their business effectively over the year;
- the draft Clinical Governance Committee Annual Statement of Assurance 2023/24 was approved;
- further detail on the adverse event process for drug-related deaths would be brought back to the next meeting;
- the workplan was on track;
- an explanation on the position in relation to pressure ulcers was provided with further detail to be included in the report to the next meeting of the Committee; and
- corporate risks aligned to the Committee;

A Morris, Chair of the Finance, Performance & Resources Committee, confirmed that there was nothing further to add to his summary provided under item 8.1.

C Grieve, Chair of the Staff Governance Committee, confirmed that there were no matters to be escalated to the Board, noting that many of the matters discussed were on the agenda for the Board meeting today. He highlighted the positive presentation given to Committee members by the Acting Director of Pharmacy & Medicines on the pharmacy workforce, in particular work undertaken around managing vacancies.

A Morris, on behalf of the Chair of the Public Health & Wellbeing Committee, confirmed there were no matters to be escalated to the Board.

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

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

The Head of Corporate Governance & Board Secretary spoke to the paper, which had been prepared following detailed discussion at the Board Development Session on 30 April 2024. The paper supplied 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 from the next meeting cycle in July.

The Board **agreed** the adoption of the principles described within the paper and **approved** the definitions and template documents contained in the appendices to the paper.

10.3. Annual Review of Code of Corporate Governance

The Head of Corporate Governance & Board Secretary advised that the Code of Corporate Governance is reviewed on an annual basis to ensure it remains current and up-to-date. The main changes were tracked on the version provided to members online and were outlined in section 2.3 of the paper, noting these were all minor changes. The proposed changes were endorsed by the Audit & Risk Committee at its meeting on 16 May 2024.

The Board **approved** the updated Code of Corporate Governance for 2024/25, subject to a minor alteration to the Board's Standing Orders to adopt gender-neutral language for two clauses within.

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

The Head of Corporate Governance & Board Secretary introduced the draft Fife NHS Board Workplan 2024/25, which had been updated following initial discussion at the Fife NHS Board meeting on 26 March 2024. At that meeting, a request had been made to re-format the workplan, to align business under the headings of our four strategic priorities, and to include Re-form, Transform, Perform reporting timelines.

The Chair requested further reporting to the Board on the Medium-Term Financial Plan, and this would be incorporated into the workplan following initial consideration by the Director of Finance & Strategy.

Action: M McGurk/G MacIntosh

The Board **approved** the draft Fife NHS Board workplan for 2024/25, noting that the plan will remain iterative and be updated throughout the year as Board business requires.

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

The Director of Workforce highlighted the key points from the paper, which provided an overview of current progress in respect of Board-wide preparations for the implementation of the Health and Care (Staffing) (Scotland) Act 2019, which came into effect from 1 April 2024. It was noted that good progress is being made and quarterly reports will be submitted to the Board to provide assurance that the legislation was being implemented.

The Director of Workforce would circulate a fuller paper for Board members' information.

Action: D Miller

The Board:

- **noted** the progress of the work undertaken so far in preparation for the implementation of the Act and the content of the Quarter 2 Feedback and Quarter 3 Scottish Government Return;
- **noted** the pending prioritisation of the implementation of eRostering within clinical areas
- **noted** the plans for internal quarterly reporting in advance of the formal Board Annual Report in 2025;
- **noted** the plans for a formal recognised feedback process for risk escalation; and
- **noted** the plans for high cost Agency reporting.

10.6. Whistleblowing Annual Performance Report 2023/24, incorporating Whistleblowing Quarter 4 data for 2023/24

The Director of Workforce presented the Whistleblowing Annual Performance Report on whistleblowing concerns received from 1 April 2023 to 31 March 2024, together with an update on Q4 performance in relation to whistleblowing concerns, anonymous / unnamed concerns, local press articles related to whistleblowing, and data on the training modules. He thanked the Head of Workforce Resourcing & Relations, the Head of Corporate Governance and the Whistleblowing Champion for their work in finalising the reports to a timelier submission deadline than previous years. The key points from the report were highlighted, including an increase in the recruitment of confidential contacts. It was highlighted that the number of anonymous concerns received was five (not six as noted), due to double-counting of one case, and the final report would be amended to reflect this correction.

The Chair highlighted the low numbers of staff who have raised concerns, querying whether this potentially reflected the existence of any impediments for doing so. In response to members' questions, the Employee Director confirmed that significant work has been undertaken over the past year to improve staff confidence to speak up, but she acknowledged there is still more to do to promote a speak up culture across the organisation. It was recognised that staff are more likely to speak up going through a confidential contact, thus reflecting the importance of increasing the number of confidential contacts across the organisation. 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, also making it easier for staff to feel more confident in speaking up. Whilst the number of whistleblowing concerns appeared low, the Director of Workforce reminded

members that there are a range of policies in place to manage people's concerns via their Line Manager and these are escalated through the organisation as necessary. Where there are anonymous concerns, it can be because people do not yet feel confident enough to put their name to a concern without feeling there is no repercussion, and further work is required to make people feel confident and safe in speaking up without detriment, with policies in place to support people through the whistleblowing process. Although not complacent, the Director of Workforce assured members that there are robust processes in place to deal with concerns.

It was noted that all five of the Anonymous Concerns were received within the H&SCP. The Director of Health & Social Care confirmed that these concerns had been investigated and there is no service pattern to where these complaints arose, and discussion had taken place with the Whistleblowing Champion to provide assurance. She emphasised that, depending on the nature of the complaint, the principles of whistleblowing had been applied. Key actions are being taken forward to promote policies and encourage training, with visits to teams to enable local discussions with staff. A process is now in place for staff within the H&SCP and a group has been established, which will report through the IJB.

The Chief Executive stated that the new Oversight Group is attended by a range of key staff with sufficient information and knowledge to enable detailed conversations and proper triangulation of data. It was noted that a whistleblowing module is available on TURAS and Board members were encouraged to undertake this training.

The Board took **assurance** from the Whistleblowing Annual Performance Report 2023/2024, incorporating the Whistleblowing Quarter 4 2023/2024 data.

10.7. Annual Assurance Report from Area Clinical Forum (ACF)

A Lawrie, Chair of the Area Clinical Forum, highlighted that the main focus for the ACF during 2023/24 was to improve engagement with clinicians and raise the profile of the Forum, and that discussions are ongoing to further enhance this work. There had been some challenges around attendance of key stakeholders and, via discussion at the Board meeting, it was noted that this can be resolved soon.

An overview was provided on the key points from the Assurance Statement including the work at a national level regarding racialised inequalities and regular updates in relation to the RTP programme.

The Board took **assurance** from the report.

11. RISK

11.1. Corporate Risk Register Update

The Director of Finance & Strategy referred to the report, which provided an update on the Corporate Risk Register since the last report to the Board on 28 November 2023 and was intended to provide assurance that appropriate measures are in place to effectively manage and monitor the risks. The Director of Finance & Strategy advised that, following the Finance, Performance & Resources Committee, work was

underway to revise the wording of the two finance risks (risks 13 and 14) to reflect the complexity of operating within the financial plan. Further consideration of the Board's risk appetite would be discussed at the Board Development Session in June 2024.

Responding to comments around the risk related to the high number of drug deaths in Fife, the Director of Public Health advised that this risk has been previously considered but the clinical lead suggested that the alignment should be with the Annual Delivery Plan. She confirmed that there is a significant risk around the multiple substances currently in use and agreed to explore further with the Director of Health & Social Care. The Chair requested that the Director of Public Health and Director of Health & Social Care consider the issue of drug-related deaths, which are considerable in numbers in Fife, and whether these should be recorded as a stand-alone risk on the Corporate Risk Register.

Action: J Tomlinson / N Connor

Discussion centred on the escalation from the last Finance, Performance & Resources Committee around the level of assurance in relation to the two finance risks (risks 13 and 14) and the need to ensure that there is sufficient evidence/information that progress is being made to achieve the financial and performance objectives for 2024/25, for the Board to take a reasonable level of assurance on the direction of travel. The Chief Executive was supportive of the points made and took the comments on board in terms of what the Executives need to do differently to ensure that assurance is provided to the Board, and she referred to the programme of work around RTP that would be discussed in detail at the private session of the Board later today, which would helpfully provide that further level of assurance.

The Board 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.

12.1 STRATEGY

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

The Chief Executive introduced the report, which summarised progress to date on the Population Health & Wellbeing Strategy. The report provided a rounded perspective of where there are challenges, but also celebrated key successes over the past year. It was advised that the report had been discussed at the Public Health & Wellbeing Committee, noting the importance of getting the balance between having trusted indicators that are robust and can be reported nationally and narrative giving a more nuanced indication of work underway.

The Board **approved** the report for publication.

12.2. Draft NHS Fife Public Participation & Community Engagement Strategy 2024/28

The Director of Nursing provided an overview of the draft NHS Fife Public Participation & Community Engagement Strategy 2024/28, which has been developed to reflect the aims and objectives of the new NHS Fife Population Health and Wellbeing Strategy 2024/28, noting that a robust delivery plan will be developed to support this strategic document.

Concern was expressed around the lack of detail in the strategy, particularly around articulation and engagement with the public on specific proposals, and the need for actions to be set out around ways that NHS Fife could engage with the public using digital resources, the H&SCP, etc. It was agreed that due consideration be given to the points above in an updated draft of the documents, to be brought back to a future meeting.

The Board thanked the Director of Communication & Engagement for the work outlined in the strategy and requested that, going forward, there needs to be an operational plan as to how these principles will be used in a programme of consultation and engagement, particularly related to RTP workstreams.

Action: K MacGregor

The Board **noted** the paper and confirmed it is now seeking a practical programme of engagement to respond to the RTP process.

13. STATUTORY AND OTHER COMMITTEE MINUTES

The Board noted the below minutes and any issues therein to be raised to the Board. Members were asked to contact the Chair or Board Secretary if there were any issues to be raised on the minutes below.

- 13.1. Audit & Risk Committee dated 16 May 2023 (unconfirmed)
- 13.2. Clinical Governance Committee dated 3 May 2024 (unconfirmed)
- 13.3. Finance, Performance & Resources Committee dated 7 May 2024 (unconfirmed)
The escalation from the minute in relation to the latest position on the corporate risks associated with the in-year and medium-term financial position was noted and had been discussed earlier in the meeting.
- 13.4. Public Health & Wellbeing Committee dated 13 May 2024 (unconfirmed)
- 13.5. Staff Governance Committee dated 14 May 2024 (unconfirmed):
- 13.6. Communities & Wellbeing Partnership dated 14 March 2024 (unconfirmed)
- 13.7. East Region Programme Board dated 26 January 2024
- 13.8. Fife Health & Social Care Integration Joint Board dated 2 February 2024

Approved Minutes:

- 13.8. Audit & Risk Committee dated 14 March 2024
- 13.9. Clinical Governance Committee dated 1 March 2024
- 13.10. Finance, Performance & Resources Committee dated 12 March 2024
- 13.11. Public Health & Wellbeing Committee dated 4 March 2024
- 13.12. Staff Governance Committee dated 6 March 2024

14. ANY OTHER BUSINESS

None.

15. DATE OF NEXT SCHEDULED MEETINGS

Tuesday 25 June 2024 at 9.30 am in the Boardroom, Staff Club, Victoria Hospital (Annual Accounts).

Tuesday 30 July 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.

Fife NHS Board

MINUTE OF THE FIFE NHS BOARD MEETING HELD ON TUESDAY 25 JUNE 2024 AT 09:30 AM IN THE BOARDROOM, STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY

PAT KILPATRICK

Chair

Present:

P Kilpatrick (Chairperson)	K MacDonald, Non-Executive Director Whistleblowing Champion
C Potter, Chief Executive	M McGurk, Director of Finance & Strategy
S Braiden, Non-Executive Director	C McKenna, Medical Director
A Grant, Non-Executive Director	A Morris, Non-Executive Director
C Grieve, Non-Executive Director	L Parsons, Employee Director
A Haston, Non-Executive Director	J Tomlinson, Director of Public Health
J Keenan, Non-Executive Director	A Wood, Non-Executive Director
J Kemp, Non-Executive Director	

In Attendance:

K Booth, Head of Financial Services & Procurement
C Brown, Head of Public Sector Audit – UK, Azets
C Dobson, Director of Acute Services
F Forrest, Director of Pharmacy & Medicines
S Fraser, Associate Director of Planning & Performance
A Graham, Director of Digital & Information
B Hannan, Director of Reform & Transformation
K MacGregor, Director of Communication & Engagement
G MacIntosh, Head of Corporate Governance & Board Secretary
N McCormick, Director of Property & Asset Management
D Miller, Director of Workforce
P King, Corporate Governance Support Officer (Minute)

1. CHAIRPERSON'S WELCOME

The Chair welcomed everyone to the Board meeting, in particular K Booth, Head of Financial Services & Procurement, and C Brown, Head of Public Sector Audit – UK, from Azets, the Board's External Auditors. The Chair reminded everyone that the notes are being recorded with the Echo Pen to aid production of the minutes.

2. DECLARATION OF MEMBERS' INTEREST

There were no declarations of interest made by members.

3. APOLOGIES FOR ABSENCE

Apologies for absence were received from Non-Executive members G Downie and A Lawrie.

4. COMMITTEE ANNUAL ASSURANCE STATEMENTS

It was reported that the Committee Annual Assurance Statements have been closely reviewed and approved by the individual Standing Committees of the Board, and thence by the Audit & Risk Committee as part of its consideration of the Annual Accounts governance statement and wider assurance processes. The Chairs of the Governance Committees each confirmed they had nothing to add to the statements as presented to the Board, which individually each gave a detailed picture of each committee's work and delivery of their remit over 2023/24.

The Chair of the Clinical Governance Committee drew attention to section 8.2 of the Clinical Governance Annual Assurance Statement, which highlighted a significant control weakness during the year related to a data security breach, which has been added as a disclosure in the Governance Statement.

The Board confirmed they took comprehensive assurance from the detailed content of the Annual Statements of Assurance for each of the Board's standing committees for 2023/24. The Board thanked the Head of Corporate Governance & Board Secretary for her work in preparing the Committee Annual Assurance Statements on behalf of the Committees.

5. ANNUAL ACCOUNTS PROCESS

The Annual Accounts for 2023/24 were presented to the Board, together with the final draft external audit report from Azets. As is usual, NHS Fife is not permitted by Scottish Government to put the accounts into the public domain until such time as they are laid before the Scottish Parliament. However, Members had received copies of the reports in their paper pack, and the Chair encouraged questions from Board Members. The Chair reminded the Board that the Audit & Risk Committee had already scrutinised the draft report and accounts on behalf of the Board at its meeting on 20 June 2024.

As soon as the Board is permitted to do so, the final report from Azets will be placed in the public domain, along with the Accounts themselves.

5.1. Annual Assurance Statement from the Audit & Risk Committee

A Grant, Chair of the Audit & Risk Committee, presented the Annual Assurance Statement to the Board and confirmed that the Committee had considered the NHS Fife Annual Accounts and the Patients' Private Funds, both for the period ended 31 March 2024, at the Audit & Risk Committee on 20 June 2024.

The Committee had received the Patients' Private Funds alongside the Audit Report, the Audit Completion Memorandum and Letter of Representation provided from the external auditor Thomson Cooper. A Mitchell, from Thomson Cooper, attended the Committee's meeting to answer any queries raised by members. The Committee confirmed that they fully endorsed the financial statements.

The Committee had also received a presentation on the key aspects of the Annual Accounts from the Director of Finance & Strategy and the Head of Financial Services & Procurement. The Committee also received the Internal and External Reports from the auditors and concluded it could fully endorse the financial statements, the performance report and specifically the governance statement. In relation to the adverse movement in the Integration Joint Board (IJB) reported deficit noted within the governance statement, the Committee has requested further detailed assurance from Fife IJB around its own systems of internal control, for the Committee's next meeting in September.

The Committee recommended to the Board that they take assurance from the above and the scrutiny conducted and invited the Board to approve both the Patients' Private Funds and the NHS Fife Annual Accounts.

The Chair of the Audit & Risk Committee thanked the finance team, Azets colleagues and Internal Audit colleagues for the successful completion of the Accounts and audit process, which had been delivered to deadline.

The Board confirmed they took **assurance** and **noted** the Audit & Risk Committee's Annual Assurance Statement in reference to their recommendation to the Board to approve the Annual Accounts.

5.2. Fife NHS Board Annual Accounts for the Year Ended 31 March 2024 (incorporating items 5.3 and 5.4)

The Chief Executive was pleased to present the Fife NHS Board Annual Accounts for the Year Ended 31 March 2024, which was the culmination of a large amount of work on behalf of the finance and audit teams, and she thanked everyone for their efforts and hard work. She reminded members that the work to conclude the Annual Accounts process was not just about the financial health of the organisation, but the work of Internal and External Audit formed key elements of the Board's assurance mechanisms through different strands of governance. The Chief Executive advised that the governance statement is a key part of the Annual Accounts and described the adequacy and effectiveness of the system of internal control across the organisation, highlighting specifically how the organisation evidences controls over risk management, resource allocation, data quality and effective governance. The key points from the governance statement were outlined, including detail on the 'Re-form, Transform, Perform' (RTP) Framework introduced during the last quarter of the financial year and the review of the first year of the Board's Population Health & Wellbeing Strategy. The Chief Executive also highlighted the specific disclosure within the governance statement related to the Information Governance and Security breach, for which the Board has received a formal reprimand from the Information Commissioner's Office. An appropriate action plan is in place to fully respond to this matter.

The Director of Finance & Strategy gave an overview of the Annual Accounts and highlighted the following points. The statutory Revenue Resource Limit target of break-even was achieved, however this was materially supported through the receipt of additional UK consequential funding of £10m and an increased level of brokerage of £14m. The increase in the latter from £11m to £14m was due to the late notification of an unexpected deterioration of the IJB position, which is referenced in the governance statement.

The Director of Finance & Strategy also noted that the statutory Capital Resource Limit target was delivered in line with plan, with no issues to report in that regard. She drew the Board's attention to the performance report, which detailed several successful priority projects that had been progressed and new key services that had been introduced throughout 2023/24, and she paid tribute to all staff involved in these projects. She also highlighted a number of adjustments to the financial statements as set out in the External Audit Report 2023/24. The Director of Finance & Strategy recorded thanks to the Head of Financial Services & Procurement, the finance team and the auditors for delivering the accounts process in line with the agreed timetable.

The Head of Financial Services & Procurement highlighted some of the key financial performance aspects of the financial statements, including key figures from the remuneration report. The Head of Financial Services & Procurement also described the contingent liability note in relation to one aspect of the Agenda for Change pay deal. This relates to the future, but as yet unquantified costs associated with any successful re-gradings in relation to Band 5 to Band 6 nursing staff.

It was reported that the Board's accounting systems and internal controls have been assessed as having no material weaknesses or significant deficiencies.

5.3 External ISA 260 Audit Report 2023/34

C Brown from Azets took members through the report, which covered the Financial Statements Audit and the Wider Scope of Public Audit (the latter considering additional areas of value for money, financial management and financial sustainability). He confirmed that the Financial Statements had been considered in detail through the Audit & Risk Committee on 20 June, but the Wider Scope of Public Audit conclusions had not. It was therefore proposed that the report be again submitted to the Fife NHS Board meeting in July to allow fuller consideration by the Board.

C Brown advised that since the Audit & Risk Committee met on 20 June, the first two outstanding issues listed in the key messages section had been cleared and the audit work is now complete subject to resolution of minor matters in relation to the accounts, and consideration of anything subsequent since the audit was concluded. It was noted that the Board has received an unqualified opinion on all aspects of the accounts. The Wider Scope of Public Audit report reflected the comprehensive performance report within the Accounts and described the financial position, financial challenges going forward and plans to address those. The report highlighted issues around financial sustainability and the scale of that challenge, particularly noting that the current financial gap is beyond what NHS Fife has been able to successfully bridge in the past.

C Brown also advised that a debrief on the process this year with both Azets and the Finance team would take place to agree improvements to the audit process for next year.

Questions were asked about statements in the report around plans to address the financial challenge in 2024/25 and the adjustments noted in Appendix 3 of the report, and these were responded to. Comments were made about referencing the RTP Framework, which provides a focused plan to achieve £25m of savings in this current financial year, and it was agreed that further discussion on wording would take place in advance of the report being submitted to the next meeting of the Board in July.

Action: M McGurk / C Brown

Following discussion, and due to the late change in the IJB financial position and the additional brokerage sought from the Scottish Government as a result of late identification of the overspend, it was agreed that an independent review is required for the Board to take adequate assurance around the IJB's internal systems of financial control. This is due to members' concerns that the IJB's position has compromised the Board's financial arrangements. It was agreed that further scrutiny is required to ensure that effective systems and processes are in place. A Wood, as Chair of the IJB, confirmed that the IJB has initiated an internal investigation and lessons learned exercise to understand the factors leading to this position and to consider any action that will ensure this situation could not reoccur, after which feedback will be provided to partners. It was advised that further action will be taken if required, but it is important to allow the organisation to investigate matters in the first instance. This position was endorsed by the External Auditor. The Chief Executive agreed to request a review via the Chief Officer on the recent events, and that this review should include appropriate involvement/liaison with the IJB Chief Finance Officer, the NHS Fife Director of Finance & Strategy and the Fife Council Director of Finance.

Action: C Potter

5.4 Letter of Representation

This was the standard letter required from the Board to the External Auditors, for the purposes of confirming that the Board was satisfied that the financial statements gave a true and fair view of the financial position at 31 March 2024.

The Board:

- **considered** the ISA 260 Report from Azets;
- **considered, approved and adopted** the draft Annual Accounts for the year ended 31 March 2024;
- **approved** the draft Letter of Representation and authorised the Chief Executive to sign on behalf of the Board;
- **authorised** the Chief Executive and Director of Finance & Strategy to sign the Accounts on behalf of the Board;
- **approved** the proposed arrangements for resolution of minor matters in relation to the accounts, and up to the date of submission to the Scottish Government Health & Social Care Directorate; and
- **noted** that the accounts are not in the public domain until they are laid in Parliament.

The Chair, on behalf of the Board, thanked Azets and colleagues in the finance team for their efforts in finalising this year's accounts.

5.5. Patients' Private Funds – Receipts and Payments Accounts 2023/24

The Director of Finance & Strategy highlighted the importance of ensuring that NHS Fife has effective management reporting and control arrangements to support funds held on behalf of patients. Statutory regulations require the Board to produce a Receipts and Payments Account for Patients' Private Funds relating to patients that are in our care for long stay periods of time.

The Head of Financial Services & Procurement confirmed that the financial statements were audited by Thomson Cooper Accountants and an unqualified audit opinion was issued, with no significant findings to report. He advised that the value of the funds had decreased as a result of a reduction in the number of patients for which funds are held (from 132 to 117), reflecting patients whom had moved to being cared for by Fife Council and other private providers. He further advised that there had been a reduction in the number of minor administrative findings compared to 2022/23 following work undertaken with wards, which was a positive finding from the audit itself.

As noted above under item 5.1, the Audit & Risk Committee considered the Patients' Private Funds alongside the report and commentary from Thomson Cooper at its meeting on 20 June 2024 and recommended approval to the Board.

The Board:

- **reviewed** the Patients' Private Funds Accounts and Audit Completion Memorandum from Thomson Cooper;
- **approved** the draft Letter of Representation and **authorised** the Chief Executive and Director of Finance & Strategy to sign on behalf of the Board; and
- **approved** the Accounts and **authorised** the Chief Executive and Director of Finance & Strategy to sign the Patients' Private Funds Accounts on behalf of the Board.

6. ANNUAL DELIVERY PLAN (ADP) 2024/25

The Director of Finance & Strategy referred members to the covering paper, which set out the position as regards approval of the ADP 2024/25 by Scottish Government. She commented on recent discussion with the NHS Scotland Director of Health and Social Care Finance, Digital and Governance and noted the expectation at Scottish Government that to deliver financial balance will require an appetite to do things significantly differently and transform how we deliver services.

The Associate Director of Planning & Performance spoke to the Annual Delivery Plan 2024/25, which has received broad support from Scottish Government. It was noted that the ADP is currently being reviewed for the Quarter 1 position, which will take into account feedback as per the letter from NHS Scotland Deputy Chief Operating Officer of 28 May, and our response to that which will also include progress on RTP.

Questions were raised in relation to comments made around the OpenEyes system and services delivered by the IJB and in relation to the Rapid Cancer Diagnostic Service and these were responded to. The Chair referred to a letter from the Director General

Health & Social Care, Chief Executive of NHS Scotland dated 5 June about Reforming Services and Reforming the Way We Work, noting this would be submitted to the July Board meeting for further discussion.

The Chair recorded thanks to the Director of Finance & Strategy, Associate Director of Planning & Performance and her team for their endeavours around the ADP.

The Board **approved** the publication of the Annual Delivery Plan 2024/25.

7. ANY OTHER BUSINESS

None.

8. DATE OF NEXT MEETING: Tuesday 30 July 2024 at 10:00 am

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

FIFE NHS BOARD – ACTION LIST
Meeting Date: Tuesday 30 July 2024



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
1.	26/09/23	Organisational Learning	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. Also will be subject of a presentation at Board Development Session in August.	September 2024
2.	28/05/24	Updated Fife NHS Board Annual Workplan 2024/25	Further reporting to the Board on the Medium-Term Financial Plan to be incorporated into the workplan	MM/GM	Details on performance against plan will be encompassed as part of the routine financial reporting, with a quarterly stocktake against the financial planning assumptions to be incorporated into the existing finance report.	Closed
3.	28/05/24	Update on Preparation for Implementation of the Health and Care (Staffing) (Scotland) Act 2019	Circulate fuller paper to Board members' for information	DM	Papers circulated on 11/07/24.	Closed
4.	28/05/24	Corporate Risk Register – proposed new risk	Consider the issue of drug-related deaths and whether these should be recorded as a stand-alone risk on the Corporate Risk Register	JT/NC (FM)	Drug Related Deaths are listed within the ADP risk register and regularly reviewed. The drivers of the risk are complex and most are outwith the control of the health and care system. The potential development of a new corporate risk for NHS Fife will be considered at the August meeting of the ADP.	August 2024
5.	28/05/24	Draft Public Participation & Community Engagement Strategy 2024/28	Updated draft documents to be brought to future meeting, including operational plan re how the principles will be used in a programme of consultation and engagement, particularly related to Re-	KMacG	Draft Strategy and Operational Plan submitted as part of RTP information to July Board in private session.	Closed

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
			form, Transform, Perform (RTP) workstreams			
6.	25/06/24	External ISA 260 Audit Report 2023/24 / Annual Accounts	Discuss with External Audit comments about referencing the RTP Framework and submit report to Board meeting in July to allow fuller consideration by the Board	MM	Paper submitted to July Board meeting in private session.	Closed
7.			Request an independent review via the IJB Chief Officer about the late change in the IJB financial position and the additional brokerage sought from the Scottish Government as a result of late identification of the overspend	CP	Letter sent to Chief Officer and Tripartite meeting arranged for August	August 2024



Report to the Board on 30 July 2024

BOARD DEVELOPMENT SESSION – 25 June 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.

June Development Session

4. The most recent Board Development Session took place in the Boardroom, Staff Club, Victoria Hospital, Kirkcaldy on Tuesday 25 June 2024. There were two main topics for discussion: Reform, Transform, Perform Update and development of the Board's Risk Appetite statement.

Recommendation

5. 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 July 2024

Meeting:	Fife NHS Board
Meeting date:	30 July 2024
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Susan Fraser, Associate Director of Planning & Performance

1 Purpose

This is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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

The period covered by the performance data is generally up to the end of April 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 May 2024:

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

We continue to report on the suite of National Standards and Local Targets. A summary of targets to be achieved by end of March 2025 are tabled in [Appendix 2 – Trajectories to end of 2024/25](#)

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board and is produced monthly. This is the first report in approved new format with content to be reviewed continually throughout 2024/25.

Production of different extracts of the IPQR for each Governance Committee will continue. The split enables more efficient scrutiny of the performance areas relevant to each committee. Commentary from Services will continue to be collated bi-monthly during 2024/25, to align with report produced for Committees. Services will be asked to highlight achievements and ongoing actions relating to RTP/ADP, evaluating impact on stated outcomes, as well as any associated risks and challenges.

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.

Statistical Process Control (SPC) charts continue to be used for applicable indicators.

A separate report on ADP progress will be produced at the end of each quarter and will include progress against trajectories submitted as part of the Plan.

2.3 Assessment

The Assessment sections of the IPQR provide a full description of the performance, achievements and challenges relating to the key measures in the report.

New measures to be included this month and onwards are related to Mental Health with work to continue throughout 2024/25 in relation to inclusion of Primary Care and Public Health (including Climate Emergency) metrics:

Quality & Care

- Ligature Incidents
- Incidents of Physical Violence
- Incidents of Restraint
- Incidents of Self Harm

Operational Performance

- Mental Health Delayed Discharges

Public Health & Wellbeing

- Mental Health Readmissions within 28 days
- Alcohol Brief Interventions

Additionally, the methodology for Delayed Discharges has been changed to align with Scottish Government Progress Framework, which was part of the Annual Delivery Plan process for 2024/25. The metric to be monitored going forward will now be 'average number of bed days lost per day' rather than '% bed days lost'.

The following are of particular note this month:

Quality & Care	<ul style="list-style-type: none">• Stage 2 Complaints performance did not achieve locally agreed trajectory of 50% for May-24 but sits as a 'positive' outlier i.e. above upper control limit. National Standards were not achieved for Stage 1 Complaints.
Operational Performance	<ul style="list-style-type: none">• VHK 4-hour performance in May-24 did not achieve ADP trajectory of 70%, and was below National Standard of 90%, but remains within control limits and above 24-month average• Delayed Discharges ADP trajectory for Acute & Community was not achieved in May-24, though remains within control limits. Mental Health target was achieved in May-24• Acute Waiting Times are meeting ADP trajectories at the end of Apr-24, but national standards not achieved. Key long wait metrics (52+ weeks; 52+ weeks; 26+ weeks, respectively) were achieved• Cancer 31-day Decision-to-Treat Waiting Times performance met the National Standard of 95% for Apr-24. 62-day Referral-to-Treatment Waiting Times Cancer performance did not achieve ADP trajectory for Apr-24 or National Standard but is within control limits (just below 24-month average)
Workforce	<ul style="list-style-type: none">• Sickness Absence performance achieved ADP trajectory of <8%• PDPR performance achieved locally agreed trajectory of >42.5%, but National Standard not achieved

Public
Health &
Wellbeing

- Psychological Therapies performance in Apr-24 did not achieve ADP trajectory of 73%, and were below National Standard of 90%, and was also below 24-month average but remains within control limits
- Childhood immunisation performance for '6-in-1 at 12 months of age' and 'MMR2 at 5 years of age' decreased considerably from previous quarter, below target, but still within control limits

National standards and ADP trajectories

The Annual Delivery Plan (ADP) contains additional local trajectories against national standards indicators as well as other indicators. In addition, there are further local trajectories agreed to support performance which are not required within the ADP, these have been added to the IPQR for completeness. These were requested to be included in the IPQR following the most recent IPQR review. The ADP performance trajectories for 2024/25 have been approved by both the NHS Fife Board and the Scottish Government.

As part of the IPQR review, the Annual Delivery Plan (ADP) trajectories for 2024/25 have been incorporated into the analysis of the individual indicators to demonstrate progress in year towards the agreed performance trajectory with Scottish Government for 2024/25.

The table below shows whether there is a national standard or defined target, an agreed ADP trajectory or a local trajectory for each indicator.

Indicator	National Standard/ SG defined Target	ADP Local Trajectory	Local Trajectory (not required in ADP)
Quality & Care			
Adverse Events			✓
Inpatient Falls			✓
Inpatient Falls with Harm			✓
Pressure Ulcers			✓
Mental Health Incidents (local)			TBC
Healthcare associated infection – SAB	✓		
Healthcare associated infection – C Diff	✓		
Healthcare associated infection – ECB	✓		
S2 Complaints Closed in Month on Time			✓
Operational Performance			
4-Hour Emergency Access (A&E)	✓	✓	

Indicator	National Standard/ SG defined Target	ADP Local Trajectory	Local Trajectory (not required in ADP)
4-Hour Emergency Access (ED)		✓	
Delayed Discharges (Standard) Acute/Comm & MH/LD		✓	
Patient TTG % <= 12 Weeks	✓	✓	
Patient TTG waits > 52 weeks		✓	
New Outpatients % <= 12 Weeks	✓	✓	
New Outpatients waits > 52 Weeks		✓	
Diagnostics % <= 6 Weeks	✓	✓	
Diagnostics > 26 Weeks		✓	
Cancer 31-Day DTT	✓	✓	
Cancer 62-Day RTT	✓	✓	
Freedom of Information Requests	✓		
Workforce			
Sickness Absence	✓	✓	
Personal Development Plan & Review (PDPR)			✓
Vacancies			
Public Health and Wellbeing			
Smoking Cessation	✓	✓	
Alcohol Brief Interventions	✓		
Mental Health Readmissions within 28 days			TBC
CAMHS Waiting Times	✓	✓	
Psychological Therapies	✓	✓	
Drugs & Alcohol Waiting Times	✓	✓	
Childhood Immunisations	✓	✓	

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		x		
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 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 Governance Committees are aware of the approach to the production of the IPQR and the performance framework in which it resides.

The Governance Committees next meet in July and extracts of the overall Position at May IPQR will be formally presented and discussed.

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**, 20 June 2024
- **Public Health and Wellbeing Committee**, 01 July 2024
- **Staff Governance Committee**, 09 July 2024
- **Clinical Governance Committee**, 12 July 2024
- **Finance, Performance and Resource Committee**, 16 July 2024

2.3.9 Issues for Escalation to the NHS Fife Board

There were no issues for escalation from the Public Health & Wellbeing, Staff Governance and Clinical Governance Committees.

The Finance, Performance & Resources Committee requested clarity on the origin of the local trajectories shown in the report, where they were approved and how they link with the national standards. The Annual Delivery Plan (ADP) contains additional local trajectories against national standards indicators as well as other indicators. These were requested to be included in the IPQR following the most recent IPQR review. The ADP performance trajectories for 2024/25 have been approved by both the NHS Fife Board and the Scottish Government. In addition, there are further local trajectories agreed to support performance which are not required within the ADP, these have been added to the IPQR for completeness.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a Moderate Level of Assurance.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Table of Metrics and Data Lag
- Appendix 2 – Trajectories to end of 2024/25
- IPQR Position at May 2024 v1.0

Report Contact

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Appendix 1 – Table of Metrics and Data Lag

Metric	Local Data Lag	Published Data Lag
HSMR	-	6 months
Mental Health Readmissions	6 months	-
Smoking Cessation	4 months	9 months
IVF Treatment WT	-	3 months
Antenatal Access	-	3 months
Vacancies	3 months	-
Alcohol Brief Interventions	3 months	-
Drugs & Alcohol WT	2 months	3 months
Childhood Immunisation	-	3 months
Adverse Events	Adverse Events – 1 month SAER/LAER – 3 months	-
Inpatient Falls	1 month	-
Pressure Ulcers	1 month	-
Mental Health Quality Indicators	2 months	-
HAI/HCAI	1 month	3 months
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
Complaints	No lag	previous financial year
PDPR	No lag	-
Emergency Access	No lag	1 month
FOI Requests	No lag	-
Delayed Discharge	No lag	1 month

Appendix 2 – Trajectories to end of 2024/25

Metric	To achieve by YE Mar-25	
Adverse Events	50%	Percentage of LAER/SAER actions from Major and Extreme Adverse Events to be closed on time
Inpatient Falls	6.95	Rate to reduce by 15% to compared to baseline (YE Sep-21) [rate: number of Inpatient Falls per 1,000 Occupied Bed Days]
Inpatient Falls with Harm	1.44	Rate to reduce by 10% compared to baseline (YE Sep-21) [rate: number of Inpatient Falls with Harm per 1,000 Occupied Bed Days]
Pressure Ulcers	0.89	Rate to reduce by 20% compared to baseline rate (FY 2022/23) [rate: number of pressure ulcers per 1,000 Occupied Bed Days]
Ligature Incidents (Mental Health)	TBC	Rate to reduce [rate: number of incidents per 1,000 Occupied Bed Days]
Incidents of Restraint (Mental Health)	TBC	Rate to reduce [rate: number of incidents per 1,000 Occupied Bed Days]
Incidents of Physical Violence (Mental Health)	TBC	Rate to reduce [rate: number of incidents per 1,000 Occupied Bed Days]
Incidents of Self Harm (Mental Health)	TBC	Rate to reduce [rate: number of incidents per 1,000 Occupied Bed Days]
Healthcare associated infection – SAB	6.5	Rate to be achieved [rate: number of infections per 100,000 Total Occupied Bed Days]
Healthcare associated infection – C Diff	33.0	Rate to be achieved [rate: number of infections per 100,000 Total Occupied Bed Days]
Healthcare associated infection – ECB	18.8	Rate to be achieved [rate: number of infections per 100,000 Total Occupied Bed Days]
S2 Complaints Closed in Month on Time	60%	Percentage of Stage 2 complaints to be completed within 20 working days
4-Hour Emergency Access (ED)	75%	Percentage of ED patients to wait less than 4 hours from arrival to admission, discharge or transfer
Delayed Discharges (Standard) Acute/Comm	39	Average number of Bed Days Lost per day due to people in delay (excluding Code 9) within Acute and Community settings to reduce
Delayed Discharges (Standard) MH/LD	10	Average number of Bed Days Lost per day due to people in delay (excluding Code 9) within Mental Health settings to reduce
Patient TTG % <= 12 Weeks	44%	Percentage of patients to be treated (inpatient or day case setting) within 12 weeks of decision to treat
Patient TTG waits > 52 weeks	186	Number of patients waiting 52 weeks or more for first outpatient appointment to reduce
New Outpatients % <= 12 Weeks	35%	Percentage of patients to wait no longer than 12 weeks from referral to a first outpatient appointment
New Outpatients waits > 52 Weeks	5110	Number of patients waiting 52 weeks or more for first outpatient appointment to reduce

Metric	To achieve by YE Mar-25	
Diagnostics % <= 6 Weeks	30%	Percentage of patients to wait no longer than 6 weeks from referral to key diagnostic test
Diagnostics > 26 Weeks	1116	Number of patients waiting 26 weeks or more for diagnostic appointment is to reduce
Cancer 31-Day DTT	95%	Percentage of patients waiting no more than 31 days from decision to treat to first cancer treatment
Cancer 62-Day RTT	85.4%	Percentage of patients referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral (National Standard 95%)
Freedom of Information Requests	85%	Percentage of requests to be closed on time
Sickness Absence	6.5%	Percentage of staff sickness hours
Personal Development Plan & Review (PDPR)	60%	Percentage of PDPRs completed
Vacancies (Medical & Dental)	NA	Number of vacancies to be reduced
Vacancies (Nursing & Midwifery)	NA	Number of vacancies to be reduced
Vacancies (AHPs)	NA	Number of vacancies to be reduced
Smoking Cessation Total (2024/25)	500	Number of successful smoking quits at 12 weeks post quit across Fife
Smoking Cessation 40% SIMD (2024/25)	325	Number of successful smoking quits at 12 weeks post quit in the 40% most deprived SIMD areas
Alcohol Brief Interventions	80%	Deliver 80% of Alcohol Brief Interventions in Priority Settings (Primary Care, A&E and Antenatal)
Mental Health Readmissions within 28 days	TBC	Readmission rate for Mental Health Specialties within 28 days of discharge to reduce
CAMHS Waiting Times	90%	Percentage of young people to commence treatment for specialist CAMH services within 18 weeks of referral
Psychological Therapies	73%	Percentage of patients commencing Psychological Therapy based treatment within 18 weeks of referral (National Standard 90%)
Drugs & Alcohol Waiting Times	90%	Percentage of clients to wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery
Immunisation: 6-in-1 at Age 12 Months	95%	Percentage of children to receive 6-in-1 vaccinations by 12 months of age
Immunisation: 6-in-1 at Age 24 Months	95%	Percentage of children to receive 6-in-1 vaccinations by 24 months of age
Immunisation: MMR2 at 5 Years	92%	Percentage of children to receive MMR2 vaccination by the age of 5



Fife Integrated Performance & Quality Report (IPQR)

Position (where applicable) at May 2024
Produced in June 2024

Introduction

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

Summarising performance against full list of National Standards and local KPIs. These are listed showing current performance against target/trajectories with comparison with 'previous' performance.

C. Assessment & Performance Exception Reports

More detailed Indicator Summary for each area of Governance including (where appropriate) benchmarking, 'sparkline' trend and comparison with 'previous year' performance. There is also a column indicating 'special cause variation' based on SPC methodology. Also incorporated into this section is an assessment for indicators of continual focus or concern. Content includes data analysis, service narrative and additional data presented in charts, incorporating SPC methodology, where applicable. All charts with SPC applied will be formatted consistently based on the following;



MARGO MCGURK
Director of Finance & Strategy
17 June 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
Total	18	12	6	0	0		

Risk Key

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

Movement Key

▲	Improved - Risk Decreases
◀▶	No Change
▼	Deteriorated - Risk Increases

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

Quality & Care				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change	
	LAER/SAER	% Actions Closed on Time		29.6%	56.9%	▼		Inpatient Falls		7.35	6.92	▼		Pressure Ulcers		1.08	0.92	▼	<div style="background-color: green; width: 20px; height: 20px; margin-bottom: 5px;"></div> meeting trajectory/target <div style="background-color: yellow; width: 20px; height: 20px; margin-bottom: 5px;"></div> within 5% of trajectory/target <div style="background-color: red; width: 20px; height: 20px;"></div> out with 5% of trajectory/target		
	Ligature Incidents (Mental Health)			0.00	3.44	▲		Incidents of Restraint (Mental Health)		12.6	15.6	▲		Incidents of Physical Violence (Mental Health)		11.10	9.46	▼			
	Incidents of Self Harm (Mental Health)			0.83	1.72	▲		SAB HAI		20.5	13.1	▼		C Diff HAI		13.7	0.0	▼			
	ECB HAI			47.9	22.8	▼		S1 Complaints Closed in Month on Time		50.0%	34.0%	▲		S2 Complaints Closed in Month on Time		26.7%	19.4%	▲			
Operational Performance				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change	
	Emergency Access	A&E		75.6%	73.6%	▲		Delayed Discharges (Standard)	Acute/Comm		56	59	▲		Cancer	31-day DTT		96.1%	96.0%	▲	<div style="background-color: green; width: 20px; height: 20px; margin-bottom: 5px;"></div> Improved performance from previous month <div style="background-color: yellow; width: 20px; height: 20px; margin-bottom: 5px;"></div> No significant change from previous month <div style="background-color: red; width: 20px; height: 20px;"></div> Reduction in performance from previous month
		ED		67.6%	66.2%	▲			MH/LD		6	8	▲			62-Day RTT		73.6%	72.9%	▲	
	Patient TTG	% <=12weeks		49.7%	47.3%	▲		New Outpatients	% <=12weeks		39.7%	39.5%	◆		Diagnostics	% <=6weeks		51.8%	51.2%	▲	
		>52 weeks		622	623	◆			>52 weeks		4602	4174	▼			>26 weeks		81	127	▲	
Finance				Current	Previous	Change					Current	Previous	Change								
£	Revenue Resource Limit Performance - Health Board			£7.1m	1st Report In-year	-	£	Capital Resource Limit Performance			£0.2m	1st Report In-year		Financial Improvement & Sustainability Plans Reported through RTP/Finance Report & HSCP							
£	Revenue Resource Limit Performance - Health Delegated HSCP			£3.7m	1st Report In-year	-	£	N/A													
Workforce				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change	
	Sickness Absence			7.35%	6.61%	▼		Personal Development Plan & Review			43.7%	44.1%	◆		Vacancies	Medical & Dental		7.5%	9.4%	▲	
															Nursing & Midwifery		4.6%	6.5%	▲		
															AHPs		4.7%	8.0%	▲		
Public Health & Wellbeing				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change	
	Smoking Cessation	40% Most Deprived		218	192	◆		Alcohol Brief Interventions			119.7%	120.0%	◆		Mental Health Readmissions within 28 days		6.2%	1.7%	▼		
	CAMHS			78.0%	76.8%	▲		Psychological Therapies			67.9%	74.3%	▼		Drugs & Alcohol		84.5%	80.9%	▲		
	Childhood Immunisation	6-in-1 @ 12 months		95.1%	94.9%	◆		Childhood Immunisation	6-in-1 @ 24 months		93.8%	96.4%	▼		Childhood Immunisation	MMR2 @ 5 years		85.7%	89.6%	▼	

C1. Quality & Care

To improve the quality of health and care services

6 4 2 - -

◀ ▶ Moderate

Indicator	Target National/Local	Current Trajectory	Reporting Period	Value	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
Major/Extreme Adverse Events	-	-	Month Apr-24	50	○	▼	▼		●
LAER/SAER - % Actions Closed on Time	L 50%		Month Jan-24	29.6%	●	▼	▲		●
HSMR	-	-	Year to Dec-23	0.96	●	—	—		●
Inpatient Falls	L 6.95		Month Apr-24	7.35	○	▼	▲		●
Inpatient Falls with Harm	L 1.44		Month Apr-24	1.48	○	▼	▼		●
Pressure Ulcers	L 0.89		Month Apr-24	1.08	○	▼	▼		●
Ligature Incidents (Mental Health)			Month Mar-24	0.00	○	▲	▲		●
Incidents of Restraint (Mental Health)			Month Mar-24	12.59	○	▲	▼		●
Incidents of Physical Violence (Mental Health)			Month Mar-24	11.10	○	▼	▼		●
Incidents of Self Harm (Mental Health)			Month Mar-24	0.83	○	▲	▼		●
SAB - Healthcare associated infection	N 18.8		Month Apr-24	13.1	○	▼	▼		● QE Dec-23
C Diff - Healthcare associated infection	N 6.5		Month Apr-24	13.7	○	▼	▲		● QE Dec-23
ECB - Healthcare associated infection	N 33.0		Month Apr-24	47.9	○	▼	▼		● QE Dec-23
S1 Complaints Closed in Month on Time	L 80%		Month May-24	50.0%	●	▲	▲		● 2021/22
S2 Complaints Closed in Month on Time	L 60%	50%	Month May-24	26.7%	○	▲	▲		● 2021/22

Performance Key

- meeting trajectory/target
- within 5% of trajectory/target
- out with 5% of trajectory/target

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

Benchmarking Key

- Upper Quartile
- Mid Range
- Lower Quartile



LAER/SAER Actions Closed on Time

50% of LAER/SAER actions from Major and Extreme
Adverse Events to be closed on time

29.6%

6 ↑

actions to be
closed on time
to achieve target

Data Analysis

Actions Closed (Reported to Jan-24)

There were 8 actions relating to LAER/SAER closed on time in Jan-24, from a total of 27, which equates to a performance of 29.6%: a decrease on the 56.9% the previous month (Dec-23) and a small improvement on the 24.4% the previous year (Jan-23).

There were 335 actions open at the end of Jan-24, with 69 (20.6%) being within time. On average, 54 actions have been closed per month in year to Jan-24 compared to 36 per month in the 12 months prior.

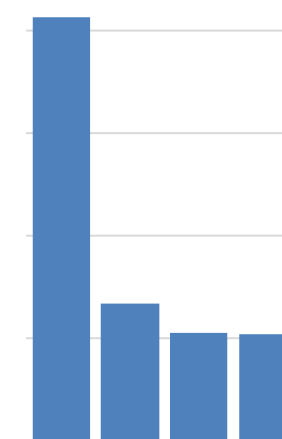
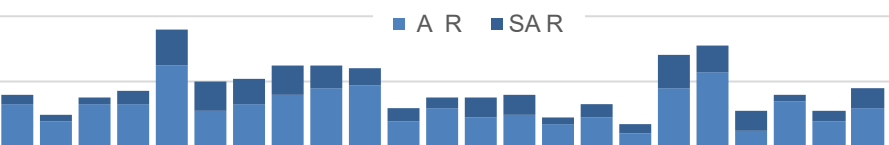
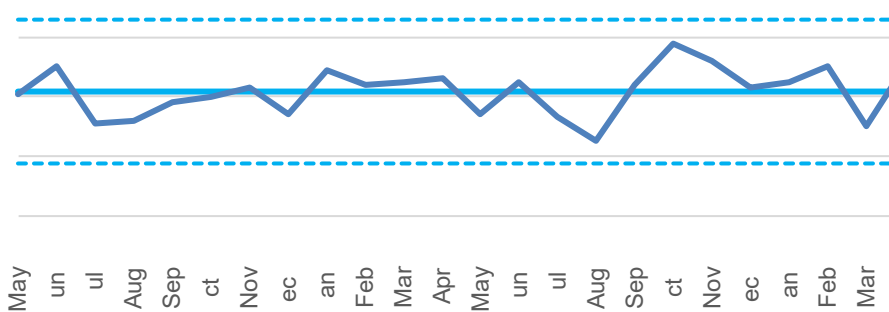
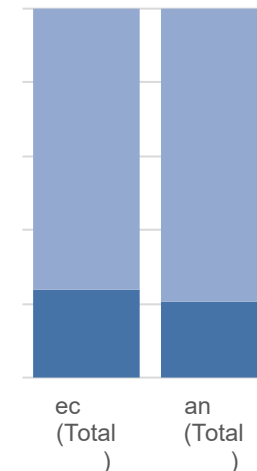
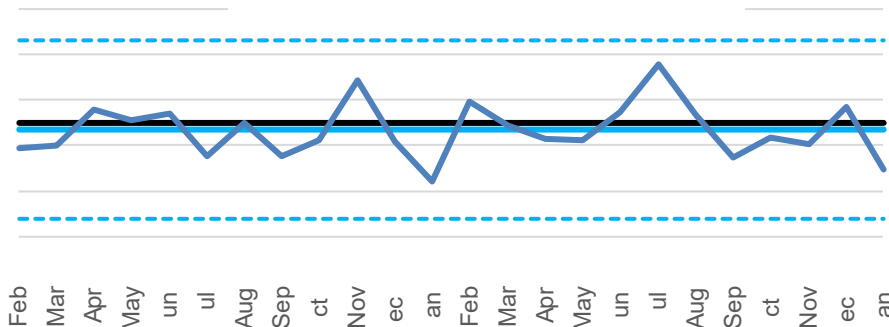
Adverse Events (Reported to Apr-24)

There were 50 Major/Extreme adverse events reported in Apr-24 out of a total of 1,501 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 (207) followed by 'Cardiac Arrest' (67 incidents), and then 'Patient Fall' (53 incidents).

Achievements & Challenges

Work on the refined trigger list continues and will be presented back to Clinical Governance Oversight Group in June along with a process flowchart which maps out the implications of the change on each step of the major/extreme harm management process. In addition to the trigger list, the management process details a proposed action as the first step in reinvigorating the paused improvement work on actions closed on time. Previous work identified that data extracted from the system to monitor compliance with action closure on time was unreliable and provided a low level of assurance that there had been learning from SAERs/LAERs. This is due to a number of factors, but mainly the ability to move completion dates in the Datix action record without any governance surrounding this or functionally within the Datix system to capture it.





Inpatient Falls

Reduce Inpatient Falls rate by 15% to 6.95 per 1,000 Occupied Bed Days compared to baseline (YE Sep-21)

7.35

12 ↓

falls to achieve target

Reduce Inpatient Falls with Harm rate by 10% to 1.44 per 1,000 Occupied Bed Days compared to baseline (YE Sep-21)

1.48

2 ↓

falls with harm to achieve target

Data Analysis

The number of inpatient falls in total was 204 in Apr-24, almost equal to the month prior. This equates to a rate of 7.35 falls per 1,000 Occupied Bed Days (OBD). Performance therefore exceeds the target of < 6.95 but remains within control limits and is on par with the 24-month average.

Average rate was 7.39 for YE Mar-24 compared to 7.81 for YE Mar-23.

The number of inpatient Falls 'with Harm' was 41 in Apr-24, 1 less than the month prior. This equates to a rate of 1.48 falls per 1,000 OBD: thus, performance was just outwith the target of < 1.44 and is below the 24-month average.

Average total rate was 1.63 for YE Mar-24 compared to 1.62 for YE Mar-23.

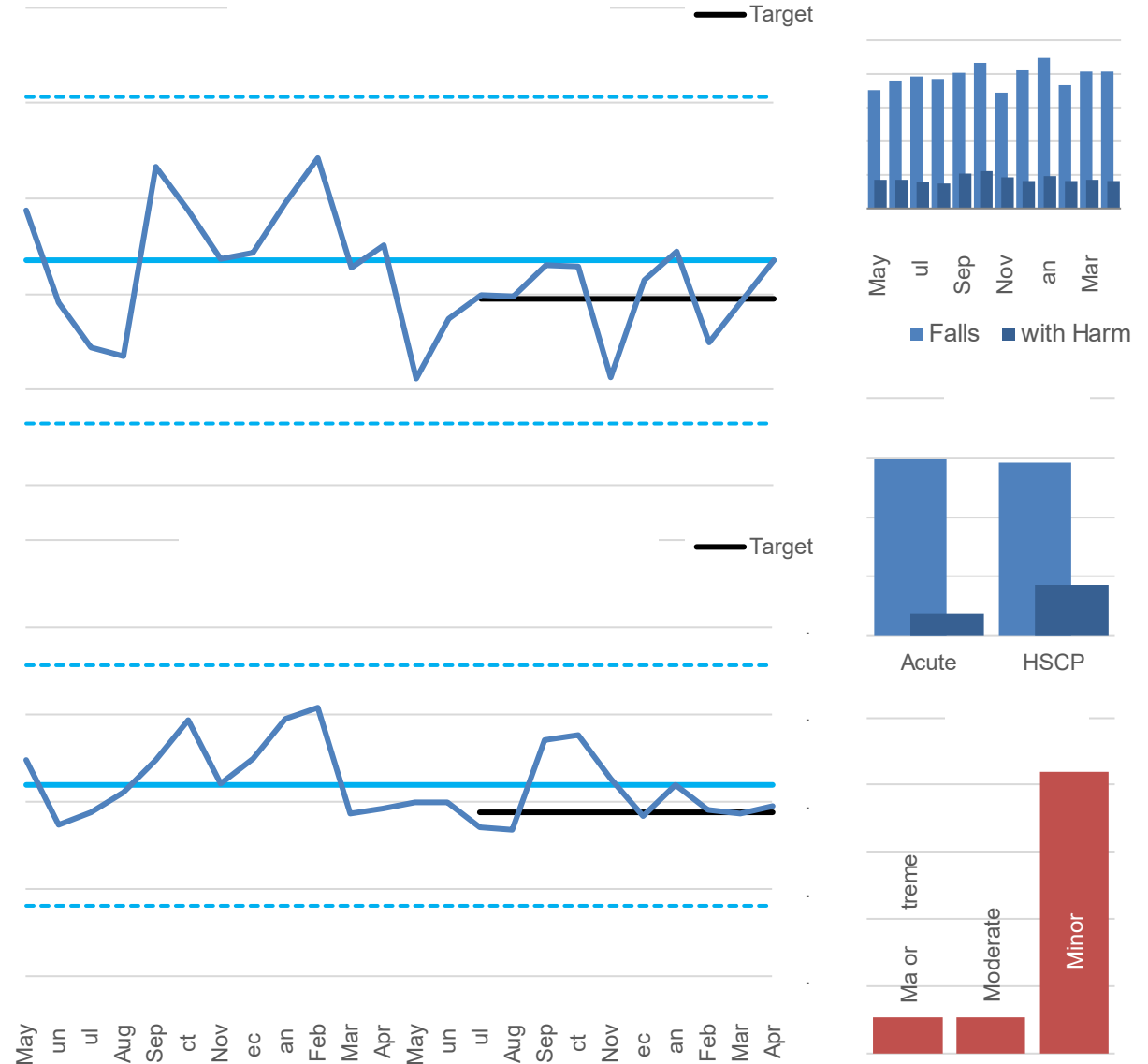
In Apr-24, Acute Services saw an increase in All Falls rate (18 more falls, rate of 8.61); whereas HSCP saw a decrease in All Falls rate (17 fewer falls, rate of 6.20).

In the last 3 months - looking only at Falls with Harm - Falls classified as 'Minor Harm' accounted for , 'Moderate Harm' accounted for and 'Major Harm' accounted for .

Achievements & Challenges

Acute Services are still on target to reduce all inpatient falls by 15% this year (currently at 6.92 - target is 6.95) but our performance to reduce falls with harm by 10% is still above target at 1.60 (target 1.44). Overall falls are slightly above trajectory at 7.03 (target 6.95).

NHS Fife Safer Mobility & Falls Oversight Group meets quarterly to review performance and improvement initiatives. These are being taken forward by the two delivery groups. The revised Falls toolkit documentation has been issued and launched at the event held on 6th March 2024 where both Acute Services and HSCP teams shared good practice and celebrated success.



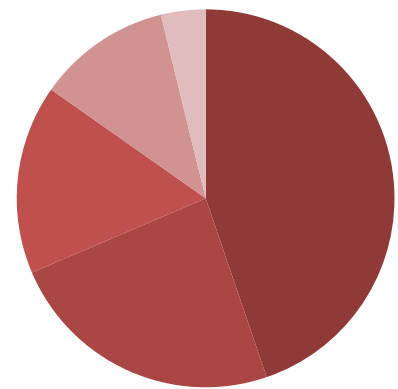
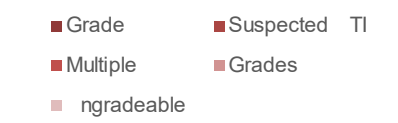
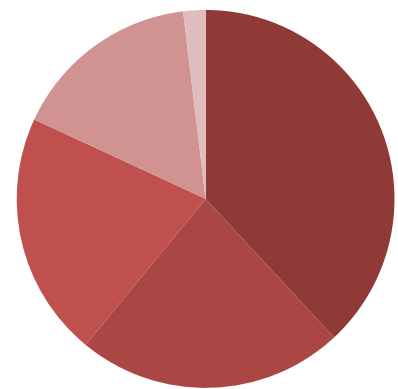
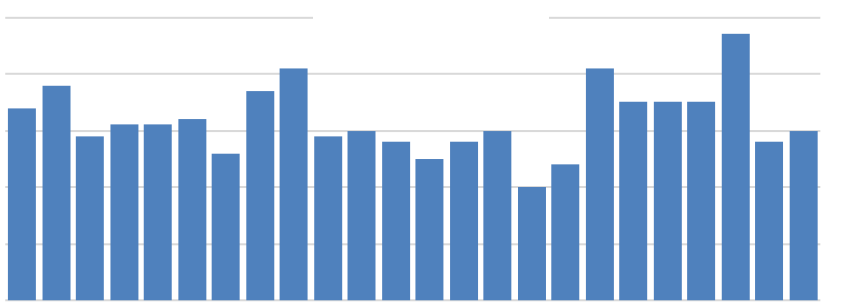
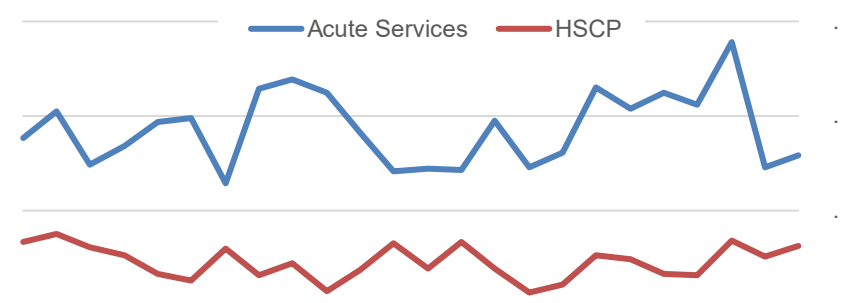
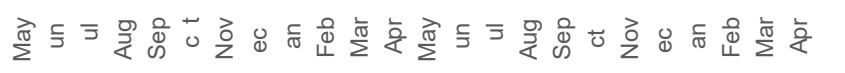
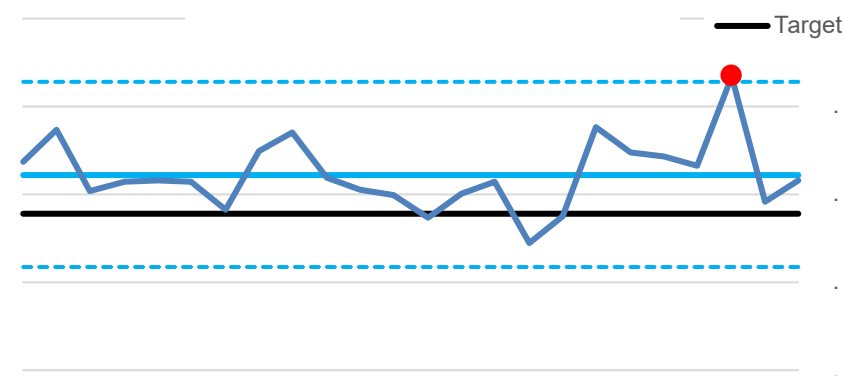
Data Analysis

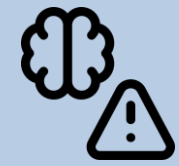
The total number of pressure ulcers (PU) in Apr-24 was 30, which was 2 more than the month previous. This equates to a rate of 1.08 per 1,000 Occupied Bed Days (OBD). Performance therefore remains outwith the target of <0.89 per OBD though remains within control limits and below the 24-month average. The total average rate for YE Mar-24 was 1.10 (slightly less than the 1.11 for YE Mar-23). The number of pressure ulcers in Acute Services in Apr-24 was 21, one more than in Mar-24 (rate increased from 1.45 to 1.59). For YE Mar-24, the average number of pressure ulcers was 25 (rate 1.86), the same as the average number for YE Mar-23 (rate also 1.86). In HSCP, the average number of pressure ulcers for YE Mar-24 was 7 (rate 0.44), the same as the average number for YE Mar-23 (rate 0.45).

Most pressure ulcers continue to be in Acute Services with 78 recorded in QE Apr-24 compared with 27 in HSCP. Of all Pressure Ulcers recorded in QE Apr-24, Grade 2 accounted for 38% of the total; with Grades 3 & 4 accounting for 23%.

Achievements & Challenges

Ongoing initiatives within our Acute Services include the continued focus on the Ward of the Week programmes, significant improvements across orthopaedic wards, enhanced education, dedicated review time, and the trial of new pressure-reducing equipment. Allied Health Professionals are actively supporting the completion of the SSKIN bundle, particularly the 'keep moving' section, which is showing positive outcomes. We have also made workforce improvements, embraced new education opportunities, and remain committed to ongoing quality improvement initiatives and continued effective collaboration with our HCSP TVN colleagues. Within the HSCP we are looking to develop our operational tissue viability group into an improvement group and we continue to work with our District Nursing colleagues in a number of quality improvement projects to encourage prompt completion of skin assessment tools and a whole person approach to assessments. Acute are piloting the 'Quality of Care Review' and 'Care Assurance Visits' - a national tool designed to enhance patient safety and care outcomes. This initiative involves thorough assessments to ensure high standards in patient care, focusing on critical areas such as PU. The reviews aim to identify best practices and areas for improvement, promoting preventive measures and timely interventions to reduce PU incidence. Ongoing testing of these principles continues, refining care strategies and ensuring consistent, high-quality care. The impact of these reviews emphasises and supports identification what is required to improve patient safety and care quality.





Mental Health Quality Indicators

Reduce Ligature Incidents (rate per 1,000 Occupied Bed Days)	0.00
Reduce incidents of Self Harm (rate per 1,000 Occupied Bed Days)	1.72
Reduce Incidents of Restraint (rate per 1,000 Occupied Bed Days)	12.59
Reduce Incidents of Physical Violence (rate per 1,000 Occupied Bed Days)	11.10

Data Analysis

There was 268 incidents reported in relation to Mental Health wards in Mar-24, a slight decrease from 274 previous month but above 24-month average of 233 per month. There were no Ligature incidents reported in Mar-24, for first time since Dec-22. Previous 7 months were above average, outwith control limits in Feb-24. The number of incidents of self-harm reduced to 5 in Mar-24, double figures were reported each month from Aug-23 to Feb-24.

Rate of Restraint reduced from 24-month high of 15.6 per 1,000 Occupied Bed Days in Feb-24 to 12.6 in Mar-24, a reduction in incidents from 91 to 76. 67 incidents of Physical Violence were reported in Mar-24, an increase from 55 the month prior, this equates to a rate of 11.1 per 1,000 Occupied Bed Days, which is highest since 10.1 was reported in Nov-23.

Achievements & Challenges

Ongoing programme of work to the environment including the preparation of W3 QMH and the decant of 4 wards in rotation to upgrade the environment in each of them. Work within W3 QMH, has started but is not yet ready for wards to decant into. This has been paused to allow for further consideration on clinical service design. Completion date for the whole project is expected to be at least 2 years.

The Ligature in patient mental health oversight group is a partnership between NHS Fife Health and Safety, Mental Health Management Team and NHS Fife Estates. The group exists to ensure that all H&S Environmental Ligature risk assessments are up to date with associated action plans to mitigate identified risk, as far as is reasonably practicable, and for the delivery of these action plans to be monitored and, where necessary escalated.

There has been a Ligature Policy developed for NHS Fife and Fife HSCP with the final draft policy being shared widely for consultation. This policy and EQIA will be discussed at the Fife Policy and Procedure Coordination and Authorisation Group on 24 Jun.

Within the ward areas, staff continue to be vigilant for any ligature concerns and manage patients individually according to their risk assessments and changes in their behaviours, management of patient risks would be through their care plans.

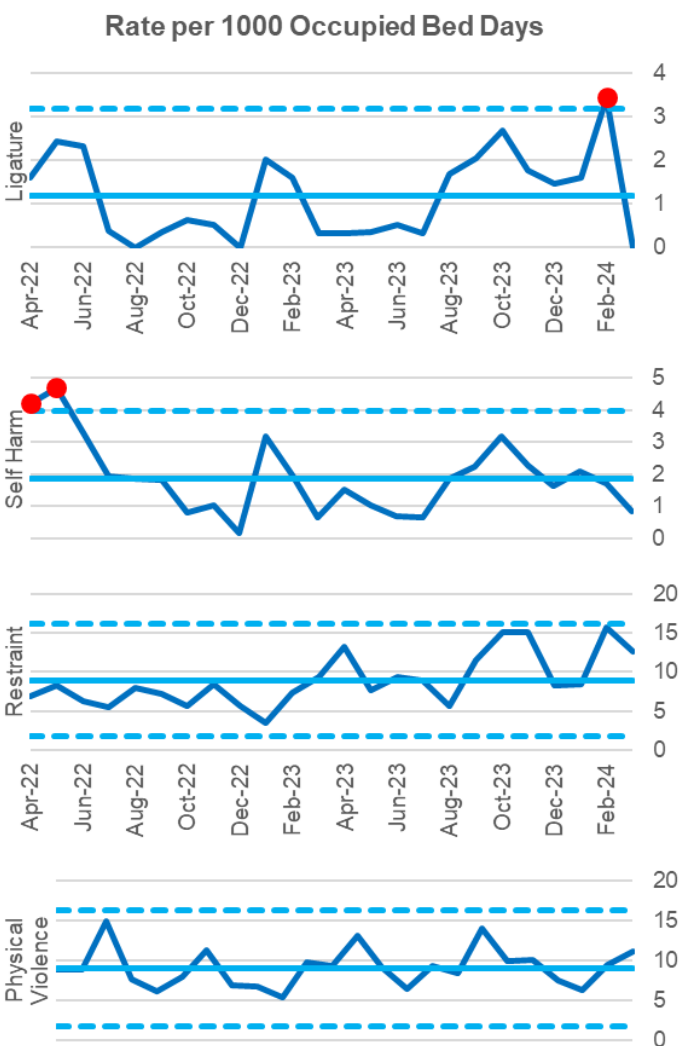
The number of self-harm except for tying ligatures is low, and there is currently no concentrated work on reducing self-harm. The ward staff continue to be vigilant for self-harm, awareness of patient's histories and behaviours with risks managed through their own individual care plans.

Work continues to reduce restrictive practice with monthly meetings of the Reducing Restrictive Practice Group (RRPG) to review progress. The initial stage of this work has concentrated on best practice for restraint, training and IM medication. With the creation of RAG status reports for SCN's, review of the training delivery and team capacity, there has been the development of IM posters and aide memoires for staff alongside skills training and competency assessment taken place on injection techniques across all sites.

The next stage, the group are moving on to is to implement Scottish Patient Safety Programme (SPSP) work including the creation of a driver diagram and consideration for small PDSA's and improvement work. This will involve work on Leadership and Culture, Safe Clinical Care, Safe Communications and Person-Centred care.

There is discussion around improvements with therapeutic activity which is reduced currently due to heightened pressures in the wards and the need for concentrated work around distraction and de-escalation of incidents. The Seclusion policy is currently being reviewed by a multi-disciplinary group.

Work with HIS Improving Observation Practice has not continued and therefore there is a need to re-establish this workstream and align improvements to the policies. This has been acknowledged by the service, but work is yet to begin in this area.





Healthcare Associated Infections

CDI: Achieve and maintain rate of 6.5 per 100,000 Total Occupied Bed Days

13.7

3 ↓

infections to achieve target

ECB: Achieve and maintain rate of 33.0 per 100,000 Total Occupied Bed Days

47.9

5 ↓

infections to achieve target

SAB: Achieve and maintain rate of 18.8 per 100,000 Total Occupied Bed Days

20.5

1 ↓

infections to achieve target

The **CDI HAI/HCAI** rate increased to 13.7 in Apr-24. The cumulative total of HCAI infections for past 12 months (n=24) is significantly lower than the same period previous year (n=40), The number of recurring infections has also decreased.

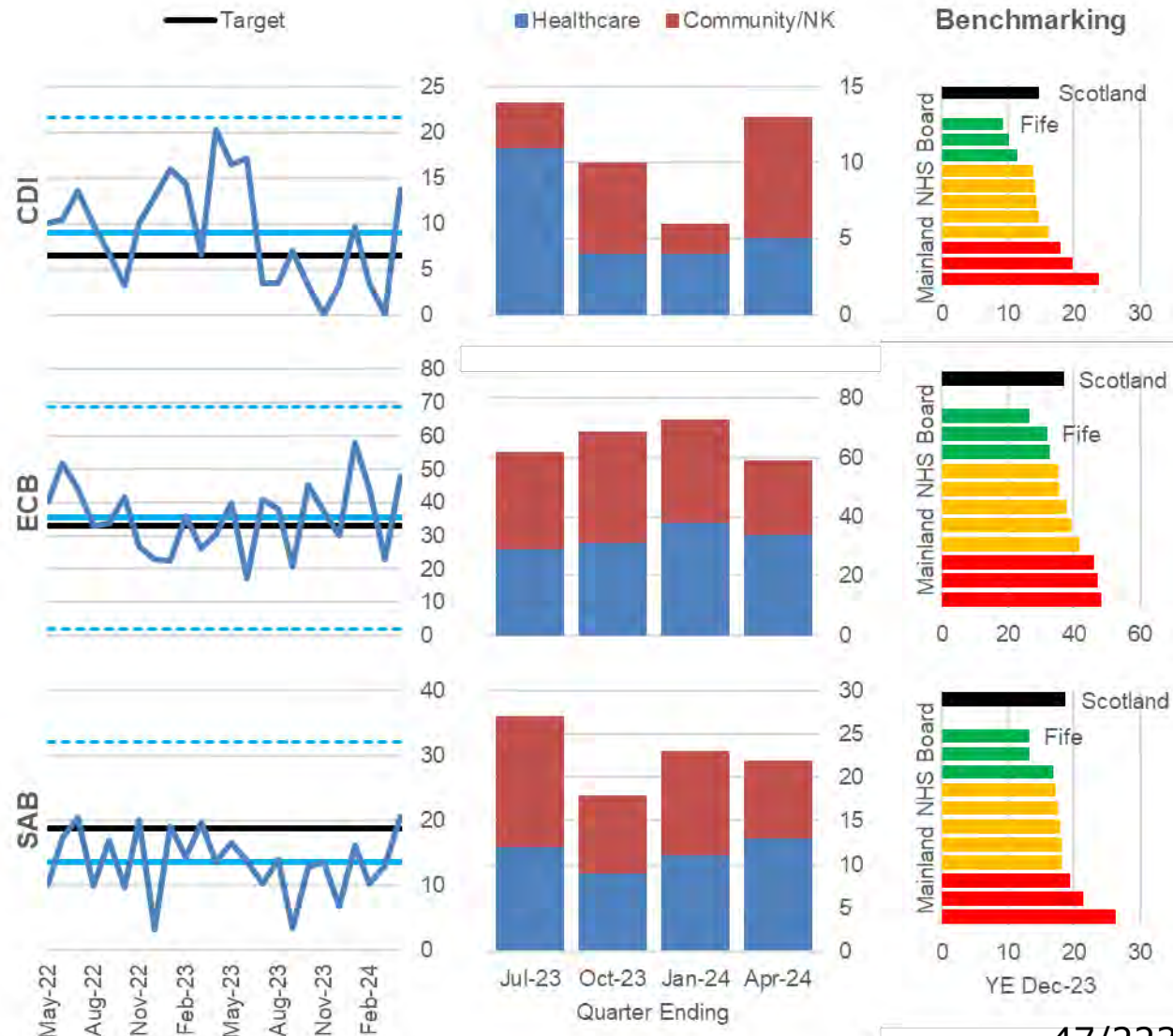
All CDI cases are assessed for risk factors leading up to the CDI infection. Previous antibiotic usage (in the 12 weeks leading up to the infection) and PPIs (Protein Pump Inhibitors) remain the most commonly seen risk factors amongst cases. A new hospital onset CDI root cause analysis form has recently been developed to assist IPCT Nurses to review each CDI patient with a more holistic approach.

The **ECB HAI/HCAI** rate increased to 47.9 in Apr-24 with number of healthcare infections increasing from 7 in Mar-24 to 14 in Apr-24. The cumulative number of HCAI infections over last 12 months (n=131) is higher than the same period previous year (n=122) and this increase is also seen in the number of CAUTI related ECBs. Urinary Catheter related infections have been responsible for 32 of the 131 infections in the last year (24.4%) the 'Not Known' category accounts for of reported HCAI infections. In the last months, infections have occurred equally as community acquired and healthcare associated.

Regular Urinary Catheter Improvement Group (UCIG) meetings continue to take place. The aim of the group is to establish CAUTI reduction improvement work. A Urinary Catheter insertion/maintenance electronic tool continues to be developed for Patientrak, with the hope of near future rollout. Each CAUTI related ECB is reported on Datix and undergoes a CCR to ascertain any learning. Monthly meetings continue to take place to explore and discuss recent cases.

The **SAB HAI/HCAI** rate was 20.5 in Apr-24, with the rate rising above the target of 18.8 for the first time since Mar-23. Of the 45 HCAI cases reported in the last 12 months, 9 have been categorised as 'Vascular Access devices (VA)' with 'ther' or 'Not Known' and as 'Device Other Than VAD'. The cumulative number of HCAI cases in last 12 months (n=45) was lower than during the same timeframe the previous year (n=52).

VADs remain a challenge for hospital acquired SABs and ongoing work continues. There was a dialysis line related SAB in April, which will undergo a Complex Care Review (CCR) to ascertain learning. Unfortunately, there was also a CVC related SAB in March. However, prior to this case, 590 days had been achieved since last CVC related SAB infection.





Complaints

At least 80% of Stage 1 complaints will be completed within 5 working days by March 2025

At least 60% of Stage 2 complaints will be completed within 20 working days by March 2025

50.0%

26.7%

14 ↑

closed on time to achieve target

4 ↑

closed on time to achieve trajectory

Data Analysis

There were 56 Stage 1 complaints received in May-24, with 46 closed. Of those closed 23 (50.0%) were within timescales. 40.7% of 54 complaints that were due in the month, were closed on time.

There were 34 Stage 2 complaints received in May-24, all acknowledged within timescales, with 15 closed. 17.4% of 23 complaints that were due in the month, were closed on time.

Four Stage 1 complaints were escalated to Stage 2 either because the complainants were not satisfied with the initial response and the delay in receiving the Stage 1 response.

At the beginning of Apr-24, there were 11 complaints over 100 days, with 4 between 150-199 days and 2 over 200 days. There are now only 4 complaints over 100 days with none over 200 days. Out of those 4, 3 will be closed imminently, leaving only 1 requiring PET action, showing significant progress in reducing delayed complaints.

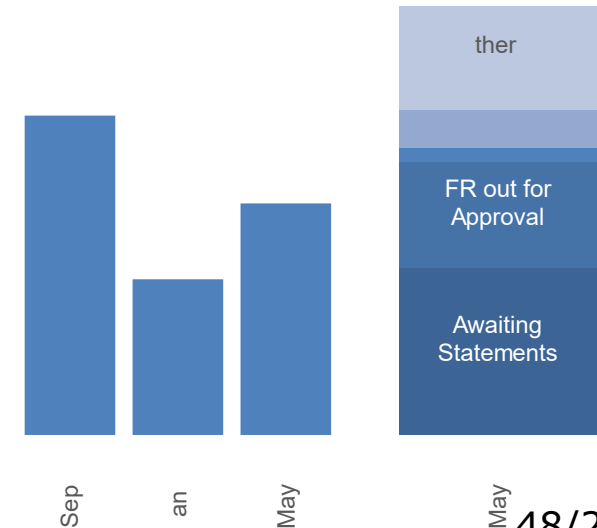
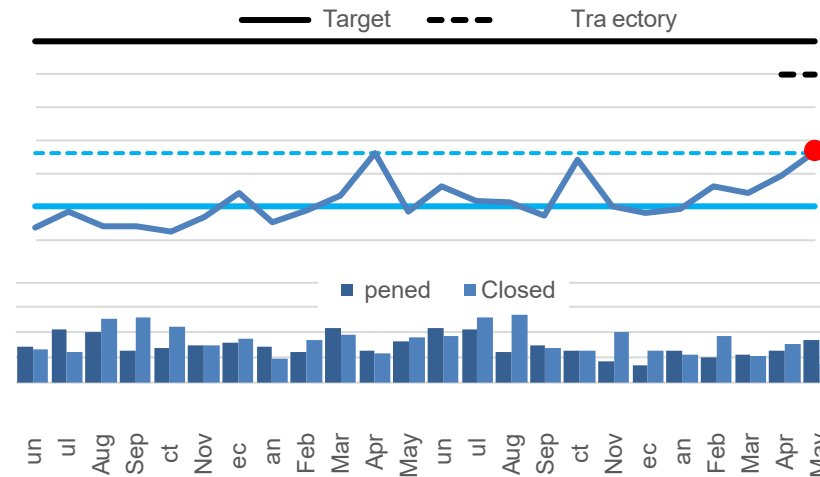
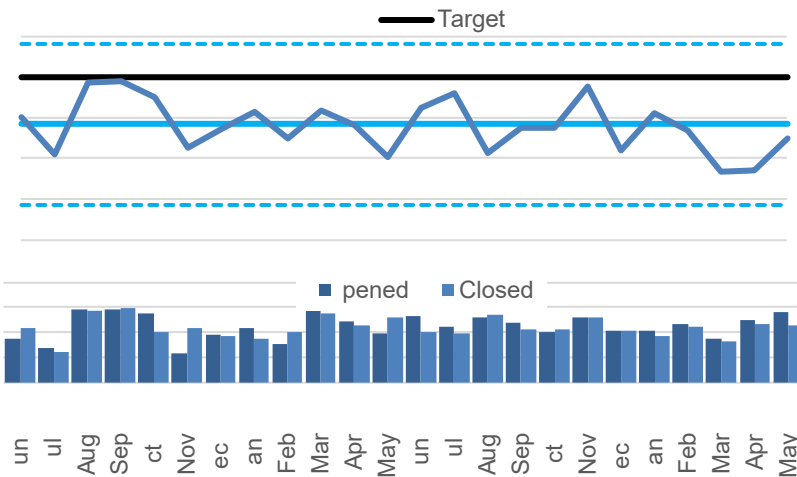
Achievements & Challenges

Changes within the Patient Experience Team (PET) include further realignment roles and responsibilities. New mail is now managed by the Administration Team to free up Officers and Support Officers to focus on Stage 1 and Stage 2 Complaints. There has been significant challenges with implementing these changes, mainly due to absences within the Support Officer team. This impacts the ability to provide an efficient service for Concerns, Enquiries, and Complaints. This leads to delays in closing and promptly resolving Stage 1 issues as well as managing and processing Stage 2's. There is however, a continued focus within PET to prioritise Stage 2 complaints under 20 days for drafting by the PET Officers.

There are ongoing challenges within Acute Services and HSCP, including non-compliance with the Stage 1 Model Complaints Handling Procedure in which services are encouraged to make verbal contact with the complainant to help resolve these complaints locally. This process aims to avoid delays in responding to and closing complaints within the target timeframe. PET works with Services to encourage local resolution when the process is not followed. Stage 1 Concerns and Enquiry training is planned with Acute Services in Jun-24, with further roll out to HSCP over the summer.

A new Stage 2 Investigation Template was tested in Acute Services Medical Directorate with positive initial feedback regarding its ease of completion. It helps capture identified learning and focuses more on the quality of the investigation with a guide on what should be included.

Staffing absences in some Acute Services have caused delays in processing Stage 2 complaints. PET Lead now also has access to the WCCS Complaint inbox to assist with monitoring and processing of emails for Stage 1 and Stage 2 complaints. Stage 2 Complaint training continues with recent training delivered in Acute Services for those attending Flying Start.



C2. Operational Performance

To improve the quality of health and care services

6 4 2 - -

Moderate

Indicator	Target National/Local	Current Trajectory	Reporting Period	Value	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
4-Hour Emergency Access (A&E)	N 95%		Month May-24	75.6%	○	▲	▲		● Jan-24
4-Hour Emergency Access (ED)	L 75%	70%	Month May-24	67.6%	●	▲	▲		● Jan-24
Delayed Discharges (Standard) Acute/Comm	L 39	43	Month May-24	56	○	▲	▼		● Jan-24
Delayed Discharges (Standard) MH/LD	L 10	10	Month May-24	6	●	▲	▲		● Jan-24
Antenatal Access	N 80%		Quarter Mar-24	91.8%	●	▲	▲		● CY 2022
Cancer 31-Day DTT	N 95%	94%	Month May-24	96.0%	○	▲	▲		● QE Dec-23
Cancer 62-Day RTT	N 95%	82%	Month May-24	72.9%	○	▲	▼		● QE Dec-23
Patient TTG % <= 12 Weeks	N 100%	44%	Month Apr-24	49.7%	●	▲	▼		● Mar-24
Patient TTG waits > 52 weeks	L	636	Month Apr-24	622	●	◆	▼		●
New Outpatients % <= 12 Weeks	N 95%	35%	Month Apr-24	39.7%	●	◆	▼		● Mar-24
New Outpatients waits > 52 Weeks	L	4774	Month Apr-24	4602	●	▼	▼		●
Diagnostics % <= 6 Weeks	N 100%	30%	Month Apr-24	51.8%	●	▲	▲		● Mar-24
Diagnostics > 26 Weeks	L	129	Month Apr-24	81	●	▲	▲		●
Freedom of Information Requests	L 85%		Month May-24	85.9%	●	▲	▲		●

Finance

To deliver value and sustainability

6 4 2 - -

Moderate

Revenue Resource Limit Performance	Month May-24	(£10.767m)	●	—	—	●
Capital Resource Limit Performance	Month May-24	£0.169m	●	—	—	●

Performance Key

- meeting trajectory/target
- within 5% of trajectory/target
- out with 5% of trajectory/target

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

Benchmarking Key

- Upper Quartile
- Mid Range
- Lower Quartile



Emergency Access

National Standard: 95% of patients to wait less than 4 hours in A&E (Emergency Department or Minor Injuries Unit) from arrival to admission, discharge or transfer

Local Target: 75% of Emergency Department patients to wait less than 4 hours from arrival to admission, discharge or transfer by March 2025

75.6%

1,670



within 4 hours to achieve Standard

67.6%

158



within 4 hours to achieve trajectory

Data Analysis

For A&E (Emergency Department and Minor Injury Units), performance in May-24 was 75.6%, below National Standard, but a slight increase from month prior and corresponding month year previous. Emergency Department performance increased to 67.6% but is below the local ME trajectory of 70.0%.

There were 8,586 unplanned attendances in May-24, equivalent to 277 per day (first time >8000 since Sep-23): this is an increase on the 259 per day on month prior; a 24% increase since Dec-23; and 9% more than in May-23. There were also 502 planned attendances with 59% of these occurring at MIUs.

There were 419 8-hour breaches recorded in May-24 and 56 with a wait longer than 12 hours: both measures have increased from month prior.

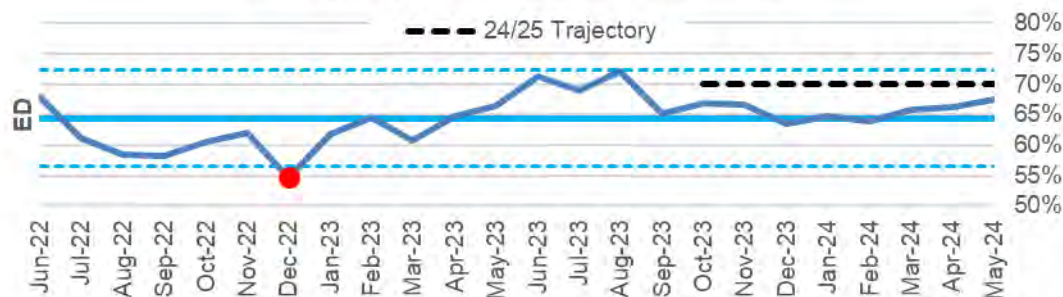
Breach reasons 'Wait for Bed' and 'Wait for 1st Assessment' accounted for 64% of all breaches.

The most recent publication from Public Health Scotland, for month of Apr-24, 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 (+6%) and Emergency Departments (+2.1%).

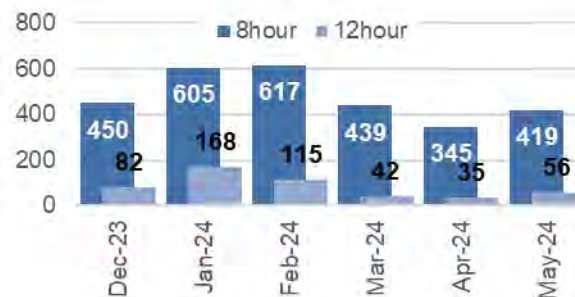
Achievements & Challenges

Attendance has remained high and was increased during May to over 8000, resulting in an increase in both 8 & 12-hour breaches from the previous month. Flow & Navigation Centre (FNC) has successfully transitioned from HSCP to Acute Services, Medical Directorate. Staffing models continue to be reviewed within ED, ensuring senior clinical decision maker presence; additionally, the recent appointment of a dedicated ED CNM ensures appropriate leadership and support. Currently reviewing our front door assessment areas with a plan to full implementation of Same Day Emergency Care (SDEC) model by September.

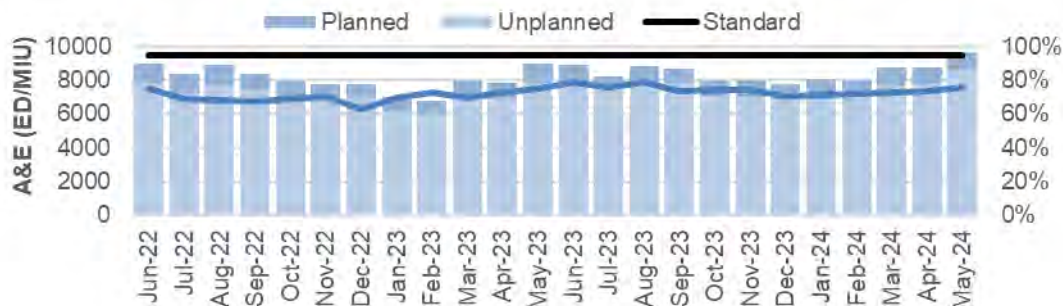
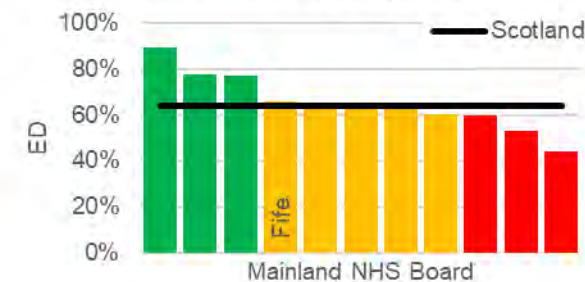
Emergency Access 4-hour Performance



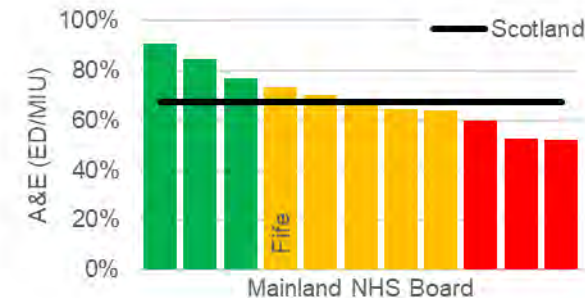
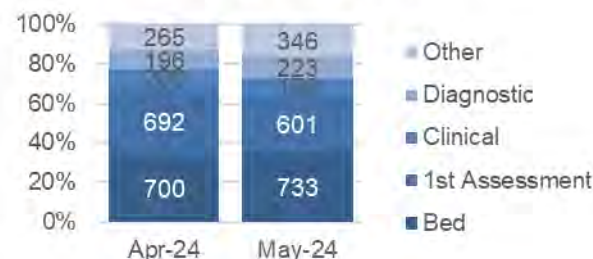
Breaches



Benchmarking | Apr-24



Breach Reasons





Delayed Discharges

Reduce average number of Bed Days Lost (BDL) per day due to people in delay (excluding Code 9) within **Acute and Community** settings to 39 by March 2025

Reduce average number of Bed Days Lost (BDL) per day due to people in delay (excluding Code 9) within **Mental Health** settings to 10 by March 2025

56
6

13 beds occupied to achieve trajectory

Target achieved as of May-24

Bed Days lost to 'Standard' delays in Acute & Community, the average daily number decreased to 56 in May-24 (from 59 in Apr-24) with 95% of these delays being attributable to Community. This is above the monthly trajectory of 43 though remains within control limits. For 'Code 9' delays, the average daily number increased to 30 (from 27 in Apr-24) and this equates to 4.6% of Total Occupied Bed Days - slightly above the 4.1% seen in Apr-24.

Process around timely referrals and assessments for all people requiring support on discharge remains a priority. Our Enhanced Intermediate Care Test Of Change enables us to plan for the modernisation of our rehabilitation services in the community, we are testing an enhanced intermediate care team in the Dunfermline locality. Where possible the team will provide support and rehabilitation in your own home instead of you having to remain in hospital. This will enable you to regain independence where possible or seek the extra support you may need to stay in your own home.

The Red Cross Test Of Change is a specialist service that enables people, following a stay in hospital, to be supported and assessed in their own home to determine the type and frequency of any care and support they might need to stay at home and to live as independently as possible. Support is delivered through an enablement approach, including support with personal care and medication, with personalised home assessments allowing for a more accurate understanding of someone's support needs and enhancing the effectiveness of healthcare interventions. Both Initiatives aim to support the continued challenging picture in standard delays and keep the demands on the services to a sustainable level.

Bed Days lost to 'Standard' delays in MH/LD, the average decreased to 6 in May-24 (from 8 in Apr-24). Standard delays have halved since Dec-23. This is below the monthly target of 10 and performance target has been achieved for the n d month in a row. For ' y ', the average daily number increased from 13 in Apr-24 to 15 in May-24.

Daily engagement is promoted between the MH/LD Discharge Coordinator (DC) and senior ward staff to identify individual barriers to discharge and plan accordingly to meet needs. The DC provides assistance and advice on how to proceed with discharge planning and facilitates communication between health and social care. Monthly review groups are in place to consider Complex Delays and Dynamic Support Register (DSR) alongside weekly multidisciplinary, solution focused, verification/ flow meetings, including one specifically for oversight of the Guardianship process. This process allows the DC to cultivate an increasing network of contacts within the partnership to expedite the discharge process and escalate identified barriers to discharge to the relevant senior manager for resolution in a timely manner. There is Increase of assessment to utilise Section 13ZA of the Adults with Incapacity Act reducing the need for delay in hospital while waiting for Guardianship orders.

The complexity of needs for individuals within MH/LD services can create delay despite early discharge planning. There is also an increasing need for social supports in Adult MH services, including housing, long term support and long-term care, with limited resources

The most recent monthly publication from Public Health Scotland, data for Apr-24, shows that NHS Fife remains in the top 50% for All Standard Delays at Census by Local Authority of Residence (per 100,000 Population aged 18+) with 21 delays for Fife against a Scottish average of 31. Split by setting is not routinely available.





Treatment Time Guarantee

In 2024/25, 44% of patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat (**National Standard** 100%)

Reduce the number of patients waiting 52 weeks or more for first outpatient appointment

49.7%

622

Trajectory achieved as of Apr-24

Trajectory achieved as of Apr-24

Data Analysis

Monthly performance increased from 47.3% in Mar-24 to 49.7% in Apr-24, with 39.9% of ongoing waits within 12 weeks. This is the highest figure since Nov-23.

Waiting list numbers for waits of 'over week' increased to 4814 in Apr-. Waits 'over weeks' decreased to , waits 'over weeks' decreased to 622. The majority of over 52 weeks lie within Orthopaedic (258) and Urology (280).

Waits 'over weeks' increased to well below projected figures, most are within Urology (20).

Benchmarking for the QE Mar-24 shows NHS Fife to be in the lower-range of all mainland boards for completed waits, below Scotland average, but in upper-range for ongoing waits, above Scottish average.

Achievements & Challenges

Against projections for 2024/25, in April we delivered 100% of projected capacity, however there continues to be a gap between capacity and demand of approximately 400 procedures per month. The waiting list size as a result continues to rise with the biggest gaps being in Cardiology, ENT, General Surgery, Ophthalmology, Orthopaedics and Plastic surgery. The demand for April is greater than projected. Although there continues to be an overall deterioration in waiting times, numbers waiting over 26 weeks, 52 weeks and 78 weeks has slightly improved since March 2024.

The main specialities of concern include Orthopaedics, General Surgery, Urology, Gynaecology, Ophthalmology and Plastic Surgery. The focus continues to be on urgent and urgent suspicion of cancer patients with 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 upgraded to urgent which is leading to increasing waits for routine patients.

Scottish Government funding has been made available to reduce waiting times and maintain and improve planned care performance. The plan to deliver additional activity is still under discussion. A sustained improvement in maximising the use of capacity for day cases at Queen Margaret Hospital has been evidenced and efforts continue to identify productive opportunities to maximise throughput in theatres particularly in Orthopaedics and Ophthalmology and the continuation of waiting list validation.

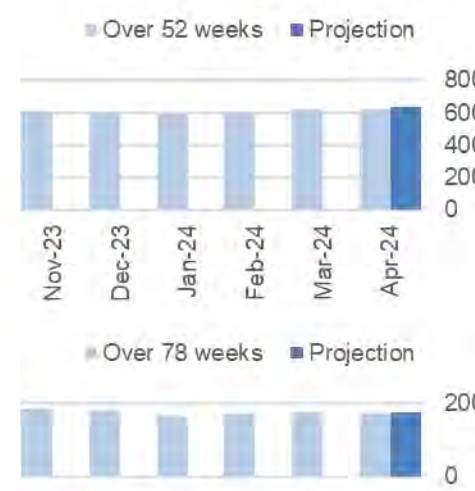
Discussions have concluded with National Elective Co-ordination Unit (NECU) with no solution identified for specialist Urogynaecological procedures, however discussions are underway to identify a local solution between Urology and Gynaecology specialities.

C2. Operational Performance

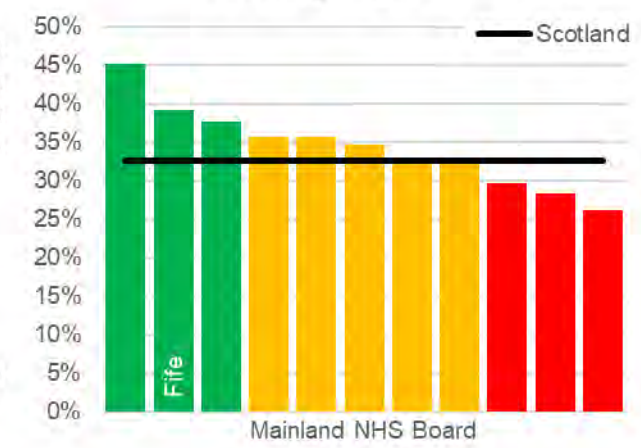
TTG Waiting Times



TTG Long Waits



Benchmarking TTG Ongoing Waits





New Outpatients

In 2024/25, 35% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment (**National Standard 95%**)

Reduce the number of patients waiting 52 weeks or more for first outpatient appointment

39.7%

4,602

Trajectory achieved as of Apr-24

Trajectory achieved as of Apr-24

Data Analysis

Monthly performance increased to 39.7% in Apr-24. Waits for over 12 weeks increased to 19,613. Waits for 26, 52, 78 and 104 weeks all saw increases: 'over weeks' increased by to , this remains below the projected figures. Waits 'over weeks increased from to . rology 'over weeks saw the largest increase of . from to . The largest number of over 78 weeks waits are in Gynaecology (290) & Neurology (329).

The overall waiting list increased to 32538 patients in Apr-24.

Benchmarking for the QE Mar-24 shows NHS Fife to be mid-range of all mainland boards with a performance of 40.0%, below the Scotland average of 42.8%

Achievements & Challenges

Against the projections for 2024/25, in April we delivered 97% of projected capacity. Demand was as expected, however there remains a gap between capacity and demand as projected with a gap of approximately 700 appointments for April. The biggest gaps continue to be in Dermatology, ENT, Gynaecology, Neurology, 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, although these are in line with projections.

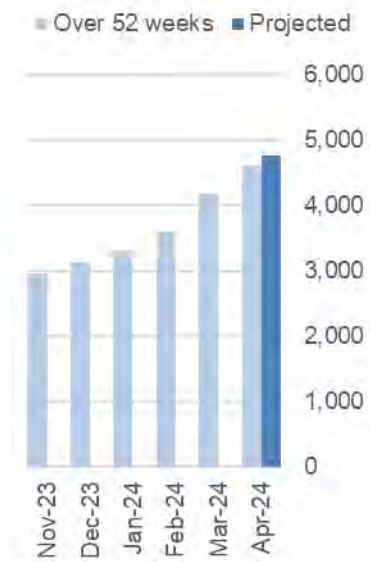
The specialities showing the greatest and/or fastest increases in numbers of longer waiting patients (>52 weeks) are Cardiology, Dermatology, Endocrinology, ENT, Vascular, Gynaecology, Neurology, Haematology and Urology. The focus continues to be on urgent suspicion of cancer and urgent patients as well as our long waiting routine patients.

Scottish Government funding has been made available to reduce waiting times and maintain and improve planned care performance. The plan to deliver additional activity is still under discussion. We will continue to focus on reducing long waits and embedding productive opportunities and efficiencies into business-as-usual practice as part of the core allocation such as maximising capacity by continuing to increase the use of ACRT and PIR and continual validation of waiting lists.

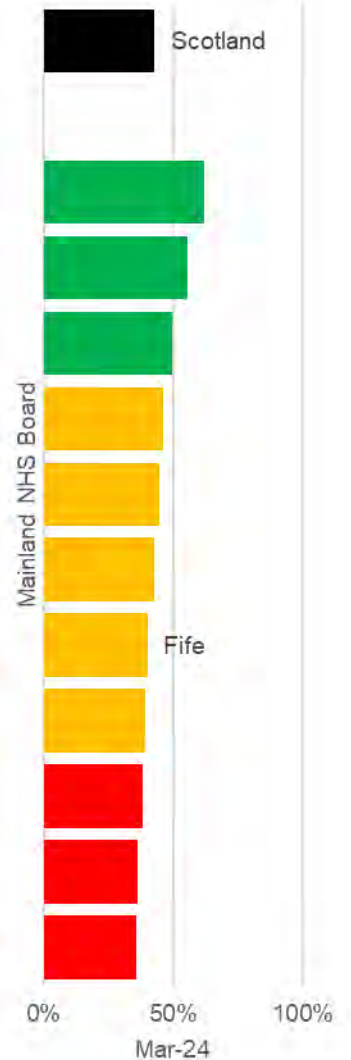
New Outpatient Waiting Times



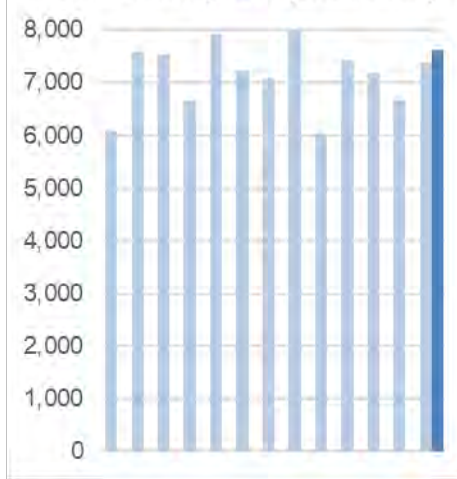
New OP Long Waits



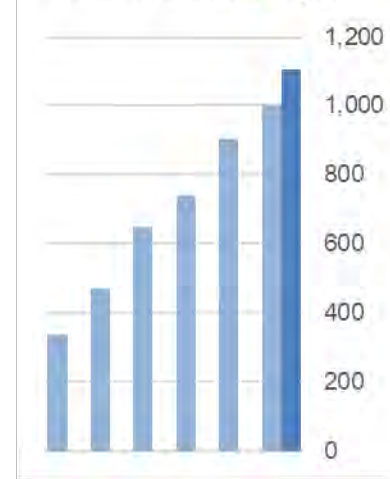
Benchmarking



Actual Activity vs Projected Activity



Over 78 weeks vs Projection





Diagnostics

By Mar-25, 30% of patients to wait no longer than 6 weeks from referral to key diagnostic test (**National Standard** 100%)

Reduce the number of patients waiting 26 weeks or more for diagnostic appointment

51.8%

81

Trajectory achieved as of Apr-24

Trajectory achieved as of Apr-24

Data Analysis

Monthly performance increased from 51.2% in Mar-24 to 51.8% in Apr-24, remaining above trajectory of 38%. Scope performance increased from 67.9% in Mar-24 to 70.3% in Apr-24 with Imaging increasing from 49.8% to 50.2%.

In terms of waiting list numbers, this decreased to below 8,000 for first time since Feb-23 with most of the decrease attributed to Ultrasound (5714 to 5212). Scope list increased slightly from 602 to 618.

The number waiting over 6 weeks decreased to 3843, below projection of 5277 with over 26 weeks reducing to 81, again below projection. Of which, 5 patients are over 52 weeks waiting on a scope due to patient-initiated delays, which continues to be monitored.

Benchmarking for the QE Mar-24 shows NHS Fife to be in the mid-range of all mainland boards with a performance of 51.2%, below the Scotland average of 52.7%.

Achievements & Challenges

The focus for Imaging on urgent referrals remains in place, and all 3 modalities continue to turnaround within target, despite the high proportion of urgent referrals. Plans were in place for anticipated first quarter SG waiting times funding and we are seeing increased activity in ultrasound that is driving a reduction in routine waiting times from 26 weeks to 21 weeks. This has involved locum recruitment and increased scanner footprint.

CT have also implemented additional funding plans, and in house additional activity. It should be noted that CT have been impacted by equipment failure, with the loss of activity. MRI continue to be supported by SG funded mobile scanner. MRI have also reported a successful "deep resolve" trial and are negotiating the purchase of licenses.

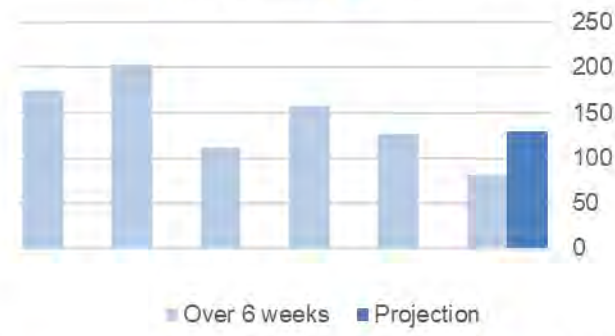
For Scopes, the capacity figure includes all capacity which is used to accommodate all sources of referrals. There is a continued focus on urgent, urgent suspicion of cancer and long waits. Clinical validation of the waiting lists continues with action taken to expedite referrals as required.

Pre assessment has been introduced to the Colonoscopy/Sigmoidoscopy group, which is hoped will help reduce DNA/CNA rate, whilst Surveillance/Repeat waiting list for patients beyond their planned recall date continues to reduce month on month.

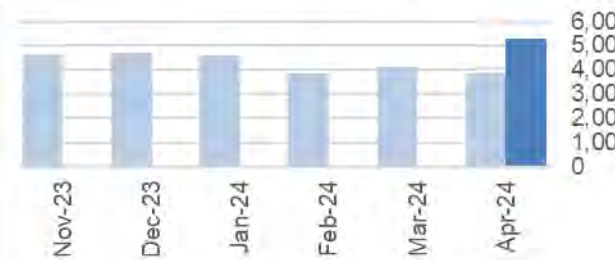
Diagnostic Waiting Times



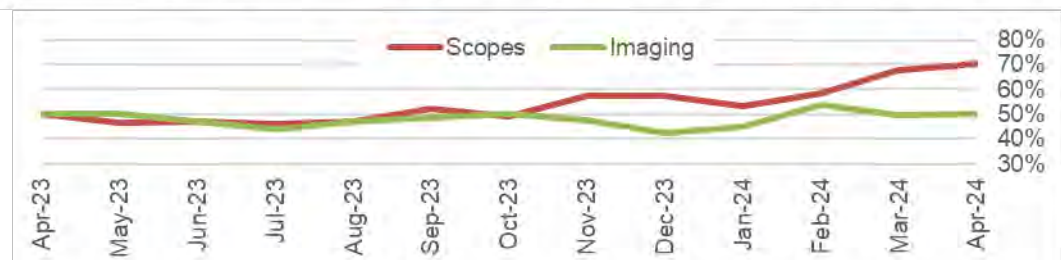
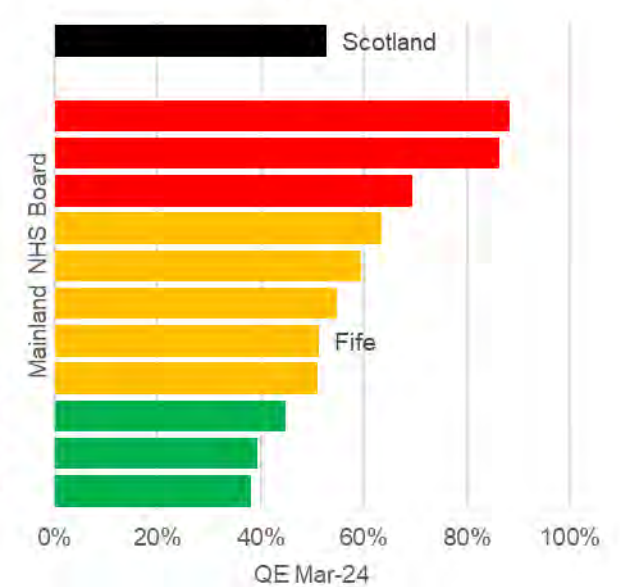
Over 26 weeks



Over 6 weeks



Benchmarking





Cancer Waiting Times

National Standard: 95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment

By Mar-25, 85.4% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral (**National Standard 95%**)

96.0%

72.9%

Standard achieved as of Apr-24

21 ↑

Waits to meet Standard

Data Analysis

For 31-day standard, monthly performance in Apr-24 increased from 95.2% in Mar to 96.0%, above both national standard and local trajectory. The number of eligible referrals increased from 105 in Mar-24 to 124 in Apr-24. There were 5 breaches in Apr-24, all attributable to Urology, 4 of which prostate.

For 62-day standard, monthly performance increased in Apr-24 from 69.1% to 72.9%, 9.1% below the local trajectory of 81.9%. The number of eligible referrals increased from 55 in Mar-24 to 96 in Apr-24, the highest level since Jul-23. There were 26 breaches in Apr-24 with 16 of these (61.5%) attributable to Prostate.

The most recent quarterly publication from Public Health Scotland, covering the QE Dec-23, showed that NHS Fife was in the lower-range of all Mainland Health Boards.

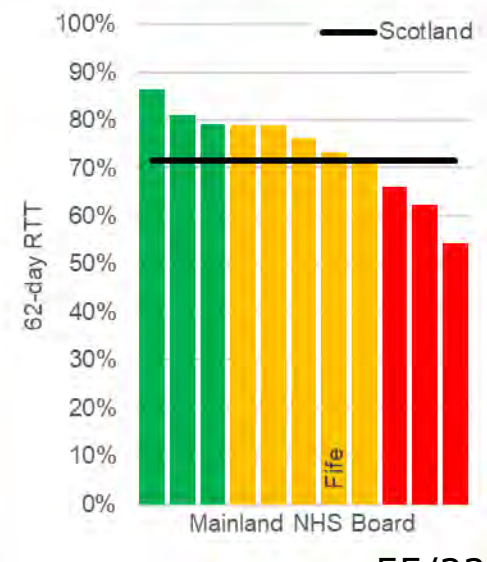
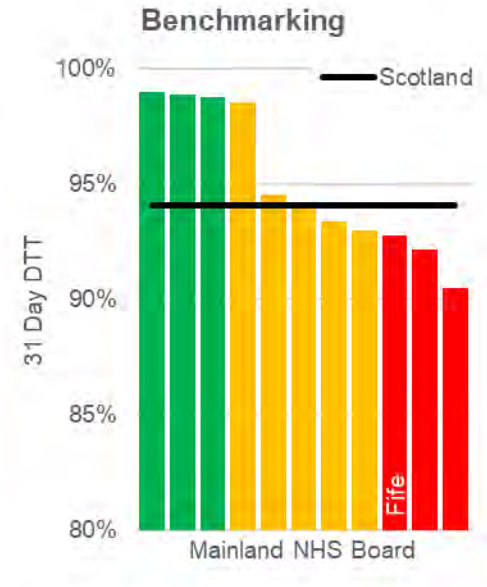
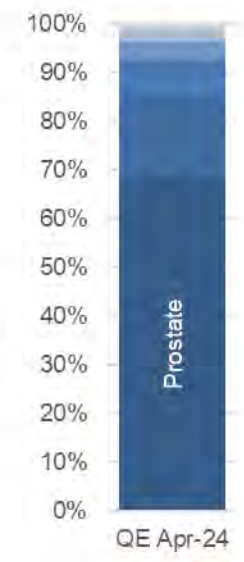
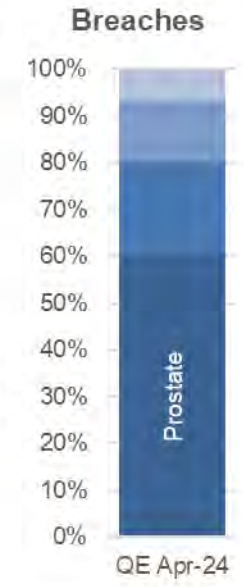
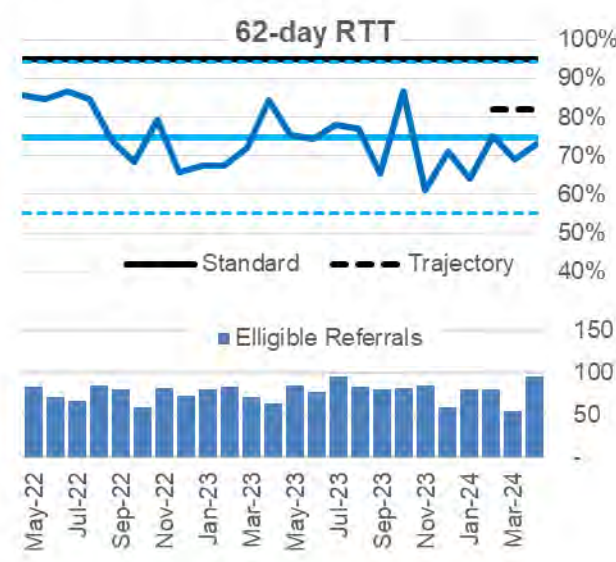
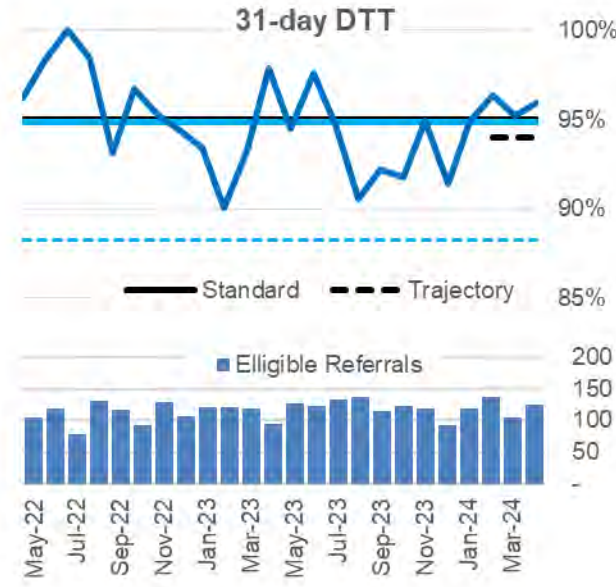
Achievements & Challenges

All breaches of 31-day pathway were for surgical reasons 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.

Urgent suspected cancer referrals remain stubbornly high, particularly in Breast, Colorectal, Lung and Urology. In terms of performance against 62-day pathway, Urology remains our biggest challenge. The main reasons attributing to breaches were delays between many steps throughout the pathway, with the exception of waits to 1st outpatient appointment.

All lung breaches were affected by PET/Guided Biopsy capacity issues, the remaining breaches were due to lack of resources for MDT and staffing issues within another Board.

There is an identified risk on the Cancer Services Risk Register relating to deterioration in Cancer Waiting Times performance. To help reduce this risk: a Lung Nurse Led clinic is being trialled for patients who are for Best Supportive Care which will release consultant resource; the Nurse Led Rapid Access diagnostic clinic continues, albeit with reduced sessions due to lead nurse vacancy; and additional non-recurring resource has been secured to support breast clinics, Urology surgery and post-MDT outpatient appointments.



C2. Operational Performance



Expenditure

Revenue: Work within the revenue resource limits set by the SG Health & Social Care Directorates

(£10.767m)

Position at May-24

Capital: Work within the capital resource limits set by the SG Health & Social Care Directorates

£0.169m

Position at May-24

Revenue Budget 2024/25	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
Clinical Services				
Acute Services	276,919	48,379	53,639	-5,260
IJB Non-Delegated	9,912	1,652	1,516	136
Non-Fife & Other Healthcare Providers	98,448	16,462	17,376	-914
Non Clinical Services				
Estates & Facilities	92,957	15,305	16,489	-1,184
Board Admin & Other Services	80579	14441	14,637	-196
Other				
Financial Flexibility	43,247	223		223
Income	-30,196	-5,202	-5,320	118
TOTAL HEALTH BOARD RETAINED SERVICES	571,866	91,260	98,337	-7,077
Health & Social Care Partnership				
Fife H & SCP	419,030	69,373	73,063	-3,690
TOTAL HEALTH DELEGATED SERVICES	419,030	69,373	73,063	-3,690
TOTAL	990,896	160,633	171,400	-10,767

Capital Budget 2024/25	Capital Resource Funding £'000	Expenditure to Date £'000	Capital Programme 2024/25 £'000
Statutory Compliance	2,500	7	2,500
RTP/Clinical Prioritisation Contingency	750	9	750
Capital Equipment	1,074	0	1,074
Digital & Information	1,898	97	1,898
Mental Health Estate	1,000	0	1,000
Capital Staffing Costs	342	56	342
Capital Repayment	200	0	200
Total confirmed CRL	7,764		
Anticipated Funding - HEPMA	723	0	723
Anticipated Funding - Medical Education	300	0	300
Total	8,787	169	8,787

Review of Financial Performance & Reporting

Revenue Budget

The financial plan presented to the board in March 2024 identified the impact of recurring cost pressures, unachieved savings targets brought forward from the previous financial year, alongside additional national and local cost pressures anticipated in 2024/25 confirming an initial funding gap of £55m for 2024/25 (6.6% of our baseline budget). A range of cost improvement schemes and efficiency initiatives have been developed to mitigate the £25m of this funding gap, the remaining £30m will require to be addressed through further service change initiatives all of which will be delivered by our Re-form, Transform and Perform framework. The Re-form phase of our framework is designed to deliver the 3% minimum savings target set out by Scottish Government with the broader Transform phase focusing on changes to our services, structures and care delivery to deliver the remainder of our financial gap, 3.6%.

At the end of May we are reporting an overspend against revenue budget £10.767m as detailed in table to left. This position includes an overspend for Health Board retained services of £7.077m and £3.690m for the Health and Social Care Partnership (HSCP). The overspend for Health board retained is tracking beyond the financial plan trajectory for the period and further action is required to reduce the board's spending levels and deliver on the specific actions required by the Scottish Government for the first quarter of the financial year.

The reported overspend on the HSCP of £3.690m is also of concern given our financial plan does not make any assumptions at this stage in relation to cost pressures associated with Fife Integration Joint Board. This matter is being discussed with the HSCP.

Capital Budget

Capital expenditure is limited for the period due to phasing of schemes with costs to date of £0.169m reflecting in the table below. The Capital Resource Limit (CRL) is £7.764m as adjusted for 2 anticipated allocations (HEPMA and Medical Education) of £1.023m resulting in a total budget of £8.787m.

The Financial Performance Report to end of May 2024 sets out the financial position in more detail and is considered separately by the EDG, Finance, Performance & Resources Committee and the NHS Fife Board.

C3. Workforce

To improve staff experience and wellbeing 2 2 - - - ◀▶ Moderate

Indicator	Target National/Local		Current Trajectory	Reporting Period		Value	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking	
Sickness Absence	N	6.5%	8.0%	Month	Apr-24	7.35%	○	▼	▼		●	YE Feb-23
Personal Development Plan & Review (PDPR)	N	60%	42.5%	Month	May-24	43.7%	●	◆	▲		●	
Vacancies (Medical & Dental)	-	-	-	Quarter	Dec-23	7.5%	●	▲	▼		●	
Vacancies (Nursing & Midwifery)	-	-	-	Quarter	Dec-23	4.6%	●	▲	▼		●	
Vacancies (AHPs)	-	-	-	Quarter	Dec-23	4.7%	●	▲	▲		●	

Performance Key

- meeting trajectory/target
- within 5% of trajectory/target
- out with 5% of trajectory/target

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



Sickness Absence

To achieve a sickness absence rate of 6.5% or less by March 2025

7.35%

Trajectory achieved as of Apr-24

Data Analysis

Sickness absence increased from 6.61% in Mar-24 to 7.35% in Apr-24.

Short-term absence increased from 2.95% in Mar-24 to 3.62% in Apr-24 with an increase in long term absence from 3.66% to 3.73%.

Most sickness absence episodes and hours lost related to mental health related reasons for absence (amounting to 30% of all absences).

Community Care and Medical Directorate (formerly Emergency Care) both have absence rate above 9%. HSCP have an absence rate above 7%.

The latest benchmarking for Feb-24 shows NHS Fife to be in the lower-range of all the territorial NHS Boards.

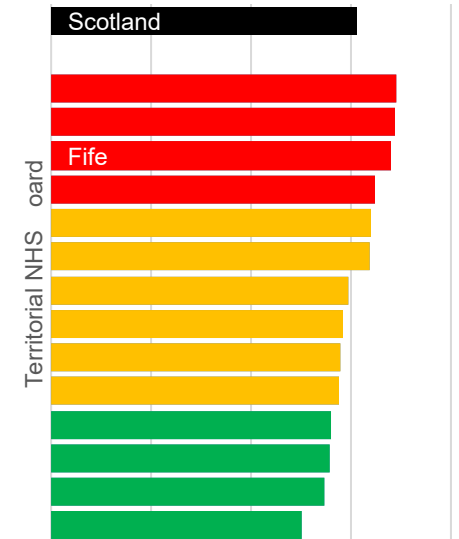
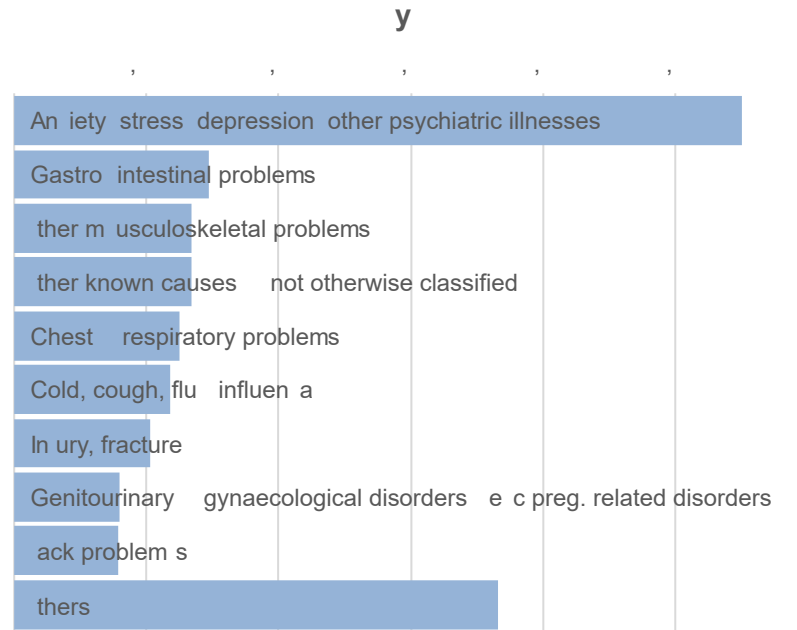
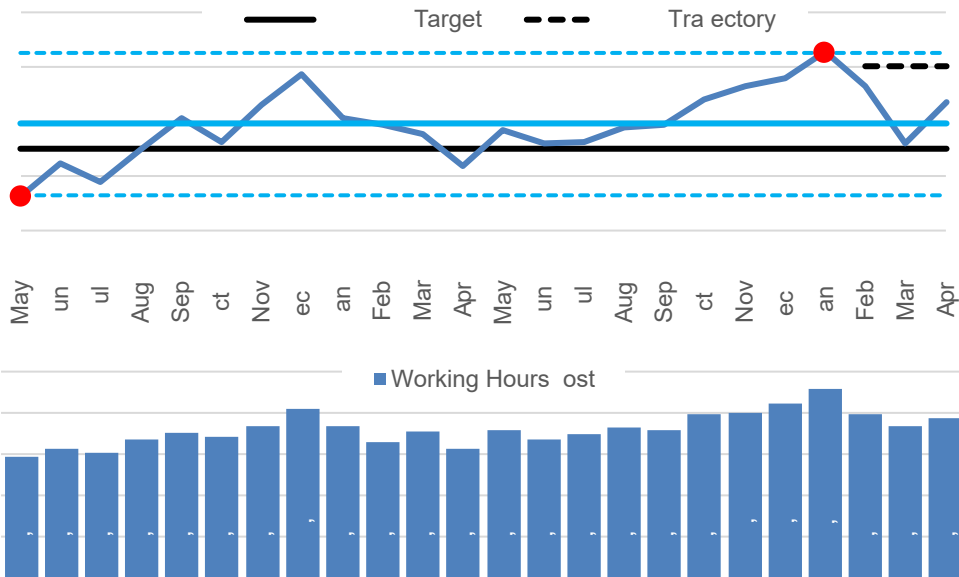
Achievements & Challenges

To reduce sickness absence in 2024/25, it is recognised that there requires a change in emphasis to secure a longer term, sustainable improvement in absence rates within NHS Fife.

A Promoting Attendance Group has been established. Chaired by the Interim General Manager, WCCS Directorate, the group has managerial representation from across the organisation and staff-side colleagues, Human Resources and Occupational Health (OH) are also part of the core group. The group's purpose will be to oversee a multifactorial review on absence issues; take forward lessons learned, identify priority actions, and seek assurance on actions being implemented. An action plan will be developed to support improvement activities across the key themes identified, including best practice, professional development, and training.

Our staff health and wellbeing activity has been consolidated with the publication of the Staff Health & Wellbeing Action Plan for 2023 to 2025, concentrating on our core activities in relation to OH (including Counselling and Physiotherapy), Peer Support, Psychology Staff Support and Spiritual Care. There has been positive results from the inputs of the Mental Health OH Nurse and the OH Occupational Therapist working on fatigue management. A new part-time post supporting the continued implementation of Values Based Reflective Practice has been recruited to and will support ongoing valuable work.

C3. Workforce





PDPR

Personal Development Plan & Review

To achieve PDPR compliance rate of 60% by March 2025

43.7%

Trajectory achieved as of May-24

Data Analysis

Compliance was 43.7% in May-24, a decrease of 0.4% from the previous month and but an increase of 3.9% on the same month in 2023.

Agreed locally trajectory of 42.5% for May-24 has been achieved by 1.2%, 60% is to be achieved by Mar-25.

The number of reviews held in May-24 decreased by over 50% to 279 from 587, so far in 2024/25 there have been 866 reviews held compared to 712 in same period in 2023/24.

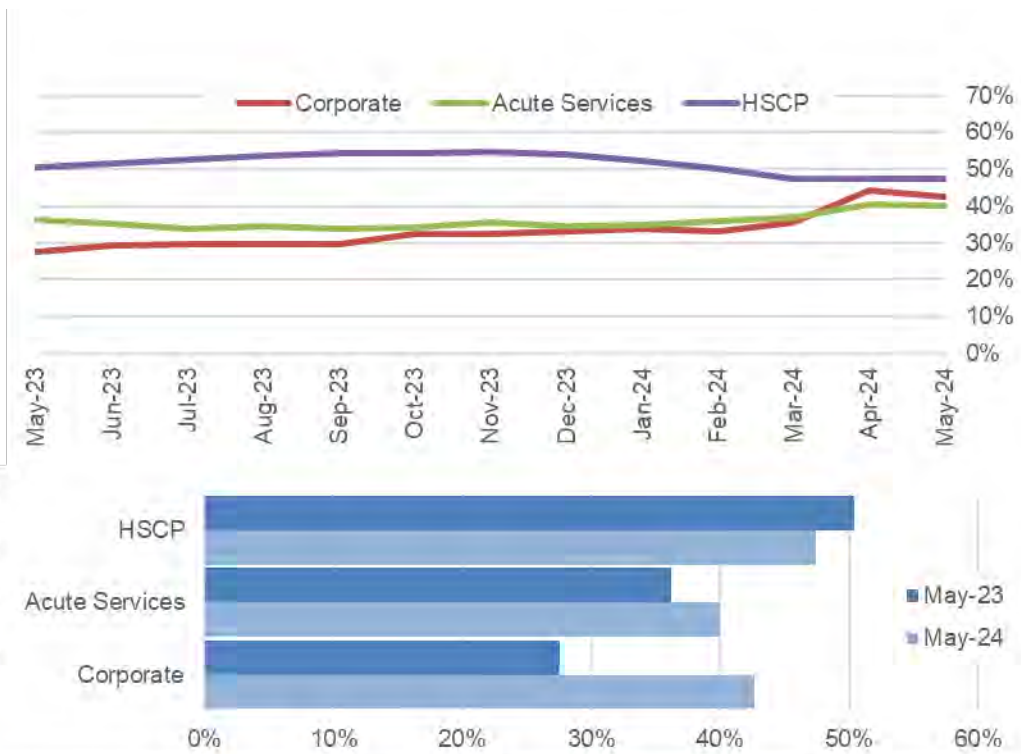
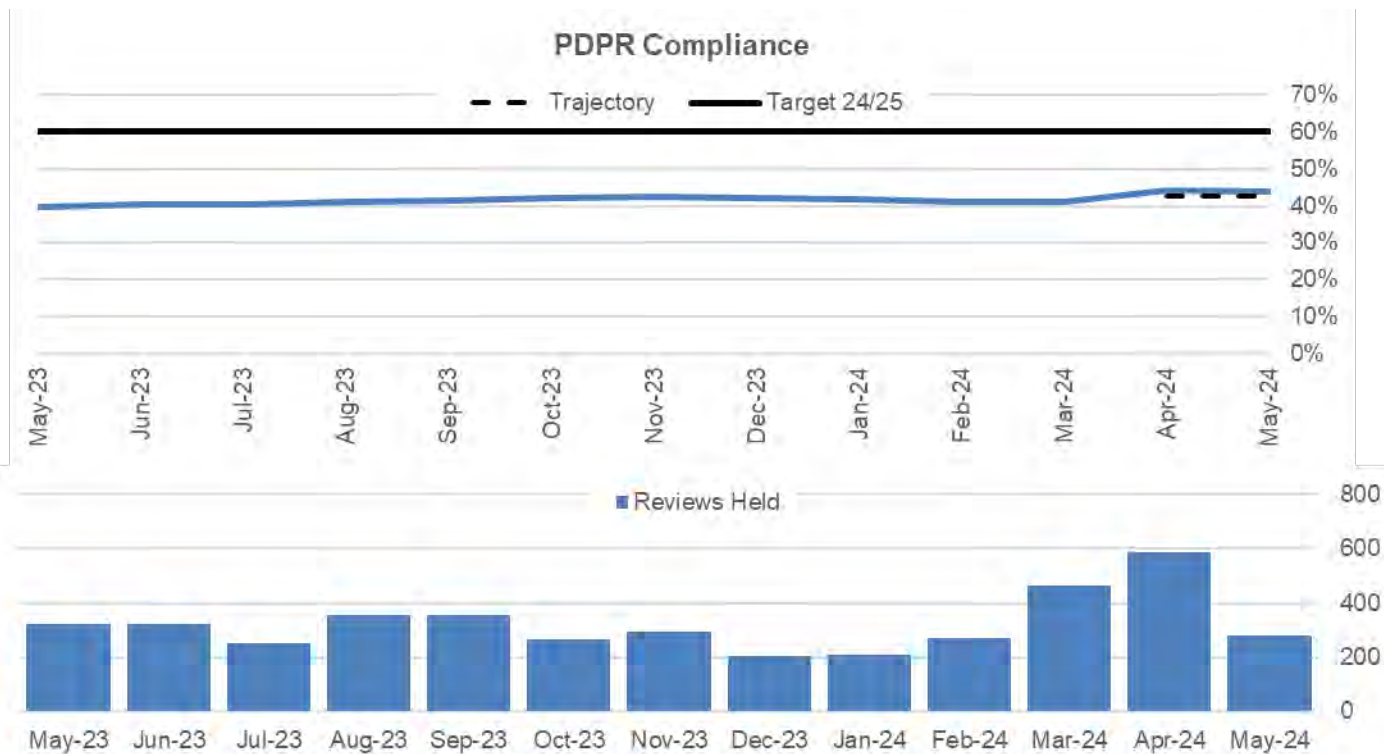
Compliance was highest in HSCP at 47.4% but lower than year previous, Primary & Preventative Care has highest compliance within the Partnership with 54.4% with Complex & Critical Care lowest at 36.7%. Corporate Services compliance is 42.7%, a decrease from month prior but 15% higher than year previous, with Acute Services 40%. Surgical Directorate have now achieved over 50% compliance with Medical Directorate at 25.8%.

Achievements & Challenges

It has been agreed that the PDPR rate of 80% will be reduced to 60% for 2024/2025, with 2025/2026 set at 65% and 2026/2027 set at 70%.

The Interim Learning and Development Manager will be joining the Acute Services Division & Corporate Directorates LPF from June 2024, to support adoption of good practice and encourage managers across these directorates to drive up the attainment of PDPR across the year ahead.

C3. Workforce





Vacancies

Reduce the number of vacancies in the following professions:

Medical & Dental (M&D)	7.5%
Nursing & Midwifery (N&M)	4.6%
Allied Health Professionals (AHPs)	4.7%

Medical & Dental WTE vacancies saw decrease from the Sep-23 figure to 23.8 in Dec-23. The largest number of vacancies falls within a single area of General Psychiatry at 8.

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.

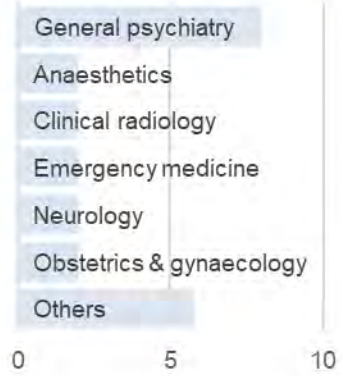
Nursing & Midwifery WTE vacancies has seen a decrease for this reporting quarter dropping from 282.1 WTE to 201.2 WTE. 76.5% of vacancies are for qualified staff Bands 5 to Band 7+.

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.

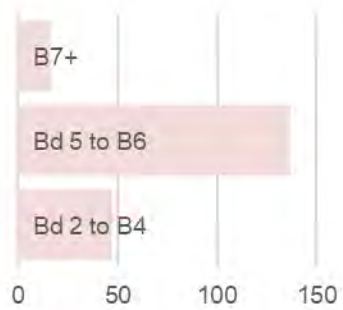
AHP WTE vacancies have decreased to their lowest level since Mar-22 (35.1 WTE). The largest number of vacancies lie within Physiotherapy and Occupational Therapy.

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.

Medical & Dental Vacancy Rate



Nursing & Midwifery Vacancy Rate



AHP Vacancy Rate



C3. Workforce

C4. Public Health & Wellbeing

To improve health and wellbeing 4 2 2 - - High

Indicator	Target National/Local		Current Trajectory	Reporting Period		Value	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
Smoking Cessation (2023/24)	N	473	393	YTD	Jan-24	208	●	—	—		● YT Jun-23
Alcohol Brief Interventions (2023/24)	N	80%		YTD	Mar-24	120%	●	—	—		●
Mental Health Readmissions within 28 days		-	-	Quarter	Dec-23	6.2%	●	▼	▼		● QE Dec-23
CAMHS Waiting Times	N	90%	75.0%	Month	Apr-24	78.0%	○	▲	▲		● QE Mar-24
Psychological Therapies Waiting Times	N	90%	73.0%	Month	Apr-24	67.9%	○	▼	▼		● QE Mar-24
Drugs & Alcohol Waiting Times	N	90%		Month	Dec-23	84.5%	●	▲	▼		● QE Dec-23
Immunisation: 6-in-1 at Age 12 Months	N	95%		Quarter	Mar-24	95.1%	○	◆	▲		● QE Mar-23
Immunisation: 6-in-1 at Age 24 Months	N	95%		Quarter	Mar-24	93.8%	○	▼	▼		● QE Mar-23
Immunisation: MMR2 at 5 Years	N	92%		Quarter	Mar-24	85.7%	○	▼	▼		● QE Mar-23

Performance Key

- meeting trajectory/target
- within 5% of trajectory/target
- out with 5% of trajectory/target

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



Smoking Cessation

Sustain and embed successful smoking quits at 12 weeks post quit in the 40% most deprived SIMD areas (473 in 2023/24)

52.2%

188 successful quits were required to achieve Jan-24 trajectory

Data Analysis

There were 19 successful quits in Jan-24, which is 20 short of the monthly target but 5 more than was achieved in Jan-23. Achievement against trajectory was 52.2% (205 quits) with year previous 62.4%. For all quit attempts in Jan-24, the quit success rate in 'Specialist' services is significantly higher than for other services: however, both 'Specialist' and 'Pharmacy' services saw decreases in quit rates compared to the previous month. The most recent quarterly publication from Public Health Scotland, covering the quarter ending Sep-23 (Q2), showed that NHS Fife was in the lower-range of all Mainland Health Boards, with a rate of 43.3% against a Scottish average of 66.8%.

Achievements & Challenges

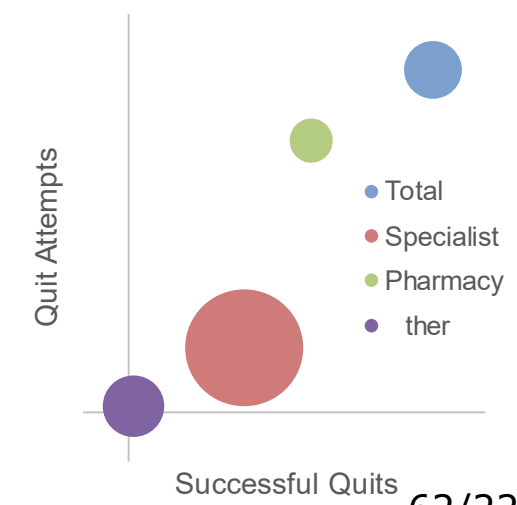
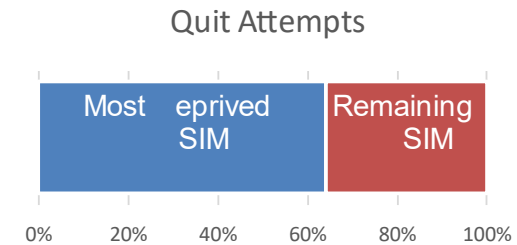
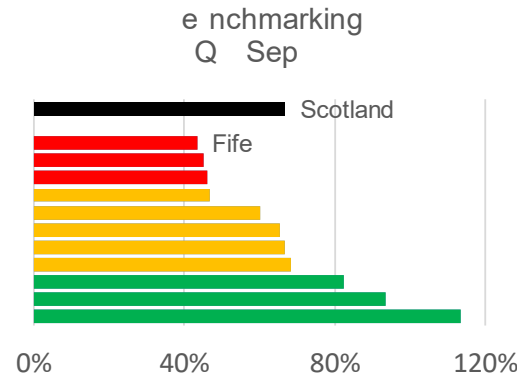
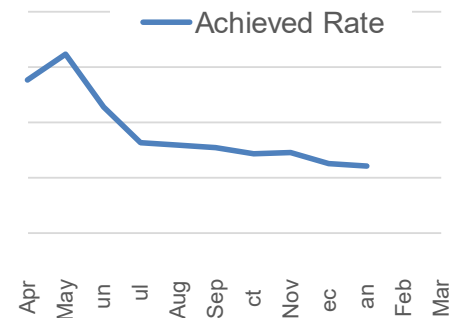
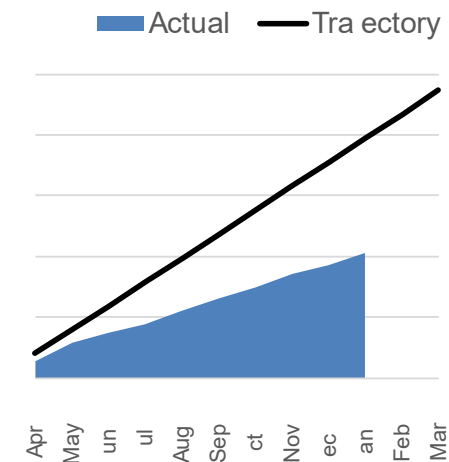
LDP target has not been reviewed since 2017, there is a working group to review targets beginning later in the year. Scottish Government have published a Tobacco & Vaping action plan with four priority groups: people living in our lowest SIMD areas; pregnant smokers; people with enduring mental health problems; and people with smoking related health issues. Successful quits for 40% (MDQ) is 205 to end of January 2024; services are receiving referrals from persons experiencing deprivation who live outside of the 40% (MDQ). In reflection of this, there is a cumulative total of 341 quits including the remaining 60% of the population.

Specialist service: The team have conducted awareness raising & promotional events weekly, targeting priority groups in our most deprived areas to address low footfall: we have seen subsequent increase in demand from the Kirkcaldy area, uptake in the rest of Fife is building at a slower pace. Data to January 2024 shows successful quit rate of 50% for all quit attempts accessing the specialist service and 19% for the Community Pharmacy service. Achieving a 50% quit rate across all services will be significant. In April we presented at an education event for Community Pharmacy staff to work together on how we can improve successful quit rates.

Sustaining engagement and achieving positive behaviour change with our priority groups is complex and challenging, due to health inequalities and the impact of social determinants on population health. Support and interactions are requiring pre-quit work to maximise a successful quit attempt and retaining contact with the service. In line with ADP deliverables, specialist service provision has increased across Fife: 28 community-based, & 15 GP/hospital-based clinics.

Maternity Service: Referrals, engagement, and retention for pregnant smokers has increased with 40 pregnant smokers actively receiving specialist stop smoking support compared to average of 5-10 cases 6 months ago. Positive feedback received about weekly clinic in VHK maternity unit. Insight survey drafted to ascertain potential service improvements with report due Sep-24.

DPHs have requested a SLWG to be set up, this will agree priorities based on NICE recommendations & identify gaps in service provision. National working group being led by PHS.



C4. Public Health & Wellbeing



Mental Health Readmissions

Reduce readmission rate for Mental Health Specialties within 28 days of discharge

6.2%

Below Scottish Average

Data Analysis

Mental Health readmissions within 28 days in for the quarter ending (QE) Dec-23 2023 was 6.2%, increasing from <2% in QE Sep-23. The average number of readmissions each month in 2023 was 3.2. The average length of stay from July is largely unchanged with a slight decrease from QE Sep-23 to QE Dec-23 (56.1 days to 60.5).

On average, to year ending (YE) Jun-23, there was 11.1 readmissions per month within 133 days. Rate for QE Jun-23 was 11.2% with 28 readmissions. On average, to year ending (YE) Dec-22, there was 20.1 readmissions per month within 365 days. Rate for QE Dec-22 was 23.9% with 50 readmissions.

In comparison to other mainland NHS Boards, NHS Fife has the second lowest readmission rate within 28 days. For average length of stay, NHS Fife was just below the Scottish average.

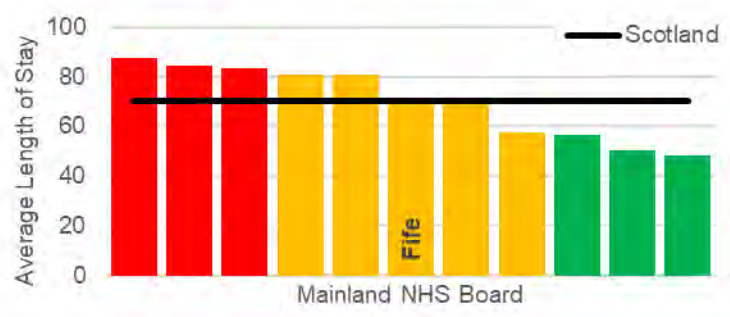
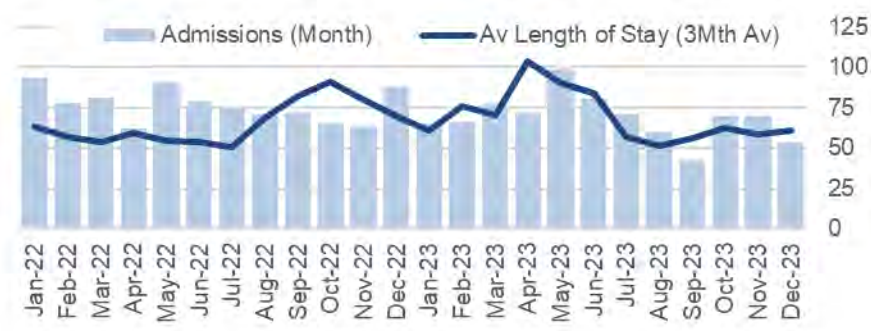
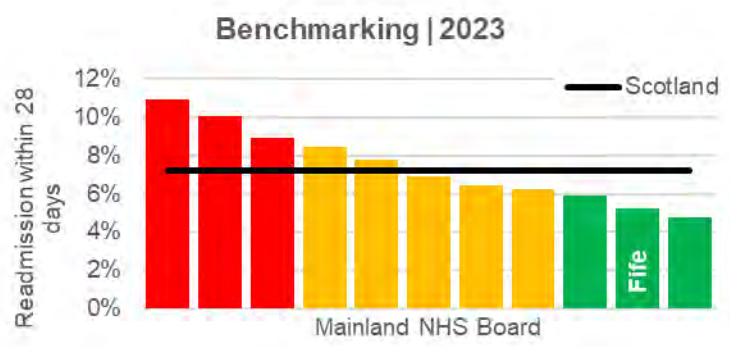
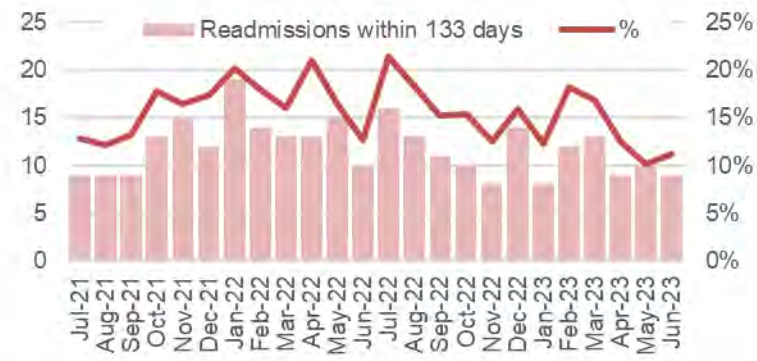
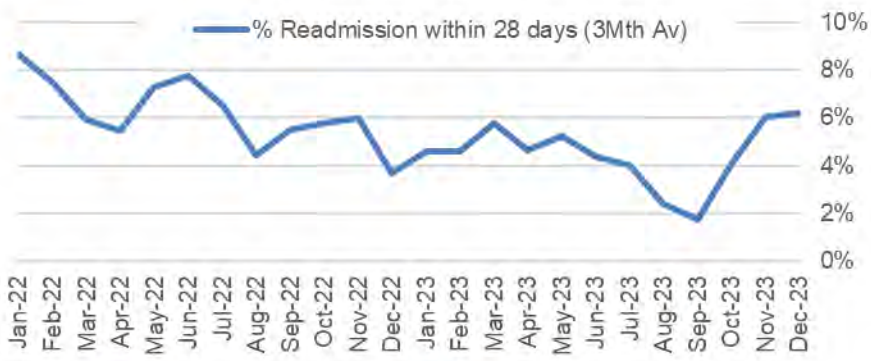
'Learning Disabilities' is excluded from both metrics with Average Length of Stay specifically based on 'General Psychiatry' and 'Psychiatry of Old Age'. Readmissions are presented based on date of original admission - data needs to be complete for the 'readmission within' period (133 days) to be reported.

Achievements & Challenges

Early identification and resolution of barriers to discharge assist in ensuring the required community and social supports are in place to prevent future readmission.

By optimising care pathways, the MH/LD services are working to identify and resolve needs before crisis occurs leading to readmission. Work is also ongoing to redesign the urgent care provision for individuals in mental health crisis.

The UC Project group has concluded a review of the provision and an assessment of need alongside benchmarking against other boards. An options proposal will be considered at the upcoming MH Programme Board with recommendations future service development.





Data Analysis

Monthly performance increased from 76.8% in Mar-24 to 78.0% in Apr-24.

In Apr-24 no patient was waiting more than 35 weeks for treatment, whilst the number of those waiting between 19-35 weeks decreased to 35 in Apr-24 from 41 month prior.

The percentage of those waiting less than 18 weeks increased in Apr-24 to 83.6%.

The number of referrals received in Apr-24 was 184, a decrease from Mar-24 but similar to same month in 2023 .

The overall waiting list saw a slight increase (220 in Apr compared with 218 in Mar).

Benchmarking for the quarter ending Mar-24 shows NHS Fife lie in the lower-range of all mainland boards, 70.4% against Scotland average of 86%.

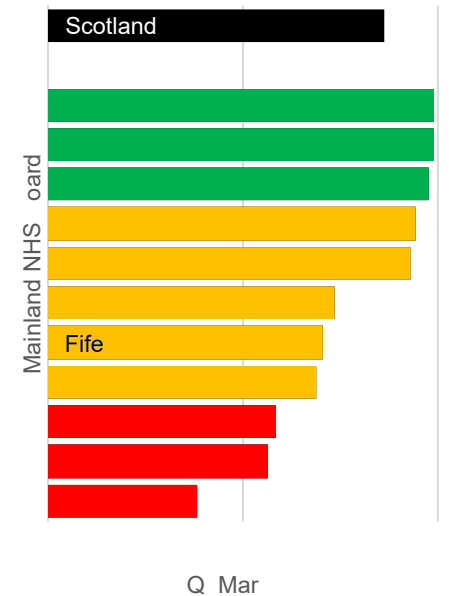
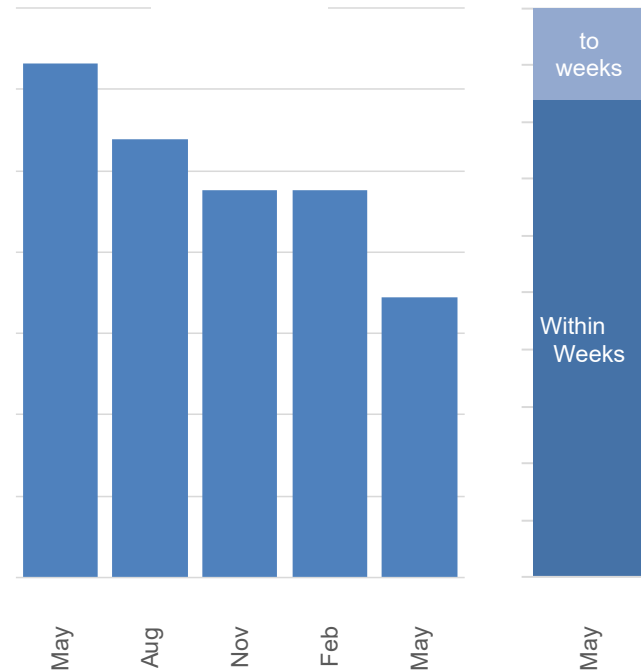
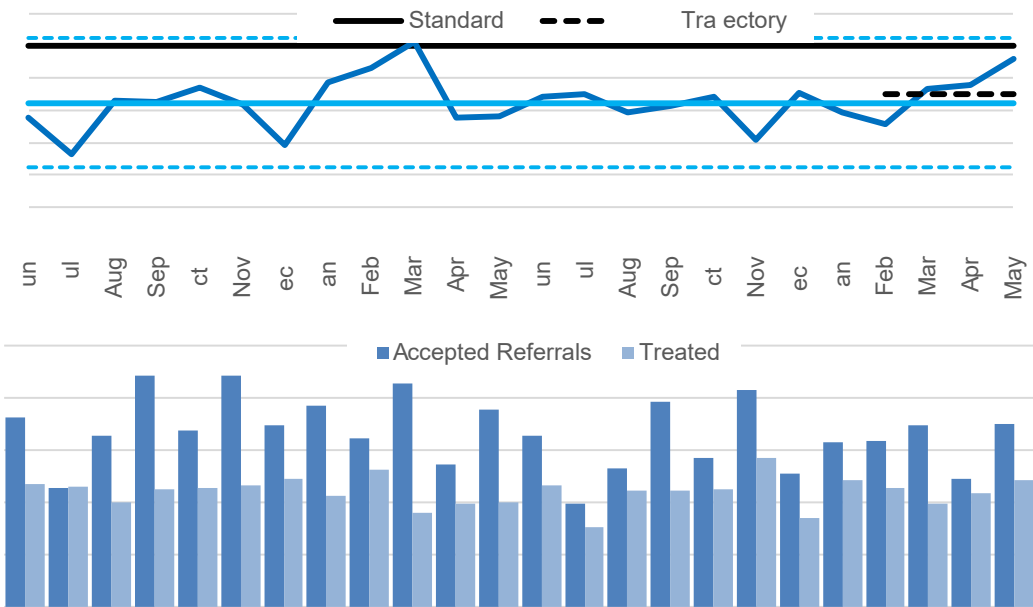
Achievements & Challenges

Appointments booked for all children and young people waiting over 18 weeks as a result of a revised waiting list initiative which commenced in May-24. This has extended the allocation of new referrals throughout the wider service i.e. Primary Mental Health Workers and CAMHS Looked After Children's Team, to utilise any additional capacity alongside the extension of evening clinics and the running of groups at point of referral. Only 65 cases of the 220 on the waiting list are not yet allocated or booked.

Activity continues to be divided between urgent/priority (37%) and longest waits (63%), with a slight increase in activity overall.

Referrals are comparable to Apr-23 and DNA rate remains low. Service priority is to reduce the longest waits in order to sustainably achieve the 18-week RTT. This is dependent on the ability to effectively manage staff vacancies and to retain staff in order to ensure capacity to meet demand.

C4. Public Health & Wellbeing





Psychological Therapies

In 2024/25, maintain 73% of patients commencing Psychological Therapy based treatment within 18 weeks of referral (**National Standard 90%**)

67.9%

28 ↑

within 18 weeks to achieve 24/25 trajectory

Data Analysis

The number of patients treated in Apr-24 was 533, less than the 572 in Mar-24. There was a considerable reduction in the number of patients treated within 18 weeks, leading to a decrease in performance to 67.9%, which is below local target for 2024/25 of 73.0%.

The overall waiting list was 2357, the lowest since Jul-22, with the number waiting over 52 weeks decreasing to 239.

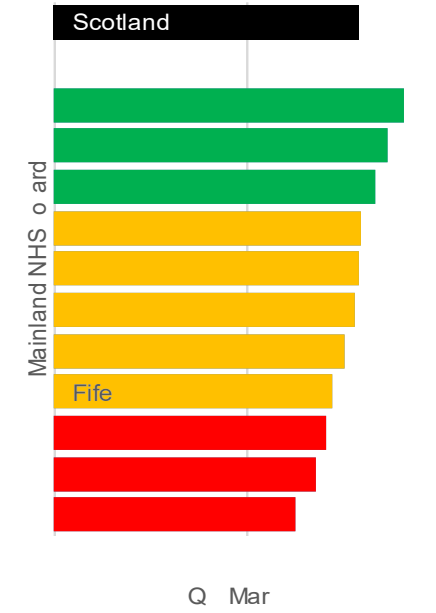
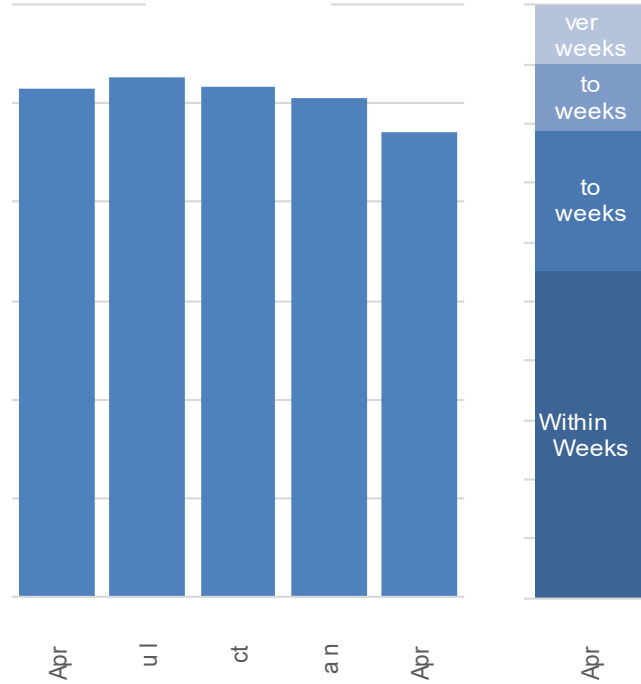
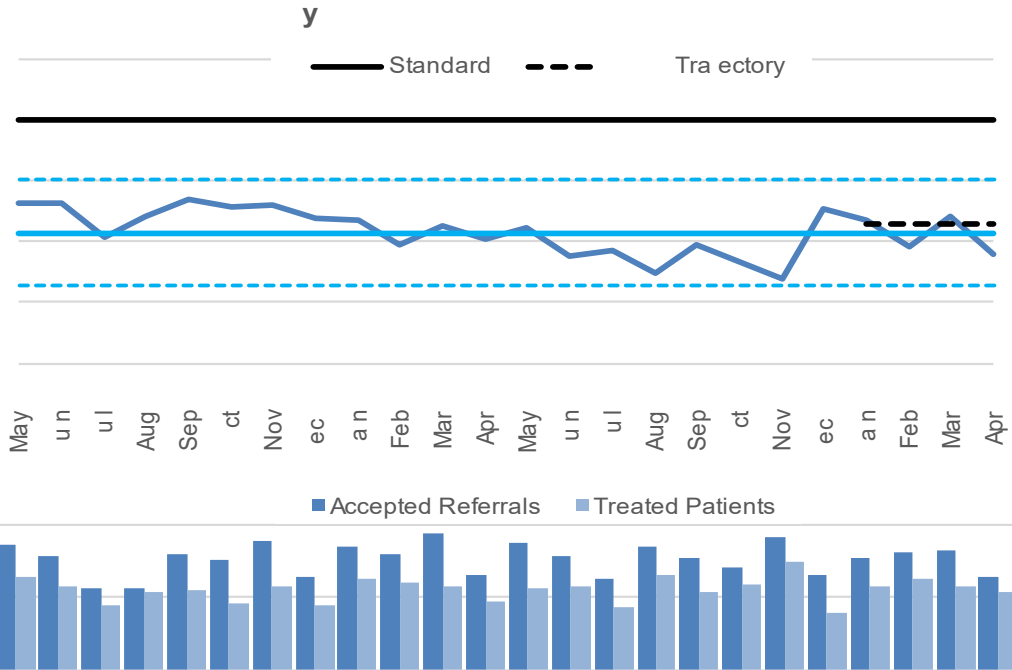
Referrals for all ages reduced considerably from month prior but similar to number received in Apr-23. The % of referrals that were rejected in Apr-24 was 12.7%, similar to 2023/24 average of 12.2%.

NHS Fife was in the mid-range of NHS Boards as of the last quarterly PHS publication in June (for the QE Mar-24) and was below the Scottish average (72.3% compared to 79.3%).

Achievements & Challenges

Achievements: The referral rate for adults with complex problems remains significantly higher than capacity for provision of highly specialist PT's. Despite this, the Psychology Service has continued to reduce the overall waiting list for PT's. Service redesign, such as the successful mainstreaming (following evaluation) of a group programme for people with complex trauma related difficulties and the continuation of a pilot of group delivery of compassion focused PT, is a factor in this and is ongoing. Likewise, the deployment of skill mix within the Psychology Service. **Challenges:** The delay in vacancy management procedures is problematic for PT delivery and if continued will start to reduce performance. The nature of PT means that clinicians have to stop taking on new patients a minimum of 3-4 months before they leave post. Due to notice periods and pre-employment checks, it usually takes a further 3-4 months after someone is appointed before they start in the service. Therefore, the current delays associated with recruitment mean that the service can be losing approximately 12 months of activity against the target for each clinician vacancy.

C4. Population Health & Wellbeing



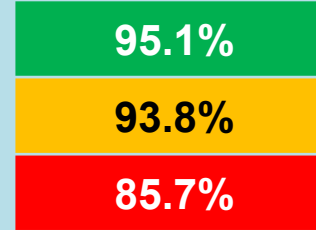


Childhood Immunisations

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

95% of children will receive their 6-in-1 vaccinations by 24 months of age

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



Achieved

10 ↑ to achieve target

53 ↑ to achieve target

Data Analysis

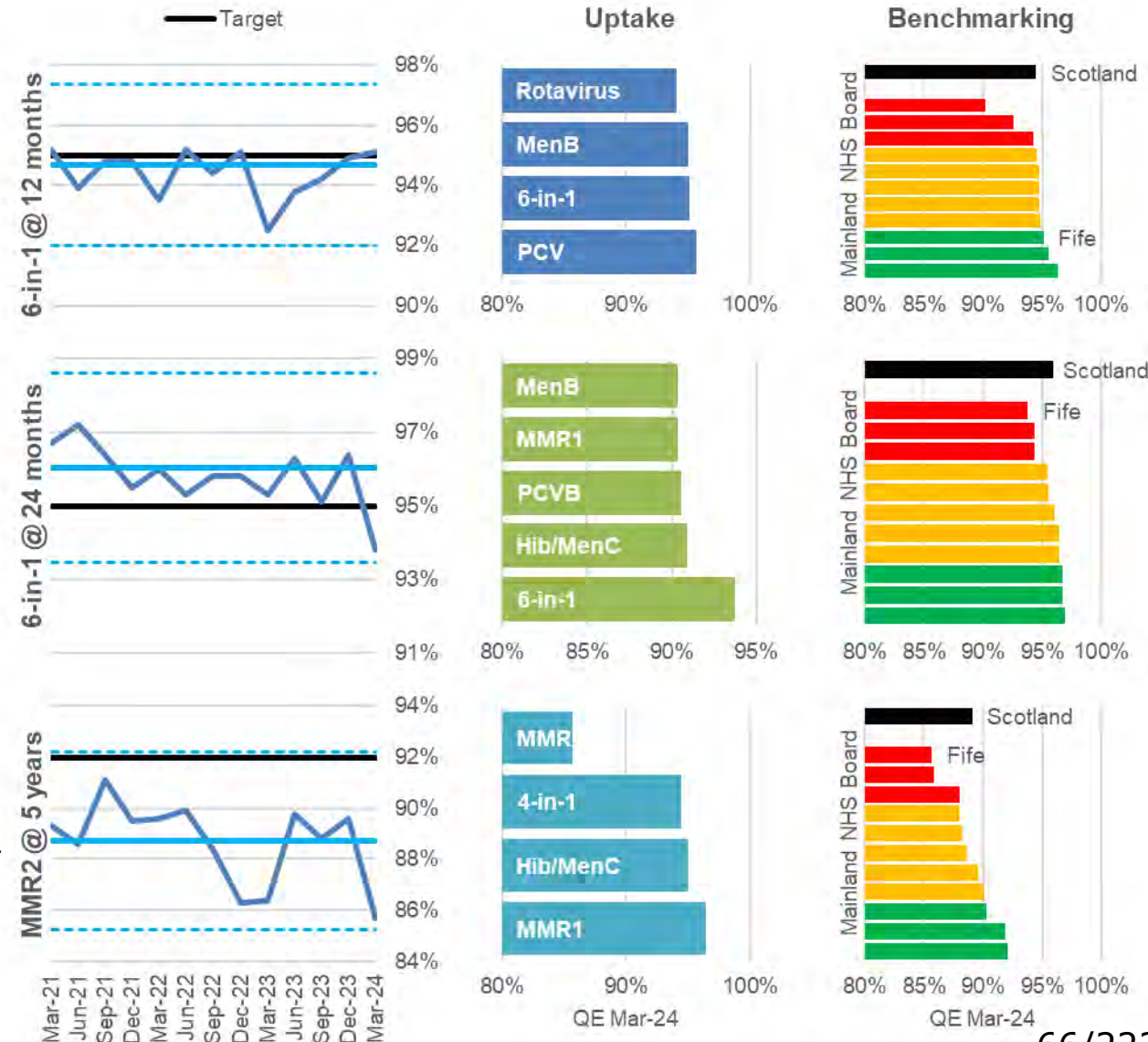
6-in-1 at 12 months of age: The latest published data (for QE Mar-24) shows that NHS Fife uptake increased very slightly from 94.9% in the last quarter to 95.1% in the most recent quarter, which is above target and above the average of 94.7% (based on last 18 quarters). Rotavirus & MenB saw increases on previous quarter; PCV saw a 0.6% decrease in uptake. NHS Fife was in the upper-range of all mainland NHS Boards for uptake at 12 months for 6-in-1 with the highest uptake being 96.3%.

6-in-1 at 24 months of age: NHS Fife uptake decreased from 96.4% in the previous quarter to 93.8% in QE Mar-24, which is below target, below the average of 96.0% and below the uptake seen in QE Mar-23 (95.3%). All vaccinations at this age saw decreases in uptake compared to previous quarter. NHS Fife was in the lower-range of all mainland NHS Boards for uptake at 24 months for 6-in-1 with the highest uptake being 96.9%.

MMR at 5 years of age: NHS Fife uptake decreased from 89.6% in the previous quarter to 85.7% in QE Mar-24, which is below target, below the average of 88.7% and below the uptake seen in QE Mar-23 (86.4%). Hib/MenC & MMR1 saw decreases on previous quarter; 4-in-1 saw a 5% increase in uptake. NHS Fife was in the lower-range of all mainland NHS Boards for uptake at 5 years for MMR2 with the highest uptake being 92.1%.

Service Narrative

An increase in 6-in-1 uptake at 12 months over the last two quarters is encouraging: we are now in a position of being above the Scotland average. The infant vaccination clinics take place year-round. MMR2 QI work has included: improvements in 'was not brought' pathways; use of SIRS (national child health system) to appoint from queues instead of previous method of a letter inviting parents/carers to call to book; doubling of slots offered at some venues to allow those waiting to be appointed; regular review of lists to increase capacity in high queue clinics (queues have dropped from 1506 children 12 months ago, to only 71); drop-in sessions planned throughout the year with occasional evening clinics, to support children being brought; and a survey undertaken on why children were not brought - which shows that families find communicating with NHS services can be a barrier, so we are currently scoping the use of a text reminder system. Through this QI work we are seeing small but positive impacts on other parts of the childhood programme (e.g. strengthening relationships and feedback from health visitors). Over July, drop-in clinics will be offered for all childhood vaccinations to support the previous QI work and to allow more flexibility for children to be brought for vaccinations, which in turn will increase uptake.



Meeting:	Fife NHS Board
Meeting date:	30 July 2024
Title:	Financial Performance Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Maxine Michie, Deputy Director of Finance

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Financial Sustainability
- NHS Board Strategic Priorities
- To Deliver Value & Sustainability

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

- Safe
- Effective
- Person Centre

2 Report summary

2.1 Situation

This report details the financial position for NHS Fife for the period to May 2024. The financial plan presented to the board in March 2024 identified the impact of recurring cost pressures and unachieved savings targets brought forward from the previous financial year. These alongside additional national and local cost pressures anticipated in 2024/25 have resulted in a funding gap of £55m for 2024/25 (6.6% of our baseline budget).

2.2 Background

A range of cost improvement schemes and efficiency initiatives have been developed to mitigate £25m of this funding gap, the remaining £30m will require to be addressed through further service change initiatives all of which will be delivered by our Re-form, Transform and Perform framework. The Re-form phase of our framework is designed to deliver the 3% minimum savings target set out by Scottish Government with the broader Transform phase

focusing on changes to our services, structures and care delivery to deliver the remainder of our financial gap, 3.6%.

2.3 Assessment

At the end of May we are reporting an overspend against revenue budget £10.767m. This position comprises an overspend for Health Board retained services of £7.077m and £3.690m for the Health and Social Care Partnership (HSCP).

The overspend for Health board retained is tracking beyond the financial plan trajectory for the period and further action is required to reduce spending levels and deliver on the specific actions required by the Scottish Government for the first quarter of the financial year. The overspend to the end of May 2024 is £7.077m and includes a continuation of the underlying and new cost pressures described in the financial plan. At the end of May 2024, the Health Board retained budget is approximately £2m overspent more than anticipated, this position is after taking account of the cost reduction achieved in the first 2 months in relation to RTP workstreams.

The reported overspend on the HSCP of £3.690m is also of major concern given the financial plan does not make any assumptions at this stage in relation to cost pressures associated with Fife Integration Joint Board.

Taking all of the issues noted in the report, the level of assurance at this stage is “limited” with all efforts continuing to support an improvement in the position which will include decisions by the NHS Fife Board following the quarter 1 financial position report.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level			X	
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

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

2.3.2 Workforce

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

2.3.3 Financial

Financial implications are detailed in the paper.

2.3.4 Risk Assessment / Management

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

EDG - 4 July 2024.

Finance, Performance & Resources Committee – 16 July 2024

2.4 Recommendation

This paper is provided to members for:

- **Assurance** - This report provides a limited Level of Assurance

3 List of appendices

Appendix 1 – Finance Report for May 2024

Report Contact

Maxine Michie

Deputy Director of Finance

Maxine.michie@nhs.scot

Appendix 1

1. Financial Position May 2024

- 1.1 The financial plan presented to the board in March 2024 identified the impact of recurring cost pressures, unachieved savings targets brought forward from the previous financial year, alongside additional national and local cost pressures anticipated in 2024/25 confirming an initial funding gap of £55m for 2024/25 (6.6% of our baseline budget). A range of cost improvement schemes and efficiency initiatives have been developed to mitigate £25m of this funding gap, the remaining £30m will require to be addressed through further service change initiatives all of which will be delivered by the Re-form, Transform and Perform framework. The Re-form phase of our framework is designed to deliver the 3% minimum savings target set out by Scottish Government with the broader Transform phase focusing on changes to services, structures and care delivery to deliver the remainder of the financial gap, 3.6%.
- 1.2 The Scottish Government has acknowledged the financial plan for 2024/25 however it remains unapproved by them at this stage and dialogue is ongoing. The Scottish Government has set out the following specific actions to be met in the first quarter of the financial year.
- Progress delivery of a minimum 3% recurring savings in 2024-25 and develop options to meet any unidentified or higher risk savings balance.
 - Continue to progress with the areas of focus set out in the '15 box grid' of national savings priorities.
 - Engage and take proactive involvement in supporting national programmes as they develop in 2024/25.
 - Develop further measures to reduce the Board's residual financial gap;
 - Provide an update at quarter one on the financial risks to assess likelihood of these materialising and the impact these could have on the Board's outturn.
- 1.3 The governance and performance management arrangements to monitor delivery of the savings plans is facilitated through the RTP Executive Group with regular and timely reporting to the Executive Director's Group, Governance Committees and the full NHS Fife Board.
- 1.4 At the end of May we are reporting an overspend against the revenue budget of £10.767m as detailed in table 1 below. This position includes an overspend for Health Board retained services of £7.077m and £3.690m for the Health and Social Care Partnership (HSCP). The overspend for Health board retained is tracking beyond the financial plan trajectory for the period and further action is required to reduce spending levels and deliver on the specific actions required by the Scottish Government for the first quarter of the financial year.

Revenue Financial Position as at May 2024

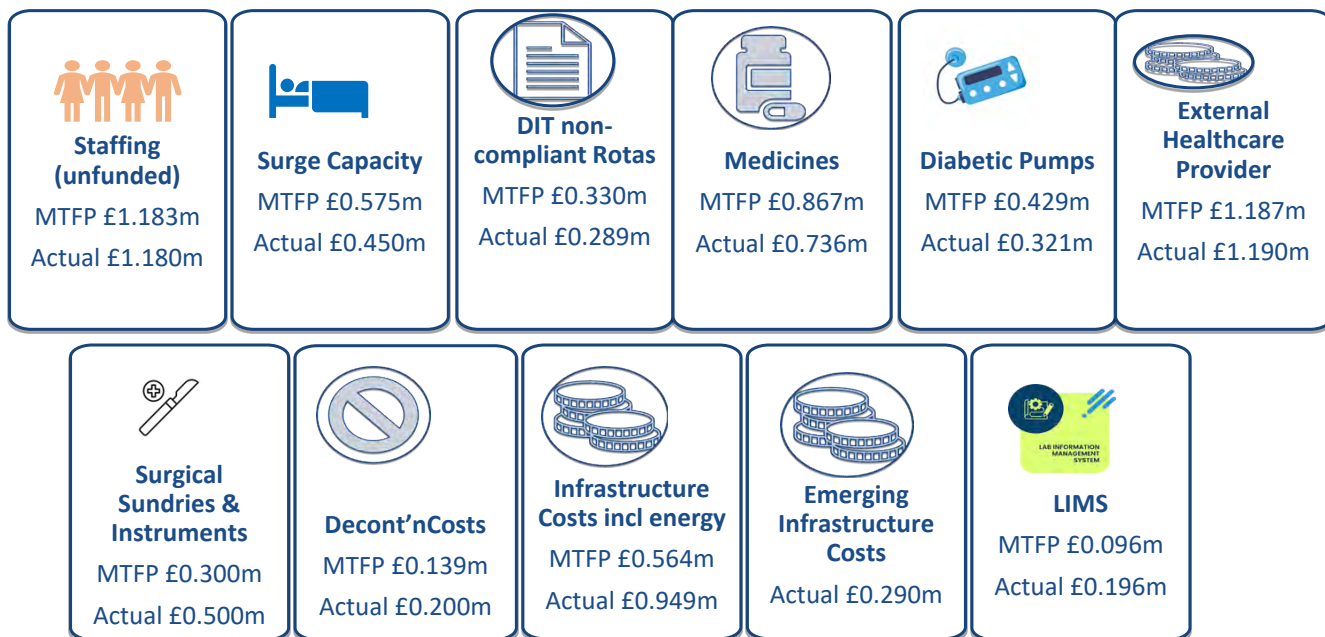
TABLE 1	Annual Budget	YTD Budget	YTD Spend	YTD Variance
Budget Area	£'000	£'000	£'000	£'000
NHS Services (incl Set Aside)				
<u>Clinical Services</u>				
Acute Services	276,919	48,379	53,639	-5,260
IJB Non-Delegated	9,912	1,652	1,516	136
Non-Fife & Other Healthcare Providers	98,448	16,462	17,376	-914
<u>Non Clinical Services</u>				
Estates & Facilities	92,957	15,305	16,489	-1,184
Board Admin & Other Services	80,579	14,441	14,637	-196
<u>Other</u>				
Financial Flexibility & Allocations	43,247	223		223
Income	-30,196	-5,202	-5,320	118
TOTAL HEALTH BOARD RETAINED SERVICES	571,866	91,260	98,337	-7,077
<u>Health & Social Care Partnership</u>				
Fife H & SCP	419,030	69,373	73,063	-3,690
TOTAL HEALTH DELEGATED SERVICES	419,030	69,373	73,063	-3,690
TOTAL	990,896	160,633	171,400	-10,767

- 1.5 The reported overspend on the HSCP health delegated budget of £3.690m is also of major concern given our financial plan does not make any assumptions at this stage in relation to cost pressures associated with Fife Integration Joint Board.
- 1.6 In December 2023 NHS Fife was set a brokerage cap for 2024/25 of £5m. This changed following an additional allocation of £6.9m funding for new medicines notified on 12 February when we were advised by Scottish Government (SG) that the cap would be reduced to zero as this allocation exceeded the brokerage cap previously communicated. The letter received from SG on 12 February also stated, “As set out in the Director General letter of 29 November, the Board does not have the authority to commit expenditure beyond the level of this cap and formal approval requires to be sought from Scottish Government before committing expenditure that does not have a budget”.

2 Health Board Retained Services

- 2.1 In order to determine how the financial position is tracking in relation to the key assumptions within the plan where the total savings challenge is £55m; we can assume a pro-rata share of the £30m saving target after delivery of the initial 3% £25m would form the basis of the outturn position for the period. That would suggest an overspend to the end of May of c£5m. It is also important to note that the 3%, £25m saving is not linear in terms of delivery for all schemes with some forecast to deliver in the second part of the financial year.

2.2 The overspend to the end of May 2024 is £7.077m and includes a continuation of the underlying and new cost pressures described in the financial plan. The following graphic identifies that these specific cost pressures are driving £6.3m of the overall overspend £7.077m position for the period. Additionally overall pay costs for Nursing and Medical costs are in an overspend position beyond the cost pressure areas noted above, which is after the reduction (year on year) on supplementary staffing costs. Whilst at this point in time there are some cost pressure areas that are better than expected some have deteriorated beyond the planning assumptions. At the end of May 2024, Health Board retained budgets is approximately £2m overspent more than anticipated.



- 2.3 In arriving at the reported financial position, several assumptions have been made in relation to allocations still to be allocated by Scottish Government. A key assumption is in relation to the increase in employer's superannuation contributions which is anticipated to be fully funded.
- 2.4 Negotiations have not yet concluded in relation to the 2024/25 pay awards but the assumption is that any agreed pay award will be fully funded. Other allocations have been assumed based on confirmation letters and prior year commitments.
- 2.5 The funding for Agenda for Change non pay reforms (ie protected learning time, the 30-minute reduction in the working week and the review of band 5 nursing roles) has been confirmed at £200m nationally. The NHS Fife share of this funding is £13.7m and costs must be contained within this the available funding. Work continues to confirm the anticipated costs with most associated costs incurred since April still to be reflected in the financial position.
- 2.6 The Acute Services Division is reporting an overspend at the end of May of £5.260m. This is mainly driven by the cost pressures noted above. The cost of employer's increased superannuation commitments are also reflected in the overspend at c£0.2m but are offset by funding assumed within Financial Flexibility as we await final confirmation of available funding from Scottish Government.
- 2.7 The £5.260m overspend in Acute Services is across both pay budgets at £2.443m and non-pay budgets at £2.817m. The total pay overspend of £2.443m includes the costs on

unfunded posts, surge and junior doctor rota compliance which totals £1.919m, the remainder represents further movement in pay costs in-year after the reduction in supplementary staffing. The overspend level on unregistered nursing staff was £0.748m and registered staff of £0.126m. Senior medical staffing was overspent by £0.348m and junior medical staffing was also overspent at £0.915m. This position is under review to determine any further remedial action possible beyond the current savings plans in place, this will be through both the Re-form and Transform aspects of RTP.

Table 2 below identifies the reported Acute Services overspend by Directorate. The Medical Directorate overspend reflects the largest share of the cost pressures identified in the financial plan.

TABLE 2	Annual Budget	YTD Budget	YTD Spend	YTD Variance
Budget Area	£'000	£'000	£'000	£'000
Acute Services Division				
- Surgical Directorate	95,841	16,238	17,784	-1,546
- Medical Directorate	105,537	19,323	22,608	-3,285
- Women, Children & Clinical Services	73,424	12,459	12,825	-366
- Acute Nursing	1,006	166	142	24
- Other	1,111	193	280	-87
Total	276,919	48,379	53,639	-5,260

- 2.8 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 May, set aside services reported an overspend of £1.883m which accounts for 22% of the Acute Services total overspend. The main factors driving this overspend are agency consultants covering vacancies and sickness, surge ward capacity, unfunded medical staffing, junior medical bandings for non-compliant rotas, agreed cost pressures for additional consultants and safe staffing workforce costs in line with workforce tool implementation. This budget is not formally delegated to the HSCP as the services are managed by NHS Fife.
- 2.9 Service Level Agreements and contracts with external healthcare providers are £0.914m overspent. This overspend is driven by several factors included as cost pressures with the financial plan. They include 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 generally of SLAs and contracts with both NHS and independent providers for mental health services and the implementation of a new cost model for services provided by NHS Lothian. The overspend reported at May is in line with the financial plan and a workstream has been established to agree and prioritise actions to mitigate the level of overspend as described by the RTP Framework.
- 2.10 Corporate Directorates, including Estates and Facilities, are overspent by £1.380m in total. The overspends in the Workforce and Digital Directorates reflect cost pressures identified in the financial plan, included unfunded posts, cost of disclosure checks, telecoms, and annual charges for digital systems. Estates and Facilities Directorate costs are tracking significantly higher than plan with 50% attributable to increasing energy costs which are much higher than anticipated, with some increases also on pay costs and the costs of provisions. These areas are currently being reviewed to identify the drivers behind the increased cost including appropriate mitigating actions where possible.

TABLE 3	Annual Budget	YTD Budget	YTD Spend	YTD Variance
Budget Area	£'000	£'000	£'000	£'000
Nhs Fife Chief Executive	742	128	145	-17
Nhs Fife Finance Director	7,597	1,284	1,250	34
Nhs Fife Medical Director	5,878	1,313	1,317	-3
Nhs Fife Nurse Director	4,305	756	755	1
Nhs Fife Public Health	2,873	528	532	-4
Nhs Fife Workforce Directorate	3,636	631	719	-88
Pharmacy Services	14,975	2,567	2,565	2
Digital + Information	14,873	2,479	2,625	-146
Other Board Functions	25,700	4,755	4,729	26
	80,579	14,440	14,637	-196
Estates & Facilities	92,957	15,305	16,489	-1,184
Total Corporate Functions	173,536	29,745	31,126	-1,380

3 Financial Flexibility

3.1 Financial Flexibility refers to funding allocations held centrally before being allocated to budget areas including:

- Allocation to cover the non-pay implications of the AfC 2023-24 pay award £13.4m
- Balance remaining on the additional funding for NRAC 2024/25 £7.2m
- Additional recurring waiting times allocation £3.4m
- Anticipated estimate for additional employers Superannuation costs £9.3m
- New Medicine Funding £10m.

At this stage the only allocation where there could be flexibility relates to the NRAC funding of £7.2m. This is being held at least until the Quarter 1 financial position has been reported, following which we will have greater certainty on the delivery against the RTP savings workstreams and the overall impact on the financial position. Whilst there has been some positive cost reduction particularly in relation to supplementary staffing, we are yet to see that reducing overall pay costs in line with the financial planning assumptions. The quarter 1 position will be reported to the Board in August to allow the Board to make any decisions in relation to the allocation of any financial flexibility.

4 Income

4.1 Income for the period is in line with financial planning assumptions and detailed in the tables below.

HB retained income	£'000
SLA	6,345
ACT	2,537
Healthcare to LA	2,399
Dining room income	1,037
Laundry income	1,279
Recovery from GPs in HC	1,268
NES Medical in training income	11,365
RTA	686
Other	3,280
Total HB retained income budget	30,196

5 Health & Social Care Partnership

- 5.1 Health services in scope for the Health and Social Care Partnership report an overspend of £3.694m. The overspend predominately relates to high usage/cost associated with medical locums within Mental Health services and nurse bank/agency usage across the partnership to cover vacancies, sickness and increased patient supervision requirements. The new Direct Engagement arrangement is due to launch in NHS Fife on 15 July, for Locums and AHP's within Acute & HSCP which will generate a VAT efficiency saving.

There has also been the full realignment of both budget (£5.537m) and expenditure from Health Board retained for SLA's relating to Mental Health services for which there is a year to date overspend of £0.430m. GP prescribing spend at month 2 is in line with the adjusted directions budget.

Whilst the IJB directions reflect a budget transfer of £4.1m from health delegated to social care, the month 2 position indicates a level of overspend which is challenging this transfer. Concerns around this issue have been raised by the Director of Finance & Strategy with the Chief Finance Officer and the Director of Finance, Fife Council. This position is under review, close monitoring is underway and we hope to mutually resolve this as soon as possible.

NHS Fife also awaits the lessons learned report on the reasons for the late notification of the 2023/24 deterioration in the IJB financial position and the assessment of the impact of this change on financial planning assumptions for 2024/25.

6 Financial Improvement & Sustainability

- 6.1 Delivering Value and Sustainability is one of our 4 strategic priorities, our financial improvement plan is being delivered through our Re-form, Transform and Perform (RTP) Framework, working collaboratively across the system. Financial performance against the 3% savings schemes identified in our financial plan at the end of May is described below.
- 6.2 The planned level of savings reflects the timing of scheme implementation and when they are expected to begin delivering cost reduction. At the end of May a £2.497m saving was anticipated across the 13 schemes with £3.288m confirmed as delivered.

Scheme	Assurance Level	May 2024 Planned YTD	May 2024 Delivery YTD	Target Saving	Target Saving (FY): £24,450,000 Planned Saving (YTD): £2,496,970 Linear target (YTD): £4,075,000 (for 3% schemes only) YTD Saving: £3,288,159
1. Medicines Optimisation	Moderate	£145,455	£147,000	£2,000,000	
2. Unscheduled Care Bundle	Significant	£116,667	£128,000	£700,000	
3. PFI Contract	Significant	£200,000	£200,000	£400,000	
4. Estates Rationalisation	Limited	£0	£0	£2,000,000	
5. Non-Compliant Rotas	Limited	£0	£0	£1,000,000	
6. Legacy Covid Costs	Limited	£168,682	£46,000	£1,000,000	
7. Supplementary Staffing	Limited	£833,333	£1,726,457	£5,000,000	
8. Procurement	Limited	£83,333	£7,202	£500,000	
9. Corporate Directorates	Significant	£250,000	£250,000	£1,400,000	
10. Business Transformation	Limited	£0	£37,500	£2,400,000	
11. Surge Reduction	Limited	£168,182	£46,000	£1,850,000	
12. Planned Care	Significant	£200,000	£366,667	£1,200,000	
13. SLA & External Activity	Limited	£333,333	£333,333	£5,000,000	
Key					
As or ahead of plan	Total YTD – for 3% savings schemes (M2 financial position and impact TBC)	£2,496,970	£3,288,159		
Behind plan					

Supplementary Staffing

- 6.3 At the end of May 2024, the total spend on supplementary staffing for Health Board retained services was £1.514m excluding surge capacity spend, representing a reduction of £1.726m at the same time in the previous financial year. Whilst this is a significant achievement, the overall pay costs for Nursing and Medical costs are in an overspend position beyond the cost pressure level anticipated in the financial plan. This is after the in-year reduction on supplementary staffing costs, para 2.7 gives more detail on this point. A formal assessment of the reasons why this is the case, including review of any increases in WTE across these pay budgets is underway and will be reported more fully as part of the quarter 1 review of the financial position.

Supplementary Staffing			
	Monthly Average 2023/24	Monthly Actual 2024/25	Reduction Compared to Monthly Ave in Previous Year 2024/25
Health Board Retained	£'000	£'000	£'000
April	1,620	742	878
May	1,620	772	848
Total	3,240	1,514	1,726

Medicines Optimisation

- 6.4 Medicines Optimisation workstream have delivered slightly ahead of target at the end of May.

Unscheduled Care bundle review

- 6.5 Whilst this scheme is slightly ahead of target, included in the service delivery model are several vacant posts contributing to the cost reductions offsetting other spend categories which are incurring more cost than anticipated. The increased cost categories will require action to bring this back in line as a priority.

Estates Rationalisation

- 6.6 Cost reductions are expected to commence delivery from June. Whilst Hayfield House closed at the end of April there is still a requirement to maintain utilities as the building is decommissioned. Updates are awaited from the District Valuer in relation to the anticipated rates reduction. Workforce savings are currently being validated and are expected to be validated for June reporting.

Surge Bed Reduction

- 6.7 A lot of work has been taken forward to reduce and hold the level of unfunded surge capacity. Whilst some progress has been made, challenges with flow across the acute site have resulted in savings not being achieved in line with the planned reduction. The service are reviewing the workforce model and a revised financial plan is expected. However, any reduction to this cost improvement plan will require to be replaced with an alternative scheme.

Non-Compliant Junior Doctor Rotas

- 6.8 A range of actions have been taken to progress this issue. Additional investment required to help safeguard rota compliance has been identified and funding has been sourced within available resources. Compliance cannot be confirmed until rotas are monitored later in the calendar year.

Unfunded Covid Costs

- 6.9 Remaining unfunded legacy costs are primarily staff costs and work continues to identify appropriate timely exit strategies.

Planned Care

- 6.10 The previous identified cost pressure within planned care has been mitigated by the receipt of additional recurring elective care funding. The new funding has also been able to support the additional costs of Robotic surgery previously unfunded. It is expected this scheme will deliver an increased amount of £2.2m this year.

External Care Providers

- 6.11 Approximately £2m of this cost pressure has been confirmed through realignment of budget for external providers for services to the IJB as agreed as part of the financial planning process. The remainder of the target is in relation to SLAs predominately with Other Scottish Health Boards. Letters have been issued to both NHS Lothian and NHS Tayside setting out our planning assumption of nil uplift for 2024/25 and an expectation to secure from these boards a 3% reduction. Replies have been received from both boards which indicate the Boards involved do not currently agree our proposal. Additionally significant review of activity referred from NHS Fife to these 2 bordering boards is currently being assessed by clinicians to ensure appropriateness of referral and opportunities to repatriate activity back to NHS Fife where that is safe and financially sustainable to do so.

Procurement

6.12 Procurement savings are currently behind plan. Savings delivered reflect reductions secured across theatres procurement budgets. Whilst work is being taken forward to identify additional potential savings these have yet to deliver. An initial high-level review of discretionary spend across various budgets suggests further actions is required to adjust spending in a number of areas. For example, increase the concept of paperlite at pace, recycling and an awareness of price variability for non-pay expenditure.

Business Transformation

6.13 This savings scheme considers a range of different activities which affect the way we support and deliver clinical service. The savings to date relates to a reduction in the use of mobile phones, telephone lines and price reductions in digital equipment ahead of plan. The business case to support progressing higher levels of cost reduction throughout 2024/25 and beyond is being finalised.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Fife Health & Social Care Partnership	419,030	69,373	73,063	-3,690
TOTAL HEALTH DELEGATED SERVICES	419,030	69,373	73,063	-3,690

7 Capital

7.1 Capital expenditure is limited for the period due to phasing of schemes with costs to date of £0.169m reflecting in the table below. The Capital Resource Limit (CRL) is £7.764m as adjusted for 2 anticipated allocations (HEPMA and Medical Education) of £1.023m resulting in a total budget of £8.787m.

Capital Budget 2024/25	Capital Resource Funding £'000	Expenditure to Date £'000	Capital Programme 2024/25 £'000
Statutory Compliance	2,500	7	2,500
RTP/Clinical Prioritisation Contingency	750	9	750
Capital Equipment	1,074	0	1,074
Digital & Information	1,898	97	1,898
Mental Health Estate	1,000	0	1,000
Capital Staffing Costs	342	56	342
Capital Repayment	200	0	200
Total confirmed CRL	7,764		
Anticipated Funding - HEPMA	723	0	723
Anticipated Funding - Medical Education	300	0	300
Total	8,787	169	8,787

8 NHS Support and Intervention Framework – Financial Considerations 2024-25

- 8.1 A guidance document was issued to NHS Board Directors of Finance on 28 June 2024 by the Interim Deputy Director – NHS, Integration and Social Care Finance Health Finance, Corporate Governance and Value. The guidance reflects the NHS Support and Intervention Framework and sets out a range of criteria and information which will be assessed in relation to NHS Boards financial positions. One of these criteria is financial performance, which is assessed at the SG National Planning and Performance Oversight Group (NPPOG). The document provides more information on how the level for finance will be assessed and the process this will follow.

Assessment of Boards against the framework for finance

- 8.2 A number of areas are considered when assessing escalation level for finance. In previous years this was more straight forward with a key trigger for escalation for finance being a brokerage requirement. With an increasing number of Boards needing brokerage, this is no longer appropriate as a single measure and a two-stage assessment process now takes place as set out below.

Stage One: Assessment of the financial position

The first step is to assess the in-year and cumulative level of brokerage required by each Board as a proportion of Resource Revenue Limit RRL, as decision would not be made solely on these values. In 2024-25, the month 12 RRL from 2023-24 was used for assessment.

Stage Two: Qualitative Assessment

Prior to recommending escalating / de-escalating a Board, a wider assessment will be undertaken quarterly of the Board's governance, financial management and internal controls. This assessment will be undertaken either by a member of the Scottish Government Finance Delivery Unit or independent party, most likely an external consulting firm. This assessment will take account of, but not be limited to, the following factors:

- assessed strength of financial management by current finance Board team,
- recommendations and progress against internal audit recommendations around financial governance, controls and management
- review of most recent external audit report for view on financial governance and sustainability
- historical financial performance and confidence in system to deliver
- forecast financial position and extent of development of a realistic plan to reduce the financial deficit or reach brokerage caps
- achievement of prior year savings plan and balance of recurrent and non-recurrent savings delivered
- impact of IJB performance and risk share as a contribution to the requirement for brokerage
- understanding and mitigating drivers of brokerage requirement, e.g. to maintain patient safety or performance levels
- time at current escalation level

- the success of support already provided to the Board under the terms of the framework
- progress towards 3% recurring savings plan against baseline budget, and
- type and extent of support required to drive improvements, and the Board's engagement in using this support to develop its own internal recovery plan.

Brokerage caps

- 8.3 Where a Board is not able to operate within its agreed brokerage cap, the Board will require to prepare and agree with the Director for Health and Social Care Finance a credible finance recovery plan and will require to seek advance approval for any new service developments (unless such developments reduce the cost of existing models of delivery, or are national priorities such as CAR-T, TAVI etc).

The recovery plan will require to set out:

- A three-year finance plan and a trajectory to reduce the financial gap to the agreed brokerage cap (as minimum) within this time period. The plan should prioritise recurring savings as a path towards balance.
- The actions that will deliver the required reduction in expenditure and confirmation that these actions are supported by implementation plans and have executive responsibility assigned.
- The arrangements implemented within the Board to scrutinise performance against the recovery plan and take mitigating actions as required.

The recovery plan will require to be agreed by the Board and submitted to Scottish Government for review and approval. This will be discussed with Board support leads in the first instance.

Brokerage repayment

- 8.4 Outstanding brokerage must be repaid when the NHS Board returns to financial balance. Guidance has been issued that all NHS Boards must report cumulative outstanding brokerage in their Board finance reporting. The cumulative repayable brokerage for NHS Fife is £23.7m, made up of £9.7m in 2022/23 and £14m in 2023/24.

A full assessment of the guidance including actions and evidence required in relation to the Stage 2 Qualitative Assessment will be prepared by the Director of Finance & Strategy and considered the NHS Fife Board in July 2024.

9 Recommendation

NHS Fife Board is asked to take a limited level of assurance from this report and to specifically consider and discuss:

- The reported revenue overspend position of £7.077m for Health Board retained services, the factors driving that position including any further potential mitigation plans, noting that this position is a £2m overspend in excess of where the Board anticipated the position to be at month 2.
- Delivery against the in-year RTP savings targets and the impact of that on the overall consolidated financial position.
- The reported overspend for the HSCP of £3.690m, the increasing level of risk in relation to this and the consequent potential for a risk-share situation in-year, the particular issue under review in relation to IJB budget transfer direction and the

awaited lessons learned report in relation to the late deterioration of the IJB overall financial position.

- The year to date spend against the Capital Resource Limit.
- The very recent guidance received from Scottish Government in relation to the NHS Support and Intervention Framework – Financial Considerations 2024-25 and the review underway to support an appropriate response by the Director of Finance & Strategy.

Meeting: Fife NHS Board

Meeting date: 30 July 2024

Title: Reforming Services and Reforming the Way we Work

Responsible Executive: Carol Potter, Chief Executive

Report Author: Ben Hannan, Director of Reform and Transformation

Executive Summary:

- A programme of NHS Reform initiated by the Scottish Government is now underway, emphasising improved wellbeing, access to treatment, and sustainability of services.
- The Director General for Health & Social Care issued a letter to Board Chairs and Chief Executives on 5 June 2024, following an announcement by Neil Gray, Cabinet Secretary for Health, setting out the direction of travel in relation to reforming NHS services and reforming the way in which NHS Scotland works.
- The NHS Fife Population Health & Wellbeing Strategy 2023-2028, *Living Well, Working Well and Flourishing in Fife* ([available here](#)), approved in March 2023, is well-aligned with the goals of the Government's reform programme. There is no need for a change in strategy, but rather a reinforcement of our current direction, key priorities, and ambitions.
- Our refreshed tactical approach in delivery of our strategy through our Reform, Transform, Perform (RTP) framework will further evolve our approach to planning and delivery and as a Board.
- We have significant opportunities to position NHS Fife as centres of excellence in various areas, including orthopaedics, urology, and endoscopy. It is crucial that we actively consider and pursue these opportunities in all our work.
- We need to further utilise our co-terminosity with partners to remove duplication and streamline services. Our aim should be to proactively create seamless pathways, avoiding any hindrance due to boundaries of responsibility.
- Wider NHS Scotland reform will be an important context for the Board as our strategic plans converge and align over the coming months and years. Ensuring cohesion in our plans and actions will be key to our success in this evolving landscape.

1 Purpose

This report is presented for:

- Discussion

This report relates to:

- Government policy / directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

On 5th June 2024, Caroline Lamb, Director General Health and Social Care, and Chief Executive of NHS Scotland, wrote to all health Boards reflecting on *the critical need for reform to support improved wellbeing of people across Scotland, improved access to treatment and care and to secure the sustainability of our services, in the short term, and into the future*. This letter is closely linked to a parliamentary debate on the future of NHS Scotland and is a key signal around the direction of national policy. The Board requires to be appropriately cognisant of the local impact of this direction and the alignment of ongoing work and priorities.

2.2 Background

The letter (Appendix No. 1) describes the *non-negotiables* for Scottish Government within NHS reform – in particular the founding principles and the commitment to healthcare based on clinical need, free at the point of care. It also reaffirms the focus on *improvement in health outcomes, reduction of health inequalities that persist in our communities, and reduction in unwarranted variation across our services*.

A key component of the direction is the emphasis on delivering existing strategy, including the 2016 National Clinical Strategy, Realistic Medicine, and 2022 climate emergency and sustainability strategy. There are no signals suggesting change to these established strategies. However, the letter does add further drive to the need for change and reform at local and national levels. Importantly, it is equally clear that reform is needed across all sectors, and that the principles of realistic medicine should remain at the core of design and delivery.

The local population health and wellbeing strategy is aligned to the national clinical strategy – Fife should therefore be well placed to continue delivering in line with national direction. Our strategy ensures the Board is well placed to balance the delivery of services now and engage well in impending reform conversations.

2.3 Assessment

2.3.1 Quality, Patient and Value-Based Health & Care

The letter strongly enforces the importance of redesign in acute services. Locally, the Board is developing a three-year plan for development in this area, with a relentless focus on continued improvement in quality and safety. As above, this will be in line with policy direction including the national clinical strategy. In the development of our Acute Services Framework, it is important the Board are fully engaged in the National context of Acute Services reform and consider how our services evolve in line with the direction set out across Scotland.

Part of the reform of Acute Services as described in the letter, is to establish *Centres of Excellence* across Scotland. It is important that Board is ready to accredit and establish centres of excellence across our offerings, building on the excellent work we do. Examples of potential opportunities include our Fife Orthopaedic National Treatment Centre, which provides an opportunity to shape our offer to wider NHS Scotland colleagues and systems. Fife is also recognised nationally for its urology and endoscopy services and has an aspiring role in enhancing our breast surgery services. There is a window now to understand our best practice, spread this, and develop the local role in national delivery and support, where Fife is seen as a centre of excellence.

Importantly, as a co-terminus Board and HSCP, Fife is well placed to meet national direction on driving further integration across primary care, community health and social care. Our ethos must continue to evolve towards seamless pathways and avoid hindrance with boundaries of responsibility. We will align services to proactively remove interface issues.

The focus on the national planning approach is strengthened by this direction – currently this is most closely linked to specialist services, with a spread across other areas to develop at pace. Locally, a review of the internal planning approach has begun through the RTP programme: it will be important to ensure this is agile, fit for purpose, aligned to the national planning approach, and able to react rapidly to future Director's Letters (DLs) from Scottish Government. We will continue to review and redefine our internal planning approach as part of RTP, to ensure we evolve this to meet modern needs.

The national planning approach will deliver a plan for fragile services, identified as oncology, vascular and diagnostics. The Board was asked to identify these services in January 2024, and share concerns nationally. The Board should be comfortable in engaging with regional and national developments to ensure robust contingencies and joint working, where appropriate, are in place.

The next stage of national planning is expected to be clarified in an upcoming DL, detailing a single planning framework and a crucial sponsor relationship with Scottish Government. This will include a revisioning of the links with national Boards (Scottish Ambulance Service, and NHS 24 particularly) around reform in unscheduled care. Our plans and narrative must be clear, overt and partnership based.

The letter highlights the role within wider reform, of regional innovation hubs. Fife is well placed to support this approach, and locally continues to work closely with the University of St Andrews on a range of innovative projects, through several of our teams. It will be important to be clear and transparent with the Board on the available opportunities and pursuits, to ensure this aligns with wider strategic direction.

It is established that common approaches to digital technologies is critical. The Board has a corporate objective on *developing a digital framework to underpin RTP including specific delivery plans: to modernise administration and business enabling functions; to enhance adoption of technologies; to implement Digital Medicines; and to ensure further innovative approaches to support clinical redesign*. This will continue to be driven at pace, while ensuring engagement with partners within and outwith NHS Scotland is a priority.

The letter concludes by focussing on collaboration across partners and wider public services. This is clearly a moment in which we must collaborate and cooperate in a new context of public sector reform. As a Board, NHS Fife should play a leading role, working in concert with our IJB and other strategic partners.

2.3.2 Workforce

The implementation of this reform must be considered within the context of several workforce challenges. The increasing cost of the workforce, coupled with a decreased availability of skilled personnel, presents a significant issue. The changing landscape of healthcare demands agility and adaptability in our workforce planning. Furthermore, extensive workforce reforms, including the Agenda for Change (AfC) adjustments and the band 5 to 6 nursing reviews, may necessitate reconsideration of skill mix and staffing models. These changes come at a time when there is also a push for a reduced working week, adding another layer of complexity. It is imperative that we navigate these changes effectively, in partnership with Professional Bodies and Trade Unions, ensuring that we have the right people, with the right skills, in the right places, at the right time.

2.3.3 Financial

In January of this year, the Board agreed a framework for RTP which focussed on short term financial balance, but also on medium- and longer-term sustainability and development in modern healthcare. It is critically important that the requirements of immediate change to deliver financial balance are seen and delivered as complementary to longer term strategic and clinical transformation.

NHS Fife has a significant proportion of clinical activity which is undertaken through NHS Lothian and NHS Tayside under SLA arrangements. Work is ongoing under RTP to scrutinise and reevaluate this, including consideration of performance and identifying areas to repatriate work, where appropriate. Funding arrangements will require to be evaluated. However, as a point of principle, while the established SLAs are subject to historically agreed national uplifts, the Board should consider that local directorates are subject to 3% efficiency reductions, and the new context in which NHS Scotland operates. Mechanisms will be developed at pace to improve governance around SLAs and improve transparency around funding flows – a dynamic of constructive challenge with partners will be vital.

2.3.4 Risk Assessment / Management

The Board must maintain a balanced risk appetite, cognisant of the broader national picture. The fragility and sustainability of services are at risk if we do not stay ahead of the curve and actively engage in this agenda. There is a tangible risk that, should we fail to be proactive, decisions and reforms may be imposed upon us. Mitigation strategies include strong leadership from the Board, both Executive and Non-Executive Directors, and consistent engagement at the national level. Frequent discussions in this space will ensure that we are well-prepared to adapt to and influence the reform landscape. This proactive approach will safeguard our services and ensure their long-term sustainability.

2.3.5 Equality and Human Rights, including children’s rights, health inequalities and Anchor Institution ambitions.

In the context of reform, it is crucial to emphasise that the Board's statutory responsibilities remain unchanged, as does our strategic ambition and commitment to delivery of our Anchor responsibilities. We are responsible for ensuring the provision of appropriate health services to the people of Fife. Balancing the need for reform with our commitment to equality and human rights is paramount. This involves close collaboration with our Scottish Government colleagues to ensure that reforms do not adversely impact local service delivery. Our focus will be on maintaining and enhancing access to quality healthcare for all, in line with our statutory duties and the principles of equality and human rights.

2.3.6 Climate Emergency & Sustainability Impact

In development is a whole system Initial Agreement, which will facilitate a long-term strategic plan for our infrastructure and assets. While this is not overtly referenced as related to reform at this stage, it is likely to be an inevitability that these interdependencies converge. It is pivotal that this must align with our commitment to sustainability and the climate emergency agenda. This includes the disposal of outdated sites and the development of green, sustainable infrastructure. Assets must be proportionate to the model of care we aim to deliver, supporting a shift towards more sustainable practices. It is essential that we move decisively in this direction, ensuring that our facilities not only meet current needs but are also resilient and adaptable to future demands. This strategic

approach will contribute to our overarching goal of reducing carbon emissions and promoting environmental sustainability within NHS Fife.

2.3.7 Communication, involvement, engagement, and consultation

A local engagement strategy has been developed both considering RTP and incorporating a model of operational working with the community.

Several different elements of engagement and stakeholder working are required as we drive transformation. Collective expertise through different groups, including professional advisory boards, Area Partnership Forum, and Area Clinical Forum, tied in locally and nationally to provide context and expertise, will be critical in delivery of sound, future proofed reform.

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 – 25th July 2024

2.4 Recommendation

This paper is provided to members for **discussion**, to examine and consider the implications on pending reform programmes to NHS Fife.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, A Vision for Health and Social Care in Scotland - Reforming Services and Reforming the Way We Work - Letter from Caroline Lamb - Post Debate Communication - 5 June 2024

Report Contact

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NHS Chief Executives
NHS Chairs
IJB Chief Officers

Date: 5 June 2024

Dear Colleagues

REFORMING SERVICES AND REFORMING THE WAY WE WORK

You are all very aware of the critical need for reform to support improved wellbeing of people across Scotland, improved access to treatment and care and to secure the sustainability of our services, in the short term, and into the future. You will also have heard the parliamentary debate yesterday where the Cabinet Secretary set out the Government's vision for reform of our NHS and social care system. This letter sets out some further information for you, particularly on how we will need to work together to deliver the Vision.

When it was established 76 years ago, NHS Scotland was visionary, bold, and radical. It transformed health services for millions of people and brought certainty and security, it made sure that services reached the same national standards for everyone, everywhere, according to need and not the ability to pay.

Scotland has changed significantly since then: we now live longer, medicine can do much more, technology is transforming the way we live, lifestyles and expectations have changed. We also know that renewed focus on improving the health of our population, addressing inequalities, prevention and early intervention is required to ensure that we can provide services that will be able to meet the forecasted demand.

These are significant challenges and there will be difficult decisions for us to collectively navigate. There are also non-negotiables for this Government. The founding principles of Scotland's NHS will not change and we remain committed to access to healthcare based on clinical need and free at the point of need. It is also critical that our reform delivers improvements in health outcomes, reduction of health inequalities that persist in our communities, and reduction in unwarranted variation across our services.



The programme of reform, as set out by the Cabinet Secretary during the parliamentary debate, seeks to deliver a health service that is fit for the 21st century. In setting out his proposals, the Cabinet Secretary restated our vision for health and social care in Scotland - *A Scotland where people live longer, healthier and fulfilling lives*. This builds on the strategic foundations developed over the past decade or so, including the 2010 Quality Strategy, the 2016 National Clinical Strategy, 2016 Realistic Medicine and the 2022 NHS Scotland climate emergency and sustainability strategy.

The vision that will drive this reform, to enable people to live longer, healthier and more fulfilling lives, is underpinned by the four key areas of place based population health improvement; early intervention and prevention; improved access; and high quality service provision; all with people at the heart of our decision making.

Now is the time to drive forward the reform activity that will ensure that we deliver this vision. It has never been more urgent and requires concentrated action across our system and wider government to maximise efforts across portfolios. It is also vital that this period of reform and improvement proceeds on a national basis and with a strong spirit of collaboration, which builds on existing long standing responsibilities for NHS Boards to work together across boundaries.

I have set out additional context and detail in Annex A. This will be supplemented by further information on the reform programme and development of the National Clinical Framework over the next month or so. We are also working with Board Communication Leads and with HIS Community Engagement to ensure coherence and consistency of messaging across NHS Boards, our workforce and population.

I have no doubt that we will face a number of challenges as we progress on our journey of reform, however, with your support and leadership, I am optimistic that together we can build forward and deliver services and outcomes that meet the needs of our population today and into the future.

Yours sincerely



Caroline Lamb

Director General Health & Social Care, Chief Executive of NHS Scotland

FURTHER DETAIL ON REFORMING SERVICES AND REFORMING THE WAY WE WORK

REFORMING SERVICES

Overview

Our intention to reform health and social care is now well established. The vision that will drive this reform, to enable people to live longer, healthier and more fulfilling lives, is underpinned by the four key areas of place based population health improvement; early intervention and prevention; improved access; and high quality services; always with people at its heart.

The case for change has never been more urgent and it will require concentrated action across government to maximise efforts across portfolios. This will include education, housing and communities, transport, and economic development. It is clear that we need to work not only across government, but across NHS Boards, IJBs, HSCPs, Local Government, community planning, education, and business and industry.

Our vision is focussed on change and improvement within current NHS structures, maximising current assets, and delivering a population-based approach to the planning of acute services that will transcend traditional boundaries. This task will crucially need to harness the potential of proven technological and scientific innovations, whilst also maintaining focus on the outcomes that really matter to people. Rapid national adoption of innovation will be critical to ensure that health services in Scotland are more sustainable, address health inequalities and deliver improved patient outcomes.

Key elements of reform

In this initial update, we focus on the proposals emerging from the development of the *National Clinical Framework*, for population-level planning for acute services, and delivering more in community settings, alongside specialist centres of excellence. We will work with HIS-Community Engagement to determine how we ensure meaningful engagement with communities is undertaken of any changes.

As we have already set out for Board Chairs and Board Chief Executives Groups, there are a number of components to reform of services. These include the development of a Population Health Framework, being led by Public Health Scotland and Directors of Public Health, changes to our primary care and community health sector in the context of wider preventative reform (aligned to the development of the National Care Service) and reform being delivered through the recent Mental Health Strategy, and developing our National Clinical Strategy into a National Clinical Framework to inform the redesign of acute services. In summary, the reform of our acute services will:

- Drive person-centred values through connected care
- Drive further integration with primary care, community health and social care, delivering holistic care in the community
- Improve quality and safety
- Create centres of excellence which will attract and retain the best talent
- Strengthen the 'NHS Scotland' planning approach, maximising the collective power of delivering *once for Scotland* whilst increasing agility in responding to local population need

- Feed innovation hubs that will not only serve Scotland but develop economic opportunities for Scottish enterprise
- Drive common approaches to digital technologies and innovation.

Phasing of reform

- In the **immediate term** we must ensure that our services are delivered in a way that optimises our current arrangements, continue to improve standards and make significant headway in waiting times and productivity improvement.

Engagement with NHS Boards over the last year identified a number of areas in which services are persistently fragile and/or at imminent risk of collapsing as a result of an unsustainable workforce and/or service model. The first phase of work relates to planning and delivery of vascular, oncology, diagnostics and remote, rural and island healthcare. The aim is that they should serve as a catalyst for action at an NHS Scotland level about the way services are delivered now and in the future.

- In the **medium term** we need to reform how acute services are planned, organised, and delivered in order to optimise resources and transform how we work together across services. This will involve more national and cross-boundary provision where specialities can be delivered with greater consistency and an ongoing commitment to quality.
- In the **longer term** we need to fundamentally change how our acute system is structured to respond to the changing needs of the population; concurrently, we must reduce demand and not simply improve services. We will drive further investment in prevention and early intervention, and not just treatment.

In delivering on the reform, we will drive new models of care, and improve productivity through innovation, technological advancements, and workforce models that directly respond to the challenges in our system. In the future this may require structural changes, but the immediate focus must be transformation of services within the existing structure and maximising current assets; delivering a population-based approach to healthcare that crosses traditional boundaries and parameters.

Delivering on the National Clinical Strategy

As highlighted by the Cabinet Secretary, our reform programme is not about development of a new strategy. We already have that in the 2016 *National Clinical Strategy*, which sets out the need to move to plan at a population level, supported by care closer to home, and greater adoption of digital innovation. The focus now has to be on transformation delivery building on the foundations of our current system.

We have been working, over the past few months, with clinical advisers, to review the National Clinical Strategy, and to translate this into an action focussed National Clinical Framework. The National Clinical Framework is at the centre of reforming our services and sets out the clinical direction of travel. Our initial assessment with clinicians outlines that a great deal of acute activity can be undertaken in the community and/or remotely. This increases access, can reduce additional costs, and positions NHS Scotland as a country-wide network of clinicians rather than place-bound care.

The National Clinical Framework will act as an enabling framework against which other core components will be reframed as we consider:

- Volume and safety
- Population based planning
- Clinical operating models

With the core principles of Value Based Healthcare and Healthcare Quality at its core, the National Clinical Framework aims to ensure any service provided by our NHS remains safe, effective and person-centred.

The National Clinical Framework will set out operating models at a service level, rather than the current geographical planning of acute services. In practice, this will build upon the national planning approach that we already undertake successfully for specialist services. We will plan our acute services at a Scotland population level that takes into consideration high volume/low complex procedures through to low volume/high complex procedures. The framework will be responsive to the changing needs of the population; it is not a fixed destination point, rather a framework to guide year-on-year planning of services.

Further information will be provided over the next few weeks in terms of engagement and implementation of the National Clinical Framework.

In parallel to the clinical operating models we will develop an overall 'ecosystem' model for *how and where* services are delivered. This will provide the planning guidance for Boards at local and national levels, e.g. the delivery of diagnostics will show a year-on-year move to community settings.

This transformation of acute services places greater emphasis on a *NHS Scotland* approach; in order to achieve this we will require stronger digital infrastructure to support the revised way of working, alongside harnessing the productivity benefits that streamlining our infrastructure will yield. Reducing lost time from skilled clinicians and staff who are having to navigate analogue systems will be fundamental to our digital approach.

The clinical operating models will be underpinned by data and modelling to ensure continual right sizing of our services, while factoring in local variation to ensure we are targeting health inequalities. Equality impact assessments will be undertaken to ensure the sum total of our revised service model continues to provide equity and fairness.

Alongside the development of the National Clinical Framework, Boards will continue the extensive work being undertaken in improving processes and productivity of acute services. Through the support of the Centre for Sustainable Delivery, work will continue to standardise processes where it is appropriate and redesign processes where required.

These changes are complex and will require consideration of workforce, inter-relationships between specialties, pathways from acute back into community settings, finance and impact on wider systems, such as transport. It will also require careful conversations with our population. Failure, however, to change will limit improvement of outcomes and limit the potential to strengthen world-class standards of care.

Engagement Framework

An important part of taking forward reform will be a robust and meaningful engagement approach. We will engage at an early stage and provide ongoing opportunities with a wide range of stakeholders, community interest groups and the people of Scotland on reform plans. The scope of the national engagement will be our population health, primary and community care reform, and changes to acute services.

This programme of national engagement was launched by the Cabinet Secretary for Health and Social Care during the debate in parliament on NHS reform. A comprehensive engagement plan is now under development, with the support of Board Communications and Engagement Leads, to ensure that our programme of transformation is discussed widely and benefits from a wide range of voices: workforce and service leaders, royal colleges, third sector groups, and people in Scotland more broadly.

The engagement framework will set out the approach we will take across the health social care sector and non-health public services, as well as with the public. We seek to utilise established engagement pathways; this enables reach to a broad range of stakeholders without placing further burden on agencies and bodies that at times struggle to engage with the full range of consultations from Government. We will partner with agencies that have extensive networks to gain insight across different groups. This framework will outline key audiences, outlining how they have been identified and reached.

We are also committed to working *with* our workforce: hearing the voices of experience of those who have been treating and caring for people in Scotland is paramount. This will include the insight from clinicians on responding to health demand, professionals who support how our system operates, through to innovators and digital colleagues. We are currently working through development of staff engagement with Boards.

The engagement strategy will outline the identification and approach for hard to reach and marginalised voices; engagement with Social Justice officials will support the development of engagement plan.

In partnership with Public Sector Reform colleagues, we will also look to work with agencies and bodies outside of the health and social care ecosystem, such as transport, local authorities and education. As an example, a workshop took place earlier this month with Transport Scotland and Regional Transport Partnership (RTP) colleagues to explore how we strengthen our collaboration across transport to health planning. This also supports the Government's intentions on broad public service reform.

A parallel communications strategy will be developed, including the use of social media to start telling the story of the reform work; this will build understanding and confidence with public and the service.

The engagement approach sets out the opportunity for us to be clear about the evidence for change, some of the difficult choices we will have to make, and the improved outcomes we are working toward, whilst at the same time offering hope and renewed enthusiasm to those working within our systems.

The key elements are:

a) Expert reference group

To provide challenge and ensure we benefit from the experience of similar systems outwith Scotland. This will have CMO leadership and draw from CMO's existing Advisory Group.

b) Stakeholder advisory group

Convening a multi-stakeholder advisory group which the Cabinet Secretary will chair. This group will be similar to the Mobilisation Recovery Group used during COVID-19 response, which was welcomed across the system.

c) Professional advisory groups

Confidence with our clinicians and professional groups will be critical to success. We will strengthen our engagement across our advisory groups to engage proactively with clinical experts, including the Royal Colleges, CMO Medical and Public Health advisory forum, and CNO groups.

d) Staff side engagement

Staff side engagement will be essential for insight into strategy, in addition to advise on tactical implementation of change. We will build this based on established engagement through the Scottish Partnership Forum (SPF) and associated Board Area Partnership Forums.

The SPF has been operating for over 20 years and provides a forum to work together on strategic issues affecting Health and Social Care. SPF also provides the strategic link with other Partnership Groups, such as the Scottish Terms and Conditions Committee (STAC), and discussions are shared with Board local Area Partnership Forums (APFs) to improve awareness of National Level discussions.

e) Wider staff engagement

We are working with Board Communications and Engagement Leads to develop a co-ordinated programme of engagement with all levels of staff across all Boards and to ensure the national and local narratives are consistent.

This will also build on the extensive direct engagement with NHS staff most recently through the work of the Listening Project linked to the Nursing and Midwifery Taskforce which I chair. The Listening Project has engaged with nursing and midwifery workforce through survey work and focus groups held in every territorial health board in Scotland and its methodology could be utilised for wider engagement with staff beyond those professions. Findings indicate significant concern felt by staff that the wellbeing of staff and patient outcomes are not considered equally along with organisational and fiscal priorities and a lack of trust that the system is able to improve under current systems. This provides a further sense of urgency to the reform now required.

f) Citizen engagement

Citizen engagement will be in two phases. Early engagement will be focused on the wide themes of NHS reform. In the first instance, we are working with HIS and The ALLIANCE to further analyse the extensive engagement they have already undertaken with the public on their needs for health and care services. We will also draw on other engagement work, such as that undertaken by YoungScot with young

people on delivery of future health and care services. In addition, we have commissioned HIS to undertake a Citizens' Panel on NHS reform. Following this initial work, we will consider what additional public engagement is needed on key questions within the plans for NHS reform.

The second phase of citizen engagement will take place on specific service changes that result from NHS reform. This engagement will be developed and undertaken on a service by service basis, and will comprise both national and local engagement. We will work with HIS and Participation and Engagement teams in NHS Boards to develop engagement activities. This will be in accordance with the recently updated *Planning with People* guidance which provides greater clarity on engagement on nationally determined service change and on ensuring proportionate public engagement on service change.

g) System Leaders' Engagement

Similar to the Winter Planning Summit that was convened in August 2023, we will bring together system leaders to focus on the vision for reform delivery and the changes needed to secure sustainability of services.

h) Ministerial roundtables

Ministerial roundtables on specific topics, with clinicians, professionals, unions and staff representatives and people who use services.

i) Cross-party engagement

In recognition of the need to build cross-party engagement in the development of a future sustainable and person-centred model of health services, quarterly events will take place, starting after summer recess. This will be supported by local engagement already undertaken by Boards with their respective political representatives.

We are already engaging key stakeholders including Public Health Scotland and COSLA on the development of a 10-year population health plan. In doing so, we will look to reset the relationship between the people of Scotland and the state around health, and to promote a discussion about how we collectively take responsibility for a healthier Scotland. This builds upon a renewed focus on improving the physical and mental health of the population, recognising that despite the progress we have made, and the many influences contributing to health harming behaviours, too many of us still smoke, drink too much alcohol, do not exercise enough and are overweight.

Engagement will continue on the development of National Care Service alongside the engagement underway in primary care and community health. An external Steering Group for Primary and Community Health has been established to provide advice into this, and wider health and social care reform programmes.

NHS Boards have a statutory duty to involve people and communities in the planning and development of services, and in decisions that will significantly affect how services are run. Where service change will be occurring at a local level, the Board will be responsible for consultation on how the change will be applied locally.

REFORMING THE WAY WE WORK

Delivering sustainable, resilient, accessible and efficient services for the population of Scotland can only be achieved by a significant change in the way we plan, organise, deliver

and fund services. We have begun over the past few months to reset and reform our ways of working, for example:

- Established the NHS Scotland Planning and Delivery Board and associated Strategic Planning Board and National Programmes Sub Group
- Development of single NHS Scotland plan for fragile services with national, regional and local service and planning teams working collaboratively. The first phase is developing single plans for oncology, vascular, diagnostics services. A Remote, Rural and Islands Task and Finish Group has also been established to determine a sustainable model of care for these communities
- Agreed new construct for our networks, aligned to portfolios of care.

We will also need to consider our ways of working and organisational change in a number of areas. Critically, cross boundary approaches will become a more substantive and important part of what we need to do and will challenge some aspects of the way we currently do business.

In doing so, Boards will be expected to engage closely with this endeavour and establish ways of working which will see significant progress on cross boundary working in the short and medium term, reflecting this work in Annual Delivery and Medium-Term Plans. In support of this, a Directors Letter (DL) setting out a Single Planning Framework will be issued to Boards in July. This will also consider how we move from discrete to more collaborative commissioning between National Board Sponsors, with enhanced co-ordination of commissioning to ensure a coherent set of delivery plans that support the drivers for change across NHS Scotland.

In considering how we plan for our population of Scotland, we will also identify the conditions for success and key enablers as we determine what is best planned and/or delivered collaboratively. As a core component of this, we will look to identify what more we need to do to achieve more coherent working between national, regional and local levels of planning and delivery. This would include the role in reform of regional transport partnerships, regional innovation hubs and community planning partnerships.

Collaboration across partners and wider public services

There are many interdependencies across the health and social care system, therefore many strands of transformation are required to run in parallel. Initial planning is progressing in the following areas, with further detail to follow:

- Renewed cross-government and cross-sector efforts to improve population health
- Population level planning for acute services
- New models of care that support more people to be treated as close to home as possible
- Improvements to planned care, mental health, prevention, primary, community and social care, aligned with the work being taken forward to establish the National Care Service, and wider reform outlined in this paper
- Ongoing work on delayed discharges
- A step change in innovation and the use of digital technologies
- Alignment of other enablers of change such as workforce and finance to support the transformation programme
- A framework for focussed national engagement.

Meeting: Fife NHS Board

Meeting date: 30 July 2024

Title: 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:

- Approval

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 recent Board Committee Membership appointment changes, for formal Board approval.

2.2 Assessment

Following the appointment of the new Non-Executive Board member Jo Bennett and the appointment of John Kemp as Chair of the Public Health & Wellbeing Committee, a number of consequential changes have been made to Board Committee appointments. Details of the current Committee appointments, reflecting moves effective from 1 August 2024, are attached as Appendix 1.

In consequence of the retiral from the Board of Cllr Graeme Downie, a Non-Executive vacancy has been created on the Audit & Risk Committee. A new nomination for a Local Authority representative has been sought from Fife Council and this appointment process is currently in train. A further review of Committee appointments will follow on receipt of the new Local Authority nominee, to address the current committee vacancy.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level	X			
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.

The Board is asked to take significant assurance from the fact that, with the exception of the Audit & Risk Committee, all committees are fully staffed from 1 August. The process to appoint a new Local Authority representative is in train and the resultant committee vacancy on Audit & Risk will be addressed as a priority on receipt of the Council nominee.

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

Amendments have been made to Non-Executive remuneration to reflect any additional responsibilities in relation to committee appointments.

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 Human Rights, including children's rights, 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 Board is the first group to consider this paper.

2.3 Recommendation

This paper is provided for:

- **Approval** – 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, August 2024

Report Contact

Gillian MacIntosh

Head of Corporate Governance & Board Secretary

Email gillian.macintosh@nhs.scot

BOARD STANDING COMMITTEES – issued August 2024

Committees

Changes since last issue: J Bennett added; F McKay added; J Kemp added as Ch. PHWC; P Kilpatrick removed as Ch. PHWC; S Braiden removed as M CGC; G Downie removed; N Connor removed

	Audit & Risk (5 NEDs)	Clinical Governance (6 NEDs)	Finance, Performance & Resources (6 NEDs)	Public Health & Wellbeing (4 NEDs + ED)	Remuneration (3 NEDs + ED + Ch)	Staff Governance (4 NEDs + ED)	IJB (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
Executive Team														
C Potter*	A	M	M	M	A	M						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								
F McKay		A	A	A		A	A					M		
Dr C McKenna*		M	M	M			M							
D Miller					A	A								
J Tomlinson *		M	M	M			A					M		
Non Exec														
J Bennett*		M	M	M										
S Braiden*			M			M	M	M	Ch					
A Grant*	Ch		M		M		M		Ch	M	Ch			
C Grieve*		M				Ch	M	M	M					
A Haston*	M	M												
J Kemp*			M	Ch	M	M	M	M	M					
P Kilpatrick*					Ch							M	Ch	
A Lawrie*	M	M+	M											
K MacDonald*	M	M				M								
A Morris*			Ch	M	M									
L Parsons*				M	M	M+	M							
A Wood*		Ch		M			Ch							
Vacancies	V													V ad hoc

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.	Audit & Risk Committee	Director of Finance & Strategy Margo McGurk	hazel.thomson4@nhs.scot
2.	Board of Trustees / Fife Health Charity Committees	Director of Finance & Strategy Margo McGurk	elaine.dodds@nhs.scot
3.	Clinical Governance Committee	Medical Director Chris McKenna	hazel.thomson4@nhs.scot
4.	Discretionary Points	Medical Director Chris McKenna	alison.gracey@nhs.scot
5.	Finance, Performance & Resources Committee	Director of Finance & Strategy Margo McGurk	kerrie.donald@nhs.scot
6.	Public Health & Wellbeing Committee	Director of Public Health Joy Tomlinson	hazel.thomson4@nhs.scot
7.	Remuneration Committee	Director of Workforce David Miller	lakshmi.anderson@nhs.scot
8.	Staff Governance Committee	Director of Workforce David Miller	lakshmi.anderson@nhs.scot

Meeting: Clinical Governance Committee

Meeting date: 12 July 2024

Title: Committee Chair's Assurance Report

1. Committee's Performance against Annual Workplan

The Committee reviewed the work plan for the financial year 2024/25. A number of planned items have been deferred and rescheduled to the September 2024 meeting:

- Digital and Information Strategy 2019-24 Update.
- Adult Support & Protection Annual Report 2020-22.
- Medical Devices Update.
- Organisational Learning Update.
- Internal Audit Clinical Governance recommendations to be added

2. Matters Arising

A verbal update was provided to the Committee relating to the Adverse Event Review Process for Drug-Related Deaths and it was agreed that a written update will be provided at the September 2024 meeting to include reporting and escalation structures and process.

3. The Committee considered the following items of business:

3.1 Governance

- **Internal Audit Report**

The committee noted the internal audit opinion and that the Board has adequate and effective controls in place. The discussion focused upon the Clinical Governance elements of the report and a number of actions required in response to the recommendations. It was agreed that the Associate Director of Quality and Clinical Governance will ensure that all CG related actions are incorporated into our annual workplan.

- **Clinical Governance Oversight Group Assurance Summary**

The report was discussed, and further information will be provided to the Committee relating to the ongoing improvement work associated with adverse event trigger list, cardiac arrest and the deteriorating patient.

- **Corporate Risks Aligned to CGC**

There are 5 corporate risks aligned to the CGC. There are no new risks. The Committee agreed a moderate level of assurance with respect to mitigation of the risks, however acknowledged there were varying levels of assurance across each of the risks. Following discussion at the meeting a number of actions were agreed as highlighted in the minute of the meeting to strengthen assurance and establish how well the controls are working.

No.	Risk	Actions Required
5	Optimal Clinical Outcomes	Revise risk. Provide information relating to the effectiveness of the risk mitigation. Clinical impact of waiting times.
9	Quality and Safety	Organisational Learning Plan
6	Off Site Area Sterilisation and	Recommend to the Board, to move the

	Disinfection Unit Service	'Off-Site Area Sterilisation and Disinfection Unit Service' risk from the Corporate Risk Register to an operational risk register
17	Cyber Resilience	Risk mitigation actions to be provided along with update
18	Digital and Information	Clinical implication of the risk to be provided and impact of changes to digital programmes

3.2 Strategy and Planning

- **Clinical Governance Strategic Framework Delivery Plan**

The Committee commended the comprehensive plan and requested that consideration be given to a reporting method for National Clinical Audits included in our Clinical Governance Strategic Framework and noted the planning for the framework review required 2025.

3.3 Quality and Performance

- **IPQR**

The IPQR was reviewed and discussed; there were no performance related issues for escalation to the Board. Noted new mental health indicators and further information requested around mental health adverse event themes. Information to be provided to next CGC regarding major extreme adverse events categorised as other.

- **HAIRT**

The HAIRT report was reviewed and discussed. There were no infection and prevention control issues for escalation to the Board. Director of Nursing highlighted that NHS Fife was in upper quartile benchmark for CDI, ECB and SAB.

- **Ionising Radiation**

The report provided an overview of the HIS Announced Inspection undertaken February 2024; Ionising Radiation (Medical Exposure) Regulations 2017. Outcome of the inspection was no requirements and two recommendations providing significant assurance of robust control.

- **Neonatal Mortality Review Response**

The report provided an overview of stillbirths and neonatal deaths of babies born in Fife in 2022. This is an annual report and it was noted that mortality rates for Fife are similar to or lower than those seen across similar Trusts and Health Boards. A further Health Improvement Scotland report relating to Neonatal Mortality Review will be presented to the next committee meeting.

3.4 Person Centred Care / Participation and Engagement

- **Patient Experience and Feedback Report**

The Committee acknowledged the ongoing work to support improvements to the complaints handling process. Despite this the committee agreed a limited level of assurance due to the ongoing challenges in responding to both Stage 1 and 2 complaints. Further information requested for next CGC meeting relating to SPSO cases and assurances around completion of action plans. Of note NHS Fife is one of the top performing Health Boards in terms of the care opinion work.

4. Annual /Other Reports

There were two annual reports 2023/24 presented for **assurance**:

Fife Child Protection Annual Report (moderate assurance)
Radiation Protection Annual Report (Significant assurance)

There were two audit reports provided for **information**:

Transport of medicines
Medicines assurance audit programme

5. Delegated Decisions taken by the Committee

Nil to report

6. Issues to Highlight to the Board

- There were no performance-related matters to escalate to the Board.
- NHS Fife is one of the top performing Health Boards in terms of the care opinion work.
- It was agreed to escalate to the Board the corporate risks aligned to the Clinical Governance Committee, to highlight further actions.
- It was agreed to escalate to the Board that a limited level of assurance was taken from the Committee around complaints and feedback.
- The significant improvements and developments in relation to the Annual Internal Audit Report was congratulated and everyone thanked for all their hard work.

Arlene Wood
Chair
Clinical Governance Committee

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 12 JULY 2024 AT 10AM VIA MS TEAMS

Present:

Arlene Wood, Non-Executive Member (Chair)
Colin Grieve, Non-Executive Member
Anne Haston, Non-Executive Member
Janette Keenan, Director of Nursing
Dr Chris McKenna, Medical Director
Joy Tomlinson, Director of Public Health (*part*)

In Attendance:

Jo Bennett, Non-Executive Member (*observing*)
Gemma Couser, Associate Director of Quality & Clinical Governance
Susan Fraser, Associate Director of Planning & Performance
Ben Hannan, Director of Reform & Transformation
Helen Hellewell, Deputy Medical Director, Health & Social Care Partnership (HSCP) (*part*)
Jocelyn Lyall, Chief Internal Auditor (*items 1 – 5 only*)
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Dr Iain MacLeod, Deputy Medical Director, Acute Services Division
Fiona McKay, Interim Director of Health & Social Care (*deputising for Nicky Connor*)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting, and extended a warm welcome to Jo Bennett, a new Non-Executive Member of the Board, who is observing today's meeting, prior to joining as a committee member from 1 August 2024.

A warm welcome was also extended to Fiona McKay, who is replacing Nicky Connor as a regular attendee, in her new role as Interim Director of Fife Health & Social Care.

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), Kirstie Macdonald, (Non-Executive Whistleblowing Champion), Aileen Lawrie (Area Clinical Forum Representative), Liam Mackie (Area Partnership Forum Representative), Carol Potter (Chief Executive) and routine attendees Claire Dobson (Director of Acute Services), Fiona Forrest (Acting Director of Pharmacy & Medicines), Alistair Graham (Director of Digital & Information), Neil McCormick (Director of Property & Asset Management). Kirsty McGregor (Director of Communications), Margo McGurk (Director of Finance & Strategy) and Dr Shirley-Anne Savage (Associate Director for Risk & Professional Standards).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on 3 May 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. It was agreed to keep action no. 8 open, with an extended deadline date of September 2024, to take into account the work that is underway in relation to significant adverse event reviews.

Action: Board Committee Support Officer

4.1 Adverse Event Process for Drug-Related Deaths

The Medical Director introduced the verbal update on the process for current adverse events for drug-related deaths.

It was reported that there are two different processes: NHS adverse event process, and the multi-disciplinary approach that is managed through the Health & Social Care Partnership. Assurance was provided that cases are monitored through the governance process within the Health & Social Care Partnership. It was advised that a plan has been put in place to address case reviews that are outstanding, which includes understanding the themes and exploring how services can be improved upon to avoid drug related deaths, and to take on lessons learned. It was also advised that discussions are ongoing at both local and national levels, for a joined-up approach.

The Committee agreed that a written update be provided at the next meeting to include reporting and escalation structures and review processes.

Action: Medical Director

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

5. ACTIVE OR EMERGING ISSUES

There were no active or emerging issues to be discussed.

6. GOVERNANCE MATTERS

6.1 Internal Audit Annual Report 2023/24

The Chief Internal Auditor was welcomed to the meeting and spoke to the report. It was advised that the Audit & Risk Committee considered the report as part of their wider portfolio of year-end governance assurance, and that the report is being presented to all the July Standing Governance Committees for information, particularly on the audit opinion related to each Committee's remit area.

It was highlighted that the report provides an overall significant level of assurance that there are effective and adequate internal controls in place within NHS Fife. Agreement has been made to address two internal controls that have been assessed as moderate and one that merits attention. The Chief Internal Auditor's opinion is provided within the report. It was advised that context has been provided on the internal and external environment, and that the report focuses on improvement work and delivering savings. An overview was provided on the clinical governance aspects of the report.

An update was provided on the recommendations from the previous Internal Control Evaluation report, with it being advised that steady progress is being made, with some slippage. An overview was provided on the current follow-up position. It was confirmed that agreement was made at the Public Health & Wellbeing Committee on 1 July 2024, that future iterations of the Internal Control Evaluation Report and Annual Report, will include a section on population health & wellbeing as related to its area of remit, and that specific audits will be included within the Internal Audit Plan for 2024/25.

The Associate Director of Quality & Clinical Governance agreed to cross reference the clinical governance elements of the report with the committee work plan and also the Clinical Governance Oversight Group work plan, to ensure that all clinical governance actions are incorporated.

Action: Associate Director of Quality & Clinical Governance

The Medical Director highlighted the significant improvements and developments and congratulated everyone for all their hard work.

The Committee took a **“significant” level of assurance** from the report.

6.2 Clinical Governance Oversight Group Assurance Summary from 18 June 2024 Meeting

The Associate Director of Quality & Clinical Governance reported that levels of assurance will be added to the report going forward. An overview was provided on the key matters from the summary, including the improvement actions for adverse events; an update that was provided to the group from the Health & Social Care Partnership and Acute Services Division; and the quarterly deteriorating patients report.

Following a question, it was advised that the adverse events trigger list was presented and approved in April 2024, and that the trigger list is aligned to the national framework. It was noted that the improvement plan was presented to the Clinical Governance Oversight Group in June 2024. It was agreed an update on progress against the overall improvement plan will be provided to the Committee towards the end of the year along with an overview of the adverse event trigger list and reporting schedule A summary report reflecting National Audits outlined in our CG Framework will also be developed to provide assurances to the Clinical Governance Oversight Group and to the Clinical Governance Committee.

Action: Associate Director of Quality & Clinical Governance

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

6.3 Corporate Risks Aligned to Clinical Governance Committee

The Medical Director reported that there were no significant changes, and no movement, in relation to any of the risks aligned to the Committee.

In terms of the Optimal Clinical Outcome risk, it was highlighted that a Committee Development Session was held on this risk, and that an update is expected to be presented to the Committee in September 2024, once the Risk & Opportunities Group have had an opportunity to review and revise this risk. It was noted that significant changes are expected in particular how effective the larger programmes of work are in mitigating the risk and how some of the performance metrics impact upon quality and safety e.g. waiting times.

It was reported that further work is required in relation to the Organisation Learning Group and that increased levels of assurance on how that group functions and improves quality & safety was required. It was advised that further detail on the work of the group will be included in future iterations of the report.

Potential new risks for pandemic preparedness and biological threats were reported, and it was advised that work is ongoing for developing those risks, and that consideration is being given to mirror the direction that the National Risk Register takes forward. It was noted that early indication is that these risks would sit under the Public Health & Wellbeing Committee.

Digital and Information risk; it was agreed to include the clinical implications of the risk and impact of changes to digital programmes within the risk report.

The Cyber Resilience risks to include the risk mitigation within the update.

The Medical Director agreed to take forward with the Director of Digital & Information.
Action: Medical Director

It was agreed to recommend to the NHS Fife Board, to move the 'Off-Site Area Sterilisation and Disinfection Unit Service' risk from the Corporate Risk Register to an operational risk, given that it is well managed.

Action: Medical Director

It was questioned how the clinical aspects of the corporate risks that sit within the Finance, Performance & Resources Committee are aligned to the Clinical Governance Committee in terms of the clinical risk consequences. Members supported those risks being presented to this Committee on a yearly basis, for assurance on the clinical aspects.

Action: Medical Director/Board Committee Support Officer

Following concern around the level of assurances for each of the risks, it was agreed that the clinical impact on performance of the risk mitigation be brought back to Committee, through the Committee work plan.

Action: Medical Director/Associate Director of Quality & Clinical Governance

The Committee took a “**moderate**” 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 Delivery of Annual Workplan 2024/25

It was agreed to add 'Patient Story' to each meeting of the Committee as opposed to an ad-hoc item.

Action: Board Committee Support Officer

It was agreed to add the Reform, Transform, Perform workstreams to the Committee workplan, following discussion with the Chair, Medical Director, Associate Director of Quality & Clinical Governance and Director of Reform & Transformation and further discussion at the Board at the end of the month.

Action: Medical Director/Board Committee Support Officer

The Committee took **assurance** from the tracked workplan and **agreed** to add any outstanding actions from the internal audit report.

7. STRATEGY / PLANNING

7.1 Corporate Objectives 2024/25

The Medical Director reported that the corporate objectives have been agreed and developed through the Executive Directors' Group and Associate Director of Culture & Development. It was advised that the corporate objectives have been aligned to the Reform, Transform, Perform programme and the Population Health & Wellbeing Strategy.

It was reported that the corporate objectives had been considered at the recent Remuneration Committee and are being presented to the Standing Governance Committees before formal sign off by NHS Fife Board in July 2024. It was noted that individual Directors' personal objectives will also be presented to the Remuneration Committee.

The Committee took a "**significant**" level of **assurance** that the Corporate Objectives 2024/25 capture the priority actions for NHS Fife aligned to the Population Health & Wellbeing Strategy and Reform, Transform & Perform Framework.

7.2 Letter from the Scottish Government: Reforming Services and Reforming the Way We Work

The Medical Director advised that the appendix to the letter describes the strategic intent to reform Scotland's NHS, and that collaboration and discussion at various Director levels across Scotland has been undertaken in relation to reforming the way we work.

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

7.3 Annual Delivery Plan Scottish Government Response 2024/25

The Associate Director of Planning & Performance reported that the Annual Delivery Plan was submitted to the Scottish Government on 24 March 2024, and subsequently, feedback was received on 8 May 2024, advising that the Scottish Government were satisfied that NHS Fife broadly meet the requirements for the Medium-Term Annual Delivery Plan.

It was explained that there is at present a limited level of assurance relating to uncertainty over the delivery of the Annual Delivery Plan actions in the current financial circumstances. The Q1 Annual Delivery Plan report will clarify the position of these actions and the Reform, Transform and Perform actions will be included in this update.

The Committee took a **“limited” level of assurance** from the paper.

7.4 Annual Delivery Plan 2023/24 Quarter 4 Report

The Associate Director of Planning & Performance advised that the report reflected the progress made against each Annual Delivery Plan recovery drivers, the actions that were completed in 2023/24, actions that were still on track to be delivered, those at risk of not being delivered and those expected not to be delivered. There were a number of actions at risk of not being completed highlighted relating to Quality & Care: Primary Care & Community; Urgent Care & improving flow in Victoria Hospital, pathways around prostate & bladder cancer, and the implementation of Hospital Electronic Prescribing & Medicines Administration (HEMPA).

Assurance was provided that any outstanding actions are carried forward, and that any risks which would change our corporate risks, would be raised with the Committee as an exception. It was advised that performance risks will be highlighted to the Committee in future iterations of the report.

The Committee noted that the Annual Delivery Plan Quarter 4 update provides the status of Annual Delivery Plan actions for the year 2023/24 and provides a **“moderate” level of assurance**.

7.5 Clinical Governance Strategic Framework Delivery Plan 2024/25

The Associate Director of Quality & Clinical Governance advised that the plan for 2024/25 contains specific actions to deliver the Clinical Governance Strategic Framework, and that any new and emerging priorities will be added. It was reported that varying levels of assurance are aligned to the various programmes stated within the delivery plan. A refresh of the strategic framework will commence in September 2024, and will involve a range of engagement across the organisation.

Discussion followed, and suggestion was made for flash reports to be provided to the Committee, to provide assurance on the position of the audits being carried out in relation to quality & safety. An explanation was provided on the significant issues that would be escalated to the Committee, and it was noted that the process for escalation and tracking progress of the framework, and the national clinical audits, is included within the strategic framework. The role of the Clinical Governance Oversight Group and Clinical Governance Committee in terms of the requirements from the Health & Social Care Partnership’s perspective around quality & safety was highlighted, and it was agreed that a discussion would take place with the Chair, outwith the meeting, on clear escalation and reporting to Committee.

Action: Medical Director/Associate Director of Quality & Clinical Governance

The Associate Director of Quality & Clinical Governance agreed to review the quality & improvement training aspects for the next iteration of the delivery plan. It was

advised that the delivery plan does not cover all aspects of the strategic framework, and that the plan has been devised to ensure it is achievable with prioritised actions.

The Chair commended the Clinical Governance Strategic Framework Delivery Plan 2024/25.

The Committee took a “**moderate**” level of assurance from the delivery plan.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report

The Director of Nursing provided an update on the clinical governance aspects of the report. It was noted that pressure ulcers have been the most reported incident, followed by cardiac arrests and in-patient falls. It was reported that work is underway through two delivery groups within Acute Services and the Health & Social Care Partnership, to review performance and improvement initiatives in relation to in-patient falls.

In terms of major or extreme adverse events, it was reported that the Significant Adverse Events Review panel’s sign-off structure has provided an opportunity to identify thematics.

It was advised that the Ward of the Week programme has provided a continuous focus on pressure ulcers, through enhanced education, dedicated review time, and the trial of new pressure reducing equipment. It was reported that there has been a significant improvement across the orthopaedic ward. It was further reported that our Allied Health Professionals are actively supporting the completion of the skin bundle, which is presenting positive outcomes.

It was reported that the Health & Social Care Partnership are developing their Tissue Viability Group and are working closely with district nurses to complete a number of quality improvement projects.

A new national tool that is being piloted around the quality of care review and care assurance visits, was also noted.

The Director of Nursing also highlighted that NHS Fife was in upper quartile benchmark for CDI, ECB and SAB.

The Associate Director of Quality & Clinical Governance agreed to provide an updated position in the next iteration of the report, relating to using a RAG status for numbers of major extreme adverse events. Members noted that the red, amber, green statuses for this metric were not helpful. Also It was agreed that information relating to the major/extreme adverse events categorised as ‘other’ will be provided at the next meeting.

Action: Associate Director of Quality & Clinical Governance

The implications of not closing extreme adverse events were raised, and an explanation was provided on the challenges of closing these events on the system, with it noted that improvement actions have been put in place for ensuring that extreme adverse events are followed up and closed off in a timely manner.

The Chair requested further detail around mental health incidents in terms of the most common themes. A further request was made for the detail around the reducing restrictive practice improvement work and the impact this work has on use of restraint, physical violence and self-harm.

Action: Interim Director of Health & Social Care

The Committee took a “**moderate**” level of assurance and examined and considered the NHS Fife performance as summarised in the IPQR.

8.2 Healthcare Associated Infection Report

The Director of Nursing spoke to the report and noted that surgical site infections surveillance is currently still paused. An update was provided on the outbreak of infection data and the cleaning & healthcare environment, and it was also noted that there had been no further hospital inspections since the last Committee meeting.

A comment was made in relation to not being fully assured on the data around hand hygiene, and it was advised that work is underway to explore an electronic system. Meantime, LANQIP is available for wards/departments to enter their monthly compliance data following hand hygiene audits.

The Director of Nursing highlighted that any infection prevention and control issues for example SAB would also trigger a review of hand hygiene in the service area.

In terms of the cleaning & healthcare environment data remaining consistently high, it was reported that this area is internally validated, with individual actions taken. It was also noted that there are various elements that are looked at during the audit process. It was reported that the Infection, Prevention & Control Team have no outstanding concerns, and that the improvement work being carried out is positive. The Director of Nursing agreed to provide further detail on how the audits are carried out, for the next Committee meeting.

Action: Director of Nursing

Following a question, the Director of Nursing advised that as part of outbreak reporting COVID-19 associated deaths are reported to ARHAI Scotland and are also summarised in National Records of Scotland.

The Committee took a “**moderate**” level of assurance from the report.

8.3 Ionising Radiation (Medical Exposure) Regulations Inspection Report 2024

The Medical Director advised that the Ionising Radiation (Medical Exposure) Regulations Inspection Report 2024 was not included within the papers, and will be circulated after the meeting.

It was reported that Healthcare Improvement Scotland (HIS) carried out an inspection in relation to our nuclear medicine facilities, and that the outcome was very positive, with it being noted that the facilities were assessed as being of extremely high quality. An overview was provided on the two recommendations from the inspection. It was advised that audits are carried out at service level and then reported to the Ionising Radiation (Medical Exposure) Regulations Board.

The Committee took a “**significant**” **level of assurance** from the contents of the HIS IR(ME)R inspection report as reassurance that appropriate governance is in place for managing the use of radioisotopes in NHS Fife.

8.4 Neonatal Mortality Review Response

The Director of Nursing advised that the report had been reviewed by the Women and Childrens Clinical Governance Committee and escalated to the Acute Services Clinical Governance Committee and also Clinical Governance Oversight Group prior to submission to the Clinical Governance Committee. The report is from MBRRACE-UK; Mothers and Babies Reducing Risk through Audits and Confidential Enquiries and is a surveillance report for births in 2022.

Questions were raised around deprivation, ethnicity and racial bias and it was agreed further information be provided outwith the meeting.

Action: Director of Nursing

The Medical Director advised that a further HIS report relating to Neonatal Mortality Review will be presented to the next committee meeting.

Action: Medical Director / Board Committee Support Officer

The Committee took a “**significant**” **level of assurance** from the paper.

9. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

9.1 Patient Story

The Director of Nursing presented on a patient’s story in relation to organ donation.

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

9.2 Patient Experience & Feedback Report

The Director of Nursing reported that the new patient experience dashboard and new weekly reporting format provides a deeper level of detail, which supports services to manage the complaints process. It was noted that work is being carried out to further enhance the dashboard.

An overview was provided on the complaints position, and it was noted that there had been some delays in responding to stage one complaints, due to staff absence within the Patient Experience Team, and that those complaints were escalated to stage two. It was advised that all services engage in weekly meetings with the Patient Experience Team to review open complaints and explore new ways of working, and that a more detailed meeting takes place on a monthly basis with Acute Services to review delayed responses to complaints and quality improvement initiatives within the service. It was highlighted that NHS Fife is one of the top performing Health Boards in terms of the care opinion work.

An overview was provided on the work that is underway to ensure that staff absence does not affect the timing of responding to complaints, resulting in complaints moving from a stage one to a stage two.

An explanation was provided on the complexity scoring tool, and the Director of Nursing agreed to take forward with the team, more detail on complaints that have been identified through the complexity scoring tool as taking an extreme length of time to respond to.

Action: Director of Nursing

A question was raised regarding the 17 complaints with SPSO and if this was in part related to the challenges in responding to and putting things right for people who have reason to complain. It was advised that complaints that are escalated to the Scottish Public Services Ombudsman are often returned with no further action required. The Director of Nursing agreed to provide more information in the quarterly reports.

Action: Director of Nursing

It was agreed that consideration be given to providing the Staff Governance Committee with elements of the reports, in terms of the staffing issues.

Action: Director of Nursing

The Chair acknowledged all the hard work the teams across the service provide.

The Committee took a **“limited” level of assurance** from the report.

10. ANNUAL REPORTS / OTHER REPORTS

10.1 Clinical Advisory Panel Annual Report 2023/24

The Medical Director provided an overview on the contents of the report and explained that there has been a significant financial increase, mainly in relation to outsourcing mental health patients.

The Committee took a **“significant” level of assurance** that a fair and transparent process is adopted across NHS Fife to consider requests for exceptional, high cost and very specialist referrals for individual patients and out of area referrals.

10.2 Fife Child Protection Annual Report 2023/24

The Director of Nursing advised that the Fife Child Protection Annual Report for 2023/24 was also presented to the Public Health & Wellbeing Committee at their July 2024 meeting. An overview was provided on the contents of the report, and it was advised that the report outlines performance and reflections on the continued work to improve services, particularly due to the changing landscape over the previous year to prepare for the changes to the child protection in Scotland national guidance.

The Committee took a **“moderate” level of assurance** from the report.

10.3 Radiation Protection Annual Report 2023/24

The Medical Director advised that the report details all the activity to ensure that safe and high quality standards are maintained in relation to ionising radiation. It was noted that close working is carried out with the Radiation Protection Advisors, medical physics experts and senior managers in each area that use ionising radiation. An overview was provided on the contents of the report.

The Medical Director agreed to clarify outwith the meeting the recommendation to justify the use of different activities to those detailed in the Administration of Radioactive Substances Advisory Committee (ARSAC) Notes for Guidance, under the Ionising Radiation (Medical Exposure) Regulations section of the report.

Action: Medical Director

The Committee took a “**significant**” **level of assurance** from the contents of the Radiation Annual report that appropriate governance is in place for managing the use of ionising radiation in NHS Fife.

10.4 Transport of Medicines Audit Report

The Committee **noted** the “**reasonable**” **assurance** audit opinion following the internal audit of this area.

10.5 Medicines Assurance Audit Programme Short Life Working Group Audit Report

The Committee **noted** the report and the input from internal audit in devising the programme of audit.

11. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes and the escalations to the Committee.

11.1 Area Medical Committee held on 9 April 2024 (unconfirmed)

11.2 Area Radiation Protection Committee held on 9 May 2024 (unconfirmed)

11.3 Cancer Governance & Strategy Group held on 21 March 2024 (confirmed) & 30 May 2024 (unconfirmed)

The Committee **noted** that an SBAR will be presented to a future meeting of the Committee on the rapid cancer diagnostics services. The Board Committee Support Officer to add to the workplan.

Action: Board Committee Support Officer

11.4 Clinical Governance Oversight Group held on 18 June 2024 (unconfirmed)

11.5 Digital & Information Board held on 9 May 2024 (unconfirmed)

The Committee **noted** that a briefing on the NHS Dumfries and Galloway cyber incident will be presented to the Committee at a future meeting. The Board Committee Support Officer to add to the workplan.

Action: Board Committee Support Officer

11.6 Fife IJB Quality & Communities Committee held on 8 March 2024 (confirmed) & 10 May 2024 (unconfirmed)

- 11.7 Health & Safety Subcommittee held on 7 June 2024 (unconfirmed)
- 11.8 Infection Control Committee held on 5 June 2024 (unconfirmed)
- 11.9 Medical & Dental Professional Standards Oversight Group held on 11 June 2024 (unconfirmed)
- 11.10 Research, Innovation & Knowledge Oversight Group held on 14 May 2024 (unconfirmed)
- 11.11 Resilience Forum held on 13 March 2024 (unconfirmed)

The Committee **noted** that the Health Emergency Preparedness, Resilience & Response (EPRR) Training & Exercise plan for 2024-2025 is to be shared with Clinical Governance Committee.

Action: Board Committee Support Officer

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

It was agreed to escalate the corporate risks aligned to the Clinical Governance Committee, in terms of further actions. It was also agreed to escalate that a limited level of assurance was taken from the Committee around complaints, and that NHS Fife is one of the top performing Health Boards around care opinion.

13. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 30 JULY 2024

The reflections from the meeting & agreement of matters will be considered by the Chair for onward submission to NHS Fife Board. The report will be provided to the following Committee meeting for information.

14. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Friday 6 September 2024 from 10am – 1pm via MS Teams

Meeting: Finance, Performance & Resources Committee

Meeting date: 16 July 2024

Title: Committee Chair's Assurance Report

1. Committee's Performance against Annual Workplan

- 1.1** On track and no items deferred. Ad hoc matters considered included:
- Letter from the Scottish Government: Reforming Services & Reforming the Way We Work
 - Scheduled Care 2024-25 Plan
 - Urgent Care Services Fife Transport Services Contract Renewal (in private session)
- 1.2** The Committee requested an updated position on the whole-system capacity risk be reported at the September Committee. An update on the Scheduled Care Plan was added to the workplan at the end of quarter 2, to evidence if the scheduled care trajectories are on track.

2. The Committee considered the following items of business:

- 2.1** The Committee took a 'significant' level of assurance from the Annual Internal Audit Report 2023/24, noting its positive conclusions on the Board's internal control environment.
- 2.2** The Committee took a 'reasonable' level of assurance from the Corporate Objectives, noting their earlier approval by the Remuneration Committee.
- 2.3** The Committee took a 'limited' level of assurance from the Annual Delivery Plan 2024/25 Scottish Government Response. A limited level of assurance was noted, since RTP work has only just launched and the impact on the financial position is still to be visible. Regular reporting on ADP deliverables will continue on a quarterly basis.
- 2.4** The Committee took a 'moderate' level of assurance from the Scheduled Care 2024-25 Plan, discussing the challenges of addressing the significant demand for diagnostics and outpatients clinics.
- 2.5** The Committee took a 'limited' level of assurance from the Financial Performance report. Whilst the expanded detail in the report was helpful, the Committee agreed the pace of delivery must be increased in order to achieve the financial performance required by year end

3. Update on Performance Metrics

The Committee agreed the reporting of performance against local (rather than

national) targets within the IPQR should be reported to the Board, as it was not clear whether these have been previously reviewed or approved by the Board.

4. Update on Risk Management

4.1 The Committee took a 'reasonable' level of assurance overall, with each of the Committee's named risks rated as follows:

- Whole System Capacity – Risk Level High
- Access to outpatient, diagnostic and treatment services – Risk Level High
- Cancer Waiting Times – Risk Level High
- Delivery of a balanced in year financial position 2024/25 – Risk Level High
- Prioritisation & Management of Capital funding – Risk Level Moderate

5. Any other Issues to highlight to the Board:

5.1 Financial Performance – Pace of Change

The Committee noted the pace of change on the financial position should be escalated to the Board, highlighting the pace of delivery must be increased in order to achieve the financial performance required by year end.

5.2 Performance Matrix

The committee noted the update on Performance Matrix and the introduction of local targets should be escalated to the Board for explanation of how the local targets were calculated and their relevance to the National Targets.

Alistair Morris
Chair, Finance, Performance & Resources Committee

Fife NHS Board

Unconfirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 16 JULY 2024 AT 10AM VIA MS TEAMS

Alistair Morris Chair

Present:

Alistair Morris, Non-Executive Director (Chair)	Dr Chris McKenna, Medical Director
John Kemp, Non-Executive Director	Aileen Lawrie, Area Clinical Forum Representative
Sinead Braiden, Non-Executive Director	Margo McGurk, Director of Finance & Strategy
Lynne Parsons, Employee Director	Joy Tomlinson, Director of Public Health

In Attendance:

Ben Hannan, Director of Reform & Transformation
Fiona Forrest, Acting Director of Pharmacy & Medicines
Alistair Graham, Director of Digital & Information
Neil McCormick, Director of Property & Asset Management
Maxine Michie, Deputy Director of Finance
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Miriam Watts, Surgical Directorate General Manager (*for Claire Dobson*)
Fiona McKay, Interim Director of Health & Social Care (*for Nicky Connor*)
Jocelyn Lyall, Chief Internal Auditor (*item 5.1*)
Susan Fraser, Associate Director of Planning & Performance (*item 6.2 & 6.3*)
Jane Anderson, Interim General Manager of Women, Children & Clinical Services (*item 6.5*)
Patricia Kilpatrick, NHS Fife Chairperson
Jo Bennett, Non-Executive Member (*observing*)
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 members Alistair Grant (Non-Executive Director), Janette Keenan (Director of Nursing) and Carol Potter (Chief Executive), and attendees Claire Dobson (Director of Acute Services) and Nicky Connor (Director of Health & Social Care).

2. Declaration of Members' Interests

There were no members' interests to declare.

3. Minute of the last Meeting held on 7 May 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. GOVERNANCE MATTERS

5.1 Annual Internal Audit Report 2023/24

The Chief Internal Auditor presented the Annual Internal Audit report. A summary of the main conclusions in the report was given and the positive opinion on the Board's internal control environment was confirmed.

The Chair thanked the Chief Internal Auditor for the report, noting it highlights the challenges NHS Fife has and continues to face, and focuses the importance of the governance role the Finance, Performance & Resources Committee has over its areas of remit.

The Committee took a significant level of **assurance** from report.

5.2 Corporate Risks Aligned to Finance, Performance & Resources Committee

The Director of Finance & Strategy presented the corporate risk paper, advising that work is ongoing to complete a refreshed risk appetite for the Board, which will conclude in the following months, with a report being brought back to the Committee for assurance. It was further noted that the financial risks have been refreshed with a new description to redefine both risks and to highlight the mitigation. It was further noted ongoing discussions regarding whole-system capacity risk are taking place with the Executive Team, to determine whether it should remain as a risk or be removed or redefined as the level of pressure on the system represents business as usual for NHS Fife. An update on the refreshed position will be reported at the September Committee.

Action: Director of Finance & Strategy

Following a query from J Kemp, Non-Executive Director, the Director of Finance & Strategy noted Risk 13 relates to the current financial year and in-year financial balance, whereas Risk 14 relates to how NHS Fife are to deliver sustainable medium-term recovery of the financial position.

A Lawrie, Area Clinical Forum Representative, noted that in relation to whole-system capacity, while it may feel business as usual given the duration of the demand pressures, the risk should remain given the level of clinical and financial pressure this situation brings. The Director of Reform & Transformation clarified that the whole-system capacity risk is written as an indicator of where NHS Fife was two years ago. It was noted the action is now to review the risk, observing how NHS Fife maps against

pre-pandemic capacity. Assurance was provided to the Committee that the risk will not disappear fully, as new, individually-detailed risks would replace it.

Following a query from the Chair, the Director of Digital & Information noted that whilst the Risk & Opportunities Group are involved with Reform, Transform, Perform (RTP) proposals within their professional managerial roles, the risk management for RTP sits within each of the RTP schemes.

The Committee took a reasonable level of **assurance** from the information presented, noting that all actions, within the control of the organisation, were being taken to mitigate these risks as far as possible.

5.3 Delivery of Annual Workplan 2024/25

The Committee **approved** the tracked workplan.

6. STRATEGY / PLANNING

6.1 Corporate Objectives

The Director of Finance & Strategy presented the paper, noting the 2024/25 Corporate Objectives are set for the Executive Team, with three specific objectives aligning to improving value and sustainability. It was noted each Director will have a monthly meeting with the Chief Executive to review their specific areas and discuss any actions required.

The Chair noted the corporate objectives show a clear strategic line to individual Executive objectives, with effective monitoring and governance structures in place.

The Committee took a reasonable level of **assurance** from the Corporate Objectives, noting their approval by the Remuneration Committee.

6.2 Annual Delivery Plan 2024/25 – Scottish Government Response

The Associate Director of Planning & Performance presented the report, noting the plan was approved by Scottish Government, and that the deliverables and targets within are appropriate to the current challenges facing NHS Scotland.

Following a query from S Braiden, Non-Executive Member, the Associate Director of Planning & Performance noted the SBAR has indicated a limited level of assurance at this time. It is hoped that, as the plan develops further and the financial position of NHS Fife improves due to the ongoing RTP work, the level of assurance can be increased for the Board.

The Committee took a limited level of **assurance** from the report.

6.3 Annual Delivery Plan Performance Report Quarter 4 2023/24

The Associate Director of Planning and Performance presented the report.

Following a query from the Chair, the Associate Director of Planning & Performance noted RTP actions will be tracked alongside the Annual Delivery Plan deliverables.

The Committee took a moderate level of **assurance** from the quarter 4 report.

6.4 Letter from the Scottish Government: Reforming Services and Reforming the Way We Work Letter

The Director of Finance & Strategy highlighted sections of the letter, highlighting NHS Fife must have planning at the front and centre of all discussions and decisions.

Following discussion, the Director of Reform & Transformation clarified there will be no new national clinical strategy, however, target operating models and a framework of how services could be run in the future, nationally, regionally and locally is currently being developed and will be discussed at the private session of the NHS Fife Board meeting on 30 July 2024.

The Committee **noted** the letter.

6.5 Scheduled Care 2024/25 Plan

The Surgical Directorate General Manager provided an in-depth review of the Scheduled Care 2024/25 plan, noting the original plan was submitted in March 2024. However, following receipt of additional funding which facilitates the ability to increase capacity, a second plan was resubmitted in July 2024.

Following a query from J Kemp, Non-Executive Member, the Surgical Directorate General Manager noted that whilst funding has been received to put on additional outpatient clinics to reduce waiting lists, there is a limited supply of appropriate staffing which adds further challenge to delivery. Mitigating actions are however in place to ensure additional clinics can be run with the appropriate level of staff.

The Interim General Manager of Women, Children & Clinical Services further highlighted the greatest risk for the diagnostic team is the availability of capital equipment funding, noting a significant level of equipment is currently beyond its ten-year lifespan as reflected in the Capital Equipment Replacement Programme, as well as the risk register.

Following a query from the NHS Fife Chairperson, the Surgical Directorate General Manager noted a paper will be brought back to the Committee at the end of Quarter 2 to evidence if the scheduled care trajectories are on target.

Action: Director of Acute Services

Following comments from the NHS Fife Chairperson regarding the pace of change within the organisation, the Director of Reform & Transformation noted evidence of productive opportunities was discussed at the previous Board Development Session, highlighting that a detailed paper on the 15 box grid and productive opportunities will be presented during the private session of the NHS Fife Board meeting on 30 July 2024.

The Committee took a moderate level of **assurance** from the paper.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Interim Director of Health & Social Care provided an update on delayed discharge, noting work is ongoing with the Red Cross to ensure patients are fit and able to return home rather than moving to an assessment bed.

The NHS Fife Chairperson praised the team on the new IPQR format, however noted the length of narrative text within the document could be reviewed further and potentially reduced.

The NHS Fife Chairperson queried how local targets are set, highlighting that these targets should not be lower than national targets, as it creates a misleading position with regards to trajectories. It was also stated that these local targets have not been approved by the Board. Following discussion, it was agreed that the Director of Finance & Strategy would review this position and provide an update at the next Committee

Action: Director of Finance and Strategy

Following discussion, the Chair advised that the Committee took limited **assurance** on the non-financial elements of the IPQR, as the local targets are unclear when measured against the national performance targets.

7.2 Financial Performance Report

The Director of Finance & Strategy provided an in-depth review of the report, noting additional information has been added to the report to illustrate a clear link to the financial plan, as approved by the Board at the end of March 2024.

The Chair praised Finance colleagues for the report, noting the level of detail provided was beneficial for the Committee.

Following a query from J Kemp, Non-Executive Member, the Director of Finance & Strategy noted a paper regarding Service Level Agreement cost reduction in relation to RTP could be brought back to the Committee at a later date. It was further highlighted ongoing discussions are being held with IJB colleagues on the financial position

The Deputy Director of Finance highlighted that the draft Quarter 1 position is currently being reviewed and will be submitted to Scottish Government on 19 July 2024. Data on the Agenda for Change pay costs has been identified and a high-level assessment has been created. It was further noted a paper on SLAs is being prepared for discussion at the Corporate Finance Network meeting, which will request an increase of up to 5%.

The Committee took a limited level of **assurance** from the report.

8. LINKED COMMITTEE / GROUP MINUTES

The Committee **noted** the linked committee minutes:-

8.1 Fife Capital Investment Group held on 29 May 2024 (unconfirmed)

8.2 Procurement Governance Board held on 24 April 2024 (unconfirmed)

8.3 IJB Finance, Performance & Scrutiny Committee held on 15 May 2024 (unconfirmed)

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

9.1 To the Board in the IPQR Summary

The Committee agreed the reporting of local targets within the IPQR should be reported to the Board, as it was not clear whether these have not been reviewed or approved by the Board.

The Committee further noted the pace of change on the financial position should be escalated to the Board, highlighting the pace of delivery must be increased in order to achieve the financial performance required by year end.

9.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no issues to escalate to the Board.

10. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 30 JULY 2024

The reflections from the meeting and agreement of matters will be considered by the Chair for onward submission to NHS Fife Board. The report will be provided to the following Committee meeting for information.

11. ANY OTHER BUSINESS

There was no other business.

12. DATE OF NEXT MEETING

The next meeting will be held on **Tuesday 10 September 2024** from 10am – 12.30pm via MS Teams

Meeting: Public Health & Wellbeing Committee

Meeting date: 1 July 2024

Title: Committee Chair's Assurance Report

1. Committee's Performance against Annual Workplan

1.1 Deferred

- The Implementation of the Promise National Strategy
- Prevention & Early Intervention Strategy
- No Cervix Exclusion Audit
- Adult Support & Protection Annual Report 2023/24

1.2 Ad hoc

- Update on Plan4Fife and Shared Ambitions
- Creating Hope for Fife: Fife's Suicide Prevention Action Plan
- Letter from the Scottish Government: Reforming Services and Reforming the Way We Work

2. The Committee considered the following items of business:

2.1 The Chief Executive agreed to advise the Scottish Government at the July Chief Executive's meeting around the recommendations made to the Chief Dental Officer to improve access to dental.

2.2 The Committee took a "limited" level of assurance from the Annual Delivery Plan Scottish Government Response 2024/25 report.

- Improvement plans are being developed for Child & Adolescent Mental Health Services.

2.3 The Committee took a "moderate" level of assurance from the Annual Delivery Plan 2023/24 Quarter 4 Report.

- Further detail requested on the deliverables with red or amber status, and the actions in place for mitigation requested by the Committee.
- Draft version of the Mental Health Strategy is going through the relevant governance routes, and final version expected in September 2024.
- Management actions for the amber risk relating to the national variant and mutation plan can now be addressed following receipt of an allocation to Boards from Scottish Government last month.
- An update paper is being prepared in relation to the East Region Health Protection service.

2.4 The Committee noted the findings of the NHS Annual Immunisation Report and noted the refreshed Fife Immunisation Strategic Framework and outlined priorities for 2024-2027, for a "moderate" level of assurance.

- Workplan has been created as part of the development for the strategic framework and will be scrutinised through the Immunisation Board to ensure viability within funding streams.

3. Delegated Decisions taken by the Committee

3.1 It was agreed that external discussions should be carried out around the Marmot Framework to support and influence our application as part of Fife Partnership.

3.2 Discussion took place on how the Scottish Government’s framework will influence the development of NHS Fife’s Reform, Transform, Perform programme of work, and the Chief Executive agreed to feedback NHS Fife’s perspective into national discussions.

4. Update on Performance Metrics

4.1 Smoking Cessation

An issue was identified in relation to the smoking cessation data, and an update will be presented at the September Committee meeting. Significant work has been undertaken, particularly within maternity.

4.2 Child & Adolescent Mental Health Services and Psychological Therapies

Further work still to be carried out for CAMHS, and there are staffing issues within PT services. Detail around the Mental Health Primary Care is being reviewed to ensure it is not sitting as a separate area.

4.3 Alcohol Brief Interventions

Work is underway in terms of understanding why Alcohol Brief Interventions, delivered through General Practice, continues to overperform.

4.4 Public Health Indicators

Consideration is being given to public health indicators to include in the IPQR.

4.5 There were no performance-related matters to escalate to the Board.

5. Update on Risk Management

5.1 The Committee took a “moderate” level of assurance that, all actions, within the control of the organisation, are being taken to mitigate the corporate risks aligned to the Public Health & Wellbeing as far as is possible to do so.

5.2 Population Health & Wellbeing Strategy Risk

Enhancing visibility of the mitigating actions for the Population Health &

Wellbeing Strategy risk are being taken forward as an action. Noted the work underway for the Reform, Transform Perform work will contribute to transformation and support delivery of the strategy.

5.3 Health & Inequalities Risk

There is an opportunity for more deliberate actions through the Fife Partnership, which has agreed to scope a Marmot place approach building on work already underway within Plan For Fife.

5.4 Primary Care Services Risk

This risk has been reviewed and an explanation was provided on the rationale for the current risk rating of high.

A Performance & Assurance Framework has been approved, which will support providing assurances around improving performance and delivery of the strategy.

A Primary Care Oversight Group has been established to manage the risks associated with 2C General Practitioners.

5.5 Policy Obligations in Relation to Environmental Management and Climate Change Risk

There was nothing new to highlight for this risk, since the previous meeting.

6. Any other Issues to highlight to the Board:

6.1 Creating Hope for Fife: Fife's Suicide Prevention Action Plan

Members complimented the report, and the Health Promotion Team who have led this work, were thanked for all their hard work.

6.2 Suicide Prevention Strategy Work

The suicide prevention strategy work to be included within the mental health strategy and will be discussed at a future Board development session.

Pat Kilpatrick
Chair
Public Health & Wellbeing Committee

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 1 JULY 2024 AT 10AM VIA MS TEAMS

Present:

Pat Kilpatrick, Chair (*from agenda items 5.2.1 onwards*)
Arlene Wood, Non-Executive Member (*Acting Chair for agenda items 1 – 5.2*)
Lynne Parsons, Employee Director
Carol Potter, Chief Executive
Dr Joy Tomlinson, Director of Public Health

In Attendance:

Chris Conroy, Clinical Services Manager (*agenda item 8.2 only*)
Lisa Cooper, Head of Primary and Preventative Care Services (*deputising for Nicky Connor*)
Esther Curnock, Consultant in Public Health Medicine (*agenda item 8.2 only*)
Lucy Denvir, Consultant in Public Health (*observing and agenda item 6.5*)
Fiona Forrest, Acting Director of Pharmacy & Medicines
Susan Fraser, Associate Director of Planning & Performance
John Kemp, Non-Executive Member (*observing*)
Jocelyn Lyall, Chief Internal Auditor (*agenda item 1 - 5.1 only*)
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Margo McGurk, Director of Finance & Strategy
Neil McCormick, Director of Property & Asset Management
Fiona McKay, Head of Strategic Planning, Performance and Commissioning (*deputising for Nicky Connor*)
Fay Richmond, Executive Officer to the Chair & Chief Executive
Nicola Robertson, Director of Nursing, Corporate (*deputising for Janette Keenan*)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting, and extended a warm welcome to John Kemp, Non-Executive Member who is observing today's meeting, prior to taking on the Chairing role from 1 August 2024.

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 Alistair Morris (Non-Executive Member), Janette Keenan (Director of Nursing), Dr Chris McKenna (Medical Director) and regular attendees Nicky Connor (Director of Health & Social Care) and Kirsty MacGregor (Director of Communications & Engagement).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on 13 May 2024

The following updates/additions were made to the previous minutes, as follows:

- Item 5.1 – The Equalities & Human Rights Steering Group Annual Assurance Statement will be circulated to members for comment via email.
- Item 6.4 – The Committee **agreed** with the principles outlined in the draft strategy, however concern was raised around the status of the document.
- Item 7.2 - A request was made to include a tracker which outlined the new trajectory for Child & Adolescent Mental Health Services from April 2024 – January 2025.

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

4. Matters Arising / Action List

The Committee **noted** the updates and the closed items on the Action List.

The Director of Public Health highlighted that an initial meeting is scheduled to discuss the Committee's Terms of Reference on 9 July 2024, and that the discussion will also include future Development Sessions and how those are progressed.

5. GOVERNANCE MATTERS

5.1 Internal Audit Annual Report 2023/24

The Chief Internal Auditor was welcomed to the meeting and spoke to the report. It was advised that the Audit & Risk Committee considered the report as part of their wider portfolio of year-end governance assurance, and that the report will be presented to all the July Standing Governance Committees for information.

It was highlighted that the report provides an overall significant level of assurance that there are effective and adequate internal controls in place. Agreement has been made to address two internal controls that have been assessed as moderate and one that merits attention. It was reported that context has been provided on the internal and external environment, and that the report focusses on improvement work and building on the governance arrangements already in place.

An update was provided on the Internal Control Evaluation report, with it advised that steady progress is being made, with some slippage. The key themes in the report, in relation to elements that are vital for future success, were highlighted, including the continued implementation of the Population Health & Wellbeing Strategy and maintaining a focus on public health measures; investing in preventative measures and implementing service reforms to ensure services are sustainable in the future, as detailed in the NHS Audit Scotland 2023 Report; and reference to the role of NHS Scotland and investing in public health interventions and prevention.

An overview was provided on the other key elements of the report, and in terms of the Reform, Transform, Perform work, it was reported that the first month's reporting has been presented through the governance structures, and performance will be continually monitored. The Chief Internal Auditor highlighted the timely completion of the Blueprint for Good Governance self-assessment, and the Scottish Government's agreement on the action plan. A move in the financial position, since the time of writing the report, was also highlighted, which was advised as being due to the late change in the Integrated Joint Board's financial position and the additional brokerage sought from the Scottish Government as a result of late identification of an overspend. It was noted that performance will continue to be challenging and progress will be monitored through the Integrated Performance & Quality Report.

The Chief Internal Auditor confirmed that public health will be more prominent within the 2024/24 report, albeit specific audits in relation to public health are currently unknown.

The Committee took a **“significant” level of assurance** from the report.

5.2 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health reported on the four corporate risks aligned to the Committee, noting that an update is provided within the paper. The work underway for the Reform, Transform Perform work, was highlighted, which will contribute to transformation and support delivery of the Population Health & Wellbeing Strategy. The health inequalities risk was also highlighted, and it was advised that there is an opportunity for more deliberate actions through the Fife Partnership, which has agreed to scope a Marmot place approach building on, work already underway within Plan For Fife.

It was reported that work continues to evolve and review the Corporate Risk Register, and that the Risk & Opportunities Group are progressing work around emerging risks.

A request was made to strengthen the level of assurance that all actions are being taken for the Population Health & Wellbeing Strategy risk, particularly in relation to the focus on monitoring. A request was also made to strengthen the risk oversight using new metrics within the Integrated Performance & Quality Report. It was advised that there is delegated responsibility within the frameworks underpinning the Strategy and metrics which are embedded in these. The Director of Public Health agreed to take forward an action to enhance visibility of the mitigating actions for the Population Health & Wellbeing Strategy risk.

Action: Director of Public Health

The Committee took a **“moderate” 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.

5.2.1 Primary Care Services Risk Update

The Head of Primary and Preventative Care Services was welcomed to the meeting and provided an update on the Primary Care Services risk. Background detail was provided, and it was advised that a moderate risk level target was agreed for the Primary Care Services risk the previous year. It was reported that a further review on the position of the risk has been carried out, along with identifying actions to manage this risk, which are detailed within the report. The external factors were highlighted, in relation to managing the risk, and an explanation was provided on the rationale for the current risk rating of high.

It was reported that the Primary Care Strategy was approved by both the Integrated Joint Board and NHS Fife Board in July 2023, and that it provides a focus on recovery of primary care, improving the quality of primary care services and making primary care systems sustainable. An overview was provided on the governance routes for oversight on delivery of the strategy, and it was reported that a Performance & Assurance Framework has been approved, which will support providing assurances around improving performance and delivery of the strategy.

Discussion followed, and it was highlighted that there is effective working in place, between the Health & Social Care Partnership delegated responsibilities within Primary Care Services, and the Medical Director's overarching responsibilities, which was noted as an improved position from earlier in the year. It was reported that the use of regular locums is helping with risk management alongside professional oversight. The Strategic Implementation Group have confirmed that actions from year-one of delivery of the strategy are on track and will be provided within the Primary Care Services Annual Report, for assurance.

Challenges in understanding the metrics relating to access were outlined, particularly in relation to identifying the number of patients accessing dentists, accessing General Practice, and waiting times for those services. It was reported that the Performance & Assurance Framework will be presented to the next Committee meeting and will provide further detail. It was also reported that the vision is to reduce the reliance on Board managed general practices. It was also noted that access is a particular challenge for dental services. An overview was provided on dental registration and accessing preventive services if not registered, it was noted that there are limitations locally in what we can change. Assurance was provided that close working is being carried out with the Scottish Government and Chief Dental Office to improve access, which forms part of the strategy. It was noted that recommendations have been made to the Chief Dental Officer and a response is awaited, and the Chief Executive agreed to advise the Scottish Government at the Chief Executives' meeting the following week.

Action: Chief Executive

The risks associated with 2C General Practitioners were highlighted, and it was advised that a Primary Care Oversight Group has been established to manage those risks.

The Committee took a **“moderate” level of assurance** from the actions being taken noting delivery of these will be closely monitored.

5.3 Delivery of Annual Workplan 2024/25

The Director of Public Health advised that the Implementation of the Promise National Strategy; Prevention & Early Intervention Strategy; No Cervix Exclusion Audit; and

Adult Support & Protection Annual Report 2023/24, have been deferred, and that potential Development Sessions, as noted on the workplan, will be taken forward following a fundamental review of the Committee's Terms of Reference.

The Committee took **assurance** from the tracked workplan.

6. STRATEGY / PLANNING

6.1 Corporate Objectives

The Chief Executive reported that the corporate objectives had been considered at the recent Remuneration Committee and are being presented to the Standing Governance Committees before formal sign off by NHS Fife Board in July 2024.

The challenges in linking the 'Improve Health & Wellbeing' high-level corporate objectives from a committee perspective were raised. It was reported that the Remuneration Committee have been provided with the granular detail, and taken assurance, and that the objectives are also contained within Directors' personal objectives. Furthermore, the Prevention & Early Intervention Strategy will provide the detailed actions being taking forward. It was noted that the 'Deliver Value & Sustainability' objective is also aligned to this Committee.

The Committee took a "**significant**" level of **assurance** that the Corporate Objectives 2024/25 capture the priority actions for NHS Fife aligned to the Population Health and Wellbeing Strategy and Reform, Transform and Perform Framework.

6.2 Annual Delivery Plan Scottish Government Response 2024/25

The Associate Director of Planning & Performance reported that the Annual Delivery Plan was submitted to the Scottish Government on 24 March 2024, and subsequently, feedback was received on 8 May 2024, advising that the Scottish Government were satisfied that NHS Fife broadly meet the requirements for the Medium-Term Annual Delivery Plan. The quarter 1 update will provide a response to the queries within the feedback letter.

Discussion followed, and it was advised that the plan includes a focus on what can and cannot be delivered, within available funding, and that this will be explored further to assess what can be achieved. It was advised that assurance has been provided to the Scottish Government that the plan reflects the Scottish Government's priorities.

It was reported that there are national issues with Child & Adolescent Mental Health Services, and that improvement plans are being developed. An overview was provided on the work being carried out to explore different models and working with third sector organisations within schools. It was highlighted that there has been significant improvement in this area, particularly for those on the lower level of the waiting list. Further detail can be provided to the committee on specific details, if required.

It was requested that any queries in relation to the Scottish Government's feedback, within the recovery drivers' section, are submitted to the Director of Planning & Performance, who will provide a written response to each of the comments within the

quarter 1 report, to enable the Committee to have a fuller understanding on the implications within Fife.

Action: Non-Executive Members

The Committee took a **“limited” level of assurance** from the paper.

6.3 Annual Delivery Plan 2023/24 Quarter 4 Report

The Director of Planning & Performance introduced Annual Delivery Plan 2023/24 Quarter 4 Report.

Further detail in relation to the deliverables with a status of amber or red was requested and the actions in place for mitigation. The Director of Planning & Performance agreed to take this forward as an action and feedback to the Committee. It was noted that any actions from the previous year which are not complete, are carried over to the following year.

An update was provided on the Mental Health Strategy, and it was advised that a draft version is currently going through the relevant governance routes, with the final approved version expected in September 2024. It was advised that the strategy will include an improvement plan. The formulation of the strategy was described, and it was noted that consideration is underway in terms of including the Suicide Prevention Improvement Plan. It was also noted that the strategy is required to be aligned to other strategies, such as the Prevention & Early Intervention Strategy, and that it will be linked to the Reform, Transform, Perform work. It was confirmed that the Sexual Health and Blood Borne Virus Framework Annual Report 2023/24 will be presented to the Committee in January 2025.

It was noted that the management actions for the amber risk relating to the national variant and mutation plan can now be addressed following receipt of an allocation to Boards from Scottish Government last month. An update paper is being prepared in relation to the East Region Health Protection service and this will include an update on the variant mutation plan and will be brought back to the Committee. Assurance was provided that this area is being monitored through the Annual Delivery Plan.

The Committee took a **“moderate” level of assurance**.

6.4 Letter from the Scottish Government: Reforming Services and Reforming the Way We Work

The Chief Executive advised that the letter will be presented to the NHS Fife Board in private session at their July 2024 meeting, and that it is provided to the Committee for information and awareness. An overview was provided on the contents of the letter, with it noted that there is a strong emphasis on Acute Services. Discussion took place on how the Scottish Government’s framework will influence the development of NHS Fife’s Reform, Transform, Perform programme of work, and the Chief Executive agreed to feedback NHS Fife’s perspective into national discussions.

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

6.5 Update on Plan for Fife and Shared Ambitions

The Director of Public Health introduced this item, which was tabled following discussion at the March meeting, to set out progress made through the 10 year Plan4Fife and highlighted the benefits of being part of the community planning partnership (Fife Partnership).

The Consultant in Public Health highlighted the key areas from the 10-year Plan4Fife and advised that, since the last review in 2021, a further review has been carried out and a Recovery & Renewal Leadership Group was established with three priorities of economic recovery, tackling poverty and addressing the climate emergency. It had been agreed that the 13 ambitions still stand, and that greater focus was required around those three priority areas. An update was provided on the process to review governance arrangements.

It was reported that the draft strategic assessment, produced by Fife Partnership is currently out for consultation, and some proposals have been developed from initial findings. It was advised that Fife Partnership are progressing discussions to become one of three national Marmot Places pilot sites in Scotland. The Marmot Places will have a common Framework will support a focus on tackling health inequalities, and that there is a commitment from the Scottish Government to have a national perspective in this area. Discussion took place on the Marmot Framework, and suggestion was made to consider a Development Session, to ensure that all the preparatory work is ready, should Fife be included in one of the three pilots. It was agreed that external discussions should be carried out around the Marmot Framework to support and influence our application as part of Fife Partnership. The Director of Public Health agreed to take this forward as action.

Action: Director of Public Health

A proposal for a programme for collaborative working was highlighted, and the Committee **discussed** how best to support and take opportunities to collaborate in partnership working to support the Plan for Fife.

6.5.1 Food4Fife Strategy & Action Plan 2024-2029

The Director of Public Health advised that the Food4Fife Strategy & Action Plan 2024-2029 provides a complementary update on the Plan for Fife and highlights the benefits of collaborate working. It was noted that the Good Food Nation (Scotland) Act 2022 created a requirement for public bodies to create good food nation plans, and that an extensive programme of engagement with Fife Council and producers has been undertaken to develop the strategy. Committee members discussed the next steps for the strategy and noted the increasing concerns about food poverty. The Director of Public Health explained that a detailed delivery plan will be developed as the next stage and will include detail on achieving safe, affordable, healthy food and this will also include actions to address food poverty in Fife. The delivery plan will be brought to the Committee, once developed.

Action: Director of Public Health

The Committee took a “**significant**” level of assurance that completion of the Food4Fife strategy fulfils the requirement for NHS Fife to put in place a Good Food Nation plan.

6.6 Creating Hope for Fife: Fife's Suicide Prevention Action Plan

The Head of Primary and Preventative Care Services advised that the paper provides background to development of the plan and is in line with the national suicide action plan. It was reported that the plan will be delivered in partnership across the whole system. It was further reported that development of the plan commenced in February 2024, and that a conference was held with representatives from 50 organisations. Robust oversight of the plan will be carried out through the Mental Health Strategy Implementation Group, and an assurance framework will be developed.

The committee welcomed the plan and noted the detailed actions set out within it which would benefit from sharing with the Board. Chair agreed to consider a Board Development Session on suicide prevention, alongside mental health.

Discussion followed and the impact on successful completion of the actions was questioned. It was noted that those not accessing mental health services will also be targeted, using a prevention and early intervention approach. In terms of the level of assurance, it was advised that this is difficult to assess, due to the small numbers of completed suicides and inevitable fluctuation in the data as a result. It was noted the importance is on evidence-based interventions that will in the longer-term lead to suicide reduction and fewer attempted incidents. The risk factors were queried, and it was reported that Fife is comparable at a national level, with some nuances, such as areas of deprivation.

Assurance was provided that the governance arrangements are being reviewed.

The Director of Public Health highlighted that the Health Promotion Team received a Health & Wellbeing Celebrating Success Award last year, as a result of their suicide prevention work with Scottish Fire and Rescue Service who had experienced a suicide within their workforce. An overview was provided on the large amount of awareness raising that has been undertaken within the team. It was also highlighted that a national confidential inquiry is undertaken for all suicides where individuals are in contact with mental health services.

Members complimented the report, and the Health Promotion Team who have led this work, were thanked for all their hard work.

The Committee took a **“significant” level of assurance** from the action plan.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report (IPQR)

The Head of Strategic Planning, Performance and Commissioning provided an update and advised that there is an issue has been identified in relation to the smoking cessation data, and that an update will be presented at the September Committee meeting. It was noted though, that significant work has been undertaken, particularly within maternity, however, overall, the position is below the trajectory. It was also reported that there is further work to be carried out within the Child & Adolescent Mental Health Services, and that there are still staffing issues within Psychological Therapy services. The Director of Public Health provided an overview on the immunisation data.

Discussion followed and it was advised that detail around the Mental Health Primary Care is being reviewed to ensure it is not sitting as a separate area. It was reported that the majority of alcohol brief interventions are delivered through General Practice, and that work is underway in terms of understanding why these continue to outperform, and the areas of focus were outlined.

An update was provided on the expansion of public health indicators, and it was advised that it is expected that by September 2024, a decision will be made on public health indicators to include within the IPQR. The Head of Strategic Planning, Performance and Commissioning and Associate Director of Planning & Performance were thanked for progressing the additional mental health indicators at pace. The Chief Executive provided an update on the proposal for reporting public health metrics within the IPQR at Board level.

The Head of Strategic Planning, Performance and Commissioning agreed to discuss mental health learning disabilities delayed discharge, with the Chair, outwith the meeting.

Action: Head of Strategic Planning, Performance and Commissioning

The Committee discussed, examined and considered the NHS Fife performance, as summarised in the IPQR, and to take a **“moderate” level of assurance** from the report.

8. ANNUAL REPORTS / OTHER REPORTS

8.1 Fife Child Protection Annual Report 2023/24

The Head of Primary and Preventative Care Services advised that this is the second annual report provided by the Child Protection Team and provides a comprehensive summary of all the activities undertaken by the team throughout 2023/2024, including challenges and successes within delivery of its function. It was noted that the majority of work for the team was around the planning for implementation of the refreshed guidance for child protection. The review of the education & training plan was also highlighted, and how the plan will support the workforce across health & social care in terms of delivery of child protection. Further work being undertaken to refresh the team in terms the vision was also highlighted.

Clarification was provided that the report is provided for NHS Fife and delegated services contribution to child protection, and that the Child Protection Committee have oversight of all the multi-agency groups.

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

8.2 Annual Immunisation Report, including Immunisation Strategic Framework 2024 – 2027

The Clinical Services Manager advised that the report provides an overview on the vaccine preventable disease surveillance and vaccine uptake data in terms of vaccine in Fife and an overview of the work completed under the previous Fife Immunisation Strategic Framework for 2021 - 2024. It was advised that the strategic framework has

been reviewed and refreshed, in line with the requirements for 2024 – 2027, and it was noted that the priorities within the revised framework are aligned to the areas of improvement, which are highlighted within the report. It was further advised that the Community Immunisation Services Programme Board continue to provide scrutiny.

Discussion followed, and it was reported that as part of the development for the strategic framework, a workforce plan was created, and that continues to be scrutinised through the Immunisation Board to ensure viability within funding streams. It was advised that a restructure of delivery, and the addition of workstreams, will ensure the clear alignment of key areas and localities. It was advised that no risks, including financial, have been identified as a result of the proposed structural changes.

It was reported that there has been a decline in Scotland for immunisation, which is mirrored across Scotland and the UK. Vaccination programmes are becoming more complex, in terms of the different vaccines being offered and changes to the schedule are challenging to accommodate. National research has been carried out which has highlighted the importance of community engagement in increasing uptake, and this compliments the findings from the childhood immunisation review which was carried out in Fife.

The committee discussed specific points within the annual immunisation report. An explanation was provided on the change to the shingles programme delivery, which resulted in lower uptake over last year. It is anticipated that the issues have now resolved. There was discussion about the improvement work underway to increase uptake of HPV, and it was reported that an improvement programme was put in place over the Spring 2024, with additional clinics offered in the summer. Initial activity suggests that this has had a positive impact on uptake for girls. The Area Immunisation Steering Group are reviewing sexual health data as part of their workplan, and they are seeking to understand uptake amongst people who attend sexual health services.

The Committee **noted** the findings of the NHS Annual Report and **noted** the refreshed Fife Immunisation Strategic Framework and outlined priorities for 2024-2027, for a “**moderate**” level of assurance.

9. LINKED COMMITTEE MINUTES

The Committee noted the linked committee minutes:

9.1 Public Health Assurance Committee held on 17 April 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.

10.2 Chair’s comments on the Minutes / Any other matters for escalation to NHS Fife Board

It was agreed to highlight that the Committee have requested that the suicide prevention strategy work be included within the mental health strategy and highlighted at a future Board development session.

11. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 30 JULY 2024

The reflections from the meeting & agreement of matters will be considered by the Chair for onward submission to NHS Fife Board. The report will be provided to the following Committee meeting for information.

12. ANY OTHER BUSINESS

It was advised that John Kemp, Non-Executive Member, will take on the role of Chair from 1 August 2024.

Date of Next Meeting - Monday 9 September 2024 from 10am – 12.30pm via MS Teams.

Meeting: Staff Governance Committee

Meeting date: 9 July 2024

Title: Committee Chair's Assurance Report

1. Committee's Performance against Annual Workplan

1.1 Workplan largely on track. Additions agreed to be included for future meetings included Workforce Planning reports and regular updates from the Wellbeing, Equality & Diversity and Whistleblowing Champions. For the next meeting in September, agenda items on both the Primary Care Improvement Plan 2024/25 and Prevention & Early Intervention Strategy have been confirmed.

2. The Committee considered the following items of business:

2.1 The Committee took a 'moderate' level of assurance from the Attendance Management update provided, noting the ongoing efforts of the Attendance Management Oversight Group in this area. Further details on related initiatives aimed at improving performance are detailed in the minute.

2.2 The Committee took a 'moderate' level of assurance from the Workforce Planning Update, noting that revised National Workforce Planning Guidance to inform Workforce Planning for 2025 was awaited. Resource challenges associated with the processing of applications for the Band 5/6 Nursing Review and other elements of the 2023/24 Pay Award were acknowledged.

2.3 The Committee took a 'limited' level of assurance from the update provided on Core Skills / Mandatory Training and Protected Learning Time, noting that there had been a 6% drop in overall training compliance as at May 2024. Discussion focused on the initiatives underway to support increased staff engagement and enhancing future monitoring and reporting of compliance.

2.4 The Committee took a 'moderate' level of assurance from the update provided on the Improved & Safe Working Environment aspect of the Staff Governance Standard, noting the actions being taken to improve infrastructure to provide a safe environment for both staff and patients and the ongoing training provided to ensure staff were appropriately trained in this area.

3. Update on Performance Metrics

The Committee took a 'moderate' level of assurance from the Integrated Performance & Quality Report, noting the following:-

- A reduction in the Board's reported sickness absence rates from 7.35% in April to 7.11% in May 2024.
- Sickness Absence target, has however been reduced to 6.5%
- 0.4% Reduction in PDPR metrics (43.7% as at May 2024).

- PDPR target has, however, been reduced to 60%.
- A requirement to also routinely monitor/report Local targets against National targets.

4. Update on Risk Management

The Committee took a 'moderate' level of assurance overall, with each of the Committee's named risks rated as follows:

- **Workforce Planning & Delivery – Risk Level High**
- **Staff Health & Wellbeing – Risk Level High**
- **Implementation of Health and Care (Staffing) (Scotland) Act 2019 - Risk Level Moderate**

Further details on the mitigating actions being taken to manage these risks are given in the minute.

5. Any other Issues to highlight to the Board:

5.1 Internal Audit Annual Report 2023/24

The Board's impressive performance in relation to iMatter staff engagement as being the highest among all Territorial Boards, plus efforts to improve staff wellbeing offerings, were commended by members.

5.2 Partnership Agreements with local Education Providers

The launch of the EMERGE Programme with Fife College, which offers opportunities to pupils interested in health-related careers, as well as the progress that had been made with ScotCom (facilitated by the signing of the participation agreement between NHS Fife and the University of St Andrews), were recognised as significant milestones in mitigating future Workforce Planning & Delivery Risks.

5.3 Workforce Planning Update

Stakeholders across the organisation were recognised for their efforts in the implementation of the Non-Pay elements of the 2023/24 Pay Award.

Colin Grieve
Chair, Staff Governance Committee

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON TUESDAY 09 JULY 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
Lynne Parsons, Employee Director
Carol Potter, Chief Executive
Andrew Verrecchia, Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum (LPF)

In attendance:

Belinda Morgan (*deputising for Claire Dobson*)
Susan Fraser, Associate Director of Planning & Performance (*deputising for Margo McGurk*)
Lynne Garvey, Head of Community Care Services, H&SCP (*deputising for Nicky Connor*)
Pat Kilpatrick, Chair, NHS Fife (*part*)
Brian McKenna, Workforce Planning Lead (*for Item 6.4 only*)
Neil McCormick, Director of Property & Asset Management
Jackie Millen, Interim Learning & Development Manager (*deputising for Jenni Jones*)
Jocelyn Lyall, Chief Internal Auditor (*for Item 5.1 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
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 thanked all staff for their continued efforts during the current workforce pressures.

The Chair reiterated the importance of meeting papers being submitted to the secretariat timeously, noting that there had been a late circulation of the meeting pack. In cases where errors or omissions in reports were minor in nature, it was requested that report authors highlight these at the meeting, rather than submit amended papers, to allow the Committee sufficient time for review of the meeting pack prior to attending the meeting.

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 Sinead Braiden (Non-Executive Member and Equality & Diversity Champion), Wilma Brown (Interim Co-Chair Health & Social Care Partnership LPF), and attendees Margo McGurk (Director of Finance & Strategy), Claire Dobson (Director of Acute Services), Nicky Connor (Director of Health & Social Care), Jenni Jones (Associate Director of Culture, Development & Wellbeing) and Ben Hannan (Director of Reform & Transformation).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on Tuesday 14 May 2024

The minutes of the meeting held on 14 May 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 Internal Audit Annual Report 2023/2024

The Chair invited Jocelyn Lyall, Chief Internal Auditor, to speak to the report. The Committee noted that the report had been considered by the Audit & Risk Committee in June as part of the wider portfolio of year-end governance assurances and was now being presented to all the Board Standing Committees.

It was advised that, overall, the report provided a 'significant' level of assurance, with management's agreement to address two 'moderate' and one 'merits attention' recommendations. Additionally, evidence of a genuine determination from the Board to deliver savings improvements, as well as effective implementation of actions to address recommendations, was also recognised.

Highlighting key themes of the report, reference was made to the continuing audit focus and monitoring of the Reform, Transform, Perform (RTP) framework from a progress, governance and assurance perspective and the unprecedented financial and workforce challenges facing the organisation.

Furthermore, as reflected in the Committee's 2023/24 Annual Statement of Assurance, the progress on actions taken to address the Scottish Government's feedback on the Staff Governance Annual Monitoring Return and the Committee's improved governance arrangements with regard to its Terms of Reference, oversight of Workforce Planning, increased focus on strategic rather than operational detail, and the concerted attention to agenda management, were also described as positive improvements.

With regard to Workforce Planning, reference was made to the 2023 Audit Scotland Report, which stated that the NHS and its workforce are unable to meet the growing demands for healthcare services. To this end, the Committee was informed that the three significant and three moderate Workforce Planning recommendations detailed in the May 2023 Internal Audit Report would be followed up during the year.

An overview of the opportunities and challenges detailed in the report was also provided. The Board's impressive performance in iMatter engagement (reported as being the highest among all Territorial Boards), progress made in the reporting of Whistleblowing concerns and the publishing of the Staff Health & Wellbeing Action Plan for the period 2023 to 2025 were described as encouraging milestones. The reduction in Supplementary Staffing costs for 2023/24 as compared to the previous year was also noted as a positive achievement. In terms of challenges, the acute nature and impact of workforce pressures, as reflected in the Workforce and Staff Health and Wellbeing Risks were underscored. It was reiterated that the work being undertaken to rationalise utilisation of Bank & Agency Staff would take longer to realise savings than originally anticipated and that the completion of PDPR and Mandatory Training remained below expectation, despite management agreement to support improvement actions.

The importance of good governance in navigating the severe and numerous pressures currently being faced by all Public Sector organisations was emphasised.

The Director of Workforce acknowledged the report as being a fair assessment of the Board's current position and the areas to be focussed on moving forward, particularly in relation to Staff Governance.

The Committee **considered** the narrative in relation to Staff Governance in the Internal Audit Annual Report 2023/24 and took a '**Significant**' level of **assurance** from the report.

5.2 Corporate Risks Aligned to Staff Governance Committee

The Chair invited the Director of Workforce to present the report, which detailed the risks related to Workforce Planning & Delivery and Staff Health & Wellbeing (both of which were rated as high risk) and the Implementation of the Health & Care (Staffing) (Scotland) Act 2019 (HCSA), which was rated as a moderate risk.

The Director of Workforce highlighted significant milestones in the mitigation of Workforce Planning & Delivery risks, including the newly established EMERGE programme (in conjunction with Levenmouth Academy, Fife College and NES), which offered opportunities to pupils interested in health-related careers, as well

as the progress that had been made with ScotCom, facilitated by the signing of a partnership agreement between NHS Fife and the University of St Andrews. The Medical Director affirmed the opportunity afforded by such collaboration and its positive impact on potential future recruitment for the Board.

The Committee was also apprised of the recent positive feedback from the Scottish Government in relation to the Board's progress on the Implementation of the HCSA.

In response to a question from J Kemp, Non-Executive Member, seeking clarity on the wellbeing support for Doctors and Dentists in Training, the Head of Workforce Planning & Staff Wellbeing described ongoing work in this area, such as rota management compliance, recommendations to improve Junior Doctors' facilities in line with staff wellbeing hub facilities at other sites (particularly on the Victoria Hospital site), and a review of the food provision for staff working overnight, amongst other initiatives.

Whilst echoing the importance of ensuring good governance with regard to rota management compliance, the Medical Director emphasised as an imperative the need for employing a holistic approach towards creating and maintaining a positive and well-rounded experience for this employee cohort at NHS Fife.

The Chair welcomed the offer of feedback to the Committee at the September meeting in relation to the wellbeing efforts being employed to support this staff group and any other updates as appropriate.

Action: Head of Workforce Planning & Staff Health & Wellbeing

The Committee took a '**Moderate**' 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 Attendance Management Update

The Head of Workforce Resourcing & Relations spoke to the paper, which highlighted that there had been a reduction in the Board's reported sickness absence rates from 7.35% in April to 7.11% in May 2024.

The Committee was advised of the work being progressed through the Attendance Management Oversight Group, with particular attention to the efforts being explored to address staff mental health (reported as the most prominent reason for staff absence at 28.97%), by way of an externally provided mental health support web application.

B Morgan, General Manager, Medical Directorate, and L Garvey, Head of Community Care Services, H&SCP, each provided comprehensive updates on the wide-ranging mitigations being employed to address staff absence in their respective areas of operation.

The Employee Director commended the consistent approach being utilised towards the application of attendance management policies and the scrutiny of the Review & Improvement Panels from a continuous improvement perspective. The

proven benefits of involving staff side in these key initiatives was also underscored.

Robust deliberations took place on a varied number of issues related to staff absence, including the estimated cost of sickness absence and the work being undertaken by the newly established People & Change Board to effect improvements in this area. The importance of improved internal communications to dispel any misconstrued perceptions of a recruitment freeze within the Board, and the reasons for considering an external service provider to support staff mental health by way of a web application, were also discussed.

The Committee took a **'Moderate'** level of **assurance** from the report and updates provided in relation to Attendance Management.

5.4 Delivery of Annual Workplan 2024/2025

The Chair invited the Director of Workforce to speak to the report, which noted self-explanatory updates to the Annual Workplan 2024/25 since it was last presented to the Committee on 14 May 2024.

It was confirmed that the Nursing & Midwifery Deep Dive, which was required to be removed from the Committee's agenda due to late stakeholder apologies, would be tabled at the September meeting. It was also advised that a date was currently being sought to reschedule the June Staff Governance Development Session, which had been cancelled due to the number of apologies received.

The Committee took a **'Moderate'** level of **assurance** from the report.

6. STRATEGY / PLANNING

6.1 Corporate Objectives 2024/25

The Chair invited the Chief Executive to speak to the paper, which the Committee noted had been presented to the Remuneration and Public Health & Wellbeing Committees respectively and was due to be presented to the July NHS Fife Board meeting for approval.

It was advised that the objectives sought to summarise and capture the Board's priority actions aligned to its Population Health & Wellbeing Strategy and the RTP Programme.

The Committee was informed that the Corporate Objectives had informed the development of the Executive Cohorts' personal objectives for 2024/25, including the Chief Executive's objectives. Further discussion on these would take place at the Remuneration Committee.

The Committee took a **'Significant'** level of **assurance** from the 2024/25 Corporate Objectives.

6.2 Annual Delivery Plan 2024/25: Scottish Government Response

The Chair invited the Associate Director of Planning & Performance to speak to the report, which noted the Scottish Government's feedback affirming its approval that the 2024/25 Annual Delivery Plan (ADP) broadly meets the mandated requirements and provides appropriate assurances in the context of the current operational landscape, particularly the challenging financial climate.

It was advised that the report was due to be presented for final approval at the July Board Meeting and that quarterly progress reports would also be brought back to the Committee.

The Committee took a '**Limited**' level of **assurance** from the content of the Annual Delivery Plan 2024/25.

6.3 Annual Delivery Plan 2023/2024: Quarter 4 Performance Report

The Chair invited the Associate Director of Planning & Performance to speak to the report, which provided an update on the progress against deliverables in the 2023/2024 Annual Delivery Plan, as at March 2024.

An overview of the overall status of deliverables was given. In relation to Workforce, the Committee was informed of the seven 'Completed' actions, 10 'On Track' actions which will be transferred to the 2024/25 ADP and one 'At Risk' action in relation to e-rostering, which will continue to be reported on through quarterly progress updates.

The Director of Workforce clarified that the 'Business As Usual' posts to support the delivery of e-rostering had been approved by the Vacancy Control Panel and that considerable progress had also been made in relation to the consolidation of Bank & Agency utilisation.

The Committee took a '**Moderate**' level of **assurance** from the report.

6.4 Letter from the Scottish Government: Reforming Services and Reforming the Way We Work

The Chair invited the Chief Executive to speak to the letter from the Scottish Government, which provided an overview of the Programme of Reform planned in relation to the future delivery of Healthcare Services in Scotland. It was advised that a further update would be brought back to the Committee as plans in this area progressed. The Chief Executive assured the Committee that every effort would be made to ensure that the voice of the people of Fife was heard in any relevant engagement forums.

The Committee took **assurance** from the proposed approach to the Letter from the Scottish Government: Reforming Services and Reforming the Way We Work.

6.4 Workforce Planning Update

The Chair invited Brian McKenna, Workforce Planning Lead, to speak to the report. The Committee was informed that the first meeting of the combined former

NHS Fife Strategic Workforce Planning Group and Operational Workforce Planning Groups had taken place in May 2024.

An overview of the discussions that took place at the meeting was provided to the Committee. It was advised that feedback had been sought from attendees via questionnaires, to ensure that the agenda and pitch of the meeting were relevant.

The Committee noted that the Revised National Workforce Planning Guidance, which would inform Workforce Planning for 2025 and beyond, and the final piece of guidance regarding the implementation of the Reduced Working Week aspect of the 2023/24 Pay Award (expected later this month), was yet to be received from the Scottish Government.

Resource challenges associated with the processing of applications for the Band 5/6 Nursing Review, as well as implementation of other aspects of the 2023/24 Pay Award and the mitigations being employed, were discussed by the Committee. A Verrecchia, Co-Chair, ASD & Corporate Directorates LPF, underscored the importance of ensuring that the provisions of the Reduced Working Week were consistently applied across the organisation.

The Director of Workforce and the Director of Nursing acknowledged the magnitude of work involved in the implementation of the Non-Pay elements of the 2023/24 Pay Award and extended their sincere thanks to the Workforce Planning Lead and all other stakeholders engaged in this effort.

The Committee took a '**Moderate**' level of **assurance** from the Workforce Planning Update.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

Introducing the IPQR, the Director of Workforce invited J Millen, Interim Learning & Development Manager, to speak to the PDPR aspect of the report, noting that sickness absence had been discussed earlier in the meeting.

It was highlighted that Appendix 1 of the paper reflected a decline of 0.4% in PDPR metrics as compared to the previous month, reaching 43.7% as at May 2024. This was attributed to ongoing service pressures. For the 2024/25 period, it was advised that the engagement target in this area had been reduced to 60%, in order to drive momentum towards pursuing a more realistic goal. It was emphasised that the ambition thereafter would be to return to the previously agreed 80% compliance target. The Employee Director, whilst affirming understanding and support for the rationale for reducing the 2024/25 PDPR target, expressed the expectation that this should only be for the short-term.

In response to a question from J Kemp, Non-Executive Member, the Head of Workforce Planning & Staff Wellbeing clarified that the decision to implement changes in the HEAT (Health Improvement, Efficiency, Access & Treatment) standards to locally agreed targets (for both sickness absence and PDPR) had been made in accordance with guidance issued by the Planning & Performance Team. The Chair emphasised the importance of ensuring that any governance

processes associated with implementing changes in performance targets were duly adhered to. Acknowledging responsibility for this, the Associate Director for Planning & Performance assured the Committee that, moving forward, any changes to HEAT standards would be clearly communicated across all relevant governance structures.

The Director of Workforce advised that the revised performance targets for Sickness Absence and PDPR were also reflected in the 2024/25 Corporate Objectives, which had been approved by the Remuneration Committee.

The chair emphasised the need to ensure that Local targets are also measured/monitored against National targets to ensure the Board and Governance Committees are aware of NHS Fife position in relation to others.

The Committee **examined** and **considered** NHS Fife performance as summarised in the IPQR and took a '**Moderate**' level of **assurance** from the report.

8. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

8.1 Appropriately Trained: Core Skills / Mandatory Training and Protected Learning Time

The Chair invited J Millen, Interim Learning & Development Manager, to speak to the report.

The paper highlighted a 6% drop in overall training compliance as at May 2024, reported to be due to a decrease in engagement across seven of the nine Core Skills topics. Improvements in training uptake of one and two percent respectively were, however, noted in the areas of Resuscitation and Information Governance. It was acknowledged that the level of assurance provided by the report was limited and that further actions needed to be taken to improve Core Skills/Mandatory Training compliance.

The Committee was provided with a comprehensive overview of current and future initiatives to support managers in this area. These included the roll out of enhanced Manager reporting to support training compliance monitoring, Protected Learning Time (PLT) Lunchtime sessions, which had so far been attended by 51 managers, ongoing work with the national eESS team to develop a dashboard report identifying outstanding Core Skills, engagement in the Acute Services Division & Corporate Directorates LPF, and the establishment of a Short Life Working Group of Core Skills training providers to identify how engagement could be increased. The Committee was also advised of the intent to introduce a revised Core / Mandatory Training Programme from April 2025. The Employee Director, Director of Property & Asset Management and the Head of Corporate Governance commended the efforts being employed to drive improvements in this area, noting that a range of offerings can help support staff to complete their training.

The Committee took a '**Limited**' level of **assurance** from the report.

8.2 Staff Governance Standard Overview: Improved and Safe Working Environment

The Chair invited Neil McCormick, Director of Property & Asset Management, to speak to the report, which provided an update on the ongoing activity being undertaken to provide staff with a continuously improving and safe working environment.

An overview of the governance structures and technical groups in place to facilitate oversight of the implementation of this standard, such as the Health & Safety Sub Committee and the Local Partnership Forums within Acute Services and the Health & Social Care Partnership, among others, were highlighted to the Committee.

The Committee was also provided with a summary of the incident statistics detailed in the report, along with examples of ongoing efforts to facilitate a safe working environment for staff. The continuing requirement to ensure policies and procedures were up to date, as well as the provision of mandatory training (particularly manual handling), were described as key challenges in the delivery of this standard. The importance of promoting the recording and reporting of 'near miss' incidents from a learning perspective was acknowledged.

It was unanimously agreed that it would be beneficial for regular updates on the implementation of this standard to be brought back to the Committee.

The Committee took a **'Moderate'** level of **assurance** from the update provided.

8.3 Staff Governance Annual Monitoring Return 2023/24 Update

The Chair invited the Head of Workforce Resourcing & Relations to speak to the paper, which noted that the Scottish Government, with approval from the Scottish Workforce and Staff Governance Committee, had made the decision to pause the Staff Governance Monitoring exercise for 2023/2024.

The Committee took a **'Significant'** level of **assurance** from the paper, noting that that the Staff Governance Annual Monitoring Return for 2023/2024 is currently paused.

8.4 Wellbeing Champion Update

The Chair invited J Kemp, Non-Executive Member and the Board's Wellbeing Champion, to provide an update on this area of work.

J Kemp applauded the overall efforts of the Staff Health & Wellbeing Group, particularly recognising that some members this group were engaging on a voluntary basis and in addition to their substantive roles.

The Committee noted J Kemp's feedback obtained from conversations with staff at the recently held Staff Health & Wellbeing Group meeting that actions taken in relation to the closure of the Board's administration buildings, in particular, the pace at which such closures had been implemented, had resulted in staff feeling less valued. Information obtained from this stakeholder group also revealed that

Staff Wellbeing Hubs were well received across the Board and that there was strong support for frequent staff-focussed communications in relation to the RTP programme.

The Committee **noted** the update provided by the Board's Wellbeing Champion.

8.5 Equality & Diversity Champion Update

The Chair invited the Head of Workforce Planning & Staff Wellbeing to share any relevant updates, in light of apologies to the meeting given by Sinead Braiden, Non-Executive Member and the Board's Equality & Diversity Champion.

The Committee was encouraged to note that the recently held Fife Pride Event had been well attended. Additionally, the Head of Workforce Planning & Staff Wellbeing affirmed confidence in the approach that had been adopted to implement the self-managed network set up to support the LGBTQ+ staff cohort.

The Committee also noted that the first scheduled meeting of this group was due to be held shortly, following on from the planning meeting that had recently taken place. It was hoped that engagement and activity from this group would help inform the currently paused Diverse Ethnicity Network.

The Committee **noted** the update provided by the Head of Workforce Planning & Staff Wellbeing.

8.6 Whistleblowing Champion Update

The Chair invited Kirstie Macdonald, Non-Executive Member and the Board's Whistleblowing Champion, to provide an update.

The Committee was apprised of the Scottish Government's priority of listening to the 'staff voice', particularly in the context of a whole-system transformation, as communicated at a recently held National Whistleblowing Champions' meeting. Ensuring that staff views were actively sought in relation to any transformation efforts was also affirmed as an imperative.

The Committee noted that the Whistleblowing Oversight Group, which had been established as part of the Board's new governance structure, was due to meet for the second time on 31 July, where, amongst other matters, plans for the September 2024 'Speak Up' Week would be discussed, in collaboration with the Communications & Engagement Team.

The Committee **noted** the update provided by the Board's Whistleblowing Champion.

9. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:

- 9.1 Area Partnership Forum held on 22 May 2024 (unconfirmed)
- 9.2 Acute Services Division & Corporate Directorate Local Partnership Forum held on 25 April 2024 (unconfirmed)

- 9.3 Health & Social Care Partnership Local Partnership Forum 13 March 2024 and 14 May 2024 (confirmed)
- 9.4 Health & Safety Sub Committee held on 7 June 2024 (unconfirmed)
- 9.5 Workforce Planning Group held on 23 May 2024 (unconfirmed)
- 9.6 Medical & Dental Professional Standards Oversight Group held on 11 April 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. Meeting Reflections & Agreement of Matters for Chair's Assurance Report to be Presented to Fife NHS Board on 30 July 2024

The reflections from the meeting & agreement of matters will be considered by the Chair for onward submission to NHS Fife Board. The report will be provided to the following Committee meeting for information.

12. ANY OTHER BUSINESS

There was no outstanding business not otherwise covered on the agenda.

12. DATE OF NEXT MEETING

Tuesday 3 September 2024 from 10.00 via MS Teams.

Meeting: Fife NHS Board
Meeting date: 30 July 2024
Title: NHS Fife Corporate Objectives (DRAFT) 2024/25
Responsible Executive: Carol Potter, Chief Executive
Report Author: Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- NHS Fife Population Health and Wellbeing Strategy
- Annual Delivery Plan
- Government policy/directive
- NHS Board Strategic Priorities
 - To Improve Health & Wellbeing
 - To Improve Quality of Health & Care Services
 - To Improve Staff Experience & Wellbeing
- To Deliver Value & Sustainability

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

The Board Committee is asked to consider the key corporate objectives for 2024/25. These objectives align with the NHS Fife Population Health and Wellbeing Strategy and the Re-form Transform and Perform Framework and will be taken formally to NHS Fife Board for approval.

2.2 Background

The Corporate Objectives details the priorities for NHS Fife for 2024/25 and beyond and aligns to the key strategic frameworks – the Population Health and Wellbeing Strategy and the Re-form, Transform and Perform Framework.

2.3 Assessment

The proposed Corporate Objectives were developed by the Executive Directors with support from the Associate Director of Culture, Development and Wellbeing. The Corporate Objectives are aligned with the existing strategic priorities within the Population Health and Wellbeing Strategy. They also reflect the focus areas of the Re-form, Transform, Perform Framework and the Annual Delivery Plan for 2024/25.

Each Corporate Objective has a Lead Director assigned and the Corporate Objectives form an integral part of Executive Director's performance management. The Chief Executive will have monthly meetings with each director to provide assurance for delegated responsibilities including review of performance metrics and to discuss and monitor personal objectives.

In addition to individual discussions with the Chief Executive, a Corporate Objectives Review Group (comprising the Executive Team and the Associate Director of Planning and Performance) will meet every 2 months to report on progress against the delivery of the Corporate Objectives and the lead director will take ownership for a brief written update for their Corporate Objective(s).

Committees Feedback

This paper has been presented to each of the committees during July 2024. It was noted that the corporate objectives show a clear strategic line to individual executive's objectives with effective monitoring and governance structures in place.

All Committees took a significant level of assurance from the Corporate Objectives, noting that they capture the priority actions relating to the Population Health & Wellbeing Strategy and the Re-form, Transform and Perform Framework and their approval by the Remuneration Committee.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level	X			
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	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	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	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

	of residual risk or none at all.	moderate amount of residual risk.	further action to be taken.	
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2.3.1 Quality/ Patient Care

NHS Fife corporate objectives underpin the delivery of high Quality of Health and Care Services.

2.3.2 Workforce

NHS Fife Corporate Objectives link directly to the strategic priority to “Improve Staff Experience and Wellbeing”.

2.3.3 Financial

NHS Fife Corporate Objectives link directly to the strategic priority to “Deliver Value and Sustainability”.

2.3.4 Risk Assessment/Management

Each Corporate Objective will be assessed against the corporate risk management framework.

2.3.5 Equality and Diversity, including health inequalities

Each corporate objective will complete an EQIA as appropriate.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

Developed through discussion with Executive Directors.

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, 20 June 2024
- Remuneration Committee, 24 June 2024
- Public Health and Wellbeing Committee, 01 July 2024
- Staff Governance Committee, 09 July 2024
- Clinical Governance Committee, 12 July 2024
- Finance, Performance and Resource Committee, 16 July 2024

2.4 Recommendation

This paper is provided for:

- **Assurance** – the Corporate Objectives 2024/25 capture the priority actions for NHS Fife aligned to the Population Health and Wellbeing Strategy and Reform, Transform and Perform Framework.
- **Approval** – to approve the Corporate Objectives for 2024/25

3 List of appendices

The following appendices are included with this report:

- Appendix 1 - Corporate Objectives 2024/25

Report Contact

Susan Fraser

Associate Director of Planning and Performance

Email: Susan.fraser3@nhs.scot

Corporate Objectives 2024/25

Executive Directors

Committees

Medical Director	Director of Nursing	Director of Public Health	Director of Finance & Strat	Director of Acute Services	Director of Health & Social Care	Director of Workforce	Director of Property & Asset Mang	Director of Pharm and Medicines	Director of Reform & Trans	Director of Comms	Director of Digital & Information
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Clinical Governance	Staff Governance	Finance, Resource and Performance	Public Health and Wellbeing
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Improve health and wellbeing

1	We will deliver pathways into employment in support of our Anchor ambitions through the development of innovative approaches to support priority groups to choose careers with NHS Fife.			L		✓	✓	L	✓			L	✓
2	We will finalise the prevention and early intervention strategy and action plan across the life course focusing on child health and working with partners to address the building blocks for health.			✓		✓	L						
3	We will provide tiered support for people who are waiting for planned care building on the established 'Well' initiative and embed new learning from pilot work to support people who are waiting for appointments, procedures, and other care.	✓	✓	L		L	L					✓	✓

		✓		✓
✓				✓
✓			✓	✓

Improve quality of health and care services

4	We will establish a transformative and sustainable model for unscheduled care in Fife and implement sustainable changes that will lay a solid foundation for the reformation and continuous improvement of unscheduled care services, ensuring they are integrated, efficient, and responsive to the needs of our community.	✓	✓		✓	L	L	✓		✓	✓		✓
5	We will develop an Acute Services Clinical Framework and action plan that will guide the strategic direction and delivery of services throughout the lifespan of the strategy, ensuring a cohesive and integrated approach to healthcare provision that meets the evolving needs of our patient population.	L	L		✓	L	✓		✓	✓	✓		✓
6	We will develop an approach to clinically underpin Re-form, Perform and Transform initiatives enabling Realistic, Timely and Personalised Care through developing clear methodologies for implementation and measurement, and underlining the intrinsic link between this approach and the sustainability and value of healthcare services in Fife.	L	L		✓	✓	✓		✓	L	✓		

✓			✓	
✓			✓	
✓			✓	

Improve staff experience and wellbeing

7	We will develop a workforce staffing model for in line with our Re-form, Perform, Transform objectives. This will include full review of establishments across NHS Fife, demand modelling, and a full review of our skills and expertise to maximise our opportunities and continued pursuit of teaching board status.	L	L	✓	✓	✓	✓	L	✓	✓	✓	✓	✓
8	We will deliver against key staff governance metrics for 24/25. This includes reducing sickness absence levels to at least 6.5% and maintaining 80% compliance with mandatory training and 60% uptake of PDRs.	✓	✓	✓	✓	✓	✓	L	✓	✓	✓	✓	✓
9	We will develop and launch a leadership framework focussed on compassionate leadership and an open, transparent, and nurturing culture, underpinned by strong staff engagement.	✓	✓	✓	✓	✓	✓	L	✓	✓	L	✓	

	✓	✓		
	✓			
	✓			

Improve value and sustainability

10	We will Re-form, Transform and Perform our organisation to deliver a minimum of 3% recurring savings, and design, approve and commence plans to deliver break even for 2024/25, in support of medium to long term financial sustainability.	✓	✓	✓	L	✓	✓	✓	✓	✓	L	✓	✓
11	We will develop a digital framework to underpin RTP including specific delivery plans: to modernise administration and business enabling functions; to enhance adoption of technologies; to implement Digital Medicines; and to ensure further innovative approaches to support clinical redesign.	✓	✓		✓	✓	✓			L	✓	✓	L
12	We will continue to implement actions to support the challenge of climate emergency including the reduction of energy, carbon, waste, and unnecessary travel together with improved use of our Greenspace; including the development of the whole system infrastructure plan.	✓	✓	✓	✓	✓	✓	✓	L	✓	✓	✓	✓

			✓	
✓			✓	
			✓	

AUDIT & RISK COMMITTEE

(Meeting on 20 June 2024)

It was agreed to escalate to NHS Fife Board that the Committee had requested further assurances from the IJB around their systems of financial control, to be considered at the Committee's next meeting in September.

Fife NHS Board

Unconfirmed

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON THURSDAY 20 JUNE 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
Kirstie Macdonald, Non-Executive Member

In Attendance:

Kevin Booth, Head of Financial Services & Procurement
Chris Brown, Head of Public Sector Audit (UK), Azets
Andrew Ferguson, Senior Audit Manager, Azets
Barry Hudson, Regional Audit Manager
Pat Kilpatrick, Board Chair (*observing*)
Jocelyn Lyall, Chief Internal Auditor
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Margo McGurk, Director of Finance & Strategy
Alan Mitchell, Thomson Cooper (*item 5.11 only*)
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 extended a warm welcome to Pat Kilpatrick, Board Chair, who had joined the meeting to observe.

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 attendee Andy Brown, Principal Auditor.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 16 May 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 on the Action List.

5. ANNUAL ACCOUNTS

5.1 Final Audit & Risk Committee Annual Assurance Statement 2023/24

The Board Secretary advised that the statement provides a summary of activity over the previous year, and that the draft statement was considered at the previous Audit & Risk Committee meeting, with no substantive changes made since then as a result of comments received.

The Committee **approved** the Final Audit & Risk Committee Annual Statement of Assurance 2023/24, for submission to the Board.

5.2 Committee & Directors' Annual Assurances for 2023/24

- **Clinical Governance Committee**
- **Finance, Performance & Resources Committee**
- **Public Health & Wellbeing Committee**
- **Remuneration Committee**
- **Staff Governance Committee**
- **Executive Directors' Assurance Letters**

The Board Secretary advised that the Executive Directors' Assurance Letters form part of the Chief Executive's Accountable Officer year-end review process, to provide assurance that the delegated powers to the other Executive Directors are operating effectively and to help inform the content of the Governance Statement.

It was reported that the Committee Annual Assurance Statements appropriately reflect the work carried out throughout the year by each of the Board's Standing Committees and these provide a sufficient level of detail on which members could take assurance on.

The Committee took **assurance** from the Committee & Directors' Annual Assurances for 2023/24.

5.3 Letter from Chief Officer - Fife Integration Joint Board (IJB)

The Board Secretary advised that, due to the timeframe for the completion of the IJB's Annual Accounts process, it was not possible at this date to provide the Committee with the outcome of the IJB internal audit review and annual report for 2023/24. The letter provided is an interim measure, pending the finalisation of the IJB annual internal audit report, which will be provided to the Committee in September, after the audit report has progressed through the IJB governance structure. The Chief Internal Auditor clarified that it is often normal practice to receive an assurance letter such as this, due to the different year-end timetables of NHS Boards and local authorities.

There was some concern raised that the letter did not provide the required level of detail to provide assurance to the Committee, particularly around financial controls.

Following discussion, and due to the late change in the IJB financial position and the additional brokerage sought from the Scottish Government as a result of late identification of the overspend, it was agreed that an independent review is required for the Committee to take adequate assurance around the IJB internal systems of financial control. This is due to members' concerns that the IJB position has comprised the Board's financial arrangements. It was agreed that further scrutiny is required to ensure that effective systems and processes are in place. The Chief Executive agreed to request an independent review via the Chief Officer on the recent events, and that this review should include appropriate involvement/liaison with the CFO, the NHS Fife Director of Finance and the Fife Council Director of Finance.

Action: Chief Executive

5.4 Internal Audit Annual Report 2023/24

The Chief Internal Auditor discussed the main points and key themes in the report, noting the overall positive assessment of NHS Fife internal control arrangements. It was reported that the report reflected the financial position at time of writing, and that the position had since changed due to the additional brokerage required to meet the IJB overspend. The report includes 3 recommendations, an overview of the management responses was provided on each.

An update was provided on the planning process for the internal audit plan for 2024/25, and it was reported that work is ongoing. The draft plan has been mapped to the strategic risk register, and to the Re-form, Transform, Perform workstreams, for alignment. It was advised that the Executive Directors' Group will consider and endorse the plan, before it is emailed to Members in July for comment, with the final plans presented at the September Audit & Risk Committee for approval.

The Chief Internal Auditor highlighted Internal Audit's opinions from the report that:

- The Board has adequate and effective internal controls in place; and
- The 2023/24 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

The Committee took **assurance** from this report as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement.

5.5 Service Auditor Reports on Third Party Services

The Head of Financial Services & Procurement spoke to the paper and confirmed that there were four reports this year. The NHS Ayrshire & Arran Financial Ledger Services had come back as unqualified this year. The NSS IT Services and NSS Practitioner & Counter Fraud Services reports had both come back with minor qualifications and not an adverse opinion. An overview was provided on the NSS Payroll Services report, with it being advised that the description fairly presents NSS's payroll services for the Boards, including NHS Fife, and that the controls described in relation to the control objectives were suitably designed.

The Head of Financial Services and Procurement confirmed that the Third Party Service Audit Reports were now all received and had been shared with Azets as part of the Annual Accounts process.

The Committee took **assurance** from the audit opinions and the associated management responses for the services hosted by NHS National Services Scotland (NSS) and by NHS Ayrshire & Arran on behalf of NHS Fife.

5.6 External Annual Audit Report 2023/24

C Brown, Head of Public Sector Audit (UK) at Azets, presented the draft report, noting that an unqualified opinion is intended. An update was provided on the audit adjustments, with it being reported that the SPPA disclosures issue was a national issue. An overview was provided on the five adjustments that have been made through the course of the audit, and the two unadjusted misstatements that were identified within the accounts. C Brown also advised that a debrief on the process this year with both Azets and the Finance team would take place to agree improvements to the audit process for next year.

It was reported that the Board's accounting systems and internal controls have been assessed as having no material weaknesses or significant deficiencies.

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

5.7 Draft Letter of Representation

C Brown, Head of Public Sector Audit (UK) at Azets, provided a verbal update on the letter of representation. It was advised that the purpose of the Letter of Representation from NHS Fife to the Auditors is to confirm that all relevant information has been submitted as part of the audit. The report and letter will go to the June 2024 Board meeting for formal approval.

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

5.8 Governance Statement

The Chief Executive advised that the Governance Statement is a key part of the Annual Accounts. The key points from the Governance Statement were outlined, including detail on the 'Re-form, Transform, Perform' Framework introduced during the last quarter of the financial year; the review of the first year of the Board's Population Health & Wellbeing Strategy. The Chief Executive also highlighted a specific disclosure within the Governance Statement which related to an Information Governance & Security breach, for which the Board has received a formal reprimand from the Information Commissioner's Office. An appropriate action plan is in place to fully respond to this matter.

The Committee took **assurance** from the Governance Statement content.

5.9 NHS Fife Annual Accounts for the Year Ended 31 March 2024

The Director of Finance & Strategy introduced the accounts and highlighted the following points.

The statutory Revenue Resource Limit target of break-even was achieved, however this was materially supported through the receipt of additional UK consequential funding of £10m and an increased level of brokerage of £14m. The increase in the latter from £11m to £14m was due to the late notification of an unexpected deterioration of the IJB position which is referenced in the governance statement and specifically reference is also made to the lessons learned exercise underway.

The Director of Finance & Strategy also noted that the statutory Capital Resource Limit target was delivered in line with plan with no issues to report in that regard.

The Director of Finance & Strategy further advised that the preparation of the accounts was delivered in line with the agreed timetable, however, a number of adjustments were made which required adjustment and restatement. This included two national issues; the first in relation to the treatment of VAT on PFI provider energy costs and a second involving SPPA pension calculations. Both issues impacted nationally and were not limited to NHS Fife. Two further local issues were noted. One in relation to the calculations required under the newly introduced PFI/IFRS accounting standard and a second in relation to late adjustments required to disclose the change to the IJB outturn position. Both were resolved and adjusted in the financial statements.

The Head of Financial Services & Procurement highlighted some of the key financial performance aspects of the financial statements, including figures from the remuneration report.

The Head of Financial Services & Procurement also described the contingent liability note in relation to one aspect of the A4C pay deal. This relates to the future, but as yet unquantified costs associated with any successful re-gradings in relation to Band 5 to Band 6 nursing staff.

The Director of Finance & Strategy concluded by thanking the finance team and both internal and external audit teams for their support and professional approach throughout the year and particularly through the audit process.

The Audit & Risk Committee:

- **Reviewed** the draft Annual Accounts for the year ended 31 March 2024.
- **Recommended** to the Board that they adopt the Annual Accounts for the year ended 31 March 2024.
- **Recommended** to the Board to authorise the designated signatories (Chief Executive and Director of Finance) to sign the Accounts on behalf of the Board.
- **Approved** the proposed arrangements for resolution of minor matters in relation to the accounts, and up to the date of submission to the Scottish Government Health and Social Care Directorate.
- **Noted** that the accounts are not in the public domain until they are laid before Parliament.

5.10 Annual Assurance Statement to the NHS Fife Board 2023/24

The Committee **agreed** the content of the statement, to be reflected in the final signed version submitted to the Board for assurance purposes.

5.11 Patients' Private Funds – Receipts and Payments Accounts 2023/24 & Audit Report

The Chair welcomed A Mitchell, Thomson Cooper, who joined the meeting and provided an independent assessment on the Patients' Private Funds audit. There were no significant findings to report, and an overview of minor matters that were identified during the assignment was provided. Thomson Cooper were content with the management responses provided to resolve these. It was advised that there had been an improvement in the number of findings identified for the Patients' Private Funds accounts during 2023/24, and the importance of containing sound financial control was highlighted.

The Audit & Risk Committee:

- **Reviewed** the Patients' Private Funds Accounts and Audit completion memorandum.
- **Recommended** that the Patients' Private Funds Accounts be approved by the NHS Board and that the attached Letter of Representation be signed by the authorised signatories and provided to the Auditors.

8. Delivery of Annual Workplan 2023/24

The Board Secretary highlighted that the Annual Risk Management Report 2023/24 and Risk Management Strategic Framework have been deferred to the next meeting, until the Board risk appetite work has been complete. Also deferred is the Internal Audit Annual Plan 2024/25, which will come to the September Audit & Risk Committee for formal approval.

The Committee took **assurance** from the tracked workplan.

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

It was agreed to escalate to NHS Fife Board that the Committee had requested further assurances from the IJB around their systems of financial control, to be considered at the Committee's next meeting in September.

10. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting: Thursday 12 September 2024 from 2pm - 4pm via MS Teams.

COMMUNITIES & WELLBEING PARTNERSHIP

(Meeting on 5 June 2024)

No issues were raised for escalation to the Board or amend as necessary.

Unconfirmed

Communities & Wellbeing Partnership

Wednesday 5th June 2024, Auchmuty Learning Centre, Glenrothes

Note

Present: Fraser MacKenzie, Jo-Anne Valentine, Lucy Denvir (chair), Sarah Roxburgh

Attending: Darren-Wyn Jones, Elizabeth Butters, Gill Musk, Rebecca Shovlin

Apologies: Christine McLean, Emma Walker, Julie Dickson, Paul Vaughan

1. Welcome and introductions

Lucy welcomed all. Michelle Sweeney has now retired from OnFife; Christine McLean will take her place on CWP but was unable to join today's meeting. Apologies were noted as above.

2. Note of last meeting on 14th March

Note approved as an accurate record. Fraser confirmed that FSLT's Activities Team is working on widening and formalising the volunteering pathway. Other matters arising covered by the agenda.

3. Purpose of today

Lucy reminded members that this meeting was an opportunity to review progress since the development session in June 2023 and consider priorities going forward.

Development areas identified at that session (and agreed by Fife Partnership Board) were:

- Further joint working to reduce and prevent harms caused by substance use
- Build on the Leadership Summits by taking forward and extending partnership work on physical activity
- Support more joined-up approaches to community engagement and participation, to improve health and wellbeing.

Lucy also highlighted the Board's decision to maintain a focus on existing recovery and renewal priorities for the next three years; that partnership delivery and reporting arrangements are to be reviewed; and that the Marmot framework is to be explored further as a potential way of embedding a health inequality focus (see FPB papers of 21st May – link circulated with agenda). The next FPB meeting in August will include a 'deep dive' focus on poverty and health.

4. Update from the ADP and priorities for 2024-27

Elizabeth presented progress on training and distribution of Take Home Naloxone (THN) kits since last June. This has included work with a wide range of services and community pop-up events. Targets have been exceeded, with 1674 kits distributed in the last year. Modelling has suggested that, for every 20 kits distributed, one drug related death might be avoided.

There was some discussion of the challenges around the lack of a Fife Council policy for staff carrying THN. This is being looked at, and a risk assessment is being carried out.

Unconfirmed

Two areas in Scotland are testing out placing THN kits alongside defibrillators. Results awaited.

Elizabeth gave a brief overview of the new ADP strategy and highlighted a particular challenge around reducing stigma and how this can be measured.

Some time was devoted to discussion of gaps identified (see also attached slides):

- Fife driven Public Campaign to provide alerts for recognising long term use in children and young people of stimulant substances and synthetic cannabinoids and signs of overdose.
- Develop a population level approach to reduce hazardous and harmful drinking in Fife including Alcohol Brief Intervention delivery.
- Mandatory e-learning training in overdose awareness for statutory organisations
- Increase access to services by exploring travel options and subsidies.
- Ensure that the preventable health needs (smoking cessation, immunisation, screening, oral health, sexual health) of people who use substances are opportunistically identified.

ACTIONS:

Take forward work on overdose awareness training for FSLT staff – Fraser, Marisa Bruce

Explore possibility of mandatory e-learning module in overdose awareness with Council's OD team and Health & Wellbeing Lead Officer – Gill to set up meeting with Casey and Marisa

Link Elizabeth to CLD Partnership – Gill, Elizabeth

ADP to provide input into FSLT's safeguarding policy – Fraser, Elizabeth

Further discussion on a coordinated comms campaign for young people – Health & Wellbeing Working Group

5. Case study: Recovery Outdoors – A Partnership Approach

Darren-Wyn Jones (Active Communities Team Manager, Fife Council) and Rebecca Shovlin (Policy Officer, ADP) gave a joint presentation on this test of change for people in recovery, which had grown out of discussions at the CWP development session last June.

While Active Communities do a lot of work to target people at risk of health inequalities, provision for people in recovery was recognised as a gap.

The test of change was framed in terms of improving wellbeing. It brought together two groups of people in recovery (through partner organisations First and Restoration) to take part in an 8-week programme of outdoor activities. Rebecca introduced early results from the participant survey and a short video interview with one of the participants. These indicate significant impacts on wellbeing, confidence levels and sense of connection.

Further programmes are planned before autumn, as well as work to widen the partnership and to connect people to opportunities in their communities and work to integrate movement into other service provision (e.g. recovery cafés).

Members noted the very positive results and highlighted the importance of a pathway – e.g. connecting people to what's already happening in their communities, including FSLT provision.

Unconfirmed

There was discussion also of the value of capturing Outdoor Education staff's views and experiences and any change in perceptions, perhaps through an anonymous survey.

Darren-Wyn noted that local sports clubs could also benefit from overdose awareness / THN training.

ACTION:

Consider how to capture experiences of staff delivering the programme – Rebecca, Darren-Wyn

6. Update on food and physical activity

An update paper had been circulated with the agenda. Jo-Anne introduced this and posed a number of questions to the group.

Jo-Anne explained that the Public Health Priority 6 working group had mapped current activity against the Local Levers report and identified a number of recommendations where there are no clear local mechanisms to take work forward.

Members considered challenges around planning, advertising of unhealthy foods in outdoor spaces and food provision in the out of home sector.

On the local lever related to physical activity, Sarah noted that Paul Vaughan and she had met with Flora Jackson of Public Health Scotland (PHS). PHS have agreed to work with Fife to develop a whole systems approach to physical activity, which should support the development of the new Physical Activity & Sport Strategy. Further discussion to take place.

ACTION:

Link in with Nigel Kerr, Head of Protective Services, to explore potential for collaboration on advertising / food provision – Jo-Anne / PHP6 group

7. Report to Fife Partnership Board, 6th August

CWP's report on progress and priorities is due to go to FPB in August. Gill will be writing to health & wellbeing delivery plan action leads for updates and key successes / challenges / priorities.

It will be important also to reflect the work of the CLD Partnership, Volunteering SIG and Food4Fife.

8. AoB

Lucy noted that the Director of Public Health's Annual Report this year will focus on 'Eating for Health and Moving for Health'.

9. Date of next meeting

A poll will be circulated shortly. Members agreed that an in person meeting was preferable, with remote access available as back-up.

Integration Joint Board
Meeting on 28 March 2024

No issues were raised for escalation to the Board.



CONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) THURSDAY 28 MARCH 2024 AT 2.00 PM

- Present** Arlene Wood (AW) (Chair)
Graeme Downie (GD) (Vice-Chair)
Fife Council – David Alexander (DA), Dave Dempsey (DD), 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)
Janette Keenan (JK), Director of Nursing, NHS Fife
Ian Dall (ID), Service User Representative
Kenny Murphy (KM), Third Sector Representative
Morna Fleming (MF), Carer Representative
Paul Dundas (PD), Independent Sector Representative
Wilma Brown (WB), Interim Staff Representative, NHS Fife
- Professional Advisers** Nicky Connor (NC), Director of Health and Social Care/Chief Officer
Audrey Valente (AV), Chief Finance Officer
Jackie Drummond (JD), Medical Representative
Lynn Barker (LB), Associate Director of Nursing
- Attending** Lisa Cooper (LC), Head of Primary & Preventative Care Services
Lynne Garvey (LG), Head of Community Care Services
Rona Laskowski (RLas), Head of Complex & Critical Care Services
Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning
Jennifer Rezendes (JR), Principal Social Work Officer
Roy Lawrence (RLaw), Principal Lead Organisation, Development & Culture
Vanessa Salmond (VS), Head of Corporate Services
Hazel Williamson (HW), Communications Adviser
Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO	TITLE		ACTION
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1 CHAIRPERSON’S WELCOME / OPENING REMARKS / APOLOGIES

Arlene Wood, IJB Chair welcomed everyone to the Integration Joint Board and advised that apologies had been received from Margaret Kennedy, Sinead Braiden, Chris McKenna, Helen Hellewell, Joy Tomlinson and Chris Moir.

Arlene Wood, on behalf of the Board, congratulated Dr Allie Ramsay, who works as a Speciality Doctor within Fife Specialist Palliative Care Service. Allie recently graduated from Keele University with a Masters in Medical Ethics and Palliative Care.

Arlene Wood also congratulated Janet Stirrat, District Charge Nurse at Valleyfield Health Centre, Carol Hunter, Team Leader and Practice Assessor at Cowdenbeath Health Visiting Team and Irene Scott, Practice Nurse at Inverkeithing Medical Centre who have been selected to take part in the prestigious Queen’s Nurse Programme.

This is the last IJB Meeting for Rona Laskowski, Head of Complex & Critical Care Services and on behalf of the Board Arlene Wood acknowledged the work and contributions made by Rona during her time with the partnership and wished her a long, healthy and happy retirement.

NO	TITLE	ACTION
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Those present were reminded that they should mute their mobile phones for the duration of the meeting and also mute their microphone when not talking and that, in an effort to keep to our timings for this meeting, all questions and responses should be as succinct as possible.

A recording pen was in use at the meeting to assist with Minute taking and the media have been invited to listen in to proceedings.

2 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

3 MINUTES OF PREVIOUS MEETING & NOTE 2 FEBRUARY 2024

The Minute and Action Note were both approved as accurate records.

4 CHIEF OFFICER UPDATE

Nicky Connor began her update by thanking all staff within the partnership for their contribution over the challenging winter period .

This meeting was also the last one for Wendy Anderson, H&SC Co-ordinator and Nicky Connor, Arlene Wood and Rosemary Liewald thanked Wendy for her valued contribution the IJB over the time she has been in post.

Nicky Connor issued her regular SWAY briefing prior to the Board meeting and highlighted ministerial visits which had taken place as well as the ongoing work to support our workforce including via the Care Academy and Apprentice Week.

A visit took place recently to the Addictions Service in Kirkcaldy and it is planned that a programme of IJB visits to different services areas will take place regularly in the coming year.

5 STRATEGIC PLANNING & DELIVERY

5.1 Transformation – Community Rehabilitation and Care Model

Arlene Wood introduced Lynne Garvey who presented this report, which is the final Transformation project awaiting approval from the IJB as per the Medium-Term Strategy agreed by the Board in March 2023. The report was most recently discussed at the Quality & Communities Committee on 8 March 2024, the Finance, Performance & Scrutiny Committee on 12 March 2024 and the Local Partnership Forum on 13 March 2024.

Lynne Garvey outlined the process to date in getting the report to the IJB and the highlights of the report.

Arlene Wood then invited in turn Rosemary Liewald (for Sinead Braiden, Chair of Quality & Communities (Q&C)), Alastair Grant, Chair of Finance, Performance & Scrutiny(FP&S) and Wilma Brown, Co-Chair of the Local Partnership Forum (LPF) to comment on discussions at that meeting before questions from Board members. Rosemary Liewald advised that Q&C had discussed the report at length and all Committee members were content with the oversight shown. Alastair Grant advised FP&S discussed the report in detail, had taken assurance on the route to the IJB and the ongoing engagement meant they were happy to recommend this report to the IJB for approval.

5 STRATEGIC PLANNING & DELIVERY (CONT)

5.1 Transformation – Community Rehabilitation and Care Model (Cont)

Wilma Brown advised the LPF had discussed the report and considered how it may impact our workforce. They were reassured that there would be no job losses as a result of the new model and fully supported the report.

The Board approved the proposed model, took assurance from the work done to develop the model and commended the extensive scrutiny and challenge opportunities afforded through the various governance routes to date, including an extended Finance, Performance & Scrutiny Committee meeting. Members agreed the proposed model. The Board also undertook to support the Senior Leadership Team to operationalise the model with partners and provide periodic updates to the appropriate governance Committees

5.2 Strategic Plan 2023-2026 - Year One Delivery Plan – Update (2023) and Year Two Delivery Plan (2024)

This report had been discussed at the Strategic Planning Group (SPG) on 7 March 2024, Quality & Communities Committee on 8 March 2024 and the Finance, Performance & Scrutiny Committee on 12 March 2024. Arlene Wood introduced Fiona McKay who presented this report which was a look back over the 1st Year Delivery Plan and gave an update on progress within each area. A log of engagement has been undertaken as part of this process and an easy read version of strategies are being produced.

Arlene Wood then invited in turn Graeme Downie, Chair of Strategic Planning Group, Rosemary Liewald (for Sinead Braiden, Chair of Quality & Communities) and Alastair Grant, Chair of Finance, Performance & Scrutiny to comment on discussions at that meeting before questions from Board members.

Graeme Downie advised that SPG had a good discussion on the report which they felt was well presented and they welcomed the RAG status which showed progress made. The SPG were happy to recommend the report to the IJB.

Rosemary Liewald confirmed that Q&C had discussed the report in detail, welcomed the emphasis on short and medium-term strategies and were assured by the content.

Alastair Grant advised that FP&S had taken assurance from the report, welcomed the implementation of the plan and were happy to recommend it to the IJB.

Discussion took place around the second year of the plan and digital requirements and policies. Fiona McKay advised that the Digital Strategy is on track to come to the IJB later in the year and this will link into the Strategic Plan.

The Board took assurance that the Partnership is progressing implementation of the Strategic Plan 2023 to 2026 and effectively monitoring performance of the actions in the Year One Delivery Plan (2023) and reviewed the report and provided final approval of both the Year One Update (2023), and the Year Two Delivery Plan (2024).

5.3 Alcohol and Drugs Partnership (ADP) Strategy 2024-2027

This report had been discussed at the Strategic Planning Group on 7 March 2024, Quality & Communities Committee on 8 March 2024 and the Finance, Performance & Scrutiny Committee on 12 March 2024. Arlene Wood introduced Fiona McKay who presented this report which gives an overview of drug and alcohol use in Fife and throughout Scotland. It also looked at areas brought forward from 2023, including progress on MAT standards which are used to measure performance. Committee feedback had asked that the report be more user friendly and this has been taken on board.

Arlene Wood then invited in turn Graeme Downie, Chair of Strategic Planning Group, Rosemary Liewald (for Sinead Braiden, Chair of Quality & Communities) and Alastair Grant, Chair of Finance, Performance & Scrutiny to comment on discussions at that meeting before questions from Board members.

Graeme Downie advised that SPG had an open discussion around the report and had highlighted a small number of issues. They were then content to recommend the report to the IJB.

Rosemary Liewald reported that Q&C had discussed the report in detail, including the work of the KY Clubs which were embedding into business as usual and were happy to progress the report to the IJB.

Alastair Grant advised that FP&S had discussed the report in detail and had no further questions or points to raise. The committee were happy to recommend the report to the IJB.

Nicky Connor, who chairs the ADP, expressed her thanks to everyone within the partnership who were involved in the work of the ADP and who had contributed to the report. The voice of lived experience is driving this work forward.

Arlene Wood asked that the thanks of the Board be passed to the team involved in the production of this report.

The Board discussed and approved the Alcohol and Drug Partnership (ADP) Strategy 2024 to 2027 with no amendments.

6 LIVED EXPERIENCE & WELLBEING

6.1 People Story – Sharon’s Journey – Benore Care Home

Arlene Wood handed over to Lynn Barker who introduced this item which featured Sharon’s inspirational journey which had been supported by her family and the whole team around her.

Paul Dundas expressed his appreciation for the multi-agency work reflected in the video which had enabled Sharon to make amazing progress following a life-changing event.

Discussion took place around the role of Care Homes in re-enabling people to make good recovery from illness and the place of Homes within the local community.

Arlene Wood thanked all those involved in producing the video.

7 INTEGRATED PERFORMANCE**7.1 Revenue Budget 2024-2025 and Medium-Term Financial Strategy 2024-2027**

This report had been discussed at the IJB Development Session on 23 February 2024, the extra FP&S Committee (Combined Committee) on 18 March 2024 and an Extraordinary Local Partnership Forum 19 March 2024. Arlene Wood introduced Audrey Valente who presented this report.

Audrey outlined the content of the report which reflected a budget gap of £39m, given the budget available to the partnership at the beginning of the new financial year. This may change during the year depending on any additional Scottish Government funding, which is unknown at this time. Updates will be provided to the Board on a regular basis. Directions will be issued to NHS Fife and Fife Council. The Medium-Term Financial Summary was based on the information which has been available to date, outlines future savings opportunities and further discussion is required on these.

The 2024-2025 savings opportunities, aligned to the Medium-Term Financial Strategy, will be a mix of business as usual, efficiency savings, service redesign and transformation.

Arlene Wood thanked Audrey Valente and her team for the robust report.

Arlene Wood then invited in turn Graeme Downie, who chaired the Extra FP&S Extended Committee (Combined Committee) and Nicky Connor, Co-Chair of the Local Partnership Forum to comment on discussions at those meetings before questions from Board members.

Graeme Downie expressed appreciation for the work done on this paper by staff given the tight timescales. The paper was discussed, further detail and clarity was sought on; the NHS contribution, how delivery and progress of savings would be tracked and savings from care packages. These questions have been answered and members were content to recommend the report to the Board.

Nicky Connor updated on behalf of the LPF who had agreed that good communications and staff engagement were vital.

Discussion took place around previous savings targets, the continual monitoring of the budget and ensuring that updates are brought through the appropriate governance arrangements.

Paul Dundas acknowledged the complexity and challenge of setting this budget and commended the quality leadership which had made this possible.

The Board examined and considered the budget for 2024-25 and associated savings, approved the budget for the next financial year 2024-25 and considered and agreed the Directions to both partner organisation's which will instruct both NHS Fife and Fife Council as appropriate. Furthermore, the Board examined and considered the medium-term financial position of the IJB, recognising that the information may be subject to change as a result of various potential external factors, such as Scottish Government funding, Changes in Inflation and demographic growth.

7.2 Finance Update

This report was discussed at the Finance, Performance & Scrutiny Committee on 12 March 2024 and the Local Partnership Forum on 13 March 2024. Arlene Wood introduced Audrey Valente who presented this report and advised that as at 31 January 2024 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £6.725m. The two main areas of overspend are GP Prescribing and the use of locums and supplementary staff. Savings agreed as part of the 2023-2024 budget are on track to be delivered. The report included an update on the current Reserves position.

Arlene Wood then invited in turn Alastair Grant, Chair of Finance, Performance & Scrutiny Committee and Wilma Brown Co-chair of the Local Partnership Forum to comment on discussions at the Committee before questions from Board members.

Alastair Grant advised that FP&S understood the drivers behind the report and the use of Reserves. They also took assurance from the recommendations in the report and were content to refer it to the Board.

Wilma Brown and Nicky Connor confirmed that the Local Partnership Forum had no concerns about the content of the report.

Arlene Wood questioned if there would be opportunities to optimise the use of committed Reserves and Audrey Valente advised that permission had been granted from Scottish Government to re-provision some of these.

The Board were assured that there is robust financial monitoring in place, approved the financial monitoring position as at March 2024 and approved the use of Reserves as at March 2024.

7.3 Joint Inspection of Adult Services (JIAS)

This report was discussed at the Quality & Communities Committee on 8 March 2024 and the Finance, Performance & Scrutiny Committee on 12 March 2024. Arlene Wood introduced Jennifer Rezendes who presented this report which was produced as a result of a national rolling programme of inspections. There are 24 actions on the Inspection Improvement Plan and all of the activities have been completed or moved to existing monitoring arrangements as they progress through to completion. There have been regular JIAS Improvement Group meetings to monitor progress.

Arlene Wood then invited in turn Rosemary Liewald (for Sinead Braiden, Chair of Quality & Communities) and Alastair Grant, Chair of Finance, Performance & Scrutiny to comment on discussions at that meeting before questions from Board members.

Rosemary Liewald advised that Q&C commended the work undertaken and were delighted to see the improvements undertaken. Alastair Grant advised that following discussion of the report FP&S were content to recommend it to the Board.

The Board took assurance that actions have been identified to support recommendations and that improvements are being taken forward in services in line with statutory and quality expectations.

NO	TITLE	ACTION
8	<p data-bbox="159 190 1324 235">GOVERNANCE & OUTCOMES</p> <p data-bbox="159 246 1324 324">8.1 Ministerial Strategic Group (MSG) – Integration of Health and Social Care: Self-Evaluation 2024</p> <p data-bbox="223 336 1324 593">This report was discussed at the Quality & Communities Committee on 8 March 2024 and the Finance, Performance & Scrutiny Committee on 12 March 2024. Arlene Wood introduced Fiona McKay who presented this report which included a look back to 2019-2020 when the ratings were initially established. Evidence on actions taken and proposals for future actions were included. Following feedback from Committees the report had been revamped and is now a smaller document.</p> <p data-bbox="223 604 1324 750">Arlene Wood then invited in turn Rosemary Liewald (for Sinead Braiden, Chair of Quality & Communities) and Alastair Grant, Chair of Finance, Performance & Scrutiny to comment on discussions at those meeting before questions from Board members.</p> <p data-bbox="223 761 1324 884">Rosemary Liewald advise that Q&C members discussed the report in detail and felt it was well laid out and easy to understand. They were content to recommend it to the IJB for approval.</p> <p data-bbox="223 896 1324 1019">Alastair Grant advised that FP&S felt good progress was being made with MSG Indicators and suggested changes had been included in the final report to the IJB.</p> <p data-bbox="223 1030 1324 1176">Discussion took place on the most appropriate route for this report in the future and it was agreed that Fiona McKay and Vanessa Salmond would provide a generic process for all self-assessment to support good governance arrangements.</p> <p data-bbox="223 1187 1324 1310">The Board noted the Partnership’s progress towards the Ministerial Strategic Group (MSG) integration proposals and reviewed the MSG Self Evaluation 2024, advised of updates required and provided final approval for the report.</p>	FM/VS
9	<p data-bbox="159 1332 1324 1411">MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP - ITEMS TO BE ESCALATED</p> <p data-bbox="159 1422 1324 1534">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.</p> <p data-bbox="159 1545 1324 1590">Audit & Assurance Committee</p> <p data-bbox="159 1601 1324 1668">Dave Dempsey advised that the committee had been advised of the fees for external audit for the coming year and approve the self-assessment report.</p> <p data-bbox="159 1680 1324 1724">Finance, Performance & Scrutiny Committee</p> <p data-bbox="159 1736 1324 1780">Alastair Grant had nothing to raise with the Board from his meetings.</p> <p data-bbox="159 1792 1324 1836">Quality & Communities Committee</p> <p data-bbox="159 1848 1324 1915">Rosemary Liewald (on behalf of Sinead Braiden) had nothing to raise with the Board from these meetings.</p> <p data-bbox="159 1926 1324 1971">Local Partnership Forum</p> <p data-bbox="159 1982 1324 2060">Wilma Brown and Nicky Connor had nothing to raise with the Board from these meetings.</p>	

9 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP - ITEMS TO BE ESCALATED (Cont)

Strategic Planning Group

Graeme Downie advised the Group had nothing to raise with the Board at this meeting. He informed the Board that future meetings of the Strategic Planning Group would include updates on the progress of existing strategies in the context of expected financial challenges and these would form part of verbal update to future IJB meetings.

10 AOCB

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.

11 DATES OF NEXT MEETINGS

IJB DEVELOPMENT SESSION – FRIDAY 26 APRIL 2024

INTEGRATION JOINT BOARD – FRIDAY 31 MAY 2024

FIFE PARTNERSHIP BOARD

(Meeting on 21 May 2024)

The Fife Partnership Board agreed to explore ways in which to embed an approach to health equity through the Marmot approach*

*A Marmot Place recognises that health and health inequalities are mostly shaped by the conditions in which people are born, grow, live, work and age. It takes action to improve health and reduce health inequalities.

The Board agreed that Tackling Poverty and Health would be the next priority focus for the August meeting and Economy would be the priority focus for the November meeting.

THE FIFE COUNCIL - FIFE PARTNERSHIP BOARD - REMOTE MEETING**21 May 2024****10.00 am - 11.05 am**

PRESENT: Councillors David Ross (Convener), David Alexander and Linda Erskine; Ken Gourlay, Chief Executive, Fife Council; Joy Tomlinson, Director of Public Health and Alastair Morris, Vice-Chair, NHS Fife; Chief Superintendent Derek McEwan; Sarah Robertson, Station Commander, Scottish Fire and Rescue Service; David Watt, Chair and Jim Metcalfe, Chief Executive / Principal, Fife College; Kenny Murphy, Chief Executive, Fife Voluntary Action; Brian Butler, Partnership Director and Beth Harley-Jepson, SEStran; Lesley Caldwell, Senior Community Engagement and Social Responsibility Manager, St. Andrews University; and Deborah West, DWP Customer Service Leader, Department of Work and Pensions.

ATTENDING: Carol Connolly, Executive Director (Place); Pam Ewen, Head of Planning and Ross Spalding, Service Manager, Planning Service; John Mills, Head of Housing and Gavin Smith, Service Manager, Housing Services; Sinead O'Donnell, Policy and Delivery Manager, Communities and Neighbourhoods Service; and Michelle McDermott, Committee Officer, Legal and Democratic Services, Fife Council.

APOLOGIES FOR ABSENCE: Alison Taylor, Place Director, Scottish Government; Carol Potter, Chief Executive and Patricia Kilpatrick, Chair, NHS Fife; Kenneth Barbour, Local Senior Officer, Scottish Fire and Rescue Service; Professor Brad MacKay, St. Andrews University; and Dean Anderson, Department of Work and Pensions.

50. MINUTE

The Board considered the minute of the Fife Partnership Board Meeting of 13 February 2024.

Decision

The Board agreed to approve the minute.

51. PLAN FOR FIFE - THREE YEAR REVIEW

The Board considered a report by the Executive Director (Communities) proposing that the Fife Partnership continued to progress the recovery and renewal priorities for the period 2024-2027, focussing on a collaborative programme for that period and setting out an approach for the development of the next Plan for Fife.

Decision

The Board:-

- (1) noted the summary assessment from the recent annual report, the review work undertaken by the Recovery and Renewal Leadership Group and the emerging findings from the strategic assessment set out in section 2 of the report;

- (2) agreed to maintain focus and action against the existing recovery and renewal priorities for 2024-2024 and to refocus delivery arrangements;
- (3) approved a review exercise of the current partnership system and delivery arrangements; and
- (4) agreed to explore ways in which to embed an approach to health equity through the Marmot approach as set out in section 3 of the report.

52. ACE DELIVERY PLAN

The Board considered a report by the Head of Planning Services updating partners on the Addressing the Climate Emergency (ACE) Partnership Delivery Plan.

Decision

The Board:-

- (1) agreed the action areas as detailed in Appendix 1 of the Plan;
- (2) noted that the Addressing the Climate Emergency Board would assess and approve business cases for each of the specific projects; and
- (3) considered further opportunities to deliver action on climate, including collaboration across the four Plan4Fife objectives.

53. DISCUSSION

The Board asked partners to consider the following discussion points: -

- How can we have wider partner involvement in the joint Delivery Plan for Climate?
- What are the opportunities for working across the four Plan4Fife objectives to address the climate emergency?
- What if we developed a partnership wide Climate Literacy programme to support climate action?

Decision

The Board:-

- (1) welcomed the discussion topics and noted the continued collaboration work throughout the partnership board;
- (2) supported the ACE Board in (i) considering how to deliver cross-organisational climate literacy training across the partnership and how this could be promoted and (ii) exploring how to pull resources together to identify cross-organisational projects, reporting back to the Partnership Board in six to nine months with an update.

54. DEVELOPING THE HOUSING EMERGENCY ACTION PLAN 2024-27

The Board considered a report by the Head of Housing Services summarising the background to declaring a Housing Emergency in Fife. The report proposed three main themes and outlined the proposed Governance Framework which would provide focus and direction and requested that the Board support the Housing Emergency Action Plan (HEAP).

Decision

The Board: -

- (1) noted the corporate development of a Housing Emergency Action Plan (HEAP) which would be reported to the Cabinet Committee on 6 June 2024; and
- (2) agreed to assist in the development of the Housing Emergency Action Plan (HEAP) going forward.

55. FIFE PARTNERSHIP BOARD FORWARD WORK PROGRAMME

Decision

The Board agreed that **Tackling Poverty and Health** would be the next priority focus for the August meeting and **Economy** would be the priority focus for the November meeting.

56. DATE OF NEXT MEETING

Decision

The next Board meeting would take place on Tuesday, 6 August 2024.

Fife NHS Board

Confirmed

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

Fife NHS Board

Confirmed

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

Fife NHS Board

Confirmed

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, Acting Director of Pharmacy & Medicines
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, HSCP (*deputising for Janette Kennan*)
Emma O'Keefe, Consultant in Dental Public Health (*deputising for Joy Tomlinson*)
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 Re-form, 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 Mach 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

Fife NHS Board

Confirmed

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 Margo McGurk (Director of Finance & Strategy) and regular attendee 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 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, however concern was raised around the status of the document.

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 (CAMHS) 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 caseloads are being managed. An overview was also provided on additional actions that have been put in place. A request was made to include a tracker which outlined the new trajectory for CAHMS from April 2024 – January 2025.

Action: Director of Health & Social Care

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.

Fife NHS Board

Confirmed

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.