NHS FIFE

LOCAL DELIVERY PLAN

2016-17
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1 INTRODUCTION / STRATEGIC CONTEXT

1.1 Context
Scotland has a vision to improve the health and wellbeing of its population thus improving their societal contribution and reducing the ill health related burden on health and social care services.

The Local Delivery Plan (LDP) outlines the delivery plans for 2016/17 in line with National Strategy and the defined priorities for service delivery and performance. This document articulates how NHS Fife plans to address these strategic priorities defined within the LDP guidance issued in January 2016.

These plans also align with the Healthcare Quality Strategy for NHS Scotland and the Routemap to the 2020 Vision for Health and Social Care which sets the strategic direction and provides a framework for healthcare planning and delivery in NHS Scotland.

There are a number of drivers for service redesign and improvement with demographic changes, associated increased demand and cost, productivity and transformational challenges including the widening health inequalities gap. Improved living conditions and the development of more advanced medicines and medical interventions is resulting in significant population changes.

The diagram below outlines the projected increase in population in the next 20 years, but it is the predicted increase in the elderly population (from 1 in 12 to 1 in 7 of the population, for Over 75s) and the spectrum of social deprivation with the widening gap in health and wellbeing outcomes which creates the case for improving health promotion and a focus on health inequalities.

These changes provide the opportunity to consider new emerging models of person centred care with a focus on integrated health and social care, greater personal asset utilisation and resilience and a more supportive community/locality infrastructure.
They also encourage us to consider more synergistic working across regions to create more cost and clinically effective offerings and a redesign of Primary, Secondary (local and specialised) and Tertiary services.

1.2 Strategic Framework

The Strategic Framework sets the context locally for our organisation. It was developed in partnership with staff and public and outlines the vision, values and objectives of NHS Fife to provide safe, effective, person centred care within a positive culture of care, respect and fairness for patients, public and staff.

1.3 Clinical Strategy

Within the NHS Strategic Framework outlined above and in line with the Fife Health & Social Care Strategic Plan and national Clinical Strategy, we have developed a local Clinical Strategy for Fife. This will set the direction for the next 5 years and beyond for the provision of healthcare related services to the people of Fife. The NHS Fife Clinical Strategy will be launched in August 2016 following extensive development and consultation and support from the NHS Fife Board.

The over-arching aim is to develop a Clinical Strategy focused on supporting people to remain well at home wherever possible and when further health needs develop ensuring they are supported with the lowest level of intervention appropriate to their needs delivered as close to their home as possible.
The purpose of this strategic review is to comprehensively consider current service provision, emerging models, evidence base and define both principles and key recommendations which will enable NHS Fife to effectively meet future health needs for the people of Fife. The strategic plan developed by clinicians, partners, patients, carers and public seeks to be ambitious and innovative in describing future models which will enable the delivery of effective proactive and reactive healthcare which is fully integrated with social care partners and promotes improved health and reduces health inequalities.

The Clinical Strategy will be underpinned by enabling principles set out within the NHS Fife Strategic Framework and will provide a clear statement of purpose for the people who use our services, their family and carers, our partners and staff. Accountability and commitment for the delivery of high quality, safe, effective and sustainable care will be integral to the strategy and associated delivery plans. The development process will ensure that the following principles are embedded within the strategy:

- Person centred approach
- Safe, Sustainable, Efficient and Adaptable over time
- In line with 2020, care provided closer to home wherever possible
- Integrated between primary and secondary care
- Affordable solutions to utilise available funding as effectively as possible.

Our Clinical Strategy will take cognisance of the Health and Social Care Partnership’s Strategic Plan ensuring there are clear links between both. We also recognise the imperative to ensure that the Clinical Strategy must link both horizontally and vertically with other key local strategies and plans such as the Financial Plan, the Workforce Plan and the Estates Plan. It is essential that the principles agreed within the Clinical Strategy are used to inform the use of our estate and the future shape and development of our workforce.

The strategy will be developed in partnership with staff, patients, carers, public and partners. The first part of the strategy will focus on understanding the context and the metrics around current state and from there develop the case for change. The purpose is to define the vision for future clinical services capable of adapting to future demands. NHS Fife aspires to be Clinically Excellent in delivery of services. This aspiration and the values and aims within NHS Fife’s Strategic Framework will sit at the heart of the Clinical Strategy.

Through a comprehensive strategic review of current clinical services we shall ensure the delivery of the quality ambitions of the 2020 Routemap for Health and Social Care and link with the Strategic Plan developed by Health and Social Care Integration within a defined timetable.

The review will be the precursor to the production of an ambitious Clinical Strategy which will promote population health and design sustainable, affordable services cognisant of demand, capacity, trends, pressures and opportunities.

Alternative models of care will be considered and agreed which harness advancing eHealth and digital technologies and focus on providing the lowest level of intervention required to keep individuals well and resilient within their home and community. A key principle is that services must be designed on a needs basis. Part of this review will be to explore future service provision in Fife optimising the potential partnerships through Regional working. This will enable more resilient, cost effective services with the associated retention and recruitment of appropriately skilled staff. The diagram below outlines the key components of the strategy development:
Through this process we aim to effectively consult, consider and develop models of service provision which will achieve the following key aspirations:

- Ensure we actively consider the needs of our population with a particular focus on our deprived communities and vulnerable sub groups where there is a greater risk of health inequalities.

- In partnership with our patients, public and staff develop an approach to managing health which optimises the role of the person and their care circle to work, enabling them to consider self management where appropriate and active participation around their health and wellbeing and any health intervention deemed necessary. Support people through education and alternative models to consider health enabling treatment and both clinical and social/wellbeing prescribing fully utilising community based alternatives such as community pharmacies and community based support.

- Support our workforce to have a focus on their own health and wellbeing and as a result become more resilient.

- Reorganise our assets to fully utilise our estate, resources, eHealth options and regional network opportunities. This will include considering how we use our community hospitals and other health and social sites to effectively deliver the 2020
vision offering diagnostics and advice/review in order to ensure demand for clinical and specialist services is driven by appropriate need.

- Ensure that we link with St Andrew University and other under graduate institutions to shape the training needs and provide graduate opportunities which will help NHS Fife to have an appropriate and sustainable medical and clinical workforce which is resilient.

- Effective use of all our assets to provide good quality care in a resilient cost effective manner; maintaining high quality service within economic balance. This will include us considering how we work in partnership with the public, third sector and social care and where and how care or support is most effectively delivered.

1.4 Performance & Governance

During 2016/17 as we continue the transition towards integrated health and social care, the Local Delivery Plan will continue to be the contract between the Scottish Government and NHS Boards.

Progress against the improvement priorities, LDP standards and the integration indicators will together inform progress being made on health and social care.

This year's LDP builds on last year and requires NHS Boards to develop concise plans focused on new actions planned in a number of strategic improvement priority areas to improve outcomes for patients and the people of Scotland. The improvement areas are – Health Inequalities and Prevention, Antenatal and Early Years, Safe Care, Person-centred Care, Primary Care, Integration, Scheduled Care, Unscheduled Care and Mental Health.

The 2016/17 LDP has 4 key elements:

- Nine Improvement Priority Areas
- Financial Planning
- Workforce
- Community Planning Partnership Contribution

The pages that follow are intended to give assurance that the work taking place in NHS Fife meets Scottish Government LDP guidance and is delivering its 2020 priorities.

In 2016/17, NHS Fife’s priorities include:

- Delivery of safe and effective patient care
- Delivery of the LDP Standards and nine improvement priority areas included in this LDP
- Development of health and social care integration strategic plan
- Development and launch of the NHS Fife Clinical Strategy

While the LDP describes the NHS Fifes describes NHS Fife’s strategic intent and outlines the delivery plans for redesign, improvement and positive performance it is set within the context of significant financial challenge as described in Section 3. The NHS Fife Clinical Strategy outlines how healthcare will be delivered in Fife over the next 5 years and beyond. aiming to assess need at the earliest stage possible in the patient journey and provide signposting, support and treatment proportionate to need. By providing timely access in this way we believe we can:
• Support people more effectively to remain well at home and where need for additional support is needed offer the lowest level of intervention possible.

• Reduce the gap in health inequalities for those from socially deprived communities so that they experience parity in terms of access and outcomes.

• Develop a delivery model for health and social care to enable us to provide sustainable services for the changing demands of our population.

In practical terms over the next 3 years we plan to focus service redesign and change in the following areas:

• Development of health and social care community hubs which can simplify access, needs assessment and onward re-direction, support and care with a locality focus for a spectrum of issues from chronic condition review to palliative care. They would also offer an alternative to specialist review providing triage and rapid access on a needs and person centred basis. This approach could reduce demand at multiple points compared with current pathways while enhancing patient care and experience.

• Provide a more effective and sustainable approach to specialist services through Regional and/or National collaboration around services such as radiology, urology, aseptic services etc.

• Deliver services and procedures which add evidence based, improved clinical outcomes and stop the provision of agreed procedures of low clinical value.

• Redesign of Out of Hours and Unscheduled Care pathways to offer a more clinically and cost effective service which is based on the recommendations of the National Review of OOH Services.

It is our expectation that through the delivery of these and other redesign projects we will see a change in the following:

• Reduction in avoidable ED attendances
• Reduction in avoidable admissions
• Reduction in prolonged LOS and delayed discharges
• Reduction in medicine related costs through more effective, person centred use of medicines.
• Reduction in both new and return demand for specialist care and review
- Improved focus on frailty and age related needs with associated improvement in outcomes and reduced service/support demand.
- More effective skill mix within our workforce improving efficiency and sustainability
- Reduction in costs related to estates and facilities through a clinically driven rationalisation of our estate.

1.5 Transformational Team

NHS Fife has developed a Strategic Planning and Change team (SPCT). This is an agile, multi-skilled resource which can move to priority areas working alongside operational teams to accelerate the delivery of key areas of work across the organisation.

The SPCT is a key enabler for the successful delivery of NHS Fife’s transformational change agenda including the LDP.
LDP STANDARDS

The Scottish Government will continue to review the LDP Standards to ensure that their definitions are consistent with changes in service delivery through the 2020 vision. The current suite of NHS LDP Standards is:

<table>
<thead>
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<th>NHS LDP Standards</th>
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<tr>
<td>People diagnosed and treated in 1st stage of breast, colorectal and lung cancer (25% increase)</td>
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<tr>
<td>31 days from decision to treat (95%)</td>
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<td>62 days from urgent referral with suspicion of cancer (95%)</td>
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<td>Early diagnosis and treatment improves outcomes.</td>
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<td>People newly diagnosed with dementia will have a minimum of 1 year post-diagnostic support</td>
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<td>Enable people to understand and adjust to a diagnosis, connect better and plan for future care</td>
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<td>12 weeks Treatment Time Guarantee (TTG 100%)</td>
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<td>18 weeks Referral to Treatment (RTT 90%)</td>
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<tr>
<td>12 weeks for first outpatient appointment (95% with stretch 100%)</td>
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<tr>
<td>Shorter waits can lead to earlier diagnosis and better outcomes for many patients as well as reducing unnecessary worry and uncertainty for patients and their relatives.</td>
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<tr>
<td>At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation</td>
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<td>Antenatal access supports improvements in breast feeding rates and other important health behaviours.</td>
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<tr>
<td>Eligible patients commence IVF treatment within 12 months (90%)</td>
</tr>
<tr>
<td>18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (90%)</td>
</tr>
<tr>
<td>Early action is more likely to result in full recovery and improve wider social development outcomes.</td>
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<tr>
<td>18 weeks referral to treatment for Psychological Therapies (90%)</td>
</tr>
<tr>
<td>Timely access to healthcare is a key measure of quality and that applies equally to mental health services.</td>
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<tr>
<td>Clostridium difficile infections per 1000 occupied bed days (0.32)</td>
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<td>SAB infections per 1000 acute occupied bed days (0.24)</td>
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<tr>
<td>NHS Boards area expected to improve SAB infection rates during 2016/17. Research is underway to develop a new SAB standard.</td>
</tr>
<tr>
<td>Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (90%)</td>
</tr>
<tr>
<td>Services for people are recovery focused, good quality and can be accessed when and where they are needed.</td>
</tr>
<tr>
<td>Sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&amp;E, antenatal) and broaden delivery in wider settings</td>
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<tr>
<td>Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas</td>
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<tr>
<td>Enabling people at risk of health inequalities to make better choices and positive steps toward better health.</td>
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<tr>
<td>48 hour access or advance booking to an appropriate member of the GP team (90%)</td>
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<tr>
<td>Often a patient’s first contact with the NHS is through their GP practice. It is vital, therefore, that every member of the public has fast and convenient access to their local primary medical services to ensure better outcomes and experiences for patients.</td>
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<td>Sickness absence (4%)</td>
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<td>A refreshed Promoting Attendance Partnership Information Network Policy will be published in 2015.</td>
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<td>4 hours from arrival to admission, discharge or transfer for A&amp;E treatment (95% with stretch 98%)</td>
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<td>High correlation between emergency departments with 4 hour wait performance between 95 and 98% and elimination of long waits in A&amp;E which result in poorer outcomes for patients</td>
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<tr>
<td>Operate within agreed revenue resource limit; capital resource limit; and meet cash requirement</td>
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<td>Sound financial planning and management are fundamental to effective delivery of services.</td>
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2 NATIONAL IMPROVEMENT PRIORITIES

NHS Scotland is committed to improving the health and wellbeing of its population through the application of effective quality improvement and effective reduction in health inequalities. The Scottish Government has outlined the following nine key strategic priorities for improvement within the 2016/17 Local Delivery Plan:

- Health Inequalities and Prevention
- Antenatal and Early Years
- Safe Care
- Person-centred Care
- Primary Care
- Health and Social Care Integration
- Scheduled Care
- Unscheduled Care
- Mental Health

NHS Fife Priorities

The following sub-sections provide an outline of the current approach and the plans in place to address these priorities and improve the health and wellbeing of the people of Fife in line with the National aims.

NHS Fife is committed to creating a positive culture with strong values and partnership working.

2.1 Health Inequalities & Prevention

NHS Fife aims to reduce inequalities by enabling those more at risk of health inequalities – physical, mental or both – to make better choices and positive steps towards good health and wellbeing. Most of this work is undertaken in partnership with Fife Council and other statutory partners, the third sector, families, carers and communities as outlined in the community planning partnership part of this plan. There is an acknowledgement of the interdependencies of health and wellbeing, education and housing and NHS Fife therefore supports the Fairer in Fife agenda to:

- Create job opportunities for school leavers
- Reduce obesity
- Improve mental health e.g. access to CAMHS
- We aim to have a transformational use of assets within Fife and with other Health Boards and Local Authorities.

In addition, NHS Fife is taking steps to work differently and become a health promoting organisation which also reduces health inequalities in line with the Fife Health and Wellbeing strategy for 2015-20.

Specific steps for 2016-17 include:

- Using our procurement strategy to support the local economy using local suppliers and business where possible and for NHS Fife’s transport fleet to use local suppliers for vehicle maintenance and fuel supplies. In harmony with guidance issued by the
Scottish Government deliver benefits to the local community via construction partners when procuring larger capital projects.

- Work closely on an on-going basis with Jobcentre Plus, Fife Council, Fife College and a number of employment support organisations to provide work experience and employment opportunities to individuals from disadvantaged groups with the focus in 2016-17 on youth employment and those with disabilities or long term health conditions.

- Support small and medium enterprises (SMEs) to develop and maintain good quality work environments and recognize and support the health and wellbeing of the workforce. 2016/2017 priorities include partnership working with Opportunities Fife, employability networks and local partnerships.

- Develop action to become a health-promoting health service. In 2016-17 this means implementing the action plan set out by the Chief Medical Officer in her letter from October 2015. NHS Fife has also adopted the health inequalities checklist as suggested by the Fife Health and Wellbeing Alliance in its strategy of 2015-20.

- Deliver an extensive programme of training to support the implementation of Fife's Health Inequalities Strategy 2015-2020. This training programme is available to all members of the community planning partnership and local third sector groups. During 2016/17 we will focus on equipping the workforce to work in ways that reduce health inequalities and improve the health and wellbeing of vulnerable groups. For example as well as delivering workshops on health literacy, a special interest group will identify and take forward key action to reduce barriers to health literacy, particularly for vulnerable groups, In addition, there will be training in which focus will be on all aspects of poverty awareness and will take forward the key recommendation from the Fairer Fife Commission to implement poverty-training and workforce development for all Fife partnership staff.

- Promote health living and better mental health by:
  - Maintaining Keep Well which offers accessible targeted holistic health checks with onward health and social care support in areas of deprivation and others vulnerable to poorer health and signposts people to services including via a social prescribing model.
  - Focusing smoking cessation efforts mostly on the 40% most deprived communities where prevalence is highest. Continue to make NHS grounds Smoke Free.
  - Reducing Teenage Pregnancy and early risk taking behaviours through action in schools and communities.
  - Supporting Improved Nutrition for Children, babies and families including child healthy weight, maternal and infant nutrition, Healthy Start Multi-Vitamins and making progress towards the breastfeeding target of 27% babies exclusively breastfed at 6-8 weeks by 2017.
  - Preventing obesity and promoting a healthy diet. In 2016-2017 our priorities for better diet include a range of local initiatives in partnership with community organisations.
  - Improving mental health through training frontline staff in mental health first aid and suicide prevention, tackling stigma, promoting physical activity and stress reduction programmes in partnership with local agencies including Fife Sports and Leisure Trust, Fife Voluntary Action and Fife Council as well as with Job Centres. In 2016/2017 much of this work will continue with emphasis
on using social media to promote self help resources such as Moodcafe as well as highlighting positive mental health and wellbeing resources already available to NHS employees including staff discounts, OHSAS star service, monthly visits to VHK by Samaritans. Continue development and distribution of quarterly Mentally Healthy Fife ebulletin across Fife.

- Encouraging uptake of physical activity across the lifespan through a variety of health programmes.

### 2.2 Antenatal and Early Years

#### 2.2.1 Overview

The NHS Fife draft Children and Young People Health and Wellbeing Strategy recognises the evidence base for and importance of a preventative focus that maximises the opportunities for improved outcomes through early intervention. Children and young people across Fife are therefore supported by NHS Fife through universal services engaging with families to maximise opportunities for early intervention; working with families and communities to build on their strengths and assets to promote and support wellbeing, whilst also providing complex inpatient / home based care and specialist services which integrate health improvement and are continually reshaping care to augment opportunities to support prevention, and maximise domiciliary/community based care.

#### 2.2.2 Priorities

NHS Fife welcomes the Act’s focus on supporting early proportionate support and intervention and in strengthening the role of the Health Visitor as named person to bolster the focus on the early years.

Fife has seen a sustained achievement of the antenatal access LDP Standard, with a local commitment to move towards a yet earlier timescale; smoking at booking and maternal smoking cessation rates, whilst continuing to improve, remain a priority.

NHS Fife has seen continued effective performance against Childsmile and Child Healthy Weight targets and has embedded wellbeing and prevention as the key overarching themes of the draft Child Health Strategy.

The Early Years Collaborative continues to support continuous improvement through a wide range of tests of change, facilitated by a joint project management team.

NHS Fife is working with Community Planning Partnership (CPP) partners to ensure that the Getting It Right for Every Child (GIRFEC) principles are at the heart of our services. While elements of the framework are well embedded key joint processes and practice development are being implemented in preparation for the Act commencement in August.

In relation to NHS Fife’s preparation for the duties, planning and co-ordination are being progressed through the Child Health Management Team (CHMT). The CHMT continues to ensure progress against a detailed Action Plan, which maps out the communication, process, procedure and training outputs required, and dovetails with the capacity work being undertaken through the Community Nursing Review.

This will support NHS Fife Children’s Services to ensure appropriate:

- **Awareness** – All NHS Fife Senior Managers have been advised by the Executive Lead for Children’s Services to ensure that their staff are aware and services prepared for the implications of the Act for their service. To date 600 staff, representing services involved with families (including adult services), have received
a comprehensive presentation on the Act and associated processes, in relation to what constitutes wellbeing, their responsibilities in assessing for risks to wellbeing and the duty to share information with the Named Person. Further briefings are programmed and the CHMT is ensuring that all services are covered by this. Newsletters have been and will continue to be used to support awareness. Core information is embedded in induction, new start and contractor packs. NHS Fife is working with partners to support consistent communication with the public to discharge its responsibility for ensuring public awareness, and a communication strategy is currently being completed which will draw on the national materials.

- **Capacity** – Stemming from the community nursing review, workstreams are progressing reporting to the CHMT. This includes a clear focus on utilising the caseload weighting tool which complements the use of existing workforce / workload tools, to support maximal deployment of health visiting resources. In tandem with this, the service is reviewing the administrative systems / resource and technology support available to health visiting in the effective functioning of the Named Person role. An ehealth Project Board has been established to support the development of a children’s service ehealth strategy to ensure that staff have systems and hardware which support their role. The Board has planned an enhanced practice teacher provision to support additional HV training placements to ensure that capacity is in place by 2018 to meet the new Health Visiting pathway, account for succession planning and the 2014 Act provisions.

The plan is supporting the following capacity enhancements:

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<th>Year</th>
<th>Health Visitor Training Places</th>
<th>Health Visitor posts</th>
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<tbody>
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<td>2013/14</td>
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<td>2014/15</td>
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<tr>
<td>2015/16</td>
<td>15</td>
<td>3.2 wte</td>
</tr>
<tr>
<td>2016/17</td>
<td>16 (clarification regarding funding awaited)</td>
<td>6 wte – September 2016, following graduation (based on SG funding)</td>
</tr>
<tr>
<td>2017/18</td>
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- **Skills and Knowledge** – A multi agency practice development programme is in place to ensure practitioners are equipped to support the role of Named Person and delivery of Child’s Plans. An NHS Fife training and development strategy is in place, dovetailing with the workforce development stream of the community nursing review to ensure staff are equipped to fulfil the role of Named Person, and to ensure that NHS Fife services have the requisite knowledge and understanding of wellbeing and the tools available to them to support children and young people's wellbeing. All Health Visitors are allocated places on the National Education for Scotland Continuing Practice Development (NES CPD) opportunities, with the content being programmed to ensure Act related content is accessed prior to August 2016.

- **Protocol and Processes** – We are working with partners to ensure there are clear guidance, procedures and systems on information sharing, assessment and planning. This includes providing clear mechanisms for sharing information with the Named Person (internally and with partners), and guidance on what constitutes a ‘targeted intervention’ and when and how the named person will seek assistance to
support a Child’s Plan. Fife has strong antenatal planning for families requiring additional support needs, the transition process is being enhanced to ensure consistent practice across Fife. The Child’s Plan template is being reviewed, and will be available from March; this will be followed by a series of multi and single agency briefings. Some examples of work in progress include:

- We have surveyed NHS Fife children’s services to obtain a baseline of their understanding of roles and wellbeing, and this is supporting planning.

- The Fife Getting It Right In Fife Framework and ‘child assessment pathway’ interagency staff briefings have been undertaken, with single service/team sessions rolling out internally to support services who may act as Lead Professional or adult services involved with the family. This is a process by which Named Persons are supported, through several tools and templates, to consider and assess any concerns that come to their attention regarding any individual child or young person, and take necessary action, either on a single service basis or with partners, to look at how any identified needs can be met. This supports practitioners to work with the child and family and the team around the child to consider whether a Child Plan would be beneficial. This is a redesigned process with continued evaluation being progressed to assess impact and further opportunities for improvement.

### 2.3 Safe Care

#### 2.3.1 Overview

The NHS Fife Strategic Framework outlines that at the heart of everything we do is the value *Safety First*. There are a number of specific objectives which support the delivery of clinical excellence and safer care within the Strategic Framework:

1. Ensure there is no avoidable harm
2. Achieve and maintain recognised quality standards
3. Embed patient safety consistently across all aspects of healthcare provision

The NHS Fife Clinical Governance Committee has endorsed a Clinical Governance Strategy which aims to deliver safer care. This strategy is due to be presented to the Executive Director Group and then to the Board for approval.

#### 2.3.2 Priorities

The diagrams at the end of this section illustrate the draft work plan and the number of workstreams which collectively have an impact on safer care and the objectives outlined above. Each workstream has a range of work identified which spans across the Board and will be progressed over the course of 2016/17.

There will be a range of measures in place to track the progress and improvement locally and a set of core measures which indicate the collective impact on safer care. These core measures will include:

- Hospital Standardised Mortality Rate (HSMR)
- Cardiac arrests
- Falls
- Pressure Ulcers
- Healthcare Acquired Infection
Workstreams

KEY AIM : SAFE

Patient Safety Improvement

- Align the patient safety workstreams so that commonalities which are applicable across all aspects of NHS Fife can be identified and a patient safety improvement plan developed and implemented. The rationale for this approach is to deliver larger scale spread of improvement with reliability. This should result in more success and the impact and the benefits for the patient journey will be greater and improve safety, rather than trying to address similar issues in isolation in different parts of the organisation. This will allow sharing of good practice, successes and challenges across the Board.

- Improving the recognition of the deteriorating patient is core to the “safety huddle” operation which focuses around identifying and managing deteriorating patients. There is roll out across the Board ensuring this becomes active normal daily practice in all sites. Recognising deterioration is a key workstream which is being taken forward this year. The Scottish structured response is in place and being implemented and the acute sector are establishing emergency bleep meetings which facilitate learning from identified cases of cardiac arrest to further improve safety.

- Maintain monitoring of the Scottish Patient Safety Programme (SPSP) through the established self assessment against the 10 essential elements.

- Work will continue to take forward improvements in relation to pressure ulcers graded 2-4. There are initial discussions underway to include within the measures and indicators those for the Health and Social Care Partnership relating to pressure ulcers graded 2-4 and how this will then be monitored and actions taken at a local level across the partnership.
  - Data is currently being gathered in order to monitor, and will be made available within the clinical quality dashboard. There is a tissue viability working group which will continue to take forward many of the identified improvements.

Managing Adverse Events

- Further enhance the management of adverse events in NHS Fife and take forward work under the identified broad areas for action which includes:
  - Develop an integrated approach to the management of adverse events across health and social care
  - Agree a set of measures/indicators that allow us to assess the extent to which a safety culture is embedded locally.
  - Further develop our processes for evaluating patient, staff and carer experiences when involved in an adverse event.
  - Identify the organisational actions required to meet conditions of the proposed duty of candour legislation.
  - Develop an organisational measurement and monitoring framework that incorporates the Health Foundation’s key dimensions of safety.

Measuring Framework and Dashboard Development
• Align the data of the identified key priority areas – falls, falls with harm, pressure ulcers, incidents and significant adverse events, to be part of the monthly performance reviews.

• Support the continued roll out of the clinical quality dashboard to contain a key set of data. The dashboard is being developed to provide Board to ward data for a key set of indicators; currently within the dashboard are hand hygiene, safety brief and falls outcome data. Over the next year it is planned to expand the data set to include Peripheral Venous Catheter (PVC), Pressure ulcers and other indicators.

• Create a report which allows monitoring of performance for NHS Fife and which will assist with monitoring of improvements and performance against trajectory to reach the identified reduction levels.

• Continue the monitoring of SPSP specifically using the self assessment tool devised against the 10 essentials.

Clinical Governance across Health and Social Care Partnership

• Work will continue with the clinical governance groups to redefine and evolve these groups into Clinical and Care Governance Groups. Work will include writing Terms of Reference, defined membership, and a work plan for the groups which reflects the activities of the partnerships going forward.

• During 2016/17, working principally with the Risk Management Team Lead in Fife Council, the manager of the Audit & Risk Management Services and the Integration Joint Board (IJB) will develop a Risk Management Strategy and Policy (and possibly a complementary procedure) for the IJB for April 2016.

• A draft strategy has been prepared and has been considered by the IJB. Further work is required by all parties to finalise this.

• Work with the same individuals to develop a risk register for the IJB. The risk register will reflect the risks that are related to the delivery of integrated services, particularly any which are likely to affect the IJBs delivery of the strategic plan.

• Continue and progress discussions between the NHS Fife Risk Management and Health & Safety Teams and Fife Council partners on developing a ‘core principles framework’.

Reducing Hospital Infections
Staphylococcus aureus bacteraemia (SAB)

• Rapid Event Investigation of every SAB takes place to establish the source of infection

• Monthly SAB reports to directorates with associated actions addressed timeously within an agreed governance structure

• Every Peripheral Vascular Cannula (PVC) related SAB to be subject to Datix reporting and Significant Adverse Event Review (SAER) with associated actions addressed timeously within an agreed governance structure

• Reducing the number of PVC related SAB infections will be a particular focus in the coming months with a re-introduction of an improvement package to support safe
harm-free care; targeted improvement work in Cardiology will be developed to address PVC related SABs in this specialism

- Various improvement initiatives have been started in order to address areas of concern in relation to the incidence of SAB infections
- The collaborative work is looking at early intervention in needle exchange schemes to see if this can identify localised infection and offer treatment to prevent invasive infection in the intravenous drug using population. Other Health Boards will be involved in this study. This work remains at the early stages of implementation.
- Where any improvements are noted, areas of good practice will be shared with peers and new challenges reported widely

Surgical Site Infection

Since 2013, NHS Fife has been issued with 5 Exception Reports for caesarean section and this has resulted in improved clinical practice and ultimately our patients’ outcomes. As a result of these improvement measures our SSI rate has returned to a more favourable rate. We continue to ensure that these changes are embedded in practice.

- Our rate of SSI in our Orthopaedic categories has been more comparable with other boards and has not resulted in any Exception Reports being issued. However, improvements include work to standardise theatre and post operative dressing practice.
- We have robust feedback mechanisms in place, including reports to relevant clinical teams and regular meetings. The Board is an exemplar in Scotland and has been commended on a national level for in depth feedback sessions which include presentation of SSI rates, analysis of data, recommendations for improvements in clinical practice, case review presentations and microbiology teaching input.
- SSI surveillance on all abdominal hysterectomies and feed back at a local level only has occurred over the last year and will continue. We hope to submit this information nationally once the process is firmly in place.

- Health Protection Scotland plan to introduce Vascular and Colorectal surgery into the mandatory SSI surveillance programme in the future and this is currently being debated through a National Steering Group, and will be considered locally once it is directed.

KEY AIM: EFFECTIVE

Internal Scrutiny and Assurance

- Develop and enhance the current audit programme to inform where improvements need to be made to further improve safety, and effectiveness.
- Further develop the QI register to become a tool which will provide information for service review and monitoring purposes.

Governance Group Review
• As part of the Health and Social Care Partnership, a review of the current governance groups and revised terms of reference to be written to facilitate clinical and care governance.

• Review of the governance groups within the Acute Services division to facilitate monitoring performance and outcomes to drive improvement and effectiveness

Reducing Harm Action Plan

• Further development of this tool towards a monitoring tool for the Quality, Safety and Governance Group. This will be presented as a dashboard type of display which will track over time the data against key priorities. Any key issues, concerns, or improvements will be reported through Clinical Governance Committee and to the Board.

Measuring Framework

• As above this will support safety data and assessing effectiveness.

There are a number of Enablers which will be key to the successful delivery of the workstreams. Work will continue to ensure these Enablers are part of the work undertaken over the course of 2016/17.

AIM : SAFE 2016/17
Clinically Excellent. Exemplar Employer
* Ensure there is no avoidable harm
* Achieve and maintain recognised quality standards
* Embed patient safety across all aspects of the organisation

[Diagram showing Workstreams, Enablers, and Governance]
2.4 Person-Centred Care

2.4.1 Overview

NHS Fife is committed to embedding Person Centred Care in all aspects of service development and care delivery. NHS Fife’s Strategic Clinical Framework makes direct reference to person centred care, ensuring it is seen and communicated as a strategic priority.

2.4.2 Priorities

During 2016/17 the Framework will be introduced to all staff at induction and supported by narrative relating to the delivery of safe, effective and person centred care. The narrative will be further supported by the use of a patient story to encourage meaningful dialogue with staff about the “must do with me” principles.

In 2014 a Person Centred Delivery Plan was developed to support transforming the culture to support staff and the public to be open and confident in giving feedback. Key work streams were identified to encourage a varied range of feedback; including Patient/Care Opinion, “Your Care Experience” and wider Public Engagement. Feedback from the Participation Standard in 2015 demonstrated good progress in achieving this. The Plan has been updated to reflect the ongoing work required to embed the work streams as business as usual.

The “Your Care Experience” tool has been developed using a question set based on the “must do with me principles”. During 2015/16 the tool was adopted for use across the Board; however there have been a number of challenges in successfully generating consistent and reliable feedback across the Board. With solutions identified, the plan over 2016/17 is to set specific measures for all areas. With the availability of consistent and
reliable information, teams will be able to identify improvement work aligning to the “must do with me” principles.

During 2016/17, the Older People’s Collaborative will support the delivery of the Board’s person centred aspirations, by ensuring the application of the “must do with me” principles in all areas of activity.

A Participation and Engagement Strategy has been co produced which identifies clearly how the Board will involve people meaningfully in dialogue about all aspects of person centred care. The plan to have an engagement and participation forum twice/year will provide the opportunity for open and ongoing dialogue with all stakeholders and mechanisms for feedback to the Board and back to those providing feedback.

2.5 Primary Care

2.5.1 Overview

The Scottish Government’s 2020 vision and the establishment of the Integration Joint Boards provides both strategic direction and operational opportunity to modernise healthcare provision in Scotland. Given the goal to help people to remain well in their own home or homely setting the infrastructure and service provision in Primary Care has never been more critical with the most significant number of patient/person interventions and consultations occurring in the Primary Care setting. In addition the Out-of-Hours review by Sir Lewis Ritchie published in 2015 provided a platform for significant development of healthcare provision. The NHS Fife Clinical Strategy seeks to describe key principles and future models for the provision of Primary Care services fully utilising e Health opportunities, our estate and workforce in a more effective and resilient way.

2.5.2 Priorities

NHS Fife is responding to this opportunity through the following key areas:

Leadership and Workforce

- The Health and Social Care Partnership will review and begin to further develop wider Teams, based around Practices and/or clusters of Practices. This will have to be continually reviewed as we become clearer about the changes that will be in place in the transitional year and moving forward with the new GP contract from 2017/18.

NHS Fife is exploring a proposal based on the Cluster Quality Leads, which will link the Leads to the developing H&SCP localities in a way that promotes Primary Care as a focal point. This will contribute to strong leadership in Primary Care.

- As is common across Scotland, some practices in NHS Fife are finding it difficult to recruit GP partners, or salaried GPs. We have convened a General Practice Sustainability Group which is offering support where required, and we are working with practices to enhance their teams with other disciplines i.e. Advanced Nurse Practitioners, Practice Pharmacists.

This is in keeping with the direction of the new GMS contract, beginning with the agreement for 2016/17, whereby GPs time is freed up to enable them to deal with complex cases. NHS Fife is participating in the Community Physician Fellowship pilot, with two Fellows recruited and a further round of recruitment expected to be completed early 2016/17. The Fellows will work together with other Services to begin to develop a Community HUB model which will allow blurring of the boundaries
between Primary and Secondary Care and contribute to keeping complex and elderly patients at home and facilitating shorter admissions closer to home when admission is required.

Planning and Interfaces

- Primary Care will be a key focus of the Clinical Strategy, and GP representation has been secured on each workstream. As this develops, we will work with primary care contractors to achieve the required outcomes.

- There is an innovation project taking place in the Kirkcaldy area developing an integrated care pathway for people with a background of adverse childhood experience. The project involves psychology, third sector agencies, addictions and mental health services. It is testing out how well we can work across interfaces to address a difficult health challenge making best use of local assets, and supports people from point of disclosure through to recovery. In 2016-17 we plan to go live with the work.

- The Report “Pulling together: transforming urgent care for the people of Scotland – The Report of the Independent Review of Primary Care Out of Hours Services” will be considered by the Urgent and 24/7 Care Workstream.

The implementation of the Review will be led at executive level of the Health and Social Care Partnership and is intended to form a group based on the multi-disciplinary/multi-agency input to the Review as a short term working group to look at the Recommendations. This Group will work with and inform the Clinical Strategy. We will use the expertise to develop a blue print for an Urgent Care Resource Hub in Fife and re-aligning the existing Primary Care Emergency Centres as Urgent Care Centres, taking the guiding principles of the Report into account.

This Group will also consider the practical implementation of the Review recommendations and changes required with input at a strategic and operational level. These initial discussions together with the National Implementation Plan, when issued and the results of the test programme will help us to develop an evolving Local Implementation Plan with timescales.

Fife fully recognises that the workforce has to be multi-disciplinary, multi-agency and integrated, taking full advantage of the varied and complementary skills of various professions, working in new and innovative ways to provide sustainable services. It is important that these principles are also applied to in-hours Primary and Community Care to improve care.

Support at a national level will be required if these recommendations are to be implemented successfully.

Technology and Data

In response to the Clinical Strategy for NHS Fife, the eHealth Strategy will be refreshed to provide digital tools to modernise healthcare in a creative and efficient manner. A significant amount of work is already underway:

Technology Refresh

- 63% of the general practice PC estate, 850 units, to be replaced with new PCs. In conjunction with Windows 7, ensures current and future PC service demands (system and user) can be met. Project resourced by eHealth, Primary Care.

Swan Migration
• 100% of general practices successfully migrated from N3 to SWAN. Project resourced by NSS, eHealth.

Parental Portal/Online Services
• EMIS Patient Access (PA) and INPS Vision Online Services (VOS). Both systems offer online appointments and repeats. Working towards 100% utilisation by end of Q1 FY16/17. Project resourced by Primary Care.

Remote Access
• 12 general practices configured with a further 9 pending. Provided practitioners and practice management with secure real time access to practice IT systems from a remote location. Project resourced by eHealth, Primary Care, participating practices.

Scottish Primary Care Information Resource (SPIRE)
• Two general practice pathfinders identified, 1 x EMIS, 1 x INPS. Technical scoping underway. Project resourced by NSS, Primary Care.

Docman
• 100% practices to be running 75200 by end of Q1 FY16/17. Project resourced by Primary Care.

National GP IT System Re-Procurement Exercise
• Fife engagement via eHealth Leads and National Service Board. Main deliverable will be a new GP system framework. Contract award 06/2017 with transition activities thereafter. Project resourced by NSS, Boards.

GP IT System Change (local)
• Considering a move towards a single GP IT system to realise a number of strategic benefits over a two system approach. Approval in principal granted via GMS IM&T, LMC and PMSMG. Scoping exercise in progress re: number of potential migrations and associated cost. Subject to this, first migrations can commence Q1 FY16/17.

Cyberlab Order Comms
• All practices are now ordering laboratory tests electronically.

Clinical Portal
• All practices now have access to clinical portal by mid 2015.

Chronic Medication Service
• Work ongoing during to encourage practices to provide suitable patients with a serial prescription.

Dental
• General dental practices moving towards sending referrals via SCI Gateway and be receiving electronic schedules and prior approval.

Paper Communication
• All paper communication from primary care has ceased and is being sent electronically.

Orthodontic Practices
• Orthodontic practices moving to NHS Mail and use of SCI Gateway for referral.

Optometry
• SCI Gateway/NHS Mail rolled out to all Optometry practices during 2015.
Optometry Practices continue to use increasingly sophisticated equipment on a day to day basis. The widespread use of Digital Retinal Photography has been in place since 2010. Some practices have now moved on to Optical Coherence Tomography (OCT) which allows an even greater imaging of all the tissue of an eye. Unfortunately their use is not currently part of the NHS system and patients may have to pay privately for the service. One area that the SIGN 144 recommends is a measurement of corneal thickness on patients with Ocular Hypertension or suspect Glaucoma, not all Optometric Practices have the equipment that is needed to take this measurement. Optometry Scotland is in negotiation to see if Pachymeters can be put into all Optometry Practices. Some of the Practices in Fife already have this type of equipment and are currently taking these measures.

Immediate Discharge Letter/EDT
- Electronic transmission of the IDL from secondary care implemented. Feedback from GPs has been very positive and full implementation across all wards in VHK, QMH and community hospitals to the eIDL is progressing well.

Contracts and Resources
- We have established a GP Sustainability Group to support practices unable to continue delivering GMS under a Section 17J contract.
- We are exploring new contractual relationships where GPs cannot be recruited. We are looking at remote supervision, by GPs, of other clinical disciplines.
- We are introducing additional support from Practice Pharmacists into general practices. This will further develop the practice based multidisciplinary team – reducing costs by rationalising prescribing and reducing workload for GPs through medication reviews for patients on several medications e.g. care home patients, initiating chronic medication service, carrying out prescribing projects, reviewing acute prescriptions, carrying out chronic disease clinics, e.g. hypertension clinics etc.
- A new model of Primary Care in Fife aims to provide better, more holistic, person-centred and high quality care to people with chronic physical, emotional and/or mental health problems associated with adverse events in their childhood (whether disclosed or undisclosed). This is part of a wider endeavour to make health and care services trauma-informed and a longer term aim to eliminate childhood abuse in Fife in this generation. The project is called Better than Well because once people overcome challenges in terms of trauma and loss, addiction, chronic disease etc. they are often able to live life more fully than before they encountered these difficulties. The project is based on the principle that people can take greater responsibility for their health, become more involved in the design of services and act as equal partners with providers.
- The “Developing Clinical Capacity” aspect of Prescription for Excellence has progressed well in Fife and Pharmacist Independent Prescribers are now holding polypharmacy review clinics in 7 practices with the plan to improve this over the next year bringing more Pharmacist Independent Prescribers on board. This is being shown already to be creating clinical capacity within these practices allowing the GPs to focus on other work but be available to clinically support the pharmacist.
2.6 Health and Social Care Integration

2.6.1 Overview

In accordance with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, Fife Council and NHS Fife prepared an Integration Scheme for Fife to be approved by the Scottish Ministers. The Integration Scheme was approved, the Scottish Ministers by Order established the Fife Integration Joint Board on 3 October, 2015 as a devolved public body.

Reporting

The Integration Joint Board will report to the Scottish Government in respect of the requirements to report as set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014.

2.6.2 Priorities

A Strategic Plan has been developed which sets out the priorities for 2016-19 and establishes the framework to use our resources.

The Plan is driven by law and national and local policy, and aims to meet the needs of people now and in the future. It aims to make better use of new technology and working within available financial and workforce resources to tackle inequalities and offer early interventions.

An Integration Joint Board has been established by NHS Fife and Fife Council in line with the legal requirements to set up the Partnership. This will allow NHS Fife and Fife Council working with health and social care professionals, the Third Sector, Independent Sector, users, carers and other key stakeholders to take forward integration. NHS Fife and Fife Council will delegate the responsibilities for a range of adult health and social care services to the Integration Joint Board. In addition, children’s community health services will also be delegated.

The Integration Joint Board will be fully responsible for:

- Overseeing the development and preparation of the Strategic Plan for services delegated to it.
- Allocating resources in accordance with the Strategic Plan.
- Ensuring that the national and local Health and Wellbeing Outcomes are met.

The following four Strategic Priorities have been identified:

- Prevention, and Early Intervention
- Integrated and Coordinated Care
- Improving Mental Health Services
- Tackling Inequalities

National Reporting

The regulations set out the prescribed content of a performance report to be prepared by an integration authority in terms of section 42 of the Act, which includes:

- Service Planning
- Financial Planning and Performance
• Best Value in Planning and Carrying out Integrated Functions
• Performance in respect of Localities
• Inspection of Services
• Review of Strategic Plan
• Integration of joint monitoring committee recommendations
• Further provision

Service Planning
A performance report as described in the Act must include an assessment of performance in relation to the National Health and Wellbeing Outcomes, a description of the extent to which the arrangements set out in the strategic plan and the expenditure allocated in the financial statement have achieved, or contributed to achieving, the national health and wellbeing outcomes.

If applicable, the Integration Joint Board may make significant decisions which are not part of the strategic plan; this should be included in the annual report as detailed within the Act, with an explanation on the reason.

Local Performance Reporting
To ensure the Integration Joint Board meets the requirements of the Act, Health and Social Care staff have been meeting with the support of a Principal Information Analyst from the Local Intelligence Support Team (LIST), ISD to design reporting mechanisms around the Core Indicators and Wellbeing Outcomes, which are:

Outcome 1. People are able to look after and improve their own health and wellbeing and live in good health for longer

Outcome 2. People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.

Outcome 4. Health and Social Care services are centred on helping to maintain and improve the quality of life of service users.

Outcome 5. Health and social care services contribute to reducing health inequalities

Outcome 6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.

Outcome 7. People who use health and social care services are safe from harm.

Outcome 8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.

Outcome 9. Resources are used effectively in the provision of health and social care services, without waste.

Committees of Integration Joint Board
The Integration Joint Board has formally established three Committees:

• Clinical and Care Governance
- Finance and Performance
- Audit and Risk

These committees have terms of reference and reporting structures to ensure compliance with the scheme of delegation and integration.

**Test of Change**

The Integration Joint Board has considered a suite of related reports on the re-imagining of local services following a wide range of consultation/engagement events with staff, our partners and the public. There have also been a number of workshops where groups of targeted staff agreed a set of design principles for advancing local service delivery, building on the feedback from earlier events. This was then considered at a series of eight locality events where staff explored potential opportunities for some local tests of change.

The scale and complexity of what is proposed is realistic in terms of being able to deliver tangible change within a reasonable timescale given the limited amount of change capacity available. The focus has been on establishing or extending creative ways of reorganising work in new organisational arrangements in order to reduce waste and duplication, deliver more preventative or earlier care, target resources more effectively or improve the quality of care.

It is critical to ensure that potential initiatives involving service and system re-design are not simply limited to the services which lie solely within the Partnership. When considering the need to improve how our services work together on a whole-system basis, the potential of aligning this re-design activity with services e.g. within wider NHS or Council services, must be realised. The Chief Executives of NHS Fife and Fife Council support this approach.

**Locality Planning**

Locality arrangements will be the major next phase of work for the Integration Joint Boards. Scottish Government localities guidance gives the principles upon which they should be established, and the ethos under which they should operate.

Localities must:

- Support the principles that underpin collaborative working to ensure a strong vision for service delivery is achieved. Robust communication and engagement methods will be required to assure the effectiveness of locality arrangements.
- Support GPs to play a central role in providing and co-ordinating care to local communities, and, by working more closely with a range of others – including the wider primary care team, secondary care and social care colleagues and third sector providers – to help improve outcomes for local people.
- Support a proactive approach to capacity building in communities, by forging the connections necessary for participation, and help to foster better integrated working between primary and secondary care.
- Ensure that GP clusters and locality planning is joined up to improve service delivery.

**Improving Clinical and Care Pathways**
The redesign of services will enhance the journey for patients/service users by focussing services at the heart of the community. Community hospitals across Fife will be utilised to their full potential taking into consideration national and local guidance and locality needs. We will ensure all community hospitals are fit for purpose for current and future needs of the population.

By reviewing community services including community hospitals we will ensure that transformational change is linked directly to the outcomes within Fife’s strategic plan.

2.7 Scheduled Care

2.7.1 Overview

In 2015/16 NHS Fife focused on the improvement of diagnostic and outpatient waiting times, both of which have a significant impact on supporting waiting times standards particularly 18 weeks RTT and Cancer. A demand and capacity plan was developed indicating that there was a projected gap of 8% in new outpatient and 6% gap in inpatient/daycase activity with the current configuration of services. This work has now been established as a key project in the NHS Fife Strategic Programme for 2015-2018.

2015/16

- There has been a continued focus on complying with TTG which is a legally binding guarantee. Whilst performance against this standard has varied throughout 2015/16 it remained under control and only small numbers of patients were unable to be treated within 12 weeks.
- NHS Fife significantly reduced the number of patients waiting over 6 weeks for endoscopy and key radiological tests to zero despite increasing demand for these tests.
- The number of outpatients waiting over 12 weeks was also reduced from a position of over 3000 in September 2015 to below 1000 in December 2015 with a target of below 500 by the end of March 2016.
- The majority of patients waiting over 12 weeks for an outpatient appointment were within 5 specialities: Neurology, Urology, Gastroenterology, Cardiology and Respiratory. NHS Fife’s recovery plan outlined and delivered actions to address this.

2016/17

NHS Fife’s Clinical Strategy (in development) will describe a future model for integrated healthcare delivery which will be underpinned by key principles and will make recommendations for future service provision. The outputs from the Clinical Strategy will inform ongoing scheduled care service planning and delivery.

NHS Fife’s Strategic Programme for 2015-2018 includes a number of projects which will identify and deliver improvements to support performance against elective waiting times standards.

The NHS Fife Scheduled Care Board has been established to oversee the NHS Fife projects/workstreams which aim to manage and improve scheduled care activity and services. These are outlined in the diagram below.

The NHS Fife Clinical Strategy aims to consider current and potential future opportunities for the provision of scheduled care through local, regional and national models. In
conjunction it will consider the associated estates and workforce needs associated with these models to inform the most cost effective, high quality and sustainable service solutions. There will be a specific consideration of all procedures currently undertaken and an assessment of the clinical effectiveness, cost benefit of each.

The aim of this is to provide a focus on ensuring that the key elements are aligned to the delivery of improved performance against the standards and sustainable services into the future, and that there is appropriate governance around delivery of improvements.

2.7.2 Priorities (2016/17)
Expand the Demand and Capacity work from 2105/16 to identify the activity required in 2016/17 to support maintenance of the improvement in delivery of outpatient and diagnostic standards and improve TTG and Cancer standards.

- Use the output from detailed Demand and Capacity work, including bed modelling, and align this with other NHS Fife projects to enable improved day to day operational management and longer term strategic plans for at risk elective services.
- Identify optimal design of at risk elective services, including options for reconfiguration
- Deliver recommendations for improvement from the optimising surgical efficiency project. Core theatre time will be increased through improved list building, increased day case lists, improved utilisation, reduction of on-the-day patient cancellations and the implementation of a fixed anaesthetic rota.
- Review and consider opportunities for repatriation of out-facing activity
- Focus on delivery of improvements identified in the DOIT outpatient project
- Review cancer pathways and processes, focusing on key pressure points in order to improve waits for appointments, investigations and treatment, and robustly monitor outcomes in order to sustain performance

2.8 Unscheduled Care

2.8.1 Overview

The LDP standard is for 95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency, and as a stretch target we should move towards 98%.

The performance against this for NHS Fife in 2015 (Acute Hospitals, only) is shown below:

![4 hr Performance Target against Attendance 2015](image)

National Unscheduled Care Programme: Preparing for Winter 2015/16

This national guidance DL(2005)20 recognises that there is increased activity and, therefore, the need for increased capacity over the winter months across NHS Scotland and that this increased prolonged pressure plus increased pressure from delays in discharge will, without any mitigating action, have an impact on our ability to deliver the 4 hour Accident & Emergency access target throughout the winter months.

Boards were asked to take a balanced approach to the effective planning and scheduling of elective and unscheduled care activity.

2.8.2 Priorities

The work undertaken as part of the 6 Essential Action Improvement Programme Developing Our Basic Building Blocks Model provides a baseline to understand our whole system in Fife. The work undertaken in the 6 Essentials Programme in Fife in 2015/16 and going forward into 2016/17 is:
Essential 1 – Clinically Focussed and Empowered Hospital Management

- Designated Site Managers now in place for Victoria Hospital and Queen Margaret Hospital
- On-Call Senior Manager scheme is in situ (7 day support)
- 24/7 Clinical Co-ordination in place on the Victoria Hospital with embedded escalation processes

Essential 2 – Hospital Capacity and Patient Flow (Emergency and Elective Realignment)

- An exemplar Safety Huddle has been introduced on both acute sites. The main focus is on patient safety, safe staffing levels and a plan for capacity for the forthcoming 24 hour period.
- A Weekly Emergency Access Report is produced which focuses on key information pertaining to capacity and flow, both within and external to the hospital

Essential 3 – Patient Rather than Bed Management – Operational Performance Management of Patient Flow

- 24/7 Clinical Co-ordination ensures that patients are timeously transferred to specialty wards following emergency admission, including patient repatriation and step-down from critical care beds
- Morning discharges are encouraged with timely transfer of patients to the Discharge Lounge
- Discharge Lounge functionality has also been expanded to include a transport hub function

Essential 4 – Medical and Surgical Processes arranged to improve patient flow through the Unscheduled Care Pathway

- Assessment area introduced within the Acute Admissions Unit (AU1) to provide timely assessment and triage of patients. Since its introduction in October 2015, the Assessment Unit is successfully discharging 30% of patients on the day of admission.
- The Ambulatory Care Service has been enhanced to accommodate a wider range of interventions and provide an alternative to hospital admission
- Four assessment trolleys have been introduced within orthopaedic trauma as part of the redesign of their unscheduled care pathway

Essential 5 – Seven Day Services appropriately targeted to reduce variation in weekend out of hours working

- Augmentation of the hospital frailty team
  - Staff now providing seven day cover. Team has been augmented with the appointment of Nurse Practitioners and Assistant Frailty Practitioners.

Essential 6 – Ensuring patients are optimally cared for in their own homes or homely setting

- Direct purchase of home care evaluation
  - Home care company on site from 2nd November 2015 with services commissioned from 9th November 2015
• Hospital at Home services will be optimised to prevent admission to hospital and support early discharge for patients to ensure that they are cared for in their own homes.

Moving forward into 2016/2017 and following a detailed evaluation of our Unscheduled Care performance during 2015/2016, further redesign and augmentation of key services are expected to focus on the following:

• Review of the discharge lounge to determine if this is correctly located within the hospital and offers the required range of services to optimise a.m. discharges and transfers
• Further develop the Transport Hub to explore opportunities to work more closely with voluntary, charitable and internal transport options
• Review the efficacy of the temporary consultant appointment who provided Monday-Friday review for medical patients boarding outwith their specialty ward.
• Review the multi-professional staffing model within the ED when the Nurse Practitioners complete their training and are fully qualified.
• Further develop the successful pull-through model from AU1 to specialty wards to ensure patients are transferred timeously to specialty care. Exemplar models currently in place for Stroke Medicine and Respiratory Medicine
• Explore synergies across ED, ECAS and the Assessment Unit to provide clearly defined patient pathways for specific presenting patient conditions

2.9 Mental Health

2.9.1 Overview
Improving mental health across Scotland has been established as a key priority for some time however despite considerable improvements in service provision across Scotland demand for Mental Health services has been increasing in recent years. This year’s LDP identifies mental health services as a priority are for improvement.

2.9.2 Priorities
Improving Access and Reducing Waiting Times

There has been an improving picture over 2015 with regard to the access standards for both Psychological Therapies and Child and Adolescent Mental Health Services. There has been a gradual increase in the percentage of referrals commencing treatment within 18 weeks and a steady fall in the waiting list numbers despite an ever increasing rise in the number of referrals.

• The number of referrals for Psychological Therapies commencing treatment within the 18 week standard improved from 45% in January 2015 to 75% in December 2015. The increase in the CAHM service was less marked – 79% to 82.8% - but came from a relatively high starting point. This level was maintained despite a 20% increase in the number of referrals received over the year. The rise in referrals for Psychological Therapies was 11%.

• The Psychological Therapies waiting list has been reduced by 18% from a peak of 2,563 in April 2015 to 2,084 in December 2015. The waiting list for CAMHs was reduced by 11% over the same period.
Assessment of the Level of Access

Benchmarking - published data available from ISD that allow us to benchmark against other board areas.

- Our referral rate for Psychological Therapies is 4.9 people per 1,000 population over age 18 years. Only one other Board can evidence a higher rate; two others look higher but include all mental health referrals. The variability of this measure across Boards means that a national average cannot be set.

- In the CAMH service the rate is 3.3 per 1,000 under 18 population. The national average is 2.9, ranking NHS Fife 5th of the 14 NHS boards that report.

Challenges

Pressure on the waiting list and time to treatment figures is coming from several areas:

- The significant rise in referral rates, partly fuelled by reduced wait times
- The reduction in Third Sector run tier one services for adolescents
- Availability of clinic space
- Workforce availability – a Demand Capacity Activity and Queue (DCAQ) exercise was carried out within the Psychology Service with guidance from QuEST. The output evidenced a shortfall in staffing to meet current demand within adult services.

Workforce Development Plans

- Within the next year invest new monies in waiting list initiatives to reduce the size and length of the queues. Although the median waiting time for treatment is above the national average there are still long waits for a significant number of referrals.

- A number of options are currently under consideration. We are currently planning to use approximately 50% of the funding for each target. For the CAMHS target the funding is likely to be targeted at work aimed at reducing demand on the specialist services. This would mean developing a small primary mental health worker workforce who could provide a gate-keeping and signposting service as well as engaging with the wider (non-specialist CAMHS) workforce in training and capacity building and training.

- For the psychological therapies target we are likely to be looking to employ psychological therapists to build capacity of the specialist NHS workforce in delivering evidence based therapies. We have undertaken considerable DCAQ work will be very helpful in informing us how and where this workforce should be deployed.

- Impact in terms of improved performance will be assessed locally in the service and by our steering groups which will report into Clinical and Care Governance Groups. This is in addition to the monthly reporting to the NHS Board, which includes monthly updated reports and recovery plans.

- The principle training need identified is in the delivery of evidence based psychological therapies by non psychology clinicians. We are trying to build and develop capacity whilst also building capacity to provide modality specific supervision.
• Last year’s recovery planning was in part contingent on an understanding that national funding was going to be made available at an earlier stage. In relation to the actions which were fully within the Board’s control the plans were implemented.

• There was improved performance for both targets although we failed to achieve the Standard 90%.

• We are continuing to learn from the work we are doing in reorganising delivery systems and in funding and supporting work which addresses issues of demand management. More staff are now using approved improvement methodologies and more support is now available for this work.

• We are continuing to take opportunities to develop our delivery of services and workforce in such a way which addresses these issues. Within CAMHS, in addition to the options being considered around primary mental health workers, we have developed models of working with Looked After Children and with our Intensive Outreach service which has all of these principles at their core. We are now embedding these principles in a new way of working with children who have been sexually abused. Integrated working is supported by having social workers embedded in two of our teams.

• Within our adult services we are expanding our out of hours employing three additional nurses in our Out of Hours Service in order to expand opportunities to move beyond simply reacting to an immediate service demand.

• We are also now starting to promote trauma awareness of the wider workforce (part of the innovation funding developments) through training in trauma specific interventions and by using specialist psychology staff to enable existing community projects such as CEDAR (a project for supporting children who have experience of domestic violence and violence) to expand to support women with trauma histories.
3 FINANCIAL PLANNING

3.1 Financial Context

Given the scale of the financial challenge locally, regionally and across NHS Scotland, it is recognised by the Board that the delivery of a balanced financial position for 2016/17 and beyond is entirely predicated on major redesign and significant transformation of services. Work is ongoing through the development of the Clinical Strategy and the Strategic Plan for the Health & Social Care Partnership to drive forward these essential changes.

The financial plan for 2016/17 has been developed around a confirmed revenue resource allocation of £603.399m which includes an uplift of £9.805m (1.7%) on the baseline allocation. It also includes £16.832m which has been assumed to pass in full to the Integration Joint Board to expand social care capacity to accommodate growth in demand for services and to deliver the living wage of all social care working including those delivering services commissioned from the independent and third sectors.

Against this additional income, the financial plan takes account of the impact of pay and prices increases; known developments; and unavoidable cost increases. Underpinning the financial planning assumptions is recognition of continuing cost pressures of c. £7.5m within acute services. Key assumptions are summarised below:

<table>
<thead>
<tr>
<th>Planning Assumption</th>
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</thead>
<tbody>
<tr>
<td>Pay</td>
<td>1% uplift or a minimum £400 uplift for staff earning less than £22,000</td>
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<tr>
<td>Direct Medical Supplies</td>
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<tr>
<td>Hospital Drugs (existing)</td>
<td>4% uplift (to cover growth and price increases)</td>
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<tr>
<td>Energy</td>
<td>2.5% uplift based on National Procurement contract details</td>
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<td>NHS Board SLAs</td>
<td>1.7% uplift in line with general allocation uplift</td>
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<td>Resource Transfer</td>
<td>1.7% uplift in line with general allocation uplift</td>
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<tr>
<td>GP Prescribing</td>
<td>4% uplift (to cover growth and price increases)</td>
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<td>Depreciation</td>
<td>7% uplift to reflect RICS indices</td>
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<td>PPP contractual commitment</td>
<td>1.3% based on RPI at February 2016</td>
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<td>SMC approvals</td>
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<tr>
<td>Cost pressures</td>
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</table>

Taking account of the planning assumptions outlined above and the increase in funding available, the savings required to deliver a balanced financial plan are in the region of £30.8m for 2016/17. Potential measures to address this gap have been quantified at £19.7m, with a further estimate of non recurring financial flexibility of £1.7m, thereby reducing the residual in year shortfall to an estimated £9.4m:
Options with a short term impact, in relation to doing things we do now better, are being driven forward through operational budget reductions delivered through cash releasing efficiency savings (CRES). Differential targets have been allocated across the system: Acute Services and IJB budgets 2%; Estates & Facilities 2.5%; Corporate Departments 10%.

Work is also underway on a range of service change proposals which will have a short / medium term impact and will focus on changing the way we deliver services. These will largely be driven by the redesign of community services in order to reduce delayed discharges within community hospitals and thus facilitate the 72 hour turnaround within the acute hospitals. It will also allow the redesign of the bed footprint within Victoria Hospital. Other service change proposals include the review of the out of hours service, and linked to this, the provision of minor injuries services.

Through the joint work of the Chief Executives, Directors of Finance and Scottish Government Health & Social Care colleagues, there are a number of national initiatives and workstreams underway to support Boards in the delivery of savings plans. These include potential productive opportunities relating to areas such as: reducing average lengths of stay; preventable admissions; procedures of low clinical value; theatre utilisation and reduction in agency/locum usage. Many of these areas are already incorporated into our local savings assumptions; however there is an underlying expectation in the financial plan that further benefits can be delivered. In particular there is work underway to drive forward the potential significant financial benefits of effective and efficient prescribing.

Financial flexibility is being considered and progressed nationally through a review of Boards’ balance sheets. An estimate has been assumed this year including potential slippage in all allocations received. Further consideration is required on the use of any in year slippage on IJB related allocations and the extent to which these could be made available to offset any residual shortfall in the health component of the IJB budget.

The impact of these assumptions is set out in Appendix 1.

While the LDP describes NHS Fife’s strategic intent and outline delivery plans for redesign, improvement and positive performance it is clearly set within the context of a significant financial challenge. Our Clinical Strategy sets out a high level plan for a portfolio of improvement and redesign of healthcare in Fife over the coming years. Integral to this plan are supporting strategies in relation to workforce, property & asset management and eHealth, all of which need to be underpinned by a robust financial strategy.

A Strategic Planning & Change Team has been formed to provide a commissionable resource to support the successful development and implementation of the Clinical Strategy and associated change projects. The SPCT offers a range of skills and levels of support to help operational teams accelerate pace and scale of change and delivery of objectives. As an agile resource, the team can move efficiently between key projects making the most effective use of valuable skills.

We anticipate that the delivery of a range of transformational change projects, as outlined in section 1.4, will facilitate the move toward delivery of financial balance within the current three year planning period. This will require significant culture change, in order to shift focus
from short term cost control to a longer term change in the use of our resources; in other words, changing the way we do things and what we do. Appendix 2 provides a bold forecast of the potential efficiencies which may be driven out during years 2 and 3, albeit further detailed financial modelling will be required.

In summary, without significant non recurring measures to address the residual gap in 2016/17, it is evident that the delivery of financial breakeven during 2016/17 is challenging. We are committed, however, to the development of a longer term financial sustainability plan built around the triple aim of cost, quality and performance, which also balances the need for “invest to save” initiatives with underlying financial stability.

3.2 INFRASTRUCTURE INVESTMENT PROGRAMME

In terms of capital funding, the Board is assuming a gross capital resource allocation of £11.171m. The funding includes £0.050m for the new Stratheden IPCU Unit and £3.727m for the new telephony system, with expected capital receipts of £2.195m for the sale of land at Lynebank Hospital. No increase in funding has been assumed for future years.

The asset sale proceeds for land at Lynebank Hospital assumes one tranche of land will be sold in 2016/17 for £2.195m, with a further tranche to be sold for £2.120m in 2017/18.

Project specific funding for the next four years includes the following projects:

- Stratheden IPCU – 2016/17 is the final year funding as the project is due for completion in April 2016. This project was previously approved by the SGHSCD Capital Investment Group (CIG).

- Telephone System – 2016/17 is the second year of funding of the new Fife wide system. The Business Case was approved by CIG in 2015/16.

- Refurbishment – this is the original estimate of work required to upgrade the existing Victoria Hospital site. A Business Case will be required to be submitted to SGHSCD.

The three health centre schemes which were previously to be funded through the Hub revenue model of Design Build Finance & Maintain (DBFM) are now assumed to be Design & Build capital funded projects.

It is assumed that capital to revenue funding transfers will be allowable for backlog maintenance schemes which do not add capital value. Based on previous years an estimated £0.5m will be required.

4 WORKFORCE PLANNING

4.1 Delivering Everyone Matters: 2020 Workforce Vision

In 2015, NHS Fife’s Strategic Framework was published following extensive consultation with staff and patients. This document outlines the vision, mission and values we believe will enable us to continue delivering good quality, person centred care based on the approach that what matters to you, matters to us.
To meet the challenges set out in this Framework, the Strategic Programme 2015-2018 was launched in October 2015 managing a number of prioritised strategic projects. This is underpinned by a programme management structure with dedicated support. At present there are nine projects underway within NHS Fife:

- Prescribing Efficiencies
- Optimising Surgical Efficiencies
- Demand and Capacity
- Clinical Strategy
- Workforce Strategy
- Workforce Efficiency
- Outfacing Activity
- Well at Work
- Estates and Facilities Management Efficiency

A number of these projects directly or indirectly impact on our workforce. These projects will influence the actions we take to deliver the 5 priority areas in the Everyone Matters: 2020 Workforce Vision throughout 2016-17.

From the initial work of the projects, and building on our successes during 2015-16, examples of some of the actions planned under each of the 5 headings include:

### 4.2 Healthy Organisational Culture

A healthier, safer place to work is an integral part of our culture. Having already achieved the Silver Healthy Working Lives Award by promoting healthy eating, physical activity and stress reduction, we are working to sustain the positive changes and achieve the Gold Award in 2016. The attainment of this award will demonstrate our ongoing commitment to improving the health, safety and wellbeing of both our staff and our organisations culture.

More than 1,500 staff to date have participated in iMatter, the tool designed to help individuals, teams and Health Boards understand and improve staff experiences and staff engagement. A further 1,000 staff will be asked to participate in and complete the iMatter tool by March 2016, with the full roll out of the tool by 2017.

In addition, the Well at Work project is assessing the current status of the health and well-being of the workforce. Initially focusing on the issues around sickness absence, the project will refresh and develop our approach to improving our staff’s health and well-being throughout 2016-17 and beyond.

### 4.3 Sustainable Workforce

NHS Fife is embarking on the development of a new Clinical Strategy, which will provide a routemap for health services in Fife for the next 5 years and beyond. The final strategy, to be published in the autumn of 2016, will enable us to continue to deliver effective healthcare, which is fully integrated with health and social care partners, promotes improved health and reduces health inequalities whilst maintaining a continued focus on providing high quality patient care.

Along with the Clinical Strategy, the Workforce Strategy and the Workforce Efficiency Project will review our current and future models of care, streamline recruitment and reduce reliance on supplementary staffing. The Workforce Strategy will ensure we have the optimum workforce with the right skills and competencies, in the right place at the right time.
The projects will deliver a detailed analysis of the current workforce, quantifying the demand and identify workforce gaps to be taken forward from 2016 onwards.

### 4.4 Capable Workforce

Recognising that the development of a new Clinical Strategy and supporting Workforce Strategy will require our workforce to undertake new roles and acquire new skills and behaviours and as a result will require NHS Fife to review and refresh its Learning and Development Strategic Framework. This will provide a clear framework for planning and prioritising staff development, provision for ensuring a continuing investment in education, training and development for our staff which will be directly aligned to and supports the delivery of the new Clinical Strategy. We will continue to emphasise the importance and value of the Personal Development Planning and Review process in supporting managers and staff to identify and meet development needs.

The Fife Health & Social Care Partnership Workforce and Organisational Development Strategy places considerable emphasis on the development of our workforce to deliver integrated services. In 2016-17 we will continue to work with partners in social care to build on and further develop our well established collaborative approach to training provision. We will develop and implement a joint training plan supporting multi-agency and multi-professional learning and development.

### 4.5 Workforce to Deliver Integrated Services

Fife’s Health and Social Care Partnership is committed to developing a skilled workforce capable of transforming how we work together in the delivery of integrated community-based services. The results of the public consultation carried out on the partnership’s Strategic Plan 2016-19 have been considered, and it is envisaged the Partnership will develop locality based implementation and delivery plans which focus on:

- Prevention and Early Intervention
- Integrated and Co-ordinated Care
- Improving Mental Health and Wellbeing
- Tackling Inequalities

A Workforce and Organisational Development Strategy has been established, aligned to the partnership’s Strategic Plan 2016-19, to support the development of these locality plans following the set of principles developed by Skills for Care and Skills for Health (2014) which help organisations, managers and practitioners think through what is meant by integration and how workforce development can contribute to induction, implementation and sustainability. These principles will guide the prioritisation of workforce development activity, and the delivery of integrated services, within each of the localities throughout 2016-17.

### 4.6 Effective Leadership and Management

Effective leadership and management at all levels is recognised as essential for ensuring high quality, safe and effective care and will be critical to the delivery of the NHS Fife Clinical Strategy and the Health & Social Care Integration Strategic Plan.

The Implementation Plan 2016-17 for Everyone Matters 2020 Workforce Vision has identified leadership development as a priority for action. The NHS Fife Strategic Framework in the “Exemplar Employer” domain sets out our commitment “to equip people to be the best leaders” and the Health and Social Care Workforce and Organisational
Development Strategy emphasises collaborative leadership as a core requirement for successful implementation and delivery.

NHS Fife will review and refresh its approach to leadership and management development to ensure alignment to strategic and operational priorities and will continue to work collaboratively with our partners nationally and locally to ensure a wide range of provision and opportunities supporting leaders and managers at all levels. Locally, we will continue to provide leadership and management development programmes and tailored support to individuals and teams using internal expertise and targeted at leaders at all levels across NHS Fife.

4.7 Key Workforce Challenges

The remit of the Workforce Efficiency Project (WEP) Group, which is chaired by the Director of Nursing, includes assurance that CEL32(2011) is implemented in terms of the application of the Nursing & Midwifery Workload and Workforce (NMWWPP) Tools and subsequent workforce reviews. A review of Adult inpatient nursing workforce is currently being undertaken following application of the NMWWPP tools in December 2015 and January 2016. The Learning Disabilities tool was applied in January 2016 and discussion on the application of the Mental Health tool is being taken forward with the National Workforce team.

Through the WEP group, work analysing the challenges in delivering a sustainable workforce is being undertaken, taking cognisance of a range of factors impacting on our ability to retain and recruit staff.

For example, the age profile within Nursing and Midwifery is increasingly being highlighted as a pressure which will have an adverse impact on staff retention. In particular, 21.9% of District Nurses, 23.6% of Health Visitors and 30.1% of Specialist Nurses are over the age of 55 and without creative solutions in our recruitment practices within these specialties our ability to deliver services could be affected in the future.

In addition to our age profile, there are specialties where recruitment of suitable candidates is challenging. Nursing staff within the Learning Disabilities Service appear to be more transient in nature, being prepared to move around different NHS Boards during their working career, and this is having an impact on our turnover and vacancy levels. Difficulties have also been encountered in replacing staff who have retired from the Mental Health inpatient and community teams, and within the Acute Services Division particular difficulties have been experienced in recruiting staff with specialist training in Intensive Care, Acute Admissions and Neonatal.

To meet these challenges, NHS Fife has sought to create new or enhanced roles, strengthen links with education providers, and promoted NHS Fife as an exemplar employer. The initiatives implemented to date include:

- Establish NHS Fife’s presence at local School Career Fair’s, promoting the NHS as an exemplar employer and outlining career choices within Health Care Support roles; Nursing; Midwifery; Allied Health Professions.
- Re-establish direct entry HNC programme for Health Care Support Workers considering nurse training with the University of Dundee
- Continue to build on our links with Fife College, providing placements for 60 students undertaking the Higher National Certificate in Health & Social Care.
• Coordination of recruitment activity to coincide with the graduation of student nurses from local Universities, ensuring potential candidates can seamlessly finish their studies and commence employment within NHS Fife.

• As part of the application of the Nursing and Midwifery Workload and Workforce Tools, continue to explore whether the development of new and / or evolving roles should be progressed to relieve the recruitment difficulties being experienced in certain specialities.

• Development of Masters programmes with neighbouring Universities to attract recently qualified staff to NHS Fife, and revitalisation of the Return to Practice scheme to encourage former Nurses back into Healthcare.

Within Medical and Dental professions, steps have been taken locally in order to maximise recruitment opportunities. This has been in response to a number of vacancies being experienced locally within a context of national recruitment difficulties across certain specialties. Recruitment sources have been analysed to target job adverts, and NHS Fife has participated in both Scottish Government and European initiatives with varying success.

Alternative approaches are also being explored with the implementation of the new Community Physician Fellowships in conjunction with NES and the Scottish Government in December 2015 and the recruitment of non medical staff (e.g. Healthcare Scientists) to support the medical workforce. Joint working with other NHS Boards and Universities has also been used to maximise recruitment and service opportunities in certain instances.

The use of locum supplementary staffing has been necessary within specialties including Anaesthetics, Gastroenterology, Neurology, Paediatrics and Radiology as recruitment difficulties persist and a number of posts being vacant for over 6 months. We are exploring different financial models in an attempt to reduce the financial costs associated with supplementary staffing, and a Medical Workforce Group, chaired by the Medical Director, is developing and progressing strategies to maximise recruitment opportunities across the Medical and Dental professions.
5 COMMUNITY PLANNING CONTRIBUTION

NHS Fife contributes as a full member of the Fife Community Planning Partnership Board and through a number of key themes including Health and Wellbeing, Community Safety, Economic Development, Environment, Housing and Employment.

NHS Fife is coterminous with Fife Council and this enables mature and sustained relationships to ensure effective delivery of the public service to Fife citizens.

NHS Fife has also contributed to the strategic review of community plans undertaken locally with health and wellbeing now being included within all 7 localities.

Fife’s Community Planning Partnership Single Outcome Agreement includes a health theme. A review is undertaken annually to assess progress towards these outcomes. An underpinning theme from all partnership action plans at a locality level as well as Fife-wide is a focus on prevention and early intervention to improve health and wellbeing and reduce health inequalities by tackling the wider determinants of health and mitigating the effects of welfare reform.

In 2016-17 and beyond, the report from the Fairer Fife Commission (Fairness Matters) will support the direction of travel for the whole community planning partnership. The report recommends a series of aspirational targets for a Fairer Fife and will ensure a focus on equality, income deprivation, employability and reducing health inequalities in the years to come.

Examples of work being taken forward in partnership at the local level are:

- A focus of the needs of older people within sheltered housing complexes looking at social isolation and mental health issues
- Tackling community safety issues
- Supporting the reduction of teenage pregnancy by targeted working within communities
- Development of a cycle friendly network linking green open spaces in the Linburn Corridor and Dunfermline Town Centre
- Supporting young people into employment by the development of a trainee work scheme and youth apprenticeship scheme
- Supporting young people access physical activity opportunities
- Promoting adult mental health by supporting a social prescribing initiative and local mental health and wellbeing action plan
- Consulting and engaging with individuals and groups in key local communities to address mental health stigma as part of a targeted campaign to champion the anti-stigma agenda
- Delivering training on mental health and wellbeing according to identified local need
### Appendix 1 - Efficiency & Productivity Plan 2016/17

<table>
<thead>
<tr>
<th></th>
<th>Overall Gap</th>
<th>CRES</th>
<th>Service Change</th>
<th>Potential National Initiatives</th>
<th>Effective Prescribing</th>
<th>Recurring Residual Gap</th>
<th>Non Recurring Financial Flexibility</th>
<th>In Year Residual Gap</th>
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<td>Integration Joint Board</td>
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## Appendix 2 - Efficiency & Productivity Plans 2016/17 - 2018/19

<table>
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<th>2016/17 CY £m</th>
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<td><strong>Total savings required</strong></td>
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<td>11.8</td>
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### Savings Targets:

**CRES**
- IJB: 1.9
- Health Board: 5.8

**Service Change Proposals**
- IJB: 3.3
- Health Board: 1.7

**Effective Prescribing**
- 5.0

**National Productivity Initiatives**
- 2.0

**Regional Working**
- 2.0

**Estate & Asset Transformation**
- 2.4

**Financial flexibility**
- 1.7

**Unidentified**
- 9.4

**Total Savings Target**
- 30.8

**Residual Gap**
- 0.0

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</tr>
<tr>
<td>New in year savings required</td>
<td>30.8</td>
<td>30.8</td>
<td>11.2</td>
<td>11.2</td>
<td>7.0</td>
<td>7.0</td>
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<tr>
<td>Recurring gap b/f prior year</td>
<td>11.1</td>
<td>11.1</td>
<td>4.8</td>
<td>4.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total savings required</strong></td>
<td>30.8</td>
<td>30.8</td>
<td>22.3</td>
<td>22.3</td>
<td>11.8</td>
<td>11.8</td>
</tr>
</tbody>
</table>

**Savings targets:**

- IJB: 1.9
- Health Board: 5.8

**Service Change Proposals**
- IJB: 3.3
- Health Board: 1.7

**Effective Prescribing**
- 5.0

**National Productivity Initiatives**
- 2.0

**Regional Working**
- 2.0

**Estate & Asset Transformation**
- 2.4

**Financial flexibility**
- 1.7

**Unidentified**
- 9.4

**Total Savings Target**
- 30.8

**Residual Gap**
- 0.0