Fife NHS Board

Date: 20 March 2019
Enquiries to: Mrs Paula King
Tel: 01592 643355 Ext 28976

AGENDA

A meeting of Fife NHS Board will be held on WEDNESDAY 27 MARCH 2019 at 10.00 AM in the STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY

TRICIA MARWICK
Chair

10:00	**1**	**CHAIRPERSON'S WELCOME AND OPENING REMARKS**		TM	
	2	**DECLARATION OF MEMBERS' INTERESTS**		TM	
	3	**APOLOGIES FOR ABSENCE** - C Cooper		TM	
	4	**MINUTES OF PREVIOUS MEETING HELD ON 30 JANUARY 2019**		TM	(enclosed)
	5	**MATTERS ARISING**			
10:10	**6**	**CHIEF EXECUTIVE'S REPORT**			
		6.1	Chief Executive Up-date	PH	(verbal)
			• Annual Review – 3 December 2018		(enclosed)
		6.2	Integrated Performance Report Executive Summary	PH	(enclosed)
		6.3	Annual Operational Plan 2019-20	CP	
			• Draft Financial Plan 2019/20 – 2021/22 and Budget Setting 2019-20		(enclosed)
			• Draft Capital Investment Programme 2019/20 – 2023/24		(enclosed)
10:40	**7**	**CHAIRPERSON'S REPORT**			
		7.1	Board Development Session – 27 February 2019	TM	(enclosed)
10:45	**8**	**SURPLUS PROPERTY – LAND AT SKEITH HEALTH CENTRE**		AF	(enclosed)

10:55	**9**	**EXCELLENCE IN CARE UPDATE**	HW	(enclosed)
11:05	**10**	**NHS BOARD WORKPLAN 2019-20**	CP	(enclosed)
11:10	**11**	**STATUTORY AND OTHER COMMITTEE MINUTES**		
		<u>Statutory</u>		
		11.1 Audit & Risk Committee dated 14 March 2019 (unconfirmed)		(enclosed)
		11.2 Clinical Governance Committee dated 6 March 2019 (unconfirmed)		(enclosed)
		11.3 Finance, Performance & Resources Committee dated 12 March 2019 (unconfirmed)		(enclosed)
		11.4 Staff Governance Committee dated 1 March 2019 (unconfirmed)		(enclosed)
		<u>Other</u>		
		11.5 Brexit Assurance Group dated 15 February 2019 (unconfirmed)		(enclosed)
		11.6 East Region Programme Board dated 9 November 2018		(enclosed)
		11.7 Fife Health & Social Care Integration Joint Board dated 20 February 2019 (unconfirmed)		(enclosed)
		11.8 Fife Partnership Board dated 12 February 2019 (unconfirmed)		(enclosed)
11:15	**12**	**FOR INFORMATION:**		
		12.1 Integrated Performance Report – January and February 2019	CP	(enclosed)
	13	**ANY OTHER BUSINESS**		
	14	**DATE OF NEXT MEETING: Wednesday 29 May 2019 at 10.00 am in the Staff Club, Victoria Hospital, Kirkcaldy**		
11:20	**BREAK**			

MINUTE OF THE MEETING OF FIFE NHS BOARD HELD ON WEDNESDAY 30 JANUARY 2019 AT 10.00 AM IN THE STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY

Present:

Ms T Marwick **(Chairperson)**
Mr P Hawkins, Chief Executive
Dr L Bisset, Non-Executive Director
Mr M Black, Non-Executive Director
Ms S Braiden, Non-Executive Director
Mr E Clarke, Non-Executive Director
Mrs C Cooper, Non-Executive Director
Cllr D Graham, Non-Executive Director
Ms R Laing, Non-Executive Director
Ms D Milne, Director of Public Health
Ms J Owens, Non-Executive Director
Mrs C Potter, Director of Finance
Mrs M Wells, Non-Executive Director
Ms H Wright, Director of Nursing

In Attendance:

Mr A Fairgrieve, Director of Estates, Facilities & Capital Services
Mr M Kellet, Director of Health & Social Care
Dr G MacIntosh, Head of Corporate Planning & Performance
Dr C McKenna, Medical Director Designate
Ms B A Nelson, Director of Workforce
Mrs E Ryabov, Chief Operating Officer (Acute)
Mrs P King, Corporate Services Manager (Minutes)

01/19 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the Board meeting, in particular Dr Chris McKenna, Medical Director Designate deputising for Dr Elliot, and Mrs Ellen Ryabov, Chief Operating Officer, and reminded Members that the notes are being recorded with the Echo Pen to aid production of the minutes. These recordings are also kept on file for any possible future reference.

The Chair congratulated:

- the ECT (electroconvulsive therapy) service at Queen Margaret Hospital that won the Professor Ian Reid cup for improving patient safety post ECT and improving nurse escort training. Caroline Cooper, ECT Co-ordinator, was runner up for SEAN nurse of the year

- seven members of staff that successfully completed the Best Practice in Dementia Care Programme based on materials from the Dementia Services Development Centre at Stirling. The programme was facilitated internally by Morag Scott, Specialist Occupational Therapist and Dementia Champion based at Glenrothes Hospital.

- Elaine Hancock, Skin Cancer Link Nurse, who has been commended by the University of Dundee for Academic Achievement. Ms Hancock is an outstanding example of a team member who pushed her own personal

boundaries of professional roles to develop herself in order to meet the current needs of patients with melanoma.

The Chair advised that:

- NHS Fife welcomed more than 140 newly appointed nurses and allied health professionals to posts across both community and acute care and she paid particular thanks to Ms Wright for her work in relation to this recruitment;

- the neonatal team at Victoria Hospital have become the first in the UK to take delivery of a newly developed advanced preterm baby simulator. Staff raised around £60,000 to fund the purchase, which will support staff to maintain the skills necessary to provide high quality care. The money was raised through a series of fundraising activities, together with a contribution of around £40,000 from the Board's endowment funds; and

- NHS Fife has been invited to produce an Outline Business Case for a new theatre which would see the construction of a new build elective orthopaedic centre at Victoria Hospital. This is the first stage in approval by the Scottish Government and will require significant capital investment. NHS Fife is fortunate to have one of the best, most renowned and forward thinking orthopaedic teams in the country and the investment is a tribute to the team and will put Fife at the heart of orthopaedic excellence in Scotland.

02/19 DECLARATION OF MEMBERS' INTERESTS

Ms Marwick declared a potential interest under item 05/19.2, NHS Fife Participation Request for Glenrothes Area Residents' Federation, due to her past relationship with the organisation and that she was actively involved more than five years ago in the campaign to keep the Out of Hours service at Glenrothes Hospital.

03/19 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mrs Brown and Dr Elliot.

04/19 MINUTE OF THE PREVIOUS MEETING HELD ON 28 NOVEMBER 2018

The Minute of the previous meeting was **approved** as a true record.

05/19 MATTERS ARISING

.1 **Participation Request submitted to NHS Fife: Royal Burgh of St Andrews Community Council**

Dr MacIntosh introduced the paper and reminded Members that the Board had delegated the decision on the Participation Request received in late November 2018 from the Royal Burgh of St Andrews Community Council to the Chair, Chief Executive and Chairs of the Governance Committees. Detailed discussions had been held in the interval between Board meetings about how to handle the request, the paper outlining the the guidance from the Scottish Government that public authorities were

expected to follow, which is to agree to a participation request unless there are reasonable grounds for refusing.

The Board was reminded that a public consultation process has been undertaken on the Out of Hours service arrangements in Fife, led by the Integration Joint Board (IJB), and subsequent to the outcome of that initial consultation, further engagement had been agreed with communities in North East Fife and beyond at the IJB meeting on 20 December 2018. However, the Chair noted that there is a duty on the Board to ensure that all parties feel involved in participation and engagement and that the public has adequate opportunity to put across their point of view, particularly where service changes are proposed. It was therefore suggested that the Board should facilitate and oversee further engagement between the applicant and the Partnership, details of which would be set out in an outcome improvement process and a decision notice sent in these terms, within the required statutory timescales, to the community body.

The Board **formally approved** the participation request received by NHS Fife from the Royal Burgh of St Andrews Community Council.

Ms Marwick, Chair, vacated the meeting at this point and handed the Chair to Dr Bisset, Vice-Chair.

.2 **Participation Request submitted to NHS Fife: Glenrothes Area Residents' Federation and North Glenrothes Community Council**

Dr MacIntosh referred to the paper that set out the Board's position in relation to the Participation Request received from the Glenrothes Area Residents' Federation seeking their involvement on the proposals being led by the IJB for the Out of Hours service at Glenrothes Hospital. A letter has also been received from North Glenrothes Community Council, indicating their intention to submit a Participation Request on similar grounds, and dialogue has begun with that group to gather the required documentation. For clarity, only the formal participation request from the Glenrothes Area Residents' Federation would be considered at today's meeting.

Discussion had been held about how to handle the request and the expectation under the relevant legislation that public authorities are expected to grant requests unless certain criteria for refusal are met.

Various issues were discussed, including the potential for more than one organisation to be involved in further discussions, should additional requests be subsequently received from this particular locality. Although legally NHS Fife could reject a further participation request from the same geographical area, if a separate request had previously been agreed, given the duty on the Board related to public participation and engagement, the Board's position would likely be one by which other groups could be invited to become involved.

Noting that an outcome improvement process is required to be

established under a statutory timeframe, the Board **formally approved** the participation request received by NHS Fife from Glenrothes Area Residents' Federation.

Ms Marwick returned to the meeting and resumed the Chair.

06/19 CHIEF EXECUTIVE'S REPORT

.1 **Annual Review – 15 February 2019**

The Annual Review would be held on 15 February 2019 in Carnegie Library & Galleries, Dunfermline, and members of the public were encouraged to attend.

.2 **Executive Summary - Integrated Performance Report (IPR)**

Mr Hawkins introduced the Executive Summary. Executive leads and Committee Chairs highlighted areas of significance within the IPR, in particular:

Clinical Governance

Hospital Acquired Infection (HAI) Staphylococcus Aureus Bacteraemia (SAB) – the position during October was noted. The Clinical Governance Committee had received an interesting and helpful presentation from Dr Morris, Consultant Microbiologist, noting in particular the improvement in performance in cardiology and dialysis, the learning of which would be shared throughout the Acute Division. Further work to build relationships with others was being undertaken in relation to community acquired SABs.

Finance, Performance & Resources

NHS Fife Acute Division - Performance around the key targets of 4-Hour Emergency Access, Cancer 62 day Referral to Treatment, Patient Treatment Times Guarantee (TTG), Diagnostics and 18 Weeks Referral to Treatment were highlighted. Performance around the Patient TTG remained challenging and there have been difficulties in maintaining elective activity. The new theatres for Ophthalmology are now fully functioning and performance is expected to improve as a result.

Health & Social Care Partnership (H&SCP) – the position around Delayed Discharge was challenging with increasing levels of delay. The main pressure point related to securing care at home capacity and work is underway with the in-house service and external providers to increase that capacity. Performance for Smoking Cessation is improving and is on track to meet the target. The Child and Adolescent Mental Health Services (CAMHS) performance continues to improve at 80.2%, although the service is still being challenged by the significant number of referrals despite investment in training, etc, to promote lower tier support in schools for children and young people with mental health concerns, so that only those with the most complex needs are referred to Tier 3 services. The trajectory for performance in Psychological Therapies is

moving in the right direction at 70.4%, with considerable work being undertaken around improvement supported by national teams.

Financial Position – The position to 30 November 2018 reflected an overspend of £2.095m, comprising an underspend of £1.594m attributable to the Health Board and an overspend of £3.689m aligned to the IJB (including the estimated impact of the current risk share agreement), largely driven by the position in social care. Caveats to the reported forecast overspend position are set out in the paper. NHS Fife continues to work towards a break-even position but there are significant challenges leading to difficulties in being definitive about the year-end forecast. Scottish Government has been sighted on the current position.

Attention was drawn to the issue escalated to the Board from the Finance, Performance & Resources Committee related to the challenging position of the IJB budget. In response to the Chair, Mr Kellet assured Members that the financial position of the IJB was discussed regularly through both the IJB and Board committees and work was underway to bear down the costs in-year as much as possible and ensure that the forecast of that position was an accurate reflection of the position, recognising that this has been a challenge previously, particularly around adult placements in social care. Looking ahead, the IJB was in the process of preparing a budget proposition for future years with a refresh of the three-year financial strategy, working with colleagues to move towards financial balance in a planned way whilst maintaining quality of care. It was noted that the Chief Executive and Director of Finance continued to discuss the concern over the magnitude and uncertainty of the overspend and how this can be managed and mitigated with counterparts in Fife Council. The Chair of the IJB Finance & Performance Committee also assured the Board that as many measures as possible were being taken to reduce the deficit and ensure accurate forecasting was in place.

The December 2018 financial position showed a slight improvement in the health position and an update on the January position would be available shortly.

Staff Governance

The sickness absence rate continued to be a challenge for the Board and performance needed to improve. The complexity of management of attendance was recognised and a workshop would be arranged in partnership with service managers and staff side. Performance in relation to iMatter and TURAS was noted and small working groups would be established to learn from areas where performance is good and set improvement targets as necessary. Attention was drawn to the significant improvement in Management Referrals. This is an integral part of the attendance management process that supports staff and is a welcome improvement.

The Board **noted** the updates and the information contained within the

Integrated Performance Report Executive Summary.

07/19 CHAIRPERSON'S REPORT

(a) Board Development Session – 19 December 2018

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

08/19 IMPLEMENTATION OF BOARD ASSURANCE FRAMWORK (BAF)

Ms Wright presented the report on the Board Assurance Framework, which noted the work undertaken since the last report to the Board in July 2018. The BAF featured six main areas that were each aligned to an appropriate standing committee which scrutinises the risk at its respective meeting.

The Board **noted** the update report to the Board for information.

09/19 DUTY OF CANDOUR UPDATE

Dr McKenna spoke to the paper that updated the Board on compliance with Duty of Candour legislation from 1 April 2018 to 7 January 2019 and, in so doing, provided assurance that the Duty of Candour process was being followed correctly.

The Board **noted** the update paper on Duty of Candour and **noted** that a further report would be provided when the annual report is prepared after 31 March 2019 when all incidents have been fully reviewed and the outputs audited.

10/19 AUDIT SCOTLAND OVERVIEW OF NHS SCOTLAND

Mrs Potter referred Members to the overview report and drew attention to the key messages and recommendations therein. A number of comments were made, noting in particular that NHS Fife performance was above a number of other Boards around the key national targets, advances had already been made and would continue to be made in relation to strengthening Board-level governance arrangements, and further reflection would be given to providing more easily understandable information on how health funding works through the Annual Accounts process for this year.

Questions were asked about progress in service redesign, transformational care /shifting the balance of care and data arising from completion of the accompanying checklist by Non-Executive Directors and these were responded to.

The Board:

- **noted** the key messages and recommendations set out in the NHS Scotland in 2018 report; and
- **agreed** (as advised by the Audit & Risk Committee) that the Head of Corporate Planning & Performance, as Board Secretary, will co-ordinate appropriate consideration of the Checklist by Non-Executive Directors after the Board meeting today.

11/19 BOARD AND COMMITTEE DATES FOR 2019-20

The Board **noted** the 2019-20 dates for information. Dr MacIntosh would look at synchronisation of the dates with email calendars.

Action: G MacIntosh

12/19 STATUTORY AND OTHER COMMITTEE MINUTES

The Board **noted** the below Minutes and the issues raised for escalation to the Board.

.1 **Audit & Risk Committee dated 13 December 2018 (unconfirmed)**

In response to the issue escalated, it was noted that a review of the transformation systems and processes was being undertaken and further discussion would take place involving Non-Executive Directors. The Clinical Governance Committee had also asked for a full update report on all the areas of transformational change, together with details of proposed revisions to the role and remit of the group.

.2 **Clinical Governance Committee dated 16 January 2019 (unconfirmed)**

.3 **Finance, Performance & Resources Committee dated 15 January 2019 (unconfirmed)**

.4 **Staff Governance Committee dated 18 January 2019 (unconfirmed)**

Useful discussion had taken place with representatives from the Local Partnership Forum with regard to the availability and timing of courses and work is ongoing to look at the whole approach to statutory training.

.5 **Communities & Wellbeing Partnership dated 5 December 2018 (unconfirmed)**

.6 **Fife Health & Social Care Integration Joint Board dated 20 December 2018 (unconfirmed)**

.7 **Fife Partnership Board dated 13 November 2018 (unconfirmed)**

13/19 FOR INFORMATION:

The Board **noted** the items below.

(a) Integrated Performance Report – November and December 2018

14/18 ANY OTHER BUSINESS

None.

15/19 DATE OF NEXT MEETING:

Wednesday 27 March 2019 at 10.00 am in the Staff Club, Victoria Hospital, Kirkcaldy

Cabinet Secretary for Health and Sport
Jeane Freeman MSP

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Riaghaltas na h-Alba
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Rt Hon. Tricia Marwick
Chair
NHS Fife

By Email.

31 January 2019

Dear Tricia

1. This letter summarises the main points discussed and actions arising from the Annual Review and associated meetings held at the Victoria Hospital in Kirkcaldy on 3 December 2018. I would like to record my thanks to you and everyone who was involved in the preparations for the Annual Review Programme, and also to those who attended the various meetings.

Meeting with the Area Clinical Forum

2. I had a constructive discussion with the Area Clinical Forum. I was reassured to hear that the Forum had continued to meaningfully contribute to the development and implementation of the local Clinical Strategy and Joint Strategic Planning; and that strengthening clinicians' and care professionals' engagement in this work remains a priority. The Forum confirmed that the work plan for the coming year includes items on practicing Realistic Medicine, joining up care, and pursuing workforce and eHealth solutions.

3. Given the key role the Forum plays in providing clinical views and advice to the Board, it is disappointing that it is only scheduled to meet four times a year. I heard that the Forum was originally scheduled to meet bi-monthly but attendance had been erratic. I recognise the pressures on clinical colleagues' availability, but you later agreed in private session that the Board needs to do all it can to facilitate more regular meetings and advice from the Area Clinical Forum. The Forum's regular and full involvement is essential in delivering the Board's commitment to clinical effectiveness, governance and patient safety. Continued, meaningful engagement of local clinicians will also be essential in taking forward both the critical health and social care integration agenda and other local service redesign programmes.

Meeting with the Area Partnership Forum

4. The attending members of the Area Partnership Forum (APF) sought to reassure me that, in the main, local relationships remain sound; that this is fundamental to a number of developments and improvements that have been delivered locally over the last year; and that the Forum continues to engage effectively with the Board, not least on: staff governance and workforce planning, including the work undertaken to understand and address the ageing workforce; the fostering of a culture that supports and expressively encourages high standards of good values and behaviours through the relaunched dignity at work policy; the work undertaken to scope and address, where possible, the reasons for staff sickness absence; the critical health and social care integration agenda via the Local Partnership Forum; the development and implementation of the Board's clinical strategy; the iMatter staff experience continuous improvement model; and the considerable work undertaken to develop the local response to the health, safety and wellbeing agenda.

Patients' Meeting

5. I would like to extend my sincere thanks to all the patients who took the time to come and meet with me. I greatly appreciated the openness and willingness of the patients present to share their experiences and noted the specific issues raised including: a general feeling that local clinical services are high quality; how there should be no impediment to local groups that can support the work of the NHS advertising this in healthcare settings; the need to ensure that communications with patients take place in a way which is sensitive and appropriate to their needs, including appropriate British Sign Language provision in unscheduled care settings; that Health Boards effectively respond to feedback and complaints, learning lessons and implementing change, where necessary; the importance of well organised and timely rehabilitation which is crucial to recovery; of NHS staff listening to and respecting the views of patients and carers and to promote and support self-management, where appropriate; and how NHS services should be set up to recognise, support and refer punctually where there may be mental health issues. A number of these issues were later raised with the Board leadership in the private session.

Visit to Orthopaedics Services

6. I followed the Patients' Meeting with a visit to the orthopaedics services based in Victoria Hospital. I want to put on record my thanks to the local clinical and nursing staff for their time in showing me round the facilities and for discussing the important and innovative work they do, for the benefit of local patients.

Annual Review – Private Session

Health Improvement and Reducing Inequalities

7. NHS Fife is to be commended for exceeding its target in delivering alcohol brief interventions. A brief intervention is a short motivational interview, in which the costs of drinking and benefits of cutting down are discussed, along with information about health risks. These have been proven to be effective in reducing alcohol consumption in harmful and hazardous drinkers. NHS Fife has consistently exceeded the local target for interventions. However, the Board has not performed so well in respect of the challenging 2017/18 smoking cessation standard: NHS Fife recorded 457 successful post-3 month quits in the most-deprived areas, falling well short of the target of 779. I would like to see a marked improvement in this area.

8. We also discussed the local improvement work underway to address the Board's performance in relation to the national waiting times for access to psychological therapies and child and adolescent mental health services. The Board has been a considerable distance from meeting these targets for a number of reasons including issues around significantly higher demand and staff recruitment, retention and absence. Nonetheless, considerable work is underway locally to address this backed by additional Government investment, including £5,716,858 from 2018/19 to 2021/22 to recruit additional staff in key settings. You reiterated the Board's commitment to meeting and maintaining local performance against these priority mental health access targets.

Patient Safety and Infection Control

9. Rigorous clinical governance and robust risk management are fundamental activities for any NHS Board, whilst the quality of care and patient safety are of paramount concern. I know that there has been a lot of time and effort invested locally in effectively tackling infection control; this is reflected in the Board delivering a 94% reduction in cases of clostridium difficile infection in those over 65 since 2007 and a 71% reduction in rates of MRSA over the same timeframe.

10. In terms of Hospital Standardised Mortality Ratios (HSMR), the Board recorded a fall of 7.1% for local acute hospitals between quarter ending March 2014 and quarter ending June 2018. That said, the Board failed to meet the March 2018 standard for Staphylococcus Aureus Bacteraemia (SAB) cases, though you have assured me that the Board remains committed to making further progress.

11. The Healthcare Environment Inspectorate carried out unannounced inspections of Victoria and Queen Margaret Hospitals in August 2017. This resulted in two requirements and two recommendations. An improvement plan was developed by the Board and you have assured me that the requirements and recommendations have been actioned. On 14 November 2018, Healthcare Improvement Scotland published its Older People in Acute Hospitals inspection report for Victoria Hospital. The unannounced inspection took place between 4 and 6 September 2018. Overall, this was a positive report, highlighting five areas of good practice and seven areas for improvement. You confirmed that the Board has developed an improvement action plan to address the required areas.

Improving Access: Waiting Times Performance

12. I want to take the opportunity to congratulate the Board and your staff for consistently achieving performance at or above 95% for the 4-hour unscheduled care target. Performance for the year to September was 95.7%, which is a significant achievement given that the level of attendance for year to September 2018 was the highest level in any equivalent period since reporting began (71,547). You nonetheless assured me that there is absolutely no complacency and that the Board remains fully committed to maintaining this performance. The Government's National Unscheduled Care Team will continue to support the local work.

13. NHS Fife, along with other NHS Boards, have continued to experience challenges in delivering the suite of elective access targets and standards during 2017/18. Pressures on bed capacity have led to an increase in Treatment Time Guarantee breaches. NHS Fife does, however, continue to perform well in diagnostics and reducing the backlog on the outpatient waiting list. The Government's Access Support Team continues to work closely with NHS Fife, including holding monthly performance meetings with the Chief Operating Officer. The Government has also provided additional funding to support service recovery of waiting times. The Board now has clear recovery plans and trajectories in place, in line with the national improvement plan, and you assured me that NHS Fife is committed to re-establishing and maintaining the previously good position.

14. The Board is to be commended for its sustained achievement against the 31-day cancer access standard with a performance of 96.1% in the second quarter of 2018. However, you have assured me that the Board is committed to improving local performance against the 62-day standard with NHS Fife recording a performance of 87.1% in the same quarter. The Board has been allocated funding to improve the recovery of waiting times performance in a range of areas, including: releasing capacity in urology and colorectal theatres, additional respiratory and dermatology lesion clinics, and the introduction of the innovative testing kit: 'qFIT'. The Government's Cancer Delivery Team will continue to work with NHS Fife to enable a return to above 95% performance against the 62-day standard. We will continue to keep this and other areas of access performance under very close review.

Health and Social Care Integration

15. The single Fife Health and Social Care Partnership has four key strategic themes: Prevention and Early Intervention; Integrated and Co-ordinated Care; Improving Mental Health Services and Reducing Inequalities. Considerable work has been taken place in the last year to establish locality arrangements. There are seven localities: South West Fife, Dunfermline, Cowdenbeath/Lochgelly, Kirkcaldy, Glenrothes, Levenmouth, and North East Fife.

16. A number of important redesign of services are underway across a range of services including: day services and day Hospital for older people; Stratheden Hospital; GP and primary care services; and community hospitals. Whilst the lead role for these reviews rest with the Integrated Joint Board, I was assured that NHS Fife would play its part in ensuring that any service change proposals are fully informed by the robust and meaningful engagement of all stakeholders.

17. I heard in a number of meetings during the day that an underlying pressure was the financial position of the Partnership, with two key contributing factors being a rising spend on adult social care and prescribing. However, a clear additional pressure is the deficit with which the IJB began with. I remain concerned that this 'legacy' deficit will continue to hamper the IJB in progressing its necessary work to meet our shared natural and local objectives. As I progress my discussion with COSLA to address this, I look for co-operation from the Board to assist me finding a reasonable and proportionate resolution.

Finance

18. It is vital that NHS Boards achieve both financial stability and best value for the considerable taxpayer investment made in the NHS. I am therefore pleased to note that NHS Fife met its financial targets for 2017/18. The need for strong financial performance is essential as the demands on health and care services continues to grow. Nonetheless, you confirmed that the Board continues to actively monitor the achievement of all local efficiency programmes and, whilst the position is challenging, NHS Fife remains fully committed to meeting its financial responsibilities in 2018/19 and beyond.

Annual Review: Public Session

19. I understand that the Board is due to hold a public session in Dunfermline on 15 February. This will include a presentation from the Chair on performance during 2017/18 as well as a Q&A session with Ministerial presence. A detailed account of the specific progress the Board has made in a number of other areas is available to members of the public in the self-assessment paper which the Board prepared for the Annual Review. This has been published on the NHS Fife website.

Conclusion

20. I do not want to lose sight of some of the excellent work that has been undertaken locally in 2017/18 for the benefit of local patients; not least in some of the health care improvement activity, management of unscheduled care activity, and the maintenance of financial control. I want to record my thanks to the Board and local staff for their efforts, professionalism and commitment.

21. Whilst I recognise that NHS Fife is making progress in taking forward a challenging agenda on a number of fronts, I have been assured that the Board understands the need to improve performance in some key areas, whilst maintaining the quality of frontline services and demonstrating best value for taxpayers' investment. We will continue to keep progress under close review and I have included a list of the main performance action points in the attached annex.

Kind regards

JEANE FREEMAN

NHS FIFE ANNUAL REVIEW 2017/18

MAIN ACTION POINTS

The Board must:

- Continue to deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety
- Keep the Health & Social Care Directorates informed on progress towards achieving all access targets in line with agreed improvement trajectories, including the 62-day cancer target and mental health access targets
- Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection
- Continue to achieve financial targets
- Ensure that there is provision for appropriate attendance at, and regular meetings of, the Area Clinical Forum. The Forum's regular and full involvement is essential in delivering the Board's commitment to clinical effectiveness, governance and patient safety.
- Continue to work constructively with planning partners on the critical health and social integration agenda
- Keep the Health & Social Care Directorates informed of progress with local service redesign plans, in line with the national policy
- Keep the Health & Social Care Directorates informed of progress with its significant local health improvement activity, including improvement in local smoking cessation activity
- Provide a written update to the Scottish Government on progress against the above actions by 30 June 2019

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Jeanne Freeman MSP
Cabinet Secretary for Health & Sport
Scottish Government
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Date	11 March 2019
Your Ref	
Our Ref	TM/SF/VM/letters/0311cabsec
Enquiries to	Valerie Muir
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Direct Line	01592 648080
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Dear Cabinet Secretary

I am writing to acknowledge receipt of your formal letter, dated 31 January 2019, following NHS Fife's Annual Review on 3 December 2018. Included in your formal letter are a number of areas for improvement that, as a Board, we will continue to monitor closely and we remain committed to providing good quality care.

As you will be aware, the Annual Review Public Session was held in Dunfermline Carnegie Library on 15 February 2019 attended by Clare Haughey MSP. This was our opportunity to share with the public the services we provide and the transformation work we are undertaking. We also took the opportunity to distribute and share NHS Fife's Annual Report 2017/18.

Finally, I note the request for a formal update on progress against the main actions outlined at the end of your letter. A written response will be provided by 30 June 2019.

Yours sincerely

Tricia Marwick

Tricia Marwick
Chair

Integrated Performance Report
Executive Summary

Based on IPR produced in February 2019

February IPR considered by:

- **Finance, Performance and Resources Committee (12 March 2019)**
- **Clinical Governance Committee (6 March 2019)**
- **Staff Governance Committee (1 March 2019)**

Contents

Overview

The Integrated Performance Report (IPR) is divided into four sections with each section being considered in detail by the appropriate Standing Committee:

- IPR Executive Summary — light pink
- Clinical Governance — light blue
- Finance, Performance & Resources — light green
- Staff Governance — light purple

This Executive Summary of the Integrated Performance Report (ESIPR) is presented to the Board and contains the summaries from each section of the full IPR.

It also contains comments and issues raised at the Standing Committees, which require escalation to the Board. These have been identified by the relevant committee Chairperson.

Performance Summary

Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is more than 5% behind the Standard or Delivery Trajectory	↔	Performance unchanged from previous

Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2018-19 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Clinical Goverance	GREEN	HAI - C Diff	Safe	0.32	12 months to Dec 2018	0.19	12 months to Nov 2018	0.20	↑	0.20	y/e Sep 2018	0.18	3rd	0.27
	RED	Complaints (Stage 1 Closure Rate in Month)	Person-centred	80.0%	Dec 2018	73.7%	Nov 2018	87.5%	↓	78.4%	National Data for 2017/18 not yet published			
		Complaints (Stage 2 Closure Rate in Month)	Person-centred	75.0%	Dec 2018	39.5%	Nov 2018	65.7%	↓	46.7%	National Data for 2017/18 not yet published			
		HAI - SABs	Safe	0.24	12 months to Dec 2018	0.44	12 months to Nov 2018	0.44	↔	0.44	y/e Sep 2018	0.41	10th	0.33
Finance, Performance and Risk	GREEN	IVF Treatment Waiting Times	Person-centred	90.0%	3 months to Dec 2018	100.0%	3 months to Nov 2018	100.0%	↔	100.0%	Treatment provided by Regional Centres so no comparison applicable			
		4-Hour Emergency Access *	Clinically Effective	95.0%	12 months to Dec 2018	95.7%	12 months to Nov 2018	95.5%	↑	96.0%	y/e Dec 2018	95.7%	3rd	90.9%
		Cancer 31-Day DTT	Clinically Effective	95.0%	Dec 2018	98.1%	Nov 2018	93.1%	↑	95.6%	q/e Sep 2018	83.2%	5th	81.4%
		Antenatal Access	Clinically Effective	80.0%	3 months to Oct 2018	91.6%	3 months to Sep 2018	91.6%	↔	90.9%	Only published annually: NHS Fife was 7th for FY 2017-18			
		Drugs & Alcohol Treatment Waiting Times	Clinically Effective	90.0%	q/e Sep 2018	98.5%	q/e Jun 2018	97.7%	↑	98.1%	q/e Sep 2018	98.5%	3rd	94.2%
	AMBER	Outpatients Waiting Times	Clinically Effective	95.0%	Dec 2018	92.2%	Nov 2018	94.2%	↓	N/A	End of September	92.5%	1st	70.5%
		Diagnostics Waiting Times	Clinically Effective	100.0%	Dec 2018	98.4%	Nov 2018	98.1%	↑	N/A	End of September	99.0%	3rd	78.1%
		Dementia Post-Diagnostic Support	Person-centred	100.0%	2017/18	84.0%	2016/17	88.1%	↓	N/A	Only published annually: NHS Fife was 6th for FY 2016/17			
	RED	Dementia Referrals	Person-centred	1,327	Apr to Sep 2018	349	Apr to Jun 2018	193	↓	349	Only published annually: NHS Fife was 3rd for FY 2016/17			
		18 Weeks RTT	Clinically Effective	90.0%	Dec 2018	80.4%	Nov 2018	78.5%	↑	79.6%	Sep-18	79.6%	7th	81.2%
		Patient TTG	Person-centred	100.0%	Dec 2018	68.6%	Nov 2018	67.8%	↑	72.1%	q/e Sep 2018	68.8%	7th	72.9%
		Cancer 62-Day RTT	Clinically Effective	95.0%	Dec 2018	89.8%	Nov 2018	86.1%	↑	85.5%	q/e Sep 2018	95.5%	6th	95.1%
		Detect Cancer Early	Clinically Effective	29.0%	2 years to Jun 18	23.8%	2 years to Mar 18	24.9%	↓	N/A	Only published annually: NHS Fife was 6th for 2-year period 2016 and 2017			
		Delayed Discharge (Delays > 2 Weeks)	Person-centred	0	27th Dec Census	37	29th Nov Census	21	↓	N/A	27th Dec Census	9.96	4th	10.42
		Smoking Cessation	Clinically Effective	490	Apr to Sep 2018	198	Apr to Aug 2018	166	↓	198	q/e Jun 2018	20.4%	8th	21.8%
		Alcohol Brief Interventions	Clinically Effective	4,187	Apr to Dec 2018	2,873	Apr to Sep 2018	1,991	↓	2,873	Only published annually: NHS Fife was 8th for FY 2017-18			
		CAMHS Waiting Times	Clinically Effective	90.0%	3 months to Dec 2018	82.6%	3 months to Nov 2018	81.8%	↑	76.5%	q/e Sep 2018	78.1%	4th	69.0%
		Psychological Therapies Waiting Times	Clinically Effective	90.0%	3 months to Dec 2018	72.0%	3 months to Nov 2018	71.1%	↑	68.3%	q/e Sep 2018	67.1%	10th	75.5%
Staff Governance	RED	Sickness Absence	Clinically Effective	5.00%	12 months to Dec 18	5.47%	12 months to Nov 18	5.51%	↑	5.27%	Only published annually: NHS Fife had the highest sickness absence rate in FY 2017-18 (Fife performance 5.76%, Scotland performance 5.39%)			

* **The 4-Hour Emergency Access performance in December alone was 92.8% (all A&E and MIU sites) and 90.7% (VHK A&E, only)**

Executive Summary

At each meeting, the Standing Committees of the NHS Fife Board consider targets and standards specific to their area of remit.

This section of the IPR provides a summary of performance standards and targets that have not been met, the challenges faced in achieving them and potential solutions. Topics are grouped under the heading of the Committee responsible for scrutiny of performance.

This section also provides a summary of the Capital Programme and Financial position.

CLINICAL GOVERNANCE

Hospital Acquired Infection (HAI) - Staphylococcus aureus Bacteraemia (SAB) *target: We will achieve a maximum rate of SAB (including MRSA) of 0.24.*

During December, there were 8 *Staphylococcus aureus* Bacteraemias (SAB) across Fife, 4 of which were non-hospital acquired, with 4 occurring in VHK. The number of cases in December was 5 less than in November and 2 less than in December 2017, so the annual infection rate has fallen slightly (albeit remaining significantly above the recovery trajectory proposed in the Annual Operational Plan).

During the whole of 2018, there have been 114 cases, 74 of which were non-hospital acquired bloodstream infections.

Assessment: During 2018, the Acute Services Division continued to see intermittent Peripheral Vascular Cannulae (PVC) and Central Venous Catheter (CVC) related SAB. A number of initiatives are underway via the ePVC working group to revisit compliance with PVC insertion and maintenance bundles. Skin and soft tissue infections in the community, particularly within the diabetic community, continue to be a concern. These infections are difficult to prevent without early interventions for diabetic patients with new and existing skin conditions. However, this challenge and possible solutions / interventions will be discussed at the Clinical and Care Governance Groups across the HSCP.

Dr Keith Morris presented on SAB at the NHS Fife Clinical Governance Committee. The increase in cases was discussed at the Infection Control Committee in February, and will also be tabled at the Acute Service Division and HSCP Governance Groups.

Complaints *local target: At least 80% of Stage 1 complaints are completed within 5 working days of receipt; at least 75% of Stage 2 complaints are completed within 20 working days; 100% of Stage 2 complaints are acknowledged in writing within 3 working days.*

The number of complaints closed (and the times to closure) both fell during the seasonal holiday period. The Stage 1 rate was below the local target for the first time in 4 months, while the Stage 2 rate fell to its lowest figure since July.

Assessment: The internal complaints-handling process continues to be monitored across Acute and Health and Social Care Partnership.

The Patient Relations Team continue to review the quality of investigation statements and draft responses, along with a daily review of open cases to ensure timescales and deadline issues are addressed in a timely manner. Escalation processes have been implemented where there is a delay in receiving statements within the required timescale.

FINANCE, PERFORMANCE & RESOURCES

NHS Acute Division

4-Hour Emergency Access *target: At least 95% of patients (stretch target of 98%) will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment.*

During Calendar Year 2018, 95.7% of patients attending A&E or MIU sites in NHS Fife waited less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment. We have remained above the Standard since October 2017.

In December itself, 90.7% of the patients attending the VHK Emergency Department met this target, equating to 525 breaches out of 5,651 attendances. One of the breaches was over 12 hours.

Assessment: Whilst the VHK has had increased patient levels in comparison to previous years, the % of patients treated within the target time continues to be in line with the Standard, and above the national average performance. There has been an increasing number of patients waiting longer than 4 hours for admission to the hospital, directly linked to hospital pressure in terms of bad capacity and an increase in respiratory infections, as well as the number of frail people being admitted to hospital. Exit for patients who needed additional support at home or support in community hospitals was also challenging.

Cancer 62 day Referral to Treatment *target: At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days.*

In December, 89.8% of patients (53 out of 59) started treatment within 62 days of an urgent suspected cancer referral, the second successive modest monthly improvement. The 6 breaches were across 3 different specialties, with 4 in Lung and 1 each in Ovarian and Colorectal.

Assessment: Performance continued to be challenging in December, particularly in relation to Ovarian Cancer (surgical capacity in Gynaecology) and Lung Cancer (waits for stereotactic radiotherapy – SABR – carried out in NHS Lothian). These issues will impact on our ability to meet the Standard during the final quarter of 2018/19.

Patient Treatment Time Guarantee *target: We will ensure that all eligible patients receive Inpatient or Day-case treatment within 12 weeks of such treatment being agreed.*

In December, 68.8% of patients were treated within 12 weeks, virtually unchanged from the previous 4 months. The highest number of breaches (159) was in the Ophthalmology specialty, where the waiting list and the number of ongoing waits over 12 weeks are continuing to fall.

Assessment: Delivering the elective programme and recovery plan over the winter period has been difficult due to unscheduled care pressures. The focus continues to be on reducing the number of patients waiting more than 26 weeks for treatment. This is reflected in the performance in Q3. Activity has been outsourced for Urology, General Surgery, Oral Maxillofacial, Ophthalmology, Orthopaedics, Gynaecology and ENT and additional ambulatory and day case areas being staffed at VHK as part of the Site Optimisation plan to avoid cancellations due to bed capacity and enable additional weekend lists to be undertaken. Performance will continue to be a challenge in Q4 2018/19 particularly for Urology however performance in ENT and Ophthalmology will improve significantly.

Diagnostics Waiting Times *target: No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests.*

At the end of December, 98.4% of patients on the waiting list had waited less than 6 weeks for their test, maintaining the excellent performance seen throughout 2018. Of the 55 breaches, 50 were for a CT scan. The overall waiting list has reduced by 35% over the last year, reflecting the additional activity undertaken.

Assessment: The recovery plan for 2018/19 is being implemented and continues to maintain an improved position for Radiology.

The implementation of the recovery plan for Endoscopy, with funding secured from the Scottish Government, has delivered an improved position. It is anticipated that this will be sustained despite the increase in bowel screening referrals.

18 Weeks Referral-to-Treatment *target: 90% of planned/elective patients to commence treatment within 18 weeks of referral.*

During December, 80.4% of patients started treatment within 18 weeks of referral. Performance has been between 77% and 81% in each month since the summer of 2017.

Assessment: The 18 weeks performance will continue to be a challenge in Q4 of 2018/19 due to the reduction in performance in the patient treatment time guarantee alongside the slower than anticipated improvement in performance for outpatients.

Health & Social Care Partnership

Delayed Discharge *target: No patient will be delayed in hospital for more than 2 weeks after being judged fit for discharge.*

The overall number of patients in delay at the 27th December Census (excluding Code 9 patients – Adults with Incapacity) was 82, 22 more than at the November Census. The number of patients in delay for over 14 days (again excluding Code 9 patients) was 37, the highest figure recorded since November 2016.

Assessment: The Partnership continues to rigorously monitor patient delays through a daily and weekly focus on transfers of care, flow and resources. Improvement actions have focused on earlier supported discharge and earlier transfers from our acute setting to community models of care. Close working with acute care continues in order to ensure available community resources are focused on the part of the system where most benefit can be achieved in terms of delays and flow.

Smoking Cessation *target: In 2018/19, we will deliver a minimum of 540 post 12 weeks smoking quits in the 40% most deprived areas of Fife.*

Data from the National Smoking Cessation Database shows that 198 people in the 40% most deprived areas of Fife who attempted to stop smoking during the first half of the FY had successfully quit at 12 weeks. Note that the target for the year has been reduced by the Scottish Government from 540 to 490. The targets for all other Mainland Health Boards apart from Forth Valley have also been reduced.

Assessment: Distribution of No Smoking day resources across various settings is planned for February in advance of the No Smoking Day on 13th March. Service adverts will be on the internal panels of all buses before and after NSD, while digital adverts have been running in the Leven Sainsburys supermarket and Glenrothes Kingdom Centre. These adverts have been supported with pop-up stands to raise awareness of services.

Additional staff have been trained to drive the mobile unit to increase use and reach into the more deprived communities, while a new staff member is in post, allowing an extension to the working day to allow clients to access services in the early evening / after work.

Child and Adolescent Mental Health Services (CAMHS) *target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services (note: performance is measured on a 3 month average basis).*

In the final quarter of 2018, 82.6% of patients who started treatment did so within 18 weeks of referral, the best performance since the first quarter of 2017. However, the number of patients starting treatment in the quarter was around 10% less than in the final quarter of 2017, and the waiting list is again on an upward trend.

Assessment: Referrals to CAMHS continue to be significant. Ongoing initiatives around robust screening, positive signposting and engagement with partner agencies to increase the capacity of universal service providers has allowed specialist CAMHS to focus their provision on children and young people with complex, serious and persistent mental health needs.

Additional Primary Mental Health Workers, which will place mental health professionals alongside GPs, are to be recruited as part of the SG Action 15 funding. This will provide early intervention, improve initial assessments and increase effectiveness of signposting thus reducing the overall burden on both GPs and the Tier 3 CAMH service. This resource will be recruited in January and operational by February/March.

Psychological Therapies Waiting Times *target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies (note: performance is measured on a 3 month average basis).*

In the final quarter of 2018, 72.0% of patients who started treatment did so within 18 weeks of referral, a slight improvement on the performance in the final quarter of 2017. However, the overall waiting list has increased by 23% during the last year, while the number of patients already waiting more than 18 weeks has increased by 37%.

Assessment: Services providing brief therapies for people with less complex needs are meeting the RTT 100%; overall performance reflects the longer waits experienced by people with complex needs who require longer term treatment. We continue to address the needs of this population through service redesign with support from the ISD/HIS Mental Health Access Improvement Support Team.

The establishment of Community Mental Health Teams across Fife is progressing well and can be expected to contribute to the reduction of waiting times for the most complex patients once a multi-disciplinary team case management approach is fully operational. In November, the 'AT Fife' website was launched by the Psychology Service to facilitate self-referrals to low intensity therapy groups. This initiative will increase access to Psychological Therapies (PT) and reduce waiting times for people with mild-moderate difficulties. We anticipate that this new pathway will also free up capacity in specialist services to offer PT to people with more complex needs.

Financial Performance

Financial Position

The in-year revenue position for the 10 months to 31 January reflects an overspend of £2.914m. This comprises an underspend of £2.828m on Health Board retained budgets; and a net overspend of £5.742m aligned to the Integration Joint Board, including delegated health budgets (£0.577m) and the estimated impact of the risk share arrangement (£5.165m).

The reported year end forecast at month 10 is an overspend of £3.109m. This includes a forecast underspend on the Health Board retained budgets of £3.665m; and a net forecast overspend of £6.774m aligned to the Integration Joint Board (comprising a forecast overspend of £0.576m on delegated health budgets and an estimated risk share impact of £6.198m).

As reported last month, there remain two key areas of concern in both the reported in-year and forecast outturn positions. These encompass:

- the certainty of the Acute Services Division forecast overspend position, with a particular focus on waiting times funding and underpinning assumptions on committed expenditure;

and

- the IJB forecast overspend position with particular reference to the social care overspend and the extent to which this impacts on the NHS Fife position, through the IJB risk share arrangement.

ASD forecast outturn position:

The Acute Services Division's forecast overspend is £9.514m of which £3.861m overspend relates to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but remain managed by the NHS Board.

The Division's current year budget includes waiting times funding of £5.3m and £0.350m cancer funding. The assumption made last month has been held firm that, aside from £0.6m slippage, this funding will be committed in full by the end of this financial year. Clearly any slippage will impact on the forecast outturn position and performance measures.

IJB forecast overspend position:

The health component of the IJB continues to improve (forecast net overspend of £0.576m). Given the scale of the forecast overspend, it would be unreasonable for the IJB to transfer any unspent allocations into a reserve at year end, leaving NHS Fife and Fife Council to manage the full quantum of the IJB overspend through their respective positions at the year end. The approach set out in the reported position, therefore, has been to offset unspent allocations (currently forecast at £1.432m, being the net impact of ADP and Primary Care Improvement Fund monies) against the overspend this year, with the IJB required to find an alternative means to support these projects in the next financial year.

In contrast to the improving health position within the Health & Social Care Partnership, the social care position continues to worsen and despite efforts to identify management actions, the total IJB forecast overspend is currently £9.409m. The NHS Fife risk share contribution calculation on a forecast overspend of £9.409m remains significantly high at £6.774m; the impact of the risk sharing arrangement is such that the IJB would deliver a balanced position but with NHS Fife potentially reporting an overall overspend of £3.109m.

The IJB reported position excludes the Acute 'set aside' forecast overspend of £3.861m which is retained within the overall Health Board position. This overspend has not been included within the calculation of the overall risk share arrangement between the respective partners at year end.

Due to the complexities of the current Integration Scheme arrangements and the fluidity of a number of variables across the health system, it is difficult to be entirely definitive on the year end forecast at this time and the position may move (positively or negatively) over the remaining two months of the year. This also recognises information received mid January in relation to potential additional income from Scottish Government, through the Pharmaceutical Pricing Regulation Scheme and indications of a reduced premium for the

Clinical Negligence and Other Risks Scheme (CNORIS), quantification of which remains outstanding.

Notwithstanding the concerns outlined above, as previously reported we continue to quantify a range of scenarios for the year end forecast outturn. The current 'best case' scenario, taking account of a number of potential improvements, is an overspend of £0.362m, prior to the PPRS and CNORIS movements which are not yet quantified. To this end, Board members can take a degree of assurance that a breakeven position may be achievable.

Members should note that this position will be reported to Scottish Government Health & Social Care Directorates as part of the routine monthly financial performance returns. No formal request for additional resources is being sought at this point in time however, the impact of the risk share arrangement continues to be highlighted as a specific risk to the delivery of breakeven and a meeting with SGHSCD colleagues is scheduled for the end of February to discuss the current issues in the Health & Social Care Partnership.

Capital Programme

The total anticipated Capital Resource Limit for 2018/19 is £8.400m. The capital position for the 10 months to January shows investment of £4.339m, equivalent to 51.65% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

STAFF GOVERNANCE

Sickness Absence *target: We will achieve and sustain a sickness absence rate of no more than 4%, measured on a rolling 12-month basis*

The sickness absence rate in the whole of 2018 was 5.47. During the first nine months of FY 2018/19, sickness absence was 5.27%, a decrease of 0.22% when compared with the equivalent period of FY 2017/18.

Assessment: The NHS Fife sickness absence rate was higher in FY 2017/18 compared to FY 2016/17. However, improvements have been seen in recent months despite an increase in the monthly absence rates from August to December 2018.

iMatter *local target: We will achieve a year on year improvement in our Employee Engagement Index (EEI) score by completing at least 80% of team action plans resulting from the iMatter staff survey.*

The 2018 iMatter survey involved 800 separate teams of staff across NHS Fife and the H&SCP. Each team was expected to produce an Action Plan, with a completion date of 12th November. By the completion date, 344 Action Plans (43%) had been completed. This has increased slightly to 376 (47%) at the end of January.

The next cycle of iMatter, which will enable a further assessment of performance in this area, will commence in April.

Assessment: The 2018 survey achieved a response rate of 53%, 9% less than the 2017 response rate, and because it is below the 60% threshold for production of a Board report, there is no published EEI score. However, the Board Yearly Components Report which details the answers provided to every question in the questionnaire by the 53% of staff who responded are in every case either improved or the same as 2017.

TURAS local target: *At least 80% of staff will complete an annual review with their Line Managers via the TURAS system*

Monthly reporting is now available for Turas, and the completion rate at the end of January has reduced to 25%.

Assessment: It is recognised that a significant number of reviews occur in the January-March period, so the current performance figure will increase as reviews undertaken in February and March are recorded. This will be addressed with the implementation of a recovery plan for the rolling year going forward. The recovery plan will be agreed at EDG, with milestones for improvement to return to the 80% compliance agreed by directors.

Clinical Governance: Chair and Committee Comments

CLINICAL GOVERNANCE COMMITTEE (Meeting on 6th March 2019)
Key issues to be raised: • The Committee noted the improvement activity in relation to kidney injury and fluid management and that this work had been recognised nationally by HIS

Finance, Performance & Resources: Chair and Committee Comments

FINANCE, PERFORMANCE & RESOURCES COMMITTEE

(Meeting on 12th March 2019)

Key issues to be raised:

- the challenges in delayed discharge numbers over the winter period, reflecting capacity issues in Care at Home;
- the recently improved performance of CAMHS, with the Committee commending staff for their considerable efforts in meeting the target despite ongoing high levels of demand; and
- the current financial position, with a January year-end forecast of an overspend of £3.109m (mid range), reflecting challenges in Acute Services (and some uncertainty over waiting times funding and committed expenditure) and the potential impact of the IJB overspend in social care on the NHS Fife position, through the current risk share arrangement (with the Committee supporting a related review of the Integration Scheme where this is defined).

Staff Governance: Chair and Committee Comments

STAFF GOVERNANCE COMMITTEE

(Meeting on 1st March 2019)

Key issues to be raised:

- **Sickness Absence**

  This remains below target at an average rate of 5.2%. Work is ongoing to focus attention on those areas experiencing particular difficulties and to support organizational learning via an inclusive event.

- **iMatter**

  The Committee is pleased to note that the iMatter story involving the Occupational Therapy Team within the H&SCP was voted best team story within a H&SCP in Scotland. The team is to be invited to the NHS National event to tell their story, where the overall winner will be selected.

- **TURAS / Core Training**

  The Committee noted the reduction in performance in both of these areas and the discussions already commenced with EDG in order to improve. This work will continue to be progressed, including the identification of improvement targets.

- **Credit Union**

  This initiative has been launched in partnership with Unison colleagues, and has been welcomed very positively by staff. The manner in which this was promoted within the Board has been acknowledged at a national level and is to be taken as the benchmark against which future launches will be measured. The additional support that this provides to staff cannot be underestimated.

- **Workforce Strategy National Issues**

  The Committee recognizes the variety of workforce challenges facing the Board. There is a need to ensure that feedback is provided at a national level where the solutions (for example, increased training places and opportunities) may require to be driven nationally.

Recommendation

The NHS Fife Board is asked to:

- Note the information contained within the Integrated Performance Report Executive Summary

PAUL HAWKINS
Chief Executive
20th March 2019

Prepared by:
CAROL POTTER
Director of Finance

Fife NHS Board

DATE OF MEETING:	27 March 2019
TITLE OF REPORT:	Financial Plan 2019/20-2021/22 and Budget Setting 2019/20
EXECUTIVE LEAD:	Carol Potter, Director of Finance
REPORTING OFFICER:	Rose Robertson, Deputy Director of Finance

Purpose of the Report (delete as appropriate)		
For Decision	**For Discussion**	~~**For Information**~~

Route to the Board (must be completed)

NHS Board Development Sessions December 2018 / February 2019
Finance, Performance & Resources Committee 12 March 2019

SBAR REPORT

Situation

This report provides the financial plan for 2019/20 and an overview on the financial outlook for the subsequent two financial years to 31 March 2022. It builds on the Financial Outlook presented to the Finance, Performance & Resources Committee in September and November 2018 and January 2019, as well as the presentation provided at the NHS Board Development Sessions on 19 December 2018 and 27 February 2019.

It provides details of the underpinning assumptions and methodology adopted to inform the financial planning process for 2019/20 and beyond, and the budget setting for 2019/20. The detail of this report will be used as the basis for the financial aspects of the Annual Operational Plan to Scottish Government over the coming weeks. At this time the report does not present a detailed efficiency plan to address the financial plan gap for 2019/20, however this work continues in earnest across the Acute Services Division and the Health & Social Care Partnership where the financial challenges are most prevalent.

Background

Income:
The Scottish Government published a Medium Term Health & Social Care Financial Framework in October which set out the challenges in respect of the delivery of a financially balanced and sustainable health and social care system across Scotland. The new planning and performance cycle will require Boards to deliver a breakeven position over a three year period, with flexibility to underspend or overspend up to one percent of their annual resource budget.

In addition, the UK Government Spending Review was announced on 29 October, and informed the Scottish Government Draft Budget announced on 12 December. The Scottish Government budget letter of 12 December informed a baseline funding uplift of 2.6%, plus 0.3% NRAC parity funding for NHS Fife. The letter further set out requirements for NHS boards to deliver a real terms (1.8%) uplift in baseline funding to Integration Authorities for delegated health functions.

The Scottish Draft Budget Announcement included confirmation (across Scotland) of:

- Investment in improving patient outcomes of £392m (includes waiting times; mental health; and primary care funding)
- Transformational change funding of £20m
- Baseline uplift of £281m (including NRAC)
- Additional £120m social care funding (direct to Local Authorities)
- Further £40m included in local government settlement

Expenditure:
The range of expected cost increases are attached at Appendix 1, as previously reported to the Finance, Performance & Resources Committee.

Details of the projected in year budget gap of £2.650m are summarised in Table 1 below.

Table 1 Projected Financial Outlook 2019/20

	£'000
Increase in funding	
Uplift (2.57%)	12,148
ADEL	2,500
NRAC	2,200
PPRS	3,004
Increase in funding	**19,852**
Estimated Additional Expenditure	
Pay Uplift	9,191
Supplies Uplift	1,328
Prescribing Uplift / New Medicines	7,430
PPP Contractual Uplift	729
Infrastructure (inc depreciation)	1,735
Other Healthcare Providers	2,099
New Local Developments	1,826
Financial Flexibility	(1,836)
Estimated increase in expenditure	**22,502**
Estimated in year gap	**2,650**

The total increase in funding of £19.852m assumes:

- the reinstatement of Additional DEL (Departmental Expenditure Limit) funding of £2.5m to our assumed baseline;
- an additional NRAC funding sum of £2.2m; and
- the reinstatement of potential annual recurring funding in relation to the New Medicines Fund (NMF) of £3m. This separate allocation from SGHSCD is supported through UK-wide income received under the Pharmaceutical Price Regulation Scheme (PPRS); and is used to offset the cost of the Peer Approved Clinical System medicines (PACS) and specific high cost medicines.

Table 2 below highlights items which are ringfenced for financial planning purposes, and therefore not allocated through the operational budget setting process. This relates to areas where there is little or no influence over the size and timing of spend and limited scope to apply an efficiency

target. This includes for example, costs relating to Service Level Agreements for out of area treatment, PPP contractual obligations, local developments such as cyber resilience and freestyle libra, and infrastructure costs such as depreciation and rates; as well as the release (benefit) of items previously built in to the financial planning model such as our share of Major Trauma provision which is now no longer required. In essence, this reduces the net 2.9% budget uplift available from Scottish Government to 1.6% as available for distribution across individual services. The resulting funding available for distribution is £8.164m per Table 2 below.

Table 2 Funding available for distribution

		£'000
Increase in funding		**19,852**
NRAC		2,200
PPRS		3,004
ADEL		2,500
Service Level Agreements	2,099	
National & Regional Developments	-1,318	
Local Developments	1,826	
Depreciation	1,054	
PPP contractual uplift	729	
Rates	138	
Financial Flexibility	-544	3,984
Subtotal ringfenced		**11,688**
Funding available for distribution		**8,164**

The proposed distribution of total funding across the respective areas is detailed in Table 3 below. Key points to note include:

- NRAC funding of £2.2m is allocated across H&SC delegated; H&SC Acute set aside; and Acute Services budgets on a pro-rata basis in accordance with recurring budgets; this shows more than 66% of the funding being allocated to the health budgets in the Health & Social Care Partnership, supporting the requirement to demonstrate 'shifting the balance of care';
- The allocation of PPRS has been held in the main at a strategic level pending actual spend and 'draw down' from the central fund through an agreed and rigorous process already established with pan Fife representation;
- ADEL has been split 30% to H&SCP; and 70% to Health Board retained services in line with expenditure trends in the current and previous years;
- Ringfenced items (highlighted in Table 2 above) have been allocated to the appropriate service area and the resulting funding amount of £8.164m has been allocated pro-rata based on respective roll forward budgets.
- The net notional funding uplift to the Health & Social Care Partnership equates to 2.5% and thus complies with the directive from Scottish Government to provide a real terms growth in funding for integration authorities.

Table 3 Distribution of available funding

	Uplift		NRAC		PPRS		ADEL		Ring Fenced		Total	
	%	£'000	%	£'000	%	£'000	%	£'000	%	£'000	%	£'000
Funding available for distribution												
H&SCP - Delegated	**46.91**	**3,830**	66.50	1,463	14.41	433	30.00	750	0.00		**32.62**	**6,476**
H&SCP - Acute Set Aside	**4.32**	**353**	6.14	135	0.00	0	9.00	225	0.00		**3.59**	**713**
Acute Services	**19.32**	**1,577**	27.36	602	3.53	106	41.00	1,025	0.00		**16.67**	**3,310**
Estates & Facilities	**8.81**	**719**	0.00	0	0.00	0	20.00	500	21.76	867	**10.51**	**2,086**
Corporate Departments	**6.42**	**524**	0.00	0	0.00	0	0.00	0	26.46	1,054	**7.95**	**1,578**
Strategic	**14.22**	**1,161**	0.00	0	82.06	2,465	0.00	0	51.78	2,063	**28.66**	**5,689**
Total	**100.00**	**8,164**	100.00	2,200	100.00	3,004	100.00	2,500	100	3,984	**100.00**	**19,852**

Assessment

As highlighted in Table 1 above, the output of the financial modelling process identifies a resulting budget gap for the 2019/20 financial year of £2.650m. The legacy unmet savings brought forward from the current year of £14.683m increases the total quantum of savings to £17.333m. The spread of the challenge across the respective areas of NHS Fife, prior to any mitigating action, is reflected in Table 4 below.

Table 4 Updated Analysis of Projected Financial Outlook 2019/20

	Total	H&SCP - Delegated	H&SCP - Acute Set Aside	Acute Services	Estates & Facilities	Corporate	Strategic
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Income	19,852	6,476	713	3,310	2,086	1,578	5,689
Expenditure	22,502	7,213	983	4,622	2225	1,770	5,689
In year gap	2,650	737	270	1,312	139	192	0
Prior year savings recurring shortfall	14,683	5,723	1,391	7,250	265	0	54
Net position	**17,333**	**6,460**	**1,661**	**8,562**	**404**	**192**	**54**
Recurring budget	790,026	370,603	34,172	152,522	69,595	50,741	112,393
In Year Gap % of Recurring Budget	**0.34**	**0.20**	**0.79**	**0.86**	**0.20**	**0.38**	**0.00**
Total Gap % of Recurring Budget	**2.19**	**1.74**	**4.86**	**5.61**	**0.58**	**0.38**	**0.05**

Key messages

Given the constraints of the overall funding envelope, there is no capacity to allocate budgets to cover all existing cost pressures such as the incremental progression as seen in a number of acute nursing budgets and GP prescribing expenditure, despite the positive progress made on medicines waste. Any additional budget for individual areas would require a corresponding increase in the efficiency target. It is important to acknowledge that system-wide there is a run rate underspend in the current year, even after stripping out financial flexibility and risk share implications. This provides a degree of assurance on our 'grip and control' processes. Accordingly, existing pressures are expected to be managed at a local level.

The wider financial challenge must therefore be addressed through transformational change across the whole system to address the legacy and current year savings targets. This will involve a continuing change in mindset and emphasis on the need to balance financial performance with all other operational performance targets and priorities.

Balancing the position

Through the Service Review process, individual service managers have been reviewing all aspects of operational performance, quality/safety, workforce and finance, to support the Annual Operational Plan for 2019/20. The output from these discussions is being collated through the Associate Director of Planning & Performance. This process has been taken forward for Acute Services, Estates & Facilities, Public Health and all Corporate Directorates. It is evident through these discussions that the Acute Services Division faces a significant efficiency target in 2019/20, in

the region of c. 5.6%. To support the identification and delivery of savings, the Chief Operating Officer is establishing a robust governance process. A further update will be provided in due course.

A parallel Service Review process for the Health & Social Care Partnership is being led by the Director of Health & Social Care with a detailed savings programme being considered through the Integration Joint Board governance process. The efficiency target (for the health budgets only) is in the region of 1.7%. Assurance will be required from the IJB on the extent to which the overall programme will deliver a balanced budget for the Health & Social Care Partnership as a whole and the resultant impact on the NHS Fife position.

On the basis of past experience, and as evidenced this year, there is likely to be non recurring financial flexibility identified as the new financial year unfolds. This arises where there is slippage on initiatives or developments and / or where Scottish Government funding is granted but not spent in year on the specified purpose. Any financial flexibility will be prioritised to support any difficulty in the identification and delivery of savings to the quantum required.

The current plan is predicated on at least £5m continued funding in support of elective capacity performance targets. Through the service review process, there were a number of key priorities identified to support delivery of performance targets as well as the financial target. Further clarity is awaited from Scottish Government on the timing and quantum of funding to be allocated to NHS Fife in 2019/20 through the national Waiting Times Improvement Programme. If no additional funding is received there is a risk to operational performance as well as the ability for services to deliver on a range of planned service redesign projects, which would support longer term financial sustainability.

Notwithstanding the latter point in relation to waiting times funding, there is a degree of cautious optimism and confidence that the £17m gap can be managed to deliver a break even position in year 1 of the 3 year planning cycle. This is entirely predicated on a robust and ambitious savings programme across Acute Services and the Health & Social Care Partnership; supported by ongoing effective grip and control on day to day expenditure and existing cost pressures; and early identification and control of non recurring financial flexibility.

Beyond 2019/20

The projected financial outlook for the period to 2022 is detailed in Table 5 below. This excludes the impact of any unmet legacy savings in the current financial year and each year thereafter. The planning assumptions are high level at this point in time, noting that funding from Scottish Government has not been confirmed beyond 2019/20. Expenditure assumptions reflect known cost increases as discussed and tested through the national Corporate Finance Network.

Table 5 Projected Financial Outlook 2019/20 to 2012/22

	2019/20 £m	2020/21 £m	2021/22 £m
Anticipated Income	19.852	18.757	19.154
Anticipated Expenditure	22.502	25.353	22.669
In year gap	**-2.650**	**-6.596**	**-3.515**

Next steps

The Annual Operational Plan will capture the full detail of service plans and financial priorities. A *draft* of the AOP is required for submission to the Scottish Government by the end of March 2019. Given the timing of the receipt of the AOP guidance (27 February), the dates of governance Committees and the full NHS Board meeting, the initial draft submission will be heavily caveated,

given that there is insufficient scope for detailed scrutiny by the Board prior to submission. The AOP will be further developed and refined for formal consideration through the Board's governance processes thereafter. In parallel, opening budgets will be issued to budget holders for formal sign off by 31 March, based on the planning assumptions described above

Recommendation

Members of the Board are asked to:

- **Note** the overall projected financial gap of £17.3m for 2019/20;
- **Note** the methodology taken to allocate notional income uplifts and the subsequent savings target for each service area;
- **Note** the 2020/21 and 2021/22 macro positions excluding any impact of non delivery of recurring savings in 2019/20;
- **Note** the output from the Service Review process along with the Financial Plan, will inform the draft Annual Operational Plan for submission to SGHSCD by the end of March 2019, with the caveat that Board consideration will follow in May;
- **Note** a further detailed report will be considered by the Finance, Performance & Resources Committee and NHS Board in May, in respect of the Acute Services efficiency plans;
- **Approve** the financial plan for 2019/20 and in doing so, confirm the Board's commitment to deliver a balanced position in year one of the three year planning cycle.

Objectives: (must be completed)	
Healthcare Standard(s):	All
HB Strategic Objectives:	All
Further Information:	
Evidence Base:	NA
Glossary of Terms:	NA
Parties / Committees consulted prior to Board:	Finance, Performance & Resources Committee
Impact: (must be completed)	
Financial / Value For Money	Statutory requirement to break even over a 3 year planning period
Risk / Legal:	Refer to Appendix 2
Quality / Patient Care / Workforce / Equality:	No specific issues – this paper provides an overview of the financial outlook.

Appendix 1 – Financial Outlook Expenditure Assumptions 2019/20

Expenditure Budget	Increase assumed	Source of assumption	Unavoidable or service development
Pay	AfC staff 3%; Medical staff 2%; Senior managers 2%	Corporate Finance Network	Unavoidable
General Supplies	1%	Local	Unavoidable
Direct Medical Supplies	4%	Local	Unavoidable
Hospital Drugs & GP Prescribing	4% (growth and price increases)	Local	Unavoidable
Scottish Medicines Consortium approvals	£2.5m (pending horizon scanning analysis)	Local based on information provided	Unavoidable
Rates	2.5%	Local	Unavoidable
NHS Board Service Level Agreements	1.5% (linked to income assumptions)	Corporate Finance Network	Unavoidable
PFI contractual commitments	3.4% (pending confirmation of RPI)	Contractual Agreement	Unavoidable
Major Trauma	0	Funded nationally	-
Acute Nursing Incremental Progression	£0.2m (balance of 3 year agreed funding)	Local Agreement	Development
Depreciation	To be recalculated	Local	Unavoidable
IFRS 16[1]	To be calculated	Awaiting national guidance	Unavoidable
Freestyle Libre	£0.4m	SBAR	Development
Fracture Liaison Service	£0.1m	SBAR	Development
Child Protection	£0.3m	SBAR	Development
Others	£0.9m	SBAR	Development

[1] Effective 2020

Appendix 2 – Financial Risk Matrix

Key Assumptions	Risk Assessment	Potential Impact
Public sector pay negotiations	High	Pay scales are likely to change with a potential impact on incremental pressures. Banding of Health Visitors and Mental Health nursing. Move from Band 1 to Band 2. Any further impact of 'pay as if at work'
Non delivery of recurring savings from previous years	High	Any non delivery of recurring savings from previous years will increase the gap between income and expenditure.
Shifting the balance of care from Secondary Care to Health & Social Care	High	Ability to release resource from Acute services.
Demographics – increase in over 75's	High	Financial impact not quantified; although this is taken into account, to an extent, through the use of nursing workforce tools based on bed complement, and growth in medicines costs.
Development of Community Health & Wellbeing Hubs; and a redesign of our urgent care model	High	Lack of clarity re investment required and potential efficiencies
Ceasing or reduction of non recurring project-specific funding from SG or other sources	Medium	Ability to provide service by other means and / or plan appropriate exit strategies; this includes access support funding.
GP Prescribing	Medium	A sustained level of ongoing growth and price increases have been included in the financial outlook, however there is the potential for increases to be greater than projected. Existing cost pressures may not be manageable within the current resources
Secondary Medicines	Medium	There is a risk that the level of growth exceeds the estimate contained in the financial outlook.
Technology	High	There is a risk that the cost of devices such as Freestyle Libre cannot be funded from existing financial resources or uplift available
Impact of technical accounting changes	Medium	The introduction of International Financial Reporting Standard (IFRS) 16 from January 2020 may result in increased capital and / or revenue costs as all leases are required to be held on the Board's balance sheet.
Impact of Brexit	High	Local, regional and national discussions are underway to assess the potential financial consequences of a 'no deal Brexit' in relation to workforce, supplies, and medicines costs
Service Level Agreements	Medium	Potential increased cost pending confirmation of funding for pay uplift

Fife NHS Board

DATE OF MEETING:	27 March 2019
TITLE OF REPORT:	Capital Investment Programme 2019/20 – 2023/24
EXECUTIVE LEAD:	Carol Potter, Director of Finance
REPORTING OFFICER:	Gordon Cuthbert, Head of Management Accounting & Performance

Purpose of the Report (delete as appropriate)		
For Decision	~~**For Discussion**~~	~~**For Information**~~

Route to the Board (must be completed)

Finance, Performance & Resources Committee 12 March 2019

SBAR REPORT

Situation

As part of the annual financial planning process, the NHS Fife Board is required to consider and approve a five year Capital Investment Programme. The purpose of this SBAR is to provide the NHS Board with an outline of the Capital Investment Programme and thus seek support for the budget proposed for 2019/20 and the indicative programme for 2020/21 to 2023/24. The detailed budget proposals within each category of investment will be considered by the NHS Fife Capital Investment Group during April, with a report to the Executive Directors Group and onwards to the Finance, Performance & Resources Committee thereafter.

Background

The Scottish Government Health & Social Care Directorates (SGHSCD) allocate capital funding to NHS Boards on an annual basis across two main funding streams:

- **project specific funding** for any individual projects over £1.5m which require formal business cases and approval via SGHSCD Capital Investment Group (CIG);

- **formula allocation** which is funding to support the cost of equipment (new and replacement), statutory compliance/backlog maintenance, minor capital schemes, and eHealth.

Capital funding for 2019/20 has not yet been formally confirmed by SGHSCD however, it is anticipated that NHS Fife will receive £2m for the first tranche of the £30m funding associated with the re-provision of Orthopaedic Theatres replacement on the Victoria Hospital site and formula funding will be broadly in line with the current year's allocation at £7.4m.

In relation to capital receipts, it is assumed that the income received from any properties already in the process of being disposed will not be available in 2019/20 to supplement the capital funding available. The net book value of disposals is required to be returned to SGHSCD, with any profit or loss on disposal impacting on the revenue position of the Board.

Assessment

Expenditure Plan 2019/20

The expenditure plan for 2019/20 as set out in Appendix 1 includes the following assumptions, which are largely consistent with previous years' allocation of funds across the different areas

of investment.

Equipment £2.126m: These monies are delegated to the Capital Equipment Management Group to prioritise and allocate. The monies cover both replacement and new equipment required to meet strategic aims. The allocation of these funds will be based on an agreed prioritisation process and include the budget of £90k available to re-provide condemned equipment.

Information Technology £1.041m: These monies are delegated to the eHealth Board to allocate in line with the agreed eHealth Strategy and Board priorities.

Minor Capital Schemes £0.498m: These monies are delegated to the Minor Capital Works Group to allocate to specific projects, using a risk based methodology.

Scheme Development £0.060m: These monies are delegated to the Director of Estates, Facilities and Capital Services for use in developing schemes for future approval.

Statutory Compliance/Backlog Maintenance £3.579m: These monies are delegated to the Director of Estates, Facilities and Capital Services to allocate using a risk based assessment per the current Property & Asset Management Strategy. This will also include the replacement of vehicles as required.

Contingency £0.100m: This allocation will be held by the NHS Fife Capital Investment Group to manage any new priorities in year and to facilitate any executive override.

Detailed expenditure plans for each aspect of the programme have been requested based on the indicative budgets outlined above and will be considered at the April meeting of the NHS Fife Capital Investment Group with a further update to the Executive Directors Group and the Finance, Performance & Resources Committee thereafter. This may require a reallocation of funding across the constituent components of the overall capital plan.

All groups referred to above are multi-disciplinary and comprise representation from across NHS Fife, to ensure all priorities are considered. Where an individual proposal exceeds £100k, a detailed business case is required for consideration by FCIG; in cases where the project exceeds £500k, the detailed business case will also come forward to EDG and the FP&R Committee for approval.

Future Capital Investment Programme

Formula Capital:

Based on previous advice from SGHSCD, it is assumed that the formula allocation will not increase for the foreseeable future and is therefore assumed to remain at current levels for each year to 2023/24. The allocation of funding across the various streams (detailed in Appendix 1) is not anticipated to be radically changed over the period.

Project Funding:

The capital investment programme for 2020/21 and beyond includes an indicative sum of £11m for the East Central Territory Hub projects currently progressing for **Kincardine Health Centre** and **Lochgelly Health Centre**. These are being taken forward by the West Fife management team of the Health & Social Care Partnership and more recently, within the context of the Local Care Programme, led by Scottish Futures Trust. The Initial Agreement was considered by the Scottish Government Capital Investment Group in 2017 and was not approved at that time due

to a number of concerns and queries. Further work is underway within the Partnership to address the concerns raised. A revised Initial Agreement will be presented over the coming months. The case for change will require consideration by both the Integration Joint Board (in relation to the clinical service model and revenue affordability) and the NHS Board (in relation to capital affordability and overall approval) prior to onward submission to SGHSCD.

In parallel with discussions and agreement across the East Scotland Region, the investment programme also incorporates the re-provision of orthopaedic theatres from Phase 2 of Victoria Hospital, Kirkcaldy. An Initial Agreement Document was submitted to the Scottish Government Capital Investment Group in December 2018, to deliver a new **Orthopaedic Elective Centre** for NHS Fife. Confirmation was received in January 2019 that SGHSCD are supportive of the project and in line with the Scottish Capital Investment Manual process, an Outline Business Case will now be progressed.

Not included in the capital investment programme are a number of additional "pipeline" projects. At this point in time, further work is ongoing in relation to these specific projects and, in particular, the requirement to ensure that these are aligned to regional discussions and prioritisation, as well as the aspirations of the Clinical Strategy and Health & Social Care Strategic Plan. These "pipeline" projects include:

- VHK Tower Block Refurbishment
- Mental Health Strategy
- Community Re-design
- Pharmacy Robotics
- Hospital Electronic Prescribing and Medicines Administration (HEPMA)

Recommendation

The Board are asked to:

- **Consider** and **approve** the proposed allocation of funding across the various components of the capital investment plan for 2019/20, subject to further review by the Finance, Performance & Resources Committee, following the identification of the detailed expenditure plans for each area (see final bullet point below);
- **Consider** and **approve** the proposed draft programme of investment for 2020/21 – 2023/24, recognising the pipeline of projects requires further detailed refinement and supporting business cases;
- **Note** that the detailed budget schedule for 2019/20 will be provided to the Finance, Performance & Resources Committee for consideration and approval at the May meeting.

Objectives: (must be completed)	
Healthcare Standard(s):	Safe Best Value
HB Strategic Objectives:	Sustainability
Further Information:	
Evidence Base:	N/A
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Director of Estates, Facilities & Capital Planning NHS Fife Capital Investment Group Finance, Performance & Resources Committee
Impact: (must be completed)	
Financial / Value For Money	To ensure robust financial governance in relation to capital funding
Risk / Legal:	To ensure there are appropriate controls and processes in place to direct limited capital resources on a risk-assessed prioritisation process
Quality / Patient Care:	To ensure capital investment is best directed to ensure there is a safe and sustainable environment for patients and staff
Workforce:	See above
Equality:	N/A

Appendix 1 – Capital Investment Programme 2019/20 – 2023/24

Capital Expenditure Proposals 2019/20-2023/24	19/20 £'000	20/21 £'000	21/22 £'000	22/23 £'000	23/24 £'000
Specific Schemes					
Primary Care And Community Services					
Lochgelly Health Centre			6,000		
Kincardine Health Centre			5,000		
Acute Services Division					
Orthopaedic Theatres	2,000	8,000	20,000		
	2,000	**8,000**	**31,000**	**-**	**-**
NHS Fife Wide Routine Expenditure					
NHS Fife Wide - Condemned Equipment	90	90	90	90	90
NHS Fife Wide - Equipment	2,036	2,036	2,036	2,036	2,036
NHS Fife Wide - Information Technology	1,041	1,041	1,041	1,041	1,041
NHS Fife Wide - Minor Capital	498	498	498	498	498
NHS Fife Wide - Scheme Development	60	60	60	60	60
NHS Fife Wide - Statutory Compliance/Backlog Maintenance	3,579	3,579	3,579	3,579	3,579
NHS Fife Wide - Contingency Balance	100	100	100	100	100
	7,404	**7,404**	**7,404**	**7,404**	**7,404**
	9,404	**15,404**	**38,404**	**7,404**	**7,404**
Pipeline Projects (Pre SCIM)					
VHK Tower Block Refurbishment					
Mental Health Strategy					
Community Redesign					
Pharmacy Robotics					
HEPMA					

Report to the Board on 27 March 2019

BOARD DEVELOPMENT SESSION – 27 February 2019

Background

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

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

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

February Development Session

4. The most recent Board Development Session took place in the Staff Club, Victoria Hospital, Kirkcaldy on Wednesday 27 February 2019. There were four main topics for discussion: Medical Education, Research & Development, Health Inequalities in Fife – the role of NHS Fife and our Partners and Financial Planning 2019-20.

Recommendation

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

TRICIA MARWICK
Board Chairperson
28 February 2019

NHS Fife Board

DATE OF MEETING:	27 March 2019
TITLE OF REPORT:	Surplus Property – Land at Skeith Health Centre
EXECUTIVE LEAD:	Andy Fairgrieve, Director of Estates , Facilities & Capital Services
REPORTING OFFICER:	Andy Fairgrieve, Director of Estates, Facilities & Capital Services

Purpose of the Report (delete as appropriate)		
For Decision		

Route to the Board (must be completed)

This paper has been reviewed and approved and NHS Fife's Executive Directors Group and Finance, Performance & Resources Committee.

SBAR REPORT

Situation

The area of land at Skeith Health Centre, Anstruther, (approximately 2228 m2) shown hatched on the attached site plan, has been identified as requiring the NHS Fife Board to formally declare it surplus to operational requirements.

Background

The land is part of the Skeith Health Centre site at Crail Road, Cellardyke, Anstruther, KY103FF, which opened in 2001. One half of the building is owned by the Anstruther Medical Practice.

With effect from October 2018 there is no future requirement for any of this land.

This process follows the NHS Estates code and Transactions handbook .

Assessment

The land has been identified as requiring the NHS Fife Board to formally declare it surplus to operational requirements.

The remaining site has capacity for further expansion if required in the future.

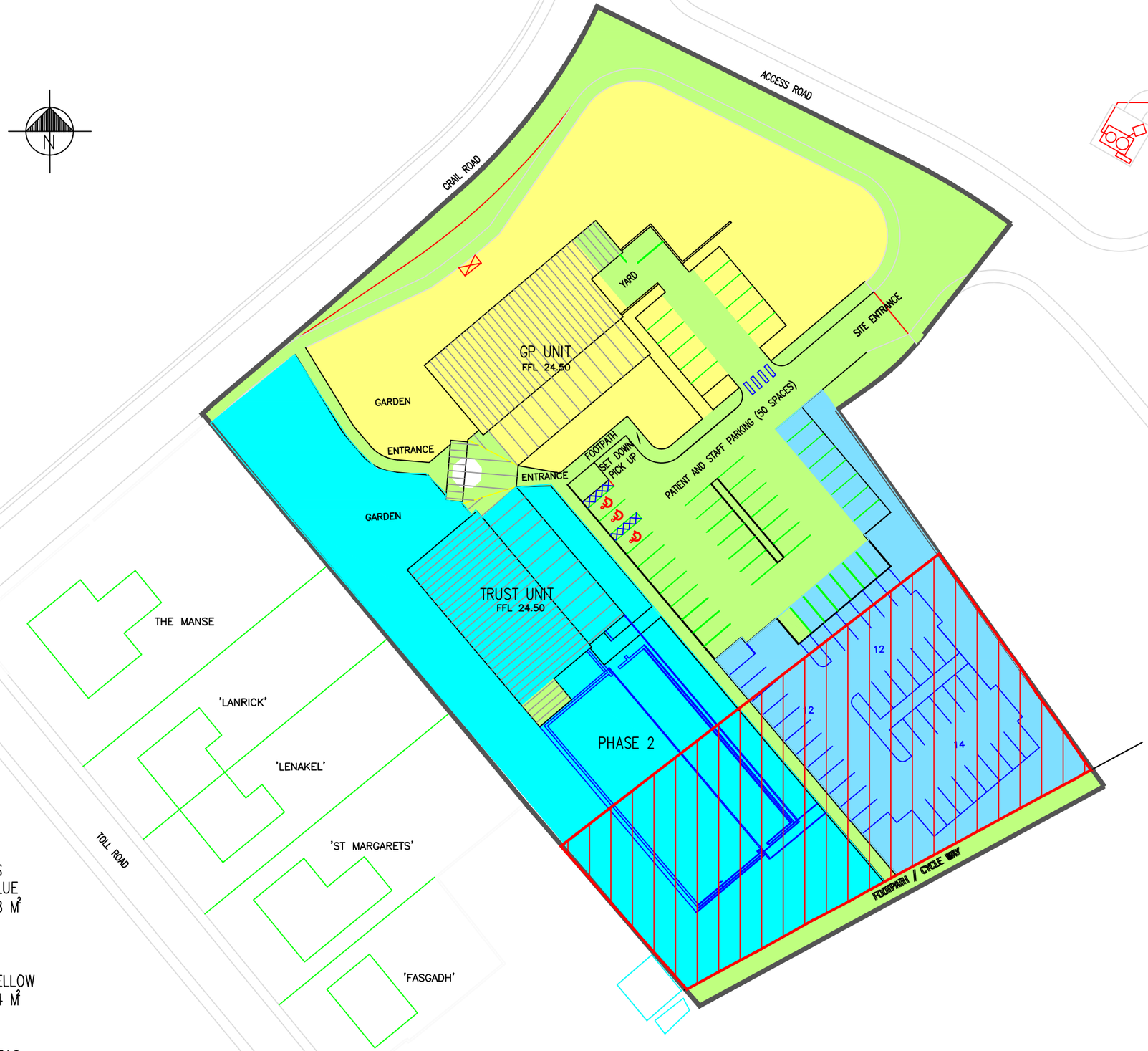
Recommendation

Decision - Approve the proposal to declare the piece of land surplus to NHS operational requirements.

Objectives: (must be completed)	
Healthcare Standard(s):	
HB Strategic Objectives:	Supports NHSS strategic objectives to dispose of surplus land and properties.

Further Information:	
Evidence Base:	
Glossary of Terms:	
Parties / Committees consulted prior to Health Board Meeting:	Executive Directors Group & Finance, Performance & Resources Committee

Impact: (must be completed)	
Financial / Value For Money	Land soled at Market value
Risk / Legal:	CLO involved with transaction
Quality / Patient Care:	No adverse affects to quality or patient care
Workforce:	No relocation or impact to clinical services
Equality:	N/A



SITE AREA = 10000 M²

TRUST AREAS
COLOURED BLUE
AREA = 3348 M²

GP AREAS
COLOURED YELLOW
AREA = 2444 M²

MUTUAL AREAS
COLOURED GREEN
AREA = 2961 M²

PROPOSED LAND SALE
COLOURED RED HATCH
AREA = 2228 M²

NHS Fife

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OPERATING DIVISION
Cameron House
Cameron Bridge
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Fife KY8 5RG

Phone : 01592 712812

drawing
SKEITH MEDICAL CENTRE
CRAIL ROAD
CELLARDYKE
ANSTRUTHER
KY10 3FF

project
SITE LAYOUT PLAN
USE–AREA–SPLIT

date	drawn	checked
9/10/18		

scale	drg. number
NTS	Skeith Health Centre

NHS Fife Board

DATE OF MEETING:	27 March 2019
TITLE OF REPORT:	Excellence in Care Update
EXECUTIVE LEAD:	Helen Wright, Director of Nursing
REPORTING OFFICER:	Marie Paterson

Purpose of the Report (delete as appropriate)		
~~**For Decision**~~	~~**For Discussion**~~	**For Information**

Route to the Board (must be completed)

The update report has been to the Clinical Governance Committee held on 6 March 2019. A verbal update was also given Executive Nursing, Midwifery and Allied Health Professionals Council (ENMAC) on 7 February 2019.

SBAR REPORT

Situation

Excellence in Care (EiC) is the national approach to assuring and improving nursing and midwifery care across all hospitals and community settings in Scotland.

Scottish Government has committed to providing dedicated funding to support the development and implementation of EiC until March 2021. The allocation for 2018/19 has been utilised to fund the continued release of the EiC Lead on a full time basis and dedicated eHealth support.

This update report is brought to NHS Fife Board for information.

Background

Following the recommendations from the Francis Report (February 2013); Keogh Report (July, 2013); the Rapid Review of the Safety and Quality of Care for Acute Adults in NHS Lanarkshire (December 2013) and the Vale of Leven Hospital Inquiry Report (November 2014) there was an increasing emphasis on healthcare to assure the quality of its provision.

The approach to assure care is being taken forward under the banner of EIC and builds on previous policies and work programmes, such as Leading Better Care and the Scottish Patient Safety Programme (SPSP), and is integral to the introduction and implementation of the Safe Staffing legislation. It focuses on improvement and includes the development of clear nursing and midwifery specific indicators that are aligned to: quality of care reviews framework; and the four pillars of the NMC Code. Strong nursing and midwifery clinical leadership, developing and building a culture that promotes psychological safety for staff and delivery of person centred, safe and effective care are key outcomes.

The framework builds upon the findings in the Vale of Leven inquiry report covering nine key areas: culture; leadership; governance; safety; sustainability; effectiveness; person centred; workforce and quality improvement. Within these nine areas sits a number of measures that are integrated across a number of programmes but, that are sensitive enough to provide assurance from ward or service area to Board. The framework also aligns with the principles set out in the Health Care Quality Strategy (providing person-centred, safe and effective care).

Four Deliverables:

1. Identification and development of a nationally agreed (small) set of clearly defined key measures.
2. Develop a framework document that outlines key principles/ guidance to NHS Boards and Integrated Joint Boards.
3. The design and delivery of a local and national infrastructure, and Care Assurance Improvement Resource (CAIR) that enables effective and consistent reporting.
4. A set of NHS Scotland record keeping standards and guiding principles. This work is being taken forward by the Scottish Government, Health Improvement Scotland and other stakeholders.

Assessment

The focus for 2018/19 is on two nursing families i.e. Adult Inpatient and Paediatrics, (followed shortly by Mental Health) and the core indicators (with the exception of Professionalism and Nutrition and Hydration). The remaining nursing and midwifery families and core indicators will be developed and implemented over 2019. Midwifery has been slowed to ensure effective alignment with Best Start and community nursing to ensure alignment with the District Nursing work.

To date a number of measures have been ratified and are published on the Information Services Division (ISD) website. Work is underway locally to look at systems and processes of data collection for the new measures however a number were adopted from other work streams e.g. SPSP and therefore the data was already being collected. This data is either being submitted by local eHealth teams or extracted directly from systems and is available on CAIR. NHS Fife is on track with data submission for these measures. A tool for randomly selecting a sample of patients for manual data collection has been developed locally. Once tested this will be shared with the national team.

NHS Fife continues to support the development / implementation of CAIR by: testing in the local EiC test site; having local membership on the CAIR User Access groups; demonstration the resource at various forums; and Business Intelligence Lead being appointed as Lead of the Data Specialist Group.

To complement the EiC indicators, a generic Care Assurance Observation Tool and accompanying guidance have also been developed and widely tested locally across all nursing and midwifery inpatient wards. This tool will soon be available electronically and will be utilised by Senior Charge Nurses / Midwives for quarterly peer review. A tool which randomly selects the ward to be observed has also been developed locally.

There is a risk of increasing data burden for nursing and midwifery teams as new measures come on board. In an attempt to mitigate this risk, systems for electronic data capture are being explored nationally. Locally, there is agreement that teams will review all data currently being collected so that this can be rationalised where possible. There are also plans to develop a platform for recording clinical data in an attempt to simplify the process.

As part of the funding conditions there is an expectation of Boards to: support the process of identifying nurses and midwives suitable of applying for lead level QI programmes, such as Scottish Improvement Leader (ScIL) Programme and Scottish Coaching and Leading for Improvement Programme (SCLIP); support them through the process; then once complete to support them to apply their QI learning and be a resource to the whole Board to support the implementation of EiC and QI capacity and capability building. To date there is no strategic

approach to support this. There is also no local QI register which takes account of leavers and starters to the organisation therefore data for the QI measures is not readily available
Recommendation • To note the information provided in this paper, with further updates being given at key stages of implementation.

Objectives: (must be completed)	
Healthcare Standard(s):	Quality Strategy; NMC Code; Midwives Rules & Standards
HB Strategic Objectives:	Strategic Framework Clinical Strategy

Further Information:	
Evidence Base:	RCN (2013) Clinical Governance NMC (2013) Regulation in Practice A National Clinical strategy for Scotland 2016 Health and Social Care Delivery Plan National Health and Social Care Workforce Plan Part 1 NHS Fife Clinical Strategy Fife health and Social Care Partnership Full Strategic Plan Scottish Government (2012) Professionalism in nursing, midwifery and the allied health professions in Scotland Scottish Government (2015), Clinical and Care Governance Framework The Vale of Leven Hospital Inquiry Report 2014 NMC Code Midwives Rules & Standards
Glossary of Terms:	
Parties / Committees consulted prior to Health Board Meeting:	DoN: Senior Leadership Team Executive Nursing Midwifery and Allied Health Professionals Council (ENMAC)

Impact: (must be completed)	
Financial / Value For Money	No additional financial costs will be required for implementation.
Risk / Legal:	There is currently no strategic approach to building capacity and capability in QI across the organisation.
Quality / Patient Care:	EiC will provide assurance that nursing and midwifery care across all settings is safe, effective, person centred and of high quality by benchmarking performance and continuous quality improvement
Workforce:	EiC is integral to the introduction and implementation of the Safe Staffing legislation. There is a requirement to build capacity and capability in QI across the nursing and midwifery organisation. Nursing and midwifery staff will require training in the use of CAIR.
Equality:	No equality issues identified.

Fife NHS Board

DATE OF MEETING:	27 March 2019
TITLE OF REPORT:	NHS Board Workplan 2019/20
EXECUTIVE LEAD:	Carol Potter, Director of Finance
REPORTING OFFICER:	Carol Potter, Director of Finance

Purpose of the Report (delete as appropriate)		
		For Assurance

SBAR REPORT

Situation

The NHS Fife Code of Corporate Governance states that the Board and all Committees *"will draw up and approve, before the start of each year, an annual work plan for ..... planned work during the forthcoming year".*

Background

The attached workplan is the forward plan for the new financial year 2019/20

Assessment

The purpose of this report is to seek approval for the Board workplan.

Recommendation

Members of the NHS Board are asked to:

- **approve** the workplan for 2019/20

Objectives: (must be completed)	
Healthcare Standard(s):	Governance and assurance is relevant to all Healthcare Standards.
HB Strategic Objectives:	All
Further Information:	
Evidence Base:	N/A
Glossary of Terms:	
Parties / Committees consulted prior to Committee Meeting:	
Impact: (must be completed)	
Financial / Value For Money	The review and approval of an annual workplan for NHS Board business will ensure appropriate governance across all areas and that effective assurances are provided
Risk / Legal:	
Quality / Patient Care:	
Workforce:	
Equality:	

FIFE NHS BOARD – ANNUAL WORKPLAN 2019/20

	Lead	May	June	July	September	November	January	March
General								
Annual Workplan	**Board Secretary**							√
Code of Corporate Governance	**Board Secretary**			√				
Corporate Calendar 2020-21	**Board Secretary**						√	
Executive Summary Integrated Performance Report	**DoF**	√		√	√	√	√	√
Minutes of Previous Meetings	**Chair**	√		√	√	√	√	√
Note of Board Development Sessions	**Chair**	√		√	√	√	√	√
Statutory and Other Committee Minutes	**Board Secretary**	√		√	√	√	√	√
Governance – General								
Board Self Assessment 2020	**Board Secretary**							√
Excellence in Care: Care Assurance Programme	**DoN**			√				
Ministerial Review Response (time dependent following Annual Review)	**CE**					√		
NHS Fife Strategic Objectives 2019-20	**CE**	√						
Annual Operational Internal Audit Plan	**DoF**	√						
Performance/Delivery								
Annual Operational Plan 2019-20	**DoF**	√						√
Financial Plan & Budget Setting	**DoF**							√
Capital Investment Programme	**DoF**							√
Review of Winter 2019-20	**COO/DoHSC**			√				
Winter Plan 2019-20	**COO/DoHSC**				√			

	Lead	May	June	July	September	November	January	March
Risk								
Board Assurance Framework (BAF)	**DoN**	√				√		
Strategy								
Joint Health Protection Plan	**DoPH**							√
Mental Health Strategy	**DoHSC**	√						
Property & Asset Management Strategy	**DoEFC**	√						
Annual Accounts								
Committee Annual Reports	**DoF**		√					
Annual Statement of Assurance from the Audit & Risk Committee	**Chair A&R Committee**		√					
Annual Accounts & Financial Statements	**DoF**		√					
Annual Audit Report for the Board of NHS Fife and the Auditor General for Scotland	**External Auditor**		√					
Letter of Representation	**DoF**		√					
Patients Funds Accounts	**DoF / External Auditor**		√					
Other/Adhoc								
Director of Public Health Annual Report	**DoPH**	√						
Orthopaedics Outline Business Case	**DoF**			√				
Annual Return of Health Promoting Health Service	**DOPH**					√		

	Lead
Beyond 2020	
Property & Asset Management Strategy (every two years therefore 2021 with interim report in between)	**DoEFC**
Joint Health Protection Plan (every two years therefore March 2022)	**DoPH**

AUDIT & RISK COMMITTEE

(Meeting on 14 March 2019)

No issues were raised for escalation to the Board.

Audit & Risk Committee: Chair and Committee Comments

MINUTES OF THE NHS FIFE AUDIT AND RISK COMMITTEE HELD AT 9:30AM ON THURSDAY 14 MARCH 2019 IN THE STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY.

Present:

Mr M Black, Non-Executive Director (**Chairperson**)
Ms J Owens, Chair, Area Clinical Forum
Cllr D Graham, Non-Executive Director
Mrs M Wells, Non-Executive Director
Ms S Braiden, Non-Executive Director

In Attendance:

Mr P Hawkins, Chief Executive
Mr B Hudson, Regional Audit Manager
Dr G MacIntosh, Head of Corporate Planning & Performance
Mrs C Potter, Director of Finance
Ms P Tate, Audit Scotland
Ms H Wright, Director of Nursing

ACTION

01/19 APOLOGIES FOR ABSENCE

Apologies were received from Mr T Gaskin as a regular attendee.

02/19 DECLARATION OF MEMBERS' INTERESTS

Mr M Black, Ms S Braiden, Cllr D Graham, Ms J Owens and Mrs M Wells all declared their respective membership of other NHS Board Committees.

03/19 MINUTES OF PREVIOUS MEETING HELD ON 13 DECEMBER 2018

The Minutes of the previous meeting were **approved** as an accurate record.

04/19 ACTION LIST

The Committee discussed the outstanding actions not otherwise covered in this meeting as follows:

Action 1 – Mrs Potter advised that the matter related the MoU with the IJB has been effectively overtaken by other work. She explained that a meeting will shortly be taking place looking at the conclusions of the recent Audit Scotland report on Integration and its recommendations for improved H&SCP governance and reporting.

Action 4 – Patients' Private Funds - Mrs Potter advised that this will be picked up in the Annual Accounts year-end process.

Action 9 – Audit Scotland report on Integration - Mrs Potter advised that this will be part of the "stock take" exercise as referred to under action 1.

ACTION

Action 10 – Mrs Potter stated that at the last meeting the progress update on the Annual Accounts recommendations didn't have the most up-to-date schedule attached to it. This has now been rectified.

05/19 MATTERS ARISING

There were no matters arising.

06/19 INTERNAL AUDIT

(a) Internal Audit Progress Report & Summary Report

Mr Hudson noted that the purpose of the report is to brief the Audit and Risk Committee on the audits completed since the last meeting.

Since the last meeting in December 2018, six reviews have been completed, with a further three at draft report stage. At this stage of the audit year the Committee can be assured that the plan will be substantially completed to allow any findings to be reflected in the year-end annual report.

Mr Hudson drew the Committee's attention to page 18 of the report and stated that, after discussions with the Director of Finance, two planned audits were to be removed from the plan, the reasons for which been provided within the report.

The Audit and Risk Committee **noted** the progress on the internal audit plan and **noted** the approach for the development of the Internal Audit Plan for 2019/20.

(b) Internal Audit Plan 2019/20

Mr Hudson stated that a brief summary was provided on the Internal Audit Plan for 2019/20 within the progress report. The overall aim for the plan next year is to ensure stronger links with the Board Assurance Framework (BAF) and making sure the risks are clearer and more closely aligned.

An initial meeting has taken place with the Chief Executive and the Director of Finance, where it was agreed that the Regional Audit Manager would meet the Chairs and Lead Officers of each of the Standing Committees to discuss any key concerns and identify any areas for review. These meetings are currently in progress.

All Directors have been informed of the plan's development and have been asked to input any operational risks that they feel may impact on the plan for next year. The plan will be submitted to the Executive Directors Group (EDG) for consideration before coming

to the May Audit and Risk Committee for approval.

The Audit and Risk Committee **noted** the update.

(c) Interim Audit - Follow Up Report on Audit Recommendation

Mrs Potter advised that the report provided a summary of all outstanding actions arising from the recently completed Internal Audit reports. The number of outstanding actions has increased since the last report for a variety of reasons; the appendix provides a note of the reports that have the outstanding actions.

Ms Potter reported that another Health Board presently uses the Datix Risk Management system to automate and improve the follow-up of all internal audit recommendations. It is hoped that NHS Fife will start using this system for the new financial year. It was confirmed that the current outstanding actions will be closed off before the new system is implemented.

Ms Wells asked Mrs Potter for an update on the higher priority actions that were currently outstanding. Mrs Potter advised that she didn't have the detailed reports immediately at hand and would feed back to her via email. **CP**

The Audit and Risk Committee **noted** the update.

(d) Information Sharing Protocol

Mr Hudson noted that this report has been prepared by the equivalent Chief Internal Auditor in Fife Council, who is the Lead Chief Internal Auditor for the IJB. The purpose of this report is to get approval from the Audit and Risk Committee for the Fife IJB Information Sharing Protocol. Fife Council Standards and Audit Committee approved the protocol on 28 February 2019 and it will now be presented to the IJB Audit and Risk Committee on 22 March 2019.

The overall aim of this protocol is to enable sharing of internal audit outputs in a controlled manner with Audit Committees, where it is considered recommendations apply to one or more of the other partners for assurance purposes.

In a response to a question by Ms Braiden around confidentially, Mrs Potter said that all the Internal Audit reports are presently accessible under FOI. If there were any matters that were confidential then they would be considered as private business. The Data Protection officers in each of the entities have been consulted on in the preparation of the protocol.

ACTION

Mrs Wells asked about the next steps of the protocol, particularly how the audit plans of each entity begin to fit together and how they are being carried out. She stated that there had been an independent report that had some useful recommendations and asked how this will be taken into account across the parties.

Mr Hudson stated that the IJB audit plan will be small and will largely sit under the individual audit plans from the Health Board and the Council.

Mr Hawkins noted that there needs to be a conversation with the Council and the auditors to discuss who should be auditing it. He queried if it would be possible to share all the audit plans with each of the Committees, including those of the IJB, to identify any gaps for next year and address some of the work that has already been agreed.

Mrs Potter confirmed that the internal audit plan will be taken forward with the Lead Directors for each Committees and each of the respective Committee Chairs.

The Audit and Risk Committee **approved** the Internal Audit Output Sharing Protocol, subject to checking the confidentially clauses meet required needs across all parties (particularly where patient issues are involved) and encouraged further thought about seeking assurance around the internal audit plan.

07/19 RISK MANAGEMENT

(a) Update on Risk Management

Ms Wright gave an update on the Risk Management Work Plan. Since the last meeting, and following on from the recent Board Development Session, it was agreed that a Short Life Working Group would be set up to formalise the Board's appetite for risk, to develop a set of risk appetite statements and to define definitions of risk tolerance and risk appetite.

The updated report will be submitted to the Board for approval in due course.

The Audit and Risk Committee **noted** the update on Risk Management.

b) Workplan Board Assurance Framework (BAF)

Mrs Wright advised that the six components contained within the BAF had recently been through all the relevant Governance Committees.

ACTION

Following the recent Board Development Session it was agreed to look at creating a stand-alone eHealth BAF. This has since been developed and currently being considered by the eHealth Board and will be brought to the next meeting of Audit and Risk.

The Audit and Risk Committee **noted** the BAF and **noted** the developments with the creation of an eHealth report.

08/19 Annual Accounts - Progress Update on Audit Recommendations

Mrs Potter advised that this report was the final update on actions taken within this financial year.

Ms Braiden asked for clarity on the matter of "Prescribing advance" ... *NHS Fife appears to be the only health board showing the movement between the opening and closing prescribing advanc*e ...

Mrs Potter confirmed that this is a technical adjustment that came up in the accounts in the last financial year. It was very small value of around £30k, and thus low risk, but the auditors highlighted that our treatment of it through the balance sheet was inconsistent with practice at other Boards.

The Audit and Risk Committee **noted** the actions taken to close off issues in advance of the year end.

09/19 Annual Workplan

Mrs Potter presented the revised workplan detailing the schedule of Committee business for the new financial year 2019/20.

The Audit and Risk Committee **approved** the updated workplan for 2019/20.

10/19 Review of Code of Corporate Governance

Dr MacIntosh reported that the Code of Corporate Governance was last updated in March 2018, with a review cycle of every three years. However, it is the intention that an annual update be undertaken to ensure the information contained therein remains current. It was also reported that there is a potentially a new suite of Standing Orders and Standing Committee Remits coming out as part of national work around implementing the new NHS Blueprint for Good Governance, which will require further changes to be made to this document.

The Audit and Risk Committee **noted** the update.

11/19 Review of Committee's Terms of Reference

Mrs Potter confirmed that a number of minor changes have been made to the Committee's Terms of Reference, to reflect title changes and

ACTION

also the requirements of the Scottish Government's Audit and Assurance Committee Handbook issued originally in March 2018. The Committee are asked to review the updated remit and confirm that it remains relevant and applicable.

The Audit and Risk Committee **reviewed** the terms of reference for the Audit and Risk Committee, confirming it remains relevant and applicable, and **approved** the suggested amendments to the Committee's remit, to reflect the requirements of the new Audit and Assurance Committee Handbook.

12/19 Self Assessment Checklist

Mr Black thanked members of the Audit and Risk Committee for taking part in completing the Committee's Self Assessment Checklist. Discussion followed on a number of the findings as below:

Section D - Audit and Risk Specific Questions

AR1 – At least one of the Audit and Risk Committee members has sufficient relevant and recent financial experience.

Discussing what counts as relevant and recent financial experience, the External Auditors confirmed that this would normally mean that at least one member came from a financial or accounting background. If that skill was missing across the Committee overall, they would then assess how that gap might be filled by a combination of members' other skills.

Mr Hawkins noted that such skills could be sought in the next round of Non-Executive recruitment, if there was an issue in that area. Mr Black added that he is presently assured that Non-Executives get ample opportunities to seek clarity on any areas that might be complex and receive appropriate information.

Dr MacIntosh also noted that if the Committee feels that there are potential areas that members need training on, this is something that can be arranged.

Section B - Committee meetings, support and information

B11 – The Committee provides clear direction to its sub groups or committees.

Mr Black asked if this question was applicable to the Audit and Risk Committee (which has no sub-committees), hence its relatively low-rating in the questionnaire report. Dr MacIntosh noted that the actual format of the checklist is the same for all the Standing Committees of

the Board, though Audit and Risk get an extra set of questions. It was noted that this feedback will help inform the next iteration of the questionnaire.

Section C - The Role and Work of the Committee

C4 – The Committee seeks effective feedback on its own performance from the Board and Accountable Officer.

Mrs Wells noted that support for more feedback for Committees from the Board had been raised by a number of the Committees, via the self-assessment exercise, and queried how this might be practically addressed. Dr MacIntosh agreed this had been a common theme across the Committee responses and thought would now be given as to how the Board might feed back appropriately. Mr Black noted that Committee Chairs meet regularly with the Chair of the Board as part of overall assurance mechanisms, and discussions from those meetings could cover Committee performance overall. Mr Hawkins noted that Committee workplans also provide assurance that each Committee is covering adequately the areas within its remit.

Mrs Potter added that this issue could be discussed at a future Board Development Session, and Dr MacIntosh noted the intention to cover this as part of our overall review of Governance. Separately, it was agreed that Mr Hawkins and Mr Black would also discuss with the Chair how such feedback to Committees in general could be delivered.

In relation to the Committee's self-assessment report, Cllr Graham passed on his thanks to the Board Secretary for ensuring future scheduled dates for Audit & Risk did not clash with any full meetings of Fife Council for the forthcoming year, thus allowing his regular attendance at meetings.

The Audit and Risk Committee **noted** the outcome of the recent self-assessment exercise.

13/19 Update from Brexit Assurance Group

Mr Black reported to the Audit and Risk Committee that the Brexit Assurance Group has met for the first time and are due to meet again on 2 April. Reporting input from the NHS Fife Resilience Forum has been agreed and Terms of Reference for the group established.

The Audit and Risk Committee **noted** the update.

14/19 Issues for Escalation to the NHS Board

None.

ACTION

15/19 Any Other Competent Business

There was no other business.

16/19 DATE OF NEXT MEETING: Thursday 16 May 2019 at 9.30am, within the Boardroom, Staff Club, Victoria Hospital, Kirkcaldy.

CLINICAL GOVERNANCE COMMITTEE

(Meeting on 6 March 2019)

Key issues to be highlighted to the Board:

Low Value Medicines
The Committee approved the list of Low Clinical Value Medicines along with the Implementation Plan and Communications Strategy to inform clinicians.

Progress on Transformation Group
The Committee noted the further discussions taking place in relation to the role of this Group which needs to be clarified urgently.

Update on Clinical Strategy
The Committee noted the current position in relation to the workstreams of the Clinical Strategy and the discussions to coordinate this with progress on the Strategic Plan.

Nursing, Midwifery and Allied Health Professionals – Professional Assurance Framework
The Committee noted this important document in relation to accountability for quality of care within these professions and that an annual stocktake would be reported to the Committee.

Clinical Governance: Chair and Committee Comments

MINUTE OF NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON WEDNESDAY 6 MARCH 2019 AT 2 PM IN THE STAFF CLUB AT VHK

Present:

Dr L Bisset, Chair
Wilma Brown, APF Representative
Margaret Wells, Non Exec Committee Member
Dona Milne, Director of Public Health
Dr C McKenna, Medical Director
Martin Black, Non Exec Committee Member
Rona Laing, Non Exec Committee Member
David Graham, Non Exec Committee Member
John Stobbs, Patient Representative
Dr F M Elliot, Medical Director

In Attendance:

Dr R Cargill, AMD, ASD
Helen Woodburn, Quality & Clinical Governance Lead
Catriona Dziech, Note Taker
Elizabeth Muir, Clinical Effectiveness Co-ordinator
Barbara Anne Nelson, Director of Workforce
Nicky Connor, AND, H&SCP

MINUTE REF	ITEM	ACTION
015/19	**CHAIRPERSON'S WELCOME AND OPENING REMARKS** The Chair welcomed everyone to the meeting. Dr Bisset reminded members the meeting was being recorded with the Echo Pen to aid production of the notes. These recordings are also kept on file for any possible future reference.	
016/19	**DECLARATION OF MEMBERS' INTERESTS** There were no declarations of interest.	
017/19	**APOLOGIES FOR ABSENCE** Janette Owens, Paul Hawkins, Helen Wright, Lynn Campbell, Ellen Ryabov, Dr McCallum, Michael Kellet	
018/19	**MINUTES OF PREVIOUS MEETING HELD ON 16 JANUARY 2019** The notes of the meeting held on 16 January 2019 were approved.	
019/19	**MATTERS ARISING** **All Outstanding Actions are updated on separate Action List**	

020/19 MEDICAL / NURSE DIRECTOR REPORTS

1) Quality Report

The Committee noted the key points and areas of improvement / success as set out in Pages 7 – 11 of the Executive Summary.

Adverse Events – Our first review in Maternity Services will be carried out and tested over the next six weeks.

In taking comment Rona Laing raised the issue of the reporting on SSI. This was a good news story but the data did not seem to support this. Dr Elliot advised the team can look at this in terms of the focus of the reporting. Discussion is taking place on the styling of the report in line with the new HIS Quality Framework so there are likely to be changes going forward. **HWo**

Dr Bisset agreed this takes in the more general point about items within the bulk of the report that are then addressed in a different form within the HAIRT report and again in the IPR which is for the whole Board. This is to try and reduce the volume of paperwork coming to this Committee. Dr Bisset said it would be helpful for this to be looked at again. **HWo**

In closing Dr Bisset highlighted it was good read within improvement activity all of the action in relation to kidney injury and fluid management and the work going on with the Fife Fluid Prescription Group. Dr Bisset asked that this be noted and congratulations conveyed back to the Group on this significant piece of work. Dr Cargill highlighted that the work piloted in Fife had now been recognised Nationally and taken up by HIS. **HWo**

2) Integrated Performance Report (IPR)

The Committee noted the IPR.

3) BAF for Quality & Safety

It was noted this report updates the Committee on the Quality and Safety BAF at 16 January 2019.

The Committee noted the changes to the BAF as set out in the report.

020/19 The Committee approved the addition of Risks 1514 and 1515.

4) BAF for Strategic Planning

It was noted this report updates the Committee on the Strategic Planning BAF at 15 January 2019.

The Committee noted the current position in relation to the Strategic Planning risk.

Dr Elliot highlighted Ellen Ryabov had met with the team to discuss Site Optimisation and how she wishes to move this forward so there are likely to be minor changes going forward.

Dr Elliot also highlighted that the JSTG has not met but there is a review underway of the group and their relationship to the other current management team meetings across both Acute and H&SCP. Dr Bisset picked up from the BAF under current controls it states that we are going to establish a JSTG but under mitigating actions we are standing it down and leadership of strategic planning is coming from the Executive Directors Group. These seem like contradictory statements and Dr Bisset said he was not clear where we are. Dr Elliot said with the change in the leadership team and the recent appointment of Ellen Ryabov she wanted time to understand what all the various groups were doing and how they relate to the work which is necessary in acute and the relationship with H&SCP. Dr Elliot advised the focus remains and the work was still going on. The issue is around the reporting and co-ordinating and this is continuing. Dr Bisset said the JSTG was a group of governance that was meant to reassure and assure both the Health Board and Joint Board that transformation is happening and this does not appear to be happening.

Nicky Connor advised that Michael Kellet had indicated that he would be happy to bring something to the next meeting with Ellen Ryabov. He would also be happy to meet with Dr Bisset off line to discuss any issues.

Rona Laing highlighted it was important to note as a point of governance that in the SBAR document the recommendations is marked as " to note" and should be amended to note "to approve".

020/19 Martin Black raised the issue of the East Region H&SC Delivery Plan. Dr Elliot agreed to raise with Paul Hawkins. Nicky Connor agreed to take back and discuss further with Michael Kellet. **FME/NC**

In closing Dr Bisset asked the following be undertaken:

- BAF to be reworded to avoid the clear contradiction **SF**
- SBAR to be amended to note Committee is approving
- Welcome further discussion with Michael Kellet

021/19 CLINICAL STRATEGY

1) Update on Site Optimisation

Dr McKenna advised Site Optimisation was on hold. There was no report from Ellen Ryabov to consider as she had not been in post long enough to make a decision.

Dr Bisset asked this item be brought forward for July 2019 for an update report **ER**

2) Medicines Efficiency Programme (Paper 1) and List of Low Clinical Value Medicines (Paper 2)

Paper 1

Nicky Connor advised the Medicines Efficiencies report provides the Committee with an update on the Medicines Efficiencies Programme which has been identified as one of NHS Fife's strategic priorities in the Annual Operational Plan for 2018/19.

The Committee noted progress continues to be made against the three key priority areas and plans continue to be follow and are on track.

Dr Bisset said this was a very encouraging report and congratulations should be conveyed from the Committee to all those involved in preparing it.

Paper 2

Nicky Connor advised the paper on Medicines Efficiency – List of Low clinical value medicines outlines a proposal to introduce a list of low clinical value medicines in NHS Fife which are deemed not suitable for prescribing for adults or children in primary or secondary care, for safety, effectiveness or cost-effectiveness reasons.

021/19 The Committee approved, in principle, the NHS Fife List of Low Clinical Value Medicines. The Committee also approved the implementation plan and communications strategy to inform clinicians as set out in the SBAR.

3) Mental Health Redesign

The Committee noted the update on the key milestones and timelines as set out in the report.

Dr Bisset advised he is in discussion with the Chair of the Clinical and Care Governance Group around holding a joint meeting of both Committees.

4) Role & Remit of Transformation Group

This issue was discussed under Agenda Item 6.4 - BAF for Strategic Planning.

5) Update Report on all strands of Clinical Strategy

The NHS Fife Clinical Strategy was published in October 2016 and was informed by seven workstream reports. The workstreams were clinically led and included representation from primary and secondary care, supported by multidisciplinary teams and other stakeholders, including members of the public.

The paper provides the committee with an update on progress against the recommendations made by individual workstream groups. The paper also describes the breadth and depth of the work currently being undertaken within health services aligned to the workstream recommendations of the Clinical Strategy.

Dr McKenna advised providing this update was a greater challenge than anticipated. Dr Mckenna advised a lot more detail could have been put into the report but this report is a comprehensive update of where we are with the seven strands of the Clinical Strategy.

Dr McKenna suggested when we are doing the work in improvement and transformation within the organisation it would be good to keep the seven strands in mind to ensure we are aligning the work with the correct strand.

021/19 In taking comment Rona Laing said it would be helpful going forward for Committee members to see an alignment of what we set out to achieve and the success indicators. Although this is set out in the Appendices it would be helpful to see something presented more clearly. Rona Laing also suggested this would be helpful to present to the whole of the Board. **SF**

Rona Laing it would be helpful to have an update on Learning Disability. Nicky Connor agreed to bring a clearer update to the Committee later in the year. **NC**

In closing Dr Bisset said there was a lot of useful information within the report and thanks should be conveyed back to Susan Fraser. Dr Bisset highlighted there was a lot of crossover with JSTG and was not keen to continue following progress on the clinical strategy on its own as it links with the Strategic Plan and it would be remiss to see it separately. Dr Bisset said he would like to see some discussion with Michael Kellet around reporting on the Strategic Plan and the Clinical Strategy.

In closing the Committee noted the progress made for each workstream against the recommendations. Dr Bisset asked that thanks be passed to Susan Fraser for useful information she had provided for the Committee. It was agreed a verbal update would be provided for the NHSFCGC in May 2019 with a written report being considered at NHSFCGC in July 2019. **SF**

022/19 GOVERNANCE ITEMS

1 Winter Plan Monthly Update Report

This is the fourth monthly report summarising performance against key indicators and actions for Winter 2018/19.

Nicky Connor advised from the H&SCP perspective winter had been a challenge. It was noted the H&SCP now meet weekly with Acute colleagues to support development going forward. A plan will follow with learning from last year that will be taken forward into this year.

Dona Milne advised the Winter Plan will be considered at the Resilience Forum next week with a full review of the winter plan coming in May.

022/19 Dr McKenna highlighted that although performance had been better than previous winters and the drop in performance in the period before Christmas was not as deep as previous years therefore recovery was quicker. There had been challenges but this was a testament to the hard work going on. The Committee agreed staff should be congratulated for their hard work via Staff Governance.

2 Nursing, Midwifery Allied Health Professional – Professional Assurance Framework

Accountability for the quality of nursing, midwifery and AHP care is devolved to the Executive Director of Nursing to ensure there is clarity of professional responsibility and robust accountability structures for professional nurses, midwives and AHPs.

A Professional Assurance Framework (PAF) was developed in 2018, which sets out how the Executive Director of Nursing provides assurance to NHS Fife Board on the quality and professionalism of nursing, midwifery and AHP care. The framework provides evidence that structures and processes are in place to provide the right level of scrutiny and assurance across all nursing, midwifery and AHP services.

Recommendation No. 5 within the PAF states that:
"The Framework should be reviewed as part of an annual stock-take by the NHS Fife Board Director of Nursing to ensure it remains current. This report sets out the results of the stock-take against Primary Drivers.

The Committee noted that the stock-take document and supporting guidance is being refreshed to improve and ensure consistency when the stock-take is carried out again this year.

Helen Woodburn advised this item would be added to the NHSFCGC Workplan. **HWo**

3 NHS Fife Equality Outcomes Progress Report 2019

This item will be carried forward to May 2019.

4 Draft Annual Statement of Assurance and Best Value Framework

022/19 Elizabeth Muir advised the draft Annual Statement of Assurance and Best Value Framework was being presented to the Committee today to check accuracy and content with a view to the final version being signed off at the May 2019 meeting.

Elizabeth Muir agreed to make minor amendments to the report in relation to the membership and a report on the demise of the PFPI Committee. **EM**

5 Committee Self Assessment Report

This paper provides the outcome of this year's self-assessment exercise recently undertaken for the Clinical Governance Committee, which is a component part of the Committee's production of its annual year-end statement of assurance.

Dr Bisset sought agreement, which was given, this was an accurate assessment. Dr Bisset would now arrange to meet with Dr McKenna and Gillian MacIntosh to formulate an action plan to address the issues within the report. **LB/CMcK/ GMacI**

6 Excellence in Care (EiC)

Excellence in Care (EiC) is the national approach to assuring and improving nursing and midwifery care across all hospitals and community settings in Scotland.

Scottish Government has committed to providing dedicated funding to support the development and implementation of EiC until March 2021. The allocation for 2018/19 has been utilised to fund the continued release of the EiC Lead on a full time basis and dedicated eHealth support.

Barbara Anne Nelson highlighted that we ensure clarification of any cross over between the dashboards in relation to workforce.

The Committee noted the information provided in the paper, with further updates being given at key stages of implementation.

022/19 **7** **HIS Quality Framework**

Dr McKenna advised we need to align what we have and what we will need in future in relation to the new Quality Framework. Dr Elliot said it would be helpful to have a discussion about the elements of the framework which come to the specific Committees as each domain is not directly relevant to Clinical Governance. Dr Elliot said there needs to be mapping of the domains with the Governance Committees so that we are clear which data and information goes to which Committee going forward.

Dr McKenna agreed to take this forward with Helen Wright and Helen Woodburn. **CMcK/HWr/ HWr**

Helen Woodburn advised only three or four boards will be reviewed each year so it may be a few years before NHS Fife are reviewed formally. There will need to be a focus on self assessment.

In closing Dr Bisset asked that:

- We need clarity on the division of the nine domains and which Committee they report to
- Clarity on how this is all brought together on a Fife-wide board level.

8 **Update Adverse Event Report with Recommendations**

Dr Elliot highlighted work continues on reporting and there is a monthly summary which goes to the Executive Directors Group and we are considering what should be contained in the Quality Report alongside the Quality of Care Framework. It was noted any recommendations would come to the NHSFCGC through the Quality Report.

9 **Waiting Times Improvement Plan**

Dr McKenna advised the waiting times plan is currently being reassessed by general management due to significant shortfall in finance. A further update will be provided to the NHSFCGC in May 2019. **ER**

10 **Update Report on General Data Protection Regulations (GDPR)**

Dr McKenna advised this was discussed at Information Governance and Security Group (which is normally chaired by Ellen Ryabov). Work on going with the three areas which are not compliant to achieve compliance.

022/19 Dr Mckenna highlighted it should be noted that Data Protection Compliance is an ongoing process for all organisations and with the ever changing data protection landscape organisations will always have compliance work to undertake. The current status within the report, were marked as 'COMPLIANT', is at the time of the update and could become non-compliant at any time in the future.

It was noted and suggested that the report be amended to correct the spelling of "compliant" in the areas where it was spelt incorrectly. **CMcK**

A report will come back to NHSFCGC in early 2020. **CMcK**

The committee noted progress and supported the implementation and compliance with the new legislation.

023/19 ANNUAL REPORTS

1 Director of Public Health (DoPH) Annual Report
Carried forward to May 2019.

024/19 BREXIT UPDATE

Dona Milne advised the Brexit Assurance Group had met for the first time on 15 February 2019 and agreed a Terms of Reference and these will go to the Board.

A paper had also been taken the Brexit Assurance Group which sets out a table of all the areas which could be affected by Brexit with an Executive Lead being identified to ensure Brexit is on the agenda for all groups and Committees going forward for the next few months.

At the next Resilience Forum meeting on 22 April 2019 a self assessment will be considered with the H&SCP.

Dr Bisset advised Brexit would be on the NHSFCGC going forward with any issues being fed in to the Brexit Assurance Group.

025/19 **UPDATE ON VAPING REPORT SUBMITTED TO SCOTTISH GOVERNMENT HEALTH DEPARTMENT (SGHD)**

Dona Milne confirmed there was still no response from the Scottish Government requesting a view from Fife. In awaiting a response Dona Milne has agreed to prepare a paper for EDG to take forward what may be anticipated. Dona Milne asked if the Committee had any views to forward them to her directly. **ALL**

026/19 **EXECUTIVE LEAD REPORTS AND MINUTES FROM LINKED COMMITTEES**

Dr Bisset advised that all items under this section would be taken without discussion unless any particular issues were raised.

Dr Bisset asked that the Terms of Reference (ToR) for the Resilience Forum (Item 12.10) will need to be brought to the NHSFCGC for approval. It was agreed these could be circulated electronically. **DM**

1 Area Clinical Forum
6 December 2018 - Unconfirmed
There were no risks / issues to be escalated / highlighted.

2 ASD CGC
13 February 2019
Not available – c/f to May 2019.

3 Area Drugs & Therapeutics Committee
19 December 2018 - Confirmed
The Committee noted the summary of risks / issues escalated / highlighted in the reporting template.

4 Clinical & Care Governance Committee
25 January 2019 - Unconfirmed
The Committee noted the summary of risks / issues escalated / highlighted in the reporting template.

5 Clinical Governance Steering Group
24 January 2019 – Unconfirmed
There were no risks / issues to be escalated / highlighted.

6 Fife Research Governance
13 December 2018 - Unconfirmed
The Committee noted the summary of risks / issues escalated / highlighted in the reporting template.

026/19 **7 IJB**

20 December 2018 - Unconfirmed

There were no risks / issues to be escalated / highlighted.

8 Infection Control

6 February 2019

Not available – c/f May 2019

9 Joint Strategic Transformation Group

9 January 2019

Meeting postponed

10 Resilience Forum

31 January 2019 - Unconfirmed

The Committee noted the summary of risks / issues escalated / highlighted in the reporting template.

11 Radiation Protection Committee

19 December - Unconfirmed

There were no risks / issues to be escalated / highlighted.

027/19 ITEMS FOR NOTING

1 NHS Fife Activity Tracker

The Committee noted the NHS Fife Activity Tracker.

2 NHS Fife Clinical Governance Committee Workplan 2018-2019

The Committee noted the Workplan for 2018/2019.

3 Draft NHS Fife Clinical Governance Committee Workplan 2019 – 2020

The Committee noted and approved in principal the draft workplan.

028/19 RECAP FOR CHAIR

It was agreed the following items would be highlighted to the Board / IPR:

- Low Value Medicines
- Progress on Transformation Group
- Update on Clinical Strategy
- Nursing, Midwifery Allied Health Professional – Professional Assurance Framework

029/19 **AOCB**

There was no other competent business.

In closed the meeting Dr Bisset took the opportunity to thank Dr Elliot for her enormous contribution to the Committee and wish her and her husband all the very best for her retirement.

030/19 **DATE OF FUTURE MEETING**

Wednesday 8 May 2019 at 2pm in the Staff Club

There will also be a pre meeting for Non Executive Board Members at 1.30pm

FINANCE, PERFORMANCE & RESOURCES COMMITTEE

(Meeting on 12 March 2019)

Key issues to be raised to the Board:

- the current financial position, with a January year-end forecast of an overspend of £3.109m (mid range), reflecting challenges in Acute Services (and some uncertainty over waiting times funding and committed expenditure) and the potential impact of the IJB overspend in social care on the NHS Fife position, through the current risk share arrangement;
- the Committee's support of a review of the Integration Scheme and the risk share arrangement detailed therein; and
- the Committee's decision to recommend to the Board the distribution of NRAC funding of £2.2m on a *pro-rata* basis in 2019/20, as per the detail within its minute.

Fife NHS Board
Unconfirmed

MINUTES OF THE FINANCE, PERFORMANCE AND RESOURCES COMMITTEE MEETING HELD ON TUESDAY 12 MARCH 2019 AT 10.00AM IN THE BOARDROOM, STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY.

Present:

Ms R Laing, Non-Executive Director **(Chair)**
Dr L Bisset, Non-Executive Director
Ms S Braiden, Non-Executive Director
Mrs W Brown, Employee Director
Mr E Clarke, Non-Executive Director
Ms D Milne, Director of Public Health
Ms J Owens, Non-Executive Director
Mrs C Potter, Director of Finance

In Attendance:

Ms A Clyne, Audit Scotland
Mr M Kellet, Director of Health & Social Care
Dr G MacIntosh, Head of Corporate Planning and Performance (minutes)
Ms E McPhail, Director of Pharmacy

ACTION

29/19 APOLOGIES FOR ABSENCE

Apologies were received from members Paul Hawkins, Chris McKenna and Helen Wright.

30/19 DECLARATION OF MEMBERS' INTERESTS

Ms Laing declared an interest that she was a current patient of Lochgelly Health Centre, as an agenda item related to this practice will be discussed at the meeting.

31/19 MINUTE OF MEETING HELD ON 15 JANUARY 2019

The minute of the last meeting was agreed as an accurate record.

32/19 ACTION LIST

An update on the Committee's rolling action log was circulated to members in hard copy and it was noted that any outstanding actions were to be considered in the agenda of this present meeting. The Chair agreed that a review of the current action list would be timely and that she would work with the Committee secretary to refine the format, particularly on due dates listed therein.

It was agreed that the outstanding action on the list of a written report on Mental Health support in schools (to be supplied by the Director of Health & Social Care) would be discussed under the following related agenda item of 'Our Minds Matter'.

MATTERS ARISING

33/19 (a) Kincardine & Lochgelly Health Centres Update

Mr Kellet provided an update on the proposed redevelopment of the above health centres, noting that the Local Care 'pathfinder' project and ongoing positive discussions with the Scottish Government had sought to improve the Initial Agreements (IAs) necessary to progress the capital works for these builds. The revision of the IAs would take account of the SG's feedback on the initial submission, to ensure that what was produced was in line with their expectations. External consultants appointed by SG / Scottish Futures Trust, to support healthcare planning for the overall programme across Scotland, had within the last week recently issued their report on the proposals and it was the intention to revise the current IAs accordingly before bringing these through the governance structure of both the Health Board and IJB. It was recognised that public interest in the proposals remained high, and Mr Kellet confirmed that the ongoing work on local care / community hubs and the SG's commitment to look again at the revised IAs was information already known within the public domain. It was also the intention to build in to the proposed timeline for the projects' approval appropriate communications related to progress, to ensure that the local community were kept apprised of the redevelopment activities.

Discussing the potential timeline for the internal approval of the IAs, it was noted that a key step would be getting the support of the Capital Investment Group of the Health Board, which had recently strengthened its membership to aid the development and scrutiny of robust business cases. This was welcomed by Committee members.

Thanking Mr Kellet for his update, the Finance, Performance & Resources Committee:

- **requested** the circulation to members of the Pathfinder consultants' report, once this has been issued in a final form;
- **asked** that the transcript of the recent discussion at the Scottish Parliament on the redevelopment of the Health Centres also be circulated to members for their information; and **MK**
- **noted** that the revised IAs and an indicative timeline for their approval through the relevant governance structure would be presented at the Committee's next meeting in May.

The Chair highlighted that, going forward, it would be beneficial for staff to reflect on the overall process of submitting IAs, to ensure that any lessons learnt from the current projects are put into practice for the future.

34/19 (b) Our Minds Matter – Mental Health support in Schools

Mr Kellet introduced the paper on the 'Our Minds Matter' programme, which details the work presently underway to train staff and support school-age pupils in managing mental health issues. The purpose behind such initiatives is to provide a stronger focus on prevention and publicise

the lower levels of support available in the community, thus triaging the referrals through to CAMHS and protect that specialised support, given the demand pressures in the system overall. It was noted that Fife's work in this area has been picked up by other Boards, who are looking to implement similar programmes in their regions, and such a direction of travel is endorsed by national developments being led by Dame Denise Coia's taskforce on behalf of the Scottish Government and COSLA.

Mr Kellet reported that over 200 staff have now attended the related training and noted that feedback has been extremely positive on how that has increased staff confidence in dealing with mental health issues in a school setting. Intensive work is ongoing with the third sector, with a particular focus on S3 and S4 pupils. It was noted that levels of referrals to CAMHS remained high and the issue of GP referrals, and whether these were being directed to the right level of support, continued to be examined. It was recognised that middle-tier services (i.e. the 'Additional Support' referred to in the framework) was vital and consideration should be given to expanding the capacity of counselling services within this tier. A sum of around £12m has been made available across Scotland to enhance counselling support and it was recognised that Fife would have an appropriate share of that resource to enhance its existing services.

Noting that the current paper gave a good summary of the strategy behind Fife's Mental Health provision in schools and valuable context for understanding the performance specifically of CAMHS (and the related demand pressures), members agreed that the outstanding action for the Finance, Performance & Resource Committee (referring to a subsequent written report) could be closed.

It was agreed, however, that further operational detail on the activities underpinning the strategy would be useful for the Clinical Governance Committee to review, and Mr Kellet undertook to discuss with Dr Bisset, Chair of that Committee, what further information on care pathways, peer support and counselling provision would be helpful for the Clinical Governance Committee to receive. **MK/LB**

35/19 (c) CAMHS Trials & Impact on Performance

Mr Kellet reported that CAMHS performance remained on a positive trajectory, with December 2018's figures showing that 85.5% of referrals were seen within the 18 week target from referral, the highest figure for some considerable time. It was recognised that the number of referrals remained high, which was an issue for what is a relatively small service in comparison to other Boards. Sustaining positive performance remained a priority for both the Scottish Government and the H&SCP, and members expressed their thanks to staff for their considerable efforts thus far in improving the performance of the service to current levels.

36/19 (d) Stratheden IPCU – Smoking Area

In the absence from the meeting of the Director of Estates & Facilities, it

was not possible to provide an update on the potential use of the internal courtyard at Stratheden IPCU for a smoking area, once various health and safety matters had been resolved. It was agreed to therefore carry forward this agenda item to the next meeting. **AF**

The Director of Pharmacy confirmed that all patients at the facility are routinely offered smoking cessation services, though not all choose to engage with that support.

GOVERNANCE

37/19 (a) Board Assurance Framework – Financial Sustainability

Mrs Potter reported that the revised framework reflects the position at the end of January 2019, which is a year-end (mid-range) forecast of a £3.109m overspend. The risk rating has therefore been held at high.

Discussion focused on the potential offset of unspent allocations in the IJB in the current year (namely, ADP and Primary Care Improvement Fund monies) to help the H&SCP's overall financial position, given that the set aside as a reserve would be unreasonable. Though this was based on current planning assumptions that may yet change, it was recognised that, should this be enacted, the IJB would be required to find alternative means to support those specific projects in the next financial year.

The Committee **noted** and **approved** the current position.

38/19 (b) Board Assurance Framework – Strategic Planning

Ms Laing highlighted that the pending review of the Joint Strategic Transformation Group was raised at last week's Clinical Governance Committee, in its consideration of the report on strategic planning.

The Committee **noted** the current position.

39/19 (c) Board Assurance Framework – Environmental Sustainability

In the absence of the Director of Estates & Facilities, Mrs Potter noted that the framework had been updated in light of recent concerns raised at Greater Glasgow & Clyde about the infection risks from pigeon guano entering into hospital areas. For the VHK Tower Block, a temporary window-cleaning cradle has now been installed and a permanent solution is being explored, to mitigate any such risk within Fife. The recruitment of a specialist microbiologist, referred to in the BAF as per water safety infection controls, has now concluded successfully, as reported by the Director of Pharmacy.

The Committee **noted** and **approved** the current position. It was agreed that, for future iterations of this report, its format should follow that of the other BAFs and not include the linked operational risks presently supplied.

40/19 (d) Annual Workplan 2019/20

Mrs Potter introduced the amended workplan, noting the addition of standing items for Brexit and the Orthopaedic Elective project and the removal of a regular item on the Regional Delivery Plan, the latter not a current focus for the Scottish Government at present.

In reference to the suggested addition of the Annual Operational Plan to the agenda items listed for the May meeting of the Committee, Mrs Potter noted that the first iteration of this was expected by the Scottish Government by 31 March, following the issue of initial guidance on its content etc. on 27 February. As this timeframe will not allow for Board Committees to appropriately consider the plan prior to its submission, a draft version will be submitted initially and Committees will be invited to consider this at their next round of meetings in May.

In reference to the overall subject content of the workplan, it was noted that oversight of progress in areas devolved to the H&SCP were covered in the financial outlook and planning agenda items, which both have H&SCP performance appropriately covered therein.

The Committee **approved** the amended plan.

41/19 (e) Committee's Terms of Reference

Mrs Potter noted that a number of minor updates had been made to the Committee's existing remit, to keep this current and to reflect changes to job titles etc. of officers in attendance. A wider review of the Board's Code of Corporate Governance will be undertaken in the near future, partly to reflect national work ongoing for implementation of the NHS Model Blueprint for Good Governance, which is expected to produce a suite of template remits and standing orders for all Boards to follow.

Subject to a number of minor typographical changes highlighted by members, the Committee **approved** the amended Terms of Reference, noting that the Audit & Risk Committee will be asked for final approval in due course.

42/19 (f) Committee Self-Assessment Report 2018-19

Ms Laing introduced the paper, noting the improved rate of return on past iterations of the exercise and positive feedback on the new online format and revised questions. It was agreed that the Committee Chair and Board Secretary would meet to develop any action points into a workplan. It was also agreed that feedback to the Board on the Committee self-assessments overall would be helpful, particularly as some of the highlighted issues concerned the engagement / feedback with the Board and its governance committees. **RL/GM**

There was some concern raised about the number of questionnaire returns being asked of members at this year-end point, with one member

having received nine separate surveys in the last month alone. Thought should therefore be given to staggering the timing of such exercises where possible.

The Committee **noted** the outcome of the recent self-assessment exercise.

43/19 (f) Annual Accounts – Progress Update on Audit Recommendations

The Committee considered the report, which gave an overview of the recommendations from both annual reports of the internal and external auditors for 2017-18. The Director of Finance clarified that a number of the outstanding actions related to the year-end process, which could therefore not be completed until the annual accounts were finalised.

The Committee **noted** the update.

44/19 (g) Brexit Assurance Group

The Chair reported that the first meeting of the above group took place on 15 February 2019, where a revised set of Terms of Reference were approved and reporting arrangements were agreed. The NHS Fife Resilience Forum would feed into this Board-level group and, going forward for the immediate future, Brexit (and the potential impact thereof) would be included as a standing item on all Board governance committee agendas.

The Committee **noted** the update.

PLANNING

45/19 (a) Annual Operational Plan

Mrs Potter gave a verbal update, highlighting that the new plan would focus on transformational activities, integration and workforce, as per the guidance issued by the Scottish Government. It would also include appropriate narrative on quality and safety initiatives, as well as the normal financial planning templates. EDG would receive a first draft within the next few weeks, before draft submission to the Scottish Government and Board consideration thereafter.

The Committee **noted** the update.

46/19 (b) Capital Programme 2019/20 to 2023/24

The Committee discussed the paper, which outlined the indicative capital funding expected in 2019/20 from the Scottish Government from the two streams of: (i) formula allocation (anticipated to be broadly in line with the current allocation of £7.4m in the current year) and (ii) project-specific (the latter expected to amount to c.£2m for the first tranche on work required for the Orthopaedic Elective centre). The assumptions underlying the plan

were noted, as were the thresholds for reporting to the Committee (for projects in excess of £500k). Details of a number of 'pipeline' projects were highlighted, which require further refinements and the preparation of appropriate business cases.

The Committee **approved** the draft plan in principle, noting that a detailed budget schedule for capital in 2019/20 would be provided to the Committee at its next meeting in May and the funds allocated across each category of investment may be amended accordingly.

47/19 (c) Draft Financial Plan 2019/20-2021/22 and Budget Setting 2019/20

Mrs Potter introduced the paper, which provided an update on ongoing budget and financial planning in advance of the new financial year. It was noted that the detail of this report would be used as the basis for the Annual Operational Plan to be shortly submitted to the Scottish Government by the end of March.

The scale of the challenge in the Acute Services division was clear (with £9m of savings expected, some 6% of total budget), with Mrs Potter highlighting that the 'grip and control' of run-rate expenditure and achieving transformational change was vital to the delivery of the budget. Though unmet legacy savings were significant, there were opportunities to do things differently, such as reviewing outpatients procedures and taking advantage of new funding streams to be applied to reducing waiting times. The new Chief Operating Officer was introducing a clear governance structure in Acute Services to deliver the necessary savings and the H&SCP would be shortly discussing its recovery plan in the context of the overall budget delegated to the Integration Joint Board. It was highlighted that should the Board not receive the expected share of waiting times improvement plan monies, that would hinder redesign of these services and impact on overall financial sustainability. The ambition was however to carefully manage cost pressures and deliver a break-even position, against a challenging financial background.

Members noted the comment within the paper on the difficulty of funding incremental progression within fixed budgets, Mrs Potter highlighted that such expenditure would be expected to be met by the realignment of funding from elsewhere in the respective budget. Noting the historic split of ADEL expenditure between the H&SCP, Acute Services and Corporate areas, it was requested that a further report on that be brought to the next meeting. **CP**

The paper outlined the additional funding available for distribution across services of £8.164m. Discussion largely focused on the potential of an alternative model to be followed for the distribution of NRAC funding of £2.2m. Mr Kellet highlighted that if the *pro-rata* model detailed in the paper were to be followed (which would assign thereof £1.463m to the H&SCP), this would negatively affect the H&SCP by a sum of £700k as compared to the transfer of all NRAC funding to the H&SCP. The current budget setting exercise for the Integration Joint Board assumes the full quantum

of NRAC funds. Proceeding with this model would, he believed, be contrary to the direction from Scottish Government to 'shift the balance of care'. Mrs Potter noted, however, that NRAC funding applied to all services and should be split accordingly rather than be retained solely for application to the H&SCP (which would nevertheless receive the majority under the *pro-rata* settlement). The funding overall for the H&SCP was a broader issue and one for the partner organisations to discuss, taking account of the cost pressures related to the areas of health and social care and the funding made available by each partner.

The Committee noted the potential outcome of the *pro-rata* model in reducing the amount of additional funding made available to the H&SCP and recommended approval of that model to the Board.

The Finance, Performance & Resources Committee:

- **noted** the overall projected financial gap of £17.3m for 2019/20;
- **noted** the methodology taken to allocate income uplifts (excluding NRAC);
- **recommended** support for the allocation of NRAC funding on a *pro-rata* basis across H&SC delegated; H&SC Acute set aside; and Acute Services;
- **noted** the 2020/21 and 2021/22 macro positions excluding any impact of non delivery of recurring savings in 2019/20;
- **noted** that the Service Review process is in progress, and along with the financial plan, will inform the Annual Operational Plan for submission to SGHSCD as a draft pending Board approval by the end of March 2019; and
- **noted** a detailed report will be provided to the NHS Board at the end of March, based on this report, seeking approval of the financial plan, budget setting and confirmation of a commitment to deliver a balanced position for 2019/20.

48/19 (c) Orthopaedic Elective Centre

The Committee agreed to consider the above in its private session due to the contractual information contained therein.

PERFORMANCE

49/19 (a) Integrated Performance Report (IPR)

The Committee discussed the Integrated Performance Report in detail, as follows.

Acute

The Committee noted the performance indicators within the paper, regretting that there was no appropriate Director present who could elaborate further on the written content.

Health & Social Care Partnership
Michael Kellet provided updates in relation to the following targets:

Delayed Discharges: despite improvements earlier in the year, the most recent figure of 82 shows a challenging situation with regard to flow. It was noted that these figures are directly related to a lack of capacity in Care at Home services, which will take some time to show improvement.

Smoking Cessation: despite being behind target at present, it was hoped that recently improved performance would be sustained to ensure that the number of quits over the year meets the annual target.

CAMHS / PT RTT: 82.6% of patients met the 18 weeks RTT for CAMHS, the best performance since the first quarter of 2017. For PT, the same figure was 72.0%. Overall, the number of patients on the waiting lists for both services continues to increase. Challenges remained in managing the levels of demand and referrals.

The Committee, however, recognised the significant improvements made in mental health waiting times and expressed their thanks to staff for their considerable efforts to improve the Fife position.

Financial Position
Mrs Potter drew members' attention to the following areas of financial performance:

The year-end forecast at the end of January 2019 is an overspend of £3.109m, with two areas of concern around: the certainty of the Acute Services division overspend forecast and the extent of the impact of the IJB forecast overspend position (of c.£9.9m), with particular reference to the risk share arrangement (70% to NHS Fife; 30% to Fife Council) to cover the worsening social care overspend. The Scottish Government was aware of the forecast position of a potential overspend (as part of the routine monthly financial performance return) and options were being considered to manage this. The Committee noted the scale of the challenges in reducing the Acute Services position, which was chiefly due to the non-delivery of savings, but welcomed the underspend achieved (over target) by Estates & Facilities and Corporate Directories.

Mrs Potter highlighted the inherent uncertainty of the risk share arrangement on financial forecasting. Due to the complexities of the current arrangements and the fluidity of a number of variables, it is difficult to be entirely definitive on the year-end forecast and the position may move over before the year end. It was noted that both NHS Fife and Fife Council have to agree the approach and process for resolving the IJB overspend, with various options to consider before escalating to the risk sharing arrangement. One-off payments from both parties, limited to the extent of their respective overspend positions, would be the first step outlined in the Integration Scheme. Any action also has to consider external audit advice and technical accounting practice. The Committee agreed that it would be appropriate in such circumstances for both NHS

Fife and Fife Council to consider the present Integration Scheme / risk sharing arrangement for the new financial year, taking into account the outcomes of the recent Audit Scotland report and the Ministerial Steering Group's review of integration.

It was agreed to highlight to the Board's March meeting the financial forecast outlined in the IPR and the Committee's support for the review of the present integration scheme arrangements.

Mr Kellet gave members an update on the recruitment process for a new Chief Financial Officer for the H&SCP, following the recent resignation of Ms Jen McPhail.

Capital
Mrs Potter explained that work is underway to utilise the full amount of Capital Resource Limit funding (£8.400m for the year) largely through on routine expenditure (eHealth, statutory compliance and minor works).

The Finance, Performance & Resources Committee:

- **noted** the Integrated Performance Report.

50/19 (b) Winter Performance Report, December 2018 to January 2019

Mr Kellet introduced the summary of Winter Performance, the fourth monthly report assessing performance against key targets outlined in the Winter Plan. It was noted that levels of delay in the system remained high over the reporting period, despite good progress against target in managing attendances etc. Delayed discharges are impacting at the community, with ongoing difficulties in the timely transfer from community beds to packages of home care. Relationships remained strong, however, with all staff engaged in working together to minimise issues where possible. Daily reporting has enhanced the information made available to managers, and early review of the data is expected to enhance planning and preparation for next year.

The Committee **noted** the report, and recorded their congratulations to staff for their considerable efforts in managing the ongoing Winter pressures around demand. It was agreed that lessons learned from previous years were apparent in improvements delivered in the current period.

ITEMS FOR NOTING

51/19 a) Schedule of Forthcoming Meeting Dates

The scheduled dates for the Committee for the next year was **noted**.

52/19 ISSUES TO BE ESCALATED TO THE BOARD

The Committee agreed that the following issues from this meeting's agenda would be escalated to the next meeting of the Board in March:

- the forecast financial position at year-end, as per the Committee's discussions on the Financial Plan and IPR;
- the Committee's recommended support for the allocation of NRAC funding on a *pro-rata* basis; and
- the Committee's support for a review of the Integration Scheme, particularly the risk share arrangement presently agreed thereunder.

53/19 ANY OTHER BUSINESS

There was no other business.

54/19 DATE OF NEXT MEETING – Tuesday 14 May 2019 at 10.00am, in the Large Meeting Room, Staff Club, Victoria Hospital, Kirkcaldy.

Staff Governance: Chair and Committee Comments

STAFF GOVERNANCE COMMITTEE

(Meeting on 1st March 2019)

Key issues to be raised:

iMatter

The Committee are pleased to note that the iMatter story involving the Occupational Therapy Team within the H&SCP was voted best team story within a H&SCP. The team are to be invited to the NHS National event to tell their story where the overall winner will be selected.

Sickness absence

This remains below target at an average rate of 5.2%. Work is ongoing to focus attention on those areas experiencing particular difficulties and to support organizational learning via an inclusive event.

Credit Union

In partnership with Unison colleagues this initiative has been launched and welcomed very positively by staff. The manner in which this was promoted within the Board has been acknowledged at a national level and is to be taken as the benchmark against which future launches will be measured. The additional support that this provides to staff cannot be underestimated.

Turas/Core Training

The Committee noted the reduction in performance in both of these areas and the discussions already commenced with EDG to improve in this area. This work will continue to be progressed including the identification of improvement targets.

Workforce Strategy National Issues.

The Committee recognizes the variety of workforce challenges facing the Board. There is a need to ensure that feedback is provided at a national level where the solutions may require to be driven nationally, e.g. increased training places/opportunities.

Fife NHS Board
UNCONFIRMED

MINUTES OF THE STAFF GOVERNANCE COMMITTEE HELD ON FRIDAY 1ST MARCH 2019 AT 10:00 HOURS IN THE STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY

Present:
Mrs Margaret Wells, Non Executive Director (Chairperson)
Mrs Wilma Brown, Employee Director
Mr Eugene Clarke, Non Executive Director
Mr Andrew Verrecchia, Co-Chair, Acute Services Division LPF

In Attendance:
Ms Barbara Anne Nelson, Director of Workforce
Mrs Rhona Waugh, Head of HR
Mr Bruce Anderson, Head of Staff Governance
Ms Gemma Couser, General Manager (for Acute Services)
Mr Michael Kellet, Director of Health & Social Care
Mrs Helen Bailey (minute taker)

NO.	HEADING	ACTION

19/19 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone.

The Chair reminded Members that the notes are being recorded with the Echo Pen to aid production of the minutes. These recordings are also kept on file for any possible reference.

20/19 DECLARATION OF MEMBERS' INTERESTS

None.

21/19 APOLOGIES FOR ABSENCE

Apologies were received from S Fevre, C Cooper and P Hawkins.

22/19 MINUTES AND ACTION LIST OF PREVIOUS MEETING HELD ON 18TH JANUARY 2019

The minutes of the previous meeting were **approved**.

Action List
Ms Nelson stated that items are identified as ongoing, completed, item on agenda or verbal update.

59/17 – Ms Nelson gave a verbal update on the National HR Shared

Services.

23/19 MATTERS ARISING

Mrs Brown and Mr Verrecchia gave an update on the Credit Union Roadshows which have concluded. These were very successful with high uptake and NHS Fife have been commended by the Credit Union on their handling and communication of this and they will use NHS Fife as the benchmark.

Mr Kellet asked about community based staff having access and were there opportunities for them to attend various locations. Mrs Brown stated that they had thought about this and that in future they will advertise through Fife Council communications and consider more options for community based staff to maximise access.

Mr Verrecchia discussed the link between stress related absence and the link on occasions to financial difficulties. It is hoped that introduction of the Credit Union may assist staff experiencing any difficulties. Mr Kellet agreed and stated it sends out a message of support to staff. Ms Nelson suggested it would be worthwhile as a follow up with Communications to reflect on how successful the recent exercise has been to encourage those staff who did not participate to do so in future.

Mrs Wells referred to the Public Health presentation at the last Board Development Session and linked this to the Credit Union success playing a part in the wellbeing agenda in relation to staff. Ms Nelson agreed that this discussion covers areas of relevance to different scrutiny committees of the Board and in particular the workforce strategy for the Staff Governance Committee.

24/19 BOARD ASSURANCE FRAMEWORK (BAF) – STAFF GOVERNANCE RISKS

Ms Nelson explained that this is the standard submission relating to workforce sustainability risks submitted to every meeting and confirmed that risks were reviewed regularly.

Risk 1415 is the overarching risk to which, as previously advised, Brexit and Mental Health have been added.

Ms Nelson gave an update on the workforce challenges and the further embedding of the workforce planning arrangements, eESS implementation on 1st April and the detailed risk regarding radiologists and loss of consultants.

Mrs Wells raised concern at the consultant shortages particularly in radiology and rheumatology and the members discussed this position and the local and national plans to address this.

Mr Kellet asked if there was any information on the impact of Brexit to recruiting staff. Ms Nelson stated it was anticipated that supply from already existing non EU countries would still occur. For the workforce with EU nationality every support is being given to encourage them to remain in employment within the Board.

Mrs Wells stated that any issues should be addressed to the Brexit Assurance Group.

Mrs Wells raised the shortage of staff issue and stated she would like assurance of how that is being addressed nationally. Ms Nelson gave an update on the work of the National Workforce Group and further assured the Committee that both regionally and nationally any issues in respect of supply are being raised with Scottish Government.

Mrs Wells referred to the presentation by Dr Morwenna Wood to Board Development Session on doctors in training. The Committee discussed these issues, in particular the development of phlebotomist roles. Ms Nelson stated this was an operational issue in respect of service delivery but had a strategic element in terms of transformation of the workforce and redistribution of skills. Ms Couser supported that comment and gave an update on impacts across the system.

The Committee **approved** the content of the risks outlined and the current ratings.

25/19 WELL AT WORK

a) Attendance Management Update

Mrs Waugh spoke to the update paper on the latest NHS Fife sickness absence statistics.

The NHS Fife average sickness absence rate is slightly increased.

Mrs Waugh referred to item 2.3, following previous requests, a scale of Whole Time Equivalent (WTE) hours have been added, this is to provide some further context in respect of the figures presented.

Mrs Waugh referred to the detail in Pages 2 – 6 of the report in terms of analysis.

Mrs Waugh referred to Item 4 which details the next steps, improvement actions, training available and Well at Work activities.

Mrs Waugh referred to a session on 13th February with managers from Estates & Faciliites trying out the good conversations approach, this is currently being evaluated.

A workshop is being planned in partnership to support Attendance Management with managers and supervisors, planned for the end of April. Mrs Brown is assisting with a staff side story, the intention is to get an employee story and a manager's story to help focus discussion on the day itself.

Ms Nelson stated that it is also planned to discuss with Mrs Brown and staff side colleagues the need to target areas who are having particular difficulties with absence. Mrs Brown confirmed that publication of the circular relating to promoting attendance is anticipated in April this is work developed on a Once for Scotland basis.

Mrs Brown referred to the recommendation for joint training and the Committee discussed the importance of training managers/supervisors to deal with the cultural change of encouraging people to return to work, adapting jobs to accommodate a quick return to the workplace and keeping in contact with staff who are absent.

Mr Clarke stressed the importance of ensuring that progress is related to bringing a reduction in sickness absence rates with a tighter focus. Mr Clarke suggested restructuring this report into 2 categories, showing the attendance management and the Well at Work aspect. **RJW**

The Committee **noted** the position for the first nine months of the 2018-19 financial year in relation to sickness absence and **noted** the ongoing activities in terms of Well at Work.

26/19 WORKFORCE INFORMATION DASHBOARD

Ms Nelson reported that the HR Directorate are looking to develop a range of HR metrics and are reviewing the availability of management workforce information to support this. She gave an update of the work being undertaken in conjunction with HR colleagues in NHS Borders and NHS Lothian with regard to Tableau. This is in addition to data available via other systems such as eESS.

The aim is to establish a dashboard that in terms of workforce information will give data in all the areas that are relevant to the Staff Governance Committee. The ultimate aim would be to have a dashboard that links workforce data to quality and other performance data.

Mr Clarke welcomed this development and stated the importance of ensuring managers have access to it and use it as part of their day to day role.

Ms Couser, who has previously used this, stated it was excellent and agreed with Mr Clarke's comments.

Ms Nelson advised members that whilst 6 areas have been identified as the areas to be progressed this will be dependent upon the link to other systems/programmes being implemented.

The Staff Governance Committee **noted** the progress in reviewing workforce information within the HR Directorate, and the intention to roll-out Tableau as a source of management workforce information.

27/19 DRAFT STAFF GOVERNANCE ACTION PLAN

Mr Anderson reported this provides the Staff Governance Committee with the first draft of the Staff Governance Action Plan for 2019-20 and the outline questions within the revised National Staff Governance Monitoring Return Framework for the previous period of 2018/19.

It is presented here for information and will be presented to Area Partnership Forum and Local Partnership Forums for their comments. It will be submitted to the Staff Governance Committee in May for further consideration prior to submission to Scottish Government.

Mr Clarke stated that in future it would be worth asking staff how they would want to be communicated with, Mr Anderson stated they have the opportunity through the iMatter questionnaire to provide feedback. It is recognised that this is only one element of engaging with staff and other options/vehicles would be considered as part of the overarching Communications Strategy.

Ms Couser and Mr Verrecchia gave an update of communication with staff used within Acute Services via staff briefings and pop up sessions.

Mr Kellet also reported that within the Partnership work is being undertaken with the Local Partnership Forum to think about how communication can be improved upon.

Regarding communications, Mr Kellet pointed out that whilst Dispatches is a good vehicle it is also a challenge as it may not get to all staff especially those with limited access to IT.

The Staff Governance Committee **considered** the content of the Draft Staff Governance Action Plan 2019 – 20 and **sought** any additional items for inclusion, none to report.

The Staff Governance Committee **noted** the content of the Scottish Government National Annual Monitoring Return template for 2018-19.

28/19 iMATTER UPDATE

Mr Anderson gave an update on the progress of iMatter.

Work continues on ensuring team structures are correct and Mr Ian Wilson, Lead Social Worker has been nominated as the Fife Council representative to be involved in the discussion regarding how to best address council team issues.

Marginal improvements have been made on action planning since the 12 week deadline period and are up 4% to 47%.

Mr Anderson reported that the Paediatric Occupational Therapy Team has been selected to attend the National NHS Event at the end of May to present their story, it was voted best team story in H&SC Partnership by all the iMatter leads. Mr Anderson stressed this needs to be publicised more to encourage and relaunch the iMatter process and the benefits of participating and he is working with the Communications Team currently to develop a proactive approach.

Ms Nelson commended the improvement but stressed the need for continued improvement in action planning going forward. This has been discussed at EDG previously and further progress reports will also be provided.

Staff Governance Committee will be kept informed of the progress. The overarching report is a national report which is currently being considered and this will be reported to future EDG and Staff Governance Committee.

The Staff Governance Committee **noted** the activity taking place in relation to iMatter across the organisation and encourages more to be done to improve the position.

29/19 DRAFT STAFF GOVERNANCE WORKPLAN 2019/20

Ms Nelson referred to the draft Staff Governance Annual Workplan 2019/20 which takes the format of previous workplans including standard items, regular reports and the Staff Governance Standards items which are distributed throughout the workplan.

Mr Clarke stated that he believed Digital Readiness should be a standing item on Staff Governance.

Ms Nelson referred to the conversation she and Mr Clarke had and her expectation that digital awareness and capability would form an integral element of the Workforce Strategy development and development of the Corporate Training Plan. Ms Nelson suggested

that could be a strand of the Workforce Strategy appropriate for discussion at a future meeting. In essence taking it on the agenda as a subset focus discussion as part of the Workforce Strategy. Mr Clarke agreed. Ms Nelson will discuss with Lesly Donovan and establish the most appropriate timing for the Staff Governance Workplan. **BAN**

Staff Governance Committee **considered** and **agreed** the Staff Governance Annual Workplan 2019/20 with the addition of the Ms Nelson having a discussion with Ms Donovan, eHealth and determining at which meeting a report on Digital Readiness will be brought.

30/19 STAFF GOVERNANCE COMMITTEE TERMS OF REFERENCE

Ms Nelson stated it was a governance requirement to ensure all Staff Governance Committee members were content with the Terms of Reference.

Staff Governance Committee members **reviewed and approved** the Staff Governance Committee Terms of Reference

31/19 STAFF GOVERNANCE COMMITTEE DATES FOR 2019/20

Staff Governance Committee dates for 2019/20 have been set in line with the Corporate Calendar. Staff Governance Committee members **noted** the dates for 2019/20.

32/19 STAFF GOVERNANCE COMMITTEE SELF ASSESSMENT REPORT 2018 - 19

Mrs Wells stated that it was a much easier format. Areas identified for initial discussion are summarised on bullet points and Mrs Wells welcomed any input.

Ms Nelson agreed it was an easier process and it was helpful to see the narrative with the scores. Ms Nelson stated that she had carried out an awareness session for Mrs Wells coming in to the Chair of Staff Governance and suggested doing sessions to inform other members of workforce related issues for general knowledge, particularly national or regional issues would be helpful. .

Following discussion it was felt that perhaps summary briefs to members might be helpful as opposed to a specified session.

Mrs Wells referred to item A6 around the appropriateness of training and awareness raising and also around patient safety issues. Mrs Wells suggested devoting time linked to one of the meetings to help cover key issues. Ms Nelson suggested that it is the Clinical Governance Committee that would consider patient safety related

issues with this Committee's focus being on workforce related issues. In addition with the breadth of representation and knowledge of those present the Committee could be assured that any patient safety related issues would be identified appropriately.

Mr Kellet stated his surprise at the comments regarding adequacy of H&SC Partnership representation.

Mrs Wells stated that members are required to be mindful of the comments. Mr Clarke wondered if an additional scoring system may be helpful.

BAN/MW

Ms Nelson and Mrs Wells will discuss this and also, in a bid to reduce the volume of papers, will consider the use of topic based presentations picking out the highlights using dashboards in an effort to be more concise.

Mrs Wells referred to feedback from the Board in terms of the Committee's effectiveness which she will pick up. Mrs Wells also will individually deal with members' attendance at meetings. **MW**

The Staff Governance Committee **noted** the outcome of the Committee's recent self-assessment exercise, detailed in the attached and **discussed** what actions members would wish to see implemented to address those areas identified for improvement.

33/19 INTEGRATED PERFORANCE REPORT

Members identified the areas already discussed which require highlighting to the Board.

The Committee **noted** the Integrated Performance Report.

34/19 ISSUES TO BE HIGHTED TO THE BOARD

The following items would be highlighted to the Board: **BAN**

- Sickness Absence
- iMatter – Paediatric Occupational Therapy Team story;
- TURAS and Core Training
- Credit Union
- Workforce Strategy – staff shortages

35/19 ITEMS FOR INFORMATION/NOTING

- Minutes & Action list of the APF (23.01.19)
- Minutes & Action List of H&SC LPF (16.01.19)

All **noted**.

36/19 ANY OTHER BUSINESS

Ms Nelson referred to the discussion within the BAF about the establishment of the Brexit Assurance Group which is made up of the Executive Leads and Chairs of the scrutiny committees. It is chaired by Dr Les Bisset and Ms Dona Milne is the Executive Lead. It brings into one group all of the relevant scrutiny committees that may require to have discussions regarding Brexit. The first meeting was held on 15th February 2019 and there is a requirement for all relevant scrutiny committees to have Brexit as an item on their agenda.

37/19 DATE OF NEXT MEETING

Friday 3rd May 2019 at 10:00 hours in Staff Club, VHK.

Brexit Assurance Group: Chair and Group Comments

BREXIT ASSURANCE GROUP (Meeting on 15TH February 2019)
The draft Terms of Reference for the Group were finalised and are attached to the Minute of the Meeting. The Health Board is invited to approve these Terms of Reference.

MINUTES OF THE NHS FIFE BREXIT ASSURANCE GROUP MEETING HELD ON FRIDAY 15TH FEBRUARY WITHIN THE QUEEN MARGARET ROOM, DUNFERMLINE CARNEGIE LIBRARY AND GALLERIES

PRESENT:
Dr Les Bisset (chair), Vice Chairman
Mr Martin Black, Non Executive Committee Member
Dr Frances Elliot, Medical Director
Ms Rona Laing, Non Executive Committee Member
Ms Dona Milne, Director of Public Health
Ms Barbara Anne Nelson, Director of Workforce
Ms Carol Potter, Director of Finance
Mrs Margaret Wells, Non Executive Committee Member

IN ATTENDANCE:
Cheryl Clifford, Acting Office Manager, Public Health

ACTION

1. WELCOME AND INTRODUCTIONS

Dr Bisset welcomed everyone to the first meeting of the Brexit Assurance Group. Dr Bisset explained the rationale behind the forming of the group and explained the group will have an overarching governance role for the Board to ensure NHS Fife is as prepared as it can be for Brexit.

2. APOLOGIES

There were no apologies.

3. BREXIT ASSURANCE GROUP TERMS OF REFERENCE

The Terms of Reference were prepared by Gillian Macintosh, Head of Corporate Planning and Performance. Discussion followed where three amendments were agreed:

Section 3.1 should read “half of members who should be in attendance will constitute a quorum”.

Section 4.4 the following sentence to be added “The Brexit Assurance Group will act as an overarching scrutiny forum on behalf of the Board”.

One additional sentence to be added “All NHS Fife Committees will have Brexit as a standing item on their agenda”.

Ms Milne will notify Ms Macintosh of these amendments. **DM**

Following these amendments the Terms of Reference will be considered at the next NHS Fife Board meeting for ratification. **LB**

Discussion followed on the confidential nature of issues reported at this meeting. The minutes of this meeting will be considered at NHS Fife Board meetings and will be made public. It was recognised that where there were commercially sensitive matters that these could be considered in a private meeting of this group. **LB**

4. EDG BREXIT REPORTING ARRANGEMENTS AND UPDATE

Ms Nelson prepared an SBAR and matrix outlining Brexit reporting and governance arrangements. The purpose of the matrix is intended to ensure that the areas of work previously covered by the Brexit Working Group are covered by other committees. Ms Nelson and Ms Milne have cross referenced all work and gave assurance that individual EDG members are aware of their own and others areas of responsibility.

Ms Milne is also involved in a multi-agency planning group (Fife Local Resilience Partnership) as executive lead for resilience.

Discussion took place on the Health and Social Care Partnership not having a specific Brexit group. Ms Nelson confirmed she is working closely with the H&SCP on workforce issues and discussions are taking place at NHS Fife and Fife Council Staff Governance meetings. Ms Potter reported that by default all aspects of the H&SCP are either NHS Fife or Fife Council services and will therefore be considered through the respective organisations' Brexit planning arrangements. These will be reported by Michael Kellet, Director of the H&SCP to the IJB where needed.

Kirsty McGregor has been identified as the East Region Communications Lead.

Ms Milne confirmed from Monday 18th February that Brexit will be a standing item on the EDG agenda. Ms Nelson also confirmed each director has a risk register for their own area. A short discussion followed on reporting to the Brexit Assurance Group where it was agreed each NHS Fife Committee chair would report to the Brexit Assurance Group following each meeting. An SBAR will be drafted detailing only the relevant part of the minute from each group.

The reporting Matrix will be added as an appendix at the end of this minute. **CC**

5. SCOTTISH BREXIT PLANNING ASSUMPTIONS

Ms Milne reported some of the information being received from the Scottish Government is commercially sensitive but Mr George Brown, Emergency Planning Officer is in discussion to clarify what can be shared.

The link will be circulated to the group for the Police Scotland and Resilience Partners public communications website. **DM**

The UK Government has one hundred and five technical notices which are updated every three to four weeks. The link will be circulated to the group. **DM**

A lengthy conversation took place discussing the following items:

- Fuel supply
- Food shortages
- Travel delays and immigration
- Business Continuity Plans
- Shortage of medicines
  Dr Elliot informed the group there are very few medicines where only one type is available, if a medicine shortage arose substitute medicines may be available.
- Stockpiling
- Prosthetic limbs
  Dr Elliot confirmed prosthetic limbs are supplied locally or through NHS Lothian or Tayside depending on where the patient lives
- Organ transplants
  Dr Elliot confirmed all organ transplants commissioned for Fife patients are carried out within the UK
- UK and Local procurement/chain of supply
- Possibility of demonstrations
  Ms Milne confirmed all police leave has been cancelled from the end of March through April
- Fife Council and Police Scotland have both set up local incident rooms **CC**

Dr Bisset reported any external information coming from the Scottish Government will be shared either by George Brown or Ms Milne.

External Information will be a standing item on the committee agenda.

A suggestion was made to invite a member of staff from the communications team to join the group but it was agreed this was not necessary as the communications department have representation on the NHS Fife Resilience Forum and at EDG.

6. NHS FIFE RESILENCE FORUM MINUTES

The above minutes were presented for information. The Terms of Reference have recently been updated to reflect the changed membership of the group. The ToR will be considered at the Clinical Governance meeting on 6th March for approval. **DM**

Mr George Brown and Mr Ian Orr (Business Continuity Manager) are currently working on the Self Assurance Checklist.

7. AOCB

There was no other business.

Dates of future meetings:
Tuesday 2nd April 11am in Room 521 Hayfield House
Wednesday 15th May at 2pm in room 521 Hayfield House
Thursday 11th July at 9.30am in room 521 Hayfield House

APPENDIX 1

Brexit Reporting/Governance Arrangements

Purpose: This matrix is intended to ensure that the areas of work previously considered by the Brexit Working Group are effectively moved from this Group to an appropriate Fora and Scrutiny Committee. This also ensures that no area of risk is lost within the new governance arrangements whereby the NHS Fife Resilience Planning Forum will inform the Brexit Assurance Group as previously discussed.

Issue	EDG Member	Scrutiny Committee	Other relevant Groups
Workforce:	Barbara Anne Nelson, Director of Workforce	Staff Governance Committee	EDG, Workforce Planning Group
Access to treatment in the UK/Europe;	Frances Elliot/Chris McKenna, Medical Director	Clinical Governance Committee	EDG
Corporate Governance;	Carol Potter, Director of Finance and Performance	Audit and Risk Committee	EDG via Finance Director via Gillian MacIntosh
Cross Border Co-operation on Public Health matters;	Dona Milne, Director of Public Health	Clinical Governance Committee	EDG, PHAC
eHealth;	Ellen Ryabov, Chief Operating Officer, Acute Services	Clinical Governance Committee	EDG via Chief Operating Officer, Acute Services, ehealth board via Lesly Donovan
Estates and Facilities;	Andy Fairgrieve, Director of Estates and Facilities	Audit and Risk Committee or Finance, Performance and Resources Committee dependent upon the subject matter	EDG via Director of Estates and Facilities via Jim Rotherham
Nuclear Medicine, Diagnostic and Treatment	Ellen Ryabov, Chief Operating Officer, Acute Services	Clinical Governance Committee	EDG via Chief Operating Officer via Janette Burdock, Radiology Manager
Impact on the general economy;	Carol Potter, Director	Finance,	EDG

	of Finance and Performance	Performance and Resources Committee	
Patient Access to Medicines and Medical Technologies;	Evelyn McPhail, Director of Pharmacy	Clinical Governance Committee	EDG, Medicines Group for Brexit
Procurement and Supply Chain;	Carol Potter, Director of Finance and Performance	Finance, Performance and Resources Committee	EDG via Director of Finance and Performance via Carrie Sommerville Head of Procurement, national supply fora
Research and Development.	Frances Elliot/Chris McKenna, Medical Director	Clinical Governance Committee	EDG via Medical Director via Amanda Wood, Research Governance Manager, Research Governance Group

NHS FIFE

BREXIT ASSURANCE GROUP

DRAFT TERMS OF REFERENCE

1. Purpose

1.1. The Brexit Assurance Group was established by a decision of the Board on 28 November 2018. It is a time-limited, task-focused group established to review the potential risks and impact of the UK exiting the EU, based on a resilience-planning / business continuity approach. The Assurance Group will report directly to the Board for the length of its establishment and will make recommendations for decisions where relevant and appropriate.

2. Membership

2.1. The Brexit Assurance Group is chaired by the Vice-Chair of the Board and its membership comprises:

- the Committee Chairs of the Board's four standing governance committees;
- the lead Executive Directors for the Board's governance committees; and
- the Director of Public Health, as the Senior Responsible Officer for Brexit preparedness.

2.2 Additional members may be co-opted, as required.

3. Quorum

3.1 Half of members who should be in attendance will constitute a quorum.

4. Remit

4.1. The Assurance Group will carry out a time-limited review of the current and likely future impact on NHS Fife of the UK exiting the EU, and any actions the Board can take to mitigate those impacts, as the Brexit negotiations move forward.

4.2. The NHS Fife Resilience Forum, with an augmented membership to include the relevant Brexit leads for each area, is the body responsible for collating and categorising all potential risks to NHS Fife, and will submit a formal report for each meeting of the Assurance Group.

4.3. The Assurance Group may also include within its work any other areas and elements as identified through its ongoing review work.

4.4. Individual issues related to Brexit pertinent to each Board governance committee (for instance, workforce issues that fall under the existing remit of

Staff Governance) will continue to be reported to the Board via each body in the usual manner. The Brexit Assurance Group will act as an overarching scrutiny forum on behalf of the Board. All NHS Fife Committees will have Brexit as a standing item on their agenda.

5. Frequency

5.1 The Group will meet monthly from February 2019

5.2 The Chair may, at any time, convene additional meetings or establish sub groups to provide additional focus to specific areas of risk.

Draft v2
Dr Gillian MacIntosh
Dona Milne
4 March 2019

EAST REGION PROGRAMME BOARD **(Meeting on 9 November 2018)**
No issues were raised for escalation to the Board.

East Region Health & Social Care Delivery Plan Programme

Programme Office
Strathbrock Partnership Centre
189A West Main Street
Broxburn
EH52 5LH

Minutes

Meeting: **East Region Programme Board**
Date: Friday 9th November 2018, 10am – 12.30pm
Location: NES, West Port, Edinburgh

Present:

T Davison	Chief Executive, NHS Lothian/Regional Implementation Lead (Chair)
P Hawkins	Chief Executive, NHS Fife
J Davidson	Chief Executive, NHS Borders
J McClean	Acting Director of Regional Planning, East Region
J Butler	HR Director, NHS Lothian/Regional Functional Lead HR
J Crombie	Deputy Chief Executive, NHS Lothian
A McMahon	Director of Nursing, NHS Lothian/Regional Functional Lead Nursing
C Brigg	Director of Strategic Planning, NHS Lothian
J Mackay	Head of Comms NHS Lothian/Regional Functional Lead Comms & Engagement
T Gillies	Medical Director, NHS Lothian/Regional Medical Director Implementation Lead
J Stephen	Head of IM & T, NHS Borders/Regional Functional Lead eHealth/Digital
F Murphy	Director, NSD
J Smyth	Director of Strategic Change & Performance, NHS Borders
S Goldsmith	Director of Finance, NHS Lothian/Regional Functional Lead Finance
L Campbell	Regional Director SAS, East Region
D Phillips	Workforce Planning Director, East Region
C Sharp	Medical Director, NHS Borders
K Macdonald	Network Manager, SCAN (in attendance until Item 5)
J Mander	Clinical Lead, SCAN (in attendance until Item 5)

In Attendance:

Jayne Crow Clinical Lead for LD MCN, SEAT
Grant Laidlaw Programme Manager, East Region (shadowing J McClean)
Caroline Caddell PA, East Region (Minute Taker)

Apologies for absence were received from:

Carol Gillie, Claire Pearce, John Cowie, Carol Potter, Frances Elliot, Barbara Anne Nelson, Alison McCallum, Alex Joyce, Michael Kellet, Judith Proctor, Alison MacDonald, Jim Forrest, Allister Short, Rob McCulloch-Graham

1.	**Welcome and Apologies** T Davison welcomed all to the meeting and apologies were noted.	
2.	**Notes of Previous Meeting held on 31st August 2018** The Group reviewed the minutes from the previous East Region Programme Board (ERPB) meeting held on Friday 31st August 2018. No amendments were required and they were agreed as an accurate record of the meeting.	
	PART 1: RCAG	
3.	**Matters Arising**	
3.1	**Governance Arrangements for Reprovision of Regional Cancer Centre** J Crombie provided a verbal update on the development of the Regional Cancer Centre, advising that NHS Lothian has established a Cancer Capital Programme Board which brings together key stakeholders to lead and support the development. J Crombie confirmed that this development was of regional importance and the involvement of NHS Fife, Borders and Dumfries and Galloway was important in the development of pathways and models of care as well as addressing finance and workforce issues. J Crombie advised that the approach adopted during the development of RHSCE and DCN, ensuring strong partner Board engagement, would be replicated for the Cancer Centre development. J Crombie and J McClean will liaise to identify partner Board representation. It was agreed that the East Region Programme Board will receive regular updates from the Cancer Capital Programme Board.	**J McClean/ J Crombie**
3.2	**Future Arrangements for RCAG** K Macdonald advised that following changes to the format and frequency of the Regional Planning Board meetings over the last 18 months, the usual schedule of Regional Cancer Advisory Group (RCAG) meetings had been altered. This has prompted a review of RCAG arrangements to ensure that the required governance arrangements are met. K Macdonald advised that the 4 Boards concerned were currently being consulted with to develop a proposal for future arrangements which will come to the next Programme Board for discussion. J McClean advised that recent arrangements which involved RCAG business being taken as part of the Programme Board agenda, meant there had not been the range of cancer clinical or managerial opinion available to support discussions and that NHS Dumfries and Galloway had not been present as they were not represented on the Programme Board. T Davison agreed that it was important to agree regionally how RCAG/SCAN governance can be met and it was agreed to receive a paper at the next meeting.	**K Macdonald**
4.	**National MOU for Audit Data sharing** K Macdonald spoke to previously circulated papers detailing the draft Memorandum of Understanding (MoU) and Service Level Agreement (SLA) developed between the three regional Cancer Networks through the National Cancer Quality Operational Group.	

	The Group noted that the MoU and SLA were presented for approval to support a national approach for sharing of cancer audit data as "business as usual" in Scotland which also meet the GDPR requirements. The significant benefit for SCAN is that ad hoc data requests will no longer require individual approval by Caldicott Guardians as these agreements would cover all usual business. It was confirmed that the MOU and SLA had been discussed and approved at the recent RCPG. Following discussion, the Board approved the MOU and the SLA for cancer audit data collection and reporting.	
5.	**Realistic Medicine in Cancer Care** T Gillies was invited to update the Programme Board on Realistic Medicine in Cancer Care. She advised the Board that the 3 Medical Directors had recently met to discuss the approaches and initiatives known to be underway in the region. T Gillies reported that NHS Lothian has commenced work with MacMillan and has been successful in securing funding for a number of bids for cancer care initiatives. T Davison highlighted that there are significant financial implications associated with delivering cancer and other types of care where the treatments may not deliver clear benefits to patients. He advised that within NHS Lothian colleagues are looking at introducing a standardised approach. Members discussed the opportunities to take this work forward nationally, with T Gillies proposing that this could be based around the Atlas of Variation work already undertaken. P Hawkins advised that NHS Fife had undertaken work on reviewing procedures with limited clinical value and identifying the potential savings which could be released. This approach will be discussed at a future Scheduled Care Board, however there was a need to consider the patient cohorts already on waiting lists for these types of procedures of low clinical value. C Sharp agreed that it would be useful to harmonise the approach to this both regionally and nationally. P Hawkins added that it would be essential for Medical Directors to have a collective view on this before discussing more widely with Chief Executives.	
	PART 2: EAST REGION PROGAMME BOARD	
6.	**East Region Work Programme – Review and Refocus** T Davison introduced this item advising that a review of the regional work programme had been undertaken acknowledging the recent Scottish Government focus on Boards performance and accountability to deliver. He emphasised that the priorities for regional work over the next year should focus on areas where we can add material value over and above that of Board's work. J McClean spoke to the previously circulated paper outlining the recent review and stock take of the regional work programme. A number of work steams had set out propositions and anticipated benefits in the draft Regional Discussion Document in September 2017, with an opportunity at this stage to review the propositions and assess if satisfactory progress was being made in delivering benefits. The Group noted Appendix 1, which detailed the individual work streams, the potential regional benefits and an assessment of whether the work stream should proceed or pause.	

	J McClean highlighted that there are a number of acute specialties, including ophthalmology and radiology, where although progress had not been made as anticipated, there remained significant workforce risks which required attention and should continue to be worked on. It was agreed that orthopaedics, gastro and urology should be paused, however work would continue on developing the Business Case for a regional Sacral Nerve Stimulation Service for urinary incontinence. It was confirmed that this work had clinical and managerial leadership from the 3 Boards and that the Business Case was due to be completed in early 2019 in anticipation that the national service would cease at end of March. Following discussion it was also agreed to pause the Primary, Community and Social Care work stream with the IJBs leads agreeing to share the learning and experiences across the region. The Group were advised that the proposals to pause some work streams had been supported by Board Chairs and East Region Functional Implementation Leads. Following discussion the Programme Board agreed to support the recommendations of the work plan review and agree a refocused regional programme of work to be brought to the February 2019 meeting. The ERPB also agreed the revised support arrangements and confirmed that these meet the governance and business needs of the regional work programme. J Crombie gave support to the proposal and noted that it would be helpful for the ERPB to maintain sight of the Waiting Times programme. P Hawkins provided feedback from the first meeting of the Waiting Times Improvement Operational Board, advising that Boards were required to prioritise the development of plans to meet trajectories with funding available to underpin delivery. An assessment of activity to be managed by the Golden Jubilee and private sector is underway. Boards will be expected to ensure that optimal delivery models are in place. Members discussed the challenges with securing workforce given the existing supply issue, with J Butler highlighting plans underway to develop an international recruitment programme. The Board noted the example of regional employment models in the East such the LD Consultant model. C Sharp highlighted that the geography of the South East lends itself to sharing posts and joint appointments. NHS Borders intend to follow NHS Dumfries & Galloway's example of trying to recruit from North England. It was acknowledged that the recruitment issues will be a risk in Board's ability to deliver Waiting Times Plans. D Phillips reminded the Group that the East Region has the highest fill rate across Scotland with the majority of NHS Lothian posts filled. D Phillips proposed capitalising on the regional reputation to recruit and retain employees. It is anticipated that the South East of England will be significantly impacted by Brexit due to EU workers leaving, which will result in an extremely competitive market over the next few months. T Gillies noted that the development of a set of principles supporting retention of the older section of the workforce was underway. J Butler stated that although there is a national approach, a regional one was also required.	

7.	**Work Stream Updates**	
7.1	**Laboratory Medicine – MoU for Regional Managed Service Contract**	
	J Crombie spoke to a previously circulated paper which set out a proposed Memorandum of Understanding which sets out the basis on which NHS Borders, NHS Fife and NHS Lothian will collaborate and work together on the procurement of a Laboratory Managed Service Contract (MSC). The Group noted that NHS Lothian will commence their procurement process first as they will be out of contract by the end of 2019. NHS Borders and NHS Fife will be out of contract by the end of 2022. Following discussion, the ERPB noted the proposed approach and supported the principles of the MoU. They agreed that the procurement process should commence with regular updates back to the ERPB on progress or issues. P Hawkins advised that in his role as Chair of the National Laboratory Oversight Group, he had attended a presentation given by the technology company, Phillips however it was noted that there may be other companies better placed to support Artificial Intelligence development opportunities. J Crombie confirmed that the pilot site in Edinburgh were aware of the issues.	
7.2	**Ophthalmology** J Smyth spoke to a previously circulated paper setting out a proposal for an East Region Ophthalmology Network comprising NHS Borders, Lothian and Fife and sought agreement and commitment from each of the Boards to support this approach. The Board noted the emerging workforce challenges and service sustainability issues in Ophthalmology, with opportunities for a regionally coordinated approach, chaired in the first instance by P Hawkins. C Sharp supported the proposal and noted that if successful, consideration could be given to look at the introduction of a regional Network Board for other regionally specialties, i.e. radiology. J McClean agreed that a regional board or network may be beneficial for radiology and advised that this will be looked at. Following discussion, the ERPB noted the position with Ophthalmology services in the East Region and supported the proposal to establish a Regional Ophthalmology Network Board. Boards agreed to take through respective governance processes for agreement with reporting through the ERPB.	
7.3	**Urology** J McClean provided a verbal update on the Sacral Nerve Stimulation (SNS) Service Business Case. As discussed at previous ERPB meetings, the de-designation of the national SNS service requires each of the regions to develop a regional service by end of March 2019. The East Region is making good progress with the planning arrangements and development of the Business Case. This should be ready for January 2019 and presented to the February ERPB once it has been through due process. The Group noted that the other regions have made slower progress and there may be a risk that this delays transfer of the service.	

7.4	**Prevention and Reversal of Type 2 Diabetes** J McClean provided a verbal update on the work on the Prevention and Reversal of Type 2 Diabetes. As an Early Adopter of the Diabetes Framework, funds have been allocated to East of Scotland Diabetes Partnership for 2018/19. They will be used to support an equitable, consistent approach to weight management services across the region. There have been two workshops held in the East Region, with an excellent level of collaboration and sharing. In the first year of funding the money will be used to bring Boards up to the same level of provision in terms of dietetic and exercise provision – with costing now underway and an Implementation Plan due to be submitted to SG in December once agreed through the Partnership Board. R McCulloch-Graham is leading on the work on children and young people with a workshop being planned for December/early January to bring together key stakeholders. J McClean added that there has been increased collaboration in Scottish Government between the Diabetes and Healthy Weight Teams and that the East Region is developing the relationships and links with those teams. The Group were advised that the Diabetes Programme Director post has been advertised with considerable interest from a range of individuals. The interviews will be held on 23rd November. A McMahon asked if this work could be linked in with school nurses. J McClean advised that the approach for Children and Young People was still to be developed but the emphasis of this work was to adopt a whole system approach with education likely to have a key role in supporting change.	
7.5	**HR/Workforce** J Butler spoke to a previously circulated Highlight Report and provided an update on the 4 main work streams : <u>Doctors & Dentists in Training</u> - Phase 1 of the Lead Employer Model implementation is now complete. Work has begun on scoping out the actions and work plan for implementing Phase 2. <u>East Region Recruitment Transformation Programme</u> – Funding has been confirmed to appoint the Programme Director. NHS Lothian is confirmed as a pilot board for implementing the new national recruitment system (Jobtrain). <u>Regional Staff Bank</u> – Work is progressing. <u>Workforce Planning</u> – Following an update on progress, Board members discussed the opportunities to become more proactive with appointments, in particular medical staff appointments where there is a known pressure in a specialty. There was broad support for making proleptic appointments which is currently undertaken on a small scale. J Butler noted that there can be issues associated with the required funding stream which would need to be resolved.	

	T Gillies noted that while Boards needed to consider their own positions and requirements, consideration of the regional impact of this approach was also important. J Butler suggested that HRDs and MDs work together to develop ways of improving recruitment and retention and the use of proleptic appointments. C Sharp noted that it would helpful to have an inventory of those staff who intend to retire to inform workforce planning. Following discussion, it was agreed that J Butler will look at this issue and provide an update at a future meeting.	**J Butler**
7.6	**eHealth** J Stephen spoke to a previously circulated highlight report and provided an update on the eHealth work stream. Of particular note, Federated Trak is now live in NHS Lothian and allows NHS Lothian clinicians to see data held on NHS Borders Trak. J Stephen added that in anticipation of the implementation of Office 365, a Project Manager is being recruited. Following discussion it was agreed to have a more detailed discussion on Office 365 at the next meeting, outlining the benefits this system will bring.	
8.	**Transformational Funding – Report for Programme Board** S Goldsmith spoke to a previously circulated paper providing an update on the allocation and commitment of the Regional Transformational Funds in line with the agreed reporting and management arrangements. The East Region has been allocated £2.4m in both 2017/18 and 2018/19, with commitment beyond this financial year still to be confirmed. The Board were advised that discussions with Scottish Government are underway to look at potential carry forward arrangements. Table 2 of the paper detailed the resources previously funded, although this requires further updating following resources being moved or re-directed from the work streams. S Goldsmith advised that the Regional DoF Leads and Regional Planning Directors were reviewing the allocations from the National Transformational Funds and assessing the benefits delivered from the initial Tranche 1 allocation, which had focussed mainly on delivery of National Board initiatives e.g Radiology, Laboratories. Tranche 2 allocations were now being considered with a report and recommendations due to go the Chief Executive Implementation Leads later in December. T Gillies highlighted the need to link funding to the key things we think will help with demand management, i.e. what are opportunities about doing things differently. Following discussion, it was agreed that S Goldsmith and J McClean will speak to respective colleagues ahead of the meeting with Chief Executive Implementation Leads in December to look at regional opportunities. S Goldsmith advised that she had recently attended a national finance meeting to discuss national Waiting Times funding and reported that there are currently bids of £12m submitted against the fund which will be used to support improvement in performance. S Goldsmith confirmed the need for bids to link to the waiting times plan trajectories. The Waiting Times Improvement Operational Board will review the submitted bids at the next meeting on the 27th November. S Goldsmith added that Boards will need more time and consideration on longer term plans.	**J McClean/ S Goldsmith**

9.	**Communication and Engagement** J Mackay advised that there are ongoing discussions with SG colleagues on what documents or messages might be presented to wider stakeholders and the public in relation to the regional work. The current position is that SG has asked that Boards adopt a low key launch of the Regional Summary Documents on Board public facing websites on the 22nd November. J McClean confirmed that an updated Summary Document was now being finalised and will be ready for Boards to place on their respective web sites by the proposed date. T Davison confirmed that the East Region Chief Executives have agreed with their respective Chairs that the Regional Summary Document will be an agenda item at their public Board meetings during December and January.	**J McClean**
10.	**LD MCN Bi-Annual Report** D Phillips and J Crow spoke to the previously circulated LD MCN Bi-Annual Report and noted the significant achievements in service change, the positive impacts on the experience of people with learning disabilities and workforce development. A McMahon noted that the Royal Edinburgh Hospital is looking to decrease the LD bed capacity from 48 to 29 beds with more focus on developing community based services. C Sharp suggested that it may be helpful to convene a regional discussion on the out of area placements for patients with LD which the MCN could support. Following discussion, the ERPB noted the report and agreed that a finalised 2019-2020 LD MCN work plan will be completed once the revised Scottish Government Keys to Life strategy and review of Out of Area Placements are published and presented to the February ERPB.	
11.	**Regional Eating Disorders Unit - Update** D Phillips spoke to a previously circulated paper updating the Board on the work of the Regional Eating Disorders Governance Group in supporting the delivery of a more robust regional model of eating disorders services in the East Region. The Board noted that each of the 4 partner Boards had a slightly different approach to the way they use the Regional Eating Disorders Unit (REDU) due to differing models of care. A workshop supported by an external expert in the field has been scheduled for January to discuss development of a consistent regional model. D Phillips suggested that the Region may wish to look at adopting a single employer model for this specialty workforce. Following discussion, T Gillies was given assurance that the Governance Group will pick up issues relating to patients physical health needs in addition to mental health needs. A McMahon emphasised the need for an early discharge plan, especially for those patients who might be more challenging to discharge.	
12.	**SMART Consortium Review** J McClean spoke to previously circulated paper detailing the external scrutiny arrangements for the SMART Consortium Services. The review	

	will be undertaken to support progress in determining the optimum service model for the East Region, including clinical, financial and governance frameworks. There is a long running issue with the SMART service provided by NHS Lothian to NHS Fife and Borders due to a gap in funding which developed due to a change in the funding commitment from SG. It was highlighted that Boards are keen for assurance that the service currently provided is cost efficient, meets current quality standards and is maximising skill mix and role optimisation. An external review has now been commissioned with a report and recommendations expected by early 2019. These will inform the development of a service model and supporting financial framework. It is expected that the Report will be available in time for the next ERPB in February.	**J McClean**
13.	**National Pharmacy Aseptic Dispensing Programme – Update on Progress in East Region** J McClean provided a verbal update on the National Pharmacy Aseptic Dispensing Programme. Of note, is the recent agreement by Board Chief Executives that an options appraisal will be undertaken on the development of a national CIVAS+ service for Scotland. This development could see release of additional time to care and further improve patient safety. A business case is expected to be presented to Chief Executives Group in April 2019. The Board noted the update.	
14.	**East Region Approach to Innovation** T Gillies provided a verbal update on a proposed East Region approach to Innovation. The Group noted that NHS Lothian has a well resourced R&D function which could, with some additional infrastructure, provide a regional Innovation model for all 3 South East Boards. A regional allocation of £500k was made by the Chief Scientists Office in 2018/19 to support Innovation activities and infrastructure. T Gillies identified an opportunity for early collaboration could be a regional Data Lake, building on work already undertaken in Lothian. T Gillies suggested that this could be considered for funding from the Transformational Fund. Medical Directors have confirmed that NHS Lothian is best placed to support a regional infrastructure and lead Innovation for the region, with a paper to be presented at the February ERPB meeting outlining the proposed approach in more detail.	
15.	**Feedback from National Planning Board** F Murphy spoke to the previously circulated update from the National Planning Board. The Group noted that the National Planning Board had met for the first time on 19th October 2018 and that there are likely to be 4 main strands to their work including commissions, reviews, service planning and enablers. C Briggs advised that national DoPs had commissioned work on an inpatient LD CAMHS unit with an options appraisal due to take place soon.	

16.	**Update from NSD – For Noting** The Group noted the previously circulated quarterly update from the National Service Division.	
17.	**Dates of Future Meetings** T Davison referred to the previously circulated dates of future meetings and asked colleagues to prioritise the meetings to ensure good attendance. J McClean confirmed that venues would be circulated once confirmed.	
18.	**Date, Time and Venue of Next Meeting** ***Programme Board:*** *Friday 1st February 2019, 10am, venue to be confirmed.* ***POST MEETING NOTE -Venue is SHSC***	

INTEGRATION JOINT BOARD

(Meeting on 20 February 2019)

No issues were raised for escalation to the Board.

UNCONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD ON WEDNESDAY 20 FEBRUARY 2019 AT 10.00 AM IN CONFERENCE ROOMS 2 & 3, GROUND FLOOR, FIFE HOUSE, NORTH STREET, GLENROTHES, FIFE, KY7 5LT

Present	Councillor Rosemary Liewald (Chair) Christina Cooper (Vice Chair) Non-Executive Members – Eugene Clarke, Dr Les Bisset, Martin Black, Margaret Wells - NHS Fife Wilma Brown, Employee Director, NHS Fife Dr Frances Elliot, Medical Director, NHS Fife Councillors David Alexander, Tim Brett, David Graham, Fiona Grant, David J Ross, Tony Miklinski and Jan Wincott - Fife Council Carolyn McDonald, Associate Director, Allied Health Professionals Debbie Thompson, Joint TU Secretary Ian Dall, Chair of Public Engagement Network Karen Mack, Independent Sector Representative Morna Fleming, Carer Representative Simon Fevre, Staff Representative, NHS Fife
Professional Advisers	Michael Kellet, Director of Health and Social Care/Chief Officer Jen McPhail, Chief Finance Officer Nicky Connor, Associate Nurse Director Dr Katherine Paramore, Medical Representative
Attending	Claire Dobson, Divisional General Manager (West) David Heaney, Divisional General Manager (East) Evelyn McPhail, Director of Pharmacy Seonaid McCallum, Associate Medical Director, NHS Fife Fiona McKay, Head of Strategic Planning, Performance & Commissioning John Mills, Head of Housing Services Norma Aitken, Head of Corporate Services Wendy Anderson, H&SC Co-ordinator (Minute) Belinda Morgan, Billy Bunce and Lesley Stewart for Person Story

NO	HEADING	ACTION

1 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the Health & Social Care Partnership (H&SCP) Integration Joint Board (the Partnership Board).

Nicola Braid, a Staff Nurse at the Mayfield Unit at Lynebank Hospital has been awarded an honorary fellowship at the University of Edinburgh.

Dr Frances Elliot, NHS Medical Director is attending her final meeting. Dr Chris McKenna is taking over this role and will attend future IJB meetings. The Chair thanked Dr Elliot for her contribution to the IJB and wished her well for the future.

NO	HEADING	ACTION

CHAIRPERSON'S WELCOME AND OPENING REMARKS (CONT)

Jen McPhail, Chief Finance Officer leaves on 8 March 2019 to take up a new role with Borders Care. The Chair thanked Jen for her contribution to the IJB and wished her well for the future.

Karen Mack, Independent Sector Representative is attending her final meeting in this role as she is returning to the Care Inspectorate. The Chair thanked Karen for her contribution to the IJB and wished her well for the future.

The Chair advised members that a recording pen was in use at the meeting to assist with Minute taking.

2 PERSON STORY – HIGH HEALTH GAIN AND LOCALITY HUDDLES

Belinda Morgan, Billy Bunce and Lorna Stewart presented Elizabeth and Ian's story which illustrated how multi-disciplinary teams are making a positive difference to the lives of Fife residents who have complex health needs.

The slides used will be circulated to IJB members. **NA**

The presentation was well received and the Chair thanked Belinda, Billy and Lorna for attending the IJB.

3 DECLARATION OF MEMBERS' INTERESTS

Nil.

4 APOLOGIES FOR ABSENCE

Apologies had been received from Helen Wright, Julie Paterson, Dona Milne, Susie Mitchell, Dougie Dunlop, Steve Grimmond and Paul Hawkins.

5 MINUTE OF PREVIOUS MEETINGS

There was discussion on the content of the Minute of the meeting held on 20 December 2018. Margaret Wells suggested the minutes were shorter than they should be and should convey more of the discussion. She also asked for additional content to be added, which she will provide. Minute will be updated accordingly.

6 MATTERS ARISING

The Action Note from the meeting held on 20 December 2018 was agreed as an accurate record.

Joining Up Care Consultation – Michael Kellet gave an update on the two participation requests which had been received by NHS Fife. These have been

6 MATTERS ARISING (CONT)

accepted and NHS Fife is currently determining what this will entail. An update on the requests will be provided in due course.

David Heaney gave an update on the position with the Community Hospital Redesign element of the Joining Up Care project. An Options Appraisal meeting took place in December 2018. The consultation process has been extended, as previously agreed. Both this and the Urgent Care workstreams involve many of the same officers, but progress is being made. It has been suggested that workshop be held to assist this process. Weekly meetings are being held and clinical and financial modelling is being undertaken.

Claire Dobson updated on the Urgent Care (Out of Hours) workstream which had been discussed at the previous Integration Joint Board meeting. A process has been developed for the addendum and Claire is happy to share this with IJB members. A variety of meetings have been held in the North East Fife area and these will be replicated in each area of Fife. The Urgent Care Working Group has been reformed and meetings have been scheduled for March 2018 to look at ideas for Fife as a whole. **CD**

7 PERFORMANCE

7.1 Finance Report

Jen McPhail presented this report which gave the latest available financial position as at 30 November 2018. Jen gave an update on several items as at December 2018, these figures will be finalised in the near future.

Discussion was held in relation to pharmacy savings, the potential financial impact forecast in relation to Brexit, stockpiling medicines, the recent pay agreement and budget realignment.

The Board:-

- noted and discussed the financial position as reported at 30 November 2018.
- noted and discussed the key risks and challenges highlighted in the first section of the report.
- agreed that the Director of Health and Social Care discusses with the two parent body Chief Executives regarding the Homecare position reversal of savings as agreed in November 2018.
- noted the Chief Finance Officer, Associate Director of Nursing with Nursing Director and Director of Finance require to meet regarding the Workforce Planning Tool - Principle of Funding.

7.1 Finance Report (Cont)

- charged the Director of Health and Social Care and Senior Officers to deliver on bringing budgets back in line in year as far as reasonably possible.

- noted the additional funding approved to Homecare funded through winter monies and the pressure this has on the funding situation now the winter plan has been approved.

- noted the increased pay award offer and the potential impact to the IJB - £0.500m in year if approved

- directed escalation to partners of the financial position and comply in line with Integration Scheme to request additional funding.

- noted a detailed report on internal homecare performance including Finance and Impacts to be submitted to the February F&P Committee by DGM East Division.

- noted a detailed report on external Homecare performance including Finance and Impacts to be submitted to the February F&P Committee by Head of Strategic Planning, Performance and Commissioning.

7.2 Financial Outlook

Jen McPhail presented this report which was an update as final budgets have now been agreed for Fife Council and NHS Fife. The H&SC Budget report will be brought to the next IJB meeting and will bring forward suggestions on how to close the projected budget gap.

During discussions on Healthcare Technology it was suggested that this be the topic for a future Development Session. This was agreed and the appropriate staff from Fife Council and NHS Fife will be invited to deliver this. **MK**

The Board:-

- noted the Scottish Government funding Letter and the funding assumptions.

- noted the ability for the HSCP to deliver transformational savings projects in 2019-20.

- noted the proposal regards charging in terms of scenario 1 and current discussions.

- note the required investment in Healthcare Technology to make the long term financial strategy.

NO	HEADING	ACTION

7 PERFORMANCE (CONT)

7.2 Financial Outlook (Cont)

- agreed to use a future Development Session to discuss developments in tele-healthcare and technology. **MK/NA**

Prior to presenting his report (Item 8.2) John Mills advised that work is ongoing to secure a residential property in Kirkcaldy which will hopefully be adapted to use as a demonstration house for technology which can be used within Health and Social Care as well as other uses.

7.3 Audit Scotland – Integration Progress Report

Jen McPhail presented this report and advised that a Ministerial Review Group has been set up. This group has produced a report which will be circulated to IJB members prior to the IJB Development Session on 5 March 2019. **MK**

The Board agreed to:-

a) note the contents of this report; and

b) approve the proposal that an action plan will be developed in collaboration with partner organisations through the Chair of the IJB and the Director of Health and Social Care.

7.4 Performance Report

Fiona Mckay presented this report which was for information. Discussion was held regarding the significant pressures on Care at Home and START beds and the short term solution which is in place as part of the Winter Plan.

CAMHS waiting times were also discussed along with alternative therapies, Our Minds Matter and the introduction of a mental health nurse into each High School in Fife. Cllr Brett offered to send Morna Fleming the most recent review of CAMHS which went to Clinical and Care Governance Committee. **NA**

8 STRATEGY

8.1 Ethical Care Charter

Fiona Mckay presented a report on the Unison Ethical Charter which has been discussed at Clinical and Care Governance. The charter asks that Partnership commit to implement the principles within our care at home services and with our partner agencies and this was agreed.

8.2 Fife's Rapid Rehousing Transition Plan

John Mills, Head of Housing Services presented this report which was recently approved by the Community and Housing Services Committee at Fife Council on 14 February 2019. The Board:-

a) Noted the contents of the Plan and the direction of travel in homelessness service.
b) Supported the ongoing positive prevention work and collaborative approaches across Housing, Health and Social Care.
c) Discussed any areas the IJB can identify for further collaboration to generate transformational change.

8.3 Fife Health and Social Care Partnership Workforce Strategy 2019-2022 – Action Plan for Year 1

Michael Kellet presented this report which was requested at the IJB on 20 December 2018 when the Workforce Strategy was approved. Discussion around the Action Plan included the involvement of the 3rd and Independent sector and monitoring of the Plan. Les Bisset suggested only one Lead for each action would be more appropriate.

The Board noted the Fife Health and Social Care Partnership Delivery plan for implementation of the workforce strategy and that progress on the action plan would be reported to the IJB annually.

9 MINUTES FROM OTHER COMMITTEES & ITEMS FOR NOTING

The Chair asked the Chairs of the three governance committees if they had any issues they wished to highlight to the IJB.

9.1 Unconfirmed Audit & Risk Committee Minute from 30 January 2019

Eugene Clarke highlighted the discussion which had been held on updating the Terms of Reference to allow co-opting of people onto the Committee and also the deferral of the audit of Risk Management.

9.2 Confirmed Clinical & Care Governance Committee Minute from 9 November 2018

9.3 Unconfirmed Clinical & Care Governance Committee Minute from 25 January 2019

Tim Brett advised that the meeting held on 9 November 2019 was not quorate but with the addition of Martin Black and Jan Wincott to the Committee this should not be an issue in the future.

9.4 Unconfirmed Finance & Performance Committee Minute from 31 January 2019

NO	HEADING	ACTION

9.5 Unconfirmed Local Partnership Forum Minute from 31 October 2018

10 AOCB

Martin Black noted that the partnership does not have a group convened to discuss Brexit. Michael Kellet advised that officers from the partnership are represented on Fife Council and NHS Brexit groups as well as Local and East Region Resilience Groups.

11 DATE OF NEXT MEETINGS

IJB Development Session – Tuesday 5 March 2019 – 2.00 pm – Conference Room 2, Ground Floor, Fife House, North Street, Glenrothes, KY7 5LT

IJB Budget Setting Meeting - Thursday 28 March 2019 – 3.00 pm – Conference Rooms 2 & 3, Ground Floor, Fife House, North Street, Glenrothes, KY7 5LT. Please not change of date and time for this meeting.

Fife Partnership Board

FIFE PARTNERSHIP BOARD

(Meeting on 12th February 2019)

PARTNERSHIP ASSET STRATEGY

The Board considered a report by Senior Manager (Property Services), Fife Council providing an overview of the work across the Partnership around shared use of assets and to identify opportunities to make better use of the collective resources of the partner members to achieve Partnership goals and ambitions. The Board agreed a more focussed approach to asset management should be considered across the Partnership; to consider appointing a sub committee of Partnership Members to transform members approach to 'place-making' and make better use of collective assets and resources to help deliver better outcomes for local communities; and noted that a further report would be submitted for consideration, at a subsequent meeting of the Board detailing the design principles of such a sub committe

2019.F.P.B.20

FIFE PARTNERSHIP BOARD

MINUTE OF MEETING HELD ON TUESDAY12TH FEBRUARY, 2019 NHS STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY - 10.00 A.M. – 11.20 A.M.

PRESENT: Councillors David Alexander (Chair), David Ross and Dave Dempsey; Steve Grimmond, Chief Executive, Fife Council; Tricia Marwick, Chair NHS Fife Board, Dona Milne, Director of Public Health, NHS Fife; Michael Kellet, Director of Fife Health & Social Care Partnership; Sue Reekie, Chief Operating Officer, Fife College; Roddie Keith, Local Senior Officer, Scottish Fire and Rescue Service; Sandy Brodie, Police Scotland and Lynne Cooper, Scottish Enterprise.

ATTENDING: Eileen Rowand, Executive Director, Finance & Corporate Services, Carrie Lindsay, Executive Director, Education and Children's Services, Alan Paul, Senior Manager (Property Services), Louise Playford, Service Manager (School Estate), Tim Kendrick, Community Manager (Development), Sharon Murphy, Community Planning Manager, Claire Street, Development Officer, Community Planning and Lesley Robb, Lead Officer, Committee Services, Fife Council.

APOLOGIES FOR ABSENCE: Paul Hawkins, Chief Executive, NHS Fife; Hugh Hall, Principal, Fife College; David Crawford, Senior Operations Leader, Department for Work and Pensions; Chief Superintendent Derek McEwen, Police Scotland; Shirley Laing, Deputy Director, Scottish Government, Jim Grieve, Interim Partnership Director, SEStran and Elaine Morrison, Head of Partnerships, East Region, Scottish Enterprise.

45. **WELCOME/INTRODUCTORY REMARKS**

The Chair welcomed everyone to the meeting and introductions were made as there were a few new members and officers attending.

46. **MINUTES**

The Board considered the minute of meeting of the Fife Partnership Board of 13th November, 2018.

Decision

The Board:-

- approved the minute;
- noted that details from the Participatory Budgeting workshop, held on 7th November, 2018 would be circulated along with the minute for the meeting of 12th February, 2019;

- noted a presentation/film showing work on support around physical and mental health as barriers to employment will now be given at the next meeting on 14th May, 2019; and

- noted that Dona Milne, DPH has joined the Opportunities Fife Partnership.

47. **PLAN FOR FIFE – OUTCOME THEME REPORT**

The Board considered a joint report by the Director of Health & Social Care; Executive Director, Finance & Corporate Services and the Executive Director, Education & Children's Services, Fife Council presenting the first update report for the Opportunities for All outcome theme in the Plan for Fife 2017 – 2027.

The report considered the following three specific areas and the progress made to date across the Partnership, in achieving the ambitions identified in the Plan for Fife.

- Fife has lower levels of poverty in line with national targets;
- Educational attainment continues to improve for all groups; and
- Fife has reduced levels of preventable ill health and premature mortality across all communities.

The Board was asked to consider the questions for discussion as detailed in the report.

Decision

The Board:-

- requested that under challenges in the Plan for Fife that the reference to "Too many children in Fife live in poverty" be amended to read "Many children in Fife live in poverty";

- noted the content of the update report and questions for discussion;

- agreed that Partners need to work together and involve communities to tackle the ongoing challenges; and

- agreed that going forward it would be helpful to identify specific areas of focus to target over the next few years.

48. **LOCAL COMMUNITY PLANS UPDATE**

The Board considered a report by Executive Director, Communities, Fife Council providing an update on the development of new local community plans across Fife's seven local community planning areas and shows how these relate to and support the delivery of the Plan 4 Fife.

The Board were updated on the progress to date on the development of the community plans and advised that all seven local authority areas have yet to identify and agree their areas of focus, before approval of the plans at a local level.

Decision

The Board:-

- approved the draft guidance and template for local community plans;
- agreed that partners' local delivery plans should be clearly aligned with local community plan visions and the Plan 4 Fife;
- agreed to partners' reporting their contribution to delivery of local community plans to area committees;
- noted progress to date on the development of the new local community plans;
- agreed that partners can further support the delivery of local priorities through their work at a strategic level; and
- agreed that the seven local area vision statements would be circulated to partnership members for their views on whether these statements reflect the priorities of their own organisations and any further contributions can be made towards delivery.

49. **PARTNERSHIP ASSET STRATEGY**

The Board considered a report by Senior Manager (Property Services), Fife Council providing an overview of the work across the Partnership around shared use of assets and to identify opportunities to make better use of the collective resources of the partner members to achieve Partnership goals and ambitions.

Decision

The Board:-

- agreed a more focussed approach to asset management should be considered across the Partnership;
- agreed to consider appointing a sub committee of Partnership Members to transform members approach to 'place-making' and make better use of collective assets and resources to help deliver better outcomes for local communities; and
- noted that a further report would be submitted for consideration, at a subsequent meeting of the Board detailing the design principles of such a sub committee.

50./

50. **PUBLIC HEALTH REFORM**

A verbal update was provided by the Director of Public Health, NHS Fife on a recent workshop held with Partnership Members, on 30th January, 2019 to discuss Public Health Reform.

The workshop included a discussion on the definition of 'Public Health', what was currently working well locally in the area and suggestions on what else could be done to improve public health.

Decision

The Board noted:-

- the verbal update;
- the Director of Public Health, NHS Fife offered to provide further update(s) to Fife Council Councillors at local Area Committee meetings, if so desired, in order to gain the opinions of the local community.

51. **BREXIT UPDATE**

There was a discussion between Partner Members of the ongoing activity under way in their respective organisations, in preparation for Brexit or in the event that Brexit does not take place on the scheduled date.

The Board agreed that it was difficult to know exactly what to plan for but most organisations are considering, amongst other things a worst case scenario. Partner organisations, including Fife Council, NHS Fife, Police Scotland and Scottish Fire and Rescue Service are members of the Regional Resilience Partnership and are involved in ongoing discussions, with a further meeting scheduled for 19th February, 2019. There are also ongoing discussions with the Scottish Resilience Partnership, as well as Scottish Government and national groups.

52. **FIFE PARTNERSHIP BOARD – PROPOSED FORWARD WORK PROGRAMME**

The Board were provided with a work programme for future Fife Partnership Board meetings which detailed the scheduling of future themed reports to the Board. Any items that members wished to be included or considered should be submitted to Sharon Murphy, Community Planning Manager, Fife Council in the first instance.

Decision

The board noted the update.

53. **NEXT MEETING**

The next meeting will take place on Tuesday at 10.00 a.m. Venue to be confirmed.

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Integrated Performance Report

Produced in January 2019

Contents

Section A: Introduction

Overview

The purpose of the Integrated Performance Report (IPR) is to provide assurance on NHS Fife's performance relating to National Standards, local priorities and significant risks.

The IPR comprises 4 sections:

- Section A — Introduction
- Section B:1 — Clinical Governance
- Section B:2 — Finance, Performance & Resources
- Section B:3 — Staff Governance

The section margins are colour-coded to match those identified in the Corporate Performance Reporting, Governance Committees Responsibilities Matrix.

A summary report of the IPR is produced for the NHS Fife Board.

Performance Summary

Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is more than 5% behind the Standard or Delivery Trajectory	↔	Performance unchanged from previous

Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2018-19 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Clinical Governance	GREEN	HAI - C Diff	Safe	0.32	12 months to Nov 2018	0.20	12 months to Oct 2018	0.20	↔	0.22	y/e Sep 2018	0.18	3rd	0.27
		Complaints (Stage 1 Closure Rate in Month)	Person-centred	80.0%	Nov 2018	87.5%	Oct 2018	83.1%	↑	79.0%	National Data for 2017/18 not yet published			
	RED	Complaints (Stage 2 Closure Rate in Month)	Person-centred	75.0%	Nov 2018	66.7%	Oct 2018	73.3%	↓	48.0%	National Data for 2017/18 not yet published			
		HAI - SABs	Safe	0.24	12 months to Nov 2018	0.44	12 months to Oct 2018	0.42	↓	0.45	y/e Sep 2018	0.41	10th	0.33
Finance, Performance and Resources	GREEN	IVF Treatment Waiting Times	Person-centred	90.0%	3 months to Nov 2018	100.0%	3 months to Oct 2018	100.0%	↔	100.0%	Treatment provided by Regional Centres so no comparison applicable			
		4-Hour Emergency Access *	Clinically Effective	95.0%	12 months to Nov 2018	95.5%	12 months to Oct 2018	95.6%	↓	96.4%	y/e Sep 2018	95.7%	3rd	90.9%
		Antenatal Access	Clinically Effective	80.0%	3 months to Sep 2018	91.4%	3 months to Aug 2018	90.7%	↑	91.5%	Only published annually: NHS Fife was 7th for FY 2017-18			
		Drugs & Alcohol Treatment Waiting Times	Clinically Effective	90.0%	q/e Sep 2018	98.5%	q/e Jun 2018	97.7%	↑	98.1%	q/e Sep 2018	98.5%	3rd	94.2%
	AMBER	Outpatients Waiting Times	Clinically Effective	95.0%	Nov 2018	94.2%	Oct 2018	93.5%	↑	N/A	End of September	92.5%	1st	70.5%
		Diagnostics Waiting Times	Clinically Effective	100.0%	Nov 2018	98.1%	Oct 2018	98.6%	↓	N/A	End of September	99.0%	3rd	78.1%
		Cancer 31-Day DTT	Clinically Effective	95.0%	Nov 2018	93.1%	Oct 2018	94.8%	↓	95.3%	q/e Sep 2018	83.2%	5th	81.4%
		Alcohol Brief Interventions	Clinically Effective	4,187	Apr to Sep 2018	1,991	Apr to Jun 2018	695	↑	1,991	Only published annually: NHS Fife was 8th for FY 2017-18			
		Dementia Post-Diagnostic Support	Person-centred	100.0%	2017/18	84.0%	2016/17	88.1%	↓	N/A	Only published annually: NHS Fife was 2nd for FY 2014/15			
	RED	Dementia Referrals	Person-centred	1,327	Apr to Sep 2018	349	Apr to Jun 2018	193	↓	349	Only published annually: NHS Fife was 1st for FY 2015/16			
		18 Weeks RTT	Clinically Effective	90.0%	Nov 2018	78.5%	Oct 2018	77.9%	↑	79.5%	Sep-18	79.6%	7th	81.2%
		Patient TTG	Person-centred	100.0%	Nov 2018	67.8%	Oct 2018	67.6%	↑	72.5%	q/e Sep 2018	68.8%	7th	72.9%
		Cancer 62-Day RTT	Clinically Effective	95.0%	Nov 2018	86.1%	Oct 2018	85.2%	↑	85.1%	q/e Sep 2018	95.5%	6th	95.1%
		Detect Cancer Early	Clinically Effective	29.0%	2 years to Jun 18	23.8%	2 years to Mar 18	24.9%	↓	N/A	Only published annually: NHS Fife was 6th for 2-year period 2016 and 2017			
		Delayed Discharge (Delays > 2 Weeks)	Person-centred	0	29th Nov Census	21	25th Oct Census	28	↑	N/A	27th Sep Census	6.46	2nd	12.89
		Smoking Cessation	Clinically Effective	540	Apr to Aug 2018	166	Apr to Jul 2018	142	↓	166	Only published annually: NHS Fife was 11th for FY 2017-18			
		CAMHS Waiting Times	Clinically Effective	90.0%	3 months to Nov 2018	81.8%	3 months to Oct 2018	80.2%	↑	75.8%	q/e Sep 2018	78.1%	4th	69.0%
		Psychological Therapies Waiting Times	Clinically Effective	90.0%	3 months to Nov 2018	71.1%	3 months to Oct 2018	70.4%	↑	67.9%	q/e Sep 2018	67.1%	10th	75.5%
Staff Governance	RED	Sickness Absence	Clinically Effective	5.00%	12 months to Nov 18	5.51%	12 months to Oct 18	5.51%	↔	5.19%	Only published annually: NHS Fife had the highest sickness absence rate in FY 2017-18 (Fife performance 5.76%, Scotland performance 5.39%)			

* **The 4-Hour Emergency Access performance in November alone was 95.6% (all A&E and MIU sites) and 94.0% (VHK A&E, only)**

Performance Data Sources

LDP Target / Standard / Local Target	LMI / Published	LMI Source	Period Covered by Published Data	Time Lag in Published Data
Hospital-Acquired Infection: Sabs	LMI	Infection Control	Quarter	3 months
Hospital-Acquired Infection: C Diff	LMI	Infection Control	Quarter	3 months
Complaints	LMI	DATIX (Business Objects Report)	Year	6 months
IVF Treatment Waiting Times	LMI	ISD Management Report	Quarter	2 months
18 Weeks RTT	LMI	Information Services	Quarter	2 months
4-Hour Emergency Access	LMI	Information Services	Month	1 month
Delayed Discharge	Published (ISD)	N/A	Month	1 month
Alcohol Brief Interventions	LMI	Addiction Services	Year	3 months
Drugs & Alcohol Waiting Times	Published (ISD)	N/A	Quarter	3 months
CAMHS Waiting Times	LMI	Mental Health	Quarter	2 months
Psychological Therapies Waiting Times	LMI	Information Services	Quarter	2 months
Dementia: Referrals	LMI	ISD Management Report	Quarter	9 months
Dementia: Post-Diagnosis Support	LMI	ISD Management Report	Quarter	9 months
Smoking Cessation	LMI	Smoking Cessation Database	Year	6 months
Sickness Absence	LMI	HR (SWISS)	Year	3 months
Detect Cancer Early	LMI	Cancer Services	2 Years	7 months
Antenatal Access	LMI	ISD Discovery	N/A	N/A
Cancer Waiting Times: 62-Day RTT	LMI	Cancer Services	Quarter	3 months
Cancer Waiting Times: 31-Day DTT	LMI	Cancer Services	Quarter	3 months
Patient TTG	LMI	Information Services	Quarter	2 months
Outpatient Waiting Times	LMI	Information Services	Final Month of Quarter	2 months
Diagnostics Waiting > 6 Weeks	LMI	Information Services	Final Month of Quarter	2 months

GREEN	Local Management Information (LMI) and Published data almost always agree
AMBER	LMI and Published data may have minor (insignificant) differences
RED	LMI and Published data will be different due to fluidity of Patient Tracking System

Executive Summary

At each meeting, the Standing Committees of the NHS Fife Board consider targets and Standards specific to their area of remit.

This section of the IPR provides a summary of performance Standards and targets that have not been met, the challenges faced in achieving them and potential solutions. Topics are grouped under the heading of the Committee responsible for scrutiny of performance.

CLINICAL GOVERNANCE

Hospital Acquired Infection (HAI) - *Staphylococcus aureus* Bacteraemia (SAB) target: We will achieve a maximum rate of SAB (including MRSA) of 0.24.

During November, there were 13 *Staphylococcus aureus* Bacteraemias (SAB) across Fife, 9 of which were non-hospital acquired, with 4 occurring in VHK. The number of cases in November was 8 more than in October and 6 more than in November 2017, and the annual infection rate is at its highest level since April 2016.

In the past 12 months, there have been 116 cases, and while the majority of these were non-hospital acquired bloodstream infections, the number acquired in hospital has increased from 25 to 34.

Assessment: This year the Acute Services Division continues to see intermittent Peripheral Vascular Cannulae (PVC) and Central Venous Catheter (CVC) related SAB. A number of initiatives are underway to revisit compliance with insertion and maintenance bundles. Skin and soft tissue infections in the community, particularly within the diabetic community, continue to be a concern. These infections are difficult to prevent without early interventions for diabetic patients with new and existing skin conditions. The increase in non-hospital cases will be discussed at the Clinical and Care Governance meetings in January.

Complaints local target: At least 80% of Stage 1 complaints are completed within 5 working days of receipt; at least 75% of Stage 2 complaints are completed within 20 working days; 100% of Stage 2 complaints are acknowledged in writing within 3 working days.

The Patient Relations Team closed 108 complaints in November, 72 at Stage 1 and 36 at Stage 2. The Stage 1 completion rate was 87.5% (the third successive month where the local target has been exceeded), while the Stage 2 completion rate was 66.7%.

Looking at breakdowns, Acute Services Division achieved performance levels of 86.4% and 74.1% for Stage 1 and Stage 2, respectively, while the H&SCP achieved 91.3% and 28.6%. The latter is based on a low overall number of complaints (7).

Assessment:

Acute Services Division

The ongoing monitoring of the internal complaints-handling process continues to support improvement in the overall performance for Stage 1 and Stage 2 complaints.

Health and Social Care Partnership

A review of current issues within the Partnership has taken place. A process has been implemented to support the improvement of Stage 2 performance. This will be monitored and reviewed regularly.

The Patient Relations Team continue to review the quality of investigation statements and draft responses along with a daily review of open cases to ensure timescales and deadline issues are addressed in a timely manner. Escalation processes have been implemented where there is a delay in receiving statements within the required timescale.

FINANCE, PERFORMANCE & RESOURCES

Acute Services Division

4-Hour Emergency Access target: At least 95% of patients (stretch target of 98%) will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment.

During the 12-month period to the end of November, 95.5% of patients attending A&E or MIU sites in NHS Fife waited less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment, marginally less than the performance at the end of October, but remaining above the Standard.

In November itself, 94.0% of the patients attending the VHK Emergency Department met this target, equating to 327 breaches out of 5,412 attendances. There were no 12-hour breaches in the month (although there was a single 12-hour breach in early December), while 6 patients waited more than 8 hours.

Assessment: Whilst the VHK has had increased patient levels in comparison to previous years, the % of patients treated within the target time continues to be in line with the Standard, and above the national average performance. There were an increasing number of patients waiting longer than 4 hours for admission to the hospital, linked to a higher than average occupancy level and a lower than expected discharge profile.

Cancer 62 day Referral to Treatment target: At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days.

In November, 86.1% of patients (68 out of 79) started treatment within 62 days of an urgent referral, 1% higher than in October. The 11 breaches were across 5 different specialties, with 3 each in Breast and Lung and 2 each in Cervical and Urology.

Assessment: Performance continues to be challenging for a variety of reasons, including surgical capacity in NHS Fife (for Breast and Urology). The main issues are with the Urology pathways, specifically prostate due to process and waits for diagnostic tests in Urology and Lung. There continues to be extended waits for oncology OPAs in Urology. These issues will impact on our ability to meet the Standard during Q4 of 2019.

In November, 67.8% of patients were treated within 12 weeks, virtually unchanged from the previous 3 months. The highest number of breaches (222, around half of the overall total) was in the Ophthalmology specialty, where the waiting list and the number of ongoing waits over 12 weeks is slowly falling.

Assessment: The Elective Programme is being delivered and a recovery plan with funding secured from the Scottish Government is in place for 2018/19, with the focus being on reducing the number of patients waiting more than 26 weeks for treatment. However, staffing theatres and ensuring sufficient bed capacity to deliver the additional capacity at weekends is a challenge. This is reflected in the performance in Q3. Activity is being outsourced for Urology, General Surgery, Oral Maxillofacial, Ophthalmology, Orthopaedics, Gynaecology and ENT and further discussions have taken place with the Scottish Government to fund an extension of this work and to staff additional ambulatory and day case areas at VHK as part of the Site Optimisation plan to avoid cancellations due to bed capacity. It is anticipated that performance will improve in Q4 2018/19.

Diagnostics Waiting Times target: No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests.

At the end of November, 98.1% of patients on the waiting list had waited less than 6 weeks for their test, maintaining the significantly improved performance evident since the start of 2018. Of the 67 breaches, 60 were for a CT scan. The overall waiting list has reduced by 35% over the last year, reflecting the additional activity undertaken.

Assessment: The recovery plan for 2018/19 is being implemented and continues to maintain an improved position for Radiology.

The implementation of the recovery plan for Endoscopy, with funding secured from the Scottish Government, has delivered an improved position. It is anticipated that this will be sustained despite the increase in bowel screening referrals.

18 Weeks Referral-to-Treatment target: 90% of planned/elective patients to commence treatment within 18 weeks of referral.

During November, 78.5% of patients started treatment within 18 weeks of referral. Performance has been between 77% and 81% in each month since the summer of 2017.

Assessment: The 18 weeks performance will continue to be a challenge in Q4 of 2018/19 due to the reduction in performance in the patient treatment time guarantee alongside the slower than anticipated improvement in performance for outpatients.

Health & Social Care Partnership

Delayed Discharge target: No patient will be delayed in hospital for more than 2 weeks after being judged fit for discharge.

The overall number of patients in delay at the 29th November Census (excluding Code 9 patients – Adults with Incapacity) was 60, 7 less than at the October Census. The number of patients in delay for over 14 days (again excluding Code 9 patients) was 21, also a reduction of 7 compared to October.

Assessment: The Partnership continues to rigorously monitor patient delays through a daily and weekly focus on transfers of care, flow and resources. Improvement actions have focused on earlier supported discharge and earlier transfers from our acute setting to community models of care. Close working with acute care continues in order to ensure available community resources are focused on the part of the system where most benefit can be achieved in terms of delays and flow.

Smoking Cessation target: In 2018/19, we will deliver a minimum of 540 post 12 weeks smoking quits in the 40% most deprived areas of Fife.

Local management information shows that 166 people in the 40% most deprived areas of Fife who attempted to stop smoking during the first 5 months of the FY had successfully quit at 12 weeks. While this is 59 behind the planned performance at this point, we believe that the actions in place to improve performance will result in an increased number of quits during the second half of the year.

Assessment: Work is being done to stimulate awareness of and engagement with the service. This is to parents via a Secondary School brochure and through digital advertising in Glenrothes and Leven. Internally, we have published Christmas Smoking Advent Calendar on the Intranet. Other measures being taken include exploring pregnant smokers attitudes towards cessation to inform a future advertising campaign aimed at this hard to reach audience. In addition, third sector organisation Barnardo's have added a 'button' on their website to raise awareness of the service, while measures are in place to tighten up on lost to follow-up.

Child and Adolescent Mental Health Services (CAMHS) target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services (note: performance is measured on a 3 month average basis).

During the 3-month period from September to November, 81.8% of patients who started treatment did so within 18 weeks of referral, the best 3-month figure since April 2017. Comparing the first 8 months of 2017/18 and 2018/19, the number of referrals has increased by 4% while the number of patients starting treatment has increased by 19%.

Assessment: Referrals to CAMHS continue to be significant. Ongoing initiatives around robust screening, positive signposting and engagement with partner agencies to increase the capacity of universal service providers has allowed specialist CAMHS to focus their provision on children and young people with complex, serious and persistent mental health needs.

Additional Primary Mental Health Workers, which will place mental health professionals alongside GPs, are to be recruited as part of the SG Action 15 funding. This will provide early intervention, improve initial assessments and increase effectiveness of signposting thus reducing the overall burden on both GPs and the Tier 3 CAMH service. This resource will be recruited in January and operational by February/March.

Psychological Therapies Waiting Times target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies **(**note: performance is measured on a 3 month average basis).

During the 3-month period from September to November, 71.1% of patients who started treatment did so within 18 weeks of referral, the best 3-month figure since February. However, both the overall waiting list size and the number of patients already waiting over 18 weeks were the highest recorded, 3,617 and 1,440 respectively. This is at least in part due to the increase in demand for services continuing to outstrip the increase in patients receiving first treatment.

Assessment: Services providing brief therapies for people with less complex needs are meeting the RTT 100%; overall performance reflects the longer waits experienced by people with complex needs who require longer term treatment. We continue to address the needs of this population through service redesign with support from the ISD/HIS Mental Health Access Improvement Support Team.

The establishment of Community Mental Health Teams across Fife is progressing well and can be expected to contribute to the reduction of waiting times for the most complex patients once a multi-disciplinary team case management approach is fully operational. In November, the 'AT Fife' website was launched by the Psychology Service to facilitate self-referrals to low intensity therapy groups. This initiative will increase access to PTs and reduce waiting times for people with mild-moderate difficulties. We anticipate that this new pathway will also free up capacity in specialist services to offer PTs to people with more complex needs.

Financial Performance

Financial Position

The in-year revenue position for the 9 months to 31 December reflects an overspend of £1.645m. This comprises an underspend of £2.906m on Health Board retained budgets; and a net overspend of £4.551m aligned to the Integration Joint Board, including delegated health budgets (£1.018m) and the estimated impact of the risk share arrangement (£3.533m).

At month 9, the reported year end forecast is an overspend of £3.707m. This includes a forecast underspend on the Health Board retained budgets of £3.799m; and a net forecast overspend of £7.506m aligned to the Integration Joint Board; being a forecast overspend of £2.795m on delegated health budgets and an estimated risk share impact of £4.711m.

There are two key areas of concern in both the reported in-year and forecast outturn positions. These encompass:

- the IJB forecast overspend position and the potential process and options to resolve that overspend; and
- the robustness of the Acute Services Division forecast overspend position, with a particular focus on waiting times funding and underpinning assumptions on committed expenditure.

IJB forecast overspend position:

The health component of the IJB continues to improve (both in-year and forecast), and the social care position continues to worsen. As reported last month, despite efforts to identify management actions, the total IJB forecast overspend continues to exceed £10m (£10.425m after assuming carry forward of ADP and Primary Care Improvement Fund underspends to 2019/20). The NHS Fife risk share contribution calculation on a forecast overspend of £10.425m remains significantly high at £7.506m; implementation of the full risk sharing arrangement would result in the IJB delivering a balanced position but with NHS Fife potentially reporting an overall overspend of £3.707m. Further work is underway to consider options to address this, including the treatment of any slippage on allocations or other financial flexibility within the delegated budgets.

ASD forecast outturn position:

The Acute Services Division is reporting a forecast overspend of £9.753m. The current year budget for the Division includes waiting times funding of £4.7m and £0.350m cancer funding. It has been assumed that, aside from £0.6m slippage, this funding will be committed in full by the end of this financial year. In addition a further bid for c £1.8m waiting times funding has been submitted to the SGHSCD for the final quarter of 2018/19. It is anticipated that any additional funding up to the c£1.8m bid will be spent in full in this financial year. Clearly any slippage will impact on the forecast outturn position and performance measures.

Due to the complexities of the current Integration Scheme arrangements and the fluidity of a number of variables across the health system, it is difficult to be entirely definitive on the year end forecast at this time and the position may move (positively or negatively) over the coming months. This also recognises information received mid January in relation to potential additional income from Scottish Government, through the Pharmaceutical Pricing Regulation Scheme and indications of a reduced premium for the Clinical Negligence and Other Risks Scheme (CNORIS).

Members should note that this position will be reported to Scottish Government Health & Social Care Directorates as part of the routine monthly financial performance returns. No formal request for additional resources is being sought at this point in time however, the impact of the risk share arrangement continues to be highlighted as a specific risk to the delivery of breakeven.

Capital Programme

The total anticipated Capital Resource Limit for 2018/19 is £8.355m. The capital position for the 9 months to December shows investment of £4.028m, equivalent to 48.21% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

STAFF GOVERNANCE

Sickness Absence HEAT Standard: We will achieve and sustain a sickness absence rate of no more than 4%, measured on a rolling 12-month basis

The sickness absence rate for the 12 months ending November was 5.51%, virtually unchanged during the last 5 months. During the first eight months of FY 2018/19, sickness absence was 5.19%.

Assessment: The NHS Fife sickness absence rate was higher in FY 2017/18 compared to FY 2016/17. However, improvements have been seen in recent months despite an increase in the monthly absence rates in August, October and November.

iMatter local target: We will achieve a year on year improvement in our Employee Engagement Index (EEI) score by completing at least 80% of team action plans resulting from the iMatter staff survey.

The 2018 iMatter survey involved 800 separate teams of staff across NHS Fife and the H&SCP. Each team was expected to produce an Action Plan, with a completion date of 12th November. By the completion date, 344 Action Plans (43%) had been completed. This has increased slightly to 376 (47%) at the end of 2018.

Assessment: The 2018 survey achieved a response rate of 53%, 9% less than the 2017 response rate, and because it is below the 60% threshold for production of a Board report, there is no published EEI score. However, the Board Yearly Components Report which details the answers provided to every question in the questionnaire by the 53% of staff who responded are in every case either improved or the same as 2017.

TURAS local target: At least 80% of staff will complete an annual review with their Line Managers via the TURAS system

During Quarter 3 of 2018/19, 34% of staff had an annual review with their Line Manager within a rolling 12-month period. This was a reduction of 15% from the previous Quarter. Performance is measured on a rolling 12-month period.

Assessment: The TURAS system is currently being reviewed to enable monthly report functionality and directorate drill-down following the migration from eKSF. This will be reflected in future Integrated Performance Reports.

Performance Assessment Methodology

The Scottish Government requires Health Boards to attain a defined level of performance against a number of measures (known as Standards). NHS Fife also scrutinises its performance against a number of local targets.

Targets and Standards are grouped into three categories; those where performance consistently achieves the required target (i.e. 'on track'), those where performance is consistently close to the Standard, and on occasion achieves it (i.e. 'variable') and those generally 'not met'.

1 Targets and Standards; On Track

NHS Fife continues to meet or perform ahead of the following Standards:

In-Vitro Fertilisation (IVF) target: At least 90% of eligible patients to commence IVF treatment within 12 months of referral from Secondary Care
Hospital Acquired Infection (HAI), *Clostridioides Difficile* (C-Diff) target: We will achieve a maximum rate of C- Diff infection in the over 15 year olds of 0.32
Antenatal Access target: At least 80% of pregnant women in each SIMD quintile will book for antenatal care by the 12th week of gestation
Alcohol Brief Interventions target: In 2018/19, we will deliver a minimum of 4,187 interventions, at least 80% of which will be in priority settings At the end of Q2, 1,991 interventions had been delivered, slightly behind the trajectory but a significant recovery due to an increase in returns from 'wider settings' (principally Sexual Health). We expect to meet the annual target.
Drug and Alcohol Waiting Times target: At least 90% of clients will wait no longer than 3 weeks from referral to treatment

2 Targets and Standards; Variable Performance

NHS Fife has generally met or been close to the following Standards for a sustained period however performance varies from month-to-month. If performance drops significantly below the Standard for 3 consecutive months, a drill-down process is instigated.

Cancer Waiting Times: 31 Day Decision to Treat target: We will treat at least 95% of cancer patients within 31 days of decision to treat In November, 93.1% of patients (94 out of 101) started treatment within 31 days, the 5th month in the last 6 where we have not met the Standard. There were 3 breaches in Breast and 4 breaches in Urology, for reasons described under the 62-Day RTT narrative and drill-down.
Outpatients Waiting Times target: 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment. At the end of November, 94.2% of patients waiting for their first outpatient appointment had waited no more than 12 weeks, the highest figure recorded since March 2017. The number of patients waiting over 12 weeks (773) was the lowest since the same month, while the overall waiting list was at its lowest since February. The outpatient performance continues to improve through continuing to manage demand and deliver additional activity to recover the position in Orthopaedics. Achieving the target will continue to be a challenge in Neurology, Surgical Paediatrics, Ophthalmology, Cardiology and Dermatology but It is anticipated performance will improve further towards the end of Quarter 4 of 2018/19 as the recovery plan is implemented.
Detect Cancer Early target: At least 29% of cancer patients will be diagnosed and treated in the first stage of breast, colorectal and lung cancer NHS Fife's performance fell during 2017, with published information showing that 25% of patients were diagnosed at Stage 1 during the 2-year period from 1st January 2016 to 31st

December 2017, the 6th highest of the 11 Mainland Health Boards. In the previous 2-year period, NHS Fife recorded a performance of 29.5%, the best in Scotland. Local figures covering up to the end of June 2018 show that there has been a further fall in performance, to 23.8%. This is mainly attributable to a reduction in Breast Cancers detected at Stage 1 (from 39.8% in 2016 and 2017 to 37% for the most recent 2-year period).
Dementia Care target: Deliver expected rates of diagnosis and ensure that all people newly diagnosed will have a minimum of a year's worth of post-diagnostic support (PDS) coordinated by a link worker. Management information covering the period up to the end of 2018/19 Q2 has been made available to Health Boards, and covers Referral Rates and Completion of Post-Diagnostic Support, as well as illustrating relative waiting times. The first two measures are formal AOP Standards. During 2017/18, 704 people were referred to the Dementia PDS in NHS Fife. This is 55% of the notional target (1,289), and NHS Fife achieved the 2nd highest % of all Mainland Health Boards. In the absence of a formal target, Health Boards are looking for this % to increase year-on-year, taking into account that the notional target will increase each year to reflect the growth in the elderly population. In reality, Fife (along with most Health Boards) has seen this % reduce in 2017/18. Data for 2018/19 shows that 349 referrals had been made in the first 6 months of the year. For Post-Diagnostic Support, the situation is less clear due to the nature of the measure, which requires that no assessment is possible until after the 1-year support period is complete. For 2017/18, NHS Fife has so far recorded a performance of 84.0%, just above the Scottish average of 83.6%; both figures, can be expected to increase by the time we have the full-year figures (in March 2019). For 2016/17, Fife achieved 88.1% against a Scottish average of 83.9%. We have subjectively assigned an AMBER RAG status to both measures. It is worth recording that during 2017/18, NHS Fife had the highest % of all Mainland Health Boards of patients who waited less than 3 months for contact with a link worker following referral. The Scottish average was 63.4%, Fife achieved 96.4%.

3 Targets and Standards; Not Being Met - Drill-Down

For each of the Standards and targets not being met (or where performance is high-profile and key to the delivery of safe patient care), a more in-depth report is provided and is structured as follows:

- A summary box, describing the measure, current performance and the latest published performance and status (Scotland)
- A trend chart covering the last 12 months of local performance data
- A chart showing the Recovery Trajectory (as per the Annual Operational Plan), where appropriate
- A past performance box showing the last 3 data points (previous to the 'current' position)
- An improvements/benefits box, outlining key actions being taken, expected benefits and current status.

Drill downs are located in the Clinical Governance, Finance, Performance & Resources and Staff Governance sections.

Section B: 1 Clinical Governance

Executive Summary

Hospital Acquired Infection (HAI) - *Staphylococcus aureus* Bacteraemia (SAB) target: We will achieve a maximum rate of SAB (including MRSA) of 0.24.

During November, there were 13 *Staphylococcus aureus* Bacteraemias (SAB) across Fife, 9 of which were non-hospital acquired, with 4 occurring in VHK. The number of cases in November was 8 more than in October and 6 more than in November 2017, and the annual infection rate is at its highest level since April 2016.

In the past 12 months, there have been 116 cases, and while the majority of these were non-hospital acquired bloodstream infections, the number acquired in hospital has increased from 25 to 34.

Assessment: This year the Acute Services Division continues to see intermittent Peripheral Vascular Cannulae (PVC) and Central Venous Catheter (CVC) related SAB. A number of initiatives are underway to revisit compliance with insertion and maintenance bundles. Skin and soft tissue infections in the community, particularly within the diabetic community, continue to be a concern. These infections are difficult to prevent without early interventions for diabetic patients with new and existing skin conditions. The increase in non-hospital cases will be discussed at the Clinical and Care Governance meetings in January.

Complaints local target: At least 80% of Stage 1 complaints are completed within 5 working days of receipt; at least 75% of Stage 2 complaints are completed within 20 working days; 100% of Stage 2 complaints are acknowledged in writing within 3 working days.

The Patient Relations Team closed 108 complaints in November, 72 at Stage 1 and 36 at Stage 2. The Stage 1 completion rate was 87.5% (the third successive month where the local target has been exceeded), while the Stage 2 completion rate was 66.7%.

Looking at breakdowns, Acute Services Division achieved performance levels of 86.4% and 74.1% for Stage 1 and Stage 2, respectively, while the H&SCP achieved 91.3% and 28.6%. The latter is based on a low overall number of complaints (7).

Assessment:

Acute Services Division

The ongoing monitoring of the internal complaints-handling process continues to support improvement in the overall performance for Stage 1 and Stage 2 complaints.

Health and Social Care Partnership

A review of current issues within the Partnership has taken place. A process has been implemented to support the improvement of Stage 2 performance. This will be monitored and reviewed regularly.

The Patient Relations Team continue to review the quality of investigation statements and draft responses along with a daily review of open cases to ensure timescales and deadline issues are addressed in a timely manner. Escalation processes have been implemented where there is a delay in receiving statements within the required timescale.

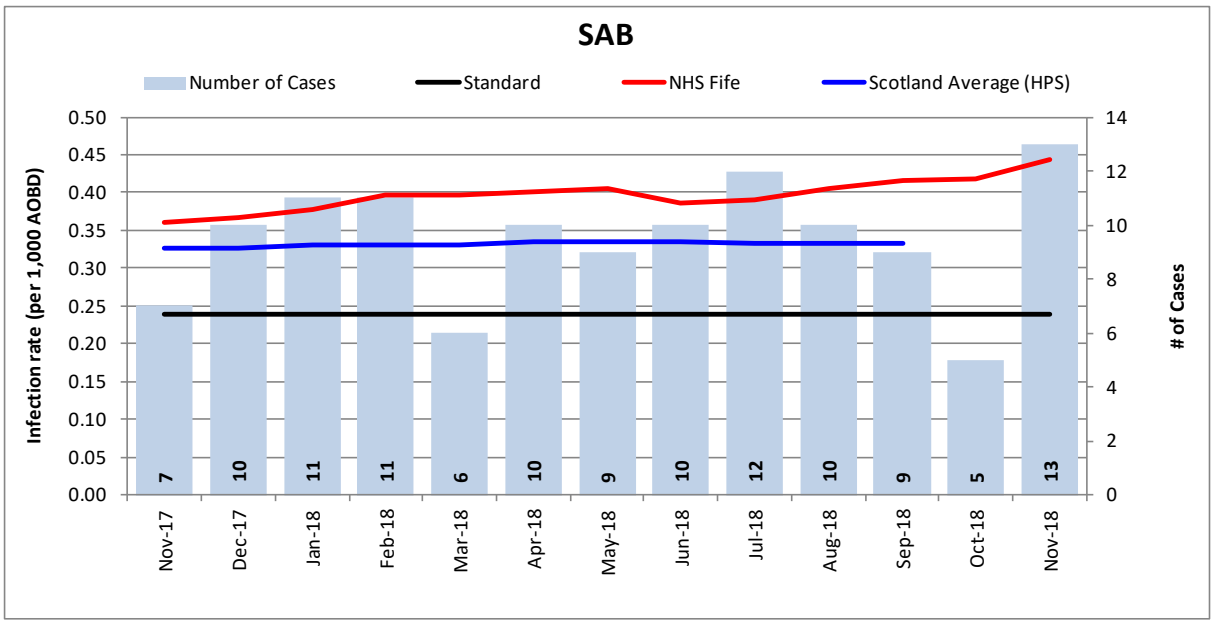
Performance Summary

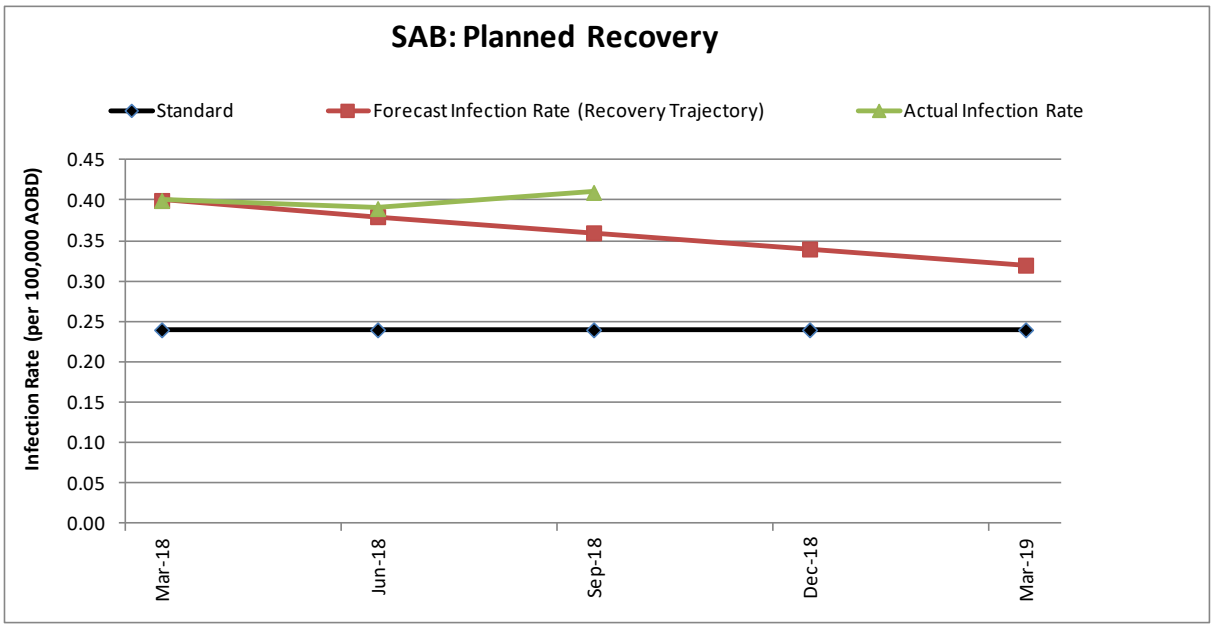
Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is more than 5% behind the Standard or Delivery Trajectory	↔	Performance unchanged from previous

Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2018-19 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Clinical Goverance	GREEN	HAI - C Diff	Safe	0.32	12 months to Nov 2018	0.20	12 months to Oct 2018	0.20	↔	0.22	y/e Sep 2018	0.18	3rd	0.27
		Complaints (Stage 1 Closure Rate in Month)	Person-centred	80.0%	Nov 2018	87.5%	Oct 2018	83.1%	↑	79.0%	National Data for 2017/18 not yet published			
	RED	Complaints (Stage 2 Closure Rate in Month)	Person-centred	75.0%	Nov 2018	66.7%	Oct 2018	73.3%	↓	48.0%	National Data for 2017/18 not yet published			
		HAI - SABs	Safe	0.24	12 months to Nov 2018	0.44	12 months to Oct 2018	0.42	↓	0.45	y/e Sep 2018	0.41	10th	0.33

SAB

Measure	**We will achieve a maximum rate of SAB (including MRSA) of 0.24**
Current Performance	0.44 cases per 1,000 acute occupied bed days, for 12 months to end of November
Scotland Performance	0.33 cases per 1,000 acute occupied bed days, for 12 months to end of September



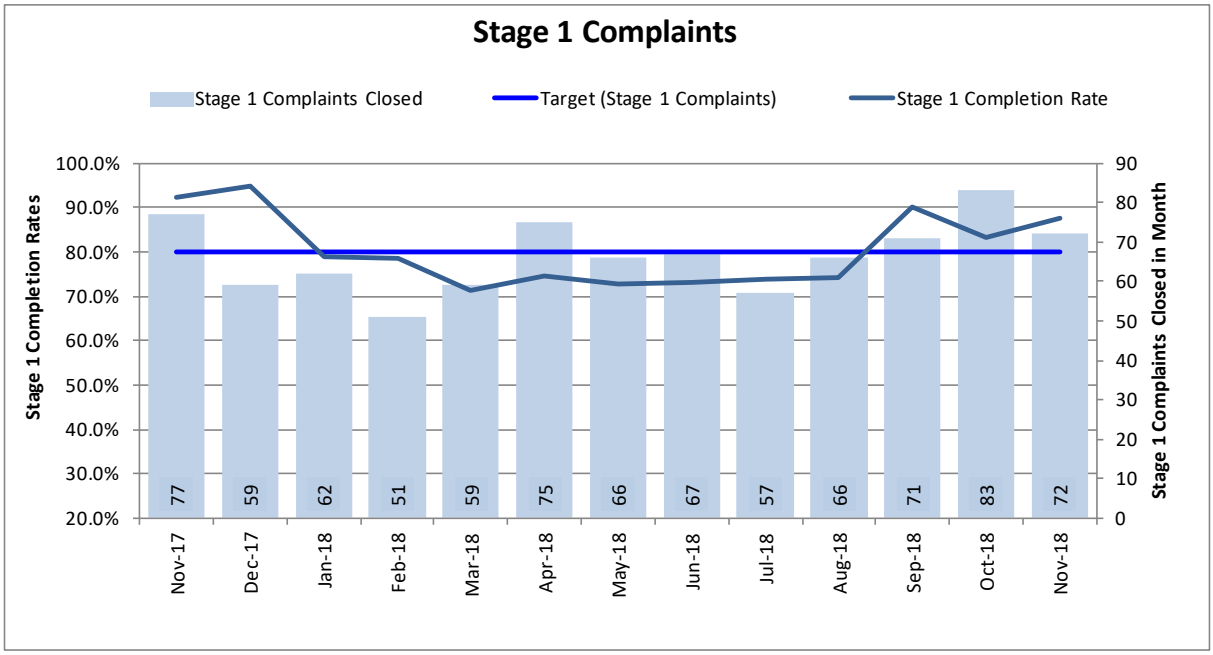


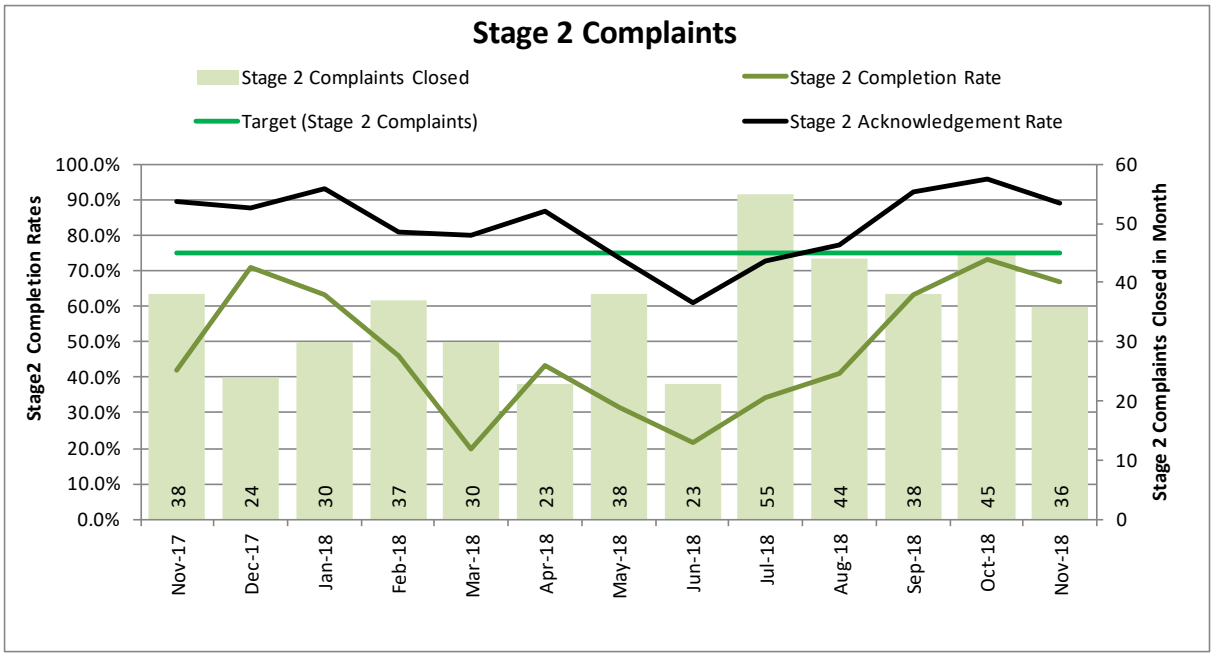
Previous 3 Months	12 Months to Aug 2018		12 Months to Sep 2018		12 Months to Oct 2018	
	0.41	↓	0.42	↓	0.42	↔
Current Issues	Vascular Access Device (VAD) SAB					
Context	Never met Standard 2nd highest infection rate of all Mainland Boards during 12 months to end of September					

Key Actions for Improvement	Planned Benefits	Due By	Status
Collect and analyse SAB data on monthly basis to better understand the magnitude of the risks to patients in Fife	Reduction in VAD associated SAB	Mar 2019	On Track
Provide timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs	Improved education and training, guidance and governance	Mar 2019	On Track
Examine the impact of interventions targeted at reducing SABs	Reduction in VAD associated SAB	Mar 2019	On Track
Use results locally for prioritising resources	Reduction in VAD associated SAB	Mar 2019	On Track
Use the data to inform clinical practice improvements thereby improving the quality of patient care *Focused PVC-related SAB Quality Improvement Project being commissioned in Ward 44 VHK*	VAD insertion and maintenance compliance Improved education and training, guidance and governance	Mar 2019	On Track
Support ePVC compliance and monitoring via Patientrack across Acute Services Division (ASD)	Emergence of common themes, which will be used in quality improvement activities by ASD	Mar 2019	On Track
Community SAB to be highlighted as standing agenda item at Clinical and Care Governance Groups	Emergence of common themes which will target areas for improvement activity	Jun 2019	On Track

Complaints

Measures (Local Targets)	**At least 80% of Stage 1 complaints are completed within 5 working days of receipt** **At least 75% of Stage 2 complaints are completed within 20 working days**
Current Performance	87.5% (63 out of 72) Stage 1 complaints closed in November were completed within 5 working days (or 10 working days if extension applicable) 66.7% (24 out of 36) Stage 2 complaints closed in November were completed within 20 working days
Scotland Performance	Stage 2 Complaints: 72.0% for 2016-17 (data published annually)





Previous 3 Months	August 2018		September 2018		October 2018	
Stage 1	74.2%	↑	90.1%	↑	83.1%	↓
Stage 2	40.9%	↑	63.2%	↑	73.3%	↑
Current Issues	Delayed statements from Delivery Units, quality of statements, increase in the number of complex complaints Delay in sign-off process within the Partnership					
Context	In the last year, 257 out of 423 Stage 2 Complaints (61%) were either Fully or Partially Upheld, while 136 (32%) were Not Upheld; for Stage 1 Complaints, 454 out of 787 (58%) were Fully or Partially Upheld while 255 (32%) were Not Upheld					

Key Actions for Improvement	Planned Benefits	Due By	Status
Explore work undertaken within the ASD to identify its applicability within the Partnership	Improved performance and consistent achievement of targets	Jan 2019	Complete
Review outcome of test of change (statement template) and spread to all areas	Improved quality of complaint response (by ensuring complaint points addressed), ultimately reducing risk of SPSO review	Mar 2019	On Track
Test improvement process within the Partnership	Improved performance and consistent achievement of targets	Mar 2019	On Track

Section B: 2 Finance, Performance & Resources

Executive Summary

Acute Services Division

4-Hour Emergency Access target: At least 95% of patients (stretch target of 98%) will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment.

During the 12-month period to the end of November, 95.5% of patients attending A&E or MIU sites in NHS Fife waited less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment, marginally less than the performance at the end of October, but remaining above the Standard.

In November itself, 94.0% of the patients attending the VHK Emergency Department met this target, equating to 327 breaches out of 5,412 attendances. There were no 12-hour breaches in the month (although there was a single 12-hour breach in early December), while 6 patients waited more than 8 hours.

Assessment: Whilst the VHK has had increased patient levels in comparison to previous years, the % of patients treated within the target time continues to be in line with the Standard, and above the national average performance. There were an increasing number of patients waiting longer than 4 hours for admission to the hospital, linked to a higher than average occupancy level and a lower than expected discharge profile.

Cancer 62 day Referral to Treatment target: At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days.

In November, 86.1% of patients (68 out of 79) started treatment within 62 days of an urgent referral, 1% higher than in October. The 11 breaches were across 5 different specialties, with 3 each in Breast and Lung and 2 each in Cervical and Urology.

Assessment: Performance continues to be challenging for a variety of reasons, including surgical capacity in NHS Fife (for Breast and Urology). The main issues are with the Urology pathways, specifically prostate due to process and waits for diagnostic tests in Urology and Lung. There continues to be extended waits for oncology OPAs in Urology. These issues will impact on our ability to meet the Standard during Q4 of 2019.

Patient Treatment Time Guarantee target: We will ensure that all eligible patients receive Inpatient or Day-case treatment within 12 weeks of such treatment being agreed.

In November, 67.8% of patients were treated within 12 weeks, virtually unchanged from the previous 3 months. The highest number of breaches (222, around half of the overall total) was in the Ophthalmology specialty, where the waiting list and the number of ongoing waits over 12 weeks is slowly falling.

Assessment: The Elective Programme is being delivered and a recovery plan with funding secured from the Scottish Government is in place for 2018/19, with the focus being on reducing the number of patients waiting more than 26 weeks for treatment. However, staffing theatres and ensuring sufficient bed capacity to deliver the additional capacity at weekends is a challenge. This is reflected in the performance in Q3. Activity is being outsourced for Urology, General Surgery, Oral Maxillofacial, Ophthalmology, Orthopaedics, Gynaecology and ENT and further discussions have taken place with the Scottish Government to fund an extension of this work and to staff additional ambulatory and day case areas at VHK as part of the Site Optimisation plan to avoid cancellations due to bed capacity. It is anticipated that performance will improve in Q4 2018/19.

Diagnostics Waiting Times target: No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests.

At the end of November, 98.1% of patients on the waiting list had waited less than 6 weeks for their test, maintaining the significantly improved performance evident since the start of 2018. Of the 67 breaches, 60 were for a CT scan. The overall waiting list has reduced by 35% over the last year, reflecting the additional activity undertaken.

Assessment: The recovery plan for 2018/19 is being implemented and continues to maintain an improved position for Radiology.

The implementation of the recovery plan for Endoscopy, with funding secured from the Scottish Government, has delivered an improved position. It is anticipated that this will be sustained despite the increase in bowel screening referrals.

18 Weeks Referral-to-Treatment target: 90% of planned/elective patients to commence treatment within 18 weeks of referral.

During November, 78.5% of patients started treatment within 18 weeks of referral. Performance has been between 77% and 81% in each month since the summer of 2017.

Assessment: The 18 weeks performance will continue to be a challenge in Q4 of 2018/19 due to the reduction in performance in the patient treatment time guarantee alongside the slower than anticipated improvement in performance for outpatients.

Health & Social Care Partnership

Delayed Discharge target: No patient will be delayed in hospital for more than 2 weeks after being judged fit for discharge.

The overall number of patients in delay at the 29th November Census (excluding Code 9 patients – Adults with Incapacity) was 60, 7 less than at the October Census. The number of patients in delay for over 14 days (again excluding Code 9 patients) was 21, also a reduction of 7 compared to October.

Assessment: The Partnership continues to rigorously monitor patient delays through a daily and weekly focus on transfers of care, flow and resources. Improvement actions have focused on earlier supported discharge and earlier transfers from our acute setting to community models of care. Close working with acute care continues in order to ensure available community resources are focused on the part of the system where most benefit can be achieved in terms of delays and flow.

Smoking Cessation target: In 2018/19, we will deliver a minimum of 540 post 12 weeks smoking quits in the 40% most deprived areas of Fife.

Local management information shows that 166 people in the 40% most deprived areas of Fife who attempted to stop smoking during the first 5 months of the FY had successfully quit at 12 weeks. While this is 59 behind the planned performance at this point, we believe that the actions in place to improve performance will result in an increased number of quits during the second half of the year.

Assessment: Work is being done to stimulate awareness of and engagement with the service. This is to parents via a Secondary School brochure and through digital advertising in Glenrothes and Leven. Internally, we have published Christmas Smoking Advent Calendar on the Intranet. Other measures being taken include exploring pregnant smokers attitudes towards cessation to inform a future advertising campaign aimed at this hard to reach audience. In addition, third sector organisation Barnardo's have added a 'button' on their website to raise awareness of the service, while measures are in place to tighten up on lost to follow-up.

Child and Adolescent Mental Health Services (CAMHS) target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services (note: performance is measured on a 3 month average basis).

During the 3-month period from September to November, 81.8% of patients who started treatment did so within 18 weeks of referral, the best 3-month figure since April 2017. Comparing the first 8 months of 2017/18 and 2018/19, the number of referrals has increased by 4% while the number of patients starting treatment has increased by 19%.

Assessment: Referrals to CAMHS continue to be significant. Ongoing initiatives around robust screening, positive signposting and engagement with partner agencies to increase the capacity of universal service providers has allowed specialist CAMHS to focus their provision on children and young people with complex, serious and persistent mental health needs.

Additional Primary Mental Health Workers, which will place mental health professionals alongside GPs, are to be recruited as part of the SG Action 15 funding. This will provide early intervention, improve initial assessments and increase effectiveness of signposting thus reducing the overall burden on both GPs and the Tier 3 CAMH service. This resource will be recruited in January and operational by February/March.

Psychological Therapies Waiting Times target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies **(**note: performance is measured on a 3 month average basis).

During the 3-month period from September to November, 71.1% of patients who started treatment did so within 18 weeks of referral, the best 3-month figure since February. However, both the overall waiting list size and the number of patients already waiting over 18 weeks were the highest recorded, 3,617 and 1,440 respectively. This is at least in part due to the increase in demand for services continuing to outstrip the increase in patients receiving first treatment.

Assessment: Services providing brief therapies for people with less complex needs are meeting the RTT 100%; overall performance reflects the longer waits experienced by people with complex needs who require longer term treatment. We continue to address the needs of this population through service redesign with support from the ISD/HIS Mental Health Access Improvement Support Team.

The establishment of Community Mental Health Teams across Fife is progressing well and can be expected to contribute to the reduction of waiting times for the most complex patients once a multi-disciplinary team case management approach is fully operational. In November, the 'AT Fife' website was launched by the Psychology Service to facilitate self-referrals to low intensity therapy groups. This initiative will increase access to PTs and reduce waiting times for people with mild-moderate difficulties. We anticipate that this new pathway will also free up capacity in specialist services to offer PTs to people with more complex needs.

Financial Performance

Financial Position

The in-year revenue position for the 9 months to 31 December reflects an overspend of £1.645m. This comprises an underspend of £2.906m on Health Board retained budgets; and a net overspend of £4.551m aligned to the Integration Joint Board, including delegated health budgets (£1.018m) and the estimated impact of the risk share arrangement (£3.533m).

At month 9, the reported year end forecast is an overspend of £3.707m. This includes a forecast underspend on the Health Board retained budgets of £3.799m; and a net forecast overspend of £7.506m aligned to the Integration Joint Board; being a forecast overspend of £2.795m on delegated health budgets and an estimated risk share impact of £4.711m.

There are two key areas of concern in both the reported in-year and forecast outturn positions. These encompass:

- the IJB forecast overspend position and the potential process and options to resolve that overspend; and
- the robustness of the Acute Services Division forecast overspend position, with a particular focus on waiting times funding and underpinning assumptions on committed expenditure.

IJB forecast overspend position:

The health component of the IJB continues to improve (both in-year and forecast), and the social care position continues to worsen. As reported last month, despite efforts to identify management actions, the total IJB forecast overspend continues to exceed £10m (£10.425m after assuming carry forward of ADP and Primary Care Improvement Fund underspends to 2019/20). The NHS Fife risk share contribution calculation on a forecast overspend of £10.425m remains significantly high at £7.506m; implementation of the full risk sharing arrangement would result in the IJB delivering a balanced position but with NHS Fife potentially reporting an overall overspend of £3.707m. Further work is underway to consider options to address this, including the treatment of any slippage on allocations or other financial flexibility within the delegated budgets.

ASD forecast outturn position:

The Acute Services Division is reporting a forecast overspend of £9.753m. The current year budget for the Division includes waiting times funding of £4.7m and £0.350m cancer funding. It has been assumed that, aside from £0.6m slippage, this funding will be committed in full by the end of this financial year. In addition a further bid for c £1.8m waiting times funding has been submitted to the SGHSCD for the final quarter of 2018/19. It is anticipated that any additional funding up to the c£1.8m bid will be spent in full in this financial year. Clearly any slippage will impact on the forecast outturn position and performance measures.

Due to the complexities of the current Integration Scheme arrangements and the fluidity of a number of variables across the health system, it is difficult to be entirely definitive on the year end forecast at this time and the position may move (positively or negatively) over the coming months. This also recognises information received mid January in relation to potential additional income from Scottish Government, through the Pharmaceutical Pricing Regulation Scheme and indications of a reduced premium for the Clinical Negligence and Other Risks Scheme (CNORIS)

Members should note that this position will be reported to Scottish Government Health & Social Care Directorates as part of the routine monthly financial performance returns. No formal request for additional resources is being sought at this point in time however, the impact of the risk share arrangement continues to be highlighted as a specific risk to the delivery of breakeven.

Capital Programme

The total anticipated Capital Resource Limit for 2018/19 is £8.355m. The capital position for the 9 months to December shows investment of £4.028m, equivalent to 48.21% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

Performance Summary

Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is more than 5% behind the Standard or Delivery Trajectory	↔	Performance unchanged from previous

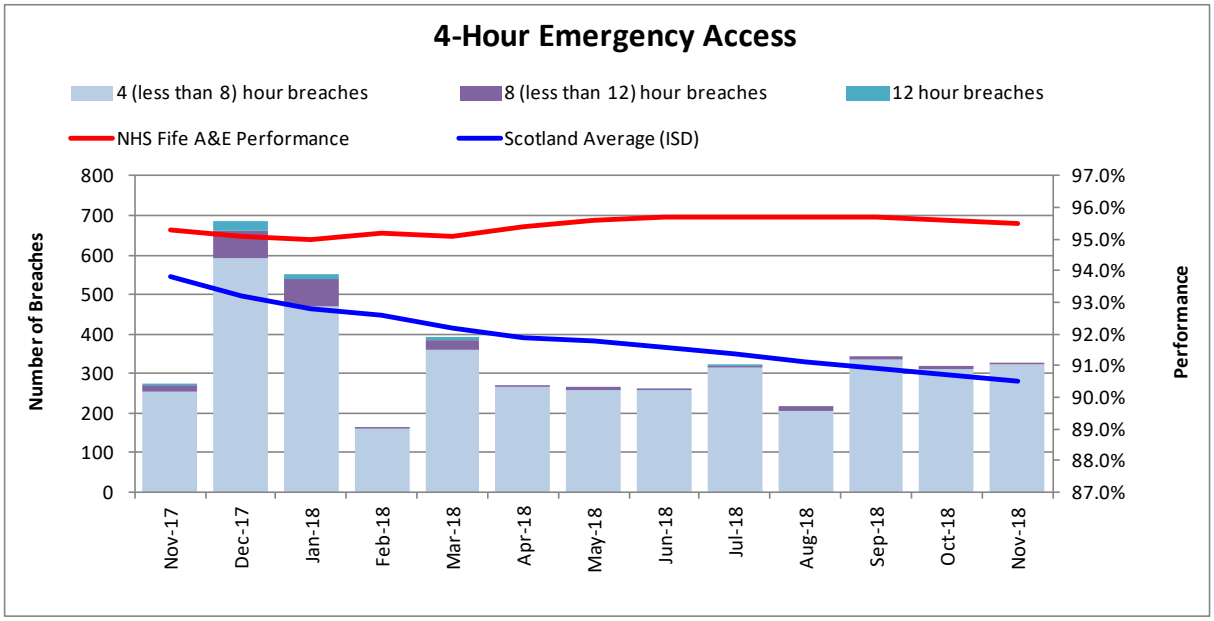
Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2018-19 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Finance, Performance and Resources	GREEN	IVF Treatment Waiting Times	Person-centred	90.0%	3 months to Nov 2018	100.0%	3 months to Oct 2018	100.0%	↔	100.0%	Treatment provided by Regional Centres so no comparison applicable			
		4-Hour Emergency Access *	Clinically Effective	95.0%	12 months to Nov 2018	95.5%	12 months to Oct 2018	95.6%	↓	96.4%	y/e Sep 2018	95.7%	3rd	90.9%
		Antenatal Access	Clinically Effective	80.0%	3 months to Sep 2018	91.4%	3 months to Aug 2018	90.7%	↑	91.5%	Only published annually: NHS Fife was 7th for FY 2017-18			
		Drugs & Alcohol Treatment Waiting Times	Clinically Effective	90.0%	q/e Sep 2018	98.5%	q/e Jun 2018	97.7%	↑	98.1%	q/e Sep 2018	98.5%	3rd	94.2%
	AMBER	Outpatients Waiting Times	Clinically Effective	95.0%	Nov 2018	94.2%	Oct 2018	93.5%	↑	N/A	End of September	92.5%	1st	70.5%
		Diagnostics Waiting Times	Clinically Effective	100.0%	Nov 2018	98.1%	Oct 2018	98.6%	↓	N/A	End of September	99.0%	3rd	78.1%
		Cancer 31-Day DTT	Clinically Effective	95.0%	Nov 2018	93.1%	Oct 2018	94.8%	↓	95.3%	q/e Sep 2018	83.2%	5th	81.4%
		Alcohol Brief Interventions	Clinically Effective	4,187	Apr to Sep 2018	1,991	Apr to Jun 2018	695	↑	1,991	Only published annually: NHS Fife was 8th for FY 2017-18			
		Dementia Post-Diagnostic Support	Person-centred	100.0%	2017/18	84.0%	2016/17	88.1%	↓	N/A	Only published annually: NHS Fife was 2nd for FY 2014/15			
	RED	Dementia Referrals	Person-centred	1,327	Apr to Sep 2018	349	Apr to Jun 2018	193	↓	349	Only published annually: NHS Fife was 1st for FY 2015/16			
		18 Weeks RTT	Clinically Effective	90.0%	Nov 2018	78.5%	Oct 2018	77.9%	↑	79.5%	Sep-18	79.6%	7th	81.2%
		Patient TTG	Person-centred	100.0%	Nov 2018	67.8%	Oct 2018	67.6%	↑	72.5%	q/e Sep 2018	68.8%	7th	72.9%
		Cancer 62-Day RTT	Clinically Effective	95.0%	Nov 2018	86.1%	Oct 2018	85.2%	↑	85.1%	q/e Sep 2018	95.5%	6th	95.1%
		Detect Cancer Early	Clinically Effective	29.0%	2 years to Jun 18	23.8%	2 years to Mar 18	24.9%	↓	N/A	Only published annually: NHS Fife was 6th for 2-year period 2016 and 2017			
		Delayed Discharge (Delays > 2 Weeks)	Person-centred	0	29th Nov Census	21	25th Oct Census	28	↑	N/A	27th Sep Census	6.46	2nd	12.89
		Smoking Cessation	Clinically Effective	540	Apr to Aug 2018	166	Apr to Jul 2018	142	↓	166	Only published annually: NHS Fife was 11th for FY 2017-18			
		CAMHS Waiting Times	Clinically Effective	90.0%	3 months to Nov 2018	81.8%	3 months to Oct 2018	80.2%	↑	75.8%	q/e Sep 2018	78.1%	4th	69.0%
		Psychological Therapies Waiting Times	Clinically Effective	90.0%	3 months to Nov 2018	71.1%	3 months to Oct 2018	70.4%	↑	67.9%	q/e Sep 2018	67.1%	10th	75.5%

* **The 4-Hour Emergency Access performance in November alone was 95.6% (all A&E and MIU sites) and 94.0% (VHK A&E, only)**

Performance Drill Down – Acute Services Division

4-Hour Emergency Access

Measure	**At least 95% of patients (stretch target of 98%) will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment**
Current Performance	95.5% for 12 months to end of November
Scotland Performance	90.5% for 12 months to end of November

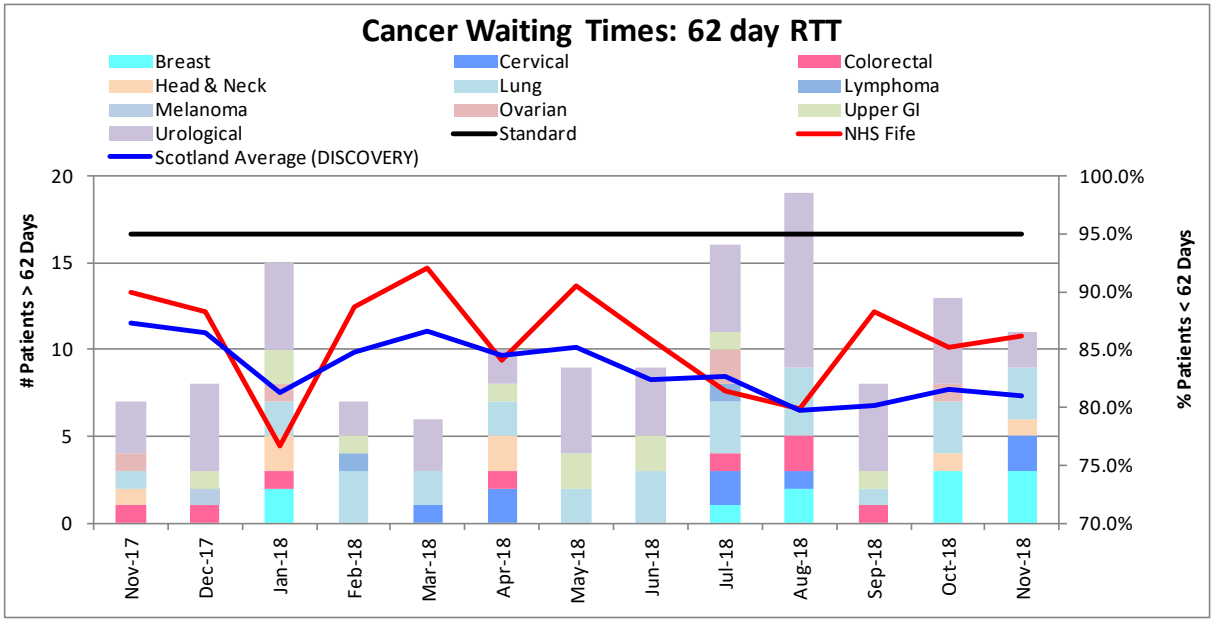


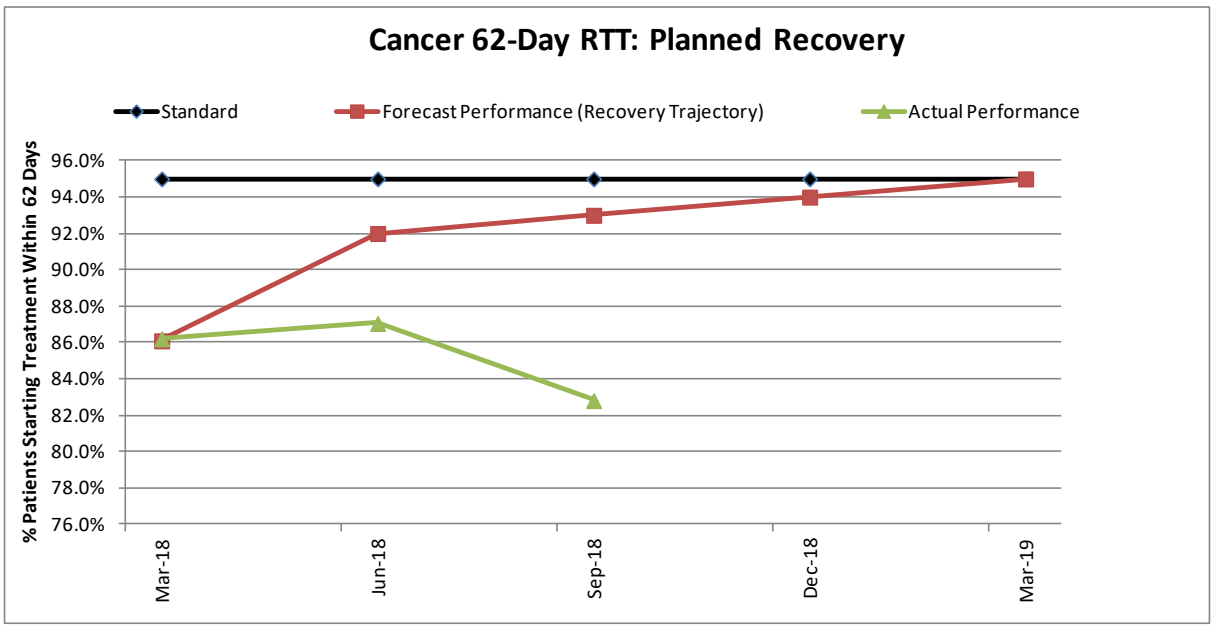
Previous 3 Months	August 2018		September 2018		October 2018	
	95.7%	↔	95.7%	↔	95.6%	↓
Current Issues	Variability in delivery of the access target					
Context	Has been above the Standard since the start of the final quarter of 2017 Consistently above the Scottish average; 3rd best performance for y/e September					

Key Actions for Improvement	Planned Benefits	Due By	Status
Review of overnight admissions	Continued ability to achieve the 4-Hour Emergency Access Standard	Dec 2018	Delayed Revised to Feb 2019
Review of reasons for attendance at A&E	Reduction in inappropriate attendances	Dec 2018	Complete
Review of Doctors Rotas in A&E plus Medical Staffing at Peak Times	Equalise Expertise across working week	Jan 2019	On Track

Cancer Treatment Waiting Times: 62-Day RTT

Measure	**At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days of urgent referral**
Current Performance	86.1% of patients (68 out of 79) started treatment in November within 62 days
Scotland Performance	81.0% of patients started treatment within 62 days in November



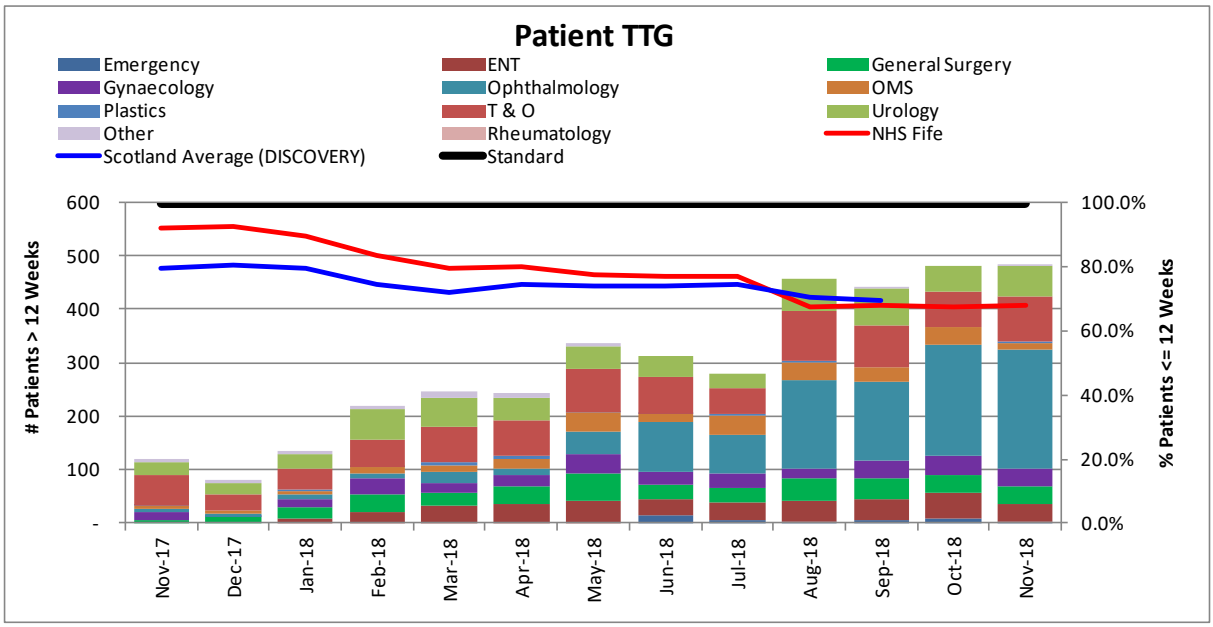


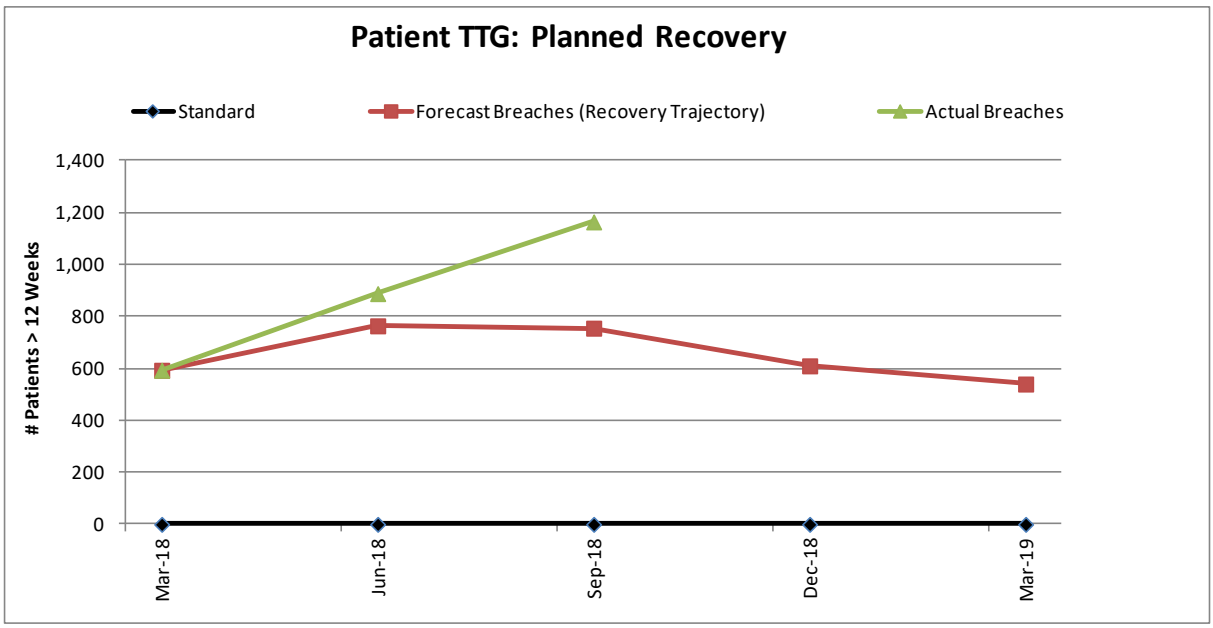
Previous 3 Months	August 2018		September 2018		October 2018	
	79.8%	↓	88.2%	↑	85.2%	↓
Current Issues	Delays to oncology OPAs in urology due to increase in rate of referral Challenges with Urology prostate pathway and processes Delay to investigations in Lung Delay to surgery in Urology and Breast					
Context	Standard last achieved in October 2017 Above Scotland average in 9 of last 12 months					

Key Actions for Improvement	Planned Benefits	Due By	Status
Train 2nd consultant in lap nephrectomy (Urology)	To increase capacity	Mar 2019	On Track
Further training for TRUS (Urology)	Nurse training to increase capacity	Nov 2018	Complete
Review of Urology capacity and processes	To improve waits to treatment	Dec 2018	Complete
Review of prostate pathway	To improve waits to treatment	Dec 2018	Complete
Integrate the Cancer Workstream into the Site Optimisation Agenda	To ensure patients diagnosed with cancer received optimum care	Dec 2018	Complete

Patient Treatment Time Guarantee

Measure	**We will ensure that all eligible patients receive Inpatient or Day Case treatment within 12 weeks of such treatment being agreed**
Current Performance	484 patient breaches (out of 1,501 patients treated) in November (67.8% on time)
Scotland Performance	72.9% of patients treated within 12 weeks in quarter ending September



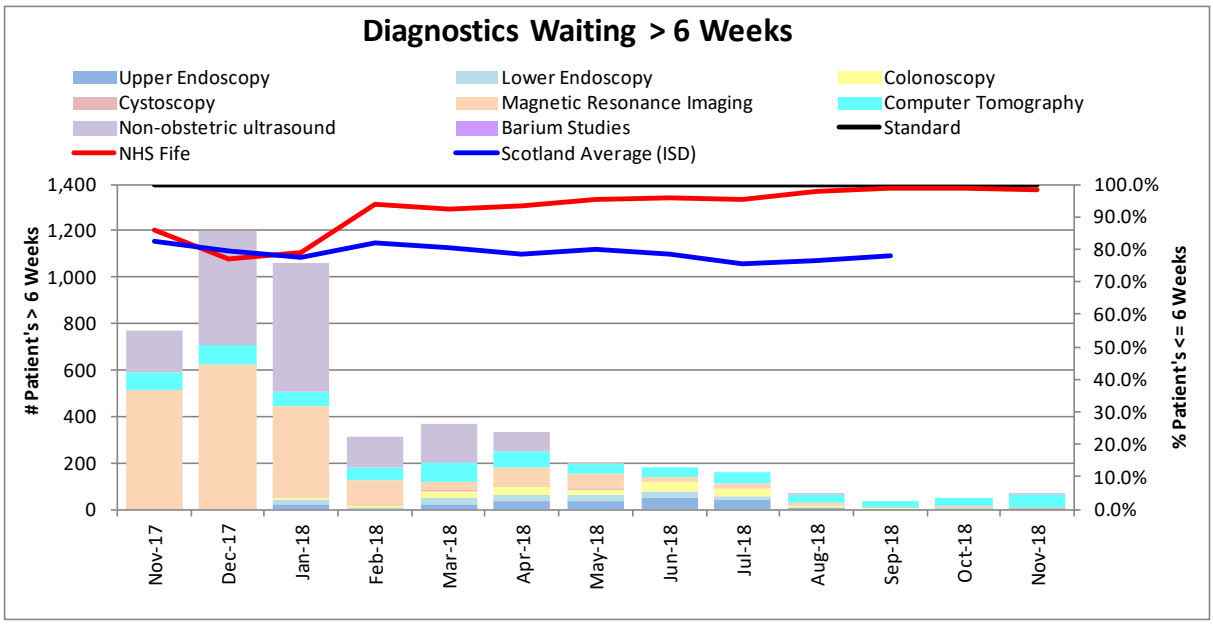


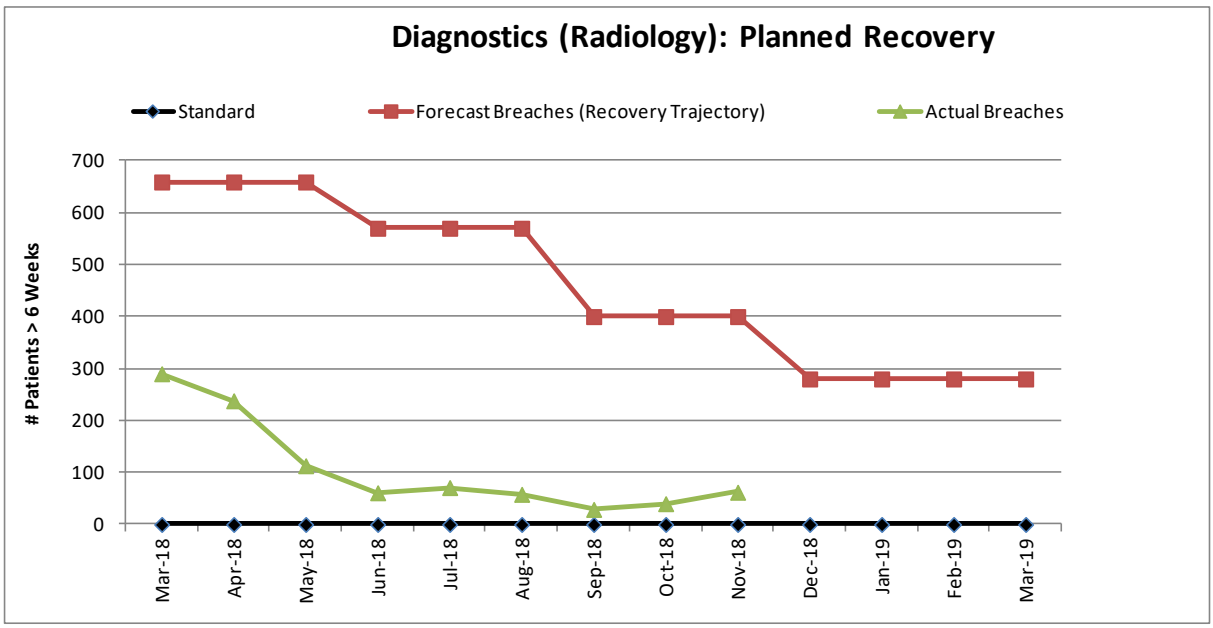
Previous 3 Months	August 2018		September 2018		October 2018	
	67.5%	↓	67.7%	↑	67.6%	↓
Current Issues	Recurring gap in elective inpatient and daycase capacity Unable to deliver the level of additional capacity in house Delay in delivery of outsourced activity					
Context	Fife has outperformed the Scottish average until Q2 of 2018/19					

Key Actions for Improvement	Planned Benefits	Due By	Status
Secure resources and deliver core and additional IP/DC elective capacity	Elective projected performance delivered	Mar 2019	On Track
Monthly monitoring meetings with Private Sector Providers	Timely delivery of outsourced activity	Mar 2019	On Track
Develop and deliver Elective IP/DC Efficiency Programme based on output from service reviews	Elective IP/DC capacity use optimised	Mar 2019	On Track
Progress regional elective work in identified specialties	Identify opportunities for improvement in capacity and/or reduced demand	Mar 2019	On Track
Recruit to vacant consultant posts	Sustainable core capacity for elective activity	Dec 2018	Delayed Revised to Mar 2019

Diagnostics Waiting Times

Measure	**No patient will wait more than 6 weeks to receive one of the 8 key diagnostic tests**
Current Performance	98.1% of patients waiting no more than 6 weeks at end of November
Scotland Performance	78.1% of patients waiting no more than 6 weeks at end of September



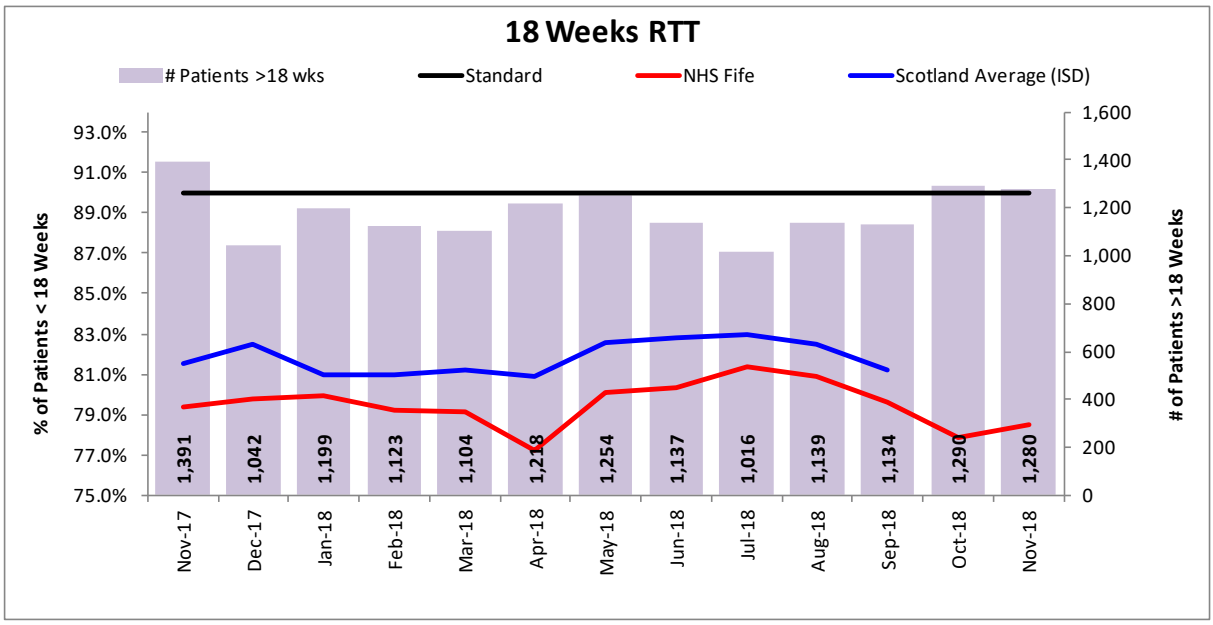


Previous 3 Months	August 2018		September 2018		October 2018	
	97.8%	↑	99.0%	↑	98.6%	↓
Current Issues	Radiology Consultant , radiographer and sonographer vacancies, increased demand for MRI, Ultrasound and specialist cardiac and colon CT Reporting capacity Variable capacity for additional Ultrasound Increase in demand from bowel screening					
Context	Standard last achieved in April 2016 3rd out of the 11 Mainland Health Boards at the end of September Additional Scottish Government funding has been used to run additional radiography clinics and reduce the number of breaches					

Key Actions for Improvement	Planned Benefits	Due By	Status
Identify further opportunities to improve reporting capacity	Sustain 5-day reporting turnaround times	Mar 2019	On Track
Identify further opportunities to improve consultant numbers with regional partners	Reduction in number of Consultant Radiology vacancies	Mar 2019	On Track

18 Weeks Referral-to-Treatment

Measure	**90% of planned/elective patients to commence treatment within 18 weeks of referral**
Current Performance	78.5% of patients started treatment within 18 weeks in November
Scotland Performance	81.2% of patients started treatment within 18 weeks in September



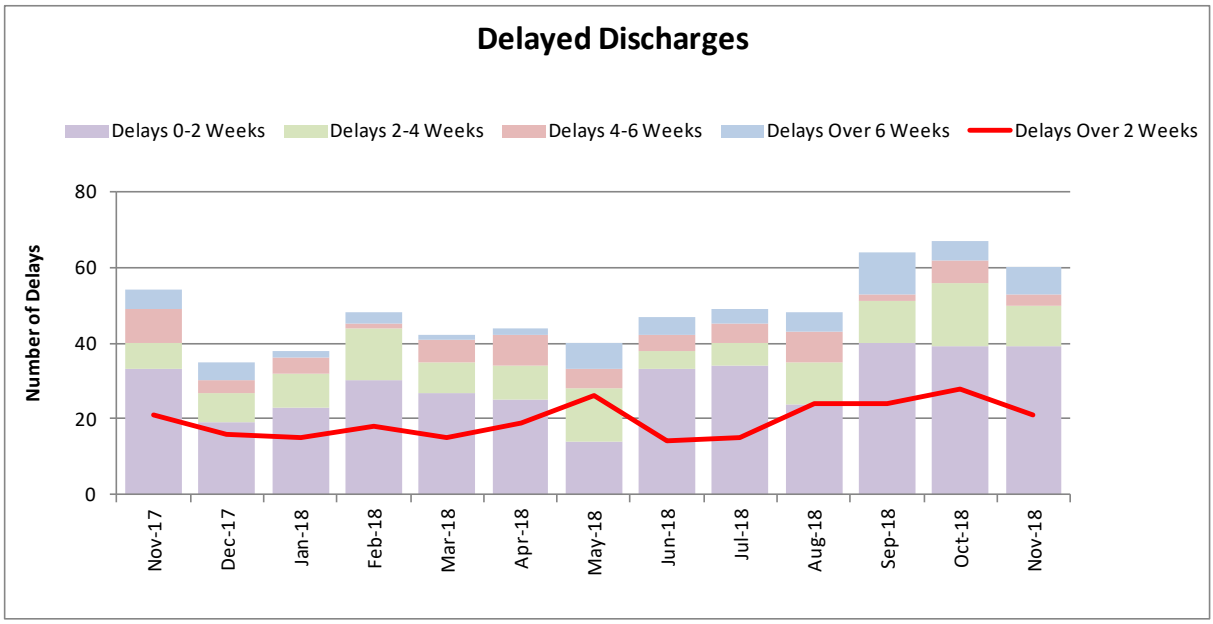
Previous 3 Months	August 2018		September 2018		October 2018	
	80.9%	↓	79.6%	↓	77.9%	↓
Current Issues	The current challenges with performance in Outpatients are impacting on non-admitted and admitted pathway performance. The challenges in TTG performance is impacting on admitted pathway performance.					
Context	Standard last achieved in September 2016 Consistently below the Scottish average 7th out of 11 Mainland Health Boards in September					

Key Actions for Improvement	Planned Benefits	Due By	Status
The Recovery Plan for 18 Weeks RTT is covered by the delivery of the Patient Treatment Time Guarantee, Diagnostics and Outpatient Waiting Times Recovery Plans; there are no new specific actions			

Performance Drill Down – Health & Social Care Partnership

Delayed Discharge

Measure	**No patient will be delayed in hospital for more than 2 weeks after being judged fit for discharge**
Current Performance	21 patients in delay for more than 14 days at November Census – this equates to 5.65 patients per 100,000 population in NHS Fife
Scotland Performance	12.89 patients per 100,000 population at September census



Previous 3 Months	August 2018		September 2018		October 2018	
	24	↓	24	↔	28	↓
Current Issues	Increasing number of patients in delay					
Context	Never met 14-day target Second lowest delays over 2 weeks (per 100,000 population) of all Mainland Health Boards, at September Census					

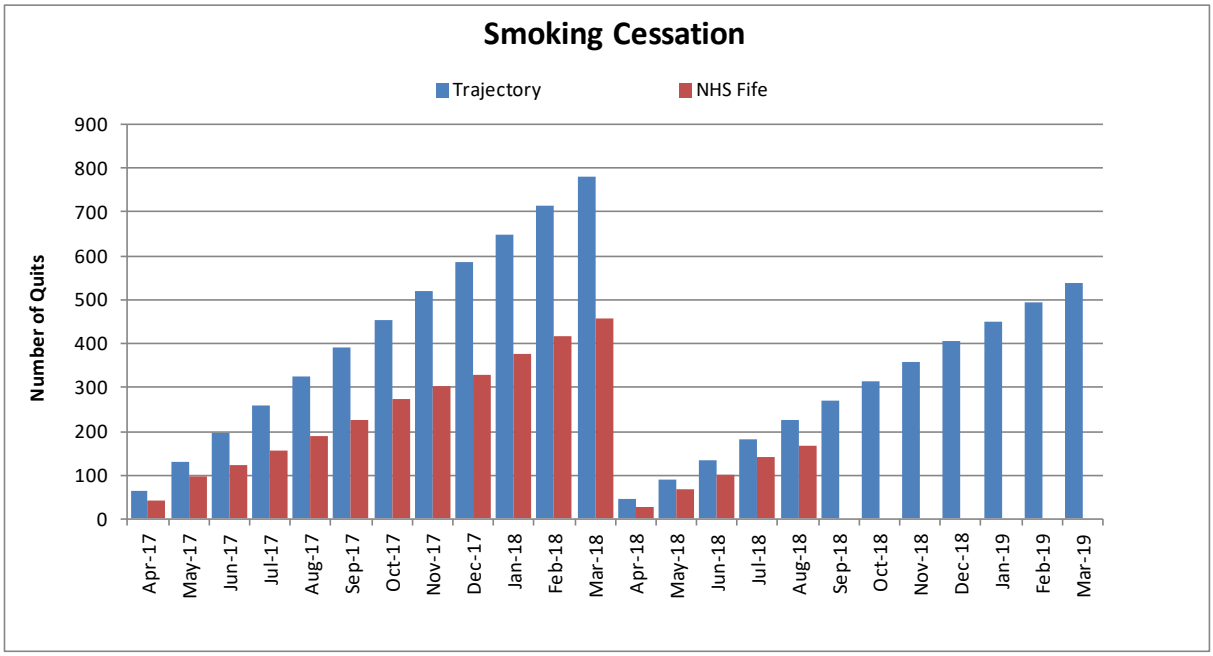
Key Actions for Improvement	Planned Benefits	Due By	Status
Develop and test a model to reduce emergency admissions, focusing on High Health Gain individuals; then roll this out	Reduced delayed discharges Reduced length of stay from emergency admissions Earlier pro-active patient centred support	Dec 2018	Complete
Implement daily Trak reporting for HHG patients	Clear communication to support more timely discharge pathways and prevent re-admissions	Dec 2018	Complete
Roll out directed carers support across 4 of our community hospitals	Reduced Length of stay Increased patient centred support	Mar 2019	On Track
Test a trusted assessors model within VHK for patients transferring to	Reduced Length of Stay Smoother person centred	Jan 2019	Delayed Revised

STAR/assessment beds	transitions		to Mar 2019
Review model of START to ensure efficiency of assessments	Reduced Length of Stay	Dec 2018	Delayed Revised to Feb 2019
Maintain the delay position over the winter period and implement the escalation plan	Better management of occupancy and demand for community beds throughout winter	Mar 2019	On Track

Finance, Performance & Risk

Smoking Cessation

Measure	**In 2018/19, we will deliver a minimum of 540 post 12 weeks smoking quits in the 40% most deprived areas of Fife**
Current Performance	166 successful quits in first 5 months of year (270 quits in all of Fife)
Scotland Performance	Lowest % achievement of all Mainland Health Boards against 2017/18 target (Geographical set target – non standardised)



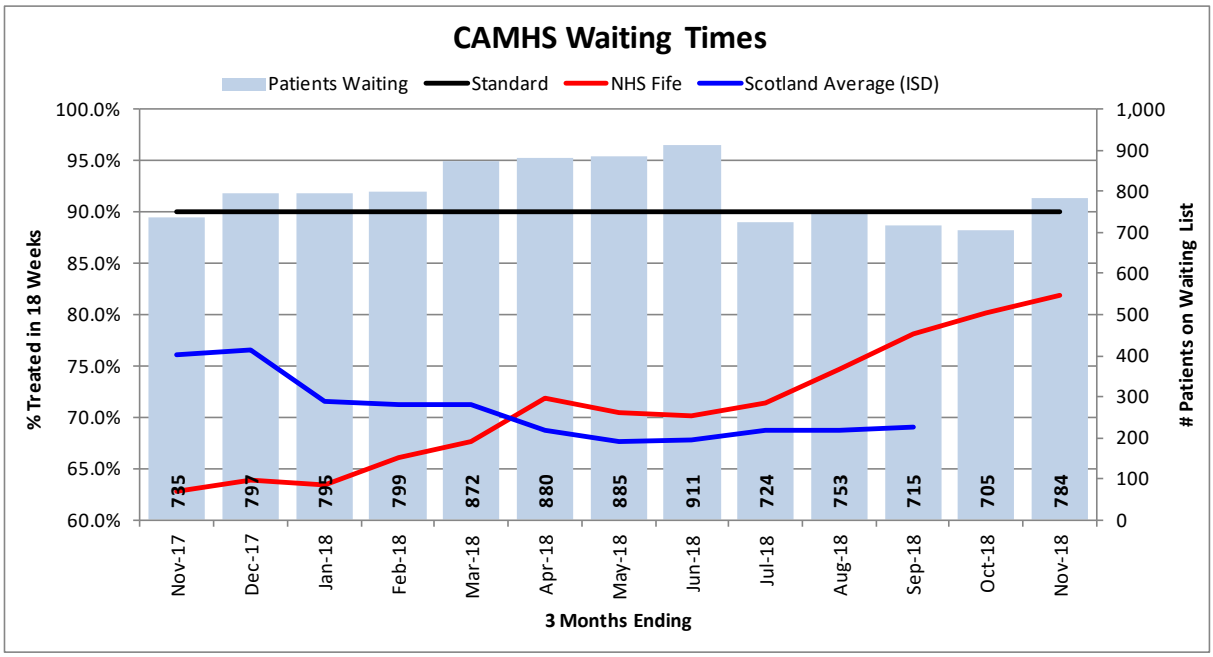
Previous 3 Months	**May 2018**	**June 2018**	**July 2018**
	68	100 ↓	142 ↓
Current Issues	Harder to reach more entrenched smokers Little service uptake at Christmas and New Year		
Context	Lower quit target (540) has been set for 2018/19 by the Scottish Government, but performance to date suggests this will continue to be a challenge; at this point last year, 190 successful quits had been recorded		

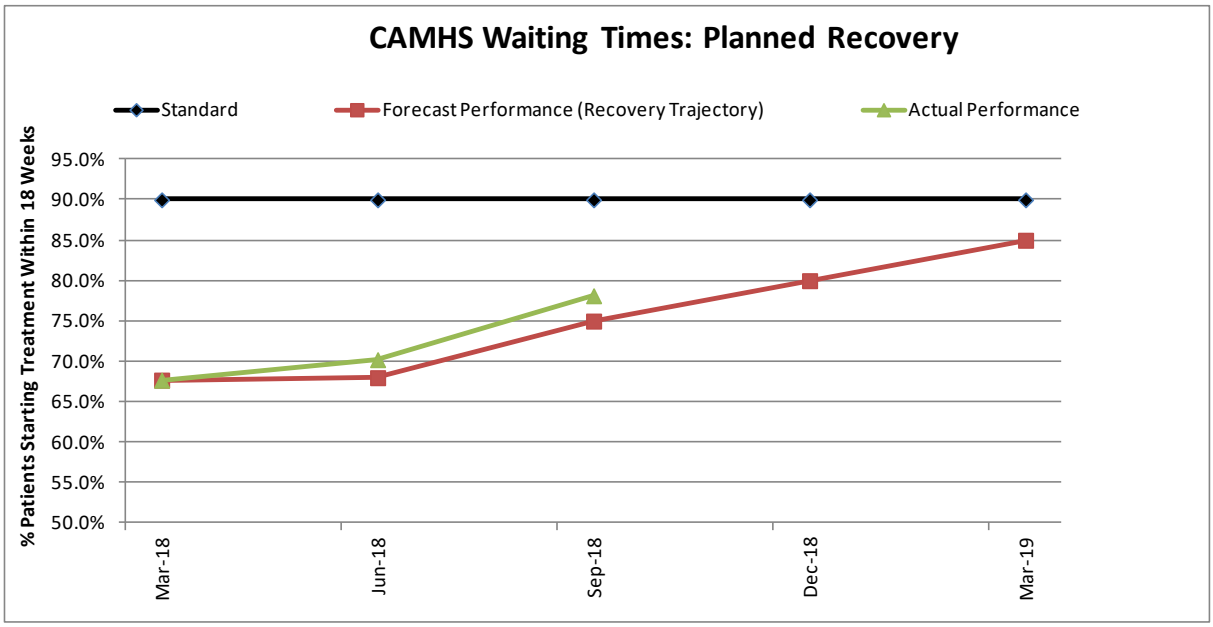
Key Actions for Improvement	**Planned Benefits**	**Due By**	**Status**
Outreach development with Gypsy Travellers in Thornton	Increase service reach and engagement with minority group	Mar 2019	On Track
Two areas identified to test pathways and procedures for temporary abstinence model in the Acute	Ensure pathways and prescribing guidance are robust and effective	Mar 2019	On Track
Design and implementation of a prompt process for Community Pharmacies, to remind them to undertake 4-week and 12-week follow-ups	Support compliance and data completion in line with pharmacy contract requirements and reduce the levels of missing data	Mar 2019	On Track
Planning service support in a workplace who have been identified as having a large proportion of manual workers	Reach and engage with our target group and deliver evidenced based group support	Feb 2019	On Track
Establish links with new Mental Health clinic for pregnant women	Support pregnant women	Mar 2019	On Track

	experiencing Mental Health issues to stop smoking		

CAMHS Waiting Times

Measure	**At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services**
Current Performance	81.8% of patients treated within 18 weeks during September-November period
Scotland Performance	69.0% of patients treated within 18 weeks during 2018/19 Q2



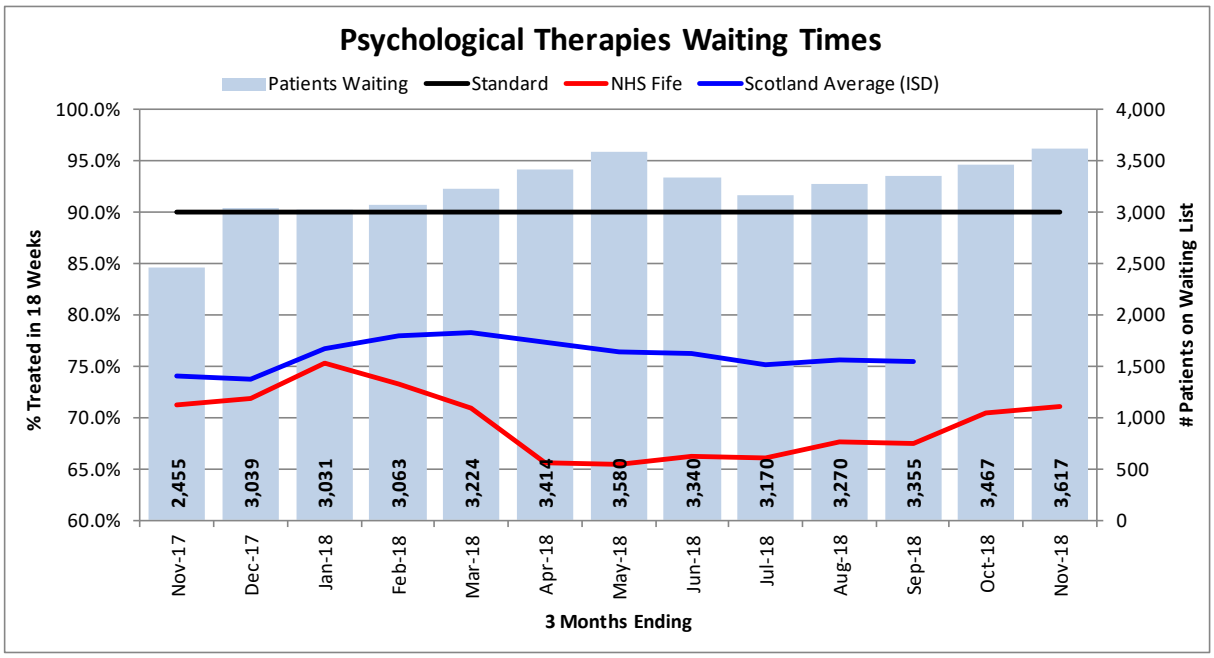


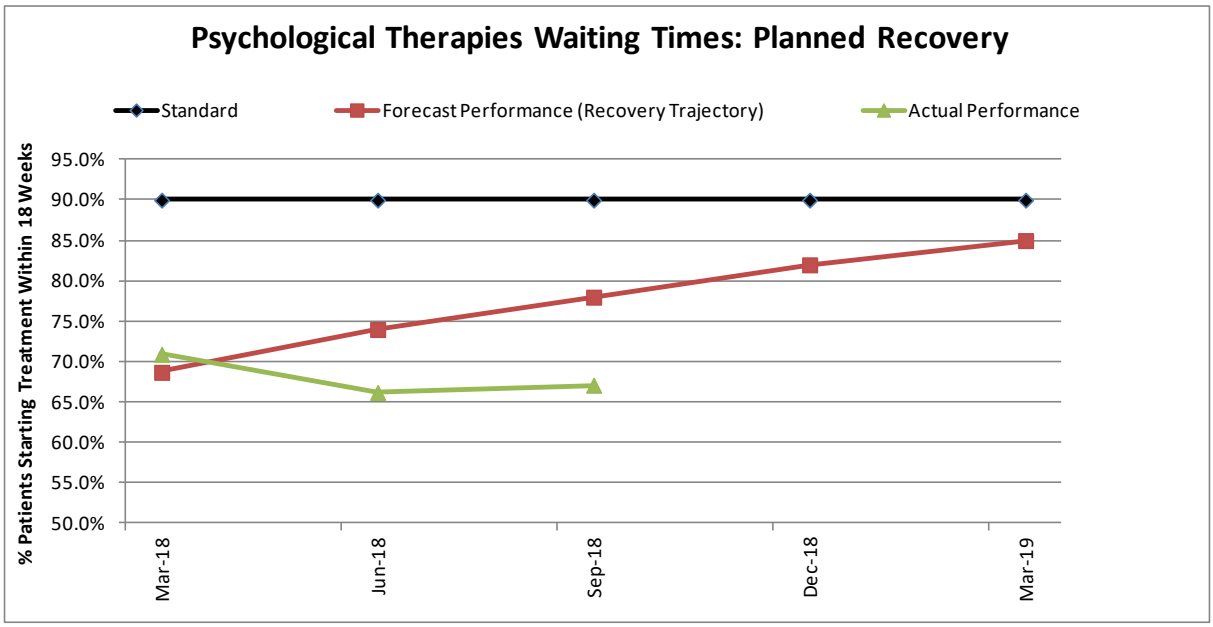
Previous 3 Months	3 months to Aug 2018		3 months to Sep 2018		3 months to Oct 2018	
	74.7%	↑	78.1%	↑	80.2%	↑
Current Issues	Referral numbers continue to be significant compared to available new appointments Due to limited staffing numbers any absence has significant impact on activity levels due to the workforce consistently working at full capacity					
Context	Below Standard since May 2014, but performance ia continuing to improve and is overall 19% better than at the end of November 2017 4th out of the 11 Mainland Health Boards for the quarter ending September					

Key Actions for Improvement	Planned Benefits	Due By	Status
SCI Gateway referral pathway for GPs (progress dependent on e-Health)	Improved quality of referrals ensuring better signposting and appropriate referrals	Dec 2018	Deleted – other improvement options being adopted
Development of PMHW First Contact Appointment	Provide early intervention, improve initial assessments and increase effectiveness of signposting thus reducing the overall burden on both GPs and the Tier 3 CAMH service	Mar 2019	On Track
Development of Tier 3 Initial Assessment Appointment	Provide assessment and formulation of need following screening, ensuring that children: • Are safe to be placed on waiting list • Are appropriate for CAMHS Or would benefit from signposting to alternative providers	Feb 2019	On Track
Development of Tier 3 Therapeutic Group Programme	Improved access to therapeutic intervention (additional provision for approximately 380 children per annum)	Mar 2019	On Track

Psychological Therapies Waiting Times

Measure	**At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies (PT)**
Current Performance	71.1% of patients treated within 18 weeks during September-November period
Scotland Performance	75.5% of patients treated within 18 weeks during 2018/19 Q2





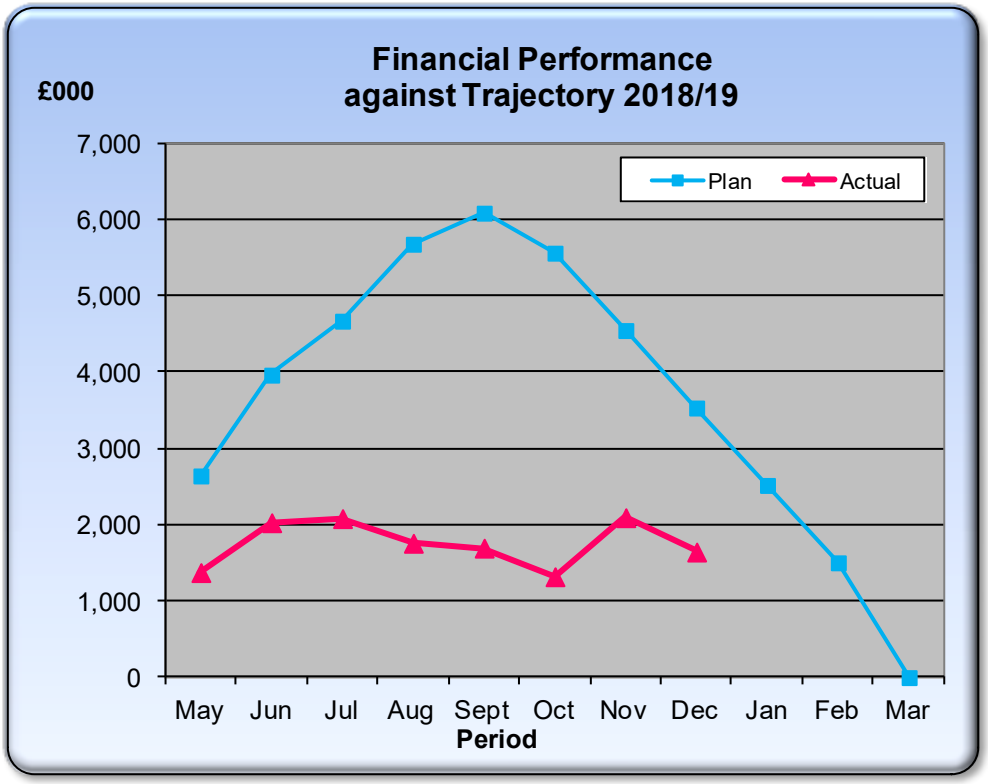
Previous 3 Months	3 months to Aug 2018		3 months to Sep 2018		3 months to Oct 2018	
	67.6%	↑	67.5%	↓	70.4%	↑
Current Issues	Delivery of PTs across services requires further integration to enhance efficiency. A strategy for increasing capacity to deliver PTs across the wider mental health service is being developed, with oversight from the PT Steering Group. This will complement the development of the Community Mental Health Teams and the matched care model of service delivery. The new 'AT Fife' website can be expected to contribute to improved performance on waiting times, with the impact beginning to show in Q4 2018-19.					
Context	Never met Standard; monthly performance normally between 65% and 75% 10th out of the 11 Mainland Health Boards for the quarter ending September					

Key Actions for Improvement	Planned Benefits	Due By	Status
Develop enhanced PT Strategy, reflecting new opportunities within H&SC integration	Increased capacity and efficiency of PT delivery within matched care model	Mar 2019	On Track
QI work for 2019 : evaluation of impact of self-referral on capacity and demand to inform further development of group/self-referral PT options	Improved quality and efficiency of PT services	Dec 2019	On Track
Development of CMHTs to provide PTs within MDT approach for people with complex needs	PTs provided in line with evidence base within holistic package of care; improved patient flow	Dec 2019	On Track
Development of Personality Disorder pathway and Unscheduled Care Service	PTs for people with urgent and complex needs provided within integrated multi-agency approach; reduce delays and improve patient safety	Dec 2019	On Track

Performance Drill Down – Financial Performance

Revenue Expenditure

Measure	*Health Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD).*
In year position	£1.645m overspend
Forecast position	£3.707m overspend



Previous 3 Months	October 2018	November 2018	December 2018
Revenue Resource Limit			
Actual (in-year position)	£1.322m	£2.095m	£1.645m
Plan (in-year position)	£5.561m	£4.547m	£3.352m
Forecast Outturn position	£2.643m o/spd	£4.289m o/spd	£3.707m o/spd

Commentary

The in-year revenue position for the 9 months to 31 December reflects an overspend of £1.645m. This comprises an underspend of £2.906m on Health Board retained budgets; and a net overspend of £4.551m aligned to the Integration Joint Board, including delegated health budgets (£1.018m) and the estimated impact of the risk share arrangement (£3.533m).

Finance, Performance & Risk

At month 9, the reported year end forecast is an overspend of £3.707m. This includes a forecast underspend on the Health Board retained budgets of £3.799m; and a net forecast overspend of £7.506m aligned to the Integration Joint Board; being a forecast overspend of £2.795m on delegated health budgets and an estimated r risk share impact of £4.711m.

There are two key areas of concern in both the reported in-year and forecast outturn positions. These encompass:

- the IJB forecast overspend position and the potential process and options to resolve that overspend; and
- the robustness of the Acute Services Division forecast overspend position, with a particular focus on waiting times funding and underpinning assumptions on committed expenditure.

IJB forecast overspend position:

The health component of the IJB continues to improve (both in-year and forecast), and the social care position continues to worsen. As reported last month, despite efforts to identify management actions, the total IJB forecast overspend continues to exceed £10m (£10.425m after assuming carry forward of ADP and Primary Care Improvement Fund underspends to 2019/20). The NHS Fife risk share contribution calculation on a forecast overspend of £10.425m remains significantly high at £7.506m; implementation of the full risk sharing arrangement would result in the IJB delivering a balanced position but with NHS Fife potentially reporting an overall overspend of £3.707m. Further work is underway to consider options to address this, including the treatment of any slippage on allocations or other financial flexibility within the delegated budgets.

ASD forecast outturn position:

The Acute Services Division is reporting a forecast overspend of £9.753m. The current year budget for the Division includes waiting times funding of £4.7m and £0.350m cancer funding. It has been assumed that, aside from £0.600m slippage, this funding will be committed in full by the end of this financial year. In addition a further bid for c £1.8m waiting times funding has been submitted to the SGHSCD for the final quarter of 2018/19. It is anticipated that any additional funding up to the c£1.8m bid will be spent in full in this financial year. Clearly any slippage will impact on the forecast outturn position and performance measures.

Due to the complexities of the current Integration Scheme arrangements and the fluidity of a number of variables across the health system, it is difficult to be entirely definitive on the year end forecast at this time and the position may move (positively or negatively) over the coming months. This also recognises information received mid January in relation to potential additional income from Scottish Government, through the Pharmaceutical Pricing Regulation Scheme and indications of a reduced premium for the Clinical Negligence and Other Risks Scheme (CNORIS)

Members should note that this position will be reported to Scottish Government Health & Social Care Directorates as part of the routine monthly financial performance returns. No formal request for additional resources is being sought at this point in time however, the impact of the risk share arrangement continues to be highlighted as a specific risk to the delivery of breakeven.

1. Financial Framework

1.1 As previously reported, the Annual Operational Plan, and the Financial Plan for 2018/19 was approved by the Board on 14 March 2018.

2. Financial Allocations

Revenue Resource Limit (RRL)

2.1 On 20 December 2018 NHS Fife received confirmation of November core revenue and core capital allocation amounts. The revised core revenue resource limit (RRL) has been confirmed at £707.485m. A breakdown of the additional funding received in month is shown in Appendix 1.

Anticipated Core Revenue Resource Limit

2.2 In addition to the confirmed RRL adjustments, there are a number of anticipated core revenue resource limit allocations each month. For December, the anticipated adjustment is a negative (£0.396m) figure as detailed in Appendix 2. This adjustment reflects expected funding contributions to national schemes.

Non Core Revenue Resource Limit

2.3 NHS Fife also receives 'non core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The non core RRL funding of £26.863m is detailed in Appendix 3.

Total RRL

2.4 The total current year budget at December is therefore £733.952m.

3. Summary Position

3.1 At the end of December, NHS Fife reports an in year overspend of £1.645m against the revenue resource limit. Table 1 below provides a summary of the position across the constituent parts of the system: an underspend of £2.906m is attributable to Health Board retained budgets; and an overspend of £4.551m is attributable to the health budgets delegated to the Integration Joint Board including the net impact of the estimated risk share.

3.2 Key points to note from Table 1 are:

3.2.1 Acute division overspend of £7.9m, driven largely as a result of non delivery of savings (£6.3m);

3.2.2 Continuing underspends across Estates & Facilities and Corporate Directorates;

3.2.3 Overspend of £1.018m on the health budgets delegated to the IJB, driven by non delivery of savings (£2.3m) offset by a net underspend of £1.3m on budgets (despite the challenges on the GP prescribing budget);

3.2.4 Estimated risk share impact of £3.5m, being the effect of a 72% share of the overall IJB overspend and resultant net transfer of social care costs from Fife Council;

3.2.5 Non recurring financial flexibility of £8.634m to offset, in part, the shortfall in delivery of savings in year.

Table 1: Summary Financial Position for the period ended December 2018

Memorandum	Budget			Expenditure			Variance split by	
	FY	CY	YTD	Actual	Variance	Variance	Run Rate	Savings
	£'000	£'000	£'000	£'000	£'000	%	£'000	£'000
Health Board	395,064	399,380	290,831	287,925	-2,906	-1.00%	*-9,338*	*6,432*
Integration Joint Board	332,089	334,572	250,204	254,755	4,551	1.82%	*2,271*	*2,280*
Total	**727,153**	**733,952**	**541,035**	**542,680**	**1,645**	**0.30%**	***-7,067***	***8,712***

	Budget			Expenditure			Variance split by	
	FY	CY	YTD	Actual	Variance	Variance	Run Rate	Savings
	£'000	£'000	£'000	£'000	£'000	%	£'000	£'000
Acute Services Division	186,694	193,579	143,205	151,154	7,949	5.55%	*1,668*	*6,281*
IJB Non-delegated	8,020	7,982	5,988	6,029	41	0.68%	*-36*	*77*
Estates & Facilities	69,595	69,104	50,840	49,579	-1,261	-2.48%	*-1,261*	*0*
Board Admin & Other Services	50,741	65,566	50,195	49,660	-535	-1.07%	*-609*	*74*
Non Fife & Other Healthcare Providers	82,403	82,403	61,819	61,423	-396	-0.64%	*-396*	*0*
Financial Flexibility & Allocations	21,971	16,779	8,137	-497	-8,634	-106.11%	*-8,634*	*0*
Health Board	**419,424**	**435,413**	**320,184**	**317,348**	**-2,836**	**-0.89%**	***-9,268***	***6,432***
Integration Joint Board - Core	357,956	379,844	286,165	287,279	1,114	100.36%	*-1,166*	*2,280*
Integration Fund & Other Allocations	12,646	2,243	96	0	-96	-100.00%	*-96*	*0*
Sub total Integration Joint Board Core	**370,602**	**382,087**	**286,261**	**287,279**	**1,018**	**0.36%**	***-1,262***	***2,280***
IJB Risk Share Arrangement	0	0	0	3,533	3,533	0.00%	*3,533*	*0*
Total Integration Joint Board	**370,602**	**382,087**	**286,261**	**290,812**	**4,551**	**1.59%**	***2,271***	***2,280***
Total Expenditure	**790,026**	**817,500**	**606,445**	**608,160**	**1,715**	**0.28%**	***-6,997***	***8,712***
IJB	-38,513	-47,515	-36,057	-36,057	0	**0.00%**	*0*	*0*
Health Board	-24,360	-36,033	-29,353	-29,423	-70	**0.24%**	*-70*	*0*
Miscellaneous Income	**-62,873**	**-83,548**	**-65,410**	**-65,480**	**-70**	**0.11%**	***-70***	***0***
Net position including income	**727,153**	**733,952**	**541,035**	**542,680**	**1,645**	**0.30%**	***-7,067***	***8,712***

3.3 As reported each month, the earlier 'Financial Performance against Trajectory' graph shows the initial trajectory plan profiling savings delivery towards the latter half of the year; whilst the agreed gross 2018/19 efficiency savings target of £23.985m was removed from opening budgets on a recurring basis on an even spread, hence the flatter line. The removal of savings targets facilitates the further analysis each month of run rate performance as distinct from savings delivery performance. In totality the outturn position is driven by both unmet savings targets and run rate performance, offset by non recurring financial flexibility.

4. Operational Financial Performance for the year

Acute Services

4.1 The Acute Services Division reports a net overspend of £7.949m for the year to date. This reflects an overspend in operational run rate performance of £1.668m, and unmet savings of £6.281m. Within the run rate performance, pay is overspent by £1.842m. The overall position is being driven by a combination of unidentified savings and continued pressure from the use of agency locums, junior doctor banding supplements and incremental progression. It continues to be a challenge in relation to balancing finance and other performance targets across the Acute Services whilst seeking to identify recurring efficiency savings. Discussions are already underway with the newly appointed Chief Operating Officer to provide further challenge and drive for further efficiencies during the remainder of this financial year and beyond.

4.2 A review of the Division's £4.7m Waiting Times funding and £0.350m Cancer monies is underway to ensure effective planning and best use of these resources to improve patient care and performance over the remaining months in this financial year. Current assessments and information inform a potential year end underspend of £0.606m on existing waiting times funding mainly due to an underspend in Gynaecology private sector spend, General Surgery in house inpatient and day cases, and Plastic Surgery outpatients, inpatients and day cases. Further work is underway with service managers in an attempt to mitigate this position.

Estates & Facilities

4.3 The Estates and Facilities budgets report an underspend of £1.261m for the 9 months to date as a result of run rate performance. Savings have been delivered in full for this financial year. The run rate net underspend is generally attributable to vacancies, energy, water rates and property maintenance. The increase in the December underspend relates to improved energy and metered water costs; and increased deductions associated with the PPP contractual agreements. These favourable underspends are partly offset by overspends within medical equipment service contracts, repairs, maintenance, transport and equipment purchases.

Corporate Services

4.4 Within the Board's corporate services there is an underspend of £0.535m. This comprises an underspend on run rate of £0.609m as offset by unmet savings of £0.074m. Further analysis of Corporate Directorates is detailed per Appendix 4.

Non Fife and Other Healthcare Providers

4.5 The budget for healthcare services provided outwith NHS Fife reflects an underspend of £0.396m and is based on current information received from other providers. This position is subject to further review as the year progresses. Further detail is attached at Appendix 5.

Financial Plan Reserves & Allocations

4.6 Financial plan expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year, and therefore form part of devolved budgets. A number of residual uplifts were subsequently held in a central budget and have been subject to robust scrutiny and review each month.

4.7 The detailed review of the financial plan reserves at Appendix 6 allows an assessment of financial flexibility both in year, and forecast for the year end outturn, to be reflected in the position. As in every financial year, this 'financial flexibility' allows mitigation of slippage in savings delivery, and is a crucial element of the Board's ability to deliver against the statutory financial target of a break even position against the revenue resource limit.

4.8 The most significant balances of financial flexibility reported at month 9 continue as reported in previous months, and include: potential slippage on medicines which meet the horizon scanning criteria; the release of major trauma commitments; the estimated benefit of pay consequential funding which has been agreed nationally; and the release of the prior year underspend.

Integration Services

4.9 The health budgets delegated to the Integration Joint Board report an overspend of £1.018m for the 9 months to date. This position comprises an underspend in the run rate performance of £1.262m; and unmet savings of £2.280m. The underlying drivers for the run rate underspend are vacancies in community nursing, health visiting, school nursing, community and general dental services across Fife Wide Division. In addition, spend on Sexual Health & Rheumatology biologic drugs continue to materialise at a lower rate than expected due to some significant price reductions. The aforementioned underspend is partly offset by cost pressures within GP prescribing; unmet savings targets; complex care packages (position on which is improving) and bank and agency usage across East Division community hospitals (which sees a slight improvement due to tightening of controls).

Finance, Performance & Risk

4.10 The Integration Joint Board has further available health funding allocations of £2.243m, with projected slippage of £0.128m (£0.096m in year), providing an opportunity for financial flexibility to offset the forecast overspend.

4.11 The health component of the Partnership has continued to improve over recent months, however the social care position continues to worsen. After management actions the resulting outcome is an estimated total IJB forecast overspend of £10.425m at year end (assuming the carry forward of ADP and Primary Care Improvement Fund underspends to 2019/20). As detailed in Table 2 below, this total overspend would result in a transfer of costs of £4.711m from Fife Council to NHS Fife (being the difference between the overspend on the delegated health budget of £2.795m and the health risk share (72%) of the overall overspend ie £7.506m). It is important to acknowledge that this compares with a total transfer of costs of £2.289m in the opposite direction from NHS Fife to Fife Council across the two previous financial years.

Table 2 : Risk Share Calculation

	Oct-18	Nov-18	Dec-18
	£'000	**£'000**	**£'000**
NHS Fife	4,278	3,547	2,795
Social Care	6,309	6,903	7,630
Total	10,587	10,450	10,425
Less Management Actions	-2,760	0	0
New total	**7,827**	**10,450**	**10,425**
72% of total	5,635	7,524	7,506

Income

4.12 A small over recovery in income of £0.070m is shown for the year to date.

5. Pan Fife Analysis

5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 3 below.

Table 3: Subjective Analysis for the Period ended December 2018

	Annual Budget	Budget	Actual	Net over/ (under) spend
Pan-Fife Analysis	**£'000**	**£'000**	**£'000**	**£'000**
Pay	341,588	255,240	253,981	-1,259
GP Prescribing	72,313	55,089	56,195	1,106
Drugs	32,132	24,840	23,385	-1,455
Other Non Pay	364,190	271,847	271,656	-191
IJB Risk Share	0	0	3,533	3,533
Efficiency Savings	-9,321	-6,984	-93	6,891
Commitments	16,598	6,413	-497	-6,910
Income	-83,548	-65,410	-65,480	-70
Net over spend	**733,952**	**541,035**	**542,680**	**1,645**

Pay

5.2 The overall pay budget reflects an underspend of £1.259m. There are underspends across a number of staff groups which partly offset the overspend position within medical and dental staff; the latter being largely driven by the additional cost of supplementary staffing to cover vacancies.

5.3 Against a total funded establishment of 7,690 wte across all staff groups there are 7,581 wte staff in post.

Drugs & Prescribing

5.4 Across the system, there is a net underspend of £0.349m on medicines of which an overspend of £1.106m is attributable to GP Prescribing and an underspend of £1.455m relating to sexual health and rheumatology drugs. The GP prescribing position is based on informed estimates for November & December, and is endorsed by the Director of Pharmacy and the Chief Finance Officer for the Health & Social Care Partnership. There is a degree of uncertainty regarding the ISD figures nationally at this time, and informed assumptions and adjustments have been reflected within our position.

Other Non Pay

5.5 Other non pay budgets across NHS Fife are collectively underspent by £0.191m. There are pressures within purchase of healthcare (complex care patients), equipment service contracts and maintenance agreements. These overspends offset by underspends within professional fees; travel and subsistence and purchase of healthcare.

6 Financial Sustainability

6.1 The Financial Plan presented to the Board in March highlighted the requirement for £23.985m gross cash efficiency savings to support financial balance in 2018/19 prior to pay consequential funding of £4.426m. Further progress on savings has been made with around 62% of the annual target being identified to date. The extent of the recurring / non recurring delivery for the year to date is illustrated in Table 4 below. Of the £23.985m gross target, £8.498m has been identified on a recurring basis (including £4.426m pay consequential funding), with a further £6.259m in year only, which will add to any additional savings requirement in the next financial year. A further analysis of the table below can be found in Appendix 7 to this report.

Table 4 : Savings 2018/19

Savings 2018/19	Target £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Total Identified & Achieved to date £'000	*Outstanding* *£'000*
Health Board	11,732	1,968	3,607	5,575	6,157
Pay Consequentials	2,426	2,426	0	2,426	0
Health Board (Gross)	**14,158**	**4,394**	**3,607**	**8,001**	**6,157**
Integration Joint Board	7,827	2,104	2,559	4,663	3,164
Pay Consequentials	2,000	2,000	0	2,000	0
IJB (Gross)	**9,827**	**4,104**	**2,559**	**6,663**	**3,164**
Sub Total	**23,985**	**8,498**	**6,166**	**14,664**	**9,321**
IJB Additional Benefit	0	0	93	93	-93
Total Savings	**23,985**	**8,498**	**6,259**	**14,757**	**9,228**

7 Forecast Position

7.1 The month 9 has been used to test and further inform and refine our caveats and assumptions on the likely outturn position. At month 9, our mid range forecast outturn position is an overspend of £3.707m. We remain fully committed to the delivery of the statutory target of breakeven in line with our Annual Operational Plan but this is proving extremely challenging for a number of reasons as described above.

7.2 We continue to forecast and plan on a range of forecast outturn positions including, best, mid and worst range scenarios. The forecast outturn ranges between an overspend of £0.404m (best case) and an overspend of £6.112 (prudent position). This is consistent with the approach taken in the previous financial year. The current mid range, and reported, forecast reflects an overspend of £3.707m as detailed in Table 5 below.

7.3 The main movements to the forecast position at month 9 compared to month 8 encompass favourable movements within: Estates & Facilities due to benefits in both energy and rates; a small improvement in Corporate Departments; slippage of £0.6m in waiting times funding in Acute Services; and improvements within each of the Community Divisions within the HSCP.

7.4 The forecast position reflects assumptions in relation to operational budget performance and potential in year financial flexibility; and the table below reflects the potential risk sharing arrangement if the current overspend is funded in full by the respective parties, with no further mitigation.

Table 5: Mid Range Forecast

Mid Range Forecast	£'000
Acute Service Division	9,753
IJB Non-delegated	59
Estates & Facilities	-1,594
Board Admin & other services	-508
Non Fife & other Healthcare Providers	376
Financial Flexibility	-11,810
Health Board Retained Budgets	**-3,724**
IJB Delegated Health Budgets	2,923
Integration Fund & Other Allocations	-128
Sub Total IJB Delegated Health Budgets	**2,795**
Risk Share	4,711
Net IJB Health Position	**7,506**
Total Expenditure	**3,782**
Miscellaneous Income	-75
Total Forecast	**3,707**

7.5 There are two key areas of concern in both the reported in-year and forecast outturn positions. These encompass:

- the IJB forecast overspend position and the potential process and options to resolve that overspend; and
- the robustness of the Acute Services Division forecast overspend position, with a particular focus on waiting times funding and underpinning assumptions on committed expenditure.

7.6 The health component of the IJB continues to improve (both in-year and forecast), and the social care position continues to worsen. As reported last month, despite efforts to identify management actions, the total IJB forecast overspend continues to exceed £10m (£10.425m after assuming carry forward of ADP and Primary Care Improvement Fund underspends to 2019/20). The NHS Fife risk share contribution calculation on a forecast overspend of £10.425m remains significantly high at £7.506m; implementation of the full risk sharing arrangement would result in the IJB delivering a balanced position but with NHS Fife potentially reporting an overall overspend of £3.707m.

7.7 The Acute Services Division forecast overspend of £9.753m includes waiting lists funding of £4.7m and £0.350m cancer funding. It has been assumed that, aside from £0.600m slippage, that the funding will be spent in full in this financial year. In addition a further bid for c £1.8m waiting times funding has been submitted to the SGHSCD for the final quarter of 2018/19. It is anticipated that any additional funding up to the c£1.8m bid will be spent in full in this financial year. Clearly any slippage will impact on the forecast outturn position and performance measures.

7.8 A number of options are being explored to mitigate the overall position including any potential technical accounting solutions; availability of additional financial flexibility within the delegated health budgets; a potential increase in PPRS receipts and reduction in the CNORIS premium.

7.9 To ensure an open and transparent approach, dialogue is ongoing with Scottish Government colleagues on all aspects of this specific issue, including the difficulty in managing the impact of the risk share within existing resources, as well as the variability of the forecasts as seen in the previous financial year.

7.10 Due to the complexities of the current Integration Scheme arrangements and the fluidity of a number of variables across the health system, it is difficult to be entirely definitive on the year end forecast at this time and the position may move (positively or negatively) over the coming months.

8 Key Messages / Risks

8.1 A robust and definitive assessment of the forecast outturn is proving to be extremely challenging this year, given the issues highlighted in the section above. As such the risk assessment on the Financial Sustainability of the Board Assurance Framework remains 'High'. We will, however, continue to refine and review the position during the final quarter of the year, with particular emphasis on robust challenge of forecast outturns; further analysis and assessment of in-year spend of waiting times funding; potential additional financial flexibility options and the impact of the IJB position.

9 Recommendation

9.1 Members are invited to approach the Director of Finance or Chief Executive for any points of clarity on the position reported and are asked to:

- **Note** the reported in-year overspend of £1.645m to 31 December 2018 of which £2.906m underspend is attributable to the Health Board retained budgets; and £4.551m overspend (including risk share of £3.533m) to the health budgets delegated to the Integration Joint Board.

- **Note** the reported year end forecast overspend of £3.707m. This includes a forecast Health Board net underspend of £3.799m; and a net forecast overspend of £7.506m on the IJB health budgets (including the risk share impact of £4.711m).

- **Note** the requirement for further consideration and agreement on options to address the overall IJB forecast overspend.

- **Note** the commitment to deliver a forecast breakeven position on the Health Board budgets, taking account of potential financial flexibility, notwithstanding the reported forecast year end position of £3.707m.

Appendix 1 – Core Revenue Resource Limit

	Baseline Recurring	Earmarked Recurring	Non-Recurring	Total	Narrative
	£'000	£'000	£'000	£'000	
Opening Allocations	636,964			636,964	
April Adjustments		3,973		3,973	
June Adjustments	1,036	524	4,758	6,318	
July Adjustments	312	2,114	-720	1,706	
August Adjustments		-28	6,426	6,398	
September Adjustments	5,832	1,814	41,014	48,660	
October Adjustments			406	406	
November Allocations		667	1,163	1,830	
December Allocations					
Primary Care Fund: GP Subcommittees for GP contract		34		34	Specific Allocation
Primary Care Fund: Dispensing Practices per GP Contract			6	6	Specific Allocation
TEC programme funding			25	25	Test of Change work
Implementation of Bliss Baby Charter			10	10	Funding to help with the implementation of the charter
Infrastructure Support			478	478	Transfer from Capital
Waiting Times Improvement Plan Tranche 1			677	677	As per submission
Total Core Revenue Allocation	**644,144**	**9,098**	**54,243**	**707,485**	

Appendix 2 – Anticipated Core Revenue Resource Limit Allocations

	£'000
Distinction Awards	360
NSD risk share	-9
Scotstar	-307
PET scan	-440
Total	**-396**

Appendix 3 –Non Core Revenue Resource Limit Allocations

	£'000
PFI Adjustment	3,099
Donated Asset Depreciation	99
Impairment	4,000
AME Provision	-715
IFRS Adjustment	4,877
Non-core Del	3,200
Depreciation from Core allocation	12,303
Total	**26,863**

Appendix 4 - Corporate Directorates

Cost Centre	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	11,369	7,854	7,907	53
Nhs Fife Chief Executive	197	149	176	27
Nhs Fife Finance Director	4,584	3,435	3,239	-196
Nhs Fife Hr Director	3,102	2,385	2,330	-55
Nhs Fife Medical Director	5,704	3,629	3,634	5
Nhs Fife Nurse Director	3,881	2,783	2,746	-37
Nhs Fife Planning Director	2,169	1,543	1,328	-215
Legal Liabilities	12,695	11,698	11,674	-24
Public Health	2,082	1,553	1,538	-15
Early Retirements & Injury Benefits	281	80	34	-46
External & Internal Audit	162	122	118	-4
Regional Funding	405	362	334	-28
Other	219	219	219	0
Depreciation	18,716	14,383	14,383	0
Total	**65,566**	**50,195**	**49,660**	**-535**

Appendix 5 – Non Fife & Other Healthcare Providers

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	91	68	51	-17
Borders	42	31	34	3
Dumfries & Galloway	23	17	36	19
Forth Valley	2,951	2,214	2,356	142
Grampian	334	250	271	21
Highland	125	94	164	70
Lanarkshire	107	80	101	21
Scottish Ambulance Service	94	70	73	3
Lothian	28,316	21,240	20,036	-1,204
Greater Glasgow	1,536	1,152	1,163	11
Tayside	38,018	28,513	28,605	92
	71,637	53,729	52,890	-839
UNPACS				
Health Boards	8,289	6,216	6,704	488
Private Sector	1,145	859	1,162	303
	9,434	7,075	7,866	791
OATS	1,267	950	604	-346
Grants	65	65	63	-2
Total	**82,403**	**61,819**	**61,423**	**-396**

Appendix 6 – Financial Flexibility and Allocations

	Balance at 31 Dec £'000	Expected to be claimed £'000	Financial Flexibility £'000	Released to 31 Dec £'000
Financial Plan				
Drugs	4,377	1,263	3,114	2,335
Complex Weight Management	50	0	50	38
Adult Healthy Weight	104	0	104	78
Trainee Growth	70	0	70	53
National Specialist Services	308	69	239	180
Band 1's	310	0	310	232
Low pay	89	0	89	67
Apprenticeship Levy	479	438	41	30
Land Registration	39	39	0	0
Major Trauma	1,318	0	1,318	988
Unitary Charge	141	40	101	75
Junior Doctor Travel	211	3	208	155
Consultant Increments	312	23	289	218
Discretionary Points	77	0	77	58
NDC	135	0	135	102
Financial Flexibility	1,135	75	1,060	795
Subtotal Financial Plan	**9,155**	**1,950**	**7,205**	**5,404**
Allocations				
Health Improvement	68	68	0	0
AME Impairments	2,523	2,523	0	0
AME Provisions	-205	-205	0	0
ADEL	510	510	0	0
Depreciation	-752	0	-752	-564
Pay Awards	40	40	0	0
Pay Consequentials	2,426	0	2,426	1,820
Distinction Awards	138	138	0	0
Neonatal Expenses Fund	44	4	40	30
A&E 4 Hours	0	0	0	0
Carry Forward underspend 2017/18	1,494	0	1,494	1,121
N&M Workforce Tool	0	0	0	0
Capital to Revenue	478	478	0	0
National Cancer Strategy	46	0	46	35
EiC	20	20	0	0
Winter Pressures	640	0	640	256
Qfit	93	44	49	37
DEC Melanoma Funding	61	61	0	0
Subtotal Allocations	**7,624**	**3,681**	**3,943**	**2,733**
Total	**16,779**	**5,631**	**11,148**	**8,137**

Appendix 7 - Efficiency Savings

Health Board Efficiency Savings	2018/19 Target	2018/19 Rec	2018/19 Non-Rec	2018/19 Total	2018/19 O/s	2019/20 Rec	2019/20 O/s
Service Redesign	7,479	292	546	838	6,641	2,177	5,302
Drugs & Prescribing	1,547	490	779	1,269	278	1,260	287
Workforce	2,976	513	1,616	2,129	847	760	2,216
Procurement	1,368	335	70	405	963	361	1,007
Infrastructure	420	260	263	523	-103	260	160
Other	368	78	333	411	-43	228	140
Workstream Total	14,158	1,968	3,607	5,575	8,583	5,046	9,112
Fin. Mngmnt./Corp. Initiatives	-2,426	0	0	0	-2,426		-2,426
Total Health Board savings	11,732	1,968	3,607	5,575	6,157	5,046	6,686

IJB Efficiency Savings	2018/19 Target	2018/19 Rec	2018/19 Non-Rec	2018/19 Total	2018/19 O/s	2019/20 Rec	2019/20 O/s
Service Redesign	0	120	0	120	-120	120	-120
Drugs & Prescribing	1,250	1,250	0	1,250	0	1,250	0
Workforce	90	154	277	431	-341	154	-64
Procurement	110	110	0	110	0	110	0
Other	8,377	470	2,282	2,752	5,625	470	7,907
Workstream Total	9,827	2,104	2,559	4,663	5,164	2,104	7,723
Fin. Mngmnt./Corp. Initiatives	-2,000	0	0	0	-2,000	0	-2,000
Sub Total	7,827	2,104	2,559	4,663	3,164	2,104	5,723
IJB Additional Benefit	0	0	93	93	-93	0	0
Total IJB savings	7,827	2,104	2,652	4,756	3,071	2,104	5,723

NHS Fife Efficiency Savings	2018/19 Target	2018/19 Rec	2018/19 Non-Rec	2018/19 Total	2018/19 O/s	2019/20 Rec	2019/20 O/s
Service Redesign	7,479	412	546	958	6,521	2,297	5,182
Drugs & Prescribing	2,797	1,740	779	2,519	278	2,510	287
Workforce	3,066	667	1,893	2,560	506	914	2,152
Procurement	1,478	445	70	515	963	471	1,007
Infrastructure	420	260	263	523	-103	260	160
Other	8,745	548	2,615	3,163	5,582	698	8,047
Workstream Total	23,985	4,072	6,166	10,238	13,747	7,150	16,835
Fin. Mngmnt./Corp. Initiatives	-4,426	0	0	0	-4,426	0	-4,426
Sub Total	19,559	4,072	6,166	10,238	9,321	7,150	12,409
IJB Additional Benefit	0	0	93	93	-93	0	0
Total NHS Fife savings	19,559	4,072	6,259	10,331	9,228	7,150	12,409

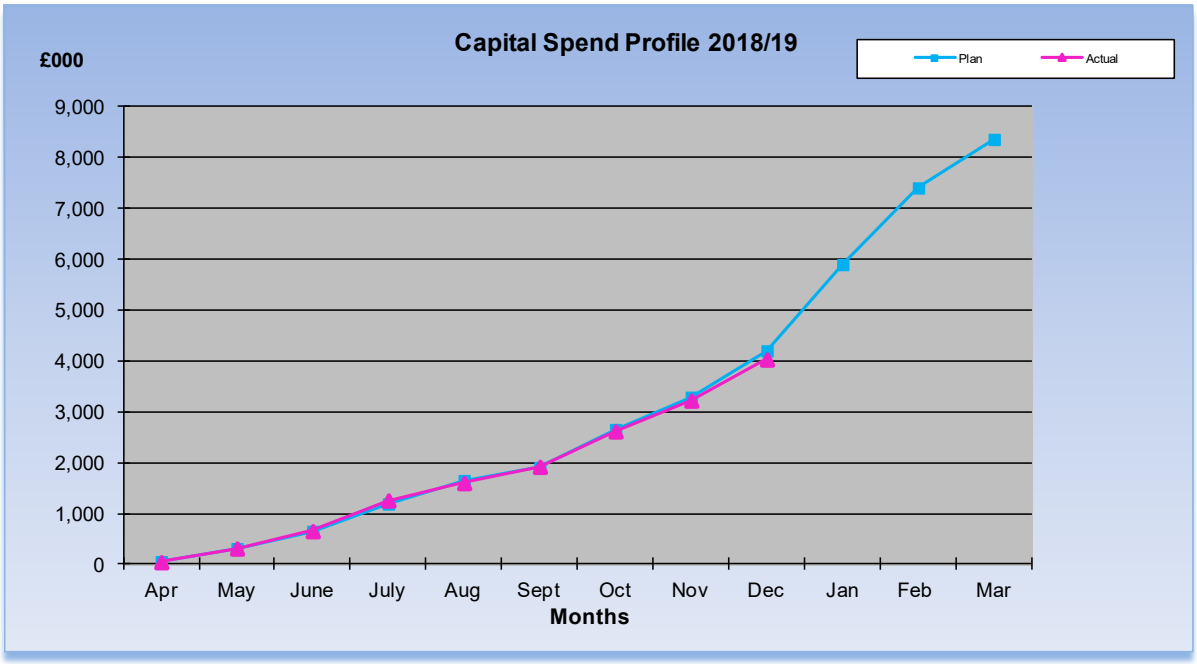
NHS Fife Efficiency Savings Target Reconciliation	
	2018/19 £,000
NHS Workstream Total	14,158
IJB Workstream Total	9,827
Gross NHS Fife Efficiency Target	**23,985**
HB Pay Consequentials	(2,426)
IJB Pay Consequentials	(2,000)
Net NHS Fife Efficiency Target	**19,559**

Finance, Performance & Risk

Performance Drill Down – Capital Expenditure

Capital Expenditure

Measure	*Health Boards are required to work within the capital resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD).*
In year position	£4.028m spend at Month 9
Forecast position	£8.355m spend



Previous 3 Months	Oct 2018	Nov 2018	Dec 2018
Capital			
Actual	£2.615m	£3.221m	£4.028m
Plan	£2.664m	£3.292m	£4.195m
Forecast Outturn position	£7.394m	£8.860m	£8.355m

Commentary
The total anticipated Capital Resource Limit for 2018/19 is £8.355m. The capital position for the 9 months to December shows investment of £4.028m, equivalent to 48.21% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

1. INTRODUCTION

1.1 This report provides an overview on the capital expenditure position as at the end of December 2018, based on the Capital Plan 2018/19, as approved by the NHS Board on 14 March 2018. For information, changes to the plan since its initial approval in March are reflected in Appendix 1. This report has changed slightly to reflect the meeting schedules of both the Board and FP&R. On 1 June 2018 NHS Fife received confirmation of initial core capital allocation amounts of £7.394m gross. On 3 December 2018 NHS Fife received an additional allocation of £1.466m for the purchase of the MRI at Victoria Hospital. On 31 December 2018 NHS Fife's Capital Allocation was adjusted for the transfer to revenue schemes this will be actioned during

the year (£478k). A further deduction of (£27k) has been made for Decontamination and is being investigated - SGHD have been contacted for further information.

2. CAPITAL RECEIPTS

2.1 The Board's capital programme is partly funded through capital receipts which, once received, will be netted off against the gross allocation highlighted in 1.1 above. Work continues on asset sales with several disposals planned:

- Lynebank Hospital Land (Plot 1) (North) – Under offer – moving of dental unit access road currently in discussion – Property will not be sold in 2018/19;
- Forth Park Maternity Hospital – Contract concluded – planning application awaited – Property will not be sold in 2018/19
- Fair Isle Clinic – Offer accepted subject to planning – Property will not be sold in 2018/19;
- Hazel Avenue – Sold 2018/19;
- ADC – Currently in process of being marketed;
- Hayfield Clinic – Sold 18/19; and
- 10 Acre Field – Land sold 2018/19

2.2 ADC is currently occupied and therefore not yet valued at open market value – it has been declared surplus and is in the process of being valued.

3. EXPENDITURE TO DATE / MAJOR SCHEME PROGRESS

3.1 Details of the expenditure position across all projects are attached as Appendix 2. Project Leads have provided an estimated spend profile against which actual expenditure is being monitored. This is based on current commitments and historic spending patterns. The overall profile will be adjusted once the Capital Equipment programme has been finalised. The expenditure to date amounts to £4.028m or 48.21% of the total allocation, in line with the plan, and as illustrated in the spend profile graph above.

3.2 The main areas of investment to date include:

Information Technology £0.618m
Minor Works £0.719m
Statutory Compliance £1.525m
Equipment £1.017m
Anti-Ligature Works £0.148m

3.3 As previously reported, detailed commentary on the individual priority areas for capital investment this year and into 2019/20 will be provided to a future Finance, Performance & Resources Committee. Further scoping work is underway in parallel, to review and define an agreed business case template for all capital proposals above a certain limit; and a further update will follow in due course.

4. CAPITAL EXPENDITURE OUTTURN

4.1 At this stage of the financial year it is currently estimated that the Board will spend the Capital Resource Limit in full, although options need to be considered to accelerate alternative minor capital works or equipment replacement, due to slippage on the boiler decentralisation project at Queen Margaret Hospital

5. RECOMMENDATION

5.1 Members are invited to approach the Director of Finance or Chief Executive for any points of clarity on the position reported and are asked to:

- **note** the capital expenditure position to 31 December 2018 of £4.028m; and
- **note** the forecast spend of the capital resource allocation of £8.355m

Appendix 1: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2018/19	Board Approved 14/03/2018 £'000	Cumulative Adj to Nov £'000	Dec Adj £'000	Dec Total £'000
Routine Expenditure				
Community & Primary Care				
Minor Capital		59		59
Capital Equipment		90	19	109
Statutory Compliance		729	20	749
Condemned Equipment		38	(2)	36
Total Community & Primary Care	**0**	**915**	**37**	**953**
Acute Services Division				
Capital Equipment		3,296	46	3,342
Minor Capital		699	1	699
Statutory Compliance		2,547	(21)	2,527
Condemned Equipment		31	22	54
Total Acute Service Division	**0**	**6,573**	**48**	**6,622**
Fife Wide				
Minor Work	498	(498)		
Information Technology	1,041			1,041
Backlog Maintenance/Statutory Compliance	3,586	(3,586)		
Condemned Equipment	90	(69)	(21)	
Scheme Development	43			43
Fife Wide Equipment	2,036	(1,920)	(65)	51
Fife Wide Contingency Balance	100	50		150
Decontamination Adjustment			(27)	(27)
Capital to Revenue Transfers			(478)	(478)
Total Fife Wide	**7,394**	**(6,023)**	**(590)**	**780**
Total NHS Fife	**7,394**	**1,466**	**(505)**	**8,355**

Appendix 2 - Capital Programme Expenditure Report

NHS FIFE - TOTAL REPORT SUMMARY 2018/19

CAPITAL PROGRAMME EXPENDITURE REPORT - DECEMBER 2018

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2018/19 £'000
COMMUNITY & PRIMARY CARE			
Statutory Compliance	749	180	749
Capital Minor Works	59	59	59
Capital Equipment	109	90	109
Condemned Equipment	36	36	36
Total Community & Primary Care	**953**	**365**	**953**
ACUTE SERVICES DIVISION			
Capital Equipment	3,342	882	3,342
Statutory Compliance	2,527	1,345	2,527
Minor Works	699	660	699
Condemned Equipment	54	9	54
Total Acute Services Division	**6,622**	**2,896**	**6,622**
NHS FIFE WIDE SCHEMES			
Information Technology	1,041	618	1,041
Equipment Balance	51	0	51
Scheme Development	43	0	43
Contingency	150	148	150
Capital to Revenue Transfer - Non Value Added Expenditure	(478)	0	(478)
Decontamination Adjustment	(27)	0	(27)
Total NHS Fife Wide	**780**	**766**	**780**
TOTAL ALLOCATION FOR 2018/19	**8,355**	**4,028**	**8,355**

Section B:3 Staff Governance

Sickness Absence HEAT Standard: We will achieve and sustain a sickness absence rate of no more than 4%, measured on a rolling 12-month basis

The sickness absence rate for the 12 months ending November was 5.51%, virtually unchanged during the last 5 months. During the first eight months of FY 2018/19, sickness absence was 5.19%.

Assessment: The NHS Fife sickness absence rate was higher in FY 2017/18 compared to FY 2016/17. However, improvements have been seen in recent months despite an increase in the monthly absence rates in August, October and November.

iMatter local target: We will achieve a year on year improvement in our Employee Engagement Index (EEI) score by completing at least 80% of team action plans resulting from the iMatter staff survey.

The 2018 iMatter survey involved 800 separate teams of staff across NHS Fife and the H&SCP. Each team was expected to produce an Action Plan, with a completion date of 12th November. By the completion date, 344 Action Plans (43%) had been completed. This has increased slightly to 376 (47%) at the end of 2018.

Assessment: The 2018 survey achieved a response rate of 53%, 9% less than the 2017 response rate, and because it is below the 60% threshold for production of a Board report, there is no published EEI score. However, the Board Yearly Components Report which details the answers provided to every question in the questionnaire by the 53% of staff who responded are in every case either improved or the same as 2017.

TURAS local target: At least 80% of staff will complete an annual review with their Line Managers via the TURAS system

During Quarter 3 of 2018/19, 34% of staff had an annual review with their Line Manager within a rolling 12-month period. This was a reduction of 15% from the previous Quarter. Performance is measured on a rolling 12-month period.

Assessment: The TURAS system is currently being reviewed to enable monthly report functionality and directorate drill-down following the migration from eKSF. This will be reflected in future Integrated Performance Reports.

Management Referrals local target: At least 95% of staff referred to the Staff Health & Wellbeing Service by their manager will receive an appointment within 10 working days

During Quarter 2 of 2018/19, 48.3% of the management referrals processed by the Staff Wellbeing & Safety Service were offered an appointment within 10 working days. This increased to 81% for Occupational Health Nurse appointments in September.

Assessment: This is below the agreed target, but represents a significant improvement from the previous quarter. This was achieved after the service cleared a backlog of work relating to expose prone procedures. The department is reviewing the 95% target in light of its continued requirement to redirect resources in response to agreed organisational priorities (e.g. 2018/19 Staff Influenza Immunisation programme) and the EPP Taskforce.

Redeployment local target: At least 50% of jobs identified as possible suitable alternatives by the redeployment group will be investigated and an initial decision over their suitability will be made within 2 weeks

During Quarter 3 of 2018/19, 67% of jobs identified were investigated (with an initial decision over suitability made), a reduction of 16% on Quarter 2. Performance in this indicator varies,

subject to number of staff of the redeployment register and their particular circumstances, although we continue to exceed the local target.

Supplementary Staffing local target: At least 80% of supplementary staffing requests (Nursing & Midwifery) will be met by the Nurse Bank.

During Quarter 3 of 2018/19, 74.9% of staffing requirements were met via the Nurse Bank, slightly reduced on the performance during Quarter 2.

Pre-Employment Checks local target: At least 80% of all pre-employment checks, as detailed within the Safer Pre & Post Employment Checks NHS Scotland Policy, will be completed within 21 working days from receipt of the preferred candidate details

During Quarter 3 of 2018/19, nearly 350 individuals within various staff groups were offered employment throughout NHS Fife, with 67% of pre-employment checks being completed within 21 working days, a 9% reduction compared to the previous quarter.

Further analysis on pre-employment checks completed within Quarter 3 indentified delays were caused by external factors including applicant's not returning paperwork timeously. On receipt of the required documentation, checks were processed in a timely manner by the service.

There was a higher proportion of instances where pre-employment checks were not completed within 21 working days during December, probably due to a reduced availability of applicants and referees during the festive period.

Performance Summary

National Standards

Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is more than 5% behind the Standard or Delivery Trajectory	↔	Performance unchanged from previous

Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2018-19 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Staff Governance	RED	Sickness Absence	Clinically Effective	5.00%	12 months to Nov 18	5.51%	12 months to Oct 18	5.51%	↔	5.19%	Only published annually: NHS Fife had the highest sickness absence rate in FY 2017-18 (Fife performance 5.76%, Scotland performance 5.39%)			

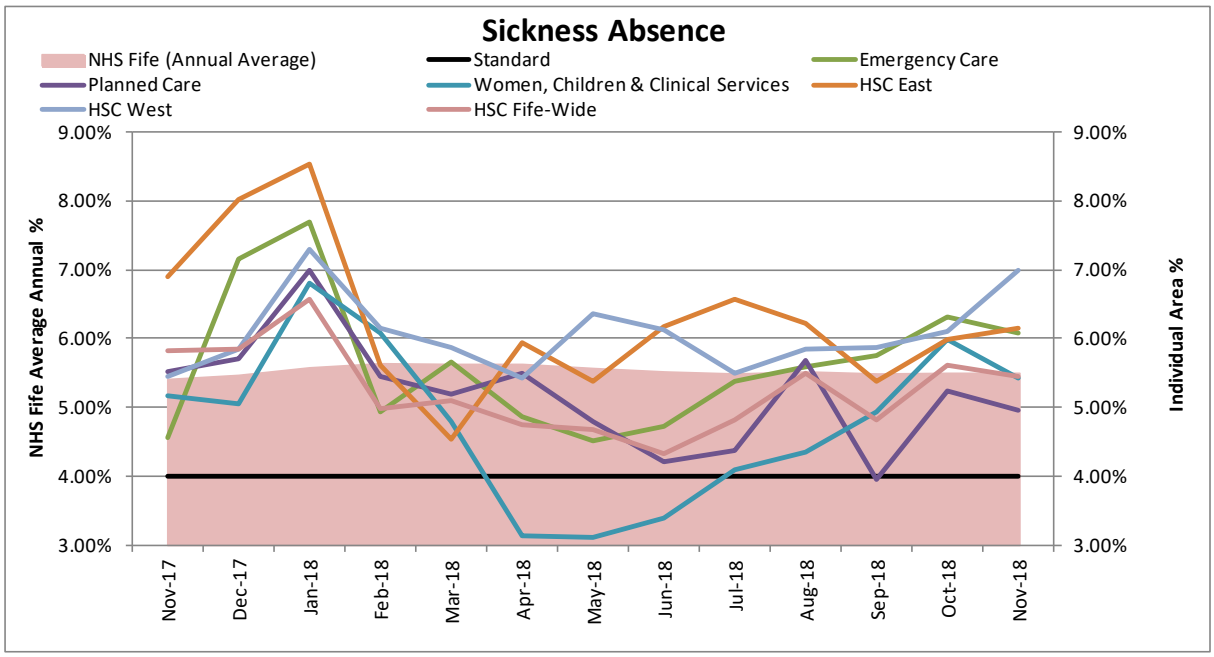
Local Targets

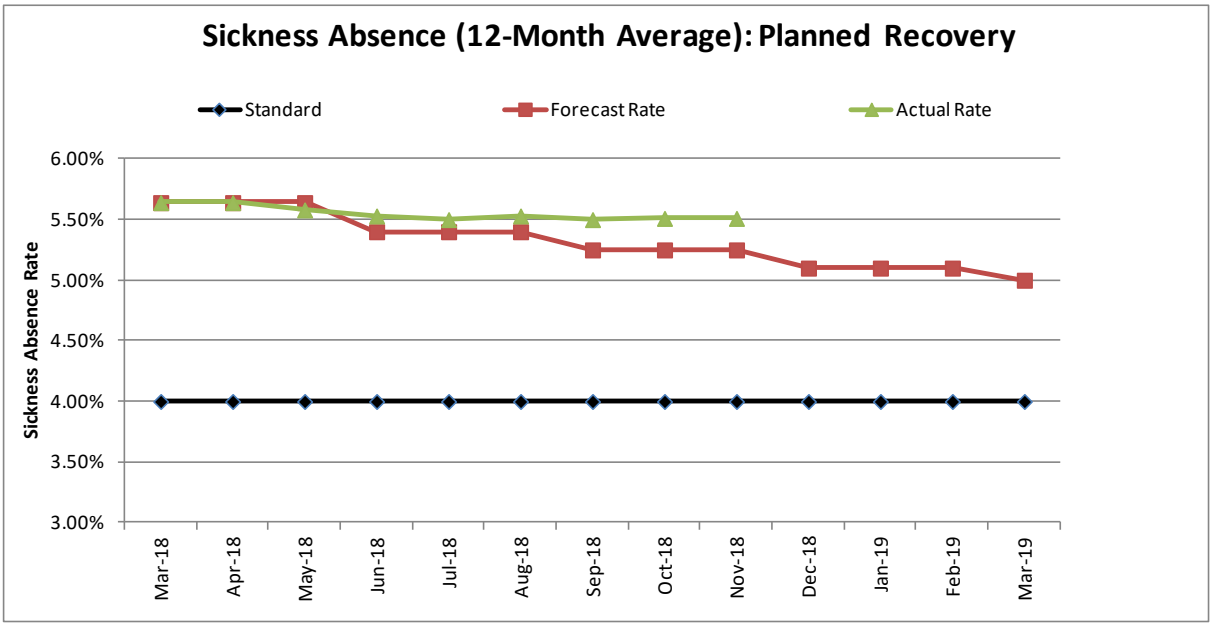
Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the local target	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the local target	↓	Performance worsened from previous
RED	Performance is more than 5% behind the local target	↔	Performance unchanged from previous

Section	RAG	Local Target	Quality Aim	Target for 2018-19	Performance Data				
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel
Staff Governance	GREEN	Redeployment	Clinically Effective	50.0%	Oct to Dec 2018	67.0%	Jul to Sep 2018	83.3%	↓
	RED	Supplementary Staffing	Clinically Effective	80.0%	Oct to Dec 2018	74.9%	Jul to Sep 2018	77.5%	↓
		Pre-Employment Checks	Safe	80.0%	Oct to Dec 2018	67.0%	Jul to Sep 2018	76.1%	↓
		Management Referrals	Safe	95.0%	Jul to Sep 2018	48.3%	Apr to Jun 2018	12.7%	↑
		iMatter	Clinically Effective	80.0%	FY 2018/19	47.0%	FY 2017/18	41.0%	↑
		TURAS	Clinically Effective	80.0%	Oct to Dec 2018	34.0%	Jul to Sep 2018	49.0%	↓

Sickness Absence

Measure	**We will achieve and sustain a sickness absence rate of no more than 4% (measured on a rolling 12-month basis)**
Current Performance	5.51% for 12-month period December 2017 to November 2018
Scotland Performance	5.39% for 2017/18 (data published annually)





Previous 3 Months	12 Months to Aug 2018		12 Months to Sep 2018		12 Months to Oct 2018	
	5.53 %	↓	5.50%	↑	5.51 %	↓
Current Issues	The main reasons for sickness absence over the last twelve months were anxiety, stress and depression; other musculoskeletal problems and injury / fracture					
Context	Sickness absence was higher month-on-month in 2017/18 when compared to 2016/17. However, absence rates have been significantly lower in 5 of the 8 months to date of 2018/19 when compared to 2017/18.					

Key Actions for Improvement	Planned Benefits	Due By	Status
East Division Sickness Absence Review	Improvement in the rates of sickness absence within the East Division in 2017/18	Dec 2018	Delayed Revised to Mar 2019
Build on success of Well at Work Group, embedding commitment to being a Health Promoting Health Service *(Evidence for this would be from the annual HPHS Assessment evaluation feedback, the HWL annual review feedback, from improvements in absence rates and staff feedback from workplace surveys etc.)*	Adoption of a holistic and multi-disciplinary approach to identify solutions to manage absence and promote staff wellbeing	Mar 2019	On Track
Enhanced data analysis of sickness absence trends, aligned to other, related workforce information, combined with bespoke local reporting *(Use of Top 100 Reports, Drill Down reports provided for wards and departments, looking for increased staff and managerial engagement and improvement in absence rates. This will be supplemented via the introduction of Tableau from March 2019.)*	Enable NHS Fife to target Staff Wellbeing & Safety support, and other initiatives, to the most appropriate areas	Nov 2018	Delayed Revised to Mar 2019
Formation of a short life working group to explore challenges and opportunities relating to an ageing workforce *(the group has now met on three occasions and an Action Plan is being implemented)*	Identification of appropriate mechanisms to allow staff aged 50 and over to remain healthy at work, supporting the resilience of the workforce	Mar 2019	On Track
Refreshed Management Attendance training with focus on the use of the Attendance Management Resource pack, Return to Work interviews and mental health and wellbeing at work. An additional programme of Mental Health in the Workplace training supported by HWL Fife will also be explored.	Reduction of sickness level, with particular decreases in absence linked to Mental Health	Mar 2019	On Track

PAUL HAWKINS
Chief Executive
23rd January 2019

Prepared by:
CAROL POTTER
Director of Finance

NHS Fife

Integrated Performance Report

Produced in February 2019

Contents

Section A: Introduction

Overview

The purpose of the Integrated Performance Report (IPR) is to provide assurance on NHS Fife's performance relating to National Standards, local priorities and significant risks.

The IPR comprises 4 sections:

- Section A — Introduction
- Section B:1 — Clinical Governance
- Section B:2 — Finance, Performance & Risk
- Section B:3 — Staff Governance

The section margins are colour-coded to match those identified in the Corporate Performance Reporting, Governance Committees Responsibilities Matrix.

A summary report of the IPR is produced for the NHS Fife Board.

Performance Summary

Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is more than 5% behind the Standard or Delivery Trajectory	↔	Performance unchanged from previous

Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2018-19 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Clinical Goverance	GREEN	HAI - C Diff	Safe	0.32	12 months to Dec 2018	0.19	12 months to Nov 2018	0.20	↑	0.20	y/e Sep 2018	0.18	3rd	0.27
	RED	Complaints (Stage 1 Closure Rate in Month)	Person-centred	80.0%	Dec 2018	73.7%	Nov 2018	87.5%	↓	78.4%	National Data for 2017/18 not yet published			
		Complaints (Stage 2 Closure Rate in Month)	Person-centred	75.0%	Dec 2018	39.5%	Nov 2018	65.7%	↓	46.7%	National Data for 2017/18 not yet published			
		HAI - SABs	Safe	0.24	12 months to Dec 2018	0.44	12 months to Nov 2018	0.44	↔	0.44	y/e Sep 2018	0.41	10th	0.33
Finance, Performance and Risk	GREEN	IVF Treatment Waiting Times	Person-centred	90.0%	3 months to Dec 2018	100.0%	3 months to Nov 2018	100.0%	↔	100.0%	Treatment provided by Regional Centres so no comparison applicable			
		4-Hour Emergency Access *	Clinically Effective	95.0%	12 months to Dec 2018	95.7%	12 months to Nov 2018	95.5%	↑	96.0%	y/e Dec 2018	95.7%	3rd	90.9%
		Cancer 31-Day DTT	Clinically Effective	95.0%	Dec 2018	98.1%	Nov 2018	93.1%	↑	95.6%	q/e Sep 2018	83.2%	5th	81.4%
		Antenatal Access	Clinically Effective	80.0%	3 months to Oct 2018	91.6%	3 months to Sep 2018	91.6%	↔	90.9%	Only published annually: NHS Fife was 7th for FY 2017-18			
		Drugs & Alcohol Treatment Waiting Times	Clinically Effective	90.0%	q/e Sep 2018	98.5%	q/e Jun 2018	97.7%	↑	98.1%	q/e Sep 2018	98.5%	3rd	94.2%
	AMBER	Outpatients Waiting Times	Clinically Effective	95.0%	Dec 2018	92.2%	Nov 2018	94.2%	↓	N/A	End of September	92.5%	1st	70.5%
		Diagnostics Waiting Times	Clinically Effective	100.0%	Dec 2018	98.4%	Nov 2018	98.1%	↑	N/A	End of September	99.0%	3rd	78.1%
		Dementia Post-Diagnostic Support	Person-centred	100.0%	2017/18	84.0%	2016/17	88.1%	↓	N/A	Only published annually: NHS Fife was 6th for FY 2016/17			
	RED	Dementia Referrals	Person-centred	1,327	Apr to Sep 2018	349	Apr to Jun 2018	193	↓	349	Only published annually: NHS Fife was 3rd for FY 2016/17			
		18 Weeks RTT	Clinically Effective	90.0%	Dec 2018	80.4%	Nov 2018	78.5%	↑	79.6%	Sep-18	79.6%	7th	81.2%
		Patient TTG	Person-centred	100.0%	Dec 2018	68.6%	Nov 2018	67.8%	↑	72.1%	q/e Sep 2018	68.8%	7th	72.9%
		Cancer 62-Day RTT	Clinically Effective	95.0%	Dec 2018	89.8%	Nov 2018	86.1%	↑	85.5%	q/e Sep 2018	95.5%	6th	95.1%
		Detect Cancer Early	Clinically Effective	29.0%	2 years to Jun 18	23.8%	2 years to Mar 18	24.9%	↓	N/A	Only published annually: NHS Fife was 6th for 2-year period 2016 and 2017			
		Delayed Discharge (Delays > 2 Weeks)	Person-centred	0	27th Dec Census	37	29th Nov Census	21	↓	N/A	27th Dec Census	9.96	4th	10.42
		Smoking Cessation	Clinically Effective	490	Apr to Sep 2018	198	Apr to Aug 2018	166	↓	198	q/e Jun 2018	20.4%	8th	21.8%
		Alcohol Brief Interventions	Clinically Effective	4,187	Apr to Dec 2018	2,873	Apr to Sep 2018	1,991	↓	2,873	Only published annually: NHS Fife was 8th for FY 2017-18			
		CAMHS Waiting Times	Clinically Effective	90.0%	3 months to Dec 2018	82.6%	3 months to Nov 2018	81.8%	↑	76.5%	q/e Sep 2018	78.1%	4th	69.0%
		Psychological Therapies Waiting Times	Clinically Effective	90.0%	3 months to Dec 2018	72.0%	3 months to Nov 2018	71.1%	↑	68.3%	q/e Sep 2018	67.1%	10th	75.5%
Staff Governance	RED	Sickness Absence	Clinically Effective	5.00%	12 months to Dec 18	5.47%	12 months to Nov 18	5.51%	↑	5.27%	Only published annually: NHS Fife had the highest sickness absence rate in FY 2017-18 (Fife performance 5.76%, Scotland performance 5.39%)			

* **The 4-Hour Emergency Access performance in December alone was 92.8% (all A&E and MIU sites) and 90.7% (VHK A&E, only)**

Performance Data Sources

LDP Target / Standard / Local Target	LMI / Published	LMI Source	Period Covered by Published Data	Time Lag in Published Data
Hospital-Acquired Infection: Sabs	LMI	Infection Control	Quarter	3 months
Hospital-Acquired Infection: C Diff	LMI	Infection Control	Quarter	3 months
Complaints	LMI	DATIX (Business Objects Report)	Year	6 months
IVF Treatment Waiting Times	LMI	ISD Management Report	Quarter	2 months
18 Weeks RTT	LMI	Information Services	Quarter	2 months
4-Hour Emergency Access	LMI	Information Services	Month	1 month
Delayed Discharge	Published (ISD)	N/A	Month	1 month
Alcohol Brief Interventions	LMI	Addiction Services	Year	3 months
Drugs & Alcohol Waiting Times	Published (ISD)	N/A	Quarter	3 months
CAMHS Waiting Times	LMI	Mental Health	Quarter	2 months
Psychological Therapies Waiting Times	LMI	Information Services	Quarter	2 months
Dementia: Referrals	LMI	ISD Management Report	Quarter	9 months
Dementia: Post-Diagnosis Support	LMI	ISD Management Report	Quarter	9 months
Smoking Cessation	LMI	Smoking Cessation Database	Year	6 months
Sickness Absence	LMI	HR (SWISS)	Year	3 months
Detect Cancer Early	LMI	Cancer Services	2 Years	7 months
Antenatal Access	LMI	ISD Discovery	N/A	N/A
Cancer Waiting Times: 62-Day RTT	LMI	Cancer Services	Quarter	3 months
Cancer Waiting Times: 31-Day DTT	LMI	Cancer Services	Quarter	3 months
Patient TTG	LMI	Information Services	Quarter	2 months
Outpatient Waiting Times	LMI	Information Services	Final Month of Quarter	2 months
Diagnostics Waiting > 6 Weeks	LMI	Information Services	Final Month of Quarter	2 months

GREEN	Local Management Information (LMI) and Published data almost always agree
AMBER	LMI and Published data may have minor (insignificant) differences
RED	LMI and Published data will be different due to fluidity of Patient Tracking System

Executive Summary

At each meeting, the Standing Committees of the NHS Fife Board consider targets and Standards specific to their area of remit.

This section of the IPR provides a summary of performance Standards and targets that have not been met, the challenges faced in achieving them and potential solutions. Topics are grouped under the heading of the Committee responsible for scrutiny of performance.

CLINICAL GOVERNANCE

Hospital Acquired Infection (HAI) - *Staphylococcus aureus* Bacteraemia (SAB) target: We will achieve a maximum rate of SAB (including MRSA) of 0.24.

During December, there were 8 *Staphylococcus aureus* Bacteraemias (SAB) across Fife, 4 of which were non-hospital acquired, with 4 occurring in VHK. The number of cases in December was 5 less than in November and 2 less than in December 2017, so the annual infection rate has fallen slightly (albeit remaining significantly above the recovery trajectory proposed in the Annual Operational Plan).

During the whole of 2018, there have been 114 cases, 74 of which were non-hospital acquired bloodstream infections.

Assessment: During 2018, the Acute Services Division continued to see intermittent Peripheral Vascular Cannulae (PVC) and Central Venous Catheter (CVC) related SAB. A number of initiatives are underway via the ePVC working group to revisit compliance with PVC insertion and maintenance bundles. Skin and soft tissue infections in the community, particularly within the diabetic community, continue to be a concern. These infections are difficult to prevent without early interventions for diabetic patients with new and existing skin conditions. However, this challenge and possible solutions / interventions will be discussed at the Clinical and Care Governance Groups across the HSCP.

Dr Keith Morris presented on SAB at the NHS Fife Clinical Governance Committee. The increase in cases was discussed at the Infection Control Committee in February, and will also be tabled at the Acute Service Division and HSCP Governance Groups.

Complaints local target: At least 80% of Stage 1 complaints are completed within 5 working days of receipt; at least 75% of Stage 2 complaints are completed within 20 working days; 100% of Stage 2 complaints are acknowledged in writing within 3 working days.

The number of complaints closed (and the times to closure) both fell during the seasonal holiday period. The Stage 1 rate was below the local target for the first time in 4 months, while the Stage 2 rate fell to its lowest figure since July.

Assessment:
The internal complaints-handling process continues to be monitored across Acute and Health and Social Care Partnership

The Patient Relations Team continue to review the quality of investigation statements and draft responses, along with a daily review of open cases to ensure timescales and deadline issues are addressed in a timely manner. Escalation processes have been implemented where there is a delay in receiving statements within the required timescale.

FINANCE, PERFORMANCE & RESOURCES

Acute Services Division

4-Hour Emergency Access target: At least 95% of patients (stretch target of 98%) will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment.

During Calendar Year 2018, 95.7% of patients attending A&E or MIU sites in NHS Fife waited less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment. We have remained above the Standard since October 2017.

In December itself, 90.7% of the patients attending the VHK Emergency Department met this target, equating to 525 breaches out of 5,651 attendances. One of the breaches was over 12 hours.

Assessment: Whilst the VHK has had increased patient levels in comparison to previous years, the % of patients treated within the target time continues to be in line with the Standard, and above the national average performance. There has been an increasing number of patients waiting longer than 4 hours for admission to the hospital, directly linked to hospital pressure in terms of bad capacity and an increase in respiratory infections, as well as the number of frail people being admitted to hospital. Exit for patients who needed additional support at home or support in community hospitals was also challenging.

Cancer 62 day Referral to Treatment target: At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days.

In December, 89.8% of patients (53 out of 59) started treatment within 62 days of an urgent suspected cancer referral, the second successive modest monthly improvement. The 6 breaches were across 3 different specialties, with 4 in Lung and 1 each in Ovarian and Colorectal.

Assessment: Performance continued to be challenging in December, particularly in relation to Ovarian Cancer (surgical capacity in Gynaecology) and Lung Cancer (waits for stereotactic radiotherapy – SABR – carried out in NHS Lothian). These issues will impact on our ability to meet the Standard during the final quarter of 2018/19.

Patient Treatment Time Guarantee target: We will ensure that all eligible patients receive Inpatient or Day-case treatment within 12 weeks of such treatment being agreed.

In December, 68.8% of patients were treated within 12 weeks, virtually unchanged from the previous 4 months. The highest number of breaches (159) was in the Ophthalmology specialty, where the waiting list and the number of ongoing waits over 12 weeks is continuing to fall.

Assessment: Delivering the elective programme and recovery plan over the winter period has been difficult due to unscheduled care pressures. The focus continues to be on reducing the number of patients waiting more than 26 weeks for treatment. This is reflected in the performance in Q3. Activity has been outsourced for Urology, General Surgery, Oral Maxillofacial, Ophthalmology, Orthopaedics, Gynaecology and ENT and additional ambulatory and day case areas being staffed at VHK as part of the Site Optimisation plan to avoid cancellations due to bed capacity and enable additional weekend lists to be undertaken. Performance will continue to be a challenge in Q4 2018/19 particularly for Urology however performance in ENT and Ophthalmology will improve significantly.

Diagnostics Waiting Times target: No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests.

At the end of December, 98.4% of patients on the waiting list had waited less than 6 weeks for their test, maintaining the excellent performance seen throughout 2018. Of the 55 breaches, 50 were for a CT scan. The overall waiting list has reduced by 35% over the last year, reflecting the additional activity undertaken.

Assessment: The recovery plan for 2018/19 is being implemented and continues to maintain an improved position for Radiology.

The implementation of the recovery plan for Endoscopy, with funding secured from the Scottish Government, has delivered an improved position. It is anticipated that this will be sustained despite the increase in bowel screening referrals.

18 Weeks Referral-to-Treatment target: 90% of planned/elective patients to commence treatment within 18 weeks of referral.

During December, 80.4% of patients started treatment within 18 weeks of referral. Performance has been between 77% and 81% in each month since the summer of 2017.

Assessment: The 18 weeks performance will continue to be a challenge in Q4 of 2018/19 due to the reduction in performance in the patient treatment time guarantee alongside the slower than anticipated improvement in performance for outpatients.

Health & Social Care Partnership

Delayed Discharge target: No patient will be delayed in hospital for more than 2 weeks after being judged fit for discharge.

The overall number of patients in delay at the 27th December Census (excluding Code 9 patients – Adults with Incapacity) was 82, 22 more than at the November Census. The number of patients in delay for over 14 days (again excluding Code 9 patients) was 37, the highest figure recorded since November 2016.

Assessment: The Partnership continues to rigorously monitor patient delays through a daily and weekly focus on transfers of care, flow and resources. Improvement actions have focused on earlier supported discharge and earlier transfers from our acute setting to community models of care. Close working with acute care continues in order to ensure available community resources are focused on the part of the system where most benefit can be achieved in terms of delays and flow.

Smoking Cessation target: In 2018/19, we will deliver a minimum of 540 post 12 weeks smoking quits in the 40% most deprived areas of Fife.

Data from the National Smoking Cessation Database shows that 198 people in the 40% most deprived areas of Fife who attempted to stop smoking during the first half of the FY had successfully quit at 12 weeks. Note that the target for the year has been reduced by the Scottish Government from 540 to 490. The targets for all other Mainland Health Boards apart from Forth Valley have also been reduced.

Assessment: Distribution of No Smoking day resources across various settings is planned for February in advance of the No Smoking Day on 13th March. Service adverts will be on the internal panels of all buses before and after NSD, while digital adverts have been running in the Leven Sainsburys supermarket and Glenrothes Kingdom Centre. These adverts have been supported with pop-up stands to raise awareness of services.

Additional staff have been trained to drive the mobile unit to increase use and reach into the more deprived communities, while a new staff member is in post, allowing an extension to the working day to allow clients to access services in the early evening / after work.

Child and Adolescent Mental Health Services (CAMHS) target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services (note: performance is measured on a 3 month average basis).

In the final quarter of 2018, 82.6% of patients who started treatment did so within 18 weeks of referral, the best performance since the first quarter of 2017. However, the number of patients starting treatment in the quarter was around 10% less than in the final quarter of 2017, and the waiting list is again on an upward trend.

Assessment: Referrals to CAMHS continue to be significant. Ongoing initiatives around robust screening, positive signposting and engagement with partner agencies to increase the

capacity of universal service providers has allowed specialist CAMHS to focus their provision on children and young people with complex, serious and persistent mental health needs.

Additional Primary Mental Health Workers, which will place mental health professionals alongside GPs, are to be recruited as part of the SG Action 15 funding. This will provide early intervention, improve initial assessments and increase effectiveness of signposting thus reducing the overall burden on both GPs and the Tier 3 CAMH service. This resource will be recruited in January and operational by February/March.

Psychological Therapies Waiting Times target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies **(**note: performance is measured on a 3 month average basis).

In the final quarter of 2018, 72.0% of patients who started treatment did so within 18 weeks of referral, a slight improvement on the performance in the final quarter of 2017. However, the overall waiting list has increased by 23% during the last year, while the number of patients already waiting more than 18 weeks has increased by 37%.

Assessment: Services providing brief therapies for people with less complex needs are meeting the RTT 100%; overall performance reflects the longer waits experienced by people with complex needs who require longer term treatment. We continue to address the needs of this population through service redesign with support from the ISD/HIS Mental Health Access Improvement Support Team.

The establishment of Community Mental Health Teams across Fife is progressing well and can be expected to contribute to the reduction of waiting times for the most complex patients once a multi-disciplinary team case management approach is fully operational. In November, the 'AT Fife' website was launched by the Psychology Service to facilitate self-referrals to low intensity therapy groups. This initiative will increase access to PTs and reduce waiting times for people with mild-moderate difficulties. We anticipate that this new pathway will also free up capacity in specialist services to offer PTs to people with more complex needs.

Financial Performance

Financial Position

The in-year revenue position for the 10 months to 31 January reflects an overspend of £2.914m. This comprises an underspend of £2.828m on Health Board retained budgets; and a net overspend of £5.742m aligned to the Integration Joint Board, including delegated health budgets (£0.577m) and the estimated impact of the risk share arrangement (£5.165m).

The reported year end forecast at month 10 is an overspend of £3.109m. This includes a forecast underspend on the Health Board retained budgets of £3.665m; and a net forecast overspend of £6.774m aligned to the Integration Joint Board (comprising a forecast overspend of £0.576m on delegated health budgets and an estimated risk share impact of £6.198m).

As reported last month, there remain two key areas of concern in both the reported in-year and forecast outturn positions. These encompass:

- the certainty of the Acute Services Division forecast overspend position, with a particular focus on waiting times funding and underpinning assumptions on committed expenditure;

and

- the IJB forecast overspend position with particular reference to the social care overspend and the extent to which this impacts on the NHS Fife position, through the IJB risk share arrangement.

ASD forecast outturn position:

The Acute Services Division's forecast overspend is £9.514m of which £3.861m overspend relates to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but remain managed by the NHS Board.

The Division's current year budget includes waiting times funding of £5.3m and £0.350m cancer funding. The assumption made last month has been held firm that, aside from £0.6m slippage, this funding will be committed in full by the end of this financial year. Clearly any slippage will impact on the forecast outturn position and performance measures.

IJB forecast overspend position:

The health component of the IJB continues to improve (forecast net overspend of £0.576m). Given the scale of the forecast overspend, it would be unreasonable for the IJB to transfer any unspent allocations into a reserve at year end, leaving NHS Fife and Fife Council to manage the full quantum of the IJB overspend through their respective positions at the year end. The approach set out in the reported position, therefore, has been to offset unspent allocations (currently forecast at £1.432m, being the net impact of ADP and Primary Care Improvement Fund monies) against the overspend this year, with the IJB required to find an alternative means to support these projects in the next financial year.

In contrast to the improving health position within the Health & Social Care Partnership, the social care position continues to worsen and despite efforts to identify management actions, the total IJB forecast overspend is currently £9.409m. The NHS Fife risk share contribution calculation on a forecast overspend of £9.409m remains significantly high at £6.774m; the impact of the risk sharing arrangement is such that the IJB would deliver a balanced position but with NHS Fife potentially reporting an overall overspend of £3.109m.

The IJB reported position excludes the Acute 'set aside' forecast overspend of £3.861m which is retained within the overall Health Board position. This overspend has not been included within the calculation of the overall risk share arrangement between the respective partners at year end.

Due to the complexities of the current Integration Scheme arrangements and the fluidity of a number of variables across the health system, it is difficult to be entirely definitive on the year end forecast at this time and the position may move (positively or negatively) over the remaining two months of the year. This also recognises information received mid January in relation to potential additional income from Scottish Government, through the Pharmaceutical Pricing Regulation Scheme and indications of a reduced premium for the Clinical Negligence and Other Risks Scheme (CNORIS), quantification of which remains outstanding.

Notwithstanding the concerns outlined above, as previously reported we continue to quantify a range of scenarios for the year end forecast outturn. The current 'best case' scenario, taking account of a number of potential improvements, is an overspend of £0.362m, prior to the PPRS and CNORIS movements which are not yet quantified. To this end, Board members can take a degree of assurance that a breakeven position may be achievable.

Members should note that this position will be reported to Scottish Government Health & Social Care Directorates as part of the routine monthly financial performance returns. No formal request for additional resources is being sought at this point in time however, the impact of the risk share arrangement continues to be highlighted as a specific risk to the delivery of breakeven and a meeting with SGHSCD colleagues is scheduled for the end of February to discuss the current issues in the Health & Social Care Partnership.

Capital Programme

The total anticipated Capital Resource Limit for 2018/19 is £8.400m. The capital position for the 10 months to January shows investment of £4.339m, equivalent to 51.65% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

STAFF GOVERNANCE

Sickness Absence HEAT Standard: We will achieve and sustain a sickness absence rate of no more than 4%, measured on a rolling 12-month basis

The sickness absence rate in the whole of 2018 was 5.47. During the first nine months of FY 2018/19, sickness absence was 5.27%, a decrease of 0.22% when compared with the equivalent period of FY 2017/18.

Assessment: The NHS Fife sickness absence rate was higher in FY 2017/18 compared to FY 2016/17. However, improvements have been seen in recent months despite an increase in the monthly absence rates from August to December 2018.

iMatter local target: We will achieve a year on year improvement in our Employee Engagement Index (EEI) score by completing at least 80% of team action plans resulting from the iMatter staff survey.

The 2018 iMatter survey involved 800 separate teams of staff across NHS Fife and the H&SCP. Each team was expected to produce an Action Plan, with a completion date of 12th November. By the completion date, 344 Action Plans (43%) had been completed. This has increased slightly to 376 (47%) at the end of January.

The next cycle of iMatter, which will enable a further assessment of performance in this area, will commence in April.

Assessment: The 2018 survey achieved a response rate of 53%, 9% less than the 2017 response rate, and because it is below the 60% threshold for production of a Board report, there is no published EEI score. However, the Board Yearly Components Report which details the answers provided to every question in the questionnaire by the 53% of staff who responded are in every case either improved or the same as 2017.

TURAS local target: At least 80% of staff will complete an annual review with their Line Managers via the TURAS system

Monthly reporting is now available for Turas, and the completion rate at the end of January has reduced to 25%.

Assessment: It is recognised that a significant number of reviews occur in the January-March period, so the current performance figure will increase as reviews undertaken in February and March are recorded. This will be addressed with the implementation of a recovery plan for the rolling year going forward. The recovery plan will be agreed at EDG, with milestones for improvement to return to the 80% compliance agreed by directors.

Performance Assessment Methodology

The Scottish Government requires Health Boards to attain a defined level of performance against a number of measures (known as Standards). NHS Fife also scrutinises its performance against a number of local targets.

Targets and Standards are grouped into three categories; those where performance consistently achieves the required target (i.e. 'on track'), those where performance is consistently close to the Standard, and on occasion achieves it (i.e. 'variable') and those generally 'not met'.

1 Targets and Standards; On Track

NHS Fife continues to meet or perform ahead of the following Standards:

In-Vitro Fertilisation (IVF) target: At least 90% of eligible patients to commence IVF treatment within 12 months of referral from Secondary Care
Hospital Acquired Infection (HAI), *Clostridioides Difficile* (C-Diff) target: We will achieve a maximum rate of C- Diff infection in the over 15 year olds of 0.32
Antenatal Access target: At least 80% of pregnant women in each SIMD quintile will book for antenatal care by the 12th week of gestation
Alcohol Brief Interventions target: In 2018/19, we will deliver a minimum of 4,187 interventions, at least 80% of which will be in priority settings At the end of Q3, 2,873 interventions had been delivered, further behind the trajectory than at the end of Q2. This is again due to late returns from some of the services delivering the interventions, and we still expect to meet the annual target.
Drug and Alcohol Waiting Times target: At least 90% of clients will wait no longer than 3 weeks from referral to treatment

2 Targets and Standards; Variable Performance

NHS Fife has generally met or been close to the following Standards for a sustained period however performance varies from month-to-month. If performance drops significantly below the Standard for 3 consecutive months, a drill-down process is instigated.

Cancer Waiting Times: 31 Day Decision to Treat target: We will treat at least 95% of cancer patients within 31 days of decision to treat In December, 98.1% of patients (105 out of 107) started treatment within 31 days, the best monthly performance since May 2018. The breaches were recorded in the Ovarian and Urological specialties.
Outpatients Waiting Times target: 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment. At the end of December, 92.2% of patients waiting for their first outpatient appointment had waited no more than 12 weeks. The number of patients waiting over 12 weeks (1,032) rose significantly in comparison to November (773), but the number of patients waiting over 26 weeks (10) was the lowest seen since we started reporting on this at the beginning of the FY. The overall waiting list was also at its lowest level of the FY. The outpatient performance dipped in December due to a reduction in core and additional capacity over the festive period and consultant sickness absence in Ophthalmology and Gastroenterology. Efforts continue to manage demand and deliver additional activity to recover the position in ENT, Neurology, Surgical Paediatrics, Ophthalmology, Cardiology, Dermatology, Urology and Gastroenterology. Achieving the target will continue to be a challenge in but It is anticipated performance will improve further towards the end of Quarter 4 of 2018/19 as the recovery plan is fully implemented.
Detect Cancer Early target: At least 29% of cancer patients will be diagnosed and treated in the first stage of breast, colorectal and lung cancer

NHS Fife's performance fell during 2017, with published information showing that 25% of patients were diagnosed at Stage 1 during the 2-year period from 1st January 2016 to 31st December 2017, the 6th highest of the 11 Mainland Health Boards. In the previous 2-year period, NHS Fife recorded a performance of 29.5%, the best in Scotland. Local figures covering up to the end of June 2018 show that there has been a further fall in performance, to 23.8%. This is mainly attributable to a reduction in Breast Cancers detected at Stage 1 (from 39.8% in 2016 and 2017 to 37% for the most recent 2-year period).
Dementia Care target: Deliver expected rates of diagnosis and ensure that all people newly diagnosed will have a minimum of a year's worth of post-diagnostic support (PDS) coordinated by a link worker. Management information covering the period up to the end of 2018/19 Q2 has been made available to Health Boards, and covers Referral Rates and Completion of Post-Diagnostic Support, as well as illustrating relative waiting times. The first two measures are formal AOP Standards. During 2017/18, 704 people were referred to the Dementia PDS in NHS Fife. This is 55% of the notional target (1,289), and NHS Fife achieved the 2nd highest % of all Mainland Health Boards. In the absence of a formal target, Health Boards are looking for this % to increase year-on-year, taking into account that the notional target will increase each year to reflect the growth in the elderly population. In reality, Fife (along with most Health Boards) has seen this % reduce in 2017/18. Data for 2018/19 shows that 349 referrals had been made in the first 6 months of the year. For Post-Diagnostic Support, the situation is less clear due to the nature of the measure, which requires that no assessment is possible until after the 1-year support period is complete. For 2017/18, NHS Fife has so far recorded a performance of 84.0%, just above the Scottish average of 83.6%; both figures, can be expected to increase by the time we have the full-year figures (in March 2019). For 2016/17, Fife achieved 88.1% against a Scottish average of 83.9%. We have subjectively assigned an AMBER RAG status to both measures. It is worth recording that during 2017/18, NHS Fife had the highest % of all Mainland Health Boards of patients who waited less than 3 months for contact with a link worker following referral. The Scottish average was 63.4%, Fife achieved 96.4%.

3 Targets and Standards; Not Being Met - Drill-Down

For each of the Standards and targets not being met (or where performance is high-profile and key to the delivery of safe patient care), a more in-depth report is provided and is structured as follows:

- A summary box, describing the measure, current performance and the latest published performance and status (Scotland)
- A trend chart covering the last 12 months of local performance data
- A chart showing the Recovery Trajectory (as per the Annual Operational Plan), where appropriate
- A past performance box showing the last 3 data points (previous to the 'current' position)
- An improvements/benefits box, outlining key actions being taken, expected benefits and current status.

Drill downs are located in the Clinical Governance, Finance, Performance & Resources and Staff Governance sections.

Section B: 1 Clinical Governance

Executive Summary

Hospital Acquired Infection (HAI) - *Staphylococcus aureus* Bacteraemia (SAB) target: We will achieve a maximum rate of SAB (including MRSA) of 0.24.

During December, there were 8 *Staphylococcus aureus* Bacteraemias (SAB) across Fife, 4 of which were non-hospital acquired, with 4 occurring in VHK. The number of cases in December was 5 less than in November and 2 less than in December 2017, so the annual infection rate has fallen slightly (albeit remaining significantly above the recovery trajectory proposed in the Annual Operational Plan).

During the whole of 2018, there have been 114 cases, 74 of which were non-hospital acquired bloodstream infections.

Assessment: During 2018, the Acute Services Division continued to see intermittent Peripheral Vascular Cannulae (PVC) and Central Venous Catheter (CVC) related SAB. A number of initiatives are underway via the ePVC working group to revisit compliance with PVC insertion and maintenance bundles. Skin and soft tissue infections in the community, particularly within the diabetic community, continue to be a concern. These infections are difficult to prevent without early interventions for diabetic patients with new and existing skin conditions. However, this challenge and possible solutions / interventions will be discussed at the Clinical and Care Governance Groups across the HSCP.

Dr Keith Morris presented on SAB at the NHS Fife Clinical Governance Committee. The increase in cases was discussed at the Infection Control Committee in February, and will also be tabled at the Acute Service Division and HSCP Governance Groups.

Complaints local target: At least 80% of Stage 1 complaints are completed within 5 working days of receipt; at least 75% of Stage 2 complaints are completed within 20 working days; 100% of Stage 2 complaints are acknowledged in writing within 3 working days.

The number of complaints closed (and the times to closure) both fell during the seasonal holiday period. The Stage 1 rate was below the local target for the first time in 4 months, while the Stage 2 rate fell to its lowest figure since July.

Assessment:
The internal complaints-handling process continues to be monitored across Acute and Health and Social Care Partnership

The Patient Relations Team continue to review the quality of investigation statements and draft responses, along with a daily review of open cases to ensure timescales and deadline issues are addressed in a timely manner. Escalation processes have been implemented where there is a delay in receiving statements within the required timescale.

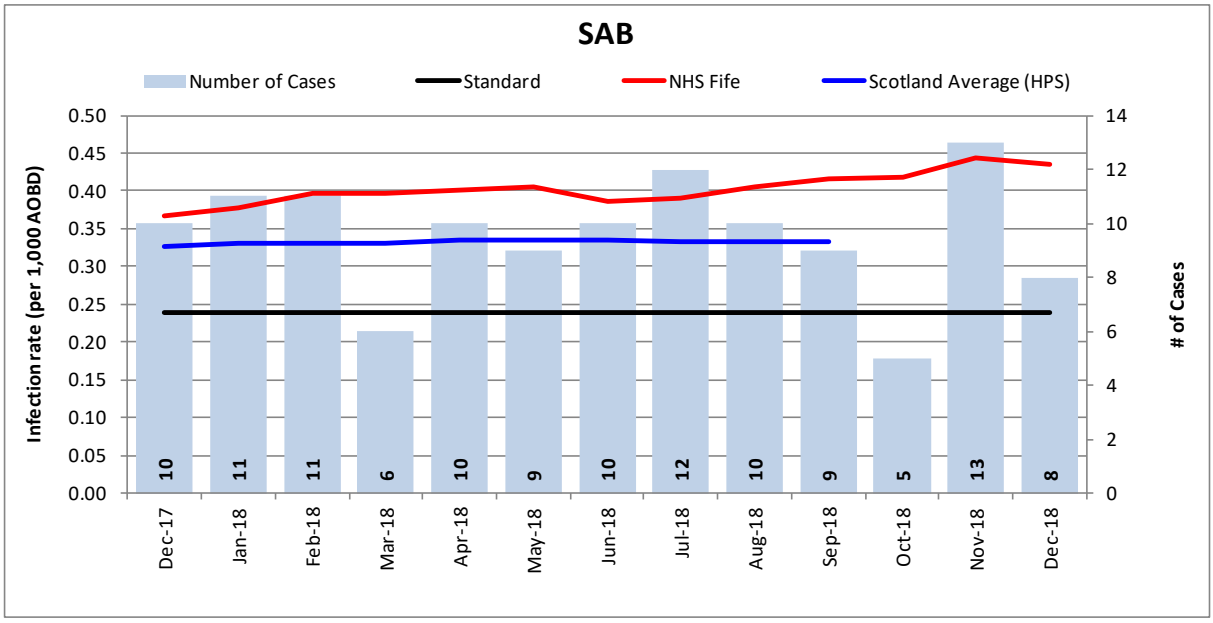
Performance Summary

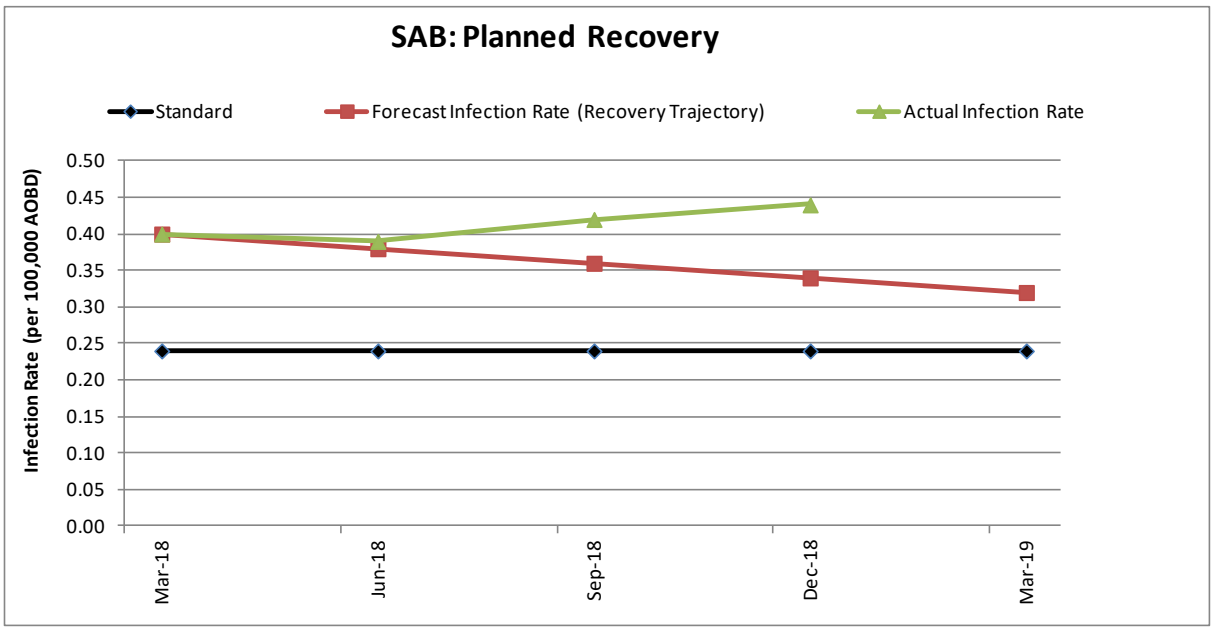
Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is more than 5% behind the Standard or Delivery Trajectory	↔	Performance unchanged from previous

Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2018-19 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Clinical Goverance	GREEN	HAI - C Diff	Safe	0.32	12 months to Dec 2018	0.19	12 months to Nov 2018	0.20	↑	0.20	y/e Sep 2018	0.18	3rd	0.27
	RED	Complaints (Stage 1 Closure Rate in Month)	Person-centred	80.0%	Dec 2018	73.7%	Nov 2018	87.5%	↓	78.4%	National Data for 2017/18 not yet published			
		Complaints (Stage 2 Closure Rate in Month)	Person-centred	75.0%	Dec 2018	39.5%	Nov 2018	65.7%	↓	46.7%	National Data for 2017/18 not yet published			
		HAI - SABs	Safe	0.24	12 months to Dec 2018	0.44	12 months to Nov 2018	0.44	↔	0.44	y/e Sep 2018	0.41	10th	0.33

SAB

Measure	**We will achieve a maximum rate of SAB (including MRSA) of 0.24**
Current Performance	0.44 cases per 1,000 acute occupied bed days during Calendar Year 2018
Scotland Performance	0.33 cases per 1,000 acute occupied bed days, for 12 months to end of September



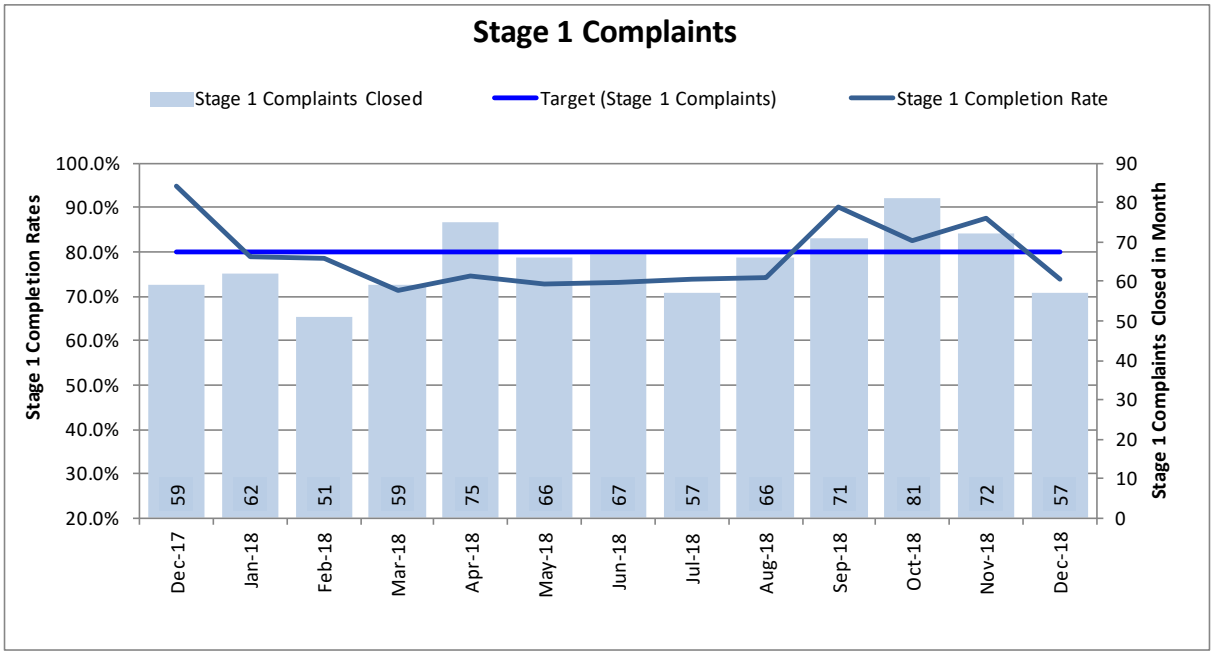


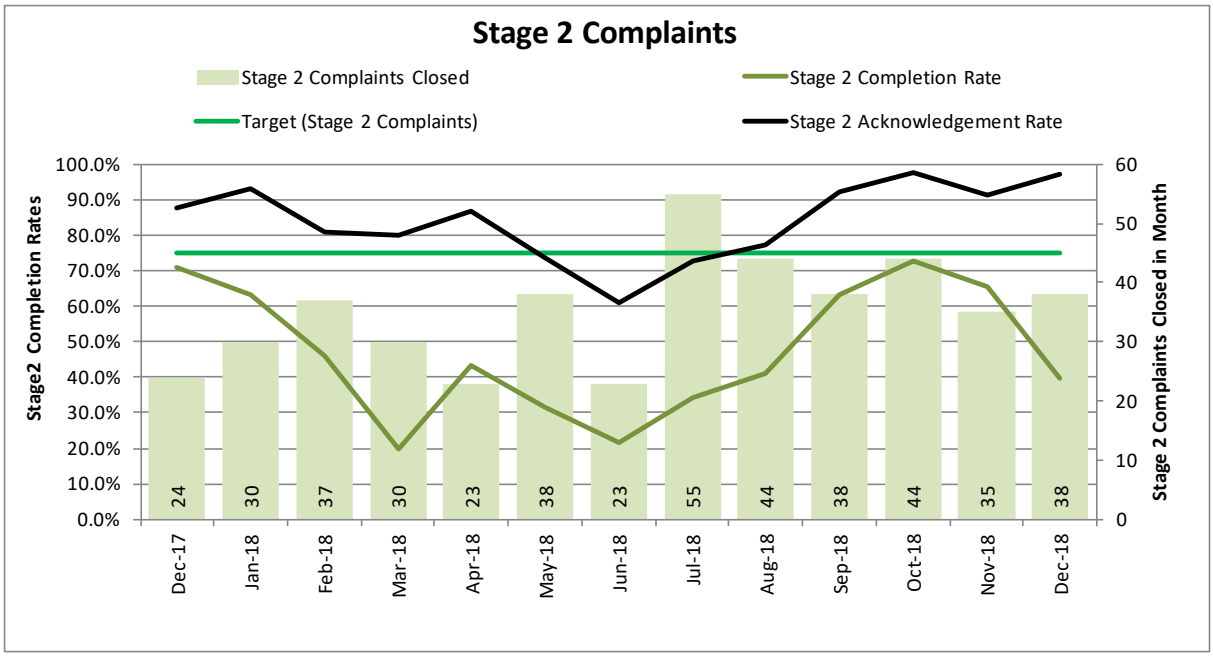
Previous 3 Reporting Periods	12 Months to Sep 2018		12 Months to Oct 2018		12 Months to Nov 2018	
	0.42	↓	0.42	↔	0.44	↓
Current Issues	Vascular Access Device (VAD) SAB					
Context	Never met Standard 2nd highest infection rate of all Mainland Boards during 12 months to end of September					

Key Actions for Improvement	Planned Benefits	Due By	Status
Collect and analyse SAB data on monthly basis to better understand the magnitude of the risks to patients in Fife	Reduction in VAD associated SAB	Mar 2019	On Track
Provide timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs	Improved education and training, guidance and governance	Mar 2019	On Track
Examine the impact of interventions targeted at reducing SABs	Reduction in VAD associated SAB	Mar 2019	On Track
Use results locally for prioritising resources	Reduction in VAD associated SAB	Mar 2019	On Track
Use the data to inform clinical practice improvements thereby improving the quality of patient care	VAD insertion and maintenance compliance Improved education and training, guidance and governance	Mar 2019	On Track
Support ePVC compliance and monitoring via Patientrack across Acute Services Division (ASD)	Emergence of common themes, which will be used in quality improvement activities by ASD	Mar 2019	On Track
Community SAB to be highlighted as standing agenda item at Clinical and Care Governance Groups	Emergence of common themes which will target areas for improvement activity	Jun 2019	On Track

Complaints

Measures (Local Targets)	**At least 80% of Stage 1 complaints are completed within 5 working days of receipt** **At least 75% of Stage 2 complaints are completed within 20 working days**
Current Performance	73.7% (42 out of 57) Stage 1 complaints closed in December were completed within 5 working days (or 10 working days if extension applicable) 39.5% (15 out of 38) Stage 2 complaints closed in December were completed within 20 working days
Scotland Performance	Stage 2 Complaints: 72.0% for 2016-17 (data published annually)





Previous 3 Months	September 2018		October 2018		November 2018	
Stage 1	90.1%	↑	82.7%	↓	87.5%	↑
Stage 2	63.2%	↑	72.7%	↑	65.7%	↓
Current Issues	Delayed statements from Delivery Units, quality of statements, increase in the number of complex complaints Delay in sign-off process within the Acute and Partnership					
Context	During 2018, 260 out of 435 Stage 2 Complaints (60%) were either Fully or Partially Upheld, while 145 (33%) were Not Upheld; for Stage 1 Complaints, 440 out of 783 (56%) were Fully or Partially Upheld while 267 (34%) were Not Upheld					

Key Actions for Improvement	Planned Benefits	Due By	Status
Review outcome of test of change (statement template) and spread to all areas	Improved quality of complaint response (by ensuring complaint points addressed), ultimately reducing risk of SPSO review	Mar 2019	On Track
Test improvement process within the Partnership	Improved performance and consistent achievement of targets	Mar 2019	On Track

Section B: 2 Finance, Performance & Risk

Executive Summary

Acute Services Division

4-Hour Emergency Access target: At least 95% of patients (stretch target of 98%) will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment.

During Calendar Year 2018, 95.7% of patients attending A&E or MIU sites in NHS Fife waited less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment. We have remained above the Standard since October 2017.

In December itself, 90.7% of the patients attending the VHK Emergency Department met this target, equating to 525 breaches out of 5,651 attendances. One of the breaches was over 12 hours.

Assessment: Whilst the VHK has had increased patient levels in comparison to previous years, the % of patients treated within the target time continues to be in line with the Standard, and above the national average performance. There has been an increasing number of patients waiting longer than 4 hours for admission to the hospital, directly linked to hospital pressure in terms of bad capacity and an increase in respiratory infections, as well as the number of frail people being admitted to hospital. Exit for patients who needed additional support at home or support in community hospitals was also challenging.

Cancer 62 day Referral to Treatment target: At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days.

In December, 89.8% of patients (53 out of 59) started treatment within 62 days of an urgent suspected cancer referral, the second successive modest monthly improvement. The 6 breaches were across 3 different specialties, with 4 in Lung and 1 each in Ovarian and Colorectal.

Assessment: Performance continued to be challenging in December, particularly in relation to Ovarian Cancer (surgical capacity in Gynaecology) and Lung Cancer (waits for stereotactic radiotherapy – SABR – carried out in NHS Lothian). These issues will impact on our ability to meet the Standard during the final quarter of 2018/19.

Patient Treatment Time Guarantee target: We will ensure that all eligible patients receive Inpatient or Day-case treatment within 12 weeks of such treatment being agreed.

In December, 68.8% of patients were treated within 12 weeks, virtually unchanged from the previous 4 months. The highest number of breaches (159) was in the Ophthalmology specialty, where the waiting list and the number of ongoing waits over 12 weeks is continuing to fall.

Assessment: Delivering the elective programme and recovery plan over the winter period has been difficult due to unscheduled care pressures. The focus continues to be on reducing the number of patients waiting more than 26 weeks for treatment. This is reflected in the performance in Q3. Activity has been outsourced for Urology, General Surgery, Oral Maxillofacial, Ophthalmology, Orthopaedics, Gynaecology and ENT and additional ambulatory and day case areas being staffed at VHK as part of the Site Optimisation plan to avoid cancellations due to bed capacity and enable additional weekend lists to be undertaken. Performance will continue to be a challenge in Q4 2018/19 particularly for Urology however performance in ENT and Ophthalmology will improve significantly.

Diagnostics Waiting Times target: No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests.

At the end of December, 98.4% of patients on the waiting list had waited less than 6 weeks for their test, maintaining the excellent performance seen throughout 2018. Of the 55 breaches, 50 were for a CT scan. The overall waiting list has reduced by 35% over the last year, reflecting the additional activity undertaken.

Assessment: The recovery plan for 2018/19 is being implemented and continues to maintain an improved position for Radiology.

The implementation of the recovery plan for Endoscopy, with funding secured from the Scottish Government, has delivered an improved position. It is anticipated that this will be sustained despite the increase in bowel screening referrals.

18 Weeks Referral-to-Treatment target: 90% of planned/elective patients to commence treatment within 18 weeks of referral.

During December, 80.4% of patients started treatment within 18 weeks of referral. Performance has been between 77% and 81% in each month since the summer of 2017.

Assessment: The 18 weeks performance will continue to be a challenge in Q4 of 2018/19 due to the reduction in performance in the patient treatment time guarantee alongside the slower than anticipated improvement in performance for outpatients.

Health & Social Care Partnership

Delayed Discharge target: No patient will be delayed in hospital for more than 2 weeks after being judged fit for discharge.

The overall number of patients in delay at the 27th December Census (excluding Code 9 patients – Adults with Incapacity) was 82, 22 more than at the November Census. The number of patients in delay for over 14 days (again excluding Code 9 patients) was 37, the highest figure recorded since November 2016.

Assessment: The Partnership continues to rigorously monitor patient delays through a daily and weekly focus on transfers of care, flow and resources. Improvement actions have focused on earlier supported discharge and earlier transfers from our acute setting to community models of care. Close working with acute care continues in order to ensure available community resources are focused on the part of the system where most benefit can be achieved in terms of delays and flow.

Smoking Cessation target: In 2018/19, we will deliver a minimum of 540 post 12 weeks smoking quits in the 40% most deprived areas of Fife.

Data from the National Smoking Cessation Database shows that 198 people in the 40% most deprived areas of Fife who attempted to stop smoking during the first half of the FY had successfully quit at 12 weeks. Note that the target for the year has been reduced by the Scottish Government from 540 to 490. The targets for all other Mainland Health Boards apart from Forth Valley have also been reduced.

Assessment: Distribution of No Smoking day resources across various settings is planned for February in advance of the No Smoking Day on 13th March. Service adverts will be on the internal panels of all buses before and after NSD, while digital adverts have been running in the Leven Sainsburys supermarket and Glenrothes Kingdom Centre. These adverts have been supported with pop-up stands to raise awareness of services.

Additional staff have been trained to drive the mobile unit to increase use and reach into the more deprived communities, while a new staff member is in post, allowing an extension to the working day to allow clients to access services in the early evening / after work.

Child and Adolescent Mental Health Services (CAMHS) target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services (note: performance is measured on a 3 month average basis).

In the final quarter of 2018, 82.6% of patients who started treatment did so within 18 weeks of referral, the best performance since the first quarter of 2017. However, the number of patients starting treatment in the quarter was around 10% less than in the final quarter of 2017, and the waiting list is again on an upward trend.

Assessment: Referrals to CAMHS continue to be significant. Ongoing initiatives around robust screening, positive signposting and engagement with partner agencies to increase the capacity of universal service providers has allowed specialist CAMHS to focus their provision on children and young people with complex, serious and persistent mental health needs.

Additional Primary Mental Health Workers, which will place mental health professionals alongside GPs, are to be recruited as part of the SG Action 15 funding. This will provide early intervention, improve initial assessments and increase effectiveness of signposting thus reducing the overall burden on both GPs and the Tier 3 CAMH service. This resource will be recruited in January and operational by February/March.

Psychological Therapies Waiting Times target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies **(**note: performance is measured on a 3 month average basis).

In the final quarter of 2018, 72.0% of patients who started treatment did so within 18 weeks of referral, a slight improvement on the performance in the final quarter of 2017. However, the overall waiting list has increased by 23% during the last year, while the number of patients already waiting more than 18 weeks has increased by 37%.

Assessment: Services providing brief therapies for people with less complex needs are meeting the RTT 100%; overall performance reflects the longer waits experienced by people with complex needs who require longer term treatment. We continue to address the needs of this population through service redesign with support from the ISD/HIS Mental Health Access Improvement Support Team.

The establishment of Community Mental Health Teams across Fife is progressing well and can be expected to contribute to the reduction of waiting times for the most complex patients once a multi-disciplinary team case management approach is fully operational. In November, the 'AT Fife' website was launched by the Psychology Service to facilitate self-referrals to low intensity therapy groups. This initiative will increase access to PTs and reduce waiting times for people with mild-moderate difficulties. We anticipate that this new pathway will also free up capacity in specialist services to offer PTs to people with more complex needs.

Financial Performance

Financial Position

The in-year revenue position for the 10 months to 31 January reflects an overspend of £2.914m. This comprises an underspend of £2.828m on Health Board retained budgets; and a net overspend of £5.742m aligned to the Integration Joint Board, including delegated health budgets (£0.577m) and the estimated impact of the risk share arrangement (£5.165m).

The reported year end forecast at month 10 is an overspend of £3.109m. This includes a forecast underspend on the Health Board retained budgets of £3.665m; and a net forecast overspend of £6.774m aligned to the Integration Joint Board (comprising a forecast overspend of £0.576m on delegated health budgets and an estimated risk share impact of £6.198m).

As reported last month, there remain two key areas of concern in both the reported in-year and forecast outturn positions. These encompass:

- the certainty of the Acute Services Division forecast overspend position, with a particular focus on waiting times funding and underpinning assumptions on committed expenditure;

and

- the IJB forecast overspend position with particular reference to the social care overspend and the extent to which this impacts on the NHS Fife position, through the IJB risk share arrangement.

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IJB forecast overspend position:

The health component of the IJB continues to improve (forecast net overspend of £0.576m). Given the scale of the forecast overspend, it would be unreasonable for the IJB to transfer any unspent allocations into a reserve at year end, leaving NHS Fife and Fife Council to manage the full quantum of the IJB overspend through their respective positions at the year end. The approach set out in the reported position, therefore, has been to offset unspent allocations (currently forecast at £1.432m, being the net impact of ADP and Primary Care Improvement Fund monies) against the overspend this year, with the IJB required to find an alternative means to support these projects in the next financial year.

In contrast to the improving health position within the Health & Social Care Partnership, the social care position continues to worsen and despite efforts to identify management actions, the total IJB forecast overspend is currently £9.409m. The NHS Fife risk share contribution calculation on a forecast overspend of £9.409m remains significantly high at £6.774m; the impact of the risk sharing arrangement is such that the IJB would deliver a balanced position but with NHS Fife potentially reporting an overall overspend of £3.109m.

The IJB reported position excludes the Acute 'set aside' forecast overspend of £3.861m which is retained within the overall Health Board position. This overspend has not been included within the calculation of the overall risk share arrangement between the respective partners at year end.

Due to the complexities of the current Integration Scheme arrangements and the fluidity of a number of variables across the health system, it is difficult to be entirely definitive on the year end forecast at this time and the position may move (positively or negatively) over the remaining two months of the year. This also recognises information received mid January in relation to potential additional income from Scottish Government, through the Pharmaceutical Pricing Regulation Scheme and indications of a reduced premium for the Clinical Negligence and Other Risks Scheme (CNORIS), quantification of which remains outstanding.

Notwithstanding the concerns outlined above, as previously reported we continue to quantify a range of scenarios for the year end forecast outturn. The current 'best case' scenario, taking account of a number of potential improvements, is an overspend of £0.362m, prior to the PPRS and CNORIS movements which are not yet quantified. To this end, Board members can take a degree of assurance that a breakeven position may be achievable.

Members should note that this position will be reported to Scottish Government Health & Social Care Directorates as part of the routine monthly financial performance returns. No formal request for additional resources is being sought at this point in time however, the impact of the risk share arrangement continues to be highlighted as a specific risk to the delivery of breakeven and a meeting with SGHSCD colleagues is scheduled for the end of February to discuss the current issues in the Health & Social Care Partnership.

Capital Programme

The total anticipated Capital Resource Limit for 2018/19 is £8.400m. The capital position for the 10 months to January shows investment of £4.339m, equivalent to 51.65% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

Performance Summary

Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is more than 5% behind the Standard or Delivery Trajectory	↔	Performance unchanged from previous

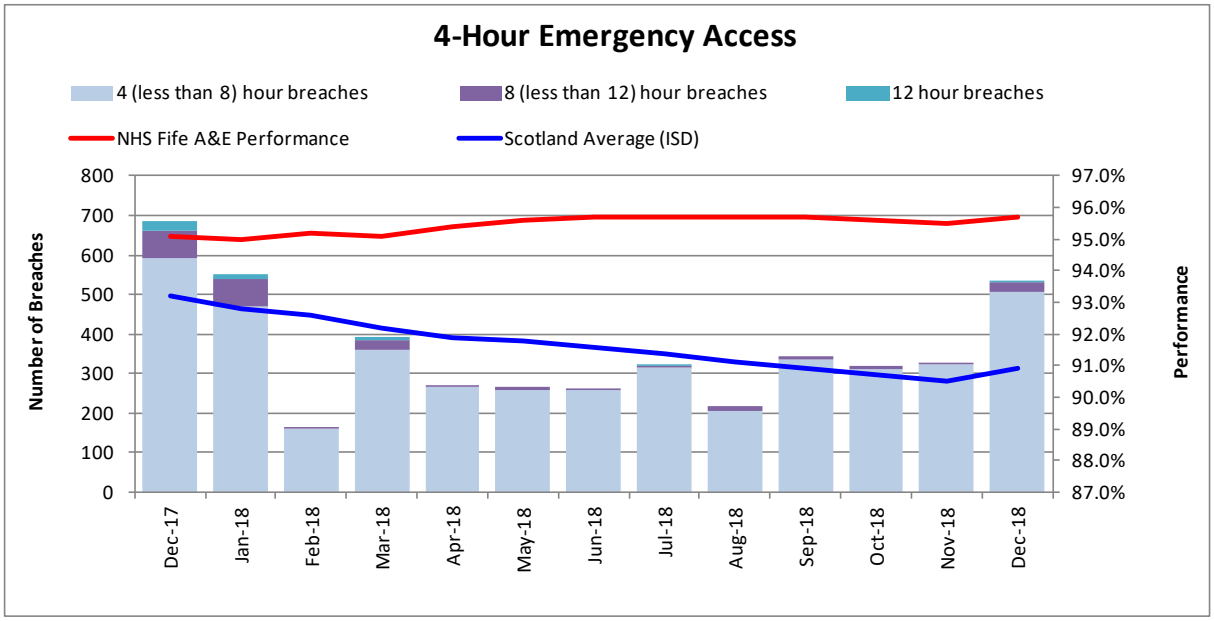
Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2018-19 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Finance, Performance and Risk	GREEN	IVF Treatment Waiting Times	Person-centred	90.0%	3 months to Dec 2018	100.0%	3 months to Nov 2018	100.0%	↔	100.0%	Treatment provided by Regional Centres so no comparison applicable			
		4-Hour Emergency Access *	Clinically Effective	95.0%	12 months to Dec 2018	95.7%	12 months to Nov 2018	95.5%	↑	96.0%	y/e Dec 2018	95.7%	3rd	90.9%
		Cancer 31-Day DTT	Clinically Effective	95.0%	Dec 2018	98.1%	Nov 2018	93.1%	↑	95.6%	q/e Sep 2018	83.2%	5th	81.4%
		Antenatal Access	Clinically Effective	80.0%	3 months to Oct 2018	91.6%	3 months to Sep 2018	91.6%	↔	90.9%	Only published annually: NHS Fife was 7th for FY 2017-18			
		Drugs & Alcohol Treatment Waiting Times	Clinically Effective	90.0%	q/e Sep 2018	98.5%	q/e Jun 2018	97.7%	↑	98.1%	q/e Sep 2018	98.5%	3rd	94.2%
	AMBER	Outpatients Waiting Times	Clinically Effective	95.0%	Dec 2018	92.2%	Nov 2018	94.2%	↓	N/A	End of September	92.5%	1st	70.5%
		Diagnostics Waiting Times	Clinically Effective	100.0%	Dec 2018	98.4%	Nov 2018	98.1%	↑	N/A	End of September	99.0%	3rd	78.1%
		Dementia Post-Diagnostic Support	Person-centred	100.0%	2017/18	84.0%	2016/17	88.1%	↓	N/A	Only published annually: NHS Fife was 6th for FY 2016/17			
	RED	Dementia Referrals	Person-centred	1,327	Apr to Sep 2018	349	Apr to Jun 2018	193	↓	349	Only published annually: NHS Fife was 3rd for FY 2016/17			
		18 Weeks RTT	Clinically Effective	90.0%	Dec 2018	80.4%	Nov 2018	78.5%	↑	79.6%	Sep-18	79.6%	7th	81.2%
		Patient TTG	Person-centred	100.0%	Dec 2018	68.6%	Nov 2018	67.8%	↑	72.1%	q/e Sep 2018	68.8%	7th	72.9%
		Cancer 62-Day RTT	Clinically Effective	95.0%	Dec 2018	89.8%	Nov 2018	86.1%	↑	85.5%	q/e Sep 2018	95.5%	6th	95.1%
		Detect Cancer Early	Clinically Effective	29.0%	2 years to Jun 18	23.8%	2 years to Mar 18	24.9%	↓	N/A	Only published annually: NHS Fife was 6th for 2-year period 2016 and 2017			
		Delayed Discharge (Delays > 2 Weeks)	Person-centred	0	27th Dec Census	37	29th Nov Census	21	↓	N/A	27th Dec Census	9.96	4th	10.42
		Smoking Cessation	Clinically Effective	490	Apr to Sep 2018	198	Apr to Aug 2018	166	↓	198	q/e Jun 2018	20.4%	8th	21.8%
		Alcohol Brief Interventions	Clinically Effective	4,187	Apr to Dec 2018	2,873	Apr to Sep 2018	1,991	↓	2,873	Only published annually: NHS Fife was 8th for FY 2017-18			
		CAMHS Waiting Times	Clinically Effective	90.0%	3 months to Dec 2018	82.6%	3 months to Nov 2018	81.8%	↑	76.5%	q/e Sep 2018	78.1%	4th	69.0%
		Psychological Therapies Waiting Times	Clinically Effective	90.0%	3 months to Dec 2018	72.0%	3 months to Nov 2018	71.1%	↑	68.3%	q/e Sep 2018	67.1%	10th	75.5%

* **The 4-Hour Emergency Access performance in December alone was 92.8% (all A&E and MIU sites) and 90.7% (VHK A&E, only)**

Performance Drill Down – Acute Services Division

4-Hour Emergency Access

Measure	**At least 95% of patients (stretch target of 98%) will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment**
Current Performance	95.7% for Calendar Year 2018
Scotland Performance	90.9% for Calendar Year 2018

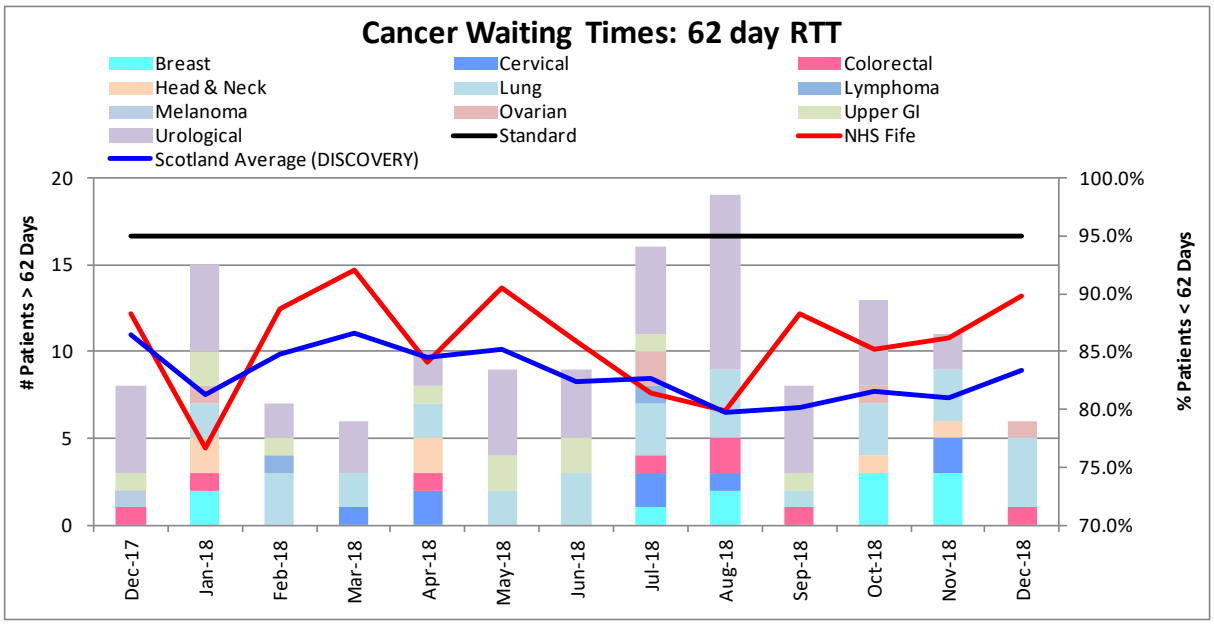


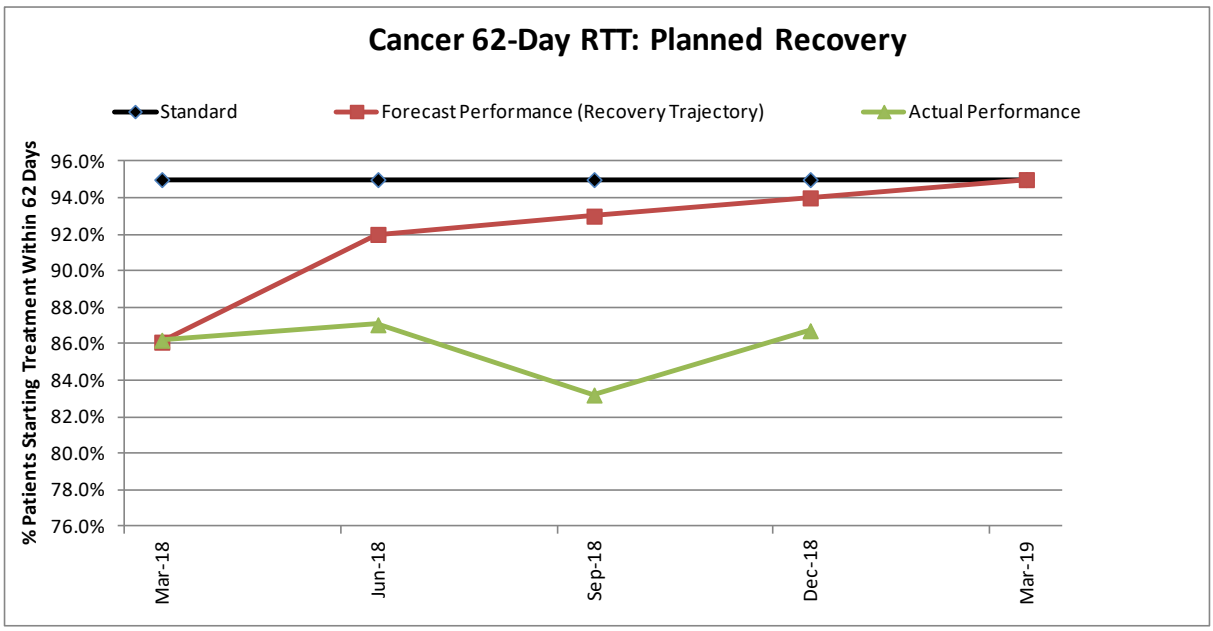
Previous 3 Reporting Periods	**12 months to Sep 2018**		**12 months to Oct 2018**		**12 months to Nov 2018**	
	95.7%	↔	**95.6%**	↓	**95.5%**	↓
Current Issues	Variability in delivery of the access target					
Context	Has been above the Standard since the start of the final quarter of 2017 Consistently above the Scottish average 3rd best Mainland Health Board performance over the whole of 2018					

Key Actions for Improvement	Planned Benefits	Due By	Status
Review of overnight admissions	Continued ability to achieve the 4-Hour Emergency Access Standard	Feb 2019	Complete
Review of Doctors Rotas in A&E plus Medical Staffing at Peak Times	Equalise Expertise across working week	Jan 2019	Complete
Review of Referrals and Assessment process	Support for GPs to ensure appropriate decisions are made for patients who are referred for hospital admission	Jun 2019	On Track
New admissions to the acute medical receiving unit	Review of assessment processes in hospital	Jun 2019	On Track

Cancer Treatment Waiting Times: 62-Day RTT

Measure	**At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days of urgent referral**
Current Performance	89.8% of patients (53 out of 59) started treatment in December within 62 days
Scotland Performance	83.4% of patients started treatment within 62 days in December



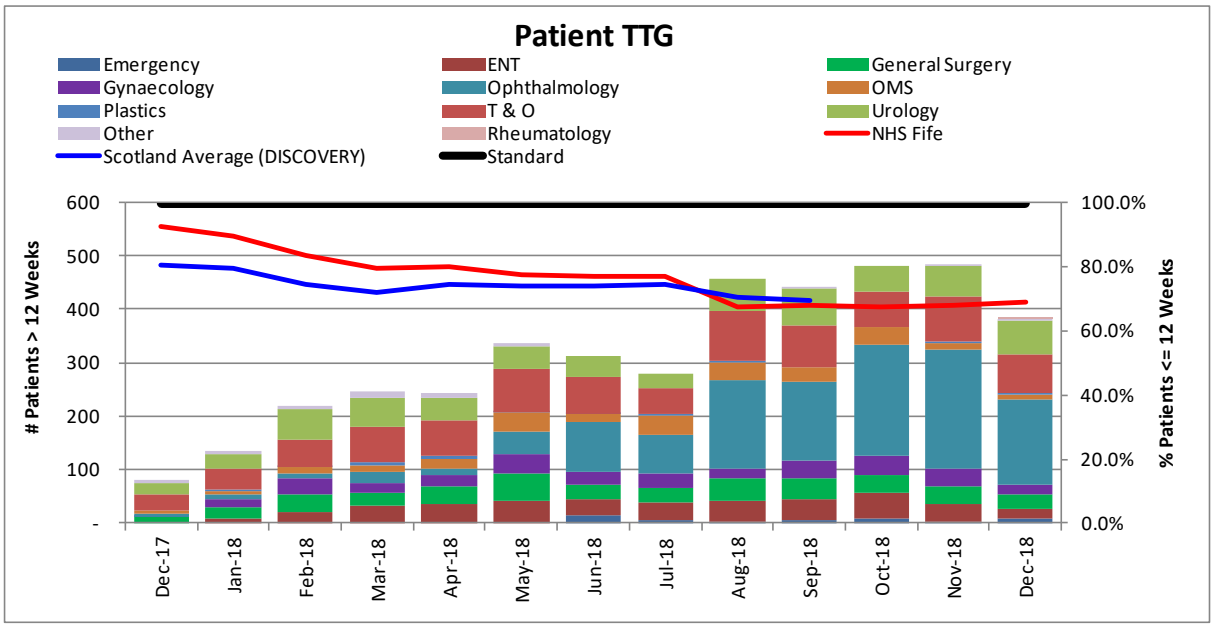


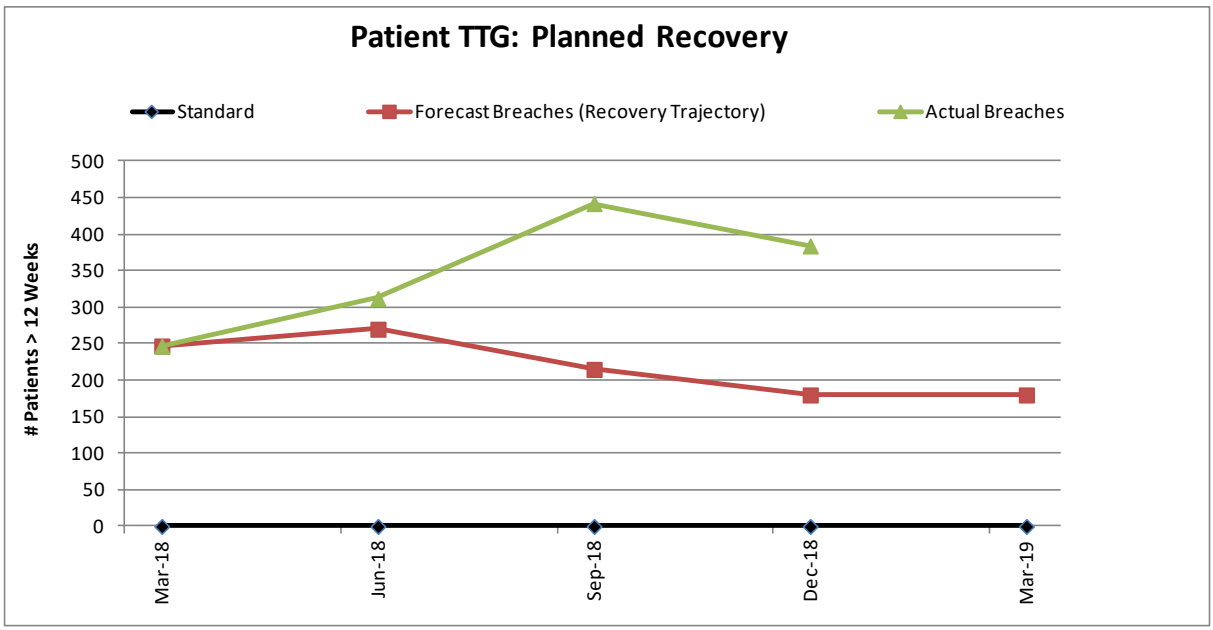
Previous 3 Months	September 2018		October 2018		November 2018	
	88.2%	↑	85.2%	↓	86.1%	↑
Current Issues	Challenges with Urology prostate pathway and processes Delay to SABR in Lung Delay to MRI fo prostate patients Delay to OPA and surgery in Gynaecology					
Context	Standard last achieved in October 2017 Above Scotland average in 9 of last 12 months					

Key Actions for Improvement	Planned Benefits	Due By	Status
Train 2nd consultant in lap nephrectomy (Urology)	To increase capacity	Mar 2019	On Track
Small tests of change to improve prostate pathway	To improve and sustain performance	Mar 2019	On Track

Patient Treatment Time Guarantee

Measure	**We will ensure that all eligible patients receive Inpatient or Day Case treatment within 12 weeks of such treatment being agreed**
Current Performance	384 patient breaches (out of 1,230 patients treated) in December (68.8% on time)
Scotland Performance	72.9% of patients treated within 12 weeks in quarter ending September



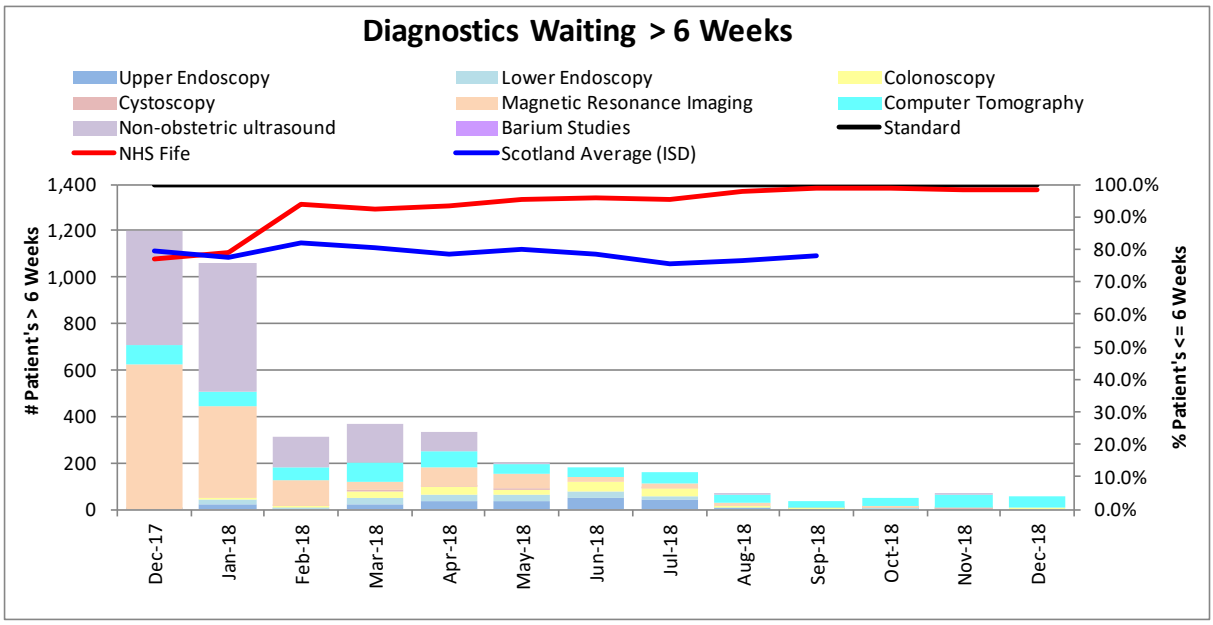


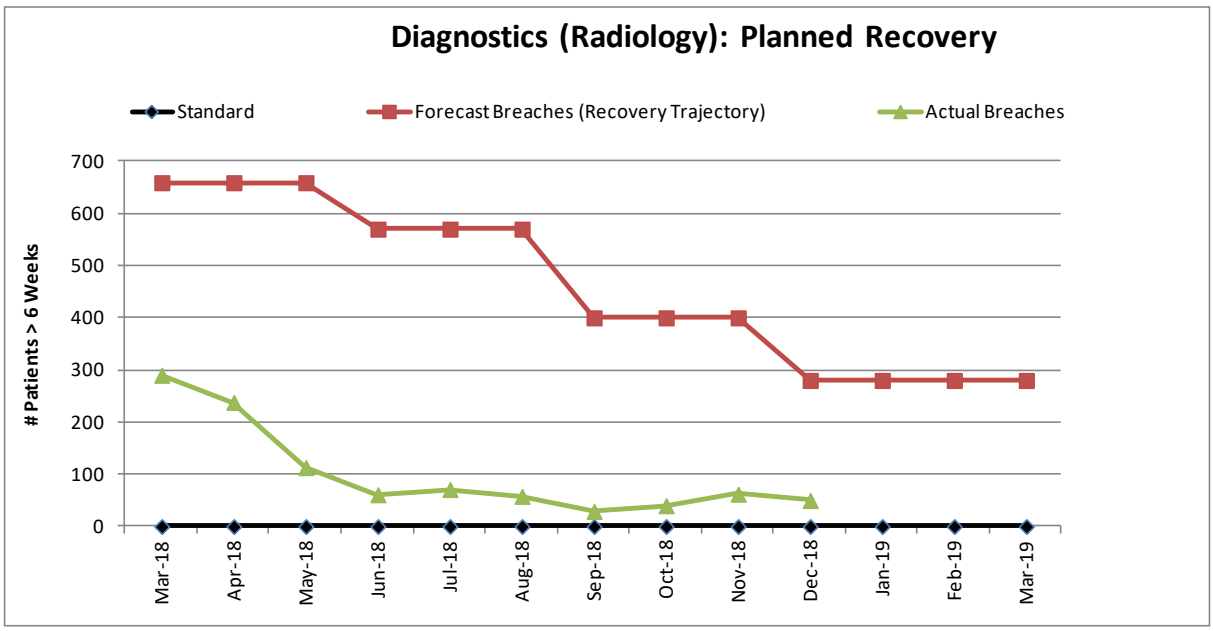
Previous 3 Months	September 2018		October 2018		November 2018	
	67.7%	↑	67.6%	↓	67.8%	↑
Current Issues	Recurring gap in elective inpatient and daycase capacity Unable to deliver the level of additional capacity in house					
Context	Fife outperformed the Scottish average until Q2 of 2018/19					

Key Actions for Improvement	Planned Benefits	Due By	Status
Secure resources and deliver core and additional IP/DC elective capacity	Elective projected performance delivered	Mar 2019	Delayed Revised date TBC
Monthly monitoring meetings with Private Sector Providers	Timely delivery of outsourced activity	Mar 2019	On Track
Develop and deliver Elective IP/DC Efficiency Programme based on output from service reviews	Elective IP/DC capacity use optimised	Mar 2019	On Track
Progress regional elective work in identified specialties	Identify opportunities for improvement in capacity and/or reduced demand	Mar 2019	On Track
Recruit to vacant consultant posts	Sustainable core capacity for elective activity	Mar 2019	On Track
Review DCAQ for 18/19 and develop new waiting times improvement plan for 19/20	Sustainable core capacity for elective activity	Mar 2019	On Track
Secure resources to deliver waiting times improvement plan for 19/20	Elective projected performance delivered	Apr 2019	On Track

Diagnostics Waiting Times

Measure	**No patient will wait more than 6 weeks to receive one of the 8 key diagnostic tests**
Current Performance	98.4% of patients waiting no more than 6 weeks at end of December
Scotland Performance	78.1% of patients waiting no more than 6 weeks at end of September



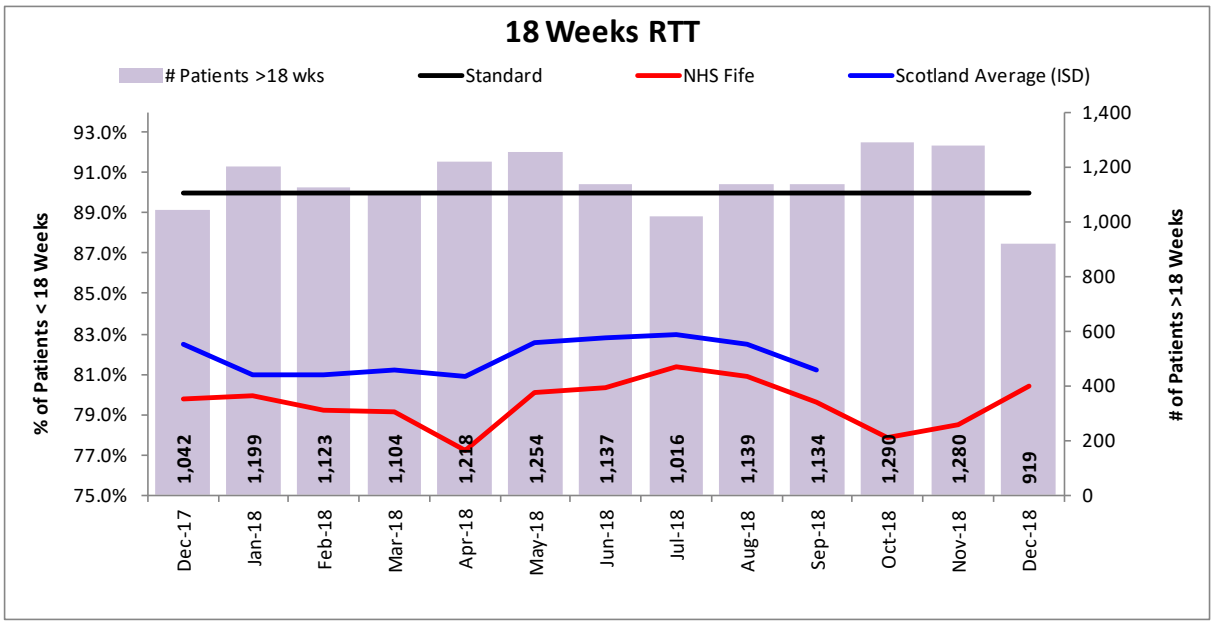


Previous 3 Months	September 2018		October 2018		November 2018	
	99.0%	↑	98.6%	↓	98.1%	↓
Current Issues	Radiology Consultant , radiographer and sonographer vacancies, increased demand for MRI, Ultrasound and specialist cardiac and colon CT Reporting capacity Variable capacity for additional Ultrasound Increase in demand from bowel screening					
Context	Standard last achieved in April 2016 3rd out of the 11 Mainland Health Boards at the end of September Additional Scottish Government funding has been used to run extra radiography clinics and reduce the number of breaches					

Key Actions for Improvement	Planned Benefits	Due By	Status
Identify further opportunities to improve reporting capacity	Sustain 5-day reporting turnaround times	Mar 2019	On Track
Identify further opportunities to improve consultant numbers with regional partners	Reduction in number of Consultant Radiology vacancies	Mar 2019	On Track
Review DCAQ for 18/19 and develop new waiting times improvement plan for 19/20	Sustainable core capacity for radiology activity	Mar 2019	On Track
Secure resources to deliver waiting times improvement plan for 19/20	Radiology diagnostic projected performance delivered	Apr 2019	On Track

18 Weeks Referral-to-Treatment

Measure	**90% of planned/elective patients to commence treatment within 18 weeks of referral**
Current Performance	80.4% of patients started treatment within 18 weeks in December
Scotland Performance	81.2% of patients started treatment within 18 weeks in September



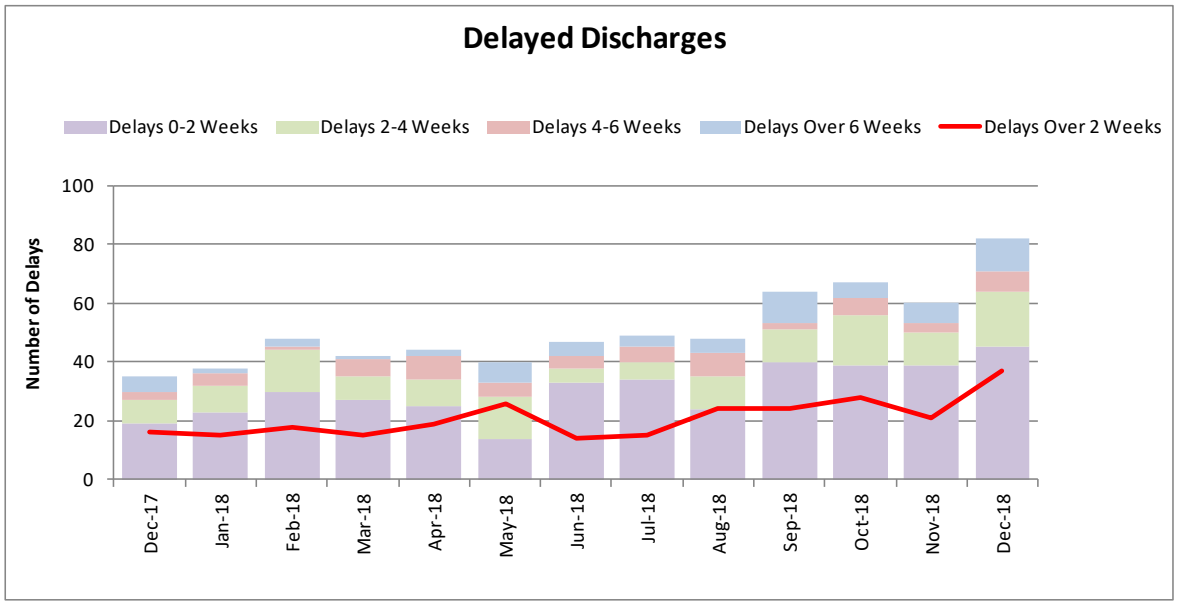
Previous 3 Months	September 2018		October 2018		November 2018	
	79.6%	↓	77.9%	↓	78.5%	↑
Current Issues	The current challenges with performance in Outpatients are impacting on non-admitted and admitted pathway performance. The challenges in TTG performance is impacting on admitted pathway performance.					
Context	Standard last achieved in September 2016 Consistently below the Scottish average 7th out of 11 Mainland Health Boards in September					

Key Actions for Improvement	Planned Benefits	Due By	Status
The Recovery Plan for 18 Weeks RTT is covered by the delivery of the Patient Treatment Time Guarantee, Diagnostics and Outpatient Waiting Times Recovery Plans; there are no new specific actions			

Performance Drill Down – Health & Social Care Partnership

Delayed Discharge

Measure	**No patient will be delayed in hospital for more than 2 weeks after being judged fit for discharge**
Current Performance	37 patients in delay for more than 14 days at December Census – this equates to 9.96 patients per 100,000 population in NHS Fife
Scotland Performance	10.42 patients per 100,000 population at December census



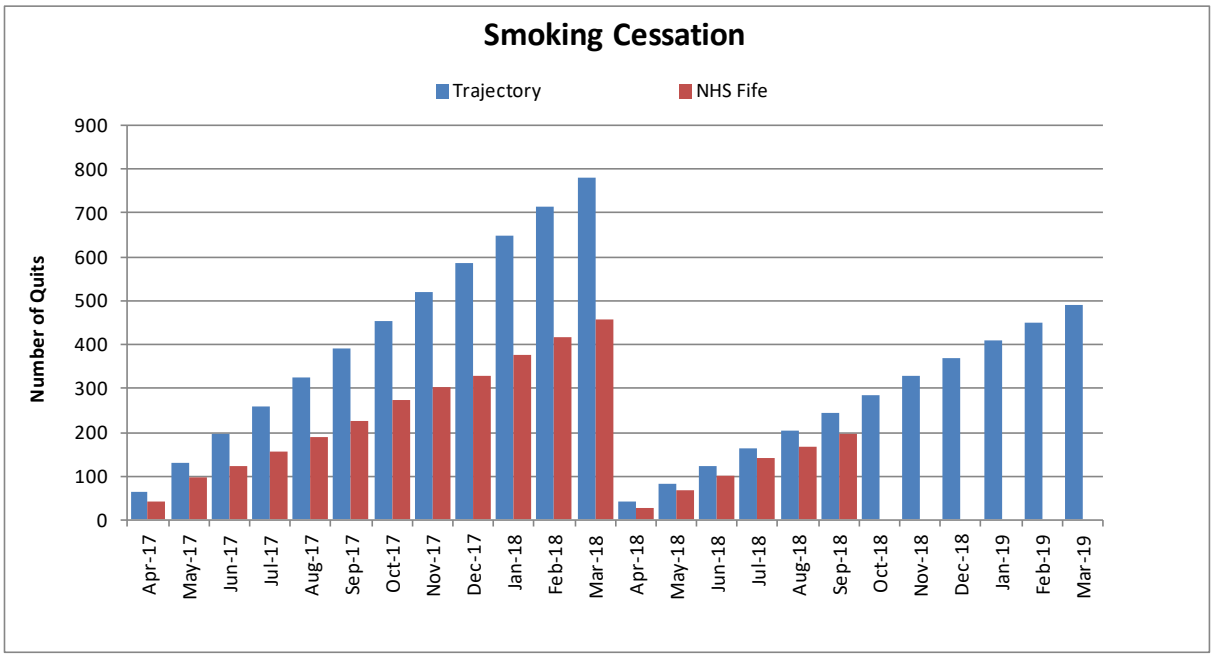
Previous 3 Months	September 2018		October 2018		November 2018	
	24	↔	28	↓	21	↑
Current Issues	Increasing number of patients in delay					
Context	Never met 14-day target 4th lowest delays over 2 weeks (per 100,000 population) of all Mainland Health Boards, at December Census					

Key Actions for Improvement	Planned Benefits	Due By	Status
Roll out directed carers support across 4 of our community hospitals	Reduced Length of stay Increased patient centred support	Mar 2019	On Track
Test a trusted assessors model within VHK for patients transferring to STAR/assessment beds	Reduced Length of Stay Smoother person centred transitions	Mar 2019	On Track
Review model of START to ensure efficiency of assessments	Reduced Length of Stay	Feb 2019	On Track
Maintain the delay position over the winter period and implement the escalation plan	Better management of occupancy and demand for community beds throughout winter	Mar 2019	On Track

Finance, Performance & Risk

Smoking Cessation

Measure	**In 2018/19, we will deliver a minimum of 490 post 12 weeks smoking quits in the 40% most deprived areas of Fife**
Current Performance	198 successful quits in first half of year (40% of target for whole year)
Scotland Performance	1,647 successful quits at end of Q1, 21.8% of target

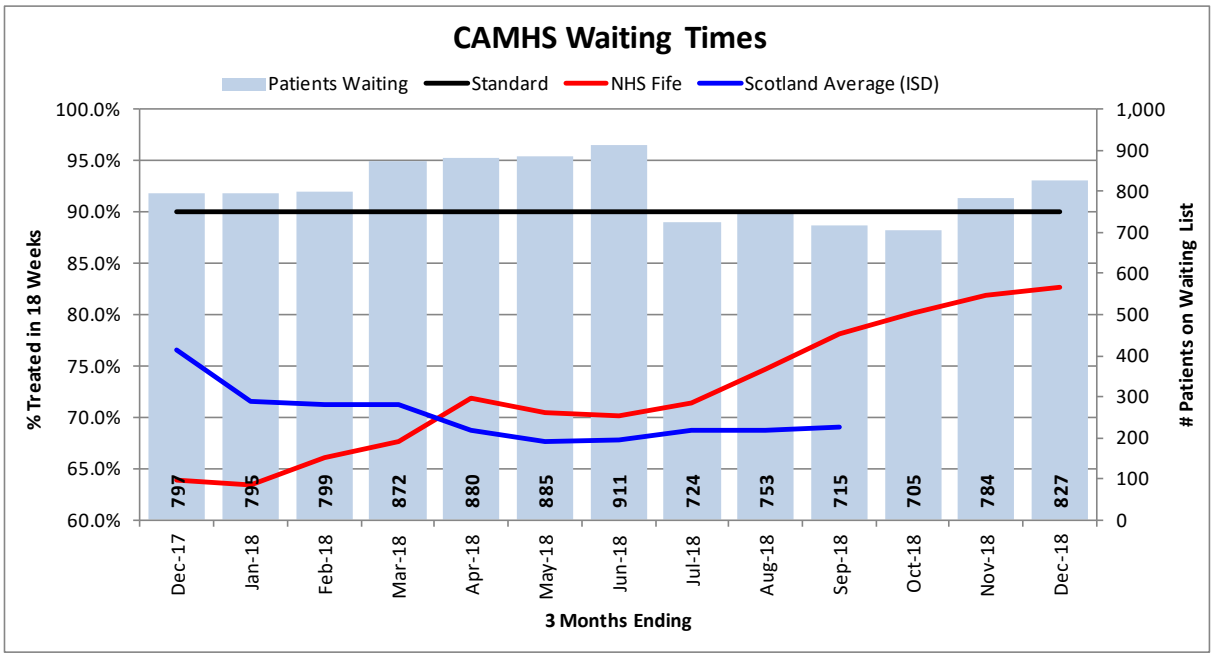


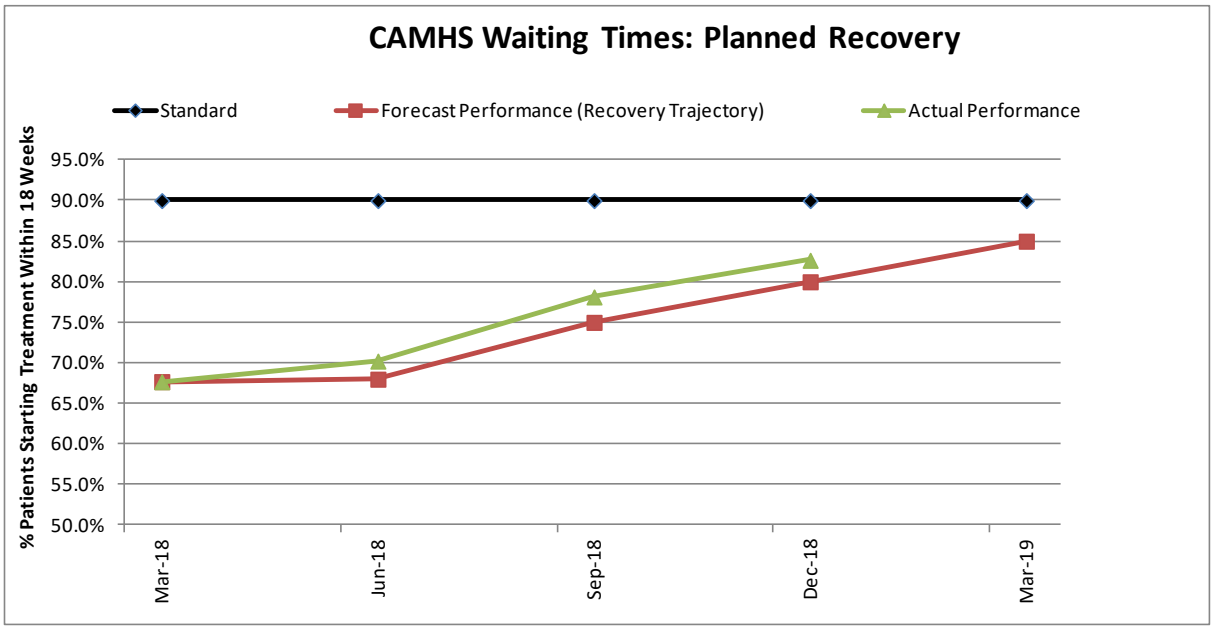
Previous 3 Months	June 2018		July 2018		August 2018	
	100	↓	142	↑	166	↓
Current Issues	Harder to reach more entrenched smokers					
Context	Lower quit target (490) has been set for 2018/19 by the Scottish Government					

Key Actions for Improvement	Planned Benefits	Due By	Status
Outreach development with Gypsy Travellers in Thornton	Increase service reach and engagement with minority group	Mar 2019	On Track
Two areas identified to test pathways and procedures for temporary abstinence model in the Acute	Ensure pathways and prescribing guidance are robust and effective	Mar 2019	On Track
Design and implementation of a prompt process for Community Pharmacies, to remind them to undertake 4-week and 12-week follow-ups	Support compliance and data completion in line with pharmacy contract requirements and reduce the levels of missing data	Mar 2019	On Track
Planning service support in a workplace who have been identified as having a large proportion of manual workers	Reach and engage with our target group and deliver evidenced based group support	Feb 2019	Complete
Establish links with new Mental Health clinic for pregnant women	Support pregnant women experiencing Mental Health issues to stop smoking	Mar 2019	On Track

CAMHS Waiting Times

Measure	**At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services**
Current Performance	82.8% of patients treated within 18 weeks in final quarter of 2018
Scotland Performance	69.0% of patients treated within 18 weeks during 2018/19 Q2



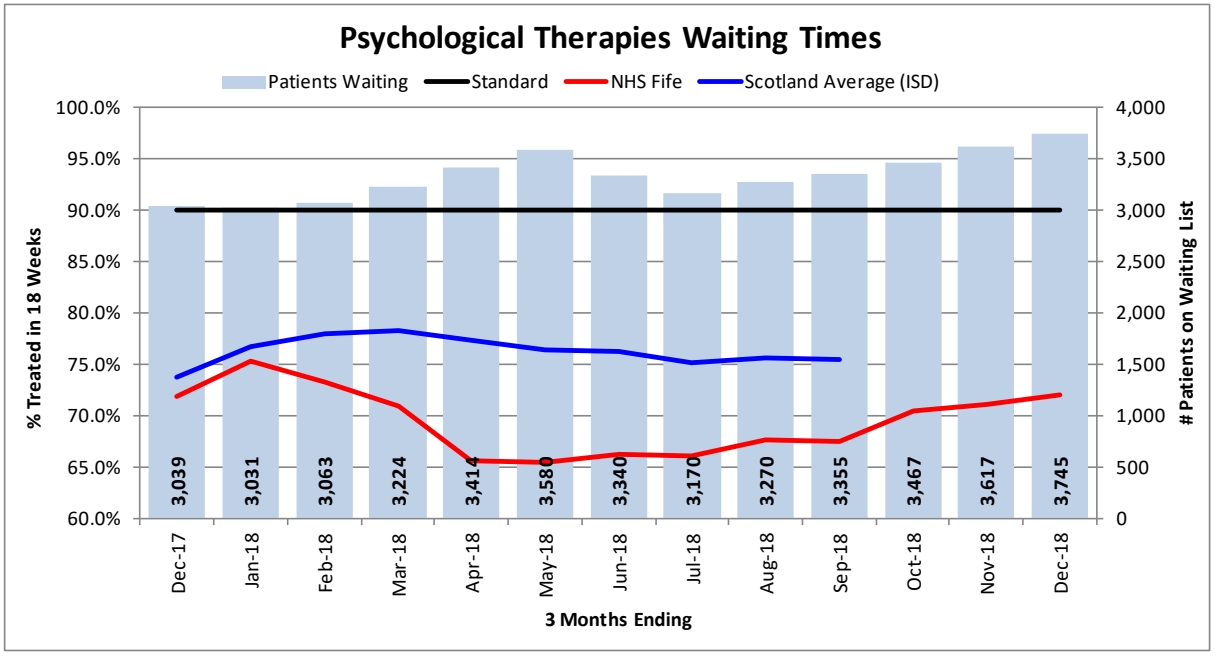


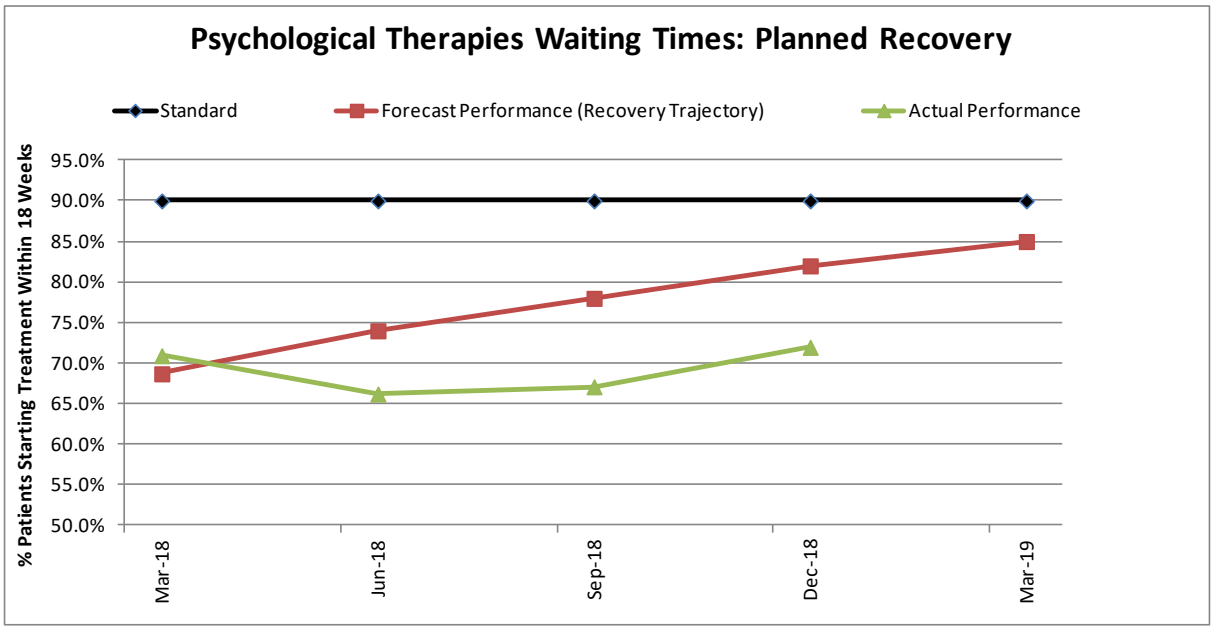
Previous 3 Reporting Periods	**3 months to Sep 2018**		**3 months to Oct 2018**		**3 months to Nov 2018**	
	78.1%	↑	**80.2%**	↑	**81.8%**	↑
Current Issues	Referral numbers continue to be significant compared to available new appointments Due to limited staffing numbers any absence has significant impact on activity levels due to the workforce consistently working at full capacity					
Context	Below Standard since May 2014, but performance is continuing to improve and is overall 18% better than at the end of 2017 4th out of the 11 Mainland Health Boards for the quarter ending September					

Key Actions for Improvement	Planned Benefits	Due By	Status
Development of PMHW First Contact Appointment	Provide early intervention, improve initial assessments and increase effectiveness of signposting thus reducing the overall burden on both GPs and the Tier 3 CAMH service	Mar 2019	On Track
Development of Tier 3 Initial Assessment Appointment	Provide assessment and formulation of need following screening, ensuring that children: • Are safe to be placed on waiting list • Are appropriate for CAMHS Or would benefit from signposting to alternative providers	Feb 2019	On Track
Development of Tier 3 Therapeutic Group Programme	Improved access to therapeutic intervention (additional provision for approximately 380 children per annum)	Mar 2019	On Track

Psychological Therapies Waiting Times

Measure	**At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies (PT)**
Current Performance	72.0% of patients treated within 18 weeks in final quarter of 2018
Scotland Performance	75.5% of patients treated within 18 weeks during 2018/19 Q2





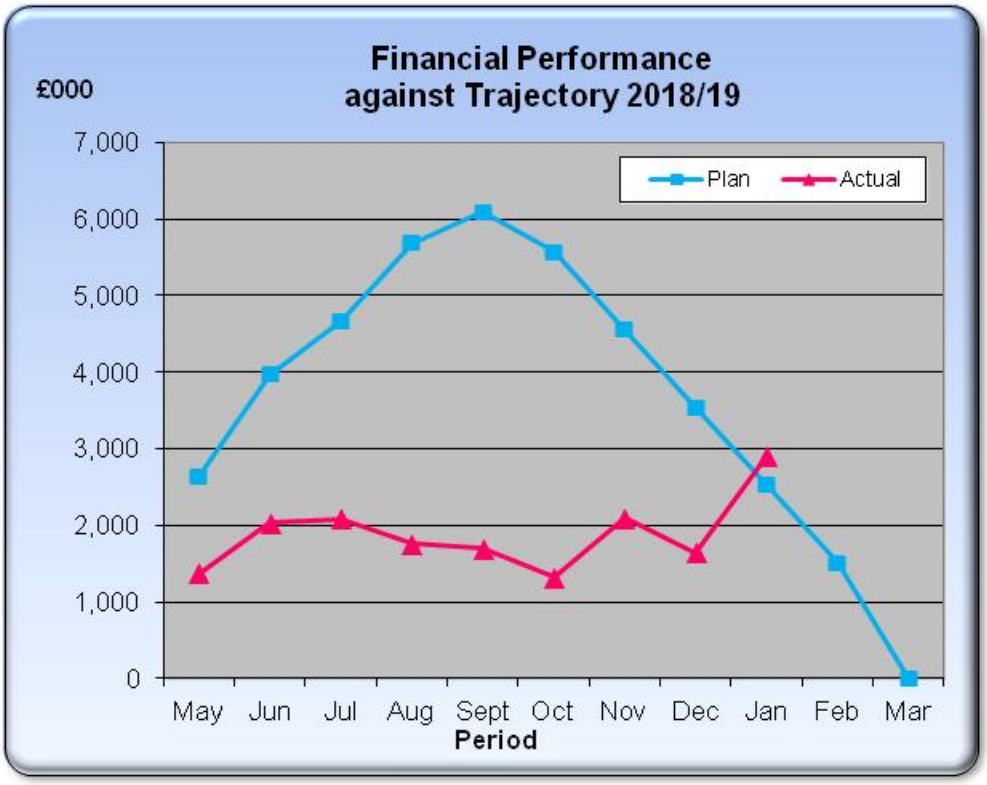
Previous 3 Reporting Periods	3 months to Sep 2018		3 months to Oct 2018		3 months to Nov 2018	
	67.5%	↓	70.4%	↑	71.1%	↑
Current Issues	Delivery of PTs across services requires further integration to enhance efficiency					
Context	Never met Standard; monthly performance normally between 65% and 75% 10th out of the 11 Mainland Health Boards for the quarter ending September					

Key Actions for Improvement	Planned Benefits	Due By	Status
Develop enhanced PT Strategy, reflecting new opportunities within H&SC integration	Increased capacity and efficiency of PT delivery within matched care model	Mar 2019	On Track
QI work for 2019 : evaluation of impact of self-referral on capacity and demand to inform further development of group/self-referral PT options	Improved quality and efficiency of PT services	Dec 2019	On Track
Development of CMHTs to provide PTs within MDT approach for people with complex needs	PTs provided in line with evidence base within holistic package of care; improved patient flow	Dec 2019	On Track
Development of Personality Disorder pathway and Unscheduled Care Service	PTs for people with urgent and complex needs provided within integrated multi-agency approach; reduce delays and improve patient safety	Dec 2019	On Track

Performance Drill Down – Financial Performance

Revenue Expenditure

Measure	*Health Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD).*
In year position	£2.914m overspend
Forecast position	£3.109m overspend



Previous 3 Months	November 2018	December 2018	January 2019
Revenue Resource Limit			
Actual (in-year position)	£2.095m	£1.645m	£2.914m
Plan (in-year position)	£4.547m	£3.352m	£2.518m
Forecast Outturn position	£4.289m o/spd	£3.707m o/spd	£3.109m o/spd

Commentary

The in-year revenue position for the 10 months to 31 January reflects an overspend of £2.914m. This comprises an underspend of £2.828m on Health Board retained budgets; and a net overspend of £5.742m aligned to the Integration Joint Board, including delegated health budgets (£0.577m) and the estimated impact of the risk share arrangement (£5.165m).

The reported year end forecast at month 10 is an overspend of £3.109m. This includes a

forecast underspend on the Health Board retained budgets of £3.665m; and a net forecast overspend of £6.774m aligned to the Integration Joint Board (comprising a forecast overspend of £0.576m on delegated health budgets and an estimated risk share impact of £6.198m).

As reported last month, there remain two key areas of concern in both the reported in-year and forecast outturn positions. These encompass:

- the certainty of the Acute Services Division forecast overspend position, with a particular focus on waiting times funding and underpinning assumptions on committed expenditure;

and

- the IJB forecast overspend position with particular reference to the social care overspend and the extent to which this impacts on the NHS Fife position, through the IJB risk share arrangement.

ASD forecast outturn position:

The Acute Services Division's forecast overspend is £9.514m of which £3.861m overspend relates to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but remain managed by the NHS Board.

The Division's current year budget includes waiting times funding of £5.3m and £0.350m cancer funding. The assumption made last month has been held firm that, aside from £0.6m slippage, this funding will be committed in full by the end of this financial year. Clearly any slippage will impact on the forecast outturn position and performance measures.

IJB forecast overspend position:

The health component of the IJB continues to improve (forecast net overspend of £0.576m). Given the scale of the forecast overspend, it would be unreasonable for the IJB to transfer any unspent allocations into a reserve at year end, leaving NHS Fife and Fife Council to manage the full quantum of the IJB overspend through their respective positions at the year end. The approach set out in the reported position, therefore, has been to offset unspent allocations (currently forecast at £1.432m, being the net impact of ADP and Primary Care Improvement Fund monies) against the overspend this year, with the IJB required to find an alternative means to support these projects in the next financial year.

In contrast to the improving health position within the Health & Social Care Partnership, the social care position continues to worsen and despite efforts to identify management actions, the total IJB forecast overspend is currently £9.409m. The NHS Fife risk share contribution calculation on a forecast overspend of £9.409m remains significantly high at £6.774m; the impact of the risk sharing arrangement is such that the IJB would deliver a balanced position but with NHS Fife potentially reporting an overall overspend of £3.109m.

The IJB reported position excludes the Acute 'set aside' forecast overspend of £3.861m which is retained within the overall Health Board position. This overspend has not been included within the calculation of the overall risk share arrangement between the respective partners at year end.

Due to the complexities of the current Integration Scheme arrangements and the fluidity of a number of variables across the health system, it is difficult to be entirely definitive on the year end forecast at this time and the position may move (positively or negatively) over the remaining two months of the year. This also recognises information received mid January in relation to potential additional income from Scottish Government, through the Pharmaceutical Pricing Regulation Scheme and indications of a reduced premium for the Clinical Negligence and Other Risks Scheme (CNORIS), quantification of which remains outstanding.

Notwithstanding the concerns outlined above, as previously reported we continue to quantify a range of scenarios for the year end forecast outturn. The current 'best case' scenario, taking account of a number of potential improvements, is an overspend of £0.362m, prior to the PPRS and CNORIS movements which are not yet quantified. To this end, Board members can take a degree of assurance that a breakeven position may be achievable.

Finance, Performance & Risk

Members should note that this position will be reported to Scottish Government Health & Social Care Directorates as part of the routine monthly financial performance returns. No formal request for additional resources is being sought at this point in time however, the impact of the risk share arrangement continues to be highlighted as a specific risk to the delivery of breakeven and a meeting with SGHSCD colleagues is scheduled for the end of February to discuss the current issues in the Health & Social Care Partnership.

1. Financial Framework

1.1 As previously reported, the Annual Operational Plan, and the Financial Plan for 2018/19 was approved by the Board on 14 March 2018.

2. Financial Allocations

Revenue Resource Limit (RRL)

2.1 On 1 February 2019 NHS Fife received confirmation of January core revenue and core capital allocation amounts. The revised core revenue resource limit (RRL) has been confirmed at £706.695m. A breakdown of the additional funding received in month is shown in Appendix 1.

Anticipated Core Revenue Resource Limit

2.2 In addition to the confirmed RRL adjustments, there are a number of anticipated core revenue resource limit allocations each month. For January, the anticipated adjustment is £0.366m as detailed in Appendix 2.

Non Core Revenue Resource Limit

2.3 NHS Fife also receives 'non core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The non core RRL funding of £26.863m is detailed in Appendix 3.

Total RRL

2.4 The total current year budget at December is therefore £733.924m.

3. Summary Position

3.1 At the end of January, NHS Fife reports an in year overspend of £2.914m against the revenue resource limit. Table 1 below provides a summary of the position across the constituent parts of the system: an underspend of £2.828m is attributable to Health Board retained budgets; and an overspend of £5.742m is attributable to the health budgets delegated to the Integration Joint Board including the net impact of the estimated risk share.

3.2 Key points to note from Table 1 are:

3.2.1 Acute Division overspend of £8.5m, driven largely as a result of non delivery of savings (£6.4m);

3.2.2 The aforementioned Acute Division overspend includes £3.8m overspend relating to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but which remain managed by the NHS Board;

3.2.3 Continuing underspends across Estates & Facilities and Corporate Directorates;

3.2.4 Non recurring financial flexibility of £9.3m to offset the shortfall in delivery of savings in year;

3.2.5 Net overspend of £0.6m on the health budgets delegated to the IJB, driven by non delivery of savings (£2.5m) offset by a net underspend of £1.9m on budgets (despite the challenges on the GP prescribing budget);

3.2.6 Estimated risk share impact of £5.2m, being the effect of a 72% share of the overall IJB overspend and resultant net transfer of social care costs from Fife Council.

Table 1: Summary Financial Position for the period ended January 2019

Memorandum	Budget			Expenditure			Variance split by	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	393,629	398,802	324,707	321,879	-2,828	-0.87%	*-9,461*	*6,633*
Integration Joint Board	332,092	335,122	279,167	284,909	5,742	2.06%	*3,200*	*2,542*
Total	**725,721**	**733,924**	**603,874**	**606,788**	**2,914**	**0.48%**	***-6,261***	***9,175***
	Budget			**Expenditure**			***Variance split by***	
	FY £'000	**CY £'000**	**YTD £'000**	**Actual £'000**	**Variance £'000**	**Variance %**	***Run Rate £'000***	***Savings £'000***
Acute Services Division	185,432	194,930	160,677	169,145	8,468	5.27%	*2,004*	*6,464*
IJB Non-delegated	8,020	7,985	6,656	6,690	34	0.51%	*-52*	*86*
Estates & Facilities	69,597	69,131	56,793	55,548	-1,245	-2.19%	*-1,245*	*0*
Board Admin & Other Services	50,779	66,275	55,331	54,624	-707	-1.28%	*-790*	*83*
Non Fife & Other Healthcare Providers	82,403	82,403	68,680	68,679	-1	0.00%	*-1*	*0*
Financial Flexibility & Allocations	21,758	14,783	8,719	-552	-9,271	-106.33%	*-9,271*	*0*
Health Board	**417,989**	**435,507**	**356,856**	**354,134**	**-2,722**	**-0.76%**	***-9,355***	***6,633***
Integration Joint Board - Core	357,959	380,637	317,748	319,428	1,680	100.18%	*-862*	*2,542*
Integration Fund & Other Allocations	12,646	2,037	1,108	0	-1,108	-100.00%	*-1,108*	*0*
Sub total Integration Joint Board Core	**370,605**	**382,674**	**318,856**	**319,428**	**572**	**0.18%**	***-1,970***	***2,542***
IJB Risk Share Arrangement	0	0	0	5,165	5,165	0.00%	*5,165*	*0*
Total Integration Joint Board	**370,605**	**382,674**	**318,856**	**324,593**	**5,737**	**1.80%**	***3,195***	***2,542***
Total Expenditure	**788,594**	**818,181**	**675,712**	**678,727**	**3,015**	**0.45%**	***-6,160***	***9,175***
IJB	-38,513	-47,552	-39,689	-39,684	5	**-0.01%**	*5*	*0*
Health Board	-24,360	-36,705	-32,149	-32,255	-106	**0.33%**	*-106*	*0*
Miscellaneous Income	**-62,873**	**-84,257**	**-71,838**	**-71,939**	**-101**	**0.14%**	***-101***	***0***
Net position including income	**725,721**	**733,924**	**603,874**	**606,788**	**2,914**	**0.48%**	***-6,261***	***9,175***

3.3 As reported each month, the earlier 'Financial Performance against Trajectory' graph shows the initial trajectory plan profiling savings delivery towards the latter half of the year; whilst the agreed gross 2018/19 efficiency savings target of £23.985m was removed from opening budgets on a recurring basis on an even spread, hence the flatter line. The removal of savings targets facilitates the further analysis each month of run rate performance as distinct from savings delivery performance. In totality the outturn position is driven by both unmet savings targets and run rate performance, offset by non recurring financial flexibility.

4. Operational Financial Performance for the year

Acute Services

4.1 The Acute Services Division reports a net overspend of £8.468m for the year to date. This reflects an overspend in operational run rate performance of £2.004m, and unmet savings of £6.464m. Within the run rate performance, pay is overspent by £2.343m. The overall position continues to be driven by a combination of unidentified savings and continued pressure from the use of agency locums, junior doctor banding supplements and incremental progression. Balancing finance and other performance targets across the Acute Services whilst seeking to identify recurring efficiency savings continues to prove challenging. Discussions are underway with the Chief Operating Officer to provide further challenge and drive for efficiencies during the remainder of this financial year and beyond.

4.2 A review of the Division's £5.3m Waiting Times funding and £0.350m Cancer monies is aiming to ensure effective planning and best use of these resources to improve patient care and performance over the remaining two months in this financial year. Current assessments and information inform a potential year end underspend of £0.606m on existing waiting times funding due to an underspend in Gynaecology private sector spend, General Surgery in house inpatient and day cases, and Plastic Surgery outpatients, inpatients and day cases. Further work is underway with service managers in an attempt to mitigate this position; and further scrutiny of potential slippage on waiting times funding is under close review.

Estates & Facilities

4.3 The Estates and Facilities budgets report an underspend of £1.245m for the 10 months to date as a result of run rate performance. Savings have been delivered in full for this financial year. The run rate net underspend is generally attributable to vacancies, energy and water and property rates, and partially offset by an overspend on property maintenance. The position in January recognises the potential increased cost associated with disposal of clinical waste in line with the implementation of a national contingency solution.

Corporate Services

4.4 Within the Board's corporate services there is an underspend of £0.707m .This comprises an underspend on run rate of £0.790m as offset by unmet savings of £0.083m. Further analysis of Corporate Directorates is detailed per Appendix 4.

Non Fife and Other Healthcare Providers

4.5 The budget for healthcare services provided outwith NHS Fife reflects a near balanced position (£1k underspend) and is based on current information received from other providers. This position is subject to further review in the final two months of the year. Further detail is attached at Appendix 5.

Financial Plan Reserves & Allocations

4.6 Financial plan expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year, and therefore form part of devolved budgets. A number of residual uplifts were subsequently held in a central budget and have been subject to robust scrutiny and review each month.

4.7 The detailed review of the financial plan reserves at Appendix 6 allows an assessment of financial flexibility both in year, and forecast for the year end outturn, to be reflected in the position. As in every financial year, this 'financial flexibility' allows mitigation of slippage in savings delivery, and is a crucial element of the Board's ability to deliver against the statutory financial target of a break even position against the revenue resource limit.

4.8 The most significant balances of financial flexibility reported at month 10 continue as reported in previous months, and include: potential slippage on medicines which meet the horizon scanning criteria; the release of major trauma commitments; the estimated benefit of pay consequential funding which has been agreed nationally; and the release of the prior year underspend. There have been no additional financial flexibility sources identified in month.

Integration Services

4.9 The health budgets delegated to the Integration Joint Board report an overspend of £0.577m for the 10 months to date. This position comprises an underspend in the run rate performance of £0.799m; release of forecast unspent allocations (financial flexibility) of £1.108m for ADP and Primary Care Improvement Fund; and unmet savings of £2.484m. The underlying drivers for the run rate underspend are vacancies in community nursing, health visiting, school nursing, community and general dental

services across Fife Wide Division. In addition, spend on Sexual Health & Rheumatology biologic drugs continue to materialise at a lower rate than expected due to some significant price reductions; and a higher than anticipated Hepatitis C drug rebate, The aforementioned underspend is partly offset by cost pressures within GP prescribing (albeit this is improving); unmet savings targets; complex care packages and bank and agency usage across East Division community hospitals.

4.10 The health component of the Partnership has continued to improve over recent months, however the social care position continues to worsen. After management actions the resulting outcome is an estimated total IJB forecast overspend of £9.409m. As detailed in Table 2 below, this total overspend would result in a transfer of costs of £6.198m from Fife Council to NHS Fife (being the difference between the overspend on the delegated health budget of £0.576m and the health risk share (72%) of the overall overspend ie £6.774m). It is important to acknowledge that this compares with a total transfer of costs of £2.289m in the opposite direction from NHS Fife to Fife Council across the two previous financial years.

Table 2 : Risk Share Calculation

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
	£'000	£'000	£'000	£'000	£'000
NHS Fife	5,114	4,278	3,547	2,795	576
Social Care	5,834	6,309	6,903	7,630	8,833
Subtotal	10,948	10,587	10,450	10,425	9,409
Less Management Actions	-2,760	-2,760	0	0	0
Total	**8,188**	**7,827**	**10,450**	**10,425**	**9,409**
72% of total	5,895	5,635	7,524	7,506	6,774
Risk share adjustment (transfer of cost from Fife Council to NHS Fife)	***784***	***1,357***	***3,977***	***4,711***	***6,198***

Income

4.11 A small over recovery in income of £0.101m is shown for the year to date.

5. Pan Fife Analysis

5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 3 below.

Table 3 : Pan Fife Analysis

	Annual Budget	Budget	Actual	Net over/ (under) spend
Pan-Fife Analysis	**£'000**	**£'000**	**£'000**	**£'000**
Pay	341,909	284,077	282,880	-1,197
GP Prescribing	72,263	60,669	62,683	2,014
Drugs	32,729	27,739	25,899	-1,840
Other Non Pay	365,587	302,669	302,745	76
IJB Risk Share	0	0	5,165	5,165
Efficiency Savings	-8,703	-7,249	-93	7,156
Commitments	14,396	7,807	-552	-8,359
Income	-84,257	-71,838	-71,939	-101
Net over spend	**733,924**	**603,874**	**606,788**	**2,914**

Pay

5.2 The overall pay budget reflects an underspend of £1.197m. There are underspends across a number of staff groups which partly offset the overspend position within medical and dental staff; the latter being largely driven by the additional cost of supplementary staffing to cover vacancies.

5.3 Against a total funded establishment of 7,698 wte across all staff groups there is an average of 7,645 wte staff in post over the 2 months December and January. (January paybill reflects 7,710 wte staff in post; and the December paybill reflects 7,581 wte staff given the payroll timetable over the festive period.)

Drugs & Prescribing

5.4 Across the system, there is a net overspend of £0.174m on medicines of which an overspend of £2.014m is attributable to GP Prescribing and an underspend of £1.840m relating to sexual health and rheumatology drugs. The GP prescribing position is based on informed estimates for December & January, and is endorsed by the Director of Pharmacy Depute and the Chief Finance Officer for the Health & Social Care Partnership.

Other Non Pay

5.5 Other non pay budgets across NHS Fife are collectively underspent by £0.076m. There are pressures within purchase of healthcare (complex care patients), equipment service contracts and maintenance agreements. These overspends offset by underspends within energy and medical supplies.

6 Financial Sustainability

6.1 The Financial Plan presented to the Board in March highlighted the requirement for £23.985m gross cash efficiency savings to support financial balance in 2018/19 prior to pay consequential funding of £4.426m. Further progress on savings has been made with around 64% of the annual target being identified to date. The extent of the recurring / non recurring delivery for the year to date is illustrated in Table 4 below. Of the £23.985m gross target, £8.498m has been identified on a recurring basis (including £4.426m pay consequential funding), with a further £6.880m in year only, which will add to any additional savings requirement in the next financial year. A further analysis of the table below can be found in Appendix 7 to this report.

Table 4 : Savings 2018/19

Savings 2018/19	Target £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Total Identified & Achieved to date £'000	*Outstanding £'000*
Health Board	11,732	1,968	4,227	6,195	5,537
Pay Consequentials	2,426	2,426	0	2,426	0
Health Board (Gross)	**14,158**	**4,394**	**4,227**	**8,621**	**5,537**
Integration Joint Board	7,827	2,104	2,560	4,664	3,163
Pay Consequentials	2,000	2,000	0	2,000	0
IJB (Gross)	**9,827**	**4,104**	**2,560**	**6,664**	**3,163**
Sub Total	**23,985**	**8,498**	**6,787**	**15,285**	**8,700**
IJB Additional Benefit	0	0	93	93	-93
Total Savings	**23,985**	**8,498**	**6,880**	**15,378**	**8,607**

7 Forecast Position

7.1 The month 10 has been used to test and further inform and refine our caveats and assumptions on the likely outturn position. At month 10, our mid range forecast outturn position is an overspend of £3.109m. We remain fully committed to the delivery of the statutory target of breakeven in line with our Annual Operational Plan but this is proving extremely challenging for a number of reasons as described above.

7.2 We continue to forecast and plan on a range of forecast outturn positions including, best, mid and worst range scenarios. The forecast outturn ranges between an overspend of £0.362m (best case) and an overspend of £6.176m (prudent position). This is consistent with the approach taken in the previous financial year. The current mid range, and reported, forecast reflects an overspend of £3.109m as detailed in Table 5 below.

7.3 The forecast position reflects assumptions in relation to operational budget performance and potential in year financial flexibility; and the potential risk sharing arrangement if the current overspend is funded in full by the respective parties, with no further mitigation.

Table 5: Mid Range Forecast

Mid Range Forecast	**Dec**	**Jan**
	£'000	**£'000**
Acute Service Division	9,753	9,514
IJB Non-delegated	59	28
Estates & Facilities	-1,594	-1,649
Board Admin & other services	-508	-617
Non Fife & other Healthcare Providers	376	305
Financial Flexibility	-11,810	-11,126
Health Board Retained Budgets	**-3,724**	**-3,545**
IJB Delegated Health Budgets	2,923	2,008
Integration Fund & Other Allocations	-128	-1,432
Sub Total IJB Delegated Health Budgets	**2,795**	**576**
Risk Share	4,711	6,198
Net IJB Health Position	**7,506**	**6,774**
Total Expenditure	**3,782**	**3,229**
Miscellaneous Income	-75	-120
Total Forecast	**3,707**	**3,109**

7.4 As reported last month, there remain two key areas of concern in both the reported in-year and forecast outturn positions. These encompass:

- the certainty of the Acute Services Division forecast overspend position, with a particular focus on waiting times funding and underpinning assumptions on committed expenditure;

and

- the IJB forecast overspend position with particular reference to the social care overspend and the extent to which this impacts on the NHS Fife position, through the IJB risk share arrangement.

7.5 The Acute Services Division's forecast overspend is £9.514m; of which £3.861m overspend relates to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but remain managed by the NHS Board. The Division's current year budget includes waiting times funding of £5.3m and £0.350m cancer funding. The assumption made last month has been held firm that, aside from £0.6m slippage, this funding will be committed in full by the end of this financial year. Clearly any slippage will impact on the forecast outturn position and performance measures.

7.6 The health component of the IJB continues to improve (both in-year and forecast). Given the size and scale of the IJB forecast overspend, an approach has been taken to offset any unspent allocations (currently forecast at £1.432m) against the overspend this year, with the IJB required to find an alternative means to support the projects in the next financial year. In contrast the social care position continues to worsen and despite efforts to identify management actions, the total IJB forecast overspend is currently £9.409m. The NHS Fife risk share contribution calculation on a forecast overspend of £9.409m remains significantly high at £6.774m; implementation of the full risk sharing arrangement would result in the IJB delivering a balanced position but with NHS Fife potentially reporting an overall overspend of £3.109m.

7.7 The IJB reported position excludes the Acute 'set aside' forecast overspend of £3.861m which is retained within the overall Health Board position. This overspend has not been included within the calculation of the overall risk share arrangement between the respective partners at year end.

7.8 Due to the complexities of the current Integration Scheme arrangements and the fluidity of a number of variables across the health system, it is difficult to be entirely definitive on the year end forecast at this time and the position may move (positively or negatively) over the remaining two months of the year. This also recognises information received mid January in relation to potential additional income from Scottish Government, through the Pharmaceutical Pricing Regulation Scheme and indications of a reduced premium for the Clinical Negligence and Other Risks Scheme (CNORIS), quantification of which remains outstanding.

7.9 Notwithstanding the concerns outlined above, as previously reported we continue to quantify a range of scenarios for the year end forecast outturn. The current 'best case' scenario, as set out in paragraph 7.2, taking account of a number of potential improvements, is an overspend of £0.362m, prior to the PPRS and CNORIS movements which are not yet quantified. To this end, Board members can take a degree of assurance that a breakeven position is achieveable.

7.10 To ensure an open and transparent approach, dialogue continues with Scottish Government colleagues on all aspects of the financial position, including the difficulty in managing the impact of the risk share within existing resources, as well as the variability of the forecasts as seen in the previous financial year.

8 Key Messages / Risks

8.1 A robust and definitive assessment of the forecast outturn is proving to be extremely challenging this year, even more so than in previous years, given the issues highlighted in the section above. As such the risk assessment on the Financial Sustainability of the Board Assurance Framework remains 'High'. We will, however, continue to refine and review the position during the final two months of the year, with particular emphasis on robust challenge of forecast outturns; further analysis and assessment of in-year spend of waiting times funding; potential additional financial flexibility options and the impact of the IJB position.

8.2 The risk share arrangement as set out in the Integration Scheme for the Fife Integration Joint Board presents a specific challenge for financial management and reporting within NHS Fife and specifically the extent to which the Director of Finance can provide Board members with robust assurance on the likely year end forecast throughout the financial year. This is a matter of financial governance and consequently, as we move to the new financial year, consideration must be given to a review of the terms of the Integration Scheme, to remove this clause.

9 Recommendation

9.1 Members are invited to approach the Director of Finance or Chief Executive for any points of clarity on the position reported and are asked to:

- **Note** the reported in-year overspend of £2.914m to 31 January 2019 of which £2.828m underspend is attributable to the Health Board retained budgets; and £5.742m overspend (including risk share of £5.165m) to the health budgets delegated to the Integration Joint Board;

- **Note** the reported year end forecast overspend of £3.109m. This includes a forecast Health Board net underspend of £3.665m; and a net forecast overspend of £6.774m on the IJB health budgets (including the risk share impact of £6.198m);

- **Note** the commitment to deliver a forecast breakeven position on the Health Board budgets, taking account of potential financial flexibility, notwithstanding the reported mid range forecast year end position of £3.109m;

- **Note** the approach taken to release unspent IJB allocations in year in the context of a significant forecast overspend;

- **Note** that this position will be reported to Scottish Government Health & Social Care Directorates as part of the routine monthly financial performance returns; however no formal request for additional resources is being sought at this point in time although, the impact of the risk share arrangement continues to be highlighted as a specific risk to the delivery of breakeven;

- **Agree** the terms of the Integration Scheme should be reviewed, with specific reference to the risk share arrangement, for the new financial year.

Appendix 1 – Core Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non-Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
	Opening Allocations	636,964			636,964	
	April Adjustments		3,973		3,973	
	June Adjustments	1,036	524	4,758	6,318	
	July Adjustments	312	2,114	-720	1,706	
	August Adjustments		-28	6,426	6,398	
	September Adjustments	5,832	1,814	41,014	48,660	
	October Adjustments			406	406	
	November Allocations		667	1,163	1,830	
	December Allocations		34	1,196	1,230	
	January Allocations					
	Premises Improvement And Service Development			13	13	Relates to Forensic examination suite
	Contribution to Choice & Medication web portal	-2			-2	Share of national project
	ScotStar 2018/19		-313		-313	Share of national project
	Scottish Health Survey			-22	-22	Health Board Boost
	Positron Emission Tomography		-466		-466	Share of national project
	Total Core Revenue Allocation	**644,142**	**8,319**	**54,234**	**706,695**	

Appendix 2 – Anticipated Core Revenue Resource Limit Allocations

	£'000
Distinction Awards	230
NSD risk rebate	136
Total	**366**

Appendix 3 – Non Core Revenue Resource Limit Allocations

	£'000
PFI Adjustment	3,099
Donated Asset Depreciation	99
Impairment	4,000
AME Provision	-715
IFRS Adjustment	4,877
Non-core Del	3,200
Depreciation from Core allocation	12,303
Total	**26,863**

Appendix 4 - Corporate Directorates

Cost Centre	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	11,409	8,658	8,712	54
Nhs Fife Chief Executive	200	167	194	27
Nhs Fife Finance Director	4,614	3,838	3,612	-226
Nhs Fife Hr Director	3,109	2,632	2,588	-44
Nhs Fife Medical Director	5,704	4,192	4,152	-40
Nhs Fife Nurse Director	3,908	3,133	3,051	-82
Nhs Fife Planning Director	2,175	1,722	1,487	-235
Legal Liabilities	13,426	12,762	12,701	-61
Public Health	2,118	1,706	1,686	-20
Early Retirements & Injury Benefits	281	147	94	-53
External & Internal Audit	162	135	131	-4
Regional Funding	449	420	397	-23
Other				0
Depreciation	18,720	15,819	15,819	0
Total	**66,275**	**55,331**	**54,624**	**-707**

Appendix 5 – Non Fife & Other Healthcare Providers

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	91	76	57	-19
Borders	42	34	38	4
Dumfries & Galloway	23	19	40	21
Forth Valley	2,951	2,459	2,605	146
Grampian	334	278	301	23
Highland	125	105	182	77
Lanarkshire	107	89	113	24
Scottish Ambulance Service	94	78	81	3
Lothian	28,316	23,597	22,665	-932
Greater Glasgow	1,536	1,280	1,293	13
Tayside	38,018	31,682	31,813	131
	71,637	59,697	59,188	-509
UNPACS				
Health Boards	8,289	6,908	7,442	534
Private Sector	1,145	954	1,315	361
	9,434	7,862	8,757	895
OATS	1,267	1,056	671	-385
Grants	65	65	63	-2
Total	**82,403**	**68,680**	**68,679**	**-1**

Appendix 6 – Financial Flexibility and Allocations

	Balance at 31 Jan £'000	Expected to be claimed £'000	Financial Flexibility £'000	Released to 31 Jan £'000
Financial Plan				
Drugs	3,635	814	2,821	2,351
Complex Weight Management	50	0	50	42
Adult Healthy Weight	104	0	104	87
Trainee Grow th	70	0	70	58
National Specialist Services	284	44	240	200
Band 1's	310	0	310	258
Low pay	89	0	89	74
Apprenticeship Levy	373	333	40	33
Land Registration	39	39	0	0
Major Trauma	1,318	0	1,318	1,098
Unitary Charge	141	0	141	118
Junior Doctor Travel	203	7	196	163
Consultant Increments	299	9	290	242
Discretionary Points	77	0	77	64
NDC	135	0	135	113
Financial Flexibility	1,129	50	1,079	899
Subtotal Financial Plan	**8,256**	**1,296**	**6,960**	**5,800**
Allocations				
Health Improvement	68	68	0	0
AME Impairments	2,523	2,523	0	0
AME Provisions	-369	-369	0	0
ADEL	271	271	0	0
Depreciation	-752	0	-752	-627
Pay Consequentials	2,426	0	2,426	2,022
Distinction Aw ards	8	8	0	0
Neonatal Expenses Fund	44	4	40	33
Carry Forw ard underspend 2017/18	1,494		1,494	1,245
Capital to Revenue	478	478	0	0
National Cancer Strategy	46	0	46	38
Qfit	93	0	93	78
DEC Melanoma Funding	61	41	20	17
NSD Risk Share rebate	136	0	136	113
Subtotal Allocations	**6,527**	**3,024**	**3,503**	**2,919**
Total	**14,783**	**4,320**	**10,463**	**8,719**

Appendix 7 - Efficiency Savings

Health Board Efficiency Savings	2018/19 Target	2018/19 Rec	2018/19 Non-Rec	2018/19 Total	2018/19 O/s	2019/20 Rec	2019/20 O/s
Service Redesign	7,479	292	632	924	6,555	2,177	5,302
Drugs & Prescribing	1,547	490	922	1,412	135	1,260	287
Workforce	2,976	513	2,007	2,520	456	760	2,216
Procurement	1,368	335	70	405	963	361	1,007
Infrastructure	420	260	263	523	-103	260	160
Other	368	78	333	411	-43	228	140
Workstream Total	14,158	1,968	4,227	6,195	7,963	5,046	9,112
Fin. Mngmnt./Corp. Initiatives	-2,426	0	0	0	-2,426		-2,426
Total Health Board savings	11,732	1,968	4,227	6,195	5,537	5,046	6,686

IJB Efficiency Savings	2018/19 Target	2018/19 Rec	2018/19 Non-Rec	2018/19 Total	2018/19 O/s	2019/20 Rec	2019/20 O/s
Service Redesign	0	120	0	120	-120	120	-120
Drugs & Prescribing	1,250	1,250	0	1,250	0	1,250	0
Workforce	90	154	277	431	-341	154	-64
Procurement	110	110	0	110	0	110	0
Other	8,377	470	2,283	2,753	5,624	470	7,907
Workstream Total	9,827	2,104	2,560	4,664	5,163	2,104	7,723
Fin. Mngmnt./Corp. Initiatives	-2,000	0	0	0	-2,000	0	-2,000
Sub Total	7,827	2,104	2,560	4,664	3,163	2,104	5,723
IJB Additional Benefit	0	0	93	93	-93	0	0
Total IJB savings	7,827	2,104	2,653	4,757	3,070	2,104	5,723

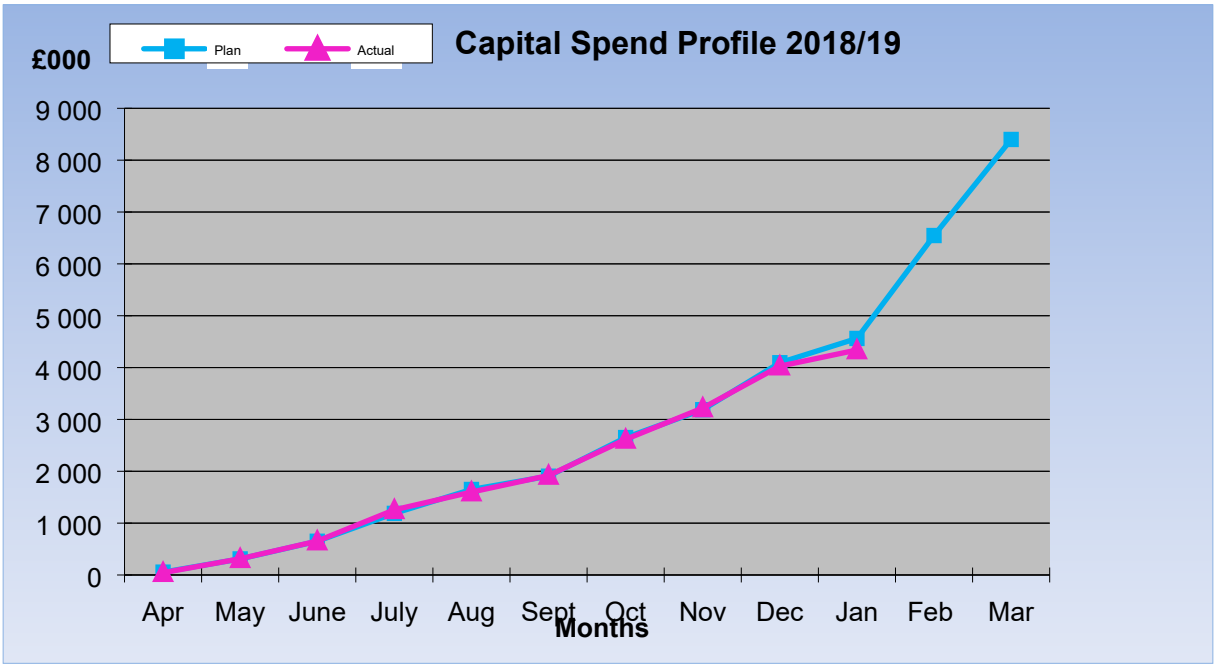
NHS Fife Efficiency Savings	2018/19 Target	2018/19 Rec	2018/19 Non-Rec	2018/19 Total	2018/19 O/s	2019/20 Rec	2019/20 O/s
Service Redesign	7,479	412	632	1,044	6,435	2,297	5,182
Drugs & Prescribing	2,797	1,740	922	2,662	135	2,510	287
Workforce	3,066	667	2,284	2,951	115	914	2,152
Procurement	1,478	445	70	515	963	471	1,007
Infrastructure	420	260	263	523	-103	260	160
Other	8,745	548	2,616	3,164	5,581	698	8,047
Workstream Total	23,985	4,072	6,787	10,859	13,126	7,150	16,835
Fin. Mngmnt./Corp. Initiatives	-4,426	0	0	0	-4,426	0	-4,426
Sub Total	19,559	4,072	6,787	10,859	8,700	7,150	12,409
IJB Additional Benefit	0	0	93	93	-93	0	0
Total NHS Fife savings	19,559	4,072	6,880	10,952	8,607	7,150	12,409

NHS Fife Efficiency Savings Target Reconciliation	
	2018/19 £,000
NHS Workstream Total	14,158
IJB Workstream Total	9,827
Gross NHS Fife Efficiency Target	**23,985**
HB Pay Consequentials	(2,426)
IJB Pay Consequentials	(2,000)
Net NHS Fife Efficiency Target	**19,559**

Performance Drill Down – Capital Expenditure

Capital Expenditure

Measure	*Health Boards are required to work within the capital resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD).*
In year position	£4.339m spend at Month 10
Forecast position	£8.400m spend



Previous 3 Months	Nov 2018	Dec 2018	Jan 2019
Capital			
Actual	£3.221m	£4.028m	£4.339m
Plan	£3.292m	£4.195m	£4.562m
Forecast Outturn position	£8.860m	£8.355m	£8.400m

Commentary
The total anticipated Capital Resource Limit for 2018/19 is £8.400m. The capital position for the 10 months to January shows investment of £4.339m, equivalent to 51.65% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full with the remaining 48.35% spend expected over the remaining two months of the year.

1. INTRODUCTION

1.1 This report provides an overview on the capital expenditure position as at the end of January 2019, based on the Capital Plan 2018/19, as approved by the NHS Board on 14 March 2018. For information, changes to the plan since its initial approval in March are reflected in Appendix 1. This report has changed slightly to reflect the meeting schedules of both the Board and FP&R. On 1 June 2018 NHS Fife received confirmation of initial core capital allocation amounts of £7.394m gross. On 3 December 2018 NHS Fife received an additional allocation of £1.466m for the

purchase of the MRI at Victoria Hospital. On 31 December 2018 NHS Fife's Capital Allocation was adjusted for the transfer to revenue schemes actioned during the year (£0.478m). On 1 February the board received a further allocation of £0.027m for Forensic Examinations at QMH and a net adjustment of (£0.009m) has been made for Decontamination previously reported - SGHSCD have been contacted for further information.

2. CAPITAL RECEIPTS

2.1 The Board's capital programme is partly funded through capital receipts which, once received, will be netted off against the gross allocation highlighted in 1.1 above. Work continues on asset sales with several disposals planned:

- Lynebank Hospital Land (Plot 1) (North) – Under offer – moving of dental unit access road currently in discussion – Property will not be sold in 2018/19;
- Forth Park Maternity Hospital – Contract concluded – planning application awaited – Property will not be sold in 2018/19
- Fair Isle Clinic – Offer accepted subject to planning – Property will not be sold in 2018/19;
- Hazel Avenue – Sold 2018/19;
- ADC – Currently in process of being marketed;
- Hayfield Clinic – Sold 18/19; and
- 10 Acre Field – Land sold 2018/19

2.2 The property at ADC is currently occupied and therefore not yet valued at open market value – it has been declared surplus and is in the process of being valued.

3. EXPENDITURE TO DATE / MAJOR SCHEME PROGRESS

3.1 Details of the expenditure position across all projects are attached as Appendix 2. Project Leads have provided an estimated spend profile against which actual expenditure is being monitored. This is based on current commitments and historic spending patterns. The overall profile will be adjusted once the Capital Equipment programme has been finalised. The expenditure to date amounts to £4.339m or 51.65% of the total allocation, in line with the plan, and as illustrated in the spend profile graph above.

3.2 The main areas of investment to date include:

Information Technology	£0.619m
Minor Works	£0.776m
Statutory Compliance	£1.640m
Equipment	£1.089m
Anti-Ligature Works	£0.145m

3.3 As previously reported, detailed commentary on the individual priority areas for capital investment this year and into 2019/20 will be provided to a future Finance, Performance & Resources Committee. Further scoping work is underway in parallel, to review and define an agreed business case template for all capital proposals above a certain limit; and a further update will follow in due course.

4. CAPITAL EXPENDITURE OUTTURN

4.1 At this stage of the financial year it is currently estimated that the Board will spend the Capital Resource Limit in full; slippage on the boiler decentralisation project at Queen

Margaret Hospital is being utilised to complete Phase 4 of the Medium Temperature Hot Water project at the Victoria Hospital.

5. RECOMMENDATION

5.1 Members are invited to approach the Director of Finance or Chief Executive for any points of clarity on the position reported and are asked to:

- **note** the capital expenditure position to 31 January 2019 of £4.339m; and
- **note** the forecast spend of the capital resource allocation of £8.400m

Appendix 1 - Capital Plan, Changes to Planned Expenditure

Capital Expenditure Proposals 2018/19	Board Approved 14/03/2018 £'000	Cumulative Adj to Dec £'000	Jan Adj £'000	Jan Total £'000
Routine Expenditure				
Community & Primary Care				
Minor Capital		59		59
Capital Equipment		109	(4)	105
Statutory Compliance		749	(91)	658
Condemned Equipment		36		36
Total Community & Primary Care	**0**	**953**	**(95)**	**858**
Acute Services Division				
Capital Equipment		3,342	6	3,347
Minor Capital		699	17	716
Statutory Compliance		2,527	8	2,534
Condemned Equipment		54		54
Total Acute Service Division	**0**	**6,622**	**30**	**6,652**
Fife Wide				
Minor Work	498	(498)		
Information Technology	1,041			1,041
Backlog Maintenance/Statutory Compliance	3,586	(3,586)		
Condemned Equipment	90	(90)		
Scheme Development	43			43
Fife Wide Equipment	2,036	(1,985)	4	55
Fife Wide Contingency Balance	100	50		150
Fife Wide Vehicles			60	60
Forensic Unit QMH			28	28
Decontamination Adjustment		(27)	18	(9)
Capital to Revenue Transfers		(478)		(478)
Total Fife Wide	**7,394**	**(6,614)**	**110**	**890**
Total NHS Fife	**7,394**	**961**	**45**	**8,400**

Appendix 2 - Capital Programme Expenditure Report

NHS FIFE - TOTAL REPORT SUMMARY 2018/19

CAPITAL PROGRAMME EXPENDITURE REPORT - JANUARY 2019

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2018/19 £'000
COMMUNITY & PRIMARY CARE			
Statutory Compliance	658	280	658
Capital Minor Works	59	59	59
Capital Equipment	105	86	105
Condemned Equipment	36	36	36
Total Community & Primary Care	**858**	**462**	**858**
ACUTE SERVICES DIVISION			
Capital Equipment	3,347	1,003	3,347
Statutory Compliance	2,534	1,360	2,534
Minor Works	716	716	716
Condemned Equipment	54	14	54
Total Acute Services Division	**6,652**	**3,094**	**6,652**
NHS FIFE WIDE SCHEMES			
Information Technology	1,041	619	1,041
Equipment Balance	56	0	56
Scheme Development	43	19	43
Contingency	150	145	150
Vehicles	60	0	60
Capital to Revenue Transfer - Non Value Added Expenditure	(478)	0	(478)
Decontamination Adjustment	(9)	0	(9)
Forensic Examination Service	28	0	28
Total NHS Fife Wide	**890**	**783**	**890**
TOTAL ALLOCATION FOR 2018/19	**8,400**	**4,339**	**8,400**

Section B:3 Staff Governance

Sickness Absence HEAT Standard: We will achieve and sustain a sickness absence rate of no more than 4%, measured on a rolling 12-month basis

The sickness absence rate in the whole of 2018 was 5.47. During the first nine months of FY 2018/19, sickness absence was 5.27%, a decrease of 0.22% when compared with the equivalent period of FY 2017/18.

Assessment: The NHS Fife sickness absence rate was higher in FY 2017/18 compared to FY 2016/17. However, improvements have been seen in recent months despite an increase in the monthly absence rates from August to December 2018.

iMatter local target: We will achieve a year on year improvement in our Employee Engagement Index (EEI) score by completing at least 80% of team action plans resulting from the iMatter staff survey.

The 2018 iMatter survey involved 800 separate teams of staff across NHS Fife and the H&SCP. Each team was expected to produce an Action Plan, with a completion date of 12th November. By the completion date, 344 Action Plans (43%) had been completed. This has increased slightly to 376 (47%) at the end of January.

The next cycle of iMatter, which will enable a further assessment of performance in this area, will commence in April.

Assessment: The 2018 survey achieved a response rate of 53%, 9% less than the 2017 response rate, and because it is below the 60% threshold for production of a Board report, there is no published EEI score. However, the Board Yearly Components Report which details the answers provided to every question in the questionnaire by the 53% of staff who responded are in every case either improved or the same as 2017.

TURAS local target: At least 80% of staff will complete an annual review with their Line Managers via the TURAS system

Monthly reporting is now available for Turas, and the completion rate at the end of January has reduced to 25%.

Assessment: It is recognised that a significant number of reviews occur in the January-March period, so the current performance figure will increase as reviews undertaken in February and March are recorded. This will be addressed with the implementation of a recovery plan for the rolling year going forward. The recovery plan will be agreed at EDG, with milestones for improvement to return to the 80% compliance agreed by directors.

Management Referrals local target: At least 95% of staff referred to the Staff Health & Wellbeing Service by their manager will receive an appointment within 10 working days

During Quarter 3 of 2018/19, 76.8% of the management referrals processed by the Staff Wellbeing & Safety Service were offered an appointment within 10 working days.

Assessment: This is below the agreed target, but represents a significant improvement from the previous quarters, and was achieved after the service cleared additional work relating to Exposure Prone Procedures. The current 95% target will require to be continually monitored should it be the case that resources require to be redirected to other agreed organisational priorities (e.g. annual flu vaccination programme).

Redeployment local target: At least 50% of jobs identified as possible suitable alternatives by the redeployment group will be investigated and an initial decision over their suitability will be made within 2 weeks

During Quarter 3 of 2018/19, 67% of jobs identified were investigated (with an initial decision over suitability made), a reduction of 16% on Quarter 2. Performance in this indicator varies, subject to number of staff of the redeployment register and their particular circumstances, although we continue to exceed the local target.

Supplementary Staffing local target: At least 80% of supplementary staffing requests (Nursing & Midwifery) will be met by the Nurse Bank.

During Quarter 3 of 2018/19, 74.9% of staffing requirements were met via the Nurse Bank, slightly reduced on the performance during Quarter 2.

Pre-Employment Checks local target: At least 80% of all pre-employment checks, as detailed within the Safer Pre & Post Employment Checks NHS Scotland Policy, will be completed within 21 working days from receipt of the preferred candidate details

During Quarter 3 of 2018/19, nearly 350 individuals within various staff groups were offered employment throughout NHS Fife, with 67% of pre-employment checks being completed within 21 working days, a 9% reduction compared to the previous quarter.

Further analysis on pre-employment checks completed within Quarter 3 indentified delays were caused by external factors including applicant's not returning paperwork timeously. On receipt of the required documentation, checks were processed in a timely manner by the service.

There was a higher proportion of instances where pre-employment checks were not completed within 21 working days during December, which may be due to a reduced availability of applicants and referees during the festive period.

Performance Summary

National Standards

Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is more than 5% behind the Standard or Delivery Trajectory	↔	Performance unchanged from previous

Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2018-19 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Staff Governance	RED	Sickness Absence	Clinically Effective	5.00%	12 months to Dec 18	5.47%	12 months to Nov 18	5.51%	↑	5.27%	Only published annually: NHS Fife had the highest sickness absence rate in FY 2017-18 (Fife performance 5.76%, Scotland performance 5.39%)			

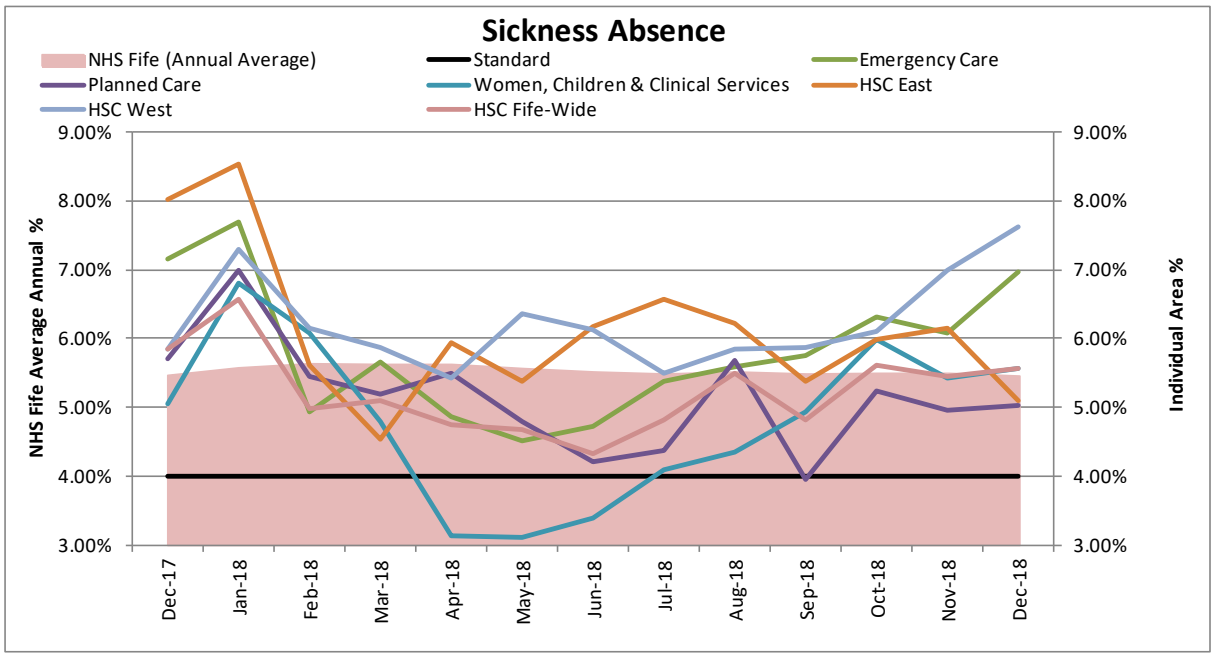
Local Targets

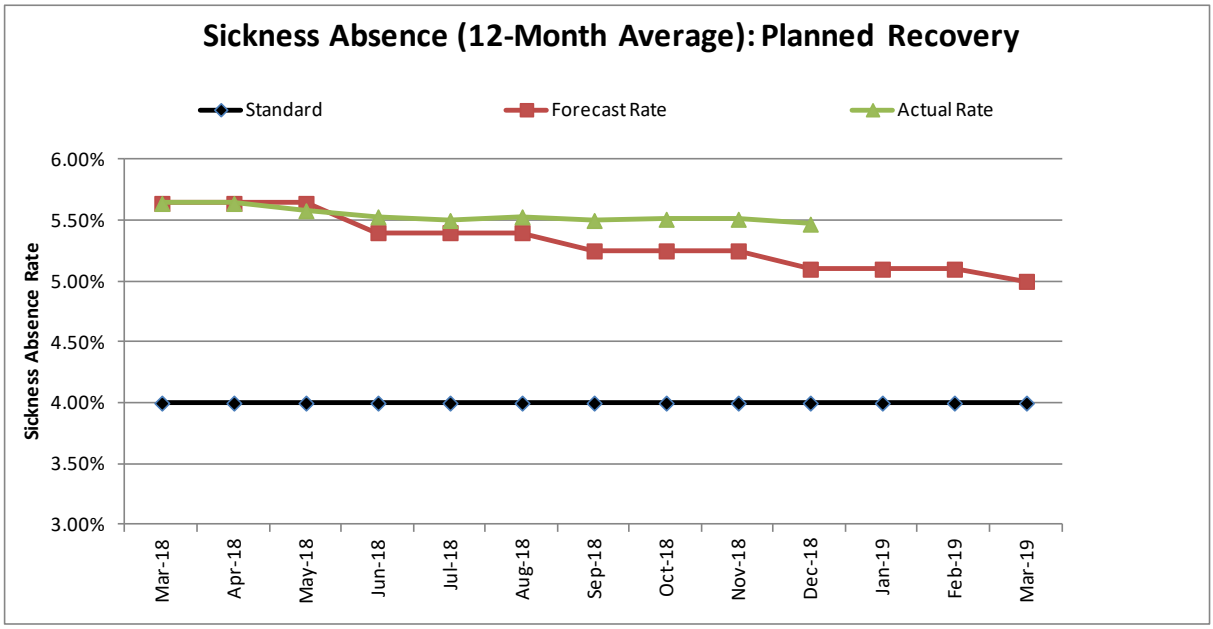
Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the local target	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the local target	↓	Performance worsened from previous
RED	Performance is more than 5% behind the local target	↔	Performance unchanged from previous

Section	RAG	Local Target	Quality Aim	Target for 2018-19	Performance Data				
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel
Staff Governance	GREEN	Redeployment	Clinically Effective	50.0%	Oct to Dec 2018	67.0%	Jul to Sep 2018	83.3%	↓
	RED	Supplementary Staffing	Clinically Effective	80.0%	Oct to Dec 2018	74.9%	Jul to Sep 2018	77.5%	↓
		Pre-Employment Checks	Safe	80.0%	Oct to Dec 2018	67.0%	Jul to Sep 2018	76.1%	↓
		Management Referrals	Safe	95.0%	Oct to Dec 2018	76.8%	Jul to Sep 2018	48.3%	↑
		iMatter	Clinically Effective	80.0%	FY 2018/19	47.0%	FY 2017/18	41.0%	↑
		TURAS	Clinically Effective	80.0%	12 months to Jan 2019	25.0%	N/A	N/A	N/A

Sickness Absence

Measure	**We will achieve and sustain a sickness absence rate of no more than 4% (measured on a rolling 12-month basis)**
Current Performance	5.47% during Calendar Year 2018
Scotland Performance	5.39% for 2017/18 (data published annually)





Previous 3 Reporting Periods	12 Months to Sep 2018		12 Months to Oct 2018		12 Months to Nov 2018	
	5.50 %	↑	5.51%	↓	5.51 %	↔
Current Issues	The main reasons for sickness absence in 2018 were anxiety, stress and depression, other musculoskeletal problems and injury / fracture					
Context	Sickness absence was higher month-on-month in 2017/18 when compared to 2016/17. However, absence rates have been significantly lower in 6 of the 9 months to date of 2018/19 when compared to 2017/18.					

Key Actions for Improvement	Planned Benefits	Due By	Status
East Division Sickness Absence Review	Improvement in the rates of sickness absence within the East Division in 2017/18	Mar 2019	On Track
Build on success of Well at Work Group, embedding commitment to being a Health Promoting Health Service *(Evidence for this would be from the annual HPHS Assessment evaluation feedback, the HWL annual review feedback, from improvements in absence rates and staff feedback from workplace surveys etc.)*	Adoption of a holistic and multi-disciplinary approach to identify solutions to manage absence and promote staff wellbeing	Mar 2019	On Track
Enhanced data analysis of sickness absence trends, aligned to other, related workforce information, combined with bespoke local reporting *(Use of Top 100 Reports, Drill Down reports provided for wards and departments, looking for increased staff and managerial engagement and improvement in absence rates. This will be supplemented via the introduction of Tableau from March 2019.)*	Enable NHS Fife to target Staff Wellbeing & Safety support, and other initiatives, to the most appropriate areas	Mar 2019	On Track
Formation of a short life working group to explore challenges and opportunities relating to an ageing workforce *(the group has now met on three occasions and an Action Plan is being implemented)*	Identification of appropriate mechanisms to allow staff aged 50 and over to remain healthy at work, supporting the resilience of the workforce	Mar 2019	On Track
Refreshed Management Attendance training with focus on the use of the Attendance Management Resource pack, Return to Work interviews and mental health and wellbeing at work. An additional programme of Mental Health in the Workplace training supported by HWL Fife will also be explored.	Reduction of sickness level, with particular decreases in absence linked to Mental Health	Mar 2019	On Track

PAUL HAWKINS
Chief Executive
20th February 2019

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