



Date: 22 May 2019  
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**AGENDA**

**A meeting of Fife NHS Board will be held on WEDNESDAY 29 MAY 2019 at 10.00 AM in the STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY**

**TRICIA MARWICK**

Chair

10:00	<b>1</b>	<b>CHAIRPERSON'S WELCOME AND OPENING REMARKS</b>	TM	
	<b>2</b>	<b>DECLARATION OF MEMBERS' INTERESTS</b>	TM	
	<b>3</b>	<b>APOLOGIES FOR ABSENCE</b>	TM	
	<b>4</b>	<b>MINUTES OF PREVIOUS MEETING HELD ON 27 MARCH 2019</b>	TM	(enclosed)
	<b>5</b>	<b>MATTERS ARISING</b>		
	5.1	Participation Requests submitted to NHS Fife	TM	(verbal)
10:10	<b>6</b>	<b>CHIEF EXECUTIVE'S REPORT</b>		
	6.1	Chief Executive Up-date	PH	(verbal)
	6.2	Integrated Performance Report Executive Summary	PH	(enclosed)
	6.3	Annual Operational Plan 2019-20	CP	(enclosed)
10:40	<b>7</b>	<b>CHAIRPERSON'S REPORT</b>		
	7.1	Board Development Session – 24 April 2019	TM	(enclosed)
10:45	<b>8</b>	<b>NHS FIFE STRATEGIC OBJECTIVES 2018-19 AND 2019-20</b>	CP	(enclosed)
10:55	<b>9</b>	<b>ANNUAL REVIEW OF CODE OF CORPORATE GOVERNANCE</b>	CP/ GMaCl	(enclosed)
11:05	<b>10</b>	<b>BOARD SELF-ASSESSMENT AGAINST THE NHS SCOTLAND BLUEPRINT FOR GOOD GOVERNANCE</b>	CP/ GMaCl	(enclosed)

11:15	<b>11</b>	<b>BOARD ASSURANCE FRAMEWORK</b>	HB	(enclosed)
11:25	<b>12</b>	<b>DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT</b>	DM	(enclosed)
11:35	<b>13</b>	<b>NHS FIFE STAFF SEASONAL INFLUENZA PROGRAMME</b>	DM	(enclosed)
11:45	<b>14</b>	<b>STATUTORY AND OTHER COMMITTEE MINUTES</b>		
		<u>Statutory</u>		
	14.1	Audit & Risk Committee dated 16 May 2019 (unconfirmed)		(enclosed)
	14.2	Clinical Governance Committee dated 8 May 2019 (unconfirmed)		(enclosed)
	14.3	Finance, Performance & Resources Committee dated 14 May 2019 (unconfirmed)		(enclosed)
	14.4	Staff Governance Committee dated 3 May 2019 (unconfirmed)		(enclosed)
		<u>Other</u>		
	14.5	Brexit Assurance Group dated 2 April and 15 May 2019 (unconfirmed)		(enclosed)
	14.6	Communities & Wellbeing Partnership dated 11 March 2019 (unconfirmed)		(enclosed)
	14.7	East Region Programme Board dated 1 February 2019 (unconfirmed)		(enclosed)
	14.8	Fife Health & Social Care Integration Joint Board dated 28 March 2019 (unconfirmed)		(enclosed)
11:50	<b>15</b>	<b>FOR INFORMATION:</b>		
	15.1	Integrated Performance Report – March and April 2019	CP	(enclosed)
	<b>16</b>	<b>ANY OTHER BUSINESS</b>		
	<b>17</b>	<b>DATE OF NEXT MEETING: Wednesday 26 June 2019 at 10.00 am in the Staff Club, Victoria Hospital, Kirkcaldy</b>		
11:55		<b>BREAK</b>		

**MINUTE OF THE MEETING OF FIFE NHS BOARD HELD ON WEDNESDAY 27 MARCH 2019 AT 10.00 AM IN THE STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY**

**Present:**

Ms T Marwick ( <b>Chairperson</b> )	Ms R Laing, Non-Executive Director
Mr P Hawkins, Chief Executive	Dr C McKenna, Medical Director
Dr L Bisset, Non-Executive Director	Ms D Milne, Director of Public Health
Mr M Black, Non-Executive Director	Mrs C Potter, Director of Finance
Mrs W Brown, Employee Director	Mrs M Wells, Non-Executive Director
Mr E Clarke, Non-Executive Director	Ms H Wright, Director of Nursing

**In Attendance:**

Dr F M Elliot, Medical Director  
Mr A Fairgrieve, Director of Estates, Facilities & Capital Services  
Mr M Kellet, Director of Health & Social Care (item 21/19.3 onwards)  
Dr G MacIntosh, Head of Corporate Planning & Performance  
Ms B A Nelson, Director of Workforce  
Mrs E Ryabov, Chief Operating Officer (Acute)  
Mrs P King, Corporate Services Manager (Minutes)

**16/19 CHAIRPERSON'S WELCOME AND OPENING REMARKS**

The Chair welcomed everyone to the Board meeting 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:

- Jill Chambers, Finance Business Partner, and Michelle Gilmour, Service Manager in Emergency Care and former Finance Business Partner, who were successful in achieving their Higher Diploma in Healthcare Finance from HFMA (Healthcare Financial Management Association). They are the first and only finance professionals across NHS Scotland to gain this qualification and are a real credit to NHS Fife;
- Dr Andrew Storey, Consultant Physician, on being awarded the prestigious Chiron Medal for Excellence in Medical Education by the Royal College of Physicians, Edinburgh. Dr Storey received the internationally recognised award for his services to medical education and the work he does with medical students on placement in Fife;
- Professor Morwenna Wood, Director of Medical Education, who was awarded the William Cullen Prize from the Royal College of Physicians, Edinburgh, for her considerable contribution to both patient care and

supporting training doctors across Scotland; and

- Mayfield Unit at Lynebank Hospital, which has been formally re-accredited by the Royal College of Psychiatrists. The accreditation is part of the Quality Network for Inpatient Learning Disability Services, which aims to support wards to evaluate and improve their processes and increase standards of care. Mayfield Unit was commended for the high level of care it provides.

The Chair advised that Dr Frances Elliot, Medical Director, is retiring on 9 April 2019 after 35 years' service in the NHS. The Chair recorded thanks, on behalf of the Board, for her contribution and wished her well for a long and happy retirement. The Chair also recorded her personal thanks to Dr Elliot for her support and advice since she became Chair.

#### **17/19 DECLARATION OF MEMBERS' INTERESTS**

Ms Laing declared an interest under item 21/19.3 as she is currently a patient at Lochgelly Health Centre.

#### **18/19 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Ms Braiden, Mrs Cooper, Cllr Graham and Ms Owens.

#### **19/19 MINUTE OF THE PREVIOUS MEETING HELD ON 30 JANUARY 2019**

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

#### **20/19 MATTERS ARISING**

##### **.1 Participation Requests submitted to NHS Fife**

In reference to the two Participation Requests received under the Community Empowerment Act (Scotland) 2015, approved at the Board's January 2019 meeting, the Chair reported that NHS Fife has recently facilitated two productive meetings between Fife Health & Social Care Partnership (H&SCP) and representatives from the Royal Burgh of St Andrews Community Council / Out of Hours group, and Glenrothes Area Residents Federation. The outcome improvement process established for both requests is ongoing. The Chair thanked Dr Bisset, Vice-Chair, who is facilitating the meetings on behalf of NHS Fife.

Though the completed request subsequently received from North Glenrothes Community Council after January's Board meeting has since been rejected on the grounds of it being substantially the same to the existing Glenrothes request and hence not actionable under the relevant legislation, representation from that organisation is part of the delegation involved in the present participation meetings, and NHS Fife looks forward to that dialogue continuing.

#### **21/19 CHIEF EXECUTIVE'S REPORT**

- .1 The letter from the Cabinet Secretary following the Annual Review held on 3 December 2018 has been received and the action points will be

taken to the Board through the relevant governance committees. The open NHS Fife Annual Review meeting took place on 15 February 2019 in Dunfermline and gave members of the public, patients, families and carers the chance to see how NHS Fife is performing and ask questions about the services provided.

.2 Work continues with regional partners on Ophthalmology and Laboratories. Additionally, the business case planning for the new Elective Orthopaedic Centre was underway and is being led by the Director of Finance.

.3 **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

Ms Wright provided updates in relation to Hospital Acquired Infection (HAI) Staphylococcus Aureus Bacteraemia (SAB) rates and complaints performance and confirmed that work continued with colleagues in the Acute Services Division and H&SCP to improve performance in these areas.

Scottish Government Health & Social Care Directorate (SGHSCD) had requested a review of infection control processes and procedures across Scotland with a view to benchmarking local performance against 14 national recommendations. A response had been submitted to SGHSCD, noting that NHS Fife had met every one. A number of additional actions had been put in place to help support this area, including the designation of Ms Braiden, Non-Executive Director, as the Safety and Cleanliness champion. Ms Wright was delighted to advise that all the infection control nurses and team are qualified to Masters-level in terms of infection control.

Attention was drawn to the issue escalated to the Board from the Clinical Governance Committee about the significant improvement programme in relation to fluid management in Fife, to the extent that this programme has since been adopted by Healthcare Improvement Scotland.

Mr Kellet arrived.

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. Attention was drawn to the breaches in relation to lung cancer, which were due to issues in NHS Lothian around a change in the way the lung standard is being measured. Performance around Patient TTG remained challenging, with the main issue related to Ophthalmology. This position is expected to improve, with the second

Ophthalmology theatre now fully functioning, and work is underway to plan the improvements that are required to bring performance more into line with the standard.

Health & Social Care Partnership (H&SCP) – The Child and Adolescent Mental Health Services (CAMHS) performance continues to improve at 82.6% in the final quarter of 2018, although there are still challenges about the size of the waiting list. Additional Primary Mental Health Workers recruited as part of the SG Action 15 funding will be in place soon to provide support for those not at the highest care level of specialist CAMHS. The position around Delayed Discharge remained challenging, with increasing levels of delay over the Winter period. The Partnership was working well with the Acute Services Division to manage flow but the main pressure point remained around challenges in securing care at home capacity.

Financial Position – The in-year position to 31 January 2019 reflected an overspend of £2.914m and the detailed Integrated Performance Report showed the drivers behind that position. Acute Services Division overspend of £8.5m, overspend of £0.5m in the health budgets delegated to the H&SCP and £5.1m cost that reflects the risk share arrangement between NHS Fife and Fife Council. These overspends are offset by a number of underspends in estates and facilities and corporate directorates and other financial flexibility and additional allocations from SGHSCD. The forecast position based on the January figures using a mid range forecast reflects an overspend of £3.1 and NHS Fife remains committed to working towards the target of breakeven.

### Staff Governance

The sickness absence rate continued to be a challenge for the Board and although there had been a slight improvement compared to last year overall performance needed to improve. Targeted work was being undertaken, including arranging a workshop in partnership with staff side colleagues and managers to help better support staff manage attendance. Performance in relation to iMatter and TURAS was noted. Ms Nelson assured Members that these issues had been discussed at the Executive Directors Group and the Area Partnership Forum in terms of improving iMatter performance and PDP planning for the workforce and this would be reported on through the Integrated Performance Report.

Attention was drawn to the issues escalated to the Board from the Staff Governance Committee, in particular the launch of the Credit Union in partnership with Unison, which has been very positively received by staff, and the way in which it was promoted by the Board, which has been acknowledged nationally. In connection with a presentation to the Board Development Session about key factors in relation to public health, anxiety about finance and other personal matters can lead to sickness absence and the part the credit union can play in the health and wellbeing of staff is critically important.

The Board **noted** the updates and the information contained within the Integrated Performance Report Executive Summary.

### **.3 Annual Operational Plan 2019-20**

Mrs Potter set out the requirements of the Annual Operational Plan that is due to be submitted to SGHSCD by 31 March 2019. Work has been underway since guidance was received on 27 February 2019 and the Plan was nearing completion and would be submitted in draft by the deadline. SGHSCD agreed that NHS Fife could consider the document through its governance committees during May and submit to the Board for approval on 29 May 2019. The financial aspects had been considered through the Finance, Performance & Resources Committee and could therefore be considered by the Board at the meeting today.

#### **Draft Financial Plan 2019-2021-22 and Budget Setting 2019-20**

The report culminated the process that had been discussed since Autumn last year through the Board Development Sessions and Finance, Performance & Resources Committee and provided the financial plan for 2019-20 and an overview on the financial outlook for the subsequent two financial years to 31 March 2022. It gave 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 and would be used as the basis for the financial aspects of the Annual Operational Plan to SGHSCD. The report did not present a detailed efficiency plan to address the financial gap for 2019-20 but work continued across Acute Services and the H&SCP where the financial challenges are most prevalent.

Attention was drawn to the projected budget gap for 2019-20 of £2.650m. The legacy unmet savings brought forward from the current year of £14.863m increased the total quantum of savings to £17.333m. Whilst this is a significant challenge, it equates to about 2% of the budget and is relatively consistent with other public bodies. It also demonstrates that NHS Fife is moving towards recurring balance, having moved from a deficit of circa £30m a few years ago, and provides a degree of assurance that the 'grip and control' processes through local management are proving effective. It was acknowledged that the financial plan is predicated on NHS Fife receiving at least £5m in respect of elective performance. Clarification on this position was imminent and plans were in place to recruit the workforce to do that work.

The projected financial outlook for the period to 2022 was detailed in table 5 of the paper and indicated the challenge that continued into future years.

In response to questions, Mrs Potter advised that the Service Review process had been taken forward for a number of areas including the Acute Services Division, which faces a significant efficiency target of circa 5.6%. Discussions are ongoing with the Chief Operating Officer

and a report will be submitted to the Finance, Performance & Resources Committee in May on the approach to be taken to address this savings target and progress on specific plans. A parallel process is underway within the H&SCP and will be considered by the Integration Joint Board. Transformational change and redesign would be key in meeting the wider financial challenge and the approach to transformation was being refreshed and would be led by the Chief Executive to drive that change. Discussion took place around the National Resource Allocation Committee (NRAC) funding.

Ms Laing confirmed that detailed discussions had taken place on the paper at the last meeting of the Finance, Performance & Resources Committee and concern was expressed about the extent to which non recurring savings and financial flexibility is relied upon. The Committee discussed how the funding would be distributed and the importance of transformational change, and recognised the need to continue to work with the H&SCP about how to make savings and achieve real redesign. The Board recorded its thanks to staff for the work they had done in enabling the Board to achieve its targets over the past few years against the background of a difficult financial climate.

The Chair reminded authors of reports to the Board/Committees that abbreviations should not be used unless it has been written out in full previously.

The Board:

- **noted** the overall projected financial gap of £17.3m for 2019-20;
- **noted** the methodology taken to allocate notional income uplifts and the subsequent savings target for each service area;
- **noted** the 2020-21 and 2021-22 macro positions excluding any impact of non delivery of recurring savings in 2019-20;
- **noted** 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;
- **noted** 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; and
- **approved** the financial plan 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.

### **Draft Capital Investment Programme 2019-20 – 2021-24**

The paper set out the indicative capital expenditure plan for 2019-20 and for years 2020-21 to 2023-24, which outlined the indicative capital funding expected from the SGHSCD from the two main funding streams under project specific funding and formula allocation. A detailed budget setting exercise will be taken through the Capital Investment Group and Finance, Performance & Resources Committee. The report also

identified a number of pipeline projects that would be taken into account in the forward plan.

In response to questions, an up-date was provided in relation to the Kincardine and Lochgelly Health Centres projects and progress on the Outline Business Case for the Elective Orthopaedic Centre. In relation to the latter, this included project management arrangements, car parking re-provision and the involvement of a Non-Executive Director on the Project Board.

The Board:

- **considered and approved** 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);
- **considered and approved** the proposed draft programme of investment for 2020-21 – 2023-24, recognising the pipeline of projects requires further detailed refinement and supporting business cases; and
- **noted** 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.

## **22/19 CHAIRPERSON'S REPORT**

### **(a) Board Development Session – 27 February 2019**

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

## **23/19 SURPLUS PROPERTY - LAND AT SKEITH HEALTH CENTRE**

The paper set out details of the rationale to declare a piece of land at Skeith Health Centre (as shown on the site plan) surplus to operational requirement in line with the NHS Estates Code and Transactions handbook.

The Board **approved** the proposal to declare the piece of land surplus to NHS operational requirements.

## **24/19 EXCELLENCE IN CARE UPDATE**

Ms Wright spoke to the paper, which provided an up-date on Excellence in Care, the national approach to assuring nursing and midwifery care across all hospitals and community settings. This was a huge project for nursing and midwifery across Scotland and NHS Fife is at the forefront, particularly in terms of eHealth development.

The Board **noted** the information provided in the paper, with further up-dates to be given at key stages of implementation.

## **25/19 NHS BOARD WORKPLAN 2019-20**

The NHS Board Workplan 2019-20 was presented to the Board. It was noted

that the June meeting is an additional meeting outwith the normal cycle to allow NHS Fife to deliver the Annual Accounts within the SGHSCD deadline.

The Board **noted** the workplan for 2019-20, subject to making a minor correction to an agenda item.

## **26/19 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 14 March 2019 (unconfirmed)**

The Information Sharing Protocol with the Health & Social Care Partnership, that enabled sharing of internal audit outputs, had been approved.

### **.2 Clinical Governance Committee dated 6 March 2019 (unconfirmed)**

### **.3 Finance, Performance & Resources Committee dated 12 March 2019 (unconfirmed)**

Attention was drawn to the detailed discussion around Kincardine & Lochgelly Health Centres, noting that the Committee had requested circulation of the Pathfinder consultants' report.

### **.4 Staff Governance Committee dated 1 March 2019 (unconfirmed)**

Discussion had taken place on the Committee's Self Assessment Report, where members were keen to have consistency of attendance at meetings for continuity. It was noted that the Committee Self Assessments for the Board overall would be discussed at the Board Development Session, with an overview report to be provided to the next Board meeting in May.

### **.5 Brexit Assurance Group dated 15 February 2019 (unconfirmed)**

The draft Terms of Reference for the Group were **approved** by the Board. The Chair reminded Members of the membership of the Group.

### **.6 East Region Programme Board dated 9 November 2018**

### **.7 Fife Health & Social Care Integration Joint Board dated 20 February 2019 (unconfirmed)**

### **.8 Fife Partnership Board dated 12 February 2019 (unconfirmed)**

## **27/19 FOR INFORMATION:**

The Board **noted** the item below.

### **(a) Integrated Performance Report – January and February 2019**

## **28/18 ANY OTHER BUSINESS**

None.

**29/19 DATE OF NEXT MEETING:**

Wednesday 29 May 2019 at 10.00 am in the Staff Club, Victoria Hospital, Kirkcaldy

## Integrated Performance Report Executive Summary

Based on IPR produced in April 2019



April IPR considered by:

- Finance, Performance and Resources Committee (14 May 2019)
- Clinical Governance Committee (8 May 2019)
- Staff Governance Committee (3 May 2019)

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## 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 Governance	GREEN	HAI - C Diff	Safe	0.32	12 months to Feb 2019	0.20	12 months to Jan 2019	0.20	↔	0.20	y/e Dec 2018	0.19	4th	0.27
	RED	Complaints (Stage 1 Closure Rate in Month)	Person-centred	80.0%	Feb 2019	72.1%	Jan 2019	80.3%	↓	77.9%	National Data for 2017/18 not yet published			
	RED	Complaints (Stage 2 Closure Rate in Month)	Person-centred	75.0%	Feb 2019	54.8%	Jan 2019	75.0%	↓	49.9%	National Data for 2017/18 not yet published			
	RED	HAI - SABs	Safe	0.24	12 months to Feb 2019	0.42	12 months to Jan 2019	0.42	↔	0.44	y/e Dec 2018	0.43	10th	0.33
Finance, Performance and Resources	GREEN	IVF Treatment Waiting Times	Person-centred	90.0%	3 months to Feb 2019	100.0%	3 months to Jan 2019	100.0%	↔	100.0%	Treatment provided by Regional Centres so no comparison applicable			
	GREEN	4-Hour Emergency Access *	Clinically Effective	95.0%	12 months to Feb 2019	95.2%	12 months to Jan 2019	95.7%	↓	95.3%	y/e Dec 2018	95.7%	3rd	90.9%
	GREEN	Antenatal Access	Clinically Effective	80.0%	3 months to Dec 2018	90.5%	3 months to Nov 2018	90.5%	↔	90.8%	Only published annually; NHS Fife was 7th for FY 2017-18			
	GREEN	Drugs & Alcohol Treatment Waiting Times	Clinically Effective	90.0%	q/e Dec 2018	96.8%	q/e Sep 2018	98.5%	↓	97.7%	q/e Dec 2018	96.8%	4th	93.9%
	AMBER	Cancer 31-Day DTT	Clinically Effective	95.0%	Feb 2019	94.2%	Jan 2019	95.3%	↓	95.4%	q/e Dec 2018	95.6%	6th	94.9%
	AMBER	Outpatients Waiting Times	Clinically Effective	95.0%	Feb 2019	93.9%	Jan 2019	91.9%	↑	N/A	End of December	92.8%	1st	70.1%
	AMBER	Diagnostics Waiting Times	Clinically Effective	100.0%	Feb 2019	99.5%	Jan 2019	98.2%	↑	N/A	End of December	98.4%	1st	78.1%
	AMBER	Dementia Post-Diagnostic Support	Person-centred	100.0%	2017/18	85.3%	2016/17	88.2%	↓	N/A	Only published annually; NHS Fife was 6th for FY 2016/17			
	RED	Dementia Referrals	Person-centred	1,327	Apr to Dec 2018	586	Apr to Sep 2018	406	↓	586	Only published annually; NHS Fife was 3rd for FY 2016/17			
	RED	Cancer 62-Day RTT	Clinically Effective	95.0%	Feb 2019	85.6%	Jan 2019	93.1%	↓	86.1%	q/e Dec 2018	87.1%	4th	82.7%
	RED	18 Weeks RTT	Clinically Effective	90.0%	Feb 2019	77.7%	Jan 2019	76.9%	↑	79.2%	Dec-18	80.4%	6th	79.5%
	RED	Patient TTG	Person-centred	100.0%	Feb 2019	70.5%	Jan 2019	68.7%	↑	71.6%	q/e Dec 2018	65.9%	6th	72.7%
	RED	Detect Cancer Early	Clinically Effective	29.0%	2 years to Sep 18	24.9%	2 years to Jun 18	23.8%	↑	27.9%	Only published annually; NHS Fife was 6th for 2-year period 2016 and 2017			
	RED	Delayed Discharge (Delays > 2 Weeks)	Person-centred	0	28th Feb Census	41	31st Jan Census	40	↓	N/A	27th Dec Census	9.96	4th	10.42
	RED	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			
RED	Smoking Cessation	Clinically Effective	490	Apr to Nov 2018	268	Apr to Oct 2018	238	↓	268	q/e Sep 2018	40.4%	6th	42.6%	
RED	CAMHS Waiting Times	Clinically Effective	90.0%	3 months to Feb 2019	74.1%	3 months to Jan 2019	77.7%	↓	75.8%	q/e Dec 2018	83.9%	4th	72.8%	
RED	Psychological Therapies Waiting Times	Clinically Effective	90.0%	3 months to Feb 2019	68.4%	3 months to Jan 2019	69.1%	↓	68.0%	q/e Dec 2018	72.0%	7th	75.7%	
Staff Governance	RED	Sickness Absence	Clinically Effective	5.00%	12 months to Feb 19	5.39%	12 months to Jan 19	5.40%	↑	5.39%	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 February alone was 92.1% (all A&E and MIU sites) and 89.1% (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 February, there were 10 *Staphylococcus aureus* Bacteraemias (SAB) across Fife, 4 of which were non-hospital acquired, with 6 occurring in VHK. The number of cases in February was 3 more than in January but 1 less than in February 2018, and the annual infection rate has remained unchanged (after rounding), at 0.42.

**Assessment:** Vascular Access Devices (VAD) remain the greatest risk for SAB acquisition and the collaborative work progressed across services has provided Fife with strengthened governance arrangements for VAD use. A scoping exercise will be scheduled in the coming months to determine membership and overarching aims for the SAB improvement work which will focus on our diabetic population.

The new Local Delivery Plan Standard for SAB, which was expected by the end of March 2019, has not been published as yet by the Scottish Government.

**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.*

After achieving both local targets in January for the first time, the closure rate for both Stage 1 and Stage 2 complaints in February fell sharply. The Stage 1 rate was 72.1%, while the Stage 2 rate was 54.8%. There was no single problem area, delays were generally experienced across all ASD Directorates and HSCP Divisions.

**Assessment:** The internal complaints-handling process continues to be monitored across Acute and Health and Social Care Partnership. The Patient Relations Team continues to review the quality of information within the investigation statements and the initial draft responses produced by the Patient Relation Officers. A daily review of open cases is also carried out to ensure timescales and deadline issues are escalated.

## 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 the 12-month period running from March 2018 to February 2019, 95.2% 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. While we have remained above the Standard since October 2017, this was the lowest annual average since the start of FY 2018/19.

In February itself, 89.1% of the patients attending the VHK Emergency Department met this target, slightly better than in January. There were 563 breaches out of 5,153 attendances, one of which 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 bed capacity, an increase in respiratory infections, as well as the number of frail people being admitted to hospital.

A review is planned to take place in order to assess the winter bed management and the impact on teams across the directorate in line with the bed optimisation project. Planning for winter 2019/20 will be an ongoing process from this point.

**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 February, 85.6% of patients (77 out of 90) started treatment within 62 days of an urgent suspected cancer referral, a 7.5% drop in comparison to January. Ten of the 13 breaches were across occurred in the Urology (5), Upper GI (3) and Breast (2) specialties.

**Assessment:** Performance continued to improve in February, but challenges still remain, particularly in relation to Breast cancer (due to Consultant retiral) and Prostate cancer (due to delays to MRI, TRUS biopsy and post MDT appointments). Long waits to bladder and renal surgery are also impacting on performance, while waits to oncology appointments due to reduced staff and increased referrals has also been a challenge.

The backlog of patients who have breached and are still awaiting treatment will result in further deterioration of performance in March and April.

**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 February, 70.5% of patients were treated within 12 weeks, the first figure above 70% since July last year. The highest number of breaches (160) continued to be in the Ophthalmology specialty, but it is positive to note that the numbers of 'ongoing waits' in this specialty and overall are at their lowest levels since June last year.

**Assessment:** Delivering the elective programme and recovery plan over the winter period has been difficult but the additional ambulatory and day case areas at VHK has been successful in avoiding cancellations due to bed capacity and enabling additional weekend activity.

The focus continues to be on reducing the number of patients waiting over 12 and 26 weeks for treatment. Achieving the target has continued to be a significant challenge for Urology due to demand exceeding available capacity and difficulties in securing sufficient levels of activity in the independent sector.

It is anticipated that the activity outsourced for Cardiology, General Surgery, Oral Maxillofacial, Ophthalmology, Orthopaedics, Gynaecology and ENT alongside additional in-house activity will lead to improved performance in patients waiting over 12 weeks at the end of March.

Discussions are ongoing with the Scottish Government about the level of additional funding available to meet the gaps in capacity for 2019-2020 and there continue to be issues relating to the availability of capacity in the independent sector and staffing both locum, and within our own staff groups to undertake additional in house waiting list initiatives.

***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 February, 99.5% of patients on the waiting list had waited less than 6 weeks for their test. In numerical terms, this equates to only 11 Endoscopy and 6 Radiology breaches, the lowest for nearly 3 years.

**Assessment:** The implementation of the recovery plan for 2018/19 for Radiology and Endoscopy, with funding secured from the Scottish Government, has delivered an improved position. It is anticipated that this will be sustained at the end of March. Discussions are ongoing with the Scottish Government about the level of additional funding available to meet the gaps in capacity for 2019-2020.

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

During February, 77.7% of patients started treatment within 18 weeks of referral, a slight improvement in comparison to January but remaining significantly below the Standard.

**Assessment:** The 18 weeks performance has continued to be a challenge in Q4 of 2018/19 due to the slower than anticipated improvement in performance for outpatients and TTG.

## 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 28<sup>th</sup> February Census (excluding Code 9 patients – Adults with Incapacity) was 89, 7 less than at the January. The number of patients in delay for over 14 days (again excluding Code 9 patients) was 41, 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 268 people in the 40% most deprived areas of Fife who attempted to stop smoking during the first 8 months of the

FY had successfully quit at 12 weeks. This is 55% of the annual target and 35 less than at the same stage of FY 2017/18.

**Assessment:** A new service arrangement has been provided within a residential home and Glenrothes YMCA, reaching more vulnerable groups of smokers. In addition, the service team attended two community events to raise the profile of the service and to engage with individuals wishing to stop smoking.

**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 covering December 2018 to February 2019, 74.1% of patients who started treatment did so within 18 weeks of referral. This is the second successive sharp monthly fall and continues to reflect the fact that long waits are being targeted and performance is based upon staffing at optimal level.

**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 being 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.

**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 covering December 2018 to February 2019, 68.4% of patients who started treatment did so within 18 weeks of referral. This is slightly less than in the previous 3-month period. Performance has barely changed in the last year, reflecting the fact that increasing demand is continuing to impact on any initiatives to reduce the waiting list.

**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 2018, 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 revenue position for the 12 months to 31 March reflects an underspend of £0.219m. This comprises an underspend of £6.869m on Health Board retained budgets; and a net

overspend of £6.650m aligned to the Integration Joint Board, including delegated health budgets (£0.325m underspend) and the impact of the risk share arrangement (£6.975m). The overall reported position remains draft pending formal external audit review.

The Acute Services Division reported an overspend of £8.315m for the year, of which £3.816m 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. It is important to note that the underlying run rate position for the year was £1.946m, with the remaining £6.369m being the shortfall on delivery of in year savings.

The health component of the IJB reported a £0.325m underspend for the year, with a transfer of costs from Fife Council totalling £6.975m, being the net impact of the risk share arrangement for the social care overspend. As previously reported, unspent allocations of £1.779m are recognised in the IJB position, being the net impact of ADP; Primary Care Improvement Fund; and elements of s15 Mental Health monies. The Health & Social Care Partnership management team recognise there will be a requirement to find an alternative means to support these projects in the next financial year.

### Capital Programme

The total Capital Resource Limit for 2018/19 is £8.459m supplemented by a NBV allowance of £22k giving a total available of £8.481m. The capital position for the 12 months to March shows investment of £8.479m an under spend of £2k, equivalent to 99.98% of the total allocation.

## 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 for the 12 months ending February was 5.39%, a decrease of 0.01% when compared to the position at the end of January. During the first eleven months of FY 2018/19, sickness absence was 5.39%, a decrease of 0.27% when compared with the equivalent period of FY 2017/18.

**Assessment:** The NHS Fife sickness absence rate increased in FY 2017/18, compared to FY 2016/17. However, various initiatives introduced during FY 2018/19 have had an overall positive effect on attendance (despite increases in the latter part of 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 12<sup>th</sup> November. By the completion date, 344 Action Plans (43%) had been completed. This has increased slightly to 377 (47%) at the end of March.

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 is currently 32%.

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 COMMITTEE**

**(Meeting on 8<sup>th</sup> May 2019)**

Key issues to be raised:

- The Committee noted the deterioration in the performance in dealing with Stage 2 Complaints, but noted the introduction of a new process and template for responding to this fall. This will continue to be closely monitored by the Committee.



**FINANCE, PERFORMANCE & RESOURCES COMMITTEE**

**(Meeting on 14<sup>th</sup> May 2019)**

Key issues to be raised:

- Delayed Discharge numbers are still higher than expected and remain a challenge
- CAMHS is seeing a reduction in the level of performance due to staff absence and leavers
- the level of unmet legacy savings within the Acute Services Division



## Staff Governance: Chair and Committee Comments

## STAFF GOVERNANCE COMMITTEE

(Meeting on 3<sup>rd</sup> May 2019)

Key issues to be raised:

- **Sickness Absence:** The sickness absence rate for the 12 months ending February was 5.39% a decrease of 0.01% from January. This remains disappointing.

The first of a series of workshops has been held on 29<sup>th</sup> April, with over 60 people attending. This included staff from all grades with differing roles within the attendance management process. The content was well received and further events will be held.

- **iMatter:** There has been a slight improvement in the level of action plans completed, rising to 47% at the end of March. The next cycle of iMatter is about to commence and a proactive communication and support plan is in place to support participation.



## Recommendation

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The NHS Fife Board is asked to:

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

**PAUL HAWKINS**

Chief Executive

22<sup>nd</sup> May 2019

Prepared by:

**CAROL POTTER**

Director of Finance

## NHS Board

<b>DATE OF MEETING:</b>	29 May 2019
<b>TITLE OF REPORT:</b>	NHS Fife Annual Operational Plan 2019/20
<b>EXECUTIVE LEAD:</b>	Carol Potter, Director of Finance & Performance
<b>REPORTING OFFICER:</b>	Susan Fraser, Associate Director Planning & Performance

Purpose of the Report (delete as appropriate)		
For Decision		

Route to the Board (must be completed)
The report has been considered by the Finance, Performance & Resources Committee in May 2019.

SBAR REPORT
<p><b><u>Situation</u></b></p> <p>The Annual Operational Plan (AOP), introduced by Scottish Government Health &amp; Social Care Directorates (SGHSCD) last year, is intended to support NHS Boards and their partners to deliver safe and accessible treatment and care.</p> <p>This year it represents the agreement that sets out how NHS Boards will deliver expected levels of operational performance to provide the foundations for delivering the Cabinet Secretary's priorities on waiting times improvement; investment in mental health; and greater progress and pace in the integration of Health and Social Care. The AOP for 2019/20 also requires NHS Boards to lay out their plans to meet the standards for Healthcare Associated Infection (HAI).</p>
<p><b><u>Background</u></b></p> <p>The Annual Operational Plan 2019/20 outlines plans for delivery of NHS Fife's local priorities identified through key planning assumptions for performance, strategic planning, financial and workforce planning. The draft AOP was submitted to SGHSD on 29 March 2019 and a meeting held with representatives from Scottish Government on 9 May 2019 to provide formal feedback. The AOP was discussed and considered in detail at the Finance, Performance &amp; Resources Committee on 14 May 2019.</p>
<p><b><u>Assessment</u></b></p> <p>The 2019/20 Annual Operational Plan is attached for consideration. This key document outlines plans for delivery of NHS Fife's local priorities identified through key planning assumptions for performance, strategic planning, financial and workforce planning. There are four local key priorities for NHS Fife during 2019/20 which underpins all aspects of the Board's strategic planning:</p>

1. Acute Services Transformation Programme
2. Joining Up Care - Community Redesign
3. Mental Health Redesign
4. Medicines Efficiencies

The financial assumptions set out in the AOP reflect the Financial Plan and Capital Programme as approved by the NHS Board on 27 March 2019.

The attached AOP incorporates comments from the Finance, Performance & Resources Committee and amendments following the AOP meeting with the Scottish Government on 9 May. The Committee recommended approval by the Board.

It should be noted that feedback from SG colleagues at the meeting was very positive, with the Chief Executive and Board being commended on the extent to which NHS Fife was one of the top performing boards in Scotland for both performance and finance.

### **Recommendations**

Board Members are asked to:

- **approve** the Annual Operational Plan 2019/20

### **Objectives: (must be completed)**

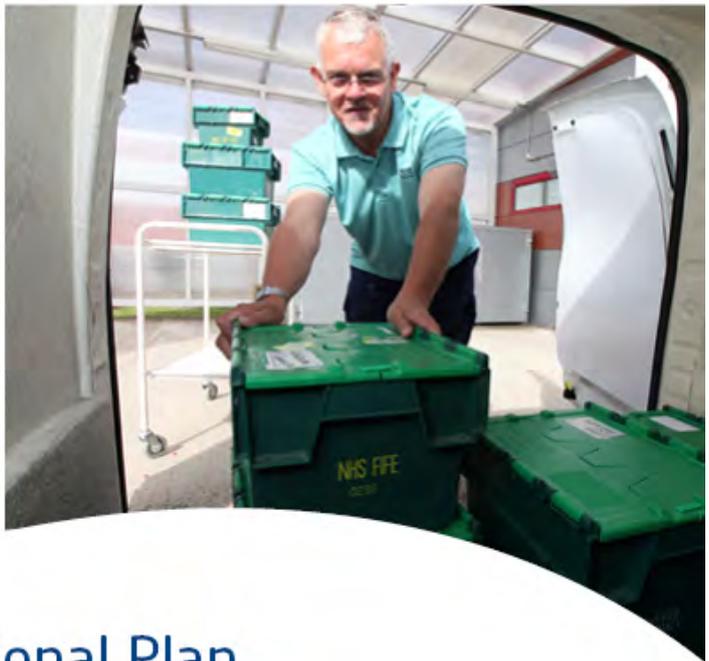
Healthcare Standard(s):	All
HB Strategic Objectives:	All

### **Further Information:**

Evidence Base:	N/A
Glossary of Terms:	N/A
Parties / Committees consulted prior to Board:	EDG; FP&R Committee; SGHSCD

### **Impact: (must be completed)**

<b>Financial / Value For Money</b>	The AOP will fully address the associated financial challenges
<b>Risk / Legal:</b>	NHS Fife has a duty to produce an annual AOP as part of its contract with the Scottish Government
<b>Quality / Patient Care:</b>	Included in the AOP
<b>Workforce:</b>	Included in the AOP
<b>Equality:</b>	N/A



# Annual Operational Plan 2019-20



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## Executive Summary

This is NHS Fife's second Annual Operational Plan (AOP), produced in line with guidance received from the Scottish Government's NHS Scotland Director of Delivery and Resilience on 25 February 2019.

The 2019/20 AOP outlines plans for delivery of NHS Fife's local priorities identified through key planning assumptions for performance, strategic planning, financial and workforce planning.

**There are four local key priorities for NHS Fife during 2019/20 which underpins all aspects of the Board's strategic planning:**

- 1. Acute Services Transformation Programme**
- 2. Joining Up Care - Community Redesign**
- 3. Mental Health Redesign**
- 4. Medicines Efficiencies**

The key planning assumptions which support these local priorities are:

- |                             |   |
|-----------------------------|---|
| <b>Planning</b>             | <ul style="list-style-type: none"><li>• Planning of services locally will continue to be whole system and will include regional planning where appropriate</li><li>• NHS Fife will continue to be well represented at Director and Clinical level in the East Region programme of work</li><li>• The Transformation Programme including the use of digital technology will remain the focus of delivery of the Clinical Strategy 2016-21</li></ul>  |
| <b>Quality &amp; Safety</b> | <ul style="list-style-type: none"><li>• NHS Fife will move towards an approach of continual self assessment in line with the national Quality of Care approach</li><li>• Key clinical priorities for 2019/20 have been identified and will continue to be monitored</li></ul>   |
| <b>Performance</b>          | <ul style="list-style-type: none"><li>• Where performance standards are met in 2018/19, this will be sustained into 2019/20</li><li>• Trajectories have been agreed to improve performance towards defined target where performance standards have not been met in 2018/19</li><li>• Performance will be enhanced through the commitment to and delivery of the Waiting Times Improvement Plan and the associated Quality Improvement Access Collaborative</li></ul>  |
| <b>Financial Planning</b>   | <ul style="list-style-type: none"><li>• The financial plan for 2018/19 has been developed around a confirmed overall baseline income uplift of 2.6% additional recurring funding plus 0.3% NRAC parity funding.</li><li>• Assumption of at least £6.7m funding from Scottish Government to support a move toward achievement of access targets in 2019/20</li><li>• The baseline funding assumption includes continuation of at least £2.5m Additional Departmental Expenditure Limit (ADEL) funding</li><li>• The baseline budget currently assumes recurring funding of £3m from the Pharmaceutical Price Regulation Scheme (PPRS).</li><li>• Expenditure commitments reflect assumptions per the Corporate Finance Network as well as locally agreed developments. Cost pressures are <u>not</u> included, nor does the plan take account of any risk share of social care</li></ul> |

costs, through the accounting for the Integration Joint Board.

- The budget position for 2019/20 is broadly balanced in year (£2.65m gap) although this increases to £17.3m, prior to any remedial action, when unachieved legacy savings are taken into account.
- The financial challenge for our acute services is most significant (£10.2m or 5.6% including the 'set aside' services).
- By comparison the health budgets delegated and managed by the Health & Social Care Partnership have a £6.5m or 1.7% efficiency target; this takes account of a notional budget uplift of 2.5%, thus delivering on the Scottish Government expectations of a real terms increase for integration authorities.

**Workforce  
Planning**

- NHS Fife's Workforce Strategy will support the delivery of the Clinical Strategy and enable the transformational programme to be realised.
- By working with the Integration Joint Board and Fife Council, the revised planning arrangements will ensure connectivity between the Acute Services and Health and Social Care Partnership Workforce Plan.

We believe this plan will deliver and support our ambition for NHS Fife to be a strongly performing board delivering quality person-centred and clinically excellent care.

## 1. Introduction

This is NHS Fife's second Annual Operational Plan (AOP), produced in line with guidance received from the Scottish Government's NHS Scotland Director of Delivery and Resilience on 25 February 2019.

The AOP will cover strategic planning of services (national, regional and local), quality and safety, performance, financial planning and workforce planning for 2019/20. Planning will reflect national, regional and local principles and priorities including the Clinical Strategy (published in 2016) – our vision for delivery of services to 2021.

The AOP will also report on NHS Fife's ongoing transformation programme which is aligned with the Clinical Strategy strategic objectives. This programme is ambitious and requires commitment from all disciplines across NHS Fife and through the use of Quality Improvement methodology the aim is to improve services to patients and help staff and patients redesign services to meet their needs.

## 2. Strategic Planning

### 2.1. National Planning

The AOP is founded on the principles set out in the Scottish Government's Health & Social Care Delivery Plan published in December 2016. It builds on the previous NHS Fife AOP and the national planning priorities described below:

- Focus on prevention, early intervention and supported self-management with minimal hospital stay
- Enhance integration to help people live better for longer at home or in a homely setting
- Evolve models of care incorporating new approaches, treatments and technologies
- With investment there must also be reform
- Develop collaborative models at pace
- Ensure quality, safety and person centred care are maintained

It also recognises that plans must be delivered in the context of:

- Better Care – working with people to provide the care they need at the right time and place with their input. Help people to anticipate their needs and plan accordingly and develop capacity in our community to support the changing needs of the population.
- Better Health – we need to move away from a 'fix and treat' model to one based on anticipation, prevention and self- management. Join with our public and third sector partners to tackle the causes of ill health and health inequalities.
- Better Value – our approach must shift to one of seeking value – i.e. the best outcomes for our investment. A critical factor in this is developing community resource to reduce demand in hospitals and therefore beds. By reducing demand for beds we will be able to use the resource more effectively in our communities. We need to use data and a quality improvement approach to ensure we get and maintain value in terms of outcomes.
- Health & Social Care Integration – through more integrated working create capacity in the community which will reduce hospital demand and in turn delayed discharges and improve the adult social care sector.

- National Clinical Strategy - This provides strong themes around strengthening community care and capacity, reducing avoidable secondary care demand and ensuring services are delivered in the most appropriate and effective place in terms of experience, outcomes and value. Of equal significance is the concept of 'realistic medicine' – a more pragmatic approach which helps people make more informed choices based on outcomes and what matters to them.
- Public Health Improvement - Scotland has significant issues with social and economic determinants that impact on health and wellbeing and which we need to influence through comprehensive and sustained initiatives alongside our partners.
- NHS Board Governance – Boards are currently in the process of rolling out the new NHS Scotland Blueprint for Good Governance. This seeks to embed best practice in corporate governance throughout all Boards and ensure the delivery of a consistent, effective and transparent governance approach across NHS Scotland. NHS Fife is fully involved in this work, both nationally and at local level.
- Cross Cutting actions – in addition there are a number of other initiatives such as 'Getting it Right for Every Child' which looks to capitalise on early life interventions having the greatest impact for health, education and economic issues. Other cross cutting issues includes digital transformation and application, resilient workforce planning and a robust approach to public and staff engagement and communication.
- Scottish Government Medium Term Health & Social Care Financial Framework – published in October 2018, this provides a pillar for wider planning across health and social care. Clarity on the financial outlook is essential to address the challenges facing the system. The framework highlights that investment, whilst necessary, must be matched with reform, to drive further improvement.

## **2.2. Regional Planning**

Across the region, we are collaborating in a way that adds value over and above the work of individual Boards.

In the south east of Scotland there has been a successful history of collaborative regional working, resulting in a wide range of services that are planned and delivered regionally, drawing on the benefits and opportunities in the interests of delivery for patient benefit.

In 2017, following the publication of the National Health and Social Care Delivery Plan, the region augmented its programme of work to include a wider range of services, assessing potential opportunities in supporting delivery of the national Delivery Plan and in pursuit of delivering against 5 agreed regional objectives:

- Shift the balance of care and investment from hospital care to primary and community care settings;
- Shift the emphasis of our system upstream from treatment of illness to prevention of ill health;
- Improve access to care and treatment in both unscheduled and elective care;
- Improve the quality of care and patient experience;
- Deliver recurring cash savings each year of 5 to 7% required to deliver financial balance and to respond to demographic change.

A number of key priorities for 2019/20 are highlighted below:

**Laboratory Medicine** - deliver an integrated laboratory medicine service for the region which delivers high quality, equitable, affordable, sustainable and accessible services for patients creating a 'One Laboratory Medicine Team' approach across the region through:

Review of workforce and seek solutions through regional working.

Look at options for reorganising services to ensure all appropriate testing maximises current estate and technological capability (automation, robotics, digital and artificial intelligence) and reduces duplication and variation in support of laboratory quality.

Use a single information platform to deliver benefit through integration of procurement process and consideration of single managed service contracts where applicable.

**Ophthalmology** - Through the newly established East Region Ophthalmology Network Board the focus in 2019/20 will be on outpatient service optimisation, theatre productivity and developing a regional model which will support sustainability and mitigate workforce risks, utilising community based services to shift the balance of care from acute to community.

**Regional Trauma Network** - implementation of the Scottish Government commitment to deliver a trauma network for Scotland which will direct patients to the most appropriate level of care for their injury, save more lives and improve patient outcomes from point of injury to rehabilitation. The region is working towards establishment of a Major Trauma Centre at the Royal Infirmary of Edinburgh in 2021/22 with supporting Trauma Units and integrated rehabilitation and repatriation systems which will support improved outcomes, recovery and care as local as possible where appropriate.

**East Region Partnership for the Prevention and Reversal of Type 2 Diabetes** – as part of our commitment to prevention and upstream intervention at the regional population level, the 3 East Region Health Boards, 6 IJBs and 6 Councils have committed to developing a multi-agency approach to tackling Type 2 diabetes in the region – a largely preventable disease which incurs significant personal, financial and social consequences. Equitable and consistent weight management services are being implemented across the region, with the focus in 2019/20 on developing an approach to reversing and preventing Type 2 Diabetes through evidence based, community delivered programmes

**Radiology** - Radiology services in the East Region, like other parts of the UK remain fragile with insufficient radiologists or radiology trainees to meet current and expected future demand. During 2019/20 we will look at developing our regional approach in light of recent developments with national connectivity, emerging collaboration on interventional radiology services and future national radiology programme deliverables.

**Regional Approach to Innovation and Digital Developments** - The East Region is building a coordinated, regional approach to Innovation drawing on the experience, relationships and networks developed through NHS Lothian's experience as an Innovation Test Bed pilot site. Opportunities to exploit the commissioning and adoption of new technologies will be maximised with a focus on addressing the challenges of managing demand and patient expectation along with availability of workforce.

**Cancer Services** – Opportunities present during 2019/20 and beyond to develop a more regional approach to addressing access and workforce challenges using the existing well

established regional cancer network arrangements and collaboration on the development of the new regional cancer centre.

In addition to the clinical services noted above, work continues on a regional model for payroll and procurement services as well as ongoing discussions in relation to a number of HR related functions.

### **2.3. Local Planning and Transformation Programme**

The NHS Fife Clinical Strategy (2016-21) was produced in 2016 to provide strategic direction for the future delivery of clinical services for the people of Fife and is closely aligned with the Health and Social Care Partnerships Strategic Plan. The recommendations of the Clinical Strategy will help shape the delivery of healthcare in Fife over the next 3 years.

These recommendations were developed into a transformation programme that included programmes of work from both our Acute Services and the Fife Health & Social Care Partnership (H&SCP). As we move into 2019/20, this will be an exciting period for transformation in Fife as it becomes more established and moves from planning and testing to delivery.

The four key priorities to be delivered are:

1. Acute Services Transformation Programme
2. Joining Up Care - Community Redesign
3. Mental Health Redesign
4. Medicines Efficiencies

The Primary Care Implementation Plan will also be described in this section as it forms a critical part of the wider transformation programme in Fife.

Leadership for these transformation programmes will be driven by the Chief Operating Officer and General Managers in Acute Services and the Director of Health and Social Care and Divisional General Managers in Health and Social Care Partnership. The pace and concerted focus required to deliver on the transformational change agenda is critical to supporting longer term planning and sustainability of services, in terms of both finance and workforce issues.

The cross cutting nature of services delivered by NHS Fife and the H&SCP necessitates strong clinical and corporate governance. A refreshed approach to the Joint Strategic Transformation Group (JSTG), providing system wide oversight of the Transformation Programme workplan is intended to improve governance arrangements and promote integration of health and social care services. This Group will be chaired by the Chief Executive, with a detailed action plan and deliverables, with reporting and assurance provided to the NHS Board through the standing Committees. This approach will seek to ensure greater progress and pace in all aspects of the integration of health and care across Fife.

One critical enabler identified that will enrich the transformation work to be undertaken is a digital strategy that will enable better use of existing resources and provide alternative ways of caring for patients. The Technology Enabled Care national programme provides opportunities to test and spread nationally evidenced-based technological solutions to support clinical services in Fife. NHS Fife is leading the way in the testing of state of the

art technology such as SNAP40 in Community Services by keeping patients safely at home with the aim to built technology solutions in the day to day delivery of services.

### 2.3.1. Acute Services Transformation Programme

The focus of the Acute Services Transformation Programme (ASTP) for 2019/20 will be the development of four key strategic themes and we expect these to cover improvements in 7-Day Working, Patient Administration & Outpatients improvement work, Acute & Front Door improvement, and Ward Improvements. The existing Site Optimisation Programme has been completed and a formal closure report will be issued in due course. The other elements of the improvement plan, where appropriate, will be incorporated into the four new key themes as outlined above, and will include potential improvements which were highlighted in the annual Service Review process, or included as part of the national programmes such as the Waiting Time Improvement Plan.

Service Reviews of all areas within the Acute Division were held during January and February 2018 and these provided both an overview of and improved understanding of current service provision, together with outline proposals for future improvement and how these proposals aligned with the recommendations of the Clinical Strategy.

The Waiting Times Improvement Plan, published on 23th October 2018, has outlined the expected steps and timescales required to reduce the length of time people are waiting for key areas of healthcare including New Outpatients and TTG as well as for Diagnostics and Cancer Waiting Times.

A local plan on improved waiting times is currently being finalised and where required this work will be incorporated in to the Outpatient Improvement programme. The projected improvement in waiting times is now based on receiving a smaller amount of additional funding, and therefore the key deliverables have been amended to reflect what can now be achieved within NHS Fife and is set out in this plan.

One of the major developments in 2018/19 for NHS Fife was the invitation to produce and submit an outline business case for a specialist Orthopaedic Centre. This acknowledges the outstanding Orthopaedic Service in NHS Fife, a service which has been commended for its excellence in care by the British Orthopaedic Society and its work is renowned across Scotland, consistently performing within the upper quartile in national performance figures. This standing and reputation of the Orthopaedic team has helped support NHS Fife's plans for a new specialist Orthopaedic Centre which will bring together all orthopaedic service into one facility, allowing them to continue their improvement journey across all orthopaedic patient care pathways.

### 2.3.2. Joining Up Care Transformation Programme - Community Redesign

This programme has been running for 2 years with the most significant work being the care approach to patients who regularly access emergency services and have complex multiple chronic conditions – these patients have been cohorted together under High Health Gain (HHG) individuals and managed in the community.

In addition to the HHG work, locality huddles have been established in each of the 7 localities. This is a multi-disciplinary meeting held fortnightly where complex cases are brought for discussion and a health and care plan for individuals are produced. The patients discussed at these huddles include but are not limited to HHG patients. The case conference approach is evolving with HHG individuals now being identified at the front door so intervention is more immediate.

Community Hubs are the next element of the development of community services. The inaugural facility in Queen Margaret Hospital will provide services which focus on patients on the frailty pathway. Patients are referred by Acute, Community, Locality Huddles and HHG case management services. By taking an integrated approach, patients can be treated holistically, which can also include good links with Mental Health. Plans are in place to rollout the Community Hub Model with configuration in line with the Community Hospital redesign at locality level.

Community Hospital and Intermediate Care bed redesign is the last element in the Joining Up Care programme to redesign and develop integrated community service delivery. Following extensive engagement an option appraisal was undertaken between September and December 2018. This identified options for community hospital and intermediate care bed redesign that are currently being developed and will propose the transformation of bed based care within the Health and Social Care Partnership. These will be presented to the Integrated Joint Board for consideration in summer 2019.

Underpinning all of the transformation work is the comprehensive consultation on the Joining up Care Transformation Programme which took place from June to September 2018. The feedback from this engagement work and the principles of equality and care close to home continue to be the foundations of the transformational work of Joining Up Care.

### 2.3.3. Mental Health Redesign

The whole system redesign process is reviewing and looking to rationalise inpatient sites as appropriate, supported by developing community alternatives. Following completion of the refreshed local Mental Health Strategy for Fife, there will be a review of all voluntary sector funded organisations to ensure that community priorities are informed by the new refreshed strategy.

Consideration is at an early stage with housing colleagues regarding purpose built community resources to meet the needs of Learning Disabilities clients with complex needs to avoid placements outwith Fife or in hospital for children and young people. The aim of this work is to develop a single multi-disciplinary team to ensure children and young people receive the right support, at the right time, in the right place/setting.

Key strategic intentions include the 'Our Minds Matter' which ensures an integrated approach across schools, third sector, social work and school nurses to children and young people's emotional health and well-being. This is supported by CAMHS primary mental health workers.

### 2.3.4. Medicines Efficiencies

The Medicines Efficiencies Programme has been running for 3 years and there has been significant work to deliver medicines efficiencies in the region of a total of £10 million across acute and primary care, with an additional projected £3.5M during 2018/19.

The three priority areas being focussed on are: Formulary Compliance, Reducing Medicines Waste and Realistic Prescribing.

### 2.3.5. Primary Care Implementation Plan

The General Medical Services (GMS) contract 2018 refocuses the GP role as expert medical generalists and will require some tasks to be carried out by members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient

care. GPs will retain a professional role in these services in their capacity as expert medical generalists and clinical leaders. Workforce availability and phased funding will be the biggest challenge for full implementation. The national Memorandum of Understanding states agreed priorities for implementation.

The following are the priorities and the plan for each of these priorities:

#### Vaccination services

Immunisations for school age children have progressed. In the next year we will be working on a proposal of how to implement flu and travel.

#### Pharmacotherapy services

We have pharmacotherapy in all practices across Fife. Over the next two years we will be working on consistency of level of service and full annual leave cover.

#### Community treatment and care services (including phlebotomy service)

Progress so far has included the Fife wide implementation of a phlebotomy service in the first year. Scoping for community treatment room requirements is ongoing

#### In hours urgent care services

Advanced Nurse Practitioners (ANPs) in training have been appointed to work in care homes across Fife to roll out the successful pilot model in Kirkcaldy which is reducing admissions to acute as well as relieving GP workload. Over the next year we will be working on a Fife wide model for managing all urgent care within primary care.

#### Multidisciplinary Team

We have community links workers, mental health nurses, MSK physiotherapists appointed to work in some GP clusters. Over the next two years we plan to roll this out across all the GP Clusters.

#### Premises &IT

Fife has achieved a solution to the IT challenges of NHS professionals working across different practices and will be implemented over the next year. Scoping of accommodation requirement for extended primary care team is ongoing. Applications for the sustainability loans will be verified, to ensure that the premises involved in the bids meet the requirements of the national code of practice.

### 3. Quality & Safety

Our aim is to provide high quality care that is safe, effective and person-centred. In order to do that we will continually seek opportunities to improve safety, reduce harm, improve reliability of care and drive person centred care to ensure patients, carers and families have a positive experience.

NHS Fife, in line with the national Quality of Care approach, will move towards an approach of continual self assessment. This will allow reflection and review of current practice to identify areas for improvement in service delivery and of outcomes for people using the service.

There will be particular focus on domain 2: Impact on patients, service users, carers and families, domain 5: Safe, effective and person-centred care delivery and domain 9: Quality Improvement focused leadership

NHS Fife has identified key priorities for 2019/20, which will be the indicators that will be used for the purposes of self-evaluation and for quality assurance of service provision. The key priorities are:

1. In-patients who stated they received the best possible care
2. Participation Standard
3. Your Care Experience
4. Deteriorating Patient
5. All Falls including those falls with harm
6. Pressure Ulcer Care
7. Healthcare Associated Infection/SABs
8. Surgical Site Infection (SSI) Caesarean Section
9. Medicines safety

#### Governance

NHS Fife monitors and reports progress and performance against the identified measures via the Quality Report, which is issued bi-monthly. The report is scrutinised by the Executive Directors Group and is reported through the Clinical Governance Committee.

The measures which are nationally set include the following,

1. To reduce HSMR by 10% December 2018
2. To reduce falls with harm by 20% by December 2017
3. To reduce all falls by 25% by December 2017
4. To reduce the pressure ulcer rate by 50% by December 2017
5. Achieve a maximum rate of SAB (including MRSA) of 0.24/1000 AOB
6. 90% or more of respondents from an inpatient survey "Your care experience" stated they received the best possible care
7. To achieve level 4 for Patient Focus activity and maintain level 3 for governance arrangements
8. Stage 1 - to equip staff to deal with complaints promptly at the point of contact  
Stage 2 – to provide a comprehensive response in a timely manner to improve the way we share learning from complaints

During 2019/20 these need to be reviewed to redefine and reset local ambition for new trajectories.

The ambition of NHS Fife is to ensure quality improvement focussed leadership is present across all services and programmes. A QI strategy is currently being developed to facilitate this.

## 4. Performance

### 4.1. LDP Standards

#### 4.1.1. Governance

NHS Fife monitors and reports performance against the LDP Standards via the Integrated Performance Report, which is issued monthly. The report is scrutinised by the Executive Directors Group and (bi-monthly) by the Clinical Governance, Staff Governance and Finance, Performance & Resources Committees, and a summary of the report, including commentary from each committee, is considered at each Board Meeting.

Mental Health services are managed by the Health & Social Care Partnership, and performance is further scrutinised via the Integration Joint Board Committee structure.

The following table summarises performance against key waiting times and other measures in the suite of LDP Standards, and trajectories for improving or sustaining performance during 2019/20. Where possible, aspirational performance levels at the end of financial years 2020/21 and 2021/22 are also included.

The key measures not meeting the LDP standards are:

- Elective Treatment Waiting Times (including Patient TTG, Outpatients and Diagnostics)
- Cancer 62-Day RTT
- Mental Health Waiting Times (CAMHS and Psychological Therapies)
- HAI (SAB)
- Sickness Absence

The AOP also includes information around how NHS Fife plans to sustain performance against the 4-Hour Emergency Access Standard over the next 3 years.

LDP Standards: Key Measures and Improvement Trajectories

LDP Standard / Key Measure	Original Standard		Performance at December 2018 *	Improvement Trajectory, 2019-2022					
	Required Level	Measure Period		Jun-19	Sep-19	Dec-19	Mar-20	Mar-21	Mar-22
Cancer 62-Day RTT	95.0%	Quarterly	86.7%	82.0%	86.0%	90.0%	90.0%	95.0%	95.0%
Cancer 31-Day DTT	95.0%	Quarterly	95.4%	92.0%	94.0%	95.0%	95.0%	95.0%	95.0%
Patient TTG **Waiting at month end	100.0%	Quarterly	68.8%						
12-Week Breaches: Total	0		384	409	423	296	150	34	0
12-Week Breaches: ENT	0		19	10	0	0	0	0	0
12-Week Breaches: General Surgery	0		26	55	85	40	0	0	0
12-Week Breaches: Gynaecology	0		19	34	40	28	14	0	0
12-Week Breaches: Ophthalmology	0		159	10	10	10	10	0	0
12-Week Breaches: Oral Max Surgery	0		10	30	30	20	0	0	0
12-Week Breaches: Surgical Paediatrics	0		N/A	20	10	0	0	0	0
12-Week Breaches: Trauma & Orthopaedics	0		73	70	70	50	40	30	0
12-Week Breaches: Urology	0		64	170	170	140	80	0	0
12-Week Breaches: Cardiology	0		8	10	8	8	6	4	0
Outpatient Waiting Times **	95.0%	Month End	92.2%						
12-Week Breaches: Total	0		1,032	416	311	291	102	0	0
12-Week Breaches: Cardiology	0			30	20	10	0	0	0
12-Week Breaches: Dermatology	0		72	30	20	10	0	0	0
12-Week Breaches: ENT	0		74	10	0	0	0	0	0
12-Week Breaches: Breast	0		81	0	0	0	0	0	0
12-Week Breaches: Gynaecology	0		23	66	81	156	72	0	0
12-Week Breaches: General Surgery	0			10	10	0	0	0	0
12-Week Breaches: Orthodontics	0			0	0	0	0	0	0
12-Week Breaches: Clinical Oncology	0			0	0	0	0	0	0
12-Week Breaches: Medicine for the Elderly	0			0	0	0	0	0	0
12-Week Breaches: Pain	0			0	0	0	0	0	0
12-Week Breaches: Haematology	0			20	20	15	10	0	0
12-Week Breaches: Surgical Paediatrics	0		35	15	0	0	0	0	0
12-Week Breaches: Gastroenterology	0		65	30	20	20	0	0	0
12-Week Breaches: Neurology	0		80	120	50	30	0	0	0
12-Week Breaches: Ophthalmology	0		287	10	10	10	0	0	0
12-Week Breaches: Trauma & Orthopaedics	0		109	55	60	40	20	0	0
12-Week Breaches: Urology	0		43	20	20	0	0	0	0
Diagnostics Waiting Times **	100.0%	Month End	98.4%						
6-Week Breaches: MRI	0		0	0	0	0	0	0	0
6-Week Breaches: Ultrasound	0		0	0	0	0	0	0	0
6-Week Breaches: CT	0		50	0	0	0	0	0	0
CAMHS Waiting Times	90.0%	Quarterly	82.6%	83.0%	85.0%	87.0%	88.0%	90.0%	90.0%
Psychological Therapies Waiting Times	90.0%	Quarterly	72.0%	72.0%	75.0%	78.0%	82.0%	88.0%	90.0%
Sickness Absence	4.00%	12-Month	5.47%	5.25%	5.15%	5.05%	5.00%	4.75%	4.50%
4-Hour Emergency Access	95.0%	12-Month	95.7%	95.5%	95.7%	95.8%	96.0%	97.0%	97.5%
HAI		12-Month							
Sabs	0.24		0.44	0.40	0.38	0.36	0.34	0.30	0.26
C Diff	0.32		0.19	0.22	0.22	0.22	0.22	0.22	0.22

\* December 2018 performance is approximate, and based on local management information - it is supplied purely for guidance

\*\* Performance for these measures are formally calculated using waiting list and patients treated information; for projections, this is not feasible so breach numbers are specified

### Trajectories and Action Plans

The agreed trajectories and actions being taken to improve or sustain performance against the LDP Standards are detailed below. During 2019/20, where the number of patients waiting are small (<10), every effort will be made to ensure these patients are seen and treated in a more timely manner. We are working with Scottish Government colleagues to identify any non recurring resources to support the actions required to achieve this.

#### 4-Hour Emergency Access

NHS Fife have consistently exceeded the 4-Hour Emergency Access Standard during FY 2018/19, there were some significant challenges during the winter months which saw performance dip at times, which was impacted by increased attendances at A&E by 5% when compared to last year. Over the last 4 years, attendances have increased by 7.5%.

The improvement plan for 4-Hours in the 3-year period from 2019/20 to 2021/22 is expected to show a modest improvement towards the stretch aim of 98%, however remaining above the expected standard, year-on-year, as shown below

LDP Standard / Key Measure	Original Standard		Performance at December 2018	Improvement Trajectory, 2019-2022					
	Required Level	Measure Period		Jun-19	Sep-19	Dec-19	Mar-20	Mar-21	Mar-22
4-Hour Emergency Access	95.0%	12-Month	95.7%	95.5%	95.7%	95.8%	96.0%	97.0%	97.5%

The key high-level actions for achieving and sustaining performance are shown in the table below.

Planned Actions	Expected Outcomes
<b>2019/20</b>	
Review of MIU service and workforce	Planning of urgent care centre model with H&SCP
Review AU1 Assessment pathway	Currently underway with MDT working on flow of patients presenting in AU1 with view to reducing length of stay and streaming patients
Increase ECAS and OPAT services and capacity	Develop services within the existing infrastructure for ECAS and implementation of OPAT, with view to decreasing LOS within ECD beds
<b>2020/21</b>	
Development of workforce	Ongoing monitoring with Nursing team to assess impact of aging workforce and recruitment challenges. Development of ANP roles within services where impact can reduce pressures on other clinical services.
<b>2021/22</b>	
Development of workforce	Continuation of 2020/21 assessment and outcomes

The national Mental Health Act Action 15 monies are being used to develop innovative solutions to reduce impact on police, GPs and Emergency Departments (EDs). To date, this includes expanding out of hours mental health services, introducing peer support approaches in the evenings and at weekends, further expanding access to mental health services via third sector partners. Progress is reported to the Scottish Government quarterly.

#### 4.1.2. Cancer Waiting Times

NHS Fife have generally exceeded the 31-Day DTT Standard during FY 2018/19, there were some challenging months, most notably in Q2 and Q3, with Urology and Breast specialties being particularly affected. In contrast, performance against the 62-Day Referral to Treatment (RTT) Standard remained under 90%, with ongoing issues in both Lung and Urology.

In response to the Scottish Government Waiting Times Improvement Plan (October 2018), we will continue to aim for full achievement of the 62-Day RTT performance standard at 92% by the end of Q2 of 2019/20, rising to 95% by the end of FY 2020/21.

We fully expect to continue to deliver and sustain the 31-Day DTT Standard throughout the 3-year period.

LDP Standard / Key Measure	Original Standard		Performance at December 2018	Improvement Trajectory, 2019-2022					
	Required Level	Measure Period		Jun-19	Sep-19	Dec-19	Mar-20	Mar-21	Mar-22
Cancer 62-Day RTT	95.0%	Quarterly	86.7%	89.0%	92.0%	93.0%	94.0%	95.0%	95.0%
Cancer 31-Day DTT	95.0%	Quarterly	95.4%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

The key actions for achieving this level of performance are shown in the table below.

Improvement Action	Expected Outcomes
<b>2019/20</b>	
Focus on current backlog of patients who have breached and not treated to eliminate any long waiters	Minimise time waiting for patients who have not received treatment within performance standard
Review Cancer Governance structure	Improve focus on improvement plans to support sustained delivery of Cancer Waiting Times
Implementation of new Scottish Referral Guidelines for Suspected Cancer	Identification of opportunities to reduce components of the cancer waiting times pathway
Review SOP for the management of patients with suspected/diagnosed with cancer	Ensure clarity for all professionals involved in the management of cancer pathways to ensure delivery of waiting times performance
Ensure appropriate downgrading processes are in place for urgent suspected cancer (USC) referrals	Ensure patients are on the correct expedited pathway
Explore opportunities to collaborate with GP to ensure access to diagnostics to support early diagnosis for USC patients	Avoid unnecessary referrals and facilitate early clinical decision making
Sustain waits for patients referred with USC to receive 1 <sup>st</sup> OPA/test within 14 days of referral	Sustained delivery of good practice to expedite delivery of treatment for cancer

<b>Improvement Action</b>	<b>Expected Outcomes</b>
	patients in line with cancer waiting times
Improve diagnostic pathways for cancer patients (imaging and pathology)	Identification of opportunities to reduce waits in the diagnostic phase of the cancer pathway
Purchase probes for endoscopic ultrasound (EUS) for upper gastrointestinal (UGI) and colorectal investigations	Patients seen closer to home (currently go to NHS Lothian) and reduction in waiting time for diagnostic
Develop a rehabilitation clinic for colorectal cancer surgical patients	Ensure optimal fitness, reduce length of stay and quicker recovery for patients
Complete consultant training in laparoscopic nephrectomy	Improve resilience (currently single handed practitioners delivering) and improve waiting times
Ensure adequate capacity to meet OPA, MDT and surgical demands in the Breast service	Sustained waits and to continue to treat patients within performance standard
Review gynae-onc provision	To strengthen regional working and ensure delivery of cancer waiting times
Continue to explore optimum Head and Neck cancer provision across the Regions	Improvement to cancer pathway
<b>2020/21</b>	
Introduce a one stop endoscopy clinic for colonoscopy +/- EUS	Reducing steps in pathway
<b>2021/22</b>	
Explore opportunities for 7 day CT service for all referral sources	Focus on specific tumour groups to ensure early diagnosis

#### 4.1.3. Elective Treatment Waiting Times

Performance against the Patient Treatment Time Guarantee and 18 Weeks Referral-to-Treatment Standards have remained under sustained pressure during the current Financial Year, in some areas demand has exceeded available capacity which has resulted in lower levels of performance against the standard than that expected. Recruitment to specialist Consultant positions has remained a challenge throughout the year for NHS Fife and this is reflective of the national position across the UK for many specialist areas.

Additional funding from the Scottish Government has alleviated some demand pressures for other aspects of Elective Treatment, namely Outpatients, and Diagnostics Waiting Times, where we have performed within a few % points of the required standard throughout the year for Outpatients whilst at the same time have reduced Diagnostics 6-week breaches.

Within Outpatients, we have additionally focused on eradicating those waits of over 26 weeks, and expect this figure to be very close to zero by year end.

The position for 2019/20 and beyond is of some concern as the funding expected to be provided to NHS Fife from the Scottish Government Waiting Times Improvement Plan (October 2018) is less than had been hoped. In addition, there continues to be issues relating to the availability of capacity in the independent sector and staffing, both locums

and within our own staff groups, to undertake waiting list initiatives which we expect to fall in the next year. None the less, we will continue to work with our teams to improve, or at the very least sustain our current position and work with the Scottish Government team to secure additional funding to enable an improved trajectory to be delivered.

LDP Standards: Key Measures and Improvement Trajectories

LDP Standard / Key Measure	Original Standard		Performance at December 2018 *	Improvement Trajectory, 2019-2022					
	Required Level	Measure Period		Jun-19	Sep-19	Dec-19	Mar-20	Mar-21	Mar-22
Cancer 62-Day RTT	95.0%	Quarterly	86.7%	82.0%	86.0%	90.0%	90.0%	95.0%	95.0%
Cancer 31-Day DTT	95.0%	Quarterly	95.4%	92.0%	94.0%	95.0%	95.0%	95.0%	95.0%
Patient TTG <b>**Waiting at month end</b>	100.0%	Quarterly	68.8%						
12-Week Breaches: Total	0		384	409	423	296	150	34	0
12-Week Breaches: ENT	0		19	10	0	0	0	0	0
12-Week Breaches: General Surgery	0		26	55	85	40	0	0	0
12-Week Breaches: Gynaecology	0		19	34	40	28	14	0	0
12-Week Breaches: Ophthalmology	0		159	10	10	10	10	0	0
12-Week Breaches: Oral Max Surgery	0		10	30	30	20	0	0	0
12-Week Breaches: Surgical Paediatrics	0		N/A	20	10	0	0	0	0
12-Week Breaches: Trauma & Orthopaedics	0		73	70	70	50	40	30	0
12-Week Breaches: Urology	0		64	170	170	140	80	0	0
12-Week Breaches: Cardiology	0		8	10	8	8	6	4	0
Outpatient Waiting Times **	95.0%	Month End	92.2%						
12-Week Breaches: Total	0		1,032	416	311	291	102	0	0
12-Week Breaches: Cardiology	0			30	20	10	0	0	0
12-Week Breaches: Dermatology	0		72	30	20	10	0	0	0
12-Week Breaches: ENT	0		74	10	0	0	0	0	0
12-Week Breaches: Breast	0		81	0	0	0	0	0	0
12-Week Breaches: Gynaecology	0		23	66	81	156	72	0	0
12-Week Breaches: General Surgery	0			10	10	0	0	0	0
12-Week Breaches: Orthodontics	0			0	0	0	0	0	0
12-Week Breaches: Clinical Oncology	0			0	0	0	0	0	0
12-Week Breaches: Medicine for the Elderly	0			0	0	0	0	0	0
12-Week Breaches: Pain	0			0	0	0	0	0	0
12-Week Breaches: Haematology	0			20	20	15	10	0	0
12-Week Breaches: Surgical Paediatrics	0		35	15	0	0	0	0	0
12-Week Breaches: Gastroenterology	0		65	30	20	20	0	0	0
12-Week Breaches: Neurology	0		80	120	50	30	0	0	0
12-Week Breaches: Ophthalmology	0		287	10	10	10	0	0	0
12-Week Breaches: Trauma & Orthopaedics	0		109	55	60	40	20	0	0
12-Week Breaches: Urology	0		43	20	20	0	0	0	0
Diagnostics Waiting Times **	100.0%	Month End	98.4%						
6-Week Breaches: MRI	0		0	0	0	0	0	0	0
6-Week Breaches: Ultrasound	0		0	0	0	0	0	0	0
6-Week Breaches: CT	0		50	0	0	0	0	0	0

\* December 2018 performance is approximate, and based on local management information - it is supplied purely for guidance

\*\* Performance for these measures are formally calculated using waiting list and patients treated information; for projections, this is not feasible so breach numbers are specified

It has been estimated that NHS Fife will require at least £6.7m funding from Scottish Government during 2019/20, to achieve the trajectories set out above for that period, and a significant additional sum to support a move toward achievement of access targets by the end of 2022, as requested through the Waiting Times Improvement Plan. If no additional funding is received over the three year planning cycle, it has been estimated that 12 week breaches would exceed 10,000 patients. Trajectories are based on the number of patients waiting over 12 weeks or 6 weeks at month end and may be adjusted depending on the level of funding received.

The key actions for achieving this level of performance are shown in the following table.

Improvement Action	Expected Outcomes
<b>2019/20</b>	
Reduce DNA rates	Increase OP Capacity
Move appropriate day case activity to QMH	Reduction in cancellations at VHK site
Review new technologies and procedures	Increased Efficiency
Appoint to vacant consultant posts	Sustainable services
Develop Outpatient Phlebotomy service	Increased Efficiency and Flow
<b>2020/21</b>	
JAG accreditation (Endoscopy)	Quality and Capacity Improvements
Implement improvements funded by Waiting Times Improvement Plan (WTIP)	Sustainable Services delivered in Fife
<b>2021/22</b>	
Expand the use of virtual clinics	Increase OP Capacity
Implement improvements funded by Waiting Times Improvement Plan (WTIP)	Sustainable Services delivered in Fife

#### 4.1.4. CAMHS Waiting Times

Performance against the CAMHS Waiting Time Standard improved significantly during 2018/19 as a result of various service changes, investment and improvement actions. Although demand for the service remains high, the % of individuals being seen within 18 weeks of referral has increased by almost 20%. The service continues to prioritise the most urgent cases, and performance is affected by any reduction to optimum staffing levels.

None the less, we will continue to work with our teams and partners (a whole system approach has been taken as part of the improvement agenda) to improve, or at the very least sustain our current position. We will also continue to work with the Scottish Government on detailed demand capacity models to secure and evidence additional funding to enable a sustainable improved trajectory is delivered by December 2020.

The plan for the 3-year period from 2019/20 to 2021/22 is to achieve and sustain the Standard, as shown below.

LDP Standard / Key Measure	Original Standard		Performance at December 2018	Improvement Trajectory, 2019-2022					
	Required Level	Measure Period		Jun-19	Sep-19	Dec-19	Dec-20	Dec-21	Mar-22
CAMHS Waiting Times	90.0%	Quarterly	83.9%	71.0%	75.0%	82.0%	100.0%	100.0%	100.0%

The key actions for achieving this are shown in the following table.

Improvement Action	Expected Outcomes
<b>2019/20</b>	
Introduction of Primary Mental Health Worker (PMHW) First Contact Appointments System	<p>Increase to PMHW service through Action 15 funding will provide First Contact Appointments to all children and young people who present to GP with issues related to emotional &amp; mental health.</p> <p>Initial assessments will occur within 1-2 weeks of original referral. Outcomes will be onward facilitated referral to universal providers, Referral to Primary Care psychology, additional support from PMHW or referral to CAMHS.</p> <p>This will ensure that appropriate interventions are provided at earliest opportunity by the right service.</p>
Waiting List Additional Staffing Resource	<p>Continuation of additional staffing resource of 15 clinical sessions provided by Child Psychology will specifically target the longest waiting children and young people.</p> <p>This resource will allow substantive staff to focus on those referred who are identified as urgent, priority or about to breach 18 weeks.</p>
Introduction of Substantive Team Leader role in East & West CAMHS Teams	<p>The Team leaders will provide a specific function of allocation of workload and coordination of work in response to waiting times</p>
Introduction of Initial Assessment Appointments	<p>Pilot programme established in West Fife CAMHS in collaboration with MHAIST.</p> <p>Provides initial assessment and formulation for children and young people who have been screened to ensure: Appropriate for CAMHS, alternative signposting where required, they are safe to be placed on a waiting list, less reliance on limited referral information.</p>
<b>2020/21</b>	
Redesign of CAMHS Self Harm Support Service	<p>Introduction of CAMHS Crisis response service.</p> <p>The service will expand on the effective elements of the Self harm service, broadening the age range and referral threshold to encompass all children and young people who present to unscheduled and emergency care environments with urgent mental health needs.</p>
Expanded PMHW First Contact Appointments	<p>The First Contact service provided by CAMHS PMHW will be expanded from the initial pilot providing to GP (subject to evaluation to support this) to include referrals from all</p>

Improvement Action	Expected Outcomes
	services and professionals working with Children and young people with Emotional and mental health issues. Service will be delivered across Fife's 7 localities
Expanded Therapeutic Group Programme	Initial pilot of rolling group programme will be introduced across whole of Fife, providing a tested and equitable therapeutic service. Will result in lower waiting times for common presenting difficulties and reductions to waiting lists through providing alternatives to 1:1 therapy.
Universal & Additional Service Area Training Programme	Continue to expand the programme of bespoke training for children's service providers to increase confidence and competence in managing emotional and mental health issues prior to referral to specialist service
<b>2021/22</b>	
Consolidation of CAMH Service Developments	Ensuring the service changes which were designed to improve access (PMHW, FCA, ICA, Group Programme) are all providing identifiable impact and are an effective use of limited resources
Revision of Universal & Additional Service Area Training Programme	Ensure that programme of training is fit for purpose and impacting on the number of children and young people receiving support within Universal and additional service areas

#### 4.1.5. Psychological Therapies Waiting Times

Performance remained around 70% throughout 2018/19. Despite a 9% increase in the number of people commencing Psychological Therapies (PT), comparing 2018 to 2017, progress towards the Standard was minimal because of the increased demand (12%) in the same period. Additional staff funded through SG made a significant impact but the resource was insufficient to absorb the historic queue. Further additional funding will be required to ensure compliance with the standard of 90% by December 2020 and to revise the trajectory.

System-wide service redesign to redistribute demand within a matched care approach progressed in 2018. The establishment of Community Mental Health Teams (CMHT) across Fife and the launch in November of a website facilitating self-referrals in Primary Care will begin to impact on waits in early 2019. Further redesign is planned for 2019/20.

The plan for the 3-year period from 2019/20 to 2021/22 is to achieve and sustain the Standard, as shown below.

LDP Standard / Key Measure	Original Standard		Performance at December 2018	Improvement Trajectory, 2019-2022					
	Required Level	Measure Period		Jun-19	Sep-19	Dec-19	Dec-20	Dec-21	Mar-22
Psychological Therapies Waiting Times	90.0%	Quarterly	72.0%	73.0%	77.0%	80.0%	90.0%	90.0%	90.0%

The key actions for achieving this are shown in the table below.

Improvement Action	Expected Outcomes
<b>2019/20</b>	
Single point of access for Secondary Care patients to be implemented, via CMHT	Improved flow; PT to become integrated into Multi-Disciplinary Team (MDT) approach improving quality of care and reducing waits for PTs delivered in phase-based approach
Implementation, through website, of extended group programme in Primary Care via referral and self-referral for low intensity PT	Self-referrals reduce delays in accessing PT and increase capacity for specialist services; increased group options improves flow
Review of Day Hospitals (DH) and PT skills training for DH and ward staff; improved coordination of PT programme across multiple NHS and 3 <sup>rd</sup> sector providers	Increased capacity for PT; improved flow; improved quality of care
Implementation of mental health triage nurse pilot programme in Primary Care (Action 15 SG)	Improved flow and triage/sign-posting; reduction in inappropriate referrals to specialist services; referral to PT at appropriate tier of service
Implementation of personality Disorder/Complex Trauma pathway	Improved flow and quality of care for people with complex needs who will receive phase-based PT across NHS and 3 <sup>rd</sup> sector providers
<b>2020/21</b>	
Extend delivery of self-referral low intensity therapies through website	Improved flow; reduced waits; person-centred service; increased capacity in specialist services
Extend delivery of group programme in Primary Care	Improved flow; reduced waits; increased capacity in specialist services
Development of brief PT model in Unscheduled Care Service (Action 15 SG)	Improve flow and reduce waits for people with complex needs who require PT within MDT/multi-agency approach
Implementation of new models of case management in CMHT (SCM)	Facilitate further development of phase-based PT for people with complex needs; better flow; reduced waits
<b>2021/22</b>	
Further development of all tiers of PT delivery listed above	Improved efficacy and efficiency; reduced waits; improved flow
Development of cCBT options – including cCBT for long-term conditions as part of anticipated national initiative	Person-centred care; increased capacity for PT
Further development of PT across 3 <sup>rd</sup> sector and of integrated NHS - 3 <sup>rd</sup> sector pathways	Person-centred care; increased capacity for PT; reduced waits

#### 4.1.6. HAI

NHS Fife maintained its performance against the C Diff Infection Rate Standard in 2018/19, achieving one of the lowest rates across all Health Boards. There was a less positive picture for SAB, where the issue of out-of-hospital infections remained a challenge throughout the year. There were also a higher-than-expected number of Vascular Access Device-related infections in VHK during the first half of the year, but an intense improvement programme has improved this situation.

The plan for the 3-year period from 2019/20 to 2021/22 is to sustain the C Diff Infection Rate at its current low level, reduce the SAB Infection Rate towards the Standard and to address the emerging threat of increasing numbers of multi-drug resistant organisms and related bacteraemia.

LDP Standard / Key Measure	Original Standard		Performance at December 2018	Improvement Trajectory, 2019-2022					
	Required Level	Measure Period		Jun-19	Sep-19	Dec-19	Mar-20	Mar-21	Mar-22
HAI		12-Month							
SAB	0.24		0.44	0.40	0.38	0.36	0.34	0.30	0.26
C Diff	0.32		0.19	0.22	0.22	0.22	0.22	0.22	0.22

The key actions for achieving this are shown in the table below.

Improvement Action	Expected Outcomes
<b>2019/20</b>	
Complete work mandated by the Vascular Access Strategy Group	Strategy deliverables achieved Improved systems and processes in place to manage VADs Governance arrangements are robust, are working and provide assurance and data for improvement Reduction in the number of VAD associated SAB
Design a new programme of work focusing on reducing the risk of SAB in diabetic patients	Reduction in the number of cases of SAB in patients with Diabetes Improved clinical outcomes Co-production with improvement focused outcomes across health and social care
Improve the management of recurrent CDI infections	Reduction in the number of recurrent CDI Reduction in the number of CDI overall
Address the increasing number of ECB related to urinary catheter use	Reduce avoidable harm Improve equity and quality of care across the system Reduction in variation with standardised consistent pathways of care Improve governance arrangements for all urinary catheters and ensure these are robust, accessible, consistently applied and measures (process and outcome) reported to provide assurance and data for improvement

Improvement Action	Expected Outcomes
<b>2020/21</b>	
Monitor compliance against the use of Vascular Access Devices and associated policies and procedures	Reduce avoidable harm Improve equity and quality of care across the system Reduction in variation with standardised consistent pathways of care
Further develop improvement work related to diabetic patients and intrinsic risk factors for SAB	Reduction in the number of cases of SAB in patients with Diabetes Improved clinical outcomes Co-production with improvement focused outcomes across health and social care
Monitor recurrent CDI cases and response to treatment	Improved quality of care for patient's/service users/clients with CDI recurrent disease Better understanding of the disease process and response rate
Report on areas of success, areas for further improvement and share learning from Urinary Catheter Improvement Group	Increase knowledge and understanding of what success looks like and what further work is needed to improve outcomes for this specific cohort of patients/service users/clients
<b>2021/22</b>	
Achieve and demonstrate a year on year % reduction in VAD associated SAB to reach LDP Standard	Reduce avoidable harm Improved quality of care
Achieve and demonstrate a year on year % reduction in the number of diabetic patients with associated SAB to reach LDP Standard	Reduce avoidable harm Improved quality of care
Achieve and demonstrate a year on year % reduction in the number of recurrent CDI cases from 2017-2018 rate	Reduce avoidable harm Improved quality of care
Achieve and demonstrate a year on year % reduction in the number of ECB in adults, total Healthcare Associated ECB in adults and total catheter usage in adults in accordance with the awaited LDP Standard	Reduce avoidable harm Improved quality of care

#### 4.1.7. Sickness Absence

Sickness Absence rates throughout NHS Fife improved in 2018/19, but remained above the LDP Standard, a common picture across all Health Boards.

The plan for the 3-year period from 2019/20 to 2021/22 is to continue the improvement in Sickness Absence year-on-year, moving closer to the 4% level.

LDP Standard / Key Measure	Original Standard		Performance at December 2018	Improvement Trajectory, 2019-2022					
	Required Level	Measure Period		Jun-19	Sep-19	Dec-19	Mar-20	Mar-21	Mar-22
Sickness Absence	4.00%	12-Month	5.47%	5.25%	5.15%	5.05%	5.00%	4.75%	4.50%

The key actions for achieving this are shown in the table below.

Improvement Action	Expected Outcomes
<b>2019/20</b>	
Targeted managerial, HR, OH and Well@Work input to support the management of sickness absence	0.25% reduction in overall NHS Fife sickness absence rates, which in turn will lead to a reduction in costs of covering for sickness absence
Early Occupational Health intervention for staff absent from work due to a Mental Health related reason for absence and improved staff mental wellbeing	5% reduction in sickness absence rates in respect of staff absent from work due to a MH related absence, which in turn will lead to a reduction in costs of covering for sickness absence
<b>2020/21</b>	
Consolidation of above and contribution of additional OH input to support management of sickness absence from OH Occupational Therapist and additional Consultant sessions	0.25% reduction in overall NHS Fife sickness absence rates, which in turn will lead to a reduction in costs of covering for sickness absence
Access to Tableau allowing services to interrogate their own data on sickness absence, by utilising current databases e.g. SSTS, Allocate etc	Improved and sustained performance in reduction in sickness absence rates through quicker access to data and identification of hot spots
<b>2021/22</b>	
Consolidation of above contributing to sustained improvement in attendance levels and a healthier workforce	0.25% reduction in overall NHS Fife sickness absence rates, which in turn will lead to a reduction in costs of covering for sickness absence
Sustained reduction in staff absent from work due to a Mental Health related reason for absence and improved staff mental wellbeing	Sustained reduction in sickness absence rates in respect of staff absent from work due to a MH related absence

## 4.2. Partnership Working

### 4.2.1. Delayed Discharges

NHS Fife, working with the Health and Social Care Partnership, has continued to focus on the need to reduce the number of patients in delay and the lengths of such delays. During the current year, and particularly over the winter months, numbers have unfortunately increased due to challenges in securing care packages to allow people to be supported at home. The Health and Social Care Partnership is addressing this issue through actions shown in the table below:

Improvement Action	Expected Outcomes
Increase the number of carers working within the START programme by 50 to provide more capacity within the re-ablement programme	Increased capacity within the START programme Reduce length of stay Reduce occupied beds days for people in delay
Streamline the re-ablement pathway on	Reduce the number of people in delay in

discharge from acute care through the provision of discharge support delivered by intermediate care teams	acute awaiting a care package
Support hospital flow by implementation of the 6 essential actions of daily dynamic discharge across acute and community care, prioritised to areas with poor flow	<p>Reduce length of stay</p> <p>Reduce occupied beds days for people in delay</p> <p>Clear communication to support appropriate patient pathways with pro-active patient, family and carer involvement</p>

#### 4.2.2. Prevent Avoidable Admissions and Reduce Bed Days

The development of Community Health and Wellbeing Hubs has been identified as the flagship transformation programme between NHS Fife and Fife Health and Social Care Partnership, as it delivers key recommendations from the Clinical Strategy and the strategic aims of the H&SC Strategic Plan. It is anticipated that through the development of Community Health and Wellbeing hubs, avoidable admissions could be better prevented with a resultant reduction in occupied bed days.

Community Health and Wellbeing Hubs will offer people access to information and care from a variety of organisations including health, social care, housing and voluntary services; more treatments taking place as close to home as possible; an increased emphasis on prevention and health improvement from a young age, and greater use of new and emerging technologies.

The key actions for achieving this are shown in the following table.

Improvement Action	Expected Outcomes
Develop and test a model to reduce frequent avoidable emergency admissions, focusing on High Health Gain (HHG) Individuals	<p>Earlier pro-active person centred support</p> <p>Increased Anticipatory Care Planning</p> <p>Integrated and co-ordinated care</p> <p>A case management approach</p> <p>Reduce length of stay where HHGIs are admitted to hospital</p>
Develop a single point of access and centralised triage service	<p>Integrated and co-ordinated care</p> <p>Easier access to support</p> <p>Support closer to home when it is needed</p> <p>Access to the right support at the right time</p>
Establish, test and evaluate a hub and spoke model in two locations across Fife and scope a 3-year plan for the development of the community health and well-being hub model in Fife	<p>Earlier pro-active person-centred support</p> <p>Prevent Avoidable Admissions</p> <p>Integrated and co-ordinated care</p> <p>Easier access to support</p> <p>Support closer to home when it is needed</p> <p>Access to the right support at the right time</p>

### **4.3. Public Health**

NHS Fife works closely with its Community Planning partners to implement the Local Outcomes Improvement Plan – the “Plan for Fife” and the national Public Health Priorities. These provide the vehicle for co-ordination and collaboration to reduce inequalities and improve health and wellbeing in Fife. This provides us with a forum to ensure that public and third sector partners are able to work together to support those facing the highest levels of inequality, through addressing what we call the social and economic determinants of health. The focus of the Fife Partnership’s work needs to continue on education, employment, housing and income as some of the social and economic determinants of health.

There is a lot of work underway already to address issues such as school attendance and educational attainment, to improve employment opportunities, to provide good housing and to increase the levels of income that households have. We have some good examples of local partnership work where we are supporting communities to address immediate issues such as food insecurity - ensuring that families have enough food to eat and that the food they have is healthy. We also have good examples of preventative work in local areas such as community based youth work. This provides children and young people with trusted adults that they can speak to and a safe space to build relationships with their peers - all of which contribute to good health and well-being. These are challenging times for our communities and public and third sectors but we have strong universal services in Fife that we can build on to support families and local communities.

In addition to this, further work on inequalities will take place through our healthcare public health work. This supports the new mental health strategy, the forthcoming primary care strategy and a new diabetes prevention pathway, including Tier 2 weight management services.

Public Health will continue to develop and improve our health protection function, including delivery and changes to our vaccination programmes. There are likely to be changes to population screening programmes in the coming year and this will be a key part of our work, working with regional and national partners within public health.

## **5. Financial Planning**

The financial planning process provides a detailed assessment for 2019/20 and an overview on the financial outlook for the subsequent two financial years to 31 March 2022.

### **5.1. Funding Assumptions**

The financial plan for 2019/20 has been developed using a confirmed baseline funding uplift of 2.6% plus 0.3% NRAC parity funding. In addition the plan incorporates the delivery of a real terms (1.8%) uplift in baseline funding to Integration Authorities for delegated health functions.

In addition to the baseline uplift, Scottish Government announced confirmation of investment in improving patient outcomes (includes waiting times, mental health, and primary care funding of £392m across NHS Scotland. This funding will form a key

component in support of the delivery of the Board's overall balanced financial position for 2019/20, and will continue to support priorities such as securing elective capacity to meet demand; digital, technology and innovation solutions to support redesign e.g. within outpatients; primary care modernisation; and improvements in mental health services.

The anticipated 2018/19 financial outturn position was predicated upon £5m of non recurring Access Support funding from Scottish Government to deliver on elective capacity performance. It has been estimated that NHS Fife will require at least £6.7m funding from Scottish Government during 2019/20, to achieve the trajectories set out in section 4 and a significant additional sum to support a move toward achievement of access targets by the end of 2022, as requested through the Waiting Times Improvement Plan.

The baseline funding assumption includes continuation of at least £2.5m Additional Departmental Expenditure Limit (ADEL) funding.

The New Medicines Fund (NMF) has been supported in previous years through funding received under the Pharmaceutical Price Regulation Scheme (PPRS). This fund has been used to offset the cost of Peer Approved Clinical System medicines (PACS) and specific high cost new medicines. The baseline budget currently assumes a separate recurring funding allocation of £3m.

## **5.2. Additional Expenditure Commitments**

As in previous years, there are a range of expected cost increases, many of which are unavoidable. These are incorporated in the financial planning template to be submitted in parallel with the Annual Operational Plan, and cover the following areas: pay, general supplies, hospital drugs, GP prescribing, service level agreements with other Boards, national development. The underpinning assumptions have been tested through the Corporate Finance Network. The impact of the increase in employer's superannuation contributions is assumed to be fully funded by SGHSCD. Within the financial plan templates it is not currently included in income or expenditure.

The undernoted table provides detail of the projected initial in year budget gap of £2.650m.

**Table 1: Projected Budget Gap**

	£'000
<b>Increase in funding</b>	
Uplift (2.57%)	12,148
ADEL	2,500
NRAC	2,200
PPRS	3,004
<b>Increase in funding</b>	<b>19,852</b>
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)
<b>Estimated increase in expenditure</b>	<b>22,502</b>
<b>Estimated in year gap</b>	<b>2,650</b>

The initial budget gap reported above does not take into account any non delivery of recurring savings in 2018/19. At January the non delivery of recurring savings totalled £14.683m which forms a baseline carry forward pressure into 2019/20. The impact on the financial gap as illustrated in the table below is to increase the net indicative budget gap to £17.333m, prior to any recovery actions such as efficiency, redesign or sustainability & value initiatives.

### 5.3. Updated Analysis of Projected Financial Outlook 2019/20

	Total £'000	H&SCP - Delegated £'000	Acute Set Aside £'000	Acute Services £'000	Estates & Facilities £'000	Corporate £'000	Strategic £'000
Income	19,852	6,476	713	3,310	2,086	1,578	5,689
Expenditure	22,502	7,213	983	4,622	2,225	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
<b>Net position</b>	<b>17,333</b>	<b>6,460</b>	<b>1,661</b>	<b>8,562</b>	<b>404</b>	<b>192</b>	<b>54</b>

The gap for the IJB will be the responsibility of the Director of Health & Social Care and Chief Finance Officer, as Section 95 Officer, to manage. The resultant gap across the Health Board has been allocated across Directorates and sub departments.

We enter the second year of our Service Review approach to support strategic financial planning and longer term sustainability. Through this process, all aspects of operational performance, quality/safety, workforce and finance continue to be reviewed and scrutinised.

### 5.4. 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. 6% (including the 'set aside' budgets). To support the identification and delivery of savings, the Chief Operating Officer is establishing a robust process. A further update will be provided through the Board's governance structure in due course. It is recognised that this is an extremely challenging target.

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 1.5%. 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 and for the CAMHS and Psychological Therapies standards. 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 including those in social care due to the impact of the current risk share methodology within the Integration Scheme; and
- early **identification and control of non recurring financial flexibility**.

## 5.5. 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 2 Projected Financial Outlook 2019/20 to 2021/22**

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

## 5.6. Risks and Assumptions

There are a number of known risks and assumptions supporting the underpinning financial aspects of the Annual Operational Plan, including:

- Availability and quantum of funding and resources to support all access targets including patient treatment time guarantee, outpatients, diagnostics and mental health.
- Treatment of unused allocations in year for both Health Board retained and H&SCP
- Volatility of H&SCP outturn position and any resultant risk sharing arrangement
- Delivery of a breakeven outturn in 2018/19 and the resultant impact on 2019/20
- Ability to manage underlying recurring cost pressures across the system, particularly in medicines
- Extent of the cost increases associated with new secondary care medicines
- Anticipated cost and volume of GP prescribing
- Workforce availability – skill mix and number
- Impact of changing demographics
- Availability of invest to save funding to facilitate change and redesign, either through local financial flexibility or national transformational funding
- Timescales for delivery of planned savings
- Appetite for major service change
- Patient impact assessment

Further details on the financial risk assessment are set out within the separate financial planning template.

## 5.7. Capital Investment

Capital funding for 2019/20 has not yet been formally confirmed 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. The draft expenditure plan for 2018/19 is largely consistent with previous years' allocation of funds across the different areas of investment: equipment, eHealth; minor capital; statutory compliance / backlog maintenance.

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)

## **6. Workforce Planning**

Work continues to progress the aims of Parts 1, 2 and 3 of the National Health and Social Care Workforce Plan. The aims are to:

- Support whole system workforce planning
- Enable the NHS, Integration Joint Boards and their commissioning partners in Local Government, in addition to the third and independent sector, to identify, develop, retain and support the workforce they need to deliver safe and sustainable services
- Improve workforce planning for Primary Care in Scotland

It is recognised that improved workforce planning can benefit the sustainability of services at national, regional and local levels.

Implementation of the Board’s Workforce Strategy, being led by the Director of Workforce, will enable the common themes and recommendations emerging from NHS Fife’s transformational programmes to be realised. These themes and recommendations

highlight that a sustainable health workforce, which is motivated, adaptable and highly trained, is crucial to delivering high quality healthcare in the changing health landscape and to meet the NHS Fife vision for health and social care by 2020 and beyond.

Internal workforce planning arrangements now include:

- NHS Fife Strategic Workforce Planning Group
- Health & Social Care Partnership – Workforce & Organisational Development Strategic Implementation Group
- Representation at East Region and National Workforce Planning Groups
- Integrated process in conjunction with Service Planning and Financial Planning within the Board

Work is continuing with the Integration Joint Board and Fife Council to identify the interconnections between workforce planning activity and, where appropriate, build on the joint working currently undertaken to advance common priorities for the future. In addition, the revised planning arrangements will ensure that there is connectivity, where appropriate, between the Health and Social Care Partnership workforce plan and the Acute Services workforce plan.

In support of the overall transformational change programmes within the Board it is recognised that workforce planning is fundamental to achieving and sustaining future models of service delivery. We are continuing to embed a fully integrated approach to service, financial and workforce planning within the Board.

## 7. Summary

The 2019/20 Annual Operational Plan sets out how NHS Fife will deliver expected levels of operational performance in order to provide the national priorities on waiting times improvement, mental health investment, progress and pace on the integration of health and care, and key standards for healthcare associated infection.

**There are four local key priorities for NHS Fife during 2019/20 which underpins all aspects of the Board's operational and strategic plans:**

- 1. Acute Services Transformation Programme**
- 2. Joining Up Care - Community Redesign**
- 3. Mental Health Redesign**
- 4. Medicines Efficiencies**

We believe this plan will deliver and support our ambition for NHS Fife to be a strong performing board delivering quality person-centred and clinically excellent care.



## Report to the Board on 29 May 2019

### BOARD DEVELOPMENT SESSION – 24 April 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.

#### April Development Session

4. The most recent Board Development Session took place in the Staff Club, Victoria Hospital, Kirkcaldy on Wednesday 24 April 2019. There were three main topics for discussion: Two Research Projects with St Andrews University, Good Governance Blueprint and Financial Position 2018-19.

#### Recommendation

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

**TRICIA MARWICK**  
Board Chairperson  
25 April 2019

## NHS Fife Board

<b>DATE OF MEETING:</b>	29 May 2019
<b>TITLE OF REPORT:</b>	Strategic Objectives 2019/20
<b>EXECUTIVE LEAD:</b>	Carol Potter, Director of Finance and Performance
<b>REPORTING OFFICER:</b>	Susan Fraser, Associate Director of Planning and Performance

Purpose of the Report (delete as appropriate)		
For Decision		

Route to the Board (must be completed)
The report has been considered by the Governance Committees in May 2019.

### SBAR REPORT

<p><b><u>Situation</u></b></p> <p>The Strategic Objectives 2018/19 for NHS Fife were agreed at the Board meeting in May 2018. The objectives describe what NHS Fife aims to achieve in the year and is the start of the strategic planning process and will be based around NHS Fife's Strategic Framework and aligned to the Clinical Strategy.</p> <p>This paper provides the board with a review of the Strategic Objectives for 2018/19 and also looks forward to 2019/20 with proposed objectives to be approved by the Board.</p>
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<p><b><u>Background</u></b></p> <p>The formal review of the Strategic Objectives 2018/19 was undertaken to close out the process for 2018/19. Each objective had a lead director who was asked to consider:</p> <ol style="list-style-type: none"> <li>(1) A review of their objectives for 2018/19</li> <li>(2) Any gaps in the objectives that required any additional objectives for 2019/20</li> <li>(3) Any objectives that were completed or no longer relevant and should be removed from 2019/20 objectives.</li> </ol> <p>Through the process of reviewing and updating the corporate objectives between 2018/19 and 2019/20, a number of changes have been made and these are documented in this section. New objectives have been added where gaps were identified and any current objectives that have been completed or not longer relevant have been removed.</p>
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<p><b><u>Assessment</u></b></p> <p>The summary of the review of the corporate objectives 2018/19 ensures that strategic planning is in place and progress and achievements made against the strategic objectives provides assurance to the board that adequate governance in place.</p> <p>The summary will be presented using the four quadrants of governance: Quality, Operational Management, Finance and Workforce but based on the organisational objectives of Person</p>
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Centred, Clinically Excellent, Exemplar Employer and Sustainable.

### Quality

Good progress has been made to further embed good governance in clinical practice. Further development of the Quality Report during 2018/19 continues to provide assurance to the Board and the introduction of Quality Reports for Acute and Health & Social Care brings the governance to an operational level. The publication of the Quality of Care Review process in

2018 will result in a review for all aspects of governance and this will be progressed during 2019/20.

National directives/programmes have been successful implemented with the introduction of Duty of Candour supported by local policy and systems, Excellence in Care programme becoming more embedded in the organisation and the End of Life Standards now in place across Fife.

The review of the current objectives has identified a gap and the following new objectives are being proposed for 2019/20.

Ref	Objective
1.5	Create and nurture a culture of person centred approach to care
1.8	Agree and deliver refreshed mental health strategy for Fife ensuring more people are supported in the community and that people requiring more intensive care receive that more quickly
2.1	Implement the Quality of Care Framework and reporting to the appropriate standing Board Committees, IPR and Board
2.8	Develop links with St Andrews University medical school through the ScotGEM programme aspiring towards university hospital status
3.8	Implement statutory safe staffing across all wards in accordance with new legislation

On review, the following objectives from 2018/19 have been identified as having been completed or not relevant any longer.

Ref	Objective	Status
2.8	Ensure End of Life Care Standards are consistently applied across all areas and aligned with national recommendations	Completed

### Operational Management

During 2018/19, alternative models of care were developed to provide sustainability within the health and social care systems. The transformation programmes, some in year 2 and 3, have seen significant change in how services are delivered. In Acute, the introduction of the front door frailty model and discharge hub has seen changes to admission and discharge patterns along with the development work of setting up community hubs and the introduction of a care coordination approach focused on frail and vulnerable individuals. The new GP contract focuses support by a multi disciplinary team based in practices.

Access standards continue to be challenging. The monthly Integrated Performance Report (IPR) and monthly Performance Reviews in Acute provide assurance that performance is being monitored and managed appropriately. Delivery of access targets relies on additional funding from the Scottish Government to provide extra capacity and going forward into 2019/20, these challenges remain.

The following new objectives have been identified for 2019/20.

Ref	Objective
4.7	Deliver agreed targets for performance delivery
4.9	Ensure NHS Fife is in full compliance with Health and Safety legislation and best practice including governance
4.10	Based on the Audit Scotland 2018 Report on Integration and the Ministerial Steering Group Review of Integration, engage with partners to ensure the success of health & social care integration in Fife.

The following objective has been added.

Ref	Objective	Status
3.7	Jointly develop and deliver an East RDP to improve service and financial sustainability	No longer relevant

### Finance

Financial governance continues to support the delivery of financial targets with the break even position relying on non recurring financial flexibility.

In terms of corporate governance, NHS Fife is well placed against the Blueprint for Governance demonstrating best practice in specific aspects.

The following new objective has been identified:

Ref	Objective
4.4	Deliver the Outline Business Case for the Fife Orthopaedic Elective Centre

The following objective has been removed as it has been completed and the appropriate governance is now in place.

Ref	Objective	Status
1.7	Review and enhance the governance and supporting business model for charitable funds	Completed

### Workforce

The Workforce Strategy published in 2018/19 is aligned with NHS Fife's Clinical Strategy and overviews the workforce across health and social care. Assurance can be given that appropriate measures are in place to ensure that staff are well informed, trained and professionally accredited staff and the iMatter tool ensure that staff are listened to. These measures now form part of the Staff Governance section in the Integrated Performance Report.

The Staff Governance Action Plan is reviewed regularly and delivered in partnership against Staff Governance standards.

The following objective had been identified as a gap and has been added.

Ref	Objective
3.3	Implement the 'Once for Scotland' policies as appropriate and prioritise the development of plans to support 'Promoting attendance at work' and the 'Health and well being of the workforce' policies

## 1. Summary

The review of the corporate objectives for 2018/19 provides assurance to the Board that the objectives for the organisation are still relevant and appropriate. The objectives are set out and presented using the Strategic Framework aims: person centred, clinically excellent, exemplar employer and Sustainable and is aligned to the Clinical Strategy.

### Recommendation

The Board is asked to:

- **Note** the review of the Strategic Objectives for 2018/19
- **Agree** the Strategic Objectives for 2019/20

### Objectives: (must be completed)

Healthcare Standard(s):	Applies to all standards
HB Strategic Objectives:	Provide a review of the Board's strategic objectives last year and proposes 19/20 objectives

### Further Information:

Evidence Base:	N/A
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Executive Directors

### Impact: (must be completed)

<b>Financial / Value For Money</b>	Includes review of financial objectives
<b>Risk / Legal:</b>	Includes review of risk objectives
<b>Quality / Patient Care:</b>	Includes review of quality of care objectives
<b>Workforce:</b>	Includes review of workforce objectives
<b>Equality:</b>	Fully incorporated in the organisation's objectives

# NHS Fife Strategic Objectives 2018/19



NHS Fife Strategic Objectives 2018/19

Vision	Mission	Values	Objectives	Strategic Framework Objectives	Ref.	Corporate Objectives 2018/19																
						CEO	DoF	DoPSP	COO	DoN	MD	DoPH	DoEF	HRD	DoHSC							
The people of Fife live Long and Healthy Lives	Transforming health and care in Fife to be the Best	Fairness & Transparency	PERSON CENTRED	<ul style="list-style-type: none"> <li>Listen to what matters to YOU</li> <li>Design services in partnership with service users, carers and communities</li> <li>Give YOU choices and information</li> <li>Create environments that encourage caring and positive outcomes for all</li> <li>Develop &amp; redesign services that put patients first supporting independent living and self management</li> </ul>	1.1	Improve complaints process to respond more effectively and efficiently to patient issues				S	L							S				
					1.2	Improve patient, public and partner engagement and participation with on-going strategic change agenda			S	S	L										S	
					1.3	Reduce Health Inequalities in terms of access and services. Implement Local Outcome Improvement Plan for Fife	*						L									S
					1.4	Improving equalities – Public Duties Act					L										S	
					1.5	Realising Realistic Medicine – implementation within NHS Fife linked to transformation & sustainability	*		S	S	L	S										
					1.6	Review and enhance the governance and supporting business model for charitable funds		L	S	S	S	S	S	S	S	S	S	S	S	S	S	S
					1.7	Ensure our services are designed to address the needs of people (link to performance / access)	*		L	L				S								L
					2.1	Continue to develop the Quality Report for the Clinical Governance Committee, IPR and Board			S		L	L										
					2.2	Maintain and audit the system of Safe & Effective Medicines Management			S	L	L											
					2.3	Fully implement the organisational duty of candour requirements	*		S	S	L											L
					2.4	Reduce Healthcare Acquired Harm, including facilities			S	L	L	S	L									S
					2.5	Continue to refine the NHS framework for risk management and keep the Board Assurance Framework up to date		S	S	S	L	S	S	S	S	S	S	S	S	S	S	S
					2.6	Continue to implement Excellence in Care to provide assurance to the organisation of nursing and midwifery care		S	S	S	L	S	S	S	S	S	S	S	S	S	S	S
					2.7	Work to develop and embed systems & services to reduce avoidable admissions (linked to sustainability objective)	*				L		S									L
		2.8	Ensure End of Life Care Standards are consistently applied across all areas and aligned with national recommendations			S	L	S											S			
		3.1	Develop a workforce strategy which supports the strategic and transformational plans of Fife	*		S	S	S	S	S	S	S				L			S			
		3.2	Develop arrangements which support effective Talent Management and Success Planning requirements			S				S	S	L	S						S			
		3.3	Continue to develop policies and plans which support promoting attendance at work and the health and well being of the workforce							S						L						
		3.4	Ensure compliance with Staff Governance standards and the principles and values of the 2020 / everybody matters strategy in line with national policy.		S	S	S	S	S	S	S	S	S	S	L	S						
		3.5	Ensure NHS Fife has the appropriate infrastructure to continue to meet professional standards for all staff		S	S	S	S	S	S	S	S	S	S	L	S						
		3.6	Implement the iMatter staff engagement tool and use feedback to develop an action plan		S	S	S	S	S	S	S	S	S	S	L	S						
		3.7	Ensure effective staff communications – develop and implement an effective internal communications strategy	*		L													L			
		4.1	Develop a Transformation plan for NHS Fife to deliver the triple aim	*	L	L	S	S	S	S	S	S	S	S	S	S	S	S	S			
		4.2	Jointly develop and deliver an East RDP to improve service and financial sustainability	*	L	L	L			S												
		4.3	Deliver the objectives of the NHS Fife / Health & Social Care joint transformation plan		S	L	S			S									L			
		4.4	Develop the Property and Asset Management Strategy to support strategic transformation & performance		S	S	S	S	S	S	S	S	L	S	S	S						
		4.5	Develop the eHealth, Information & Digital Strategy to support strategic transformation & performance			L																
		4.6	Deliver statutory financial targets		L	S	S	S	S	S	S	S	S	S	S	S	S	S	S			
4.7	Deliver effective corporate governance to the organisation		S	L	S	S	S	S	S	S	S	S	S	S	S	S	S					
4.8	Continue reduction of environmental harm							S	L													

Valve	Ref	Corporate Objectives 2018/19: Person Centred	Executive Objectives									
			CEO	DoF	DoPSP	COO	DoN	MD	DoPH	DoE F	HRD	DoHSC
Person Centred	1.1	1.1.1 1.1.2 1.1.3 1.1.4	Improve complaints process to respond more effectively and efficiently to patient issues									
	1.2	1.2.1 1.2.2 1.2.3 1.2.4	Improve patient, public and partner engagement and participation with on-going strategic change agenda									
	1.3	1.3.1 1.3.2 1.3.3 1.3.4 1.3.5	Reduce Inequalities in terms of access, services and follow up. Implement the Health & Wellbeing Plan 2015-2020 Provide leadership for Community Planning Embed the Personal Outcomes Approach across NHS & H&SC									
	1.4	1.4.1 1.4.2 1.4.3 1.4.4	Improving equalities									
	1.5	1.5.1 1.5.2 1.5.3 1.5.4 1.5.5	Ensure there is in place a sustainable NMAHP workforce with the appropriate skills to deliver safe, effective and person centred care that supports service redesign and changing approaches to care Support transformative innovation in H&SC Work with EDG and senior clinical leaders to embed the principles of Realistic Medicine into all of our clinical strategy and transformation plans Engage the clinical advisory structures in supporting the ambitions of Realising Realistic Medicine Through the APF, work with staff side to ensure Realistic Medicine is on the partnership agenda.									
	1.6	1.6.1 1.6.2	Develop an action plan interlinked with the transformation and sustainability programme to apply the realistic medicine approach across NHS Fife Support the DoF review and enhance the governance and supporting business model for charitable funds.									

Corporate Objectives 2018/19: Clinically Excellent			CEO	DoF	DoPSP	COO	DoN	MD	DoPH	DoEF	HRD	DoHSC	
Clinically Excellent	2.1	<p>2.1.1 Continue to develop the Quality Report for the Clinical Governance Committee, IPR and Board to reflect broader portfolio – Performance , SPSP, Local &amp; National Policy Changes, Areas of Local Focus</p> <p>2.1.2 Work with operational colleagues to develop the local quality reports for ASD &amp; HSCP</p> <p>2.1.3 Jointly lead the work with IMPACT to add quantitative and qualitative data to the Quality Report to reflect key safety issues in the system</p> <p>2.1.4 Support the development of clinical dashboards that reflect real time performance in the key SPSP safety measures - Ensure this is linked to patient experience data</p> <p>2.1.5 Take into account the national changes to the SPSP programme measures</p>											
	2.2	<p>2.2.1 Maintain a robust system of Safe &amp; Effective Medicines Management across the organisation with internal audit function to ensure ongoing compliance</p> <p>2.2.2 Continue to review all the Safe &amp; Effective Medicines Management Systems and processes</p> <p>2.2.3 Continue to develop and test the audit processes across the range of medicines management to ensure fitness for purpose</p> <p>2.2.4 Ensure the ADTC continues to take oversight of the systems and processes for safe use of medicines</p> <p>2.2.5</p>											
	2.3	<p>2.3.1 Develop the NHS Fife approach to ‘Never Events’/Significant Events - review and update where required systems and processes for reporting, investigation, mitigation and remedial action to ensure robust</p> <p>2.3.2 Review and update if required the process for significant events escalation to CEO and for significant event analysis</p> <p>2.3.3 Implement the revised Adverse Incident policy</p> <p>2.3.4 Review staff training and ensure adequate awareness of relevant policies and procedures</p> <p>2.3.5 Ensure communication and training to support the Duty of Candour are in place</p> <p>2.3.6 Ensure the reporting requirements for Duty of Candour are met for 18-19.</p>											
	2.4	<p>2.4.1 Prevent harm and deterioration – focus on medication related events, review of maternity services, review of surgical procedures</p> <p>2.4.2 Provide assurance for NHS Fife and H&amp;SCP around Public Health activity</p> <p>2.4.3 With the Director of Nursing and Director of Estates &amp; Facilities, work with EDG to ensure our systems and processes for reducing harm are robust and reviewed regularly</p> <p>2.4.4 Ensure risks are reviewed regularly to reduce the likelihood of harm taking place - Ensure Datix incidents inform this review</p> <p>2.4.5 Design any new services to be as safe as possible</p>											
	2.5	<p>2.5.1 Effectively respond to external reviews , policies and public health requirements</p> <p>2.5.2 Provision of public health assurance and activity in relation to access, inequalities, disease prevention, health protection &amp; health improvement</p> <p>2.5.3 Lead Emergency Planning function, review lessons learned from incidents and maintain a programme of training and exercises</p> <p>2.5.4 Support the Director of Nursing in the review of the overarching framework of risk for NHS Fife and provide Board assurance for managing resilience risks</p> <p>2.5.5 Continue to refine the NHS Fife Risk Management Framework working with Health and Social Care</p> <p>2.5.6 Ensure the Board Assurance Framework is regularly updated</p>											
	2.6	<p>2.6.1 Continue to implement Excellence in Care to provide assurance to the organisation and Board of nursing and midwifery care and standards</p> <p>2.6.2 Support the Director of Nursing implement Excellence in Care</p>											
	2.7	<p>2.7.1 Support the Director of Nursing and Director of H&amp;SC to develop and embed systems &amp; services to reduce unavoidable admissions (linked to sustainability objective)</p>											
	2.8	<p>2.8.1 Ensure appropriate clinical input is secured on regional planning groups, particularly in relation to the NMAHP workforce, which may have an impact on clinical services for the population of Fife</p> <p>2.8.2 Support the Director of Nursing implement the End of Life care standards in line with national recommendations</p>											
	2.9	<p>2.9.1 Ensure End of Life Care Standards are consistently applied across all areas and align with national recommendation</p> <p>2.9.2 Review and refine Palliative Care Model for NHS Fife.</p>											

value	Ref	Corporate Objectives 2018/19: Exemplar Employer	Executive Objectives										
			CEO	DoF	DoPSP	COO	DoN	MD	DoPH	DoE F	HRD	DoHSC	
Exemplar Employer	3.1	3.1.1 Publish a workforce strategy which supports the strategic and transformational plans of Fife 3.1.2 Support the Director of Workforce develop a workforce strategy which supports the strategic and transformational plans of Fife 3.1.3 Develop and implement a delivery plan to achieve the workforce strategy ensuring alignment and collaboration with the LDP and RDP associated work programmes 3.1.4 Deliver Public Health specific objectives including Redesign in relation to Regional services											
	3.2	3.2.1 Develop arrangements which support effective Talent Management and Success Planning requirements 3.2.2 3.2.3 3.2.4											
	3.3	3.3.1 Integral to the workforce strategy develop retention and recruitment plans to sustain current workforce with a number of key areas of focus including options for over 50's 3.3.2 3.3.3 3.3.4											
	3.4	3.4.1 Ensure NHS Fife has processes/policies in place to support NMAPS to meet the professional regulatory requirements 3.4.2 Ensure compliance with Staff Governance standards and the principles and values of the 2020 / everybody matters strategy in line with national policy. 3.4.3 3.4.4											
	3.5	3.5.1 Ensure NHS Fife has the appropriate infrastructure and support in place to enable all doctors to continue to meet the professional standards required for good care delivery and medical appraisal and revalidation and comply with the Duty of Candour 3.5.2 Embed the requirements for responding to the Duty of Candour 3.5.3 Ensure there is the correct infrastructure to enable medical staff to meet the standards required for good care delivery and medical appraisal and revalidation set out by the GMC 3.5.4 Deliver the finance directorate transformation programme, build the team and ensure all individuals deliver against their own and team objectives.											
	3.6	3.6.1 Take actions to improve retention and recruitment of clinical staff 3.6.2 Ensure the teaching for the graduate entry medical training program is delivered effectively to the GMC standards											
	3.7	3.7.1 Develop and implement an effective internal Communications Strategy											

value	Ref	Corporate Objectives 2018/19: Sustainable	Executive Objectives									
			CEO	DoF	DoPSP	COO	DoN	MD	DoPH	DoE F	HRD	DoHSC
Sustainable	4.1	<p>4.1.1 Develop an NHS Fife Transformation Plan with 3 outcomes measures of financial, capacity or sustainability improvement and associated timelines/responsible officers</p> <p>4.1.2 Develop a Joint Fife Transformation Plan with 3 outcomes measures of financial, capacity or sustainability improvement and associated timelines/responsible officers</p> <p>4.1.3 Complete systematic review of variance/performance and develop action plan with outcome measures/timescales for delivery</p> <p>4.1.4 Undertake a review of performance and consider options going forward in terms of delivery and affordability</p> <p>4.1.5 Lead the review of procurement and payroll services in support of the regional and national shared services agenda.</p>										
	4.2	<p>4.2.1 Provide senior representation from CEO, DoF, DoPSP, MD, DoPH and COO as required to support the East (H&amp;SCDP) Programme Board</p> <p>4.2.2 Provide Senior Planning and Finance Resource to support the Regional Planning Resource to develop and deliver the RDP</p> <p>4.2.3 Link with National Groups to influence and develop the planning and delivery of the RDP e.g. DoP&amp;SP, DoF, COO's, NPF, BCE's, DoN, MD's etc.</p> <p>4.2.4 Ensure the RDP and LDP are appropriately linked and actions, savings plans and services changes are clearly understood and defined.</p> <p>4.2.5 Support the development of the East of Scotland regional planning and delivery programme</p>										
	4.3	<p>4.3.1 Continue to Implement Clinical Strategy</p> <p>4.3.2 Develop and implement a robust system of corporate governance, recognizing the emerging and changing model required for health and social care services.</p> <p>4.3.3 Provide financial leadership, oversight and scrutiny of medicines expenditure, trends and efficiency across NHS Fife including GP prescribing.</p>										
	4.4	<p>4.4.1 Review existing PFI contract</p> <p>4.4.2 Establish increased oversight and leadership of the Board's property strategy and underpinning capital programme including PFI contracts and estates rationalisation.</p> <p>4.4.3 Implement revised financial reporting framework and supporting analytical function</p> <p>4.4.4</p>										
	4.5	<p>4.5.1 Review Acute Services in terms of sustainability- performance, workforce and facilities</p> <p>4.5.2 Develop and implement a finance, eHealth and Estates Strategy in support of the Clinical Strategy and the LDP</p> <p>4.5.3 Develop a robust eHealth, Information &amp; Digital Strategy to support strategic transformation and performance management</p>										
	4.6	<p>4.6.1 Provide financial leadership to the NHS Fife transformation programme and underpinning financial strategy</p> <p>4.6.2 Contribute as a member of the Executive Team and take on leadership roles</p> <p>4.6.3 Support the corporate achievement of our statutory financial targets and deliver these for individual directorates</p>										
	4.7	<p>4.7.1 Implement Clinical Strategy, Annual Operational Plan and Regional Operational Plan</p> <p>4.7.2 Deliver effective corporate governance for the organisation with a specific focus on clinical governance</p> <p>4.7.3 Develop and implement a robust system of corporate governance, recognizing the emerging and changing model required for health and social care services.</p> <p>4.7.4 Develop and implement a modern, timely and fit for purpose financial reporting framework, incorporating weekly reporting and dashboards.</p>										

# NHS Fife Strategic Objectives 2019/20



NHS Fife Strategic Objectives 2019/20

NHS Fife Strategic Objectives 2019/20																							
Vision	Mission	Values	Objectives	Strategic Framework Objectives	Ref.	Corporate Objectives 2019/20																	
						CEO	DoF	COO	DoN	MD	DoPH	DoEF	DoW	DoHSC	DoP								
The people of Fife live Long and Healthy Lives	Transforming health and care in Fife to be the Best	Fairness & Transparency	PERSON CENTRED	<ul style="list-style-type: none"> <li>Listen to what matters to YOU</li> <li>Design services in partnership with service users, carers and communities</li> <li>Give YOU choices and information</li> <li>Create environments that encourage caring and positive outcomes for all</li> <li>Develop &amp; redesign services that put patients first supporting independent living and self management</li> </ul>	1.1	Improve complaints process to respond more effectively and efficiently to patient issues			S	L							S						
					1.2	Improve patient, public and partner engagement and participation with on-going strategic change agenda			S	L										S			
					1.3	Reduce Health Inequalities in terms of access and services. To deliver the Local Outcome Improvement Plan for Fife and the Public Health priorities for Scotland in order to prevent and reduce health inequalities in Fife.	*						L								S		
					1.4	Improving equalities – Public Duties Act					L										S		
					1.5	Create and nurture a culture of person centred approach to care	*		S	L	S	S									S		
					1.6	Realising Realistic Medicine – embed within NHS Fife linked to transformation & sustainability	*	S	S	S	L	S	S	S	S	S	S	S			S		
					1.7	Ensure our services are designed to address the needs of people (link to performance / access)	*		L				S	S							L		
					1.8	Agree and deliver refreshed mental health strategy for Fife ensuring more people are supported in the community and that people requiring more intensive care receive that more quickly		S		S	S										S	L	
					2.1	Implement the Quality of Care Framework and reporting to the appropriate standing Board Committees, IPR and Board	*	S	S	L	L	S									S	S	
					2.2	Maintain and audit the system of Safe & Secure Use of Medicines Management			S	S	S												L
					2.3	Fully embed the organisational duty of candour requirements in all areas of NHS Fife	*		S	S	L											S	
					2.4	Reduce Healthcare Acquired Harm			S	L	L	S	S									S	
					2.5	Continue to refine the NHS framework for risk management to include the Board risk tolerance and appetite and keep the Board Assurance Framework up to date		S	S	L	S	S	S	S	S	S	S	S					
					2.6	Continue to implement Excellence in Care to provide assurance to the organisation of nursing and midwifery care		S	S	L	S	S	S	S	S	S	S	S					
		2.7	Work to develop and embed systems & services to reduce avoidable admissions supporting sustainability and value	*		L		S	S										L				
		2.8	Develop links with St Andrews University medical school through the ScotGEM programme aspiring towards university hospital status	*	S	S		L										S	S				
		3.1	Review and update the existing workforce strategy which supports the strategic and transformational plans of Fife	*		S	S	S	S	S	S	S	L	S	S								
		3.2	Develop arrangements which support effective Talent Management and Succession Planning requirements		S	S	S	S	S	S	S	L	S	S									
		3.3	Implement the 'Once for Scotland' policies as appropriate and prioritise the development of plans to support 'Promoting attendance at work' and the 'Health and well being of the workforce' policies						S			L											
		3.4	Ensure compliance with Staff Governance standards and the principles and values of the 2020 / everybody matters strategy in line with national policy.		S	S	S	S	S	S	S	L	S	S									
		3.5	Ensure NHS Fife has the appropriate infrastructure and training environment to continue to meet professional standards for all staff		S	S	S	S	S	S	S	L	S	S									
		3.6	Increase and sustain participation in the iMatter staff engagement tool to ensure feedback received informs an action plan for 2020/21		S	S	S	S	S	S	S	L	S	S									
		3.7	Ensure effective staff communications – develop and implement an effective internal communications strategy			L													L				
		3.8	Implement statutory safe staffing across all wards in accordance with new legislation			S	L											S	S				
		4.1	Refresh and embed the Transformation plan for NHS Fife to deliver the triple aim supporting sustainability and value	*	L	S	S	S	S	S	S	S	S	S	S	S							
		4.2	Deliver the objectives of the NHS Fife / Health & Social Care joint transformation plan		S	L			S				L	S									
		4.3	Develop the Property and Asset Management Strategy to support strategic transformation & performance		S	S	S	S	S	L	S	S											
		4.4	Deliver the Outline Business Case for the Fife Orthopaedic Elective Centre	*	L	S				S													
		4.5	Develop the eHealth, Information & Digital Strategy to support strategic transformation & performance		S	L			S										S				
		4.6	Deliver statutory financial targets		L	S	S	S	S	S	S	S	S	S	S				S	S			
		4.7	Deliver agreed targets for performance delivery			L	S	S	S	S	S	S	S	L	S								
		4.8	Deliver effective corporate governance to the organisation		L	S	S	S	S	S	S	S	S	S	S								
		4.9	Ensure NHS Fife is in full compliance with Health and Safety legislation and best practice including governance			S	S	S	S	L									S				
		4.10	Based on the Audit Scotland 2018 Report on Integration and the Ministerial Steering Group Review of Integration, engage with partners to ensure the success of health & social care integration in Fife.		S	S	S	S										S	L				

## NHS Fife Board Meeting

<b>DATE OF MEETING:</b>	29 May 2019
<b>TITLE OF REPORT:</b>	Annual Review of Code of Corporate Governance
<b>EXECUTIVE LEAD:</b>	Carol Potter, Director of Finance
<b>REPORTING OFFICER:</b>	Dr Gillian MacIntosh, Board Secretary

Purpose of the Report (delete as appropriate)		
<b>For Decision</b>	<b>For Discussion</b>	<b>For Information</b>

Route to the Board (must be completed)
<p>The amended Code was initially considered by the Audit &amp; Risk Committee at its meeting of 16 May 2019, and incorporates recent reviews by each Board Committee of their individual Terms of Reference. Also proposed are a number of clarifying changes to the Standing Financial Instructions, recommended by the Director of Finance.</p>

SBAR REPORT
<p><b><u>Situation</u></b></p> <p>The Fife NHS Code of Corporate Governance is an all-encompassing suite of documents setting out the Board's Standing Orders, Scheme of Delegation, Standing Financial Instructions and Code of Conduct for Board Members. It is therefore important that it remains current and correct.</p>
<p><b><u>Background</u></b></p> <p>The most recent version of the Board's Code of Corporate Governance was formally approved in April 2018. At that date, the Board was invited to approve any future revisions on a three-year cycle of updates. However, various changes to job titles and structures might now be usefully reflected in the document, to keep this up-to-date. Going forward, an annual update of the Code is thus proposed.</p>
<p><b><u>Assessment</u></b></p> <p>The attached version of the Code has been reviewed to ensure that the current text reflects present structures, terminology and job titles. Proposed textual changes have been tracked in the document for ease of identification.</p> <p>The Board should note that further changes to the Code will be required in the near future to reflect the work currently underway aligned to the implementation of the <a href="#">NHS Scotland Blueprint for Good Governance</a>. It is expected that this will produce 'template' Standing Orders, Schemes of Delegation and Standing Financial Instructions on a 'Once for Scotland' approach, which individual Boards will be expected to implement and adapt locally as part of implementing the Blueprint. Additionally, standard Terms of Reference for 'mandatory' Board committees (i.e. Audit, Clinical Governance and Staff Governance) are presently being prepared, again to be adopted locally when finalised by the national group. A further update to the Board on this will therefore follow in due course.</p>

The Audit & Risk Committee considered the revised Code of Corporate Governance at its meeting on 16 May 2019 and the Committee recommended approval thereof. The updated draft is now attached for the Board's formal approval.

**Recommendation**

The Board is asked to:

- **approve** the updated Code of Corporate Governance as per the attached version; and
- **note** the intention to review the Code on an annual cycle in future years, as per the Board's workplan.

**Objectives: (must be completed)**

Healthcare Standard(s):	All aspects of Healthcare Standards
HB Strategic Objectives:	All aspects of the Board's Strategic Framework

**Further Information:**

Evidence Base:	NA
Glossary of Terms:	NA
Parties / Committees consulted prior to Health Board Meeting:	Audit & Risk Committee

**Impact: (must be completed)**

Financial / Value For Money	Financial governance is a key component of the Board's Code of Corporate Governance, containing therein the Scheme of Delegation and Standing Financial Instructions.
Risk / Legal:	Risk management is a key component of the Board's Code of Corporate Governance
Quality / Patient Care:	The impact on quality / patient care is a key consideration for governance
Workforce:	The impact on workforce is a key consideration for governance
Equality:	N/A



## **CODE OF CORPORATE GOVERNANCE**

**FIFE NHS BOARD**

Reviewed by: Board Secretary  
Date of Board Approval: 29 May 2019  
Review Date: April 2020

**Issue no. 14 – Master**

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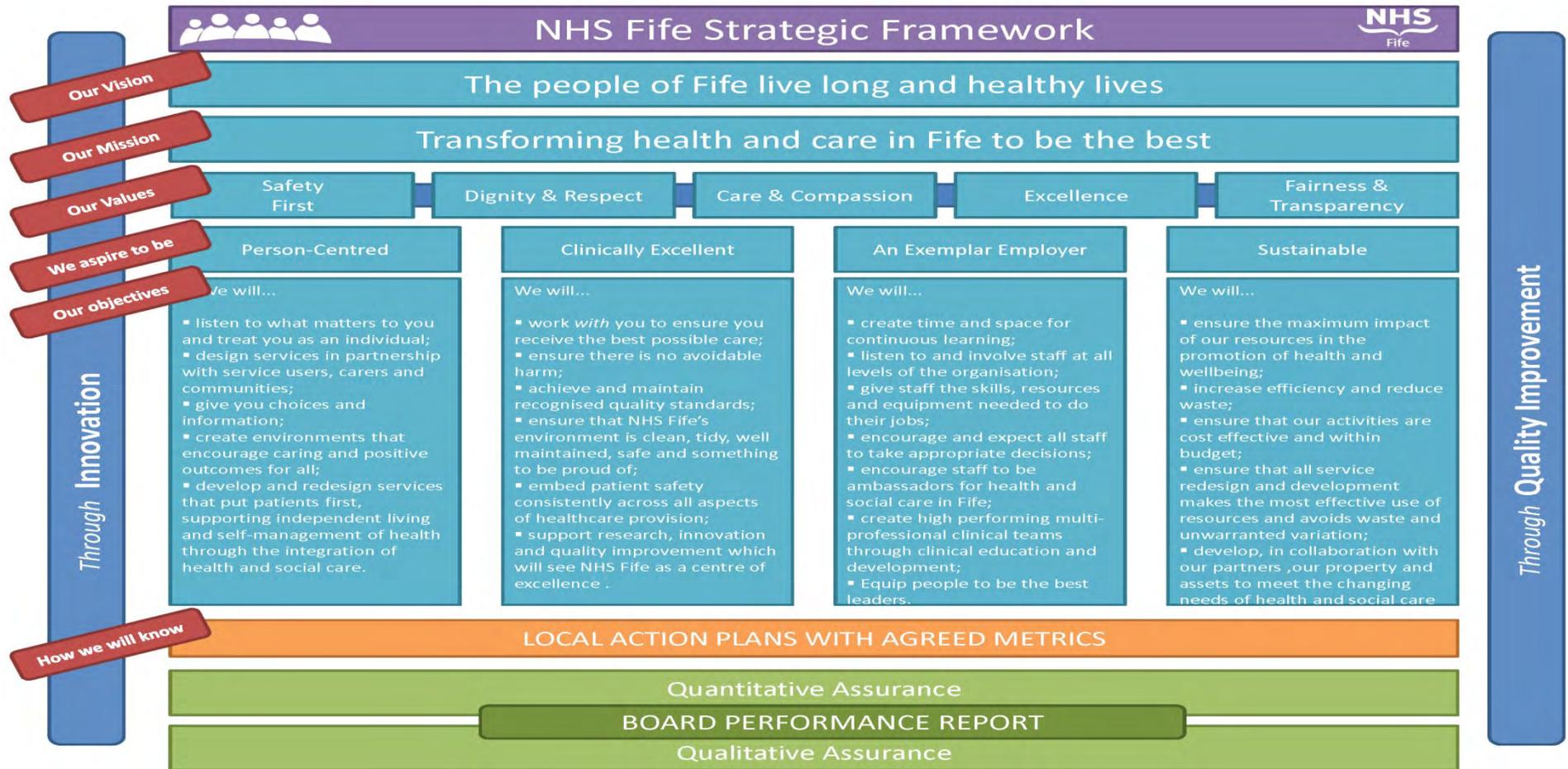
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# NHS FIFE STRATEGIC FRAMEWORK

The Strategic Framework underpins all that NHS Fife as an organisation does. It highlights NHS Fife's key principles and provides a basis for all strategies and plans - each strategy needs to wrap around the principles set out in the framework. The organisation has worked closely with staff to develop the Framework, and it has been endorsed by the NHS Fife Board and staff groups



**NHS FIFE  
STANDING ORDERS  
FOR THE PROCEEDINGS AND BUSINESS OF FIFE NHS BOARD**

**1 General**

- 1.1 These Standing Orders for regulation of the conduct and proceedings of Fife NHS Board, the common name for Fife Health Board, (the Board) and its Committees are made under the terms of The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 (2001 No. 302) and The Health Boards (Membership and Procedure) (Scotland) Amendment Regulations 2005 (2005 No. 108).
- 1.2 The Scottish Ministers shall appoint the members of the Board. The Scottish Ministers shall also attend to any issues relating to the resignation, removal and disqualification of members in line with the above regulations. Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances.
- 1.3 Board members are required to subscribe to and comply with the NHS Fife Code of Conduct (see Appendix 6), which is made under the Ethical Standards in Public Life etc (Scotland) Act 2000.
- 1.4 Any statutory provision, regulation or direction by Scottish Ministers, shall have precedence if they are in conflict with these Standing Orders.
- 1.5 Any one or more of these Standing Orders may be varied or revoked at a meeting of the Board by a majority of members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly states the extent of the proposed repeal, addition or amendment.
- 1.6 The ~~Head of Corporate Services~~Board Secretary shall provide a copy of these Standing Orders to all members of the Board on appointment. A copy shall also be held on the Board's [website and intranet](#).

**2 Chair**

- 2.1 The Scottish Ministers shall appoint the Chair of the Board and all other members of the Board.

**3 Vice-Chair**

- 3.1 The Board shall appoint a non-executive Board member to be Vice-Chair. Any person so appointed shall, so long as he or she remains a member of the Board, continue in office for such a period as the Board may decide.
- 3.2 The Vice-Chair may at any time resign from that office by giving notice in writing to the Chair, and the Board may appoint another member as Vice-Chair.

3.3 Where the Chair has died, ceased to hold office, or is unable to perform his or her duties due to illness, absence from Scotland or for any other reason, the Vice-Chair shall assume the role of the Chair in the conduct of the business of the Board and references to the Chair shall, so long as there is no Chair able to perform the duties, be taken to include references to the Vice-Chair.

#### 4 Calling and Notice of Board Meetings

4.1 The Chair may call a meeting of the Board at any time. The Board shall meet at least six times in the year and will annually approve a forward schedule of meeting dates.

4.2 A Board meeting may be called if one third of the whole number of members sign a requisition for that purpose. The requisition must specify the business proposed to be transacted. The Chair is required to call a meeting within seven days of receiving the requisition. If the Chair does not do so, or simply refuses to call a meeting, those members who presented the requisition may call a meeting by signing an instruction to approve the notice calling the meeting. However no business shall be transacted at the meeting other than that specified in the requisition.

4.3 Before each meeting of the Board, a notice of the meeting (in the form of an agenda), specifying the time, place and business proposed to be transacted at it and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be delivered to every member (e.g. sent by email) or sent by post to the usual place of residence of such members so as to be available to them at least five clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point. The Board may exceptionally convene a meeting at shorter notice only if all members agree.

4.4 With regard to calculating clear days for the purpose of notice under 4.3 and 4.6, the period of notice excludes the day the notice is sent out and the day of the meeting itself. Working days and weekend days are counted. e.g. If a notice is sent out on Wednesday for a meeting to be held on the following Tuesday, five clear days notice will have been given.

4.5 Lack of service of the notice on any member shall not affect the validity of a meeting.

4.6 Board meetings shall be held in public. The ~~Head of Corporate Services~~Board Secretary shall place a public notice of the time and place of the meeting at the Board's offices at least five clear days before the meeting is held. If the meeting is held at shorter notice (see 4.3) then the public notice shall be placed at the same time that the shorter notice is served. The notice and the meeting papers shall also be placed on the Board's website.

4.7 While the meeting is in public, the Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting. However the Chair has the right to adjourn a meeting in the event of disorderly conduct or other misbehaviour at the meeting.

4.8 The Board and its Committees may meet in private in order to consider certain items of business. Only Board members and other Directors/senior managers as agreed by the Chair and Chief Executive will be present, together with the Head of Corporate Services Board Secretary and minute taker. The Board may decide to do so on the following grounds:

- The Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.
- The business relates to any commercial concerns.
- The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the Data Protection Principles.
- The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.

## **5 Conduct of Meetings**

### Authority of the Chair

- 5.1 The Chair shall preside at every meeting of the Board. The Vice-Chair shall preside if the Chair is absent. If both the Chair and Vice Chair are absent, the members present at the meeting shall choose a non-executive Board member to preside.
- 5.2 The duty of the person presiding at a meeting of the Board or one of its committees is to ensure that the Standing Orders or the Committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.
- 5.3 The person presiding may direct that the meeting can be conducted in any way that allows members to participate, regardless of where they are physically located, e.g. video-conferencing, teleconferencing.
- 5.4 Any member who disregards the authority of the Chair, obstructs the meeting, or conducts himself/herself offensively shall be suspended for the remainder of the meeting, if a motion (which shall be determined without discussion) for his/her suspension is carried. Any person so suspended shall leave the meeting immediately and shall not return without the consent of the meeting.

### Quorum

- 5.5 The Board will be deemed to meet only when there are present, and entitled to vote, a quorum of at least one third of the whole number of members, including at least five non-executive Board members. The quorum for committees will be set out in their terms of reference; however it can never be less than three Non-Executive or Stakeholder members.
- 5.6 When a quorum is not present, the only actions that can be taken are to either adjourn to another time or abandon the meeting altogether and call another

one. The quorum should be monitored throughout the conduct of the meeting in the event that a member leaves during a meeting, with no intention of returning. The Chair may set a time limit to permit the quorum to be achieved before electing to adjourn, abandon or bring a meeting that has started to a close. The Chair shall provide a report to the next meeting of the Board in the event of quorum not being reached.

- 5.7 In determining whether or not quorum is present the Chair must consider the effect of any declared interests.
- 5.8 If a member, or an associate of the member, has any pecuniary or other interest in any contract, proposed contract or other matter under consideration by the Board or a committee, the member should declare that interest at the start of the meeting. This applies whether or not that interest is already recorded in the Board Members' Register of Interests. Following such a declaration, the member shall be excluded from the Board or committee meeting when the item is under consideration, and should not be counted as participating in that meeting for quorum or voting purposes.
- 5.9 Paragraph 5.8 will not apply where a member's interest in any company, body or person is so remote or insignificant that it cannot reasonably be regarded as likely to affect any influence in the consideration or discussion of any question with respect to that contract or matter.
- 5.10 If a question arises at a Board meeting as to the right of a member to participate in the meeting (or part of the meeting) for voting or quorum purposes, the question may, before the conclusion of the meeting be referred to the Chair. The Chair's ruling in relation to any member other than the Chair is to be final and conclusive. If a question arises with regard to the participation of the Chair in the meeting (or part of the meeting) for voting or quorum purposes, the question is to be decided by a decision of the members at that meeting. For this latter purpose, the Chair is not to be counted for quorum or voting purposes.
- 5.11 Paragraphs 5.7-5.10 equally apply to members of any Board committees, whether or not they are also members of the Board.

#### Adjournment

- 5.12 If it is necessary or expedient to do so for any reason, a meeting may be adjourned to another day, time and place. A meeting of the Board, or of a committee of the Board, may be adjourned by a motion, which shall be moved and seconded and be put to the meeting without discussion. If such a motion is carried, the meeting shall be adjourned to such day, time and place as may be specified in the motion.

#### Business of the Meeting

- 5.13 If a member wishes to add an item of business which is not in the notice of the meeting, he or she must make a request to the Chair at the start of the meeting. No business shall be transacted at any meeting of the Board other than that specified in the notice of the meeting except on grounds of urgency.

Any request for the consideration of an additional item of business must be raised at the start of the meeting and the majority of members present must agree to the item being included on the agenda.

- 5.14 For Board meetings only, the Chair may propose within the notice of the meeting “items for approval” and “items for discussion”. The items for approval are not discussed at the meeting, but rather the members agree that the content and recommendations of the papers for such items are accepted, and that the minutes of the meeting should reflect this. The Board must approve the proposal as to which items should be in the “items for approval” section of the agenda. Any member (for any reason) may request that any item or items be removed from the “items for approval” section. If such a request is received, the Chair shall either move the item to the “items for discussion” section, or remove it from the agenda altogether.
- 5.15 The Board may reach consensus on an item of business without taking a formal vote. Where a vote is taken, every question at a meeting shall be determined by a majority of votes of the members present and voting on the question. In the case of an equality of votes, the person presiding at the meeting shall have a second or casting vote. A vote may be taken by members by a show of hands, or by ballot, or any other method determined by the Chair. Under no circumstances may an absent board member vote by proxy, except where the member is participating via video-conferencing, teleconferencing etc.
- 5.16 Any member may move a motion or an amendment to a motion (a “motion”), and it is expected that members will notify the Chair in advance of the meeting. The Chair may require the motion to be produced in writing. The member who moved the motion may speak to it. However, another member must second the motion before there is any further debate on it.
- 5.17 A motion which is contradictory to a resolution of the Board shall not be competent within six months of the date of adoption of such resolution.
- 5.18 Any member may second the motion and may reserve his/her speech for a later period of the debate.
- 5.19 Once a motion has been seconded it shall not be withdrawn without the leave of the Board.
- 5.20 After debate, the mover of any original motion shall have the right to reply. In replying he/she shall not introduce any new matter, but shall confine himself/herself strictly to answering previous observations, and, immediately after his/her reply, the question shall be put by the Chair without further debate.
- 5.21 When more than one amendment is proposed, the Chair of the meeting shall decide the order in which amendments are put to the vote. All amendments carried shall be incorporated in the original motion which shall be put to the meeting as a substantive motion.

- 5.22 A motion to adjourn any debate on any question or for the closure of a debate shall be moved and seconded and put to the meeting without discussion. Unless otherwise specified in the motion, an adjournment of any debate shall be to the next meeting.

### Minutes

- 5.23 The names of members present at a meeting of the Board, or of a committee of the Board, shall be recorded. The names of other persons in attendance shall also be recorded.
- 5.24 The ~~Head of Corporate Services~~Board Secretary (or his/her authorised nominee) shall prepare the minutes of meetings of the Board and its committees. The Board or the committee shall receive and review the minutes at the following meeting.
- 5.25 Minutes of governance committees shall be submitted as soon as is practicable to the Board.

## **6 Receipt of Deputations and Petitions**

- 6.1 Every application for the reception of a deputation or petition must be in writing, duly signed and delivered to the ~~Head of Corporate Services~~Board Secretary at least five clear days prior to the date of the meeting at which it wishes to be received. If granted, two representatives may address the Board for ten minutes. Board members may raise questions but reserve opinions until the representatives have withdrawn.

## **7 Matters Reserved for the Board**

### Introduction

- 7.1 The Scottish Government retains the authority to approve certain items of business. There are other items of the business which can only be approved at a NHS Board meeting, due to either Scottish Government directions or a Board decision in the interests of good governance practice.
- 7.2 This section summarises the matters reserved to the Board.

### Standing Orders

- 7.3 The Board shall approve its Standing Orders.

### Committees

- 7.4 The Board shall approve the establishment of, and terms of reference of, all of its committees.
- 7.5 The Chair shall appoint all committee members.

## Values

7.6 The Board shall approve organisational values agreed in the Strategic Framework.

## Strategic Planning

7.7 The Board shall approve all strategies for all the functions that it has planning responsibility for. This is subject to any provisions for major service change which require Ministerial approval.

7.8 The Board shall review and approve the NHS Fife contribution to the Integration Joint Board through the Strategic Plan.

7.9 The Board shall approve the ~~Local Delivery~~Annual Operational Plan for submission to the Scottish Government for its approval.

7.10 The Board shall approve its Corporate Objectives as detailed in the Strategic Framework.

## Risk Management

7.11 The Board shall define the risk appetite and associated risk tolerance levels.

7.12 The Board shall approve its Risk Management Policy and Board Assurance Framework.

## Health & Safety

7.13 The Board shall approve its Health & Safety Policy.

## Finance

7.14 The Board shall approve its financial plan for the forthcoming year, and the opening revenue and capital budgets.

7.15 The Board shall approve Standing Financial Instructions and a Scheme of Delegation.

7.16 The Board shall approve its annual accounts and report.

## Capital – Acquisitions and Disposals

7.17 The Board shall comply with the Scottish Capital Investment Manual. The Board shall review and approve any business case item that is beyond the scope of its delegated financial authority before it is presented to the Scottish Government for approval.

## Other Organisational Policy

- 7.18 The approval of all policies is delegated to groups throughout NHS Fife, and this is set out in [GP/P1-1 Policies, Procedures and Guidelines: Writing and Approval](#).

## Performance Management

- 7.19 The Board shall approve the content, format, and frequency of performance reporting to the Board. The Board shall consider performance through the Integrated Performance Report (IPR) and the IPR Executive Summary. This will be submitted two monthly via the Clinical Governance, Finance, Performance and Resources and the Staff Governance Committees, and will contain issues / comments from the Committee Chairs.

## Other Items of Business

- 7.20 The Board may be required by law or Scottish Government direction to approve certain items of business, e.g. the Integration Plans for a local authority area.
- 7.21 The Board itself may resolve that other items of business be presented to it for approval.

## **8 Delegation of Authority by the Board**

- 8.1 Except for the Matters Reserved to the Board, the Board may delegate authority to act on its behalf to committees, individual Board members, or other Board employees. In practice this is achieved primarily through the Board's approval of the Standing Financial Instructions and the Scheme of Delegation.
- 8.2 The Board may delegate responsibility for certain matters to the Chair for action. In such circumstances, the Chair's action should inform the Board of any decision or action subsequently taken on these matters.
- 8.3 The Board and its officers must comply with the NHS Scotland Property Transactions Handbook, and this is cross-referenced in the Scheme of Delegation.
- 8.4 The Board may, from time to time, request reports on any matter or may decide to reserve any particular decision for itself. The Board may withdraw any previous act of delegation to allow this.

## **9 Board Members – Ethical Conduct**

- 9.1 Members have a personal responsibility to comply with the Fife NHS Board Code of Conduct for Board Members (see Appendix 6). The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The ~~Head of Corporate Services~~[Board Secretary](#) shall maintain the NHS Fife Board Register of

Interests. When a member needs to update or amend his or her entry in the Register, he or she must notify the ~~Head of Corporate Services~~Board Secretary of the need to change the entry within one month after the date the matter required to be registered.

- 9.2 The ~~Head of Corporate Services~~Board Secretary shall ensure the Register is available for public inspection at the principal offices of the Board at all reasonable times and will be included on the Board's website.
- 9.3 Members must always consider the relevance of any interests they may have to any business presented to the Board or one of its committees. Members must observe paragraphs 5.8 and 5.9 of these Standing Orders, and have regard to Section 5 of the Code of Conduct (Declaration of Interests).
- 9.4 In case of doubt as to whether any interest or matter should be declared, in the interests of transparency, members are advised to make a declaration.
- 9.5 Members shall make a declaration of any gifts or hospitality received in their capacity as a Board member. Such declarations shall be made to the ~~Head of Corporate Services~~Board Secretary who shall make them available for public inspection at all reasonable times at the principal offices of the Board and on the Board's website.

## **10 Common Seal and Execution of Documents**

- 10.1 The ~~Head of Corporate Services~~Board Secretary is responsible for the safe custody of the common seal of the Board, and for maintaining a register of the use of the seal.
- 10.2 Any document or proceeding requiring authentication by the Board by affixation of its Common Seal shall be subscribed by three Board members. Normally the Chair and the Director of Finance will be subscribers.
- 10.3 Where a document requires for the purpose of any enactment or rule of law relating to the authentication of documents under the Law of Scotland, or otherwise requires to be authenticated on behalf of the Board it shall be signed by an Executive Member of the Board or any person duly authorised to sign under the Scheme of Delegation in accordance with the provisions of the Requirements of Writing (Scotland) Act 1995. Before authenticating any document the person authenticating the document shall satisfy themselves that all necessary approvals in terms of the Board's procedures have been satisfied. A document executed by the Board in accordance with this paragraph shall be self-proving for the purposes of the Requirements of Writing (Scotland) Act 1995.
- 10.4 Scottish Ministers have directed that the Chief Executive or Director of Finance can sign on their behalf in relation to the acquisition, management and disposal of land.
- 10.5 Any authorisation to sign documents granted to an officer of the Board shall terminate upon that person ceasing (for whatever reason) from being an employee of the Board, without further intimation or action by the Board.

## **11 Committees**

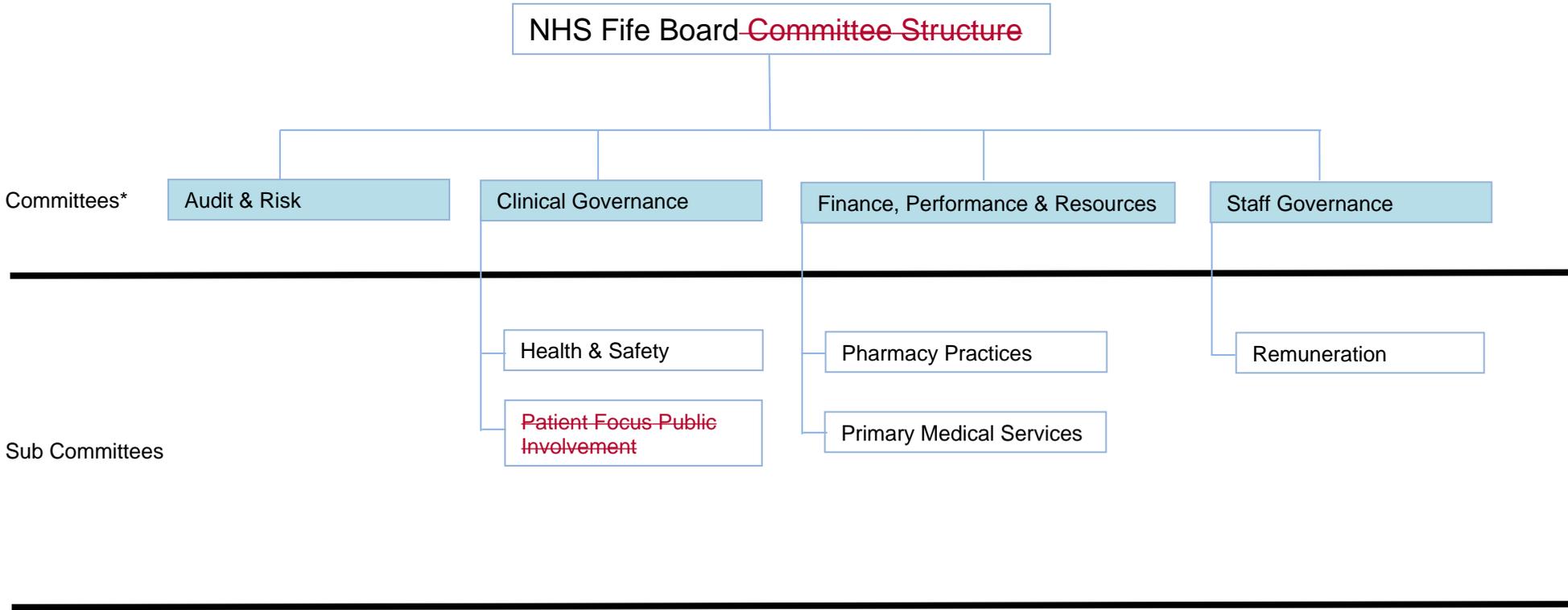
- 11.1 Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub-committees) as it thinks fit. The Chair shall appoint the chairs of these committees. The Board shall approve the terms of reference and membership of the committees and shall review these as and when required.
- 11.2 The Chair shall appoint committee members to fill any vacancy in the membership as and when required. If a committee is required by regulation to be constituted with a particular membership, then the regulation must be followed
- 11.3 Provided there is no Scottish Government instruction to the contrary, any non-executive Board member may replace a Committee member who is also a non-executive Board member, if such a replacement is necessary to achieve the quorum of the committee.
- 11.4 The Board's Standing Orders relating to the calling and notice of Board meetings, conduct of meetings, and conduct of Board members shall also be applied to committee meetings.
- 11.5 The Board shall approve a calendar of meeting dates for its committees. A committee Chair may call an extraordinary meeting at any time, and also when requested by the Board.

### List of Appendices

- Appendix 1 – Board Committee Structure
- Appendix 2 – Terms of Reference for Board Committees
- Appendix 3 – Standing Financial Instructions
- Appendix 4 – Scheme of Delegation
- Appendix 5 – SEAT Framework of Governance
- Appendix 6 – Code of Conduct for Board Members



### NHS FIFE BOARD COMMITTEE STRUCTURE



\*Denotes Governance Committees

## TERMS OF REFERENCE FOR BOARD COMMITTEES

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<b>Sub- Committees</b>	
Health and Safety (CG)	
<del>Patient Focus Public Involvement (CG)</del>	
Pharmacy Practices (FP&R)	
Primary Medical Services (FP&R)	
Remuneration (SG)	
<b>Partnerships and Other Committees (minutes reporting into Governance Committees)</b>	
Acute Services Division Clinical Governance Group (CG)	
Area Clinical Forum (CG)	
Area Drug & Therapeutics Group (CG)	
Area Partnership Forum (SG)	
Area Radiation Committee (CG)	
Community Planning Partnership	
Dental Appeals Panel	
Discretionary Points	
East Region Programme Board (Board)	
eHealth Board (CG)	
Ethics Committee	
FHS Disciplinary Committee	
Fife Health & Wellbeing Alliance (Board)	
Fife Partnership Board (Board)	
Fife Research Governance Group (CG)	
<del>H&amp;SCP Clinical &amp; Care Governance Committee (CG)</del>	
H&SCP Integration Joint Board (Board)	
Infection Control Committee (CG)	
Information & Security Governance Group (CG)	
Joint Strategic Transformation Group (CG)	
<del>Organ &amp; Tissue Donation Committee (CG)</del>	
Public Health <del>Assurance Committee</del> Risk Management & Governance Group (CG)	
<del>NHS Fife Clinical Governance Steering</del> Quality & Safety Governance Group (CG)	

## AUDIT AND RISK COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ~~14 March 2018~~ 29 May 2019

### 1. PURPOSE

- 1.1 To provide the Board with the assurance that the activities of Fife NHS Board are within the law and regulations governing the NHS in Scotland and that an effective system of internal control is maintained. The duties of the Audit and Risk Committee shall be in accordance with the Scottish Government Audit & Assurance Handbook, dated March 201~~July 2008~~.

### 2. COMPOSITION

- 2.1 The membership of the Audit and Risk Committee will be:
- Five Non-Executive or Stakeholder members of Fife NHS Board (one of whom will be the Chair). (A Stakeholder member is appointed to the Board from Fife Council or by virtue of holding the Chair of the Area Partnership Forum or the Area Clinical Forum).
- 2.2 The Chair of Fife NHS Board cannot be a member of the Committee.
- 2.3 In order to avoid any potential conflict of interest, the Chair of the Audit and Risk Committee shall not be the Chair of any other governance Committee of the Board.
- 2.4 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which Directors and other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:
- Chief Executive
  - Director of Finance
  - ~~Director of Strategic Planning and Performance~~
  - Chief Internal Auditor or representative
  - Executive Lead for Risk Management
  - Statutory External Auditor
  - Board Secretary
- 2.5 The Director of Finance shall serve as the Lead Officer to the Committee.
- 2.6 The Board shall ensure that the Committee's membership has an adequate range of skills and experience that will allow it to effectively discharge its responsibilities. With regard to the Committee's responsibilities for financial reporting, the Board shall ensure that at least one member can engage

competently with financial management and reporting in the organisation, and associated assurances.

### 3. QUORUM

- 3.1 No business shall be transacted at a meeting of the Committee unless at least three Non-Executive or Stakeholder members are present. There may be occasions when due to the unavailability of the above Non-Executive members, the Chair will ask other Non-Executive members to act as members of the committee so that quorum is achieved. This will be drawn to the attention of the Board.

### 4. MEETINGS

- 4.1 The Committee shall meet as necessary to fulfil its remit but not less than four times a year.
- 4.2 The Chair of Fife NHS Board shall appoint a Chair who shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, members shall elect from amongst themselves one of the other Committee members to chair the meeting.
- 4.3 The agenda and supporting papers will be sent out at least five clear days before the meeting.
- 4.4 If necessary, meetings of the Committee shall be convened and attended exclusively by members of the Committee and, if relevant, the External Auditor and/or Chief Internal Auditor.
- 4.5 If required, the Chairperson of the Audit and Risk Committee may meet individually with the Chief Internal Auditor, the External Auditor and the Accountable Officer.

### 5. REMIT

- 5.1 The main objective of the Audit and Risk Committee is to support the Accountable Officer and Fife NHS Board in meeting their assurance needs. This includes:
- Helping the Accountable Officer and Fife NHS Board formulate their assurance needs, via the creation and operation of a well-designed assurance framework, with regard to risk management, governance and internal control;
  - Reviewing and challenging constructively the assurances that have been provided as to whether their scope meets the needs of the Accountable Officer and Fife Health Board;
  - Reviewing the reliability and integrity of those assurances, i.e. considering whether they are founded on reliable evidence, and that the conclusions are reasonable in the context of that evidence;

- Drawing attention to weaknesses in systems of risk management, governance and internal control, and making suggestions as to how those weaknesses can be addressed;
- Commissioning future assurance work for areas that are not being subjected to significant review
- Seeking assurance that previously identified areas of weakness are being remedied.

The Committee has no executive authority, and is not charged with making or endorsing any decisions. The only exception to this principle is the approval of the Board's accounting policies and audit plans. The Committee exists to advise the Board or Accountable Officer who in turn, makes the decision.

- 5.2 The Committee will keep under review and report to Fife NHS Board on the following:

### **Internal Control and Corporate Governance**

- 5.3 To evaluate the framework of internal control and corporate governance comprising the following components, as recommended by the Turnbull Report:

- control environment;
- risk management;
- information and communication;
- control procedures;
- monitoring and corrective action.

- 5.4 To review the system of internal financial control, which includes:

- the safeguarding of assets against unauthorised use and disposition;
- the maintenance of proper accounting records and the reliability of financial information used within the organisation or for publication.

- 5.5 To ensure that the activities of Fife NHS Board are within the law and regulations governing the NHS.

- 5.6 To monitor performance and best value by reviewing the economy, efficiency and effectiveness of operations.

- 5.7 To review the disclosures included in the Governance Statement on behalf of the Board. In considering the disclosures, the Committee will review as necessary and seek confirmation on the information provided to the Chief Executive in support of the Governance Statement including the following:

- Annual Statements of Assurance from the main Governance Committees and the conclusions of the other sub-Committees, confirming whether they have fulfilled their remit and that there are adequate and effective internal controls operating within their particular area of operation;

- Annual Statement of Assurance from the Integration Joint Board, confirming all aspects of clinical, financial and staff governance have been fulfilled, with appropriate and adequate controls and risk management in place;
  - Details from the Chief Executive on the operation of the framework in place to ensure that they discharge their responsibilities as Accountable Officer as set out in the Accountable Officer Memorandum;
  - Confirmation from Executive Directors that there are no known control issues nor breaches of Standing Orders/Standing Financial Instructions other than any disclosed within the Governance Statement;
  - Summaries of any relevant significant reports by Healthcare Improvement Scotland (HIS) or other external review bodies.
- 5.8 To present an annual statement of assurance on the above to the Board, to support the NHS Fife Chief Executive's Governance Statement.

### **Internal Audit**

- 5.9 To review and approve the Internal Audit Strategic and Annual Plans having assessed the appropriateness to give reasonable assurance on the whole of risk control and governance.
- 5.10 To monitor audit progress and review audit reports.
- 5.11 To monitor the management action taken in response to the audit recommendations through an appropriate follow-up mechanism.
- 5.12 To consider the Chief Internal Auditor's annual report and assurance statement.
- 5.13 To approve the Fife Integration Joint Board Internal Audit Output Sharing Protocol.
- 5.143 To review the operational effectiveness of Internal Audit by considering the audit standards, resources, staffing, technical competency and performance measures.
- 5.154 To ensure that there is direct contact between the Audit and Risk Committee and Internal Audit and that the opportunity is given for discussions with the Chief Internal Auditor at least once per year (scheduled within the timetable of business) and, as required, without the presence of the Executive Directors.
- 5.165 To review the terms of reference and appointment of the Internal Auditors and to examine any reason for the resignation of the Auditors or early termination of contract/service level agreement.

**External Audit**

- 5.16 To note the appointment of the Statutory Auditor and to approve the appointment and remuneration of the External Auditors for Patients' Funds and Endowment Funds.
- 5.17 To review the Audit Strategy and Plan, including the Best Value and Performance Audits programme.
- 5.18 To consider all statutory audit material, in particular:
- Audit Reports;
  - Annual Reports;
  - Management Letters

relating to the certification of Fife NHS Boards Annual Accounts and Annual Patients' Funds Accounts. ~~On behalf of the Trustees of the NHS Fife Endowment Funds to consider all statutory audit material, in particular:~~

~~Audit Reports;  
Annual Reports;  
Management Letters~~

~~relating to the Annual Endowment Funds Accounts.~~

- 5.19 To monitor management action taken in response to all External Audit recommendations, including Best Value and Performance Audit Reports.
- 5.20 To hold meetings with the Statutory Auditor at least once per year and as required, without the presence of the Executive Directors.
- 5.21 To review the extent of co-operation between External and Internal Audit.
- 5.22 To appraise annually the performance of the Statutory and External Auditors and to examine any reason for the resignation or dismissal of the External Auditors.

**Risk Management**

- 5.23 The Committee has no executive authority, and has no role in the executive decision-making in relation to the management of risk. The Committee is charged with ensuring that there is an appropriate publicised Risk Management Framework with all roles identified and fulfilled. However the Committee shall seek assurance that:
- There is a comprehensive risk management system in place to identify, assess, manage and monitor risks at all levels of the organisation;
  - There is appropriate ownership of risk in the organisation, and that there is an effective culture of risk management;

- The Board has clearly defined its risk appetite (i.e. the level of risk that the Board is prepared to accept, tolerate, or be exposed to at any time), and that the executive's approach to risk management is consistent with that appetite;
- A robust and effective Board Assurance Framework is in place.

5.24 In order to discharge its advisory role to the Board and Accountable Officer, and to inform its assessment on the state of corporate governance, internal control and risk management, the Committee shall:

- Receive and review a report summarising any significant changes to the Boards Corporate Risk Register, and what plans are in place to manage them. The Committee may also elect to occasionally request information on significant risks held on any risk registers held in the organisation;
- Assess whether the Corporate Risk Register is an appropriate reflection of the key risks to the Board, so as to advise the Board;
- Consider the impact of changes to the risk register on the assurance needs of the Board and the Accountable Officer, and communicate any issues when required;
- Reflect on the assurances that have been received to date, and identify whether entries on the Board's risk management system requires to be updated;
- Receive an annual report on risk management, confirming whether or not there have been adequate and effective risk management arrangements throughout the year, and highlighting any material areas of risk;
- The Committee shall seek assurance on the overall system of risk management for all risks and risks pertinent to its core functions. This will include biannual updates from the other Standing Governance Committees, of the corporate risks assigned to each Committee for scrutiny.

### **Standing Orders and Standing Financial Instructions**

- 5.25 To review every ~~three years~~ annually the Standing Orders and associated appendices of Fife NHS Board and advise the Board of any amendments required.
- 5.26 To examine the circumstances associated with any occasion when Standing Orders of Fife NHS Board have been waived or suspended.

### **Annual Accounts**

- 5.27 To review and recommend approval of draft Fife NHS Board Annual Accounts and Patient Funds Accounts to the Board.

- 5.28 To review the draft Annual Report and Financial Review of Fife NHS Board as found within the Directors Report incorporated within the Annual Accounts.
- 5.29 To review annually (and approve any changes in) the accounting policies of Fife NHS Board.
- 5.30 To review schedules of losses and compensation payments where the amounts exceed the delegated authority of the Board prior to being referred to the Scottish Government for approval.

**Other Matters**

- 5.31 The Committee has a duty to review its own performance, effectiveness, including its running costs, and terms of reference on an annual basis.
- 5.32 The Committee has a duty to keep up-to-date by having mechanisms to ensure topical legal and regulatory requirements are brought to Members' attention.
- 5.33 The Committee shall review the arrangements for employees raising concerns, in confidence, about possible wrongdoing in financial reporting or other matters. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow-up action.
- 5.34 The Committee shall review regular reports on Fraud and potential Frauds.
- 5.35 The Chairperson of the Committee will submit an Annual Report of the work of the Committee to the Board following consideration by the Audit and Risk Committee in June.
- 5.36 The Chairperson of the Committee should be available at Fife NHS Board meetings to answer questions about its work.
- 5.37 The Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee's planned work during the forthcoming year.
- 5.38 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".
- 5.39 The Committee shall seek assurance that the Board has systems of control to ensure that it discharges its responsibilities under the Freedom of Information (Scotland) Act 2002.
- 5.40 The Committee shall review the Board's arrangements to prevent bribery and corruption within its activities. This includes the systems to support Board members' compliance with the NHS Fife Board Code of Conduct (Ethical Standards in Public Life Act 2000), the systems to promote the required

standards of business conduct for all employees and the Boards procedure to prevent Bribery (Bribery Act 2000).

## **6. AUTHORITY**

- 6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in doing so, is authorised to seek any information it requires from any employee or external experts.
- 6.2 In order to fulfil its remit, the Audit and Risk Committee may obtain whatever professional advice it requires, and may require Directors or other officers of the Board to attend meetings.
- 6.3 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.
- 6.4 The Committee's authority is included in the Board's Scheme of Delegation and is set out in the Purpose and Remit of the Committee.

## **7. REPORTING ARRANGEMENTS**

- 7.1 The Audit and Risk Committee reports directly to the Fife NHS Board on its work. Minutes of the Committee are presented to the Board by the Committee Chairperson, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.
- 7.2 The Audit and Risk Committee will advise the Scottish Parliament Public Audit Committee of any matters of significant interest as required by the Scottish Public Finance Manual.

## CLINICAL GOVERNANCE COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ~~14 March 2018~~ 29 May 2019

### 1. PURPOSE

- 1.1 To oversee clinical governance mechanisms in NHS Fife.
- 1.2 To observe and check the clinical governance activity being delivered within NHS Fife and provide assurance to the Board that the mechanisms, activity and planning are acceptable.
- 1.3 To oversee the clinical governance and risk management activities in relation to the development and delivery of the Clinical Strategy.
- 1.4 To assure the Board that appropriate clinical governance mechanisms and structures are in place for clinical governance to be supported effectively throughout the whole of Fife NHS Board's responsibilities, including health improvement activities.
- 1.5 To assure the Board that the Clinical and Care Governance Arrangements in the Integration Joint Board are working effectively.
- 1.6 To escalate any issues to the NHS Fife Board if serious concerns are identified about the quality and safety of care in the services across NHS Fife, including the services devolved to the Integration Joint Board.

### 2. COMPOSITION

- 2.1 The membership of the Clinical Governance Committee will be:
  - Six Non-Executive or Stakeholder members of the Board (one of whom will be the Chair). (A Stakeholder member is appointed to the Board from Fife Council or by virtue of holding the Chair of the Area Partnership Forum or the Area Clinical Forum)
  - Chief Executive
  - Medical Director
  - Nurse Director
  - Director of Public Health
  - One Staff Side representative of NHS Fife Area Partnership Forum
  - One Representative from Area Clinical Forum
  - One Patient Representative
- 2.2 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

- [Chief Operating Officer \(Acute Services\)](#)
- [Director of Health & Social Care](#)
- [Director of Pharmacy](#)
- Associate Medical Director Acute Services Division
- [Associate Medical Director Fife Health & Social Care Partnership](#)
- [Board Secretary](#)

2.3 The Medical Director shall serve as the lead officer to the Committee.

### 3. QUORUM

3.1 No business shall be transacted at a meeting of the Committee unless at least three Non-Executive members or Stakeholder members are present. There may be occasions when due to the unavailability of the above Non- Executive members, the Chair will ask other Non-Executive members to act as members of the Committee so that quorum is achieved. This will be drawn to the attention of the Board.

### 4. MEETINGS

4.1 The Committee shall meet as necessary to fulfil its remit but not less than six times a year.

4.2 The Chair of Fife NHS Board shall appoint a Chair who shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, members shall elect from amongst themselves one of the other Committee members to chair the meeting.

4.3 The agenda and supporting papers will be sent out at least five clear days before the meeting.

### 5. REMIT

5.1 The remit of the Clinical Governance Committee is to:

- monitor progress on the health status targets set by the Board.
- provide oversight of the implementation of the Clinical Strategy in line with the NHS Fife Strategic Framework and the Care and Clinical Governance Strategy.
- receive the minutes of meetings of:
  - Acute Services Division Clinical Governance Group
  - Area Clinical Forum
  - Area Drug & Therapeutics Group
  - Area Radiation Protection Committee
  - [H&SCP Clinical & Care Governance Committee Group](#)
  - eHealth Board
  - Fife Research Governance Group
  - [Health and Safety Sub Committee](#)
  - [NHS Fife Resilience Group](#)

- H&SCP Integration Joint Board
  - Infection Control Committee
  - Information & Security Governance Group
  - Joint Strategic Transformation Group
  - ~~Organ & Tissue Donation Committee~~
  - ~~Patient Focus Public Involvement Sub Committee (PFPI)~~
  - Public Health ~~Risk Management & Governance Group~~Assurance Committee
  - ~~Quality & Safety Governance~~NHS Fife Clinical Governance Steering Group
- The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board, via the Audit and Risk Committee. The proposed Annual Statement Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.
  - Receive updates on and oversee the progress on the recommendations from relevant external reports of reviews of all healthcare organisations including clinical governance reports and recommendations from relevant regulatory bodies which may include Healthcare Improvement Scotland (HIS) reviews and visits.
  - Issues arising from these Committees will be brought to the attention of the Chair of the Clinical Governance Committee for further consideration as required.
  - To provide assurance to Fife NHS Board about the quality of services within NHS Fife.
  - To undertake an annual self assessment of the Committee's work and effectiveness.
  - The Committee shall review regularly the sections of the NHS Fife Integrated Performance Report relevant to the Committee's responsibility.
- 5.2 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".
- 5.3 The Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee's planned work during the forthcoming year.
- 6. AUTHORITY**
- 6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.

6.2 In order to fulfil its remit, the Clinical Governance Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

## 7. REPORTING ARRANGEMENTS

7.1 The Clinical Governance Committee reports directly to Fife NHS Board. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.

7.2 The Corporate Risk Register will be scrutinised by the relevant Committees of the Board with a bi-annual update on all changes being submitted to the Audit and Risk Committee.

7.3 The Board Assurance Framework will be scrutinised by the relevant Committees of the Board with an ~~quarterly~~ update on all changes being submitted to the Audit & Risk Committee.

## FINANCE, PERFORMANCE AND RESOURCES COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ~~14 March 2018~~ 29 May 2019

### 1. PURPOSE

- 1.1 The purpose of the Committee is to keep under review the financial position and performance against key non-financial targets of the Board, and to ensure that suitable arrangements are in place to secure economy, efficiency and effectiveness in the use of all resources, and that the arrangements are working effectively.

### 2. COMPOSITION

- 2.1 The membership of the Finance, Performance and Resources Committee will be:

- Six Non-Executive or Stakeholder members (one of whom will be the Chair). (A Stakeholder member is appointed to the Board from Fife Council or by virtue of holding the Chair of the Area Partnership Forum or the Area Clinical Forum)
- Chief Executive
- Director of Finance
- Medical Director
- Director of Public Health
- Director of Nursing

- 2.2 The Chair of the Audit and Risk Committee will not be a member of the Finance, Performance and Resources Committee.

- 2.3 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

- Chief Operating Officer (Acute Services)
- Director of Health & Social Care Partnerships
- ~~Director of Planning and Performance~~ Board Secretary

- 2.4 The Director of Finance shall serve as the Lead Officer to the Committee.

### 3. QUORUM

- 3.1 No business shall be transacted at a meeting of the Committee unless at least three Non-Executive members or Stakeholder members are present. There may be occasions when due to the unavailability of the above Non-Executive members, the Chair will ask other Non-Executive members to act

as members of the committee so that quorum is achieved. This will be drawn to the attention of the Board.

#### 4. MEETINGS

- 4.1 The Committee shall meet as necessary to fulfil its remit but not less than four times per year.
- 4.2 The Chair of Fife NHS Board shall appoint a Chair who shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, members shall elect from amongst themselves one of the other Committee members to chair the meeting.
- 4.3 The agenda and supporting papers will be sent out at least five clear days before the meeting.

#### 5. REMIT

- 5.1 The Committee shall have accountability to the Board for ensuring that the financial position of the Board is soundly based, having regard to:
- compliance with statutory financial requirements and achievement of financial targets;
  - such financial monitoring and reporting arrangements as may be specified from time-to-time by Scottish Government Health & Social Care Directorates and/or the Board;
  - levels of balances and reserves;
  - the impact of planned future policies and known or foreseeable future developments on the financial position;
  - undertake an annual self assessment of the Committee's work and effectiveness; and
  - review regularly the sections of the NHS Fife Integrated Performance Report relevant to the Committee's responsibility.

#### **Arrangements for Securing Value for Money**

- 5.2 The Committee shall keep under review arrangements for securing economy, efficiency and effectiveness in the use of resources. These arrangements will include procedures for (a) planning, appraisal, control, accountability and evaluation of the use of resources, and for (b) reporting and reviewing performance and managing performance issues as they arise in a timely and effective manner. In particular, the Committee will review action (proposed or underway) to ensure that the Board achieves financial balance in line with statutory requirements.

#### **Allocation and Use of Resources**

- 5.3 The Committee has key responsibilities for:

- reviewing the development of the Board’s Financial Strategy in support of the Local-Delivery Annual Operational Plan, and recommending approval to the Board;
- reviewing all resource allocation proposals outwith authority delegated by the Board and make recommendations to the Board thereon;
- monitoring the use of all resources available to the Board; and
- reviewing all matters relating to Best Value.

5.4 Specifically, the Committee is charged with recommending to the Board annual revenue and capital budgets and financial plans consistent with its statutory financial responsibilities. It shall also have responsibility for the oversight of the Board’s Capital Programme (including individual Business Cases for Capital Investment) and the review of the Property Strategy (including the acquisition and disposal of property), and for making recommendations to the Board as appropriate on any issue within its terms of reference.

5.5 The Committee will receive minutes from the Pharmacy Practices Committee and the Primary Medical Services Committee.

Issues arising from these Committees will be brought to the attention of the Chair of the Finance, Performance and Resources Committee for further consideration as required.

5.6 The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board, via the Audit and Risk Committee. The proposed Annual Statement-Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.

5.7 The Annual Statement-Report will include the Committee’s assessment and conclusions on ~~the achievement of Best Value by NHS Fife~~ its effectiveness over the financial year in question.

5.8 The Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee’s planned work during the forthcoming year.

5.9 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee’s area of governance as set out in Audit Scotland’s baseline report “Developing Best Value Arrangements”.

## 6. AUTHORITY

6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.

- 6.2 In order to fulfil its remit, the Finance, Performance and Resources Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.
- 6.3 The authority of the Committee is included in the Board's Scheme of Delegation, as set out in the Purpose and Remit of the Committee.

## **7. REPORTING ARRANGEMENTS**

- 7.1 The Finance, Performance and Resources Committee reports directly to Fife NHS Board on its work. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.
- 7.2 The Corporate Risk Register will be scrutinised by the relevant Committees of the Board with a bi-annual update on all changes to the Corporate Risk Register being submitted to the Audit and Risk Committee.
- 7.3 The Board Assurance Framework will be scrutinised by the relevant Committees of the Board with an ~~quarterly~~ update on all changes being submitted to the Audit & Risk Committee.

## STAFF GOVERNANCE COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ~~29 May 2019~~ ~~14 March 2018~~

### 1. PURPOSE

- 1.1 The purpose of the Staff Governance Committee is to support the development of a culture within the health system where the delivery of the highest standard possible of staff management is understood to be the responsibility of everyone working within the system, and is built upon partnership and collaboration, and within the direction provided by the Staff Governance Standard.
- 1.2 To assure the Board that the staff governance arrangements in the Integration Joint Board are working effectively.
- 1.3 To escalate any issues to the NHS Fife Board if serious concerns are identified regarding staff governance issues within the services devolved to the Integration Joint Board.

### 2. COMPOSITION

- 2.1 The membership of the Staff Governance Committee will be:
  - Four Non-Executive or Stakeholder members one of whom will be the Chair of the Committee. (A Stakeholder member is appointed to the Board from Fife Council or by virtue of holding the Chair of the Area Partnership Forum or the Area Clinical Forum)
  - Employee Director
  - Chief Executive
  - Director of Nursing
  - Staff Side Chairs of the Local Partnership Forums
- 2.2 Each of the Staff Side Chairs of the Local Partnership Forums shall, annually, notify the Lead Officer to the Committee of a specific nominated deputy who will attend meetings in their absence. This will be reported to the Chair.
- 2.3 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:
  - Director of Workforce
  - Chief Operating Officer (Acute Services)
  - Director of Health & Social Care
  - Board Secretary
- 2.4 The Director of Workforce will act as Lead Officer to the Committee.

### 3. QUORUM

- 3.1 No business shall be transacted at a meeting of the Committee unless at least three Non Executive or Stakeholder members are present. There may be occasions when due to unavailability of the above Non Executive members the Chair will ask other Non Executive members to act as members of the Committee so that quorum is achieved. This will be drawn to the attention of the Board. In addition each meeting will require one of the staff side Chairs of the Local Partnership Forums or their nominated deputy to be present.

### 4. MEETINGS

- 4.1 The Staff Governance Committee shall meet as necessary to fulfil its purpose but not less than four times a year.
- 4.2 The Chair of Fife NHS Board shall appoint a Chair who shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, members shall elect from amongst themselves one of the other Committee members to chair the meeting.
- 4.3 The agenda and supporting papers will be sent out at least five clear days before the meeting.

### 5. REMIT

- 5.1 The remit of the Staff Governance Committee is to:
- Consider NHS Fife's performance in relation to its achievements of effective Staff Governance and its compliance with the Staff Governance Standard;
  - Review action taken on recommendations made by the Committee, NHS Boards, or the Scottish Ministers on Staff Governance matters;
  - Give assurance to the Board on the operation of Staff Governance systems within NHS Fife, identifying progress, issues and actions being taken, where appropriate;
  - Support the operation of the Area Partnership Forum and the Local Partnership Forums in their Staff Governance monitoring role and the appropriate flow of information to facilitate this;
  - Encourage the further development of mechanisms for engaging effectively with all members of staff within the NHS in Fife;
  - Contribute to the development of the ~~Local Delivery~~ Annual Operational Plan, in particular but not exclusively, around issues affecting staff;
  - Support the continued development of personal appraisal professional learning and performance and, in particular, establish a Remuneration Sub-

Committee empowered to consider and determine objectives and performance appraisals for the Executive cohort and oversee performance arrangements for designated Senior Managers;

- Review regularly the sections of the NHS Fife Integrated Performance Report relevant to the Committee's responsibility;
- Undertake an annual self assessment of the Committee's work and effectiveness; and
- Receive minutes from the Remuneration Sub Committee. Issues arising from this Committee will be brought to the attention of the Chair of the Staff Governance Committee for further consideration as required.

5.2 The Committee is also required to carry out a review of its function and activities and to provide an Annual Report incorporating a Statement of Assurance. This will be submitted to the Board via the Audit and Risk Committee. The proposed Annual Statement-Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.

5.3 The Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee's planned work during the forthcoming year.

5.4 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".

## 6. AUTHORITY

6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.

6.2 In order to fulfil its remit, the Staff Governance Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

6.3 Delegated authority is detailed in the Board's Standing Orders, as set out in the Purpose and Remit of the Committee.

## 7. REPORTING ARRANGEMENTS

7.1 The Staff Governance Committee reports directly to Fife NHS Board on its work. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.

- 7.2 The Corporate Risk Register will be scrutinised by the relevant Committees of the Board with a bi-annual update on all changes to the Corporate Risk Register being submitted to the Audit & Risk Committee.
- 7.3 The Board Assurance Framework will be scrutinised by the relevant Committees of the Board with an ~~an~~-quarterly update on all changes being submitted to the Audit & Risk Committee.

**[TEMPLATE FOR COMMITTEE STATEMENT OF ASSURANCE TO THE AUDIT AND RISK COMMITTEE]**

**ANNUAL STATEMENT OF ASSURANCE OF NHS FIFE [COMMITTEE TITLE]  
FOR [YEAR]**

**PURPOSE**

*[Reproduce from Terms of Reference].*

**MEMBERSHIP**

*[For the year in question list Committee Members (identifying separately the Committee Chairperson) and status or job description. Include those who served only part of the year, indicating the relevant period.]*

**MEETINGS**

*[List the dates on which the Committee met during the year. This should cross-refer to an attendance schedule ~~in Appendix A~~ showing the attendance record of Committee Members].*

**BUSINESS**

*[~~Either w~~Within this section ~~or in an Appendix B or as a balance between both~~, the report should describe the business transacted during the year at each of its meetings. It should demonstrate how the Committee is fulfilling its Remit and implementing its Work Plan and should *specifically report on the timely presentation of its minutes to the Board*].*

*[The Statement of Assurance should specifically record and provide assurance that the Committee has carried out the annual self-assessment of its effectiveness. ~~As an Appendix D, a summary report on the Committee's Self Assessment Checklist should be provided.~~]*

**BEST VALUE**

*[Reference should be made to ~~an Appendix C which should be an extract of~~ the relevant characteristics from the Best Value Framework for the Committee with the evidence source completed.]*

**RISK MANAGEMENT**

*The Committee should describe how it has addressed risk management within the context of the Board Assurance Framework.*

**CONCLUSION**

*[The following standard form of words should be used (with the necessary changes) before the Report is signed by the Committee Chairperson.]*

“As Chair of the [Committee] during financial year [20XX/XX], I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Standing Orders. As a result of the work undertaken this year, I can confirm that adequate and effective governance was in place throughout NHS Fife during the year.

I pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees, and I would thank all those members of staff who have prepared reports and attended meetings of the Committee.

\_\_\_\_\_ (signed)”

*~~Appendix A – Attendance Schedule~~*

*~~Appendix B – Business Transacted~~*

*~~Appendix C – Best Value~~*

*~~Appendix D – Summary Report on Committee Self Assessment Checklist~~*

## STANDING FINANCIAL INSTRUCTIONS

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## 1. INTRODUCTION

1.1 Standing Financial Instructions (SFIs) are issued in accordance with the financial directions made under the provisions of the NHS (Financial Provisions) (Scotland) Regulations 1974, and all other enabling powers, for the regulation of the conduct of the Board, its members, officers and agents in relation to all financial matters. These SFIs form part of the Standing Orders and should be used along with the Standing Orders and Scheme of Delegation.

### 1.2 Terminology

Any expression to which a meaning is given in the Health Service Acts, Scottish Statutory Instrument number 302 (2001) which brought NHS Boards into being, or in the financial regulations made under the Acts shall have the same meaning in these Instructions; and:

- (a) "NHS Fife" means all elements of the NHS under the auspices of Fife Health Board.
- (b) "Board" and "Health Board" mean Fife NHS Board, the common name of Fife Health Board.
- (c) "Budget" means a resource expressed in financial terms and set by the Board for the purposes of carrying out for a specified period any or all functions of the Health Board.
- (d) "Chief Executive" means the Chief Officer of the Health Board.
- (e) "Director of Finance" means the Chief Financial Officer of the Health Board.
- (f) "Budget Holder" means any individual with delegated authority to manage finances (Income and/or expenditure) for a specific area of the Board.

1.3 All staff individually and collectively are responsible for the security of the property of the Board, for avoiding loss, for economy and efficiency in the use of the resources and for conforming with the requirements of the Code of Corporate Governance, including Standing Orders, Standing Financial Instructions and Financial Operating Procedures.

1.4 The Director of Finance, on behalf of the Chief Executive, shall be responsible for supervising the implementation of the Board's Standing Financial Instructions and Financial Operating Procedures and for co-ordinating any action necessary to further these as agreed by the Chief Executive. The Director of Finance shall review these at least every three years and be accountable to the Board for these duties.

1.5 Wherever the title, Chief Executive, Director of Finance, or other nominated officer is used in these Instructions, it shall be deemed to include such other staff who have been duly authorised to represent them.

1.6 All relevant employees and agents shall be provided with a copy of these SFIs and are required to complete a form stating that these Instructions have been read and understood and that the individual will comply with the Instructions. They must also sign for any amendments.

- 1.7 Should any difficulties arise regarding the interpretation or application of any of the Standing Financial Instructions then the advice of the Director of Finance must be sought before acting.
- 1.8 Failure to comply with Standing Financial Instructions is a disciplinary matter, which could result in dismissal.
- 1.9 The Standing Financial Instructions along with the Scheme of Delegation and Financial Operating Procedures provide details of delegated financial responsibility and authority.

## **2. KEY RESPONSIBILITIES FOR FINANCIAL GOVERNANCE**

### **The Board and Audit and Risk Committee**

- 2.1 The Board shall approve these SFIs and Scheme of Delegation
- 2.2 The Board shall ensure and be assured that the SFIs and Scheme of Delegation are complied with at all times.
- 2.3 The Board shall agree the terms of reference of the Audit and Risk Committee which must conform with extant Scottish Government Instruction and other guidance on good practice.
- 2.4 The Board shall perform its functions within the total funds allocated by the Scottish Government.

### **The Chief Executive (Accountable officer)**

- 2.5 The Chief Executive as Accountable Officer for the organisation is ultimately responsible for ensuring that the Board meets its obligations to perform its functions within the allocated financial resources. The Director of Finance is responsible for providing a sound financial framework that assists the Chief Executive when fulfilling these commitments.
- 2.6 The Board shall delegate executive responsibility for the performance of its functions to the Chief Executive. Board Members shall exercise financial supervision and control by requiring the submission and approval of budgets within approved allocations, by defining and approving essential features of the arrangements in respect of important procedures and financial systems, including the need to obtain value for money, and by defining specific responsibilities placed on individuals.
- 2.7 It shall be the duty of the Chief Executive to ensure that existing staff and all new employees and agents are notified of their responsibilities within these Instructions.

### **The Director of Finance**

- 2.8 Without prejudice to any other functions of employees of the Board, the duties of the Director of Finance shall include the provision of financial advice to the Board and its employees, the design, implementation and supervision of systems of financial control and preparation and maintenance of such accounts, certificates, estimates, records and reports as the Board may require for the purpose of carrying out its statutory duties.
- 2.9 The Director of Finance shall keep records of the Board's transactions sufficient to disclose with reasonable accuracy at any time the financial position of the Board.
- 2.10 The Director of Finance shall require any individual who carries out a financial function to discharge his duties in a manner, and keep any records in a form, that shall be to the satisfaction of the Director of Finance.
- 2.11 The Director of Finance shall prepare, document and maintain detailed financial procedures and systems incorporating the principles of separation of duties and internal checks to supplement these Standing Financial Instructions.
- 2.12 The Director of Finance shall be responsible for setting the Board's accounting policies, consistent with the Scottish Government and Treasury guidance and generally accepted accounting practice.
- 2.13 The Director of Finance will [either](#) undertake the role of Fraud Liaison Officer or nominate another senior manager to the role, to work with Counter Fraud Services and co-ordinate the reporting of Fraud and Thefts.
- 2.14 The Director of Finance is entitled without necessarily giving prior notice to require and receive:-
- access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
  - access at all reasonable times to any land, premises or employee of the health board;
  - the production of any cash, stores or other property of the health board under an employee's control; and
  - explanations concerning any matter under investigation.

### **All Directors and Employees**

- 2.15 All directors and employees, individually and working together, are responsible for:

- Keeping the property of the Board secure, and to apply appropriate routine security practices as may be determined by the Board. This includes:-
  - a. ensuring that the assets within their area of responsibility are included within the appropriate asset register (see Section 7);
  - b. ensuring that asset records/registers are kept up-to-date;
  - c. performing verification exercises to confirm the existence and condition of the assets, and the completeness of the appropriate asset register; and
  - d. following any prescribed procedures to notify the organisation of any theft, loss or damage to assets.
- Avoiding loss;
- Securing Best Value in the use of resources; and
- Following these SFIs and any other policy or procedure that the Board may approve.

2.16 All budget holders shall ensure that:-

- Information is provided to the Director of Finance to enable budgets to be compiled;
- Budgets are only used for their stated purpose; and
- Budgets are never exceeded.

2.17 When a budget holder expects his expenditure will exceed his delegated budget, he must secure an increased budget, or seek explicit approval to overspend before doing so.

2.18 All NHS staff who commit NHS resources directly or indirectly must be impartial and honest in their conduct of business and all employees must remain beyond suspicion.

2.19 All employees shall observe the requirements of MEL (1994) 48, which sets out the Code of Conduct for all NHS staff. There are 3 crucial public service values which underpin the work of the health service:-

### **Conduct**

There should be an absolute standard of honesty and integrity which should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers; in the use of information acquired in the course of NHS duties; in dealing with the assets of the NHS.

**Accountability**

Everything done by those who work in the NHS must be able to stand the test of parliamentary and public scrutiny, judgements on propriety and professional codes of conduct.

**Openness**

The Board should be open about its activities and plans so as to promote confidence between the component parts of NHS Fife, other health organisations and its staff, patients and the public.

2.20 All employees shall:-

- Ensure that the interest of patients remain paramount at all times;
- Be impartial and honest in the conduct of their official business;
- Use the public funds entrusted to them to the best advantage of the service, always ensuring value for money; and
- Demonstrate appropriate ethical standards of personal conduct.

2.21 Furthermore all employees shall not:-

- Abuse their official position for the personal gain or to the benefit of their family or friends;
- Undertake outside employment that could compromise their NHS duties; and
- Seek to advantage or further their private business or interest in the course of their official duties.

2.22 The Director of Finance shall publish supplementary guidance and procedures in the form of Financial Operating Procedures to ensure that the above principles are understood and applied in practice.

2.23 The Chief Executive shall establish procedures for voicing complaints or concerns about misadministration, breaches of the standards of conduct, suspicions of criminal behaviour (e.g. theft, fraud, bribery) and other concerns of an ethical nature.

2.24 All employees must protect themselves and the Board from any allegations of impropriety by seeking advice from their line manager, or from the appropriate contact point, whenever there is any doubt as to the interpretation of these standards.

### 3. AUDIT

#### **Audit and Risk Committee**

- 3.1 In accordance with Standing Orders the Board shall formally establish an Audit and Risk Committee, with clearly defined terms of reference.
- 3.2 Where the Audit and Risk Committee feels there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the committee wish to raise, the Chairperson of the Audit and Risk Committee should raise the matter at a full meeting of the Board. In considering whether to do so, the Committee must be mindful of the arrangements with NHS Counter Fraud Services (CFS) and the role of the Fraud Liaison Officer (FLO). Exceptionally, the matter may need to be referred to the Scottish Government Health & Social Care Directorates (SGHSCD).
- 3.3 It is the responsibility of the Audit and Risk Committee to ensure an effective internal audit service is provided and this will be largely influenced by the professional judgement of the Director of Finance.

#### **Director of Finance**

- 3.4 The Director of Finance is responsible for:
- a. Ensuring there are arrangements to measure, evaluate and report on the effectiveness of internal control and efficient use of resources, including the establishment of a professional internal audit function headed by a Chief Internal Auditor;
  - b. Ensuring that Internal Audit is adequate and meets the mandatory NHS internal audit standards;
  - c. Taking appropriate steps, in line with SGHSCD guidance, to involve CFS and/or the Police in cases of actual or suspected fraud, misappropriation, and other irregularities;
  - d. Ensuring that the Chief Internal Auditor prepares the following risk based plans for approval by the Audit and Risk Committee:
    - Strategic audit plan covering the coming four years,
    - A detailed annual plan for the coming year.
  - e. Ensuring that an annual internal audit report is prepared by the Chief Internal Auditor, in accordance with the timetable laid down by the Audit and Risk Committee, for the consideration of the Audit and Risk Committee and the Board.

The report should include:

- A clear statement on the adequacy and effectiveness of internal control;
  - Main internal control issues and audit findings during the year;
  - Extent of audit cover achieved against the plan for the year.
- f. Progress on the implementation of internal audit recommendations including submission to the Audit and Risk Committee.
- 3.5 The Director of Finance shall refer audit reports to the appropriate officers designated by the Chief Executive and failure to take any necessary remedial action within a reasonable period shall be reported to the Chief Executive.

### **Internal Audit**

- 3.6 Internal Audit shall adopt the Public Sector Internal Audit Standards (PSIAS), which are mandatory and which define internal audit as “an independent, objective assurance and consulting activity designed to add value and improve an organisation’s operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.”

Minor deviations from the PSIAS should be reported to the Audit and Risk Committee. More significant deviations should be considered for inclusion in the Annual Governance Statement.

- 3.7 Internal Audit activity must evaluate and contribute to the improvement of governance, risk management and control processes using a systematic and disciplined approach. Internal Audit activity and scope is fully defined within the Audit plan, approved by the Audit & Risk Committee.
- 3.8 Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores, or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Director of Finance, as the FLO, must be notified immediately, and before any detailed investigation is undertaken.
- 3.9 The Chief Internal Auditor is entitled without necessarily giving prior notice to require and receive:
- (a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature (in which case he shall have a duty to safeguard that confidentiality), within the confines of the data protection act.
  - (b) Access at all reasonable times to any land, premises or employees of the Board;

- (c) The production or identification by any employee of any cash, stores or other property of the Board under an employee's control; and
  - (d) Explanations concerning any matter under investigation.
- 3.10 The Chief Internal Auditor, or appointed representative, will normally attend Audit and Risk Committee meetings; and has a right of access to all Audit Committee members, the Chairperson and Chief Executive of the Board.
- 3.11 The Chief Internal Auditor shall be accountable to the Director of Finance. The reporting and follow-up systems for internal audit shall be agreed between the Director of Finance, the Audit and Risk Committee and Chief Internal Auditor. The agreement shall comply with the guidance on reporting contained in Government Internal Audit Standards.

### **External Audit**

- 3.12 The External Auditor is concerned with providing an independent assurance of the Board's financial stewardship including value for money, probity, material accuracy, compliance with guidelines and accepted accounting practice for NHS accounts. Responsibility for securing the audit of the Board rests with Audit Scotland. The appointed External Auditor's statutory duties are contained in the Public Finance and Accountability (Scotland) Act 2000 which supersedes the Local Government (Scotland) Act 1973 (Part VII) as amended by the National Health Services and Community Care Act 1990.
- 3.13 The appointed auditor has a general duty to satisfy himself that:
- (a) The Board's accounts have been properly prepared in accordance with the Direction of the Scottish Ministers to comply with the accounting principles and disclosure requirements of the edition of the Government Financial Reporting Manual (FReM) which is in force for the year for which the statement of accounts are prepared;
  - (b) Proper accounting practices have been observed in the preparation of the accounts;
  - (c) The Board has made proper arrangements for securing economy, efficiency and effectiveness in the use of its resources.
- 3.14 In addition to these responsibilities, Audit Scotland's Code of Audit Practice requires the appointed auditor to consider:
- (a) Whether the statement of accounts presents fairly the financial position of the Board;
  - (b) The Board's main financial systems;
  - (c) The arrangements in place at the Board for the prevention and detection of fraud and corruption;
  - (d) Aspects of the performance of particular services and activities;

(e) The Board's management arrangements to secure economy, efficiency and effectiveness in the use of resources.

3.15 The Board's Audit and Risk Committee provides a forum through which Non-Executive Members can secure an independent view of any major activity within the appointed auditor's remit. The Audit and Risk Committee has a responsibility to ensure that the Board receives a cost-effective audit service and that co-operation with Board senior managers and Internal Audit is appropriate.

3.16 The External Auditor, or appointed representative, will normally attend Audit and Risk Committee meetings; and has a right of access to all Audit and Risk Committee members, the Chairperson and Chief Executive of the Board.

#### 4. FINANCIAL MANAGEMENT

This section applies to both revenue and capital budgets.

##### Planning

4.1 The Scottish Government has set the following financial targets for all boards:-

- To operate within the revenue resource limit.
- To operate within the capital resource limit.
- To operate within the cash requirement.

4.2 The Chief Executive shall produce an Local Delivery Annual Operational Plan. The Chief Executive shall submit a Plan for approval by the Board that takes into account financial targets and forecast limits of available resources. The Local Delivery Annual Operational Plan shall contain:-

- a statement of the significant assumptions within the Plan; and
- details of major changes in workload, delivery of services or resources required to achieve the plan.

4.3 Before the financial year begins, the Director of Finance shall prepare and present a financial plan to the Board. The report shall:-

- show the total allocations received from the Scottish Government and their proposed uses, including any sums to be held in reserve;
- be consistent with the Local Delivery Annual Operational Plan;
- be consistent with the Board's financial targets;
- identify potential risks;

- identify funding and expenditure that is of a recurring nature; and
  - identify funding and expenditure that is of a non-recurring nature.
- 4.4 The Health Board shall approve the financial plan for the forthcoming financial year.
- 4.5 The Director of Finance shall continuously review the financial plan, to ensure that it meets the Board's requirements and the delivery of financial targets.
- 4.6 The Director of Finance shall regularly update the Board on significant changes to the allocations and their uses.
- 4.7 The Director of Finance shall keep the Chief Executive and the Board informed of the financial consequences of changes in policy, pay awards and other events and trends affecting budgets and shall advise on the financial and economic aspects of future plans and projects.
- 4.8 The Director of Finance shall establish the systems for identifying and approving how the Board's capital allocation will be used, consisting of proposals for individual schemes, major equipment, IT developments, backlog maintenance, statutory compliance works and minor scheme provision. The approval of business cases shall be as described in the Scheme of Delegation.
- 4.9 The Director of Finance shall release capital funds allowing for project start dates and phasing.

### **Budgetary Control**

- 4.10 The Board shall approve the opening budgets for each financial year on an annual basis.
- 4.11 The Chief Executive shall delegate the responsibility for budgetary control to designated budget holders. The Scheme of Delegation sets out the delegated authorities to take decisions and approve expenditure for certain posts.
- 4.12 Employees shall only act on their delegated authority when there is an approved budget in place to fund the decisions they make.
- 4.13 Delegation of budgetary responsibility shall be in writing and be accompanied by a clear definition of:-
- the amount of the budget;
  - the purpose(s) of each budget heading;
  - what is expected to be delivered with the budget in terms of organisational performance; and

- how the budget holder will report and account for his or her budgetary performance.
- 4.14 The Chief Executive may agree a virement procedure that would allow budget holders to transfer resources from one budget heading to another. The Board shall set the virement limits for the Chief Executive and the Chief Executive shall ensure these are not exceeded
- 4.15 If the budget holder does not require the full amount of the budget delegated to him for the stated purpose (s), and virement is not exercised, then the amount not required shall revert back to the Chief Executive.
- 4.16 The Director of Finance shall devise and maintain systems of budgetary control. These will include:-
- monthly financial reports to the Board in a form approved by the Board containing:-
    - a. net expenditure of the Board for the financial year to date; and
    - b. a forecast of the Board's expected net expenditure for the remainder of the year on a monthly basis from (at the latest) the month 6 position onwards.
    - c. capital project spend and projected outturn against plan;
    - d. explanations of any material variances from plan and/or emerging trends;
    - e. details of any corrective action where necessary and the Chief Executive's and/or Director of Finance's view of whether such actions are sufficient to correct the situation;
  - the issue of timely, accurate and comprehensible advice and financial reports to each holder of a budget, including those responsible for capital schemes, covering the areas for which they are responsible;
  - investigation and reporting of variances from agreed budgets;
  - monitoring of management action to correct variances and/or emerging adverse trends; and
  - ensuring that adequate training is delivered on an on-going basis to budget holders.

### **Monitoring**

- 4.17 The Director of Finance shall provide monthly reports in the form requested by the Cabinet Secretary showing the charge against the Board's resource limits on the last day of each month.

## **5. ANNUAL ACCOUNTS AND REPORTS**

- 5.1 The Director of Finance, on behalf of the Board, shall prepare, certify and submit audited Annual Accounts to the SGHSCD in respect of each financial year in such a form as the SGHSCD may direct.
- 5.2 The Director of Finance will ensure that the Annual Accounts and financial returns are prepared in accordance with the guidance issued in the Government Financial Reporting Manual (FReM), detailing the accounts and returns to be prepared, the accounting standards to be adopted and the timetable for submission to the SGHSCD.
- 5.3 The Audit and Risk Committee will ensure that the Annual Accounts are reviewed and submitted to the Board for formal approval and the Chief Executive will ensure that they are recorded as having been so presented. The Annual Accounts will be subject to statutory audit by the external auditor appointed by Audit Scotland.
- 5.4 The Director of Finance shall prepare a Financial Statement for inclusion in the Board's Annual Report, in accordance with relevant guidelines, for submission to Board members and others who need to be aware of the Board's financial performance.
- 5.5 The Board shall publish an Annual Report, in accordance with the Scottish Government's guidelines on local accountability requirements.

## **6. BANKING AND CASH HANDLING**

- 6.1 The Director of Finance shall manage the Board's banking arrangements and advise the Board on the provision of banking services and operation of accounts. This advice shall take into account guidance/Directions issued from time to time by the Scottish Government.
- 6.2 The Director of Finance shall ensure that the banking arrangements operate in accordance with the Scottish Government banking contract (GBS) and the Scottish Public Finance Manual.
- 6.3 The Board shall approve the banking arrangements. No employee may open a bank account for the Board's activities or in the Board's name, unless the Board has given explicit approval.
- 6.4 The Director of Finance shall:-
  - Establish separate bank accounts for non-exchequer funds;
  - Ensure payments made from bank or GBS accounts do not exceed the amount credited to the account, except where arrangements have been made;

- Ensure money drawn from the Scottish Government against the Cash Requirement is required for approved expenditure only, and is drawn down only at the time of need;
  - Promptly bank all monies received intact. Expenditure shall not be made from cash received that has not been banked, except under exceptional arrangements approved by the Director of Finance; and
  - Report to the Board all arrangements made with the Board's bankers for accounts to be overdrawn.
- 6.5 The Director of Finance shall prepare detailed instructions on the operation of bank and GBS accounts, which must include:-
- The conditions under which each bank and GBS account is to be operated;
  - Ensuring that the GBS account is used as the principal banker and that the amount of cleared funds held at any time within exchequer commercial bank accounts is limited to a maximum of £50,000 (of cleared funds).
  - The limit to be applied to any overdraft;
  - Those authorised to sign cheques or other orders drawn on the Board's accounts; and
  - The required controls for any system of electronic payment.
- 6.6 The Director of Finance shall:-
- Approve the stationery for officially acknowledging or recording monies received or receivable, and keep this secure;
  - Provide adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and
  - Approve procedures for handling cash and negotiable securities on behalf of the Board.
- 6.7 Money in the custody of the Board shall not under any circumstances be used for the encashment of private cheques.
- 6.8 The holders of safe keys shall not accept unofficial funds for depositing in their safes other than in exceptional circumstances. Such deposits must be in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Board is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Board from responsibility for any loss.

## **7. SECURITY OF ASSETS**

- 7.1 Overall responsibility for the security of the Board's assets rests with the Board's Chief Executive. All members and employees have a responsibility for the security of property of the Board and it shall be an added responsibility of senior staff in all disciplines to apply appropriate routine security practices in relation to NHS property. Any significant breach of agreed security practice should be reported to the Chief Executive.
- 7.2 Wherever practicable, items of equipment shall be marked as property of Fife NHS Board.
- 7.3 The Chief Executive shall define the items of equipment to be controlled, and officers designated by the Chief Executive shall maintain an up-to-date register of those items. This shall include separate records for equipment on loan from suppliers, and lease agreements in respect of assets held under a finance lease and capitalised.
- 7.4 The Director of Finance shall approve the form of register and the method of updating which shall incorporate all requirements extant for capital assets.
- 7.5 Additions to the fixed asset register must be added to the records based on the documented cost of the asset at the time of acquisition.
- 7.6 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorised documentation.
- 7.7 The value of each asset where applicable shall be indexed to current values and depreciated using methods and rates as suggested in the Capital Accounting Manual and notified by the SGHSCD.
- 7.8 Revaluation of land and buildings will be provided by the Board's recommended Valuation Agent on a rolling annual programme designed to ensure that all such assets are revalued once every five years.
- 7.9 Annual indexation for land and buildings not included in the revaluation exercise in any given year will be provided by the Board's recommended Valuation Agent.
- 7.10 Any damage to the Board's premises, vehicles and equipment, or any loss of equipment or supplies shall be reported by staff in accordance with the procedure for reporting losses.

## **8. PAY**

### **Remuneration Committee**

- 8.1 The Board shall approve the terms of reference for the Remuneration Committee, in line with any extant guidance or requirements.

- 8.2 The Board shall remunerate the Chair and other non-executive directors in accordance with instructions issued by Scottish Government

**Processes**

- 8.3 The Chief Executive shall establish a system of delegated budgetary authority within which budget holders shall be responsible for the engagement of staff within the limits of their approved budget.
- 8.4 All time records, payroll timesheets and other pay records and notifications shall be in a form approved by the Director of Finance and shall be authorised and submitted in accordance with his instructions. This also includes e-expenses and SSTs.
- 8.5 The Director of Finance shall be responsible for ensuring that rates of pay and relevant conditions are applied in accordance with current agreements. The Chief Executive, or the Board in appropriate circumstances, shall be responsible for the final determination of pay. There will be no variation to agreed terms and conditions without the prior approval of the Director of Human Resources and Director of Finance. The Director of Finance shall determine the dates on which the payment of salary and wages are to be made. These may vary due to special circumstances (e.g. Christmas and other Public Holidays). Payments to an individual shall not be made in advance of normal pay, except:
- a. To cover a period of authorised leave, involving absence on the normal pay day; or
  - b. As authorised by the Chief Executive and Director of Finance to meet special circumstances, and limited to the net pay due at the time of payment.
- 8.6 All employees shall be paid by bank credit transfer unless otherwise agreed by the Director of Finance.
- 8.7 The Board shall delegate responsibility to the Director of Workforce for ensuring that all employees are issued with a contract of employment in a form approved by the Board and which complies with employment legislation and any extant NHS policies.

**9. NON PAY**

**Tendering, Contracting and Purchasing Procedures**

- 9.1 The Director of Finance shall prepare detailed procedural instructions on the obtaining of goods, services and works, incorporating thresholds set by the Board. The current Authorisation Limits are set out in Scheme of Delegation and the Financial Operating Procedures.
- 9.2 The Chief Executive shall designate a senior officer as the lead senior officer for procurement, and this person shall oversee the procurement of goods

and services, to ensure there is an adequate approval of suppliers and their supplies based on cost and quality.

- 9.3 NSS National Procurement shall undertake procurement activity on a national basis on behalf of boards (including NHS Fife), and the Board shall implement these nationally negotiated contracts.
- 9.4 The Board shall operate within the processes established for the procurement of publicly funded construction work.
- 9.5 The Board shall comply with Public Contracts (Scotland) Regulations 2012 (and any subsequent relevant legislation) for any procurement it undertakes directly.
- 9.6 The Director of Finance shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.
- 9.7 All other aspects of procurement activity must follow the requirements of the Standing Orders and SFIs. Any decision to depart from the requirements of this section must have the approval of NHS Fife Board.
- 9.8 The Director of Finance shall:-
- Advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained in accordance with the Public Contracts (Scotland) Regulations, as issued annually through Scottish Statutory Instrument.
  - Ensure the preparation of comprehensive procedures for all aspects of procurement activity.
- 9.9 The following basic principles shall be generally applied:-
- Procurement activity satisfies all legal requirements;
  - Adequate contracts are in place with approved suppliers for the supply of approved products and services;
  - Segregation of duties is applied throughout the process;
  - Adequate approval mechanisms are in place before orders are raised;
  - All deliveries are checked for completeness and accuracy, and confirmed before approval to pay is made; and
  - All payments made are in accordance with previously agreed terms, and what the Board has actually received.

## 9.10 Limits of Authorisation of Orders

## (a) Up to £100,000

- All Corporate Directors, Chief Operating Officer (Acute Services) and the Director of Health & Social Care can on their own authority commit expenditure up to £100,000 provided this is within the budgets for which they have responsibility.
- All other orders with a value up to £100,000 are subject to a scheme of delegation to Designated Ordering Officers with assigned limits. This scheme is detailed in the Financial Operating Procedures

## (b) £100,000 to £1,000,000

All orders between £100,000 and £1,000,000 submitted by any authorised officer must be countersigned by the Board Chief Executive, Chief Operating Officer (Acute Services), Director of Health & Social Care (or a designated deputy for them), or Director of Finance.

## (c) Above £1,000,000 and less than £2,000,000

All orders above £1,000,000 and less than £2,000,000 must be authorised by the Board Chief Executive, ~~Chief Operating Officer (Acute Services), or the Director of Health & Social Care~~ and the Director of Finance, subject to the expenditure having been approved by the Board as part of a capital or revenue plan.

## (d) The placing of annual orders and the acceptance of all annual contracts over £2,000,000, whether capital or revenue, is reserved to the Board and must be authorised by the Board Chief Executive and Director of Finance.

## 9.11 For all orders raised between £2,500 and £10,000 there is a requirement for the ordering officer to obtain two written quotations. Orders over £10,000 and up to £25,000 should ensure 3 tendered quotes are received subject to the Board's tendering procedures.

In the following exceptional circumstances, except in cases where EU Directives must be adhered to, the Director of Finance and Chief Executive, as specified in the Scheme of Delegation, can approve the waiving of the above requirements. Where goods and services are supplied on this basis and the value exceeds £2,500, a "Waiver of Competitive Tender/Quotation" may be granted by completing a Single Source Justification form for approval by the appropriate director and the Head of Procurement. Where the purchase of equipment is valued in excess of £5,000 and where the purchase of other goods and services on this basis exceeds £10,000, the completed Single Source Justification Form shall be endorsed by the Director of Finance and Chief Executive.

At least one of the following conditions must be outlined in the Single Source Justification Form:

1. where the repair of a particular item of equipment can only be carried out by the manufacturer;
2. where the supply is for goods or services of a special nature or character in respect of which it is not possible or desirable to obtain competitive quotations or tenders;
3. a contractors special knowledge is required;
4. where the number of potential suppliers is limited, and it is not possible to invite the required number of quotations or tenders, or where the required number do not respond to an invitation to tender or quotation to comply with these SFIs;
5. where, on the grounds of urgency, or in an emergency, it is necessary that an essential service is maintained or where a delay in carrying out repairs would result in further expense to NHS Fife.

In the case of 1, 2, 3, and 4 above, the Waiver of Competitive Tender/Quotation Form must be completed in advance of the order being placed, but may be completed retrospectively in the case of 5.

The Head of Procurement will maintain a record of all such exceptions.

Where additional works, services or supplies have become necessary and a change of supplier/contractor would not be practicable (for economic, technical or interoperability reasons) or would involve substantial inconvenience and/or duplication of cost, an existing contractor may be asked to undertake additional works providing the additional works do not exceed 50% of the original contract value and are provided at a value for money cost which should normally be at an equivalent or improved rate to the original contract.

When goods or services are being procured for which quotations or tenders are not required and for which no contract exists, it will be necessary to demonstrate that value for money is being obtained. Written notes/documentation to support the case, signed by the responsible Budget Holder, must be retained for audit inspection.

Further detail on the ordering of goods and services and relevant documentation are set out in the Financial Operating Procedures.

The use of supplies within the Office of Government (OGC) framework agreements may negate the need for three competitive tenders. The use of this route must always be recorded. In all instances, the regulations in respect of Official Journal of the European Union (OJEU) must be followed.

- 9.12 No order shall be issued for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Chief Executive.
- 9.13 Orders shall not be placed in a manner devised to avoid the financial thresholds specified by the Board within the Scheme of Delegation.

- 9.14 All procurement on behalf of the Board must be made on an official order on the e-Procurement system (PECOS).
- 9.15 The Board shall not make payments in advance of need. However payment in advance of the receipt of goods or services is permitted in circumstances approved by the lead senior officer for procurement. Examples of such instances are:-
- Items such as conferences, courses and travel, foreign currency transactions, where payment is to be made at the time of booking.
  - Where payment in advance of complete delivery is a legal or contractual requirement, e.g. maintenance contracts, utilities, rates.
  - Where payment in advance is necessary to support the provision of services/delivery of a project by external providers (e.g. grants to local authorities or voluntary bodies.)
- 9.16 Purchases from petty cash shall be undertaken in accordance with procedures stipulated by the Director of Finance.

#### **Commissioning of Patient Services**

- 9.17 The Director of Finance, jointly with the Chief Operating Officer or Director of Health & Social Care will ensure service agreements are in place with other healthcare providers for the delivery of patient services, ensuring the appropriate ~~The Director of Finance shall be responsible for the financial details are contained in all service agreements entered into by the Board, for the delivery of patient services by other healthcare providers and clarity on reporting of performance, quality and safety issues.~~
- 9.18 The Director of Finance shall be responsible for maintaining a system for the payment of invoices in respect of patient services in accordance with agreed terms and national guidance and shall ensure that adequate ~~statistical and~~ financial systems are in place to monitor and control these.

#### **Payment of Accounts and Expense Claims**

- 9.19 The Director of Finance shall be responsible for the prompt payment of ~~all~~ accounts and expense claims. The Director of Finance shall publish the Board's performance in achieving the prompt payment targets in accordance with specified terms and national guidance.
- 9.20 The Director of Finance shall be responsible for designing and maintaining a system for the verification, recording and payment of all amounts payable by the Board. The system shall provide for authorisation by agreed delegated officers, a timetable and system for the payment of accounts and instruction to staff regarding handling, checking and payment of accounts and claims.
- 9.21 The Director of Finance shall ensure that payments for goods and services are made only after goods and services are received. Prepayments will be

permitted in exceptional circumstances and with the prior approval of the Director of Finance

### **Additional Matters for Capital Expenditure**

#### **Overall Arrangements for the Approval of the Capital Plan**

9.22 The Board shall follow any extant national instructions on the approval of capital expenditure, such as the Scottish Capital Investment Manual. The authorisation process shall be described in the Scheme of Delegation.

9.23 The Chief Executive shall ensure that:-

- there is an adequate appraisal and approval process in place for determining capital expenditure priorities within the Property Strategy and the effect of each proposal upon business plans;
- all stages of capital schemes are managed, and are delivered on time and to cost;
- capital investment is not undertaken without confirmation that the necessary capital funding and approvals are in place; and
- all revenue consequences from the scheme, including capital charges, are recognised, and the source of funding is identified in financial plans.

#### **Implementing the Capital Programme**

9.24 For every major capital expenditure proposal the Chief Executive shall ensure:-

- that a business case as required by the Scottish Capital Investment Manual (SCIM) is produced setting out:-
  - a. an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs; and
  - b. appropriate project management and control arrangements; and
- that the Director of Finance has assessed the costs and revenue consequences detailed in the business case.

- 9.25 The approval of a business case and inclusion in the Board's capital plan shall not constitute approval of the individual elements of expenditure on any scheme. The Chief Executive shall issue to the manager responsible for any scheme:-
- specific authority to commit expenditure; and
  - following the required approval of the business case, authority to proceed to tender.
- 9.26 The Scheme of Delegation shall stipulate where delegated authority lies for:-
- approval to accept a successful tender; and
  - where Frameworks Scotland applies, authority to agree risks and timelines associated with a project in order to arrive at a target price.
- 9.27 The Director of Finance shall issue procedures governing the financial management of capital investment projects (e.g. including variations to contract, application of Frameworks Scotland) and valuation for accounting purposes.

### **Public Private Partnerships and other Non-Exchequer Funding**

- 9.28 When the Board proposes to use finance which is to be provided other than through its capital allocations, the following procedures shall apply:-
- The Director of Finance shall demonstrate that the use of public private partnerships represents value for money and genuinely transfers significant risk to the private sector.
  - Where the sum involved exceeds the Board's delegated limits, the business case must be referred to the Scottish Government for approval or treated as per current guidelines.
  - Board must specifically agree the proposal.
  - The selection of a contractor/finance company must be on the basis of competitive tendering or quotations.

### **Disposals of Assets**

- 9.29 The Director of Finance shall issue procedures for the disposal of assets including condemnations. All disposals shall be in accordance with MEL(1996)7: Sale of surplus and obsolete goods and equipment.
- 9.30 There is a requirement to achieve Best Value for money when disposing of assets belonging to the Health Board. A competitive process should normally be undertaken.

9.31 When it is decided to dispose of a Health Board asset, the head of department or authorised deputy will determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.

9.32 All unserviceable articles shall be:-

- Condemned or otherwise disposed of by an employee authorised for that purpose by the Director of Finance.
- Recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Director of Finance.

### **Capital Accounting**

9.33 The Director of Finance shall be notified when capital assets are sold, scrapped, lost or otherwise disposed of, and what the disposal proceeds were. The value of the assets shall be removed from the accounting records. Each disposal must be validated by reference to authorisation documents and invoices (where appropriate).

9.34 The Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

9.35 The value of each asset shall be indexed and depreciated in accordance with methods specified by the Capital Accounting Manual.

9.36 The Director of Finance shall calculate capital charges, which will be charged against the Board's revenue resource limit.

## **10. PRIMARY CARE CONTRACTORS**

10.1 In these SFIs and all other Board documentation, Primary Care contractor means:-

- an independent provider of healthcare who is registered to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in the United Kingdom (UK); or
- an employee of an National Health Service organisation in the UK who is registered to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in the UK.

10.2 The Primary Care Manager shall devise and implement systems to control the registers of those who are entitled to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in Fife. Systems shall include criteria for entry to and deletions from the registers.

- 10.3 The Director of Finance shall agree the Service Level Agreement (s) with NHS National Services Scotland for:-
- the development, documentation and maintenance of systems for the verification, recording and receipt of NHS income collected by or on behalf of primary care contractors; and
  - the development, documentation and maintenance of systems for the verification, recording and payment of NHS expenditure incurred by or on behalf of primary care contractors.
- 10.4 The agreements at paragraph F10.3 shall comply with guidance issued from time to time by the Scottish Government. In particular they shall take account of any national systems for the processing of income and expenditure associated with primary care contractors.
- 10.5 The Director of Finance shall ensure that all transactions conducted for or on behalf of primary care contractors by the Board shall be subject to these SFIs.

## **11. INCOME**

- 11.1 The Director of Finance shall be responsible for designing and maintaining systems for the proper recording and collection of all monies due.
- 11.2 The Director of Finance shall take appropriate recovery action on all outstanding debts and shall establish procedures for the write-off of debts after all reasonable steps have been taken to secure payment.
- 11.3 The Director of Finance is responsible for ensuring the prompt banking of all monies received.
- 11.4 In relation to business development/income generation schemes, the Director of Finance shall ensure that there are systems in place to identify and control all costs and revenues attributed to each scheme.
- 11.5 The Director of Finance shall approve all fees and charges other than those determined by the Scottish Government or by Statute.

## **12. FINANCIAL MANAGEMENT SYSTEM**

- 12.1 The Director of Finance shall carry prime responsibility for the accuracy and security of the computerised financial data of the Board and shall devise and implement any necessary procedures to protect the Board and individuals from inappropriate use or misuse of any financial and other information held on computer files for which he is responsible, after taking account of all relevant legislation and guidance
- 12.2 The Director of Finance shall ensure that contracts for computer services for financial applications with another Board or any other agency shall clearly define the responsibility of all the parties for the security, privacy, accuracy,

completeness and timeliness of data during processing, transmission and storage.

- 12.3 The Director of Finance shall ensure that adequate data controls exist to provide for security of financial applications during data processing, including the use of any external agency arrangements.
- 12.4 The Director of Finance shall satisfy her/himself that such computer audit checks as s/he may consider necessary are being carried out.
- 12.5 The Director of Finance shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and are thoroughly tested prior to implementation.
- 12.6 Where another health organisation or any other agency provides a financial system service to the Board, the Director of Finance shall periodically seek assurances, through Audit where appropriate, that adequate controls are in operation and that disaster recovery arrangements are robust.

### **13. CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS**

- 13.1 Any employee or agent discovering or suspecting a loss of any kind shall forthwith inform his head of department, who shall immediately inform the Chief Executive and the Director of Finance. Where a criminal offence is suspected, the Director of Finance shall follow the Anti-Theft, Fraud, and Corruption Policy, as set out in the Financial Operating Procedures.
- 13.2 The Director of Finance shall notify the Audit and Risk Committee and Counter Fraud Services of all actual or suspected frauds. See 13.10 below.
- 13.3 In all instances where there is any suspicion of fraud then the guidance contained within NHS Circular, HDL (2005) 5: "Tackling Fraud in Scotland – Joint Action Programme. Financial Control : Procedures where criminal offences are suspected" must be followed. The Board's Fraud Liaison Officer (FLO) must be notified immediately of all cases of fraud or suspected fraud.
- 13.4 The Director of Finance shall issue procedures on the recording of and accounting for Losses and special payments to meet the requirements of the Scottish Public Finance Manual. These procedures shall include the steps to be taken where the loss may have been caused by a criminal act.
- 13.5 The Scheme of Delegation shall describe the process for the approval of the write-off of losses and making of special payments
- 13.6 The Director of Finance shall maintain a Losses and Special Payments Register in which details of all Category 1 and Category 2 losses shall be recorded as they are known. Category 3 losses may be recorded in summary form. Write-off action shall be recorded against each entry in the Register.
- 13.7 No special payments exceeding the delegated limits shall be made without prior approval by the SGHSCD.

- 13.8 The Director of Finance shall be authorised to take any necessary steps to safeguard the Board's interest in bankruptcies and company liquidations.
- 13.9 The Director of Finance is required to produce a report on Condemnations, Losses and Special Payments, where the delegated limits have been exceeded and SGHSCD approval has been requested, to the Audit and Risk Committee.
- 13.10 The Bribery Act came into force in 2010; it aims to tackle bribery and corruption in both the private and public sectors. The Act is fully endorsed by Fife NHS Board. NHS Fife conducts its contracting and procurement practices with integrity, transparency and fairness and has a zero tolerance policy on bribery or any kind of fraud. There are robust controls in place to help deter, detect and deal with it. These controls are regularly reviewed in line with the Standing Financial Instructions and feedback is provided to the Audit & Risk Committee. Procurement actively engage with NHS Scotland Counter Fraud Services to ensure that our team is fully trained on spotting potential signs of fraud and knowing how to report suspected fraud. As an existing or potential contractor to NHS Fife, you are required to understand that it may be a criminal offence under the Bribery Act 2010, punishable by imprisonment, to promise, give or offer any gift, consideration, financial or other advantage whatsoever as an inducement or reward to any officer of a public body and that such action may result in the Board excluding the organisation from the selected list of Potential Bidders, and potentially from all future public procurements. It is therefore vital that staff, contractors and agents understand what is expected of them and their duties to disclose and deal with any instances they find.

#### **14. RISK MANAGEMENT**

- 14.1 The Chief Executive shall ensure that the Board has a programme of risk management, which will be approved and monitored by the Board and which complies with the Standards issued by NHS Health Improvement Scotland.
- 14.2 The programme of risk management shall include:
- a. A process for identifying and quantifying risks and potential liabilities, including the establishment and maintenance of a Risk Register;
  - b. Engendering among all levels of staff a positive attitude towards the control of risk;
  - c. Management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover and decisions on the acceptable level of retained risk;
  - d. Contingency plans to offset the impact of adverse events;
4. Audit arrangements including internal audit, clinical audit and health and safety review;

5. Arrangements to review the risk management programme.
- g.. A review by each Governance Committee of relevant risks pertaining to their business.

The existence, integration and evaluation of the above elements will provide a basis for the Audit and Risk Committee to make a statement on the overall effectiveness of Internal Control and Corporate Governance to the Board.

- 14.3 The programme of risk management will be underpinned by a Board Assurance Framework, approved, and reviewed annually by the NHS Board.

## **15. RETENTION OF DOCUMENTS**

- 15.1 The Chief Executive shall be responsible for maintaining archives for all documents in accordance with the NHS Code of Practice on Records Management.
- 15.2 The documents held in archives shall be capable of retrieval by authorised persons.
- 15.3 Documents held under the Code shall only be destroyed at the express instigation of the Chief Executive, and records shall be maintained of documents so destroyed.

## **16. PATIENTS' PROPERTY AND FUNDS**

- 16.1 The Board has a responsibility to provide safe custody, for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead on arrival.
- 16.2 The Chief Executive shall be responsible for ensuring that patients or their guardians, as appropriate, are informed before, or at their admission, by: -
  - Notices and information booklets
  - Hospitals' admission documentation and property records, and
  - The oral advice of administrative and nursing staff responsible for admissions, that the Board will not accept responsibility or liability for patients' monies and personal property brought into Board premises unless it is handed in for safe custody and a copy of an official patient property record is obtained as a receipt.
- 16.3 The Director of Finance shall provide detailed written instructions on the collection, custody, investment, recording, safekeeping and disposal of patients' property (including instructions on the disposal of the property of deceased patients and patients transferred to other premises), for all staff whose duty it is to administer, in any way, the property of the patients.
- 16.4 Bank accounts for patients' monies shall be operated under arrangements agreed by the Director of Finance.

- 16.5 A patients' property record, in a form determined by the Director of Finance, shall be completed.
- 16.6 The Director of Finance is responsible for providing detailed instructions on the Board's responsibility as per the Adults with Incapacity (Scotland) Act 2000 and the updated Part 5 in CEL11(2008) Code of Practice. These instructions are contained within the Financial Operating Procedures.
- 16.7 The Director of Finance shall prepare an abstract of receipts and payments of patients private funds in the form laid down by Scottish Government.

## **17. STORES**

- 17.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use), should be:-
- Kept to a minimum;
  - Subject to annual stocktake; and
  - Valued at the lower of cost and net realisable value.
- 17.2 Subject to the responsibility of the Director of Finance for the systems of control, the control of stores throughout the organisation shall be the responsibility of the relevant managers. The day-to-day management may be delegated to departmental officers and stores managers/keepers, subject to such delegation being entered in a record available to the Director of Finance.
- 17.3 The responsibility for security arrangements, and the custody of keys for all stores locations, shall be clearly defined in writing by the manager responsible for the stores and agreed with the Director of Finance. Wherever practicable, stock items, which do not belong to the Board, shall be clearly identified.
- 17.4 All stores records shall be in such form and shall comply with such system of control and procedures as the Director of Finance shall approve.
- 17.5 Stocktaking arrangements shall be agreed with the Director of Finance and there shall be a physical check covering all items in store at least once a year. The physical check shall involve at least one officer other than the Storekeeper, and the Director of Finance and Internal & External Audit shall be notified and may attend, or be represented, at their discretion. The stocktaking records shall be numerically controlled and signed by the officers undertaking the check. Any surplus or deficiency revealed on stocktaking shall be reported immediately to the Director of Finance, and he may investigate as necessary. Known losses of stock items not on stores control shall be reported to the Director of Finance.
- 17.6 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Director of Finance.

17.7 Instructions for stock take and the basis for valuation will be issued at least once a year by the Director of Finance.

## **18. AUTHORISATION LIMITS**

18.1 The purpose of Standing Financial Instructions is to ensure adequate controls exist for the committing and payment of funds on behalf of NHS Fife. The main principles applied in determining authorisation limits are those of devolved accountability and responsibility. The rules for financial delegation to all levels of management within the Board's established policies and priorities are set out in the Scheme of Delegation and Financial Operating Procedures

18.2 Areas covered by the Scheme of Delegation include:

- Limitation and Authority to vire budgets between one budget heading and another.
- Limitation of level of Authority for the placing of orders or committing resources
- Limitation as to the level of authority to approve receipt of orders, expenses, travel claims, payment of invoices, write off of losses.

## **19. ENDOWMENT FUNDS**

19.1 The Standing Financial Instructions deal with matters related to exchequer income and expenditure for NHS Fife. Whilst Endowment Funds fall outwith the scope of core exchequer funds, it is important that all relevant employees and agents are aware of the arrangements for the financial responsibility and authority for such funds.

19.2 Endowment Funds and are those held in trust for purposes relating to the National Health Service, either by the Board or Special Trustees appointed by the Scottish Ministers or by other persons.

19.3 Members of the Fife Health Board become Trustees of the Board's Endowment Funds. The responsibilities as Trustees are discharged separately from the responsibilities as members of the Board.

19.4 The Director of Finance shall prepare detailed procedural instructions covering the receiving, recording, investment and accounting for Endowment Funds.

19.5 Through the Board's Scheme of Delegation, authority will be given by the Trustees to allow for the day to day management of the funds within specified limits.

19.6 The Authorisation Limits are set out in the Scheme of Delegation and the Financial Operating Procedures.

19.7 The Director of Finance shall prepare annual accounts for the funds held in trust, to be audited independently and presented annually to the trustees.

# **FIFE NHS BOARD SCHEME OF DELEGATION**

## 1. Introduction

### **Board's Responsibility**

The Standing Orders for the proceedings and Business of the Fife NHS Board include a section on Matters Reserved for the Board (7). This section of the Standing Orders summarises all matters where decision making is reserved to the Board.

The subsequent section (8) within the Standing Orders, identifies that other "matters" may be delegated to Committees or individuals to act on behalf of the Board.

The following appendix sets out:

- Committee's delegated responsibility on behalf of the Board
- Matters delegated to individuals

## 2. Committee's Delegated Responsibility on behalf of the Board

<b>2.1 Audit &amp; Risk Committee</b>	
Responsible Director for this Section	Director of Finance
Role and Remit	<ul style="list-style-type: none"> <li>• Supporting the Accountable Officer and Fife NHS Board formulate their assurance needs with regard to risk management, governance and internal control;</li> <li>• Drawing attention to weaknesses in systems of risk management, governance and internal control;</li> </ul> <p><b>Internal Control and Corporate Governance</b></p> <ul style="list-style-type: none"> <li>• To evaluate the framework of internal control and corporate governance comprising the following components, as recommended by the Turnbull Report:               <ul style="list-style-type: none"> <li>• control environment;</li> <li>• risk management;</li> <li>• information and communication;</li> <li>• control procedures;</li> <li>• monitoring and corrective action.</li> </ul> </li> <li>• To review the system of internal financial control, which includes:               <ul style="list-style-type: none"> <li>• the safeguarding of assets against unauthorised use and disposition;</li> <li>• the maintenance of proper accounting records and the reliability of financial information used within the organisation or for publication.</li> </ul> </li> <li>• To ensure that the activities of Fife NHS Board are within the law and regulations governing the NHS.</li> <li>• To review the disclosures included in the Governance Statement on behalf of the Board.</li> <li>• To present an annual statement of assurance on the above to the Board, to support the NHS Fife Chief Executive's Governance Statement.</li> </ul>

	<p><b>Internal Audit</b></p> <ul style="list-style-type: none"> <li>• To review and approve the Internal Audit Strategic and Annual Plans.</li> <li>• To monitor audit progress and review audit reports.</li> <li>• To monitor the management action taken in response to the audit recommendations through an appropriate follow-up mechanism.</li> <li>• To consider the Chief Internal Auditor's annual report and assurance statement.</li> <li>• To review the operational effectiveness of Internal Audit by considering the audit standards, resources, staffing, technical competency and performance measures.</li> </ul> <p><b>External Audit</b></p> <ul style="list-style-type: none"> <li>• To note the appointment of the Statutory Auditor and to approve the appointment and remuneration of the External Auditors for Patients' Funds and Endowment Funds.</li> <li>• To review the Audit Strategy and Plan, including the Best Value and Performance Audits programme.</li> <li>• To consider all statutory audit material, in particular:- <ul style="list-style-type: none"> <li>• Audit Reports;</li> <li>• Annual Reports;</li> <li>• Management Letters</li> </ul> <p>relating to the certification of Fife NHS Boards Annual Accounts, Annual Patients' Funds Accounts. <del>On behalf of the Trustees of NHS Endowment Funds to consider all statutory audit material, in particular:</del></p> <p><del>Audit Reports;</del>  <del>Annual Reports;</del>  <del>Management Letters</del></p> <p><del>Relating to the Annual Endowment Funds Accounts.</del></p> </li> </ul> <p><b>Risk Management</b></p> <p>The Committee shall seek assurance that:</p> <ul style="list-style-type: none"> <li>• There is a comprehensive risk management system in place to identify, assess, manage and monitor risks at all levels of the organisation.</li> </ul>
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- There is appropriate ownership of risk in the organisation, and that there is an effective culture of risk management
- The Board has clearly defined its risk appetite (i.e. the level of risk that the Board is prepared to accept, tolerate, or be exposed to at any time), and that the executive's approach to risk management is consistent with that appetite.
- The Committee will also receive and review a report summarising any significant changes to the Boards corporate risk register, and what plans are in place to manage them. The Committee may also elect to occasionally request information on significant risks held on any risk registers held in the organisation.
- Assess whether the Corporate Risk Register is an appropriate reflection of the key risks to the Board, so as to advise the Board.
- Receive an annual report on risk management, confirming whether or not there have been adequate and effective risk management arrangements throughout the year, and highlighting any material areas of risk.

**Standing Orders and Standing Financial Instructions**

- To review every three years the Standing Orders and associated appendices of Fife NHS Board and advise the Board of any amendments required.
- To examine the circumstances associated with any occasion when Standing Orders of Fife NHS Board have been waived or suspended.

**Annual Accounts**

- To review and recommend approval of draft Fife NHS Board Annual Accounts to the Board.
- To review the draft Annual Report and Financial Review of Fife NHS Board as found within the Directors Report incorporated within the Annual Accounts.
- To review annually (and approve any changes in) the accounting policies of Fife NHS Board.
- To review schedules of losses and compensation payments where the amounts exceed the delegated authority of the Board prior to being referred to the Scottish Government for approval.

	<p><b>Other Matters</b></p> <ul style="list-style-type: none"><li>• The Committee shall review the arrangements for employees raising concerns, in confidence, about possible wrongdoing in financial reporting or other matters. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow-up action.</li><li>• The Committee shall review regular reports on Fraud and potential Frauds.</li><li>• The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".</li><li>• The Committee shall seek assurance that the Board has systems of control to ensure that it discharges its responsibilities under the Freedom of Information (Scotland) Act 2002.</li><li>• The Committee shall review the Board's arrangements to prevent bribery and corruption within its activities. This includes the systems to support Board members' compliance with the NHS Fife Board Code of Conduct (Ethical Standards in Public Life Act 2000), the systems to promote the required standards of business conduct for all employees and the Boards procedure to prevent Bribery (Bribery Act 2000).</li></ul>
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<b>2.2 Clinical Governance Committee</b>	
Responsible Director for this Section	Medical Director
Sub-Committees	<ul style="list-style-type: none"> <li>• Health &amp; Safety</li> <li>• Patient Focus Public Involvement</li> </ul>
Role and Remit	<ul style="list-style-type: none"> <li>• To monitor progress on the health status targets set by the Board.</li> <li>• The Committee will produce an Annual Statement of Assurance for submission to the Board, via the Audit &amp; Risk Committee and PFPI Committee. The proposed Annual Statement will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.</li> <li>• To capture and record all issues and risks on an operational risk register to be monitored through the Committee, and where appropriate these should be escalated to the Board for consideration in addition to the corporate risk register until mitigated to a tolerable level.</li> <li>• To receive updates on and oversee the progress on the recommendations from relevant external reports of reviews of all healthcare organisations including clinical governance reports and recommendations from relevant regulatory bodies which may include Healthcare Improvement Scotland (HIS) reviews and visits.</li> <li>• To provide assurance to Fife NHS Board about the quality of services within NHS Fife.</li> <li>• The Committee shall review regularly the sections of the NHS Fife Integrated Performance Report relevant to the Committee's responsibility.</li> <li>• To undertake an annual self assessment of the Committee's work <u>and effectiveness</u>.</li> <li>• The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".</li> </ul>

<b>2.3 Finance, Performance and Resources Committee</b>	
Responsible Director for this Section	Director of Finance
Sub-Committees	<ul style="list-style-type: none"> <li>• Pharmacy Practices</li> <li>• Primary Medical Services</li> </ul>
Role and Remit	<ul style="list-style-type: none"> <li>• The Committee shall have accountability to the Board for ensuring that the financial position of the Board is soundly based, having regard to: <ul style="list-style-type: none"> <li>• compliance with statutory financial requirements and achievement of financial targets;</li> <li>• such financial monitoring and reporting arrangements as may be specified from time-to-time by SGHSCD and/or the Board;</li> <li>• levels of balances and reserves;</li> <li>• the impact of planned future policies and known or foreseeable future developments on the financial position;</li> <li>• undertake an annual self assessment of the Committee's work <u>and effectiveness</u>; and</li> <li>• review regularly the sections of the NHS Fife Integrated Performance Report relevant to the Committee's responsibility.</li> </ul> </li> </ul> <p><b>Arrangements for Securing Value for Money</b></p> <ul style="list-style-type: none"> <li>• The Committee shall keep under review arrangements for securing economy, efficiency and effectiveness in the use of resources. These arrangements will include procedures for (a) planning, appraisal, and control, accountability and evaluation of the use of resources, and for (b) reporting and reviewing performance and managing performance issues as they arise in a timely and effective manner. In particular, the Committee will review action (proposed or underway) to ensure that the Board achieves financial balance in line with statutory requirements.</li> </ul> <p><b>Allocation and Use of Resources</b></p> <p>The Committee has key responsibilities for:</p> <ul style="list-style-type: none"> <li>• reviewing the development of the Board's Financial Strategy in support of the <u>Local-Delivery Annual Operational</u> Plan, and recommending approval to the Board;</li> <li>• reviewing all resource allocation proposals outwith authority delegated by the Board and make recommendations to the</li> </ul>

	<p>Board thereon; and</p> <ul style="list-style-type: none"> <li>• monitoring the use of all resources available to the Board.</li> <li>• Specifically, the Committee is charged with recommending to the Board annual revenue and capital budgets and financial plans consistent with its statutory financial responsibilities. It shall also have responsibility for the oversight of the Board's Capital Programme (including individual Business Cases for Capital Investment) and the review of the Property Strategy (including the acquisition and disposal of property), and for making recommendations to the Board as appropriate on any issue within its terms of reference;</li> <li>• The Committee will produce an Annual Statement of Assurance for submission to the Board, via the Audit and Risk Committee. The proposed Annual Statement will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June; and</li> <li>• The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".</li> </ul>
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<b>2.4 Staff Governance Committee</b>	
Responsible Director for this Section	Director of Workforce
Sub-Committees	<ul style="list-style-type: none"> <li>• Remuneration</li> </ul>
Role and Remit	<ul style="list-style-type: none"> <li>• The remit of the Staff Governance Committee is to: <ul style="list-style-type: none"> <li>• consider NHS Fife’s performance in relation to its achievements of effective Staff Governance and its compliance with the Staff Governance Standard;</li> <li>• review action taken on recommendations made by the Committee, NHS Boards, or the Scottish Ministers on Staff Governance matters;</li> <li>• give assurance to the Board on the operation of Staff Governance systems within NHS Fife, identifying progress, issues and actions being taken, where appropriate;</li> <li>• support the operation of the Area Partnership Forum and the Local Partnership Forums in their Staff Governance monitoring role and the appropriate flow of information to facilitate this;</li> <li>• encourage the further development of mechanisms for engaging effectively with all members of staff within the NHS in Fife;</li> <li>• contribute to the development of the <u>Local Delivery Annual Operational</u> Plan, in particular but not exclusively, around issues affecting staff;</li> <li>• support the continued development of personal appraisal professional learning and performance and, in particular, establish a Remuneration Sub-Committee empowered to consider and determine objectives and performance appraisals for the Executive cohort and oversee performance arrangements for designated Senior Managers;</li> <li>• review regularly the sections of the NHS Fife Integrated Performance Report relevant to the Committee’s responsibility; and</li> <li>• undertake an annual self assessment of the Committee’s work <u>and effectiveness</u>.</li> </ul> </li> </ul>

**3. Matters Delegated to Individuals**

	<ul style="list-style-type: none"> <li>• The Committee is also required to carry out a review of its function and activities and to provide an Annual Statement of Assurance. This will be submitted to the Board via the Audit and Risk Committee. The proposed Annual Statement will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.</li> <li>• The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".</li> </ul>
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### 3.1 Matters Delegated to the Chief Executive

#### General Provisions

In the context of the Board's principal role to protect and improve the health of Fife residents, the Chief Executive as Accountable Officer shall have delegated authority and responsibility to secure the economical, efficient and effective operation and management of Fife NHS Board and to safeguard its assets:

- in accordance with the statutory requirements and responsibilities laid upon the Chief Executive as Accountable Officer for Fife NHS Board;
- in accordance with direction from the Scottish Government Health and Social Care Directorates;
- in accordance with the current policies of and decisions made by the Board;
- within the limits of the resources available, subject to the approval of the Board;
- and in accordance with the Code of Corporate Governance as detailed in Standing Orders and Standing Financial Instructions.

The Chief Executive is authorised to take such measures as may be required in emergency situations, subject to advising, where possible, the Chairperson and the Vice-Chairperson of the Board, and the relevant Standing Committee Chairperson. Such measures, that might normally be outwith the scope of the authority delegated by the Board or its Standing Committees to the Chief Executive, shall be reported to the Board or appropriate Standing Committee as soon as possible thereafter.

The Chief Executive is authorised to give a direction in special circumstances that any officer shall not exercise a delegated function subject to reporting on the terms of the direction to the next meeting of the appropriate Committee.

#### Finance

Resources shall be used only for the purpose for which they are allocated, unless otherwise approved by the Chief Executive, after taking account of the advice of the Director of Finance. The Chief Executive acting together with the Director of Finance has delegated authority to approve the transfer of funds between budget heads, including transfers from reserves and balances, up to a maximum of £2,000,000 in any one instance.

The Chief Executive shall report to the Finance, Performance and Resources Committee those instances where this authority is exercised and/or the change in use of the funds relates to matters

	<p>of public interest.</p> <p>The Chief Executive may, acting together with the Director of Finance, and having taken all reasonable action to pursue recovery, approve the writing-off of losses, subject to the financial limits and categorisation of losses laid down from time to time by the Scottish Government Health and Social Care Directorates.</p> <p><b>Legal Matters</b></p> <p>The Chief Executive is authorised to institute, defend or appear in any legal proceedings or any inquiry, including proceedings before any statutory tribunal, board or authority, and following consideration of the advice of the Central Legal Office of the National Services Scotland (NSS), to appoint or consult with Counsel where it is considered expedient to do so, for the promotion or protection of the Board's interests.</p> <p>In circumstances where a claim against the Board is settled by a decision of a Court, and the decision is not subject to appeal, the Chief Executive shall implement the decision of the relevant Court on behalf of the Board.</p> <p>In circumstances where the advice of the Central Legal Office is to reach an out-of-court settlement, the Chief Executive may, acting together with the Director of Finance, settle claims against the Board, subject to a report thereafter being submitted to the Finance, Performance and Resources Committee.</p> <p>The Chief Executive, acting together with the Director of Finance, may make <i>ex gratia</i> payments subject to the limits laid down from time to time by the Scottish Government Health &amp; Social Care Directorates.</p> <p>The arrangements for signing of documents in respect of matters covered by the Property Transactions Manual shall be in accordance with the direction of Scottish Ministers. The Chief Executive and the Director of Finance are currently authorised to sign such documentation on behalf of the Board and Scottish Ministers.</p> <p>The Chief Executive shall have responsibility for the safe keeping of the Board's Seal, and together with the Chairperson or other nominated Non-Executive Member of the Board, shall have responsibility for the application of the Seal on behalf of the Board.</p> <p><b>Procurement of Supplies and Services</b></p>
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	<p>The Chief Executive shall have responsibility for nominating officers or agents to act on behalf of the Board, for specifying, and issuing documentation associated with invitations to tender, and for receiving and opening of tenders.</p> <p>Where post tender negotiations are required, the Chief Executive shall nominate in writing, officers and/or agents to act on behalf of the Board.</p> <p>The Chief Executive, acting together with the Director of Finance, has authority to approve on behalf of the Board the acceptance of tenders, submitted in accordance with the Board's Standing Orders, up to an annual value of £2,000,000, within the limits of previously approved Revenue and Capital Budgets, where the most economically advantageous tender is to be accepted.</p> <p>The Chief Executive through the Director of Finance shall produce a listing, including specimen signatures, of those officers or agents to whom they have given delegated authority to sign official orders on behalf of the Board.</p> <p><b>Human Resources</b></p> <p>The Chief Executive may, after consultation and agreement with the Director of Workforce, and the relevant Director/<del>Chief Officer</del>, amend staffing establishments in respect of the number and grading of posts. In so doing, the Director of Finance must have been consulted, and have confirmed that the cost of the amended establishment can be contained within the relevant limit approved by the Board for the current and subsequent financial years.</p> <p>Any amendment must also be in accordance with the policies and arrangements relating to workforce planning, approved by the Board or Staff Governance Committee.</p> <p>The Chief Executive has delegated authority from Fife NHS Board to approve the establishment of salaried dentist posts within NHS Fife, within the systematic approach as laid down by the Scottish Government Health &amp; Social Care Directorates Circular No PCA(D)(2005)3.</p> <p>The Chief Executive may attend and may authorise any member of staff to attend within and outwith the United Kingdom conferences, courses or meetings of relevant professional bodies and associations, provided that:</p> <ul style="list-style-type: none"> <li>• attendance is relevant to the duties or professional development of such member of staff; and</li> <li>• appropriate allowance has been made within approved budgets; or</li> </ul>
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	<ul style="list-style-type: none"> <li>• external reimbursement of costs is to be made to the Board.</li> <li>• Under the terms of the public sector reform act the Chief Executive is required to keep a register of all such approvals.</li> </ul> <p>The Chief Executive may, in accordance with the Board's agreed Employee Conduct Policy, take disciplinary action, in respect of members of staff, including dismissal where appropriate.</p> <p>The Chief Executive shall have overall responsibility for ensuring that the Board complies with Health and Safety legislation, and for ensuring the effective implementation of the Board's policies in this regard.</p> <p>The Chief Executive may, following consultation and agreement with the Director of Workforce and the Director of Finance approve payment of honoraria to any employee.</p> <p>The Chief Executive may, in consultation with the Director of Workforce and Director of Finance, approve applications to leave the employment of the Board on grounds of early retirement by any employee provided the terms and conditions relating to the early retirement are in accordance with the relevant Board policy. All such applications and outcomes will be reported to the Remuneration sub-Committee.</p> <p><b>Patients' Property</b></p> <p>The Chief Executive shall have overall responsibility for ensuring that the Board complies with legislation in respect of patients' property. The term 'property' shall mean all assets other than land and building. (e.g. furniture, pictures, jewellery, bank accounts, shares, cash.)</p>
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### 3.2 Matters Delegated to the Director of Finance

Authority is delegated to the Director of Finance to take the necessary measures as undernoted, in order to assist the Board and the Chief Executive in fulfilling their corporate responsibilities:

#### **Accountable Officer**

The Director of Finance has a general duty to assist the Chief Executive in fulfilling their responsibilities as the Accountable Officer of the Board.

#### **Financial Statements**

The Director of Finance is empowered to take all steps necessary to assist the Board to:

- Act within the law and ensure the regularity of transactions by putting in place systems of internal control to ensure that financial transactions are in accordance with the appropriate authority;
- Maintain proper accounting records; and
- Prepare and submit for External Audit timeous financial statements which give a true and fair view of the financial position of the Board and its income and expenditure for the period in question.

#### **Corporate Governance and Management**

The Director of Finance is authorised to put in place proper arrangements to ensure that the financial position of the Board is soundly based by ensuring that the Board, its Committees, and supporting management groupings receive appropriate, accurate and timely information and advice with regard to:

- The development of financial plans, budgets and projections;
- Compliance with statutory financial requirements and achievement of financial targets;
- The impact of planned future policies and known or foreseeable developments on the Board's financial position.

The Director of Finance is empowered to take steps to ensure that proper arrangements are in place for:

- Developing, promoting and monitoring compliance with Standing Orders and Standing Financial Instructions, and appropriate guidance on standards of business conduct;
- Developing and implementing systems of internal control, including systems of financial, operational and compliance controls and risk management;

	<ul style="list-style-type: none"> <li>• Developing and implementing strategies for the prevention and detection of fraud and irregularity;</li> <li>• Internal Audit.</li> </ul> <p><b>Performance Management</b></p> <p>The Director of Finance is authorised to assist the Chief Executive to ensure that suitable arrangements are in place to secure economy, efficiency, and effectiveness in the use of resources and that they are working effectively. These arrangements include procedures:</p> <ul style="list-style-type: none"> <li>• for planning, appraisal, authorisation and control, accountability and evaluation of the use of resources;</li> <li>• to ensure that performance targets and required outcomes are met and achieved.</li> </ul> <p><b>Banking</b></p> <p>The Director of Finance is authorised to oversee the Board's arrangements in respect of accounts held in the name of the Board with the Paymaster General Office and the commercial bankers duly appointed by the Board.</p> <p>The Director of Finance will be responsible for ensuring that the Paymaster General's Office and the commercial bankers are advised in writing of amendments to the panel of nominated authorised signatories.</p> <p><b>Patients' Property</b></p> <p>The Director of Finance shall have delegated authority to ensure that detailed operating procedures in relation to the management of the property of patients (including the opening of bank accounts where appropriate) are compiled for use by staff involved in the management of patients' property and financial affairs, in line with the terms of the Adults with Incapacity (Scotland) Act 2000.</p>
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<b>3.3 Matters Delegated to Other Senior Officers of the Board</b>	
	<b>Chief Operating Officer (Acute Services) and Director of Health and Social Care</b>
	<p><b>General Provisions</b></p> <p>The Chief Operating Officer/Director of Health and Social Care shall have delegated authority and responsibility from the Board Chief Executive to secure the economical, efficient and effective operation and management of their services:</p> <ul style="list-style-type: none"> <li>• in accordance with the current policies and decisions made by the Board;</li> <li>• within the limits of the resources made available to the Division/IJB;</li> <li>• in accordance with the Code of Corporate Governance as detailed in the Board's Standing Orders and Standing Financial Instructions.</li> </ul> <p>The Chief Operating Officer and Director of Health and Social Care have a general duty to assist the Chief Executive in fulfilling his responsibilities as the Accountable Officer of the Board.</p> <p>The Chief Operating Officer and Director of Health and Social Care are authorised to take such measures as may be required in emergency situations, subject to advising, where possible, the Chairperson or the Vice-Chairperson of the Board, the Chief Executive and where appropriate the relevant Standing Committee Chairperson. Such measures, that might normally be outwith the scope of the authority delegated by the Board or its Standing Committees to the Chief Executive, shall be reported to the Board or appropriate Standing Committee as soon as possible thereafter.</p> <p>The Chief Operating Officer and Director of Health and Social Care are authorised to give a direction in special circumstances that any officer within their area shall not exercise a delegated function subject to reporting on the terms of the direction to the next meeting of the Board.</p> <p><b>Finance</b></p> <p>Resources shall be used only for the purpose for which they are allocated, unless otherwise approved by the Chief Operating Officer and Director of Health and Social Care, after taking account of the advice of the <del>designated Assistant</del> Deputy Director of Finance. The Chief Operating Officer and Director of Health and Social Care acting together with the <del>designated Assistant</del> Deputy</p>

Director of Finance have delegated authority to approve the transfer of funds between budget heads, up to a maximum of £500,000 in any one instance. Those instances where this authority is exercised and/or the change in use of the funds relates to matters of public interest shall be notified to the Finance, Performance and Resources Committee.

### **Legal Matters**

The Chief Operating Officer and Director of Health and Social Care are authorised to institute, defend or appear in any legal proceedings or any inquiry, (including proceedings before any statutory tribunal, board or authority) in respect of their service areas, and following consideration of the advice of the Central Legal Office of the National Services Scotland and in consultation with the Chief Executive, to appoint or consult with Counsel where it is considered expedient to do so, for the promotion or protection of the Board's interests.

### **Procurement of Supplies and Services**

The Chief Operating Officer and Director of Health and Social Care shall have responsibility for nominating officers or agents to act on behalf of the Board, for specifying, and issuing documentation associated with invitations to tender, and for receiving and opening of tenders.

The Chief Operating Officer and Director of Health and Social Care shall work with the ~~designated Assistant~~Deputy Director of Finance and the Director of Finance to produce a listing, including specimen signatures, of those officers or agents to whom he has given delegated authority to sign official orders on behalf of the Board within their areas of responsibility.

### **Human Resources**

The Chief Operating Officer and Director of Health and Social Care may, after consultation and agreement with Human Resources, amend staffing establishments in respect of the number and grading of posts. In so doing, the ~~Assistant~~Deputy Director of Finance—~~Management Accounting~~, must have been consulted, and have confirmed that the cost of the amended establishment can be contained within the relevant limit approved for the current and subsequent financial years. Any amendment must also be in accordance with the policies and arrangements relating to workforce planning, approved by the Board or the Staff Governance Committee.

The Chief Operating Officer and Director of Health and Social Care may, in accordance with the Board's agreed Employee Conduct Policy, take disciplinary action in respect of members of staff,

	<p>including dismissal where appropriate.</p> <p><b>Patients' Property</b></p> <p>The Chief Operating Officer and Director of Health and Social Care shall have overall responsibility for ensuring compliance with legislation in respect of patient's property and that effective and efficient management arrangements are in place.</p>
	<p><b>3.4 Champion Roles</b></p> <p>The following roles are filled by Non-Executive Board members.</p> <ul style="list-style-type: none"> <li>• Public Health Champion</li> <li>• Whistle Blowing Champion</li> <li>• Counter Fraud Services Champion</li> </ul>

**FRAMEWORK OF GOVERNANCE: SOUTH EAST AND TAYSIDE (SEAT)  
REGIONAL PLANNING GROUP**

**1. STATUTORY DUTY**

- 1.1 The National Health Service Reform (Scotland) Act 2004 placed a statutory duty on NHS Boards to co-operate for the benefit of the people of Scotland.
- 1.2 The Scottish Executive Health Department (SEHD) letter of 13 December 2004 (HDL (2004) 46) entitled "Regional Planning", set out a framework for NHS Boards engagement in the regional planning of health services, in support of the legislation, covering both service and workforce planning.
- 1.3 There are three Regional Planning Groups within NHS Scotland, which provide structures and mechanisms for taking forward the statutory duty. NHS Fife participates in the South East and Tayside (SEAT) Regional Planning Group, which comprises the following NHS Board areas:-
- NHS Borders;
  - NHS Fife;
  - NHS Forth Valley;
  - NHS Lothian; and
  - NHS Tayside.

For the purposes of planning some specific services, NHS Dumfries and Galloway and NHS Highland also participate in SEAT.

- 1.4 The Framework of Governance: SEAT Regional Planning Group (Appendix A) describes how decisions in SEAT are made and how the Regional Planning Group carries out its functions and is accountable for its performance. The Framework covers the following four areas:-
- Scheme of Delegation;
  - Terms of Reference;
  - Statement of the Expected Standards of Corporate Governance and Internal Control; and
  - Repository of control documents and operating procedures.
- 1.5 The Framework of Governance does not take precedence over the Board's internal Code of Corporate Governance.

## SOUTH EAST AND TAYSIDE (SEAT) REGIONAL PLANNING GROUP

### FRAMEWORK OF GOVERNANCE

#### Introduction

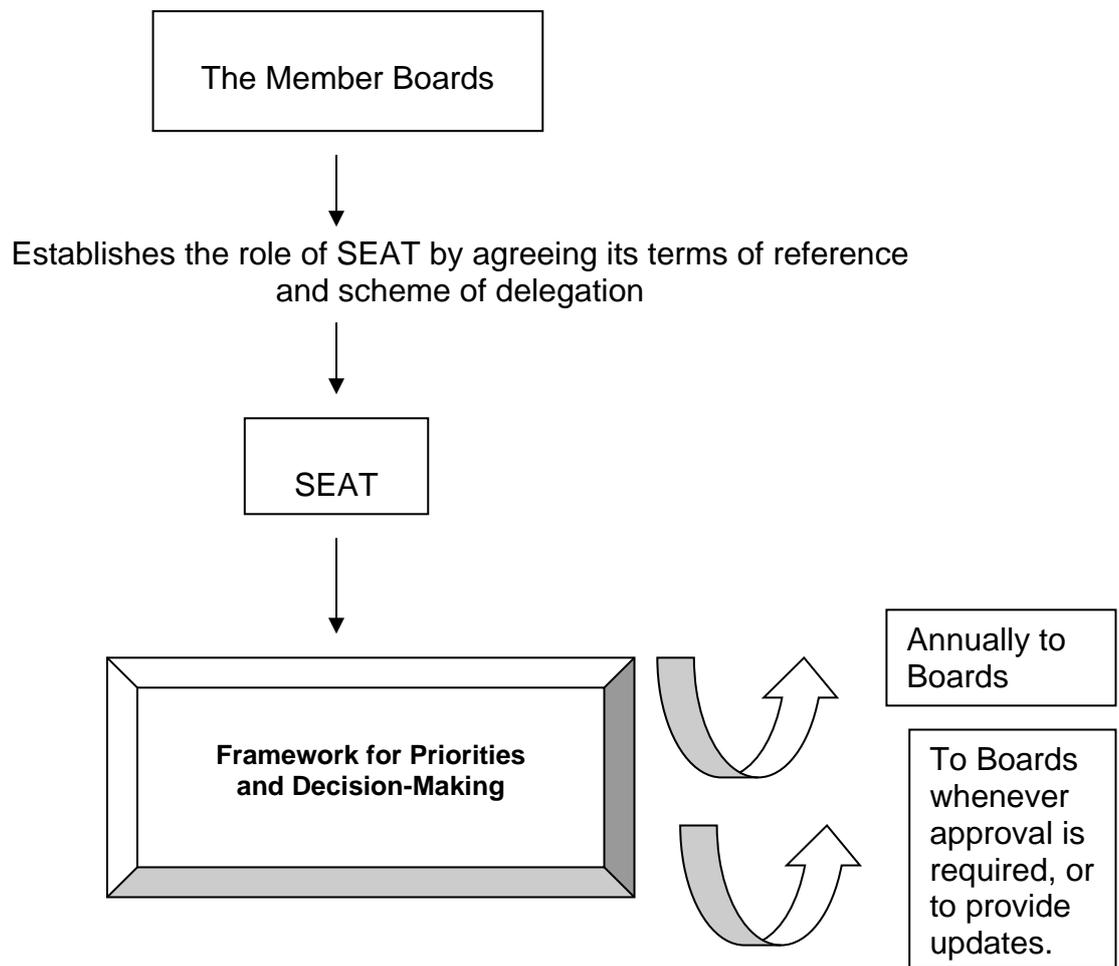
SEAT Regional Planning Group requires to have a framework of governance to describe how decisions will be made when it convenes, and how it will carry out its functions and be accountable for its performance.

This Framework has four key sections:

1. A **Scheme of Delegation**, describing the relationship between SEAT and the member boards, and how boards will delegate authority to SEAT and the individual members, namely the Chief Executives.
2. A **Terms of Reference**, describing the remit of the group, how it will make decisions, and how the different control elements of regional planning comes together to form the system of governance for SEAT.
3. A **Statement of the Expected Standards of Corporate Governance and Internal Control** that the member boards expect of each other when implementing the work of SEAT.
4. A **repository of control documents and operating procedures** that will be used to implement, monitor and account for the activities of SEAT. These together will form the system of control for SEAT operations. These will be live control documents and will not normally be presented as part of the framework of governance, but should be available upon request.

# 1. THE SCHEME OF DELEGATION

## 1.1 – The Overall Process



## 1.2 – Schedule of Delegated Authority from Member Boards to SEAT

<b>DELEGATE</b>	<b>Description of Agreed Authority/ Responsibilities</b>
<b>SEAT (through the designated Chair of SEAT)</b>	<ul style="list-style-type: none"> <li>• To take forward the member boards' objectives and responsibilities with regard to regional planning in accordance with HDL (2004) 46;</li> <li>• To operate within its terms of reference;</li> <li>• To develop a work plan for member boards' approval, and implement the Framework for Priorities and Investments (as approved by the member boards).</li> </ul>
<b>Chief Executives of Member Boards</b>	<ul style="list-style-type: none"> <li>• To represent his or her Board at SEAT and act on its behalf;</li> <li>• To operate within the terms of reference of SEAT and to ensure that the board's statutory responsibilities for regional planning are met;</li> <li>• To ensure that this Framework of Governance has been presented and agreed by his or her Board;</li> <li>• To present SEAT documents to his or her Board for approval, as required by this Framework of Governance;</li> <li>• If designated as the lead member of a project within the Framework of Priorities and Decision Making, to lead the delivery of that project with the autonomy normally granted to a Chief Executive if acting entirely within his or her own host board;</li> <li>• To be accountable for the performance of projects assigned to him or her within the Framework of Priorities and Decision Making;</li> <li>• Generally to act in such a way as to deliver the goals of regional planning.</li> </ul>
<b>SEAT Project Officers</b> (these are individuals who are identified by SEAT to lead work commissioned by them)	<ul style="list-style-type: none"> <li>• To operate within the scope of his or her job description and any further delegated authority that may be given by the lead member for the project.</li> </ul>

## **2. TERMS OF REFERENCE OF THE SEAT REGIONAL PLANNING GROUP**

### **2.1 REMIT**

2.1.1 The remit of the Group is to assist in the delivery of the following NHS Scotland objectives:

- To plan, fund and implement services across NHS Board boundaries;
- To harness and support the potential of Managed Clinical Networks;
- To develop integrated workforce planning for cross-board services;
- To facilitate the commissioning and monitoring of services which extend beyond NHS Board boundaries, services between members and out with the region on an inter-regional or national basis;
- To harmonise the NHS Board service plans at the regional level;
- To plan emergency response across NHS Board boundaries; and
- To support the delivery of NHS Boards' duty to co-operate for the benefit of the people of Scotland.

2.1.2 The above remit is to be delivered by the Group. However, the member boards remain accountable and responsible for the continued delivery of their statutory duties and general corporate governance requirements.

### **2.2 OUTCOMES FROM THE SEAT REGIONAL PLANNING GROUP (“THE GROUP”)**

2.2.1 The Group maintains and works to a Framework for Priorities and Decision-Making. The members must present this to their Boards for approval on an annual basis. This is the SEAT equivalent of the “Annual Regional Planning Agenda” referred to in HDL (2004) 46.

2.2.2 The Framework will include service, workforce, financial and other appropriate planning issues.

2.2.3 It is the responsibility of the member organisations to ensure congruence between their local plans and the Framework.

2.2.4 The Framework will contain all projects that have progressed beyond initial review stage, and require approval from member boards to progress to implementation. This document will also provide an analysis of the progress of projects that have previously been approved by the Boards for implementation, and is therefore key to effective performance management of the Group's agenda.

2.2.5 The Group will prepare an Annual Report of its activities, which will be sent to all members and partner organisations, and will be used as the focus for any public accountability processes. The Annual Report, prepared in accordance with this Framework of Governance, is submitted direct to Member Boards and, therefore, does not need to comply with the Audit Committee schedule and process for the production of Annual Reports.

2.2.6 The Group will support the retained accountability duties of member organisations, by making available any information to those organisations, which will support public reporting and the development of Local Delivery Plans.

2.2.7 The principal form of reporting by the Regional Group to the Board will be through the regular presentation of its minutes to the Board by the Board Chief Executive.

### **2.3 MEMBERSHIP OF THE SEAT REGIONAL PLANNING GROUP**

2.3.1 The executive members of the SEAT Regional Planning Group are the Chief Executives of NHS Borders, NHS Fife, NHS Forth Valley, NHS Lothian and NHS Tayside.

2.3.2 Each member remains personally and legally accountable for their decisions both to their local Board and the Chief Executive of the NHS in Scotland. (This accountability incorporates the duty of regional planning as set out in SE guidance). All of the member Boards must formally recognise and approve the Scheme of Delegation in Section 1 of this Framework of Governance.

2.3.3 Once a decision is reached, each Board is bound by collective responsibility. The minutes of the meeting will reflect the decision of the Group.

2.3.4 The position of Chair of SEAT will rotate every three years as agreed by the executive members.

2.3.5 The Group will invite any other organisation or officers to attend meetings as it sees fit. Those who will be routinely invited to SEAT meetings will be:

- Directors of Planning for the member boards;
- Regional Planning Director;
- Regional Workforce Planning Director;
- Director (National Services Division);
- Representatives of:
  - the Chief Executive (NHS Scotland);
  - the Scottish Ambulance Service;
  - NHS Education Scotland;
  - Dumfries and Galloway NHS Board;
- The Postgraduate Dean for SE Scotland;
- Director of Pay Modernisation (SGHSCD);
- SEAT Workforce Champion; and
- the Lead Representative from each functional group, recognised by SEAT.

## **2.4 IMPLEMENTING THE WORK PLAN AND THE FRAMEWORK OF PRIORITIES AND DECISION MAKING**

- 2.4.1 SEAT cannot progress any item on the Work Plan or implement any project on the Framework of Priorities and Decision Making without the prior approval of member boards. This would normally be via approval of the Annual Workplan.
- 2.4.2 Once all member board approvals are in place, SEAT is free to decide how to progress its workload. Each project will have a lead member assigned to it.
- 2.4.3 Once a member has been given lead responsibility for an item in the Work Plan or Framework of Priorities and Decision Making, he or she has complete authority from SEAT to progress the matter, as if the matter was an issue contained within his or her Board. The lead member will account to the SEAT Regional Planning Group by updating the Framework of Priorities and Decision Making.
- 2.4.4 All members are required to conduct SEAT business under the same standards of internal control and corporate governance as is generally expected of Chief Executives in NHS Scotland (Section 3). The lead member for a particular SEAT project will be primarily responsible for standards of internal control for activities within the scope of the project, on the understanding that all members have established adequate systems of internal control in their organisations.
- 2.4.5 For all items in the Framework of Priorities and Decision Making, a Project Agreement will be developed. This will describe the precise scope and objectives of the project, including timescales and accountability arrangements, as well as the associated resources required to deliver the project. This Project Agreement will define the parameters within which the member with lead responsibility for the project can operate.
- 2.4.6 In the event of the SEAT Regional Planning Group being in disagreement with the aspects of the delivery of the implementation of a project agreement, or if the Group wishes to amend or discontinue an agreed project, then a resolution to overrule the lead member responsible for the project (as stated in the project agreement) or alter the project terms of reference must be approved by the Group. An event of this nature should be reported back to the member boards.

## **2.5 SCOPE OF ACTIVITY TO BE ADDRESSED BY THE SEAT REGIONAL PLANNING GROUP**

- 2.5.1 The national regional planning framework grants SEAT the authority to act on behalf of its members in the delivery of the following tasks:
- Develop and progress a co-ordinated approach to service delivery for and on behalf of constituent NHS Boards;

- Facilitate commissioning and monitoring of services which extend beyond NHS Board boundaries, services between members and out with the region on an inter-regional or national basis;
- Develop strategic workforce solutions which support service delivery models;
- Commit and monitor resources, within the agreed financial framework, for the purposes for which it was approved;
- Determine commissioning policy for those services within its workplan;
- Agree a prioritisation framework for the regional planning group, reflective of those within individual NHS Boards;
- Commission reviews or other research in order to inform decisions;
- Agree. Monitor and update action plans;
- Develop delivery plans (often in collaboration with other Regional Planning Groups) for highly specialised services;
- Performance manage regional Managed Clinical Networks.
- Establish sub-groups as appropriate.

### 2.6 EXCEPTIONAL MATTERS

- 2.6.1 There may exceptionally be decisions that require significant expenditure commitments (or controversial service changes), which would be beyond the scope of delegated authority conventionally awarded to Board Chief Executives. In these exceptional circumstances, the member NHS Boards can delegate the authority to act on their behalf to executive sub-committees of each Board as opposed to their Chief Executive. It would be for the member NHS Boards to determine the membership of this executive subcommittee. The five executive sub-committees would then meet together (as opposed to the five Chief Executives acting on their own delegated authority) to form the Regional Planning Group.
- 2.6.2 The undertaking of work not previously foreseen in the agreed Work Plan or Framework of Priorities and Decision Making can be classed as an exceptional matter. This may be because the issue relates to a matter that requires an emergency response.
- 2.6.3 In these exceptional circumstances, the Chair of each executive sub-committee will act on behalf of his or her Board.
- 2.6.4 The Chair of SEAT has the authority to make decisions in emergency situations on behalf of this group, following consultation with the other members. If the issue falls within the agreed Work Plan or Framework of Priorities and Decision Making, then it can be formally endorsed at the next meeting of the Group. If the issue is not within these documents, then it should be formally endorsed at the next meetings of the member boards.
- 2.6.5 It is intended that the members of the Regional Planning Groups will work together in order to reach consensus. In the event of a material dispute arising, a meeting will be convened between the Chief Executives and Chairs of the member boards in order to resolve the issue, recognising the back-up arrangements set out in Section 4 of Annex 3 of HDL (2004) 46.

### 3. THE EXPECTED STANDARDS OF CORPORATE GOVERNANCE AND INTERNAL CONTROL

#### Introduction

Paragraph 2.4.4 of the SEAT Regional Planning Group's Framework of Governance makes reference to the "standards of internal control and corporate governance as is generally expected of chief executives in NHS Scotland".

The standards of corporate governance and internal control which apply to NHS Boards will apply to the work of SEAT. In the event of a query arising about this, e.g. if wording differs between Boards' governance documents, the Chair for the time being of SEAT shall decide the issue.

#### Scope of Corporate Governance

Six key subjects make up Corporate Governance for the member boards:-

- **Clinical Governance** – How we deliver our clinical services;
- **Patient Focus and Public Accountability** – How we inform individual patients and involve them and other stakeholders in the manner by which we deliver our clinical services;
- **Staff Governance** – How we engage our employees and their representatives;
- **Financial Governance** – How we manage our financial resources;
- **Research Governance** – How we conduct research and development;
- **Educational Governance** – How we teach and train healthcare professionals.

The principles of corporate governance are covered at slightly greater length in Annex A.

### 4. REPOSITORY OF CONTROL DOCUMENTS

SEAT has developed standardised templates to implement the above terms of reference. The templates are maintained centrally and made widely available for use. These are then elements of the overall Framework of Governance.

Items included:

- Template for the Work Plan;
- Template for the Framework of Priorities and Decision Making.

*These are designed in a way that allows new projects and existing commitments to be presented efficiently, providing high level information to the member boards. They can be used to seek approval of new items, and present updates on progress. The detail will be in the individual Project Agreements.*

- Template for the Project Agreement

*This is the key control document to be presented to SEAT for approval. This should contain everything you need to know about the project, e.g. SMART objectives, funding requirements, service implications, lead Chief Executive, project staff, monitoring arrangements, etc.*

## THE EXPECTED STANDARDS OF CORPORATE GOVERNANCE AND INTERNAL CONTROL

### The Principles of Corporate Governance

In the following, the “organisation” is taken to be both the member boards individually and when they come together as the Regional Planning Group. All of the organisation’s activities, policies and procedures should be consistent with these principles. In the absence of a specific procedure, employees should comply with the requirements of these principles.

#### General

1. The organisation will discharge its responsibilities in accordance with the relevant legislative requirements of European Parliament, and the United Kingdom and Scottish Parliaments. The organisation will also comply with any directions or guidance issued by the Scottish Ministers.
2. No person will receive less favourable treatment regardless of individual differences or be disadvantaged by conditions or requirements which cannot be shown to be justifiable.

#### Clinical Governance

3. The organisation will plan for, and monitor the provision of a range of services consistent with the overall strategy of NHS Scotland, as established by Scottish Ministers.
4. The organisation will provide care in accordance with relevant and nationally recognised standards and with all due care and attention.
5. The organisation will work in partnership with others in the development of healthcare and the general well being of the public.
6. The organisation will provide undergraduate and postgraduate education to the standards required by the relevant funding authorities.

#### Patient Focus and Public Accountability

7. The organisation will conduct its activities in an open and accountable manner. Its activities and organisational performance will be auditable.
8. The organisation will give patients the knowledge to make it possible for them to become active partners, with professionals, in making informed decisions and choices about their own treatment and care.
9. The organisation will establish mechanisms to inform, engage and consult patients and members of the public to inform its decision making appropriately.

**Staff Governance**

10. The organisation recognises the important of working in partnership with its staff.
11. The organisation will ensure that its employees are well informed, appropriately trained, involved in decisions that affect them, treated fairly and consistently and provided with a safe working environment.

**Financial Governance**

12. The organisation will perform its activities within the available financial resources at its disposal.
13. The organisation will conduct its activities in a manner that is cost-effective and demonstrably secures value for money.

**Research Governance**

14. The organisation will conduct research and development activity in accordance with the Research Governance Framework.

**Educational Governance**

15. This is taken forward through the applications of principles 1, 2, 6, 9 and 10.



**CODE of CONDUCT**  
**for**  
**MEMBERS**  
**of**  
**The NHS Fife Public Board**

## **CODE OF CONDUCT for MEMBERS of the NHS Fife Public Board**

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## SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

- 1.1 The Scottish public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. You must meet those expectations by ensuring that your conduct is above reproach.
- 1.2 The Ethical Standards in Public Life etc. (Scotland) Act 2000, “the Act”, provides for Codes of Conduct for local authority councillors and members of relevant public bodies; imposes on councils and relevant public bodies a duty to help their members to comply with the relevant code; and establishes a Standards Commission for Scotland, “The Standards Commission” to oversee the new framework and deal with alleged breaches of the codes.
- 1.3 The Act requires the Scottish Ministers to lay before Parliament a Code of Conduct for Councillors and a Model Code for Members of Devolved Public Bodies. The Model Code for members was first introduced in 2002 and has now been revised in December 2013 following consultation and the approval of the Scottish Parliament. These revisions will make it consistent with the relevant parts of the Code of Conduct for Councillors, which was revised in 2010 following the approval of the Scottish Parliament.
- 1.4 As a member of The NHS Fife PUBLIC BOARD, “the Board”, it is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of this Code of Conduct which has now been made by the Board.

### Appointments to the Boards of Public Bodies

- 1.5 Public bodies in Scotland are required to deliver effective services to meet the needs of an increasingly diverse population. In addition, the Scottish Government’s equality outcome on public appointments is to ensure that Ministerial appointments are more diverse than at present. In order to meet both of these aims, a board should ideally be drawn from varied backgrounds with a wide spectrum of characteristics, knowledge and experience. It is crucial to the success of public bodies that they attract the best people for the job and therefore it is essential that a board’s appointments process should encourage as many suitable people to apply for positions and be free from unnecessary barriers. You should therefore be aware of the varied roles and functions of the public body on which you serve and of wider diversity and equality issues. You should also take steps to familiarise yourself with the appointment process that your board will have agreed with the Scottish Government’s Public Appointment Centre of Expertise.
- 1.6 You should also familiarise yourself with how the public body’s policy operates in relation to succession planning, which should ensure public bodies have a strategy to make sure they have the staff in place with the skills, knowledge and experience necessary to fulfil their role economically, efficiently and effectively.

## Guidance on the Code of Conduct

- 1.7 You must observe the rules of conduct contained in this Code. It is your personal responsibility to comply with these and review regularly, and at least annually, your personal circumstances with this in mind, particularly when your circumstances change. You must not at any time advocate or encourage any action contrary to the Code of Conduct.
- 1.8 The Code has been developed in line with the key principles listed in Section 2 and provides additional information on how the principles should be interpreted and applied in practice. The Standards Commission may also issue guidance. No Code can provide for all circumstances and if you are uncertain about how the rules apply, you should seek advice from the public body. You may also choose to consult your own legal advisers and, on detailed financial and commercial matters, seek advice from other relevant professionals.
- 1.9 You should familiarise yourself with the Scottish Government publication “On Board – a guide for board members of public bodies in Scotland”. This publication will provide you with information to help you in your role as a member of a public body in Scotland and can be viewed on the Scottish Government website.

## Enforcement

- 1.10 Part 2 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 sets out the provisions for dealing with alleged breaches of this Code of Conduct and where appropriate the sanctions that will be applied if the Standards Commission finds that there has been a breach of the Code. Those sanctions are outlined in **Annex 6.1**.

## SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT

- 2.1 The general principles upon which this Code is based should be used for guidance and interpretation only. These general principles are:

### **Duty**

You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the interests of the public body of which you are a member and in accordance with the core functions and duties of that body.

### **Selflessness**

You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.

### **Integrity**

You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

**Objectivity**

You must make decisions solely on merit and in a way that is consistent with the functions of the public body when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

**Accountability and Stewardship**

You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that the public body uses its resources prudently and in accordance with the law.

**Openness**

You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.

**Honesty**

You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

**Leadership**

You have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of the public body and its members in conducting public business.

**Respect**

You must respect fellow members of your public body and employees of the body and the role they play, treating them with courtesy at all times. Similarly you must respect members of the public when performing duties as a member of your public body.

- 2.2 You should apply the principles of this Code to your dealings with fellow members of the public body, its employees and other stakeholders. Similarly you should also observe the principles of this Code in dealings with the public when performing duties as a member of the public body.

**SECTION 3: GENERAL CONDUCT**

- 3.1 The rules of good conduct in this section must be observed in all situations where you act as a member of the public body.

**Conduct at Meetings**

- 3.2 You must respect the chair, your colleagues and employees of the public body in meetings. You must comply with rulings from the chair in the conduct of the business of these meetings.

### **Relationship with Board Members and Employees of the Public Body (including those employed by contractors providing services)**

- 3.3 You will treat your fellow board members and any staff employed by the body with courtesy and respect. It is expected that fellow board members and employees will show you the same consideration in return. It is good practice for employers to provide examples of what is unacceptable behaviour in their organisation. Public bodies should promote a safe, healthy and fair working environment for all. As a board member you should be familiar with the policies of the public body in relation to bullying and harassment in the workplace and also lead by exemplar behaviour.

### **Remuneration, Allowances and Expenses**

- 3.4 You must comply with any rules of the public body regarding remuneration, allowances and expenses.

### **Gifts and Hospitality**

- 3.5 You must not accept any offer by way of gift or hospitality which could give rise to real or substantive personal gain or a reasonable suspicion of influence on your part to show favour, or disadvantage, to any individual or organisation. You should also consider whether there may be any reasonable perception that any gift received by your spouse or cohabitee or by any company in which you have a controlling interest, or by a partnership of which you are a partner, can or would influence your judgement. The term “gift” includes benefits such as relief from indebtedness, loan concessions or provision of services at a cost below that generally charged to members of the public.
- 3.6 You must never ask for gifts or hospitality.
- 3.7 You are personally responsible for all decisions connected with the offer or acceptance of gifts or hospitality offered to you and for avoiding the risk of damage to public confidence in your public body. As a general guide, it is usually appropriate to refuse offers except:
- (a) isolated gifts of a trivial character, the value of which must not exceed £50;
  - (b) normal hospitality associated with your duties and which would reasonably be regarded as appropriate; or
  - (c) gifts received on behalf of the public body.
- 3.8 You must not accept any offer of a gift or hospitality from any individual or organisation which stands to gain or benefit from a decision your body may be involved in determining, or who is seeking to do business with your organisation, and which a person might reasonably consider could have a bearing on your judgement. If you are making a visit in your capacity as a member of your public body then, as a general rule, you should ensure that your body pays for the cost of the visit.

- 3.9 You must not accept repeated hospitality or repeated gifts from the same source.
- 3.10 Members of devolved public bodies should familiarise themselves with the terms of the Bribery Act 2010 which provides for offences of bribing another person and offences relating to being bribed.

### **Confidentiality Requirements**

- 3.11 There may be times when you will be required to treat discussions, documents or other information relating to the work of the body in a confidential manner. You will often receive information of a private nature which is not yet public, or which perhaps would not be intended to be public. You must always respect the confidential nature of such information and comply with the requirement to keep such information private.
- 3.12 It is unacceptable to disclose any information to which you have privileged access, for example derived from a confidential document, either orally or in writing. In the case of other documents and information, you are requested to exercise your judgement as to what should or should not be made available to outside bodies or individuals. In any event, such information should never be used for the purposes of personal or financial gain or for political purposes or used in such a way as to bring the public body into disrepute.

### **Use of Public Body Facilities**

- 3.13 Members of public bodies must not misuse facilities, equipment, stationery, telephony, computer, information technology equipment and services, or use them for party political or campaigning activities. Use of such equipment and services etc. must be in accordance with the public body's policy and rules on their usage. Care must also be exercised when using social media networks not to compromise your position as a member of the public body.

### **Appointment to Partner Organisations**

- 3.14 You may be appointed, or nominated by your public body, as a member of another body or organisation. If so, you are bound by the rules of conduct of these organisations and should observe the rules of this Code in carrying out the duties of that body.
- 3.15 Members who become directors of companies as nominees of their public body will assume personal responsibilities under the Companies Acts. It is possible that conflicts of interest can arise for such members between the company and the public body. It is your responsibility to take advice on your responsibilities to the public body and to the company. This will include questions of declarations of interest.

## **SECTION 4: REGISTRATION OF INTERESTS**

- 4.1 The following paragraphs set out the kinds of interests, financial and otherwise which you have to register. These are called "Registerable

Interests”. You must, at all times, ensure that these interests are registered, when you are appointed and whenever your circumstances change in such a way as to require change or an addition to your entry in the body’s Register. It is your duty to ensure any changes in circumstances are reported within one month of them changing.

- 4.2 The Regulations<sup>1</sup> as amended describe the detail and timescale for registering interests. It is your personal responsibility to comply with these regulations and you should review regularly and at least once a year your personal circumstances. **Annex 6.2** contains key definitions and explanatory notes to help you decide what is required when registering your interests under any particular category. The interests which require to be registered are those set out in the following paragraphs and relate to you. It is not necessary to register the interests of your spouse or cohabitee.

### Category One: Remuneration

- 4.3 You have a Registerable Interest where you receive remuneration by virtue of being:
- employed;
  - self-employed;
  - the holder of an office;
  - a director of an undertaking;
  - a partner in a firm; or
  - undertaking a trade, profession or vocation or any other work.
- 4.4 In relation to 4.3 above, the amount of remuneration does not require to be registered and remuneration received as a member does not have to be registered.
- 4.5 If a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under category two, “Related Undertakings”.
- 4.6 If you receive any allowances in relation to membership of any organisation, the fact that you receive such an allowance must be registered.
- 4.7 When registering employment, you must give the name of the employer, the nature of its business, and the nature of the post held in the organisation.
- 4.8 When registering self-employment, you must provide the name and give details of the nature of the business. When registering an interest in a partnership, you must give the name of the partnership and the nature of its business.
- 4.9 Where you undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and its regularity. For example, if

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<sup>1</sup> SSI - The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 Number 135, as amended.

you write for a newspaper, you must give the name of the publication, and the frequency of articles for which you are paid.

- 4.10 When registering a directorship, it is necessary to provide the registered name of the undertaking in which the directorship is held and the nature of its business.
- 4.11 Registration of a pension is not required as this falls outside the scope of the category.

**Category Two: Related Undertakings**

- 4.12 You must register any directorships held which are themselves not remunerated but where the company (or other undertaking) in question is a subsidiary of, or a parent of, a company (or other undertaking) in which you hold a remunerated directorship.
- 4.13 You must register the name of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which you are a director and from which you receive remuneration.
- 4.14 The situations to which the above paragraphs apply are as follows:
- you are a director of a board of an undertaking and receive remuneration declared under category one – and
  - you are a director of a parent or subsidiary undertaking but do not receive remuneration in that capacity.

**Category Three: Contracts**

- 4.15 You have a registerable interest where you (or a firm in which you are a partner, or an undertaking in which you are a director or in which you have shares of a value as described in paragraph 4.19 below) have made a contract with the public body of which you are a member:
- (i) under which goods or services are to be provided, or works are to be executed; and
  - (ii) which has not been fully discharged.
- 4.16 You must register a description of the contract, including its duration, but excluding the consideration.

**Category Four: Houses, Land and Buildings**

- 4.17 You have a registerable interest where you own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the body to which you are appointed.

- 4.18 The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in houses, land and buildings could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision making.

#### **Category Five: Interest in Shares and Securities**

- 4.19 You have a registerable interest where you have an interest in shares comprised in the share capital of a company or other body which may be significant to, of relevance to, or bear upon, the work and operation of (a) the body to which you are appointed and (b) the **nominal value** of the shares is:

- (i) greater than 1% of the issued share capital of the company or other body; or
- (ii) greater than £25,000.

Where you are required to register the interest, you should provide the registered name of the company in which you hold shares; the amount or value of the shares does not have to be registered.

#### **Category Six: Gifts and Hospitality**

- 4.20 You must register the details of any gifts or hospitality received within your current term of office. This record will be available for public inspection. It is not however necessary to record any gifts or hospitality as described in paragraph 3.7 (a) to (c) of this Model Code.

#### **Category Seven: Non-Financial Interests**

- 4.21 You may also have a registerable interest if you have non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of the body to which you are appointed. It is important that relevant interests such as membership or holding office in other public bodies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described.

- 4.22 In the context of non-financial interests, the test to be applied when considering appropriateness of registration is to ask whether a member of the public might reasonably think that any non-financial interest could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision-making.

### **SECTION 5: DECLARATION OF INTERESTS**

#### **General**

- 5.1 The key principles of the Code, especially those in relation to integrity, honesty and openness, are given further practical effect by the requirement for you to declare certain interests in proceedings of the public body. Together

with the rules on registration of interests, this ensures transparency of your interests which might influence, or be thought to influence, your actions.

- 5.2 Public bodies inevitably have dealings with a wide variety of organisations and individuals and this Code indicates the circumstances in which a business or personal interest must be declared. Public confidence in the public body and its members depends on it being clearly understood that decisions are taken in the public interest and not for any other reason.
- 5.3 In considering whether to make a declaration in any proceedings, you must consider not only whether you will be influenced but whether anybody else would think that you might be influenced by the interest. You must, however, always comply with the **objective test** (“the objective test”) which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a member of a public body.
- 5.4 If you feel that, in the context of the matter being considered, your involvement is neither capable of being viewed as more significant than that of an ordinary member of the public, nor likely to be perceived by the public as wrong, you may continue to attend the meeting and participate in both discussion and voting. The relevant interest must however be declared. It is your responsibility to judge whether an interest is sufficiently relevant to particular proceedings to require a declaration and you are advised to err on the side of caution. If a board member is unsure as to whether a conflict of interest exists, they should seek advice from the board chair.
- 5.5 As a member of a public body you might serve on other bodies. In relation to service on the boards and management committees of limited liability companies, public bodies, societies and other organisations, you must decide, in the particular circumstances surrounding any matter, whether to declare an interest. Only if you believe that, in the particular circumstances, the nature of the interest is so remote or without significance, should it not be declared. You must always remember the public interest points towards transparency and, in particular, a possible divergence of interest between your public body and another body. Keep particularly in mind the advice in paragraph 3.15 of this Model Code about your legal responsibilities to any limited company of which you are a director.

### Interests which Require Declaration

- 5.6 Interests which require to be declared if known to you may be financial or non-financial. They may or may not cover interests which are registerable under the terms of this Code. Most of the interests to be declared will be your personal interests but, on occasion, you will have to consider whether the interests of other persons require you to make a declaration. The paragraphs which follow deal with (a) your financial interests (b) your non-financial interests and (c) the interests, financial and non-financial, of other persons.
- 5.7 You will also have other private and personal interests and may serve, or be associated with, bodies, societies and organisations as a result of your private

and personal interests and not because of your role as a member of a public body. In the context of any particular matter you will need to decide whether to declare an interest. You should declare an interest unless you believe that, in the particular circumstances, the interest is too remote or without significance. In reaching a view on whether the objective test applies to the interest, you should consider whether your interest (whether taking the form of association or the holding of office) would be seen by a member of the public acting reasonably in a different light because it is the interest of a person who is a member of a public body as opposed to the interest of an ordinary member of the public.

### Your Financial Interests

5.8 You must declare, if it is known to you, any financial interest (including any financial interest which is registerable under any of the categories prescribed in Section 4 of this Code). If, under category one (or category seven in respect of non-financial interests) of section 4 of this Code, you have registered an interest

- (a) as an employee of the Board; or
- (b) as a Councillor or a Member of another Devolved Public Body where the Council or other Devolved Public Body, as the case may be, has nominated or appointed you as a Member of the Board;

you do not, for that reason alone, have to declare that interest.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

### Your Non-Financial Interests

5.9 You must declare, if it is known to you, any non-financial interest if:

- (i) that interest has been registered under category seven (Non- Financial Interests) of Section 4 of the Code; or
- (ii) that interest would fall within the terms of the objective test.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

## The Financial Interests of Other Persons

5.10 The Code requires only your financial interests to be registered. You also, however, have to consider whether you should declare any financial interest of certain other persons.

You must declare if it is known to you any financial interest of:-

- (i) a spouse, a civil partner or a co-habitee;
- (ii) a close relative, close friend or close associate;
- (iii) an employer or a partner in a firm;
- (iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
- (iv) a person from whom you have received a registerable gift or registerable hospitality;
- (v) a person from whom you have received registerable expenses.

There is no need to declare an interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

5.11 This Code does not attempt the task of defining “relative” or “friend” or “associate”. Not only is such a task fraught with difficulty but is also unlikely that such definitions would reflect the intention of this part of the Code. The key principle is the need for transparency in regard to any interest which might (regardless of the precise description of relationship) be objectively regarded by a member of the public, acting reasonably, as potentially affecting your responsibilities as a member of the public body and, as such, would be covered by the objective test.

## The Non-Financial Interests of Other Persons

5.12 You must declare if it is known to you any non-financial interest of:-

- (i) a spouse, a civil partner or a co-habitee;
- (ii) a close relative, close friend or close associate;
- (iii) an employer or a partner in a firm;
- (iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
- (v) a person from whom you have received a registerable gift or registerable hospitality;
- (vi) a person from whom you have received registerable election expenses.

There is no need to declare the interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

There is only a need to withdraw from the meeting if the interest is clear and substantial.

### **Making a Declaration**

- 5.13 You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether agendas for meetings raise any issue of declaration of interest. Your declaration of interest must be made as soon as practicable at a meeting where that interest arises. If you do identify the need for a declaration of interest only when a particular matter is being discussed you must declare the interest as soon as you realise it is necessary.
- 5.14 The oral statement of declaration of interest should identify the item or items of business to which it relates. The statement should begin with the words “I declare an interest”. The statement must be sufficiently informative to enable those at the meeting to understand the nature of your interest but need not give a detailed description of the interest.

### **Frequent Declarations of Interest**

- 5.15 Public confidence in a public body is damaged by perception that decisions taken by that body are substantially influenced by factors other than the public interest. If you would have to declare interests frequently at meetings in respect of your role as a board member you should not accept a role or appointment with that attendant consequence. If members are frequently declaring interests at meetings then they should consider whether they can carry out their role effectively and discuss with their chair. Similarly, if any appointment or nomination to another body would give rise to objective concern because of your existing personal involvement or affiliations, you should not accept the appointment or nomination.

### **Dispensations**

- 5.16 In some very limited circumstances dispensations can be granted by the Standards Commission in relation to the existence of financial and non-financial interests which would otherwise prohibit you from taking part and voting on matters coming before your public body and its committees.
- 5.17 Applications for dispensations will be considered by the Standards Commission and should be made as soon as possible in order to allow proper consideration of the application in advance of meetings where dispensation is sought. You should not take part in the consideration of the matter in question until the application has been granted.

## SECTION 6: LOBBYING AND ACCESS TO MEMBERS OF PUBLIC BODIES

### Introduction

- 6.1 In order for the public body to fulfil its commitment to being open and accessible, it needs to encourage participation by organisations and individuals in the decision-making process. Clearly however, the desire to involve the public and other interest groups in the decision-making process must take account of the need to ensure transparency and probity in the way in which the public body conducts its business.
- 6.2 You will need to be able to consider evidence and arguments advanced by a wide range of organisations and individuals in order to perform your duties effectively. Some of these organisations and individuals will make their views known directly to individual members. The rules in this Code set out how you should conduct yourself in your contacts with those who would seek to influence you. They are designed to encourage proper interaction between members of public bodies, those they represent and interest groups.

### Rules and Guidance

- 6.3 You must not, in relation to contact with any person or organisation that lobbies do anything which contravenes this Code or any other relevant rule of the public body or any statutory provision.
- 6.4 You must not, in relation to contact with any person or organisation who lobbies, act in any way which could bring discredit upon the public body.
- 6.5 The public must be assured that no person or organisation will gain better access to or treatment by, you as a result of employing a company or individual to lobby on a fee basis on their behalf. You must not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which you accord any other person or organisation who lobbies or approaches you. Nor should those lobbying on a fee basis on behalf of clients be given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming from another member of the public body.
- 6.6 Before taking any action as a result of being lobbied, you should seek to satisfy yourself about the identity of the person or organisation that is lobbying and the motive for lobbying. You may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that you know the basis on which you are being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code.
- 6.7 You should not accept any paid work:-
- (a) which would involve you lobbying on behalf of any person or organisation or any clients of a person or organisation.

(b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the public body and its members. This does not prohibit you from being remunerated for activity which may arise because of, or relate to, membership of the public body, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

6.8 If you have concerns about the approach or methods used by any person or organisation in their contacts with you, you must seek the guidance of the public body.

### **ANNEX 6.1**

#### **SANCTIONS AVAILABLE TO THE STANDARDS COMMISSION FOR BREACH OF THE CODE**

- (a) Censure – the Commission may reprimand the member but otherwise take no action against them;
- (b) Suspension – of the member for a maximum period of one year from attending one or more, but not all, of the following:
  - i) all meetings of the public body;
  - ii) all meetings of one or more committees or sub-committees of the public body;
  - (iii) all meetings of any other public body on which that member is a representative or nominee of the public body of which they are a member.
- (c) Suspension – for a period not exceeding one year, of the member's entitlement to attend all of the meetings referred to in (b) above;
- (d) Disqualification – removing the member from membership of that public body for a period of no more than five years.

Where a member has been suspended, the Standards Commission may direct that any remuneration or allowance received from membership of that public body be reduced, or not paid.

Where the Standards Commission disqualifies a member of a public body, it may go on to impose the following further sanctions:

- (a) Where the member of a public body is also a councillor, the Standards Commission may disqualify that member (for a period of no more than five years) from being nominated for election as, or from being elected, a councillor. Disqualification of a councillor has the effect of disqualifying that member from their public body and terminating membership of any committee, sub-committee, joint committee, joint board or any other body on which that member sits as a representative of their local authority.

- (b) Direct that the member be removed from membership, and disqualified in respect of membership, of any other devolved public body (provided the members' code applicable to that body is then in force) and may disqualify that person from office as the Water Industry Commissioner.

In some cases the Standards Commission do not have the legislative powers to deal with sanctions, for example if the respondent is an executive member of the board or appointed by the Queen. Sections 23 and 24 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 refer.

Full details of the sanctions are set out in Section 19 of the Act.

## **ANNEX 6.2**

### **DEFINITIONS**

**“Chair”** includes Board Convener or any person discharging similar functions under alternative decision making structures.

**“Code”** code of conduct for members of devolved public bodies

**“Cohabitee”** includes a person, whether of the opposite sex or not, who is living with you in a relationship similar to that of husband and wife.

**“Group of companies”** has the same meaning as “group” in section 262(1) of the Companies Act 1985. A “group”, within s262 (1) of the Companies Act 1985, means a parent undertaking and its subsidiary undertakings.

**“Parent Undertaking”** is an undertaking in relation to another undertaking, a subsidiary undertaking, if a) it holds a majority of the rights in the undertaking; or b) it is a member of the undertaking and has the right to appoint or remove a majority of its board of directors; or c) it has the right to exercise a dominant influence over the undertaking (i) by virtue of provisions contained in the undertaking's memorandum or articles or (ii) by virtue of a control contract; or d) it is a councillor of the undertaking and controls alone, pursuant to an agreement with other shareholders or councillors, a majority of the rights in the undertaking.

**“A person”** means a single individual or legal person and includes a group of companies.

**“Any person”** includes individuals, incorporated and unincorporated bodies, trade unions, charities and voluntary organisations.

**“Public body”** means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

**“Related Undertaking”** is a parent or subsidiary company of a principal undertaking of which you are also a director. You will receive remuneration for the principal undertaking though you will not receive remuneration as director of the related undertaking.

**“Remuneration”** includes any salary, wage, share of profits, fee, expenses, other monetary benefit or benefit in kind. This would include, for example, the provision of a company car or travelling expenses by an employer.

**“Spouse”** does not include a former spouse or a spouse who is living separately and apart from you.

**“Undertaking”** means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

## NHS Fife Board

<b>DATE OF MEETING:</b>	29 May 2019
<b>TITLE OF REPORT:</b>	Board Self-Assessment against the NHS Scotland Blueprint for Good Governance
<b>EXECUTIVE LEAD:</b>	Carol Potter, Director of Finance
<b>REPORTING OFFICER:</b>	Gillian MacIntosh, Board Secretary

Purpose of the Report		
For Decision	For Discussion	For Information

Route to the Board
<p>The paper builds on the Board Development Session held in April 2019 to discuss the results of members' self-assessment questionnaire, which seeks to benchmark NHS Fife against the NHS Scotland 'A Blueprint for Good Governance'. It also encompasses the recent effectiveness review exercise undertaken by all Board governance committees, the detailed results of which were reported to each Committee in February / March 2019.</p>

### SBAR REPORT

#### Situation

By a Director's letter issued in February 2019, all NHS Boards are required by the Scottish Government to adopt NHS Scotland's '[A Blueprint for Good Governance](#)', authored by John Brown CBE and Susan Walsh OBE. This report reviews best practice in corporate governance and sets out a model 'blueprint' for a refreshed system of corporate governance to be applied consistently across all NHS Boards.

Practical implementation of the Blueprint is being overseen through the NHS Scotland Chairs' sub-group, the Corporate Governance Steering Group, on which the NHS Fife Chair, Tricia Marwick, serves as a member. The NHS Scotland Board Secretaries' Group is also leading on a number of supporting workstreams, including the creation of various 'Once for Scotland' templates to inform key governance documents such as Standing Orders, Schemes of Delegation / Standing Financial Instructions, Terms of Reference for key governance committees, and Induction programmes and material.

This paper outlines how NHS Fife is currently benchmarked against the Blueprint's specific requirements and details how the actions identified at the Board's recent Development Session held in April (encompassing also the results of the recent Committee self-assessment process) will be taken forward for implementation.

#### Background

Soon after her initial appointment in January 2017, Mrs Tricia Marwick, Chair of the Board, undertook a review of the governance arrangements in NHS Fife, assessing the processes, committees and structure then in place. The subsequent paper - *Good Governance: A Review by the Chair of NHS Fife* - was approved by the Board at its meeting on 25 April 2017. This report built on an external, independent assessment initially undertaken by the Good Governance Institute in late 2016, and the findings and recommendations of that exercise, in

tandem with the conclusions of the Chair’s own review, resulted in a detailed action plan for delivery over 2017 and 2018. This covered the areas of improved scrutiny; greater clarity over roles and responsibilities; enhanced development of Board members (both individually and as a collective); and improved administration arrangements to support the smooth running of the Board.

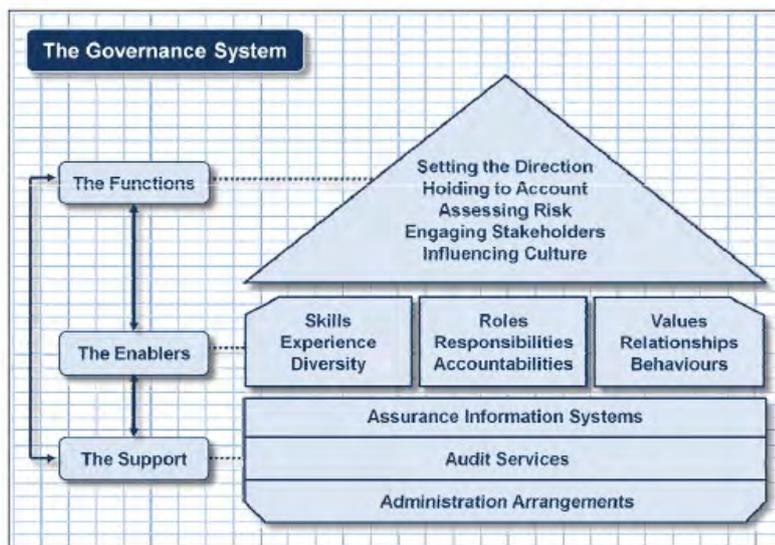
Implementation of the recommendations contained in the Chair’s report have refreshed NHS Fife’s approach to governance, placing greater emphasis on the roles and responsibilities of Board Committees, especially in relation to scrutiny and development of the Board at a strategic level, which has helped to optimise Board performance.

An update on the delivery of the report’s Action Plan was presented to the Board in May 2018, which noted that the majority of the Chair’s recommendations were then complete or partly complete (since that update to the Board, all outstanding actions have now been addressed or superseded). This programme of work has ensured the continued improvement of NHS Fife’s overall governance framework and ongoing development of the Board and its members. A new Board Secretary was appointed in 2018 and further enhancements to the administration of the Board, its committees and support for members have taken place since then.

Given the extensive programme of review and improvement already achieved or underway in NHS Fife, the publication of the new NHS Scotland Blueprint gives a welcome opportunity for the Board to assess itself against a refreshed model of best practice in corporate governance. It also allows Board members the opportunity to express their own views as to how they judge the Board is presently performing, and builds on existing self-assessment work already underway at Committee level, to ensure that further opportunities for enhancing our systems of corporate governance are taken forward effectively.

### Self-Assessment & Actions

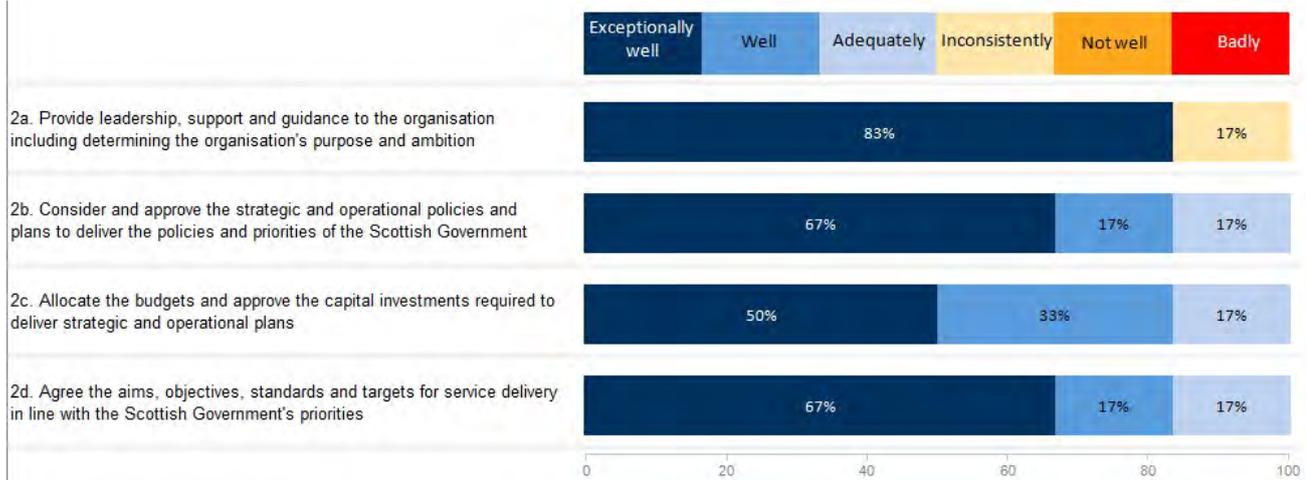
The NHS Scotland Blueprint defines governance as the system by which organisations are directed and controlled, describing therein a three-tiered model that outlines the Functions of a governance system, the Enablers and the Support required to effectively deliver those functions. This model is illustrated as follows:



In order to implement the above model, all NHS Boards in Scotland have been invited to undertake a baseline assessment of their current practice against the Blueprint’s requirements. This exercise was undertaken in late February 2019, when Board members were invited to complete an online national survey . Six Board members completed the assessment and the outcome of responses against each of the Functions in the Blueprint is detailed below in

summary.

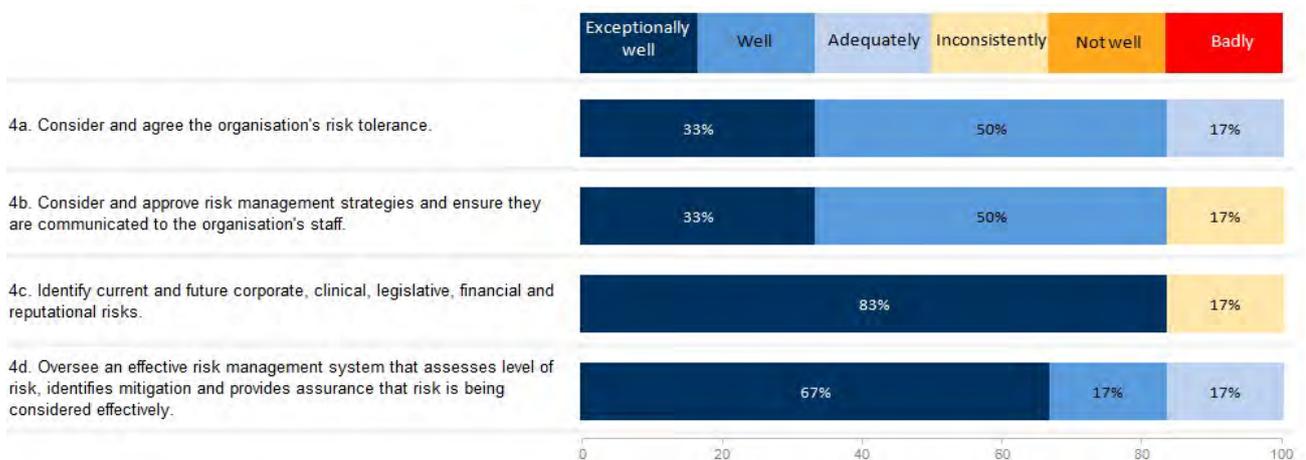
### Setting the Direction – how well do we do this currently?



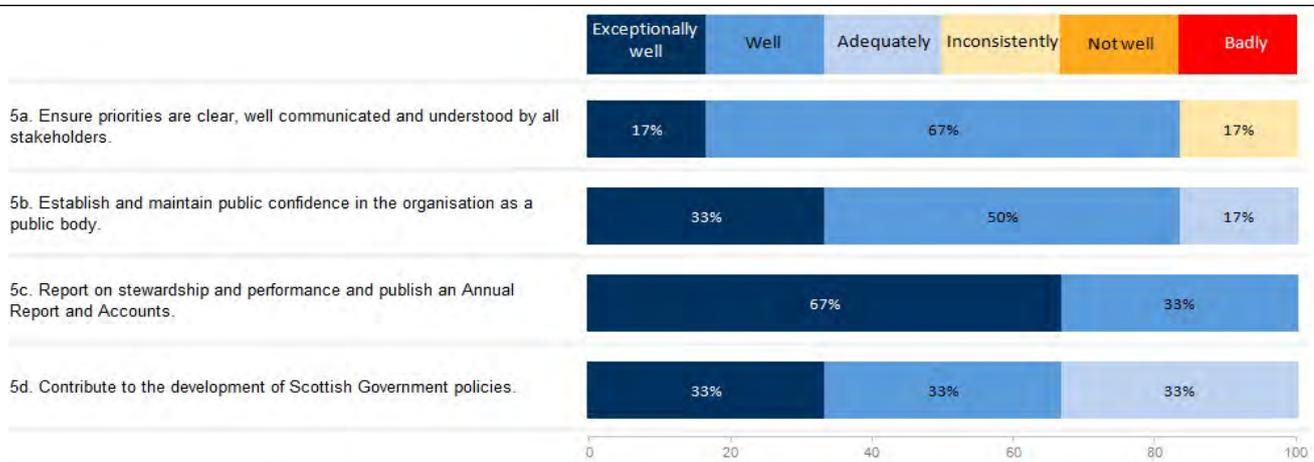
### Holding to Account – how well do we do this currently?



### Assessing risk – how well do we do this currently?



### Engaging Stakeholders – how well do we do this currently?



### Influencing culture – how well do we do this currently?



A detailed Development Session was held in April with the Board to discuss the results of the self-assessment survey, broken down at the level of individual questions, and to review how well the Board is presently delivering on the functions outlined in the Blueprint. The session considered what information each result tells us, the context for the final ratings, and consideration of where improvements can be made.

The summary above provides a high-level picture of responses. In general, most questions received a positive evaluation from members overall, with most ratings occurring the range of 'exceptionally well' to 'adequately' ratings. This is reflective of the work undertaken over the past few years to refresh the governance structure and assurance systems. Areas considered by members at the discussion event included those of:

- the Board's role in determining strategy overall and appropriately assessing risks to the delivery of that strategy;
- the speed of transformative change, to ensure continuous improvement of services;
- improving engagement with stakeholders, the public and service users; and
- enhancing the development of Board members' skills and training, in support of the delivery of NHS Fife's key strategies and organisational ambitions.

Though not explicitly covered by the Blueprint, members also highlighted the challenges of effective governance of integrated health and social care, noting that further work was required to improve lines of accountability, scrutiny and assurance in full support of partnership working (as further detailed in the enclosed action list).

Consideration was also given at the session to the results of the self-assessment exercise undertaken (as a separate exercise) for all Board standing committees, which were reported to each Committee in February and March 2019. Each Committee has agreed to take forward individual actions to address the findings of those surveys, but the Board brought in to the above discussion common themes from this exercise. These included:

- increasing the opportunities for members' ongoing training, specifically with regard to

topics relevant to specific Committee remits and interpretation of data;

- support for further work to streamline the information given in Committee papers and to signpost more effectively what action is being requested;
- consideration of establishing a process whereby the Chair and Accountable Officer give feedback on Committee performance; and
- better agenda management and enhanced work-planning, to lessen the amount of late papers for members to consider prior to each meeting.

## Actions

In discussing the above issues, the Board has identified a number of areas of strength in existing governance practice, such as the current committee structure and system of assurance it provides; the setting of strategy / policy and its implementation; the robust level of scrutiny and constructive challenge; positive Board dynamics and member relationships; and the continual development of the governance framework of the Board over the past few years, which was thought to leave NHS Fife in a positive position in comparison to other Boards across Scotland. A number of areas for review were however identified in the Board's detailed discussions, and an action plan outlining that proposed activity is appended to this report.

## Recommendation

The Board is invited to:

- **note** the findings of the recent self-assessment exercise and April Development Session held to benchmark NHS Fife against the NHS Scotland Blueprint for Good Governance;
- **approve** the improvement actions and associated timetable detailed in the enclosed appendix; and
- **note** that this report will be submitted to the Cabinet Secretary, as part of the national work underway to evidence the implementation of the Blueprint across Scotland.

## Objectives:

Healthcare Standard(s):	Governance and assurance is relevant to all.
HB Strategic Objectives:	All

## Further Information:

Evidence Base:	<a href="#">DL(2019) 02 - NHS Scotland Health Boards and Special Health Boards - Blueprint for Good Governance</a>
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Board Chair; Committee Chairs; Executive Directors Group

## Impact:

<b>Financial / Value For Money</b>	There are no financial implications.
<b>Risk / Legal:</b>	Implementing the enclosed action plan will mitigate any risks of non-compliance with the Blueprint's requirements. Compliance evidences that NHS Fife has robust corporate governance practices in place that help deliver and support organisational objectives.
<b>Quality / Patient Care:</b>	Delivering improved governance across the organisation is supportive of enhanced patient care and quality standards.
<b>Workforce:</b>	The implementation of any of the recommendations from this paper will be met from existing resource.
<b>Equality:</b>	There are no specific Equality and Diversity issues arising from undertaking this work.

## NHS FIFE ACTION PLAN – IMPLEMENTATION OF BLUEPRINT FOR GOOD GOVERNANCE

Area for Improvement	No.	Action	Improvement Activity / Evidence	Who / When
Scrutiny & Assurance	1	Review format and content of Integrated Performance Report (IPR), to enhance the clarity of information contained therein and remove potential areas of duplication or stasis.	The IPR has developed over time to become a critical assurance tool for the Board and its committees. A review of its present format is timely, to ensure that the information contained therein is relevant, clear to members and reflects the most up-to-date performance information available.	Performance Team / by August 2019
	2	Develop Board members' skills and understanding of data presentation and interpretation by scheduling a specific training session on this topic.	Board papers frequently contain a large amount of data, in a variety of different layouts and graphical formats. A more consistent format of presentation used in reporting would enhance the scrutiny of often complex information and strengthen members' interpretative data skills.	Board Secretary / by August 2019
	3	Enhance the Board's visibility on the NHS Fife website, ensuring that the publication of Board papers are timely and easily accessible by an external audience.	A business case for creating a new website for NHS Fife is presently being progressed. The creation of a 'Board portal' is an early priority for the new website, bringing together information on Board members, dates of meetings, agenda papers and governance-related information.	Head of Communications / in progress
Board Administration & Support	4	Further enhance Board Committee self-assessment questionnaires, taking account of feedback from members on the relevance of some current questions and reviewing the current timing of the exercise.	The annual Board Committee self-assessment exercise provides valuable feedback from members and attendees about the effectiveness of the core governance structure. The move to an online process in 2018/19 has significantly increased participation and captured helpful comments from respondents. A further review of the present question set is proposed, in addition to the earlier scheduling of the exercise to avoid clashes with other annual surveys (avoiding overload of members and lower participation).	Board Secretary / by October 2019
	5	Reduce the amount of late papers circulated to Board Committees, which can negatively impact the level of scrutiny of members on the content and proposals therein.	The ongoing development of detailed workplans for the Board and its Committees, scheduling agenda topics over a yearly cycle, is expected to enhance agenda management. The creation of a similar system for the Executive Directors Group will aid the forward planning of Board and Board Committee agendas, thus providing authors with adequate notice to meet strict deadlines for submission.	Director of Finance & Performance / by August 2019
	6	Implement locally the suite of nationally-developed governance templates for the Board, such as Standing Orders, agenda paper templates, induction programme etc.	NHS Fife is involved in the ongoing workstreams led by the Board Secretaries group to develop a 'Once for Scotland' suite of key governance documents (for example, the NHS Fife Induction Pack has been selected as a model template for other national boards to follow). Other documents currently in draft are largely similar to our existing versions presently in use, so it is anticipated that we will be able to be implemented these locally in a short timeframe.	Board Secretary / when national workstream concludes

## NHS FIFE ACTION PLAN – IMPLEMENTATION OF BLUEPRINT FOR GOOD GOVERNANCE

Area for Improvement	No.	Action	Improvement Activity / Evidence	Who / When
Partnership Working	7	Review current progress on integration of health and social care and develop revised Integration Scheme with Fife Council.	A detailed self-assessment exercise on integration progress has been undertaken by all partners in April 2019 and agreement reached to review the current version of the Fife Integration Scheme. This is expected to further develop the governance arrangements in place in the IJB and consequentially improve the NHS Board's own systems of governance and assurance for the matters delegated to the Health & Social Care Partnership.	Chair & Chief Exec / in progress
	8	Revise the governance arrangements in place to provide oversight of the Joint Strategic Transformation Programme.	A joint programme of strategic and operational transformation is essential to the sustainability of the services delivered by NHS Fife. We are implementing a refreshed approach to the oversight of this area under the leadership of the Chief Executive and Director of Finance & Performance, as well as an enhanced framework of performance and accountability between operational services and the Board's Committees.	Chief Exec and Director of Finance & Performance / by September 2019
Public Engagement	9	Clarify the status of the Patient Focus Public Involvement Committee and agree the composition of a refreshed body that promotes enhanced public engagement in the delivery and planning of health services.	Noting the planned release of engagement-related guidance to Health Boards from the Scottish Government, NHS Fife will further develop our approach for identifying, involving and engaging our key stakeholders, including those who are difficult to reach or might be otherwise disenfranchised through traditional format participation activities.	Director of Nursing / by August 2019
	10	Review the effectiveness of the programme of engagement sessions held on a bi-monthly basis with external organisations working with NHS Fife and ensure that invited parties represent the breadth and diversity of our key stakeholders.	In 2018/19, a successful programme of engagement sessions has been established, allowing Board members and the Executive Team a chance to regularly meet with a wide range of external charity / voluntary organisations that work in partnership with NHS Fife to deliver improved outcomes for the population we serve. As this programme continues, a review will be undertaken to ensure that invited organisations are fully representative of the many groups we work in partnership with.	Chair & Board Secretary / by August 2019

<b>DATE OF MEETING:</b>	29 May 2019
<b>TITLE OF REPORT:</b>	NHS Fife Board Assurance Framework (BAF)
<b>EXECUTIVE LEAD:</b>	Helen Buchanan, Director of Nursing
<b>REPORTING OFFICER:</b>	Pauline Cumming, Risk Manager

<b>Purpose of the Report</b> (delete as appropriate)		
	<b>For Discussion</b>	

<b>SBAR REPORT</b>		
<u>Situation</u>		
<p>This report provides an update on the BAF since the last report to the Board on 30 January 2019.</p>		
<u>Background</u>		
<p>The BAF identifies risks to the achievement of Fife NHS Board’s objectives, particularly, but not exclusively related to delivery of the:</p> <ul style="list-style-type: none"> <li>• NHS Fife Strategic Framework</li> <li>• NHS Fife Clinical Strategy</li> <li>• Fife Health &amp; Social Care Integration Strategic Plan</li> </ul> <p>The BAF integrates information on underpinning operational risks, controls, assurances and mitigating actions, as well providing a brief assessment of current performance.</p>		
<u>Assessment</u>		
<p>As reported previously to the Board, the BAF currently has 6 components. These are:</p> <ul style="list-style-type: none"> <li>• Financial Sustainability</li> <li>• Environmental Sustainability</li> <li>• Workforce Sustainability</li> <li>• Quality &amp; Safety</li> <li>• Strategic Planning</li> <li>• Integration Joint Board (IJB)</li> </ul> <p><b>See Table 1</b></p>		

**Table 1 - Risk Level and Rating over time**

Risk ID	Risk Title	Initial Risk Level & Rating LxC	Likelihood (L)	Consequence (C)	Current Level & Rating Aug - Sept 2018	Current Level & Rating Oct- Nov 2018	Current Level & Rating Dec-Jan 2018	Current Level & Rating Feb- Mar 2019
1413	<b>Financial Sustainability</b>	High 16	Likely 4	Major 4	16 (4x 4) High	16 (4x 4) High	16 (4x 4) High	16 (4x 4) High
1414	<b>Environmental Sustainability</b>	High 20	Likely 4	Extreme 5	20 (4x 5) High	20 (4x 5) High	20 (4x 5) High	20 (4x 5) High
1415	<b>Workforce Sustainability</b>	High 20	Almost certain 5	Major 4	16 (4x 4) High	16 (4x 4) High	16 (4x 4) High	16 (4x 4) High
1416	<b>Quality &amp; Safety</b>	High 20	Likely 4	Extreme 5	15 (3x 5) High	15 (3x 5) High	15 (3x 5) High	15 (3x 5) High
1417	<b>Strategic Planning</b>	High 16	Likely 4	Major 4	16 (4 x 4) High	16 (4 x 4) High	16 (4 x 4) High	16 (4 x 4) High
1418	<b>Integration Joint Board</b>	High 16	Likely 4	Major 4	16 (4x 4) High	16 (4 x 4) High	16 (4 x 4) High	12 (3x4) Mod

Each BAF risk is reviewed and updated regularly by the responsible Executive Director to ensure that its scope is current and comprehensive.

The risks are reported bi monthly to the standing committee to which they are aligned. Each BAF is supported by a complementary SBAR report which provides the Executive Director’s assessment of the risk, and highlights key issues and questions for the committee to consider as part of its scrutinising function. These include:

- Does the risk score feel right?
- Do the current controls match the stated risk?
- Will the mitigating actions bring the risk down to its target level?
- If the mitigating actions are fully implemented would the outcome be achieved?
- Does the assurance provided describe how the controls are performing?
- Do the assurances come from more than one source including independent sources?
- How reliable are the assurances?
- What do they tell me?
- Is anything missing?

The current BAFs are progressing through the May 2019 committee meeting cycle.

**Developments:**

Further to the last report to the Board, key points of note are summarised below.

**Financial Sustainability**

Current Performance

In March 2019, a change was that the single most significant factor in determining whether the forecast outturn per the January results (c£3.1m) could be fully addressed by year end, was the impact of the risk share arrangement for the IJB, as this position was the result of the current estimate of the social care overspend. Whilst the quantum of the overspend was an issue, there was an equally significant risk associated with the uncertainty of this position and the ability of the Finance Directorate to provide an adequately robust forecast.

## **Environmental Sustainability**

### Changes in Linked Risks

Three risks have **reduced** their risk level from high to moderate and are no longer on the BAF.

One risk has **increased** its risk level from moderate to high in terms of likelihood.

## **Workforce Sustainability**

### Changes in Linked Risks

One risk has **reduced** its risk level from high to moderate and is no longer on the BAF.

Risk 1375 - Breast Radiology Service: Whilst Radiologist vacancies remain the root cause of this risk, additional support from external Radiologists and Surgeons has created additional capacity. NHS Fife have had Specialty Doctor cover within the Breast Service since August 2018; this has brought the Surgical team up to full capacity. The Service has worked in with NHS Lanarkshire to secure locum Radiologist and Breast Surgeon. This has allowed for regular Waiting List Initiatives. NHS Lanarkshire support will remain in place until the Consultant Mammographer has completed their training. On completion, scheduled for April 2020, Radiology within NHS Fife will be able to support all demand in house.

The Urgent Waiting List is down from 5.5 to 4 weeks and the Routine list is down from 19 weeks to 12.5 weeks.

## **Quality & Safety**

### Changes in Linked Risks

Two risks were added to this BAF; these relate to Brexit.

Risk 1514 - Impact of the UK's withdrawal from the EU on the availability and cost of medicines and medical devices and

Risk 1515 - Impact of the UK's withdrawal from the EU on Nuclear Medicine and the ability to provide diagnostic and treatment service(s)

The risks are monitored by the NHS Fife Resilience Forum.

### Mitigating Actions

One addition was that from April 2019, the organisation would implement the Healthcare Improvement Scotland (HIS) Quality of Care Approach & Framework, Sept 2018.

## Strategic Planning

### Mitigating Actions

- A review of the structure of the Joint Strategic Transformation Group (JSTG) is underway with a pause on meetings going forward. The review will cover the role and remit of the group including governance arrangements.
- Leadership to strategic planning is coming from the Executive Directors' Group.
- A Clinical Strategy work stream update has now been produced to reflect progress against recommendations.
- The Chief Executive, Chief Operating Officer and Associate Director of Planning participate in Regional planning via SEAT and appropriate sub/working groups.

### Current Performance

The Site Optimisation Programme is progressing on track with Phase 1 complete. This programme is being reviewed following changes in leadership. A full review of the JSTG is due with the group paused until this is complete.

- **Integration Joint Board**

Developments with the IJB BAF will be reported to a future Committee.

### **eHealth BAF**

A draft eHealth BAF has been developed. It will be considered by the eHealth Board on 24 May 2019 with a view to reporting to the Clinical Governance Committee in July 2019.

### Recommendation

The Board is invited to:

- **Note** the BAF
- **Note** the developments

<b>Objectives: (must be completed)</b>	
Healthcare Standard(s):	To aid delivery
HB Strategic Objectives:	Supports all of the Board's strategic objectives

<b>Further Information:</b>	
Evidence Base:	A broad national and international evidence base informs the delivery of safe, effective, person centred care in NHS Fife.
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Executive Directors Staff Governance, Clinical Governance and Finance, Performance & Resources Committees

<b>Impact: (must be completed)</b>	
<b>Financial / Value For Money</b>	Promotes proportionate management of risk and thus effective and efficient use of scarce resources.
<b>Risk / Legal:</b>	Inherent in process. Demonstrates due diligence. Provides critical supporting evidence for the Annual Governance Statement.
<b>Quality / Patient Care:</b>	NHS Fife's risk management system seeks to minimise risk and so support the delivery of safe, effective, person centred care.
<b>Workforce:</b>	The system arrangements for risk management are contained within current resource.
<b>Equality:</b>	The arrangements for managing risk apply to all patients, staff and others in contact with the Board's services.

## NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Responsible Person	Timescale	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	Rationale for Target Score
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### Financial Sustainability

1413	Sustainable	07.01.2019	28.02.2019	There is a risk that the funding required to deliver the current and anticipated future service models will exceed the funding available. Thereafter there is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework would result in the Board being unable to deliver on its required financial targets.	4 - Likely - Strong possibility this could occur	4 - Major	16	High	4 - Likely - Strong possibility this could occur	4 - Major	16	High	Current financial climate across NHS/public sector	Director of Finance	Finance, Performance & Resources (F,P&R) Chair: Rona Laing	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <ol style="list-style-type: none"> <li>Ensure budgets are devolved to an appropriate level aligned to management responsibilities and accountabilities. This includes the allocation of any financial plan shortfall to all budget areas. This seeks to ensure all budget holders are sighted on their responsibility to contribute to the overall requirement to deliver breakeven.</li> <li>Transformation programme established to support redesign; reduce unwarranted variation and waste; and to implement detailed efficiency initiatives across the system.</li> <li>Engage with external advisors as required (e.g. property advisors) to support specific aspects of work.</li> </ol>	Nil	<ol style="list-style-type: none"> <li>Continue a relentless pursuit of all opportunities identified through the transformation programme in the context of sustainability &amp; value.</li> <li>Continue to maintain an active overview of national funding streams to ensure all NHS Fife receives a share of all possible allocations.</li> <li>Continue to scrutinise and review any potential financial flexibility.</li> <li>Engage with H&amp;SC / Council colleagues on the risk share methodology</li> </ol>	Director of Finance / Chief Operating Officer / Director of Health & Social Care	Ongoing	<ol style="list-style-type: none"> <li>Produce monthly reports capturing and monitoring progress against financial targets and efficiency savings for scrutiny by all responsible managers and those charged with governance and delivery.</li> <li>Undertake regular monitoring of expenditure levels through managers, Executive Directors' Group (EDG), Finance, Performance &amp; Resources (F,P&amp;R) Committee and Board. As this will be done in parallel with the wider Integrated Performance Reporting approach, this will take cognisance of activity and operational performance against the financial performance.</li> </ol>	<ol style="list-style-type: none"> <li>Internal audit reviews on controls and process; including Departmental reviews</li> <li>External audit review of year end accounts and governance framework.</li> </ol>	<ol style="list-style-type: none"> <li>Enhanced reporting on various metrics in relation to supplementary staffing.</li> <li>Confirmation via the Director of Health &amp; Social Care on the robustness of the social care forecasts and the likely outturn at year end</li> </ol>	The financial challenge highlighted in 2016/17 and 2017/18 continued into 2018/19, with an anticipated £19.7m gap, including £17m carried forward as unachieved recurring savings in 2017/18. Since the end of May, the forecast outturn has been held at breakeven, per the Annual Operational Plan. However, given the extent of the risks that remain as the year has progressed, in relation to delivery and identification of value & sustainability and cost reduction efficiencies across acute services and health services delegated through the H&SC Partnership to the IJB, a forecast overspend was reported following both the month 7 (October) and month 8 (November) results. The non delivery of savings and resultant overspend have been mitigated, in part, through in year non recurring financial flexibility. The single most significant factor in determining whether the forecast outturn per the January results (c£3.1m) can be fully addressed by year end is the impact of the risk share arrangement for the IJB, as this position is the result of the current estimate of the social care overspend. Whilst the quantum of the overspend is an issue, there is an equally significant risk associated with the uncertainty of this position and the ability of the Finance Directorate to provide an adequately robust forecast	3 - Possible - May occur occasionally - reasonable chance	4 - Major	12	Moderate	Financial risks will always be prevalent within the NHS / public sector however it would be reasonable to aim for a position where these risks can be mitigated to an extent.
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## NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Responsible Person	Timescale	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	Rationale for Target Score
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### Environmental Sustainability

1414	Sustainable, Clinically Excellent	07.03.2019	07.05.2019	There is a risk that Environmental & Sustainability legislation is breached which impacts negatively on the safety and health of patients, staff and the public and the organisation's reputation.	4 - Likely - Strong possibility this could occur	5 - Extreme	20	High	4 - Likely - Strong possibility this could occur	5 - Extreme	20	High	Estates currently have significant high risks on the E&F risk register; until these have been eradicated this risk will remain. Action plans have been prepared and assuming capital is available these will be reduced in the near future.	Director of Estates, Facilities & Capital Services (E,F &CS)	Finance, Performance & Resources (F,P&R)	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <ol style="list-style-type: none"> <li>Operational Planned Preventative Maintenance (PPM) systems in place</li> <li>Systems in place to comply with NHS Estates</li> <li>Action plans have been prepared for the risks on the estates &amp; facilities risk register. These are reviewed and updated at the monthly risk management meetings. The highest risks are prioritised and allocated the appropriate capital funding.</li> <li>The SCART (Statutory Compliance Audit &amp; Risk Tool) and EAMS (Estates Asset Management System) systems record and track estates &amp; facilities compliance.</li> <li>Sustainability Group manages environmental issues and Carbon Reduction Commitment(CRC) process is audited annually.</li> <li>Externally appointed Authorising Engineers carry out audits for all of the major services i.e. water safety, electrical systems, pressure systems, decontamination and so on.</li> </ol>	Nil	<ol style="list-style-type: none"> <li>Capital funding is allocated depending on the E&amp;F risks rating</li> <li>Increase number of site audits</li> </ol>	Director of Estates, Facilities & Capital Services	Ongoing as limited funding available	<ol style="list-style-type: none"> <li>Capital Investment delivered in line with budgets</li> <li>Sustainability Group minutes.</li> <li>Estates &amp; Facilities risk registers.</li> <li>SCART &amp; EAMS</li> <li>Adverse Event reports</li> </ol>	<ol style="list-style-type: none"> <li>Internal audits</li> <li>External audits by Authorising Engineers</li> <li>Peer reviews</li> </ol>	None	High risks still exist until remedial works have been undertaken, but action plans and processes are in place to mitigate these risks.	1 - Remote - Can't believe this event would happen	5 - Extreme	5	Low	All estates & facilities risk can be eradicated with the appropriate resources but there will always be a potential for failure i.e. component failure or human error hence the target figure of 5.
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# NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score	Current Score	Rationale for Current Score	Owner (Executive Director) Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Responsible Person	Timescale	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score	Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	Rationale for Target Score
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## Workforce Sustainability

1415	Exemplar Employer	09.01.2019	31.03.2019	There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies deployed in the right place at the right time will adversely affect the provision of services and quality patient care and impact on organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy	5	4	Failure in this area has a direct impact on patients' health. NHS Fife has an ageing workforce with recruitment challenges in key specialities. Failure to ensure the right composition of workforce with the right skills and competencies gives rise to a number of organisational risks including: reputational and financial risk; a potential adverse impact on the safety and quality of care provision; and staff engagement and morale. Failure would also adversely impact on the implementation of the Clinical strategy.  The current score reflects the existing controls and mitigating actions in place.	Director of Workforce/Partnership Staff Governance Chair: Margaret Wells	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <ul style="list-style-type: none"> <li>1. • Development of the Workforce Strategy to support the Clinical Strategy and Strategic Framework.</li> <li>2. • Implementation of the Health &amp; Social Care Workforce and Organisational Development Strategy to support the Health &amp; Social Care Strategic Plan for 2016/19.</li> <li>3. • Implementation of the NHS Fife Strategic Framework particularly the</li> <li>4. • A Brexit Steering Group has been established to consider the impact on the workforce with regard to these arrangements once they are known.</li> <li>5. An Assurance Group has also been established which will link to existing resilience planning arrangements</li> <li>6. • Implementation of eESS as a workforce management system within NHS Fife</li> <li>7. • A stepped approach to nurse recruitment is in place which enables student nurses about to qualify to apply for certain posts at point of registration. This model could also be applied to AHP, eHealth, Pharmacist, Scientific and Trades recruitment and other disciplines considered.</li> <li>8 • Strengthening of the control and monitoring associated with supplementary staffing with identification and implementation of solutions to reduce the requirement and/or costs associated with supplemental staffing.</li> <li>9. • NHS Fife participation in regional and national groups to address national and local recruitment challenges and specific key group shortage areas, applying agreed solutions e.g. SERRIS</li> <li>10. Review of risks related to Mental Health recruitment with Risk owners</li> <li>11. • Absence Management Steering Group and local divisional groups established to drive a range of initiatives and improvements aligned to staff health and wellbeing activity,</li> <li>12. • Well@Work initiatives continue to support the health and wellbeing of the workforce, facilitate earlier interventions to assist staff experience and retain staff in the workplace, along with Health Promotion and the Staff Wellbeing &amp; Safety</li> <li>13. • The roll out and implementation of iMatter across the organisation, to support staff engagement and organisational values.</li> <li>14. • Staff Governance and Partnership working underpins all aspects of workforce activity within NHS Fife and is key to development of the workforce.</li> <li>15. • Training and Development</li> <li>16. • Development of the Learning and Development Framework strand of the Workforce Strategy</li> <li>17. • Leadership and management development provision is constantly under review and updated as appropriate to ensure continuing relevance to support <del>leaders at all levels</del></li> <li>18. • The improvement made in Core Skills compliance to ensure NHS Fife meets <del>its statutory obligations</del></li> <li>19. • The implementation of the Learning management System module of eESS to ensure all training and development data is held and to facilitate reporting and analysis</li> <li>20. • Continue to address the risk of non compliance with Staff Governance <del>Standard and HEAT standard requirements relating to KSF</del></li> <li>21. • Utilisation of the Staff Governance Standard and Staff Governance Action Plans (the "Appropriately trained" strand) is utilised to identify local priorities and <del>drive local actions</del></li> <li>22. • The development of close working relationships with L&amp;D colleagues in neighbouring Boards, with NES and Fife Council to optimise synergistic benefits from collaborative working</li> </ul>	Nil	Implementation of the Workforce Strategy to support the Clinical Strategy and Strategic Framework	Director of Workforce/Partnership	1. Regular performance monitoring and reports to EDG, APF, Staff Governance Committee	1. Use of national data 2. Internal Audit reports 3. Audit Scotland reports	Full implementation of eESS will provide an integrated workforce system which will capture and facilitate reporting including all learning and development activity	Overall NHS Fife Board has robust workforce planning and development governance and risk processes in place. Continuation of the current controls and full implementation of mitigating actions, especially the Workforce strategy supporting the Clinical Strategy and the implementation of eESS should provide an appropriate level of control.	2	2	Minor	4	Low	Continuing improvement in current controls and full implementation of mitigating actions will reduce both the likelihood and consequence of the risk from moderate to low.
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# NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Responsible Person	Timescale	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	Rationale for Target Score
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## Quality & Safety

1416	Person Centred, Clinically Excellent	25.02.2019	20.04.2019	There is a risk that due to failure of clinical governance, performance and management systems (including information & information systems), NHS Fife may be unable to provide safe, effective, person centred care.	4 - Likely - Strong possibility this could occur	5 - Extreme	20	High	3 - Possible	5 - High	15	High	Failure in this area could have a direct impact on patients' health, organisational reputation and exposure to legal action. While it is recognised that several adverse events ranging from minor to extreme harm can occur daily, the proportion of these in relation to overall patient activity is very small.	Medical Director	Clinical Governance Chair: Dr Les Bisset	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <ol style="list-style-type: none"> <li>1. Strategic Framework</li> <li>2. Clinical Strategy</li> <li>3. Clinical Governance Structures and operational Governance arrangements</li> <li>4. Clinical &amp; Care Governance Strategy</li> <li>5. Participation &amp; Engagement Strategy</li> <li>6. Risk Management Framework</li> </ol> <p>This is supported by the following:</p> <ol style="list-style-type: none"> <li>7. Risk Registers</li> <li>8. Quality Report, Performance reports and availability of data through dashboards</li> <li>9. Performance Review incl focus on Clinical Governance</li> <li>10. Adverse Events Policy</li> <li>11. Scottish Patient Safety Programme implementation</li> <li>12. Implementation of SIGN and other evidence based guidance</li> <li>13. Staff Learning &amp; Development incl corporate induction and In House Core Training, Quality Improvement, Leadership Development, Clinical Skills Training, Interspecialty Programmes</li> <li>14. System for writing and reviewing all clinical policies and procedures</li> <li>15. Participation in national and local audit</li> <li>16. Complaints handling process</li> <li>17. Enhancing monitoring of our systems with use of data. • Relevant data is currently being collected in relation to DoC and mechanisms for sharing this locally with divisions in discussion and development through the Adverse Events group.</li> <li>18. HIS Quality of Care Approach &amp; Framework, Sept 2018.</li> </ol>	Triangulation across all elements of our quality and safety activities, specifically patient experience, complaints, adverse events and risk to provide an overview of performance and identify priorities for action to improve care and experience.	<ol style="list-style-type: none"> <li>1. The content of the Quality Report has evolved and contains information on key priorities. There is now a Quality Report within the Health &amp; Social Care Partnership (HSCP); there is also a version being tested within specialties in the Acute Services Division (ASD).</li> <li>2. The Clinical Governance Steering Group (CGSG) has oversight of the Quality Report, SPSP Stakeholders and the Adverse Events/ Duty of Candour Group* minutes. Consideration should be given to the role and remit of this group (CGSG) in light of the requirements of the Quality of Care Approach.</li> <li>3. There is now an established combined group* . This group is working through a plan of action.</li> <li>4. Our commitment to learn will be demonstrated in a number of ways: e.g . Case study learning sessions to be delivered in 2019 to aid decision making and DoC implementation.</li> <li>5. Further develop Datix Risk Management system.</li> <li>6. Develop dashboards and other means of accessing information.</li> <li>7. Implement the new HIS Quality Framework</li> </ol>	Medical Director	31.10.2018	<ol style="list-style-type: none"> <li>1. Reporting to clinical &amp; clinical &amp; care governance groups and committees.</li> <li>2. Reporting on acute adult, maternity, mental health, neonates, paediatrics and primary care to SPSP Stakeholder Group.</li> <li>3. Reporting bi annually on adequacy of risk management systems and processes to Audit &amp; Risk Committee.</li> <li>4. Annual Assurance Statement.</li> <li>5. HEAT target reports.</li> <li>6. Portfolio of performance review data.</li> <li>7. Accreditation systems.</li> <li>8. Locally designed subject specific audits.</li> <li>9. Requirement for DoC Annual Report</li> <li>10. From Feb 2018, NHS Fife Committee Self assessment checklist</li> <li>11. Compliance monitoring of policies &amp; procedures to ensure these are up to date.</li> </ol>	<ol style="list-style-type: none"> <li>1. Internal Audit reviews and reports on controls and process; including annual clinical governance review / departmental reviews.</li> <li>2. External Audit reviews.</li> <li>3. HIS visits and reviews.</li> <li>4. Healthcare Environment Inspectorate (HEI) visits and reports.</li> <li>5. Health Protection Scotland (HPS) support.</li> <li>6. Health &amp; Safety Executive</li> <li>7. Scottish Patient Safety Programme (SPSP) visits and reviews.</li> <li>8. Scottish Govt DoC Annual Report</li> </ol>	<ol style="list-style-type: none"> <li>1. Risk management KPIs to be developed.</li> <li>2. Improvements as recommended in Internal Audit Clinical Governance Strategy and Assurance Report B15-17 + B18-18</li> <li>3. Compliance with DoC legislation</li> </ol>	Overall, NHS Fife has in place sound systems of clinical governance and risk management as evidenced by Internal Audit and External Audit reports and the Statement of Annual Assurance to the Board.	2 - Unlikely	5 - Extreme	10	Moderate	Enhanced controls and continuing improvements to the systems and processes for monitoring, reporting and learning are being put in place.
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# NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Responsible Person	Timescale	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	Rationale for Target Score
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## Strategic Planning

1417	Person Centred, Clinically Excellent, Exemplar Employer, Sustainable	15.01.2019	06.03.2019	<p>There is a risk that NHS Fife will not deliver the recommendations made by the Clinical Strategy within a timeframe that supports the service transformation and redesign required to ensure service sustainability, quality and safety at lower cost.</p> <p><b>Key Risks</b></p> <p>1. Community/Mental Health redesign is the responsibility of the H&amp;SCP/IJB which hold the operational plans, delivery measures and timescales</p> <p>2. Governance of the JSTG remains with 4 committees - 2 from the IJB and 2 from NHS. This may impact on effectiveness of scrutiny.</p> <p>3. Regional Planning. There is a challenge in alignment of strategic plans of partner boards with those of the Regional lead.</p> <p>4. Development and recommendations of the East Region Health and Social Care Delivery Plan may impact on the focus and priority of local service redesign and the pace of its delivery.</p>	4 - Likely - Strong possibility this could occur	4 - Major	16	High	4 - Likely - Strong possibility this could occur	4 - Major	16	High	<p>The transformation programmes have been agreed and reports to the Joint Strategic Transformation Group.</p> <p>Organisational challenges have impacted on the meeting schedule. Meeting have been paused from February 2019 until a full review has been undertaken.</p> <p>The workplans is at varying stages of development with some programmes more advanced than others.</p> <p>Reporting of progress of transformation programmes has improved with written updates to JSTG for two of the programmes. Papers to IJB produced about the other two programmes.</p>	Medical Director	Clinical Governance	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <p>1. Establishment of IMPACT in 2016 - a small internal business unit which provides focussed, co-ordinated, client tailored support to accelerate delivery of NHS Fife's strategic objectives. Provides a programme management framework to ensure the programme is delivered.</p> <p>2. Establishment of the Joint Strategic Transformation Group (JSTG) to drive the delivery of the H&amp;SC Strategic Plan and the Clinical Strategy.</p> <p>3. 3 of the 4 key strategic priorities are being taken forward by the H&amp;SCP/IJB. The remaining priority is being taken forward by Acute services and progress shared through regular highlight reports. Programme Boards provide oversight and strategic guidance to the programme. Collaborative oversight is provided by the JSTG.</p> <p>4. NHS Fife is a member of SEAT with executive attendance at Regional Planning meetings. Progress is being made in some areas.</p> <p>5. NHS Fife is a member of the East Region Programme Board established to develop the East Region Health and Social Care Delivery Plan and is represented by directors on all workstreams.</p> <p>6. Establishment of the Executive Board to provide strategic and operational oversight of the health boards services including the transformation programmes.</p> <p>7. The Service Planning Reviews have taken place for 2019/20 -21/22 which will inform actions to deliver Clinical Strategy and prioritise transformation programmes.</p>	Nil	<p>Review of structure of JSTG is underway with a pause on meetings going forward. The review will cover role and remit of group including governance arrangements.</p> <p>Leadership to strategic planning coming from the Executive Directors Group.</p> <p>Clinical Strategy workstream update has been produced to reflect progress against recommendations.</p> <p>1. The NHS Fife CEO chairs the Acute Services workstream of the East Region Health and Social Care Delivery Plan</p> <p>2. Chief Executive, Chief Operating Officer and Associate Director of Planning participate in Regional planning via SEAT and appropriate sub/working groups.</p>	Chief Officer Health and Social Care Partnership	31.03.2018	<p>1. Minutes of meetings record attendance, agenda and outcomes.</p> <p>2. Action Plans and highlight reports from the Joint Strategic Transformation Group.</p> <p>3. Action plans, minutes and reports from the SEAT Regional Planning meetings and East Region Programme Board.</p> <p>4. Performance Assessment Framework is in place and assures committees on acute services division performance and winter planning monitoring.</p>	<p>1. Internal Audit Report on Strategic Planning (no. B10/17)</p> <p>2. SEAT Annual Report 2016</p> <p>3. Governance committee oversight of performance assurance framework</p>	Nil at present	<p>Current challenges associated with delivery of our strategic objectives include the focus on the 4 strategic priorities (Site Optimisation, Community Redesign, Mental Health Redesign and Medicines Efficiencies), the interdependencies of workplans (NHS Fife/H&amp;SCP/ Region) in terms of the whole system oversight of operational plans, delivery measures and timescales.</p> <p>Site Optimisation Programme is progressing on track with phase 1 complete. This programme is being reviewed following changes in leadership.</p> <p>A full review of the JSTG is due with the group paused until this is complete.</p>	3 - Possible - May occur occasionally - reasonable chance	4 - Major	12	Moderate	Once governance and monitoring is in place and transformation programmes are being realised, the risk level should reduce.
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## NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score				Current Score				Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Responsible Person	Timescale	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score				Rationale for Target Score
					Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)													Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	

### Integration Joint Board

1418	Sustainable	28.02.2019	30.04.2019	There is a risk that the Fife Integration Scheme does not clearly define operational responsibilities of the Health Board, Council and Integration Joint Board (IJB) resulting in a lack of clarity on ownership for risk management, governance and assurance.	4 - Likely - Strong possibility this could occur	4 - Major	16	High	3 - Possible - May occur occasionally - reasonable chance	4 - Major	12	Moderate	Issues raised by auditors, acknowledged at year end 2016/17 that need to be addressed.	Director of Health & Social Care	NHS Fife Board	Chair: Tricia Marwick	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <p>1. IJB has reviewed its Integration Scheme to ensure there is clarity around how decisions are made through its governance mechanisms, providing appropriate and efficient assurance to the parent bodies. NHS Fife asked for time to consider the proposals made. The governance working group is continuing to meet to further refine the wording of the Integration Scheme</p> <p>2.. The revised NHS Fife Code of Corporate Governance was approved by the NHS Fife Board in March 2018.</p> <p>3. A Code of Corporate Governance for the IJB has been developed and was submitted to the IJB Audit and Risk Committee in March 2018 and then to the IJB on 21 June 2018 for approval. The IJB Code of Corporate Governance forms part of a consolidated governance framework, and will be supported by an annual action plan and Assurance Map, which are currently under development. This will ensure all risks, responsibilities and other appropriate matters are understood by all parties and considered effectively for ongoing assurance and the annual Governance Statement.</p> <p>4. A Governance Manual, bringing all relevant</p>	Nil	Nothing more to be done than the ongoing actions set out.	Director of Health & Social Care	<p>1. Through regular updates to SLT and EDG about the progress of the reviews.</p> <p>2. Updates to Audit &amp; Risk Committees, the Integration Joint Board (IJB) and NHS Fife.</p>	<p>1. • The views of auditors will be the key independent assurance mechanism around this risk. We will involve them in the work to clarify governance arrangements as it progresses.</p> <p>2. • Scottish Government will also provide useful advice and an independent perspective on the work to be carried out.</p>	None	The problem should be largely resolved with the action taken.	1 - Remote - Can't believe this event would happen	4 - Major	4	Low	Once resolved and given effect to in IJB integration scheme and NHS Fife corporate governance arrangements, the issue should largely be resolved. But given maturity of relationships and dynamics around regional approaches a remaining risk will remain.
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## NHS Fife Board

<b>DATE OF MEETING:</b>	29 May 2019
<b>TITLE OF REPORT:</b>	Director of Public Health Annual Report
<b>EXECUTIVE LEAD:</b>	Dona Milne, Director of Public Health
<b>REPORTING OFFICER:</b>	Dona Milne, Director of Public Health

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

Route to the Board (must be completed)
This report has been considered by EDG and Clinical Governance Committee.

SBAR REPORT
<p><b><u>Situation</u></b></p> <p>The Director of Public Health is required to produce an annual report each year that provides a summary of the health of the population and work undertaken in the previous year. It also sets out high level priorities for the coming year. This report is for the period January 2018 to March 2019, it was started by Dr Margaret Hannah just before she left her position as Director of Public Health and completed by Dona Milne, Director of Public Health along with the public health team and some of our partners in Fife.</p>
<p><b><u>Background</u></b></p> <p>This report is divided into two main sections:</p> <ul style="list-style-type: none"> <li>- a data section on the needs of the population</li> <li>- a series of examples of work undertaken in Fife grouped under the headings of the Public Health Priorities for Scotland.</li> </ul> <p>It is intended that the series of infographics provided within this report will also act as a standalone set of tools for use by partners in Fife when considering their future plans and priorities. Following the publication of previous reports, the Director of Public Health in Fife has used the report to engage with local partners and communities and this engagement will continue with the new Director of Public Health.</p>
<p><b><u>Assessment</u></b></p> <p>It is evident from the data within the report that inequalities are increasing and there is a need to build on and increase our partnership effort to reduce these. Some of this data has already been used to try and focus our efforts within the Plan for Fife on where we can make the greatest impact.</p> <p>There are some specific areas where Fife is doing less well than the Scottish average for some things, for example, under 5's immunisation rates. Where this is the case, an assessment of the situation has been undertaken, reported to the Public Health Assurance Committee and actions agreed to be taken forward.</p> <p>The DPH Annual Report provides an evidence-base assessment of the health of the population in Fife. It aims to be a source of interest and engagement with staff, partner agencies and the wider public. Everyone has a part to play in making Fife a healthier place to live, work and grow up in and in ensuring that no one is left behind.</p>

## Recommendation

The Board is asked to **discuss** this report and consider its implications in terms of local health policy and planning.

## Objectives: (must be completed)

Healthcare Standard(s):	Evidence-based, healthier lives
HB Strategic Objectives:	Excellence, Person-centred

## Further Information:

Evidence Base:	References included in the report
Glossary of Terms:	Written for a lay audience
Parties / Committees consulted prior to Health Board Meeting:	Executive Directors Group Clinical Governance Committee

## Impact: (must be completed)

<b>Financial / Value For Money</b>	No financial implications
<b>Risk / Legal:</b>	Population health needs identified to anticipate future demands on health and care systems.
<b>Quality / Patient Care:</b>	Reducing inequalities involves being person-centred regardless of age, sex, social class etc.
<b>Workforce:</b>	Report points to ways that workforce can improve health – for patients and themselves.
<b>Equality:</b>	<p>The Board and its Committees may reject papers/proposals that do not appear to satisfy the equality duty (for information on EQIAs, <a href="#">click here</a> EQIA Template <a href="#">click here</a></p> <ul style="list-style-type: none"><li>• Has EQIA Screening been undertaken? No (The report itself aims to raise awareness of inequalities)</li><li>• Has a full EQIA been undertaken? No (The report itself aims to raise awareness of inequalities)</li><li>• Please state how this paper supports the Public Sector Equality Duty – <a href="#">further information can be found here</a> The report highlights many areas where the public sector equality duty will be of relevance</li><li>• Please state how this paper supports the Health Board's Strategic Equality Plan and Objectives – <a href="#">further information can be found here</a> The report highlights many areas where equality and human rights are important to consider</li><li>• Any potential negative impacts identified in the EQIA documentation - No</li></ul>

# FIFE

## DIRECTOR OF PUBLIC HEALTH REPORT 2018



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# Acknowledgments and list of contributors

I am grateful to my colleagues within our Public Health Department and from our colleagues within Health Promotion, Fife Health and Social Care Partnership, Fife Council and the third sector for their contributions to this report. We are all part of the local public health workforce and it is good to see examples of this work throughout this report.

I would like to thank the following colleagues for their contributions:

## Contributors

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## Foreword

I am delighted to share with you the Director of Public Health Report for Fife for 2018. I hope you enjoy reading it. I joined public health in Fife half way through this year and therefore wish to thank my predecessor Dr Margaret Hannah, the public health team in Fife and our partners for their contributions to this report – it really has been a team effort.

This year's report is focused firstly on our need to know our population and for those working in public health and our partners to have a common understanding of what those needs are. Only through understanding the needs of our population can we ensure that our partnership effort is focused on addressing those needs. Therefore the first section of this report provides a summary of the population of Fife and the factors that contribute to their health and wellbeing. We hope this will provide all partners in Fife with key data that can be used to aid the development of policies and plans that improve population health.

The second section of the report provides some highlights from the work undertaken by partners in Fife to address inequalities and improve health and wellbeing in Fife. We have structured these short contributions under the six Public Health Priorities for Scotland and hope that this gives you a flavour of work underway across the different areas of public health.

This is an important time for public health in Scotland. There is a programme of Public Health Reform that is well underway and has at its core an ambition to create an environment where those working in public health can lead and support improvements in population health across Scotland. The reform programme began with the creation of Public Health Priorities in Scotland so that we have a core set of common goals for us all to work towards. This is essential if we are to see the improvements that are needed in population health in Scotland. The Priorities were published in September 2018 and fit well with our already agreed priorities outlined in the Plan for Fife.

The Public Health Priorities are not just for public health departments to deliver. They were created in partnership across Scotland within the public sector, the third sector and across local communities. The priorities now need to be owned and delivered jointly with those partners if we are to achieve the changes we want to see to improve things for our local populations.

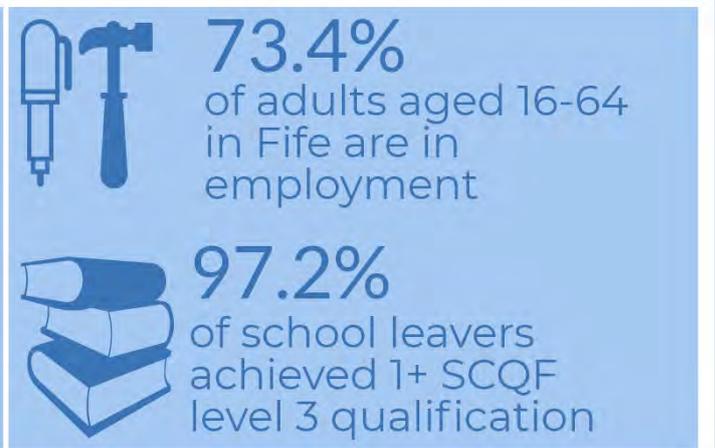
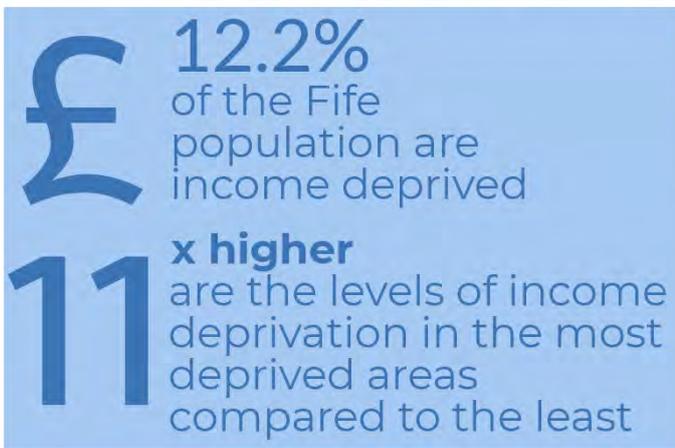
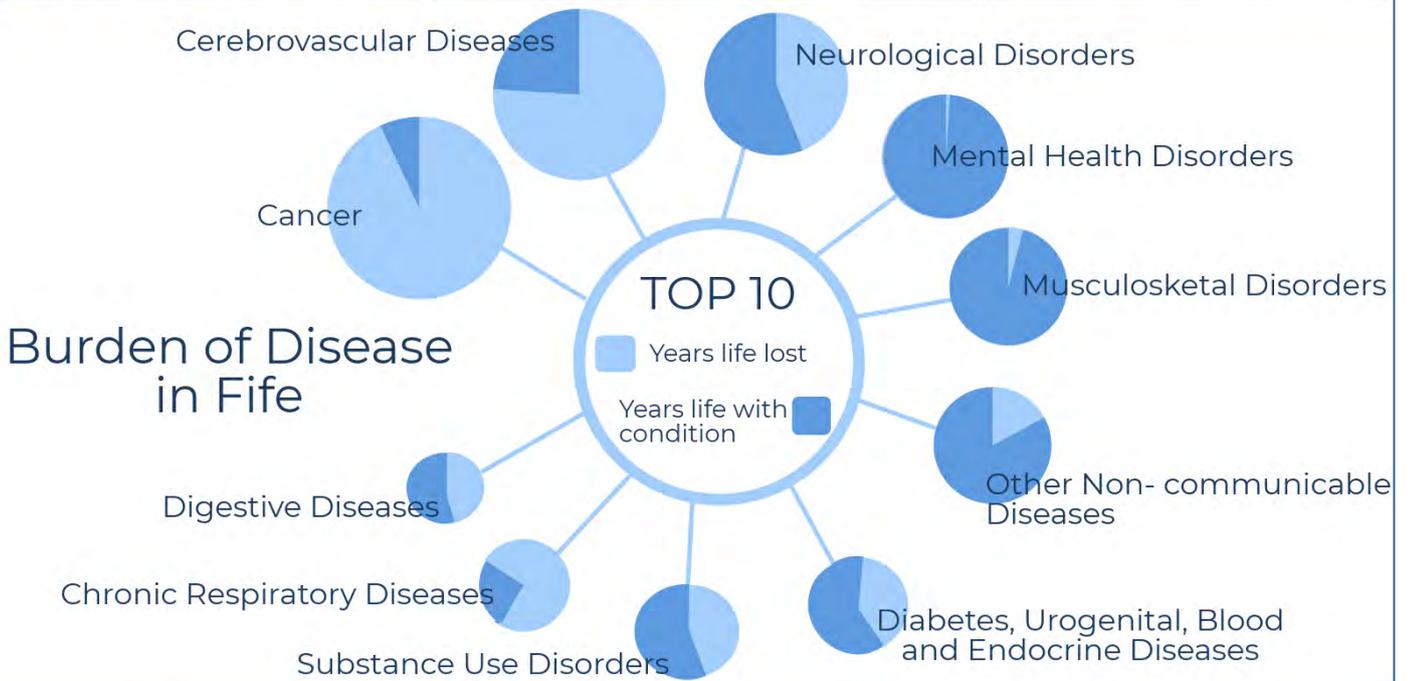
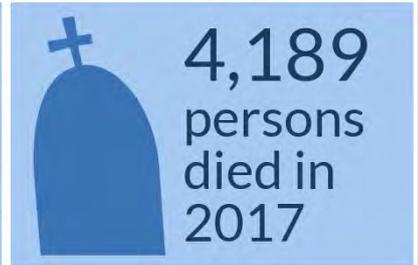
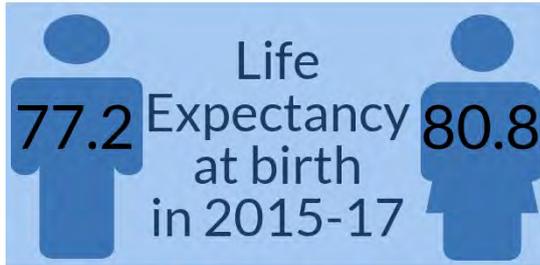
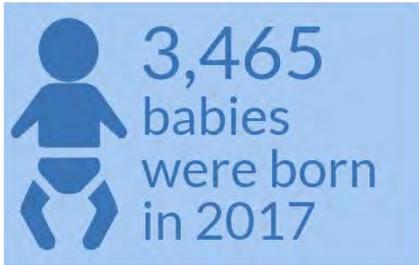
It is evident from the examples of work in the second part of this report that when we harness our knowledge and resources we can make a real contribution to reducing inequality in Fife. The greatest gains for those facing the highest levels of inequality will come from addressing the social and economic determinants of health. The work underway addressing school attendance and educational attainment, improving employment opportunities, providing good housing and increasing the levels of income that households have are what we need to be doing to tackle the fundamental causes of health inequalities. We have some good examples of local work where we are supporting communities to address immediate issues such as food insecurity - ensuring that families have enough food to eat and that the food they have is healthy. We also have good examples of preventative work in local areas such as community based youth work which provides children and young people with trusted adults that they can speak to and a safe space to build relationships with their peers - all of which contribute to good health and wellbeing.

All of this work is a key feature of our Plan for Fife and of the Public Health Priorities for Scotland. These are challenging times for our communities and public and third sectors but we have strong universal services in Fife that we can build on to support families and local communities. At the heart of this work will be our partnerships with others and thinking about how we work with local communities to shape our public health effort in Fife. This isn't easy, but the potential for change in the way we work with the public and local communities is evident and this will be at the heart of our public health partnership work going forward.

**Dona Milne, Director of Public Health**

# Fife - In Brief

Understanding Fife's population; its size and structure and patterns of births, deaths, diseases and determinants of health and wellbeing



# Fife – In Brief

Understanding the population of Fife - its current and predicted future size and structure, patterns of births, deaths and diseases and levels of education, employment, housing and income - contributes to improving health and wellbeing, reducing health inequalities and ensuring our services meet population needs. As such it is important that each year we review what we know about the population of Fife, differences within Fife and changes in Fife over time. Understanding our population helps us understand their needs and in turn helps us to prioritise actions and interventions with partners that can improve population health. To find out more about Fife and the people who live there visit: [www.know.fife.scot](http://www.know.fife.scot)

## Population

Fife's population continues to grow; at June 2017 an estimated 371,410 persons lived in Fife. This was 1,080 more people than lived in Fife in 2016, equal to an annual growth rate of 0.3%, slightly lower than the national growth rate of 0.4%.<sup>1</sup> The number of people living in Fife has increased annually since 1998 and is currently projected to continue this trend to 2034 when Fife's population is estimated to be 379,861 people.<sup>2</sup>

There are almost 64,500 children aged 0 to 15 years living in Fife, 17% of the total population. Persons aged 16-64 account for the majority of the population in Fife (63%) whilst 20% of the population are aged 65 and over. As the population of Fife continues to grow it will be growing older - by 2034 it is estimated there will be more than 100,000 people in Fife aged 65 and over - accounting for 26% of the total population, 15% of whom will be aged 85 and over.

## Births

3,465 babies were born in Fife in 2017 - a 7% reduction on the number of births in 2016 and the lowest annual number of births since 2000. However Fife continues to have higher fertility rates than Scotland as a whole, 51.7 per 1000 women aged 15-44 compared to 51.3 but the difference is narrowing.<sup>3</sup> The majority of babies (57%) born in Fife in 2017 were born to mothers aged 25-34, 5% were born to mothers aged 19 and under and 3% to mothers aged 40 and over. 6% of live singleton babies born in Fife during 2017/18 had a low birth-weight. However inequalities are evident - 9.4% of babies born in the most deprived areas had a low birth-weight compared to 3.3% from the least deprived areas.<sup>4</sup>

## Life Expectancy

Life expectancy at birth in Fife was 77.2 years for men and 80.8 years for women in 2015-17. This is an increase of 1.4 years for men and 0.7 years for women in the last ten years and an increase of 3.9 years for men and 2.0 years for women in the last twenty years.<sup>5</sup>

However in line with Scotland, increases in life expectancy have recently stalled with decreases observed in male and female life expectancy in Fife between 2013-15 and 2014-16 and most recently between 2014-16 and 2015-17.

These changes to life expectancy trends have attracted a lot of attention. Life expectancy is calculated from mortality rates so changes to these will be reflected in life expectancy estimates. However establishing a causal relationship between hypothesised causes and increases in mortality rates requires further analytical work which will be ongoing in Scotland during 2019.

## Deaths

There were 4,189 deaths in Fife in 2017, a 3% increase on the number in 2016 and the third consecutive annual increase.<sup>6</sup> The majority (63%) of all deaths in Fife occur to those aged 75 and over. We know that an increasing proportion of Fife residents are living longer and this is reflected in the fact that there were 710 deaths in the 90 and over age group in 2017 compared to 439 twenty years ago.

There were 1,519 premature deaths in Fife in 2017 i.e. deaths in people aged 75 and under. Mortality rates for premature deaths in Fife have reduced by 12% in the last 10 years but the inequality gap remains persistent. Each year since 2011 the premature mortality rate in the most deprived areas in Fife has been between 2.1 and 3.2 times greater than the rate in the least deprived areas.<sup>7</sup> At present the gap is 2.9 with rates of 439 per 100,000 population in the most deprived areas compared to 152 per 100,000 population in the least deprived areas.

Greater inequalities are seen in the rates of death among those aged 15-44 in Fife. Currently death rates in the most deprived areas are more than four times those in the least deprived areas with rates of death from suicide and drug related causes being highest within this age group.

## Causes of Death

Cancer remained the main cause of death in Fife, accounting for 28% of all deaths in 2017.<sup>8</sup> Lung cancer was the most common cause of death from cancer, responsible for 363 deaths. The second most common causes of cancer death were prostate cancer among men and breast cancer among women.

Heart disease was the second most common cause of death in Fife, accounting for 599 deaths in 2017. More than three quarters of heart disease deaths were as a result of ischemic heart disease (IHD). There were 485 deaths from dementia and Alzheimer's disease in 2017, the third most common main cause of death in Fife and reflecting the increasing proportion of the population living to older ages.

### Winter Deaths

It is widely acknowledged that more deaths occur in the winter months and the overall long term trend in these deaths has been decreasing. However the winter of 2017/18 saw the highest number of winter deaths in Fife in the last 11 years, a trend also observed for Scotland as a whole.<sup>9</sup> In the four months between December 2017 and March 2018 there were 1,622 deaths in Fife which was 370 greater than the average number of deaths in the four months prior to and after this period. Known as the seasonal increase or 'additional' winter deaths these figures are monitored closely on an annual basis. These deaths result from a combination of causes, however, modelled data at a national level indicates that flu explained much of the excess mortality in 2017/18 (particularly for the elderly where there was a poor vaccine match to the circulating flu strain in Scotland). Low temperature did not explain the excess. Additional winter deaths will have an impact on short term fluctuations in our overall mortality rates and associated measures of life expectancy, but do not explain longer term trends in life expectancy.

## Burden of Disease

The burden of disease in the Fife population can be quantified using a measure produced by NHS Health Scotland known as Disability Adjusted Life Years (DALYs). For each of 21 main disease/injury groups DALYs show the total amount of burden in Fife arising from both fatal burden (years of life lost due to death) and non-fatal burden (number of years living in less than ideal health) of that disease or injury.<sup>10</sup>

In Fife the largest total burden was from cancers followed by cardiovascular diseases, neurological disorders, mental health disorders and musculoskeletal disorders. These five disease/injury groups accounted for almost two thirds of the total burden of disease across the whole Fife population.

Details of the burden for individual conditions within each grouping are available at a Scotland level and show that within the top five groupings listed above the most total burden is experienced from lung cancer, ischemic heart disease, Alzheimer's and other dementias, depression and neck and lower back pain.<sup>11</sup> This is likely to be similar in Fife.

There are some notable differences in the burden of disease that results from fatal burden and non-fatal burden. For example among cancers in Fife the majority (92%) of the total burden comes from fatal burden. By comparison almost the entire total burden for other disease/injury groups such as mental health disorders (99%) and musculoskeletal disorders (96%) results from the number of years spent living in less

than ideal health with that disorder. These disorders have a significant impact on demand for healthcare services and reduced quality of life.

Burden of disease is not experienced equally – Scottish figures showed the disease burden in the most deprived areas was more than double that found in the least deprived areas.<sup>12</sup> In deprived areas, premature death contributed to more of the total burden than living in poor health compared to the least deprived areas where people are more likely to live with ill health than die prematurely.

## Education

There are currently 49,660 children attending schools in Fife, 41% of whom are in secondary schools.<sup>13</sup> Just over 3,500 young people left school in 2017/18 in Fife. Across Scotland more than 60% of young people now leave school at the end of S6 compared to 55% in 2009/10. 92.4% of school leavers in Fife moved into a positive destination, slightly less than the Scottish figure of 94.<sup>13</sup> but an increase of 5.8% since 2009/10. School leavers from the most deprived areas and those who are looked after children were less likely to be in positive destinations, 74% of looked after children in Fife were in positive destinations.<sup>14</sup>

For both Fife and Scotland, the top three positive destinations for school leavers in 2017/18 were higher education followed by further education and then employment. 37% of Fife school leavers moved to higher education, 33% moved into further education and 18% moved into employment.

In 2017/18, 97.2% of school leavers achieved 1 or more at SCQF Level 3 qualifications or better in Fife, similar to the Scottish figure of 97.8%. 95.7% of school leavers living in the most deprived areas achieved 1 or more SCQF Level 3 or better, similar levels across Fife. However as the level of qualifications increases the gap in proportion of school leavers achieving these in the most deprived areas and Fife widens; 57% of school leavers achieved 1 or more SCQF at Level 6 in Fife compared to 38% in the most deprived areas in Fife.<sup>15</sup>

At the 2011 Census 26.4% of the population of Fife aged 16 and over reported that they held no qualifications and 24% reported that they held a degree, postgraduate qualifications or professional qualifications. The proportion of the population reporting no qualifications decreased with decreasing age, 59% of those aged 65 and over compared to 7% of those aged 16-24.<sup>16</sup>

## Housing

There are 176,394 households in Fife.<sup>17</sup> Across Fife, 60% of all households are owner occupied rising to 80% within the least deprived areas in Fife compared to 38% in the most deprived areas.<sup>18</sup> Findings from the Scottish House Condition Survey published in December 2018 show that 26% of households in Fife fail the “energy efficient” criterion of the Scottish Housing Quality Standard, whilst 9% of occupied dwellings in Fife “lack modern facilities/services”. ‘Private Rented’ households had the highest levels of “lack modern facilities/services” at 21% compared to 7% of owner occupied households.

## Income and Poverty

Weekly earnings<sup>i</sup> for people who were employed in Fife in 2017/18 were similar to the Scottish level, £438.73 and £442.33 respectively. Earnings in Fife have increased by 13% since 2012/13, compared to an increase of 11% at the Scottish level. The gap between earnings at a Fife and Scottish level has decreased from 2.8% in 2012/13 to 0.8% in 2017/18. Across Scotland in 2015-18, 20% of working-age adults were in living in relative poverty after housing costs; 60% lived in a household where at least one adult was in work.<sup>19</sup>

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<sup>i</sup> Defined as the median earnings, in pounds, for employees living in the local authority area who are employed on adults rate of pay and whose pay was not affected by absence

Mean household income<sup>ii</sup> in Fife was £24,900, 10% lower than the Scottish mean of £27,500. Owner occupied households in Fife had higher average incomes than those that were private rented; £29,300 compared to £18,500.<sup>20</sup> 31% of the Fife population are living in fuel poverty compared to 27% of the Scottish population, defined as households that require fuel costs >10% of income.<sup>21</sup> Older one- or two-person households were most likely to be living in fuel poverty in both Fife and Scotland.

Across Fife 18.1% of children live in poverty<sup>iii</sup> compared to 16.8% across Scotland. Within Fife rates of child poverty in the most deprived areas are nine times higher than among the least deprived areas, 36% of children compared with 4%. It is estimated that in Scotland two thirds of children who are living in poverty live in households where at least one adult is in work.<sup>22</sup>

## Employment

Three quarters of the Fife population aged 16-64 were employed in 2018. Just over a fifth (21.8%) of the population aged 16-64 were economically inactive (not in employment who have not been seeking work within the last 4 weeks and/or are unable to start work within the next 2 weeks) which was slightly less than the Scottish figure of 22.6%.<sup>23</sup>

The proportion of 16-24 Fife population employed has increased since 2009. Currently the employment rate in Fife is slightly higher than the Scottish level, 64.9% and 59.4% respectively.

In terms of people claiming out of work benefits<sup>24</sup> i.e. unemployment related benefits including Employment and Support Allowance and other incapacity benefits, and Income Support and Pension Credit, the figure for Fife was slightly higher than that for Scotland; 11.2% and 10.9% respectively.

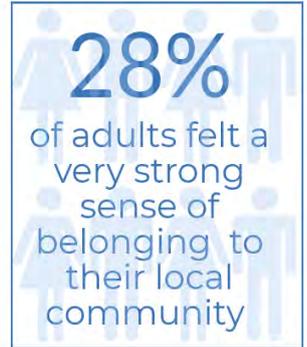
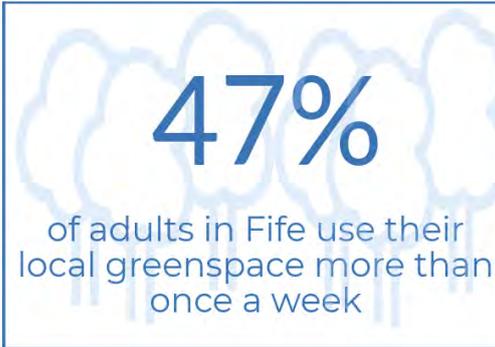
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<sup>ii</sup> The average reported household income

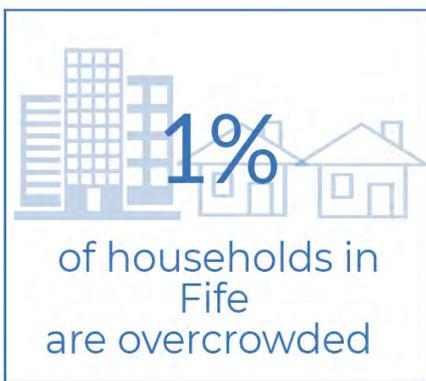
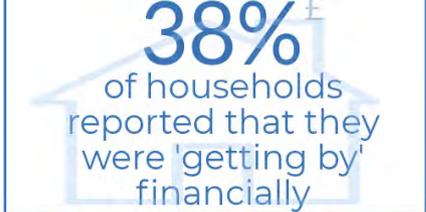
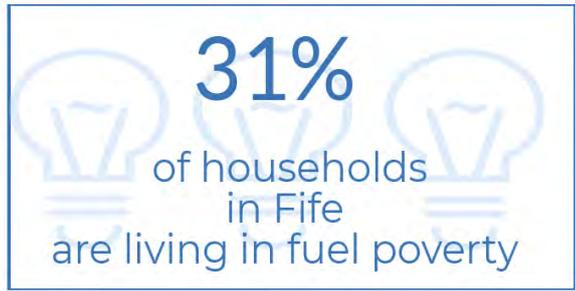
<sup>iii</sup> Percentage of children in poverty - children living in families in receipt of Child Tax Credit (CTC) whose reported income is less than 60% of the median UK income (before housing costs) or in receipt of Income Support (IS) or (Income-based) Job Seekers Allowance (JSA).

# Public Health Priority 1

A Fife where we live in vibrant, healthy and safe places and communities



Housing insecurity, poor housing and homelessness are detrimental to wellbeing across the life course



# Public Health Priority 1: A Fife where we live in vibrant, healthy and safe places and communities

It is encouraging to see a focus on place within the public health priorities for Scotland and it is also a strong feature of our Plan for Fife, both of which influence and shape the work of public health in Fife. We have interpreted this priority in its broadest sense and included our joint health protection work (keeping us safe), our healthcare public health work (keeping us healthy) and our wider determinants work (vibrant communities). This section provides some examples of work underway.

## Safe Places – Health Protection

The sections below outline three areas of work supported by the Health Protection Team that contribute to Fife having safe places and communities for the population to live in:

- Routine surveillance and investigation of communicable diseases
- Responding to health protection incidents
- Protecting and improving our environment

Much of the work of the Health Protection Team is undertaken jointly with partners such as Environmental Health, SEPA and Scottish Water. More detail on this work can be found in the Fife Joint Health Protection Plan 2018-20<sup>25</sup>.

### Routine surveillance and investigation of communicable diseases – 2016/17 overview

NHS Boards have a legal duty to report any communicable diseases or organisms which are listed in the Public Health etc Scotland Act 2008.<sup>26</sup> Therefore when a communicable disease is suspected, NHS Fife's Health Protection Team will carry out investigations to establish the potential number of people involved and put control measures in place where this is appropriate. Table 1 below gives an overview of the *confirmed* communicable diseases notified to NHS Fife in 2016 and 2017 (latest up to date data available). This does not include possible and probable cases of communicable diseases that also required investigation and implementation of control measures.

**Table 1: Overview of Communicable Diseases for 2016-17**

Notifiable Disease/Organism	2016	2017
Salmonella	61	47
Cryptosporidium	54	37
Whooping Cough (Pertussis)	59	31
Tuberculosis	16	16
E.coli O157	8	8
Meningococcal Infection	8	8
Mumps	12	7
E.coli (non O157 STEC)	<5	<5
Legionellosis	<5	<5
Measles	0	<5
Shigella	<5	<5
Giardia	0	0
Listeria	<5	0
Lyme Disease	0	0
Rubella	0	0

Responding to health protection incidents - Mossmorran Flaring

An extended period of unplanned flaring occurred at the Mossmorran plant in June 2017, with Scottish Environmental Protection Agency (SEPA) receiving many complaints from the surrounding community.

A Problem Assessment Group (PAG) was established with representation from NHS Fife, Fife Council Environmental Health and SEPA and met on 21st June 2017 to discuss the unplanned flaring. Fife Council and SEPA also attended the Mossmorran Action Group meeting of 5th July 2017 where the concerns of local communities were discussed. A meeting of the Mossmorran Braefoot Bay Air Quality Review Group was also held on 25th July 2017 to consider these flaring incidents. Further public meetings have taken place to discuss the concerns of - and provide information to – the public.

As the site regulator, SEPA is undertaking a full investigation into these incidents and the actions the operators will take to prevent any recurrence. SEPA have undertaken to keep discussions going with the local community on these matters and to ensure that information is shared regularly.

Responding to health protection incidents - Former Longannet Ash Lagoons

During spring 2017, uncapped coal fly-ash lagoons at Preston Island, Valleyfield, were allowed to dry out, thus risking airborne dust clouds being formed. The weather in April and May 2017 was unusually dry and windy and airborne dust clouds from the fly-ash lagoons drifted over neighbouring areas including residential communities. This is a potential health issue as inhaling dust can have a detrimental effect, particularly for those with pre-existing cardio-respiratory disease.

As the site owner Scottish Power has responsibility to contain the ash within its site perimeter and noted dust on 11th April. Members of the public also reported this dust around the same time and both SEPA and Fife Council Environmental Health staff became involved in assessment and control. NHS Fife was informed and called a PAG. SEPA began air monitoring that day and NHS Fife then established an Incident Management Team (IMT).

The problem was addressed over subsequent weeks and has not, as yet, recurred. The long-term solution will be capping the site and, ideally, landscaping the site to create a mosaic of semi-natural habitats as a community resource. Designs have been submitted including one by a consortium of environmental charities including the RSPB. It is hoped that the planning authorities will encourage the site owners to adopt such an approach.

Protecting and improving our environment

Whilst much of the work of our health protection team and our partners is to respond to incidents that occur, we also take a preventative approach to improve the environment that we live in. We live in environments which have become increasingly far removed from the natural world. This is particularly true for the current generation of children. This is unfortunate, particularly as we have increasing evidence of the therapeutic, restorative and health-protective effect of spending time in nature.

At the same time, there are significant issues facing populations of the other species with which we share our planet. Since the 1970's we have lost around half of all mammals, fish, amphibians, reptiles and birds and this is true whether we look at the planet as a whole, Britain, Scotland or Fife. Meanwhile the rate of species loss is at unprecedentedly high level: around 100-1000 times the background (without the impact of humankind rate. We are losing species at a rate greater than ever before.

Such problems have been with us for centuries but are getting worse. They reflect ecological degradation via, for example, deforestation, construction, pollution, intensive agriculture and exploitation.

While the loss of species (often for ever) and the degradation and loss of our natural environments might be seen as a shame, they are actually harmful to our health. The problem is probably more severe and acute than that. We are possibly now close to the point where human life in some areas becomes unsustainable.

What about Fife? The landscape of Fife is typical of lowland Scotland. Native habitat is largely gone and we have a severely impoverished fauna and flora. Urban (and most rural) areas are ecologically fairly sterile: depleted of other species or a patchwork of non-native and largely hostile monocultures. The use of pesticides has removed wild flowers ('weeds') and invertebrates on which ecosystems depend. Things that have been previously taken for granted are now gone.

Work on a variety of scales has demonstrated that some impacts can be reversed. There is scope for re-wilding on a large scale in the largely deforested and overgrazed hills and moors that cover over a quarter of Scotland. We have these in Fife. Fife's Local Biodiversity Action Plan and Local Outcome Improvement Plan ('Plan4Fife') go some way towards realising the vision of a more natural, healthier place. For example, the River Leven Connectivity Project is focusing on developing an active travel network to link communities of Levenmouth to the fabulous natural asset of the River Leven and its extensive green space. It is proposed that by working with the community to design, improve and use these assets there will be direct economic, social and health benefits for the area.

Farming can be done in a way that is less damaging to the environment and which encourages the diversity of species that used to share our countryside, urban areas can be made greener. Native plants can be selected that provide food for vertebrate and invertebrate creatures. Selecting native and/or nectar-producing plants, for example, for a town's flower display can turn it into a haven for bees, butterflies and hoverflies. Encouraging the population to make wildlife-friendly choices in their gardens can make a difference. The people - and especially the children - of Fife deserve to live in and have access to an environment where other animals can live too. The responsibility for really making it happen is on all of us and we will be working with the Fife Environmental Partnership to increase our efforts in this area.

## **Healthy Places – ensuring health and social care meets the needs of our communities**

Health and Social Care Public Health (HSCPH) is concerned with maximising the benefits of healthcare while meeting the needs of individuals or priority groups and considering available resources.

Examples of HSCPH work in Fife includes:

- Public health input to the Strategic Planning Group of Fife's Health and Social Care Partnership's (H&SCP)
- Public health advice to Fife H&SCP's General Medical Service (GMS) Implementation Committee, which is charged with implementing the new Scottish GP contract locally
- Providing guidance on developing and evaluating new models of care of the Joined Up Care work underway in Fife to support people being cared for closer to home
- Providing guidance and support to evaluate the Best Supportive Care work in Fife which looks to support people with palliative and end of life care needs, and their loved ones, to ensure the care they receive is appropriate to their needs
- Coordinating a review of NHS Fife smoking policy for staff and members of the public
- Participation in the review of specialist palliative care services in Fife
- Input to the planning and commissioning of Alcohol and Drugs services for Fife
- Support for the development of Tier 2 weight management services

## **Healthy Places - Preventing Homelessness**

The positioning of 'Place' as a key Public Health priority for Scotland is a reflection of a return of the profession to its shared roots with town planning, hygiene and housing in Victorian London and the impacts of the Industrial Revolution. This was described as the 1<sup>st</sup> wave of public health but is no less important today than it was then. But it is also a commitment of significant upstream action to create 'places' that support health and wellbeing as we face epidemics of loneliness, mental distress and chronic disease across our ageing society. The 'place' agenda impacts universally as we all need 'a house to call home' in

which we can feel secure, build relationships, rest, feed and restore ourselves for life outside our front doors in our local and wider communities where we play, work, study and meet one another.

Therefore housing insecurity, poor (or better termed as un-healthy) housing and actual homelessness is detrimental to the fostering and sustenance of wellbeing across the life-course.

Fife has been at the forefront of work to bring the health causes and consequences of homelessness to national attention. It began with joint work between NHS Fife public health and information intelligence and Fife Council Housing Department whereby the health experiences of individuals who had been assessed by the Council under the Housing(Scotland) Act 1987 as homeless were collated and examined from 2006-2013. The Fife research was widely reported and led to a decision by Scottish Government to undertake a 3 year research project linking health and homelessness data sets across all 32 council areas. The research, which required the data linkage of 1.3 million individuals, is the first national assessment of the impact of homelessness on healthcare utilisation and mortality. The Health and Homelessness in Scotland Report<sup>27</sup> was released on 19<sup>th</sup> June 2018 and has since received much interest across the housing and homelessness community and a desire to fully engage with Health and Social Care Partnership and NHS healthcare services to address the extreme impact of the state of homelessness on health utilisation with more evidence-informed preventative approaches.

The headline results of this rich and unique linked dataset are as follows:

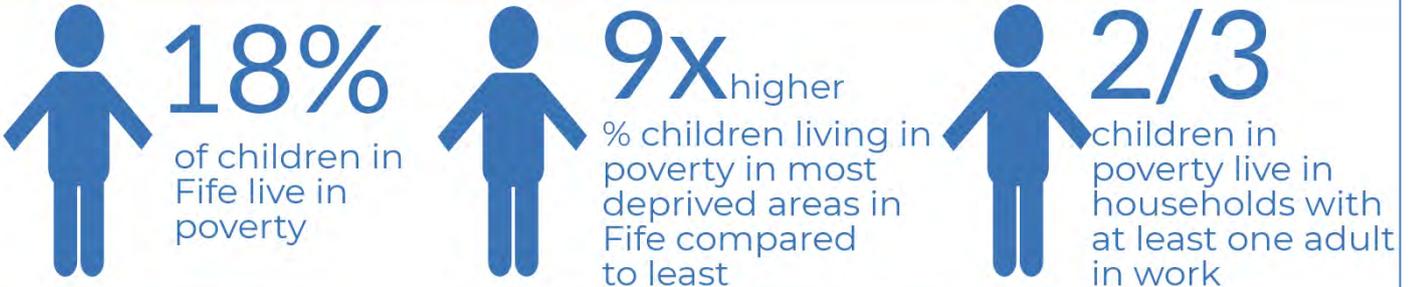
- At least 8% of the Scottish population had experienced a state of 'homelessness' at some point in their lives during the study period of 15 years
- Forty-nine percent of the total homeless cohort had evidence of mental health, alcohol or drug use requiring management
- Six percent of the homeless cohort had evidence of 'tri-morbidity' namely drug, mental health and alcohol issues. This figure rising to 11% for repeat homeless, 25% in those who had been looked after and slept rough at some point, and 27% in those who had become homeless after being discharged from prison
- By mapping interactions against the point in time when individuals made their first homeless application to the council it was possible to generate 14 separate graphs all of which demonstrated a stark increased health service uptake occurring from 5 years before to 5 years after the initial homelessness presentation is recorded. A gendered discrepancy is apparent and requires further analysis to explain why women's uptake of services remains so high following a homeless episode

It is encouraging to see an increased focus on the important underpinning relationship between 'healthy housing' and health outcomes. The homelessness data linkage work has evidenced beyond doubt that the healthcare system must act in partnership with housing services to address the often unmet health needs of those who experience homelessness.

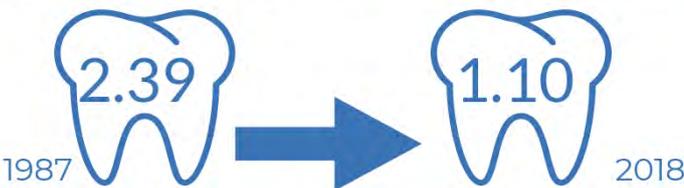
# Public Health Priority 2

A Fife where we flourish in our early years

"A child perspective must be central to all...policies because the health and wellbeing of infants, children and young people requires action across every level of society. Ultimately, healthy, happy, resilient children will drive a healthier and more prosperous future..." RCPCH



Average number of obviously decayed, missing or filled teeth; Fife PI children:



Immunisation uptake; Fife children at 5 years of age:



School leavers in positive destinations:



School leavers with one or more SCQF qualification at level 6:



HPV Immunisation uptake; by secondary school 3rd year 2017/18:

	Fife	Fife Most Deprived	Fife Least Deprived	Scotland
1st Dose	87.8	87.0	87.4	91.8
2nd Dose	79.1	76.8	80.3	86.8

## Public Health Priority 2: A Fife where we flourish in our early years

The evidence about intervening in the early years is strong and has therefore been an increasing focus for public and third sector partners in recent years. In this section we describe a few of our core public health activities taking place in this life stage within Fife and how we will be developing those further. At a time when there are increasing levels of child poverty and significant inequalities in matters such as educational attainment, it is important that public health and its partners are clear about our role in addressing the social and economical determinants of health whilst continuing our health improvement and health protection work in this area.

### A focus on prevention through promoting the rights of children and young people

The *United Nations Convention on the Rights of the Child* (UNCRC) came into force in the UK in 1992 and is the most widely ratified human rights treaty in the World.<sup>28</sup> The background to development of human rights treaties are previous actions by states and other parties resulting in maltreatment, persecution and discrimination against specific groups in society.

These rights are not only relevant to services for babies, children and young people but relate more widely to organisational policy, resource distributions and adult services as they affect dependent children, and young people. The Royal College of Paediatrics and Child Health (RCPCH) recently stated:

*'A child perspective must be central to all Government policies because the health and wellbeing of infants, children and young people requires action across every level of society. Ultimately, healthy, happy, resilient children will drive a healthier and more prosperous future for Scotland'*

The family is the core unit of society which cares for children and policy affecting families is particularly important. Public authorities have responsibilities under the Children's and Young People (Scotland) Act 2014 to secure better or further effect UNCRC requirements.<sup>29</sup> Scotland's Children's Commissioner has a remit to champion for the rights of all children and young people in Scotland.

Children's rights are explicit in the Fife Children's Service Plan and the Strategic Priorities for the Child Health Management Team. In the NHS Fife Equality Impact Assessment process, documents with particular relevance to children can be identified and considered for a Children's Rights Impact Assessment. Children's Rights should be incorporated into staff training and practice.

According to the Royal College of Paediatrics and Child Health 'Child health in Scotland ranks among the worse in Western Europe, and the disparity between children living in the most and least affluent communities is unacceptably wide'.<sup>30</sup> Health is fundamentally linked to social and familial circumstances, and promoting children's rights, alongside economic, social and cultural rights will benefit Scotland's future and realise the potential of all future citizens.

An example of work currently underway in Fife is the development of the Financial Inclusion Referral Pathway which looks to address child poverty. A multi agency working group led by Fife Health and Social Care Partnership Health Promotion service has been working to ensure *all pregnant women and families with young children are asked about money worries and offered a referral to an advice service.*

Senior managers in NHS Fife midwifery services and Fife H&SCP Children's Community Services are providing leadership and commitment to workforce development with key staff groups to ensure midwives and health visitors have the skills, knowledge and awareness and confidence to ask all pregnant women and families with young children about money worries, with work progressing to embed a referral pathway. Citizens Advice and Rights Service Fife is the key partner providing financial advice services and, from the start of 2019, will be running a financial health check service specifically for pregnant women and families

with young children which will be person centred and sensitive to their needs. The next phase of work will be recording and measuring impact and outcomes.

There is also work underway to improve the health assessment processes for looked after children and ensuring corporate parent responsibilities are met. This involves redesigning the system for delivering health assessments for over 5s who are taken into local authority care in partnership with social work, with a key role for school nursing. This allows a child centred approach to ensuring that children are registered with GPs and dentists, and also that wider health aspects such as mental health and health behaviours are considered going forward.

## **A focus on prevention through oral health improvement**

Good oral health is recognised by the World Health Organisation as an important component of general health and wellbeing.<sup>31</sup> Dental professionals are ideally placed to be advocates for policy options which have the potential to improve health. The relationship between oral health and general health is well documented, with oral disease and non-communicable chronic diseases sharing many common risk factors, most notably poverty, diet, tobacco and alcohol use.<sup>32</sup>

Tooth decay (dental caries) and gum disease (periodontal diseases) are two of the commonest diseases in the world, are largely preventable and account for 15 million DALYs (Disability Adjusted Life Years) globally. Untreated caries in permanent teeth was the most prevalent condition of all 291 conditions assessed in the Global Burden of Disease 2010 study, collectively affecting 3.9 billion people worldwide.<sup>33</sup> The burden of disease is not evenly distributed and those from the more deprived populations experience more oral disease but conversely those with least need are the ones who regularly access dental services.

It is well known that the common oral diseases are caused by poor diet and oral hygiene. The question has to be asked why the diseases are so common if we know the causes. The problems come as there are many factors associated with 'the causes of the causes' and fundamentally these have to be addressed in order to see the benefit in oral health improvement.

Dental extractions are the most common reason for elective admission to hospital for children across Scotland. This results in approximately £5 million and 8,000 lost days from pre-school and school and days off work for parents/guardians. 834 child dental general anaesthetic procedures were undertaken in Fife in 2017.

The Childsmile programme was established in 2006 to improve oral health in response to high rates of dental decay among children. Childsmile provides daily, supervised tooth-brushing in all nurseries, and primary schools in disadvantaged areas; twice-yearly fluoride varnish applications in targeted areas; and supports families to improve their oral health and access dental services.

Childsmile demonstrates the effectiveness of forming strong inter-professional networks from dental services, education and health visitors. If we look at the amount of decay experienced by children in Fife, the average number of obviously decayed, missing and filled teeth in Primary 1 children has fallen from 2.39 in 1987 to 1.10 in 2018. Similarly, the decay experience in permanent teeth in Primary 7 children has improved falling from 2.27 in 1988 to 0.49 in 2017.<sup>34</sup> The impact on related dental services has been seen alongside improvements in child oral health with a reduction of around 50% in dental general anesthetic procedures since 2002.

Despite the data showing encouraging results there is scope for significant improvement. Decay experience is measured at the level where active intervention would be required, i.e. filling; therefore preventive programmes need to be maintained to continue to reduce levels of disease and stop disease before it occurs. At least 30% of Fife children (in primary 1 and primary 7) suffer from a preventable disease and therefore significant work targeting those in the most deprived circumstances is required.

# A focus on protection through immunisation

The childhood and teenage immunisation programmes play an important role in preventing the spread of serious infectious diseases such as flu, measles, mumps, whooping cough and meningitis, and reduce the burden of disease in the population. The World Health Organisation (WHO) target for childhood immunisation uptake is 95%.

The NHS Fife Immunisation Report provides annual vaccine uptake rates for each part of the Scottish Immunisation Programme including those for the childhood and teenage immunisation programmes. In 2018 uptake rates in Fife at 5 years were above 95% for Hib/MenC (protects against Haemophilus influenza type b and meningococcal group C bacteria, both of which can cause meningitis and septicaemia) and for first MMR vaccine (protects against measles mumps & rubella), which are both given at 1 year of age. However, the uptake rates at 5 years for the pre-school second dose of MMR and a DTP/Pol booster vaccine (protects against diphtheria, tetanus, pertussis and polio), which are given at around 3 years 4 months, remained below the WHO target at 88.4% for MMR2 and 88.7% for DTP/Pol (Scotland: MMR2 91.2%; DTP/Pol 91.6%). In collaboration with the immunisation team within Fife Health and Social Care Partnership, plans are being progressed for mop-up of children that have missed these immunisations.

Inequalities (both absolute and relative) in uptake increase with age across the childhood immunisation programme, meaning people living in more deprived circumstances in Fife are less likely to be protected against these serious infectious diseases and the risk of disease outbreaks in more deprived communities is greater than less deprived communities.

The teenage immunisation programme includes:

- a combined booster vaccine for tetanus, diphtheria and polio (Td/IPV), given at around 14 years of age
- a vaccine protecting against four strains of meningococcal bacteria (MenACWY), given at around 14 years of age and
- two doses of Human Papillomavirus (HPV) vaccine which is offered to girls in Fife in S1 and S2. The HPV vaccine protects against the two types of HPV that cause at least 75% of cases of cervical cancer

Inequalities in HPV uptake for girls in S3 is evident in both Scotland and Fife. In Fife, 23% of S3 girls living in the most deprived areas of Fife had not received a second HPV dose by the end of the 2017/18 school year. In collaboration with the immunisation team within Fife Health and Social Care Partnership, further efforts are required to improve teenage uptake and reduce inequalities, this will be a focus of our work in 2019/20.



## Public Health Priority 3: A Fife where we have good mental wellbeing

It is encouraging to see the importance of good mental health and wellbeing given equal status to good physical health: we have known the links between physical and mental health for some time but not always taken action. Creating environments for positive mental wellbeing is extremely important and in this section we highlight some of the strong prevention and early intervention work taking place with partners across Fife.

### Creating good mental health: early intervention with Children and Young People

Children and young people's mental health is a priority for the Scottish Government and is central to achieving its ambition for Scotland to be the best place in the world for children to grow up.

The Scottish Government's mental health strategy (2017– 2027) has a strong focus on early intervention and prevention.<sup>35</sup> However, in practice, across Scotland, this is often limited, and mental health services for children and young people are largely focused on specialist care and responding to crisis<sup>36</sup>, thankfully this is beginning to shift. Fife's Community Planning Partners have produced the *Our Minds Matter* (2017) framework to support children and young people's emotional wellbeing.<sup>37</sup>

This framework recognises that:

- *all* children and young people need input for their emotional wellbeing from parents, carers and the workers around them (*universal* support)
- *some* young people will need *additional* support from local partners and
- only *a few* will require *intensive* support from specialist providers

In line with this framework, Fife Child and Adolescent Mental Health Service (CAMHS) have recently developed an enhanced early intervention service to promote good mental health across Fife. This service consists of a nurse consultant, a team of primary mental health workers, a health psychologist, researchers and support staff.

This team has created a core training programme to help empower frontline workers to develop the necessary skills and confidence to support children's emotional wellbeing at the *universal* and the *additional* support levels within the framework. The key messages in the programmes are:

- we can all promote positive mental health
- we all have mental health
- we need to look after our own mental health
- difficulties with mental health are normal
- we can reduce the stigma associated with mental health problems

During the last year participants have included more than 2300 frontline workers from a variety of backgrounds including: guidance teachers; head teachers; learning support teachers; pupil support assistants; social workers; voluntary sector workers; school nurses; youth workers; health visitors; residential care workers; community and family support workers; and police. The training has been very well received and there is an ongoing plan for more training for a wide variety of frontline workers and also for parents.

The [Hands On Scotland](#) website<sup>38</sup> is a Fife initiative that backs up the messages provided in the core training provided by CAMHS early intervention service and the team have recently reviewed this to ensure the information, including Fife-based information on local services, is up-to-date, accessible to all workers and parents and user-friendly.

# Improving mental health: responding to the impact of early trauma on physical and mental health and wellbeing

There is now substantial evidence of the impact of early trauma on physical and mental health and wellbeing.<sup>39</sup> Adverse childhood experiences (ACEs) are recognised as important not only for the immediate impact on children but also for the longer term. ACEs include abuse and neglect, household substance misuse, domestic violence, a parent being in prison, household mental illness and loss of a parent (for any reason).

Research has shown that experience of cumulative adverse experiences in childhood are associated with significant lasting effects on adult risk behaviours, life circumstances, physical and mental health and premature mortality.<sup>40</sup>

Those with four or more ACEs were found to be:

- 4 times more likely to be a high risk drinker
- 15 times more likely to be a perpetrator of violence
- 16 times more likely to have used heroin
- 20 times more likely to be jailed for committing an offence

No studies have been published to date on the prevalence of ACEs in the population of Scotland but results from an English study showed 50% of people reported at least one ACE and over 8% reported four or more ACEs. If these figures are applied to the Fife population, this equals 153,539 adults in Fife with at least one ACE and 24,566 adults with four or more ACEs.

Understanding the scale of current exposure to ACEs and potential outcomes from this exposure is an important part of work ongoing in Fife - further information can be found at:

<https://know.fife.scot/2019/01/30/adverse-childhood-experiences-aces-in-fife-exposure-and-outcomes-profile/>

Many ACEs are to some degree preventable and the impact of others can be mitigated, in childhood and also by adult services responding sensitively to people i.e. using 'trauma-informed' practice. In Fife, a multi-agency steering group has been established in order to coordinate work towards building trauma-informed practice.<sup>30</sup>

Work under way includes:

*Awareness-raising* - Screenings of the film 'Resilience' have taken place across Fife and a new Fife resource – the Be That Person film, materials and workshop – was developed as part of Our Minds Matter work. Various learning events for staff across sectors have been held and a trauma conference is planned for early summer 2019.

*Workforce development* - Keeping Trauma in Mind (KTIM) staff training and trainer training is being rolled out to staff across agencies and introduces a model for working with people who have experienced trauma. Further training has been developed in line with the NES Framework, including:

- A new half-day workshop,
- freely available to staff and volunteers working in Fife through the Health Promotion Training Programme
- A workshop for KTIM-trained staff to support them in implementing trauma-informed practice in their workplaces.

*New pathways of support* - The Better than Well model, which equips people to recognise, understand and manage the symptoms of childhood trauma and work to improve lives, is being extended across Kirkcaldy and Levenmouth. This involves self-help coaches from LinkLiving offering cognitive behavioural based,

trauma informed support to survivors of childhood trauma, and 'warm handovers' (supported signposting) to local and specialist support.

Early results show positive impacts on mental and physical wellbeing, ability to work and take part in social activities, and on close relationships. As well as supporting individuals, the team is strengthening links with public and third sector agencies, to improve referral pathways, and regularly organises seminars and learning events to help services become more trauma informed.

## Maintaining Wellbeing – good work is good for you

Delivering Differently for Mental Health in Fife is an 18-month project, led by Fife Voluntary Action, which is working with strategic partners, providers and people who use services to improve employment outcomes for people in Fife who are experiencing mental health issues.

This work directly contributes to The Plan 4 Fife 2017 – 2027<sup>41</sup> which commits to the idea that 'physical and mental health issues are no barrier to achieving positive employment outcomes'. The project also supports the Opportunities for All and Community Led Services themes from the Plan 4 Fife and Fife's Economic Strategy 2017<sup>42</sup> which has the aim of doubling the number of positive outcomes for people claiming benefits due to mental health issues.

The vision of the project is that 'people with mental health problems in Fife are supported to aspire in life and can easily access appropriate support as and when they are ready to make the journey (back) into work.'

Delivering Differently is supported by a project team which includes representatives from NHS Fife, Fife Health and Social Care Partnership, Department of Work and Pensions (DWP), Fife College, Fife Council, specialist and generalist employability services, mental health community groups and, critically, people with lived experience of mental health conditions.

The project has been divided into three phases:

- Phase One: focusing on employability services and creating a baseline for measuring improvement. This phase included developing an indicator for Mental Health and Work and providing basic mental health awareness training to help frontline staff have appropriate conversations about how clients' mental health might affect their journey to work, and ensure clients are accessing the most suitable support
- Phase Two: focusing on health and social care and third sector mental health services, running a series of staff and service user workshops to understand what could work better. Delivering Differently commissioned 9 Pilot Projects which are currently all testing different ways of delivering mental health and employability services
- Phase Three: focusing on self-management, employer engagement and creating a 'Wellbeing in work strategy' for Fife. In addition, time will be spent designing and launching a cross-sectoral staff training programme

The policy context and evidence for investing in employment support for people with mental health problems and mental illness is becoming well established. Nationally, from a health perspective the project supports:

- Recommendations 36 and 37 of The Scottish Government Mental Health Strategy 2017-27<sup>43</sup>
  - Recommendation 36: Work with employers on how they can act to protect and improve mental health and support employees experiencing poor mental health
  - Recommendation 37: Explore innovative ways of connecting mental health, disability and employment support in Scotland
- The NHS Health Scotland "Good work for all" agenda (2016)<sup>44</sup>
- The 9 national health and wellbeing outcomes as set out in the National Health and Wellbeing Outcomes Framework 2015<sup>45</sup>

- The Scottish Government's aim of halving the disability employment gap<sup>46</sup>

# Public Health Priority 4

A Fife where we reduce the use of and harm from alcohol, tobacco and other drugs



**23%**

of adults in Fife drink more than the recommended weekly units

**1,693**

Fife residents were admitted to hospital with an alcohol diagnosis in 2017/18, 96% were emergency admissions



**91**

people died from an alcohol-specific death in Fife in 2017, the highest number in 18 years

## Stark inequalities:

Alcohol availability **2.6** x more off-sales

Alcohol heavy consumption **1.5**x more units

Alcohol harm **4.6** x more deaths

**in most deprived areas than least deprived:**

**3A**

availability  
affordability  
attractiveness

to tackle alcohol harm

## In Fife:

**20%** of adults

**12%** of 15 year olds

**19%** of expectant mothers

are smokers

In **10 years** Fife has seen **decreases** in **smoking prevalence** - however **currently** rates in Fife are **among the highest** of all health boards and **higher** than the **Scottish average** for adults, 15 year olds and expectant mothers



## In the most deprived areas smoking rates are:

**4x** higher in adults

**9x** higher in expectant mothers

**than in the least deprived**

## In 2017/18 there were:

**3,067** quit attempts

**23.9%** 12 weeks quit rate

**in Fife**

**66**



drug related deaths were recorded in Fife in 2017 the highest number ever recorded

Drug use disorders are the leading cause of disease burden in young men **1** aged 15-24 in Scotland

**19x**

Drug related deaths affect more men than women but deaths have increased in women by more than **750%** in the last 10 years from 3 to 26

**750%**

Drug related hospital stays increased by

**144%**

between 2002/3 and 2016/17

Drug related hospital stays among residents of the most deprived areas in Fife are 19 times higher than in the least deprived areas

## **Public Health Priority 4: A Fife where we reduce the use of and harm from alcohol, tobacco and drugs**

The misuse of alcohol, tobacco and drugs are a major cause of poor health and early mortality in Fife, especially in areas of high deprivation, where general health vulnerability exacerbates their negative impact. Patterns of use and harm in relation to alcohol, tobacco and drugs, so whilst we recognise that together they contribute a huge – and somewhat overlapping - disease burden, different approaches and strategies are required to reduce that burden.

### **Reducing harm through reducing the provision of alcohol**

Fife has significant levels of alcohol related harm with more than 70,000 adults reporting they drink alcohol beyond the weekly guideline amounts<sup>47</sup>. Among adults who drink beyond weekly guidelines, those living in most deprived areas consume on average 43 units per week compared to 28 units per week among adults living in the least deprived areas.

It is estimated that 6.5% of all deaths are caused (wholly or partially) by alcohol consumption – which would be equal to 272 deaths in Fife in 2017. In 2017, 91 alcohol-specific deaths (where alcohol consumption is the main underlying cause of death) were recorded - the highest number reported in the last 18 years. In addition alcohol related hospital admissions have increased each year for the last three years and accounted for 2,350 admissions in 2017/18. Rates of both alcohol related hospital admissions and alcohol-specific deaths are significantly higher in our most deprived communities<sup>48</sup>.

The Scottish Government recently published its commitment to tackling alcohol harm through addressing affordability, availability and attractiveness in the 2018 Alcohol Framework<sup>49</sup>. In Fife, colleagues in Public Health, Fife Alcohol and Drug Partnership and Fife Council have been working over the last year to address alcohol availability. 73% of all alcohol sold in Scotland is sold through off-sales and evidence shows that higher levels of alcohol availability through off-sale outlets is associated with increased alcohol-related death and hospital stay rates.<sup>50</sup>

Alcohol licensing is the main tool available locally for regulating the availability of alcohol and in Fife, licences for the sale of alcohol are granted by Fife Licensing Board. NHS Fife is one of the statutory consultees for every application and can try to address alcohol availability through this route. Last year Fife Licensing Board consulted on its new licensing statement which addresses the extent of over provision of licensed premises in Fife. The licensing statement also details how Fife Licensing Board will meet its licensing objectives which include 'protecting and improving public health'. As part of this consultation process, we presented evidence to highlight the relationship between over provision and harm, emphasising the levels of alcohol harm in Fife and made recommendations to tackle this.<sup>51</sup>

In its draft policy circulated for consultation, the Licensing Board included our recommendation that no further off-sale licences should be granted in the two areas with the highest provision and levels of harm in Fife together with a third area, included at the request of its Local Area Committee. Unfortunately, the Licensing Board did not include any of NHS Fife's recommendations in the final policy, deciding there was no over provision of alcohol in Fife. This was despite NHS Fife's Public Health department submitting a detailed response to the consultation, in addition to the evidence presented previously.

This makes it more difficult to prevent new licenses being granted or current licenses being extended. Objections can, however, be made on the grounds of licensing objectives, including 'protecting and improving public health'. The Public Health department and our partners will therefore continue to object on these grounds to new or extended off-licences in targeted areas of Fife as part of our strategic approach to reducing alcohol harms in Fife.

As part of this approach, over the next year we will work with colleagues on a review of alcohol-specific deaths in Fife to contribute to the evidence base to prevent future deaths. We will also provide public health input to the Alcohol and Drug Partnership to ensure that effective evidence-base alcohol prevention and treatment services are in place, and that there are clear referral guidelines between alcohol-specific and mainstream services.

## Reducing harm through increased Tobacco Control in Fife

Although substantial achievements have been made in reducing the smoking rates, smoking remains a major influence on Scotland's health. In Fife adult smoking prevalence is 20%, below the Scottish average (21%). However, smoking rates are much higher in deprived communities. Innovative and imaginative approaches are needed in working with those who face complex health and social issues and who suffer more smoking related ill health. With a focus on reducing inequalities, work has centred on three priority areas: Prevention, Protection and Cessation.

### Prevention: Fife looks to create an environment where individuals, particularly children and young people, choose not to smoke

Encouraging children and young people to consider how smoking sits alongside other risky behaviours such as drinking alcohol and drug taking, linked to broader health and wellbeing improvement programmes in the curriculum. Health Promotion Service deliver programmes of work in schools and further education establishments, for example - Smoke Factor and Smoke Free Class programmes.

### Protection: Fife aims to protect people from second-hand smoke and the wider harms associated with smoking

Health Promotion Service carry out awareness-raising work on the impact of second-hand smoke—highlighting an increased risk of cancer, heart disease and respiratory diseases, with younger children at particular harm. We have a smoke free homes project which is a whole population approach to protecting people and in particular children. Work on Smoke Free NHS sites has focussed on raising awareness and increasing compliance with our policy.

### Cessation: Support people in Fife to give up smoking.

The Health Promotion Stop Smoking Service deliver Quit Your Way which aims to reduce rates and frequency of active smoking in adults, young people and vulnerable groups such as Looked after Children (LAC), pregnant women, individuals suffering from mental health issues, transient workers, travellers, homeless and those in the most deprived communities.

Taking users feedback into account, we have extended our specialist service to 6 days, use a mobile unit to reach people living in Fife's most deprived communities, routine carbon monoxide (CO) monitoring of pregnant women and formulary review of NHS Fife stop smoking products. 2018 has also seen the services transition across to the national branding 'Quit Your Way'- with our support.

NHS Fife Smoking Policy - Work is underway to review NHS Fife's smoking policy as a result of emerging evidence of the role of e-cigarettes in harm reduction and smoking cessation. The Scottish Government has been consulting with Health boards and guidance is awaited. Meanwhile local work continues under the auspices of the Area Partnership Forum.

## Reducing drug-related harm

The Scottish Burden of Disease study shows that drug-related health problems are now one of the top two conditions for causing ill health and premature death in the male 15-34 year age group.

Drug-related deaths are a stark indicator of persistent health inequalities in Fife, as they are much more frequent in areas of disadvantage - drug-related deaths in women have increased from 3 to 26 in the last

decade (compared to a 60% increase in men<sup>52</sup>). There was a spike in drug-related deaths in Kirkcaldy in 2018.

Policy and practice has also changed in recent years, notably in relation to seek, keep and treat (SKT) care models, screening and vaccination for BBV and TB. Preventing harm from drug misuse will be a priority for public health partners in Fife in the coming years with the following priorities identified for increased partnership effort:

1. Designing new models of care to ensure they take a population approach and build in health protection and public health requirements
2. Evaluation of existing and future services commissioned by the ADP. This includes identifying meaningful and measurable outcomes from interventions
3. Connecting alcohol and drug-related policy and practice with other related public health domains such as BBV, sexual health, homelessness, dentistry and criminal justice. There is a potential here for further integration and development of the SKT model with cost-savings in the longer term
4. Ensuring that mental health service strategic redesign and evaluation takes into account the specific needs of people who use drugs, given the overlap in at-risk populations
5. Ensuring that primary and secondary care services are responsive to the needs of drug users and their families

# Public Health Priority 5

A Fife where we have a sustainable, inclusive economy with equality of outcomes for all

## 20%

it is estimated that 20% of the Scottish population were living in relative poverty after housing costs in 2015-18.

This is equivalent to

## 74,282

people in Fife



Relative poverty after housing costs has increased in Scotland continuously since 2009-12



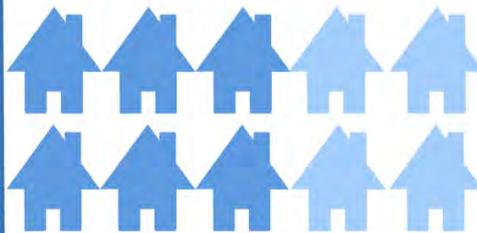
Income inequality has been steadily increasing since 2012-15. The **top ten percent** of the population in Scotland had **27% more** income than the **bottom forty percent** combined

Maximising income can have a profound impact on people's lives and consequently on their health and wellbeing.

**2019** will see further work in **Fife** exploring **Basic Income**; regular unconditional payments made to all citizens regardless of whether they are employed or seeking work.



Almost **3/4** of working age adults in Fife are in work



**Six** out of every **ten** working age adults in relative poverty were living in working households

## £438.73

median weekly earnings in Fife in 2017/18

Weekly earnings in Fife were **lower** than Scottish average of £442.33

**40%** of working age disabled adults compared to

**80%+** of adults with no disability **are in employment** across Scotland

## 19%

of people in employment in Scotland earned less than the Living Wage (£8.75) in 2018

In the last year, women's earnings increased at a faster rate than for men but the gender pay gap for full-time hourly earnings in Scotland is **5.7%**

## 22.8%

of the working age population are employment deprived (in receipt of key out of work benefits) in the most deprived areas in Fife. In the least deprived areas this proportion is:

## 2.6%

# Public Health Priority 5: A Fife where we have a sustainable inclusive economy with equality of outcomes for all

The Plan for Fife identifies the wider determinants of health as priorities for action and it is good to see a focus on a sustainable inclusive economy within the Public Health Priorities for Scotland. We know that one of the most important that we can do to improve population health is to improve people's economic circumstances. This section shows some examples of work underway and how we will increase our efforts in this area in the coming year.

## A focus on the causes: researching employability services

Health inequalities result from the unequal distribution of income, wealth and power and one of the most important determinants of health and of health inequalities is employment – its nature and availability including things like the quality of employment and security and regularity of the work.

Being in good work is important in addressing health inequalities. Paid work has the potential to protect health, and contribute to reducing health inequalities, by increasing incomes through earnings and by meeting important social and psychological needs. Conversely, lack of work is bad for your health. Some groups also face additional barriers to get and keep work. The Scottish Government estimates that around 30,000 to 40,000 people every year in Scotland leave work due to ill health/disability. Many of these people want to work and could do so with the right support.

In Fife a partnership approach to jointly commissioning and monitoring research on long term unemployment and health inequalities has resulted in better understanding of the impact that employability services can have on their clients health and wellbeing. The research took a community-led approach with research conducted by a team of peer researchers i.e. people who themselves had experience of unemployment and had received training in research skills. The study found that having increased confidence and being given the tools and skills to manage mental health issues made the biggest difference in improving wellbeing of study participants. The health impacts of long-term unemployment included: social isolation, feeling stigmatised, anxiety and loss of meaning and purpose. The attitudes of professionals working with unemployed people had significant impacts: negatively as a barrier to finding work and in insufficient support for mental health and positively in terms of safe learning environments on courses and support given by key workers.

Recommendations from the research have been accepted by Opportunities Fife which is Fife's strategic planning partnership for employability. These include improving the accessibility of the employability pathway, promoting shared values and joined-up working and increasing information to and participation of people using employability services.

Since the research was carried out Opportunities Fife have:

- Committed to funding increased in-work support
- Committed to funding increased mental health specialist provision and to improving mental health support within generalist provision of employability services
- Adopted a rights based approach and the associated principles as part of the assessment criteria for ESiF funded employability provision 2019-2022
- Supported training on human rights for employability services

## **A focus on wellbeing: Piloting a new Health and Work support service**

Health and Work Support is a new service being piloted in Fife from June 2018 for two years which makes it easy for individuals and employers to talk to a professional about a health issue, condition or disability that is affecting their work activities. Health & Work Support is the key way of accessing a range of existing, funded support services for people with health, disability and work issues in Scotland, such as Healthy Working Lives, Working Health Services and many local affiliated services. Support is provided primarily via telephone or web access, with the option of face-to-face support when required. Fife Health Promotion Service Workplace Team are actively involved with delivery of the pilot, participation in the Fife Steering Group and will represent Fife at the national marketing and communications group.

Potential benefits of the pilot are:

- Better awareness of health and work issues amongst affiliated services, and a better understanding of where to go to get help. This includes supporting employers to take appropriate action to keep people in work
- A better experience for the individuals receiving support – the aim is to provide a seamless service, where individuals do not have to tell their story many times to different services and where they get what they need, first time
- Better understanding of the outcomes of early intervention approaches and improved use of data and information to allow improvement and alignment of services - over time, as more people flow through the single gateway, and as information is gathered on service use and outcomes, we should get a better picture of which services are genuinely effective and where there are opportunities for efficiencies and further improvement

## **A focus on having enough money to live on: Basic Income**

Basic income can be defined as the concept of regular, unconditional payments made to all citizens, regardless of whether they are employed or seeking work.

Fife is working with North Ayrshire, City of Edinburgh and Glasgow City Councils to explore the feasibility of local pilots of basic income in Scotland. The work is being supported by NHS Health Scotland, the Improvement Service and the Scottish Government. The Scottish Government has provided funding to the local authorities to explore a number of aspects of undertaking a local pilot of basic income including the political, financial, psychological, behavioural and institutional feasibility of implementing a basic income.

Maximising income can have a profound impact on people's lives and consequently on their health and wellbeing. An objective of implementing a basic income would be to have improved health and wellbeing outcomes in terms of an association with reduced financial stress for recipients and the possession of additional personal financial resources. 2019 will see a greater focus on this work with proposals being considered across the proposed pilot areas in Scotland.

# Public Health Priority 6

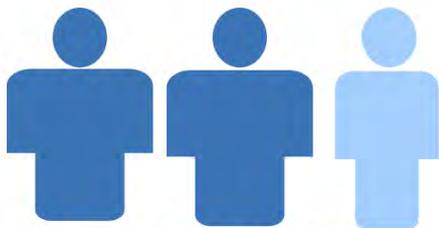
A Fife where we eat well, have a healthy weight and are physically active

**23%** of Fife adults met the **5 portions** of fruit and vegetables a day recommendation in 2014-17 with an average daily consumption of **3.3 portions**. Both have changed little since 2008-11.



Consumption of 5 daily portions was **higher** among adults living in less deprived areas than in most deprived areas

**16%** of Fife children aged 5-12 met the **5 portions** of fruit and vegetables a day recommendation with **9%** reporting eating **no portions** daily in 2014-17



**2 out of 3 adults** in Fife are either overweight or obese

**24%** Least deprived areas

The proportion of adults in Fife who are obese increases with increasing deprivation

Levels of adult obesity in Fife have remained consistent over time

2008-11: **31%**

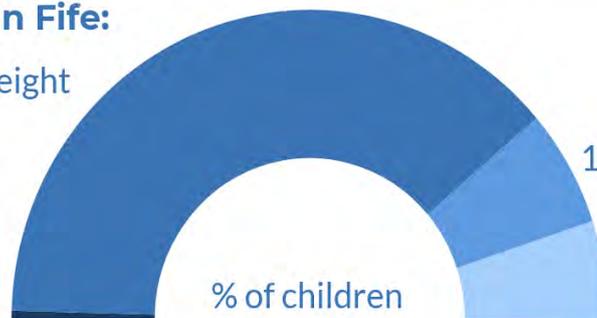
Most deprived areas **39%**

2014-17: **32%**

## Primary 1 Children in Fife:

76.6% healthy weight

0.8% underweight



% of children

12.3% overweight

10.3% obese

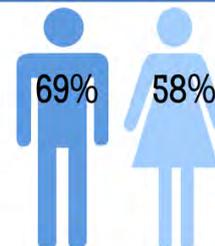
**24,000**

adults in Fife may be experiencing food insecurity

**Dietary risk** factors are the 2nd biggest contributory factor to death and disability after smoking **2nd**

**63%**

of adults in Fife met the physical activity guidelines for moderate or vigorous physical activity in 2014-17



Men were more likely to meet the physical activity guidelines than women

Adherence to the guideline declines with age. **Half** of all adults aged 75 and over reported **less than 30 minutes** a week of moderate exercise compared to **one in nine** 16-24 year olds.

# Public Health Priority 6: A Fife where we eat well, have a healthy weight and are physically active

This priority recognises the significant continuing inequalities in diet, weight and physical activity and this section includes information on work within Fife to highlight and reduce food insecurity, the impact of sugar and the work of Active Communities as examples of work underway in Fife.

## Ensuring we eat well

In Fife, the Local Outcome Improvement Plan: Plan for Fife highlights the latest estimates that more than 24,000 adults in Fife may be experiencing food insecurity<sup>53</sup> – “the inability of one or more members of a household to consume an adequate quality or sufficient quantity of food that is useful for health, in socially acceptable ways, or the uncertainty that they will be able to do so”. These estimates reflect the latest information from the Scottish Health Survey 2018.<sup>54</sup> There is a clear link between food insecurity and health inequalities with poor diet being a risk factor in obesity, cancer, coronary heart disease and diabetes.<sup>55</sup>

Initiatives to alleviate food insecurity in Fife include foodbanks working across the area and, like foodbanks across the UK<sup>56</sup>, foodbanks across Fife are reporting increased numbers of emergency food supplies being distributed. Foodbanks also report that people are coming to them with issues such as lack of crockery, clothing and furniture and social isolation is reported to be a common experience amongst foodbank clients.

Foodbanks tend to provide more than emergency food aid, often working in partnership with other organisations to offer services such as benefits advice and signposting to other sources of support such as community cafes. Community cafes offer free or low-cost food in community settings and, as well as providing free or low cost food to those experiencing food insecurity, provide opportunities for people to come together over food and socialise. Research<sup>57</sup> carried out in Scotland found that several community café users had started attending so they could socialise and meet new people. The research also found that people attended as they didn't have the knowledge or awareness around buying and cooking food or didn't have the means to cook meals at home.

Innovative community-led approaches to food insecurity include CLEAR Buckhaven's Community Fridge project to enable sharing of surplus food, and the development of a new Community Food Hub by Greener Kirkcaldy, due to open in 2019. The Food Hub will offer training, volunteer and work experience opportunities; learning around how to grow and prepare food and engagement with the community on healthy, sustainable food. Work is also underway with Dunfermline Foodbank and West Fife Enterprise where registered referrers collect emergency food boxes from West Fife Enterprise and deliver directly to people facing food crisis, tackling the barriers of both low income and rurality.

The Fife Community Food Team play a key role in supporting work to tackle food insecurity in Fife: running practical cookery courses for low-income individuals and families, supporting community-led initiatives such as growing projects and community meals, and working with foodbanks to try to ensure food parcels are healthy and balanced. Working in partnership with colleagues in Fife's Health and Social Care Partnership Health Promotion Service, the Food Team train and support Fife's network of Food Champions – staff and volunteers from across public and third sector agencies trained to deliver practical cooking sessions to people in communities. There are approximately 150 Food Champions in Fife.

Fife is one of three local authority areas (with Dundee City and East Ayrshire) participating in 'A Menu for Change' – a three year project developing service responses to food insecurity so that people have access to the money they need before they reach crisis. Running in Levenmouth, it also aims to increase choices of dignified ways of accessing healthy food, such as community cafes or food co-operatives. The project combines research into experiences of people facing food crisis, action learning to support practice development, local pilots, national/networking/learning events and advocacy.

Whilst the activity in Fife around food insecurity is encouraging, it is important to continue to give a strategic focus to tackling those factors which cause food insecurity. In line with the principles of the Dignity report<sup>58</sup>

we will aim to develop solutions which are dignified, involve people with experience of food insecurity, and recognise the social dimension of food.

## Reducing the impact of sugar and diet on oral health

Sugar intake and poor diet represent significant common risks across the health sector. Not only does it have severe implications for general health including diabetes and cardiovascular disease but also for oral health. Key message include advice about sugars and strategies for sugar reduction and snacking with a view to the diet as a whole.

Research by Public Health England<sup>59</sup> found some association between child height and weight and caries; children with low BMI (Body Mass Index) had a greater likelihood of caries and greater severity of caries.

The prevalence of caries among children with very high BMI is higher than children of healthy weight but the severity is the same in both groups. The association between BMI and dental caries exists over and above the impact of deprivation, ethnicity and where people live but the strength of the association is weaker than that of caries and deprivation.

A common and consistent message needs to be delivered across all health sectors, to allow healthcare professionals to give advice with confidence and ensure the public don't receive conflicting messages. We are aware that dental professionals encourage no sugars between meals and recommend savoury snacks which could be high in salt and fat but this can create tensions with other health care professionals who advocate for a reduction in salt and fat intake.

Moving forward we must continue to reduce inequalities through empowering people and communities including supporting local organisations and communities to apply for the Community Challenge Fund to support people to change their oral health behaviours (one of the recommendations in the Scottish Government's Oral Health Improvement Plan 2018). Collective action through collaborative working and engagement should be strengthened, sharing the common risk factor approach and promoting prevention and early diagnosis and intervention.

## Keeping communities active

Regular physical activity is proven to help prevent and treat non-communicable diseases (NCDs) such as heart disease, stroke, diabetes and breast and colon cancer. It also helps prevent hypertension, overweight and obesity and can improve mental health, quality of life and well-being.

The Active Communities team within Fife Council embrace many different approaches to physical activity – including walking, cycling, active recreation sport and play and seek to achieve the 'whole of the system' approach necessary, working across multiple agendas set out in the Plan for Fife. The Thriving Places theme within this has an ambition that every community has access to high quality outdoor cultural and leisure opportunities.

During 2017/18 Active Communities worked with a wide range of partners to deliver a wide range of programmes - from engaging with over 150 families during National Play Day in Beveridge Park to delivering "School of Hard Knocks", a rugby programme for schools.

In total, Active Communities delivered 8805 sessions to 143,434 participants<sup>iv</sup> of all ages across the Kingdom, including

- community sports programmes, dance, play, football rugby
- cycling, walking, sessions with older adults in care homes

We worked with 545 volunteers to deliver these sessions, providing a range of training courses for clubs and organisations including first aid, club governance, walk leaders, dance leaders and cycle leaders. The *Sports Development Officers* rolled out a programme of community based physical activity and sports

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<sup>iv</sup> NB: One person could have attended more than one session

sessions for P1-S4 pupils across Fife including badminton, basketball, football, handball, netball and trysport (a session where young people can come and try a variety of sports).

The *Bums off Seats* programme continued to grow and develop with strength and balance exercises being incorporated into walks and new walks being added including Nordic walking. Glenrothes and St Andrews also now have dementia friendly signposted walks and it is hoped to roll this out across more towns in Fife. Walking football and walking netball sessions have also began, ensuring people of all ages have opportunities to participate in physical activity and sport within their community.

*Equalities and Inclusion* - Active Communities continues to receive referrals from occupational health and schools for pupils with additional support needs to signpost them to appropriate activities in order to increase their participation in physical activity.

2018 was a successful year for Active Communities. A greater variety of programmes were delivered enabling more of the community to participate in physical activity and not just sport. More partnerships were created to ensure barriers were removed for the least active. During 2019 it is hoped to increase participation further, engage with all care homes across Fife to support older adults becoming more active and remain independent and reduce barriers to participation even further for women and girls.

## Next Steps

It is evident from these examples that we need to maintain our focus and increase our efforts on reducing inequality in Fife. This means that we need public and third sector partners to work together to support those facing the highest levels of inequality through addressing what we call the social and economic determinants of health. There is a lot of work underway already to address issues such as school attendance and educational attainment, to improve employment opportunities, to provide good housing and to increase the levels of income that households have. We have some good examples of local work where we are supporting communities to address immediate issues such as food insecurity - ensuring that families have enough food to eat and that the food they have is healthy. We also have good examples of preventative work in local areas such as community based youth work which provides children and young people with trusted adults that they can speak to and a safe space to build relationships with their peers - all of which contribute to good health and well-being.

We have recently embarked on some work to pull together our Team Public Health for Fife – this includes having some common goals across the Public Health Department, Health Promotion and Environmental Health as our core public health workforce. We already work together with and for communities but we need to strengthen this joint effort in the coming year to enable us to become more effective in meeting the needs of the people of Fife. Over the coming year we will increase our partnership commitment to community planning to support and lead work with and for communities.

## Find out more:

KnowFife Website: <https://know.fife.scot/>

Follow Public health Fife on Twitter to keep in touch @PHfife

Public Health Priorities for Scotland: <https://www.gov.scot/publications/scotlands-public-health-priorities/>

Get in touch

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## NHS Fife Board

<b>DATE OF MEETING:</b>	29 May 2019
<b>TITLE OF REPORT:</b>	NHS Fife Staff Seasonal Influenza Programme
<b>EXECUTIVE LEAD:</b>	Dona Milne, Director of Public Health
<b>REPORTING OFFICER:</b>	Esther Curnock, Consultant in Public Health Medicine

Purpose of the Report (delete as appropriate)		
<del>For Decision</del>	<del>For Discussion</del>	For Information

Route to the Board (must be completed)
NHS Fife & Fife HSCP Seasonal Influenza Group (by email) Executive Directors Group – 29 <sup>th</sup> April 2019

SBAR REPORT
<p><b><u>Situation</u></b></p> <p>This report provides a summary of the uptake data and evaluation of the 2018/19 Staff Influenza Vaccination Programme in Fife. The Board is asked to <b>note</b> this report for information.</p>
<p><b><u>Background</u></b></p> <p>All NHS and social care staff are strongly encouraged to be vaccinated against seasonal flu, particularly front-line staff and those working in areas where patients might be at greater risk (for example, paediatric, oncology, maternity, care of elderly, haematology, ICUs).</p> <p>The Chief Medical Officer set a target for all health boards in Scotland to vaccinate 60% of front line staff during the 2018/19 seasonal influenza vaccination programme (letter 09/08/18 SGHD/CMO(2018)7). This was an increase from the 50% target set by the CMO in the previous 2017/18 season. Whilst no national target is set for social care staff employed by Fife Council with the HSCP, social care staff who are in direct contact with patients/service users should be vaccinated by their employers as part of an occupational health programme.</p> <p>At the close of each flu season (end of March) each health board is asked to report NHS staff uptake by job family to Health Protection Scotland, who collate the data and report to Scottish Government. In 2017/18 a big improvement in NHS Fife was seen following a sustained campaign, achieving an uptake rate of 56.6%. Prior to this, in 2016/17, NHS Fife had a staff uptake rate of only 26.9%.</p>
<p><b><u>Assessment</u></b></p> <p><i>NHS staff uptake</i></p> <p>In total <b>4677</b> NHS staff received the influenza vaccine in 2018/19, giving an overall NHS Fife staff uptake for the 2018/19 flu season of <b>54.9%</b>. The uptake among frontline staff was <b>56.0%</b>, and the uptake among non-frontline staff was <b>52.6%</b>. The overall Scottish healthcare worker uptake for 2018-19 was 51.2%. Of the 14 territorial health boards, NHS Fife had the fifth</p>

highest uptake.

Whilst job family data is collected on the consent form for vaccination for NHS staff, the accuracy of the data is limited and so the data in the table below should be interpreted with caution.

	Vaccinated 2018/19	Job Family Denominator (30 Sept 2018)	Uptake (%)
<b>Frontline</b>			
Allied Health Professionals	596	760	78.4
Medical	424	622	68.2
Dental	75	122	61.5
Nursing & Midwifery	2063	4010	51.4
Other therapeutic	129	317	40.7
Other direct patient care	2	57	3.5
<i>Total frontline</i>	<i>3295</i>	<i>5888</i>	<i>56.0</i>
<b>Non-frontline</b>			
Administrative services	743	1406	52.8
Support Services	549	1045	52.5
Healthcare Sciences	76	176	43.2
<i>Total non-frontline</i>	<i>1382</i>	<i>2627</i>	<i>52.6</i>

In interpreting the job family and overall uptake data it should be noted that staff completing the consent form questions may not be familiar with the job family categories used (these are defined at a UK level), and may tick a category that does not match the job family they are allocated by NHS Fife HR department.

The overall uptake data does not reflect staff who have received flu vaccination via their GP (if they are eligible due to a health condition such as asthma) or who were vaccinated at another board prior to placement in Fife. An additional 81 doses of vaccine were dispensed from the staff flu allocation that has not been accounted for by returned consent forms. Some of these doses are likely to have been given to staff either without completion of the consent form or where the consent form has been lost on return.

#### Social care staff uptake

A total of **602** social care staff were vaccinated in 2018/19; this includes 193 Fife Council care home staff and 162 community care staff. Whilst it has not been possible to get clear denominator data for frontline social care staff this is an increase from the previous season (563 in 2017/18). All routes of delivery were open to all staff, whether NHS or frontline social care staff. Of the 602 vaccines delivered to social care staff, 356 were delivered through Staff Wellbeing & Safety led clinics.

#### Evaluation

The following sections provide a summary of the delivery, communications and coordination

of the 2018/19 staff flu vaccination programme.

### *Delivery*

Drop-in clinics are the most efficient way to vaccinate a large number of staff, whilst the offer of peer vaccinator and roving clinics on the wards enable us to reach staff who have more limited access to the drop-in clinics.

Vaccinations have been delivered in 2018/19 through a variety of routes:

- Staff Wellbeing & Safety (SWS) led drop-in clinics at acute and community sites
- Immunisation Team led drop-in clinics at care home sites
- Peer vaccination
- Roving clinics within acute services targeted at staff working in high-risk areas

Throughout October ten extended hours clinics were held in the VHK and QMH; these ran between 7am – 7pm to enable staff working on night or late shifts to attend. These SWS-led clinics were supported by staff released from acute services. In addition SWS-led clinics were held in all community hospital sites. Clinics based in seven Fife Council care home sites across Fife were delivered by the immunisation team; whilst these were aimed primarily at staff working in the care home and community social care sector, they were also attended by NHS community staff. Mop up drop-in clinics were arranged in November in community and acute hospital sites. A total of 55 staff were involved with giving peer vaccinations this year. Within this group one individual working at the VHK delivered 811 vaccines.

Staff feedback indicates that the combined offer of roving clinics, extended hours clinics and peer vaccinators was generally well received and gave lots of opportunities to be vaccinated, though some staff seemed less aware of peer vaccinator and roving clinic options.

### *Communications*

The communications campaign built on the successful campaign that had been run in 2017/18 under the 'flu fighters' branding but with a new 'Flu-hemian rhapsody' theme. A variety of communications tools were used to publicise the launch of the campaign including social media posts, videos, flu fighter 'tour' t-shirts, and myth-busting messaging. In addition, an app aimed at healthcare staff funded by the Scottish Government was promoted – the 'Flu Bee' app enabled staff used a simple online game format to help promote vaccination and address myths. Flash-reports of progress against the target were prepared for EDG and SLT meetings.

Social media summary:

- Staff flu posts on facebook had a combined reach of 172,197 (number of people whose timeline had a staff flu post enter their screen)
- Staff flu posts reached 37,124 timelines on twitter; there were 1,618 engagements as a result
- 88 retweets / 227 likes of our staff flu posts on twitter
- The staff flu video content was watched 2,336 times in full

Comments from staff and from those involved with organizing and delivering the programme suggested the communications campaign had been dynamic and the 'fun' element was

effective in engaging staff. Feedback on the promotional t-shirts suggests these had less impact than the previous year and so an alternative approach will be considered for the 2019/20 campaign.

Peer vaccinators commented that they encountered a lot of staff who were poorly informed about the benefits of vaccinations. Responses from a survey of junior doctor also suggested that some medical staff were poorly informed regarding the evidence base and more detailed references to the literature could be of benefit when targeting this group in the future. Learning from this season suggests we should focus earlier in the campaign on these myth busting messages.

Based on evaluation feedback from the previous season an information pack was produced aimed at flu champions and peer vaccinators. A short life working group will be looking at how to improve and make better use of these packs ahead of the 2019/20 season.

#### *Coordination*

The staff flu programme is coordinated by the NHS Fife and Fife HSCP Seasonal Influenza Group. This group held meetings to plan the 2018/19 campaign in May and July 2018 and to review progress in November 18 and March 19. An action plan based on the 2017/18 learning and evaluation was reviewed at regular intervals.

#### Summary

Whilst the 60% national target for frontline NHS staff was not met, the programme entailed collaborative effort across NHS Fife and Fife Health and Social Care Partnership and lessons have been learned for the 2019/20 season. In particular it is important to acknowledge the enthusiasm and contribution from peer vaccinators many of whom worked exceptionally hard to support our ambition to reach the uptake targets set.

The content of this report will be shared at the Fife HSCP Senior Leadership Team meeting and via the Area Partnership Forum and Local Partnership Forum. Additional evaluation work is required to look at the support given in the 2018/19 season to the independent care sector in Fife for staff vaccination (information packs were developed to support and encourage this sector, but vaccination remains an employer responsibility).

#### Recommendation

The Board are asked to **note** the report for information

- **For Information**

Objectives: (must be completed)	
Healthcare Standard(s):	Clinical and Staff Governance
HB Strategic Objectives:	An Exemplar Employer Clinically Excellent

Further Information:	
Evidence Base:	GMC Good Medical Practice NMC Code of Practice

	WHO Guidelines CMO / CNO / CPO Guidance
Glossary of Terms:	n/a
Parties / Committees consulted prior to Health Board Meeting:	NHS Fife & Fife HSCP Seasonal Flu Group

<b>Impact: (must be completed)</b>	
<b>Financial / Value For Money</b>	No formal cost-effectiveness evaluation is available, however staff vaccination will contribute to reduced staff absence and decreased risk of transmission to patients and colleagues.
<b>Risk / Legal:</b>	Transmission of influenza virus from healthcare workers to patients
<b>Quality / Patient Care:</b>	Health protection of patients and staff
<b>Workforce:</b>	Professional responsibility to protect patients being cared for / colleagues
<b>Equality:</b>	N/A – Open to all staff employed by NHS Fife

**AUDIT & RISK COMMITTEE**  
**(Meeting on 16 May 2019)**

No issues were raised for escalation to the Board.

**MINUTES OF THE NHS FIFE AUDIT & RISK COMMITTEE HELD AT 9:30AM ON THURSDAY 16 MAY 2019 IN THE STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY.**

**Present:**

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

**In Attendance:**

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

**ACTION**

**17/19 APOLOGIES FOR ABSENCE**

Mr T Gaskin

**18/19 DECLARATION OF MEMBERS' INTERESTS**

There were no declarations of interest.

**19/19 MINUTES OF PREVIOUS MEETING HELD ON 14 MARCH 2019**

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

**20/19 ACTION LIST**

In reference to the outstanding action on the list (no.4), Mrs Potter advised that this will be addressed as part of the year-end accounting process.

**21/19 MATTERS ARISING**

**06/19 (c) - Follow Up Report on Audit Recommendation** - Mrs Wells asked about the outstanding priority actions ranked as high. Mrs Potter advised that this information had been incorporated in the update provided to the Committee today.

**06/19 (d) - Information Sharing Protocol** - Mrs Wells asked for an update on the IJB audit plan and how this will be considered in the preparation of the NHS Fife version. Mr Hudson stated that he has received a copy of the IJB plan for next year and this has been considered in the drafting of the 2019-20 Audit Plan to be brought to the June Meeting.

**(a) Committee Workplan**

Mrs Potter noted that the Committee's workplan has been considered at previous meetings. The workplan is a live document and there have been a number of minor amendments since the Committee last viewed the document. The changes have been tracked for reference.

Mrs Potter highlighted that as part of this year's Annual Accounts process, the Audit & Risk Committee will also receive the year-end accounts for the Endowment Fund Accounts (this has been entered into the workplan for June). It has therefore been agreed to move the timing of the next meeting to 10.30am, to allow the Endowment Sub Committee to meet prior.

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

**22/19 Governance Workplan Update**

**(a) Annual Assurance Statement**

Mrs Potter presented the draft Annual Assurance Statement to the Committee. The final version will be signed by the Chair and will be presented to the NHS Fife Board in June, along with all the other Committees' Annual Reports. The Statement was attached for review and comment.

The Statement outlines the business covered by the Audit & Risk Committee over the past year. After discussion, the members agreed that they would prefer a more detailed Annual Assurance Statement and asked for the information on some of the business items to be extended, particularly around risk and internal audit.

The Audit & Risk Committee **agreed** to the production of a more detailed Annual Assurance Statement and for the final report to be brought back in June for approval.

**(b) Draft Governance Statement**

Mrs Potter advised that, as Accountable Officer, the Chief Executive prepares a Governance Statement to provide the Board with assurance on all aspects of Governance across NHS Fife. This is accompanied by a portfolio of evidence that is provided to the Chief Internal Auditor as part of the overall year-end review.

The Audit & Risk Committee **noted** the Draft Governance Statement for 2018/19.

**(c) Property Transactions**

Mrs Potter stated that this report provides details on any property purchases or disposals made by NHS Fife in the last financial year. NHS Fife are required by Internal Audit to seek a review of these transactions, to ensure that these comply with the NHS Property Transactions Handbook. There were three transactions completed during 2018/19.

The Audit & Risk Committee **requested** that the Internal Audit service review the three noted transactions, in accordance with the NHS Scotland Property Transaction Handbook, to allow reporting to the Audit & Risk Committee in September 2019, in advance of the 31 October 2019 deadline for Board reporting to the SGHSCD.

**(d) Payments to Primary Care Practitioners**

Mrs Potter highlighted that payments to Primary Care Practitioners are managed centrally for NHS Scotland by the Practitioner Services Division (PSD) of NHS National Services Scotland (NSS). Throughout the year there is a very robust and detailed verification process that reviews these transactions.

NHS Fife continues to meet routinely with representatives from PSD to monitor the payment verification work undertaken by PSD on behalf of the Health Board.

Mrs Potter referred back to the previous meeting, where discussion had taken place around the Committee Self-Assessment responses and improving the skills development of members. She asked the Committee if they would like to receive a dedicated training session on the above process, with an invitation to be extended to the Primary Care Manager and a Primary Care Accountant to explain the system in place to monitor these payments.

The Audit & Risk Committee **noted** the report and **agreed** to the scheduling of a future training session on this topic for members.

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**(e) Annual Review of Code of Corporate Governance (COCG)**

Mrs Potter reported that the Terms of Reference (TOR) have been recently reviewed for all the Board's Standing Committees. Also, a number of minor updates to the Standing Financial Instructions (SFIs) have taken place as part of the ongoing review of the COCG. These are all encompassed in the version before the Committee.

**ACTION**

Mrs Potter recommended to members that the COCG is reviewed on an annual basis and asked the Committee to recommend approval of this version as it stands to the NHS Board meeting in May.

Mrs Wells noted that it was a substantial document, with a helpful amount of detail and guidance. There was a similar document (a 'Governance Manual') recently considered in draft by the IJB Audit & Risk Committee, detailing the governance structure of that body. Though there was some similarity in names of standing committees between the NHS Board and the IJB, it was apparent that there were some significant differences in the TOR of the IJB bodies – some areas covered in remits of committees in the NHS were different or absent in the IJB wording. It was noted that this was an issue that could potentially cause confusion if a Board member sat on both bodies.

Dr MacIntosh advised that, as part of the implementation of the NHS Scotland Blueprint for Good Governance, further guidance will be issued on the content of model Standing Orders for Boards. This is likely to require a further update to the Code outwith the planned annual cycle of review. Additionally, this work encompasses guidance on the mandatory committees expected to be in place for NHS Boards, with model TORs to provided for each. It was recognised that, going forward, Health Boards will likely have limited flexibility to change their remits beyond what is given in the standard text. The IJB would, however, have more flexibility to review and adapt their committee remits, as they do at present.

The Audit & Risk Committee **reviewed** the tracked changes to the updated Code, **noted** the intention to review the Code on an annual cycle in future years, as per the Committee's workplan, and recommended **approval** of the current version to the Board.

**23/19 INTERNAL AUDIT**

**(a) Internal Audit Progress Report and Summary Report**

Mr Hudson gave a brief update on progress in delivering the 2018/19 plan.

He stated that, in line with best practice recognised by the public sector internal audit standards, as detailed in the recent External Quality Assessment report considered later in the meeting, in future audits not yet started will not automatically be carried forward and these will be risk assessed for inclusion in the following year's internal audit plan. This will allow Internal Audit to start the 2019/20 timetable with a realistic and achievable plan,

aligned to the areas of risk.

The Audit & Risk Committee **noted** the ongoing delivery of the 2018/19 NHS Fife Internal Audit Plan, and **noted** the audits identified for risk assessment and considered for inclusion in the 2019/20 internal audit plan.

**(b) INTERNAL AUDIT PLAN**

Mr Hudson highlighted that the purpose of this paper is for the Audit & Risk Committee to discuss and comment on the draft Annual Internal Audit Plan for 2019-20.

The plan is in draft and is considered an early version subject to the input of the Audit & Risk Committee, Chief Executive and Executive Director Group. The final version will be brought back to the Audit & Risk Committee in June for final approval.

As in previous years, the Strategic Plan is structured around an audit universe based on a five-year cycle which has been mapped and contains overt links to the Board Assurance Framework (BAF) risks.

This year, it demonstrates cyclical coverage of all BAF risks over the five-year cycle and also incorporates views on areas for inclusion from the Chairs of the Board's Standing Committees and Executive Directors.

The Audit & Risk Committee **considered** the draft plan and **agreed** that it will be taken forward for comment and input from the Executives Directors Group, prior to seeking the Committee's formal approval at its June meeting.

**(c) Internal Audit – Follow Up Report on Audit Recommendations**

Mrs Potter acknowledged that, due to staff changes affecting the follow-up reminders, there has been a slippage on the number of outstanding actions. The majority of these were ranked as Priority 3.

The schedule of outstanding actions has been amended, per the revised Follow Up Protocol, to provide details of each specific recommendation and expected action.

As previously reported, a revised approach is shortly to be implemented for 2019/20, using Datix as the mechanism to record and monitor follow-up progress on internal audit recommendations. This will be administered in the first instance

**ACTION**

by the Internal Audit team and the first report using this new system should be available in September.

The Audit & Risk Committee **noted** the follow-up action taken to close off previous internal audit reports.

**(d) External Quality Assessment (EQA)**

Mr Hudson noted that the Audit & Risk Committee is asked to review the findings, recommendations and action plan arising from the independent review of Internal Audit undertaken by the Chief Internal Auditor, Midlothian Council and Scottish Borders Council, on behalf of the Chief Internal Auditors' Group. Public Sector Internal Audit Standards (PSIAS) require an independent external assessment of internal audit functions once every five years.

Overall, the EQA assessment undertaken concluded that "following completion of the comprehensive EQA Checklist and, based on the work undertaken, it is my opinion that the FTF Internal Audit service for Fife and Forth Valley generally conforms with the PSIAS."

It was reported that the Chief Internal Auditor is actively progressing the recommendations made in the report and the report has been discussed at the FTF Partnership Board.

The Audit & Risk Committee **considered** the final report, **approved** the process that the progress of the recommendations therein are reported as part of the Internal Audit Annual Report and Interim Control Evaluation, and **specifically approved** action point 4 within the EQA that linked to amending the process whereby prior year audits would no longer roll-over into the next year unless risk assessed for priority.

**(e) SHARED SERVICE AGREEMENT/ SERVICE SPECIFICATION**

The Audit & Risk Committee **noted** the report, which was tabled for members' information.

**24/19 Governance – External Audit**

**(a) Interim Management Report**

Ms Tate introduced the report, which summarised the key issues identified during the interim audit work carried out at NHS Fife. The work included testing of key controls within financial systems. It concluded that the controls in place within NHS Fife's main financial systems operate satisfactory. Audit Scotland did

identify some minor areas of control weaknesses, which would be addressed as part of the year-end work.

It was noted that NHS Fife continues to face a number of challenges in delivering financial and performance targets. The transparency of budgetary reports has improved. However, the Board continues to rely on non-recurring savings to deliver its targets. Areas highlighted for members' comment included the difficulty of long-term budgetary planning, in the current funding environment, and the slow-down of regional planning activities. It was also noted that there is uncertainty over the current IJB risk share agreement with Fife Council, and any changes to this arrangement would need to be agreed by all partners and finally approved by Scottish Government.

In their report, Audit Scotland have flagged some issues with the operation of the NHS Fife website, with several instances of difficulty in finding documents and up-to-date papers. Other areas flagged to members included a recommendation of potential amendment to the process of escalating issues to the Board, to ensure follow-up action occurs. It was noted that there was a positive response from members on the new Committee self-assessment process, but that some further tweaks could be made to further clarify questions and ensure that follow-up actions took account of neutral responses.

Other areas detailed in the narrative included:

- the current operation of Health & Social Care integration arrangements, particularly around governance of the IJB and the transformation programmes;
- mitigation of identified risks arising from EU withdrawal;
- the delay in achieving cyber essential accreditation or compliance with the General Data Protection Regulation (GDPR) 2018;
- sample-testing of performance targets and NHS Fife's standings therein, including Sickness Absence, CAMHS waiting times and Treatment Time Guarantee (TTG).

Members discussed the report at length. There was some concern expressed that the language was in some instances overly negative, leading potentially to an unbalanced context of the report. For instance, the comment about the escalation process to the Board being unsatisfactory was not a view shared by Committee chairs, who were confident that this allowed the Board to be sighted on key areas of progress (both good and bad), follow-up of which would then be undertaken as part of each Committee's remit. The current risk share arrangement was not perceived positively by Committee members, in contradiction to

**ACTION**

the report's conclusions that this was a positive aspect of partnership working. Additionally, the performance overall of NHS Fife is in the upper quartile of Scottish Boards, and it was thought that this context was not made apparent in the current draft of the report.

Also discussed were Board members' understanding of the 'run rate', and it was noted that further training could be made available if this concept remained difficult for individuals to comprehend. It was noted that long-term financial planning was difficult to achieve in the current environment, given the short-term budgetary allocations from Scottish Government.

In reference to the operation of the Board and its committees, based largely on review of the feedback from the annual self-assessment questionnaire, it was highlighted that committee-specific training has now commenced, building on the regular Board Development Sessions. The distribution of late papers was reducing, across both the Board and the IJB, reflecting improved means of electronic distribution.

Ms Tate thanked members for their comments. It was noted that where there has been an error or something faulty inaccurate within the current draft, this will be changed. However, amendments will be minor in nature, as the report remains the opinion of Audit Scotland based on the fieldwork they have undertaken.

The Audit & Risk Committee **noted** the report.

**(b) AUDIT PLANNING MEMORANDUM – PATIENTS' PRIVATE FUNDS**

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

**25/19 (a) Board Assurance Framework (BAF)**

Mrs Wright advised that six components contained within the BAF had been through all the relevant Governance Committees of the Board for Review.

**Environmental Sustainability**

Three risks have reduced from high to moderate and are no longer on the BAF.

One risk has increased its risk level from moderate to high in terms of likelihood.

### Workforce Sustainability

One risk has reduced its risk level from high to moderate and is no longer included on the BAF.

### Quality & Safety

Two risks were added to this BAF, both of which relate to Brexit.

### Mitigating Actions

One addition was that from April 2019: the organisation would implement the Healthcare Improvement Scotland (HIS) Quality of Care Approach & Framework, Sept 2018.

### Strategic Planning - Mitigating Actions

Mrs Buchanan highlighted that a review of the structure of the Joint Strategic Transformation Group (JSTG) is underway, with a pause on meetings going forward. The review will cover the role and remit of the group including governance arrangements. She stated that there would be a workshop in June to take this work forward.

### eHealth BAF

A draft eHealth BAF has been developed. It will be considered by the eHealth Board on 24 May 2019, with a view to reporting to the Clinical Governance Committee in July 2019.

The Audit & Risk Committee **noted** the BAF and noted the **updates to the risk ratings**.

## 26/19 OTHER

### (a) Performance & Accountability Review Framework

The Audit & Risk **noted** the introduction of the new Framework.

### (b) Technical Bulletin 2019/1

The Audit & Risk **noted** the report. It was agreed that Ms Braiden would speak further with Ms Tate for an explanation of some of the technical language included within the bulletin.

**27/19 Issues for Escalation to the NHS Board**

There were no items from this meeting for escalation to the NHS Board.

**28/19 Any Other Competent Business**

**29/19 DATE OF NEXT MEETING:** Thursday 20 June 2019 at 10.30am, within the Boardroom, Staff Club, Victoria Hospital, Kirkcaldy.

**CLINICAL GOVERNANCE COMMITTEE**

**(Meeting on 8 May 2019)**

Key issues to be highlighted to the Board:

**JOINT STRATEGIC TRANSFORMATION GROUP**

The Committee noted the review being carried out in relation to this Group in order to streamline transformational change and looked forward to the outcome of a forthcoming Stakeholder Event intended to give clarity on how this work moves forward.

**PATIENT FOCUS PUBLIC INVOLVEMENT**

The Committee noted the current review of our public participation and engagement structures in parallel with those of the Health and Social Care Partnership. Progress on this will be reported to the next meeting of the Committee.

**INSPECTION OF CARE OF OLDER PEOPLE IN ACUTE HOSPITALS**

The Committee noted the report on the unannounced visit carried out by Health Improvement Scotland (HIS) at Victoria Hospital at the end of last year. The Members were pleased to note the comments from the Inspection Team on the high level of dignity, respect and compassion which was provided to our patients.

The Committee members were however disappointed to note that some of the positive feedback provided at the end of the visit was not reflected in the final written report. The Director of Nursing is to hold discussions on this with HIS and report back to the Committee.

**MINUTE OF NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON  
WEDNESDAY 8 MAY 2019 AT 2 PM IN THE STAFF CLUB AT VHK**

**Present:**

Dr Les Bisset, Chair	Martin Black, Non Exec Committee Member
David Graham, Non Exec Committee Member (until 4.30pm)	Rona Laing, Non Exec Committee Member
Margaret Wells, Non Exec Committee Member	John Stobbs, Patient Representative
Helen Buchanan, Nurse Director	Evelyn McPhail, ACF Representative
Janette Owens, ACF Representative	Dr Chris McKenna, Medical Director
Dona Milne, Director of Public Health	

**In Attendance:**

Dr Robert Cargill, AMD, ASD	Michael Kellet, Director of H&SCP (until 4pm)
Dr Seonaid McCallum, Associate Medical Director H&SCP	Elizabeth Muir, Clinical Effectiveness Co- ordinator
Barbara Anne Nelson, Director of Workforce	Ellen Ryabov, Chief Operating Officer
Helen Woodburn, Quality & Clinical Governance Lead	Catriona Dziech, Note Taker
Gillian MacIntosh, Board Secretary	

**MINUTE**

<b>REF</b>	<b>ITEM</b>	<b>ACTION</b>
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**031/19 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.

Dr Bisset advised he had recently met with Dr McKenna, Helen Buchanan and Helen Woodburn to discuss the format of the meeting and structure of the agenda. Helen Woodburn will be looking at the Workplan to see how we can review in terms of the issues that need to come to the Committee and the format of the information that comes to the Committee, to hopefully reduce the number of items on the agenda and volume of accompanying paper work.

**031/19** Dr McKenna, Helen Buchanan and Helen Woodburn will also look at what is coming to the Committee in general terms and consider if we need all the appendices that presently accompany papers. The accompanying SBAR should be much clearer about what the Committee is being asked to look at within the paper and whether it is for information, discussion or action. The content of the Quality Report, IPR and HAIRT will also be reviewed, as there is triplication across some of these reports with differing timescales and differing information which needs to be brought all together. There is another paper on performance on the agenda today under Carol Potter's name which will feed in to this. Hopefully this exercise will simplify what comes to the Committee, reduce the volume of papers that accompany each meeting and aid members by being clearer about what the Committee is being asked to do.

It is hoped a more streamlined agenda will be in place by the NHSFCGC meeting in September.

**CMcK,  
HB, HW**

**032/19 DECLARATION OF MEMBERS' INTERESTS**

There were no declarations of interest.

**033/19 APOLOGIES FOR ABSENCE**

Wilma Brown, Paul Hawkins

**034/19 MINUTES OF PREVIOUS MEETING HELD ON 6 MARCH 2019**

The notes of the meeting held on 6 March 2019 were approved subject to the following minor grammatical amendment:

**Page 7 – Minute Ref 022/19 – Winter Plan Monthly Update Report**

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.

**035/19 MATTERS ARISING**

All Outstanding Actions are updated on separate Action List.

**036/19 MEDICAL / NURSE DIRECTOR REPORTS**

**6.1 Quality Report**

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

036/19

Helen Buchanan highlighted to the Committee the following issues:

**Falls** – Following the launch of the NHS Fife and Fife H&SCP Falls strategy, the information produced for this report is separated into in-patient and community falls sections. Each of these sub groups meet separately and have discrete activities underway to meet the delivery of the strategy and identified priorities within ward areas and out in the community.

The activity from these sub groups reports into the Fife Frailty Managed Clinical and Care Network to refine action plans and oversee their activity against the strategy.

**Pressure Ulcers** - Ward areas identified through performance data are supported as part of a pressure ulcer collaborative approach that applies improvement methodology during a 90 day period.

The Health & Social Care Partnership continue to strive to improve pressure ulcer incidences via the Pressure Ulcer Collaborate Programme.

**SSI** – remains an ongoing issue. A lot of collaborative work has been undertaken, and continues, with Health Protection Scotland and others. We are currently working with doctors to look how the data is captured and how they prescribe antibiotics. This is being done in conjunction with Keith Morris and the Infection Control Committee / Team. The data going forward should start to look different. A separate follow up report will be considered by NHSFCGC at its next meeting in July.

HB

Dr McKenna highlighted to the Committee:

**Adverse Events** - there has been an increase in the number of events report in January 2019, which is across all divisions. These are all being looked at through the Adverse Event process.

In the following discussion, Dr Bisset raised the issue around Hypoglycaemic and sought an explanation why they are so high. Dr McKenna agreed to ask the Diabetes Team for a report explaining the position.

CMcK

036/19

Dr Bisset highlighted that Dr Morris did encourage that pressure be kept on the Nurse Director and Medical Director regarding SABs. Dr Bisset said the main issue seemed to be in the Community, though it is not clear what is actually being done.

Helen Buchanan replied it was hard to narrow down as the issue is so diverse but we still need to keep working on the issue. Helen Buchanan agreed to bring information solely on community to the NHSFCGC in July.

## **6.2 Integrated Performance Report (IPR)**

The Committed noted the IPR report.

## **6.3 BAF for Quality & Safety**

The Committee noted this report is an update on the Quality & Safety BAF since the last report on 6 March 2019.

Helen Buchanan highlighted that Points 19-26 have been added to reflect the current spectrum of controls.

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

Helen Buchanan advised that at the recent Staff Governance meeting there had been a presentation and discussion around the review of Risk Appetite, which was being considered by each Committee that reviewed the Board Assurance Framework. It was agreed, however, there was not enough time at the Committee meeting for a full discussion so a separate time would be set aside for members to discuss Risk Appetite.

## **6.4 BAF for Strategic Planning**

It was noted this report provides the Committee with the next version of the BAF on 15 January 2019.

Helen Buchanan advised this will change going forward. Helen Buchanan highlighted the role and purpose of the JSTG is being refocused with the first meeting of the group chaired by the Chief Executive taking place in April 2019. A forthcoming workshop in June 2019 will enable a refresh of the Workplan and aims of the group.

**036/19**

It was noted Acute and HSCP have their own Transformation Groups. Ellen Ryabov advised there is going to be an open event at the end of May. The Acute Transformation programme will look at the four themes. There will be a closure report on Site Optimisation which has been to EDG and will come to NHSFCGC in July. This closes down the previous pieces of work. Remaining work that is outstanding and relevant will be taken forward and presented at the open day.

**ER**

Dr Bisset advised his issue with the Joint Strategic Transformation Group is that he feels uncomfortable with the reporting arrangements, which is via four different Committees. It also seems to be transforming itself with no reference back to NHSFCGC about potential changes to its remit, membership etc., so the governance thereof is problematic. Dr Bisset said as a matter of urgency the NHSFCGC should have sight of the Workplan of the refreshed group, so they can provide assurance to the Board that transformation is happening and is all tied together.

**LB**

Dr Bisset asked that Helen Buchanan ensures output from the Workshop, Terms of Reference and the Workplan that is being proposed for the Transformation Group are available for the July NHSFCGC, so the NHFCGC can consider and approve (or otherwise).

**HB**

Martin Black asked for an update on Regional Planning. Michael Kellet advised Paul Hawkins would be best placed to provide this as it is unclear what Regional Development will be. Michael Kellet agreed to link with Paul Hawkins.

**MK/PH**

Michael Kellet advised from a H&SCP perspective he would be happy to provide an update on the diabetes work.

**MK**

## **037/19 CLINICAL STRATEGY**

### **7.1 Update Report on all Strands of Clinical Strategy**

Dr Bisset advised a detailed report had been provided at the last meeting. It was agreed to await the follow-up report which pulls together combined effort from Health and the H&SCP. Helen Buchanan agreed to chase.

**HB**

**038/19 GOVERNANCE ITEMS**

**8.1 Final Clinical Governance Statement of Assurance and Best Value Framework**

Following consideration and discussion it was agreed further minor amendments would be made to the document. The final version would then be signed off by Dr Bisset.

**EM**

It was highlighted that the Chief Executive has not regularly attended the meeting over the past year, due to clashes in his diary with national events. It was agreed Gillian MacIntosh would speak to Chief Executive's PA to check for any issues with future scheduled meetings. It was suggested that the meeting dates may need to be changed to accommodate his attendance.

**GMcl**

**8.2 Statement of Assurance Information Governance and Security Group**

The Committee noted the letter from Ellen Ryabov to Carol Potter setting out the position in relation to Statement of Assurance for the Information Governance and Security Group.

The Committee approved this Statement of Assurance.

**8.3 Annual Statement of Assurance of eHealth Board 2018 /19**

The Committee noted the approved Annual Statement of Assurance for the eHealth Board for 2018-19. E Ryabov advised this Statement had been signed off by Dr Elliot who was content the eHealth Board fulfils its remit.

Ellen Ryabov highlighted that notification had been received from Internal Audit that they have carried out an internal control evaluation report which raised some issues around information governance in relation to the quality and level of detail that was considered by the group and they expect that to improve. It has been suggested a formal audit begin, for completion by September 2019, which will pick up data protection, GDPR and other items related to that , which will aid the future operation of the group.

**038/19**

David Graham highlighted that attendance at the eHealth Board meetings was concerning. Ellen Ryabov advised, as Chair, there was an opportunity for her to review the membership / attendance of the Group to ensure the correct people were attending and the appropriate business was being conducted. Ellen Ryabov would be happy to share a revised Terms of Reference with NHSFCGC when this was produced.

**ER**

The Committee approved this Statement of Assurance.

**8.4 Annual Statement of Assurance Health & Safety Governance Board 2018 / 19**

The Committee noted the approved Annual Statement of Assurance for the Health & Safety Governance Board 2018 /19.

Ellen Ryabov advised Andy Fairgrieve has reconvened this Group and has considered looking at this as part of local partnership forum but there are very specific issues with reference to Health and Safety which warrants a group of their own.

Dr Bisset asked that if the Terms of Reference and reporting arrangements are being reviewed, along with a Workplan, an update should come back to NHSFCGC for consideration and approval at the July meeting.

ER

The Committee approved this Statement of Assurance.

**8.5 SBAR on PATIENT FOCUS PUBLIC INVOLVEMENT (PFPI)**

This report sets out the situation regarding Participation and Engagement within NHS Fife and highlights the current review that is being undertaken.

The Committee noted the current position of the review.

The Committee also noted the timescale for the completion of the option appraisal by July 2019. A report will be brought back to the July NHSFCGC meeting.

HB

**8.6 Annual Statement of Assurance Health & Social Care Partnership Clinical & Care Governance Committee 2018/19**

The Committee noted the Annual Statement of Assurance for the Health & Social Care Partnership Clinical & Care Governance Committee.

038/19

The Committee agreed to approve the Annual Statement following assurance from Michael Kellet around corrections to be made to reflect attendance from members of the Health Board.

MK

**8.7 NHS Fife Equality Outcomes Progress Report 2019 c/f from March 2019**

The Committee considered and noted the work in progress within this comprehensive report and action plan to reduce inequality across the following five outcome areas:

Outcome 1: Patients living with disability are supported to effectively manage their own health  
Outcome 2: Spiritual needs of patients are met  
Outcome 3: Health Gypsy Traveller Community is improved  
Outcome 4: LGBTi+ people experience improved services population  
Outcome 5: The workforce reflects the diversity of the local

The Committee noted the report and its contents.

### **8.8 BREXIT Update**

Dr Mckenna advised this report sets out the areas of risk under the Committee's remit:

- Access to treatment in the UK/Europe
- Cross Border Co-operation on Public Health Matters
- eHealth
- Nuclear Medicine, Diagnostic and Treatment
- Patient Access to Medicines and Medical Technologies
- Research & Development

Dr Bisset advised that each Committee has been asked to produce summaries for the areas they are responsible for. These summaries are then taken to the Brexit Assurance Group of the Board so they have an overview to ensure there are no overlaps or gaps.

### **8.9 NHS Fife Clinical Governance Committee – Terms of Reference**

Dr Mckenna advised there were a few changes to the membership. Dr McKenna advised that only thing which might change as he takes over this role is that the Clinical Governance Steering Group may be reformatted into the Clinical Governance Assurance Group. A conversation needs to take place when the Group meets again on 15 May 2019.

**038/19**

It was also noted:

- Evelyn McPhail, Michael Kellet and Ellen Ryabov should be added as regular attendees at the meeting.

Subject to the above changes the Terms of Reference were approved, which will be reflected in the forthcoming update to the Code of Corporate Governance, to be considered by the Board in May.

### **8.10 NHS Fife Integrated Screening Report**

The Committee noted this paper which provides a single integrated report of the key learning, achievements and challenges from the six National Screening Programmes in NHS Fife:

- Breast Cancer
- Cervical Cancer
- Bowel Cancer
- Abdominal Aortic Aneurysm (AAA)
- Diabetic Retinopathy
- Pregnancy and Newborn Screening

Dona Milne highlighted to the Committee (Page 18, Para 14.4) that as part of the Scottish Government's commitment to reduce inequalities in cancer screening there is an inequalities fund for initiatives that could help address barriers for those traditionally less likely to engage.

Dr Bisset thanked Dona Milne and her team for this very comprehensive report.

#### **8.11 Resilience Forum Terms of Reference – for Approval**

Dona Milne advised this new version of the Terms of Reference reflected changes to the Membership. Dona Milne advised good attendance at the Forum had made the meeting much more productive.

The Committee approved the revised Terms of Reference.

#### **8.12 Performance & Accountability Review Framework**

The implementation of a Performance & Accountability Review Framework across NHS Fife seeks to provide a structured, transparent and systematic approach to ensure delivery of standards and targets across the four quadrants of governance, with an effective reporting and assurance mechanism from 'service to Board'.

**038/19**

The Committee noted the Performance & Accountability Framework to be implemented for 2019/20, in support of enhanced assurance on all aspects of performance.

#### **8.13 Strategic Objectives 2019/20**

This paper provides the Committee with a review of the Strategic Objectives for 2018/19 and also looks forward to 2019/20 with proposed objectives to be approved by the Board.

It was highlighted and agreed the following amendments should be noted:

Item 3.7 on Page 3, of the SBAR, should be 'removed'.

Item 2.7 on 2019/20 Objectives should have the DoN as a supporting role

The Committee noted the review of the strategic objectives for 2018/19.

The Committee agreed the proposed strategic objectives for 2019/20.

## **039/19 ANNUAL REPORTS**

### **9.1 Director of Public Health (DoPH) Annual Report *Deferred from January 2019***

The Director of Public Health is required to produce an annual report each year that provides a summary of the health of the population and work undertaken in the previous year. It also sets out high level priorities for the coming year. This report is for the period January 2018 to March 2019, it was started by Dr Margaret Hannah just before she left her position as Director of Public Health and completed by Dona Milne, Director of Public Health, along with the public health team and some of our partners in Fife.

**039/19**

This report is divided into two main sections:

- a data section on the needs of the population
- a series of examples of work undertaken in Fife grouped under the headings of the Public Health Priorities for Scotland.

**039/19**

It is intended that the series of infographics provided within this report will also act as a standalone set of tools for use by partners in Fife when considering their future plans and priorities. At the launch of previous reports, the Director of Public Health in Fife has used the report to engage with local partners and communities and this engagement will continue with the new Director of Public Health.

Dona Milne highlighted that the data within the report shows that inequalities are increasing and there is a need for an increase in partnership effort to reduce these. Some of this data has already been used to try and focus our efforts within the Plan for Fife on where we can make the greatest impact.

Dr Bisset thanked Dona Milne for this excellent report and asked her to pass on thanks to colleagues

DM

## **9.2 Radiation Protection Annual Report**

The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017 is legislation which provides a framework intended to protect patients from the hazards associated with ionising radiation. The responsibility for compliance with IR(ME)R lies with the employer and each of the entitled duty holders. IRR 2017 protects all others (staff and visitors).

The meetings to oversee radiation protection in NHS Fife - the IR(ME)R Board covering IR(ME)R compliance and the Radiation Protection Committee reviewing all other aspects of Radiation safety (including Laser and MRI), both chaired by the Medical Director - have met in line with their agreed roles and remits.

The Committee noted the Minutes of the Radiation Protection Committee and IR(ME)R Board.

## **040/19 REPORTS ARISING FROM ACTION LIST**

### **10.1 Waiting Times Improvement Plan**

The Committee considered the report which sets out the steps, clear deliverable and additional investment required to achieve significant improvements in our waiting times position over the next 30 months.

The Clinical Governance Committee noted the progress with the waiting times improvement plan and the challenges in sustaining performance.

### **040/19 10.2 Action Plan from Older People Unannounced Inspection**

There was an unannounced Care of Older People in Acute Hospitals (OPAH) inspection led by Health Improvement Scotland (HIS) at the Victoria Hospital, Kirkcaldy from 4-6 September 2018.

The OPAH inspection report and NHS Fife action plan were published on Wednesday 14 November 2018, and there has been ongoing improvement work progressing in support of the inspection Improvement Action Plan.

The purpose of this report is to provide an update on actions completed to date, and detail any ongoing quality improvement work that supports the Care of Older People in Acute Hospital: Standards (2015).

Dr Cargill highlighted that positive feedback from the Inspectors at the time, not included in the report, was the dignity, respect and compassion patients were dealt with. Helen Buchanan advised there had been a similar issue following a recent visit to Glenrothes where the feedback did not reflect the content of the final report. Helen Buchanan advised this was something she was going to raise with Ann Gow as she felt the report was not person centred. Helen agreed to feed back to the Committee following her discussion with HIS. Dr Bisset said it was important to convey the mood of issues back to HIS.

**HB**

**041/19 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 McCallum advised the minutes at Item 11.4 – Clinical & Care Governance, from 29 March, were not presently available due to unforeseen personal leave of staff involved in their production.

**041/19 11.1 Area Clinical Forum  
13 March 2019 - Cancelled**

**11.2 ASD CGC  
13 February 2019**

**11.3 Area Drugs & Therapeutics Committee  
13 February (Cancelled ) & 17 April 2019 (c/f July 2019)**

**041/19 11.4 Clinical & Care Governance Committee  
29 March 2019**

**11.5 Clinical Governance Steering Group  
21 February & 14 March 2019**  
There were no risks / issues to be escalated / highlighted.

**11.6 eHealth Board  
26 February 2019**  
The Committee noted the summary of risks / issues escalated / highlighted in the reporting template.

**11.7 Fife Research Governance  
28 March 2019**

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

**11.8 Health & Safety Sub Committee  
14 December 2018 (Confirmed) & 29 March 2019 (c/f July 2019)**

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

**11.9 IJB  
20 February 2019**

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

**11.10 Infection Control  
6 February (Unconfirmed) & 3 April 2019 (Cancelled)**

**11.11 Information Governance & Security Group  
1 March 2019**

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

**11.12 Joint Strategic Transformation Group  
27 February (Cancelled) & 27 March 2019 (Cancelled)**

**11.13 Public Health Assurance Committee  
28 March 2019**

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

**11.14 Resilience Forum  
12 March 2019**

**041/19** The Committee noted the summary of risks / issues escalated / highlighted in the reporting template.

**042/19 ITEMS FOR NOTING**

**12.1 NHS Fife Activity Tracker**

The Committee noted the NHS Fife Activity Tracker.

**12.2 NHS Fife Clinical Governance Committee Workplan 2019-2020**

The Committee noted the Workplan for 2019/20.

**043/19 AOCB**

There was no other competent business.

**044/19 RECAP FOR CHAIR**

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

- Joint Strategic Transformation Group
- Patient Focus Public Involvement
- Quality of Care following Inspection

**045/19 DATE OF FUTURE MEETING**

Wednesday 3 July 2019 at 2pm in the Staff Club at VHK

**FINANCE, PERFORMANCE & RESOURCES COMMITTEE**

**(Meeting on 14 May 2019)**

- Planned work to review the process for monitoring Policies and Procedures
- Annual Operational Plan

**MINUTES OF THE FINANCE, PERFORMANCE AND RESOURCES COMMITTEE MEETING HELD ON TUESDAY 14 MAY 2019 AT 10.00AM IN THE BOARDROOM, STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY.**

**Present:**

Ms R Laing, Non-Executive Director ( <b>Chair</b> )	Mr E Clarke, Non-Executive Director
Dr L Bisset, Non-Executive Director	Mr P Hawkins, Chief Executive
Ms S Braiden, Non-Executive Director	Ms J Owens, Non-Executive Director
Mrs W Brown, Employee Director	Dr C McKenna, Medical Director
Mrs H Buchanan, Director of Nursing	Mrs C Potter, Director of Finance

**In Attendance:**

Mr A Fairgrieve, Director of Estates, Facilities & Capital Services  
Mr M Kellet, Director of Health & Social Care  
Mr A Mackay, Deputy Chief Operating Officer  
Ms R Robertson, Deputy Director of Finance  
Dr G MacIntosh, Head of Corporate Governance & Board Secretary  
Mrs K Sinclair, PA to the Director of Finance (minutes)

**ACTION**

**59/19 APOLOGIES FOR ABSENCE**

Apologies were received from Dona Milne, Director of Public Health, and regular attendees Ellen Ryabov, Chief Operating Officer, and Evelyn McPhail, Director of Pharmacy.

**60/19 DECLARATION OF MEMBERS' INTERESTS**

Rona 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.

**61/19 MINUTE OF MEETING HELD ON 12 MARCH 2019**

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

**62/19 ACTION LIST**

The Chair reviewed the Action List, noting that outstanding actions would be discussed under the relevant agenda items for this meeting.

**MATTERS ARISING**

**63/19 (a) Stratheden Intensive Psychiatric Care Unit – Smoking Area**

Andy Fairgrieve advised that, following further estimates and

consideration of the specification changes required, it is predicted that a budget of c.£100k would be required to make the internal courtyard area at Stratheden safe to be used for patients smoking. The original design of the facility was for it to be an entirely smoke-free area and the current fit-out of the courtyard would not meet health and safety requirements to allow the area to be used for patients smoking.

The Chair asked for some context as to why this issue was initially raised. Michael Kellet replied that it was to address the high level of patients absconding from IPCU, since presently patients have to be escorted outside the IPCU facility to smoke, which was an opportunity not otherwise afforded for absconding. The internal courtyard was to be reviewed as a potentially secure smoking area, should the required estate changes be made.

It was noted that, despite the above issue, the general direction of travel is that patients be supported to stop smoking through cessation activities.

Paul Hawkins highlighted that the internal courtyard is integral to the building and therefore not potentially suitable as an area of 'open space', due to the fire risk of its position. It was recommended that consideration be given to constructing a high fenced area external to the building, with access from an outside facing room, similar to the set-up in adjacent wards. This would be easier to police with CCTV and would not have the same restrictions as the courtyard.

There was further discussion around the potential estate options and also the behavioural challenges of the IPCU patients having their right to smoke withdrawn. The Chair noted that there were still a lot of issues around this, a suitable space needs to be assessed and also consideration of the impact on staff accompanying patients outwith the secure area.

Paul Hawkins asked Michael Kellet to prepare a fuller assessment on potential ways forward, to include clinical and staff views. This would be brought to EDG initially, with an update to be scheduled for the next FP&R meeting in July.

**MK**

#### **64/19 (b) Kincardine & Lochgelly Health Centres – Update on IAs**

Michael Kellet gave a verbal update on progress with the above. As previously reported, work on the revised IAs was underway, taking account of feedback from the external consultant's report circulated to members after the last meeting. Both IAs would be brought to EDG in June and the next cycle of Board committee meetings. Board approval would then be sought in July, prior to being submitted to the Scottish Government in August.

**65/19 (c) Additional Departmental Expenditure Limit (ADEL) Funding**

Carol Potter gave some background to this agenda item. The report summarises what areas of qualifying expenditure are included against the fund received from the Scottish Government, and she noted that there was no prioritisation of spend areas, as all qualifying spend was covered. It was confirmed that we are as robust as we can be in identifying areas for use of this funding.

The Committee **noted** the update.

**66/19 (d) Committee Self-Assessment**

The Chair confirmed that there had been a highly constructive discussion at the last Board Development Session in April about common themes from the Board Committee self-assessment exercise, and there was collective agreement about how we move forward in identifying improvement activities. Committee members were asked to think about and identify what awareness and skills training is required to better understand the agenda items and data that the Committee receives. The Chair suggested she would like to presently focus on the 'resources' part of the Committee's remit, and noted that some information-sharing sessions involving the Director of Estates & Facilities would be helpful. After discussion, it was agreed that a Board Development Session be scheduled on the Property & Assets Management Strategy (PAMS), which would be next considered by the Committee in July. This Board Session would therefore be scheduled for June, prior to the Committee's review of the report.

**AF**

Carol Potter also suggested it would be useful to have a future Committee training session on the Scottish Capital Investment Manual, to outline the various stages of taking business cases through the approval process.

**CP**

It was agreed that if members had any other topics they wished covered, either at Board level or with the Committee separately, they should highlight these to the Director of Finance or Board Secretary for taking forward.

**GOVERNANCE**

**67/19 (a) Board Assurance Framework – Financial Sustainability**

Carol Potter noted that we are reporting a break-even position at year-end and the overall BAF risk score remains the same. Members discussed how budgetary controls are operating and what measures are in place to identify that it is working correctly, noting the new arrangements in place in Acute to support the delivery of planned savings with dedicated support from the Finance team.

There was also discussion about the present scoring of risks and if

these are appropriate, given that the 'likelihood' rating should be expected to reduce to reflect new control processes in place. The Director of Finance was asked to reflect on these comments in advance of the next update to the Committee.

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

#### **68/19 (b) Board Assurance Framework – Strategic Planning**

The Committee discussed the planned review of the Joint Strategic Transformation Group, noting that discussion on this point has also taken place at the recent meeting of the Clinical Governance Committee.

Paul Hawkins advised that there will be a workshop scheduled for June to review the transformation projects (closing off the Acute Site Optimisation work as one action), which will review the projects under its remit, the terms of reference for the group and its membership. It was important to reinvigorate partner involvement, particularly within the H&SCP, to improve the delivery of these transformation workstreams. It is intended that the workshop will have broad representation across the partners, including from the IJB membership, and Non-Executive members of the Health Board would be all welcome to attend.

The Committee **noted** the current position.

#### **69/19 (c) Board Assurance Framework – Environmental Sustainability**

Andy Fairgrieve highlighted the main updates to the Environmental Sustainability framework and advised that the pigeon guano risk has now been removed from the list, as a temporary window cleaning cradle is now operational. The risk related to the ongoing microbiologist vacancy has also been removed, as interviews to fill the position were due to take place that afternoon.

The Committee **approved** the current position.

#### **70/19 (d) Annual Assurance Statement**

Carol Potter explained that the Committee's annual report covers a range of areas, including Best Value, a description of the agenda business that the Committee has undertaken over the year, and attendance of membership. This report forms a portfolio of evidence that supports the production of the Annual Accounts and the Governance Statement. The Committee is required to approve and then this will go forward to the Audit & Risk Committee in June.

The Committee **approved** the assurance statement.

## 71/19 (e) Review of General Policies & Procedures

Gillian MacIntosh provided an update on the review status of General Policies & Procedures.

At the last date of reporting to the Committee in November 2018, 18 (30.5%) of the 59 general policies listed on the intranet were then overdue for review. Since that date, substantial work has been undertaken to fully update the list of General Policies, gathering information about owners, authors and review dates, in order to populate a more detailed spreadsheet (enclosed in the Committee's papers). Additionally, a list of underlying procedures (to which some policies refer) has been compiled, to ensure that, in future, when a policy is updated, its related supporting documentation is reviewed and updated simultaneously.

At the reporting date of 31 March 2019, 11 (18.6%) policies remained overdue for review, a moderately improved position to that last reported in November. It was noted, however, that the position would deteriorate again, due to a suite of eHealth policies falling overdue on 1 May 2019 (that account for 11 separate policies in total), which will impact negatively on the number of outstanding reviews, despite ongoing work aimed at addressing the historic backlog.

Discussion focused on the historic process for reviewing General Policies, which was felt to be overly bureaucratic, complex and lengthy. Carol Potter suggested that she, Gillian MacIntosh, Barbara Ann Nelson and Chris McKenna meet to review the current list of General Policies and consider whether, if each were assigned to a Board Standing Committee, the review and updating process for these could be enhanced and expedited.

An update would be given to the Committee in November, aligned to the bi-annual report of the status of overdue reviews.

The Committee **noted** the update.

## 72/19 (f) Brexit

A short verbal update on the ongoing activities underway to prepare for the UK's exit from the EU, relevant to the Committee's remit, was given by the Director of Finance.

## 73/19 (g) Performance & Accountability Framework

Carol Potter explained that the new Framework is about enhancing the governance around all aspects of performance and accountability and the means by which Directors are held to account for the areas under their portfolio. The framework also best practice from the NHS in England, adapted for NHS Fife. The first round of meetings will be taking place from June 2019, and further work will take place to develop the

CP/GM/  
BAN/CM

performance matrix. This approach will also support the escalation of issues to Board committees as appropriate.

Andy Mackay gave an update on how the performance-related discussions at management-level are expected to be cascaded down to staff, highlighting the amended process to be introduced in the Acute Division whereby metrics will be discussed at regular service visits. Members agreed that if further information on performance was more widely available to staff, it would aid an enhanced understanding of service priorities and challenges.

Paul Hawkins noted that the Performance and Accountability Framework was a vehicle to enable matters and issues to reach the FP&R Committee in a more proactive way.

The Committee **noted** the introduction of the new framework from 2019/20. The Director of Finance was congratulated for her work in establishing this new process.

#### **74/19 (h) Strategic Objectives**

Carol Potter noted that last year we reviewed the objectives through the Committees on to the Board, to ensure we had the transparency and visibility of the corporate objectives, which then fed down to each of the individual Director's objectives. The number of objectives reflected the complexities inherent in a large organisation, but these were themed under four separate areas, aligned to each Board Committee.

The Committee **recommended approval** of the new Strategic Objectives for 2019/20 to the Board.

### **PLANNING**

#### **75/19 (a) Annual Operational Plan 2019/20**

Carol Potter advised that the Annual Operational Plan (AOP) is an agreement between the NHS Board and Scottish Government. The Plan is detailed in nature and it reflects the Financial Plan and the Capital Programme that were both approved by the Board at the end of March. The Finance & Performance Committee are reviewing the AOP as the lead Committee, which is consistent with last year's practice.

Carol Potter and Paul Hawkins gave feedback from a positive meeting they, Ellen Ryabov and Michael Kellet had recently with John Connaghan and his colleagues from the Scottish Government to discuss the AOP. In consequence thereof, NHS Fife has been asked to look at some of the trajectories around waiting times and what further improvements would be possible if some additional resource was provided. It was extremely positive to hear that the Scottish Government recognised that, in terms of performance, NHS Fife is in the upper quartile in comparison with other territorial health boards across

Scotland, and that Government colleagues had congratulated Paul Hawkins on the high performance of the Board Leadership Team. The Executive Team were commended by Committee members for this achievement, and it was agreed this should be highlighted to the Board.

Subject to the correction of two minor changes to the current wording of the draft, the Committee **recommended approval** of the Annual Operational Plan to the Board.

#### **76/19 (b) Winter Plan & Performance**

Michael Kellet confirmed that the first Winter Review meeting had been held in the previous week, which was a positive, well-attended session for staff from a variety of services to discuss what worked and didn't work last year and what actions would be taken forward into next year. A lessons-learned report would be brought to the Committee in July.

**MK**

Over-recruitment in staffing, patient flow, signposting of services and bed distribution issues were issues to consider prior to the next Winter period. It was agreed that a robust plan needs to be in place throughout the year, given ongoing levels of demand, and Winter should not be treated as a standalone issue.

The Committee **noted** the update.

#### **77/19 (c) Acute Services Division Savings Plan**

The Chair highlighted that the agenda paper for this item had been circulated late, which was not helpful for members nor allowed for adequate time to scrutinise its contents. It was agreed that if a paper was unavoidably delayed, the Chair should be notified of those circumstances, to enable a decision to be made about its potential deferral.

Andy Mackay highlighted the main savings areas within the Plan and advised that there are some challenging targets for Acute totalling £10.2m, reflecting therein the undelivered legacy savings total of £8.64m. The paper outlined the risk of non-delivery of the targets and also outlined the revised processes to be put in place to better manage performance.

Carol Potter advised that the process is being enhanced, with the Finance team supporting the Acute team going forward to help mitigate the risk of not achieving the specified targets. Further information will be supplied at the level of individual departments and wards, to focus on areas that need enhanced support. Discussion took place about how individual staff could be informed about the small day-to-day changes that could be made to make best use of scarce resources/finance, such as visible information on the cost of stock such as dressings etc. at the point of distribution.

The Committee **noted** the current progress and risks to the delivery of the planned savings target for Acute Services in 2019/20.

It was noted that an update on the H&SCP Savings Plan would be expected to be considered by the Committee, alongside the developing Acute version.

#### **78/19 (d) Orthopaedic Elective Centre**

It was noted that an update on the above project would be provided in the Committee's Private Session.

### **PERFORMANCE**

#### **79/19 (a) Integrated Performance Report (IPR)**

The Committee discussed the Integrated Performance Report, as follows.

##### **Acute**

Andy Mackay gave the following summary:

Noting the variability in performance against the 4-hour target for Emergency Access, NHS Fife were however continually above the Scottish average.

The additional money received for Waiting Times initiatives will continue to help improve Patient TTG.

##### **Health & Social Care Partnership**

Michael Kellet provided updates in relation to the following targets:

Delayed Discharges: higher than we would like and remain a challenge, largely due to capacity in the Care at Home service, which further investment therein is expected to improve.

CAMHS / PT RTT: reduction in the level of recent performance due to staff absence and leavers, but investment in this area expected to recover the position.

##### **Financial Position**

Carol Potter reported that:

Subject to external audit review, the Board would be reporting a £200k under spend for 2018/19. The Social Care position remained problematic, and the impact of the risk share arrangement was significant. Pressures in the Acute Services Division were also highlighted. It was noted that the year has been challenging, but a positive outcome has been achieved, thanks to the efforts of staff and managers across the system.

## **Capital**

Carol Potter highlighted the capital investment in the Jack and Jill theatres for Ophthalmology and the considerable investment in medical equipment.

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

## **ITEMS FOR NOTING**

### **80/19 (a) IJB Finance & Performance Committee Minutes**

The minute of the IJB's Finance & Performance Committee, held on 13 March 2019, was **noted** by the Committee.

### **81/19 ISSUES TO BE ESCALATED TO THE BOARD**

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

- the positive ongoing work around reviewing General Policies & Procedures;
- the Winter Performance review;
- the Scottish Government's comments on Board performance as part of their consideration of the Annual Operational Plan; and
- the current progress for managing the Acute Division Savings Plan.

### **82/19 ANY OTHER BUSINESS**

There was no other business.

### **83/19 DATE OF NEXT MEETING** – Tuesday 16 July 2019 at 10.00am, in the Large Meeting Room, Staff Club, Victoria Hospital, Kirkcaldy.

**STAFF GOVERNANCE COMMITTEE**

**(Meeting on 3 May 2019)**

Key issues to be raised:

**1. Sickness Absence**

The sickness absence rate for the 12 months ending February was 5.39%, a decrease of 0.01% from January. This remains disappointing. The first of a series of workshops has been held on 29<sup>th</sup> April 2019 with over 60 people attending. This included staff from all grades with differing roles within the attendance management process. The content was well received and further events will be held.

**2. iMatter**

There has been a slight improvement in the level of action plans completed rising to 47% at the end of March. The next cycle of iMatter is about to commence and a proactive communication and support plan is in place to support participation within this cycle.

**MINUTES OF THE STAFF GOVERNANCE COMMITTEE HELD ON FRIDAY 3<sup>RD</sup> MAY 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  
Mr Simon Fevre, Co-Chair, H&SCP LPF  
Mrs Helen Buchanan, Director of Nursing  
Mrs Christina Cooper, Non Executive Director

**In Attendance:**

Ms Barbara Anne Nelson, Director of Workforce  
Mr Bruce Anderson, Head of Staff Governance  
Mr Andy Mackay, Deputy Chief Operating Officer (for Acute Services)  
Mr Michael Kellet, Director of Health & Social Care  
Dr Gillian MacIntosh, Board Secretary  
Mrs Pauline Cummings, Risk Manager  
Mrs Helen Bailey (minute taker)

<b>NO.</b>	<b>HEADING</b>	<b>ACTION</b>
<b>38/19</b>	<b>CHAIRPERSON'S WELCOME AND OPENING REMARKS</b>	
	The Chair welcomed everyone and welcomed Andy Mackay attending for Ellen Ryabov.	
	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.	
<b>39/19</b>	<b>DECLARATION OF MEMBERS' INTERESTS</b>	
	None.	
<b>40/19</b>	<b>APOLOGIES FOR ABSENCE</b>	
	Apologies were received from P Hawkins, W Brown, E Ryabov	
<b>41/19</b>	<b>MINUTES AND ACTION LIST OF PREVIOUS MEETING HELD ON 1<sup>st</sup> MARCH 2019</b>	
	The minutes of the previous meeting were <u>approved</u> .	

**Action List**

File Name: Staff Gov mins 03.05.19

Issue 1

Date: 20.05.19

Originator: H Bailey

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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 Agenda with regard to the East Region Recruitment Transformation programme.

60/18 – on agenda.

63/18 & 13/19 – Ms Nelson and Mrs Marwick recently attended a national workshop. There will be a proposal to the Board to move this sub-committee to report directly to the Board.

05/19 – exit interview process being taken forward as part of the multi generational sub group. Members discussed the most appropriate group to progress this, Ms Nelson will clarify with Mrs Waugh. The suggestion was made that the HR Policy Group may be appropriate to progress this work.

07/19 – C Cooper shared informed on Single Gateway, C Cooper and Ms Nelson to discuss further.

15/19 – completed.

25/19 – on agenda.

29/19 – completed.

32/19 – completed, on agenda for reporting.

#### **42/19 MATTERS ARISING**

None.

#### **43/19 BOARD ASSURANCE FRAMEWORK (BAF) – STAFF GOVERNANCE RISKS**

Mrs Buchanan and Mrs Cummings gave a presentation on risk appetite and risk tolerance regarding the Board Assurance Framework (BAF) and strategic framework. All scrutiny committee's are being asked to score the risks relevant to the areas considered within each Committee. Once collated the overarching risk appetite arrived at will be taken to the Board for consideration.

The members discussed the slides and gave feedback on scoring and the classification for each category.

Mrs Wells thanked Mrs Buchanan and Mrs Cummings for the presentation and clarification.

Ms Nelson referred to the 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, work continues to ensure that internal workforce planning arrangements are robust and driven by the needs of the service. Ms Nelson also reported that eEES has gone live in terms of linking to e-payroll.

Risk 90, National Shortage of Radiologists – the risk owner has been updated by J Burdock. Actions continue as per the reviewed risk.

Risk 1420, Loss of Consultants – regarding the loss of rheumatology consultants, the BAF has been updated reflecting the progress made by looking at alternative recruitment options and service redesign to sustain services.

The Committee discussed the overall challenges of recruiting staff and retaining staff.

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

## **44/19 WELL AT WORK**

### **a) Attendance Management Update**

Ms Nelson spoke to the update paper on the latest NHS Fife sickness absence statistics.

The NHS Fife average sickness absence rate is slightly decreased at 5.38% in February compared to 6.43% in January, but this remains outwith the target of 4%.

Pages 2 – 6 of the report provide the analysis behind the figure.

Ms Nelson updated the members on the Board's recovery plans as outlined in the paper.

Mr Clarke sought clarification on the NHS Scotland triggers and Ms Nelson gave an updated on the model PIN policies and the ongoing "Once for Scotland" work being done on HR policies nationally in partnership. This policy will contain triggers which will require to be adopted nationally. Mr Fevre stated that it is

**SF**

important to discuss at APF any envisaged changes to the management of absence within the Board and any potential impact that this might have this includes any issues arising from the review of the Review and Improvement Panels.

Mr Clarke referred to the Review and Improvement Panels and stated it would be useful to see what they achieved in order to bring about the reductions and what criteria would be used to bring about change. Ms Nelson stated that the review of the Review and Improvement Panels would be considering these aspects. Mrs Cooper suggested utilising HR platforms online to monitor this. Ms Nelson welcomed this information and acknowledged the benefit of this type of system. The issue within NHS Scotland is that the IT workforce system agreed nationally is eESS which has just been implemented within the Board. This system along with the additional introduction of Tableau in the next few months will provide comprehensive information for managers to be able to monitor absence more effectively.

Mr Fevre referred to the implementation of early referral to Occupational Health for mental health related absence and asked if there was capacity to cope with this. Ms Nelson stated that activity within the existing Occupational Health Services is closely monitored via the agreed KPI's and that if any issues arose with capacity this would be addressed through these.

The Staff Governance Committee members **noted** the position for the first eleven months of the 2018/19 financial year in relation to sickness absence.

**b) Well at Work**

Ms Nelson informed the members that NHS Fife has achieved the Gold Healthy Working Lives Award and is hoping to progress to going Beyond Gold. Ms Nelson referred to the list documented within the paper of the current activities.

Ms Nelson as previously stated that NHS Fife are more proactive in progressing Well at Work within the Board than many other Scottish Boards.

Members discussed the benefits of the Staff Wellbeing Handbook and commended highly the work taken to prepare this document. The Committee also recognised that this information could be usefully used in other ways within the Board including patients. Mrs Buchanan and Mr Mackay undertook to consider how this booklet may be used more widely.

The Staff Governance Committee members **noted** the ongoing activities in terms of Well at Work and highly commended the

document produced.

#### **45/19 HR METRICS**

Members of Staff Governance Committee had previously discussed the collation and presentation of workforce data to Staff Governance. This had been based around discussion on reducing the number of individual reports to Committee and the development of workforce data dashboards. This would also enable easier interpretation of the data itself in a more succinct manner.

Ms Nelson talked the Committee through the data presented in Appendix 1 which makes the workforce data more visual. Ms Nelson stated there would also be an executive summary at the front of any data to provide the necessary context and issues to be highlighted.

Mr Fevre asked where it would be shared. Ms Nelson confirmed that once in place this data would be considered at any forum which required to consider workforce related data.

The Staff Governance Committee **discussed** the contents of the paper and **agreed** the revised approach to reporting workforce data and also noted the future arrangements to include both quarterly and annual reporting of workforce data.

#### **46/19 STAFF GOVERNANCE ACTION PLANS**

##### **a. SIGN OFF 2018/19 STAFF GOVERNANCE ACTION PLAN YEAR END REVIEW AND SIGN OFF STAFF GOVERNANCE ANNUAL MONITORING RETURN 2018/19**

Mr Anderson referred to the 3 documents. Mr Fevre stated that these documents are more robust than previous plans which had been produced and thanks were given to Mr Anderson.

##### **b. AGREE STAFF GOVERNANCE ACTION PLAN 2019/20**

These documents will go to APF for approval. If there are any significant changes they will be circulated to Staff Governance electronically.

The Staff Governance Committee:

**Considered** the content of the Staff Governance Action Plan 2018-19 Year End Review.

**Considered** the content of the Staff Governance Annual Monitoring Return 2018-19.

**Agreed** the proposal to approve both the Staff Governance National Annual Monitoring Return 2018-19 and the Staff Governance Action Plan 2019/20 electronically following approval by the Area Partnership Forum.

#### **47/19 HEALTH & SOCIAL CARE STAFF EXPERIENCE REPORT 2018 - iMATTER**

Mr Anderson referred to the report which provides highlighted comparisons between Boards and the NHS Scotland average performance with regard to employee engagement. Previously NHS Fife have compared well with other Boards however within this report it has to be noted that the response rates for NHS Fife have reduced from previous reports. To support improvement in the current cycle of iMatter a proactive strategy has been adopted in conjunction with Communications colleagues. In addition, for iMatter to succeed there has to be commitment from senior managers to commit to the process and positively engage with their staff..

There needs to be commitment to the whole cycle and one other way to increase performance in this area is by promoting good news stories from each Directorate within the Board.

The Staff Governance Committee **noted** the contents of the report.

#### **48/19 CONSULTANT RECRUITMENT**

Ms Nelson referred to the paper detailing that NHS Fife has 31.55 wte consultant vacancies, as at 31<sup>st</sup> March 2019. Ms Nelson updated the Committee on vacancies within the Consultant body. Ms Nelson discussed the approaches to be taken with regard to advertising vacancies, the service leads networking and the strive to making Fife more attractive as a place to live and work.

The Staff Governance Committee **noted** the content of the report and the improved position during 2018 and into 2019. A further update on Consultant Recruitment will be provided in six months time.

#### **49/19 BREXIT UPDATE**

Ms Nelson gave an update regarding workforce and confirmed that NHS Fife continue to provide support and communication to individuals affected who responded to our survey.

With regard to more general communication a Stay in Scotland toolkit has been distributed by Scottish Government which the

Board has utilised. Dialogue will continue and services will be asked to highlight any staff or groups of staff in their areas where they may feel that there are particular issues with regard to Brexit.

Staff Governance Committee members **noted** the update.

## **50/19 PERFORMANCE AND ACCOUNTABILITY FRAMEWORK**

Ms Nelson referred to the paper on behalf of Carol Potter which is being presented to all scrutiny committees of the Board to make them aware of the arrangements with regard to performance accountability and the role of Staff Governance sits in relation to this aspect. Ms Nelson referred to the performance metrics around the four quadrants and the oversight model.

Members stated that they found this useful.

The Staff Governance Committee **noted** the Performance & Accountability Framework to be implemented for 2019/20, in support of enhanced assurance on all aspects of performance.

## **51/19 WELL INFORMED STAFF GOVERNANCE STANDARD – COMMUNICATION AND FEEDBACK WITH STAFF**

Mr Anderson stated this was one of the 5 Staff Governance Standards and captures some of the communication issues addressed during the year. It includes the responses to staff in terms of iMatter, information on work promoting iMatter, current briefing sessions and how these can be improved upon. Mr Kellet gave an update on the H&SCP team visits which involves SLT doing monthly visits. Mr Mackay stated Acute are doing similar visits around the hospital with senior managers being visible and embedding themselves with staff in their own areas of work.

Mr Anderson also referred to the Communications Strategy, in terms of ensuring that staff know about any workforce initiatives and Well at Work issues.

Mr Fevre requested that in future when discussing one of the Staff Governance standards that these appear earlier in the agenda to ensure that adequate time is allocated to them for discussion.

**BA**

Members discussed the “taking an iMatter break” campaign. Mr Fevre and Mr Kellet were keen to ensure that slots have also been allocated for this initiative within the H&SCP.

**BA**

The Staff Governance **noted**

- the current arrangements for communicating with staff,

- the ongoing work to support improvement in how well informed our staff are,
- the work being done to ensure that the opportunity for feedback from staff is clear, concise, responded to and enhances their being involved in the decisions that affect them.

## **52/19 STAFF GOVERNANCE ANNUAL STATEMENT OF ASSURANCE 2018/19**

The Staff Governance Annual Statement of Assurance 2018/19 is presented as a requirement from the Board for approval.

Mrs Wells queried Item 1.3 regarding escalation of items of the Board if serious concerns were identified regarding staff governance issues within the services devolved to the Integration Joint Board and requested this be changed to “within all services including those devolved to the Integration Joint Board”.

The Staff Governance Committee **approved** the Staff Governance Annual Statement of Assurance 2018/19 with the amendment above.

## **53/19 INTEGRATED PERFORMANCE REPORT**

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

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

## **54/19 ISSUES TO BE HIGHTED TO THE BOARD**

The following items would be highlighted to the Board:

- Sickness Absence
- iMatter
- Statutory and Mandatory training
- Brexit and Stay in Scotland
- Recruitment
- Well at Work Handbook

**BAN**

## **55/19 ITEMS FOR INFORMATION/NOTING**

- Minutes & Action list of the APF (20.03.19)
- Minutes of Acute Services Division and Corporate Directorates LPF (28.2.19)
- Remuneration Sub Committee minutes (19.03.19)
- Minutes & Action List of H&SC LPF (06.03.19)

All **noted**.

## **56/19 ANY OTHER BUSINESS**

Ms Nelson referred to the paper from Carol Potter on Strategic Objectives 2019/20. The Strategic Objectives 2018/19 for NHS Fife were agreed at the Board meeting in May 2018. This paper provides the committee with a review of the Strategic Objectives for 2018/19 and looks forward to 2019/20 with proposed objectives to be approved by the Board. These are the strategic objectives for all Directors which relate directly to the strategic objectives of the Board. .

The Staff Governance Committee **noted** the review of the strategic objectives for 2018/19 and **considered** and **agreed** the proposed strategic objectives for 2019/20.

## **57/19 DATE OF NEXT MEETING**

Friday 28<sup>th</sup> June 2019 at 10:00 hours in Staff Club, VHK.

**Brexit Assurance Group: Chair and Group Comments**

**BREXIT ASSURANCE GROUP  
(Meeting on 2 April 2019)**

'The Group noted that reporting mechanisms were now in place for the Group to receive regular reports from the Board Governance Committees and the Health and Social Care Partnership.'

**MINUTES OF THE BREXIT ASSURANCE GROUP HELD ON 2 APRIL 2019 AT 11AM IN ROOM 521 HAYFIELD HOUSE**

**Present:**

Dr Les Bisset (chair), Vice Chairman  
 Mr Martin Black, Non Executive Committee Member  
 Ms Gillian MacIntosh, Head of Corporate Planning and Performance  
 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, Office Manager, Public Health

MINUTE	ACTION
REF	
<p><b>01/19 WELCOME AND INTRODUCTIONS</b>                      Dr Bisset welcomed everyone to the meeting.</p>	
<p><b>02/19 DECLARATION OF MEMBERS' INTERESTS</b>                      There were no declarations of interest.</p>	
<p><b>03/19 APOLOGIES FOR ABSENCE</b>                      Ms Rona Laing and Dr Chris McKenna</p>	
<p><b>04/19 MINUTES OF PREVIOUS MEETING</b>                      The minutes of the previous meeting were accepted as an accurate record.</p>	
<p><b>05/19 MATTERS ARISING</b>                      The Terms of Reference for the Resilience Forum were forwarded to the Clinical Governance Group for approval but unfortunately the deadline was missed. The Terms of Reference will be sent to the Committee to agree by email. .</p>	
<p><b>06/19 EXTRACT FROM BOARD COMMITTEE MINUTES</b></p> <ul style="list-style-type: none"> <li>• Finance Performance and Resources</li> </ul> <p>The group were asked to note the extract from the above meeting.</p> <ul style="list-style-type: none"> <li>• Staff Governance</li> </ul>	

The group were asked to note the extract from the above meeting.

- Clinical Governance

The group were asked to note the extract from the above meeting.

Discussion followed on reporting to this group, Ms MacIntosh confirmed Brexit reporting is included on all Committee workplans. Further discussion took place where it was agreed that a template will be drafted and forwarded to each Committee Chair and Executive Lead. The document, similar to Brexit Reporting/Governance Arrangements (Appendix 1) will require completing after each meeting. It was further agreed the template will also be forwarded to the Chair and Executive Lead of the Audit & Risk Committee.

**DM/CC**

**DM**

Estates and Facilities appear on the Brexit Reporting /Governance Arrangements (Appendix 1) twice, Ms Nelson agreed to discuss with Mr Andrew Fairgrieve, Director of Estates and Facilities.

**BAN**

**07/19 SELF ASSURANCE CHECKLIST FOR H&SCP**

This document is reviewed prior to each Resilience Forum meeting. Ms Milne confirmed Ms Kirsty McGregor, Head of Communications, is the Regional Lead for Communications and will feed in and identify any need for communication. Ms Milne would then escalate to the relevant committee. Ms Milne reported on the response sent to the External Auditors. Ms Milne also reported she would be taking part in a Local Resilience Partnership teleconference on Wednesday 3<sup>rd</sup> April where she would raise the issue of medicine management.

**DM**

A discussion followed on the Brexit reporting arrangements from the Integrated Joint Board (IJB) where it was agreed Ms Milne will arrange a meeting with Mr Michael Kellet, Director of the IJB to discuss.

**DM**

Mrs Wells brought to the groups attention the scaremongering appearing in various news articles regarding medicine shortages and reports that many pharmacies are having difficulty sourcing medicines. Dr Bisset reported that if this were the case it would be reported at Clinical Governance. Discussion followed on each committee having its own Brexit risk register: it was agreed there was no need for this but if any committee needed to raise a risk in relation Brexit they should let this Committee know as part of their report.

Ms Milne also confirmed the Scottish Planning Assumptions have not been updated since December. Ms Milne confirmed she will circulate them when an update is received.

**08/19 NHS FIFE RESILIENCE FORUM MINUTES**

Ms Milne reported the last Resilience Forum was well attended and a very good presentation was given by Evelyn McPhail, Director of Pharmacy. Ms Milne suggested the presentation be given at the next Clinical Governance meeting. Dr Bisset agreed to discuss with Dr Chris McKenna, Medical Director. The group were asked to note the minute of the meeting.

**LB**

**09/19 NATIONAL UPDATES**

The Scottish Resilience Partnership sub-group on EU-exit Contingency Planning update was circulated immediately prior to the meeting, superseding the update circulated previously with the papers for the meeting. Ms Milne reported the sub group meeting takes place on a Monday and further updates will be circulated when they are available.

**DM**

Mr Black asked if contingency plans were in place for a long delay, Ms Milne reported this was being discussed at the teleconference on Wednesday 3<sup>rd</sup> April.

A Scottish Government letter has been circulated and a public website went live last week.

Ms Nelson reported that costs should be made public by the Scottish Government this week.

**10/19 AOCB**

A short discussion took place where it was agreed nothing confidential had been discussed.

A date will be sought for a meeting in June.

**CC**

**11/19 DATE OF NEXT MEETING**

- Wednesday 15<sup>th</sup> May at 2pm in Room 521 Hayfield House

The meetings scheduled to take place in June and July have been cancelled. The situation will be reviewed at the NHS Fife Resilience Forum meeting on 24<sup>th</sup> July

**BREXIT ASSURANCE GROUP**

**(Meeting on 15 May 2019)**

The group have now received reports from the Board's committees outlining the current position of preparedness in relation to their individual areas of responsibility.

Future meetings will be held in response to the evolving status of Brexit discussions within Government.

**MINUTES OF THE BREXIT ASSURANCE GROUP HELD ON 15 MAY 2019 AT  
2PM IN ROOM 521 HAYFIELD HOUSE**

**Present:**

Dr Les Bisset (chair), Vice Chairman  
Mr Martin Black, Non Executive Committee Member  
Ms Rona Laing, Non Executive Committee Member  
Ms Gillian MacIntosh, Head of Corporate Planning and Performance  
Ms Dona Milne, Director of Public Health  
Dr Chris McKenna, Medical Director  
Ms Barbara Anne Nelson, Director of Workforce  
Ms Carol Potter, Director of Finance  
Mrs Margaret Wells, Non Executive Committee Member

**In Attendance:**

Cheryl Clifford, Office Manager, Public Health

<b>MINUTE REF</b>		<b>ACTION</b>
<b>12/19</b>	<b>WELCOME AND INTRODUCTIONS</b> Dr Bisset welcomed everyone to the meeting.	
<b>13/19</b>	<b>DECLARATION OF MEMBERS' INTERESTS</b> There were no declarations of interest.	
<b>14/19</b>	<b>APOLOGIES FOR ABSENCE</b> There were no apologies.	
<b>15/19</b>	<b>MINUTES OF PREVIOUS MEETING</b> The minutes of the previous meeting were accepted as an accurate record.	
<b>16/19</b>	<b>MATTERS ARISING</b> A paper from Michael Kellet, Director of Health and Social Care was circulated following the last meeting regarding reporting arrangements from the Integration Joint Board.	
<b>17/19</b>	<b>EXTRACT FROM BOARD COMMITTEE MINUTES</b> <ul style="list-style-type: none"><li>• Finance Performance and Resources</li></ul> The group were asked to note the extract from the above meeting. A short discussion was held on possible procurement issues and possible fuel shortages and how this might be dealt with if it were to happen.	

- Staff Governance

The group were asked to note the extract from the above meeting. Ms Nelson reported “Stay in Scotland” materials were received from the Scottish Government and circulated to staff. Work is ongoing to encourage affected staff to apply for the resettlement scheme.

- Clinical Governance

The group were asked to note the extract from the above meeting. Dr McKenna confirmed the greatest concern would be access to medicines if a shortage situation were to arise, in the event of shortages guidance would be taken from the Scottish Government.

- Audit and Risk

A short discussion took place where it was agreed there was no requirement for the Audit and Risk Committee to report to this group.

**18/19 SELF ASSURANCE CHECKLIST FOR H&SCP**

Ms Milne confirmed the checklist was for use by the Health and Social Care Partnership and Fife NHS Board. The checklist is updated prior to each Resilience Forum meeting. Ms Avril Sweeney, Manager – Risk Compliance, Health and Social Care partnership sent an update to the Resilience forum meeting on the 30<sup>th</sup> April confirming contact had been made with voluntary sector partners. Ms Milne agreed to discuss further with Ms Sweeney,

DM

**19/19 NHS FIFE RESILIENCE FORUM MINUTES**

The Resilience Forum met on the 30<sup>th</sup> April, where Brexit risks were discussed. It was agreed at the meeting to update the risk register prior to the next Resilience Forum meeting. The Resilience Forum agreed to cancel the meetings due to be held in May and June and will meet again on 24<sup>th</sup> July. The group were asked to note the minute of the meeting.

**20/19 NATIONAL UPDATES**

A letter from Mr Mark Williams, Assistant Chief Constable was tabled. The letter confirmed the structures set in place across Government, agencies and partnerships were stood down in April 2019. The letter confirms a debriefing process has begun.

**21/19 AOCB**

The two meeting scheduled for June and July have been cancelled. The group will reconvene during this time if anything requiring urgent action happens.

**22/19 DATE OF NEXT MEETING**

This was discussed under AOCB

**COMMUNITIES & WELLBEING PARTNERSHIP**

**(Meeting on 11 March 2019 )**

No issues were raised for escalation to the Board.

**MINUTES OF MEETING**  
**COMMUNITIES AND WELLBEING PARTNERSHIP**  
held on Monday 11<sup>th</sup> March, 2.00pm  
at Rothes Halls, Glenrothes  
**UNCONFIRMED**

**Present:** Cllr Lesley Backhouse  
Ruth Bennett, Health Promotion Manager, Health & Social Care Partnership  
Emma Broadhurst, Team Manager (Active Communities), FC  
Archie Campbell, Workers' Educational Association (WEA)  
Mike Enston, Executive Director, Communities, FC  
Tracey Ford-McNicol, Director of Faculty, Community & Supported Learning, Fife College  
Michael Kellet, Director of Health & Social Care  
Janice Laird, Community Manager (North East Fife), FC  
Dona Milne, Director of Public Health, NHS Fife - Chair  
Nina Munday, Manager, Fife Centre for Equalities  
Kenny Murphy, Chief Executive, Fife Voluntary Action  
Karen Taylor, Partnerships and Creative Development Manager, Fife Cultural Trust  
Jo-Anne Valentine, Public Health Manager, NHS Fife  
Margaret Wells, NHS Fife Board

**Attending:** Pegs Bailey, Fife Voluntary Action  
Coryn Barclay, Research Consultant, FC  
Sharon Murphy, Community Planning Manager, FC (first part of meeting only)  
Gill Musk, Policy Officer, FC  
Claire Street, Development Officer, FC

**Apologies:** Judith Allison, Manager, Youth 1<sup>st</sup> – Fife  
Lynn Gillies, Service Manager (Family Support), FC  
Cllr Fiona Grant  
Cllr Judy Hamilton  
Ray McCowan, Director for Scotland, Workers' Educational Association (WEA)  
Sgt Susan Todd, Police Scotland  
Heather Tytler, Area Manager, Skills Development Scotland  
Paul Vaughan, Head of Communities and Neighbourhoods, FC  
Sgt Chris Mutter, Police Scotland  
Rona Weir, Education Officer, FC

**Prepared By:** Jennifer Cushnie, Business Support, FC

**1. Welcome and introductions**

Dona welcomed everyone to the meeting and invited introductions.

Apologies were received and noted as above.

**2. Notes of previous meeting – 5<sup>th</sup> December 2018**

Minutes were agreed as an accurate record. It was noted that the CLD Plan had gone to Committee. (Final version had been circulated with agenda.) There were no other matters arising not covered by the agenda.

### 3. Opportunities for All theme:

### ACTION

#### a. Peer research and Fife employability services

Pegs Bailey gave an overview of a peer research project into health inequalities and employability, funded by Fife Health and Wellbeing Alliance, and how this has influenced commissioning of employability services in Fife (PowerPoint presentation appended to minutes). She noted the correlation between the findings of the peer research and the Delivering Differently project, which has explored ways of supporting people with mental health issues into sustainable employment. Both are strong examples of community led approaches, as people with lived experience have been integral to design and implementation.

This led to discussion of community led services and how we ensure people who will be affected are meaningfully involved. There was also discussion of how the employability framework and human rights based approach could be adapted to other contexts.

The partnership was asked to consider supporting a pilot which would develop systematic ways for people to engage, influence and inform community planning work.

Members highlighted some other examples of good practice (e.g. participatory research in NE Fife) and noted potential to bring community voices into new developments e.g. the Type 2 Diabetes work and emerging delivery plans. It was felt that case studies of how to do this might be helpful, as might be a comparison of the Fife experience with other areas of Scotland / the UK where services have truly put communities at the centre.

Pegs also noted work currently under way to map employability services' data to Protected Characteristics to identify where things are working well, where there are gaps in provision, and where there are no data.

Findings from the Delivering Differently project will be presented at an event on 15<sup>th</sup> May.

#### b. Opportunities for All theme report

Dona and Michael gave brief feedback on discussions at Fife Partnership Board.

Dona invited the group to consider the points for discussion in the covering paper. Previous Communities & Wellbeing Partnership discussion had highlighted some gaps in terms of delivering the health outcome in the Plan for Fife and should now decide whether new actions were needed.

Cllr Backhouse highlighted the impact of breastfeeding on health inequalities and the need for more peer support in communities.

The impact of social determinants on health and the need for all Partnerships to be working towards reducing health inequalities was raised.

Janice noted that local anti-poverty funds are frequently allocated to food initiatives and advocated a more strategic approach across Fife. It was noted that holiday schemes which combined food with activities were good practice which could be built on.

Kenny highlighted the work being led by FVA, with Fairer Fife funding, to improve community engagement skills and practice across Fife. Only by working together and with the community can we make a real impact on inequality.

Dona raised the importance to health and wellbeing of a sense of control and suggested this could be a focus for this partnership group.

Michael highlighted HSCP locality working, which aims to move away from a service delivery, 'done to' approach, to empowering people and helping them connect with the resources and assets already available.

Archie reported on a political literacy course run in partnership with SW Fife CLD and Fife College. This was a powerful way of engaging people in discussion of local problems and action needed. Very good feedback had been received from those involved, with positive impact on mental health and morale reported. The model could be used in other areas of Fife.

Nina raised the issue of bullying and discrimination in schools and suggested there should be more done to record and address it.

#### **4. Communities Led Services theme:**

##### **a. Local Community Planning update: Our Cowdenbeath video**

This short video was played to the group. The first in a series of seven which will be made across Fife, it aims to engage local people in discussions around the local community plan. Film available at: <https://www.youtube.com/watch?v=3lwyfi-NIVA&feature=youtu.be>

##### **b. Mainstreaming Participatory Budgeting**

Coryn Barclay introduced this paper (circulated with agenda) and emphasised that the focus going forward must be on participation in decision-making, rather than on budgeting with small pots of funding. Participatory Budgeting (PB) gives the opportunity for greater creativity and should become a way of working.

Kenny noted that resources to support PB are part of the FVA-led community engagement work. He cautioned that this should not be about delivering impossible decisions to communities.

Coryn advised she would be attending a meeting with COSLA on 18.03.19 and asked members contact her prior to this with any ideas they would like taken forward.

Dona urged all members to consider how their agencies could be involved.

##### **c. 2019 Community Led Services theme report**

Rather than focusing on the next report to Fife Partnership Board, Mike invited members to consider the Community Led Services theme and this partnership's role. There are areas of focus / actions under this theme which need to be 'unpacked' and this could be where Communities & Wellbeing Partnership adds value.

**ACTION**

Mike asked that all members look at a recent report by New Local Government Network, 'The Community Paradigm', available at: <http://www.nlgn.org.uk/public/2019/the-community-paradigm-why-public-services-need-radical-change-and-how-it-can-be-achieved/>

**All**

Mike ran through his presentation, written to facilitate discussion, highlighting the six areas of focus under the Community Led Services theme (PowerPoint appended to minutes).

Kenny agreed that this theme is the least well developed in the Plan for Fife and welcomed the discussion. He urged consideration of how we know we are getting this right and noted that time spent now will benefit us later.

Janice noted that lots of work is happening across seven different areas and this is difficult to capture.

Resistance to change was discussed but it was agreed change was necessary – the difficulties of changing an entire workforce were felt to be monumental, however, frontline staff could hold the key to progressing this.

Actions agreed were that Dona and Mike, as Delivery Leads for this theme, would identify overlaps and gaps; and the theme would then be further fleshed out.

**DM/ME**

A further session may be planned for focused discussion on Community Led Services.

**5. Forward plan for Communities & Wellbeing Partnership**

Dona asked the meeting to consider the aim of the group, the outcomes we wish to achieve and who will take responsibility for particular actions.

**All**

Gill noted that a programme of theme reports to Fife Partnership Board is now in place and agendas for Communities & Wellbeing Partnership meetings going forward should reflect this, so that members have an opportunity to shape reports.

**6. Date of next meeting**

Tuesday 11<sup>th</sup> June, 2.00-4.00pm, Fife House Conference Room 1

**EAST REGION PROGRAMME BOARD**

**(Meeting on 1 February 2019)**

No issues were raised for escalation to the Board.

# Minutes

**Meeting:** East Region Programme Board  
**Date:** Friday 1 February 2019, 10am – 12.30pm  
**Location:** Fettes Suite, SHSC, Crewe Road South, Edinburgh

**Present:**

T Davison Chief Executive, NHS Lothian/Regional Implementation Lead (Chair)  
P Hawkins Chief Executive, NHS Fife  
J McClean Acting Director of Regional Planning, East Region  
J Butler HR Director, NHS Lothian/Regional HR Implementation Lead  
J Mackay Head of Comms NHS Lothian/Regional Comms & Engagement Implementation Lead  
T Gillies Medical Director, NHS Lothian/Regional Medical Director Implementation Lead  
A McCallum Director of Public Health, NHS Lothian  
E Ryabov Chief Operating Officer, NHS Fife  
J Crombie Deputy Chief Executive, NHS Lothian  
D Phillips Regional Workforce Planning Director, East Region  
K Donaldson Medical Director, NHS Dumfries and Galloway  
J Smith Lead Cancer Nurse, NHS Borders (in attendance until Item 6)  
K Macdonald Network Manager, SCAN (in attendance until Item 6)  
J Mander Clinical Lead, SCAN (in attendance until Item 6)  
L Hayward Medical Director of Oncology, NHS Lothian (in attendance until Item 6)  
M Cuthbert SCAN Lead Pharmacist (in attendance until Item 6)  
E Nicholson Regional Admin (minute taker)  
M Brown Regional Programme Manager (minute taker)

**In Attendance:**

M Allardice, SCAN Modernisation Manager (in attendance until Item 6)  
C Cartwright (on behalf of C Briggs), Strategic Programme Manager, NHS Lothian  
J Shields, SAS

**Apologies for absence were received from:**

Jane Davidson, Carol Gillie, June Smyth, Nicky Berry, Cliff Sharp, Carol Potter, Frances Elliot, Barbara Anne Nelson, Susan Goldsmith, Alex McMahon, Colin Briggs, Fiona Murphy, Michael Kellet, Judith Proctor, Jim Forrest, Allister Short, Rob McCulloch Graham

1.	<p><b>Welcome and Apologies</b></p> <p>T Davidson welcomed everyone to the meeting and apologies were noted. Ellen Ryabov, the newly appointed Chief Operating Officer in NHS Fife was introduced and welcomed to her first meeting.</p>	
2.	<p><b>Notes of Previous Meeting held on 31<sup>st</sup> August 2018</b></p> <p>The Group reviewed the minutes from the previous East Region Programme Board (ERPB) meeting held on 9 November 2018. No amendments were required and they were agreed as an accurate record of the meeting.</p>	
<b>PART 1: RCAG</b>		
3.	<p><b>Arrangements for RCAG</b></p> <p>K Macdonald spoke to the previously circulated paper which set out the required arrangements for governance and oversight of regional cancer networks as detailed in Health Department Letter HDL (71) alongside the result of regional consultation on how these arrangements should be met given recent changes in regional planning. K Macdonald advised that following discussion at the most recent meeting of the Regional Cancer Planning Group (RCPG), members had agreed that Option 2 was the preferred option i.e. to hold a separate RCAG meeting immediately preceding ERPB with an agreed revised membership.</p> <p>Following discussion, Programme Board members agreed to support this arrangement with T Davison confirming he will chair RCAG in his Regional Lead role with P Hawkins as Deputy Chair. K MacDonald and J McClean will develop a draft Terms of Reference prior to the next meeting and discuss with Chief Executives prior to the next meeting.</p>	<b>KMac/JMcC</b>
4.	<p><b>ChemoCare Electronic Prescribing System - Update</b></p> <p>K Macdonald spoke to the previously circulated paper which provided an update for the Programme Board on the current position with ChemoCare. The Board have been kept updated on the position with the monthly rolling service contract agreed in 2018 following the end of life notice issued on the current version. K Macdonald confirmed that a staff consultation exercise is seeking views on future system requirements in support of safe electronic prescribing across the region. Scottish Government has given a steer that the current system is set up to support national reporting and that this should not be disrupted, however users have highlighted scheduling issues and the lack of audit capability which do not appear to be resolved in the latest upgrade. SCAN is working with NSS Procurement to engage with the supplier and will bring an update back through this Board.</p> <p>J McClean confirmed that Board DoFs are kept updated on progress. The update was noted with agreement that the Board will be updated on progress at the next meeting.</p>	<b>KMac</b>
5.	<p><b>Clinical Audit of Tumour Groups</b></p> <p>J Mander introduced this item, reminding the Programme Board that there is a mandatory requirement through CEL 2 (2012) to review by exception the outcomes of QPI audit at RCAG. Previously circulated papers relating to Brain, Sarcoma and Gynae</p>	

	<p>Tumour sites provided commentary on areas of non-compliance, with these previously discussed at RCPG on 25 January 2019. In summary:</p> <ul style="list-style-type: none"> <li>• Brain: Overall reasonable progress has been made, with the trend for improved results noted. Areas to highlight were the small numbers involved and update of Primary Care Ref Help guidelines advising the referral of all patients with seizures.</li> <li>• Gynaecology: A review of casenotes has been completed for patients whose care failed to meet the QPI, concluding that treatment was appropriate. There is a cohort of patients not fit enough for surgery therefore primary chemotherapy was the sole treatment with some patients not fit for treatment.</li> <li>• Sarcoma: - Casenote review was undertaken where patients care failed to meet the QPI, concluding that clinical management was appropriate. Small numbers were highlighted.</li> </ul> <p>T Gillies advised that the Brain QPIs were discussed at the NHS Lothian Cancer Strategy Forum recently with an action plan requested.</p> <p>Members noted the update and actions.</p>	
6.	<p><b>Cancer Services – Discussion on Priorities, Challenges and Opportunities</b></p> <p>J McClean introduced this item, setting out the opportunity for the SCAN Boards to have a discussion on shared challenges for cancer services in the region which include workforce; ever increasing demand for services; cost of drugs; continuing development of treatment options; and meeting waiting times targets. Cancer has an added complexity as it crosses a wide range of other specialties. These challenges are not new and have been well rehearsed however there are also opportunities to look at services differently through new technologies, developing our approach to Realistic Medicine, the redevelopment of the Regional Cancer Centre and reviewing models of care and pathways.</p> <p>Within this context, colleagues were invited to discuss the opportunities to work collaboratively to address some of the challenges.</p> <p>J Mander, SCAN Clinical Lead advised that SCAN Tumour Group Leads had set out their priorities for the year ahead with a degree of commonality including improving Clinical Nurse Specialist provision, maximising regional working, improving communication between treatment centre and home Boards, and implementing care summaries. Additionally there was agreement on the need to address vulnerabilities, such as single-handed practitioners and Radiology.</p> <p>J Crombie, in his role as Chair of the NHS Lothian Cancer Capital Programme Board, advised that there are 2 main aspects to the Cancer Centre work programme: firstly, improvement of some existing, sub-optimal infrastructure pending the second phase which will be a redevelopment of the regional Cancer Centre that</p>	

can deliver modern care in a modern setting. The Capital Programme Board will build on existing relationships with partner Boards, with each of the Boards having nominated representation on the Board. A number of workshops have already taken place to look at future delivery models with Brian Haylock, Clatterbridge Cancer Centre, providing review and challenge of early assumptions. J Crombie stressed that this was a significant capital project and the vision should take account of services 20-30 years ahead.

T Davison asked for clarification on the model of chemotherapy delivery with J Crombie confirming this would be delivered as close to home as possible. Radiotherapy however would be delivered from a central location given the resources required. The Programme Board discussed whether there was an opportunity to look at patient flows, particularly in light of the Lanarkshire radiotherapy development, with potential to direct patients to facilities closer to their Board area, with an off-set of activity elsewhere. K Donaldson commented that work was still ongoing in NHS D&G to ascertain the optimum referral pathways for their patients, recognising that currently some specialties such as Urology refer patients to NHS Lothian for cancer treatment, while non-cancer Urology patient are referred within the West of Scotland.

T Gillies cautioned against disrupting the patient pathway which is optimally delivered within a single Region for clinical and QPI reasons.

T Davison requested that J Crombie initiate a discussion with the West of Scotland Cancer Leads to explore patient flow options.

JCr

P Hawkins highlighted the variation in workforce availability across the Region and suggested that there would be advantages in looking at a regional cancer service with NHS Lothian as the Lead Employer. Regional opportunities for maximising training, education, regional bank should all be considered including building the clinical structure alongside the physical infrastructure.

M Cuthbert commented that the national aseptic review had highlighted issues with recruitment to rotational training posts and the need to look at robotics and optimise pre-made products – the latter will impact on refrigeration capacity in the new aseptic unit. She confirmed that pharmacy workforce is being discussed in March which will feed into a lead employer discussion.

In addition the following points were raised:

- the importance of patient care in the post-treatment phase
- the ambition to provide care closer to home with potential savings through community dispensaries
- the shortage of welfare advisors and AHPs to support cancer as a chronic condition
- the regional SACT review highlighting the need for education and training of nurses
- the regional Radiotherapy review will inform planning
- outputs from TCAT will support patients leaving the service.

T Davison highlighted the ongoing challenges with meeting cancer

	<p>waiting times and asked for views on incorporating reporting through RCAG. There was broad consensus for this approach.</p> <p>T Davison summarised the discussion, acknowledging that there was a significant role for RCAG in shaping the development of cancer services of the future with members agreeing that the membership of RCAG should reflect its responsibilities. J McClean was asked to develop a proposed refreshed membership and Terms of Reference prior to the next meeting.</p>	<b>JMcC</b>
<b>PART 2: EAST REGION PROGRAMME BOARD</b>		
7.	<p><b>Update from Chief Executive Implementation Leads and Scottish Government Meeting</b></p> <p>T Davison advised that the Regional/National Implementation Leads had met recently with Shirley Rodgers. From an East Region perspective, T Davison had confirmed the refreshed regional work programme which is continuing to add value to work underway in individual Boards. Scottish Government has asked that the Regional Document previously prepared in March 2018 is updated for the end of March 2019 in preparation for submission to SG. J McClean confirmed that work is underway to start the process of updating information, anticipating that the revised document will come to the ERPB on 29<sup>th</sup> March.</p>	<b>JMcC</b>
8.	<p><b>East Region Work Programme 2019-20</b></p> <p>J McClean advised that in line with regional planning governance arrangements and following the refresh of the regional work programme, a formal Work Plan for the forthcoming year is being finalised. J McClean took the Board through a presentation highlighting the main programmes of work:</p> <ul style="list-style-type: none"> <li>• Acute Focussed Services</li> <li>• Mental Health and LD</li> <li>• Prevention and Better Health</li> <li>• Cancer Services</li> <li>• Children and Young People</li> <li>• Support Services</li> <li>• Supporting the Business</li> <li>• Horizon Scanning</li> </ul> <p>J McClean advised that she is looking to ensure that the appropriate architecture and resources are in place to support delivery, with a finalised Workplan to come forward to the next ERPB for agreement.</p>	<b>JMcC</b>
9.	<p><b>Work Programme Updates</b></p> <p><b>9.1 Laboratory Medicine</b> – In addition to the areas highlighted in the previously circulated report, J Crombie noted the considerable work that has been undertaken on developing the regional approach to a Managed Service Contract. P Hawkins acknowledged that the East Region is leading the way nationally with its collaborative approach to Laboratory Medicine.</p> <p><b>9.2 Ophthalmology</b> – P Hawkins advised that the inaugural meeting of the Regional Ophthalmology Network Board had taken place with a number of priority work streams identified including outpatient optimisation, theatre productivity and pathways for long</p>	

term eye conditions. J McClean confirmed that there would be close collaboration between this work and that of Boards Waiting Times Plans for Ophthalmology.

**9.3 Prevention and Reversal of Type 2 Diabetes** – J McClean highlighted SG agreement of East Region proposals as an Early Adopter of the Diabetes Framework with work underway to implement Boards plans for weight management and Gestational Diabetes services. While funds have been identified for the Let's Prevent Programme, the Region is hosting an event in March with a wide range of stakeholders, to assess the potential of the programme with a view to trialling in the East Region. Nicky Waters, the newly appointed Programme Director for the East Region commences in post on 11<sup>th</sup> February and has a programme of introductory meetings set up with stakeholders during her first few weeks in post.

**9.4 HR/Workforce** – D Phillips advised that work continues at pace with progress and agreed approach working well as documented in the Highlight Report. A meeting is being arranged between Medical Directors and HR Directors to look at regional workforce risks and opportunities.

**9.5 Realistic Medicine** – T Gillies spoke to the previously circulated report highlighting the focus going forward on prescribing for the frail and elderly. She explained that each Board has their own Realistic Medicine programme of work however as a regional collaboration the Medical Directors are looking at areas where they can add value by working regionally. Each Board has agreed to map their respective projects with a view to sharing the learning and join up where appropriate.

**9.6 eHealth** – J Stephen provided an overview of Office 365.

**9.7 Regional Trauma Network** – C Cartwright spoke to the previously circulated report summarising the main areas of work. Following confirmation that the amount of national funding available for next year is less than previously advised, a national meeting is being convened to look at the financial gap and agree priorities. It was confirmed that the South East Regional Major Trauma Centre at the Royal Infirmary of Edinburgh is due to go live in April 2021.

Members discussed ongoing concerns regarding workforce and the potential for deskilling local A&E departments. It was also noted that Boards may be fishing in the same pool for workforce to deliver Trauma, Elective Centre and waiting times programmes. T Davison highlighted the potential impact on patient flow at the Royal Infirmary if repatriation and rehabilitation pathways were not in place or adequately resourced.

It was also noted that as the Tayside MTC was now in operation, there was potential for existing patient flows to be altered while other MTCs were still in development.

A McCallum highlighted the need to ensure appropriate psychological services were in place to support rehabilitation.

T Davison advised that the ERPB needed to maintain a close connection with this work stream.

**9.8 Communication and Engagement** – J MacKay provided a verbal update on communications activity, highlighting work to

	<p>support the regional cancer centre, with a recent workshop to look at branding with a workshop later this month for patients and staff.</p> <p><b>9.9 Regional Document</b> – J McClean confirmed that this had been discussed under Item 7.</p>	
10.	<p><b>Sacral Nerve Stimulation Service: Business Case for Establishment of a Regional Service</b></p> <p>J McClean introduced this item advising that, while not yet complete, the draft Business Case had been circulated to both the Directors of Finance and the ERPB to sight them on the proposal. Further information is awaited from the existing national service, in particular information on the backlog of patients from the East. J McClean highlighted the gap in funding between funds returned to the East Region Boards from the national top slice and the expected cost of a regional service. There is however a likely reduction in costs by offering this type of procedure and not performing complex urinary tract surgery on patients which often requires revision and impacts on lifestyle and quality of life. It was noted that this aspect needed to be better articulated in the final version of the Business Case. The majority of costs relate to batteries and devices with year on year increases in costs as more patients are treated.</p> <p>T Gillies advised that there is a clinical case for developing this service and that within NHS Lothian there is already expertise and experience to deliver a service. Developments in battery technology may lead to a reduction in anticipated costs, with the potential to align the existing SNS Service for Faecal Incontinence and further reduce costs.</p> <p>Concern was noted about the potential impact on Urology waiting times which are already challenging. It was agreed that further work was required to finalise the Business Case with J Crombie and J McClean to liaise.</p>	JMcC/JCr
11.	<p><b>Draft National Workforce Plan</b></p> <p>D Phillips advised that in response to the consultation on the Draft National Workforce Plan, he had collated a regional response which had been circulated to members for information. It was noted that the finalised Plan is due to be published at the end of February.</p>	
12.	<p><b>East Region Approach to Innovation</b></p> <p>T Gillies spoke to the previously circulated papers which set out a proposal for a regional approach to creating a Health and Social Care Innovation Test Bed and Data Driven Innovation for the East of Scotland. The Innovation Test Bed proposal builds on the existing NHS Lothian R&amp;D infrastructure and recognises that the complex innovation environment requires some structure and oversight, best delivered at a regional rather than Board level. The paper set out a proposal to establish an East Region Innovation Governance Group with membership and Terms of Reference to be agreed.</p> <p>The paper on developing a Data Driven Innovation Programme set out a proposal to create a data repository for the East Region with an associated governance structure and analytical capacity and</p>	

	<p>capability to be developed. T Gillies confirmed that regional data will stay under NHS ownership.</p> <p>The Board recognised that this was a good example of pooling our resources to support wider change and confirmed support for the propositions, agreeing to take through respective Board processes.</p>	<b>Boards</b>
<b>13.</b>	<p><b>Robotics</b> T Gillies spoke to the previously circulated paper with the purpose of sighting Boards on the proposal to develop a Business Case to support Robot Assisted Surgery. T Gillies advised that the model of robot being considered had a number of advantages over the current model used in prostatectomies including the ability to move the robot between sites which would provide regional access for clinicians. T Gillies outlined a plan to phase reaching full capacity over a 2 year period and advised that there would need to be careful consideration of the governance issues.</p> <p>It is anticipated that a further paper will come to the March Programme Board, possibly with commencement in May.</p>	<b>TG</b>
<b>15.</b>	<p><b>AOCB</b> <b>PACS Applications</b> – T Gillies highlighted that the PACS 2 processes mean that no formal management sign off is required and therefore Boards may be less sighted on these applications. PACS 2 processes are in place in all Boards, however there is an option for Boards to dial into the NHS Lothian meeting if they wish to participate in the discussions about applications made for patients being treated under regional arrangements. It was confirmed that the final decision remains with the Board of residence. The existing arrangements for IPTR applications for qualifying medicines in cancer still apply</p> <p><b>Short Stay Elective Centre, St John’s Hospital</b> – J Crombie reported that there was good progress being made in developing the Outline Business Case for late Spring 2019.</p> <p><b>TAVI</b> – T Davison outlined recent discussions which had taken place at both the National Planning Board and the Regional/National Implementation Leads meeting on plans to expand TAVI services in Scotland, including the plans for the North of Scotland to commence a service from April 2019. The Programme Board confirmed its support for ensuring that the process agreed through the National Planning Board was followed through and there was clarity on where procedures would be undertaken, including the more complex and surgical cases.</p>	
<b>16.</b>	<p><b>Date, Time and Venue of Next Meeting:</b> Programme Board: <b>Friday 29th March 2019 at 11am, SHSC with preceding RCAG at 10am – 11am</b></p>	

**INTEGRATION JOINT BOARD MEETING**

**(Meeting on 28 MARCH 2019)**

No issues were raised for escalation to the Board.



## UNCONFIRMED

### MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD ON THURSDAY 28 MARCH 2019 AT 3.00 PM IN CONFERENCE ROOMS 2 & 3, GROUND FLOOR, FIFE HOUSE, NORTH STREET, GLENROTHES, FIFE, KY7 5LT

<b>Present</b>	Councillor Rosemary Liewald (Chair) Non-Executive Members – Dr Les Bisset, Martin Black, Margaret Wells, Rona Laing (for Eugene Clarke) - NHS Fife Wilma Brown, Employee Director, NHS Fife Helen Wright, Nurse Director, NHS Fife Councillors David Alexander, Tim Brett, David Graham, Fiona Grant, David J Ross, Tony Miklinski and Jan Wincott - Fife Council Debbie Thompson, Joint TU Secretary Ian Dall, Chair of Public Engagement Network Kenny Murphy, Third Sector Representative Morna Fleming, Carer Representative
<b>Professional Advisers</b>	Michael Kellet, Director of Health and Social Care/Chief Officer Eileen Rowand, Executive Director Finance & Corporate Services Audrey Valente, Finance Business Partner Dougie Dunlop, Chief Social Work Officer Nicky Connor, Associate Nurse Director
<b>Attending</b>	Claire Dobson, Divisional General Manager (West) David Heaney, Divisional General Manager (East) Julie Paterson, Divisional General Manager (Fife Wide)/ Dona Milne, Director of Public Health Evelyn McPhail, Director of Pharmacy Seonaid McCallum, Associate Medical Director, NHS Fife Fiona McKay, Head of Strategic Planning, Performance & Commissioning Norma Aitken, Head of Corporate Services Wendy Anderson, H&SC Co-ordinator (Minute)

<b>NO</b>	<b>HEADING</b>		<b>ACTION</b>
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1	<b>CHAIR'S WELCOME AND OPENING REMARKS</b>		
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The Chair welcomed everyone to the Health & Social Care Partnership (H&SCP) Integration Joint Board (the Partnership Board).

The Chair advised that the Mayfield Unit at Lynebank Hospital has been formally re-accredited by The Royal College of Psychiatrists. The Committee commended Mayfield, which is an inpatient environment supporting people with learning disabilities, for the high level of care it provides. The accreditation is part of the Quality Network for Inpatient Learning Disability Services, which aims to support wards to evaluate and improve their processes and increase standards of care.

**iMatter** – Children & Young People's Occupational Therapy team have been voted the most inspiring story at NHS Scotland event.

**1**      **CHAIRPERSON'S WELCOME AND OPENING REMARKS (Cont)**

**Scottish Pharmacist of Year Awards** - congratulations to Cadham Pharmacy, Glenrothes who picked up two awards at this year's Scottish Pharmacy Awards in Edinburgh on Saturday 23 March 2019. Maree Ferguson picked up Pharmacist of the Year and the Cadham Pharmacy team picked up the award for health promotion.

**See Hear** – Fife Sensory Impairment Group were runners up in the Scottish Sensory and Equality Awards in the “Outstanding approach to promoting partnership working across all services for people with a sensory loss in a local area” category! This is a great achievement showcasing the great work that has been introduced in a short time.

Eileen Rowand advised that for the purposes of Integration Joint Board meetings she was there in the capacity as Chief Finance Officer and Section 95 Officer for the partnership.

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

**2**      **DECLARATION OF MEMBERS' INTERESTS**

Nil.

**3**      **APOLOGIES FOR ABSENCE**

Apologies had been received from Christina Cooper, Eugene Clarke, Chris McKenna, Carolyn McDonald, Katherine Paramore, Simon Fevre and Steve Grimmond.

**4**      **MINUTE OF PREVIOUS MEETINGS**

The Minute of the meeting held on 20 February 2019 was approved as an accurate record.

Fiona Grant requested a verbal update on the Joining Up Care Consultation (Out of Hour) and Michael Kellet advised that work was progressing and a fuller update would be brought to the Integration Joint Board meeting on 26 April 2019.

Tim Brett asked what the next steps were regarding the Audit Scotland Integration Progress Report and Ministerial Review Group Report. Michael Kellet advised that a meeting has been set up for 11 April 2019 to undertake a stocktake and this will be brought to the Board on 26 April 2019.

David Graham asked for an update on Brexit. Michael advised that a range of meetings are taking place to address challenges at a local and national level. Further update at April meeting.

**NO HEADING**

**ACTION**

**5 MATTERS ARISING**

The Action Note from the meeting held on 20 February 2019 had been circulated previously and was agreed as an accurate meeting.

**6 PERFORMANCE**

**6.1 Financial Budget 2019/20**

Michael Kellet presented this paper which had been prepared with the assistance of Council and Health Board colleagues. He outlined the process which would be followed.

Budgets were set for Fife Council on 21 February 2019 and NHS Fife on 27 March 2019.

The report presented the 2019-20 budget, based on the second of a three year financial strategy. Detail was provided on the budget gap and the proposed savings plan.

Support for Voluntary organisations remains the same as last year and this will be reviewed in light on the new Strategic Plan, once approved.

The savings proposals had been discussed in detail at the Finance and Performance Committee meeting on 22 March 2019.

Tony Miklinski spoke about the risk share agreement, the potential for budget overspends, his perception that savings were social care heavy and that the Board should refuse to set a budget. Michael Kellet responded by advising that the IJB has an obligation to live within their allocated budget and that the £8.8m proposals were balanced between social care and health savings. Eileen Rowand advised that actions would be taken in year to reduce the budget gap and that a budget must be agreed to allow officer to begin to deliver on this.

David Graham asked about GP prescribing and whether or not there was confidence that we can reach the savings figures quoted in the PIDS. Evelyn McPhail confirmed this target would be meet and could be exceeded.

Martin Black asked about the Cash Releasing Efficiency Savings (CRES) which were NHS savings and the Strategic Plan. Michael Kellet advised that the Strategic Plan is in the process of being reviewed and would be brought to the Board in June 2019. It would provide clarity on budgets and sustainability.

Tim Brett asked for clarification on the 3 year financial strategy and where the £6.5m budget gap fit into this. Eileen Rowan confirmed that the budget being discuss is for year 2 of the 3 year strategy.

## 6 PERFORMANCE (CONT)

## 6.1 Financial Budget 2019/20 (Cont)

There was discussion about where the IJB spends its money and how this compare with the rest of Scotland. Focus should be on high spend areas. It was advised that different Boards offer different services/categories of service and it could be difficult to compare. Where possible analytical information would be used to look at future savings proposals.

Margaret Wells welcomed the changes in process which would allow the budget gap to be reduced in year and ensure future years planning would be robust.

David Ross asked about the budget Set Aside and Michael Kellet advised that Ayrshire IJB were leading on this for all IJB's in Scotland and that there is a 6 month deadline from the start of the new financial year.

Ian Dall raised concerns with the potential loss of quality or level of service received with the impact of some of the proposed savings. Michael Kellet acknowledged that the IJB faced challenges to provide safe, person-centred care within the budget.

The Divisional General Managers then went through the savings proposals for their own area in detail and responded to questions.

**CORP 01 – Management Actions.** David Graham questioned how consistency of approach will be measured. Julie Paterson advised that meetings had been set up to look at this.

**CORP 02 – GP Prescribing.** Evelyn McPhail advised this is building on work undertaken over the previous 3 years, it will focus on 3 main areas and that there are risks that a no deal Brexit will affect the cost of medicines. Further discussion on levels of confidence, potential staff disengagement, mitigating actions and the current opioid crisis in the US.

**FWD 001 & 002 – Cash Releasing Efficiency Savings (CRES).** Morna Fleming question whether vacancy management might have the potential to reduce service and increasing waiting times. Martin Black looked for reassurance about the effect vacancies would have. Reassurance was given that vacant posts would not be held long term.

**FWD 003 – Accommodation Services – Holiday Costs.** This relates to clients in a Group Home setting and will have no impact on carers. Clients will be supported by Social Work staff to ensure they are aware of support available.

## 6 PERFORMANCE (Cont)

### 6.1 Financial Budget 2019/20 (Cont)

**EAST 001 – NHS CRES (East).** David Heaney advised that this saving was achieved in 2018-19 and will also be achieved this year.

**EAST 002 – High Cost Care Packages.** This will affect new clients not existing. It has already been successfully introduced in Adult Services. Rosemary Liewald asked if it would be possible to see case studies to help the Board understand the impact of this.

DH

**EAST 003 – Community Alarms / EAST 004 – Meals on Wheels.** Fife Council's Policy & Co-ordination Committee agree to these charges being increased at their meeting on the morning on Thursday 28 March 2019. Board members sought reassurance that any financial hardship experienced by clients would be managed.

**EAST 005 – Day Services Review (Older People).** This would affect provision at Leng and St David's Day Centres, and the proposal is to relocate the service to alternative premises. Each service user will have an individual review to discuss their needs and desired outcomes. This will result in an appropriate individual care and support plan being agreed.

**EAST 006 – Day Services Review (Older People).** This would be undertaken on a locality by locality basis with a realistic timescale for achieving the full savings.

**EAST 007 – Residential Care (Older People).** This was not supported by the Finance and Performance Committee on 22 March 2019. There was the potential for reputational damage. Question was raised about the rationale for having Council care homes. David Heaney advised that it is desirable for a local authority to provide 10-15% of care home places in their area.

**WEST 001 – NHS CRES (West).** Similar to the East and Fife Wide CRES savings.

**WEST 002 – Community Equipment Store.** This would bring technical support in house and provide more efficiency.

**WEST 003 – SW Budget Nursing and Residential Care.** This is a budget reduction in an area which has been underspent in the past due to a change in the model of care for Older People.

## 6 PERFORMANCE (Cont)

### 6.1 Financial Budget 2019/20 (Cont)

The Board then made their decision on each of the savings as follows:-

#### 2019-20 SAVINGS PROPOSED

CORP 01 – Management Actions – Approved

CORP 02 – GP Prescribing – Approved

FWD 001 & 002 – Cash Releasing Efficiency Savings (CRES) – Approved

FWD 003 – Accommodation Services – Holiday Costs – Approved

EAST 001 – NHS CRES (East) – Approved

EAST 002 – High Cost Care Packages – Approved

EAST 003 – Community Alarms – Approved

EAST 004 – Meals on Wheels – Approved

EAST 005 – Day Services Review (Older People) – Approved

EAST 006 – Day Services Review (Older People) – Approved

EAST 007 – Residential Care (Older People) – Rejected

WEST 001 – NHS CRES (West) – Approved

WEST 002 – Community Equipment Store – Approved

WEST 003 – SW Budget Nursing and Residential Care – Approved

During discussion of this item David Graham and Dona Milne left then returned to the meeting. Debbie Thompson and Seonaid McCallum left the meeting.

Tony Miklinski, seconded by David J Ross proposed the following amendment – “that the IJB not set a budget today, but contact the Health Secretary to ask her to review the original funding and reconvene this meeting at a later date”.

The original motion and the amendment were put to a vote:-

<b>Motion</b>	<b>Amendment</b>
11 votes	2 votes

The original motion was carried and a budget was agreed.

## 6 PERFORMANCE (Cont)

### 6.1 Financial Budget 2019/20 (Cont)

The Board:-

- approved the proposed budget for 2019-20 noting that it does not fully address the budget gap, and noting the proposal for the requirement of the Strategic Plan 2019-2022 to be developed in line with financial envelope and published in June 2019.
- discussed and approved all but one of the new savings proposed (see above).
- noted the previously approved savings 2018-19.
- noted the financial risk to the Board of not setting an in year balance budget however this is mitigated by a three year financial strategy.

### 6.2 Financial Monitoring to January 2019

Michael Kellet presented this paper. Questions were raised and answered regarding increased costs in Residential and Day Care provision, over / under spend in Home Care and increasing demand for Adult care packages and transportation costs.

Margaret Wells raised the issue of financial reporting at IJB and NHS Fife meetings which lack consistency. Eileen Rowand and Audrey Valente will check information available and provide robust information.

ER/AV

The Board:-

- noted and discussed the financial position as reported at 31 January 2019.
- noted and discussed the key risks and challenges highlighted in the first section of the report.
- noted the position of all underspends on in year funding being allocated to reduce the financial deficit including Primary Care Implementation Fund funding.
- 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 increased pay award has now been approved and has a financial consequence of £0.499m this is not included in the forecast at this time and will be reflected in the February position.
- directed escalation to partners of the financial position and comply in line with Integration Scheme to request additional funding.

NO	HEADING	ACTION
7	AOCB Nothing.	
8	DATES OF FUTURE MEETINGS	

**IJB Meeting** – Friday 26 April 2019 at 10.00 am in Conference Rooms 2/3, Ground Floor, Fife House, North Street, Glenrothes, Fife, KY7 5LT

**IJB Development Session** – Tuesday 28 May 2019 at 10.00 am in Fife Voluntary Action, Saltire Centre, Glenrothes, Fife

# Integrated Performance Report

Produced in March 2019



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## 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

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 Jan 2019	0.20	12 months to Dec 2018	0.19	↓	0.21	y/e Sep 2018	0.18	3rd	0.27
		Complaints (Stage 1 Closure Rate in Month)	Person-centred	80.0%	Jan 2019	80.3%	Dec 2018	74.1%	↑	78.6%	National Data for 2017/18 not yet published			
	Complaints (Stage 2 Closure Rate in Month)	Person-centred	75.0%	Jan 2019	75.0%	Dec 2018	39.5%	↑	49.5%	National Data for 2017/18 not yet published				
	RED	HAI - SABs	Safe	0.24	12 months to Jan 2019	0.42	12 months to Dec 2018	0.44	↑	0.43	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 Jan 2019	100.0%	3 months to Dec 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 Jan 2019	95.7%	12 months to Dec 2018	95.7%	↔	95.6%	y/e Dec 2018	95.7%	3rd	90.9%
		Cancer 31-Day DTT	Clinically Effective	95.0%	Jan 2019	95.3%	Dec 2018	98.1%	↓	95.6%	q/e Sep 2018	83.2%	5th	81.4%
		Antenatal Access	Clinically Effective	80.0%	3 months to Nov 2018	90.5%	3 months to Oct 2018	91.2%	↓	90.7%	Only published annually: NHS Fife was 7th for FY 2017-18			
	AMBER	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%
		Cancer 62-Day RTT	Clinically Effective	95.0%	Jan 2019	93.1%	Dec 2018	89.8%	↑	86.2%	q/e Sep 2018	95.5%	6th	95.1%
		Outpatients Waiting Times	Clinically Effective	95.0%	Jan 2019	91.9%	Dec 2018	92.2%	↓	N/A	End of December	92.8%	1st	70.1%
		Diagnostics Waiting Times	Clinically Effective	100.0%	Jan 2019	98.2%	Dec 2018	98.4%	↓	N/A	End of December	98.4%	1st	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			
		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%	Jan 2019	76.9%	Dec 2018	80.4%	↓	79.3%	Dec-18	80.4%	6th	79.5%
		Patient TTG	Person-centred	100.0%	Jan 2019	68.7%	Dec 2018	68.8%	↓	71.8%	q/e Dec 2018	65.9%	6th	72.7%
	RED	Detect Cancer Early	Clinically Effective	29.0%	2 years to Sep 18	24.9%	2 years to Jun 18	23.8%	↑	27.9%	Only published annually: NHS Fife was 6th for 2-year period 2016 and 2017			
		Delayed Discharge (Delays > 2 Weeks)	Person-centred	0	31st Jan Census	40	27th Dec Census	37	↓	N/A	27th Dec Census	9.96	4th	10.42
		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			
		Smoking Cessation	Clinically Effective	490	Apr to Oct 2018	237	Apr to Sep 2018	198	↓	237	q/e Sep 2018	40.4%	6th	42.6%
CAMHS Waiting Times		Clinically Effective	90.0%	3 months to Jan 2019	77.7%	3 months to Dec 2018	83.0%	↓	75.9%	q/e Dec 2018	83.9%	4th	72.8%	
Psychological Therapies Waiting Times		Clinically Effective	90.0%	3 months to Jan 2019	69.1%	3 months to Dec 2018	72.0%	↓	67.9%	q/e Dec 2018	72.0%	7th	75.7%	
Staff Governance	RED	Sickness Absence	Clinically Effective	5.00%	12 months to Jan 19	5.40%	12 months to Dec 18	5.47%	↑	5.39%	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 January alone was 91.7% (all A&E and MIU sites) and 88.9% (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

AMBER

RED

Local Management Information (LMI) and Published data almost always agree

LMI and Published data may have minor (insignificant) differences

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 January, there were 7 *Staphylococcus aureus* Bacteraemias (SAB) across Fife, 3 of which were non-hospital acquired, with 4 occurring in VHK. The number of cases in January was 1 less than in December and 4 less than in January 2018, so the annual infection rate has fallen.

Assessment: The focus for 2019/20 will be to complete the mandated work of the Vascular Access Strategy Group, address the intrinsic risk factors for SAB acquisition in our patients and service users with Diabetes and continue the promising work with People Who Inject Drugs (PWID).

Vascular Access Devices (VAD) remain the greatest risk for SAB acquisition and the collaborative work progressed across services and has provided Fife with strengthened governance arrangements for VAD use. The implementation of the newly developed policies and procedures will be supported by education and training and an explicit clear understanding of roles and responsibilities. A scoping exercise will also be undertaken in the coming months to determine membership and overarching aims for the SAB improvement work which will focus on our diabetic population.

Building on the previous improvement work with PWID will continue to provide some assurance that this historically hard to reach population remain a high priority for SAB prevention in Fife.

The new Local Delivery Plan Standard for SAB is expected by the end of March 2019.

**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.

During January, the completion rate for both Stage 1 and Stage 2 Complaints met their local targets (80% and 75%, respectively), the first time this has been achieved.

Assessment: The internal complaints-handling process continues to be monitored across Acute and Health and Social Care Partnership. The Patient Relations Team continues to review the quality of information within the investigation statements and the initial draft responses produced by the Patient Relation Officers. A daily review of open cases is also carried out 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 running from February 2018 to January 2019, 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 January itself, 88.9% of the patients attending the VHK Emergency Department met this target, similar to the performance in January 2018. There were 612 breaches out of 5,515 attendances, none of which were 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 bed capacity, 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 extremely challenging during January.

**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 January, 93.1% of patients (67 out of 72) started treatment within 62 days of an urgent suspected cancer referral, the best monthly performance since October 2017. The 5 breaches were across 3 different specialties, with 3 in Urology and 1 each in Breast and Head & Neck.

**Assessment:** Performance improved in January however challenges still remain, particularly in relation to Breast cancer due to consultant retiral and Prostate cancer with delays to MRI and TRUS biopsy. Waits to oncology appointments due to reducing in staffing and increase in referral have also been a challenge, and 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 January, 68.7% of patients were treated within 12 weeks, virtually unchanged from the previous 5 months, although the actual number of breaches rose. The highest number of breaches (190) continued to be in the Ophthalmology specialty.

**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 over 12 and 26 weeks for treatment. Activity has been outsourced for Cardiology, Urology, General Surgery, Oral Maxillofacial, Ophthalmology, Orthopaedics, Gynaecology and ENT alongside additional in-house activity.

Additional ambulatory and day case areas have been 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 particularly for Urology however it is anticipated that performance in patients waiting over 12 weeks in ENT, Ophthalmology, General Surgery and Orthopaedics will improve in February and March.

**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 January, 98.2% of patients on the waiting list had waited less than 6 weeks for their test, maintaining the excellent performance seen throughout 2018. Of the 62 breaches, 37 were for a CT scan and 21 were for one of the Endoscopy tests.

**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 January, 76.9% of patients started treatment within 18 weeks of referral, the lowest figure recorded since performance fell below the Standard in October 2016.

**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 31<sup>st</sup> January Census (excluding Code 9 patients – Adults with Incapacity) was 96, 14 more than at the December Census and the highest figure since July 2016. The number of patients in delay for over 14 days (again excluding Code 9 patients) was 40, 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 237 people in the 40% most deprived areas of Fife who attempted to stop smoking during the first 7 months of the FY had successfully quit at 12 weeks.

**Assessment:** Preparation for No Smoking Day on 13<sup>th</sup> March continues, with distribution of resources to pharmacies, workplaces, hospitals, dentists, GP Practices, libraries, health centres etc. A range of promotional work has been actioned such as a digital advert on the NHS Fife Intranet, stop smoking message on staff payslips in February and March and a radio advert in Kingdom FM. This year will see pop-up stands in community venues to increase impact and awareness. NSD information has been incorporated into the quarterly community pharmacy newsletter and the stop smoking service newsletter.

**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 covering November 2018 to January 2019, 77.7% of patients who started treatment did so within 18 weeks of referral. This is a fall of 6% when compared to the previous 3-month period (October to December 2018). In January, 36 out of 105 patients who started treatment had waited more than 18 weeks, and such a high number in relation to those starting treatment within 18 weeks will always affect performance.

**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 covering November 2018 to January 2019, 69.1% of patients who started treatment did so within 18 weeks of referral. This is a fall of 3% when compared to the previous 3-month period (October to December 2018). In January, 554 patients started treatment, the highest monthly figure since May 2018, but nearly 200 of these had waited over 18 weeks, and this impacts on the measured performance.

**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 11 months to 28 February reflects an overspend of £3.102m. This comprises an underspend of £3.388m on Health Board retained budgets; and a net overspend of £6.490m aligned to the Integration Joint Board, including delegated health budgets (£0.063m) and the estimated impact of the risk share arrangement (£6.427m).

The reported year end forecast at month 11 is an overspend of £2.518m, based on a mid range forecast. This includes a forecast underspend on the Health Board retained budgets of £4.516m; and a net forecast overspend of £7.034m aligned to the Integration Joint Board (comprising a forecast overspend of £0.022m on delegated health budgets and an estimated risk share impact of £7.012m).

Last month two key areas of concern were noted, in both the reported in-year and forecast outturn positions encompassing the certainty of the Acute Services Division forecast overspend position, with a particular focus on waiting times; 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. As the financial year end nears, the updated positions are as follows:

### ASD forecast outturn position:

The Acute Services Division's forecast overspend is £9.227m of which £3.736m 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 in recent months 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 further slippage will impact on the outturn position and performance measures.

### **IJB forecast overspend position:**

The health component of the IJB continues to improve upon last month (forecast net overspend of £0.022m). As reported last month, given the scale of the forecast overspend across the IJB as a whole, 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 £1.536m, being the net impact of ADP; Primary Care Improvement Fund; and elements of s15 Mental Health monies) against the overspend this year, with the IJB required to find an alternative means to support these projects in the next financial year. This accounting treatment will be reviewed, however, once the final outturn position is known.

The IJB reported position excludes the Acute 'set aside' forecast overspend of £3.736m 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 final month of the year.

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 a near break even position (overspend of £0.121m). To that end, Board members can take a degree of assurance and confidence in respect of our year end position.

Members should note that the mid range forecast position will be reported to Scottish Government Health & Social Care Directorates as part of the routine monthly financial performance returns and informal discussions are ongoing in relation to the impact of the risk share arrangement on the delivery of breakeven.

### **Capital Programme**

The total anticipated Capital Resource Limit for 2018/19 is £8.459m. The capital position for the 11 months to February shows investment of £5.341m, equivalent to 63.44% 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 January was 5.40%, a decrease of 0.07% when compared to the position at the end of December. During the first ten months of FY 2018/19, sickness absence was 5.39%, a decrease of 0.29% 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 January.

**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 12<sup>th</sup> November. By the completion date, 344 Action Plans (43%) had been completed. This has increased slightly to 376 (47%) at the end of February.

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 February has increased to 31%.

**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 January, 95.3% of patients (101 out of 106) started treatment within 31 days. The breaches were recorded in the Colorectal (1) and Urological (4) 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 January, 91.9% of patients waiting for their first outpatient appointment had waited no more than 12 weeks. Although the number of patients waiting over 12 weeks (1,043) was slightly higher than at the end of December, the number of patients waiting over 26 weeks (6) and the overall waiting list continued to fall. NHS Fife continues to be one of the best performing Health Boards against this Standard.

The outpatient performance dipped in January due to a reduction in additional capacity over the festive period in Neurology and Urology and reduction in core capacity due to consultant sickness absence and vacancies in ENT, Cardiology, Ophthalmology and Gastroenterology. Efforts continue to manage demand and deliver additional activity to recover the position. Achieving the target will continue to be a challenge but it is anticipated performance will improve in February and March as the additional funded planned capacity is delivered.

**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 1<sup>st</sup> January 2016 to 31<sup>st</sup> December 2017, the 6<sup>th</sup> 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 September 2018 show that the running 2-year performance is virtually unchanged, though the figures for the first half of FY 2018/19 only show an improvement (to just under 28%). This is mainly due to improvements in the Colorectal specialty, which may be related to the increase in bowel screening.

**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 2<sup>nd</sup> 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 January, there were 7 *Staphylococcus aureus* Bacteraemias (SAB) across Fife, 3 of which were non-hospital acquired, with 4 occurring in VHK. The number of cases in January was 1 less than in December and 4 less than in January 2018, so the annual infection rate has fallen.

Assessment: The focus for 2019/20 will be to complete the mandated work of the Vascular Access Strategy Group, address the intrinsic risk factors for SAB acquisition in our patients and service users with Diabetes and continue the promising work with People Who Inject Drugs (PWID).

Vascular Access Devices (VAD) remain the greatest risk for SAB acquisition and the collaborative work progressed across services and has provided Fife with strengthened governance arrangements for VAD use. The implementation of the newly developed policies and procedures will be supported by education and training and an explicit clear understanding of roles and responsibilities. A scoping exercise will also be undertaken in the coming months to determine membership and overarching aims for the SAB improvement work which will focus on our diabetic population.

Building on the previous improvement work with PWID will continue to provide some assurance that this historically hard to reach population remain a high priority for SAB prevention in Fife.

The new Local Delivery Plan Standard for SAB is expected by the end of March 2019.

**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.

During January, the completion rate for both Stage 1 and Stage 2 Complaints met their local targets (80% and 75%, respectively), the first time this has been achieved.

Assessment: The internal complaints-handling process continues to be monitored across Acute and Health and Social Care Partnership. The Patient Relations Team continues to review the quality of information within the investigation statements and the initial draft responses produced by the Patient Relation Officers. A daily review of open cases is also carried out 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.

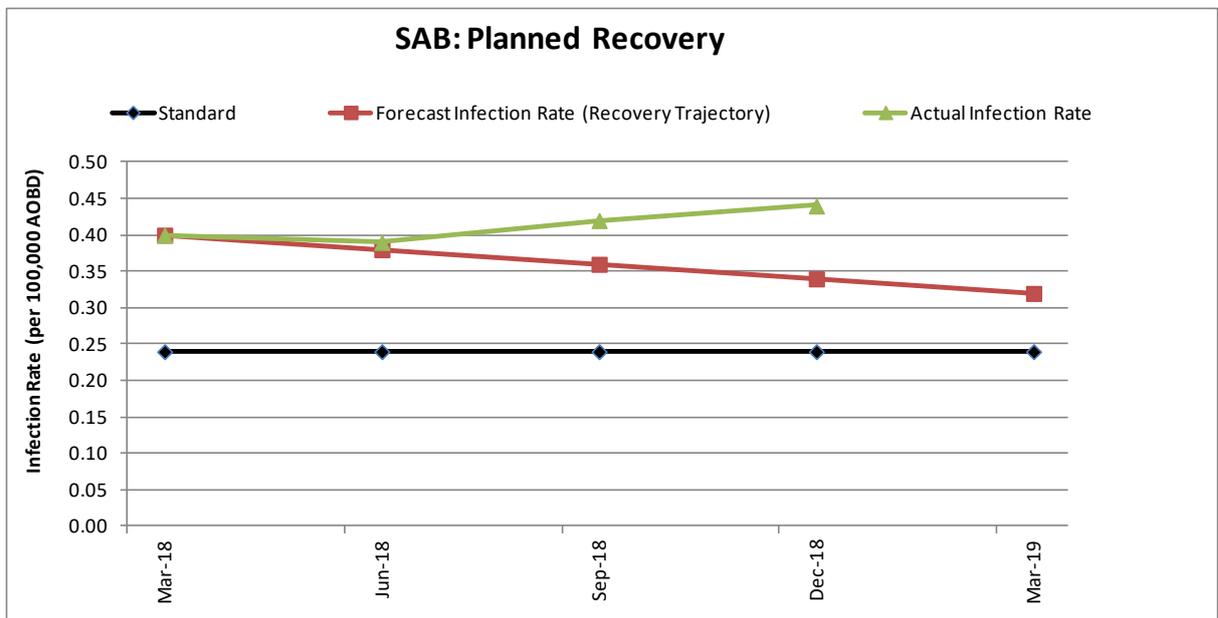
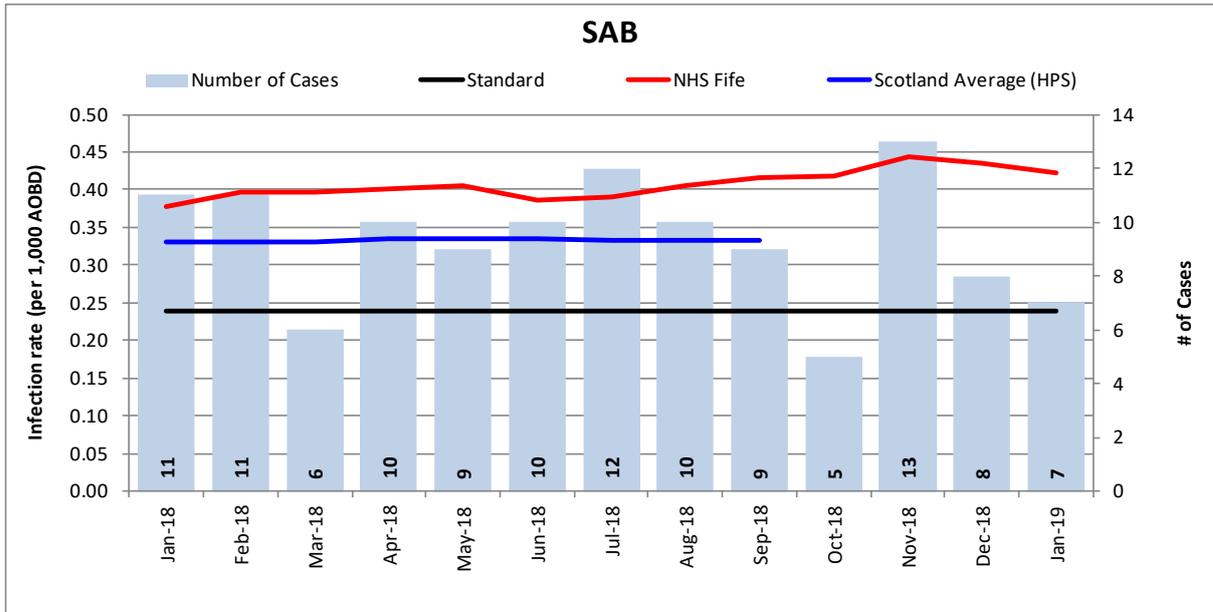
# Performance Summary

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 Governance	GREEN	HAI - C Diff	Safe	0.32	12 months to Jan 2019	0.20	12 months to Dec 2018	0.19	↓	0.21	y/e Sep 2018	0.18	3rd	0.27
		Complaints (Stage 1 Closure Rate in Month)	Person-centred	80.0%	Jan 2019	80.3%	Dec 2018	74.1%	↑	78.6%	National Data for 2017/18 not yet published			
		Complaints (Stage 2 Closure Rate in Month)	Person-centred	75.0%	Jan 2019	75.0%	Dec 2018	39.5%	↑	49.5%	National Data for 2017/18 not yet published			
	RED	HAI - SABs	Safe	0.24	12 months to Jan 2019	0.42	12 months to Dec 2018	0.44	↑	0.43	y/e Sep 2018	0.41	10th	0.33

## SAB

<b>Measure</b>	<b>We will achieve a maximum rate of SAB (including MRSA) of 0.24</b>
<b>Current Performance</b>	0.42 cases per 1,000 acute occupied bed during 12-month period from February 2018 to January 2019
<b>Scotland Performance</b>	0.33 cases per 1,000 acute occupied bed days, for 12 months to end of September

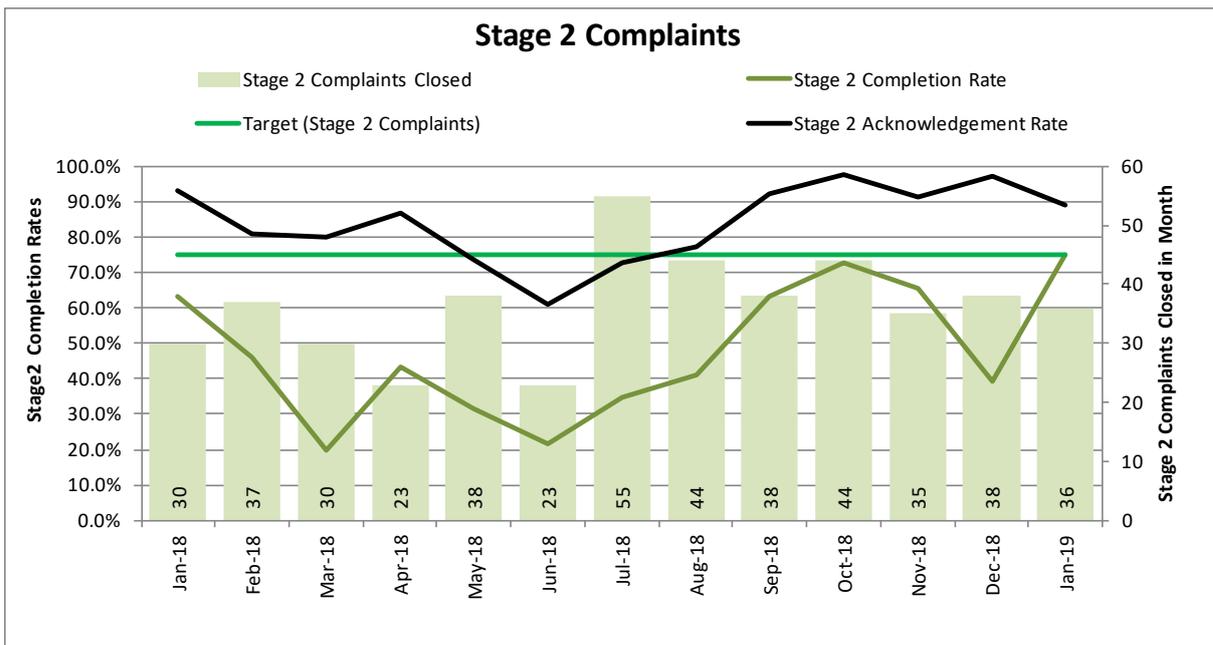
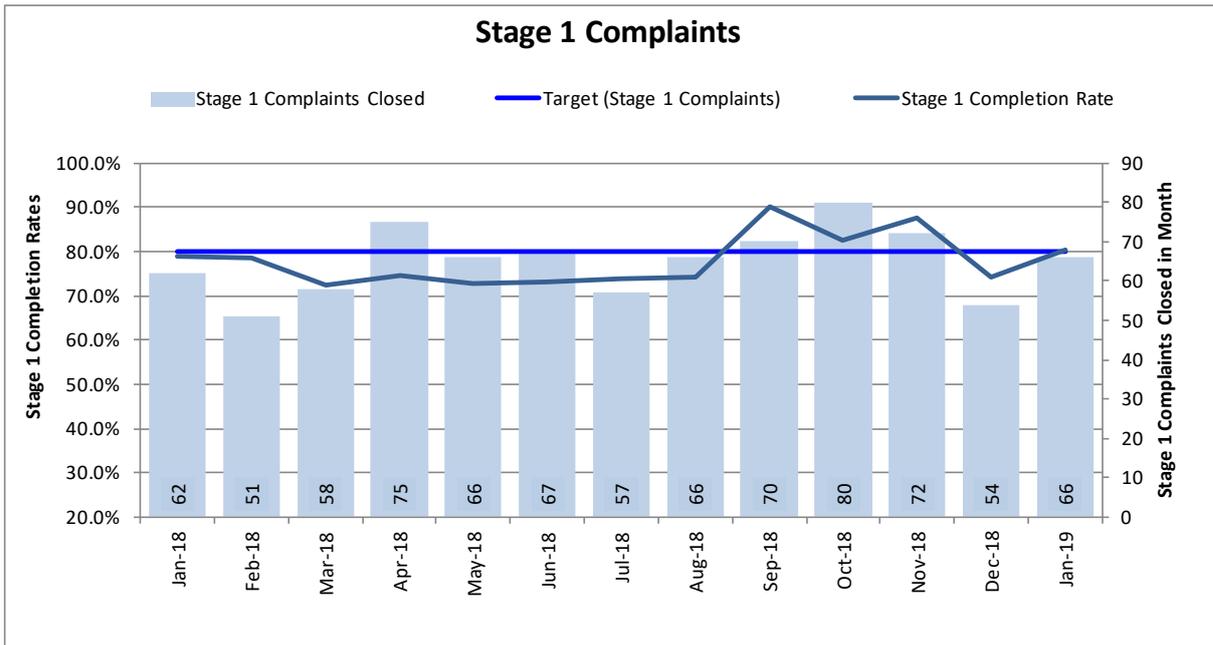


Previous 3 Reporting Periods	12 Months to Oct 2018		12 Months to Nov 2018		12 Months to Dec 2018	
		0.42	↔	0.44	↓	0.44
<b>Current Issues</b>	Vascular Access Device (VAD) SAB					
<b>Context</b>	Never met Standard 2 <sup>nd</sup> highest infection rate of all Mainland Boards during 12 months to end of 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

<b>Measures (Local Targets)</b>	<p><b>At least 80% of Stage 1 complaints are completed within 5 working days of receipt</b></p> <p><b>At least 75% of Stage 2 complaints are completed within 20 working days</b></p>
<b>Current Performance</b>	<p>80.3% (53 out of 66) Stage 1 complaints closed in January were completed within 5 working days (or 10 working days if extension applicable)</p> <p>75.0% (27 out of 36) Stage 2 complaints closed in January were completed within 20 working days</p>
<b>Scotland Performance</b>	<p>Stage 2 Complaints: 72.0% for 2016-17 (data published annually)</p>



Previous 3 Months	October 2018		November 2018		December 2018	
	Stage 1	82.7%	↓	87.5%	↑	73.7%
Stage 2	72.7%	↑	65.7%	↓	39.5%	↓
<b>Current Issues</b>	Delay in receiving statements from services, the quality of information in statements (concerns not answered, lack of detail); increase in the number of complex complaints; quality of first drafts produced by PRD Delay in sign-off process within the Acute and Partnership					
<b>Context</b>	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	Complete
Test improvement process within the Partnership	Improved performance and consistent achievement of targets	Mar 2019	Complete
Patient Relations Officers to undertake peer review	Improve the quality of draft responses	Sep 2019	On Track
Deliver education to service to improve quality of investigation statements	Improve quality of response and timescale	Sep 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 running from February 2018 to January 2019, 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 January itself, 88.9% of the patients attending the VHK Emergency Department met this target, similar to the performance in January 2018. There were 612 breaches out of 5,515 attendances, none of which were 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 bed capacity, 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 extremely challenging during January.

**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 January, 93.1% of patients (67 out of 72) started treatment within 62 days of an urgent suspected cancer referral, the best monthly performance since October 2017. The 5 breaches were across 3 different specialties, with 3 in Urology and 1 each in Breast and Head & Neck.

Assessment: Performance improved in January however challenges still remain, particularly in relation to Breast cancer due to consultant retiral and Prostate cancer with delays to MRI and TRUS biopsy. Waits to oncology appointments due to reducing in staffing and increase in referral have also been a challenge, and 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 January, 68.7% of patients were treated within 12 weeks, virtually unchanged from the previous 5 months, although the actual number of breaches rose. The highest number of breaches (190) continued to be in the Ophthalmology specialty.

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 over 12 and 26 weeks for treatment. Activity has been outsourced for Cardiology, Urology, General Surgery, Oral Maxillofacial, Ophthalmology, Orthopaedics, Gynaecology and ENT alongside additional in-house activity.

Additional ambulatory and day case areas have been 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 particularly for Urology however it is anticipated that performance in patients waiting over 12 weeks in ENT, Ophthalmology, General Surgery and Orthopaedics will improve in February and March.

**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 January, 98.2% of patients on the waiting list had waited less than 6 weeks for their test, maintaining the excellent performance seen throughout 2018. Of the 62 breaches, 37 were for a CT scan and 21 were for one of the Endoscopy tests.

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 January, 76.9% of patients started treatment within 18 weeks of referral, the lowest figure recorded since performance fell below the Standard in October 2016.

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 31<sup>st</sup> January Census (excluding Code 9 patients – Adults with Incapacity) was 96, 14 more than at the December Census and the highest figure since July 2016. The number of patients in delay for over 14 days (again excluding Code 9 patients) was 40, 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 237 people in the 40% most deprived areas of Fife who attempted to stop smoking during the first 7 months of the FY had successfully quit at 12 weeks.

Assessment: Preparation for No Smoking Day on 13<sup>th</sup> March continues, with distribution of resources to pharmacies, workplaces, hospitals, dentists, GP Practices, libraries, health centres etc. A range of promotional work has been actioned such as a digital advert on the NHS Fife Intranet, stop smoking message on staff payslips in February and March and a radio advert in Kingdom FM. This year will see pop-up stands in community venues to increase impact and awareness. NSD information has been incorporated into the quarterly community pharmacy newsletter and the stop smoking service newsletter.

**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 covering November 2018 to January 2019, 77.7% of patients who started treatment did so within 18 weeks of referral. This is a fall of 6% when compared to the previous 3-month period (October to December 2018). In January, 36 out of 105 patients who started treatment had waited more than 18 weeks, and such a high number in relation to those starting treatment within 18 weeks will always affect performance.

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 covering November 2018 to January 2019, 69.1% of patients who started treatment did so within 18 weeks of referral. This is a fall of 3% when compared to the previous 3-month period (October to December 2018). In January, 554 patients started treatment, the highest monthly figure since May 2018, but nearly 200 of these had waited over 18 weeks, and this impacts on the measured performance.

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 11 months to 28 February reflects an overspend of £3.102m. This comprises an underspend of £3.388m on Health Board retained budgets; and a net overspend of £6.490m aligned to the Integration Joint Board, including delegated health budgets (£0.063m) and the estimated impact of the risk share arrangement (£6.427m).

The reported year end forecast at month 11 is an overspend of £2.518m, based on a mid range forecast. This includes a forecast underspend on the Health Board retained budgets of £4.516m; and a net forecast overspend of £7.034m aligned to the Integration Joint Board (comprising a forecast overspend of £0.022m on delegated health budgets and an estimated risk share impact of £7.012m).

Last month two key areas of concern were noted, in both the reported in-year and forecast outturn positions encompassing the certainty of the Acute Services Division forecast overspend position, with a particular focus on waiting times; 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. As the financial year end nears, the updated positions are as follows:

#### **ASD forecast outturn position:**

The Acute Services Division's forecast overspend is £9.227m of which £3.736m 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 in recent months 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 further slippage will impact on the outturn position and performance measures.

#### **IJB forecast overspend position:**

The health component of the IJB continues to improve upon last month (forecast net overspend of £0.022m). As reported last month, given the scale of the forecast overspend across the IJB as a whole, 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 £1.536m, being the net impact of ADP; Primary Care Improvement Fund; and elements of s15 Mental Health monies) against the overspend this year, with the IJB required to find an alternative means to support these projects in the next financial year. This accounting treatment will be reviewed, however, once the final outturn position is known.

The IJB reported position excludes the Acute 'set aside' forecast overspend of £3.736m 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 final month of the year.

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 a near break even position (overspend of £0.121m). To that end, Board members can take a degree of assurance and confidence in respect of our year end position.

Members should note that the mid range forecast position will be reported to Scottish Government Health & Social Care Directorates as part of the routine monthly financial performance returns and informal discussions are ongoing in relation to the impact of the risk share arrangement on the delivery of breakeven.

#### **Capital Programme**

The total anticipated Capital Resource Limit for 2018/19 is £8.459m. The capital position for the 11 months to February shows investment of £5.341m, equivalent to 63.44% 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

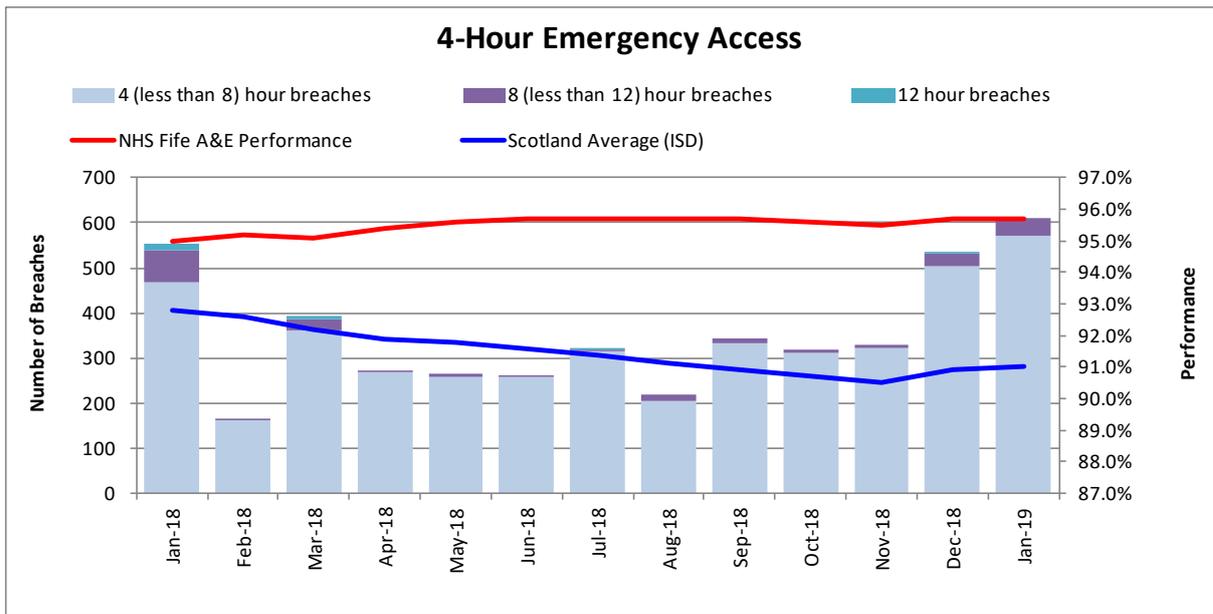
Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2018-19 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Finance, Performance and Resources	GREEN	IVF Treatment Waiting Times	Person-centred	90.0%	3 months to Jan 2019	100.0%	3 months to Dec 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 Jan 2019	95.7%	12 months to Dec 2018	95.7%	↔	95.6%	y/e Dec 2018	95.7%	3rd	90.9%
		Cancer 31-Day DTT	Clinically Effective	95.0%	Jan 2019	95.3%	Dec 2018	98.1%	↓	95.6%	q/e Sep 2018	83.2%	5th	81.4%
		Antenatal Access	Clinically Effective	80.0%	3 months to Nov 2018	90.5%	3 months to Oct 2018	91.2%	↓	90.7%	Only published annually: NHS Fife was 7th for FY 2017-18			
	AMBER	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%
		Cancer 62-Day RTT	Clinically Effective	95.0%	Jan 2019	93.1%	Dec 2018	89.8%	↑	86.2%	q/e Sep 2018	95.5%	6th	95.1%
		Outpatients Waiting Times	Clinically Effective	95.0%	Jan 2019	91.9%	Dec 2018	92.2%	↓	N/A	End of December	92.8%	1st	70.1%
		Diagnostics Waiting Times	Clinically Effective	100.0%	Jan 2019	98.2%	Dec 2018	98.4%	↓	N/A	End of December	98.4%	1st	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			
		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%	Jan 2019	76.9%	Dec 2018	80.4%	↓	79.3%	Dec-18	80.4%	6th	79.5%
		Patient TTG	Person-centred	100.0%	Jan 2019	68.7%	Dec 2018	68.8%	↓	71.8%	q/e Dec 2018	65.9%	6th	72.7%
	RED	Detect Cancer Early	Clinically Effective	29.0%	2 years to Sep 18	24.9%	2 years to Jun 18	23.8%	↑	27.9%	Only published annually: NHS Fife was 6th for 2-year period 2016 and 2017			
		Delayed Discharge (Delays > 2 Weeks)	Person-centred	0	31st Jan Census	40	27th Dec Census	37	↓	N/A	27th Dec Census	9.96	4th	10.42
		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			
		Smoking Cessation	Clinically Effective	490	Apr to Oct 2018	237	Apr to Sep 2018	198	↓	237	q/e Sep 2018	40.4%	6th	42.6%
CAMHS Waiting Times	Clinically Effective	90.0%	3 months to Jan 2019	77.7%	3 months to Dec 2018	83.0%	↓	75.9%	q/e Dec 2018	83.9%	4th	72.8%		
Psychological Therapies Waiting Times	Clinically Effective	90.0%	3 months to Jan 2019	69.1%	3 months to Dec 2018	72.0%	↓	67.9%	q/e Dec 2018	72.0%	7th	75.7%		

\* The 4-Hour Emergency Access performance in January alone was 91.7% (all A&E and MIU sites) and 88.9% (VHK A&E, only)

# Performance Drill Down – Acute Services Division

## 4-Hour Emergency Access

<b>Measure</b>	<b>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</b>	
<b>Current Performance</b>	95.7% for 12-month period covering February 2017 to January 2018	
<b>Scotland Performance</b>	91.0% for 12-month period covering February 2017 to January 2018	

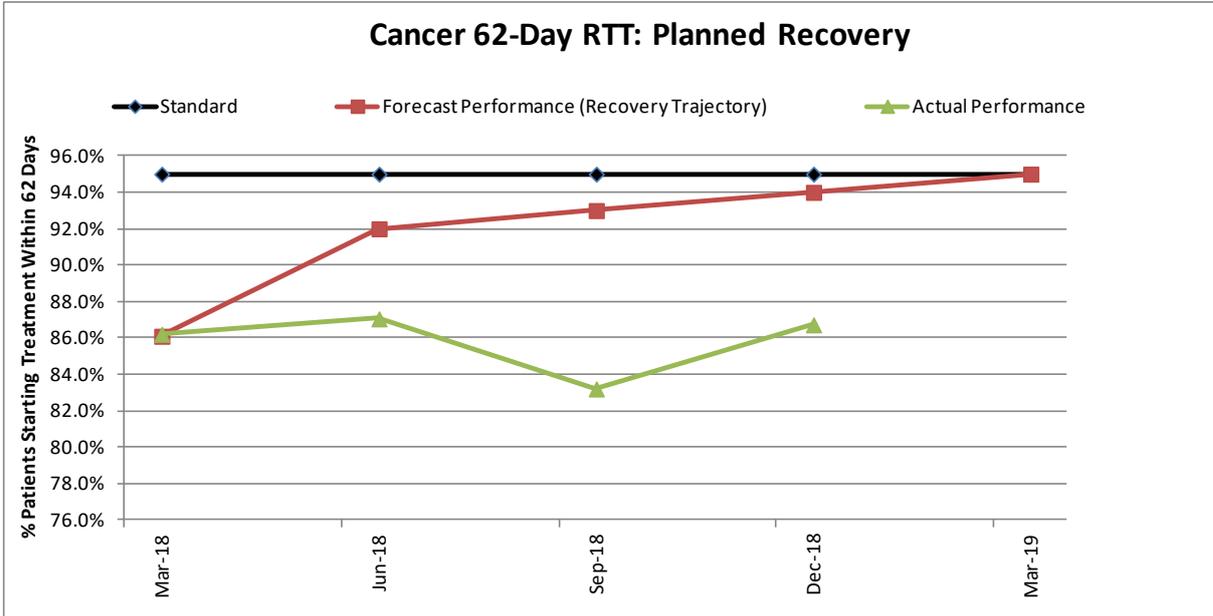
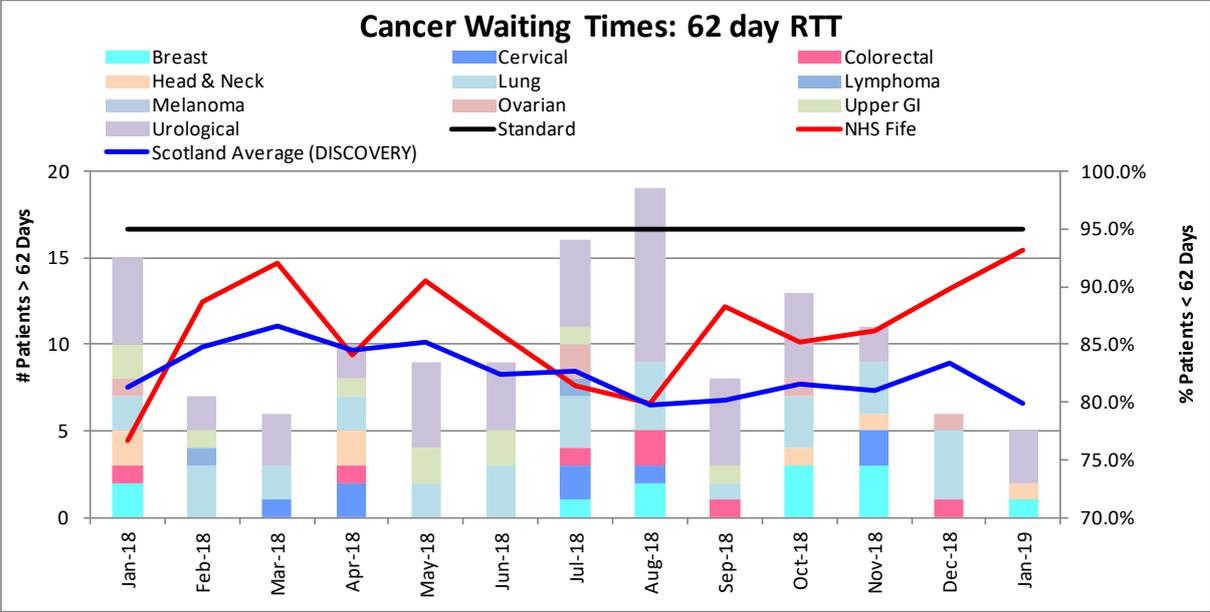


<b>Previous 3 Reporting Periods</b>	<b>12 months to Oct 2018</b>	<b>12 months to Nov 2018</b>	<b>12 months to Dec 2018</b>
	95.6%	↓	95.5%
<b>Current Issues</b>	Variability in delivery of the access target		
<b>Context</b>	Has been above the Standard since the start of the final quarter of 2017 Consistently above the Scottish average 3 <sup>rd</sup> best Mainland Health Board performance over the whole of 2018		

Key Actions for Improvement	Planned Benefits	Due By	Status
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

<b>Measure</b>	<b>At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days of urgent referral</b>
<b>Current Performance</b>	93.1% of patients (66 out of 71) started treatment in January within 62 days
<b>Scotland Performance</b>	79.9% of patients started treatment within 62 days in January

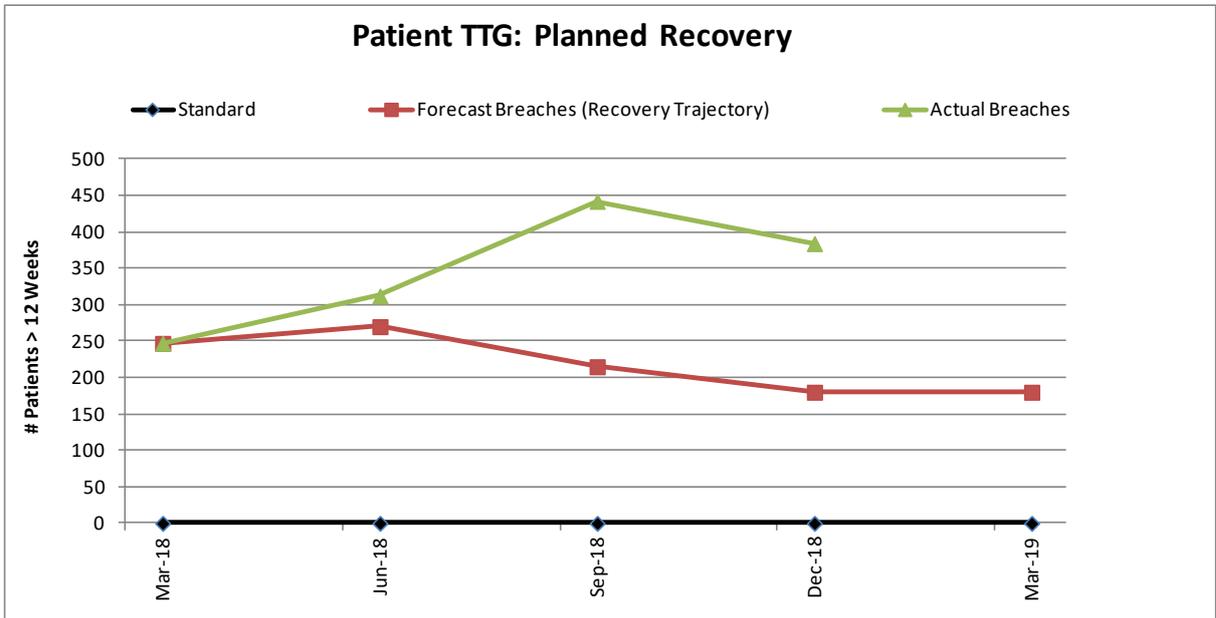
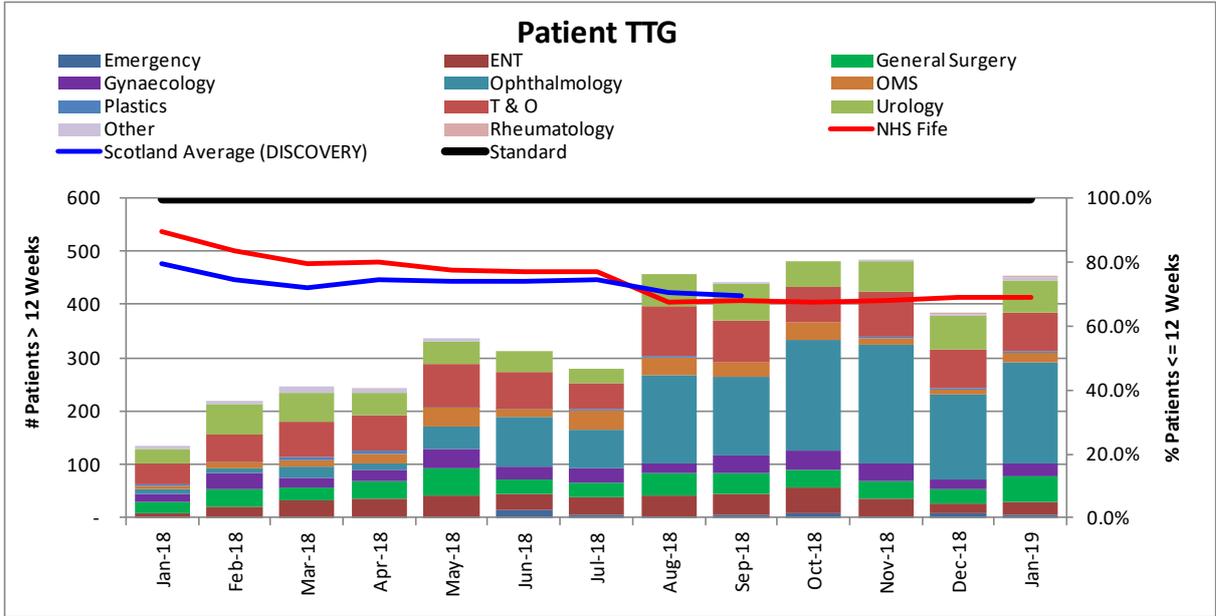


Previous 3 Months	October 2018		November 2018		December 2018	
	85.2%	↓	86.1%	↑	89.8%	↑
<b>Current Issues</b>	Challenges with Urology prostate pathway and processes Delay to SABR in Lung Delay to MRI for prostate patients Delays to 1 <sup>st</sup> OPA and Surgery in Breast Extended waits in oncology					
<b>Context</b>	Standard last achieved in October 2017 Above Scotland average in 10 of last 12 months					

Key Actions for Improvement	Planned Benefits	Due By	Status
Train 2 <sup>nd</sup> consultant in lap nephrectomy (Urology)	To increase capacity and reduce vulnerability to service	Mar 2019	Delayed Revised to Nov 2019
Small tests of change to improve prostate pathway	To improve and sustain performance	Mar 2019	Delayed Revised to Apr 2019
Secure outpatient, MDT and surgical capacity within breast due to consultant retiral	To maintain performance	Apr 2019	On Track
Increase visiting oncologist capacity	To improve and sustain performance	Apr 2019	On Track
Introduction of cancer performance improvement action plan	To further mitigate risks of breach	May 2019	On Track

## Patient Treatment Time Guarantee

<b>Measure</b>	<b>We will ensure that all eligible patients receive Inpatient or Day Case treatment within 12 weeks of such treatment being agreed</b>	
<b>Current Performance</b>	452 patient breaches (out of 1,443 patients treated) in January (68.7% on time)	
<b>Scotland Performance</b>	72.7% of patients treated within 12 weeks in final quarter of 2018	

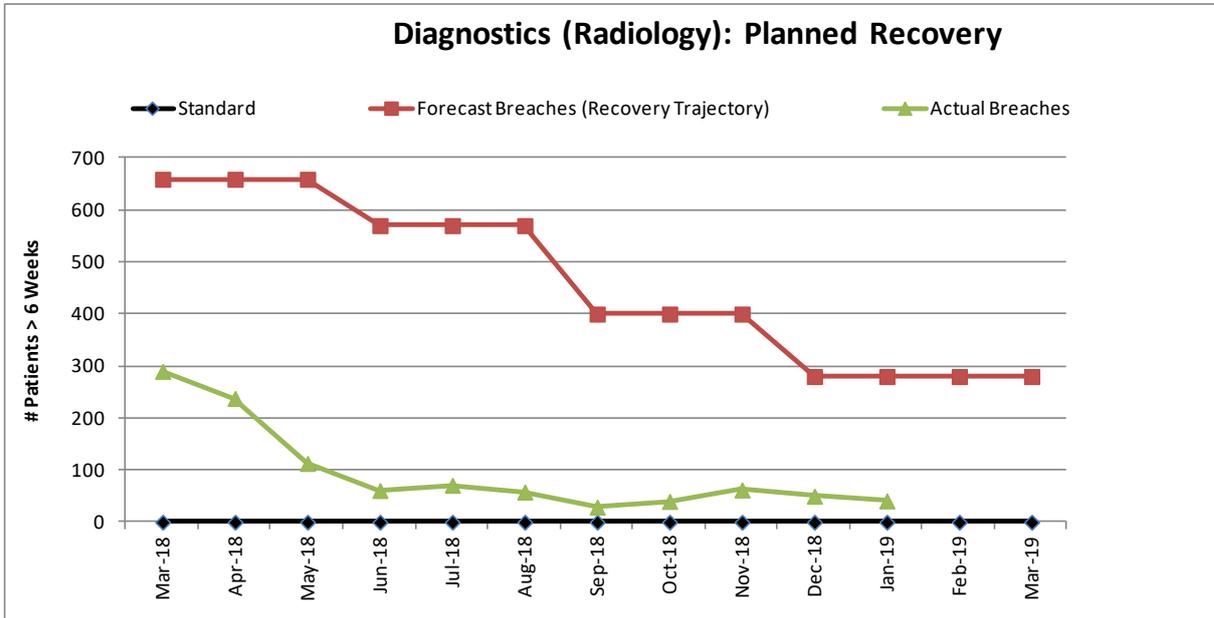
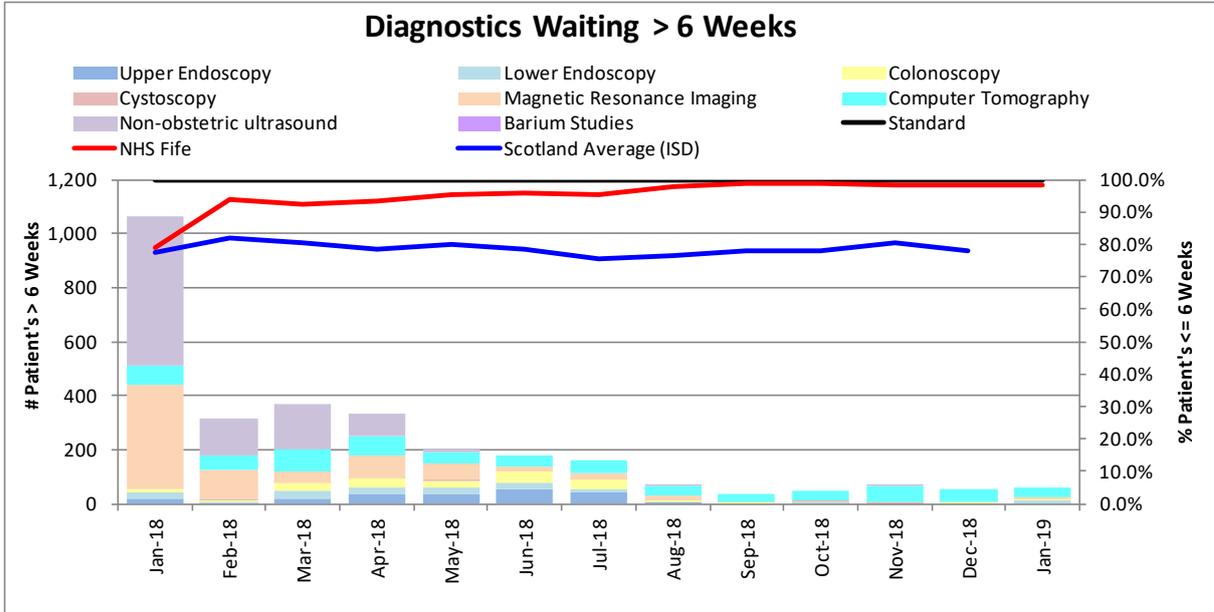


Previous 3 Months	October 2018		November 2018		December 2018	
		67.6%	↓	67.8%	↑	68.8%
Current Issues	Recurring gap in elective inpatient and daycase capacity Unable to deliver the level of additional capacity in house					
Context	Fife outperformed the Scottish average until Q2 of 2018/19					

Key Actions for Improvement	Planned Benefits	Due By	Status
Secure resources and deliver core and additional IP/DC elective capacity	Elective projected performance delivered	May 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	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	Delayed Awaiting revised guidance
Secure resources to deliver waiting times improvement plan for 19/20	Elective projected performance delivered	Apr 2019	Delayed Awaiting revised guidance

## Diagnostics Waiting Times

<b>Measure</b>	<b>No patient will wait more than 6 weeks to receive one of the 8 key diagnostic tests</b>	
<b>Current Performance</b>	98.2% of patients waiting no more than 6 weeks at end of January	
<b>Scotland Performance</b>	78.1% of patients waiting no more than 6 weeks at end of December	

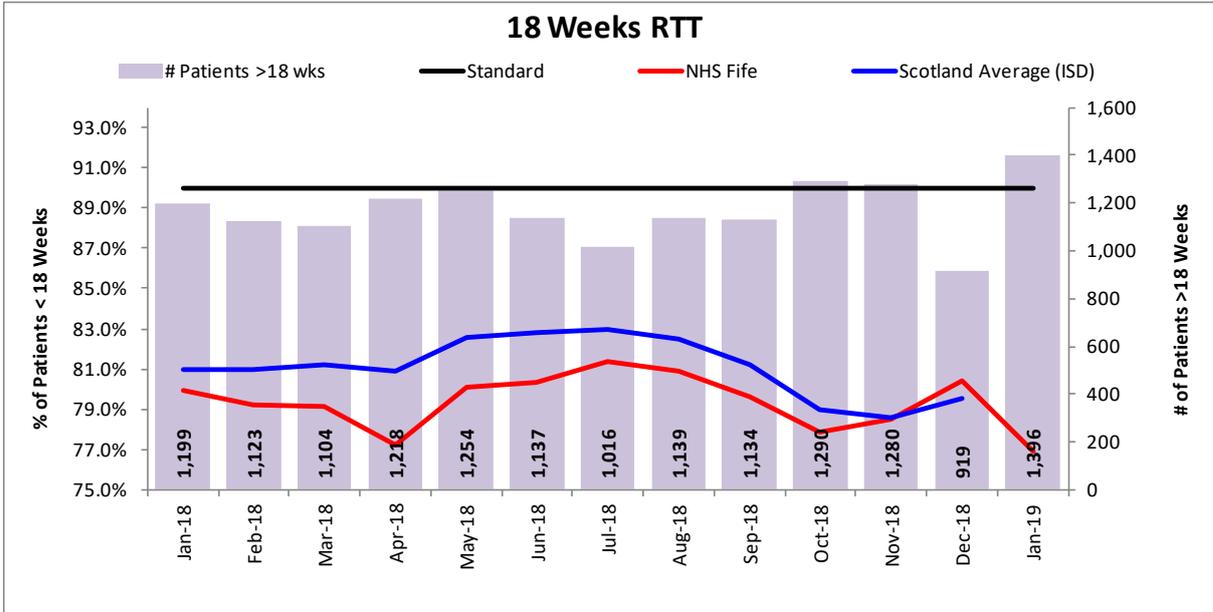


Previous 3 Months	October 2018		November 2018		December 2018	
	98.6%	↓	98.1%	↓	98.4%	↑
<b>Current Issues</b>	Radiology Consultant , radiographer and sonographer vacancies, increased demand for MRI, Ultrasound and specialist cardiac and colon CT Reporting capacity Variable capacity for additional Ultrasound Increase in demand from bowel screening					
<b>Context</b>	Standard last achieved in April 2016 Best performing Mainland Health Board at the end of December 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	Delayed Awaiting revised guidance
Secure resources to deliver waiting times improvement plan for 19/20	Radiology diagnostic projected performance delivered	Apr 2019	Delayed Awaiting revised guidance

## 18 Weeks Referral-to-Treatment

<b>Measure</b>	<b>90% of planned/elective patients to commence treatment within 18 weeks of referral</b>
<b>Current Performance</b>	76.9% of patients started treatment within 18 weeks in January
<b>Scotland Performance</b>	79.5% of patients started treatment within 18 weeks in December



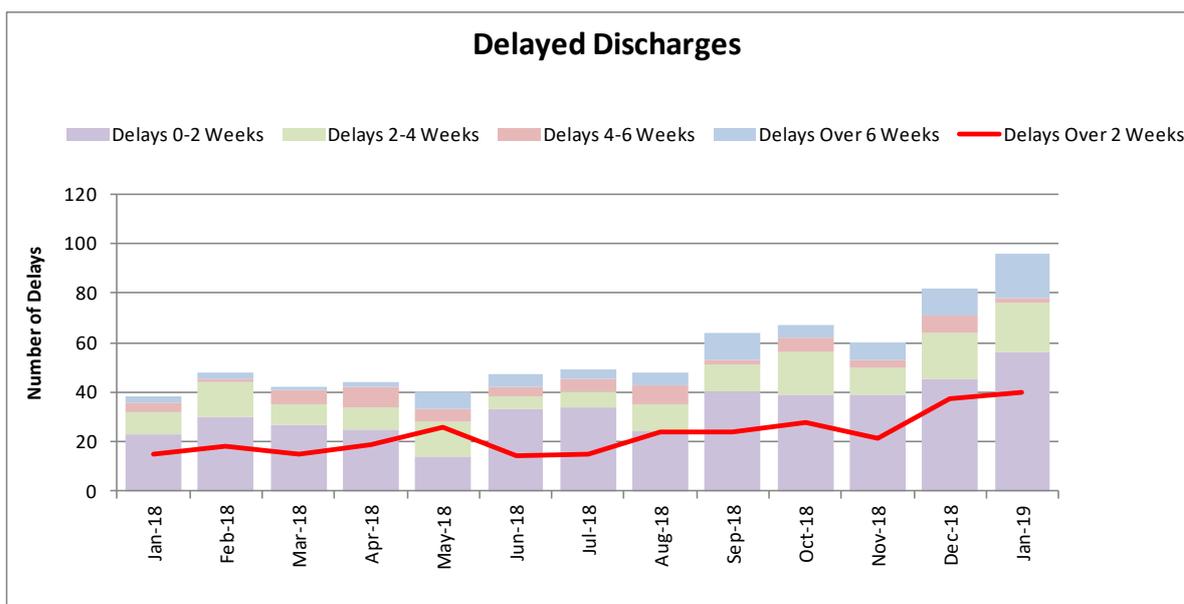
Previous 3 Months	October 2018		November 2018		December 2018	
		<b>77.9%</b>	↓	<b>78.5%</b>	↑	<b>80.4%</b>
<b>Current Issues</b>	The current challenges with performance in Outpatients are impacting on non-admitted and admitted pathway performance. The challenges in TTG performance is impacting on admitted pathway performance.					
<b>Context</b>	Standard last achieved in September 2016 Consistently below the Scottish average 6 <sup>th</sup> out of 11 Mainland Health Boards in December					

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

<b>Measure</b>	<b>No patient will be delayed in hospital for more than 2 weeks after being judged fit for discharge</b>
<b>Current Performance</b>	40 patients in delay for more than 14 days at December Census – this equates to 10.77 patients per 100,000 population in NHS Fife
<b>Scotland Performance</b>	10.42 patients per 100,000 population at December census



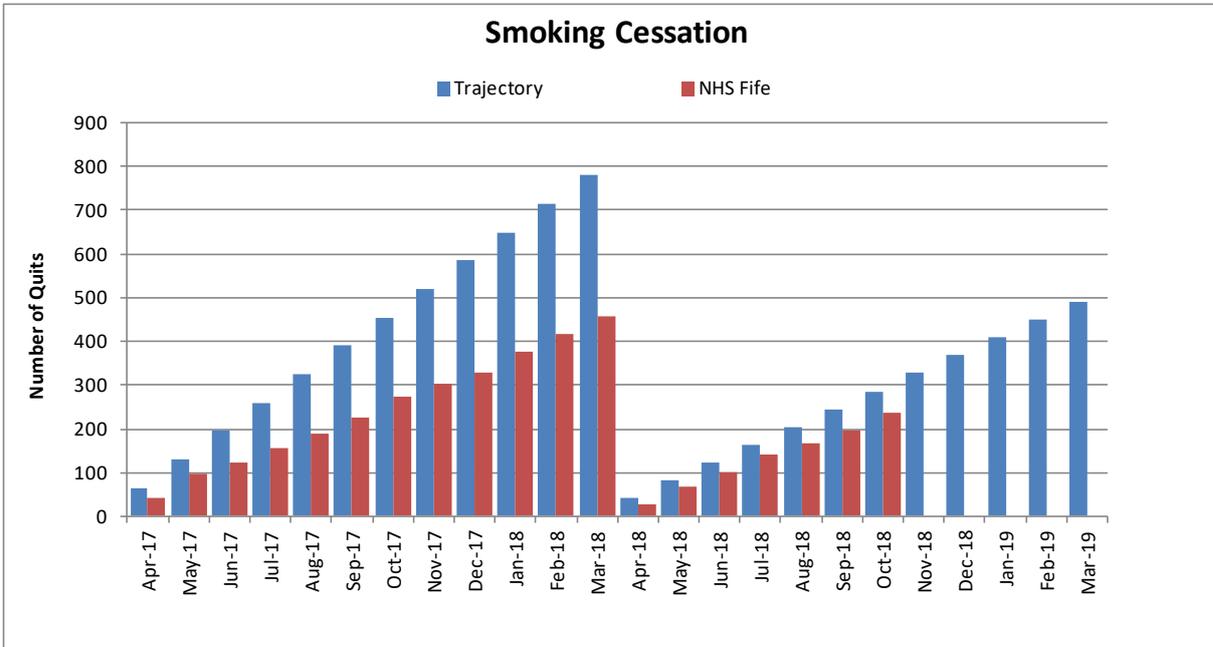
Previous 3 Months	October 2018		November 2018		December 2018	
		28	↓	21	↑	37
<b>Current Issues</b>	Increasing number of patients in delay					
<b>Context</b>	Never met 14-day target 4 <sup>th</sup> lowest delays over 2 weeks (per 100,000 population) of all Mainland Health Boards, at December Census					

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	Complete
Test a trusted assessors model within VHK for patients transferring to STAR/assessment beds	Reduced Length of Stay Smoother person centred transitions	Mar 2019	Delayed Revised to May 2019
Review model of START to ensure efficiency of assessments	Reduced Length of Stay	Feb 2019	Complete
Manage community flow and planned reduction of surge beds to ensure performance maintained <i>Note: Action reworded</i>	Better management of occupancy and demand for community beds throughout winter	Mar 2019	Delayed Revised to Apr 2019

Review timescales of social work assessments	Reduced Length of Stay	Apr 2019	On Track
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## Smoking Cessation

<b>Measure</b>	<b>In 2018/19, we will deliver a minimum of 490 post 12 weeks smoking quits in the 40% most deprived areas of Fife</b>	
<b>Current Performance</b>	237 successful quits in first 7 months of the year (48% of annual target)	
<b>Scotland Performance</b>	3,223 successful quits at end of Q2, 42.6% of target	

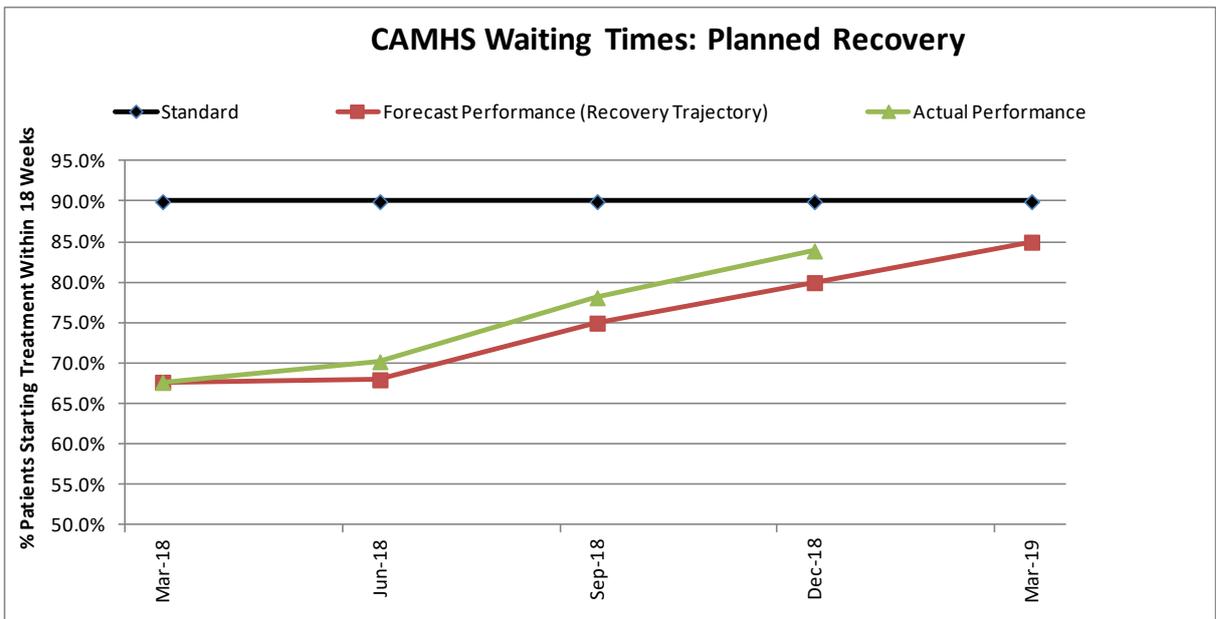
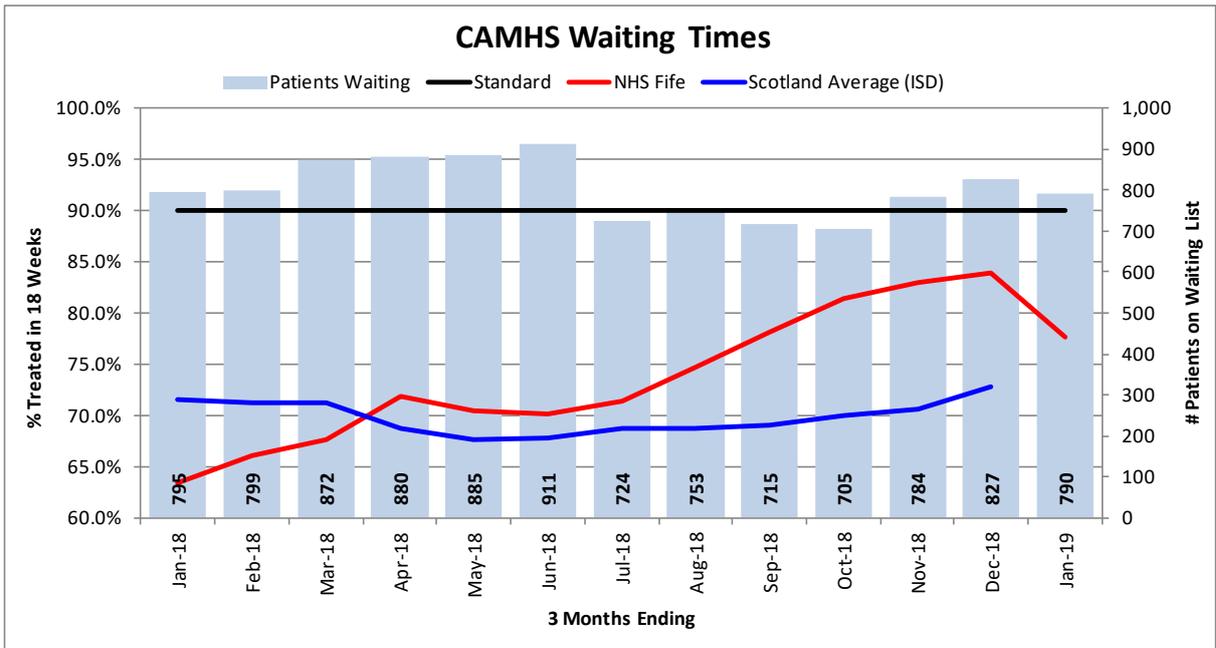


Previous 3 Months	July 2018		August 2018		September 2018	
	142	↑	166	↓	198	↓
<b>Current Issues</b>	Variable weather has impacted on service engagement especially with the mobile unit					
<b>Context</b>	Lower quit target (490) has been set for 2018/19 by the Scottish Government Current achievement for 2018/19 is broadly in line with the Scottish average					

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
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

<b>Measure</b>	<b>At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services</b>
<b>Current Performance</b>	77.7% of patients started treatment within 18 weeks during 3-month period covering November 2017 to January 2018
<b>Scotland Performance</b>	72.8% of patients started treatment within 18 weeks during 2018/19 Q3

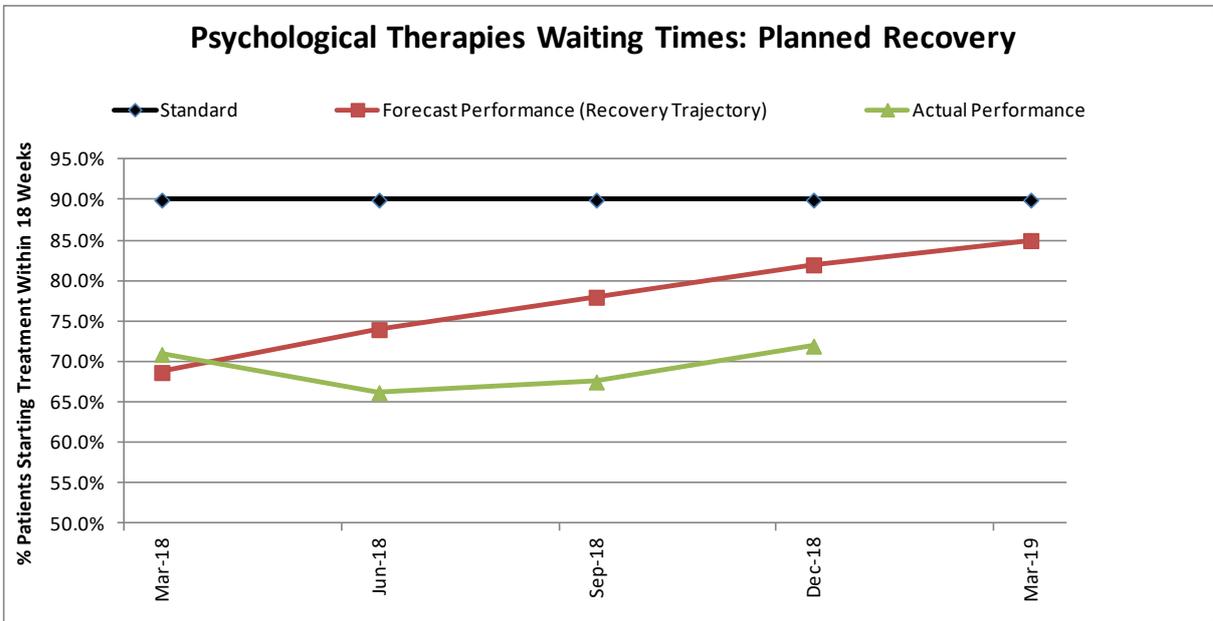
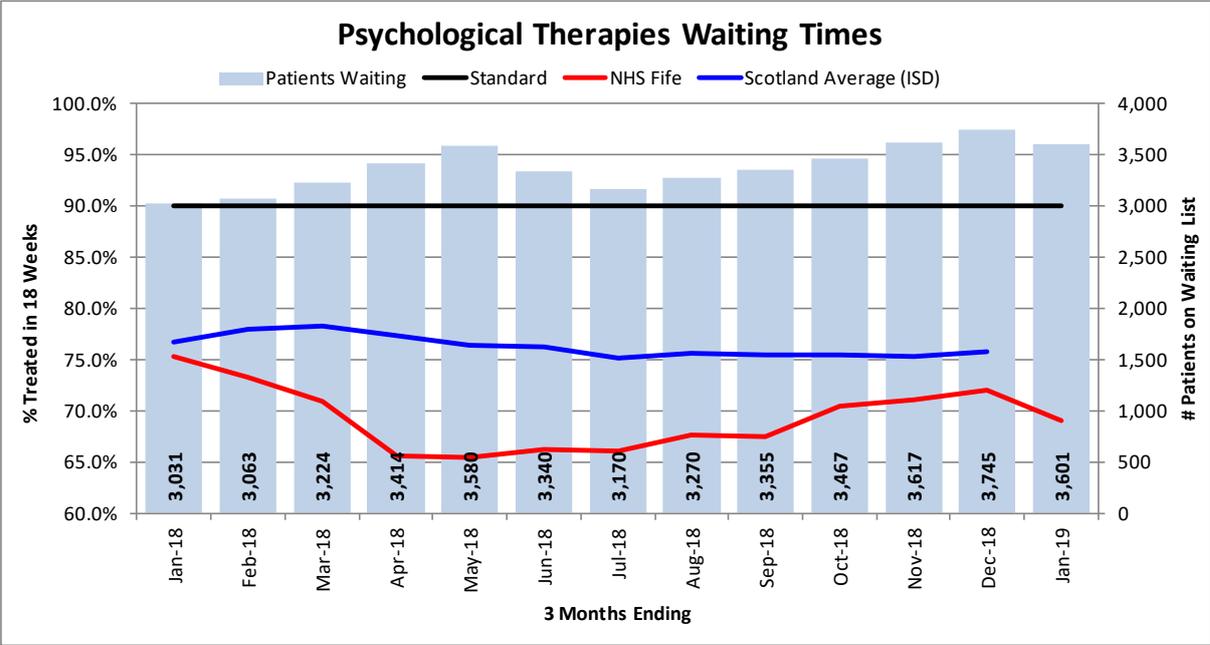


Previous 3 Reporting Periods	3 months to Oct 2018		3 months to Nov 2018		3 months to Dec 2018	
	81.4%	↑	83.0%	↑	83.9%	↑
<b>Current Issues</b>	Referral numbers continue to be significant compared to available new appointments Due to limited staffing numbers any absence has significant impact on activity levels due to the workforce consistently working at full capacity					
<b>Context</b>	Below Standard since May 2014, but improved steadily during 2018 4 <sup>th</sup> out of the 11 Mainland Health Boards for the quarter ending December					

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: <ul style="list-style-type: none"> <li>• Are safe to be placed on waiting list</li> <li>• Are appropriate for CAMHS</li> </ul> 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

<b>Measure</b>	<b>At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies (PT)</b>
<b>Current Performance</b>	69.1% of patients started treatment within 18 weeks during 3-month period covering November 2017 to January 2018
<b>Scotland Performance</b>	75.7% of patients started treatment within 18 weeks during 2018/19 Q3



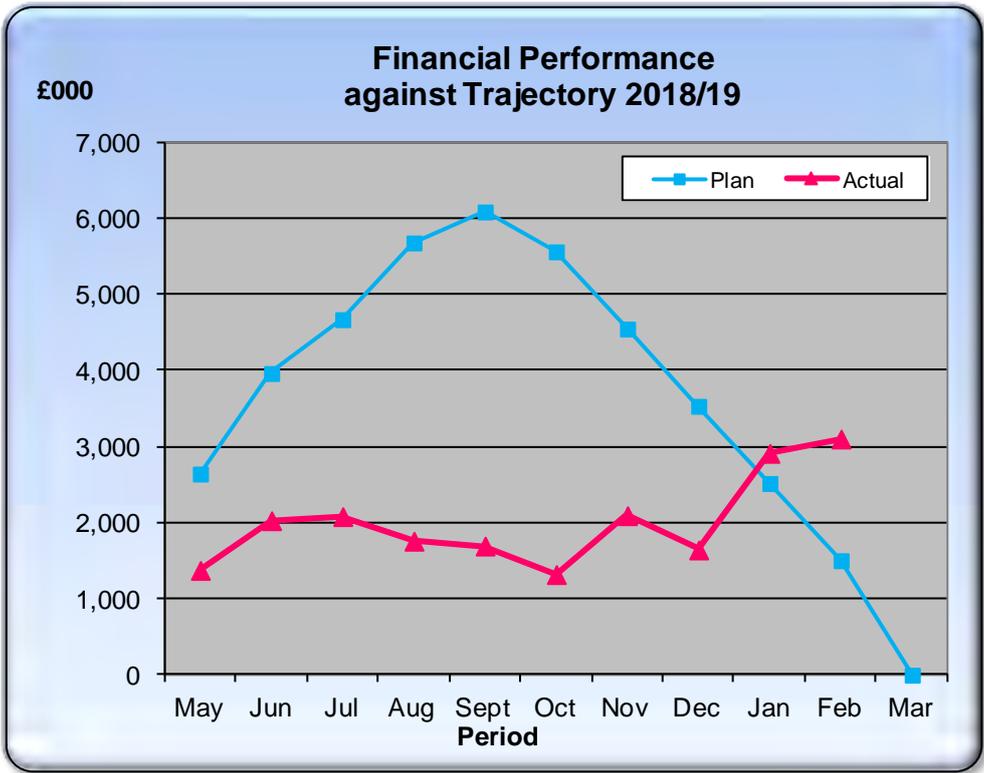
Previous 3 Reporting Periods	3 months to Oct 2018		3 months to Nov 2018		3 months to Dec 2018	
		70.4%	↑	71.1%	↑	72.0%
<b>Current Issues</b>	Delivery of PTs across services requires further integration to enhance efficiency					
<b>Context</b>	Never met Standard; monthly performance normally between 65% and 75% 7 <sup>th</sup> out of the 11 Mainland Health Boards for the quarter ending December					

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

<b>Measure</b>	<i>Health Boards are required to work within the revenue resource limits set by the Scottish Government Health &amp; Social Care Directorates (SGHSCD).</i>
<b>In year position</b>	£3.102m overspend
<b>Forecast position</b>	£2.518m overspend



Previous 3 Months	December 2018	January 2019	February 2019
<b>Revenue Resource Limit</b>			
Actual (in-year position)	£1.645m	£2.914m	£3.102m
Plan (in-year position)	£3.352m	£2.518m	£1.504m
Forecast Outturn position	£3.707m o/spd	£3.109m o/spd	£2.518m o/spd

### Commentary

The in-year revenue position for the 11 months to 28 February reflects an overspend of £3.102m. This comprises an underspend of £3.388m on Health Board retained budgets; and a net overspend of £6.490m aligned to the Integration Joint Board, including delegated health budgets (£0.063m) and the estimated impact of the risk share arrangement (£6.427m).

The reported year end forecast at month 11 is an overspend of £2.518m, based on a mid range forecast. This includes a forecast underspend on the Health Board retained budgets of £4.516m; and a net forecast overspend of £7.034m aligned to the Integration Joint Board (comprising a forecast overspend of £0.022m on delegated health budgets and an estimated risk share impact of £7.012m).

Last month two key areas of concern were noted, in both the reported in-year and forecast outturn positions encompassing the certainty of the Acute Services Division forecast overspend position, with a particular focus on waiting times; 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. As the financial year end nears, the updated positions are as follows:

**ASD forecast outturn position:**

The Acute Services Division's forecast overspend is £9.227m of which £3.736m 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 in recent months 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 further slippage will impact on the outturn position and performance measures.

**IJB forecast overspend position:**

The health component of the IJB continues to improve upon last month (forecast net overspend of £0.022m). As reported last month, given the scale of the forecast overspend across the IJB as a whole, 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 £1.536m, being the net impact of ADP; Primary Care Improvement Fund; and elements of s15 Mental Health monies) against the overspend this year, with the IJB required to find an alternative means to support these projects in the next financial year. This accounting treatment will be reviewed, however, once the final outturn position is known.

The IJB reported position excludes the Acute 'set aside' forecast overspend of £3.736m 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 final month of the year.

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 a near break even position (overspend of £0.121m). To that end, Board members can take a degree of assurance and confidence in respect of our year end position.

Members should note that the mid range forecast position will be reported to Scottish Government Health & Social Care Directorates as part of the routine monthly financial performance returns and informal discussions are ongoing in relation to the impact of the risk

share arrangement on 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 1 March 2019 NHS Fife received confirmation of February core revenue and core capital allocation amounts. The revised core revenue resource limit (RRL) has been confirmed at £707.051m. A breakdown of the additional funding received in month is shown in Appendix 1. There are no further core revenue resource limit allocations anticipated.

### Non Core Revenue Resource Limit

- 2.2 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 2.

### Total RRL

- 2.3 The total current year budget at December is therefore £733.914m.

## 3. Summary Position

- 3.1 At the end of February, NHS Fife reports an in year overspend of £3.102m against the revenue resource limit. Table 1 below provides a summary of the position across the constituent parts of the system: an underspend of £3.388m is attributable to Health Board retained budgets; and an overspend of £6.490m 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 £9.194m, driven largely as a result of non delivery of savings (£6.823m);
- 3.2.2 The aforementioned Acute Division overspend includes £3.506m 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 £10.211m to offset the shortfall in delivery of savings in year;
- 3.2.5 Net overspend of £0.063m on the health budgets delegated to the IJB after the release of unspent allocations / financial flexibility of £1.408m. This is driven by non delivery of savings (£2.648m) offset by a net underspend of £2.585m on budgets (despite the challenges on the GP prescribing budget);
- 3.2.6 Estimated year to date risk share impact of £6.427m, 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 February 2019**

Memorandum	Budget			Expenditure			Variance split by	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
<b>Health Board</b>	394,907	398,748	358,454	355,066	-3,388	-0.95%	-10,388	7,000
<b>Integration Joint Board</b>	332,092	335,166	306,770	313,260	6,490	2.12%	3,842	2,648
<b>Total</b>	<b>726,999</b>	<b>733,914</b>	<b>665,224</b>	<b>668,326</b>	<b>3,102</b>	<b>0.47%</b>	<b>-6,546</b>	<b>9,648</b>
	Budget			Expenditure			Variance split by	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	186,702	194,971	177,150	186,344	9,194	5.19%	2,371	6,823
IJB Non-delegated	8,020	7,985	7,321	7,314	-7	-0.10%	-101	94
Estates & Facilities	69,597	69,135	62,756	61,254	-1,502	-2.39%	-1,502	0
Board Admin & Other Services	50,821	66,444	60,425	59,654	-771	-1.28%	-854	83
Non Fife & Other Healthcare Providers	82,403	82,403	75,542	75,568	26	0.03%	26	0
Financial Flexibility & Allocations	21,724	14,606	9,603	-608	-10,211	-106.33%	-10,211	0
<b>Health Board</b>	<b>419,267</b>	<b>435,544</b>	<b>392,797</b>	<b>389,526</b>	<b>-3,271</b>	<b>-0.83%</b>	<b>-10,271</b>	<b>7,000</b>
Integration Joint Board - Core	357,959	380,947	349,190	350,661	1,471	100.02%	-1,177	2,648
Integration Fund & Other Allocations	12,646	1,960	1,408	0	-1,408	-100.00%	-1,408	0
<b>Sub total Integration Joint Board Core</b>	<b>370,605</b>	<b>382,907</b>	<b>350,598</b>	<b>350,661</b>	<b>63</b>	<b>0.02%</b>	<b>-2,585</b>	<b>2,648</b>
IJB Risk Share Arrangement	0	0	0	6,427	6,427	0.00%	6,427	0
<b>Total Integration Joint Board</b>	<b>370,605</b>	<b>382,907</b>	<b>350,598</b>	<b>357,088</b>	<b>6,490</b>	<b>1.85%</b>	<b>3,842</b>	<b>2,648</b>
<b>Total Expenditure</b>	<b>789,872</b>	<b>818,451</b>	<b>743,395</b>	<b>746,614</b>	<b>3,219</b>	<b>0.43%</b>	<b>-6,429</b>	<b>9,648</b>
IJB	-38,513	-47,741	-43,828	-43,828	0	0.00%	0	0
<b>Health Board</b>	<b>-24,360</b>	<b>-36,796</b>	<b>-34,343</b>	<b>-34,460</b>	<b>-117</b>	<b>0.34%</b>	<b>-117</b>	<b>0</b>
<b>Miscellaneous Income</b>	<b>-62,873</b>	<b>-84,537</b>	<b>-78,171</b>	<b>-78,288</b>	<b>-117</b>	<b>0.15%</b>	<b>-117</b>	<b>0</b>
<b>Net position including income</b>	<b>726,999</b>	<b>733,914</b>	<b>665,224</b>	<b>668,326</b>	<b>3,102</b>	<b>0.47%</b>	<b>-6,546</b>	<b>9,648</b>

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 £9.194m for the year to date. This reflects an overspend in operational run rate performance of £2.371m, and unmet savings of £6.823m. Within the run rate performance, pay is overspent by £2.629m. 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. As part of the Service Review Financial Planning process, discussions are underway with the Chief Operating Officer to provide further challenge and drive for efficiencies.
- 4.2 A review of the Division's £5.3m Waiting Times funding and £0.350m Cancer monies continues to ensure effective planning and best use of these resources to improve patient care and performance during the remaining month of this financial year. Updated assessments and information continue to indicate a potential year end underspend of £0.606m on existing waiting times funding, and remains under close review.

Estates & Facilities

- 4.3 The Estates and Facilities budgets report an underspend of £1.502m for the 11 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 February includes the cost of winter maintenance pressures; and, a change to last month, assumes the additional in-year clinical waste contingency costs will be met centrally on a national basis.

Corporate Services

- 4.4 Within the Board's corporate services there is an underspend of £0.771m. This comprises an underspend on run rate of £0.854m as offset by unmet savings of £0.083m. Further analysis of Corporate Directorates is detailed per Appendix 3.

Non Fife and Other Healthcare Providers

- 4.5 The budget for healthcare services provided outwith NHS Fife is currently £0.026m overspent is based on current information received from other providers. This position is subject to further revision as a meeting has been arranged with NHS Tayside later this month to discuss the 2018/19 position. Further detail is attached at Appendix 4.

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 5 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 11 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 £0.063m for the 11 months to date. This position comprises an underspend in the run rate performance of £1.177m; release of forecast unspent allocations (financial flexibility) of £1.408m for ADP, Primary Care Improvement Fund, and s15 Mental Health funding; together with unmet savings of £2.648m. 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 continues to improve); 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 £9.769m. As detailed in Table 2 below, this total overspend would result in a transfer of costs of £7.012m from Fife Council to NHS Fife (being the difference between the overspend on the delegated health budget of £0.022m and the health risk share (72%) of the overall overspend ie £7.034m). 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	Feb-19
	£'000	£'000	£'000	£'000	£'000	£'000
NHS Fife	5,114	4,278	3,547	2,795	576	22
Social Care	5,834	6,309	6,903	7,630	8,833	9,747
Subtotal	10,948	10,587	10,450	10,425	9,409	9,769
Less Management Actions	-2,760	-2,760	0	0	0	0
<b>Total</b>	<b>8,188</b>	<b>7,827</b>	<b>10,450</b>	<b>10,425</b>	<b>9,409</b>	<b>9,769</b>
72% of total	5,895	5,635	7,524	7,506	6,774	7,034

**Risk share adjustment**                      784      1,357      3,977      4,711      6,198      7,012  
**(transfer of cost from**  
**Fife Council to NHS Fife)**

#### Income

4.11 A small over recovery in income of £0.117m 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.

	Annual Budget	Budget	Actual	Net over/ (under) spend
	£'000	£'000	£'000	£'000
<b>Pan-Fife Analysis</b>				
Pay	342,205	312,915	311,645	-1,270
GP Prescribing	72,293	66,125	68,236	2,111
Drugs	32,618	30,403	28,273	-2,130
Other Non Pay	365,408	332,692	332,734	42
IJB Risk Share	0	0	6,427	6,427
Efficiency Savings	-8,215	-7,731	-93	7,638
Commitments	14,142	8,991	-608	-9,599
Income	-84,537	-78,171	-78,288	-117
<b>Net over spend</b>	<b>733,914</b>	<b>665,224</b>	<b>668,326</b>	<b>3,102</b>

#### Pay

5.2 The overall pay budget reflects an underspend of £1.270m. 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 7,717 wte across all staff groups, there were 7,690 wte staff in post in February.

#### Drugs & Prescribing

- 5.4 Across the system, there is a net underspend of £0.019m on medicines of which an overspend of £2.111m is attributable to GP Prescribing and an underspend of £2.130m relating to sexual health and rheumatology drugs. The GP prescribing position is based on informed estimates for January and February, 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 overspent by £0.042m. 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 last 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 66% 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 £7.366m 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 6 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	4,540	6,508	5,224
Pay Consequentials	2,426	2,426	0	2,426	0
<b>Health Board (Gross)</b>	<b>14,158</b>	<b>4,394</b>	<b>4,540</b>	<b>8,934</b>	<b>5,224</b>
Integration Joint Board	7,827	2,104	2,733	4,837	2,990
Pay Consequentials	2,000	2,000	0	2,000	0
<b>IJB (Gross)</b>	<b>9,827</b>	<b>4,104</b>	<b>2,733</b>	<b>6,837</b>	<b>2,990</b>
<b>Sub Total</b>	<b>23,985</b>	<b>8,498</b>	<b>7,273</b>	<b>15,771</b>	<b>8,214</b>
IJB Additional Benefit	0	0	93	93	-93
<b>Total Savings</b>	<b>23,985</b>	<b>8,498</b>	<b>7,366</b>	<b>15,864</b>	<b>8,121</b>

## 7 Forecast Position

- 7.1 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 a best case, near breakeven position (overspend of £0.121m), and an overspend of £4.844m (prudent position). This is consistent with the approach taken in the previous financial year.

- 7.2 The current mid range, and reported, forecast reflects an overspend of £2.518m as detailed in Table 5 below. This position comprises a forecast underspend of £4.391m on Health Board Budgets; with a £7.034m forecast overspend including risk share on budgets delegated to the Integration Joint Board.
- 7.3 The forecast position reflects assumptions in relation to operational budget performance and potential in year financial flexibility including scrutiny of Balance Sheet items; 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**

<b>Mid Range Forecast</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Acute Service Division	9,753	9,514	9,227
IJB Non-delegated	59	28	-11
Estates & Facilities	-1,594	-1,649	-1,985
Board Admin & other services	-508	-617	-675
Non Fife & other Healthcare Providers	376	305	192
Financial Flexibility	-11,810	-11,126	-11,139
<b>Health Board Retained Budgets</b>	<b>-3,724</b>	<b>-3,545</b>	<b>-4,391</b>
IJB Delegated Health Budgets	2,923	2,008	1,558
Integration Fund & Other Allocations	-128	-1,432	-1,536
<b>Sub Total IJB Delegated Health Budgets</b>	<b>2,795</b>	<b>576</b>	<b>22</b>
Risk Share	4,711	6,198	7,012
<b>Net IJB Health Position</b>	<b>7,506</b>	<b>6,774</b>	<b>7,034</b>
<b>Total Expenditure</b>	<b>3,782</b>	<b>3,229</b>	<b>2,643</b>
<b>Miscellaneous Income</b>	<b>-75</b>	<b>-120</b>	<b>-125</b>
<b>Total Forecast</b>	<b>3,707</b>	<b>3,109</b>	<b>2,518</b>

- 7.4 Last month two key areas of concern were noted, in both the reported in-year and forecast outturn positions encompassing the certainty of the Acute Services Division forecast overspend position, with a particular focus on waiting times; 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 Acute Services Division's forecast overspend is £9.227m; of which £3.736m 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 in recent months 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 further slippage will impact on the forecast outturn position and performance measures.

- 7.6 The health component of the IJB continues to improve upon last month (forecast net overspend of £0.022m). As reported last month, given the scale of the forecast overspend across the totality of the IJB position, 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 £1.536m, being the net impact of ADP; Primary Care Improvement Fund; and elements of s15 Mental Health monies) against the overspend this year, with the IJB required to find an alternative means to support these projects in the next financial year.
- 7.7 The IJB reported position excludes the Acute 'set aside' forecast overspend of £3.736m 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 final month of the year.
- 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, taking account of a number of potential improvements, is a near break even position (overspend of £0.121m), as set out in paragraph 7.1 above. To that end, Board members can take a degree of assurance and confidence in respect of our year end position.
- 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 has proved 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 continue to refine and review the position during the final month of the year, with particular emphasis on potential additional financial flexibility options and the impact of the IJB position.
- 8.2 As highlighted in 4.6 to 4.8 above, the scale of financial flexibility options to assist the mitigation of operational overspend positions is central to support the Board in its capacity to deliver against the statutory revenue resource limit break even target. Accordingly, the recurrency of financial flexibility is proactively being considered as part of financial planning for 2019/20 and beyond.

8.3 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 and eventual outturn 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. The Finance, Performance & Resources Committee agreed at their March meeting to support the Director of Finance and Chief Executive in entering discussion with colleagues on this matter

## 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 £3.102m to 28 February 2019 of which £3.388m underspend is attributable to the Health Board retained budgets; and £6.490m overspend (including risk share of £6.427m) to the health budgets delegated to the Integration Joint Board;
- **Note** the reported year end forecast overspend of £2.518m (based on a mid range forecast). This includes a forecast Health Board net underspend of £4.516m; and a net forecast overspend of £7.034m on the IJB health budgets (including the risk share impact of £7.012m);
- **Note** the commitment to deliver a forecast breakeven position on the Health Board budgets, taking account of potential financial flexibility, and recognising the current best case scenario of £0.121m overspend);
- **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;

### 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	-2	-779	-9	-790	
<b>February Allocations</b>					
Distinction Awards for Consultants		231		231	
NSD Rebate			136	136	
Neonates Expenses Fund			-41	-41	
Seasonal & Child Flu			30	30	
<b>Total Core Revenue Allocation</b>	<b>644,142</b>	<b>8,550</b>	<b>54,359</b>	<b>707,051</b>	

### Appendix 2 – 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
<b>Total</b>	<b>26,863</b>

### Appendix 3 - Corporate Directorates

Cost Centre	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	11,420	9,789	9,833	44
Nhs Fife Chief Executive	200	183	210	27
Nhs Fife Finance Director	4,613	4,221	3,956	-265
Nhs Fife Hr Director	3,109	2,870	2,840	-30
Nhs Fife Medical Director	5,704	4,792	4,743	-49
Nhs Fife Nurse Director	3,908	3,485	3,415	-70
Nhs Fife Planning Director	2,163	1,921	1,664	-257
Legal Liabilities	13,484	13,151	13,089	-62
Public Health	2,118	1,856	1,834	-22
Early Retirements & Injury Benefits	281	214	151	-63
External & Internal Audit	162	148	143	-5
Regional Funding	449	434	415	-19
Other	113	113	113	0
Depreciation	18,720	17,248	17,248	0
<b>Total</b>	<b>66,444</b>	<b>60,425</b>	<b>59,654</b>	<b>-771</b>

## Appendix 4 – Non Fife &amp; Other Healthcare Providers

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
<b>Health Board</b>				
Ayrshire & Arran	91	83	63	-20
Borders	42	38	42	4
Dumfries & Galloway	23	21	42	21
Forth Valley	2,951	2,705	2,865	160
Grampian	334	306	331	25
Highland	125	115	200	85
Lanarkshire	107	98	138	40
Scottish Ambulance Service	94	86	89	3
Lothian	28,316	25,956	24,747	-1,209
Greater Glasgow	1,536	1,408	1,421	13
Tayside	38,018	34,851	34,996	145
	71,637	65,667	64,934	-733
<b>UNPACS</b>				
Health Boards	8,289	7,598	8,379	781
Private Sector	1,145	1,050	1,445	395
	9,434	8,648	9,824	1,176
OATS	1,267	1,162	747	-415
Grants	65	65	63	-2
<b>Total</b>	<b>82,403</b>	<b>75,542</b>	<b>75,568</b>	<b>26</b>

## Appendix 5 – Financial Flexibility and Allocations

	Balance at 28 Feb £'000	Expected to be claimed £'000	Financial Flexibility £'000	Released to 28 Feb £'000
<b>Financial Plan</b>				
Drugs	3,635	814	2,821	2,586
Complex Weight Management	50	0	50	46
Adult Healthy Weight	104	0	104	95
Trainee Growth	70	0	70	64
National Specialist Services	284	20	264	242
Band 1's	310	0	310	284
Low pay	89	0	89	82
Apprenticeship Levy	259	219	40	37
Land Registration	39	39	0	0
Major Trauma	1,318	0	1,318	1,208
Unitary Charge	141	0	141	129
Junior Doctor Travel	200	4	196	180
Consultant Increments	294	4	290	266
Discretionary Points	77	0	77	71
NDC	135	0	135	124
Financial Flexibility	1,129	25	1,104	1,012
<b>Subtotal Financial Plan</b>	<b>8,134</b>	<b>1,125</b>	<b>7,009</b>	<b>6,425</b>
<b>Allocations</b>				
Health Improvement	68	68	0	0
AME Impairments	2,523	2,523	0	0
AME Provisions	-351	-351	0	0
ADEL	244	244	0	0
Depreciation	-752	0	-752	-688
Pay Consequentials	2,426	0	2,426	2,224
Distinction Awards	3	0	3	3
Neonatal Expenses Fund	3	3	0	0
Carry Forward underspend 2017/18	1,494	0	1,494	1,370
Capital to Revenue	478	478	0	0
National Cancer Strategy	46	0	46	42
Qfit	93	0	93	85
DEC Melanoma Funding	61	41	20	18
NSD Risk Share rebate	136		136	125
<b>Subtotal Allocations</b>	<b>6,472</b>	<b>3,006</b>	<b>3,466</b>	<b>3,178</b>
<b>Total</b>	<b>14,606</b>	<b>4,131</b>	<b>10,475</b>	<b>9,603</b>

## Appendix 6 - 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	713	1,005	6,474	2,177	5,302
Drugs & Prescribing	1,547	490	1,021	1,511	36	1,260	287
Workforce	2,976	513	2,140	2,653	323	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
<b>Workstream Total</b>	<b>14,158</b>	<b>1,968</b>	<b>4,540</b>	<b>6,508</b>	<b>7,650</b>	<b>5,046</b>	<b>9,112</b>
Fin. Mngmnt./Corp. Initiatives	-2,426	0	0	0	-2,426		-2,426
<b>Total Health Board savings</b>	<b>11,732</b>	<b>1,968</b>	<b>4,540</b>	<b>6,508</b>	<b>5,224</b>	<b>5,046</b>	<b>6,686</b>

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	2,456	2,926	5,451	470	7,907
<b>Workstream Total</b>	<b>9,827</b>	<b>2,104</b>	<b>2,733</b>	<b>4,837</b>	<b>4,990</b>	<b>2,104</b>	<b>7,723</b>
Fin. Mngmnt./Corp. Initiatives	-2,000	0	0	0	-2,000	0	-2,000
<b>Sub Total</b>	<b>7,827</b>	<b>2,104</b>	<b>2,733</b>	<b>4,837</b>	<b>2,990</b>	<b>2,104</b>	<b>5,723</b>
IJB Additional Benefit	0	0	93	93	-93	0	0
<b>Total IJB savings</b>	<b>7,827</b>	<b>2,104</b>	<b>2,826</b>	<b>4,930</b>	<b>2,897</b>	<b>2,104</b>	<b>5,723</b>

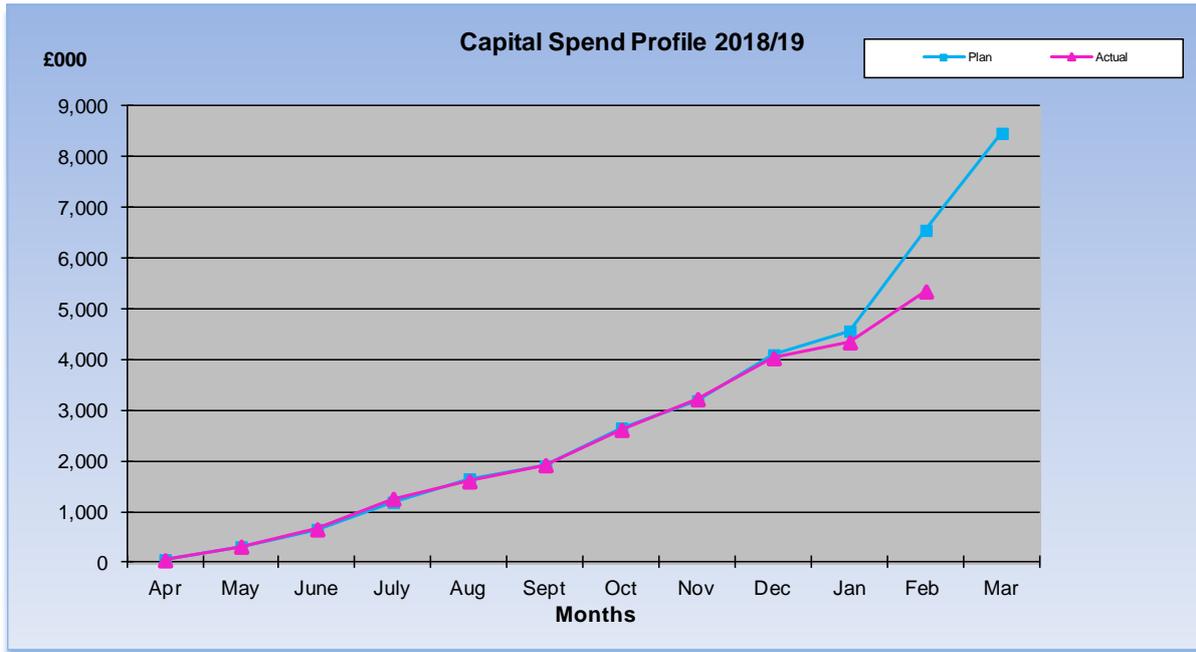
NHS Fife Efficiency Savings	2018/19 Target	2018/19 Rec	2018/19 Non-Rec	2018/19 Total	2018/19 O/s	2019/20 Rec	2019/20 O/s
Service Redesign	7,479	412	713	1,125	6,354	2,297	5,182
Drugs & Prescribing	2,797	1,740	1,021	2,761	36	2,510	287
Workforce	3,066	667	2,417	3,084	-18	914	2,152
Procurement	1,478	445	70	515	963	471	1,007
Infrastructure	420	260	263	523	-103	260	160
Other	8,745	548	2,789	3,337	5,408	698	8,047
<b>Workstream Total</b>	<b>23,985</b>	<b>4,072</b>	<b>7,273</b>	<b>11,345</b>	<b>12,640</b>	<b>7,150</b>	<b>16,835</b>
Fin. Mngmnt./Corp. Initiatives	-4,426	0	0	0	-4,426	0	-4,426
<b>Sub Total</b>	<b>19,559</b>	<b>4,072</b>	<b>7,273</b>	<b>11,345</b>	<b>8,214</b>	<b>7,150</b>	<b>12,409</b>
IJB Additional Benefit	0	0	93	93	-93	0	0
<b>Total NHS Fife savings</b>	<b>19,559</b>	<b>4,072</b>	<b>7,366</b>	<b>11,438</b>	<b>8,121</b>	<b>7,150</b>	<b>12,409</b>

NHS Fife Efficiency Savings Target Reconciliation	
	2018/19 £,000
NHS Workstream Total	14,158
IJB Workstream Total	9,827
<b>Gross NHS Fife Efficiency Target</b>	<b>23,985</b>
HB Pay Consequentials	(2,426)
IJB Pay Consequentials	(2,000)
<b>Net NHS Fife Efficiency Target</b>	<b>19,559</b>

# Performance Drill Down – Capital Expenditure

## Capital Expenditure

Measure	<i>Health Boards are required to work within the capital resource limits set by the Scottish Government Health &amp; Social Care Directorates (SGHSCD).</i>
In year position	£5.341m spend at Month 11
Forecast position	£8.459m spend



Previous 3 Months	Dec 2018	Jan 2019	Feb 2019
<b>Capital</b>			
Actual	£4.028m	£4.339m	£5.341m
Plan	£4.195m	£4.562m	£6.547m
Forecast Outturn position	£8.355m	£8.400m	£8.459m

### Commentary

The total anticipated Capital Resource Limit for 2018/19 is £8.459m. The capital position for the 11 months to February shows investment of £5.341m, equivalent to 63.44% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full with the remaining 37.75% spend expected over the remaining month of the year.

## 1. INTRODUCTION

1.1 This report provides an overview on the capital expenditure position as at the end of February 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. On 1 March the board received an allocation for equipment for the Forensic Examination at QMH £0.058m - the net adjustment of (£0.009m) made for Decontamination previously reported is still being investigated - 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 £5.341m or 63.44% 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	£0.635m
Minor Works	£0.776m
Statutory Compliance	£2.022m
Equipment	£1.741m
Anti-Ligature Works	£0.144m

## 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 28 February 2019 of £5.341m; and
- **note** the forecast outturn spend of the total capital resource allocation of £8.459m

## Appendix 1: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2018/19	Board Approved 14/03/2018 £'000	Cumulative Adj to Jan £'000	Feb Adj £'000	Feb Total £'000
<b>Routine Expenditure</b>				
<b>Community &amp; Primary Care</b>				
Minor Capital		59	0	59
Capital Equipment		105	17	122
Statutory Compliance		658	(2)	655
Condemned Equipment		36		36
<b>Total Community &amp; Primary Care</b>	<b>0</b>	<b>858</b>	<b>15</b>	<b>873</b>
<b>Acute Services Division</b>				
Capital Equipment		3,347	37	3,385
Minor Capital		716		716
Statutory Compliance		2,534	2	2,537
Condemned Equipment		54	2	55
<b>Total Acute Service Division</b>	<b>0</b>	<b>6,652</b>	<b>41</b>	<b>6,693</b>
<b>Fife Wide</b>				
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	(1,981)	(55)	
Fife Wide Contingency Balance	100	50		150
Fife Wide Vehicles		60		60
Forensic Unit QMH		28	58	86
Decontamination Adjustment		(9)		(9)
Capital to Revenue Transfers		(478)		(478)
<b>Total Fife Wide</b>	<b>7,394</b>	<b>(6,504)</b>	<b>3</b>	<b>893</b>
<b>Total NHS Fife</b>	<b>7,394</b>	<b>1,006</b>	<b>59</b>	<b>8,459</b>

## Appendix 2 - Capital Programme Expenditure Report

NHS FIFE - TOTAL REPORT SUMMARY 2018/19

CAPITAL PROGRAMME EXPENDITURE REPORT - FEBRUARY 2019

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2018/19 £'000
<b>COMMUNITY &amp; PRIMARY CARE</b>			
Statutory Compliance	655	389	655
Capital Minor Works	59	59	59
Capital Equipment	122	101	122
Condemned Equipment	36	36	36
<b>Total Community &amp; Primary Care</b>	<b>873</b>	<b>586</b>	<b>873</b>
<b>ACUTE SERVICES DIVISION</b>			
Capital Equipment	3,385	1,571	3,385
Statutory Compliance	2,537	1,629	2,537
Minor Works	716	716	716
Condemned Equipment	55	32	55
<b>Total Acute Services Division</b>	<b>6,693</b>	<b>3,948</b>	<b>6,693</b>
<b>NHS FIFE WIDE SCHEMES</b>			
Information Technology	1,041	635	1,041
Scheme Development	43	24	43
Contingency	150	144	150
Contingency	60	0	60
Capital to Revenue Transfer - Non Value Added Expenditure	(478)	0	(478)
Decontamination Adjustment	(9)	0	(9)
Forensic Examination Service	86	4	86
<b>Total NHS Fife Wide</b>	<b>893</b>	<b>807</b>	<b>893</b>
<b>TOTAL ALLOCATION FOR 2018/19</b>	<b>8,459</b>	<b>5,341</b>	<b>8,459</b>

## 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 January was 5.40%, a decrease of 0.07% when compared to the position at the end of December. During the first ten months of FY 2018/19, sickness absence was 5.39%, a decrease of 0.29% 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 January.

**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 12<sup>th</sup> November. By the completion date, 344 Action Plans (43%) had been completed. This has increased slightly to 376 (47%) at the end of February.

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 February has increased to 31%.

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 identified 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 Jan 19	5.40%	12 months to Dec 18	5.47%	↑	5.39%	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

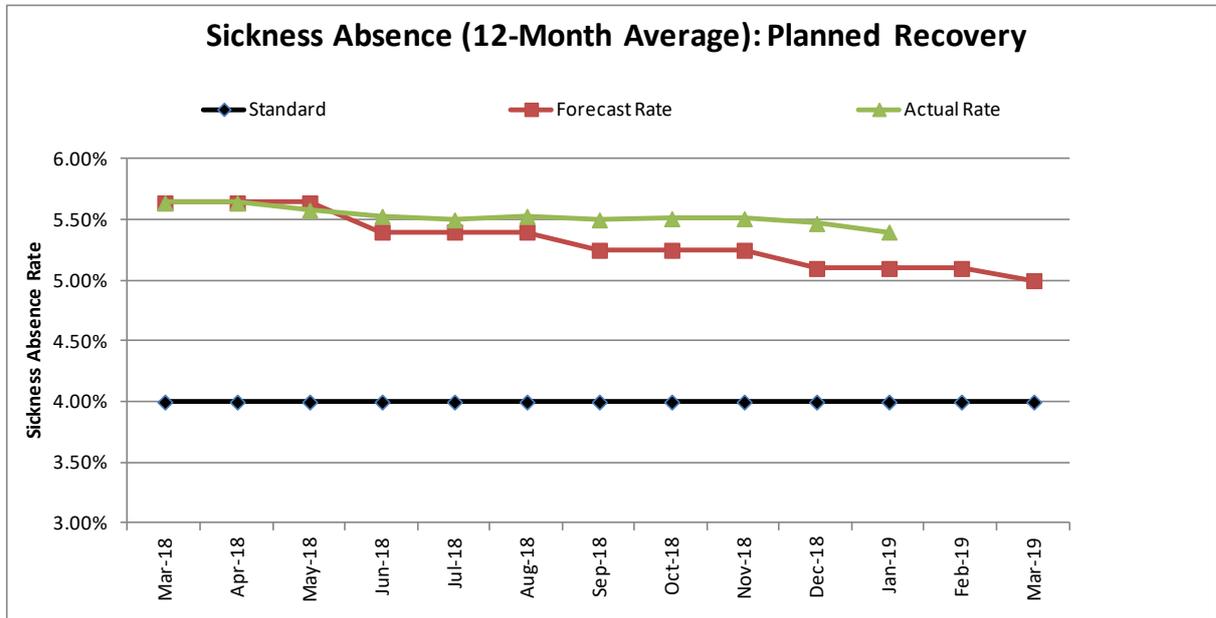
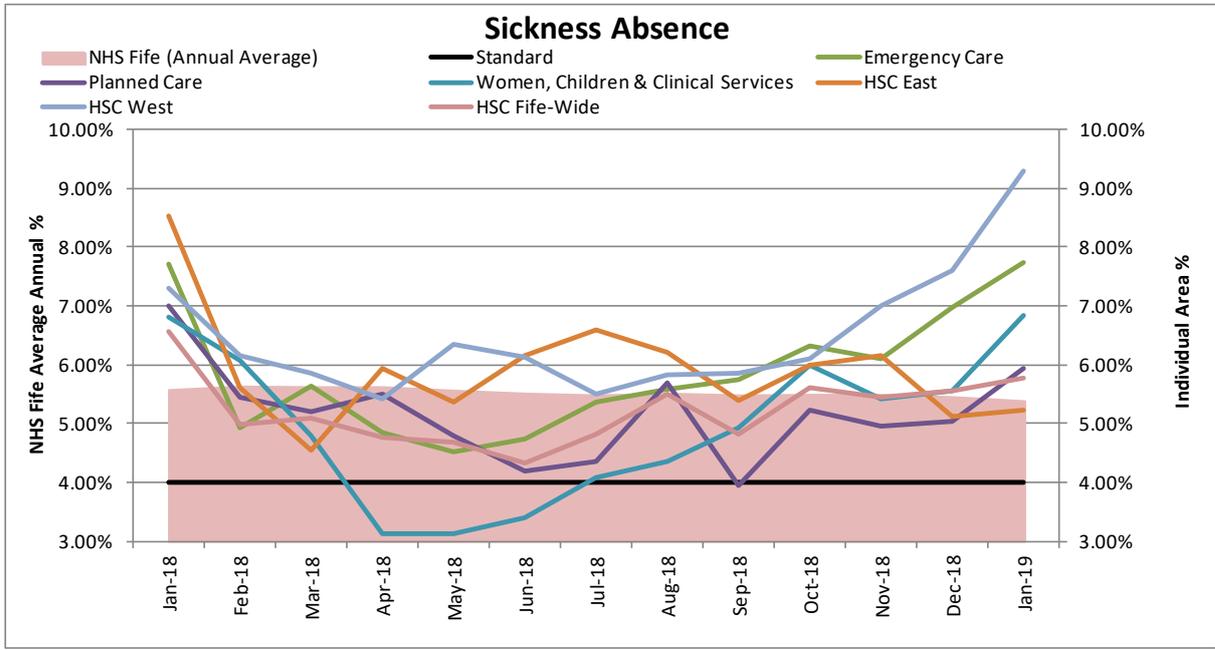
Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the local target	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the local target	↓	Performance worsened from previous
RED	Performance is more than 5% behind the local target	↔	Performance 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 Feb 2019	31.0%	12 months to Jan 2019	25.0%	↑

## Sickness Absence

<b>Measure</b>	<b>We will achieve and sustain a sickness absence rate of no more than 4% (measured on a rolling 12-month basis)</b>	
<b>Current Performance</b>	5.40% for 12-month period February 2018 to January 2019	
<b>Scotland Performance</b>	5.39% for 2017/18 (data published annually)	



Previous 3 Reporting Periods	12 Months to Oct 2018		12 Months to Nov 2018		12 Months to Dec 2018	
		5.51 %	↓	5.51%	↔	5.47 %
<b>Current Issues</b>	The main reasons for sickness absence in 2018 were anxiety, stress and depression, other musculoskeletal problems and injury / fracture					
<b>Context</b>	Sickness absence was higher month-on-month in 2017/18 when compared to 2016/17. However, absence rates have been significantly lower in 7 of the 10 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 <i>(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.)</i>	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 <i>(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.)</i>	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 <i>(the group has now met on three occasions and an Action Plan is being implemented)</i>	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  
20<sup>th</sup> March 2019

Prepared by:  
**CAROL POTTER**  
Director of Finance

# Integrated Performance Report

Produced in April 2019



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## 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 Feb 2019	0.20	12 months to Jan 2019	0.20	↔	0.20	y/e Dec 2018	0.19	4th	0.27
	RED	Complaints (Stage 1 Closure Rate in Month)	Person-centred	80.0%	Feb 2019	72.1%	Jan 2019	80.3%	↓	77.9%	National Data for 2017/18 not yet published			
		Complaints (Stage 2 Closure Rate in Month)	Person-centred	75.0%	Feb 2019	54.8%	Jan 2019	75.0%	↓	49.9%	National Data for 2017/18 not yet published			
		HAI - SABs	Safe	0.24	12 months to Feb 2019	0.42	12 months to Jan 2019	0.42	↔	0.44	y/e Dec 2018	0.43	10th	0.33
Finance, Performance and Resources	GREEN	IVF Treatment Waiting Times	Person-centred	90.0%	3 months to Feb 2019	100.0%	3 months to Jan 2019	100.0%	↔	100.0%	Treatment provided by Regional Centres so no comparison applicable			
		4-Hour Emergency Access *	Clinically Effective	95.0%	12 months to Feb 2019	95.2%	12 months to Jan 2019	95.7%	↓	95.3%	y/e Dec 2018	95.7%	3rd	90.9%
		Antenatal Access	Clinically Effective	80.0%	3 months to Dec 2018	90.5%	3 months to Nov 2018	90.5%	↔	90.8%	Only published annually; NHS Fife was 7th for FY 2017-18			
		Drugs & Alcohol Treatment Waiting Times	Clinically Effective	90.0%	q/e Dec 2018	96.8%	q/e Sep 2018	98.5%	↓	97.7%	q/e Dec 2018	96.8%	4th	93.9%
	AMBER	Cancer 31-Day DTT	Clinically Effective	95.0%	Feb 2019	94.2%	Jan 2019	95.3%	↓	95.4%	q/e Dec 2018	95.6%	6th	94.9%
		Outpatients Waiting Times	Clinically Effective	95.0%	Feb 2019	93.9%	Jan 2019	91.9%	↑	N/A	End of December	92.8%	1st	70.1%
	RED	Diagnostics Waiting Times	Clinically Effective	100.0%	Feb 2019	99.5%	Jan 2019	98.2%	↑	N/A	End of December	98.4%	1st	78.1%
		Dementia Post-Diagnostic Support	Person-centred	100.0%	2017/18	85.3%	2016/17	88.2%	↓	N/A	Only published annually; NHS Fife was 6th for FY 2016/17			
		Dementia Referrals	Person-centred	1,327	Apr to Dec 2018	586	Apr to Sep 2018	406	↓	586	Only published annually; NHS Fife was 3rd for FY 2016/17			
		Cancer 62-Day RTT	Clinically Effective	95.0%	Feb 2019	85.6%	Jan 2019	93.1%	↓	86.1%	q/e Dec 2018	87.1%	4th	82.7%
		18 Weeks RTT	Clinically Effective	90.0%	Feb 2019	77.7%	Jan 2019	76.9%	↑	79.2%	Dec-18	80.4%	6th	79.5%
		Patient TTG	Person-centred	100.0%	Feb 2019	70.5%	Jan 2019	68.7%	↑	71.6%	q/e Dec 2018	65.9%	6th	72.7%
		Detect Cancer Early	Clinically Effective	29.0%	2 years to Sep 18	24.9%	2 years to Jun 18	23.8%	↑	27.9%	Only published annually; NHS Fife was 6th for 2-year period 2016 and 2017			
		Delayed Discharge (Delays > 2 Weeks)	Person-centred	0	28th Feb Census	41	31st Jan Census	40	↓	N/A	27th Dec Census	9.96	4th	10.42
		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			
		Smoking Cessation	Clinically Effective	490	Apr to Nov 2018	268	Apr to Oct 2018	238	↓	268	q/e Sep 2018	40.4%	6th	42.6%
CAMHS Waiting Times	Clinically Effective	90.0%	3 months to Feb 2019	74.1%	3 months to Jan 2019	77.7%	↓	75.8%	q/e Dec 2018	83.9%	4th	72.8%		
Psychological Therapies Waiting Times	Clinically Effective	90.0%	3 months to Feb 2019	68.4%	3 months to Jan 2019	69.1%	↓	68.0%	q/e Dec 2018	72.0%	7th	75.7%		
Staff Governance	RED	Sickness Absence	Clinically Effective	5.00%	12 months to Feb 19	5.39%	12 months to Jan 19	5.40%	↑	5.39%	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 February alone was 92.1% (all A&E and MIU sites) and 89.1% (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

AMBER

RED

Local Management Information (LMI) and Published data almost always agree

LMI and Published data may have minor (insignificant) differences

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 February, there were 10 *Staphylococcus aureus* Bacteraemias (SAB) across Fife, 4 of which were non-hospital acquired, with 6 occurring in VHK. The number of cases in February was 3 more than in January but 1 less than in February 2018, and the annual infection rate has remained unchanged (after rounding), at 0.42.

Assessment: Vascular Access Devices (VAD) remain the greatest risk for SAB acquisition and the collaborative work progressed across services has provided Fife with strengthened governance arrangements for VAD use. A scoping exercise will be scheduled in the coming months to determine membership and overarching aims for the SAB improvement work which will focus on our diabetic population.

The new Local Delivery Plan Standard for SAB, which was expected by the end of March 2019, has not been published as yet by the Scottish Government.

**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.

After achieving both local targets in January for the first time, the closure rate for both Stage 1 and Stage 2 complaints in February fell sharply. The Stage 1 rate was 72.1%, while the Stage 2 rate was 54.8%. There was no single problem area, delays were generally experienced across all ASD Directorates and HSCP Divisions.

Assessment: The internal complaints-handling process continues to be monitored across Acute and Health and Social Care Partnership. The Patient Relations Team continues to review the quality of information within the investigation statements and the initial draft responses produced by the Patient Relation Officers. A daily review of open cases is also carried out to ensure timescales and deadline issues are escalated.

### 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 running from March 2018 to February 2019, 95.2% 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. While we have remained above the Standard since October 2017, this was the lowest annual average since the start of FY 2018/19.

In February itself, 89.1% of the patients attending the VHK Emergency Department met this target, slightly better than in January. There were 563 breaches out of 5,153 attendances, one of which 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 bed capacity, an increase in respiratory infections, as well as the number of frail people being admitted to hospital.

A review is planned to take place in order to assess the winter bed management and the impact on teams across the directorate in line with the bed optimisation project. Planning for winter 2019/20 will be an ongoing process from this point.

**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 February, 85.6% of patients (77 out of 90) started treatment within 62 days of an urgent suspected cancer referral, a 7.5% drop in comparison to January. Ten of the 13 breaches were across occurred in the Urology (5), Upper GI (3) and Breast (2) specialties.

**Assessment:** Performance continued to improve in February, but challenges still remain, particularly in relation to Breast cancer (due to Consultant retiral) and Prostate cancer (due to delays to MRI, TRUS biopsy and post MDT appointments). Long waits to bladder and renal surgery are also impacting on performance, while waits to oncology appointments due to reduced staff and increased referrals has also been a challenge.

The backlog of patients who have breached and are still awaiting treatment will result in further deterioration of performance in March and April.

**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 February, 70.5% of patients were treated within 12 weeks, the first figure above 70% since July last year. The highest number of breaches (160) continued to be in the Ophthalmology specialty, but it is positive to note that the numbers of 'ongoing waits' in this specialty and overall are at their lowest levels since June last year.

**Assessment:** Delivering the elective programme and recovery plan over the winter period has been difficult but the additional ambulatory and day case areas at VHK has been successful in avoiding cancellations due to bed capacity and enabling additional weekend activity.

The focus continues to be on reducing the number of patients waiting over 12 and 26 weeks for treatment. Achieving the target has continued to be a significant challenge for Urology due to demand exceeding available capacity and difficulties in securing sufficient levels of activity in the independent sector.

It is anticipated that the activity outsourced for Cardiology, General Surgery, Oral Maxillofacial, Ophthalmology, Orthopaedics, Gynaecology and ENT alongside additional in-house activity will lead to improved performance in patients waiting over 12 weeks at the end of March.

Discussions are ongoing with the Scottish Government about the level of additional funding available to meet the gaps in capacity for 2019-2020 and there continue to be issues relating to the availability of capacity in the independent sector and staffing both locum, and within our own staff groups to undertake additional in house waiting list initiatives.

**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 February, 99.5% of patients on the waiting list had waited less than 6 weeks for their test. In numerical terms, this equates to only 11 Endoscopy and 6 Radiology breaches, the lowest for nearly 3 years.

**Assessment:** The implementation of the recovery plan for 2018/19 for Radiology and Endoscopy, with funding secured from the Scottish Government, has delivered an improved position. It is anticipated that this will be sustained at the end of March. Discussions are ongoing with the Scottish Government about the level of additional funding available to meet the gaps in capacity for 2019-2020.

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

During February, 77.7% of patients started treatment within 18 weeks of referral, a slight improvement in comparison to January but remaining significantly below the Standard.

**Assessment:** The 18 weeks performance has continued to be a challenge in Q4 of 2018/19 due to the slower than anticipated improvement in performance for outpatients and TTG.

## 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 28<sup>th</sup> February Census (excluding Code 9 patients – Adults with Incapacity) was 89, 7 less than at the January. The number of patients in delay for over 14 days (again excluding Code 9 patients) was 41, 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 490 post 12 weeks smoking quits in the 40% most deprived areas of Fife.

Data from the National Smoking Cessation Database shows that 268 people in the 40% most deprived areas of Fife who attempted to stop smoking during the first 8 months of the FY had successfully quit at 12 weeks. This is 55% of the annual target and 35 less than at the same stage of FY 2017/18.

**Assessment:** A new service arrangement has been provided within a residential home and Glenrothes YMCA, reaching more vulnerable groups of smokers. In addition, the service team attended two community events to raise the profile of the service and to engage with individuals wishing to stop smoking.

**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 covering December 2018 to February 2019, 74.1% of patients who started treatment did so within 18 weeks of referral. This is the second successive sharp monthly fall and continues to reflect the fact that long waits are being targeted and performance is based upon staffing at optimal level.

**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 being 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.

**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 covering December 2018 to February 2019, 68.4% of patients who started treatment did so within 18 weeks of referral. This is slightly less than in the previous 3-month period. Performance has barely changed in the last year, reflecting the fact that increasing demand is continuing to impact on any initiatives to reduce the waiting list.

**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 2018, 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 revenue position for the 12 months to 31 March reflects an underspend of £0.219m. This comprises an underspend of £6.869m on Health Board retained budgets; and a net overspend of £6.650m aligned to the Integration Joint Board, including delegated health budgets (£0.325m underspend) and the impact of the risk share arrangement (£6.975m). The overall reported position remains draft pending formal external audit review.

The Acute Services Division reported an overspend of £8.315m for the year, of which £3.816m 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. It is important to note that the underlying run rate position for the year was £1.946m, with the remaining £6.369m being the shortfall on delivery of in year savings.

The health component of the IJB reported a £0.325m underspend for the year, with a transfer of costs from Fife Council totalling £6.975m, being the net impact of the risk share arrangement for the social care overspend. As previously reported, unspent allocations of £1.779m are recognised in the IJB position, being the net impact of ADP; Primary Care Improvement Fund; and elements of s15 Mental Health monies. The Health & Social Care Partnership management team recognise there will be a requirement to find an alternative means to support these projects in the next financial year.

### Capital Programme

The total Capital Resource Limit for 2018/19 is £8.459m supplemented by a NBV allowance of £22k giving a total available of £8.481m. The capital position for the 12 months to March shows investment of £8.479m an under spend of £2k, equivalent to 99.98% of the total allocation.

## 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 February was 5.39%, a decrease of 0.01% when compared to the position at the end of January. During the first eleven months of FY 2018/19, sickness absence was 5.39%, a decrease of 0.27% 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 January.

**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 12<sup>th</sup> November. By the completion date, 344 Action Plans (43%) had been completed. This has increased slightly to 377 (47%) at the end of March.

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 is currently 32%.

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:

<p><b>In-Vitro Fertilisation (IVF)</b> target: At least 90% of eligible patients to commence IVF treatment within 12 months of referral from Secondary Care</p>
<p><b>Hospital Acquired Infection (HAI), <i>Clostridioides Difficile</i> (C-Diff)</b> target: We will achieve a maximum rate of C- Diff infection in the over 15 year olds of 0.32</p>
<p><b>Antenatal Access</b> target: At least 80% of pregnant women in each SIMD quintile will book for antenatal care by the 12th week of gestation</p>
<p><b>Alcohol Brief Interventions</b> 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.</p>
<p><b>Drug and Alcohol Waiting Times</b> target: At least 90% of clients will wait no longer than 3 weeks from referral to treatment</p>

### 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.

<p><b>Cancer Waiting Times: 31 Day Decision to Treat</b> target: We will treat at least 95% of cancer patients within 31 days of decision to treat In February, 94.2% of patients (114 out of 121) started treatment within 31 days. The breaches were recorded in the Breast (1), Colorectal (1) and Urological (5) specialties.</p>
<p><b>Outpatients Waiting Times</b> target: 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment At the end of February, 93.9% of patients waiting for their first outpatient appointment had waited no more than 12 weeks. This equates to 769 patients who had waited more than 12 weeks, the lowest monthly figure since March 2017. The total number of patients on the waiting list (12,662) was also at its lowest for 2 years. The outpatient performance improved in February as the work on managing demand and delivering additional activity continued to have a positive impact. Achieving and sustaining the target will continue to be a challenge due to demand exceeding available capacity in some areas but it is anticipated that the target will be met in March. Discussions are ongoing with the Scottish Government about the level of additional funding available to meet the gaps in capacity for 2019-2020.</p>
<p><b>Detect Cancer Early</b> 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 1<sup>st</sup> January 2016 to 31<sup>st</sup> December 2017, the 6<sup>th</sup> highest of the 11 Mainland Health Boards. In the previous 2-year</p>

period, NHS Fife recorded a performance of 29.5%, the best in Scotland.

Local figures covering up to the end of September 2018 show that the running 2-year performance is virtually unchanged, though the figures for the first half of FY 2018/19 only show an improvement (to just under 28%). This is mainly due to improvements in the Colorectal specialty, which may be related to the increase in bowel screening.

**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 Q3 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, 711 people were referred to the Dementia PDS in NHS Fife. This is 55% of the notional target (1,289), and NHS Fife achieved the 2<sup>nd</sup> 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 586 referrals had been made in the first 9 months of the year. This equates to 44% of the notional target (1,327), but if the rate of referral continues during Q4, the whole year achievement will be an improvement on 2017/18.

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 85.3%, above the Scottish average of 83.0%; both figures, can be expected to increase by the time we have the full-year figures (in June).

For 2016/17, Fife achieved 88.2% against a Scottish average of 83.5%.

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 61.9%, Fife achieved 96.2%.

### 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 February, there were 10 *Staphylococcus aureus* Bacteraemias (SAB) across Fife, 4 of which were non-hospital acquired, with 6 occurring in VHK. The number of cases in February was 3 more than in January but 1 less than in February 2018, and the annual infection rate has remained unchanged (after rounding), at 0.42.

**Assessment:** Vascular Access Devices (VAD) remain the greatest risk for SAB acquisition and the collaborative work progressed across services has provided Fife with strengthened governance arrangements for VAD use. A scoping exercise will be scheduled in the coming months to determine membership and overarching aims for the SAB improvement work which will focus on our diabetic population.

The new Local Delivery Plan Standard for SAB, which was expected by the end of March 2019, has not been published as yet by the Scottish Government.

**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.

After achieving both local targets in January for the first time, the closure rate for both Stage 1 and Stage 2 complaints in February fell sharply. The Stage 1 rate was 72.1%, while the Stage 2 rate was 54.8%. There was no single problem area, delays were generally experienced across all ASD Directorates and HSCP Divisions.

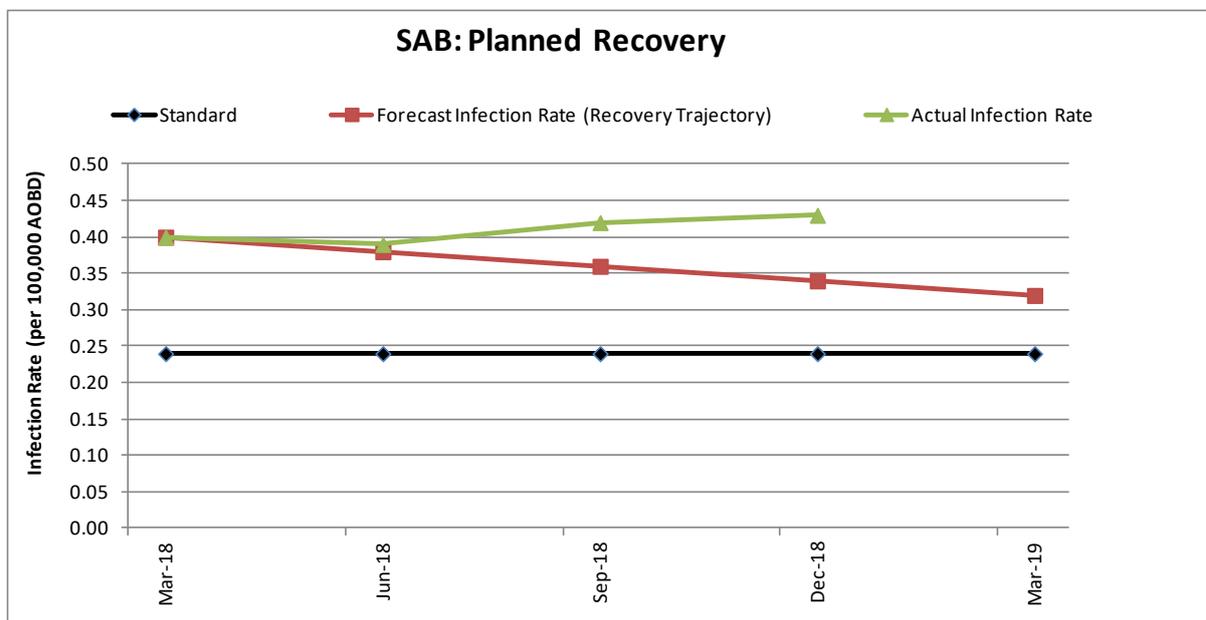
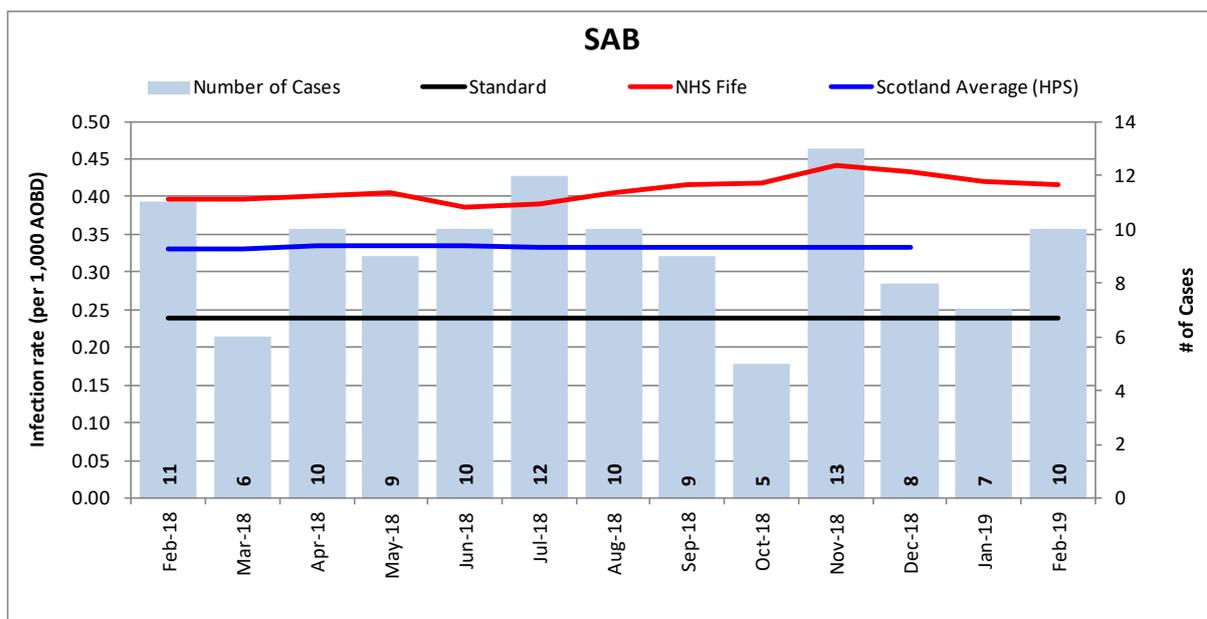
**Assessment:** The internal complaints-handling process continues to be monitored across Acute and Health and Social Care Partnership. The Patient Relations Team continues to review the quality of information within the investigation statements and the initial draft responses produced by the Patient Relation Officers. A daily review of open cases is also carried out to ensure timescales and deadline issues are escalated.

# 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 Feb 2019	0.20	12 months to Jan 2019	0.20	↔	0.20	y/e Dec 2018	0.19	4th	0.27
	RED	Complaints (Stage 1 Closure Rate in Month)	Person-centred	80.0%	Feb 2019	72.1%	Jan 2019	80.3%	↓	77.9%	National Data for 2017/18 not yet published			
		Complaints (Stage 2 Closure Rate in Month)	Person-centred	75.0%	Feb 2019	54.8%	Jan 2019	75.0%	↓	49.9%	National Data for 2017/18 not yet published			
		HAI - SABs	Safe	0.24	12 months to Feb 2019	0.42	12 months to Jan 2019	0.42	↔	0.44	y/e Dec 2018	0.43	10th	0.33

<b>SAB</b>	
<b>Measure</b>	<b>We will achieve a maximum rate of SAB (including MRSA) of 0.24</b>
<b>Current Performance</b>	0.42 cases per 1,000 acute occupied bed during 12-month period from March 2018 to February 2019
<b>Scotland Performance</b>	0.33 cases per 1,000 acute occupied bed days, for 12 months to end of December

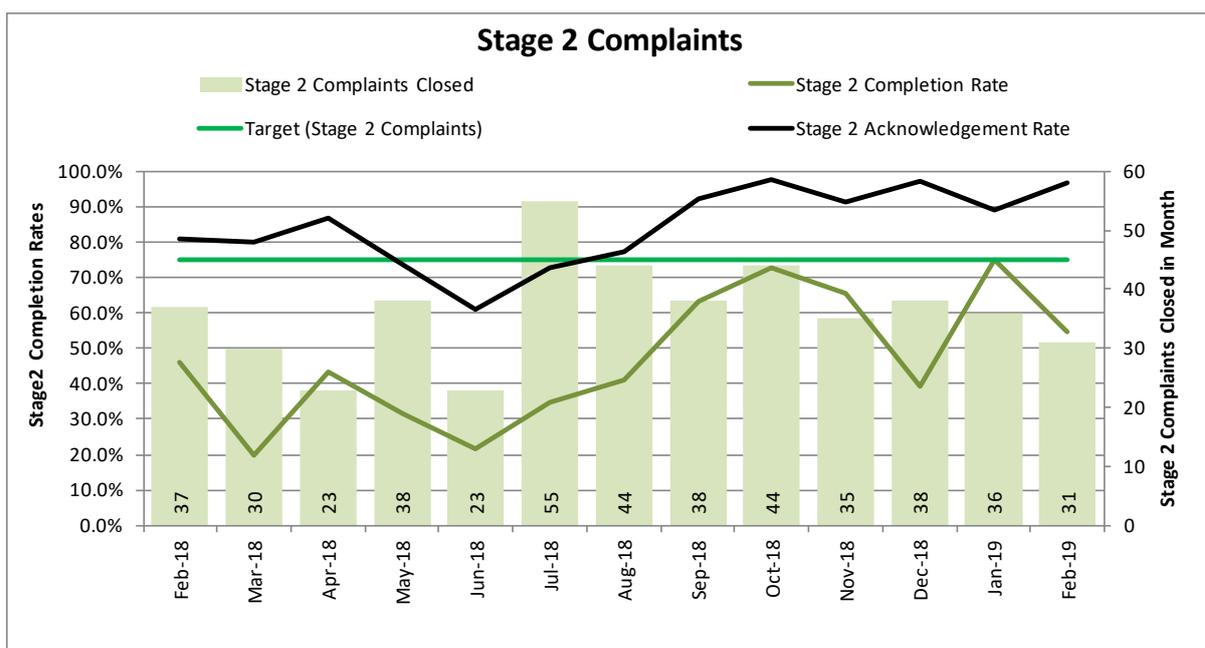
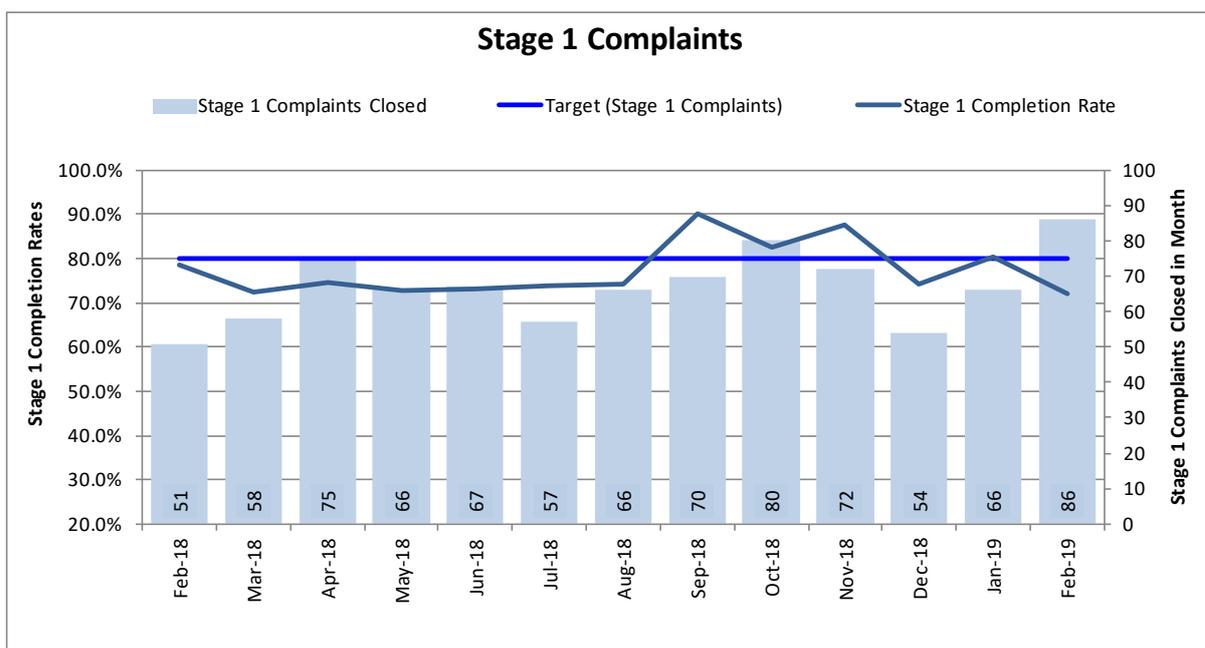


Previous 3 Reporting Periods	Dec 2017 to Nov 2018		Jan 2018 to Dec 2018		Feb 2018 to Jan 2019	
		0.44	↓	0.43	↑	0.42
<b>Current Issues</b>	Vascular Access Device (VAD) SAB					
<b>Context</b>	Never met Standard 2 <sup>nd</sup> highest infection rate of all Mainland Boards in Calendar Year 2018					

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 <i>This work will continue in 2019/20</i>	Reduction in VAD associated SAB	Mar 2019	Complete
Provide timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs <i>This work will continue in 2019/20</i>	Improved education and training, guidance and governance	Mar 2019	Complete
Examine the impact of interventions targeted at reducing SABs <i>This work will continue in 2019/20</i>	Reduction in VAD associated SAB	Mar 2019	Complete
Use results locally for prioritising resources <i>This work will continue in 2019/20</i>	Reduction in VAD associated SAB	Mar 2019	Complete
Use the data to inform clinical practice improvements thereby improving the quality of patient care <i>This work will continue in 2019/20</i>	VAD insertion and maintenance compliance Improved education and training, guidance and governance	Mar 2019	Complete
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	Complete
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

<b>Measures (Local Targets)</b>	<p><b>At least 80% of Stage 1 complaints are completed within 5 working days of receipt</b></p> <p><b>At least 75% of Stage 2 complaints are completed within 20 working days</b></p>
<b>Current Performance</b>	<p>72.1% (62 out of 86) Stage 1 complaints closed in February were completed within 5 working days (or 10 working days if extension applicable)</p> <p>54.8% (17 out of 31) Stage 2 complaints closed in February were completed within 20 working days</p>
<b>Scotland Performance</b>	Stage 2 Complaints: 72.0% for 2016-17 (data published annually)



Previous 3 Months	November 2018		December 2018		January 2019	
	Stage 1	87.5%	↑	73.7%	↓	80.3%
Stage 2	65.7%	↓	39.5%	↓	75.0%	↑
<b>Current Issues</b>	<p>Stage 1 – There is no definitive reason why Stage 1 performance fell, and this will continue to be monitored</p> <p>Stage 2 – There has been a high volume of complex cases received within ASD. Delays receiving medical statements have affected performance and changes to senior management have resulted in rejection of final drafts. This appears to be a style issue. There has been delay with approval within the Partnership mainly due to additional information being requested to ensure complaint points are addressed fully.</p>					
<b>Context</b>	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
Patient Relations Officers to undertake peer review	Improve the quality of draft responses	Sep 2019	On Track
Deliver education to service to improve quality of investigation statements	Improve quality of response and timescale	Sep 2019	On Track
With ASD, agree a process for managing medical statements	Improve Stage 2 performance	Jun 2019	On Track
With ASD, agree a consistent style for responses	Improve Stage 2 performance	Jun 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 running from March 2018 to February 2019, 95.2% 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. While we have remained above the Standard since October 2017, this was the lowest annual average since the start of FY 2018/19.

In February itself, 89.1% of the patients attending the VHK Emergency Department met this target, slightly better than in January. There were 563 breaches out of 5,153 attendances, one of which 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 bed capacity, an increase in respiratory infections, as well as the number of frail people being admitted to hospital.

A review is planned to take place in order to assess the winter bed management and the impact on teams across the directorate in line with the bed optimisation project. Planning for winter 2019/20 will be an ongoing process from this point.

**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 February, 85.6% of patients (77 out of 90) started treatment within 62 days of an urgent suspected cancer referral, a 7.5% drop in comparison to January. Ten of the 13 breaches were across occurred in the Urology (5), Upper GI (3) and Breast (2) specialties.

Assessment: Performance continued to improve in February, but challenges still remain, particularly in relation to Breast cancer (due to Consultant retiral) and Prostate cancer (due to delays to MRI, TRUS biopsy and post MDT appointments). Long waits to bladder and renal surgery are also impacting on performance, while waits to oncology appointments due to reduced staff and increased referrals has also been a challenge.

The backlog of patients who have breached and are still awaiting treatment will result in further deterioration of performance in March and April.

**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 February, 70.5% of patients were treated within 12 weeks, the first figure above 70% since July last year. The highest number of breaches (160) continued to be in the Ophthalmology specialty, but it is positive to note that the numbers of 'ongoing waits' in this specialty and overall are at their lowest levels since June last year.

Assessment: Delivering the elective programme and recovery plan over the winter period has been difficult but the additional ambulatory and day case areas at VHK has been

successful in avoiding cancellations due to bed capacity and enabling additional weekend activity.

The focus continues to be on reducing the number of patients waiting over 12 and 26 weeks for treatment. Achieving the target has continued to be a significant challenge for Urology due to demand exceeding available capacity and difficulties in securing sufficient levels of activity in the independent sector.

It is anticipated that the activity outsourced for Cardiology, General Surgery, Oral Maxillofacial, Ophthalmology, Orthopaedics, Gynaecology and ENT alongside additional in-house activity will lead to improved performance in patients waiting over 12 weeks at the end of March.

Discussions are ongoing with the Scottish Government about the level of additional funding available to meet the gaps in capacity for 2019-2020 and there continue to be issues relating to the availability of capacity in the independent sector and staffing both locum, and within our own staff groups to undertake additional in house waiting list initiatives.

**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 February, 99.5% of patients on the waiting list had waited less than 6 weeks for their test. In numerical terms, this equates to only 11 Endoscopy and 6 Radiology breaches, the lowest for nearly 3 years.

Assessment: The implementation of the recovery plan for 2018/19 for Radiology and Endoscopy, with funding secured from the Scottish Government, has delivered an improved position. It is anticipated that this will be sustained at the end of March. Discussions are ongoing with the Scottish Government about the level of additional funding available to meet the gaps in capacity for 2019-2020.

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

During February, 77.7% of patients started treatment within 18 weeks of referral, a slight improvement in comparison to January but remaining significantly below the Standard.

Assessment: The 18 weeks performance has continued to be a challenge in Q4 of 2018/19 due to the slower than anticipated improvement in performance for outpatients and TTG.

## 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 28<sup>th</sup> February Census (excluding Code 9 patients – Adults with Incapacity) was 89, 7 less than at the January. The number of patients in delay for over 14 days (again excluding Code 9 patients) was 41, 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 490 post 12 weeks smoking quits in the 40% most deprived areas of Fife.

Data from the National Smoking Cessation Database shows that 268 people in the 40% most deprived areas of Fife who attempted to stop smoking during the first 8 months of the FY had successfully quit at 12 weeks. This is 55% of the annual target and 35 less than at the same stage of FY 2017/18.

**Assessment:** A new service arrangement has been provided within a residential home and Glenrothes YMCA, reaching more vulnerable groups of smokers. In addition, the service team attended two community events to raise the profile of the service and to engage with individuals wishing to stop smoking.

**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 covering December 2018 to February 2019, 74.1% of patients who started treatment did so within 18 weeks of referral. This is the second successive sharp monthly fall and continues to reflect the fact that long waits are being targeted and performance is based upon staffing at optimal level.

**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 being 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.

**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 covering December 2018 to February 2019, 68.4% of patients who started treatment did so within 18 weeks of referral. This is slightly less than in the previous 3-month period. Performance has barely changed in the last year, reflecting the fact that increasing demand is continuing to impact on any initiatives to reduce the waiting list.

**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 2018, 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 revenue position for the 12 months to 31 March reflects an underspend of £0.219m. This comprises an underspend of £6.869m on Health Board retained budgets; and a net

overspend of £6.650m aligned to the Integration Joint Board, including delegated health budgets (£0.325m underspend) and the impact of the risk share arrangement (£6.975m). The overall reported position remains draft pending formal external audit review.

The Acute Services Division reported an overspend of £8.315m for the year, of which £3.816m 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. It is important to note that the underlying run rate position for the year was £1.946m, with the remaining £6.369m being the shortfall on delivery of in year savings.

The health component of the IJB reported a £0.325m underspend for the year, with a transfer of costs from Fife Council totalling £6.975m, being the net impact of the risk share arrangement for the social care overspend. As previously reported, unspent allocations of £1.779m are recognised in the IJB position, being the net impact of ADP; Primary Care Improvement Fund; and elements of s15 Mental Health monies. The Health & Social Care Partnership management team recognise there will be a requirement to find an alternative means to support these projects in the next financial year.

### **Capital Programme**

The total Capital Resource Limit for 2018/19 is £8.459m supplemented by a NBV allowance of £22k giving a total available of £8.481m. The capital position for the 12 months to March shows investment of £8.479m an under spend of £2k, equivalent to 99.98% of the total allocation.

# 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

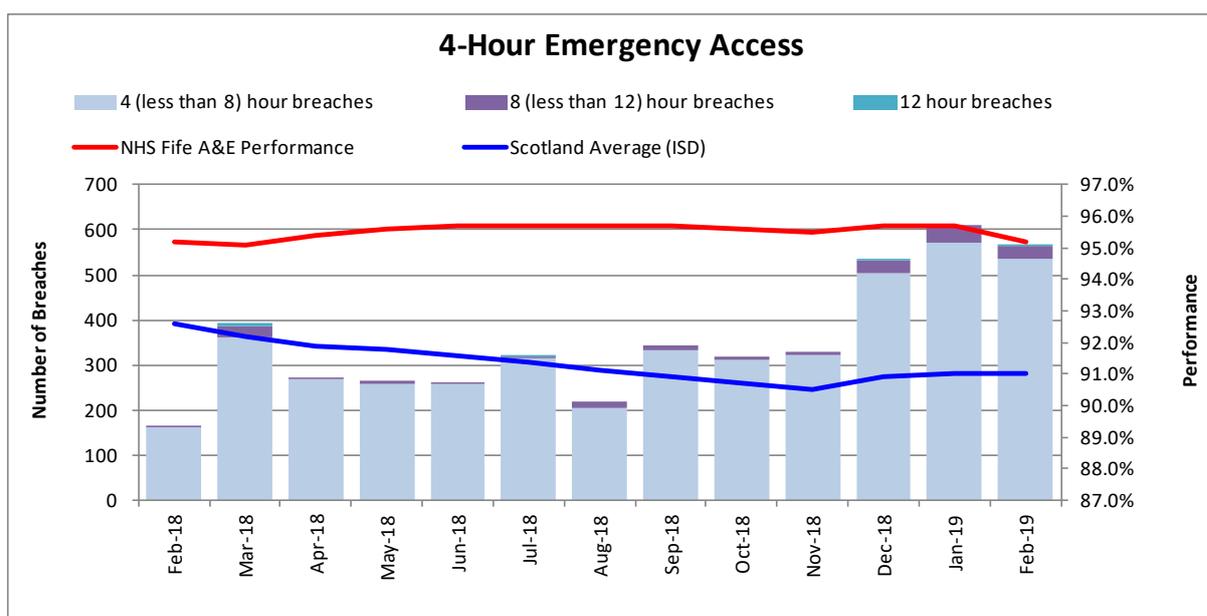
Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2018-19 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Finance, Performance and Resources	GREEN	IVF Treatment Waiting Times	Person-centred	90.0%	3 months to Jan 2019	100.0%	3 months to Dec 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 Feb 2019	95.2%	12 months to Jan 2019	95.7%	↓	95.3%	y/e Dec 2018	95.7%	3rd	90.9%
		Antenatal Access	Clinically Effective	80.0%	3 months to Dec 2018	90.5%	3 months to Nov 2018	90.5%	↔	90.8%	Only published annually: NHS Fife was 7th for FY 2017-18			
		Drugs & Alcohol Treatment Waiting Times	Clinically Effective	90.0%	q/e Dec 2018	96.8%	q/e Sep 2018	98.5%	↓	97.7%	q/e Dec 2018	96.8%	4th	93.9%
	AMBER	Cancer 31-Day DTT	Clinically Effective	95.0%	Feb 2019	94.2%	Jan 2019	95.3%	↓	95.4%	q/e Dec 2018	95.6%	6th	94.9%
		Outpatients Waiting Times	Clinically Effective	95.0%	Feb 2019	93.9%	Jan 2019	91.9%	↑	N/A	End of December	92.8%	1st	70.1%
		Diagnostics Waiting Times	Clinically Effective	100.0%	Feb 2019	99.5%	Jan 2019	98.2%	↑	N/A	End of December	98.4%	1st	78.1%
		Dementia Post-Diagnostic Support	Person-centred	100.0%	2017/18	85.3%	2016/17	88.2%	↓	N/A	Only published annually: NHS Fife was 6th for FY 2016/17			
	RED	Dementia Referrals	Person-centred	1,327	Apr to Dec 2018	586	Apr to Sep 2018	406	↓	586	Only published annually: NHS Fife was 3rd for FY 2016/17			
		Cancer 62-Day RTT	Clinically Effective	95.0%	Feb 2019	85.6%	Jan 2019	93.1%	↓	86.1%	q/e Dec 2018	87.1%	4th	82.7%
		18 Weeks RTT	Clinically Effective	90.0%	Feb 2019	77.7%	Jan 2019	76.9%	↑	79.2%	Dec-18	80.4%	6th	79.5%
		Patient TTG	Person-centred	100.0%	Feb 2019	70.5%	Jan 2019	68.7%	↑	71.6%	q/e Dec 2018	65.9%	6th	72.7%
		Detect Cancer Early	Clinically Effective	29.0%	2 years to Sep 18	24.9%	2 years to Jun 18	23.8%	↑	27.9%	Only published annually: NHS Fife was 6th for 2-year period 2016 and 2017			
		Delayed Discharge (Delays > 2 Weeks)	Person-centred	0	28th Feb Census	41	31st Jan Census	40	↓	N/A	27th Dec Census	9.96	4th	10.42
		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			
		Smoking Cessation	Clinically Effective	490	Apr to Nov 2018	268	Apr to Oct 2018	238	↓	268	q/e Sep 2018	40.4%	6th	42.6%
		CAMHS Waiting Times	Clinically Effective	90.0%	3 months to Feb 2019	74.1%	3 months to Jan 2019	77.7%	↓	75.8%	q/e Dec 2018	83.9%	4th	72.8%
		Psychological Therapies Waiting Times	Clinically Effective	90.0%	3 months to Feb 2019	68.4%	3 months to Jan 2019	69.1%	↓	68.0%	q/e Dec 2018	72.0%	7th	75.7%

\* The 4-Hour Emergency Access performance in February alone was 92.1% (all A&E and MIU sites) and 89.1% (VHK A&E, only)

# Performance Drill Down – Acute Services Division

## 4-Hour Emergency Access

<b>Measure</b>	<b>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</b>	
<b>Current Performance</b>	95.2% for 12-month period covering March 2018 to February 2019	
<b>Scotland Performance</b>	91.0% for 12-month period covering March 2018 to February 2019	

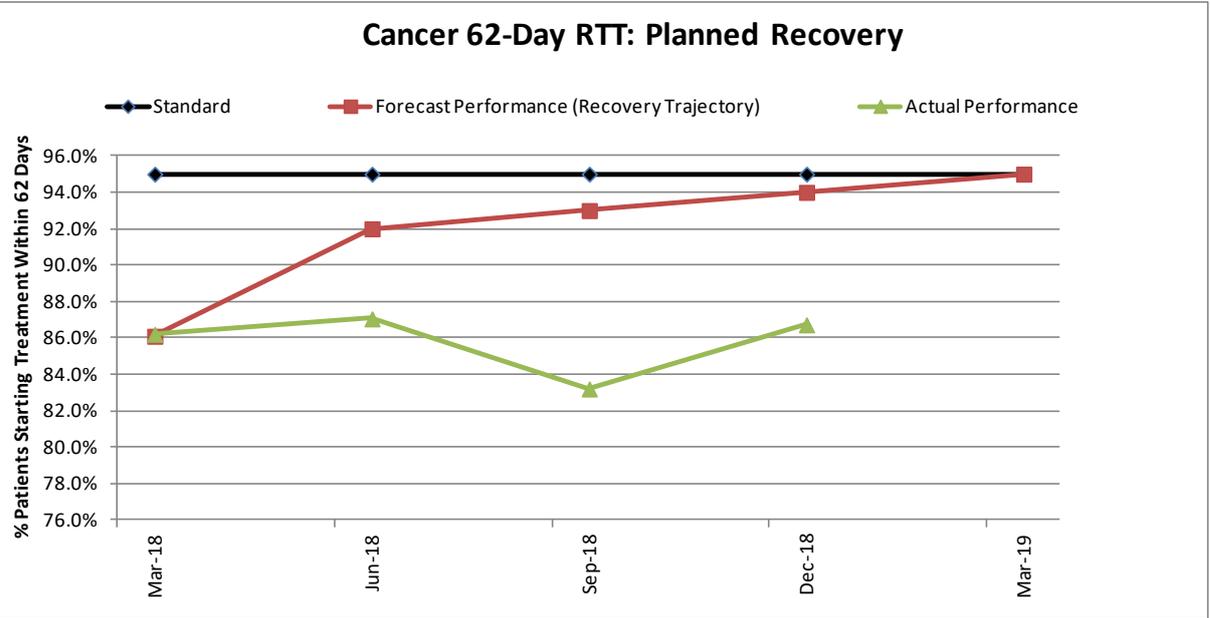
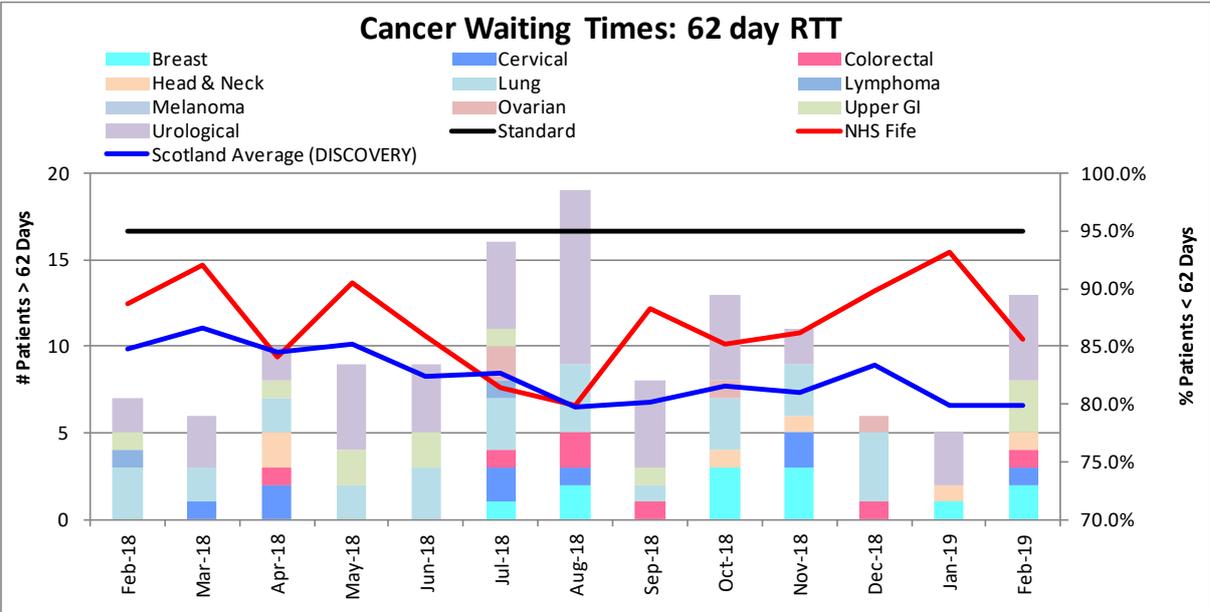


<b>Previous 3 Reporting Periods</b>	<b>Dec 2017 to Nov 2018</b>	<b>Jan 2018 to Dec 2018</b>	<b>Feb 2018 to Jan 2019</b>
	95.5%	↓	95.7%
<b>Current Issues</b>	Variability in delivery of the access target		
<b>Context</b>	Has been above the Standard since the start of the final quarter of 2017 Consistently above the Scottish average 3 <sup>rd</sup> best Mainland Health Board performance over the whole of 2018		

Key Actions for Improvement	Planned Benefits	Due By	Status
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 with stepped changes in management of patient flow commencing May 2019	Jun 2019	On Track
Monitoring of 8 hour breaches	Reduction in occurrences, improving patient experience	Jun 2019	On Track

## Cancer Treatment Waiting Times: 62-Day RTT

<b>Measure</b>	<b>At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days of urgent referral</b>
<b>Current Performance</b>	85.6% of patients (77 out of 90) started treatment in February within 62 days
<b>Scotland Performance</b>	79.9% of patients started treatment within 62 days in February

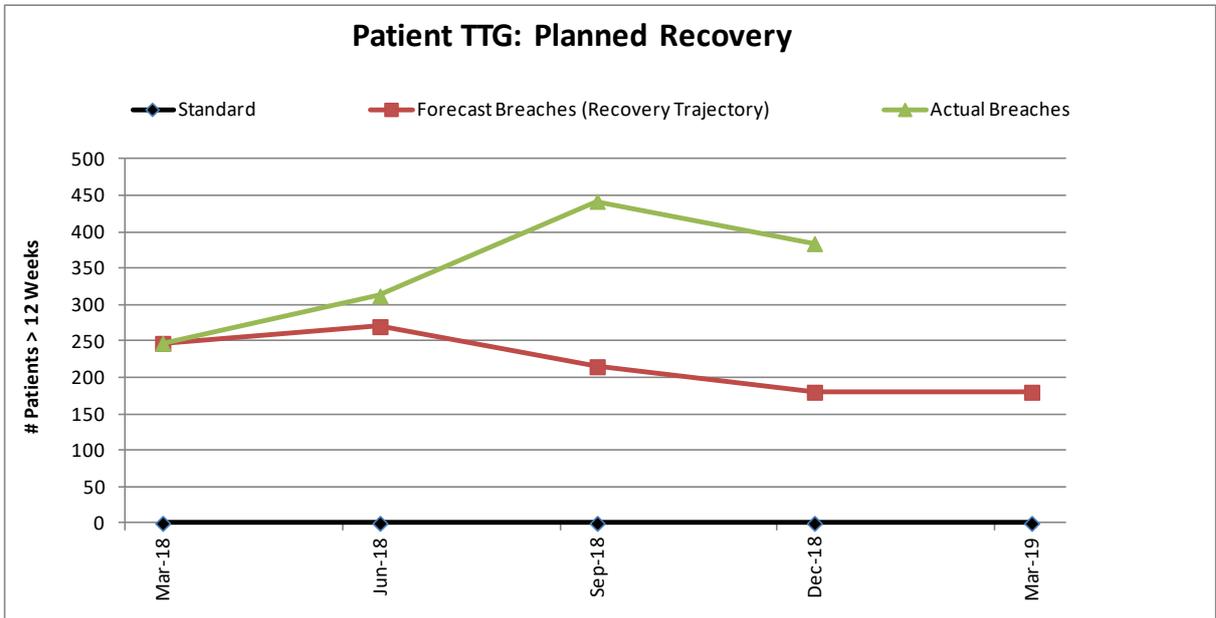
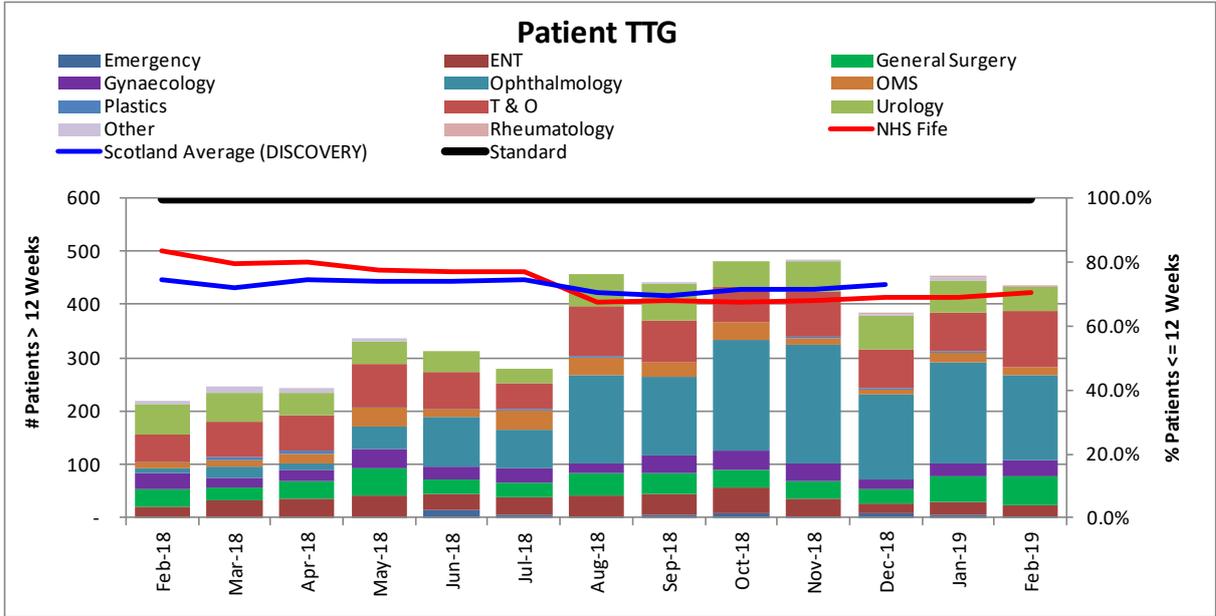


Previous 3 Months	November 2018		December 2018		January 2019	
	86.1%	↑	89.8%	↑	93.1%	↑
<b>Current Issues</b>	Challenges with Urology prostate pathway and processes Delay to SABR in Lung Delay to MRI for prostate patients Delays to 1 <sup>st</sup> OPA and Surgery in Breast Extended waits in oncology Waits to surgery for bladder and renal					
<b>Context</b>	Standard last achieved in October 2017 Above Scotland average in 10 of last 12 months 4 <sup>th</sup> best performing Mainland Health Board during final quarter of 2018					

Key Actions for Improvement	Planned Benefits	Due By	Status
Train 2 <sup>nd</sup> consultant in lap nephrectomy (Urology)	Increased capacity and reduced vulnerability to service	Nov 2019	On Track
Small tests of change to improve prostate pathway	Improved (and sustained) performance	Apr 2019	On Track
Secure outpatient, MDT and surgical capacity within breast due to consultant retiral	Maintained performance	Apr 2019	On Track
Increase visiting oncologist capacity	Improved (and sustained) performance	Apr 2019	On Track
Introduction of cancer performance improvement action plan	Mitigation of risks of breach	May 2019	On Track

## Patient Treatment Time Guarantee

<b>Measure</b>	<b>We will ensure that all eligible patients receive Inpatient or Day Case treatment within 12 weeks of such treatment being agreed</b>	
<b>Current Performance</b>	435 patient breaches (out of 1,475 patients treated) in January (70.5% on time)	
<b>Scotland Performance</b>	72.7% of patients treated within 12 weeks in final quarter of 2018	

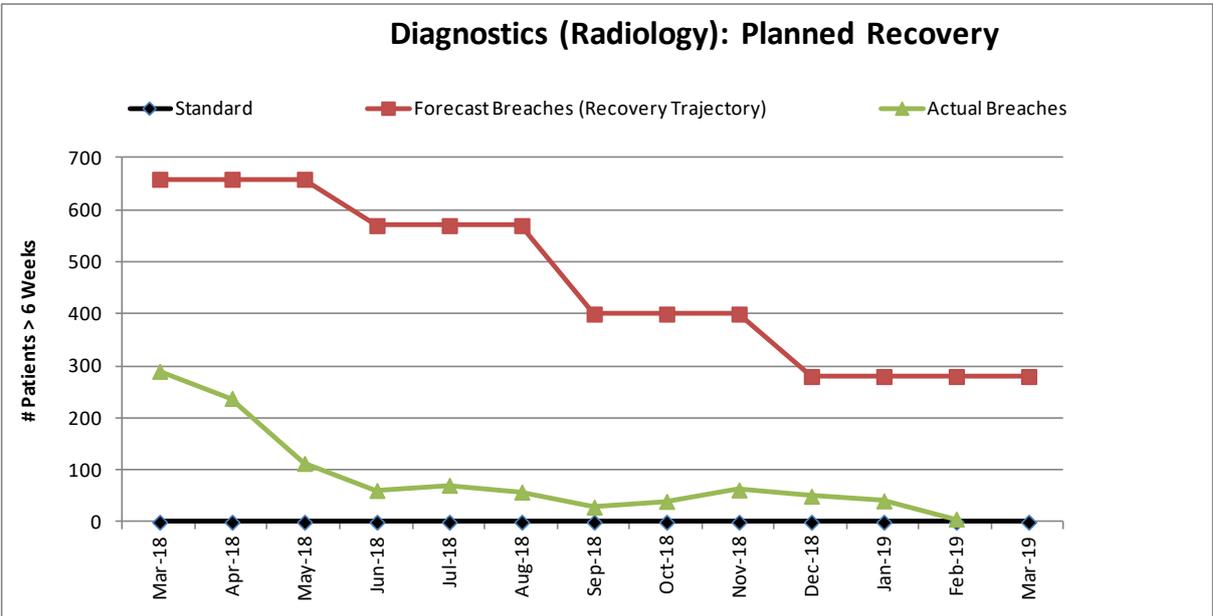
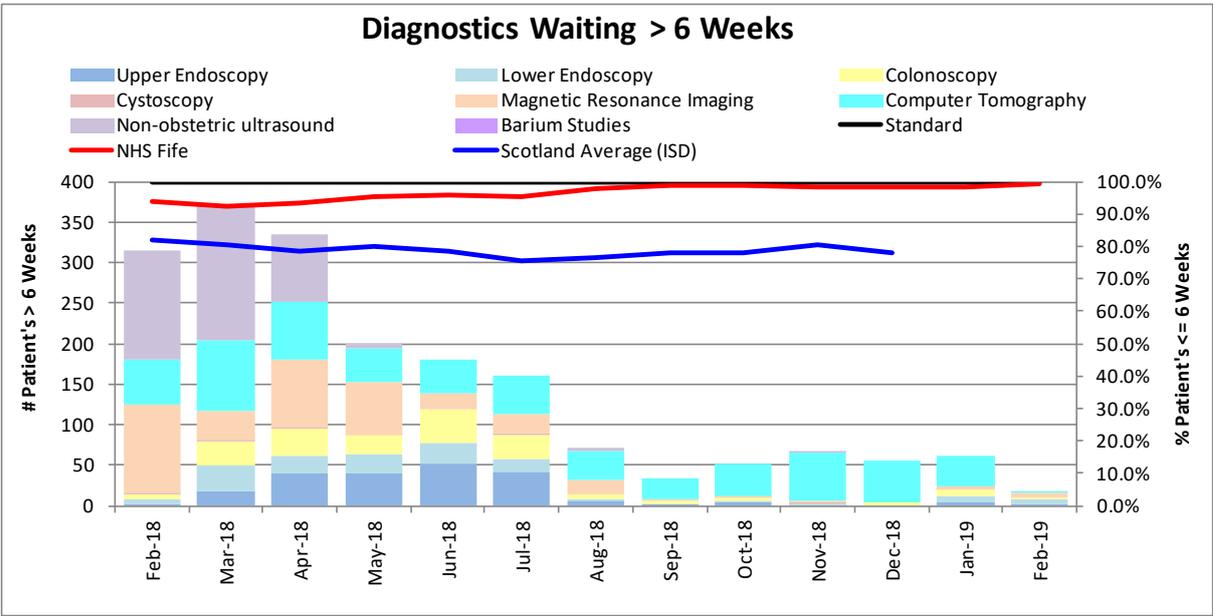


Previous 3 Months	November 2018		December 2018		January 2019	
		67.8%	↑	68.8%	↑	68.7%
<b>Current Issues</b>	Recurring gap in elective inpatient and daycase capacity Unable to deliver the level of outsourced activity for urology					
<b>Context</b>	Fife outperformed the Scottish average until Q2 of 2018/19					

Key Actions for Improvement	Planned Benefits	Due By	Status
Secure resources and deliver core and additional IP/DC elective capacity	Elective projected performance delivered	May 2019	Complete
Monthly monitoring meetings with Private Sector Providers	Timely delivery of outsourced activity	Mar 2019	Complete
Develop and deliver Elective IP/DC Efficiency Programme based on output from service reviews <i>This will be part of ongoing work for 2019/20</i>	Elective IP/DC capacity use optimised	Mar 2019	Complete
Progress regional elective work in identified specialties <i>This will be part of ongoing work for 2019/20</i>	Identify opportunities for improvement in capacity and/or reduced demand	Mar 2019	Complete
Recruit to vacant consultant posts <i>This will be part of ongoing work for 2019/20</i>	Sustainable core capacity for elective activity	Mar 2019	Complete
Review DCAQ for 18/19 and develop new waiting times improvement plan for 19/20	Sustainable core capacity for elective activity	Mar 2019	Delayed Revised to May 2019
Secure resources to deliver waiting times improvement plan for 19/20	Elective projected performance delivered	Apr 2019	Delayed Revised to May 2019

## Diagnostics Waiting Times

<b>Measure</b>	<b>No patient will wait more than 6 weeks to receive one of the 8 key diagnostic tests</b>	
<b>Current Performance</b>	99.5% of patients waiting no more than 6 weeks at end of February	
<b>Scotland Performance</b>	78.1% of patients waiting no more than 6 weeks at end of December	

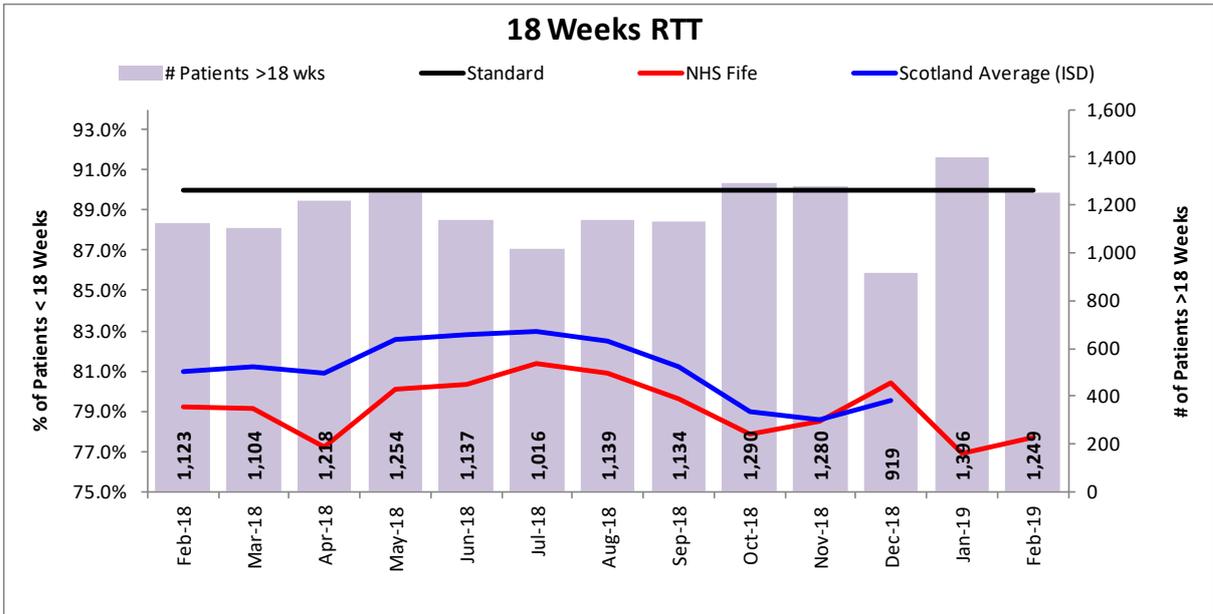


Previous 3 Months	November 2018		December 2018		January 2019	
	98.1%	↓	98.4%	↑	98.2%	↓
<b>Current Issues</b>	Radiology Consultant , radiographer and sonographer vacancies, increased demand for MRI, Ultrasound and specialist cardiac and colon CT Reporting capacity Variable capacity for additional Ultrasound Increase in demand from bowel screening					
<b>Context</b>	Standard last achieved in April 2016 Best performing Mainland Health Board at the end of December 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	Complete
Identify further opportunities to improve consultant numbers with regional partners <i>This will be part of ongoing work for 2019/20</i>	Reduction in number of Consultant Radiology vacancies	Mar 2019	Complete
Review DCAQ for 18/19 and develop new waiting times improvement plan for 19/20	Sustainable core capacity for radiology activity	Mar 2019	Delayed Revised to May 2019
Secure resources to deliver waiting times improvement plan for 19/20	Radiology diagnostic projected performance delivered	Apr 2019	Delayed Revised to May 2019

## 18 Weeks Referral-to-Treatment

<b>Measure</b>	<b>90% of planned/elective patients to commence treatment within 18 weeks of referral</b>	
<b>Current Performance</b>	77.7% of patients started treatment within 18 weeks in February	
<b>Scotland Performance</b>	79.5% of patients started treatment within 18 weeks in December	



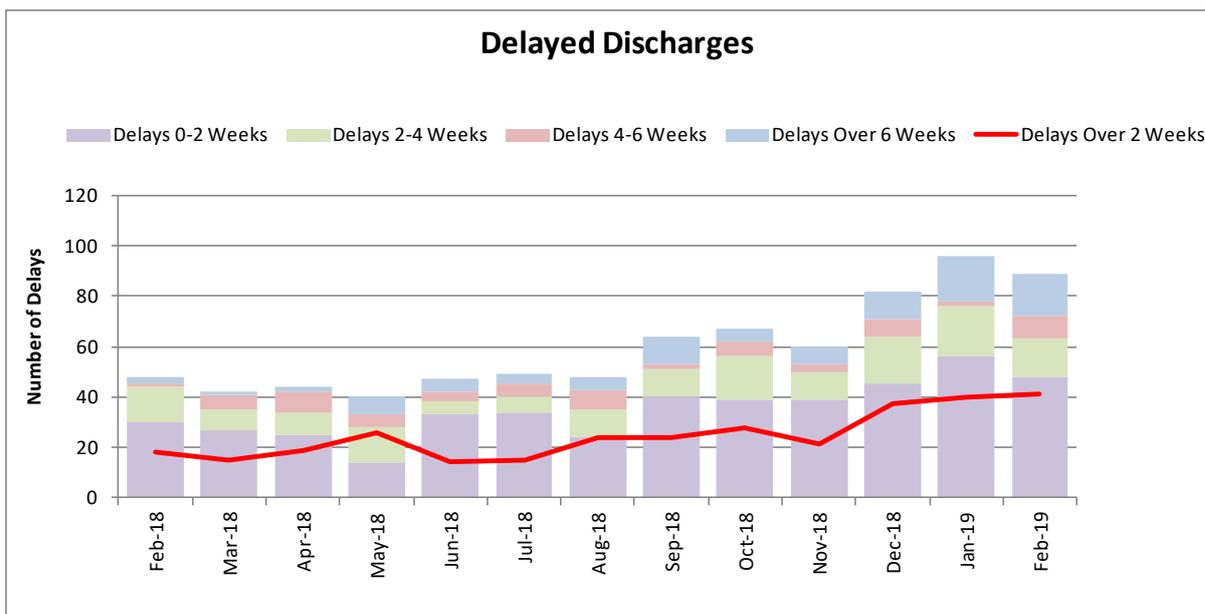
Previous 3 Months	November 2018		December 2018		January 2019	
		78.5%	↑	80.4%	↑	76.9%
<b>Current Issues</b>	The previous challenges with performance in Outpatients are impacting on non-admitted and admitted pathway performance The challenges in TTG performance is impacting on admitted pathway performance					
<b>Context</b>	Standard last achieved in September 2016 Consistently below the Scottish average 6 <sup>th</sup> out of 11 Mainland Health Boards in December					

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

<b>Measure</b>	<b>No patient will be delayed in hospital for more than 2 weeks after being judged fit for discharge</b>
<b>Current Performance</b>	41 patients in delay for more than 14 days at February Census – this equates to 11.04 patients per 100,000 population in NHS Fife
<b>Scotland Performance</b>	10.42 patients per 100,000 population at December census

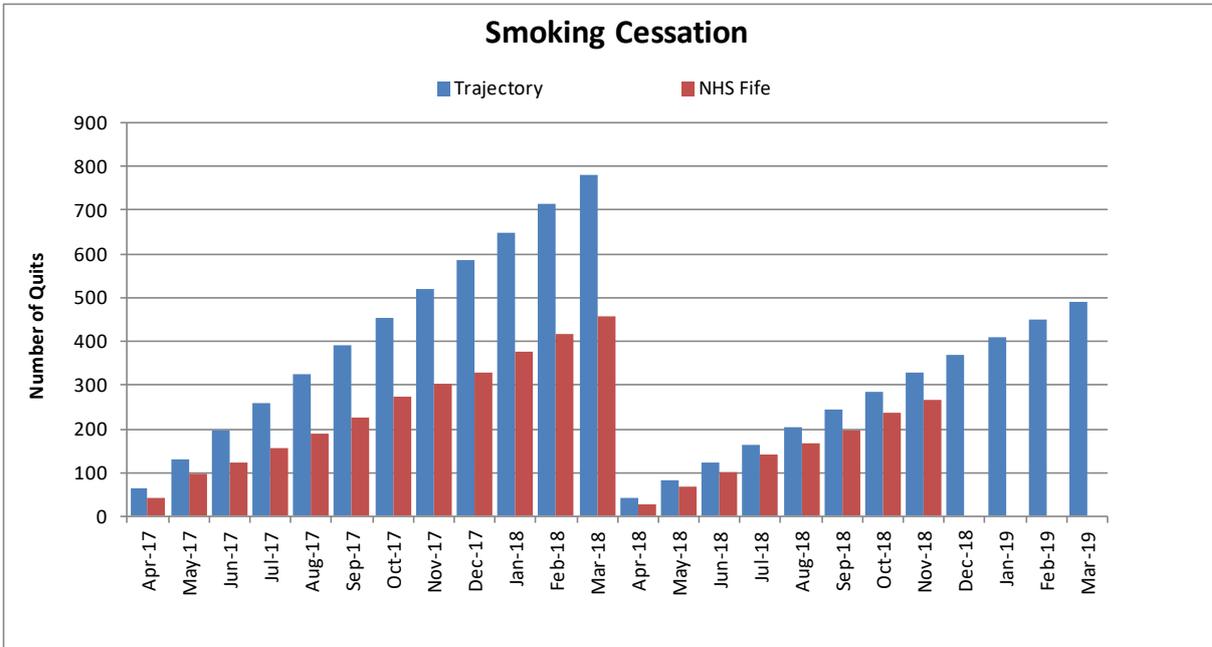


Previous 3 Months	November 2018		December 2018		January 2019	
		21	↑	37	↓	40
<b>Current Issues</b>	Increasing number of patients in delay					
<b>Context</b>	Never met 14-day target 4 <sup>th</sup> lowest delays over 2 weeks (per 100,000 population) of all Mainland Health Boards, at December Census					

Key Actions for Improvement	Planned Benefits	Due By	Status
Test a trusted assessors model within VHK for patients transferring to STAR/assessment beds	Reduced Length of Stay Smoother person centred transitions	May 2019	On Track
Manage community flow and planned reduction of surge beds to ensure performance maintained	Better management of occupancy and demand for community beds throughout winter	Apr 2019	On Track
Review timescales of social work assessments	Reduced Length of Stay	Apr 2019	On Track

## Smoking Cessation

<b>Measure</b>	<b>In 2018/19, we will deliver a minimum of 490 post 12 weeks smoking quits in the 40% most deprived areas of Fife</b>	
<b>Current Performance</b>	268 successful quits in first 8 months of the year (55% of annual target)	
<b>Scotland Performance</b>	3,223 successful quits at end of Q2, 42.6% of target	



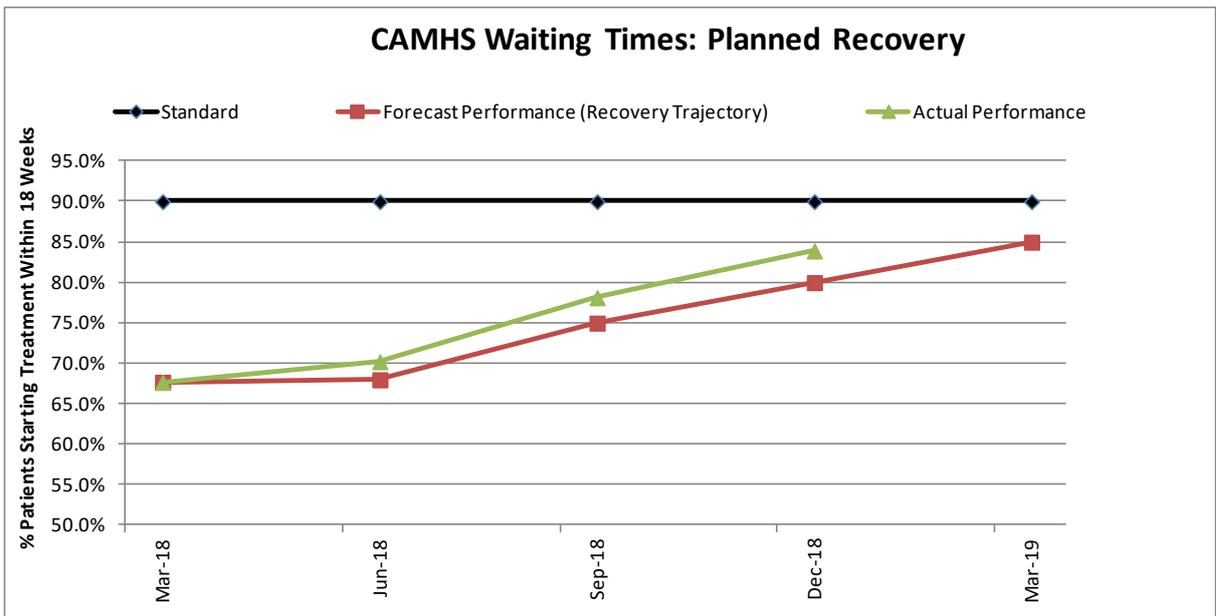
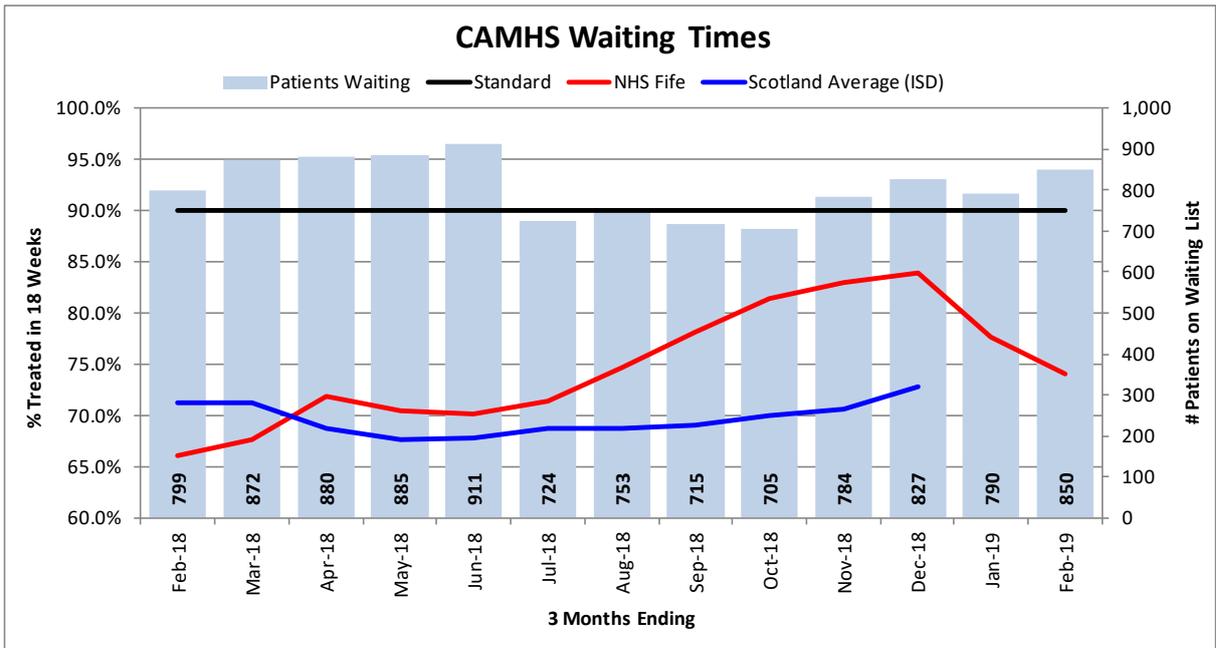
Previous 3 Months	August 2018		September 2018		October 2018	
		166	↓	198	↓	238
<b>Current Issues</b>	Mobile unit has been off the road for 3 weeks due to repairs required to ensure vehicle is roadworthy Challenges to administrative staff recruitment so unable to support pharmacy colleague with data completion					
<b>Context</b>	Lower quit target (490) has been set for 2018/19 by the Scottish Government Current achievement for 2018/19 is broadly in line with the Scottish average					

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	Delayed Revised date TBD
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	Complete
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	Complete
Establish links with new Mental Health clinic for pregnant women	Support pregnant women experiencing Mental Health issues to stop smoking	Mar 2019	Complete

<p>Test newly approved temporary abstinence paperwork in the acute setting</p>	<p>Ensure pathways and prescribing guidance are robust and effective Increase in number of patients being routinely offered Nicotine Replacement Therapy</p>	<p>Oct 2019</p>	<p>On Track</p>
<p>In collaboration with Respiratory Consultant test the effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic</p>	<p>Increase opportunities for patients to access Champix at point of contact and supporting patients to quit</p>	<p>Dec 2019</p>	<p>On Track</p>

## CAMHS Waiting Times

<b>Measure</b>	<b>At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services</b>
<b>Current Performance</b>	74.1% of patients started treatment within 18 weeks during 3-month period covering December 2018 to February 2019
<b>Scotland Performance</b>	72.8% of patients started treatment within 18 weeks during 2018/19 Q3

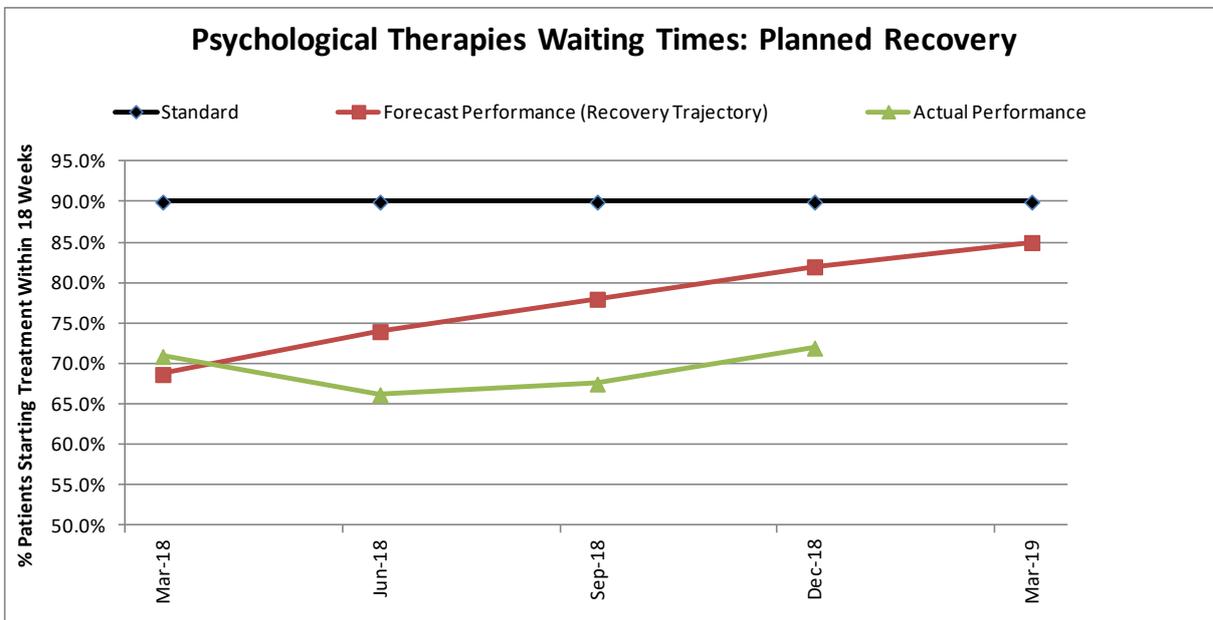
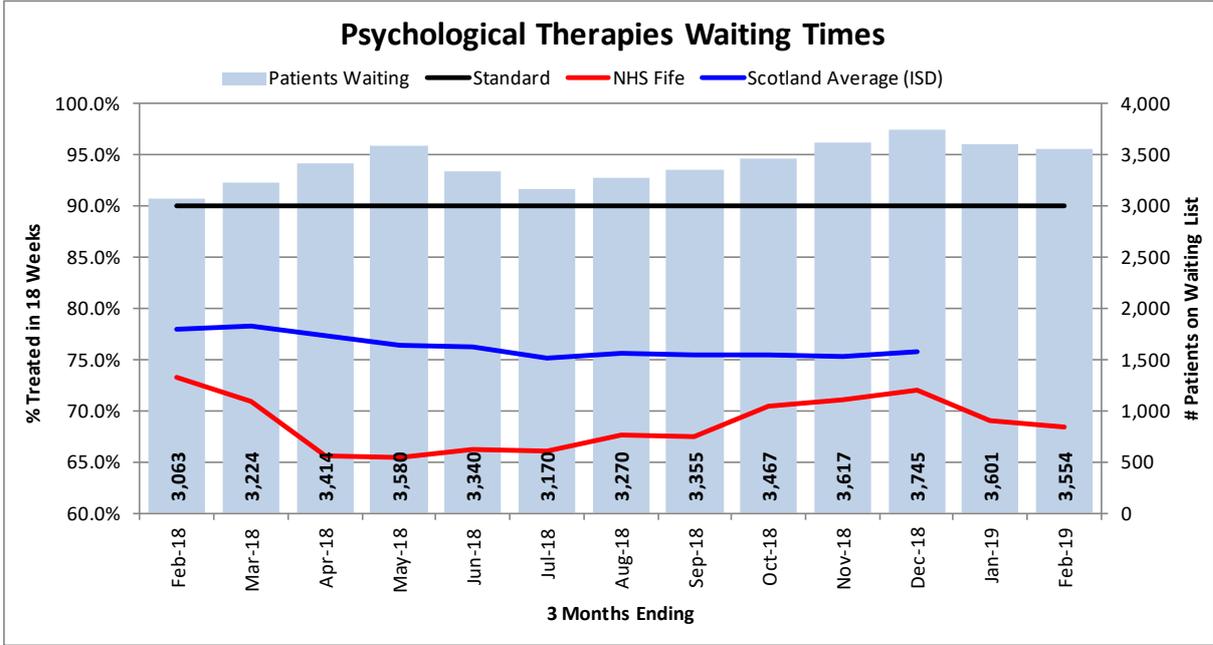


Previous 3 Reporting Periods	Sep 2018 to Nov 2018		Oct 2018 to Dec 2018		Nov 2018 to Jan 2019	
	83.0%	↑	83.9%	↑	77.7%	↓
<b>Current Issues</b>	Referral numbers continue to be significant compared to available new appointments Due to limited staffing numbers any absence has significant impact on activity levels due to the workforce consistently working at full capacity					
<b>Context</b>	Below Standard since May 2014, and after recovering throughout 2018 has fallen sharply at start of 2019 4 <sup>th</sup> out of the 11 Mainland Health Boards for the quarter ending December					

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	Delayed Revised to Jun 2019
Development of Tier 3 Initial Assessment Appointment	Provide assessment and formulation of need following screening, ensuring that children: <ul style="list-style-type: none"> <li>• Are safe to be placed on waiting list</li> <li>• Are appropriate for CAMHS</li> </ul> Or would benefit from signposting to alternative providers	Feb 2019	Delayed Revised to Jun 2019
Development of Tier 3 Therapeutic Group Programme	Improved access to therapeutic intervention (additional provision for approximately 380 children per annum)	Mar 2019	Delayed Revised to Jun 2019

## Psychological Therapies Waiting Times

<b>Measure</b>	<b>At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies (PT)</b>
<b>Current Performance</b>	68.4% of patients started treatment within 18 weeks during 3-month period covering December 2018 to February 2019
<b>Scotland Performance</b>	75.7% of patients started treatment within 18 weeks during 2018/19 Q3



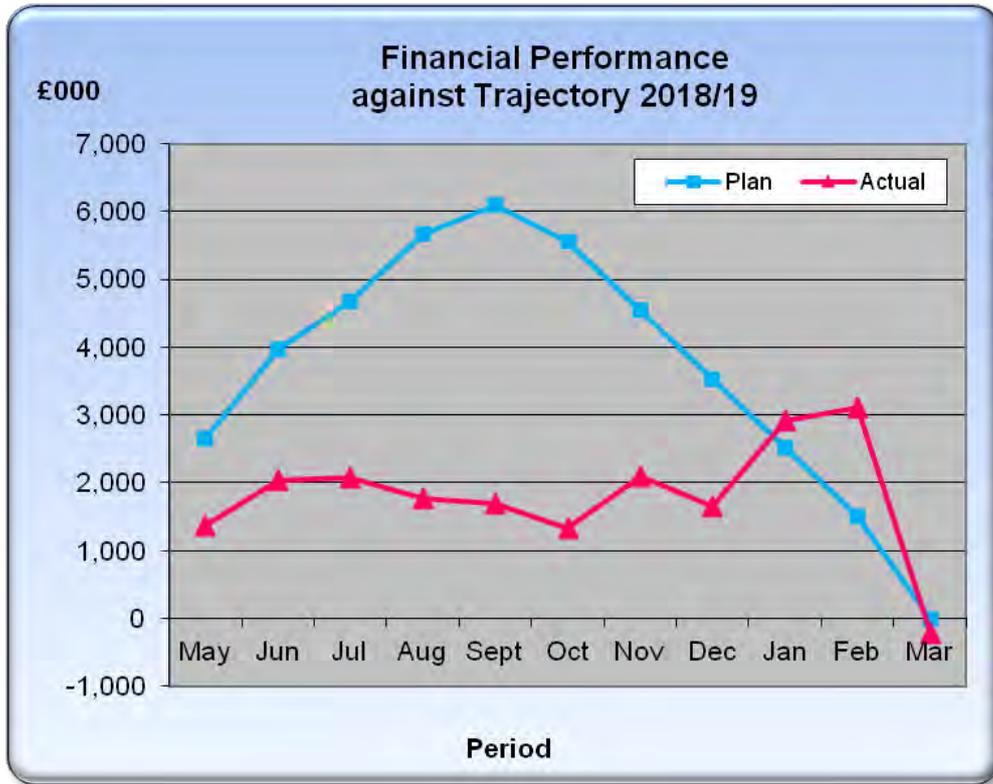
Previous 3 Reporting Periods	Sep 2018 to Nov 2018		Oct 2018 to Dec 2018		Nov 2018 to Jan 2019	
		71.1%	↑	72.0%	↑	69.1%
<b>Current Issues</b>	Delivery of PTs across services requires further integration to enhance efficiency					
<b>Context</b>	Never met Standard; monthly performance normally between 65% and 75% 7 <sup>th</sup> out of the 11 Mainland Health Boards for the quarter ending December					

Key Actions for Improvement	Planned Benefits	Due By	Status
Develop enhanced PT Strategy, reflecting new opportunities within H&SC integration <i>Draft Strategy going to Psychological Therapies Steering Group (PTSG) on 11<sup>th</sup> April</i>	Increased capacity and efficiency of PT delivery within matched care model	Mar 2019	Delayed Revised to May 2019
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 <i>Improvement Plan submitted to Scottish Government March 2019 includes DCAQ work to assist these developments</i>	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	<i>Health Boards are required to work within the revenue resource limits set by the Scottish Government Health &amp; Social Care Directorates (SGHSCD).</i>
In year position	£0.219 underspend
Outturn position	£0.219 underspend



Previous 3 Months	January 2019	February 2019	March 2019
<b>Revenue Resource Limit</b>			
Actual (in-year position)	£2.914m o/spend	£3.102m o/spend	£0.219m underspend
Plan (in-year position)	£2.518m o/spend	£1.504m o/spend	Break even
Forecast Outturn position	£3.109m o/spend	£2.518m o/spend	£0.219m underspend

### Commentary

The revenue position for the 12 months to 31 March reflects an underspend of £0.219m. This comprises an underspend of £6.869m on Health Board retained budgets; and a net overspend of £6.650m aligned to the Integration Joint Board, including delegated health budgets (£0.325m underspend) and the impact of the risk share arrangement (£6.975m).

The overall reported position remains draft pending formal external audit review.

The Acute Services Division reported an overspend of £8.315m for the year, of which £3.816m 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. It is important to note that the underlying run rate position for the year was £1.946m, with the remaining £6.369m being the shortfall on delivery of in year savings

The health component of the IJB reported a £0.325m underspend for the year, with a transfer of costs from Fife Council totalling £6.975m, being the net impact of the risk share arrangement for the social care overspend. As previously reported, unspent allocations of £1.779m are recognised in the IJB position, being the net impact of ADP; Primary Care Improvement Fund; and elements of s15 Mental Health monies. The Health & Social Care Partnership management team recognise there will be a requirement to find an alternative means to support these projects in the next financial year.

## 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 April 2019 NHS Fife received confirmation of March core revenue and core capital allocation amounts. The revised core revenue resource limit (RRL) has been confirmed at £707.071m. A breakdown of the additional funding received in month is shown in Appendix 1.

### Non Core Revenue Resource Limit

- 2.2 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 2 with details of final reduction required (£2.975m) to the non core RRL

### Total RRL

- 2.3 The total current year budget at 31 March is therefore £730.959m.

## 3. Summary Position

- 3.1 At the end of March, NHS Fife reports an in year under spend of £0.219m against the revenue resource limit. Table 1 below provides a summary of the position across the constituent parts of the system: an under spend of £6.869m is attributable to Health Board retained budgets; and an overspend of £6.650m 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 £8.315m, driven largely as a result of non delivery of savings (£6.369m);

- 3.2.2 The aforementioned Acute Division overspend includes £3.816m 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 Under spends across Estates & Facilities and Corporate Directorates;
- 3.2.4 Non recurring financial flexibility of £11.131m to offset the shortfall in delivery of savings in year;
- 3.2.5 Net under spend of £0.325m on the health budgets delegated to the IJB after the release of unspent allocations / financial flexibility of £1.779m. This is driven by non delivery of savings (£2.897m) offset by a net underspend of £3.222m on budgets (despite the challenges on the GP prescribing budget and includes release of allocations previously mentioned);
- 3.2.6 Risk share impact of £6.975m, 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 March 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	394,925	395,449	395,449	388,580	-6,869	-1.74%	-13,446	6,577
Integration Joint Board	332,074	335,510	335,510	342,160	6,650	1.98%	3,753	2,897
<b>Total</b>	<b>726,999</b>	<b>730,959</b>	<b>730,959</b>	<b>730,740</b>	<b>-219</b>	<b>-0.03%</b>	<b>-9,693</b>	<b>9,474</b>

	Budget			Expenditure			Variance split by	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	186,732	196,282	196,282	204,597	8,315	4.24%	1,946	6,369
IJB Non-delegated	8,020	7,987	7,987	7,962	-25	-0.31%	-128	103
Estates & Facilities	69,597	69,646	69,646	68,287	-1,359	-1.95%	-1,359	0
Board Admin & Other Services	50,821	66,046	66,046	63,762	-2,284	-3.46%	-2,389	105
Non Fife & Other Healthcare Providers	82,403	82,403	82,403	82,136	-267	-0.32%	-267	0
Financial Flexibility & Allocations	21,712	10,468	10,468	-663	-11,131	-106.33%	-11,131	0
<b>Health Board</b>	<b>419,285</b>	<b>432,832</b>	<b>432,832</b>	<b>426,081</b>	<b>-6,751</b>	<b>-1.56%</b>	<b>-13,328</b>	<b>6,577</b>
Integration Joint Board - Core	357,941	381,823	381,823	383,277	1,454	99.92%	-1,443	2,897
Integration Fund & Other Allocations	12,646	1,779	1,779	0	-1,779	-100.00%	-1,779	0
<b>Sub total Integration Joint Board Core</b>	<b>370,587</b>	<b>383,602</b>	<b>383,602</b>	<b>383,277</b>	<b>-325</b>	<b>-0.08%</b>	<b>-3,222</b>	<b>2,897</b>
IJB Risk Share Arrangement	0	0	0	6,975	6,975	0.00%	6,975	0
<b>Total Integration Joint Board</b>	<b>370,587</b>	<b>383,602</b>	<b>383,602</b>	<b>390,252</b>	<b>6,650</b>	<b>1.73%</b>	<b>3,753</b>	<b>2,897</b>
<b>Total Expenditure</b>	<b>789,872</b>	<b>816,434</b>	<b>816,434</b>	<b>816,333</b>	<b>-101</b>	<b>-0.01%</b>	<b>-9,575</b>	<b>9,474</b>
<b>IJB</b>	<b>-38,513</b>	<b>-48,092</b>	<b>-48,092</b>	<b>-48,092</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>
<b>Health Board</b>	<b>-24,360</b>	<b>-37,383</b>	<b>-37,383</b>	<b>-37,501</b>	<b>-118</b>	<b>0.32%</b>	<b>-118</b>	<b>0</b>
<b>Miscellaneous Income</b>	<b>-62,873</b>	<b>-85,475</b>	<b>-85,475</b>	<b>-85,593</b>	<b>-118</b>	<b>0.14%</b>	<b>-118</b>	<b>0</b>
<b>Net position including income</b>	<b>726,999</b>	<b>730,959</b>	<b>730,959</b>	<b>730,740</b>	<b>-219</b>	<b>-0.03%</b>	<b>-9,693</b>	<b>9,474</b>

- 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 £8.315m for the year to date. This reflects an overspend in operational run rate performance of £1.946m, and unmet savings of £6.369m. Within the run rate performance, pay is overspent by £2.366m. The overall position has been 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 proved challenging.
- 4.2 Work has already started within the service to identify efficiency savings opportunities for the new financial year and beyond.

#### Estates & Facilities

- 4.3 The Estates and Facilities budgets report an underspend of £1.359m for the 12 months 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 March includes the cost of winter maintenance pressures; and QMH refurbishment of residences, mortuary repairs and fire door repairs.

#### Corporate Services

- 4.4 Within the Board's corporate services there is an underspend of £2.284m. This comprises an underspend on run rate of £2.389m as offset by unmet savings of £0.105m. Further analysis of Corporate Directorates is detailed per Appendix 3.

#### Non Fife and Other Healthcare Providers

- 4.5 The budget for healthcare services provided outwith NHS Fife is underspent by £0.267m. Further detail is attached at Appendix 4.

#### 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. The detailed review of the financial plan reserves at Appendix 5 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.
- 4.7 The most significant balances of financial flexibility reported at month 12 continue as reported in previous months and include: slippage on medicines which meet the horizon scanning criteria; the release of major trauma commitments; 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

- 4.8 The health budgets delegated to the Integration Joint Board report an underspend of £0.325m for the year. This position comprises an underspend in the run rate performance of £1.433m; release of forecast unspent allocations (financial flexibility) of £1.779m for ADP, Primary Care Improvement Fund, and s15 Mental Health funding; together with unmet savings of £2.897m. 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 has again improved); unmet savings targets; complex care packages and bank and agency usage across East Division community hospitals.

- 4.9 The health component of the Partnership improved in during the second half of the year, however the social care position deteriorated. After management actions the resulting outcome is a total IJB overspend of £9.236m. As detailed in Table 2 below, this total overspend results in a transfer of costs of £6.975m from Fife Council to NHS Fife (being the difference between the underspend on the delegated health budget of £0.325m and the health risk share (72%) of the overall overspend ie £6.650m). 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	Feb-19	Mar-19
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
NHS Fife	5,114	4,278	3,547	2,795	576	22	-325
Social Care	5,834	6,309	6,903	7,630	8,833	9,747	9,561
Subtotal	10,948	10,587	10,450	10,425	9,409	9,769	9,236
Less Management Actions	-2,760	-2,760	0	0	0	0	0
<b>Total</b>	<b>8,188</b>	<b>7,827</b>	<b>10,450</b>	<b>10,425</b>	<b>9,409</b>	<b>9,769</b>	<b>9,236</b>
72% of total	5,895	5,635	7,524	7,506	6,774	7,034	6,650

**Risk share adjustment** 784 1,357 3,977 4,711 6,198 7,012 6,975  
(transfer of cost from  
Fife Council to NHS Fife)

#### Income

- 4.10 A small over recovery in income of £0.118m 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. This highlights the key financial challenges as being the risk share impact of the social care overspend and non delivery of efficiency savings.

	Annual Budget	Budget	Actual	Net over/ (under) spend
	£'000	£'000	£'000	£'000
<b>Pan-Fife Analysis</b>				
Pay	342,729	342,729	340,437	-2,292
GP Prescribing	72,293	72,293	74,448	2,155
Drugs	33,414	33,414	31,216	-2,198
Other Non Pay	365,314	365,314	364,013	-1,301
IJB Risk Share	0	0	6,975	6,975
Efficiency Savings	-7,137	-7,137	-93	7,044
Commitments	9,821	9,821	-663	-10,484
Income	-85,475	-85,475	-85,593	-118
<b>Net underspend</b>	<b>730,959</b>	<b>730,959</b>	<b>730,740</b>	<b>-219</b>

### Pay

- 5.2 The overall pay budget reflects an underspend of £2.292m. 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 7,726 wte across all staff groups, there were 7,790 wte staff in post in March.

### Drugs & Prescribing

- 5.4 Across the system, there is a net overspend of £0.043m on medicines of which an overspend of £2.155m is attributable to GP Prescribing and an underspend of £2.198m relating to sexual health and rheumatology drugs. The GP prescribing position is based on informed estimates for February and March, and is endorsed by the Director of Pharmacy

### Other Non Pay

- 5.5 Other non pay budgets across NHS Fife are collectively underspent by 1.301m. The overspends in equipment service contracts and property maintenance are offset by underspends within energy, medical supplies and purchase of healthcare.

## **6 Financial Sustainability**

- 6.1 The Financial Plan presented to the Board last 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 71% of the annual target being identified in year. The extent of the recurring / non recurring delivery for the year is illustrated in Table 4 below. Of the £23.985m gross target, £8.503m has been identified on a recurring basis (including £4.426m pay consequential funding), with a further £8.436m in year only, which will add to the additional savings requirement in the next financial year. A further analysis of the table below can be found in Appendix 6 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	1,973	5,610	7,583	4,149
Pay Consequentials	2,426	2,426	0	2,426	0
<b>Health Board (Gross)</b>	<b>14,158</b>	<b>4,399</b>	<b>5,610</b>	<b>10,009</b>	<b>4,149</b>
Integration Joint Board	7,827	2,104	2,733	4,837	2,990
Pay Consequentials	2,000	2,000	0	2,000	0
<b>IJB (Gross)</b>	<b>9,827</b>	<b>4,104</b>	<b>2,733</b>	<b>6,837</b>	<b>2,990</b>
<b>Sub Total</b>	<b>23,985</b>	<b>8,503</b>	<b>8,343</b>	<b>16,846</b>	<b>7,139</b>
IJB Additional Benefit	0	0	93	93	-93
<b>Total Savings</b>	<b>23,985</b>	<b>8,503</b>	<b>8,436</b>	<b>16,939</b>	<b>7,046</b>

## 7 Key Messages / Risks

- 7.1 A robust and definitive assessment of the forecast outturn has proved 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 has been held as 'High' over the latter part of the year. Whilst a break even position is reported, subject to external audit review, this has only been achievable through robust management of non recurring funding and other financial flexibility.
- 7.2 The risk share arrangement as set out in the Integration Scheme for the Fife Integration Joint Board presented a specific challenge for financial management and reporting within NHS Fife during the year. In particular, it impacted on the extent to which the Director of Finance could provide Board members with overt and 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 should be given to a review of the terms of the Integration Scheme, to remove this clause. The Finance, Performance & Resources Committee agreed at their March meeting to support the Director of Finance and Chief Executive in entering discussion with colleagues on this matter

## 8 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 underspend of £0.219m for 2018/19 (subject to external audit review)

### 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	-2	-779	-9	-790	
February Allocations		231	125	356	
<b>March Allocations</b>					
Recharges for GJNH SLA			3	3	SLA Adjustment
Non- Medical Prescribing Training			17	17	Training costs
<b>Total Core Revenue Allocation</b>	<b>644,142</b>	<b>8,550</b>	<b>54,379</b>	<b>707,071</b>	

### Appendix 2 – 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
<b>Total</b>	<b>26,863</b>

### Anticipated Non Core Revenue Resource Limit

	March £'000
Donated Asset Depreciation	2
Impairment	-2,976
Depreciation	-36
AME Provision	35
<b>Total</b>	<b>-2,975</b>

## Appendix 3 - Corporate Directorates

Cost Centre	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	11,428	11,428	11,365	-63
Nhs Fife Chief Executive	200	200	235	35
Nhs Fife Finance Director	4,615	4,615	4,317	-298
Nhs Fife Hr Director	3,153	3,153	3,114	-39
Nhs Fife Medical Director	5,708	5,708	5,484	-224
Nhs Fife Nurse Director	3,949	3,949	3,829	-120
Nhs Fife Planning Director	2,165	2,165	1,869	-296
Legal Liabilities	13,780	13,780	13,331	-449
Public Health	2,116	2,116	2,053	-63
Early Retirements & Injury Benefits	16	16	-55	-71
External & Internal Audit	162	162	156	-6
Regional Funding	506	506	464	-42
Annual leave	0		-648	-648
Depreciation	18,248	18,248	18,248	0
<b>Total</b>	<b>66,046</b>	<b>66,046</b>	<b>63,762</b>	<b>-2,284</b>

## Appendix 4 – Non Fife &amp; Other Healthcare Providers

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
<b>Health Board</b>				
Ayrshire & Arran	91	91	69	-22
Borders	42	42	46	4
Dumfries & Galloway	23	23	48	25
Forth Valley	2,951	2,951	3,126	175
Grampian	334	334	321	-13
Highland	125	125	218	93
Lanarkshire	107	107	150	43
Scottish Ambulance Service	94	94	100	6
Lothian	28,316	28,316	26,670	-1,646
Greater Glasgow	1,536	1,536	1,551	15
Tayside	38,018	38,018	37,934	-84
	71,637	71,637	70,233	-1,404
<b>UNPACS</b>				
Health Boards	8,289	8,289	9,347	1,058
Private Sector	1,145	1,145	1,611	466
	9,434	9,434	10,958	1,524
<b>OATS</b>				
	1,267	1,267	882	-385
<b>Grants</b>				
	65	65	63	-2
<b>Total</b>	<b>82,403</b>	<b>82,403</b>	<b>82,136</b>	<b>-267</b>

## Appendix 5 – Financial Flexibility and Allocations

	Financial Flexibility at 31 March £'000
<b>Financial Plan</b>	
Drugs	2,747
Complex Weight Management	50
Adult Healthy Weight	104
Trainee Growth	70
National Specialist Services	268
Band 1's	310
Low pay	89
Apprenticeship Levy	40
Land Registration	32
Major Trauma	1,318
Unitary Charge	141
Junior Doctor Travel	199
Consultant Increments	293
Discretionary Points	77
NDC	135
Financial Flexibility	1,115
<b>Subtotal Financial Plan</b>	<b>6,988</b>
<b>Allocations</b>	
Health Improvement	13
Depreciation	-752
Pay Consequentials	2,426
Distinction Awards	3
Neonatal Expenses Fund	3
Carry Forward underspend 2017/18	1,494
National Cancer Strategy	46
Qfit	93
DEC Melanoma Funding	18
NSD Risk Share rebate	136
<b>Subtotal Allocations</b>	<b>3,480</b>
<b>Total</b>	<b>10,468</b>

## Appendix 6 - 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	1,258	1,550	5,929	2,177	5,302
Drugs & Prescribing	1,547	490	1,116	1,606	-59	1,260	287
Workforce	2,976	513	2,571	3,084	-108	760	2,216
Procurement	1,368	340	69	409	959	366	1,002
Infrastructure	420	260	263	523	-103	260	160
Other	368	78	333	411	-43	228	140
<b>Workstream Total</b>	<b>14,158</b>	<b>1,973</b>	<b>5,610</b>	<b>7,583</b>	<b>6,575</b>	<b>5,051</b>	<b>9,107</b>
Fin. Mngmnt./Corp. Initiatives	-2,426	0	0	0	-2,426		-2,426
<b>Total Health Board savings</b>	<b>11,732</b>	<b>1,973</b>	<b>5,610</b>	<b>7,583</b>	<b>4,149</b>	<b>5,051</b>	<b>6,681</b>

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	2,456	2,926	5,451	470	7,907
<b>Workstream Total</b>	<b>9,827</b>	<b>2,104</b>	<b>2,733</b>	<b>4,837</b>	<b>4,990</b>	<b>2,104</b>	<b>7,723</b>
Fin. Mngmnt./Corp. Initiatives	-2,000	0	0	0	-2,000	0	-2,000
<b>Sub Total</b>	<b>7,827</b>	<b>2,104</b>	<b>2,733</b>	<b>4,837</b>	<b>2,990</b>	<b>2,104</b>	<b>5,723</b>
IJB Additional Benefit	0	0	93	93	-93	0	0
<b>Total IJB savings</b>	<b>7,827</b>	<b>2,104</b>	<b>2,826</b>	<b>4,930</b>	<b>2,897</b>	<b>2,104</b>	<b>5,723</b>

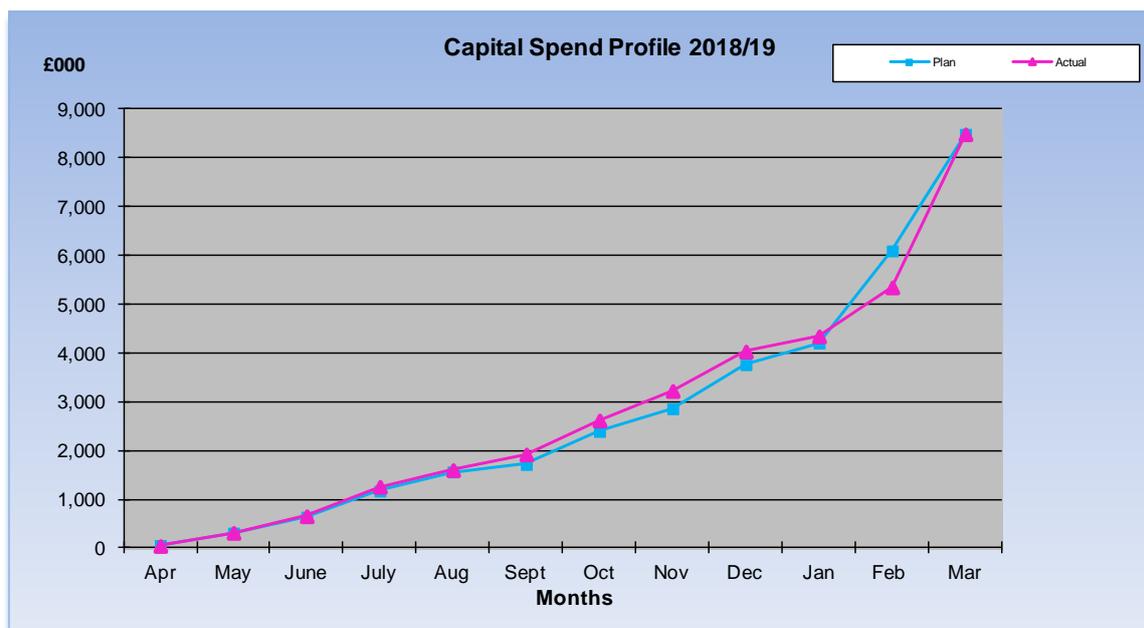
NHS Fife Efficiency Savings	2018/19 Target	2018/19 Rec	2018/19 Non-Rec	2018/19 Total	2018/19 O/s	2019/20 Rec	2019/20 O/s
Service Redesign	7,479	412	1,258	1,670	5,809	2,297	5,182
Drugs & Prescribing	2,797	1,740	1,116	2,856	-59	2,510	287
Workforce	3,066	667	2,848	3,515	-449	914	2,152
Procurement	1,478	450	69	519	959	476	1,002
Infrastructure	420	260	263	523	-103	260	160
Other	8,745	548	2,789	3,337	5,408	698	8,047
<b>Workstream Total</b>	<b>23,985</b>	<b>4,077</b>	<b>8,343</b>	<b>12,420</b>	<b>11,565</b>	<b>7,155</b>	<b>16,830</b>
Fin. Mngmnt./Corp. Initiatives	-4,426	0	0	0	-4,426	0	-4,426
<b>Sub Total</b>	<b>19,559</b>	<b>4,077</b>	<b>8,343</b>	<b>12,420</b>	<b>7,139</b>	<b>7,155</b>	<b>12,404</b>
IJB Additional Benefit	0	0	93	93	-93	0	0
<b>Total NHS Fife savings</b>	<b>19,559</b>	<b>4,077</b>	<b>8,436</b>	<b>12,513</b>	<b>7,046</b>	<b>7,155</b>	<b>12,404</b>

NHS Fife Efficiency Savings Target Reconciliation	
	<b>2018/19</b>
	<b>£,000</b>
NHS Workstream Total	14,158
IJB Workstream Total	9,827
<b>Gross NHS Fife Efficiency Target</b>	<b>23,985</b>
HB Pay Consequentials	(2,426)
IJB Pay Consequentials	(2,000)
<b>Net NHS Fife Efficiency Target</b>	<b>19,559</b>

## Performance Drill Down – Capital Expenditure

### Capital Expenditure

Measure	<i>Health Boards are required to work within the capital resource limits set by the Scottish Government Health &amp; Social Care Directorates (SGHSCD).</i>
In year position	£8.479m spend at Month 12
Outturn position	£8.481m spend



Previous 3 Months	Jan 2019	Feb 2019	Mar 2019
<b>Capital</b>			
Actual	£4.339m	£5.341m	£8.479m
Plan	£4.562m	£6.547m	£8.481m
Outturn position	£8.400m	£8.459m	£8.481m

### Commentary

The total Capital Resource Limit for 2018/19 is £8.459m supplemented by a NBV allowance of £22k giving a total available of £8.481m. The capital position for the 12 months to March shows investment of £8.479m an under spend of £2k, equivalent to 99.98% of the total allocation.

### 1. INTRODUCTION

This report provides an overview on the capital expenditure position as at the end of March 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. On 1 March the board received an allocation for equipment for the Forensic Examination at QMH £0.058m - an adjustment of (£0.009m) has been made for a National Decontamination Capital contribution.

## 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 – Property back on market – 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 expenditure to date amounts to £8.479m or 99.98% 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	£1.039m
Minor Works	£0.832m
Statutory Compliance	£2.600m
Equipment	£3.696m
Anti-Ligature Works	£0.138m
Forensic Unit	£0.075m
Vehicles	£0.060m

### 4. CAPITAL EXPENDITURE OUTTURN

4.1 At the end of the financial year the Board has spent the Capital Resource Limit in full albeit a £2k under spend; 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 March 2019 of £8.479m and delivery of the capital resource limit target (subject to external audit review).

## Appendix 1: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2018/19	Board Approved 14/03/2018 £'000	Cumulative Adj to Feb £'000	Mar Adj £'000	Mar Total £'000
<b>Routine Expenditure</b>				
<b>Community &amp; Primary Care</b>				
Minor Capital		59		59
Capital Equipment		122		122
Statutory Compliance		655	(316)	339
Condemned Equipment		36		36
<b>Total Community &amp; Primary Care</b>	<b>0</b>	<b>873</b>	<b>(316)</b>	<b>557</b>
<b>Acute Services Division</b>				
Capital Equipment		3,385	98	3,482
Minor Capital		716	57	773
Statutory Compliance		2,537	(280)	2,257
Condemned Equipment		55		55
<b>Total Acute Service Division</b>	<b>0</b>	<b>6,693</b>	<b>(125)</b>	<b>6,567</b>
<b>Fife Wide</b>				
Minor Work	498	(498)		
Information Technology	1,041		(2)	1,039
Backlog Maintenance/Statutory Compliance	3,586	(3,586)		
Condemned Equipment	90	(90)		
Scheme Development	43		(1)	42
Fife Wide Equipment	2,036	(2,036)		
Fife Wide Contingency Balance	100	50	(12)	138
Fife Wide Vehicles		60		60
Forensic Unit QMH		86	(11)	75
Decontamination Adjustment		(9)	9	
Capital to Revenue Transfers		(478)	478	
<b>Total Fife Wide</b>	<b>7,394</b>	<b>(6,500)</b>	<b>462</b>	<b>1,355</b>
<b>Total NHS Fife</b>	<b>7,394</b>	<b>1,065</b>	<b>20</b>	<b>8,479</b>

## Appendix 2 - Capital Programme Expenditure Report

NHS FIFE - TOTAL REPORT SUMMARY 2018/19

CAPITAL PROGRAMME EXPENDITURE REPORT - MARCH 2019

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2018/19 £'000
<b>COMMUNITY &amp; PRIMARY CARE</b>			
Statutory Compliance	328	339	339
Capital Minor Works	59	59	59
Capital Equipment	122	122	122
Condemned Equipment	36	36	36
<b>Total Community &amp; Primary Care</b>	<b>546</b>	<b>557</b>	<b>557</b>
<b>ACUTE SERVICES DIVISION</b>			
Capital Equipment	3,433	3,482	3,482
Statutory Compliance	2,285	2,257	2,257
Minor Works	773	773	773
Condemned Equipment	55	55	55
<b>Total Acute Services Division</b>	<b>6,546</b>	<b>6,567</b>	<b>6,567</b>
<b>NHS FIFE WIDE SCHEMES</b>			
Information Technology	1,041	1,039	1,039
Scheme Development	41	42	42
Contingency	150	138	138
Vehicles	60	60	60
Forensic Examination Service	74	75	75
<b>Total NHS Fife Wide</b>	<b>1,366</b>	<b>1,355</b>	<b>1,355</b>
<b>TOTAL ALLOCATION FOR 2018/19</b>	<b>8,459</b>	<b>8,479</b>	<b>8,479</b>

## 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 February was 5.39%, a decrease of 0.01% when compared to the position at the end of January. During the first eleven months of FY 2018/19, sickness absence was 5.39%, a decrease of 0.27% 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 January.

**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 12<sup>th</sup> November. By the completion date, 344 Action Plans (43%) had been completed. This has increased slightly to 377 (47%) at the end of March.

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 is currently 32%.

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 identified 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 Feb 19	5.39%	12 months to Jan 19	5.40%	↑	5.39%	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

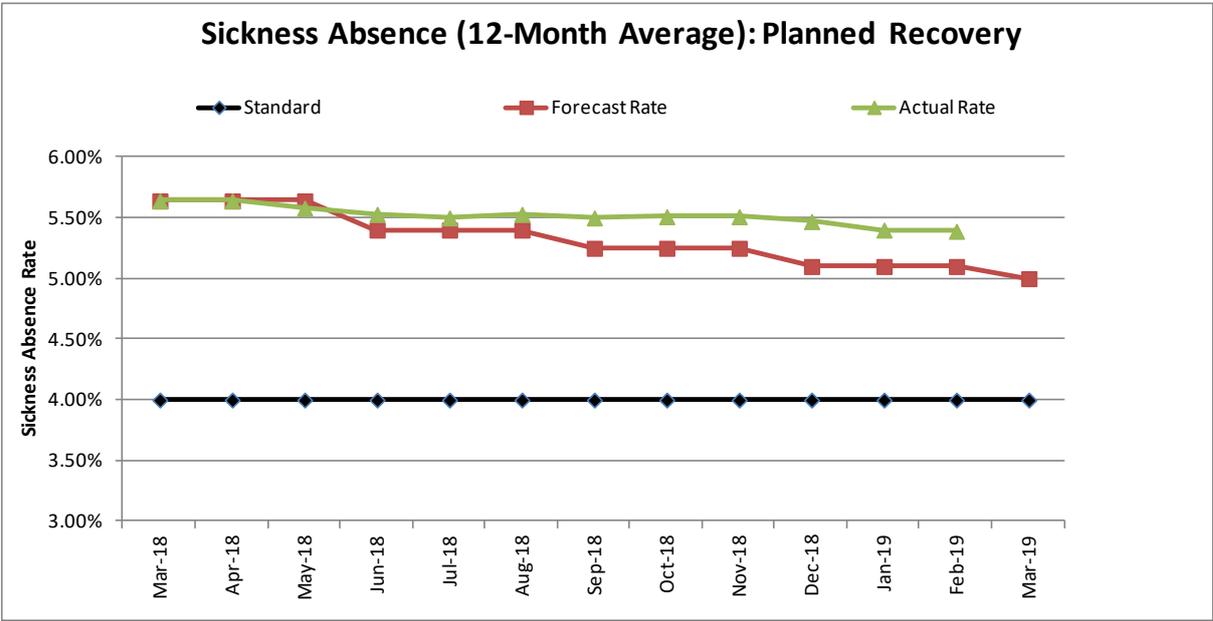
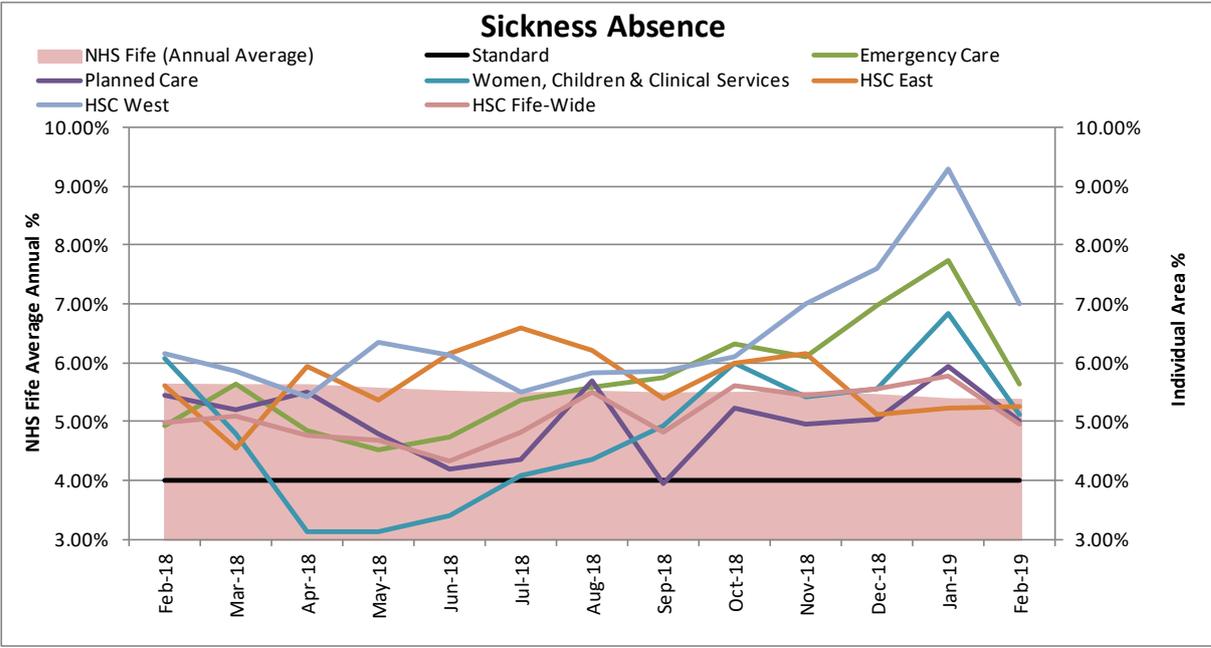
Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the local target	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the local target	↓	Performance worsened from previous
RED	Performance is more than 5% behind the local target	↔	Performance 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 Mar 2019	32.0%	12 months to Feb 2019	31.0%	↑

## Sickness Absence

<b>Measure</b>	<b>We will achieve and sustain a sickness absence rate of no more than 4% (measured on a rolling 12-month basis)</b>	
<b>Current Performance</b>	5.39% for 12-month period covering March 2018 to February 2019	
<b>Scotland Performance</b>	5.39% for 2017/18 (data published annually)	



Previous 3 Reporting Periods	Dec 2017 to Nov 2018		Jan 2018 to Dec 2018		Feb 2018 to Jan 2019	
		5.51 %	↔	5.47%	↑	5.40 %
<b>Current Issues</b>	The main reasons for sickness absence in 2018/19 were anxiety, stress and depression, other musculoskeletal problems and injury / fracture.					
<b>Context</b>	Sickness absence was higher month-on-month in 2017/18 when compared to 2016/17. However, absence rates have been significantly lower in 8 of the 11 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	Complete
Build on success of Well at Work Group, embedding commitment to being a Health Promoting Health Service <i>(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.)</i>	Adoption of a holistic and multi-disciplinary approach to identify solutions to manage absence and promote staff wellbeing	Mar 2019	Delayed Revised to Apr 2019
Enhanced data analysis of sickness absence trends, aligned to other, related workforce information, combined with bespoke local reporting <i>(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.)</i>	Enable NHS Fife to target Staff Wellbeing & Safety support, and other initiatives, to the most appropriate areas	Mar 2019	Delayed Revised to Apr 2019
Formation of a short life working group to explore challenges and opportunities relating to an ageing workforce <i>(the group has now met on three occasions and an Action Plan is being implemented)</i>	Identification of appropriate mechanisms to allow staff aged 50 and over to remain healthy at work, supporting the resilience of the workforce	Mar 2019	Delayed Revised date TBD
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	Delayed Revised date TBD
Launch newsletter to help improve the wellbeing of healthcare staff working in Fife (first edition was in March)	'All About You' will highlight wide range of support available to assist staff to fit healthy, and to support a reduction in sickness absence	Jun 2019	On Track
Development and production of return to work video clip for Line Managers and Supervisors to access via the intranet	Accessibility of example of best practice available to Line Managers and Supervisors to support conducting return to work interviews	Jun 2019	On Track
West Division Sickness Absence Review	Improvement in the rates of	Mar 2020	On Track

	sickness absence within the West Division in 2019/20.		
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**PAUL HAWKINS**  
Chief Executive  
17<sup>th</sup> April 2019

Prepared by:  
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Director of Finance