
















## Fife NHS Board

08 April 2020, 11:00 to 12:00

Via Teleconference

### Chair - Tricia Marwick

<b>1</b>		
<b>CHAIRPERSON'S WELCOME AND OPENING REMARKS</b>		10 minutes 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 29 JANUARY 2020</b>		(enclosed) TM
	Item 4 - Minutes 012920.pdf	(7 pages)
<b>5</b>		
<b>MATTERS ARISING</b>		TM
<b>6</b>		
<b>CHIEF EXECUTIVE'S REPORT</b>		10 minutes CP
<b>6.1</b>		
<b>Chief Executive Up-date</b>		(verbal) CP
<b>6.2</b>		
<b>Fife Integrated Performance &amp; Quality Report Executive Summary</b>		(enclosed) CP
	Item 6.2 - ESIPQR Mar 2020.pdf	(10 pages)
<b>7</b>		
<b>CHAIRPERSON'S REPORT</b>		5 minutes
<b>7.1</b>		
<b>Board Development Session – 26 February 2020</b>		(enclosed) TM
	Item 7.1 - Board Development Session Note 022620.pdf	(1 pages)

8	<b>ARRANGEMENTS FOR FUTURE BOARD MEETINGS DURING PERIOD OF COVID-19 PANDEMIC</b>	10 minutes (enclosed)	TM
	Item 8 - Future Board Meetings.pdf (4 pages)		
9	<b>JOINT FIFE COVID-19 MOBILISATION PLAN</b>	10 minutes (verbal)	CP
10	<b>MODEL STANDING ORDERS FOR NHS BOARDS</b>	10 minutes (enclosed)	GM
	Item 10 - Board version Model Standing Orders.pdf (18 pages)		
11	<b>STATUTORY AND OTHER COMMITTEE MINUTES</b>	10 minutes	
11.1	<b>Audit &amp; Risk Committee dated 13 March 2020 (unconfirmed)</b>	(enclosed)	MB
	Item 11.1 - SBAR A&R Minutes 13 March 2020.pdf (1 pages)		
	Item 11.1 - Audit and Risk Minutes 13 March 2020.pdf (8 pages)		
11.2	<b>Clinical Governance Committee dated 4 March 2020 (unconfirmed)</b>	(enclosed)	LB
	Item 11.2 - SBAR CGC 030420.pdf (1 pages)		
	Item 11.2 - Mins CGC 030420 unconfirmed.pdf (12 pages)		
11.3	<b>Finance, Performance &amp; Resources Committee dated 10 March 2020 (unconfirmed)</b>	(enclosed)	RL
	Item 11.3 - SBAR FPR March 2020.pdf (1 pages)		
	Item 11.3 - FPR Minutes 100320 Unconfirmed.pdf (10 pages)		
11.4	<b>Staff Governance Committee dated 6 March 2020 (unconfirmed)</b>	(to follow)	MW
11.5	<b>Fife Health &amp; Social Care Integration Joint Board dated 6 December 2019</b>	(enclosed)	CC
	Item 11.5 - SBAR IJB Minutes 061219.pdf (1 pages)		
	Item 11.5 - Mins IJB Final 061219.pdf (8 pages)		
11.6	<b>Fife Partnership Board dated 25 February 2020(unconfirmed)</b>	(enclosed)	TM



Item 11.6 - Mins FPB Draft 2020-02-25  
unconfirmed.pdf

(2 pages)

**12**

**FOR INFORMATION:**

**12.1**

**Integrated Performance & Quality Report - January and February 2020**

(enclosed)

CP



Item 12.1 - IPQR Jan 2020 v1.0.pdf

(43 pages)



Item 12.1 - IPQR Feb 2020.pdf

(43 pages)

**13**

**ANY OTHER BUSINESS**

**14**

**DATE OF NEXT MEETING: Wednesday 27 May 2020 at 10:00 am in the Staff Club, Victoria Hospital, Kirkcaldy**

**MINUTE OF THE MEETING OF FIFE NHS BOARD HELD ON WEDNESDAY 29 JANUARY 2020 AT 10.00 AM IN THE STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY**

**Present:**

Ms T Marwick ( <b>Chairperson</b> )	Cllr D Graham, Non-Executive Director
Mrs C Potter, Chief Executive	Ms R Laing, Non-Executive Director
Dr L Bisset, Non-Executive Director	Dr C McKenna, Medical Director
Mr M Black, Non-Executive Director	Ms D Milne, Director of Public Health
Ms S Braiden, Non-Executive Director	Mr A Morris, Non-Executive Director
Mrs H Buchanan, Director of Nursing	Ms J Owens, Non-Executive Director
Mr E Clarke, Non-Executive Director	Mrs M Wells, Non-Executive Director
Mrs C Cooper, Non-Executive Director	

**In Attendance:**

Mrs N Connor, Director of Health & Social Care  
Mr J Crichton, Interim Programme Management Office Director  
Ms L Douglas, Director of Workforce  
Mr A Fairgrieve, Director of Estates, Facilities & Capital Services  
Mr S Garden, Director of Pharmacy & Medicines  
Mr P Hawkins, Interim Chief Executive, NHS Highland  
Dr G MacIntosh, Head of Corporate Governance & Board Secretary  
Ms M Olsen, Interim Chief Operating Officer (Acute)  
Mrs R Robertson, Deputy Director of Finance  
Mrs P King, Corporate Services Manager (Minutes)

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

The Chair welcomed everyone to the Board meeting.

It was noted that, after nearly five years in the role of Chief Executive, Mr Hawkins is to leave NHS Fife at the end of January 2020 to take up a secondment as Interim Chief Executive with NHS Highland. The Chair particularly highlighted the role Mr Hawkins has played in delivering the majority of the Scottish Government performance targets that helped to position NHS Fife as one of the better performing Boards in Scotland. The Board has also been able to maintain a break even position in relation to the budget amidst a challenging operational environment. One of his legacies will be NHS Fife's ambitious elective orthopaedic facility at Victoria Hospital helping to secure NHS Fife's reputation as one of the most forward-thinking orthopaedic teams anywhere in the country. On behalf of the Board, the Chair recorded warm thanks to Mr Hawkins for his commitment and dedication to NHS Fife and his significant work in enhancing healthcare for the people of the Kingdom of Fife. Members of the Board joined with the Chair in wishing Mr Hawkins' well as he takes up new challenges and opportunities with NHS Highland. Congratulations were also offered to Mrs Potter, Director of Finance and Deputy Chief Executive, who has taken up post of Interim

Chief Executive, NHS Fife.

The Chair also welcomed Ms Douglas, Director of Workforce, who was attending her first meeting since her recent appointment, and Mrs Robertson, who was in attendance as Deputy Director of Finance. 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:

- Senior Charge Nurse Caroline Cooper, who won Nurse of the Year 2019 from the Scottish ECT Accreditation Network, and the ECT team from the Mental Health Services at Queen Margaret Hospital, who were runners up in the Quality Improvement award; and
- Fife spinal team in the Rheumatic Disease Unit, who have been selected as one of the winners of the first ever Aspiring to Excellence Awards within that specialty.

Attention was drawn to a number of campaigns:

- NHS Fife's 2019/20 Staff Flu Campaign has been the Board's most successful to date, with an uptake of 65.2%, which is above the Scottish Government target of 60%. The credit goes to all staff - the peer vaccinators, occupational health team and each member of health and social care staff who took the time to get vaccinated;
- Bright Ideas – Staff Feedback campaign where we are seeking staff thoughts around our organisational values. These values represent how we will do things and the expected behaviours of people working for NHS Fife; and
- NHS Fife staff recruitment campaign "Fife Life", which is starting in February 2020.

The Chair advised that:

- the NHS Fife website public consultation has started and Board Members are encouraged to complete the online survey;
- NHS Fife's new Annual Report "Proudly Caring for the People of Fife" has been published; and
- NHS Fife Staff Achievement Awards will be held on 18 September 2020 at the Bay Hotel, Kinghorn, and Members are asked to save the date.

## **2 DECLARATION OF MEMBERS' INTERESTS**

There were no declarations of interests.

## **3 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Mrs Brown, Employee Director.

## **4 MINUTE OF THE PREVIOUS MEETING HELD ON 27 NOVEMBER 2019**

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

## **5 MATTERS ARISING**

### **.1 Risk Management Framework**

Following discussion at a recent Board Development Session to consider the Board's risk appetite and tolerance, Mrs Buchanan advised that the Risk Management Framework would be submitted through the governance committees and onto the Board in March 2020.

## **6 CHIEF EXECUTIVE'S REPORT**

### **.1 Chief Executive Update**

Mrs Potter took the opportunity to personally thank Mr Hawkins for his support during her tenure in her previous position as Director of Finance. She was delighted to be taking on the role as Interim Chief Executive of NHS Fife, which was an organisation in a steady state, and she was ready to build on the positive work that Mr Hawkins has done.

Mrs Potter provided an update on the Elective Orthopaedic Centre, advising that as part of the public engagement and requirement for the planning with Fife Council from a building perspective, NHS Fife is required to hold open sessions with the public to allow them to see the building and consider its structural impact. The first meeting took place yesterday, with another one scheduled for a few weeks' time. The Chair commented that the £34m capital project to build a state-of-the-art orthopaedic facility in Kirkcaldy, to help secure NHS Fife's reputation as one of the most forward-thinking orthopaedic teams in the country, is greatly due to Mr Hawkins' support for that team and his determination with Scottish Government to acquire the funding to ensure that the orthopaedic team is provided with facilities that match the first-class commitment and expertise that they have.

### **.2 Fife Integrated Performance & Quality Report (IPQR) – Executive Summary**

Mrs Potter introduced the Executive Summary produced in December 2019, which was previously submitted through the three governance committees. Attention was drawn to p3 of the report, which provided a helpful snapshot of the key messages from other sections in the report. This also highlights indicators where NHS Fife consistently exceeds the standard required across Scotland and shows how NHS Fife benchmark across the suite of targets, noting that performance in 21 out of 26 standards are in the mid- to upper-quartile. Executive leads and Committee Chairs highlighted areas of significance within the IPQR, in particular:

#### Clinical Governance

Improvements in three key areas were highlighted: the first, in relation to Inpatients Falls with Harm rate, which was significantly below the target level, although overall falls still remained high; the second related to improved performance in the rate of Caesarean Section SSI following significant efforts to reduce infection rates; and thirdly the rate of Hospital Acquired Infection (HAI) Staphylococcus Aureus Bacteraemia (SAB), which was the second lowest since 2014. The rate of Vascular Access Device related SABS was also significantly reduced and was the lowest on record. Work was on-going to try and reduce rates further for patients who use

intravenous drugs. In response to a question around the spike in C Difficile, Mrs Buchanan confirmed that the surveillance data has shown that this is more community based and she has asked for a report to be submitted to the next Infection Control Committee. As Chair of the Clinical Governance Committee, Dr Bisset emphasised the huge amount of work that had gone into all these areas, which had been a problem consistently for a period of time, and the notable improvement in performance was due to the hard work of staff in all areas.

### Finance, Performance & Resources

NHS Fife Acute Division – Performance around the key targets of 4-Hour Emergency Access, new Outpatients, Patient Treatment Times Guarantee (TTG) and Cancer 62 Day Referral to Treatment were highlighted.

Health & Social Care Partnership (H&SCP) – Three areas were highlighted: in relation to Child and Adolescent Mental Health Services (CAMHS), positive feedback has been received from the national advisor who is working closely with the Partnership. There is a challenge about capacity and waiting times for new referrals to the service and a paper will be submitted to the Executive Directors Group for discussion. Performance around Psychological Therapies remained on target for those patients with less complex needs, but remained a challenge for people with more complex needs. A new national lead is to be appointed. Detailed reports and presentations were provided to the Finance, Performance & Resources Committee on both CAMHS and Psychological Therapies and feedback from these meetings will be taken on board for future presentations. The Committee has also asked for an update report in six months. Delayed Discharge continued to be a significant focus for the Partnership, working jointly with the Acute team to facilitate whole system collaboration. Mrs Potter welcomed the positive work being undertaken by Mrs Connor and Ms Olsen and their teams to work closely and collaboratively on the capacity challenges and she welcomed the fresh approach towards trying to achieve this challenging target. An explanation of the data related to Smoking Cessation was given and it was agreed this would be better presented in future reports.

### ***Action: N Connor***

Financial Position - The revenue position for the eight months to 30 November reflects an overspend of £7.633m and was largely consistent with previous months. Work continued with Scottish Government to manage the position, recognising the key challenges in relation to the risk share arrangements for the Integration Joint Board and the unscheduled care position in Acute.

The capital programme was progressing well with no concerns.

### Staff Governance

An update was provided in relation to the sickness absence rate that continued to be challenging and the range of actions underway, including

the establishment of a Short Life Working Group (SLWG), to try and improve performance, recognising that there are a number of factors that influence a person being at work or not. The SLWG will review what is already being done and what else can be considered, particularly in comparison to other Health Boards. This will help to understand the variation across the organisation and ensure the reasons for staff absence are considered, with a view to looking at local and individual solutions. Mrs Wells added that although there is still an enormous amount of work to be done around this target, NHS Fife has had national recognition for work being undertaken and it is key is to ensure that the range of well at work approaches being offered are able to be accessed by a wide range of staff.

The Board **noted** the information contained within the Integrated Performance & Quality Report Executive Summary.

## **7 CHAIRPERSON'S REPORT**

### **.1 Board Development Session – 18 December 2019**

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

## **8 NHS SCOTLAND STANDARDS FOR ORGANISATIONAL RESILIENCE – FEEDBACK ON NHS FIFE SELF ASSESSMENT**

Ms Milne spoke to the paper, which provided details on the feedback received from the 2018 Self Assessment on progress made and the work undertaken towards implementing the Standards for Organisational Resilience. Ms Milne highlighted some of the specific feedback, in particular acknowledgement of the robust governance arrangements in place for organisational resilience, development of the resilience framework and the further work that has since been undertaken to bring business continuity and resilience together and the progress made on major incident planning. It was noted that an additional check was being made annually in order to verify that all wards/departments had up-to-date business continuity plans. An action plan has been produced to take forward work and progress on the standards, which will be submitted to the next NHS Fife Resilience Forum in February 2020.

The Clinical Governance Committee was confident and content with the arrangements in place and the work being undertaken, and would consider the next self assessment at its meeting in March 2020 prior to submission to Scottish Government in April 2020; any issues would be drawn to the attention of the Board as necessary. The Board welcomed the co-ordinated approach taken to bring the emergency planning and resilience work together.

The Board **noted** the information report and that the next self assessment would be submitted to the Clinical Governance Committee in March 2020.

## **9 IMPLEMENTATION OF THE HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019**

Mrs Buchanan referred to the paper, which provided an update on the Health and Care (Staffing) (Scotland) Act 2019 and the work being progressed across Fife to ensure that the Board meets its duties in relation to safe staffing legislation.



Notably, although the Act has put the current nursing and midwifery workload tools and methodology in statute, NHS Fife has been running workforce tools for a number of years and has been considered an exemplar Board by Scottish Government following an audit of Health Boards on the workforce tools.

Attention was drawn to the four key component areas in relation to: the workload tools; escalation and risk assessment; nursing and midwifery recruitment; and supplementary staffing. Questions were asked about the use of supplementary staffing and the rollout of the workforce tools into the community and these were responded to.

Dr McKenna advised that the Act was extended to include all professions including doctors and this created a particular challenge due to this group of staff not having workforce tools to establish what is a safe number for a particular ward/department. Ms Owens, Chair of the Area Clinical Forum (ACF), advised that the ACF was meeting next week and would focus on the Act and learning from that would be fed back to lead Directors to take forward with the different professions. The Chair emphasised the need for the Board to fully implement the Act, recognising that some professions might be slightly behind others. On behalf of the Board, she thanked Mrs Buchanan and her team for the work already commenced, which would make it easier for this Board to ensure the requirements of the Act are being implemented.

The Board **noted** the update.

## **10 STATUTORY AND OTHER COMMITTEE MINUTES**

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

- .1 **Audit & Risk Committee dated 9 January 2020 (unconfirmed)**
- .2 **Clinical Governance Committee dated 16 January 2020 (unconfirmed)**
- .3 **Finance, Performance & Resources Committee dated 14 January 2020 (unconfirmed)**
- .4 **Staff Governance Committee dated 17 January 2020 (unconfirmed)**
- .5 **Communities & Wellbeing Partnership dated 2 December 2019 (unconfirmed)**
- .6 **East Region Programme Board dated 8 November 2019 (unconfirmed)**
- .7 **Fife Health & Social Care Integration Joint Board dated 25 October 2019**
- .8 **Fife Partnership Board dated 19 November 2019 (unconfirmed)**

## **11 FOR INFORMATION:**

The Board **noted** the item below.

- .1 **Integrated Performance & Quality Report – November and December 2019**

**12 ANY OTHER BUSINESS**

None.

**13 DATE OF NEXT MEETING:**

Wednesday 25 March 2020 at 10.00 am in the Staff Club, Victoria Hospital, Kirkcaldy

Mr Hawkins took the opportunity to thank Board members for their support during his time in Fife and noted that he hoped the Board continued to go from strength to strength, keeping its focus on doing the best for the people of Fife.



# Fife Integrated Performance & Quality Report

## Executive Summary

for the Report Produced in February 2020



# Introduction

---

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

The ESIPQR comprises of the following sections:

## I. Executive Summary

- a. LDP Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. Assessment, by Governance Committee (including Executive Lead and Committee Comments)

The baseline for the report is the previous month's Integrated Performance and Quality Report (IPQR), which was considered and scrutinised at the most recent meetings of the Standing Committees:

- |                                    |                             |
|------------------------------------|-----------------------------|
| • Clinical Governance              | 4 <sup>th</sup> March 2020  |
| • Staff Governance                 | 6 <sup>th</sup> March 2020  |
| • Finance, Performance & Resources | 10 <sup>th</sup> March 2020 |

Any issues which the Standing Committees wish to escalate to the NHS Fife Board as a result of these meetings are specified.

# I. Executive Summary

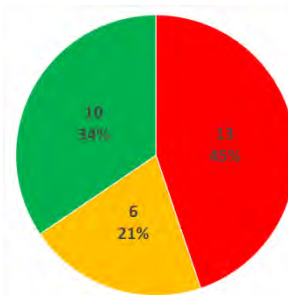
At each meeting, the Standing Committees of the NHS Fife Board consider targets and Standards specific to their area of remit. This section of the IPQR provides a summary of performance against LDP Standards and local Key Performance Indicators (KPI). These indicators are listed within the Indicator Summary including current and previous performance and benchmarking against other NHS Boards.

## a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 10 (35%) classified as **GREEN**, 6 (21%) **AMBER** and 13 (44%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits or considerably below standard/trajectory.

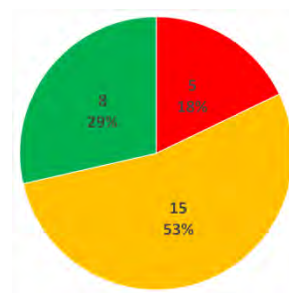
There are three indicators that consistently exceed the Standard performance; IVF Treatment Waiting Times (regional service), Antenatal Access and Drugs & Alcohol Waiting Times. Other areas of success should also be noted...

- SAB Infection Rate (HAI/HCAI) falling and well-below the target for 2019-20
- Diagnostics (% of Patients Waiting no more than 6 Weeks at Month End) continuing to be very close to the 100% target
- Cancer 31-Day DTT achieving the Standard for the seventh successive month
- Improved performance against both Mental Health targets (although both still some way short of the 90% Standard)



## b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 28 indicators within this report has 8 (29%) within upper quartile, 15 (53%) in mid-range and 5 (18%) in lower quartile. There are indicators where national comparison is not available or not directly comparable.



## Indicator Summary

Section	LDP Standard	Standard	Target 2019/20	Reporting Period	Year Previous		Previous		Current			Reporting Period	Fife			Scotland
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A	Month	Dec-18	58	Nov-19	50	Dec-19	47	↑	N/A				
	N/A	HSMR	N/A	Year Ending	Jun-18	N/A	Mar-19	1.01	Jun-19	1.04	↓	YE Jun-19	1.04	●	1.00	
	N/A	Inpatient Falls	5.97	Month	Dec-18	6.31	Nov-19	6.07	Dec-19	6.88	↓	N/A				
	N/A	Inpatient Falls with Harm	2.16	Month	Dec-18	1.66	Nov-19	1.31	Dec-19	1.81	↓	N/A				
	N/A	Pressure Ulcers	0.42	Month	Dec-18	0.85	Nov-19	0.86	Dec-19	0.91	↓	N/A				
	N/A	Caesarean Section SSI	2.5%	Quarter Ending	Sep-18	2.3%	Jun-19	2.0%	Sep-19	2.5%	↓	QE Sep-19	2.5%	●	1.1%	
	N/A	SAB - HAI/HCAI	20.2	Quarter Ending	Dec-18	N/A	Nov-19	12.1	Dec-19	10.9	↑	YE Sep-19	15.2	●	16.9	
	N/A	SAB - Community	N/A	Quarter Ending	Dec-18	N/A	Nov-19	8.6	Dec-19	6.4	↑	YE Sep-19	11.6	●	9.0	
	N/A	C Diff - HAI/HCAI	6.9	Quarter Ending	Dec-18	N/A	Nov-19	14.3	Dec-19	14.2	↑	YE Sep-19	8.6	●	13.1	
	N/A	C Diff - Community	N/A	Quarter Ending	Dec-18	N/A	Nov-19	3.2	Dec-19	3.2	↔	YE Sep-19	5.1	●	5.1	
	N/A	ECB - HAI/HCAI	40.3	Quarter Ending	Dec-18	N/A	Nov-19	55.0	Dec-19	60.0	↓	YE Sep-19	40.4	●	38.7	
	N/A	ECB - Community	N/A	Quarter Ending	Dec-18	N/A	Nov-19	24.8	Dec-19	28.8	↓	YE Sep-19	42.7	●	44.2	
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Dec-18	82.5%	Nov-19	76.0%	Dec-19	75.1%	↓	2018/19	70.7%	●	81.5%	
N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Dec-18	59.8%	Nov-19	56.3%	Dec-19	50.0%	↓	2018/19	49.1%	●	53.7%		
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Dec-18	100.0%	Nov-19	100.0%	Dec-19	100.0%	↔	N/A				
	95%	4-Hour Emergency Access	96%	Month	Dec-18	92.8%	Nov-19	92.7%	Dec-19	88.0%	↓	Dec-19	88.0%	●	83.8%	
	95%	New Outpatients Waiting Times	95%	Month	Dec-18	92.2%	Nov-19	92.7%	Dec-19	91.8%	↓	Sep-19	94.3%	●	72.9%	
	100%	Diagnostics Waiting Times	100%	Month	Dec-18	98.4%	Nov-19	99.1%	Dec-19	98.6%	↓	Sep-19	99.0%	●	82.3%	
	100%	Patient TTG (Ongoing Waits)	90.6%	Month	Dec-18	83.3%	Nov-19	90.1%	Dec-19	89.7%	↓	Sep-19	91.2%	●	67.5%	
	90%	18 Weeks RTT	84%	Month	Dec-18	80.4%	Nov-19	80.9%	Dec-19	82.0%	↑	Sep-19	79.8%	●	76.9%	
	95%	Cancer 31-Day DTT	95%	Month	Dec-18	98.2%	Nov-19	96.3%	Dec-19	99.2%	↑	QE Sep-19	96.4%	●	95.8%	
	95%	Cancer 62-Day RTT	94%	Month	Dec-18	90.2%	Nov-19	87.3%	Dec-19	90.7%	↑	QE Sep-19	82.9%	●	83.3%	
	29%	Detect Cancer Early	27%	Year Ending	Sep-18	26.9%	Jun-19	25.2%	Sep-19	24.8%	↓	2017, 2018	25.1%	●	25.5%	
	N/A	Delayed Discharge (% Bed Days Lost)	5%	Month	Dec-18	8.2%	Nov-19	7.4%	Dec-19	7.6%	↓	QE Jun-19	7.6%	●	6.7%	
	80%	Antenatal Access	80%	Month	Oct-18	87.0%	Sep-19	81.8%	Oct-19	86.2%	↑	2018/19	91.3%	●	87.6%	
	473	Smoking Cessation	473	YTD	Sep-18	80.0%	Aug-19	93.9%	Sep-19	90.7%	↓	YT Jun-19	92.4%	●	92.4%	
	90%	CAMHS Waiting Times	88%	Month	Dec-18	85.5%	Nov-19	66.0%	Dec-19	71.3%	↑	QE Sep-19	75.2%	●	64.5%	
	90%	Psychological Therapies Waiting Times	82%	Month	Dec-18	73.9%	Nov-19	66.0%	Dec-19	75.8%	↑	QE Sep-19	66.5%	●	79.4%	
	80%	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Sep-18	69.6%	Jun-19	73.8%	Sep-19	77.3%	↑	YT Sep-19	77.3%	●	89.3%	
	90%	Drugs & Alcohol Treatment Waiting Times	90%	Month	Oct-18	97.0%	Sep-19	96.6%	Oct-19	94.6%	↓	QE Sep-19	96.7%	●	95.0%	
	N/A	Dementia Post-Diagnostic Support	TBD	Annual	2016/17	87.5%	2017/18	87.5%	2018/19	90.2%	↑	2018/19	90.2%	●	58.6%	
	N/A	Dementia Referrals	TBD	Annual	2016/17	60.1%	2017/18	55.4%	2018/19	60.5%	↑	2018/19	60.5%	●	40.8%	
N/A	Freedom of Information Requests	85%	Quarter Ending	Dec-18	N/A	Nov-19	49.7%	Dec-19	53.0%	↑	N/A					
Finance	N/A	Revenue Expenditure	£0	Month	Jan-19	N/A	Dec-19	£5.405m	Jan-20	£5.220m	↑	N/A				
	N/A	Capital Expenditure	£9.217m	Month	Jan-19	N/A	Dec-19	£4.558m	Jan-20	£5.305m	↑	N/A				
Staff Governance	4.00%	Sickness Absence	4.89%	Month	Dec-18	5.54%	Nov-19	5.58%	Dec-19	5.82%	↓	YE Dec-19	5.71%	●	5.45%	



## d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
<b>HSMR</b>	1.00	N/A	N/A	YE Jun-19	1.04	YE Jun-19	●
<p>The annual HSMR for NHS Fife increased during the second quarter of 2019. The number of deaths is small, but the predicted deaths per year rose by 15, and this led to a Fife rate which is higher than the Scottish average. This could easily fall back during quarter 3.</p> <p>HSMR changed to be an annual measure at the start of 2019, the way in which the data is created as changed and it is possible this doesn't properly reflect a hospital such as QMH, which is largely populated by elderly patients.</p>							
<b>Inpatient Falls</b>	2.16	Dec-19	2.16	Dec-19	1.81	N/A	N/A
<p>Reduce falls with harm by 20% by December 2020</p> <p>While an increase in falls is noted in the December figures there is acknowledgement that, as in previous years, this is reflective of the significant increased winter activity across the system. Ongoing monitoring of this will continue with consideration of any related factors associated with this high level of activity and an expectation that the overall trend will return to the usual month to month variation. The repeat falls audit will now take place February/March.</p>							
<b>Pressure Ulcers</b>	0.42	Never Met	0.42	Dec-19	0.91	N/A	N/A
<p>50% reduction by December 2020</p> <p>The number of pressure ulcers (PU) reported continues to vary with no sustained improvement. A Quality Improvement (QI) programme is commencing across Fife (HSCP and ASD) to work with teams to drive QI and reduce patient harm. Scrutiny and monitoring for assurance is via the Fife Tissue Viability Steering Group. The target end date for a 50% reduction has been extended to December 2020.</p>							
<b>Caesarean Section SSI</b>	N/A	QE Sep-19	2.5%	Sep-19	2.5%	QE Sep-19	●
<p>We will reduce the % of post-operation surgical site infections to 2.5%</p> <p>Following a review of the surveillance methodology, a new process for ascertaining SSI status was adopted from the start of October. There was a significant reduction in SSI rate during Q2 of 2019, and this rate increased slightly in Q3. It is hoped that a sustained lower rate will be achieved throughout the remainder of the year.</p>							
<b>SAB (MRSA/MSSA)</b>	18.8	QE Dec-19	20.2	QE Dec-19	10.9	YE Sep-19	●
<p>We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022</p> <p>There were 4 SAB in December, 2 HAI (1 HAI, 1 HCAI) and 2 CAI. In the whole of 2019, there were 85 SAB, the second lowest annual figure on record and 25% less than in 2018. VAD continued to be the major source of infections (27% in 2019), while PWID (People Who Inject Drugs) accounted for around 16% of the total. The quarterly –measured HAI/HCAI rate remains significantly less than the target for March, while the annually –measured rate is in line with the Scottish average.</p>							
<b>C Diff</b>	6.5	QE Jun-19	6.9	QE Dec-19	14.2	YE Sep-19	●
<p>We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022</p> <p>There were 4 CDIs in December, 2 HAI and 2 CAI. In the whole of 2019, there were 47 CDI, equalling the record low of 2018. Around 15% of infections were due to a recurrence of infection. The quarterly-measured HAI/HCAI rate remains significantly greater than the target for March, but this is expected to reduce in January and the annually measured rate is much better than the Scottish average (Fife 8.6, Scotland 13.0)</p>							
<b>ECB</b>	33.0	Never Met	40.3	QE Dec-19	60.0	YE Sep-19	●
<p>We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022</p> <p>There were 20 ECs in December, 12 HAI/HCAI and 8 CAI. In the whole of 2019, there were 264 ECB, a decrease from the 2018 figure of 291 (although the % of HAI/HCAI increased from 54% to 59%). UTI and CAUTI remain the most prevalent source of ECB. The quarterly measured HAI/HCAI rate remains significantly higher than the target for March, while the annually-measured rate is in line with the Scottish average.</p>							

Clinical Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
<b>Complaints - Stage 2</b> At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Dec-19	50.0%	FY 2018/19	●
Although the weekly complaint meeting to review current performance across NHS Fife continues, stage 2 performance continues to fall. Delays at approval within ASD, the hospital site capacity and staffing issues within the Patient Relations Department are the main areas of concern.							


## Clinical Governance Committee Meeting Issues and Comments

No items to highlight to the Board



Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
<b>4-Hour Emergency Access</b> 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	Jul-19	95%	Dec-19	88.0%	Dec-19	●
Performance against the 4-hour emergency access target deteriorated in December with capacity challenges on a daily basis and consistent use of additional bed base. The main pressure within December was prior to Christmas with increased attendance at both ED and medical assessment. There was a robust clinical support plan in place over the festive period which maintained performance above the Scottish average.							
<b>New Outpatients</b> 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Aug-19	95%	Dec-19	91.8%	Sep-19	●
Performance deteriorated in December and remains below the standard and trajectory with 91.8% of patients waiting less than 12 weeks at month end. Additional independent sector activity is now being delivered and locum are in place. Performance is recovering and it is anticipated that it will be above the standard by end of March.							
<b>Patient TTG (Ongoing Waits)</b> All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	90.6%	Dec-19	89.7%	QE Sep-19	●
Performance has deteriorated over the last 2 months due to challenges in recruitment to vacant posts, difficulties securing planned additional activity and greater than expected demand particularly in orthopaedics and ophthalmology. Efforts continue to secure more activity, however it is anticipated recovering this position and meeting the trajectory at the end of March will be very challenging.							
<b>Cancer 62-Day RTT</b> 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	94%	Dec-19	90.7%	QE Sep-19	●
Performance improved in December, with 8 patient treatment breaches across 5 specialties, ranging from 4 to 54 days. Breaches are attributed to routine staging and investigations, review of results, issues in the gynaecology service, delay to plastic surgery and surgical outpatient appointments outwith Fife. Improvement was supported by an increase in the number of patients who started treatment in the month.							
<b>Delayed Discharge</b> The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Aug-18	5%	Dec-19	7.6%	QE Jun-19	●
Although the number of patients in delay at the December census point was less than at the November Census (65, against 73), the elapsed days to discharge for patients from the point of being fit for discharge was slightly higher than the previous month. This meant a slight increase in the % bed days lost (7.4% to 7.6%). This was, however, an improvement on the position at December 2018.							
<b>Smoking Cessation</b> Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	YT May-19	100%	YT Sep-19	90.7%	YT Jun-19	●
Delivery of Stop Smoking support in Carnegie Leisure Centre has had a very low uptake so we have stopped the clinic, freeing up staff to increase engagement in communities via the mobile unit. Temporary Abstinence pathway work in the VHK is progressing well with on-ward training sessions, and we have seen some patients engage in the service where we haven't been successful before. No Smoking Day planning is well underway with promotion on the internal panels of all buses, and FM Radio will be promoting the service pre and post No Smoking Day.							
<b>CAMHS Waiting Times</b> 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	88%	Dec-19	71.3%	QE Sep-19	●
Clinical Activity continues to be directed at those accessing treatment and those who have waited the longest. Increased activity against the waiting list through evening clinics has a direct, negative impact on the 18 week RTT. Initial work has been completed with the Scottish Government Mental Health Performance & Improvement Unit, with recommendations made on the specific additional staffing resource required to meet the ongoing demand and achieve sustainable improvements towards the 18 week RTT.							




Finance, Performance & Resources Operational Performance		Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
<b>Psychological Therapies</b> 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral		90%	Never Met	82%	Dec-19	75.8%	QE Sep-19	
We continue to meet the RTT for patients with less complex needs, and service redesign in this area has freed capacity for high intensity work. Addressing the longest waiting patients impacts negatively on our RTT performance. Further service re-design to meet needs of more complex patients is on-going. Work with an ISD/MHAIST data analyst and SG advisor is highlighting that additional resource will be required to meet RTT. Demand-capacity modelling in relation to the improvement trajectory is in progress.								
<b>FoI Requests</b> At least 85% of Freedom of Information Requests are completed within 20 working days		N/A	N/A	85%	QE Dec-19	53.0%	N/A	N/A
For the Health Board, December performance has recovered to its highest level since February 2019, despite ongoing issues about the availability of administrative resource. Challenges still remain in triaging and allocating requests that fall to the services managed by the IJB within the statutory timeframe for response.								

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Benchmarking		
<b>Revenue Expenditure</b> Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Jan-20	+ £5.220m	N/A	N/A
<p>The revenue position for the 10 months to 31 January reflects an overspend of £5.220m. Based on this in-year position, and a number of high level planning assumptions as agreed by delegated budget holders, the year end forecast ranges from a potential optimistic forecast of £3.4m overspend to a potential worst case of £8.7m overspend.</p> <p>Notwithstanding the forecast position outlined above, the current forecast overspend of the IJB is significantly higher than the original approved budget gap (and capped risk share pressure) with a potential further £2.9m - £3.4m impact on the NHS Fife position at year end.</p> <p>Taking account of the potential offsetting benefits described above and the further overspend of the IJB, the forecast outturn position moves to an overspend of £4.8m (best case) to £10.5m (worst case). This highlights the ongoing challenge in achieving financial balance and our ability to meet our statutory obligations, without further financial support from Scottish Government.</p>							
<b>Capital Expenditure</b> Work within the capital resource limits set by the SG Health & Social Care Directorates	£9.217m	N/A	£9.217m	Jan-20	£5.305m	N/A	N/A
<p>The total Capital Resource Limit for 2019/20 is £9.217m. The capital position for the 10 months to January shows investment of £5.305m, equivalent to 57.56% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.</p>							

## Finance, Performance & Resources Committee Meeting Issues and Comments

No items to highlight to the Board

Staff Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Benchmarking
<b>Sickness Absence</b> To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.89%	Dec-19 5.82%	YE Dec-19 
The sickness absence rate for December was 5.82%, 0.25% higher than November. This means that the gap between the actual performance and the improvement trajectory specified at the start of the FY has increased to 0.81%. This increase corresponds with the seasonal variation seen in previous years and the onset of winter ailments. Improvement actions continue to be implemented within each operational unit to work towards achieving the trajectories set for the Board.					

## Staff Governance Committee Meeting Issues and Comments

- Demands on workforce and known shortages, requirement for a Board Development Session around workforce issues
- Note increased level of sickness absence and ongoing work looking at new opportunities to improve (including policy alignment)
- Importance of iMatter
- Staff Governance Terms of Reference – staff side comment on deputies

**CAROL POTTER**

Chief Executive

18<sup>th</sup> March 2020

Prepared by:

**SUSAN FRASER**

Associate Director of Planning and Performance



## Report to the Board on 25 March 2020

### BOARD DEVELOPMENT SESSION – 26 February 2020

#### **Background**

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

#### **February Development Session**

4. The most recent Board Development Session took place in the Staff Club, Victoria Hospital, Kirkcaldy on Wednesday 26 February 2020. The main topic for discussion was the Draft Annual Operational Plan 2020/21 – 2022/23.

#### **Recommendation**

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

**TRICIA MARWICK**  
Board Chairperson  
03 March 2020

## NHS Fife Board

<b>DATE OF MEETING:</b>	8 April 2020
<b>TITLE OF REPORT:</b>	Arrangements for Future Board Meetings during period of Covid-19 Pandemic
<b>EXECUTIVE LEAD:</b>	Carol Potter, Chief Executive
<b>REPORTING OFFICER:</b>	Gillian MacIntosh, Board Secretary

<b>Purpose of the Report</b>
<b>For Decision</b>

<b>Route to the Board</b>
This paper has been discussed with the Chair, Vice-Chair and Chief Executive, prior to submission to the Board.

## SBAR REPORT

### Situation

This paper sets out proposals to revise the Board's approach to governance whilst NHS Fife is dealing with the Covid-19 pandemic. The aims of this approach are to ensure that the Board:

- can effectively respond to Covid-19, and appropriately discharge its governance responsibilities;
- maximises the time available for management and operational staff to deal with the significant challenges of addressing Covid-19 demand within clinical services; and
- minimises the need for people to travel to and physically attend meetings, thus mitigating the risk of disregarding government guidance on social distancing and limiting travel outwith one's own home.

It is important that we can offer alternative arrangements that support Board Members to participate without necessarily coming together in one place. The Board is therefore asked to approve the proposed approach detailed within this paper.

### Background

NHS Fife has highly effective governance arrangements. We have a robust Code of Corporate Governance that is regularly reviewed and comply with the national NHS Blueprint for Good Governance. It is important that, as a public body, we continue to ensure we are working within the required legal framework. However, the significant challenges that we face in responding to Covid-19 will require us to consider how we best function as an NHS Board in the coming weeks and months.

The [Public Bodies \(Admissions to Meetings\) Act 1960](#) requires NHS Board meetings to be held in public. However, this presents an immediate difficulty, given the present Government advice about limiting individual travel, working remotely where possible and following social distancing measures. Section 1(2) of the above Act states:

‘A body may, by resolution, exclude the public from a meeting (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted *or for other special reasons stated in the resolution* and arising from the nature of that business or of the proceedings; and where such a resolution is passed, this Act shall not require the meeting to be open to the public during proceedings to which the resolution applies’.

There is therefore scope within existing legislation to hold meetings in a non-public setting, should the Board resolve accordingly.

NHS boards also have other legal duties to protect public health. In light of the preventative measures put in place across the country to counter the Covid-19 pandemic, including social distancing, it is clearly not appropriate to convene public meetings at this time. The Board can still publish its meeting papers on its website, as it currently does. It is also necessary to stop convening meetings in the traditional way, and use other options such as teleconferencing and videoconferencing where at all possible.

The Board’s current Standing Orders include the following provisions:

‘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. videoconferencing, teleconferencing.’

and

‘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.’

The above measures give the Board some flexibility about the conduct of meetings and the ability to convene a meeting even if all members cannot attend. Note, however, the number of Non-Executives (five) that need to be available to ensure any remote meeting is quorate.

## Assessment

The Executive Team have already critically reviewed management meetings, and cancelled many in order to focus on the Covid-19 response. Governance meetings require significant amounts of management time to service their requirements, so there is a need to critically review what governance meetings are required in the immediate period of the pandemic outbreak.

The Board Chair and Vice-Chair will liaise with the Executive Team to identify what business must be considered by the Board and its committees over the next few months, and will consult with Committee Chairs as appropriate. This exercise will inform decisions as to whether it is necessary to hold any particular meeting at all, and will determine the agendas for the meetings which do go ahead. It is likely that much business will be suspended or deferred, and the standing, routine business of governance meetings will be significantly reduced

As part of the above exercise, the Board will take into account the requirements of the Board’s Standing Orders, which sets out which matters are reserved to the Board.



Management will also take into account any Scottish Government national guidance to be issued to Boards on how governance structures should operate in this emergency period, in addition to any forthcoming decisions on the re-scheduling of normal business. This approach will be reviewed by the Board Chair and Chief Executive in the coming weeks to ensure that it remains effective and continues to provide good governance for the organisation. Ongoing email communication and updates prepared for Board members would also continue.

We will work to meet requirements in the Board's Standing Orders as much as is possible, for example:

- publication of papers (on the public-facing website) five clear working days prior to the Board meeting as a minimum; and
- the quorum will remain as set in the Board's Standing Orders.

In considering the time required for preparation of papers, during this time Board or Committee meetings may accept verbal reports in order to free up Directors and senior clinical leaders to deal with the demands of the Covid-19 challenges. This would be at the discretion of the Chair. Any verbal items and discussions will be correctly and accurately recorded in the minute, as a recorded reference of the issue reported to the Board.

### Recommendation

The Board is invited to:

- formally agree that the Board will not convene its meetings in public while the organisation and the country is responding to the Covid-19 pandemic, for the 'special reason' of protecting public health, and the health and wellbeing of anyone who would have otherwise attended the meeting; and
- agree that, for the duration of the pandemic period, all Board and committee meetings will be carried out by teleconference, videoconference or in any other manner that does not require the members and staff to physically meet.

### Objectives: (must be completed)

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

### Further Information:

Evidence Base:	Information from other Boards
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Chair, Vice-Chair, Executive Team

### Impact: (must be completed)

<b>Financial / Value For Money</b>	None – the proposed software to be used for video-conferencing is being rolled out as part of Office365
<b>Risk / Legal:</b>	This issue relates to how the whole system of governance operates, and so is relevant to all risks on the corporate risk register.
<b>Quality / Patient Care:</b>	The review of governance meetings and the conduct of business should release time for management and staff to



	focus on Covid-19, thus enhancing support for patient care.
<b>Workforce:</b>	The review of governance meetings and the conduct of business should release time for management and staff to focus on Covid-19.
<b>Equality:</b>	This paper does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Consequently an EQIA is not required. However the organisation will communicate the change of practice for Board meetings to the public.

## NHS Fife Board

<b>DATE OF MEETING:</b>	8 April 2020
<b>TITLE OF REPORT:</b>	Model Board Standing Orders
<b>EXECUTIVE LEAD:</b>	Margo McGurk, Director of Finance
<b>REPORTING OFFICER:</b>	Gillian MacIntosh, Board Secretary

### Purpose of the Report

**For Decision**

### Route to the Board

This paper was initially considered by the Audit & Risk Committee, at its meeting on 13 March 2020. The Committee recommended approval of the proposals detailed therein.

### SBAR REPORT

#### Situation

The Scottish Government issued a Director's Letter ([DL\(2019\)24](#)) on 13 December 2019 advising of new model Standing Orders that all NHS Boards in Scotland are required to adopt, replacing any other local versions presently in place. This workstream is related to the implementation of NHS Scotland's '[A Blueprint for Good Governance](#)', as previously detailed to the Board in earlier updates.

This paper provides the new text of the model Standing Orders and highlights potential areas of change in practice for the Board to note, prior to the adoption of the Standing Orders in NHS Fife from 1 April 2020. The new text will thence be reflected in the annual update to the Code of Corporate Governance, to be considered by the Board, as scheduled, at its meeting in May 2020.

#### Background

Practical implementation of the Blueprint and its supporting suite of documents 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. One of the first workstreams has been the creation of a model set of Standing Orders, based on a 'Once for Scotland' approach. Board Secretaries were consulted initially in their development and the final document has since been endorsed by NHS Chairs.

Standing Orders detail the formal procedures in place for Board meetings, outline key roles and responsibilities, and regulate the conduct of Board business in the context of its formal meetings. The text provided in the new version of the model Standing Orders (given in full in Appendix 1) has been kept simple and non-legalistic, whilst reflecting modern practice in the expected conduct of Board meetings.

The role of an NHS Board, as detailed in the Blueprint for Good Governance, has been included as a preamble to the document. All matters relating to Board Members' conduct (i.e. the model code of conduct, declaration of interests and receipt of gifts and hospitality) are collated together for ease. Further detail has been given on the matters reserved to the Board and those agenda items that should be considered in private session, which provides greater clarity on these matters and improved consistency in practice across Scotland. Guidance is also given on agenda management, voting and member roles and responsibilities.

## Assessment

To assist a more detailed consideration of the changes, a comparison between NHS Fife's existing Standing Orders (last reviewed as part of the Code of Corporate Governance update in May 2019) and the model document is included as Appendix 2 to this paper.

In summary, there are a small number of amendments that will require a change to current practice, and these are detailed below:

- (i) (clause 4.9 of model Standing Orders) - final minutes of Committees (i.e. those formally approved at the subsequent Committee meeting) are to be tabled to a Board meeting, potentially introducing a significant lag in reporting unless a separate mechanism is introduced to cover the draft business discussed at the meeting immediately prior to the Board meeting date. In the new model text, Boards are free to 'determine [their] own approach for committees to inform it of business which has been discussed in committee meetings for which the final minutes are not yet available'.

As Boards are able to decide on their own local procedure, it is proposed that draft minutes continue to be supplied to Board meetings, in addition to approved copies of minutes from the preceding meeting, in order to ensure that the Board continues to have the most up-to-date information on Committee deliberations and discussions. An amended cover sheet will be produced to clearly indicate the draft nature of the unconfirmed minute.

- (ii) (clause 9.5 of model Standing Orders) - Board Committee meetings should not be held in public nor their papers published on the Board's website, unless the Board specifically requests otherwise. This is contrary to current practice, whereby we make available publicly all Committee dates and their full meeting papers (apart from any private sessions) in advance of the meeting, as per the normal publication schedule for the full Board papers.

To reflect the updated guidance, it is proposed that Committee papers continue to be published on the NHS Fife website, but only after the Board meeting has taken place to which each Committee subsequently reports. This will, in practice, introduce a short lag in publication of around three to four weeks, but this is thought preferable to ceasing publication of Committee papers altogether.

- (iii) (schedule of optional text to be included in Standing Orders, see p.15 of this paper) – it is recommended that optional additions to both Sections 4 and 5 are included in the new Standing Orders for Fife, to mirror existing coverage. Both optional clauses have equivalents within the current Standing Orders and are therefore not new additions.

For the additional items to be reserved to the Board, to be included in Section 6 of the new text, it is proposed we adopt the majority of the wording given in the model text, again to mirror existing coverage and present practice.

### **Recommendation**

The Board is invited to:

- **note** the update given in this paper on the content of the new model Standing Orders that have been prepared for immediate adoption nationally on a 'Once for Scotland' basis;
- **note** the anticipated changes to current Board administrative practice as detailed above; and
- **agree** to the adoption of the model Standing Orders, to be effective from April 2020.

### **Objectives:**

Healthcare Standard(s):	Governance and assurance is relevant to all.
HB Strategic Objectives:	All

### **Further Information:**

Evidence Base:	<a href="#">DL(2019) 24 – NHS Boards: Standing Orders</a>
Glossary of Terms:	N/A
Parties / Committees consulted prior to Meeting:	Board Chair, Vice Chair and CEO; Finance Director; Audit & Risk Committee

### **Impact:**

<b>Financial / Value For Money</b>	There are no financial implications.
<b>Risk / Legal:</b>	Implementing the model Standing Orders 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, and are fully aligned with Scottish Government guidance and expectations.
<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.

## 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), as amended up to and including The Health Boards (Membership and Procedure) (Scotland) Amendment Regulations 2016 (2016 No. 3).

Healthcare Improvement Scotland and NHS National Services Scotland are constituted under a different legal basis, and are not subject to the above regulations. Consequently those bodies will have different Standing Orders.

The NHS Scotland Blueprint for Good Governance (issued through [DL 2019 02](#)) has informed these Standing Orders. The Blueprint describes the functions of the Board as:

- Setting the direction, clarifying priorities and defining expectations.
- Holding the executive to account and seeking assurance that the organisation is being effectively managed.
- Managing risks to the quality, delivery and sustainability of services.
- Engaging with stakeholders.
- Influencing the Board's and the organisation's culture.

Further information on the role of the Board, Board members, the Chair, Vice-Chair, and the Chief Executive is available on the NHS Scotland [Board Development website](#).

- 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 and removal, suspension 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 Any statutory provision, regulation or direction by Scottish Ministers, shall have precedence if they are in conflict with these Standing Orders.
- 1.4 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. The Board will annually review its Standing Orders.
- 1.5 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. The Scottish Ministers may by determination suspend a member from taking part in the business (including meetings) of the

Board. Paragraph 5.4 sets out when the person presiding at a Board meeting may suspend a Board member for the remainder of a specific Board meeting. The Standards Commission for Scotland can apply sanctions if a Board member is found to have breached the Board Members' Code of Conduct, and those include suspension and disqualification. The regulations (see paragraph 1.1) also set out grounds for why a person may be disqualified from being a member of the Board.

### Board Members – Ethical Conduct

- 1.6 Members have a personal responsibility to comply with the Code of Conduct for Members of Fife Health Board. The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The Board will have appointed a Standards Officer. This individual is responsible for carrying out the duties of that role, however he or she may delegate the carrying out of associated tasks to other members of staff. The Board's appointed Standards Officer shall ensure that the Board's Register of Interests is maintained. When a member needs to update or amend his or her entry in the Register, he or she must notify the Board's appointed Standards Officer of the need to change the entry within one month after the date the matter required to be registered.
- 1.7 The Board's appointed Standards Officer 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.
- 1.8 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 5.6 - 5.10 of these Standing Orders, and have regard to Section 5 of the Code of Conduct (Declaration of Interests).
- 1.9 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.
- 1.10 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 Board's appointed Standards Officer 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. The Register of Interests includes a section on gifts and hospitality. The Register may include the information on any such declarations, or cross-refer to where the information is published.
- 1.11 The Board's 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.

## **2 Chair**

- 2.1 The Scottish Ministers shall appoint the Chair of the Board.

### **3 Vice-Chair**

- 3.1 The Chair shall nominate a candidate or candidates for vice-chair to the Cabinet Secretary. The candidate(s) must be a non-executive member of the Board. A member who is an employee of a Board is disqualified from being Vice-Chair. The Cabinet Secretary will in turn determine who to appoint based on evidence of effective performance and evidence that the member has the skills, knowledge and experience needed for the position. Following the decision, the Board shall appoint the member as 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. The process to appoint a replacement Vice-Chair is the process described at paragraph 3.1.
- 3.3 Where the Chair has died, ceased to hold office, or is unable for a sustained period of time to perform his or her duties due to illness, absence from Scotland or for any other reason, then the Board's Secretary should refer this to the Scottish Government. The Cabinet Secretary will confirm which member may assume the role of interim chair in the period until the appointment of a new chair, or the return of the appointed chair. Where the Chair is absent for a short period due to leave (for whatever reason), the Vice-Chair shall assume the role of the Chair in the conduct of the business of the Board. In either of these circumstances references to the Chair shall, so long as there is no Chair able to perform the duties, be taken to include references to either the interim chair or the Vice-Chair. If the Vice-Chair has been appointed as the Interim Chair, then the process described at paragraph 3.1 will apply to replace the Vice-Chair.

### **4 Calling and Notice of Board Meetings**

- 4.1 The Chair may call a meeting of the Board at any time and shall call a meeting when required to do so by the Board. The Board shall meet at least six times in the year and will annually approve a forward schedule of meeting dates.
- 4.2 The Chair will determine the final agenda for all Board meetings. The agenda may include an item for any other business, however this can only be for business which the Board is being informed of for awareness, rather than being asked to make a decision. 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.
- 4.3 Any member may propose an item of business to be included in the agenda of a future Board meeting by submitting a request to the Chair. If the Chair elects to agree to the request, then the Chair may decide whether the item is to be considered at the Board meeting which immediately follows the receipt of the request, or a future Board meeting. The Chair will inform the member which meeting the item will be discussed. If any member has a specific legal duty or

responsibility to discharge which requires that member to present a report to the Board, then that report will be included in the agenda.

- 4.4 In the event that the Chair decides not to include the item of business on the agenda of a Board meeting, then the Chair will inform the member in writing as to the reasons why.
- 4.5 A Board meeting may be called if one third of the whole number of members signs a requisition for that purpose. The requisition must specify the business proposed to be transacted. The Chair is required to call a meeting within 7 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 provided that no business shall be transacted at the meeting other than that specified in the requisition.
- 4.6 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 circulated to every member so as to be available to them at least three clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point.
- 4.7 With regard to calculating clear days for the purpose of notice under 4.6 and 4.9, the period of notice excludes the day the notice is sent out and the day of the meeting itself. Additionally only working days (Monday to Friday) are to be used when calculating clear days; weekend days and public holidays should be excluded.

Example: If a Board is meeting on a Wednesday, the notice and papers for the meeting should be distributed to members no later than the preceding Thursday. The three clear days would be Friday, Monday and Tuesday. If the Monday was a public holiday, then the notice and papers should be distributed no later than the preceding Wednesday.

- 4.8 Lack of service of the notice on any member shall not affect the validity of a meeting.
- 4.9 Board meetings shall be held in public. A public notice of the time and place of the meeting shall be provided at least three clear days before the meeting is held. The notice and the meeting papers shall also be placed on the Board's website. The meeting papers will include the minutes of committee meetings which the relevant committee has approved. The exception is that the meeting papers will not include the minutes of the Remuneration Committee. The Board may determine its own approach for committees to inform it of business which has been discussed in committee meetings for which the final minutes are not yet available. For items of business which the Board will consider in private session (see paragraph 5.22), only the Board members will normally



receive the meeting papers for those items, unless the person presiding agrees that others may receive them.

## **5 Conduct of Meetings**

### Authority of the Person Presiding at a Board Meeting

- 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 Board member who is not an employee of a Board 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. For the avoidance of doubt, those members using such facilities will be regarded as present at the meeting.
- 5.4 In the event that any member who disregards the authority of the person presiding, obstructs the meeting, or conducts himself/herself inappropriately the person presiding may suspend the member for the remainder of the meeting. If a person so suspended refuses to leave when required by the person presiding to do so, the person presiding will adjourn the meeting in line with paragraph 5.12. For paragraphs 5.5 to 5.20, reference to 'Chair' means the person who is presiding the meeting, as determined by paragraph 5.1.

### 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 two members who are not employees of a Board. The quorum for committees will be set out in their terms of reference, however it can never be less than two Board members.
- 5.6 In determining whether or not a quorum is present the Chair must consider the effect of any declared interests.
- 5.7 If a member, or an associate of the member, has any pecuniary or other interest, direct or indirect, 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.

- 5.8 Paragraph 5.7 will not apply where a member's, or an associate of theirs, 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. In March 2015, the Standards Commission granted a dispensation to NHS Board members who are also voting members of integration joint boards. The effect is that those members do not need to declare as an interest that they are a member of an integration joint board when taking part in discussions of general health & social care issues. However members still have to declare other interests as required by Section 5 of the Board Members' Code of Conduct.
- 5.9 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 the members at that meeting. For this latter purpose, the Chair is not to be counted for quorum or voting purposes.
- 5.10 Paragraphs 5.6-5.9 shall equally apply to members of any Board committees, whether or not they are also members of the Board, e.g. stakeholder representatives.
- 5.11 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.

### Adjournment

- 5.12 If it is necessary or expedient to do so for any reason (including disorderly conduct or other misbehaviour at a meeting), 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 the Chair until such day, time and place as the Chair may specify.

## Business of the Meeting

### *The Agenda*

- 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 ideally in advance of the day of the meeting and certainly before the start of the meeting. The Chair will determine whether the matter is urgent and accordingly whether it may be discussed at the meeting.
- 5.14 The Chair may change the running order of items for discussion on the agenda at the meeting. Please also refer to paragraph 4.2.

### *Decision-Making*

- 5.15 The Chair may invite the lead for any item to introduce the item before inviting contributions from members. Members should indicate to the Chair if they wish to contribute, and the Chair will invite all who do so to contribute in turn. Members are expected to question and challenge proposals constructively and carefully to reach and articulate a considered view on the suitability of proposals.
- 5.16 The Chair will consider the discussion, and whether or not a consensus has been reached. Where the Chair concludes that consensus has been reached, then the Chair will normally end the discussion of an item by inviting agreement to the outcomes from the discussion and the resulting decisions of the Board.
- 5.17 As part of the process of stating the resulting decisions of the Board, the Chair may propose an adaptation of what may have been recommended to the Board in the accompanying report, to reflect the outcome of the discussion.
- 5.18 The Board may reach consensus on an item of business without taking a formal vote, and this will be normally what happens where consensus has been reached.
- 5.19 Where the Chair concludes that there is not a consensus on the Board's position on the item and/ or what it wishes to do, then the Chair will put the decision to a vote. If at least two Board members ask for a decision to be put to a vote, then the Chair will do so. Before putting any decision to vote, the Chair will summarise the outcome of the discussion and the proposal(s) for the members to vote on.
- 5.20 Where a vote is taken, the decision 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 Chair shall have a second or casting vote. The Chair may determine the method for taking the vote, which may be by a show of hands, or by ballot, or any other method the Chair determines.

- 5.21 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.

*Board Meeting in Private Session*

- 5.22 The Board may agree to meet in private in order to consider certain items of business. The Board may decide to meet in private 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 the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.
  - 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.

- 5.23 The minutes of the meeting will reflect when the Board has resolved to meet in private.

Minutes

- 5.24 The names of members present at a meeting of the Board, or of a committee of the Board, shall be recorded in the minute of the meeting. The names of other persons in attendance shall also be recorded.
- 5.25 The Board's Secretary (or his/her authorised nominee) shall prepare the minutes of meetings of the Board and its committees. The Board or the committee shall review the draft minutes at the following meeting. The person presiding at that meeting shall sign the approved minute.

**6 Matters Reserved for the Board**

Introduction

- 6.1 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 an NHS Board meeting, due to either Scottish Government directions or a Board decision in the interests of good governance practice.
- 6.2 This section summarises the matters reserved to the Board:
- a) Standing Orders
  - b) The establishment and terms of reference of all its committees, and appointment of committee members
  - c) Organisational Values

- d) The strategies for all the functions that it has planning responsibility for, subject to any provisions for major service change which require Ministerial approval.
- e) The Annual Operational Plan for submission to the Scottish Government for its approval. (Note: The Board should consider the draft for submission in private session. Once the Scottish Government has approved the Annual Operational Plan, the Board should receive it at a public Board meeting.)
- f) Corporate objectives or corporate plans which have been created to implement its agreed strategies.
- g) Risk Management Policy.
- h) Financial plan for the forthcoming year, and the opening revenue and capital budgets.
- i) Standing Financial Instructions and a Scheme of Delegation.
- j) Annual accounts and report. (Note: Note: This must be considered when the Board meets in private session. In order to respect Parliamentary Privilege, the Board cannot publish the annual accounts or any information drawn from it before the accounts are laid before the Scottish Parliament. Similarly the Board cannot publish the report of the external auditors of their annual accounts in this period.)
- k) Any business case item that is beyond the scope of its delegated financial authority before it is presented to the Scottish Government for approval. The Board shall comply with the [Scottish Capital Investment Manual](#).
- l) The Board shall approve the content, format, and frequency of performance reporting to the Board.
- m) The appointment of the Board's chief internal auditor. (Note: This applies either when the proposed chief internal auditor will be an employee of the Board, or when the chief internal auditor is engaged through a contract with an external provider. The audit committee should advise the Board on the appointment, and the Board may delegate to the audit committee oversight of the process which leads to a recommendation for appointment.)

6.3 The Board may be required by law or Scottish Government direction to approve certain items of business, e.g. the integration schemes for a local authority area.

6.4 The Board itself may resolve that other items of business be presented to it for approval.

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

7.1 Except for the Matters Reserved for 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](#).

- 7.2 The Board may delegate responsibility for certain matters to the Chair for action. In such circumstances, the Chair should inform the Board of any decision or action subsequently taken on these matters.
- 7.3 The Board and its officers must comply with the [NHS Scotland Property Transactions Handbook](#), and this is cross-referenced in the Scheme of Delegation.
- 7.4 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.

## **8 Execution of Documents**

- 8.1 Where a document requires to be authenticated under legislation or rule of law relating to the authentication of documents under the Law of Scotland, or where a document is otherwise required 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 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.
- 8.2 Scottish Ministers shall direct which officers of the Board can sign on their behalf in relation to the acquisition, management and disposal of land.
- 8.3 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.

## **9 Committees**

- 9.1 Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub-committees) as it thinks fit. NHS Scotland Board Development website will identify the committees which the Board must establish. (<https://learn.nes.nhs.scot/17367/board-development>)
- 9.2 The Board shall appoint the chairs of all committees. The Board shall approve the terms of reference and membership of the committees. The Board shall review these as and when required, and shall review the terms within 2 years of their approval if there has not been a review.
- 9.3 The Board 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

- 9.4 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.
- 9.5 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 where the committee's membership consist of or include all the Board members. Where the committee's members includes some of the Board's members, the committee's meetings shall not be held in public and the associated committee papers shall not be placed on the Board's website, unless the Board specifically elects otherwise. Generally Board members who are not members of a committee may attend a committee meeting and have access to the meeting papers. However if the committee elects to consider certain items as restricted business, then the meeting papers for those items will normally only be provided to members of that committee. The person presiding the committee meeting may agree to share the meeting papers for restricted business papers with others.
- 9.6 The Board shall approve a calendar of meeting dates for its committees. The committee chair may call a meeting any time, and shall call a meeting when requested to do so by the Board.
- 9.7 The Board may authorise committees to co-opt members for a period up to one year, subject to the approval of both the Board and the Accountable Officer. A committee may decide this is necessary to enhance the knowledge, skills and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a member of Fife NHS Board and is not to be counted when determining the committee's quorum.

## MODEL STANDING ORDERS

### SCHEDULE OF OPTIONAL TEXT

#### Section 4 – Calling and Notice of Board Meetings: Deputations and petitions

##### **[Suggested inclusion after Clause 4.9]**

Any individual or group or organisation which wishes to make a deputation to the Board must make an application to the Chair's Office at least 21 working days before the date of the meeting at which the deputation wish to be received. The application will state the subject and the proposed action to be taken.

Any member may put any relevant question to the deputation, but will not express any opinion on the subject matter until the deputation has withdrawn. If the subject matter relates to an item of business on the agenda, no debate or discussion will take place until the item is considered in the order of business.

Any individual or group or organisation which wishes to submit a petition to the Board will deliver the petition to the Chair's Office at least 21 working days before the meeting at which the subject matter may be considered. The Chair will decide whether or not the petition will be discussed at the meeting.

#### Section 5 - Business of the Meeting: Consent agenda technique

##### **[Suggested inclusion after Clause 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.

#### Section 6 – Additional matters which may be reserved for the Board

##### **[Suggested inclusion as part of Clause 6.2, excluding text that is struck out]**

- The contribution to Community Planning Partnerships through the associated improvement plans.
- Health & Safety Policy
- Arrangements for the approval of all other policies.
- The system for responding to any civil actions raised against the Board.
- The system for responding to any occasion where the Board is being investigated and / or prosecuted for a criminal or regulatory offence.

~~Within the above the Board may delegate some decision-making to one or more executive Board members.~~



## Comparison with existing Standing Orders

	Current Standing Orders	New Standing Orders
Section 1.1 <b>General provisions</b>	-	New section added to reflect the Blueprint's description of the function of an NHS Board.
Clauses 1.5 to 1.10 <b>Board Members – Ethical Conduct</b>	Covered largely in existing clause 9 of current text.	This section brought to the front of new text, clearly setting out members' personal responsibility for compliance with Code of Conduct and collating guidance on declaration of interests, gifts and hospitality.
Clause 3.1 <b>Appointment of Vice-Chair</b>	In current text 'the Board' appoints the Vice-Chair. Limited detail on the actual appointment process and role.	Provides full details on the appointment process for Vice-Chair, including the nomination / approval sequence to be followed in consultation with the Cabinet Secretary.
Clauses 4.2 and 4.3 <b>Contents of the Agenda / AOCB</b>	No specific reference.	Full details given on determining the content of the agenda and the Chair's approval role on items of business to be included. Clarification that AOCB can only be used for business which the Board is being informed of, i.e. for awareness, rather than for matters where the Board is being asked to make a decision.
Clause 4.6 <b>Minimum notice period for meetings</b>	Current text states 'five clear days', but this presently includes non-working days.	Instructed to be 'three clear days', <i>excluding weekends and public holidays</i> , so in effect no change in practice.
Clause 4.9 <b>Meetings to be held in public</b>	No change.	
Clause 4.9 <b>Committee minutes included in Board meeting papers</b>	No specific detail.	Meeting papers have to include the approved minute of Board committees (i.e. those minutes that have been finalised at the subsequent committee meeting). Text notes that 'the Board may determine its own approach for committees to inform it of business which has been discussed in committee meetings for which the final minutes are not yet available'. Note, Remuneration Committee minutes are to be excluded from any published version of the Board papers.

Clause 4.10 (optional) <b>Deputations &amp; Petitions</b>	Included in current version (Clause 6), but with less detail on process included.	Provides further details on the process to be followed, and increases the timeframe for submission of such applications from 'five clear days' in current text to '21 working days'.
Clauses 5.1 to 5.4 <b>Authority of the Chair</b>	Less detail provided in current text.	Detailed outline of the authority of the person presiding at a Board meeting, including how inappropriate behaviour by a member is to be dealt with.
Clause 5.5 to 5.11 <b>Quorum</b>	In current version, one-third required, with at least five Non-Executive members; for Committees, at least three Non-Executive or Stakeholder members.	One third required, with 'at least two members who are not employees of the Board'; for Committees, at least 'two Board members'.  Further detail given on course of action when a quorum is not achieved.
Clause 5.12 <b>Adjournment</b>	No change.	
Clauses 5.13 and 5.14 <b>Business of the Meeting: Agenda</b>	If a member wishes to add an item of business, they may make such a request to the Chair 'at the start of the meeting'. A majority of members present must agree to its inclusion.	Any such requests to add an item should be made 'ideally in advance of the day of the meeting and certainly before the start of the meeting'. The Chair will determine if the proposed addition is urgent and should be included.
Clauses 5.15 to 5.21 <b>Business of the Meeting: Decision-Making</b>	Specific detail included on motions.	Detail on motions removed from new text. Replaced with instructions on how discussions should proceed, how discussions should be concluded when consensus has been reached, and on when voting should be used. If at least two Board members ask for a decision to be put to a vote, the Chair is required to do so.
Clause 5.22 <b>Board meeting in Private Session</b>	Covered in current clause 5.22.	Removes local text as to who also is permitted to be present in the private session (i.e. in addition to Board members), though replacement text does not prohibit that. Clarifies that the meeting minutes will clearly reflect when the Board has resolved to meet in private.

Clauses 5.24 and 5.25 <b>Minutes</b>	Additional clause given in current version - 'Minutes of governance committees shall be submitted as soon as it is practicable to the Board'.	This is not present in new text, as approved minutes only are to be considered by the Board (see clause 4.9 above).
Clause 6.2 <b>Matters reserved for the Board</b>	Present text reflects local terminology (such as IPQR, BAF etc.) and further detail around reporting.	Less detail provided but largely similar content overall.
Clauses 7.1 to 7.4 <b>Delegation of Authority</b>	No change.	
Clauses 8.1 to 8.3 <b>Execution of Documents</b>	Use of common seal detailed.	Detail on use of common seal removed from new text – regulations do not require this to be in Standing Orders and its use is limited in practice.
Clauses 9.2 to 9.4 <b>Committee membership</b>	'The Chair' shall appoint committee chairs and members. Substitutes permitted from Non-Executive membership.	'The Board' shall appoint committee chairs and members. Substitutes continue to be permitted from Non-Executive membership.
Clause 9.5 <b>Committee meetings and publication of papers</b>	No specific detail included.	Recommended practice is that a Committee's meetings <i>'shall not be held in public and the associated committee papers shall not be placed on the Board's website, unless the Board specifically elects otherwise'</i> .
Clause 9.7 <b>Co-option</b>	Not included in current version.	In order to address particular skill requirements, the Board may authorise committees to co-opt members for a period of up to one year, subject to the approval of the Board and the Accountable Officer. Such an appointee is not to be counted when determining the quorum.

**Audit & Risk Committee: Chair and Committee Comments**

**AUDIT & RISK COMMITTEE**  
**(Meeting on 13 March 2020)**

The following issues are highlighted to the Board:

- The significant impact of the Coronavirus on the Board's key strategic risks, as currently detailed with the BAFs.
- The Committee's discussions on necessary improvements to be made to Audit Follow Up reporting, to ensure that all actions identified by the auditors are followed up in a timely manner and closed off.
- The recommendation that a future Board Development Session on risk reporting be held, so all Non-Executives can input into a planned review of the format and detail provided in the BAFs and to discuss if these as currently drafted provide the right assurances to the Board.

**MINUTES OF THE NHS FIFE AUDIT AND RISK COMMITTEE HELD AT 14:00PM ON FRIDAY 13 MARCH 2020 IN THE STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY**

**Present:**

Mr M Black, Non-Executive Director (**Chairperson**)  
Ms M Wells, Non-Executive Director

Ms S Braiden, Non-Executive Director  
Cllr D Graham, Non-Executive Director

**In Attendance:**

Mrs P Cummings, Risk Manager (for Mrs H Buchanan)  
Ms P Fraser, Audit Scotland  
Mr T Gaskin, Chief Internal Auditor  
Ms Z Headridge, Audit Scotland  
Mr B Hudson, Regional Audit Manager  
Dr G MacIntosh, Head of Corporate Governance & Board Secretary  
Mrs M McGurk, Director of Finance

**ACTION**

**13/20 PRE-MEETING SESSION / WELCOME / APOLOGIES FOR ABSENCE**

The Committee held a pre-meeting training session, delivered by the external and internal auditors, outlining the year-end processes each undertake as part of the review of the financial statements and systems of internal control.

The Chair welcomed to the meeting Mrs Margo McGurk, Director of Finance, Ms Patricia Fraser and Ms Zoe Headridge, from Audit Scotland, and Ms Pauline Cummings, Risk Manager.

Apologies were received from Mrs Helen Buchanan and Mrs Carol Potter.

**14/20 DECLARATION OF MEMBERS' INTERESTS**

There were no declarations of interest.

**15/20 MINUTES OF PREVIOUS MEETING HELD ON 9 JANUARY 2020**

The Minutes of the previous meeting held on 9 January 2020 were approved as an accurate record.

**16/20 ACTION LIST**

Members of the Audit and Risk Committee noted that all the outstanding actions on the Committee's rolling Action List were complete, as per the update given.

## 17/20 MATTERS ARISING

### 5.1 Assurance Mapping Process

Mr Gaskin reported that the work establishing a new risk mapping process was continuing and advised that, since the last update, it had been decided to change from the Clinical Governance risk review in favour of the Information Governance Risk / eHealth risk. Work is also continuing across the four Health Boards covered by the FTF audit partnership to design the final mapping process.

It is anticipated that by June the Audit & Risk Committee should receive a timetable of work and that, informed by the review of the Information Governance risk, this would then give an indication on how long it will take to do the rest of the BAF risks. A full report should therefore be available by the end of the next financial year.

The Audit and Risk Committee **noted** the update, welcoming the work done thus far.

### 5.2 IFRS 16 Update

Mrs McGurk gave a brief update to the Audit & Risk Committee, advising that NHS Fife would adopt the new standard IFRS 16 from 1 April 2020. This had particular implications for the treatment of leases. There is no financial impact of IFRS 16 changes in the 2019/20 financial year.

The Audit and Risk Committee:

- **noted** the update on the application of the IFRS 16 accounting standard.

## 18/20 GOVERNANCE – GENERAL

### 6.1 Model Standing Orders for NHS Boards

Dr MacIntosh advised that this work was part of the national workstreams around the implementation of the NHS Scotland “Blueprint for Good Governance”. Part of the implementation process concerned the adoption of a number of model governance documentation, and the paper outlined the text of the new Model Standing Orders approved for adoption by all Health Boards.

In summary, there were a small number of amendments that will

## ACTION

require a change to current practice, and these were detailed within the report. In particular, it was recommended that:

Clause 4.9 of model Standing Orders - Draft minutes would continue to be supplied to Board meetings, in addition to approved copies of minutes from the preceding meeting. This would ensure the Board continued to have the most up-to-date information from its standing committees.

Clause 9.5 of model Standing Orders – Rather than stopping publication of papers, to reflect the updated guidance, it is proposed that Committee papers continue to be published on the NHS Fife website, but only after the Board meeting has taken place to which each Committee subsequently reports.

Members welcomed the proposal to continue the publication of papers, as an important part of the Board's commitment to be open and transparent in its business.

The Audit and Risk Committee:

- **noted** the update given in the paper on the content of the new model Standing Orders that have been prepared for adoption nationally on a 'Once for Scotland' basis;
- **noted** the anticipated changes to current Board administrative practice as detailed above; and
- **agreed** to recommend to the Board at its next meeting the adoption of the model Standing Orders, to be effective from the start of the new financial year, 1 April 2020.

### 6.2 New Meeting Paper Template for NHS Boards

Dr MacIntosh reported that this paper also formed part of the suite of work associated with implementing the NHS Scotland 'Blueprint for Good Governance', noting that a new template for Board-level meeting papers has been produced, along with accompanying guidance. The template remains based on the SBAR format that is currently in use.

The template has been shared with colleagues at the Fife H&SCP and Fife Council, with the request that (particularly for the IJB) we aim to use as similar a format as possible.

A review is also currently underway of the minute format for the Board and its committees, to ensure greater consistency between committees.

The Audit and Risk Committee:

- **approved** the meeting paper template with a view to adoption in NHS Fife at the start of the new financial year 2020/21; and
- **noted** the ongoing review of other template documentation for the Board and its committees (e.g. minute format) to align with the adoption of the new template.

### 6.3 Annual Committee Workplan 2020/21

- The Audit & Risk Committee **approved** the updated workplan for 2020/21, subject to any necessary changes being made to reflect potential scheduling alterations due to the current Coronavirus pandemic.

### 6.4 Annual Review of Committee's Terms of Reference

The Audit and Risk Committee:

- **considered and approved** the updated Terms of Reference, with the minor amendments tracked within the Committee's paper.

### 6.5 Committee Self-Assessment Report

The Chair thanked members and attendees for completing this year's questionnaire, noting the largely positive assessment of the report. It was noted that further training opportunities (as had been delivered prior to today's meeting) would take place throughout the year, and members were asked to send on any potential topics to either the Chair or Board Secretary.

The Audit & Risk Committee:

- **noted** the outcome of the Committee's recent self-assessment exercise

## 19/20 GOVERNANCE - INTERNAL AUDIT

### 7.1 Internal Audit - Progress Report

Mr Hudson reported that, as of 28 February 2020, actual progress against the 2019/20 NHS Fife plan stood at 79% complete and all work is progressing as planned. This would allow the Chief Internal Auditor to provide his opinion on the adequacy and effectiveness of internal controls at year-end.

The Audit and Risk Committee:



- **noted** the ongoing delivery of the 2019/20 NHS Fife internal audit plan.

## **7.2 Internal Audit Report – B19/20 Adverse Events**

Dr MacIntosh advised that the Medical Director was scheduled to come along and speak to this report, but, due to unforeseen circumstances related to dealing with the outbreak of the coronavirus, was not been able to attend.

Mr Hudson reported that, at the January 2020 Audit & Risk Committee, it was agreed that any audit report which is categorised as Limited Assurance or No Assurance will be reported in full to the Audit & Risk Committee. The Internal Audit review of Adverse Events – B19/20 has been categorised as Limited Assurance.

This review highlighted that the internal controls implemented by managements are not fully functioning as intended. Management has agreed to take action to fully address the issues identified.

Due to the time available for this review, audit testing did not include a review of whether actions are being implemented, but their completion is not being recorded on DATIX. A further audit review will be completed and reported on in 2020/21 to consider whether there is evidence that this applies.

On behalf of the Medical Director and Director of Nursing, Mrs Cummings advised that some of the recommendations have already been acted upon, and stated that there had been modifications made within Datix that will provide greater assurance for future audits. She added that Dr McKenna was raising some of the other fundamental issues through the Adverse Events Group and has stipulated where things will need to change. She was therefore confident that there is a full review underway providing evidence and demonstrating that actions that are being taken.

After some discussion and concerns raised by the Committee that a report that is giving only Limited Assurance could impact on the annual report opinions of both Internal Audit and External Audit, it was agreed by the Audit & Risk Committee that the audit report should be remitted to the Clinical Governance Committee, requesting a one-page position statement from them to establish what review mechanisms would be put in place to provide assurance in this area. This update should be tabled to the next Audit and Risk Committee.

**ACTION**

The Audit and Risk Committee **noted** the report and **agreed** for a one-page position statement to be requested for their next meeting.

CMcK

### **7.3 Internal Audit – Follow Up Report**

Mr Hudson reported that the appendices to this paper detailed the status of a number of overdue recommendations. Where there are any issues around progress for outstanding recommendations, in particular where no response has been received from the responsible officer, it was agreed that the Internal Auditors will liaise with the Director of Finance to escalate.

Mr Black stated that concerns has been raised at previous meetings around progress with outstanding actions and noted that this had been escalated previously.

Mrs McGurk said that she would take this query back to EDG, to raise concern on behalf of the Audit & Risk Committee that they should be getting validated information and evidence of completion of audit actions. She noted that she had general concerns about some of the dates of the outstanding actions, which were considerably out-of-date and still remained open with limited evidence of progress. Further work was also required on the follow-up process, to ensure this was timely and robust.

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

## **20/20 GOVERNANCE – External Audit**

### **8.1 Annual Accounts – Progress Update on Audit Recommendations**

Mrs McGurk reported that both internal and external audit provided a series of recommendations for the Board at year-end, with these set out in the form of Action Plans. These are attached as Appendices 1 and 2 to this paper, with updates of specific actions taken to end of February 2020.

Attention was brought to the outstanding risk relating to the Audit and Risk Committee in Appendix 2, relating to delivery of efficiency savings. Mrs Wells noted that it would be helpful to get clarification on the process on developing these outstanding risks.

Mrs McGurk said that she did a high-level presentation at the recent Finance, Performance & Resources Committee and had outlined seven or eight key workstreams that need to be established to provide detailed planning.

## ACTION

Mrs Wells said that it would be helpful to receive a report outlining the key points, with a recommendation to the Audit & Risk Committee, as the Committee members are not sure what are being asked of them as a Committee.

Mrs McGurk said that it was a very well made point and asked the Committee to note the progress made to date. However, it has been recognised that there is a significant challenge to address these issues raised in the three-year plan.

Mrs Wells asked for further work in relation to the monitoring and reporting of these outstanding actions, so that we can progress to closing off the issues. Mrs McGurk said that she would co-ordinate an improved response through the Finance team.

The Audit & Risk Committee **noted** the actions taken to date.

## 21/20 RISK

### 9.1 Board Assurance Framework (BAF)

Mrs Cummings noted that this report had followed the format for the last couple of years and draws out some key points that the Directors have selected to come to the various standing committees' attention.

Going forward, the BAF will be redeveloped in line with the proposed assurance mapping review. This would be looking to improve the level of assurance that can be taken from the report and consider appropriate content, to include the kind of questions that Committees should be asking.

After some discussion, questions were raised around the information that was being presented to the Committee, including outdated and incomplete information in some of the BAFs. It was also noted that with the ongoing Coronavirus pandemic, this will impact on a lot of the risks and will need to be reflected. The Committee also questioned the roles of each of the Standing Committees in this exercise.

Mrs McGurk advised that there needs to be clear roles in each of the individual committees around risk, and that the Audit & Risk Committee has the delegated responsibility to take a view and test the effectiveness of risk management across the organisation to be able to give an overall view of effectiveness of Risk Management to the Board. The other Governance committees have the responsibilities to discuss the reports in more detail. It was suggested that the Audit & Risk Committee should ask for a different type of report to come to this Committee, and it was agreed this should be considered.

## ACTION

Dr McIntosh suggested it would be useful to have this topic at a future Board Development Session, for all the Committee representatives to have their say and feed in to any changed format.

Mr Black asked that this to be escalated to the Board as a potential item for a future Board Development Session.

The Audit & Risk Committee **noted** the BAF.

### 9.2 Risk Management Framework / Policy

Mrs Cummings apologised to the Committee that the updated Framework had not been completed in time to come to this meeting. She advised that work was ongoing with Internal Audit to produce a draft staging report and, within that report, there is a recommendation suggesting that a project approach is taken to update the framework. This work is underway and a report will be brought to the next meeting of Audit & Risk in May and then onto the NHS Board.

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

## 22/20 OTHER

### 10.1 Issues for escalating to NHS Board

The Audit & Risk Committee agreed that the following matters are escalated to the NHS Board from this meeting agenda.

- Impact of the Coronavirus on risk
- Improvements to be made to Audit Follow Up reporting
- Board Development Session on risk reporting for all Non Executives

## 23/20 Any Other Competent Business

Mr Black advised members that this was Mrs Wells last Audit & Risk Committee meeting and he thanked all her for all her contributions over her term of membership.

## 24/20 DATE OF NEXT MEETING: Thursday 14 May 2020 at 10.00am, within the Boardroom, Staff Club, Victoria Hospital, Kirkcaldy.

**NHS FIFE CLINICAL GOVERNANCE COMMITTEE**

**(Meeting on 4 March 2020)**

The following issues are highlighted to the Board:

- **Alcohol & Drug Partnership Annual Report**  
The Committee noted the work to redesign alcohol and drug services and develop a new strategy. A new approach to the review of drug related deaths was noted. Plans to address the level of prescribing of high risk medicines were supported by the Committee.
- **Coronavirus Update**  
The Committee received a report on the up to date position both in relation to Scotland and the preparedness in Fife, bearing in mind that this is a rapidly changing situation.
- **Update from Integrated Transformation Board**  
The Committee agreed robust reporting arrangements for Transformation Project to the Committee.

# **MINUTE OF NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON WEDNESDAY 4 MARCH 2020 AT 2PM IN THE STAFF CLUB, VHK**

## **Present:**

Dr Les Bisset, Chair	Dr Chris McKenna, Medical Director
Martin Black, Non Exec Member	Carol Potter, Chief Executive
Sinead Braiden, Non Exec Member	Margaret Wells, Non Exec Member
Cllr David Graham, Non Exec Member (part)	John Stobbs, Patient Representative
Rona Laing, Non Exec Member	

## **In Attendance:**

Gemma Baxter, Paediatric Trainee Registrar (Observer)	Gillian MacIntosh, Board Secretary
Lynn Barker, Assoc Nurse Director, Health & Social Care Partnership (H&SCP)	Andy Mackay, Deputy Chief Operating Officer (Acute)
Nicky Connor, Director of Health & Social Care	Fiona MacKay, Head of Strategic Planning, Performance & Commissioning
Jim Crichton, Interim Project Management Office Director	Emma O'Keefe, Consultant in Dental Public Health
Linda Douglas, Director of Workforce	Debs Steven, Lead Pharmacist, Fife Pain Management Service
Neil Hamlet, Consultant in Public Health	Andy Verrecchia, APR Representative
Dr Helen Hellewell, Assoc Medical Director, H&SCP	Helen Woodburn, Head of Quality & Clinical Governance
Paula King, Note Taker	

## **MINUTE**

REF	ITEM	ACTION
016/20	<b>APOLOGIES FOR ABSENCE</b> Apologies were received from members Wilma Brown, Helen Buchanan, Dona Milne and Janette Owens.	
017/20	<b>DECLARATIONS OF MEMBERS' INTERESTS</b> There were no declarations of interest.	
018/20	<b>MINUTES OF PREVIOUS MEETING HELD ON 16 JANUARY 2020</b> The notes of the meeting held on 16 January 2020 were <b>approved</b> .	
019/20	<b>ACTION LIST</b> All outstanding actions were updated on the separate rolling Action List.	
020/20	<b>MATTERS ARISING</b> <b>5.1 Surgical Site Infection (SSI) Update – Obstetrics Improvement &amp; New Pathway</b> Dr McKenna spoke to the paper, which provided assurance of progress in relation to specific workstreams for Maternity and Obstetrics Improvement, noting in particular that infection rates around caesarean section SSI had stabilised and were now in	

line with national figures.

Questions were asked about the achievability of some of the timescales under bed modelling and medical workforce redesign and these were responded to.

As Chief Executive, Mrs Potter noted that she was able to view all the remarks from “Care Opinion” and many positive comments were being made about the service from patients and their families. Members welcomed the improvements made.

The Clinical Governance Committee:

- **noted** the progress made to deliver the plans;
- **noted** that the ongoing delivery and implementation of work is embedded within operational service planning;
- **agreed** that caesarean section SSI would now revert back to being reported routinely through the Integrated Performance & Quality Report (IPQR); and
- **asked** that thanks be forwarded to the General Manager - Women & Children and her team for the helpful report.

CMcK

## 5.2 Alcohol & Drug Partnership (ADP) Report – Alcohol and Drugs Service Provision in Fife

The report provided an update on ADP work to reduce alcohol and drug-related harm and deaths in Fife. The report highlighted a concerning situation across Scotland and in Fife and identified key themes that recognise the changing needs of people who use alcohol and drugs need to be reflected in service provision and delivery. A number of actions were being progressed at pace to meet the challenges as set out in the SBAR.

Routinely, the Medical Director and Nurse Director review all major/extreme incidents and through that process there is an overview of all drug-related deaths for those known to Addiction Services. It has become clear that there is a requirement to look at this in a different way and, following feedback, the team in the H&SCP is developing a new model to look at these deaths in a collective, clustered way, as well as on an individual case basis, to ensure that any themes are identified. This will enable further learning in relation to drug-related deaths.

The report generated considerable discussion, with a particular focus on the need to have a range of approaches to meet the changing demographic of the population who use drugs and alcohol. It was also important to ensure that services are commissioned and redesigned with engagement from service users. Mrs McKay confirmed that a lot of third sector

organisations have been funded to deliver services and consideration would be given as to how to take this forward with feedback from service users. It was considered helpful to that take a more co-ordinated approach and use a multi-disciplinary programme that offered support and rehabilitation until users are in a period of stability. A new strategy would be produced for approval through the Integration Joint Board (IJB); actions arising from that would be overseen by the ADP Committee, with reporting into the IJB as required, in addition to the legislative route to the Care Inspectorate.

Dr Bisset thanked Mrs Connor and Mrs McKay for detailed report.

The Clinical Governance Committee **noted** the content of the report and welcomed being updated on progress in future.

### **5.3 Drug Related Deaths Update**

The report provided an update on proposed changes to the review of Drug Related Deaths.

The Clinical Governance Committee **noted** the content of the report, highlighting that this cut across the information provided in the previous agenda item.

### **5.4 Prescribed High Risk Medicines**

The report provided an update from a Short Life Working Group recently set up as a result of the Drug Related Deaths report (considered above), which has developed some proposals to address and change the culture of prescribing High Risk Medicines, such as Gabapentinoids, Opioids and Hypnotics in Fife. It was recognised that NHS Fife is an outlier for prescribing in all three medicine groups. Therefore there is a need to change prescribing practice and take a whole system approach, to better understand how and where these medicines are used, which is critical in identifying and addressing any gaps.

In response to questions, it was noted that there are existing links with addiction services, but it is a broader issue around different groups of patients who could be taking these medicines appropriately but ineffectively managed. Pain is a complex condition and trying to get the right combination of medicines for patients is difficult; however, this can be life-changing if delivered correctly.

Dr Bisset thanked Ms Stevens for attending to speak to the item and for the comprehensive collation of the issues in the written report.



The Clinical Governance Committee:

- **noted** the current issues related to prescribing of High Risk Medicines across NHS Fife;
- **supported in principle** the need to address these issues as one of Fife's key priorities;
- **agreed support** for the proposal for a "Call to Action" event in Fife;
- **supported in principle** provision of project support to enable a "Call to Action" event and the creation of a short-life working group to lead on associated work; and
- **supported in principle** the development of a business case to ensure appropriate resource is available within the Controlled Drug Accountable Officer's team.

## 5.5 Organisational Resilience Standards Update

The paper accompanied the third self-assessment on progress made against the national Standards for Organisational Resilience, for submission to the Scottish Government Health Resilience Unit (SGHRU) by 10 April 2020, covering the period from April 2018 to March 2020. It was noted that most of the ratings in the self-assessment were going in a positive direction and there was a substantive reason for those that had dropped/changed since the last review. Members were reassured that areas were being considered in a more comprehensive way.

The Clinical Governance Committee **noted** and **approved** the report for onward submission to SGHRU.

## 021/20 REQUESTED REPORTS

### 6.1 Coronavirus Update

Dr Hamlet provided an update on the Coronavirus, as of 3 March 2020, detailing the number of confirmed cases globally, and in particular in the UK and Scotland. Also provided was a summary of the NHS Fife response to the current situation. A UK Coronavirus Action Plan has been issued and work is underway to ensure that Fife's local action plan fits with the UK plan. From 9 March a move to drive-by testing will be implemented. The H&SCP control team is also in place, meeting on a weekly basis and linking with key stakeholders. Thanks were paid to Esther Curnock and her team who are leading on the arrangements in Fife.

Dr McKenna thanked everyone for the work going on across the organisation and noted that he was assured that there is a robust process for admission to hospital, should that be required. NHS Fife is one of the only District General Hospitals in the country with a fully-functioning suite of negative pressure rooms and has excellent local expertise in place through the

infectious disease consultants, one of whom is an expert in world pandemic type illnesses.

It was noted that the weekly “Grand Round” was extremely well attended this week, with an excellent presentation on Coronavirus by Health Protection, Infection Control, Infection Diseases and Microbiology.

The Clinical Governance Committee **noted** the update and was reassured that NHS Fife is doing everything possible to co-ordinate how to deal with the outbreak. As part of the assurance provided, Mrs Potter added that the Executive Directors’ Group receive regular updates on the situation and was taking time out at its forthcoming meeting on 16 March 2020 to consider resilience and business continuity plans that are in place.

## 6.2 NHS Fife Digital and Information Strategy

Dr McKenna presented the Digital and Information Strategy 2019-24, which had been widely consulted on and approved by the eHealth Board. The eHealth Board would monitor actions arising from the strategy and progress in its delivery would be overseen by the Clinical Governance Committee.

Mrs Potter advised that EDG had recently discussed the document and a few minor tweaks around language had been made since this version was circulated. The final version would be circulated to Members.

**CMck**

The Clinical Governance Committee **noted** completion of the Digital and Information Strategy 2019-24 and **supported** its delivery.

## 022/20 TRANSFORMATION / REDESIGN / CLINICAL STRATEGY

### 7.1 Update from Integrated Transformation Board (ITB)

The paper summarised progress to date on the work of the ITB and clarified the proposed future consultation and reporting process in relation to the Clinical Governance Committee. Discussion was had as to the potential options for reporting to the Board.

As the new Chief Executive, Mrs Potter highlighted that she would take time to reflect further on the membership of the ITB and give consideration as to how the Stage and Gate process fits in with the requirements around the Scottish Government Capital Investment process and the Board’s own governance processes, to ensure these linked together as appropriate.

The Clinical Governance Committee:

- **noted** progress on support for the transformation

- programme;
- **approved** the proposed engagement cycle as set out in the Stage and Gate process, bearing in mind any tweaks to be made following further consideration by the Chief Executive;
- **agreed** a reporting arrangement whereby the Committee would receive Initial Agreement documents, sight of the Business Case before sign off, implementation reports by exception, with a final report at the end of a project; and
- **requested** a verbal update to the next Clinical Governance Committee from the March 2020 ITB meeting.

JC

## 7.2 Acute Transformation

Mr Mackay advised that thus far work on acute transformation has been mainly operational across four workstreams. The Acute Transformation Programme Committee has agreed to hold a reset scoping exercise on 17 March 2020, with representatives from Health & Social Care, to look across the whole system and open up discussion on how to do things differently across both teams. It was the ambition to transform services, with a focus on two key areas: the front door and how patients access services, particularly outpatient services.

Dr McKenna added that changing from four workstreams to two main areas of transformation, taking a whole system approach, will allow NHS Fife to define its strategy for Acute Services. To support this work, each of the two strands will have an executive sponsor to provide executive oversight and assurance that these will be the priorities for NHS Fife moving forward.

The Clinical Governance Committee **agreed** with the direction of travel and **noted** the update.

## 7.3 Community Hospital Redesign

Mrs Connor gave an update on Community Hospital Redesign, which was one of three priority areas of the Joined Up Care Strategy. The proposed initial phase of the plan focused on Glenrothes and Queen Margaret Hospitals, which had been discussed at the last ITB, and feedback was currently being taken on board. Initial Agreement Documents (IADs) for Glenrothes and Queen Margaret Hospitals had been prepared based on the original strategy, but further work needs to be brought forward as to how this is expanded beyond phase 1 and 2, to support a broader bed based model.

Dr McKenna emphasised the need to progress the redesign of community hospitals and was aware of the real desire of consultant colleagues to move to a different model of working. He offered his support to helping to move it forward. Mrs

Connor was concerned at the lack of a strategy for all bed based models and was aware that to make decisions at this stage could have unintended consequences; however, not progressing with it could lead to business continuity issues. The need to balance how to fulfil the strategic direction required, with the right participation and engagement, was challenging, particularly whilst progressing a programme that has been in discussion for some years.

The Clinical Governance Committee:

- **agreed** that the IADs for Glenrothes and Queen Margaret Hospitals be submitted to the next Clinical Governance Committee, together with the original strategy document and a timeline for developing further; and
- **agreed** that an additional meeting of the Committee could be convened, if required, to help accelerate the programme noting the Committee's responsibility to be able to reassure itself and the Board that there are unlikely to be any unintended consequences with moving forward with the IADs but having the option to change this once the full strategy is available.

NC

#### 7.4 Clinical Strategy Update

Given the changes that have taken place over the last year in terms of governance and oversight, the paper set out a proposal to review the existing Clinical Strategy, published in October 2016, and a proposed timetable that aimed to submit the revised Clinical Strategy to the November 2020 Board meeting.

The Clinical Governance Committee **noted** the review of the Clinical Strategy and the associated timetable to deliver the Clinical Strategy 2021-26, in particular that a update paper will be submitted to the May 2020 Clinical Governance Committee.

SF

### 023/20 QUALITY, PLANNING AND PERFORMANCE

#### 8.1 Integrated Performance and Quality Report (IPQR)

Areas of improved performance in relation to Caesarean Section SSI, In-Patient Falls, SABs and ECB CAUTIs were highlighted. Further detail on the rise in C.Diff (HAI/HCAI) cases acquired due to a healthcare intervention in the community would be submitted to the next meeting. Dr McKenna would check the figures as the number was different to that reported in the HAIRT report.

LBa  
CMcK

Challenges remained around Complaints (Stage 2) and Pressure Ulcers. Mrs Barker would arrange for Mr Black to meet with the Director of Nursing on issues in relation to performance in meeting the Complaints (Stage 2) target. Whilst there have been staffing issues within the Patient Relations

LBa

team, it is a complex process and Mrs Potter assured the Committee that as Chief Executive she signed all complaint letters on behalf of the organisation and would seek to improve performance.

The Committee was advised of a potential change in the trend of major/extreme adverse event numbers due to a drive towards national standardisation of reporting following comprehensive work by Healthcare Improvement Scotland. This was expected to lead to NHS Fife reclassifying what is reported. Any changes would be reported through the Committee.

The Clinical Governance Committee **noted** the content of the report, with specific focus on the measures and performance relevant to Clinical Governance.

## 8.2 Winter Performance Report

The report covered the period 6 January to 2 February 2020 and provided an update on key performance metrics and actions agreed within the Winter Plan. Whilst the position remained challenging, good team working across the system continued and weekly winter review meetings were helpful in identifying issues and being able to divert resources accordingly. Significant learning was being taken on board about how to approach planning for 2020/21.

Sustainability of the acute hospitals is a priority and capacity is being reviewed across all hospitals and care settings. Teams continued to be pressured in relation to the rise in attendances at A&E and the acuity of patients presenting. Although performance for the 4 hour emergency access target was not where we would want it to be, elective performance is being maintained, with very few hospital initiated cancellation of patients. Work is underway to analyse what is driving the rising attendance in A&E, which is being seen nationally across all Boards in Scotland.

Questions were asked in relation to specific figures in the report and these would be checked and responded to. Feedback on how information is presented in the report will also be taken on board.

Dr McKenna emphasised the importance of recognising that this has been a difficult winter and could be made more difficult if there was a move to a pandemic situation with Coronavirus. He assured members that there is good team working across the system and people are well placed to make good decisions in the current environment.

The Clinical Governance Committee **discussed** the Winter

Report 2019/20 and **noted** its contents.

## 024/20 GOVERNANCE

### 9.1 Review of Fife Health & Social Care Integration Scheme

Mrs Connor reported that a review of the Integration Scheme is underway, with a deadline to be completed by end of March 2020. A Stakeholder Group has been established, with representatives from both NHS Fife and Fife Council, and it has been agreed there will be no changes to the delegated services. A review of the full document has taken place and there are two outstanding matters in relation to content around the risk share agreement and clinical and care governance reporting structures. A meeting was scheduled with Chief Executives' on 5 March 2020 about how to seek resolution. The Chair has helpfully proposed to hold a special meeting if required in order to conclude in the timeframe available for reporting to the Board at the end of March and the appropriate Fife Council meeting thereafter.

It was highlighted that a level of consultation is necessary as a requirement of legislation, but this is proportionate to the level of change.

The Clinical Governance Committee **noted** the verbal report.

### 9.2 Board Assurance Framework (BAF) – Quality and Safety

The report provided an update to the Committee on Quality & Safety and Dr McKenna outlined the changes to linked operational risks. Further detail on Risks 1652 and 1670 would be provided to the next Committee meeting. Mrs Wells suggested that Risk 1652 linked into Looked After Children and included a role about adoption and fostering panels. She requested that the broad responsibilities and impact of that be addressed in the detail to the next meeting.

CMcK

The Clinical Governance Committee **noted** the changes at this stage and would receive further detail on Risks 1652 and 1670 at its next meeting.

### 9.3 Board Assurance Framework – Strategic Planning

The report provided an update on Strategic Planning risks.

The Clinical Governance Committee **approved** the current position in relation to the Strategic Planning risk.

### 9.4 Board Assurance Framework – eHealth

The report provided an update on eHealth, which was largely unchanged since the last report on 16 January 2020. The eHealth BAF is presently being reviewed as part of a risk assurance mapping process and an update is being provided



on this to the Audit & Risk Committee on 13 January 2020.

The Clinical Governance Committee **approved** the update.

#### 9.5 eHealth Governance Review

The Chair highlighted that aspects of the paper were still under discussion, given recent personnel changes, recognising that the governance arrangements need to be changed.

The Clinical Governance Committee **noted** progress and **agreed** to receive a further paper to the next meeting.

**CMcK**

#### 9.6 Committee Self Assessment Report

Dr MacIntosh introduced the paper, which provided the outcome of this year's self-assessment exercise for the Committee. She thanked everyone who completed the self assessment, noting there had been a 100% response rate. The main learning points were outlined in the paper and work was ongoing address areas identified for ongoing improvement.

The Clinical Governance Committee:

- **noted** the outcome of the Committee's recent self-assessment exercise, as detailed in the paper; and
- **asked** that members forward suggestions for subject specific training opportunities to Dr MacIntosh, to be delivered at the proposed Committee Development Sessions to be held over the next year.

Cllr Graham left the meeting at 4:30 pm.

#### 9.7 Review of Committee's Terms of Reference

It was noted that the Clinical Governance Committee Terms of Reference had been reviewed and changes were tracked for Members' agreement.

The Clinical Governance Committee:

- **considered** the updated Terms of Reference; and
- **approved** a final version for submission to the Audit & Risk Committee, subject to a minor amendment around the title of the Chief Operating Officer.

**GMaCl**

#### 9.8 Annual Workplan 2020/21

The Annual Workplan 2020/21 was presented to the Committee. Mrs Potter stated that some of the lead Directors for various reports would need to be amended and she would pick this up directly with Dr McKenna / Mrs Woodburn.

**CP**

Subject to these corrections being made, the Clinical



Governance Committee **approved** the workplan for 2020/21.

### 9.9 Annual Accounts – Progress Update on Audit Recommendations

The report provided an overview of the recommendations emerging from both the Internal Audit Annual Report and the Audit Scotland Annual Report for 2018/19, and the resultant actions progressed to date.

The Clinical Governance Committee **noted** the actions taken to date, particularly in relation to the recommendations related to areas under its remit.

### 9.10 HAIRT Report

The Clinical Governance Committee **noted** the key areas of Healthcare Associated Infections performance up to 5 February 2020, noting that a number of areas had already been discussed under other items on the agenda.

## 025/20 LINKED COMMITTEE MINUTES

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

**10.1** Acute Services Division Clinical Governance Committee – to be c/f May 2020

**10.2** Area Clinical Forum – 6 February 2020

**10.3** Area Drugs & Therapeutics Committee (ADTC) – to be c/f May 2020

**10.4** H&SCP Clinical and Care Governance Committee – 8 November 2019 and 10 January 2020

Mrs Braiden asked about the upward trend in the rate of restraints within Mental Health and it was agreed she would pick up with Dr Hellewell/Ms Barker outwith the meeting.

**SB**

**10.5** Clinical Governance Oversight Group – 23 January 2020

**10.6** Fife Research Governance Group – 9 January 2020

**10.7** Integrated Joint Board (IJB) – 6 December 2019

**10.8** Infection Control Committee – 5 February 2020

**10.9** Radiation Protection Committee – 15 October 2019

**10.11** eHealth Board – 21 January 2020

**10.12** Information Governance and Security Group - 16 January 2020

**10.13** Integrated Transformation Board – 19 November 2019 & 13 February 2020

**10.14** Health & Safety Sub Committee – 13 December 2019

## 026/20 ITEMS FOR NOTING

### 11.1 CMO Taskforce Board Specific Update Report

Dr McKenna referred to the summary report, which reflected the current level of progress being made in NHS Fife following recommendations set by the CMO Taskforce on Improving Services for Adults, Children or Young People who

have experienced Rape, or Sexual Assault or Child Sexual Abuse in Scotland. The report is positive for Fife and shows the excellent work being progressed within these areas.

The Clinical Governance Committee **noted** the findings of the report.

**027/20 ISSUES TO BE HIGHLIGHTED TO THE BOARD**

**12.1 To the Board in the IPQR and Chair's Comments**

The following issues would be highlighted to the Board:

- Alcohol & Drug Partnership Annual Report;
- Coronavirus Update; and
- Update from Integrated Transformation Board

**028/20 AOCB**

None.

**029/20 DATE OF NEXT MEETING**

Thursday 7 May 2020 at 2pm in Staff Club, VHK

The Finance, Performance & Resources Committee

<p><b>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</b></p> <p><b>(Meeting on 10 March 2020)</b></p>
<p>No issues to be highlighted/escalated to the Board.</p>

**MINUTES OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE  
MEETING HELD ON 10 MARCH 2020 AT 9:30AM IN THE BOARDROOM, STAFF  
CLUB, VICTORIA HOSPITAL, KIRKCALDY.**

**RONA LAING**

Chair

**Present:**

Ms R Laing, Non-Executive Director **(Chair)**

Dr L Bisset, Non-Executive Director

Mrs W Brown, Employee Director

Ms H Buchanan, Director of Nursing

Mr E Clarke, Non-Executive Director

Mrs M McGurk, Director of Finance

Mr A Morris, Non-Executive Director

Ms J Owens, Non-Executive Director

Mrs C Potter, Chief Executive

**In Attendance:**

Mr A Fairgrieve, Director of Estates, Facilities & Capital Services

Mr S Garden, Director of Pharmacy

Ms M Olsen, Interim Chief Operating Officer

Dr G MacIntosh, Head of Corporate Governance & Board Secretary

Mrs R Robertson, Deputy Director of Finance

Miss L Stewart, PA to the Director of Finance (minutes)

**27/20 1. Apologies for Absence**

Apologies were received from members Dona Milne, Director of Public Health, Dr Chris McKenna, Medical Director, and routine attendee Nicky Connor, Director of H&SCP (Claire Dobson was attending this meeting on her behalf).

**28/20 2. Declaration of Members' Interests**

There were no declarations of members' interest.

**29/20 3. Minutes of the last Meeting held on 14 January 2020**

The minute of the last meeting was **agreed** as an accurate record, subject to the addition of Wilma Brown's apologies as given and the removal of the text 'They are looking ... at the front door' from pp.6-7.

## **30/20      4. Action List**

The Chair reviewed the action list and highlighted those that were not otherwise covered in the meeting agenda.

The Chair recognised that Action 133, relating to Kincardine and Lochgelly Health Centres, was still awaiting dates for expected reporting. Mrs Claire Dobson advised the Committee that the H&SCP have started work on the Outline Business Case; however, this will not be expected to be ready until later in the year. They have recommenced the Project Team and Project Board, and have also identified project management resource. The Chair confirmed this will remain on the Action List at present and further updates will follow.

The Chair asked for an update on Action 137, relating to the work of the Scottish Access Collaborative, and queried who is taking forward the action of organising a Development Session for the Board. It was agreed that Mrs Carol Potter will take this action forward, with Ms Susan Fraser and Ms Morag Olsen.

## **5. MATTERS ARISING**

### **31/20      5.1. Stratheden IPCU – Smoking Area Update**

The Chair invited Mrs Claire Dobson, in Mrs N Connor's absence, to present the update to the Committee on the Stratheden IPCU.

Mrs Claire Dobson advised that the Mental Health Team are working towards making Stratheden a Smoke-Free Site, and that several actions are underway. The team have reviewed the Nicotine Replacement Therapy materials on the ward with Pharmacy colleagues; the QI team are compiling a report which details staff feedback; training and promotional material is available to staff; and Outpatient and Inpatient pathways have been developed for people who wish to stop smoking. Smoking status is also now recorded on admission, to target and identify people who wish to stop smoking. Discussions are taking place around non-compliance and these incidents will require to be logged on Datix.

Questions were raised concerning whether these actions should be rolled out across all sites within NHS Fife and if it would replace the original plan to create a designated smoking area within the IPCU facility. Mrs Helen Buchanan confirmed that, if becoming Smoke-Free is a national policy initiative, it will be implemented across all sites, and the assumption is that the work will start in Stratheden due to the issues they have had there. This would therefore replace the original plan to create a designated smoking area. Further consultation is ongoing about how Smoke-Free sites would be rolled out further across NHS grounds, and this would be considered further by the Clinical Governance Committee.

The Chair asked for a written report to be submitted in May 2020 detailing the smoke-free support activities that are being developed and this was agreed. The Committee were advised that this also will form part of the Mental Health Review, which is also under discussion in Clinical Governance.

## **32/20 5.2. General Policies & Procedures Update**

Dr Gillian MacIntosh presented the verbal update that the Committee requested on General Policies and Procedures, and it was advised that the Committee will receive a written report in May 2020 on the status on the policy review work.

Dr MacIntosh explained that, following the actions from the previous Committee, she attended a demonstration of the qPulse system under discussion by eHealth for purchase. It was agreed that this system would do the same job as the Pentana System which was in place in Forth Valley; however, at current costing, this was too expensive for many individual services and might need to be reconsidered at the organisational level.

In the meantime, work is ongoing with Mr Andy Fairgrieve and his team in Estates to develop a more streamlined approval process for policies. It is proposed to have Directorate sign-off at a lower level for many of the existing policies, and have a smaller group of around 20 overarching policies to be approved at EDG/Board level, which should make the process easier to manage and more timely. Further detail would be provided to the Committee in May.

Mr Scott Garden noted that improving the manual process in place is good and he would be supportive, but the best efficiency could be achieved through utilising an electronic system. It was agreed that easy access to electronic data for Clinical Guidance is important, for staff working in patient-facing roles, and it would be beneficial if the publication of policies could be looked at as part of this work.

## **6. GOVERNANCE**

### **33/20 6.1. Board Assurance Framework – Financial Sustainability**

Mrs Margo McGurk presented the report, which provided an update to the Committee on Financial Sustainability.

Mrs McGurk highlighted a concern to the Committee as to whether the expected financial position this year, and the challenges faced going into next year, should be identified as a risk or in fact an issue. Throughout the report there is a significant focus on funding for the next financial year; however, this should be expanded to include effective resource allocation. The report highlights that a detailed savings plan has been developed particularly for Acute, however there is still a lot of work that required to be done around this. It was felt that a review of the risk description may be useful for next year, to take forward how to mitigate the risk for the next financial year.

The Chair advised that though this is the current process and the descriptions have been developed through Board Development sessions, there should be an opportunity moving forward to review all factors and indicators to ensure the BAF remains up-to-date and relevant.

It was observed by members that the actions within the report are not given specific timeframes and the report does need to be more closely monitored with

more milestones in place. It was felt that this would make the action to date more clear. The report also identifies that the Board is looking for funding next year to recover what was missed this year; however, more detail would be required on that to give some reassurance.

Mrs McGurk advised that, in the Private Session, she is aiming to take the Board through some sharpening tactics, which can be put into place this Financial Year with support in principle from the Committee.

The Chair confirmed that the next review of this risk is April 2020; however, she asked that, given the current situation, especially with the impact of Coronavirus, this date will be brought forward if required.

It was agreed that there would be the opportunity to review this earlier if thought necessary.

The Chair **approved** the update on Financial Sustainability.

#### **34/20 6.2. Board Assurance Framework – Strategic Planning**

Mrs Carol Potter presented the report to the Committee on Strategic Planning.

It was reported that a detailed discussion took place at Clinical Governance on this particular BAF. More planning will be done regarding the Project Management Office transformation and there is an ASD Transformation Scoping Event happening on 17 March for forward planning. This remains a live and active discussion at this time.

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

#### **35/20 6.3. Board Assurance Framework – Environmental Sustainability**

Mr Andy Fairgrieve presented the report to the committee on Environmental Sustainability, and it was advised that there had been no major update since the last iteration

Work continues on the operational risk related to the flexible hoses within the PFI site, and once this work is complete the risk will reduce.

The Committee **approved** the update.

#### **36/20 6.4. Review of Committee's Terms of Reference**

Dr Gillian MacIntosh presented the report to the Committee and advised that this is a standard paper at this time of year. There are only a few minor updates to bring to members' attention, as it was identified that some wording was not following the current practice.

Mrs Carol Potter advised that in Section 2.3, Chief Operating Officer should be



amended to Director of Acute Services. This title is currently in the process of being updated and they will be going out to advert shortly for the new incumbent, so it should be captured at this point. It was also agreed that the Director of Pharmacy & Medicines should also be included within the Terms of Reference as a regular attendee.

Mr Eugene Clarke highlighted that there are some minor differences between each Committee's Terms of Reference wording and felt it would be beneficial to have these standardised, i.e. in Section 4 the wording is different in relation to who would chair the Committee in the absence of the Chair. It was identified that some committees may be different, due to the different categories of memberships within each committee, and thus some terms of reference may require to be more specific.

Mrs Margo McGurk advised that, from her experience, only Non-Executives would form the membership of governance committees. Dr Les Bisset explained that it was agreed previously that if the Executive Directors were full members of the Health Board, they should be a member of any committees they are involved in.

Mrs Carol Potter noted that standardised Terms of Reference were part of the national workstream aligned to the adoption of the Blueprint for Good Governance and further work would be issued on this in due course.

The Committee **considered** the updated Terms of Reference and **approved** the final version for submission to the Audit & Risk Committee, with the intention that further review is undertaken when the conclusions of the national work is released.

## **37/20     6.5. Committee Self-Assessment Report**

Dr Gillian MacIntosh presented the report to the Committee and thanked members for completing the questionnaire, noting the 100% response rate. It was highlighted that the comments given have been useful and some areas would be picked up through additional training for committee members outwith the normal meeting. Development sessions would be helpful to enhance the opportunities available for training and these would be scheduled to occur at least twice per year. Dr Gillian MacIntosh will work with Mrs Margo McGurk to identify topics for these, with the first suggestion proposed to be further information on national funding streams (timing, impact etc.).

It was highlighted that comments had been received on the relevance of data within the reports submitted to the committees, and it is expected that the new paper template will help make the data presented more clear and concise. A new minute template is also being worked on.

The Chair thanked the Committee and commented that it was a good self assessment. Dr Gillian MacIntosh advised that, in relation to training, there are online training sessions available to Non Executives, as part of the national Board Development work, but these links can be shared more widely as the available information would be valuable to all attendees.

The Committee **noted** the update and **agreed** that bi-annual training events should be organised.

#### **38/20 6.6. Annual Workplan 2020/21**

Dr Gillian MacIntosh presented the Annual Workplan 2020/21 to the Committee, advising that the only change was to remove the standing item on Brexit.

The Committee **approved** the updated workplan for 2020/21.

#### **39/20 6.7 Annual Accounts – Progress Update on Audit Recommendations**

Mrs Margo McGurk presented the report to the Committee. It was highlighted that throughout the report there are several actions still outstanding. Time will be taken to understand why and sharpen up the process to ensure completion.

Work is being undertaken on some actions and last week a small group of individuals met to discuss the Year-End Process and agreed sharing of responsibility on this.

Questions are to be raised on some actions i.e. Number 19, this responsibility currently sits with the Chief Operating Officer, however this possibly should be looked at as an EDG action overall.

Mrs Margo McGurk asked the Committee for some time to go through the outstanding actions and have the opportunity to report back. The Chair also advised that some elements of the report will be picked up in other committees.

The Committee **noted** the actions to date.

### **7. PLANNING**

#### **40/20 7.1. Orthopaedic Elective Project**

Mr Alan Wilson introduced the report on the Orthopaedic Elective Project, detailing that currently everything is on plan. The final business case will be submitted to the Scottish Capital Investment Group by September 2020. The Outline Business Case has been granted verbal approval; however, NHS Fife are awaiting the written confirmation, and this should be received by the next meeting. The Scottish Government Financial Allocation Letter has been received and this project is detailed on it.

Moving forward, the next step is for approval of the room layouts. There have been a couple of stages to this, involving discussions and amendments, and it is hoped that at the next meeting they have these can be approved.

As part of the pre-planning application Public Engagement Sessions were required to be held. These took place last month. Attendance at these events was limited, however this has allowed us to move forward with the planning application. The only further comment from the planners was that additional car

parking was required. Space for car parking was originally sourced at Whyteman's Brae, though this required the removal trees so the planners were not supportive as it was a heritage area. New areas on site were sourced in another area at Whyteman's Brae and at Phase 3 near the Co-Operative, which should have been made into a car park during the build of Phase 3.

The Elective Centre Programme Board chaired by Paul Hawkins and John Connaghan have requested a letter is sent to them detailing the robust plans that are in place to give assurance on the governance of the project, and this is due within the next three weeks.

Two new stages have been introduced into the SKIM process for the Centre of Excellence, though it is expected that this will not delay the process.

The Committee **noted** the paper and the update provided.

## **8. PERFORMANCE**

### **41/20 8.1. Integrated Performance & Quality Report**

Ms Morag Olsen was invited to present the paper to the Committee and provide an update on Acute Services performance.

It was highlighted that the 4 hour access target at the time of reporting in December 2019 was sitting at 88% against the 95% target. Performance has not been consistent day-to-day between January to March, and some days have been over 95% and the lowest has been 65%. There have been fluctuations in the number of attendees within the Emergency Department and therefore the ongoing referral into the hospital.

The Acute team have been holding rapid improvement events, particularly around AU1, which seems to be the pinch point, and there is ongoing work being undertaken through the Transformation Programme. Mrs Helen Buchanan will be leading on 'Front Door Through', which will look at the way patients flow through the Acute process.

The Committee were referred to the Outpatients TTG figures from December 2019 within the report. Time has been taken to understand the position of the Board and whether they expect to meet the delivery of the Government's 12 week plans; at this time the projected end of March position is 160 patients against the plan of 172. TTG end of March position is 104 took place against planned 281. The team asked to note the 45 positions that did not transfer to the private sector, which could not be taken forward. Questions required to be raised about how this can be managed going forward. Very few electives have been cancelled during this winter period; this is only due to access to critical care beds. The end of March 2020 does look more positive due to achieving additional in-sourced capacity and the decision to move waiting list initiative work to in-week elective activity. Within TTG Orthopaedic Surgery and General Surgery are the biggest risk.

It was queried that £8.3 million additional funding was received to deliver the 12 week figure; however it looks as though only £6.7 million has been allocated. Within the AOP we have looked at what additional work is required to help achieve the figure.

Questions were raised on why NHS Fife is comparing their most up-to-date figures for national benchmarking against the Scottish Government September figures. It was advised that these were the most up-to-date validated figures held.

Questions were raised on delayed discharges, as Fife has fewer beds to the population than anywhere else, thus our figure will always be high for occupied bed days. It may be easier to compare this on population. Ms Claire Dobson advised that this will be fed back to the national discharge group.

Ms Claire Dobson was invited to present to the Committee and provide an update on H&SCP.

It was highlighted that delay is a priority area of focus. The Government wrote to the partnership in January 2020 to ask them to focus on system-wide issues. These are PVG clearance, Care inspectorate legislation and length of stay of those awaiting appointment of welfare guardian. They have asked for local actions, which include care at home and improving capacity, which is challenging. They are focusing on how they work with providers and sharpen their in-house capacity. Work has been done around intermediate care and having early conversations with families around patient pathways.

Due to Covid-19, they have been asked by the Government how they will reduce bed capacity. They are working with providers to work out how to cope with this demand and facilitate the discharge of as many patients as possible.

The Committee were advised that in terms of Smoking Cessation the data highlights progress to 90.7%.

CAHMS performance was presented at the last meeting, and they are continuing to priorities waiting lists for time to access treatment. They are working on a business case which will be submitted to EDG in the coming weeks and further updates will then follow.

Questions were raised on delayed discharge, as the report highlighted the Moving On policy was still to be signed off; it was asked what impact this policy would have. It was advised this policy was about having the right conversation at the correct time and would be helpful with families who are struggling. This should be signed off at the next SLT meeting on Monday 16 March.

Mrs Margo McGurk was invited to present the paper, which provided an update to the Committee on the financial position to the end of January 2020. The Committee were referred to page 28, which provides narrative to the position at that date which highlights an overspend of £5.2 million.

Page 33 details the full year forecast at the time the report was written, giving a best case figure of £4.8 million overspend with the underpinning assumption that there would be a level of support from the Scottish Government to bring this to balance at the year-end based on the optimistic figures.

It was highlighted to the Committee that it is the Board's statutory requirement to reach balance and breach of this could lead to significant scrutiny and attention. One of the main focus has been understanding the year-end position and how this might be balanced. This will be achieved through a combination of a level of additional support from the Scottish Government for a number of specific pressures but also from a forensic review of the financial position and forecast outturn. The next report will narrate that position in more detail. It was important that the organisation must commit to achieve this.

It was clarified through questions from the Committee that this balanced figure will not impact clinical performance and will incorporate the full risk share figure.

The committee **noted** the report.

## **43/20      8.2 Winter Performance Report**

Ms Claire Dobson was invited to provide the Committee with an update on the report for the period 6 January to 2 February.

It was highlighted that the team have taken on board feedback from the last Committee to amend the data to show figures rather than percentages to make it clearer.

It was noted that it has been challenging across Winter, and the Hub has seen a 60% increase in referrals that helps to support people being discharged. Instability in the care at home market has been challenging, which has caused significant delays and can lead to patients being in the wrong place. They have reviewed all care visits and are working closely with Acute to review the data. They will be planning for the next winter, taking a lot of learning from this year.

Ms Morag Olsen added that the two teams have been working extremely together well, which has made a big difference. There are ongoing discussions around acute bed modelling, which will roll into next year.

There is a focus on recruitment, in particular nursing, as staffing has been critical at times, which has caused concern.

The Chair identified that the performance was not great this year. It was explained that this was partly due to not being able to place as many people in long-term nursing or residential care as compared to previous years. They will review this going forward.

The Chair questioned if there have been difficulties to the roll out of Total Mobile and if this is being looked into by the H&SCP. It was identified that this was a challenge and they have done some work on this in terms of short- and medium-term planning and the sustainability of this vital service.

Members noted that Winter does happen every year, however there seems to be a pause waiting to see how much funding is being allocated. Next year, the planning requires to be done differently and much earlier. It is part of the Annual Operational Plan, so cannot now be seen as a different thing. There needs to be an emphasis on recruiting earlier to allow staff to be in place for the winter period.

The Committee **discussed** the report and **noted** its conclusions.

## **9. ITEMS FOR NOTING**

### **44/20 9.1. Minute of IJB Finance & Performance Committee, dated 11 February 2020**

The Committee **noted** the minute.

### **45/20 9.2. Minute of Pharmacy Practice Committee, dated 10 December 2019**

The Committee **noted** the minute.

## **10. ISSUES TO BE ESCALATED**

### **46/20 10.1. To the Board in the IPR & Chair's Comments**

The Committee agreed there were no particular issues to be escalated.

### **47/20 11. Any Other Business**

None.

Date of Next Meeting: **12 May 2020** at 9:30am, in the Boardroom, Staff Club, Victoria Hospital

**MINUTES OF THE STAFF GOVERNANCE COMMITTEE HELD ON FRIDAY 6<sup>TH</sup>  
MARCH 2020 AT 10:00AM IN THE STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY**

**Present:**

Margaret Wells, Non Executive Director (**Chairperson**)  
Eugene Clarke, Non Executive Director  
Wilma Brown, Employee Director  
Christina Cooper, Non Executive Director  
Alistair Morris, Non Executive Director  
Andy Verrecchia, Co-Chair, Acute Services Division LPF  
Simon Fevre, Co-Chair, Health & Social Care LPF

**In Attendance:**

Bruce Anderson, Head of Staff Governance  
Andy Mackay, Deputy Chief Operating Officer (deputising for Morag Olsen, COO, Acute Services)  
Claire Dobson, Title needed (deputising for Nicky Connor, Director of Health & Social Care)  
Gillian MacIntosh, Head of Corporate Governance & Board Secretary  
Mairead MacLennan, BMS Professional Manager (Quality & Training)  
Helen Bailey, PA to Director of Workforce (minute taker)

<b>NO.</b>	<b>HEADING</b>	<b>ACTION</b>
<b>15/20</b>	<b>CHAIRPERSON'S WELCOME AND OPENING REMARKS</b>	
	The Chair welcomed everyone, in particular Dr Mairead MacLennan and introductions were made round the table.	
	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>16/20</b>	<b>APOLOGIES FOR ABSENCE</b>	
	Apologies were received from members Carol Potter, Nicky Connor (Claire Dobson was deputising), Helen Buchanan, Morag Olsen (Andy Mackay was deputising), Rhona Waugh	
<b>17/20</b>	<b>DECLARATION OF MEMBERS' INTERESTS</b>	
	None.	

**18/20      DEVELOPMENT PRESENTATION: RESILIENCE**

Dr Mairead MacLennan, BMS Professional Manager, Quality and Training, gave a presentation on Personal and Team Resilience and discussed the outcome of some resilience training and its impact upon her department's working. The Chair thanked Dr MacLennan for the useful update. The presentation will be circulated.

**HB**

**19/20      MINUTES OF PREVIOUS MEETING HELD ON 17 JANUARY 2020**

Simon Fevre requested correction of typo on Page 4, near end of page, change Mrs Fevre to Mr Fevre.

**HB**

With the above correction the minutes were **approved**.

**20/20      ACTION LIST**

The Chair reported that all actions are completed or otherwise covered on the agenda.

**21/20      MATTERS ARISING**

None.

**22/20      GOVERNANCE**

**22.1 Board Assurance Framework (BAF)–Staff Governance Risks**

The Chair requested that the usual covering SBAR accompanying the BAF paper in future should highlight any issues, changes or new risks. Linda Douglas stated this will be provided at future meetings and reported no significant changes to the BAF. Linda Douglas reported that she had a very helpful session on risks with Yvonne Chapman and work progresses on bringing back a more comprehensive report in terms of workforce risks.

The Chair and Alastair Morris asked for clarification of connected risks being discussed at several governance committees and where ownership sat. Linda Douglas stated the ongoing work is looking at connectedness where required and the session will help to mitigate and map this.

The Committee **noted** the content, **approved** the risk ratings of the BAF and **noted** the further work being undertaken to look at risks.

**22.2 Review of Committee's Terms of Reference**

Gillian MacIntosh gave an update on the ongoing national review



taking place on Terms of Reference and stated that the terms were here for members to consider and approve, as part of the year-end process. Simon Fevre stated that his previous position remains that he would not approve the Terms of Reference as they currently stand with regards to the subject of nominated deputies for non executives.

Eugene Clarke asked for clarification at 4.2 of the wording regarding the nomination of a member in the absence of a chair and suggested it be more specific regarding it being a non executive member. The Chair stated this is being reviewed by Scottish Government as a standard document and Gillian MacIntosh clarified she will look at these points and reiterated this is part of a suite of documents being looked at nationally.

Wilma Brown stated it is also difficult releasing staff side staff members to be nominated deputies to attend this meeting. The Chair stated she understood that but stressed the importance of staff side representation at this meeting, which the current wording of the remit sought to ensure.

The Chair stated it was important to make sure the committee was functional and membership remained as consistent as possible and to ensure staff side representation is enabled as much as possible

The Chair noted that the majority of the Committee agreed the Terms of Reference but noted that Staff Side members do not agree with the inclusion of Section 2.2 and requested it be removed because of the difficulty in practically fulfilling it. The Chair stated that it was critically important that staff side is represented and asked that this is further considered outwith this meeting so that a resolution can be brought to the next meeting.

The Chair stated that the Terms of Reference were **considered and approved** with the exclusion of Section 2.2.

### **22.3 Committee Self-Assessment Report**

The Chair referred to the summary provided in the SBAR and Gillian MacIntosh thanked everyone for completing the questionnaire. The SBAR provides a summary of this exercise going forward and Gillian MacIntosh informed members of ongoing work on meeting paper templates, Development Sessions with presentations and training. Eugene Clarke welcomed this approach.

The Committee **discussed** the actions going forward and the Chair **noted** the outcome of the self assessment exercise.

### **22.4 Annual Accounts – Progress on Audit Recommendations**

Gillian MacIntosh spoke to the SBAR, which summarised the

recommendations emerging from the Internal Audit Annual Report and the Audit Scotland Annual Report for 2018/19 and the actions progressed to date.

The Committee **noted** the actions taken to date, particularly in respect of to the recommendations related to areas under its remit.

Note: Linda Douglas was required to leave the meeting.

## **22.5 Annual Workplan 2020/21**

Bruce Anderson referred to the Staff Governance Committee Annual Workplan 2020/21, which documents the standing items to be discussed at the forthcoming committee meetings.

The Committee **approved** the workplan.

## **22.6 Whistleblowing Standards**

Bruce Anderson referred to the National Whistleblowing Standards issued in draft form, which had been circulated to the Committee and gave an update on progress of this working draft, processes to be followed, responsibility of individuals and reporting.

Discussions will take place with the incoming Non Executive with responsibility for Whistleblowing, Katy Miller.

Eugene Clarke enquired about future training and Alastair Morris enquired if the Non Executive with responsibility for Whistleblowing should be a standing member of the Staff Governance Committee. Gillian MacIntosh clarified that these discussions are currently underway in relation to the placing of the new Non Executive member on committees etc.

The Committee **noted** the contents of this report and the National Whistleblowing Standards.

## **23/20 PERFORMANCE**

### **23.1 Integrated Performance & Quality Report (IPQR)**

The Chair referred to the Sickness Absence status in the SBAR and a more detailed discussion on this will take place under Item 8.2.

Wilma Brown stated it was disappointing that the only indicator featured is staff absence, when there are so many positive staff achievements taking place, and requested some positive issues are presented in the IPQR. Alastair Morris reiterated this. The Chair agreed and noted this for escalation.

The Committee **noted** and **discussed** the IPQR

### **23.2 Attendance Management Update**

Bruce Anderson reported on the sickness absence rate for January 2020, which was 6.59% and the Internal Audit report on Attendance Management. Wilma Brown raised concern at the resilience of staff, the difficulties recruiting to vacancies, and discussions around policies regarding staff retiring and returning to work.

Points raised to be escalated were from an audit perspective regarding what are we doing differently from a year ago to achieve the 4% target, use of policies to enable people to return to work and managers having sufficient time to apply and implement the policies. The Chair asked these to be raised with Linda Douglas and subsequently EDG to consider what actions can be taken.

The Committee **noted** the outcome of the recent internal audit and **noted** the risk identified as the Committee's responsibility and the current range of actions being undertaken to address this. This issue will be raised with the Director of Workforce and EDG.

**BA**

### **23.3 Well at Work update**

Bruce Anderson gave an update, as documented in SBAR, of the ongoing activities in place and planned to support the Board's ongoing commitment to staff health and wellbeing.

Wilma Brown commented on the uptake of the activities and initiatives and stated that there required to be more involvement with the staff about what they want to engage in.

The Committee **noted** the ongoing activities in support of Well at Work.

### **23.4 iMatter Update and Health & Social Care Staff Experience Report 2019**

Bruce Anderson reported on the highlights, e.g. high response rate, but recognised improvement required for action plan completion. Members discussed; the importance of managers using this useful tool; the span of control, and the opportunity to look at the concept of hierarchical management.

The Committee **noted** the update and encouraged more to be done around action planning.

## **24/20 STAFF GOVERNANCE STANDARDS**

### **24.1 Draft Staff Governance Action Plan**

Bruce Anderson referred to the first draft of the Staff Governance Action Plan for 2020/21 and the content. This will be presented to the APF for consultation process and will return to this Committee for final sign off in May 2020.

Alastair Morris emphasised the importance of aligning organisational

plans (operational and governance) to meet strategic outcomes. Linda Douglas referred to the AOP, connectivity, challenges and risks.

Simon Fevre stated the action plan is owned by APF and as such by staff side/staff.

The Chair thanked Bruce Anderson and asked if some the points raised today could be incorporated.

The Committee **considered** the content of the draft Action Plan and suggested items for inclusion be identified. Bruce Anderson, Linda Douglas and Simon Fevre to look at any adjustments to be made based on the discussion had.

**LD/BA  
SF**

#### **24.2 Staff Governance Monitoring Return 2019 – 2020 update**

Bruce Anderson gave a verbal update on the monitoring report, nothing to report and this will be brought back when appropriate.

The Committee **noted** this.

### **25/20 ITEMS FOR INFORMATION / NOTING**

- Minutes & Action List of the APF (22.01.20)
- Minutes of Acute Services Division & Corporate Division LPF (19.12.19)
- Minute of H&SCP LPF (29.01.20)

These items were **noted**.

### **26/20 ISSUES TO BE ESCALATED**

#### **12.1 To the Board in the IPQR and Chair's Comments**

The following items would be highlighted to the Board's next meeting:

- Development session on workforce issues
- Terms of Reference – concern about deputy
- IPQR      increase in staff absence rate  
              doesn't reflect positives  
              absence management – how we improve and policy  
              alignment  
              time for managers to apply/implement policies  
              iMatter – importance of completion

### **27/20 ANY OTHER BUSINESS**

Eugene Clarke raised concern regarding the impact of the coronavirus and asked about the provision of VC facilities, appropriate training and resources and any issues of confidentiality.

Christina Cooper discussed NHS Fife and Partnership technology and who leads on this.

Linda Douglas stated that queries regarding digitally enabled services are referred to in the Digital Strategy. Regarding the practical question being addressed, this can be limited by technology and nature of meetings, but Linda Douglas stated she was confident our workforce know how to use it and can use it adeptly.

**28/20**

**DATE OF NEXT MEETING**

Friday 1<sup>st</sup> May 2020 at 10:00 am in Staff Club, VHK.

Integration Joint Board

<p><b>INTEGRATION JOINT BOARD MINUTES</b></p> <p><b>(Meeting on 6 December 2019 Confirmed)</b></p>
<p>No issues were raised for escalation to the Board.</p>



## MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD ON FRIDAY 6 DECEMBER 2019 AT 10.00 AM IN CONFERENCE ROOMS 2&3, GROUND FLOOR, FIFE HOUSE, NORTH STREET, GLENROTHES, KY7 5LT

<b>Present</b>	Councillor Rosemary Liewald (Chair) Christina Cooper (Vice Chair) Fife Council, Councillors – David Alexander, Tim Brett, Dave Dempsey, David Graham, Fiona Grant, David J Ross, and Jan Wincott NHS Fife, Non-Executive Members – Les Bisset, Martin Black, Eugene Clarke, Margaret Wells Chris McKenna, Medical Director, NHS Fife Helen Buchanan, Nurse Director, NHS Fife Ian Dall, Chair of Public Engagement Network Kenny Murphy, Third Sector Representative Morna Fleming, Carer Representative Paul Dundas, Independent Sector Representative
<b>Professional Advisers</b>	Nicky Connor, Chief Officer Audrey Valente, Chief Finance Officer Lynn Barker, Interim Associate Nurse Director Kathy Henwood, Chief Social Work Officer, Fife Council Katherine Paramore, Medical Representative
<b>Attending</b>	Paul Hawkins, Chief Executive, NHS Fife Steve Grimmond, Chief Executive, Fife Council Claire Dobson, Divisional General Manager (West) David Heaney, Divisional General Manager (East) Dona Milne, Director of Public Health Helen Hellewell, Associate Medical Director, NHS Fife Scott Garden, Director of Pharmacy & Medicine, NHS Fife Fiona McKay, Head of Strategic Planning, Performance & Commissioning Norma Aitken, Head of Corporate Services Wendy Anderson (Minute)

NO	HEADING	ACTION
----	---------	--------

1	<b>PERSON STORY</b>	
---	---------------------	--

Lynn Barker introduced Jacquie Stringer and Pamela Harrower. Jacquie gave an oversight about the Improving Cancer Journey project, which has engaged with 600 people in its first year and Pamela gave an insight into how the project has helped her family recently. A paper on the progress so far will be presented to a future Integration Joint Board.

A short video was shown about the project then the Board had the opportunity to ask questions.

On behalf of the Board, Rosemary Liewald thanked Jacquie and Pamela for attending today's meeting and presenting the Person Story.

**2 CHAIR'S WELCOME AND OPENING REMARKS**

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

The Chair congratulated Lauren Templeman who won the Support Worker Award at the Scottish Health Awards which were held on Thursday 14 November 2019. Lauren is a Therapy Support Workers in CAMHS and is based in the Kirkman Clinic in Kirkcaldy.

The Chair congratulated the ECT team from the Mental Health Services at Queen Margaret Hospital. SCN Caroline Cooper won Nurse of the Year 2019 from the Scottish ECT Accreditation Network and the team were runners up in the Quality Improvement award.

The Chair advised that at the Development Session on 29 November 2019 Board members spoke about the roles and behaviours which should be adopted whilst at the IJB. Members were reminded that when acting as a member of the IJB, Councillors and Health Board Members have a duty to act in the best interests of the IJB and not the body which nominated them.

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

**3 CHIEF OFFICER'S REPORT**

The Chair handed over to Nicky Connor for her Chief Officer's Report.

Nicky highlighted three key issues which are ongoing for the Partnership at this time.

**Out of Hours** - One month into the new arrangement implementation is progressing as planned. Nicky took the opportunity to thank the staff and partners involved in making this a successful transition to the three-centre model. Activity levels continue to be closely monitored.

**IJB Development Sessions** - Two Development Sessions have been held since the previous IJB meeting in October 2019. The first explored the early development of the medium-term financial strategy, the second explored governance. The involvement of Board Members in these sessions was greatly valued and we will be undertaking further development work in relation to both topics during 2020.

**Review of Integration Scheme** – The Scheme requires to be reviewed on a minimum of a 5-yearly basis. Core Review team will be established to identify changes which may be necessary and desirable. Nicky will lead the review process with partners from NHS Fife and Fife Council in line with legislative requirements.



NO	HEADING	ACTION
4	<b>DECLARATION OF MEMBERS' INTERESTS</b>	
	Nil.	
5	<b>APOLOGIES FOR ABSENCE</b>	
	Apologies had been received from Julie Paterson, Carolyn McDonald, Simon Fevre, Debbie Thompson and Eleanor Haggett.	
6	<b>MINUTE OF PREVIOUS MEETING</b>	
	Margaret Wells raised the issue of the title of Item 11.1 iii which should read "Consultants Report" and not "Audit Report". With this change, the Minute of the meeting held on 25 October 2019 was agreed as an accurate record.	
7	<b>MATTERS ARISING</b>	
	The Action Note from the meeting held on 25 October 2019 was agreed as accurate.	
8	<b>PERFORMANCE</b>	
	<b>8.1 Finance Report</b>	
	Nicky Connor advised that this report had been scrutinised by Finance & Performance Committee.	
	Audrey Valente presented this report and highlighted some of the pertinent detail it contained. Claire Dobson gave an operational update on the Winter Plan.	
	Tim Brett asked whether the underspend was as a result of holding vacancies, Lynn Barker confirmed that this was not the case. Tim Brett asked for more information on Adult Packages. Nicky Connor advised this further discussion would take place on this at a future Development Session. Eugene Clarke and Dave Dempsey enquired about the use of Directions. Nicky Connor confirmed that national guidance is in development to inform future use of Directions.	
	David Ross asked about assumptions around winter costs as a result of winter pressures. Audrey Valente confirmed that financial projects are on track and under constant review.	
	The Board noted the financial position as reported at 30 September 2019 and noted and discussed the next steps and key actions.	

## 8.2 Financial Recovery Plan

Nicky Connor advised that the Financial Recovery Plan had been scrutinised by the Finance and Performance Committee.

Audrey Valente presented this report which covered three major areas, the in-year position, the development of medium-term strategy and potential additional in-year savings.

A Financial Monitoring Board has been established which meets weekly to support effective financial management.

Work is ongoing regarding the development of the medium-term strategy.

Audrey Valente and the Senior Leadership Team (SLT) Leads presented the proposed additional in-year savings.

The Board:

- **charged** the Director of Health and Social Care and Senior Officers to bring budgets back in line in year as far as reasonably possible.
- **agreed** the action to control costs as outlined in this recovery plan for 2019-20.
- **agreed** to continue to focus on implementing effective financial management in order to deliver a balanced budget moving forward.

## 8.4 Performance Management Framework

Fiona McKay presented this report which gave an update on the revision of the Framework which has been undertaken in conjunction with managers across the Service and is in line with National, Local and Strategic Plans. The Framework had been discussed at the Finance and Performance Committee on 7 November 2019 and Committee members were comfortable with the format which is being presented for sign off by IJB members.

Dave Dempsey asked questions regarding the governance document, national care indicators, local performance drivers and the performance matrix. Fiona McKay and Nicky Connor responded to these questions and agreed to take this feedback on board. Morna Fleming made observations about the use of abbreviations and language in the document and these will also be taken on board.

#### 8.4 Performance Management Framework (Cont)

Discussion took place around waiting times and information on care packages and care home placements. Fiona McKay confirmed that once the IJB has approved the Framework then the Finance & Performance Committee will spend time refining the information which will be reported on.

The Board **approved** the refresh of the Performance Management Framework.

### 9 GOVERNANCE

#### 9.1 Fife Alcohol and Drug Partnership (ADP) Annual Report 2018/19

Kathy Henwood, who has just taken over as Chair of the ADP, presented this report which had been discussed at the Clinical and Care Governance Committee (C&CG) on 8 November 2019. The Board felt this was a helpful report. Questions were asked about outcome data. Information on activity and less on outcomes. Information on outcomes is available and this could be brought to a future Development Session. It was acknowledged that it was helpful that some information within the report was based on lived experience.

All ADP's in Scotland are currently developing Delivery Plans and a report on this will be taken to a future C&CG Committee before being brought to an IJB meeting. Dona Milne confirmed that actions from the recent Public Health Report will underpin the ADP Delivery Plan.

Margaret Wells raised the question of recreational drug use and that there seemed to be a gap in the report. Kathy Henwood acknowledged this,

It was requested that a Workshop be held on this to invite members of Fife Council's Licencing Board. Dona Milne will be responsible for arranging this.

**DM**

The Board **endorsed** the 2019/19 annual report.

#### 9.2 IJB / HSCP Risk Management Policy and Strategy Review

Fiona McKay presented this report and gave the background to the review which had taken place.

The Board discussed the report and it was agreed that Risk Appetite should be discussed at a future Development Session.

The Board **approved** the revised Risk Management Policy and Strategy. The Board **noted** the development of the Risk Management Process – Guidance for Managers.

### 9.3 IJB Risk Register

Fiona McKay presented the Risk Register which had been discussed at the Audit & Risk Committee on 15 November 2019. The Board discussed the Risk Register, considered the content and whether any further information was required on the management of any particular risk. The Board **approved** the Risk Register.

### 9.4 Public Sector Climate Change Duties

Fiona McKay presented this report, which is required by legislation. Fife Council and NHS Fife both have their own plans and the IJB plan links to these plans and the Strategic Plan.

The Board discussed issues which affected the IJB including transportation and the use of technology in the future.

The Board considered and **approved** the priorities for climate change governance, management and strategy for the year ahead as set out in the Assessment section of this report, as follows:

- Continue to support the development of the SECAP, in conjunction with Community Planning Partners.
- Continue to support and promote awareness raising of climate change issues for staff working in the HSCP.
- Continue to work with partners to identify opportunities to work more efficiently and sustainably.
- Monitor actions within the Strategic Plan that promote co-benefits with climate change strategies.
- Review the use of the Environmental/Sustainability impact section within SBAR's and whether this has helped to support decisions made.

The approved priorities will be included within the submission to the Sustainable Scotland Network (SSN).

## 10 MINUTES FROM OTHER COMMITTEES AND ITEMS FOR ESCALATION

### 10.1 Clinical & Care Governance Committee (Confirmed Minute from 27 September and Unconfirmed Minute from 8 November 2019)

The Chair asked Tim Brett to highlight any items for escalation to the IJB.

- The Clinical Quality Report is taken to every meeting. There are focused discussions on priority quality issues at each Committee. This can be shared with other Board members.

NO	HEADING	ACTION
10	<b>MINUTES FROM OTHER COMMITTEES AND ITEMS FOR ESCALATION (CONT)</b>	
10.1	<b>Clinical &amp; Care Governance Committee</b> (Confirmed Minute from 27 September and Unconfirmed Minute from 8 November 2019) (Cont)	
	<ul style="list-style-type: none"> <li>Progress is being made with Children and Adolescent Mental Health Service towards improvements, looking at pathways and additional support.</li> </ul>	
10.2	<b>Finance &amp; Performance Committee</b> (Confirmed Minute from 17 September 2019 and Unconfirmed Minute from 7 November 2019)	
	The Chair asked David Graham to highlight any items for escalation to the IJB.	
	<ul style="list-style-type: none"> <li><b>17 September 2019</b> the Effective Financial Management report was discussed in detail, the complaints recording mechanism will be looked at to improve reporting and financial projections will be included in the Winter Plan.</li> <li><b>7 November 2019</b> the financial position is still a significant challenge, but work is ongoing to bring forward proposals to take this forward and the Committee was supportive of the actions as detailed in the Primary Care Improvement Plan.</li> </ul>	
10.3	<b>Audit &amp; Risk Committee</b> (Unconfirmed Minute from 15 November 2019)	
	The Chair asked Eugene Clarke to highlight any items for escalation to the IJB.	
	<ul style="list-style-type: none"> <li><b>Public Access to Committee Meetings</b> had been raised as part of an Audit report and the Committee recommended agreed that this should happen, in line with other Boards in Scotland. It was proposed that Private Sessions could be held to discuss confidential issues. Should be discussed by the other governance committees and brought to a future IJB.</li> <li><b>Quoracy</b> this meeting had been inquorate due to the limited number of members. Decisions can be homologated at a future meeting. Need to look at issues of substitutes. Rosemary Liewald mentioned the use of conference calls to join meetings. Nicky Connor suggested this could be looked at in conjunction with a future review of the Standing Orders to consider how best to resolve this issue.</li> </ul>	

NO	HEADING	ACTION
10.3	<b>Audit &amp; Risk Committee</b> (Unconfirmed Minute from 15 November 2019) (Cont)	
	Following the most recent Development Session on Governance, Eugene would welcome discussion on the structure of the governance committees. Nicky confirmed this would form part of the review of the Integration Scheme and Standing Orders.	
10.4	<b>Local Partnership Forum</b> (Unconfirmed Minute from 16 October 2019)	
	The Chair asked Nicky Connor to highlight any items for escalation to the IJB. Nicky advised that there is an LPF meeting scheduled for Wednesday 11 December 2019.	
11	<b>AOCB</b>	
	Nothing raised.	
12	<b>DATES OF FUTURE MEETINGS</b>	
	<b>IJB DEVELOPMENT SESSION</b> – Friday 31 January 2020 – 10.00 am - Conference Rooms 2/3, Ground Floor, Fife House, North Street, Glenrothes, Fife, KY7 5LT	
	<b>INTEGRATION JOINT BOARD</b> – Friday 28 February 2020 – 10.00 am - Conference Rooms 2/3, Ground Floor, Fife House, North Street, Glenrothes, Fife, KY7 5LT	

**FIFE PARTNERSHIP BOARD - CUPAR**

**25 February, 2020**

**10.05 a.m. – 11.20 a.m.**

**PRESENT:** Councillors David Ross (Chair), David Alexander, and Dave Dempsey; Steve Grimmond, Chief Executive, Fife Council; Nicky Connor, Director of Health and Social Care; Esther Curnock, Deputy Director of Public Health (Substitute for Dona Milne); Tricia Marwick, Chair, NHS Fife; Lynne Cooper, Regional Employment Partner (Substitute for Elaine Morrison), Scottish Enterprise; Gordon MacDougall, Head of Operations, Skills Development Scotland; Chief Superintendent Derek McEwan, Police Scotland; and Sue Reekie, Chief Operating Officer, Fife College.

**ATTENDING:** Carrie Lindsay, Executive Director - Education and Children's Services; Keith Winter, Executive Director - Enterprise and Environment; Eileen Rowand, Executive Director, Finance and Corporate Services; Tim Kendrick, Community Manager (Development); Janice Laird, Community Manager (North East Fife); Sharon Murphy, Community Planning Manager, Communities and Neighbourhoods; Lesley Robb, Lead Officer; and Michelle Hyslop, Committee Officer, Legal and Democratic Services.

**APOLOGIES FOR ABSENCE:** Carol Potter, Chief Executive, NHS Fife; Jim Grieve, Interim Partnership Director, SEStran; and Professor Brad MacKay, Vice-Principal, St Andrews University.

**78. MINUTE**

The Board considered the minute of meeting of the Fife Partnership Board of 19th November, 2019.

**Decision**

The Board approved the minute.

**79. INCLUSIVE GROWTH AND JOBS THEMATIC REPORT**

The Board considered a report by the Executive Director, Enterprise and Environment, Fife Council, presenting annual progress on the Plan for Fife Inclusive Growth and Jobs Outcome theme. A discussion document was previously presented to the Board on 19th November, 2019, and the final outcome theme report, had been updated following further consideration by partners and partnership groups.

**Decision**

The Board: -

- (1) noted the changes from the discussion document presented in November 2019 and approved the final version of the report; and
- (2) /.

- (2) would consider ways in which partners, could best contribute towards planned actions identified within the report.

#### **80. OPPORTUNITIES FOR ALL THEMATIC REPORT: DISCUSSION DOCUMENT**

The Board considered a themed report submitted by the Director of Health and Social Care; Director of Public Health, NHS Fife; Executive Director - Finance and Corporate Services, and Executive Director - Education and Children's Services, Fife Council, presenting an initial discussion document on the delivery of the Opportunities for All outcome theme within the Plan for Fife.

##### **Decision**

The Board: -

- (1) noted the content of the initial discussion document;
- (2) provided further comments from members on the current work being undertaken by partner organisations to deliver the Opportunities for All outcome theme; and
- (3) agreed to provide further input towards the final outcome theme report, which would be considered by the Board at its meeting on 12th May, 2020.

#### **81. PROGRESS REPORT ON THE NORTH EAST FIFE LOCAL COMMUNITY PLAN 2019-2022**

The Board considered a report by the Head of Communities and Neighbourhoods, Fife Council, and were presented with a short film on current progress against the Areas of Focus in the North East Fife, Local Community Plan.

##### **Decision**

The Board: -

- (1) noted the content of the progress report; and
- (2) agreed to consider ways partner organisations could best contribute to the areas of focus identified within the North East Fife Local Community Plan.
- (3) agreed to promote and raise within their organisations awareness of available funding to assist public with travel.

#### **82. FIFE PARTNERSHIP BOARD FORWARD WORK PROGRAMME**

The Board noted the Fife Partnership Board Forward Work Programme.

#### **83. DATE OF NEXT MEETING**

The next meeting will be held on Tuesday 12th May, 2020 at 10.00am, Inverkeithing Civic Centre, 10 Queen Street, Inverkeithing, KY11 1PA.





# Fife Integrated Performance & Quality Report

Produced in January 2020



# Introduction

---

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

The IPQR comprises of the following sections:

## **I. Executive Summary**

- a. LDP Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. Assessment

## **II. Performance Assessment Reports**

- a. Clinical Governance
- b. Finance, Performance & Resources
  - Operational Performance
  - Finance
- c. Staff Governance

Section II provides further detail for indicators of continual focus or those that are currently underperforming. Each report contains data, displaying trends and highlighting key problem areas, as well as information on current issues with corresponding improvement actions. The latter, along with trajectories, are taken as far as possible from the 2019/20 Annual Operational Plan (AOP). For indicators outwith the scope of the AOP, improvement actions and trajectories were agreed locally following discussion with related services.

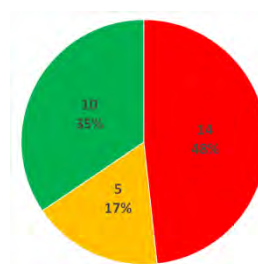
A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), is presented at each NHS Fife Board Meeting.

# I. 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 IPQR provides a summary of performance against LDP Standards and local Key Performance Indicators (KPI). These indicators are listed within the Indicator Summary, which shows current, previous and (where appropriate) 'Year Previous' performance as well as benchmarking against other NHS Boards.

## a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 10 (35%) classified as **GREEN**, 5 (17%) **AMBER** and 14 (48%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits or considerably below standard/trajectory.

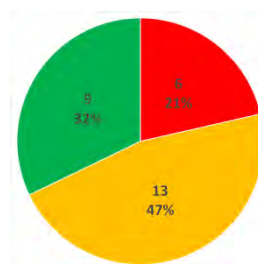


There are three indicators that consistently exceed the Standard performance; IVF Treatment Waiting Times (regional service), Antenatal Access and Drugs & Alcohol Waiting Times. Other areas of success should also be noted...

- Inpatients Falls with Harm, remaining significantly below the target level, at 1.37 per 1,000 Occupied Bed Days
- Diagnostics (% of Patients Waiting no more than 6 Weeks at Month End) continuing to be very close to the 100% target
- Patient TTG (% of Patients Waiting no more than 12 weeks at Month End) continuing to be higher than forecast in the 2019/20 Annual Operational Plan
- Cancer 31-Day DTT achieving the Standard for the sixth successive month

## b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 28 indicators within this report has 9 (32%) within upper quartile, 13 (47%) in mid-range and 6 (21%) in lower quartile. There are indicators where national comparison is not available or not directly comparable.



## Indicator Summary








				Performance							Benchmarking			
				meets / exceeds the required Standard / on schedule to meet its annual Target							Upper Quartile			
				behind (but within 5% of) the Standard / Delivery Trajectory							Mid Range			
				more than 5% behind the Standard / Delivery Trajectory							Lower Quartile			
Section	LDP Standard	Standard	Target 2019/20	Reporting Period	Year Previous		Previous		Current			Reporting Period	Fife	Scotland
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A	Month	Nov-18	53	Oct-19	52	Nov-19	50	↑	N/A		
	N/A	HSMR	N/A	Year Ending	Jun-18	N/A	Mar-19	1.01	Jun-19	1.04	↓	YE Jun-19	1.04	1.00
	N/A	Inpatient Falls	5.97	Month	Nov-18	6.15	Oct-19	6.80	Nov-19	6.07	↑	N/A		
	N/A	Inpatient Falls with Harm	2.16	Month	Nov-18	1.49	Oct-19	1.37	Nov-19	1.31	↑	N/A		
	N/A	Pressure Ulcers	0.42	Month	Nov-18	1.22	Oct-19	1.00	Nov-19	0.86	↑	N/A		
	N/A	Caesarean Section SSI	2.5%	Quarter Ending	Sep-18	2.3%	Jun-19	2.0%	Sep-19	2.5%	↓	QE Sep-19	2.5%	1.1%
	N/A	SAB - HAI/HCAI	20.2	Quarter Ending	Nov-18	N/A	Oct-19	6.6	Nov-19	12.1	↓	YE Sep-19	15.2	16.9
	N/A	SAB - Community	N/A	Quarter Ending	Nov-18	N/A	Oct-19	8.5	Nov-19	8.6	↓	YE Sep-19	11.6	9.0
	N/A	C Diff - HAI/HCAI	6.9	Quarter Ending	Nov-18	N/A	Oct-19	14.3	Nov-19	14.2	↑	YE Sep-19	8.6	13.1
	N/A	C Diff - Community	N/A	Quarter Ending	Nov-18	N/A	Oct-19	1.1	Nov-19	3.2	↓	YE Sep-19	5.1	5.1
	N/A	ECB - HAI/HCAI	40.3	Quarter Ending	Nov-18	N/A	Oct-19	43.8	Nov-19	55.0	↓	YE Sep-19	40.4	38.7
	N/A	ECB - Community	N/A	Quarter Ending	Nov-18	N/A	Oct-19	29.9	Nov-19	24.8	↑	YE Sep-19	42.7	44.2
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Nov-18	86.5%	Oct-19	81.9%	Nov-19	76.0%	↓	2018/19	70.7%	81.5%
	N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Nov-18	67.5%	Oct-19	60.7%	Nov-19	56.3%	↓	2018/19	49.1%	53.7%
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Nov-18	100.0%	Oct-19	100.0%	Nov-19	100.0%	↔	N/A		
	95%	4-Hour Emergency Access	96%	Month	Nov-18	95.6%	Oct-19	92.7%	Nov-19	92.7%	↔	Nov-19	92.7%	85.5%
	95%	New Outpatients Waiting Times	95%	Month	Nov-18	94.2%	Oct-19	92.4%	Nov-19	92.7%	↑	Sep-19	94.3%	72.9%
	100%	Diagnostics Waiting Times	100%	Month	Nov-18	98.1%	Oct-19	99.0%	Nov-19	99.1%	↑	Sep-19	99.0%	82.3%
	100%	Patient TTG (Ongoing Waits)	90.6%	Month	Nov-18	83.5%	Oct-19	90.5%	Nov-19	90.1%	↓	Sep-19	91.2%	67.5%
	90%	18 Weeks RTT	84%	Month	Nov-18	78.5%	Oct-19	79.6%	Nov-19	80.9%	↑	Sep-19	79.8%	76.9%
	95%	Cancer 31-Day DTT	95%	Month	Nov-18	93.5%	Oct-19	98.1%	Nov-19	96.3%	↓	QE Sep-19	96.4%	95.8%
	95%	Cancer 62-Day RTT	94%	Month	Nov-18	86.6%	Oct-19	91.0%	Nov-19	87.3%	↓	QE Sep-19	82.9%	83.3%
	29%	Detect Cancer Early	27%	Year Ending	Jun-18	26.5%	Mar-19	24.8%	Jun-19	25.2%	↑	2017, 2018	25.1%	25.5%
	N/A	Delayed Discharge (% Bed Days Lost)	5%	Month	Nov-18	7.5%	Oct-19	6.4%	Nov-19	7.4%	↓	QE Jun-19	7.6%	6.7%
	80%	Antenatal Access	80%	Month	Sep-18	93.2%	Aug-19	86.2%	Sep-19	81.8%	↓	2018/19	91.3%	87.6%
	473	Smoking Cessation	473	YTD	Aug-18	80.5%	Jul-19	97.5%	Aug-19	93.9%	↓	YT Jun-19	92.4%	92.4%
	90%	CAMHS Waiting Times	88%	Month	Nov-18	83.3%	Oct-19	62.5%	Nov-19	66.0%	↑	QE Sep-19	75.2%	64.5%
	90%	Psychological Therapies Waiting Times	82%	Month	Nov-18	70.8%	Oct-19	64.2%	Nov-19	66.0%	↑	QE Sep-19	66.5%	79.4%
	80%	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Sep-18	69.6%	Jun-19	74.0%	Sep-19	77.0%	↑	YT Jun-19	74.0%	90.0%
	90%	Drugs & Alcohol Treatment Waiting Times	90%	Month	Sep-18	98.1%	Aug-19	95.7%	Sep-19	96.6%	↑	QE Sep-19	96.7%	95.0%
	N/A	Dementia Post-Diagnostic Support	TBD	Annual	2016/17	87.5%	2017/18	87.5%	2018/19	90.2%	↑	2018/19	90.2%	58.6%
	N/A	Dementia Referrals	TBD	Annual	2016/17	60.1%	2017/18	55.4%	2018/19	60.5%	↑	2018/19	60.5%	40.8%
	N/A	Freedom of Information Requests	85%	Quarter Ending	Nov-18	N/A	Oct-19	58.2%	Nov-19	49.3%	↓	N/A		
Finance	N/A	Revenue Expenditure	£0	Month	Dec-18	N/A	Nov-19	£7.633m	Dec-19	£5.405m	↑	N/A		
	N/A	Capital Expenditure	£7.514m	Month	Dec-18	N/A	Nov-19	£3.891m	Dec-19	£4.558m	↑	N/A		
Staff Governance	4.00%	Sickness Absence	4.89%	Month	Nov-18	5.68%	Oct-19	5.70%	Nov-19	5.57%	↑	YE Sep-19	5.67%	5.33%



## d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Benchmarking		
<b>Inpatient Falls</b> Reduce falls with harm by 20%	2.16	Nov-19	2.16	Nov-19	1.31	N/A	N/A
Work continues to focus on improvement in the reduction of falls with harm with a generally downward trend overall. Scrutiny at local level highlights areas that require a bit more support and where this was previously noted, significant reduction is noted with work to sustain this. The revised falls toolkit has been relaunched and the new Comfort Clock testing complete with roll-out underway. LEARN summaries are discussed within the group to support shared learning system wide.							
<b>Pressure Ulcers</b> 50% reduction by December 2019	0.42	Never Met	0.42	Nov-19	0.86	N/A	N/A
The number of pressure ulcers (PU) reported continues to vary with no sustained improvement. The current PU collaborative finishes 31/12/2019, with a new Quality Improvement (QI) programme commencing in the New Year across Fife within identified areas. This will complement any current QI work.							
<b>Caesarean Section SSI</b> We will reduce the % of post-operation surgical site infections to 2.5%	N/A	Sep-19	2.5%	Sep-19	2.5%	QE Sep-19	●
Following a review of the surveillance methodology, a new process for ascertaining SSI status was adopted from the start of October. There was a significant reduction in SSI rate during Q2 of 2019, and this rate increased slightly in Q3. It is hoped that a sustained lower rate will be achieved throughout the remainder of the year.							
<b>SAB (MRSA/MSSA)</b> We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022	18.8	QE Nov-19	20.2	QE Nov-19	12.1	YE Sep-19	●
There were 8 SAB in November, 2 HAI, 4 HCAI and 2 community-acquired. One of the HAI was due to a central line (CVC) while one of the community infections was from a PWID (People Who Inject Drugs). The quarterly-measured HAI/HCAI rate remains significantly less than the target for March 2020 while the annually-measured rate is in line with the Scottish average.							
<b>C Diff</b> We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022	6.5	QE Jun-19	6.9	QE Nov-19	14.2	YE Sep-19	●
There were 5 CDI in November, 3 of which were Healthcare associated . One of the 2 Community cases was a second recurrence of CDI, the patient having completed a course of EPPX (Extended Pulse Fidaxomicin) and been referred to the gastro team for FMT (Faecal microbiota transplantation) consideration. The quarterly-measured HAI/HCAI rate remains significantly greater than the target for March 2020; however, the annually-measured rate is much better than the Scottish average.							
<b>ECB</b> We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022	33.0	Never Met	40.3	QE Nov-19	55.0	YE Sep-19	●
There were 27 ECB in November, 21 of which were Healthcare associated (HAI/HCAI) infections while 6 were Community acquired. Ten of all ECB were due to Lower UTIs, while 7 were due to urinary catheter devices. The quarterly-measured HAI/HCAI rate remains significantly greater than the target for March 2020 while the annually-measured rate is in line with the Scottish average.							
<b>Complaints - Stage 2</b> At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Nov-19	56.3%	FY 2018/19	●
Regular meetings and discussions are continuing with ASD colleagues and the Director of Health & Social Care, to ensure that the complaints handling and approval process is consistent across the Partnership and Acute Services. Stage 2 performance fell in November. While not solely related, the hospital site capacity has been high which causes an increase in the volume of complaints and calls received into the Patient Relations Department, as well as impacting on the processing and approval of existing complaints.							



Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Benchmarking		
<b>4-Hour Emergency Access</b> 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	Jul-19	95%	Nov-19	92.7%	Nov-19	
Performance remained static in November with the highest breach reason (Wait for Bed) directly impacting on Wait to First Assessment as A&E occupancy increased. Bed capacity challenges continued to impact front door admissions with waits from both A&E and Medical Assessment units. Monitoring of admission conversion rates is in place and a review of medical support into A&E is taking place as part of Unscheduled Care team work.							
<b>New Outpatients</b> 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Aug-19	95%	Nov-19	92.7%	Sep-19	
Performance improved slightly in November but remains below the standard and trajectory with 92.7% of patients having waited less than 12 weeks at month end. Additional independent sector activity has been commissioned or locum consultant posts sought to recover the position. It is anticipated that this will lead to an improvement in performance during the final quarter of FY 2019/20.							
<b>Patient TTG (Ongoing Waits)</b> All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	90.6%	Nov-19	90.1%	QE Sep-19	
Performance continues to be better than the agreed improvement trajectory, however recruitment to vacant consultant posts and greater than expected demand in Orthopaedics and Ophthalmology are beginning to impact on performance.							
<b>Cancer 62-Day RTT</b> 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	94%	Nov-19	87.3%	QE Sep-19	
Performance dipped in November. The 9 RTT breaches ranged from 5 to 121 days (average 26.5 days) across 5 specialties (Colorectal, Lung, Lymphoma, Upper GI and Urology). Breaches are attributed to delays to PET for UGI and Lung, service issues within Haematology, Multiple patient delays and pathway issues within Urology (Prostate).							
<b>Delayed Discharge</b> The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Aug-18	5%	Nov-19	7.4%	QE Jun-19	
The number of bed days lost due to patients in delay rose in November, to a level very close to that of November 2018. The result of this is that the % of bed days lost has increased (after falling in October). This reflects the challenges being experienced in the system during the winter period, and provisional figures for December suggest this trend will continue.							
<b>Smoking Cessation</b> Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	YT May-19	100%	YT Aug-19	93.9%	YT Jun-19	
January has seen an increase in the number of sessions the mobile unit is delivering within communities. Service provision in the Glenrothes Shopping Centre has ceased due to unforeseen circumstances, but the clinic has since relocated to a new venue in the Glenrothes YMCA. Planning for No Smoking Day is underway with multiple promotional opportunities being identified.							
<b>CAMHS Waiting Times</b> 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	88%	Nov-19	66.0%	QE Sep-19	
Despite the level of clinical activity rising significantly, the focus on children and young people who have waited more than 18 weeks continues to have an adverse impact on the 18 week RTT. Work is underway with the Scottish Government Mental Health Performance & Improvement Unit to analyse the current and future demand against existing capacity and resources data in order to accurately assess the CAMHS ability to meet the 18-Weeks RTT target by December 2020.							



Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
<b>Psychological Therapies</b> 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	82%	Nov-19	66.0%	QE Sep-19	●
We continue to meet the RTT for patients with less complex needs and service redesign in this area has freed capacity for high intensity work. Addressing the longest waiting patients impacts negatively on our RTT performance. We continue our programme of service redesign to develop capacity and improve system flow for more complex patients. Work with ISD/MHAIST data analyst and now SG advisor is on-going.							
<b>FoI Requests</b> At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	N/A	85%	QE Nov-19	49.3%	N/A	N/A
Recent performance continues to reflect the impact of completing the legacy backlog of overdue cases that have exceeded the 20 working day timeframe for response. This backlog is now clear and timeliness in addressing newly received requests has greatly improved, which will be reflected in future figures. Plans continue to be made for the introduction of a new software-management system for FOI.							

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
<b>Revenue Expenditure</b> Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Dec-19	+ £5.405m	N/A	N/A
The revenue position for the 9 months to 31 December reflects an overspend of £5.405m. Based on this in-year position, and a number of high level planning assumptions as agreed by delegated budget holders, the year end forecast ranges from a potential optimistic forecast of £3.5m overspend to a potential worst case of £9.8m overspend taking account of possible further non recurring offsetting benefits and the full impact of the IJB overspend. We continue to liaise with Scottish Government on the potential for additional funding to support delivery of the statutory financial targets.							
The key challenges continue as previously reported and comprise: the overspend on Acute Services (run rate overspend related to a number of cost pressures; and non delivery of savings), and includes £4.709m 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; the risk share impact of the Integration Joint Board position (entirely driven by social care costs) capped and full overspend; and the growing cost pressure in relation to activity outside Fife and in particular, the continuing number of specialist high cost, low volume procedures undertaken in Edinburgh reported in recent months.							
<b>Capital Expenditure</b> Work within the capital resource limits set by the SG Health & Social Care Directorates	£7.514m	N/A	£7.514m	Dec-19	£4.558m	N/A	N/A
The total Capital Resource Limit for 2019/20 is £7.514m. The capital position for the 9 months to December shows investment of £4.558m, equivalent to 60.66% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.							

Staff Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
<b>Sickness Absence</b> To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.89%	Nov-19	5.57%	YE Sep-19	●
The Sickness absence rate for November was 5.57%, a decrease of 0.13% when compared to October. This means that the gap between actual performance and the improvement trajectory specified at the start of the FY has reduced to 0.52%. Improvement actions continue to take place within each operational unit to work towards achieving the trajectories set for the Board.							

## II. Performance Exception Reports

### Clinical Governance

Adverse Events	9
HSMR	10
Inpatient Falls (With Harm)	11
Pressure Ulcers	12
Caesarean Section SSI	13
SAB (HAI/HCAI)	14
C Diff (HAI/HCAI)	15
ECB (HAI/HCAI)	16
Complaints (Stage 2)	17

### Finance, Performance & Resources – Operational Performance

4-Hour Emergency Access	18
Patient Treatment Time Guarantee (TTG)	19
New Outpatients	20
Cancer 62-day Referral to Treatment	21
Delayed Discharges	22
Smoking Cessation	23
CAMHS 18 Weeks Referral to Treatment	24
Psychological Therapies 18 Weeks Referral to Treatment	25
Freedom of Information (Fol) Requests	26

### Finance, Performance & Resources – Finance

Revenue Expenditure	27
Capital Expenditure	38

### Staff Governance

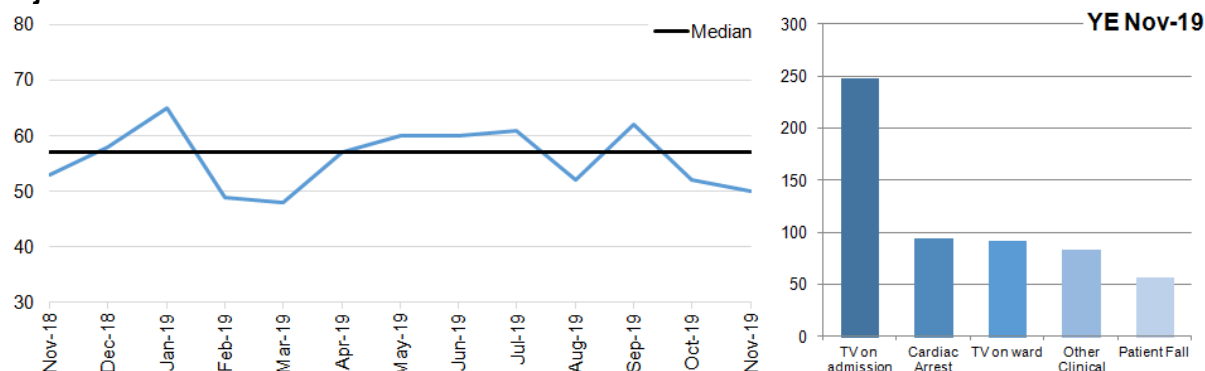
Sickness Absence	42
------------------	----



## Clinical Governance

### Adverse Events

#### Major and Extreme Adverse Events



#### All Adverse Events

	Month	2018/19					2019/20							
		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
ALL	NHS Fife	1285	1240	1348	1264	1280	1233	1291	1240	1399	1297	1246	1349	1341
	Acute Services	613	578	630	586	574	537	594	565	560	574	530	660	574
	HSCP	630	619	667	626	662	644	625	628	796	668	670	641	722
	Corporate	42	43	51	52	44	52	72	47	43	55	46	48	45
CLINICAL	NHS Fife	924	870	973	874	895	852	934	833	910	834	814	936	880
	Acute Services	565	519	568	524	524	485	551	515	517	520	484	595	534
	HSCP	348	340	389	337	355	355	346	298	378	284	312	317	331
	Corporate	11	11	16	13	16	12	37	20	15	30	18	24	15

#### Commentary

The numbers of adverse events reported across NHS Fife remains consistent, which demonstrates a good reporting culture. There are working processes in place across the organisation to provide good oversight and monitoring of all adverse events, and these are constantly reviewed.

The national Healthcare Improvement Scotland (HIS) Report which followed from the self assessment exercise in November 2018, has led to the introduction a national notification system from January 1<sup>st</sup> 2020. It has been introduced to inform HIS of all commissioned significant adverse event reviews.

## Clinical Governance

### HSMR

*Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted.*

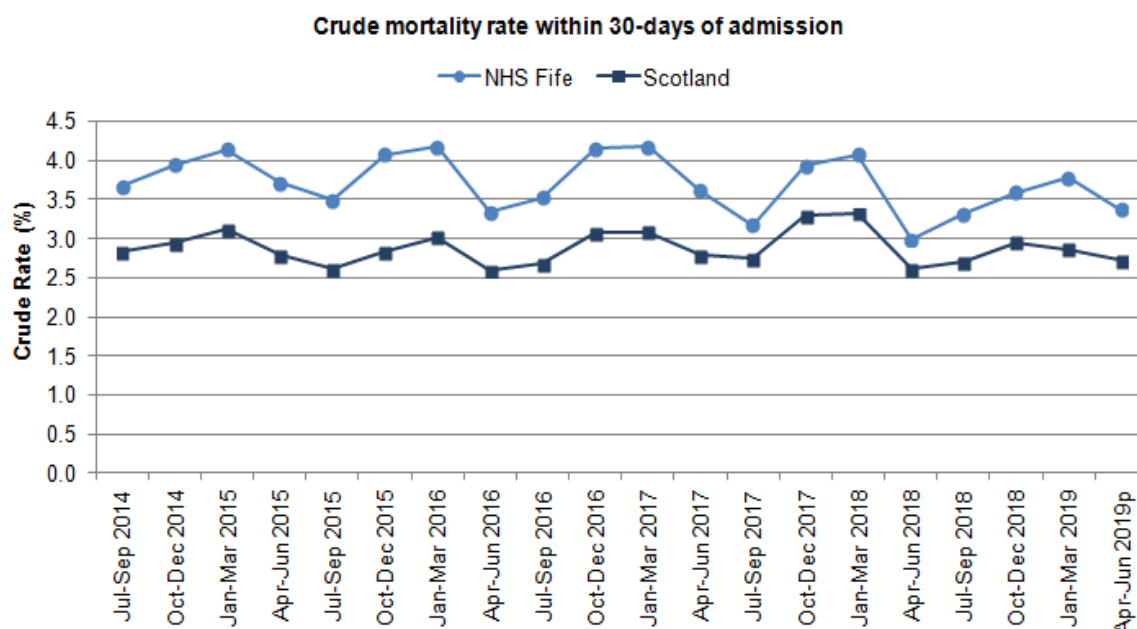
#### Reporting Period; July 2018 to June 2019<sup>p</sup>

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

Crude mortality values presented here are reflective of the latest 12 month HSMR reporting period. For crude mortality trends by individual quarter please refer to Crude Trends (Overall).

Location	Observed Deaths	Predicted Deaths	Patients	Crude Rate (%)	HSMR
Scotland	25,525	25,525	697,417	3.7%	1.00
NHS Fife	1,748	1,689	38,104	4.6%	1.04
Queen Margaret Hospital	65	46	7,524	0.9%	1.41
Victoria Hospital	1,624	1,579	30,335	5.4%	1.03

#### Crude Mortality Rate



#### Commentary

The annual HSMR for NHS Fife increased during the second quarter of 2019. The number of deaths is small, but the predicted deaths per year rose by 15, and this led to a Fife rate which is higher than the Scottish average. This could easily fall back during quarter 3.

HSMR changed to be an annual measure at the start of 2019, the way in which the data is created has changed and it is possible this doesn't properly reflect a hospital such as QMH, which is largely populated by elderly patients.

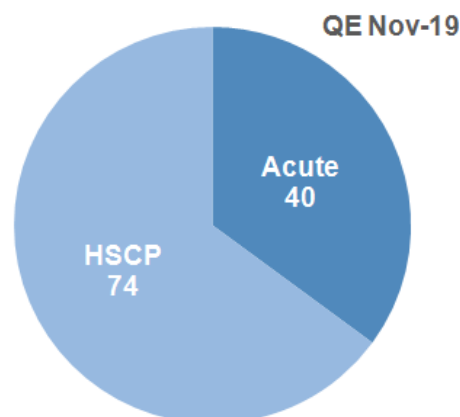
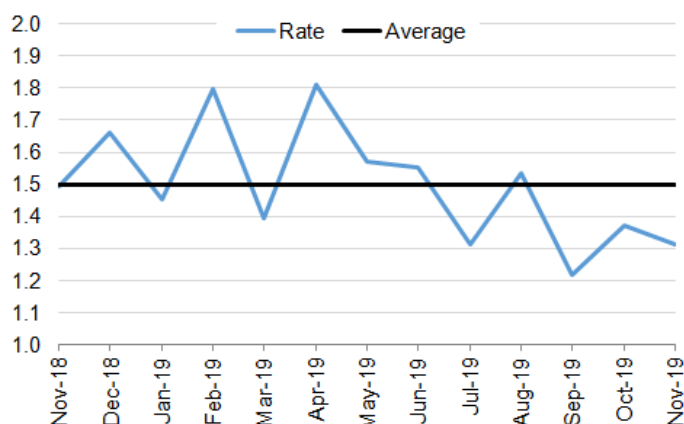
## Clinical Governance

### Inpatient Falls with Harm

Reduce Inpatient Falls With Harm rate per 1,000 Occupied Bed Days (OBD)

Improvement Target rate (by end December 2019) = **2.16 per 1,000 OBD**

#### Local Performance



#### Service Performance

	Month	2018/19					2019/20							
		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
WITH HARM	NHS Five	1.49	1.66	1.45	1.80	1.40	1.81	1.57	1.55	1.31	1.53	1.22	1.37	1.31
	Acute Services	1.22	1.49	1.19	1.62	0.84	1.17	0.89	1.73	0.54	1.34	1.13	0.88	1.00
	HSCP	1.72	1.80	1.69	1.95	1.85	2.34	2.15	1.40	1.95	1.70	1.29	1.79	1.56

#### Commentary

Work continues to focus on improvement in the reduction of falls with harm with a generally downward trend overall. Scrutiny at local level highlights areas that require a bit more support and where this was previously noted significant reduction is noted with work to sustain this. The revised falls toolkit has been relaunched and the new Comfort Clock testing complete and roll out underway. LEARN summaries are discussed within the group to support shared learning system wide.

#### Current Challenges

Need to continue to review the performance with increased demands in inpatient settings and bed modelling within the acute setting. Bed Modelling is continuing. – **All Actions**

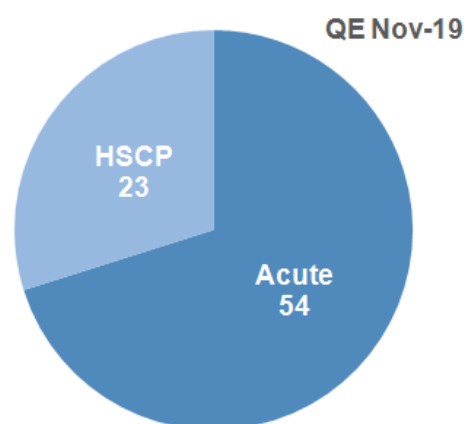
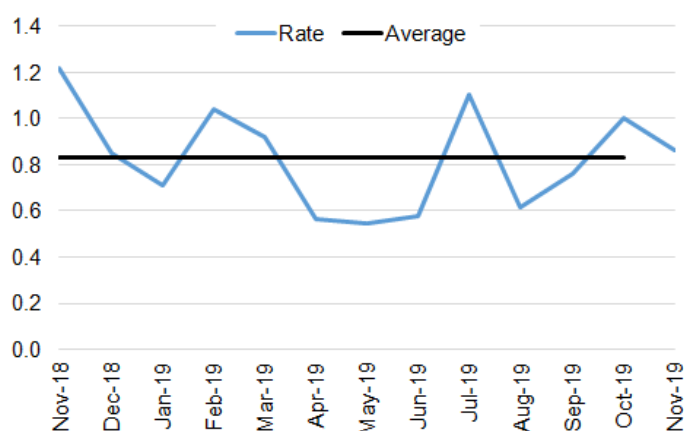
Improvement Actions	Progress	Timescale/Status
1. Review the Falls Toolkit and Falls Flowchart		Complete
2. Develop Older People's Knowledge and Skills Framework		Complete
3. Falls Audit	The audit was completed over a 5 week period, focused on 5 acute wards and showed that falls intervention reviews are poorly completed. Improvement is anticipated following the launch of the revised toolkit, and a further compliance audit is planned for January 2020.	Jan 2020 On Track
4. Care and Comfort Rounding		Complete
5. Improve effectiveness of Falls Champion Network	The Falls Champions Network was anticipated as a regular face to face session to support champions. Ongoing evaluation notes the challenges in staff from in-patient areas being able to attend frequent sessions. This is currently being reviewed to explore a range of methods of providing update and support	Apr 2020 On Track

## Clinical Governance

### Pressure Ulcers

Achieve 50% reduction in pressure ulcers (grades 2 to 4) developed in a healthcare setting  
Improvement Target rate (by end December 2019) = **0.42 per 1,000 Occupied Bed Days**

#### Local Performance



#### Service Performance

Month	2018/19					2019/20							
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
NHS Fife	1.22	0.85	0.71	1.04	0.92	0.57	0.55	0.58	1.10	0.61	0.76	1.00	0.86
Acute Services	1.99	1.57	1.12	1.54	0.91	0.70	0.89	1.25	2.15	1.19	0.98	1.47	1.62
HSCP	0.57	0.25	0.36	0.61	0.92	0.45	0.25	0.27	0.25	0.13	0.58	0.62	0.25

#### Commentary

The number of pressure ulcers (PU) reported continues to vary with no sustained improvement. The current PU collaborative finishes 31/12/2019, with a new Quality Improvement (QI) programme commencing in the New Year across Fife within identified areas, this will complement any current QI work.

#### Current Challenges

Reducing number of pressure ulcers across all NHS Fife Wards – **Actions 1 and 3**

Reducing the random monthly variation in HSCP wards – **Actions 2 and 3**

Improvement Actions	Progress	Timescale/ Status
1. All identified wards will undertake a weekly audit of compliance with SSKIN bundle (weekly audits will continue in 2020)		Complete
2. Fife-wide task group commissioned to review SBAR/LAER reporting		Complete
3. Improvement collaborative project extended to December 2019 across identified wards (a new QI programme will start in 2020)		Complete

## Clinical Governance

### Caesarean Section SSI

To reduce C Section SSI incidence (per 100 procedures) for inpatients and post discharge surveillance to day 10 by 4% by March 2020.

#### Local Performance



#### Service Performance

Quarter Ending	2017/18				2018/19				2019/20			
	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20
NHS Fife	3.0%	4.5%	4.0%	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%		
Scotland	1.2%	1.3%	1.6%	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%	1.1%		

#### Current Challenges

NHS Fife SSI Caesarean Section incidence rate still remains higher than the Scottish incidence rate – **Action 1**

NHS Fife BMI rates are higher than the national rate – **Action 2**

Improvement Actions	Progress	Timescale/Status
<b>1.</b> Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan	Improvement Plan updated following receipt of Exception Report for Q1 2019. New case ascertainment methodology adopted from October.	Mar 2020 On Track
<b>2.</b> Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	Current strategies remain in place: <ul style="list-style-type: none"> <li>Family Health Team</li> <li>Winning By Losing</li> <li>Smoking Cessation</li> </ul> Data analysis of these improvement strategies continues to assess effectiveness	Mar 2020 On Track

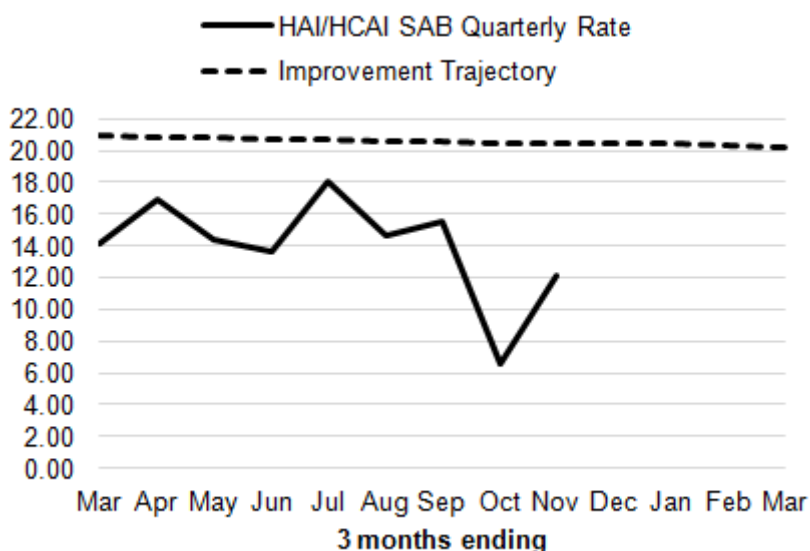
## Clinical Governance

### SAB (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

**Note: This equates to reducing the NHS Fife rate from 20.9 to 18.8 (per 100,000 TOBD) over 3 years, or to 20.2 by March 2020, 19.5 by March 2021 and 18.8 by March 2022**

#### Local Performance | Quarter Ending



#### National Benchmarking | Year Ending

Year Ending		FY 2018/19					FY 2019/20				
		Mar					Jun				
		20.9					17.6				
		16.8					16.7				

#### Current Challenges

\*\*\* REVISED TO REFLECT NEW TARGET \*\*\*

- Increase in number of SAB in People Who Inject Drugs (PWID) – **Action 1**
- Increase in number of VAD-related infections – **Action 2**
- Reducing number of CAUTI infections – **Action 3**
- Achieving HPS reduction of HCAI SAB by 10% by 2021/22 – **Action 4**

Improvement Actions	Progress	Timescale/Status
1. Reduce the number of SAB in PWIDs	Meetings with key stakeholders have continued to take place. Information leaflets for Staff and Patients are now in place & being well utilised. A SOP for accessing antibiotics for patients identified with SSTI by Addiction Services is out for consultation with GPs.	Mar 2021 On Track
2. Ongoing surveillance of all VAD-related infections	Monthly charts distributed to clinical teams to inform of incidence of VAD SABs; these demonstrate progress and promote quality improvement	Mar 2021 On Track
3. Ongoing surveillance of all CAUTI infections	Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) are taking place, to identify key issues and take appropriate corrective actions.	Mar 2021 On Track
4. Optimise comms with all clinical teams in ASD & the HSCP	Monthly anonymised reporting with Microbiology comments to gain better understanding of disease process and those most at risk. This allows local resources to be focused on high risk groups/areas and improve patient outcomes.	Mar 2022 On Track

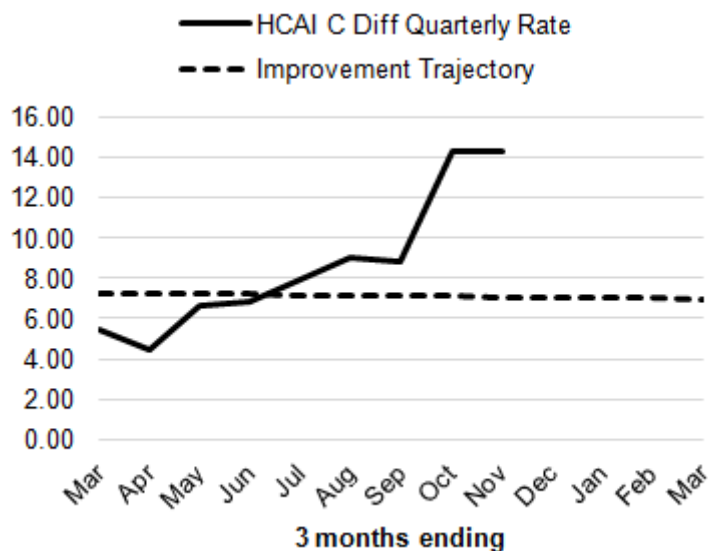
## Clinical Governance

### C Diff (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

**Note: This equates to reducing the NHS Fife rate from 7.2 to 6.5 (per 100,000 TOBD) over 3 years, or to 6.9 by March 2020, 6.7 by March 2021 and 6.5 by March 2022**

#### Local Performance | Quarter Ending



#### National Benchmarking | Year Ending

Year Ending		FY 2018/19		FY 2019/20		
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	Mar	Jun	Sep	Dec	Mar
Scotland		7.2	7.7	8.6		
		14.8	13.8	13.1		

#### Current Challenges

- High % of all HCAI CDIs classed as 'Recurrence of CDI' – **Action 1**
- Addressing antimicrobials as a risk factor for CDI – **Action 2**
- Achieving HPS reduction of HCAI CDIs by 10% by 2021/22 – **Action 3**

Improvement Actions	Progress	Timescale/Status
<b>1.</b> Reducing recurrence of CDI	Pioneering work focusing on patients with recurrent infection is continuing. NHS Fife has been approved for use of commercial FMT (Faecal microbiota transplantation).	Oct 2020 On Track
<b>2.</b> Reduce overall prescribing of antibiotics	National antimicrobial prescribing targets are defined by the Scottish Government and supported by the Scottish Antimicrobial Group. These targets are being utilised by NHS Fife's microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage. New empirical antibiotic guidance has been circulated to all Fife practices and content of the Microguide app has been revised.	Oct 2020 On Track
<b>3.</b> Optimise communications with all clinical teams in ASD & the HSCP	Monthly anonymised CDI reporting with Microbiology comments to gain better understanding of disease process. ICN ward visits reinforce SICPs and contact precautions, provide education to promote optimum CDI management and daily Medical management form completion.	Oct 2020 On Track



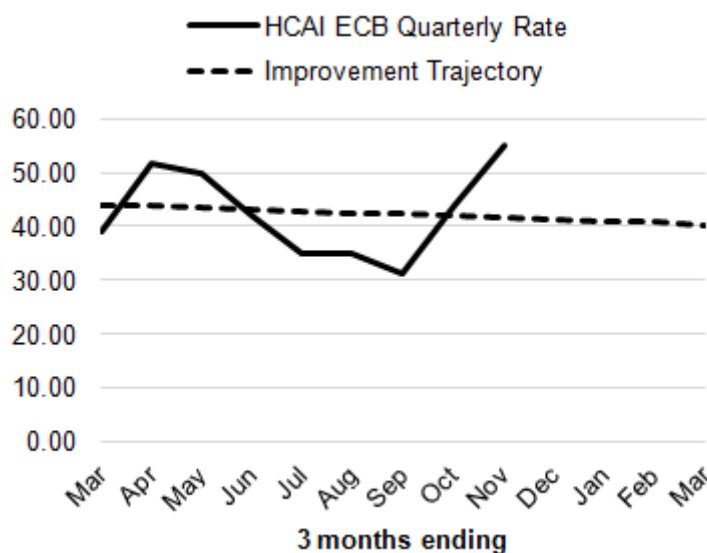
## Clinical Governance

### ECB (HAI/HCAI)

Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

**Note: This equates to reducing the NHS Fife rate from 44.0 to 33.0 (per 100,000 TOBD) over 3 years, or to 40.3 by March 2020, 36.6 by March 2021 and 33.0 by March 2022**

#### Local Performance | Quarter Ending



#### National Benchmarking | Year Ending

Year Ending		FY 2018/19		FY 2019/20		
		Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	44.0	42.3	40.4		
Scotland		38.4	38.6	38.7		

#### Current Challenges

- Achieving HPS reduction of HCAI ECBs 25% by 2021/22 and by 50% by 2023/24 – **Action 1**
- Reducing infections caused by lower urinary tract infection (UTI) as source – **Action 2**
- Reducing infections caused by catheter associated UTIs (CAUTIs) as source – **Action 3**

Improvement Actions	Progress	Timescale/Status
<b>1.</b> Optimise communications with all clinical teams in ASD & the HSCTP	As well as the mandatory national surveillance (introduced in 2015), NHS Fife has chosen to undertake additional voluntary enhanced surveillance from the start of 2020. Monthly reporting and graphs of ECB data to key clinical staff across NHS Fife (HSCTP & Acute services) has been introduced (and also supports Action 3).	March 2022 *** <b>NEW</b> ***
<b>2.</b> Formation of ECB Strategy Group	First meeting of group, with a remit to discuss, analyse and address key issues around understanding and preventing UTIs will take place in January	March 2021 *** <b>NEW</b> ***
<b>3.</b> Ongoing work of Urinary Catheter Improvement Group (UCIG)	The group was formed in January 2019, with a remit to address the many issues around safe insertion and management of urinary catheters, and meets bi-monthly. All trauma related ECB CAUTIs are recorded in DATIX.	March 2021 *** <b>NEW</b> ***



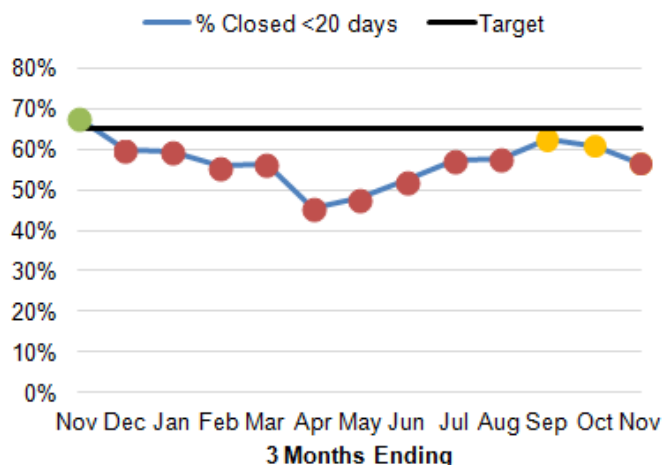
## Clinical Governance

### Complaints | Stage 2

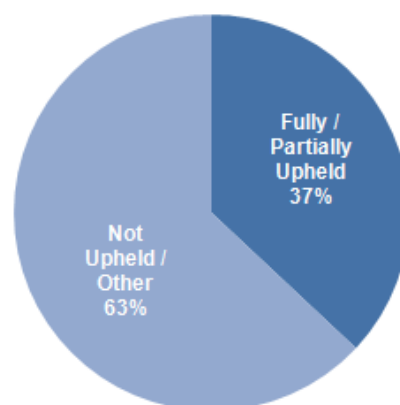
At least 75% of Stage 2 complaints are completed within 20 working days

Improvement Target for 2019/20 = **65%**

#### Local Performance



#### By Outcome | QE Nov-19



#### Local Performance by Directorate/Division

3-Month Ending	2018/19					2019/20							
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
NHS Fife	67.5%	59.8%	59.6%	55.8%	56.5%	45.5%	48.0%	52.3%	57.3%	57.8%	62.3%	60.7%	56.3%
Acknowledged <= 3 Days	93.2%	93.2%	89.9%	92.3%	92.4%	92.2%	93.3%	91.9%	95.1%	94.0%	95.1%	95.1%	94.1%
ASD	75.6%	70.7%	69.0%	62.7%	60.3%	52.6%	59.6%	67.7%	71.4%	66.7%	64.2%	61.0%	61.1%
HSCP	38.7%	26.5%	35.3%	38.2%	44.4%	21.1%	11.1%	8.7%	22.6%	32.4%	52.8%	55.9%	45.2%

#### Current Challenges

To improve quality of draft responses – **Action 1**

To improve quality of investigation statements – **Action 2**

Inconsistent management of medical statements and inconsistent style of responses within ASD – **Action 3**

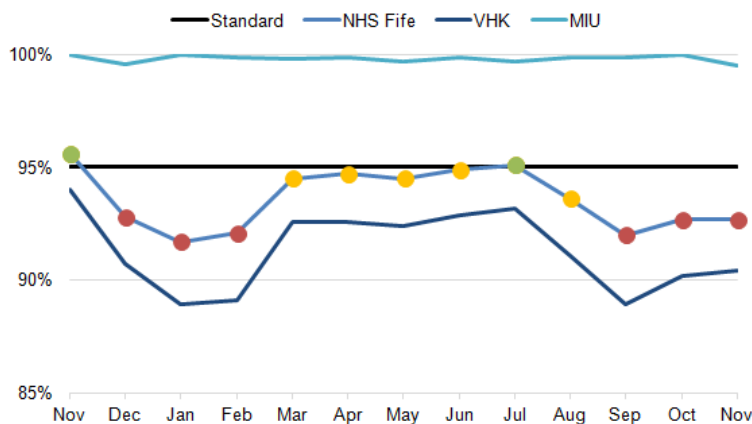
Improvement Actions	Progress	Timescale/ Status
<b>1.</b> Patient Relations Officers to undertake peer review	This continues and learning is being shared directly with individual Officers. Monthly meetings with ASD to discuss complaint issues and style of drafts are in place. Joint education session to be arranged to agree draft styles.	March 2020 On Track
<b>2.</b> Deliver education to service to improve quality of investigation statements	Yearly education delivered to FY2 doctors and student nurses. <i>Ad Hoc</i> training sessions are also delivered when required.	Mar 2020 On Track
<b>3.</b> Agree a process for managing medical statements, and a consistent style for responses	ASD to discuss with Clinical Leads PRD raise issues at monthly meeting SPSO training for clinical staff around the complaints process and providing statements took place in December, and a further session has been scheduled for January <b>This work will remain ongoing throughout the rest of the FY</b>	Mar 2020 On Track

## Finance, Performance & Resources – Operational Performance

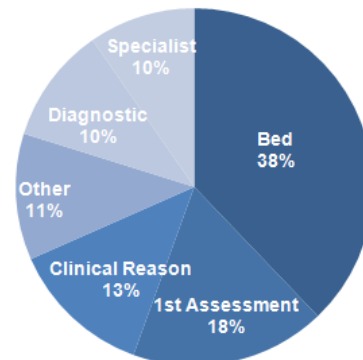
### 4-Hour Emergency Access

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  
Improvement Target for 2019/20 = **96%**

#### Local Performance



#### Breach Reason Nov-19



#### National Benchmarking

Month	2018/19						2019/20						
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
NHS Fife	95.6%	92.8%	91.7%	92.1%	94.5%	94.7%	94.5%	94.9%	95.1%	93.6%	92.0%	92.7%	92.7%
Scotland	91.3%	89.6%	88.8%	89.3%	91.3%	89.9%	90.7%	90.3%	91.2%	90.6%	88.7%	88.0%	85.5%

Current Challenges	Variation in 4-Hour Emergency Access Performance - <b>Action 1</b>
	Patient Flow – <b>Action 2</b>
	ECAS and OPAT Services and Capacity – <b>Actions 3 and 4</b>

Improvement Actions	Progress	Timescale/ Status
1. Formation of PerformED group to analyse performance trends	Group has focused on review of breaches between 4 and 5 hours to assess potential for improvements. A review of pathways for some chest pain presentations, to increase utilisation of A&E observation ward, is underway.	Jan 2020 On Track
2. Review of AU1 Assessment Pathway		Complete
3. Implementation of OPAT		Complete
4. Development of services for ECAS	Monitoring ECAS utilisation and medical/staffing model with aspiration to increase OPAT offering and increase nurse led elements to provide alternatives to IP admission	Mar 2020 On Track

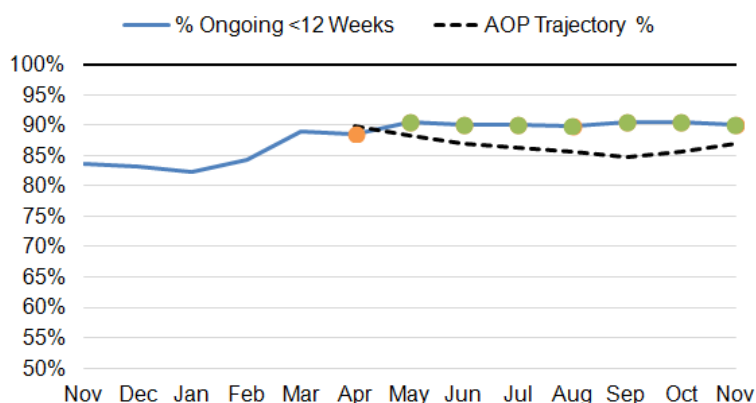
## Finance, Performance & Resources – Operational Performance

### Patient TTG

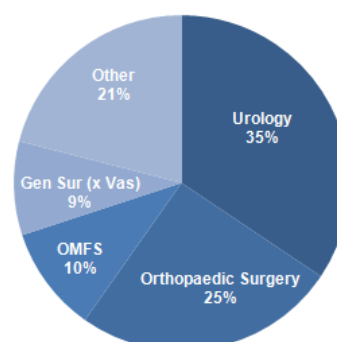
We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

Improvement Target for 2019/20 = **90.6%** (Patients Waiting <= 12 Weeks at month end, as per Scottish Government Waiting Times Plan)

#### Local Performance



#### Ongoing Breaches Nov-19



#### National Benchmarking

	2018/19					2019/20								Dec-19
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Target
NHS Fife	83.5%	83.3%	82.4%	84.4%	89.0%	88.5%	90.4%	90.1%	90.1%	89.9%	90.6%	90.5%	90.1%	88.3%
Scotland		67.5%	66.6%	66.8%	70.1%	68.9%	68.4%	67.8%	67.8%	66.8%	67.5%			

Current Challenges	Recurring gap in IP/DC capacity – <b>Actions 2, 3 and 4</b>
	Difficulty in recruiting to Specialist Consultant posts – <b>Actions 2 and 4</b>
	Difficulty in staffing additional in-house activity - <b>Actions 2, 3 and 4</b>
	Cancellation of IP/DC activity due to unscheduled care pressures - <b>Action 2</b>

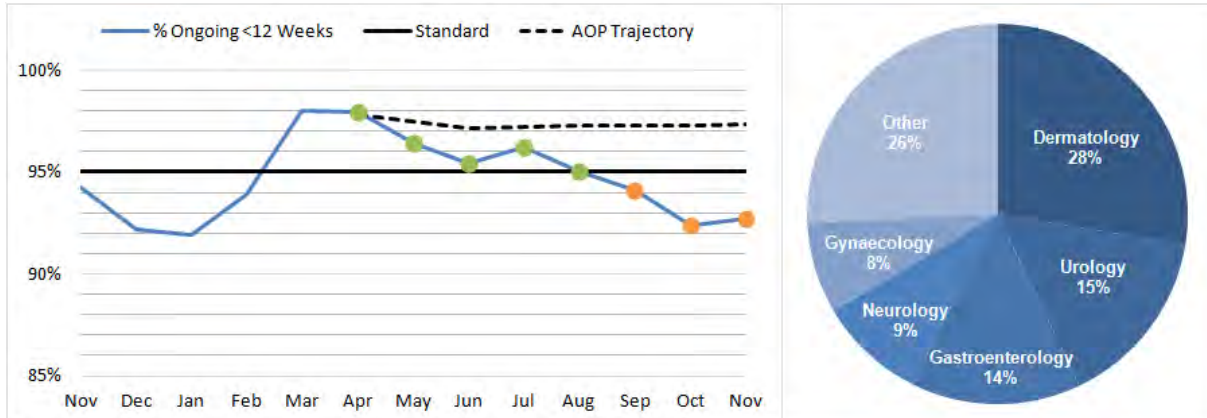
Improvement Actions	Progress	Timescale/ Status
1. Secure resources in order to deliver waiting times improvement plan for 19/20		Complete
2. Develop and deliver Clinical Space redesign Improvement programme	Meetings continue, report from front Door analysis received and being considered	Mar 2020 On Track
3. Theatre Action Group develop and deliver plan	Monthly meetings continue, action plan in place. Day Surgery event planned for February to explore options for delivery of the new BADS targets and to maximise the use of day surgery capacity at QMH.	Mar 2020 On Track
4. Review DCAQ and develop waiting times improvement plan for 20/21, and secure resources	Plan for 2020/21 submitted for discussion. On- going work to secure in sourced capacity to meet current gap due to vacancies	Mar 2020 *** NEW ***

## Finance, Performance & Resources – Operational Performance

### New Outpatients

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

#### Local Performance



#### National Benchmarking

	2018/19					2019/20								Dec-19
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Target
NHS Fife	94.2%	92.2%	91.9%	93.9%	98.0%	98.0%	96.4%	95.4%	96.2%	95.0%	94.1%	92.4%	92.7%	97.3%
Scotland		70.1%			75.0%	74.5%	74.4%	73.5%	73.5%	72.2%	72.9%			

#### Current Challenges

- Recurring gap in Outpatient capacity – **Actions 1, 2 and 3**
- Difficulty in recruiting to Specialist Consultant posts – **Actions 2 and 3**
- Difficulty in staffing additional in-house activity - **Actions 1 and 2**

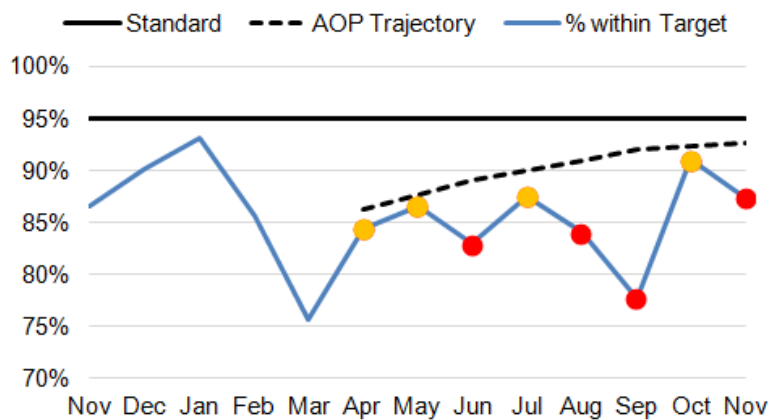
Improvement Actions	Progress	Timescale/ Status
<b>1.</b> Review DCAQ and secure activity to deliver funded activity in waiting times improvement plan for 19/20 and 20/21	Plan for 2020/21 submitted for discussion. Tenders developed to in-source activity and alternative solutions being sought to increase capacity in Q4. <b>Action reworded and date revised to reflect extended scope for 2020/21</b>	<b>Dec-2019</b> Delayed to Mar 2020
<b>2.</b> Develop and deliver Outpatient Transformation programme to reduce demand	Transformation Group set up and meeting regularly, with focused programme and workstreams in place to deliver projects	Mar 2020 On Track
<b>3.</b> Improve recruitment to vacant posts and/or consider service redesign to increase capacity	New Consultants posts in Urology, General Surgery, Cardiology, Gynaecology, Anaesthetics, Oncology and Orthopaedics have been recruited to. Discussions ongoing regarding new Oral Maxillofacial post and clinical fellow/Speciality doctor posts. Recruitment to replacements for existing posts continues to be a challenge in a number of specialities. <b>Completion date changed to reflect these difficulties</b>	<b>Jan-2020</b> Delayed to Mar 2020

## Finance, Performance & Resources – Operational Performance

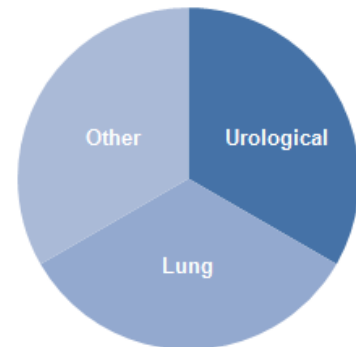
### Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days  
Improvement Target for 2019/20 = **94%**

#### Local Performance



#### Breaches Nov-19



#### National Benchmarking

	2018/19					2019/20								Dec-19 Target
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
NHS Fife	86.6%	90.2%	93.1%	85.6%	75.6%	84.4%	86.6%	82.9%	87.5%	84.0%	77.7%	91.0%	87.3%	93.0%
Scotland	81.0%	83.4%	79.9%	79.9%	81.6%	80.4%	81.1%	82.6%	81.8%	82.1%	83.7%	82.7%	81.9%	

#### Current Challenges

- Urology 62 day performance (Prostate) – **Actions 1 and 2**
- Cancer Waiting Times 'education' – **Action 2**
- Delays to steps in pathways for 1<sup>st</sup> OPA, diagnostic investigations and reporting – **Action 2**
- Number of breaches in various specialties – **Action 3**

Improvement Actions	Progress	Timescale/ Status
<b>1.</b> Urology Improvement Group review prostate pathway to minimise wait between each step	Improvements implemented have delivered a reduction in waits to 1 <sup>st</sup> OPA, MRI, TRUS biopsy. Further work is being undertaken with the clinical team, radiology and pathology to minimise waits between steps.	Jan 2020 On Track
<b>2.</b> Improvement in cancer governance structure and redesign of weekly PTL meeting together with organisation-wide education sessions to ensure clear focus on escalation processes	<ul style="list-style-type: none"> <li>Governance structure agreed</li> <li>Meetings to be arranged and ToRs finalised</li> <li>CWT education package under development</li> <li>SOP to be reviewed</li> <li>Cancer Scorecard in development</li> </ul> Further metrics introduced into the PTL meeting to allow services to manage cancer referral demand and capacity.	Mar 2020 On Track
<b>3.</b> Robust review of timed cancer pathways to ensure up to date and with clear escalation points	Current pathways distributed to teams for review. Escalation protocols being developed by each service to avoid any "communication delays in pathway". Colorectal and Head & Neck pathways have been reviewed, with comments received from H&N Consultants. Timings are to be added.	Jan 2020 On Track

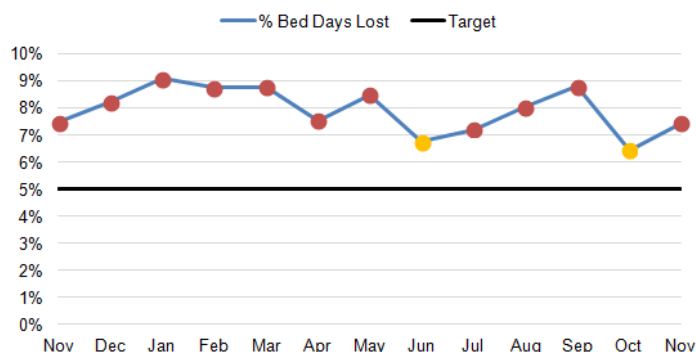
## Finance, Performance & Resources – Operational Performance

### Delayed Discharges (Bed Days Lost)

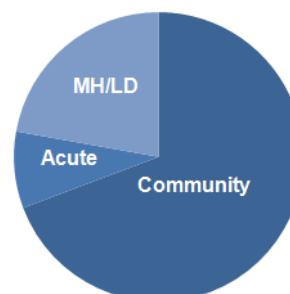
We will reduce the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

Improvement Target for 2019/20 = 5%

#### Local Performance



#### Bed Days Lost | Nov-19



#### National Benchmarking

Quarter Ending		2018/19				2019/20			
		Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	TOBD	87,527	92,599	91,463	91,885	87,857			
	Bed Days Lost	3,638	4,200	6,744	8,141	6,685			
	% Bed Days Lost	4.2%	4.5%	7.4%	8.9%	7.6%			
Scotland	TOBD	1,552,301	1,541,821	1,551,451	1,567,162	1,540,155			
	Bed Days Lost	101,712	107,120	109,366	101,959	103,422			
	% Bed Days Lost	6.6%	6.9%	7.0%	6.5%	6.7%			

#### Current Challenges

To reduce the number of hospital bed days lost due to patients in delay – **Actions 1 and 3**

To improve the time taken to complete social work assessments – **Actions 2 and 4**

Improvement Actions	Progress	Timescale/ Status
1. Test a trusted assessors model within VHK for patients transferring to STAR/assessment beds	Framework developed. Training and shadowing sessions for staff to be progressed. <b>Training will continue until the end of the FY.</b>	Jan 2020 Delayed to Mar 2020
2. Review timescales of SW assessments		Complete
3. Moving On Policy to be implemented to support staff where families are refusing choices and/ or where there is no availability of the assessed resource	Policy to be signed off and implemented by winter <b>Still to be signed off.</b>	Dec-2019 Delayed to Jan 2020
4. Improve flow of communication between wards and Discharge HUB	Progressing two tests of change to improve efficiency of assessments and reduce waits – direct transfer of information on to iPads at ward level, and a 'sticker' system	Mar 2020 On Track

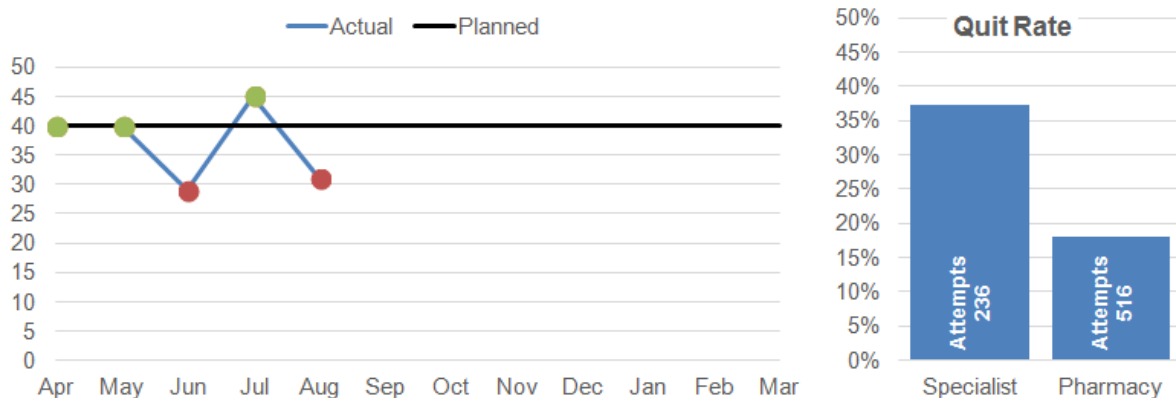


## Finance, Performance & Resources – Operational Performance

### Smoking Cessation

In 2019/20, we will deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

#### Local Performance



#### National Benchmarking

% Achieved Against Target		2019/20											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	40	40	29	45	31							
	Actual Cumul	40	80	109	154	185	185	185	185	185	185	185	185
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	100.0%	101.3%	92.4%	97.5%	93.9%							
Scotland	Achieved			92.4%									

#### Current Challenges

- To improve uptake in deprived communities – **Action 1**
- To increase uptake of Champix – **Action 2**
- To increase smoking cessation in Antenatal Setting – **Action 3**
- Increase at-work support to NHS Staff – **Action 4**

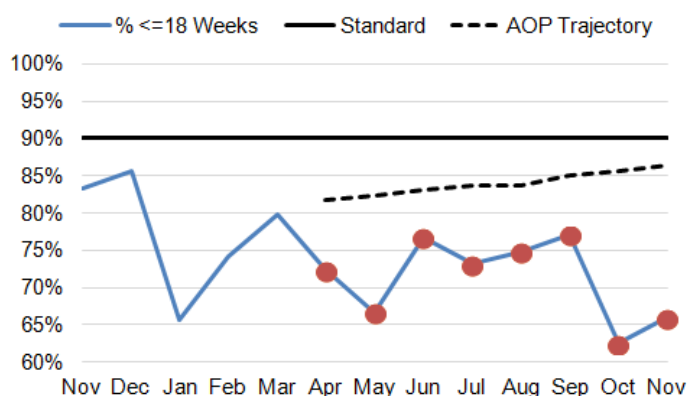
Improvement Actions	Progress	Timescale/ Status
1. Outreach development with Gypsy Travellers in Thornton		Complete
2. Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic	Plans in progress, monthly meetings with Respiratory Consultant to organise paperwork and process/pathways. Committee approval has been received and the first trial run (to check process and procedures) will start on 12 <sup>th</sup> December. The real time test will start on 9 <sup>th</sup> January.	Mar 2020 On Track
3. 'Better Beginnings' class for pregnant women on Saturday mornings	Plans have progressed and Saturday provision has started - ongoing monitoring in place	Mar 2020 On Track
4. Enable staff access to medication whilst at work	Initial discussion on potential for staff to access their nicotine addiction management medication whilst at work has taken place. Small scale test of change to be considered.	Aug 2020 *** NEW ***

## Finance, Performance & Resources – Operational Performance

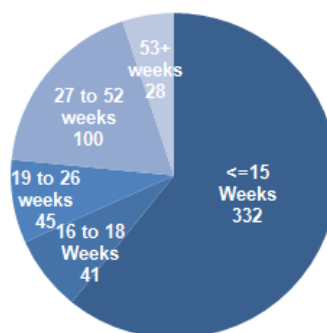
### CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment  
Improvement Target for 2019/20 = **88%**

#### Local Performance



#### Waiting List (546) Nov-19



#### National Benchmarking

Month	2018/19					2019/20								Dec-19 Target
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
NHS Fife	83.3%	85.5%	65.7%	74.3%	79.8%	72.3%	66.7%	76.7%	73.2%	74.8%	77.1%	62.5%	66.0%	87.0%
Scotland	68.3%	78.6%	72.1%	73.4%	75.6%	69.2%	69.1%	70.9%	62.7%	63.8%	66.9%			

#### Current Challenges

- Increased referrals to service – **Action 1**
- Pressure on existing staff – **Action 2**
- Improving efficiency of workload allocation – **Action 3**

Improvement Actions	Progress	Timescale/ Status
<b>1.</b> Introduction of Primary Mental Health Worker (PMHW) First Contact Appointments System and Group Therapy Programme	Following the departure of existing staff in September, recruitment has been successful for 4 wte temporary posts, and these posts will be filled in January and February. The service is currently operating with 3 staff instead of 7 due to the resignations, which has significant negative consequences on appointment times which now sit between 8 and 9 weeks compared to the planned response time of 2 to 3 weeks. The impact of this service however has been significant with 48% of referrals to CAMHS being redirected following assessment to more appropriate support providers.	Mar 2020 On Track (though dependent on start dates)
<b>2.</b> Waiting List Additional Staffing Resource	Additional Tuesday and Wednesday evening clinics are now running. It is anticipated that 80 to 100 additional C&YP will be allocated individual therapy, depending on uptake and attendance. Activity data from December indicates that from the original list of 107 waiting more than 1 year, only 7 were awaiting appointments. The Group Programme is underway, resulting in 158 C&YP being allocated group places up until January.	Sep 2019 to Feb 2020 On Track
<b>3.</b> Introduction of Substantive Team Leader Role	East & West Team Leader Posts filled. Active allocation of appointments underway. Team Leaders identifying patients for prioritisation and for evening clinics.	Mar 2020 On Track



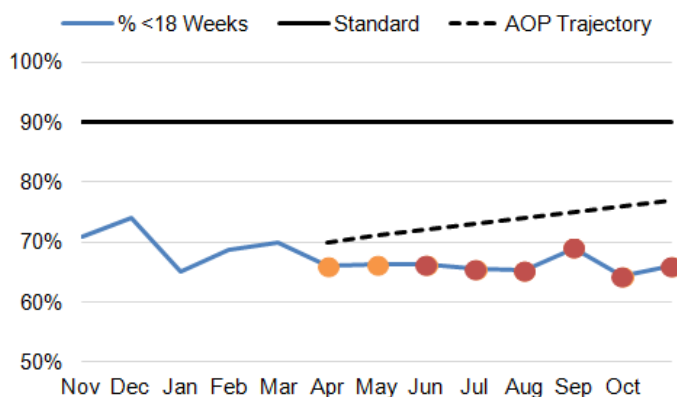
## Finance, Performance & Resources – Operational Performance

### Psychological Therapies 18 weeks RTT

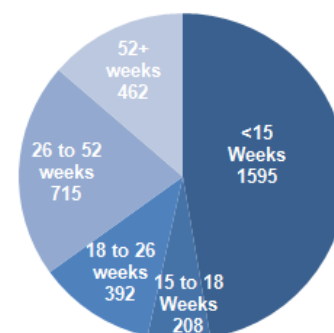
At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies

Improvement Target for 2019/20 = **82%**

#### Local Performance



#### Waiting List (3372) Nov-19



#### National Benchmarking

Month	2018/19					2019/20								Dec-19 Target
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
NHS Fife	70.8%	73.9%	65.0%	68.7%	69.8%	66.1%	66.2%	66.3%	65.5%	65.2%	69.0%	64.2%	66.0%	78.0%
Scotland	74.6%	77.5%	75.3%	77.7%	79.6%	76.7%	79.3%	80.0%	78.8%	79.2%	80.1%			

#### Current Challenges

- To reduce delays for patients with complex needs requiring PTs within care programme approach – **Action 1**
- To provide sufficient low-intensity PTs for mild-moderate mental health problems – **Action 2**
- To increase capacity in services offering PTs for secondary care patients – **Actions 3 and 5**
- To improve triage in Primary Care to improve access to appropriate PTs – **Action 4**

Improvement Actions	Progress	Timescale/ Status
1. Introduction of single point of access for secondary care patients via CMHT		Complete
2. Introduction of Extended Group Programme in primary care, accessible by self-referral	Data indicates that this change has had a sustained positive impact on capacity for more highly specialist work within this tier of service. Plans underway to expand self referral via website for low intensity PTs within Child and Family Psychology service.	Mar 2020 On Track
3. Redesign of Day Hospital provision to support CMHTs	Implementation of full re-design delayed due to revised timetable for staff engagement work. Further progress required to impact on capacity for delivery of PTs.	Mar 2020 On Track
4. Implement triage nurse pilot programme in Primary Care	Staff in post in selected GP Cluster areas; service being well-utilised; positive findings from interim evaluation in September 2019; final evaluation due this September	Sep 2020 On Track
5. Trial of new group-based PT options for people with complex needs	Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Specific requirements identified from audit of Psychology AMH WL.	Sep 2020 *** NEW ***

## Finance, Performance & Resources – Operational Performance

### Freedom of Information Requests

In 2019/20, we will respond to a minimum of 85% of FOI Requests within 20 working days

#### Local Performance



#### FOI Closure Times QE Nov-19



#### Service Performance

Monthly	2018/19					2019/20							
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Health Board	55.4%	76.0%	83.7%	80.4%	73.8%	52.2%	56.8%	55.6%	68.9%	73.7%	48.3%	36.1%	48.5%
IJB			100.0%	100.0%	55.6%	100.0%	86.7%	71.4%	86.7%	100.0%	85.7%	77.8%	66.7%

#### Current Challenges

Performance variable due to delays in the return of responses from services and pressure on corporate support for finalising responses – **All actions**

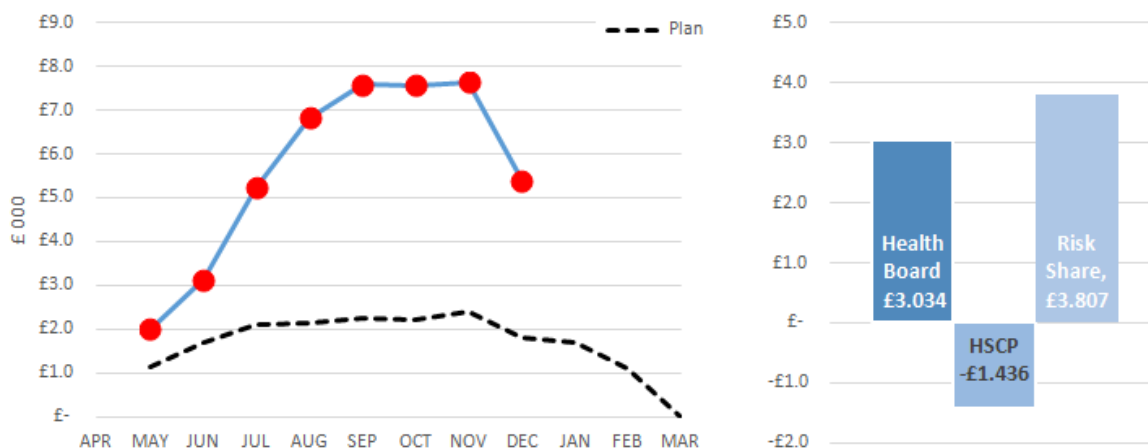
Improvement Actions	Progress	Timescale/ Status
1. Map pathway out, identify areas that have recurring issues with delayed responses		Complete
2. Improve FOI case recording and monitoring of timeliness of responses		Complete
3. Review cover arrangements for administration of requests, to improve resilience		Complete
4. Update of processes to reflect involvement of IG&S Team	Updates incorporated in advance of introduction of Axlr8 case management software (software roll-out now estimated for early 2020)	Complete
5. Refresh process with H&SC partnership for requests received that relate to their services	Initial meeting took place in October with IJB FOI officer to discuss further, and agreed to be taken forward in tandem with process mapping review. Further meeting held in December and IG&S Team working with IJB officer to agree protocol of dealing with partnership-related request. Further meeting to be held in January.	Dec-2019 Delayed to Jan 2020
6. Align internal reporting on FOI to avoid unnecessary duplication of effort	Agree and implement one format of reporting on FOI performance, aligned to that developed for IPQR, for quarterly meetings of Information Governance & Security Group. Further discussion to be held on data capture to ensure information gathered can also be utilised for external reporting to Scottish Information Commissioner.	Jan-2020 Delayed to Feb 2020
7. Formalise long-term resource requirements for FOI administration	There is present uncertainty around the long-term resource available to manage FOI administration, as Information Governance has only temporary resource available within the existing team. This issue has been escalated to the SIRO and the Data Protection Officer has a meeting in early January with the eHealth General Manager to discuss.	Feb 2020 *** NEW ***

## Finance, Performance & Resources – Finance

### Revenue Expenditure

NHS Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD).

#### Local Performance



#### Expenditure Analysis

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	406,754	420,690	308,791	311,825	3,034	0.98%	-2,740	5,774
Integration Joint Board (Health)	349,250	351,504	263,210	261,774	-1,436	-0.55%	-1,567	131
Risk Share (Capped)	0	0	0	3,807	3,807	0.00%	3,807	0
Total	756,004	772,194	572,001	577,406	5,405	0.94%	-500	5,905

#### Current Challenges

Acute Services Division: overspend of £11.898m, the key drivers being run rate overspend and shortfall on savings delivery – **Actions 1 and 3**

IJB: extent of social care overspend and significant risk to delivery of break even position if we are required to fund the full forecast IJB overspend (as opposed to the capped budget gap) – **Actions 2 and 3**

Non recurring financial flexibility: under continuous review but currently insufficient to offset full extent of overspend, including IJB risk share – **Action 3**

Improvement Actions	Progress	Timescale/ Status
1. Savings	(Deloitte) external review complete ASD to prepare detailed action plan <b>This will be an ongoing activity throughout 2019/20 and 2020/21</b>	Mar 2020
2. Discussions with Scottish Government to support financial position	Meetings held in October to date – remains a live conversation and is likely to continue over final quarter of the financial year <b>Action completion date adjusted</b>	Jan 2020 Delayed to Mar 2020
3. Ongoing grip and control measures across all services	Detailed assessment of potential financial flexibility (including assessment of winter and waiting list monies) ongoing, with early decision, action and release of identified benefit to the financial position <b>Action completion date adjusted</b>	Dec 2019 Delayed to Mar 2020

## Finance, Performance & Resources – Finance

### 1. Annual Operational Plan

- 1.1 The Financial Plan for 2019/20 was approved by the Board on 27 March 2019, with the related Annual Operational Plan approved on 29 May 2019.

### 2. Financial Allocations

#### Revenue Resource Limit (RRL)

- 2.1 NHS Fife received confirmation of the December core revenue and core capital allocation amounts on 20 December. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £745.567m; and anticipated allocations total £2.260m.

#### Non Core Revenue Resource Limit

- 2.2 In addition NHS Fife 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 confirmed non core RRL funding totals £24.367m.

#### Total RRL

- 2.3 The total current year budget at 31 December is therefore £772.194m as detailed in Appendix 1.

### 3. Summary Position - Commentary

- 3.1 The revenue position for the **9 months to 31 December reflects an overspend of £5.405m**. This is a significant improvement in the year to date position compared to month 8, due to the increased non recurring financial flexibility described in paragraph 4.6 below. Based on this in-year position, and a number of high level planning assumptions as agreed by delegated budget holders, the **year end forecast ranges from a potential optimistic forecast of £4.2m overspend to a potential worst case of £10.0m overspend**. This assumes a capped risk share cost to NHS Fife of £7.05m (the original agreed budget gap of the IJB of £6.5m plus £0.55m additional social care packages agreed by the respective Chief Officers) and does not take into consideration some further non recurring offsetting benefits currently being explored.
- 3.2 Discussions have been held with the Director of Health Finance, Scottish Government over the last few months, to work collaboratively to find a solution to the financial challenges facing NHS Fife. As reported previously a range of areas were considered. As at month 9, the transfer of full capital receipts of £1m into our revenue position has been actioned which supports the in year position on a non recurring basis. Work continues on: the identification of qualifying expenditure for potential ADEL funding; the review of allocations for any slippage or flexibility; and a review of balance sheets accruals both in terms of value and accounting treatment. The potential additional non recurring offsetting benefit of these actions may be in the region of £3m, but this requires further ongoing scrutiny in the remaining months of the year and engagement with External Audit to discuss the potential balance sheet adjustment in particular.
- 3.3 Notwithstanding the forecast position outlined in 3.1 above, the current forecast overspend of the IJB is significantly higher than the original approved budget gap (and capped risk share pressure) with a potential further £3.3m - £3.8m impact on the NHS Fife position at year end.
- 3.4 Taking account of the potential offsetting benefits described above and the further overspend of the IJB, the **forecast outturn position moves to an overspend of £3.5m (best case) to £9.8m (worst case)**. This highlights the ongoing challenge in



## Finance, Performance & Resources – Finance

achieving financial balance and our ability to meet our statutory obligations, without further financial support from Scottish Government.

- 3.5 Other key challenges continue as previously reported and comprise: the overspend on Acute Services (run rate overspend related to a number of cost pressures; and non delivery of savings), and includes £4.709m 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;; and the growing cost pressure in relation to activity outside Fife and in particular, the continuing number of specialist high cost, low volume procedures undertaken in Edinburgh reported in recent months.
- 3.6 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR) we have included a funding assumption of £3.5m (optimistic scenario) to meet the value of the full risk share impact net of potential offsetting benefits.
- 3.7 Table 1 below provides a summary of the position across the constituent parts of the system for the year to date: an overspend of £3.034m is attributable to Health Board retained budgets; whilst an underspend of £1.436m is attributable to the health budgets delegated to the Integration Joint Board; and an overspend shown of £3.807m relating to the IJB risk share (capped at the opening budget deficit of £6.5m plus agreed additional social care packages.)

**Table 1: Summary Financial Position for the period ended December 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	406,754	420,690	308,791	311,825	3,034	0.98%	-2,740	5,774
Integration Joint Board (Health)	349,250	351,504	263,210	261,774	-1,436	-0.55%	-1,567	131
Risk Share (Capped)	0	0	0	3,807	3,807	0.00%	3,807	0
<b>Total</b>	<b>756,004</b>	<b>772,194</b>	<b>572,001</b>	<b>577,406</b>	<b>5,405</b>	<b>0.94%</b>	<b>-500</b>	<b>5,905</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	199,039	207,663	156,625	168,523	11,898	7.60%	6,198	5,700
IJB Non-Delegated	8,392	8,536	6,415	6,412	-3	-0.05%	-44	41
Estates & Facilities	72,837	73,091	54,416	53,731	-685	-1.26%	-685	0
Board Admin & Other Services	53,273	82,802	66,690	65,796	-894	-1.34%	-927	33
Non-Fife & Other Healthcare Providers	85,566	85,566	64,191	65,540	1,349	2.10%	1,349	0
Financial Flexibility & Allocations	12,828	17,285	7,865	-455	-8,320	-105.79%	-8,320	0
<b>Health Board</b>	<b>431,935</b>	<b>474,943</b>	<b>356,202</b>	<b>359,547</b>	<b>3,345</b>	<b>0.94%</b>	<b>-2,429</b>	<b>5,774</b>
Integration Joint Board - Core	373,814	401,698	301,716	300,490	-1,226	-0.41%	-1,357	131
Integration Fund & Other Allocations	13,804	736	225	0	-225	0.00%	-225	0
<b>Sub-total Integration Joint Board Core</b>	<b>387,618</b>	<b>402,434</b>	<b>301,941</b>	<b>300,490</b>	<b>-1,451</b>	<b>-0.48%</b>	<b>-1,582</b>	<b>131</b>
IJB Risk Share Arrangement (Capped)	0	0	0	3,807	3,807		3,807	0
<b>Total Integration Joint Board - Health</b>	<b>387,618</b>	<b>402,434</b>	<b>301,941</b>	<b>304,297</b>	<b>2,356</b>	<b>0.78%</b>	<b>2,225</b>	<b>131</b>
<b>Total Expenditure</b>	<b>819,553</b>	<b>877,377</b>	<b>658,143</b>	<b>663,844</b>	<b>5,701</b>	<b>0.87%</b>	<b>-204</b>	<b>5,905</b>
IJB - Health	-38,441	-50,930	-38,731	-38,716	15	-0.04%	15	0
Health Board	-25,181	-54,253	-47,411	-47,722	-311	0.66%	-311	0
Miscellaneous Income	-63,622	-105,183	-86,142	-86,438	-296	0.34%	-296	0
<b>Net Position Including Income</b>	<b>755,931</b>	<b>772,194</b>	<b>572,001</b>	<b>577,406</b>	<b>5,405</b>	<b>0.94%</b>	<b>-500</b>	<b>5,905</b>

## 4. Operational Financial Performance for the year

### Acute Services

- 4.1 The Acute Services Division reports a **net overspend of £11.898m for the year to date**. This reflects an overspend in operational run rate performance of £6.198m, and unmet savings of £5.7m per Table 2 below. Within the run rate performance, pay is overspent by £4.953m. 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, incremental progression and nursing recruitment in line

## Finance, Performance & Resources – Finance

with the workforce planning tool, as well as supplementary staffing to support surge capacity. As the operational performance section of the IPQR highlights, there is increasing pressure across unscheduled care in terms of demand; the financial position demonstrates the cost impact of the additional capacity required. Included within the ASD position is £4.709m overspend relating to the budgets 'set aside' for inclusion in the IJB's strategic plans but which remain managed by the NHS Board.

**Table 2: Acute Division Financial Position for the period ended December 2019**

	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
<b>Acute Services Division</b>								
Planned Care & Surgery	68,172	71,876	53,684	57,166	3,482	6.49%	1,764	1,718
Emergency Care & Medicine	73,159	77,158	58,777	64,534	5,757	9.79%	4,131	1,626
Women, Children & Clinical Services	54,063	55,148	41,428	44,858	3,430	8.28%	1,074	2,356
Acute Nursing	596	616	432	374	-58	-13.43%	-58	
Other	3,049	2,865	2,304	1,591	-713	-30.95%	-713	
<b>Total</b>	<b>199,039</b>	<b>207,663</b>	<b>156,625</b>	<b>168,523</b>	<b>11,898</b>	<b>7.60%</b>	<b>6,198</b>	<b>5,700</b>

- 4.2 As previously reported, the Acute Services team are currently in the design phase for implementation of an effective savings programme following the external expertise provided through Deloitte LLP. The Acute Services management team's transformation programme will translate findings from the external Deloitte report in to the 'art of the possible' for 2020/21 and beyond. In parallel the interim PMO Director has been appointed to review and advise on the overarching governance arrangements and infrastructure across Health and into Social Care.

### Estates & Facilities

- 4.3 The Estates and Facilities budgets report an **underspend of £0.685m** which is generally attributable to vacancies, energy and water and property rates, and partially offset by an overspend on property maintenance. The favourable movement in-month reflects a rates revaluation rebate.

### Corporate Services

- 4.4 Within the Board's corporate services there is **an underspend of £0.894m**. Further analysis of Corporate Directorates is detailed per Appendix 2.

### Non Fife and Other Healthcare Providers

- 4.5 The budget for healthcare services provided out with NHS Fife is **overspent by £1.349m** per Appendix 3. This remains an area of increasing challenge particularly given the relative higher costs of some other Boards, coupled with the unpredictability of activity levels.

### Financial Plan Reserves & Allocations

- 4.6 As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and new in-year allocations are held in a central budget. Whilst no specific decisions are made to hold back new allocations, there are often unplanned underspends which emerge as the year progresses. As we approach the final quarter in the financial year the routine robust monthly review of financial flexibility continues, details of which are per Appendix 4. Significant movements in month 9 relate to a confirmed £1.8m benefit in respect of new medicines funding; and the transfer of capital to revenue funding of £1m capital receipts as mentioned in 3.2 above.

## Finance, Performance & Resources – Finance

- 4.7 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.

### Integration Services

- 4.8 The health budgets delegated to the Integration Joint Board report an **underspend of £1.451m for the year to date**. This position comprises an underspend in the run rate performance of £1.582m; together with unmet savings of £0.131m. The underlying drivers for the run rate under spend are vacancies in community nursing, health visiting, school nursing, community and general dental services across Fife Wide Division. The aforementioned underspend is partly offset by locum costs within mental health services and inpatient service costs within East and West Fife.
- 4.9 In addition the capped IJB risk share for the first 9 months of 2019/20 is a **cost of £3.807m**, representing a risk share percentage (72%) of the overall initial budget gap of £6.5m plus £0.550m relating to additional approved social care packages. In previous years, and in agreement with Fife Council colleagues, the overspend on the IJB has been managed through the risk share arrangement described at 8.2.4 of the Integration Scheme.
- 4.10 The initial health IJB position at month 9 is therefore a **net £2.356m overspend**. However if NHS Fife are required to fund the full HSCP overspend this will add an additional £3.3m - £3.8m pressure the outturn position.

### Income

- 4.11 A small over recovery in income of £0.296m is shown for the year to date.

## 5. Pan Fife Analysis

- 5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 3 below.

**Table 3: Subjective Analysis for the Period ended December 2019**

	Annual Budget	Budget	Actual	Net Over/(Under) Spend
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	374,802	280,292	282,680	2,388
GP Prescribing	72,665	55,069	55,081	12
Drugs	30,966	24,096	23,490	-606
Other Non-Pay	388,727	296,502	299,242	2,740
IJB Risk Share	0	0	3,807	3,807
Efficiency Savings	-7,804	-5,905	0	5,905
Commitments	18,021	8,090	-455	-8,545
Income	-105,183	-86,142	-86,438	-296
<b>Net Underspend</b>	<b>772,194</b>	<b>572,002</b>	<b>577,407</b>	<b>5,405</b>

### Pay

- 5.2 The overall pay budget reflects an overspend of £2.388m. There are underspends across a number of staff groups which partly offset the overspend position within nursing & midwifery and medical & dental staff; both are being largely driven by the additional cost of supplementary staffing to cover vacancies; sickness absence and supervision policies.

## Finance, Performance & Resources – Finance

- 5.3 Against a total funded establishment of 7,870 wte across all staff groups, there were 7,720 wte staff in post in December. The latter number appears low and reflects the early cut off of December pay dates; an average wte staff numbers will be taken and reported in January.

### Drugs & Prescribing

- 5.4 Across the system, there is a net under spend of £0.594m on medicines largely due to an under spend of £0.641m on sexual health and rheumatology drugs. The GP prescribing position is based on 2018/19 trend analysis and September and October 2019 actual information (2 months in arrears). Whilst it is difficult to predict, there are emerging concerns related to the potential increase in prices over coming months.

### Other Non Pay

- 5.5 Other non pay budgets across NHS Fife are collectively overspent by £2.740m. The overspends are in purchase of healthcare from other Health Boards and independent providers, other supplies, property & hotel expenses and surgical sundries. These are offset by underspends across a number of areas including energy and diagnostic supplies.

## 6 Financial Sustainability

- 6.1 The Financial Plan presented to the Board in March highlighted the requirement for £17.333m cash efficiency savings to support financial balance in 2019/20. The Plan was approved with a degree of cautious optimism and confidence that the gap would be managed in order to deliver a break even position in year 1 of the 3 year planning cycle. This view was entirely predicated on a robust and ambitious savings programme across Acute Services and the Health & Social Care Partnership; supported by ongoing effective grip and control on day to day expenditure and existing cost pressures; and early identification and control of non recurring financial flexibility.
- 6.2 The extent of the recurring / non recurring savings delivery for the year is illustrated in Table 4 below and reflects a c50/50 split. In addition the Table 4 reflects a significant under delivery of savings within Health Board (principally Acute Services Division).

**Table 4: Savings 2019/20**

	Target £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Total Identified & Achieved To Date £'000	Outstanding £'000
Health Board	10,873	1,228	2,017	3,245	7,628
Integration Joint Board	6,460	3,485	2,799	6,284	176
<b>Total Savings</b>	<b>17,333</b>	<b>4,713</b>	<b>4,816</b>	<b>9,529</b>	<b>7,804</b>

## 7 Key Messages / Risks

- 7.1 The key challenges include the overspend on Acute Services (driven by non delivery of savings and a number of specific cost pressures; and includes £4.709m overspend relating to a number of ASD budgets that are set aside for inclusion in the IJB's strategic plans, but which remain managed by the NHS Board); the risk share impact of the IJB position (entirely driven by social care costs); and the increasing cost pressure associated with non-Fife activity.
- 7.2 Based on the year to date position and high level planning assumptions, estimates and information available at this time, agreed by delegated budget holders, the year end forecast based on a capped risk share ranges from a potential optimistic forecast of £4.2m overspend to a potential worst case of £10.0m overspend.



## Finance, Performance & Resources – Finance

- 7.3 Discussions have been held with the Director of Health Finance, Scottish Government over the last few months, to find a solution to the financial challenges facing NHS Fife. Work continues on: the identification of qualifying expenditure for potential ADEL funding; the review of allocations for any slippage or flexibility; review of balance sheets accruals both in terms of value and accounting treatment; reporting of acute set aside budgets; and discussions with partners on the HSCP risk share methodology. The potential offsetting benefits may allow the optimistic overspend per 3.1 above to be reduced.
- 7.4 However the current forecast overspend of the IJB is significantly higher than the original approved budget gap. Correspondence and discussions to date between the respective partners continue. Notwithstanding, if we are required to fund the full IJB overspend, the forecast outturn position increases to a forecast overspend (after potential offsetting benefits) to an overspend of £3.5m (best case) to £9.8m (worst case). This then compromises our ability to achieve financial balance and our ability to meet our statutory obligations.
- 7.5 The impact of the points raised in 7.2 to 7.4 are illustrated in Table 5 below.

**Table 5: Financial Outturn (modelling based on actual position at 30 Dec 2019)**

Forecast Outturn	Pessimistic £'000	Mid-Range £'000	Optimistic £'000
Acute Services Division	10,381	9,583	8,963
Acute Services Division (Acute Set Aside)	6,365	6,053	5,742
IJB Non-Delegated	63	21	1
Estates & Facilities	-313	-910	-1,976
Board Admin & Other Services	-1,108	-1,283	-1,358
Non-Fife & Other Healthcare Providers	1,975	1,975	1,975
Financial Flexibility	-10,942	-10,942	-10,942
Miscellaneous Income	-350	-350	-350
<b>Health Board Retained Budgets</b>	<b>6,071</b>	<b>4,147</b>	<b>2,055</b>
IJB Delegated Health Budgets	-806	-1,706	-2,582
Integration Fund & Other Allocations	-300	-300	-300
<b>Sub Total IJB Delegated Health Budgets</b>	<b>-1,106</b>	<b>-2,006</b>	<b>-2,882</b>
<u>Capped</u> Risk Share	5,076	5,076	5,076
<b>Net IJB Health Position</b>	<b>3,970</b>	<b>3,070</b>	<b>2,194</b>
<b>Total Forecast Outturn based on <u>capped</u> risk share</b>	<b>10,041</b>	<b>7,217</b>	<b>4,249</b>
<b>Potential offsetting benefits</b>			
Additional ADEL	-1,500	-1,500	-1,500
Review of balance sheet	-2,600	-2,600	-2,600
<b>Revised Forecast Outturn after potential benefits</b>	<b>5,941</b>	<b>3,117</b>	<b>149</b>
<u>Full</u> Risk Share adjustment	3,823	3,578	3,326
<b>Revised Forecast Outturn based on <u>full</u> risk share</b>	<b>9,764</b>	<b>6,695</b>	<b>3,475</b>

## Finance, Performance & Resources – Finance

- 7.6 The optimistic forecast has been used for reporting purposes and is scrutinised each month as part of a balanced risk approach. Key areas for highlighting this month include the Emergency Care Directorate within Acute Services whose use of agency staff continues for which there does not appear to be an exit plan. This is exacerbated by the surge ward capacity which was open for 5 months of the last financial year, but is expected to be in place for this full year. This unanticipated additional exceptional cost is in spite of additional grip and control measures being put in place and contributes to the forecast overspend. This position remains under close review. In parallel the Planned Care Directorate optimistic forecast has worsened on the basis that the savings targets will fall short of that planned in the year to date.
- 7.7 The range of Estates & Facilities forecasts varies greatly between each scenario and is underpinned by detailed assumptions, plans and risk assessment ratings. The optimistic forecast used in the overall reporting at £1.9m underspend (compared to £0.9m 'realistic scenario' underspend) includes £0.3m high risk assumptions; and £0.7m medium risk assumptions.
- 7.8 The level of financial flexibility released in to the position at month 9 includes £1.8m share of new medicines funding; and £0.8m capital to revenue transfer; along with a updated and reduced potential slippage of waiting times funding from £1m last month to £0.2m which reflects the activity and plans in place across the Acute Division.
- 7.9 Even with the additional financial flexibility per 7.8, there is limited assurance that NHS Fife can remain within the overall revenue resource limit should there be a requirement to cover the full impact of the IJB position.
- 7.10 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR), a funding assumption to the value of £3.5m has been included. This does, however, hold a degree of risk; and reflects the most optimistic outturn and assumes mitigating benefits will crystallise in full.
- 7.11 Discussions with SGHSCD colleagues in relation to the financial position continue.

### 8 Recommendation

- 8.1 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 overspend of £5.405m for the year to 31 December 2019; and
  - **Note** the previously reported *potential* outturn position of break even is at risk, even with an assumption of additional funding from SGHSCD to support any impact of the full IJB risk share.

## Finance, Performance & Resources – Finance

### Appendix 1: Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non- Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
Confirmed	Opening	662,752			662,752	
Confirmed	May Adjustments	-696		-229	-925	
Confirmed	June Adjustments	16,293	3,774	6,265	26,332	
Confirmed	July Adjustments		2,863	1,678	4,541	
Confirmed	August Adjustments	280	3,268	2,341	5,889	
Confirmed	September Adjustments	-29	52,759	2,236	54,966	
Confirmed	October Adjustments		-157	1,842	1,685	
Confirmed	November Adjustments	-531	1,363	-16,058	-15,226	
Confirmed	Microsoft National Licensing			-292	-292	Share of national cost for Office 365
Confirmed	Database for Hand Surgery			12	12	Specific project
Confirmed	Infant Mental Health			46	46	Specific bid includes perinatal lead
Confirmed	New Medicine Fund		5,386		5,386	Annual Allocation
Confirmed	Support modernisation of outpatient services			28	28	Funding for Health Records
Confirmed	Additional funding for Elective Activity			300	300	Minimising elective cancellations
Confirmed	Mental Health: Action 15		73		73	Second Tranche of Funding
Confirmed						
	<b>Total Core RRL Allocations</b>	<b>678,069</b>	<b>69,329</b>	<b>-1,831</b>	<b>745,567</b>	
Anticipated	Distinction Awards			189	189	
Anticipated	Scotstar			-348	-348	
Anticipated	Primary Care Fund GP Sub Committee			34	34	
Anticipated	Primary Care Improvement Fund			1,124	1,124	
Anticipated	Capital to Revenue			234	234	
	Capital Receipts			1,027	1,027	
	<b>Total Anticipated Core RRL Allocations</b>	<b>0</b>	<b>0</b>	<b>2,260</b>	<b>2,260</b>	
Confirmed	PFI Adjustment			3,374	3,374	
Confirmed	Donated Asset Depreciation			117	117	
Confirmed	Impairment			1,000	1,000	
Confirmed	AME Provision			-843	-843	
Confirmed	IFRS Adjustment			4,833	4,833	
Confirmed	Depreciation from Core Allocation			12,386	12,386	
Confirmed	ADEL			3,500	3,500	
	<b>Total Non-Core RRL Allocations</b>	<b>0</b>	<b>0</b>	<b>24,367</b>	<b>24,367</b>	
	<b>Grand Total</b>	<b>678,069</b>	<b>69,329</b>	<b>24,796</b>	<b>772,194</b>	

## Finance, Performance & Resources – Finance

### Appendix 2: Corporate Directories

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E-Health Directorate	12,827	8,809	8,846	37
NHS Fife Chief Executive	209	157	155	-2
NHS Fife Finance Director	6,295	4,665	4,188	-477
NHS Fife HR Director	3,164	2,390	2,308	-82
NHS Fife Medical Director	6,931	4,547	4,428	-119
NHS Fife Nurse Director	4,212	3,117	3,020	-97
Legal Liabilities	29,210	28,201	28,218	17
Public Health	2,270	1,670	1,552	-118
Early retirement & Injury Benefits	269	67	18	-49
Regional Funding	284	222	218	-4
Depreciation	17,131	12,845	12,845	0
<b>Total</b>	<b>82,802</b>	<b>66,690</b>	<b>65,796</b>	<b>-894</b>

### Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
<b>Health Board</b>				
Ayrshire & Arran	95	71	43	-28
Borders	43	33	35	2
Dumfries & Galloway	24	18	45	27
Forth Valley	3,089	2,315	2,503	188
Grampian	349	262	235	-27
Greater Glasgow & Clyde	1,607	1,206	1,183	-23
Highland	131	98	167	69
Lanarkshire	111	84	152	68
Lothian	30,600	22,950	21,379	-1,571
Scottish Ambulance Service	98	74	79	5
Tayside	39,392	29,543	29,896	353
	<b>75,539</b>	<b>56,654</b>	<b>55,717</b>	<b>-937</b>
<b>UNPACS</b>				
Health Boards	8,063	6,047	7,841	1,794
Private Sector	1,209	907	1,261	354
	<b>9,272</b>	<b>6,954</b>	<b>9,102</b>	<b>2,148</b>
<b>OATS</b>				
	690	518	658	140
<b>Grants</b>				
	65	65	63	-2
<b>Total</b>	<b>85,566</b>	<b>64,191</b>	<b>65,540</b>	<b>1,349</b>

## Finance, Performance & Resources – Finance

### Appendix 4 - Financial Flexibility & Allocations

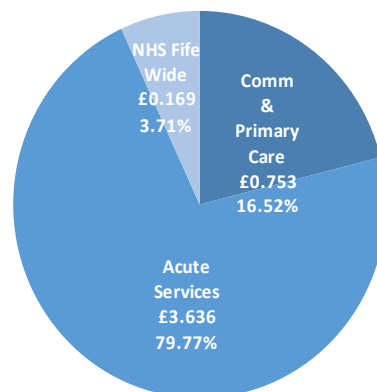
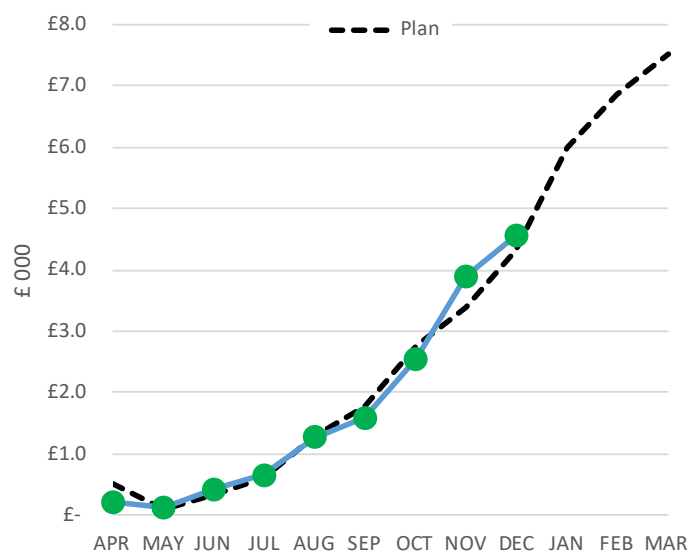
	CY Budget £'000	Flexibility Released to Dec-19 £'000
<b>Financial Plan</b>		
Drugs	2,678	750
Complex Weight Management	50	38
Adult Healthy Weight	104	78
National Specialist Services	47	35
Band 1s	307	231
Unitary Charge	213	104
Junior Doctor Travel	103	64
Consultant Increments	50	37
Cost Pressures	3,475	2,627
Financial Flexibility	523	392
<b>Sub Total Financial Plan</b>	<b>7,550</b>	<b>4,356</b>
<b>Allocations</b>		
Health Improvement	93	0
AME impairments	1,195	0
AME Provisions	26	0
Waiting List	2,253	150
Best Start	333	196
Advanced Breast Practitioner Radiology	36	
Insulin Pumps & CGM	66	
Carry Forward 18-19	260	195
Urolift	26	
Neonatal Expenses	16	
Capital to Revenue	234	
ADEL	708	375
Winter Planning	619	
Cancer Waiting Times	122	38
Hand Surgery	12	0
New Medicine Fund	2,381	1785
Additional Elective Activity	300	
Health Records	28	
Capital Receipts	1,027	770
<b>Sub Total Allocations</b>	<b>9,735</b>	<b>3,509</b>
<b>Total</b>	<b>17,285</b>	<b>7,865</b>

## Finance, Performance & Resources – Finance

### Capital Expenditure

*NHS Boards are required to work within the capital resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)*

#### Local Performance



#### Commentary

The total Capital Resource Limit for 2019/20 is £7.514m. The capital position for the 9 months to December shows investment of £4.558m, equivalent to 60.66% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

#### Current Challenges

Overall programme of work to address all aspects of backlog maintenance, statutory compliance, equipment replacement, and investment in technology considerably outstrips capital resource limit available

Improvement Actions	Progress	Timescale/Status
1. Managing expenditure programme within resources available	Risk management approach adopted across all categories of spend	Mar 2020 On Track

### 1. Annual Operational Plan

- 1.1 The Capital Plan 2019/20 was approved by the NHS Board on 27 March 2019. For information, changes to the plan since its initial approval in March are reflected in Appendix 1. On 3 June 2019 NHS Fife received confirmation of initial core capital gross allocation amounts of £7.394m. NHS Fife has received a capital allocation of £0.120m for Hospital Eye Scotland for the procurement of ophthalmic equipment. In addition NHS Fife is anticipating an additional £2m allocation for the new Elective Orthopaedic Centre and an expected adjustment for the transfer to revenue schemes that will be actioned during the year (£0.234m).

### 2. Capital Receipts

- 2.1 Work continues on asset sales with several disposals planned or completed:

- Lynebank Hospital Land (Plot 1) (North) – Under offer
- Forth Park Maternity Hospital – Sold
- Fair Isle Clinic – Sold
- Skeith Land – now on market
- ADC – Sold

Discussions with the SGHSCD have confirmed use of the capital receipts to support the challenges in the Board's revenue position.

### 3. Expenditure To Date / Major Scheme Progress

- 3.1 Details of the expenditure position across all projects are set out in the dashboard summary above. 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 £4.558m or 60.66% 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:

Statutory Compliance	£1.309m
Minor Works	£0.207m
Equipment	£2.103m
E-health	£0.140m
Elective Orthopaedic Centre	£0.776m

### 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.

### 5. Recommendation

- 5.1 Members are invited to approach the Director of Finance or Chief Executive for any points of clarity on the position reported and are asked to:

**note** the capital expenditure position to 31 December 2019 of £4.558m and the forecast year end spend of the capital resource allocation of £7.514m.

## Appendix 1: Capital Expenditure Breakdown

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2019/20 £'000
<b>COMMUNITY &amp; PRIMARY CARE</b>			
Statutory Compliance	766	574	766
Capital Minor Works	342	110	342
Capital Expenditure	90	69	90
Condemned Equipment			
<b>Total Community &amp; Primary Care</b>	1,198	753	1,198
<b>ACUTE SERVICES DIVISION</b>			
Capital Equipment	2,018	1,939	2,018
Statutory Compliance	1,838	730	1,838
Minor Works	168	97	168
Condemned Equipment	95	95	95
Elective Orthopaedic Centre	776	776	776
Hospital Eye Services	120	0	120
<b>Total Acute Services Division</b>	5,015	3,636	5,015
<b>NHS FIFE WIDE SCHEMES</b>			
Condemned Equipment			
Information Technology	1,041	140	1,041
Equipment Balance	0	0	0
Scheme Development	60	0	60
Contingency	100	24	100
Statutory Compliance - Fire Compartmentation	100	5	100
Minor Works	0	0	0
<b>Total NHS Fife Wide Schemes</b>	1,301	169	1,301
<b>TOTAL ALLOCATION FOR 2019/20</b>	<b>7,514</b>	<b>4,558</b>	<b>7,514</b>



## Appendix 2: Capital Plan - Changes to Planned Expenditure

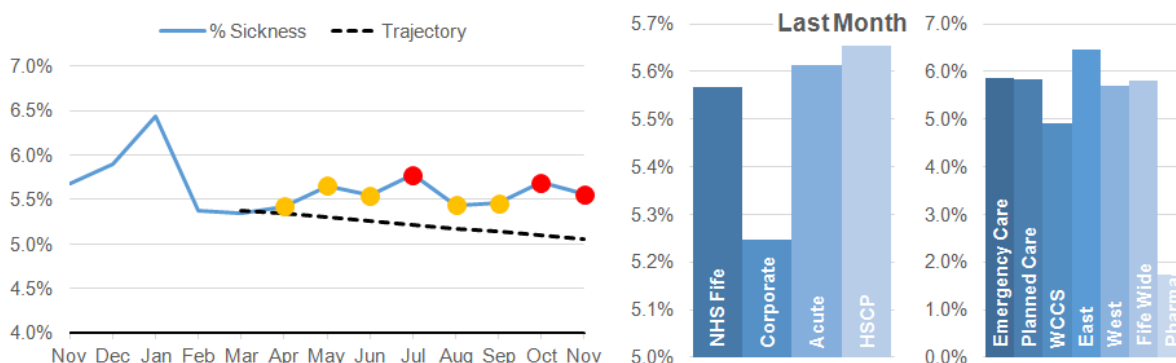
Capital Expenditure Proposals 2019/20	Board Approved 27/03/2019 £'000	Cumulative Adjustment to November £'000	December Adjustment £'000	Total December £'000
<b>Routine Expenditure</b>				
<b>Community &amp; Primary Care</b>				
Minor Capital		353	-10	343
Capital Equipment		81	9	90
Statutory Compliance		823	-57	766
Condemned Equipment				
<b>Total Community &amp; Primary Care</b>	<b>0</b>	<b>1,256</b>	<b>-58</b>	<b>1,199</b>
<b>Acute Services Division</b>				
Minor Capital		165	3	168
Capital Equipment		1,984	34	2,018
Statutory Compliance		1,962	-124	1,838
Condemned Equipment		94	1	95
Hospital Eye Service		0	120	120
Elective Orthopaedic Centre		614	162	776
	<b>0</b>	<b>4,819</b>	<b>196</b>	<b>5,015</b>
<b>Fife Wide</b>				
Minor Work	498	-498		0
Information Technology	1,041			1,041
Backlog Maintenance / Statutory Compliance	3,569	-3,469		100
Condemned Equipment	90	-90		0
Scheme Development	60			60
Fife Wide Equipment	2,036	-2,018	-18	0
Fife Wide Contingency Balance	100			100
<b>Total Fife Wide</b>	<b>7,394</b>	<b>-6,075</b>	<b>-18</b>	<b>1,301</b>
<b>Total</b>	<b>7,394</b>	<b>0</b>	<b>120</b>	<b>7,514</b>

## Staff Governance

### Sickness Absence

To achieve a sickness absence rate of 4% or less  
Improvement Target for 2019/20 = **4.89%**

#### Local Performance



#### National Benchmarking

Month	2018/19						2019/20							Dec-19 Target
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	
NHS Fife	5.69%	5.68%	5.89%	6.43%	5.38%	5.34%	5.42%	5.66%	5.55%	5.78%	5.44%	5.46%	5.70%	5.01%
Scotland	5.53%	5.47%	5.54%	6.17%	5.23%	5.10%	5.04%	5.23%	4.98%	5.22%	5.18%	5.24%	5.69%	

#### Current Challenges

Sickness Absence Rate Significantly Above Standard – **Action 1**

High Level of Sickness Absence Related to Mental Health – **Action 2**

Improvement Actions	Progress	Timescale/ Status
<b>1.</b> Targeted Managerial, HR, OH and Well@Work input to support management of sickness absence	This is being progressed through Attendance Management Leads within their respective areas, HR Officers / Advisors, and through the trajectory reporting for each business unit and use of the RAG status reports. A plan for additional OH support, including OH Drop-in Sessions, has been developed. Sessions took place throughout September and October, and further sessions will be held in Spring 2020.	Mar 2020 On Track
<b>2.</b> Early OH intervention for staff absent from work due to a Mental Health related reason	This has been in place since March 2019 and will be reviewed later in the year. Feedback being sought from OH, HR and service colleagues on the early referral approach.	Feb 2020 On Track

**PAUL HAWKINS**  
Chief Executive  
22<sup>nd</sup> January 2020

Prepared by:  
**CAROL POTTER**  
Director of Finance and Performance



# Fife Integrated Performance & Quality Report

Produced in February 2020



# Introduction

---

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

The IPQR comprises of the following sections:

## **I. Executive Summary**

- a. LDP Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. Assessment

## **II. Performance Assessment Reports**

- a. Clinical Governance
- b. Finance, Performance & Resources
  - Operational Performance
  - Finance
- c. Staff Governance

Section II provides further detail for indicators of continual focus or those that are currently underperforming. Each report contains data, displaying trends and highlighting key problem areas, as well as information on current issues with corresponding improvement actions. The latter, along with trajectories, are taken as far as possible from the 2019/20 Annual Operational Plan (AOP). For indicators outwith the scope of the AOP, improvement actions and trajectories were agreed locally following discussion with related services.

A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), is presented at each NHS Fife Board Meeting.

# I. Executive Summary

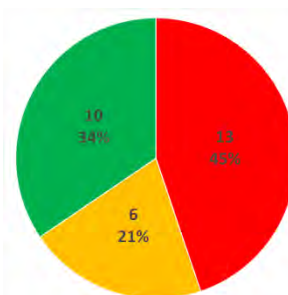
At each meeting, the Standing Committees of the NHS Fife Board consider targets and Standards specific to their area of remit. This section of the IPQR provides a summary of performance against LDP Standards and local Key Performance Indicators (KPI). These indicators are listed within the Indicator Summary, which shows current, previous and (where appropriate) 'Year Previous' performance as well as benchmarking against other mainland NHS Boards.

## a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 10 (35%) classified as **GREEN**, 6 (21%) **AMBER** and 13 (44%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits or considerably below standard/trajectory.

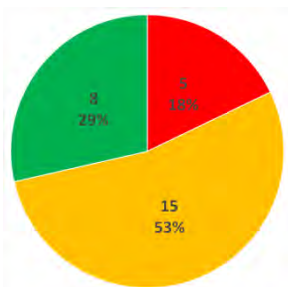
There are three indicators that consistently exceed the Standard performance; IVF Treatment Waiting Times (regional service), Antenatal Access and Drugs & Alcohol Waiting Times. Other areas of success should also be noted...

- SAB Infection Rate (HAI/HCAI) falling and well-below the target for 2019-20
- Diagnostics (% of Patients Waiting no more than 6 Weeks at Month End) continuing to be very close to the 100% target
- Cancer 31-Day DTT achieving the Standard for the seventh successive month
- Improved performance against both Mental Health targets (although both still some way short of the 90% Standard)



## b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 28 indicators within this report has 8 (29%) within upper quartile, 15 (53%) in mid-range and 5 (18%) in lower quartile. There are indicators where national comparison is not available or not directly comparable.





## Indicator Summary

Section	LDP Standard	Standard	Target 2019/20	Reporting Period	Year Previous		Previous		Current			Reporting Period	Fife			Scotland
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A	Month	Dec-18	58	Nov-19	50	Dec-19	47	↑	N/A				
	N/A	HSMR	N/A	Year Ending	Jun-18	N/A	Mar-19	1.01	Jun-19	1.04	↓	YE Jun-19	1.04	●	1.00	
	N/A	Inpatient Falls	5.97	Month	Dec-18	6.31	Nov-19	6.07	Dec-19	6.88	↓	N/A				
	N/A	Inpatient Falls with Harm	2.16	Month	Dec-18	1.66	Nov-19	1.31	Dec-19	1.81	↓	N/A				
	N/A	Pressure Ulcers	0.42	Month	Dec-18	0.85	Nov-19	0.86	Dec-19	0.91	↓	N/A				
	N/A	Caesarean Section SSI	2.5%	Quarter Ending	Sep-18	2.3%	Jun-19	2.0%	Sep-19	2.5%	↓	QE Sep-19	2.5%	●	1.1%	
	N/A	SAB - HAI/HCAI	20.2	Quarter Ending	Dec-18	N/A	Nov-19	12.1	Dec-19	10.9	↑	YE Sep-19	15.2	●	16.9	
	N/A	SAB - Community	N/A	Quarter Ending	Dec-18	N/A	Nov-19	8.6	Dec-19	6.4	↑	YE Sep-19	11.6	●	9.0	
	N/A	C Diff - HAI/HCAI	6.9	Quarter Ending	Dec-18	N/A	Nov-19	14.3	Dec-19	14.2	↑	YE Sep-19	8.6	●	13.1	
	N/A	C Diff - Community	N/A	Quarter Ending	Dec-18	N/A	Nov-19	3.2	Dec-19	3.2	↔	YE Sep-19	5.1	●	5.1	
	N/A	ECB - HAI/HCAI	40.3	Quarter Ending	Dec-18	N/A	Nov-19	55.0	Dec-19	60.0	↓	YE Sep-19	40.4	●	38.7	
	N/A	ECB - Community	N/A	Quarter Ending	Dec-18	N/A	Nov-19	24.8	Dec-19	28.8	↓	YE Sep-19	42.7	●	44.2	
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Dec-18	82.5%	Nov-19	76.0%	Dec-19	75.1%	↓	2018/19	70.7%	●	81.5%	
N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Dec-18	59.8%	Nov-19	56.3%	Dec-19	50.0%	↓	2018/19	49.1%	●	53.7%		
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Dec-18	100.0%	Nov-19	100.0%	Dec-19	100.0%	↔	N/A				
	95%	4-Hour Emergency Access	96%	Month	Dec-18	92.8%	Nov-19	92.7%	Dec-19	88.0%	↓	Dec-19	88.0%	●	83.8%	
	95%	New Outpatients Waiting Times	95%	Month	Dec-18	92.2%	Nov-19	92.7%	Dec-19	91.8%	↓	Sep-19	94.3%	●	72.9%	
	100%	Diagnostics Waiting Times	100%	Month	Dec-18	98.4%	Nov-19	99.1%	Dec-19	98.6%	↓	Sep-19	99.0%	●	82.3%	
	100%	Patient TTG (Ongoing Waits)	90.6%	Month	Dec-18	83.3%	Nov-19	90.1%	Dec-19	89.7%	↓	Sep-19	91.2%	●	67.5%	
	90%	18 Weeks RTT	84%	Month	Dec-18	80.4%	Nov-19	80.9%	Dec-19	82.0%	↑	Sep-19	79.8%	●	76.9%	
	95%	Cancer 31-Day DTT	95%	Month	Dec-18	98.2%	Nov-19	96.3%	Dec-19	99.2%	↑	QE Sep-19	96.4%	●	95.8%	
	95%	Cancer 62-Day RTT	94%	Month	Dec-18	90.2%	Nov-19	87.3%	Dec-19	90.7%	↑	QE Sep-19	82.9%	●	83.3%	
	29%	Detect Cancer Early	27%	Year Ending	Sep-18	26.9%	Jun-19	25.2%	Sep-19	24.8%	↓	2017, 2018	25.1%	●	25.5%	
	N/A	Delayed Discharge (% Bed Days Lost)	5%	Month	Dec-18	8.2%	Nov-19	7.4%	Dec-19	7.6%	↓	QE Jun-19	7.6%	●	6.7%	
	80%	Antenatal Access	80%	Month	Oct-18	87.0%	Sep-19	81.8%	Oct-19	86.2%	↑	2018/19	91.3%	●	87.6%	
	473	Smoking Cessation	473	YTD	Sep-18	80.0%	Aug-19	93.9%	Sep-19	90.7%	↓	YT Jun-19	92.4%	●	92.4%	
	90%	CAMHS Waiting Times	88%	Month	Dec-18	85.5%	Nov-19	66.0%	Dec-19	71.3%	↑	QE Sep-19	75.2%	●	64.5%	
	90%	Psychological Therapies Waiting Times	82%	Month	Dec-18	73.9%	Nov-19	66.0%	Dec-19	75.8%	↑	QE Sep-19	66.5%	●	79.4%	
	80%	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Sep-18	69.6%	Jun-19	73.8%	Sep-19	77.3%	↑	YT Sep-19	77.3%	●	89.3%	
	90%	Drugs & Alcohol Treatment Waiting Times	90%	Month	Oct-18	97.0%	Sep-19	96.6%	Oct-19	94.6%	↓	QE Sep-19	96.7%	●	95.0%	
	N/A	Dementia Post-Diagnostic Support	TBD	Annual	2016/17	87.5%	2017/18	87.5%	2018/19	90.2%	↑	2018/19	90.2%	●	58.6%	
	N/A	Dementia Referrals	TBD	Annual	2016/17	60.1%	2017/18	55.4%	2018/19	60.5%	↑	2018/19	60.5%	●	40.8%	
	N/A	Freedom of Information Requests	85%	Quarter Ending	Dec-18	N/A	Nov-19	49.7%	Dec-19	53.0%	↑	N/A				
Finance	N/A	Revenue Expenditure	£0	Month	Jan-19	N/A	Dec-19	£5.405m	Jan-20	£5.220m	↑	N/A				
	N/A	Capital Expenditure	£9.217m	Month	Jan-19	N/A	Dec-19	£4.558m	Jan-20	£5.305m	↑	N/A				
Staff Governance	4.00%	Sickness Absence	4.89%	Month	Dec-18	5.54%	Nov-19	5.58%	Dec-19	5.82%	↓	YE Dec-19	5.71%	●	5.45%	



## d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
<b>HSMR</b>	1.00	N/A	N/A	YE Jun-19	1.04	YE Jun-19	●
<p>The annual HSMR for NHS Fife increased during the second quarter of 2019. The number of deaths is small, but the predicted deaths per year rose by 15, and this led to a Fife rate which is higher than the Scottish average. This could easily fall back during quarter 3.</p> <p>HSMR changed to be an annual measure at the start of 2019, the way in which the data is created as changed and it is possible this doesn't properly reflect a hospital such as QMH, which is largely populated by elderly patients.</p>							
<b>Inpatient Falls</b> Reduce falls with harm by 20% by December 2020	2.16	Dec-19	2.16	Dec-19	1.81	N/A	N/A
<p>While an increase in falls is noted in the December figures there is acknowledgement that, as in previous years, this is reflective of the significant increased winter activity across the system. Ongoing monitoring of this will continue with consideration of any related factors associated with this high level of activity and an expectation that the overall trend will return to the usual month to month variation. The repeat falls audit will now take place February/March.</p>							
<b>Pressure Ulcers</b> 50% reduction by December 2020	0.42	Never Met	0.42	Dec-19	0.91	N/A	N/A
<p>The number of pressure ulcers (PU) reported continues to vary with no sustained improvement. A Quality Improvement (QI) programme is commencing across Fife (HSCP and ASD) to work with teams to drive QI and reduce patient harm. Scrutiny and monitoring for assurance is via the Fife Tissue Viability Steering Group. The target end date for a 50% reduction has been extended to December 2020.</p>							
<b>Caesarean Section SSI</b> We will reduce the % of post-operation surgical site infections to 2.5%	N/A	QE Sep-19	2.5%	Sep-19	2.5%	QE Sep-19	●
<p>Following a review of the surveillance methodology, a new process for ascertaining SSI status was adopted from the start of October. There was a significant reduction in SSI rate during Q2 of 2019, and this rate increased slightly in Q3. It is hoped that a sustained lower rate will be achieved throughout the remainder of the year.</p>							
<b>SAB (MRSA/MSSA)</b> We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022	18.8	QE Dec-19	20.2	QE Dec-19	10.9	YE Sep-19	●
<p>There were 4 SAB in December, 2 HCAI (1 HAI, 1 HCAI) and 2 CAI. In the whole of 2019, there were 85 SAB, the second lowest annual figure on record and 25% less than in 2018. VAD continued to be the major source of infections (27% in 2019), while PWID (People Who Inject Drugs) accounted for around 16% of the total. The quarterly –measured HAI/HCAI rate remains significantly less than the target for March, while the annually–measured rate is in line with the Scottish average.</p>							
<b>C Diff</b> We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022	6.5	QE Jun-19	6.9	QE Dec-19	14.2	YE Sep-19	●
<p>There were 4 CDIs in December, 2 HAI and 2 CAI. In the whole of 2019, there were 47 CDI, equalling the record low of 2018. Around 15% of infections were due to a recurrence of infection. The quarterly-measured HAI/HCAI rate remains significantly greater than the target for March, but this is expected to reduce in January and the annually measured rate is much better than the Scottish average (Fife 8.6, Scotland 13.0)</p>							
<b>ECB</b> We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022	33.0	Never Met	40.3	QE Dec-19	60.0	YE Sep-19	●
<p>There were 20 ECs in December, 12 HAI/HCAI and 8 CAI. In the whole of 2019, there were 264 ECB, a decrease from the 2018 figure of 291 (although the % of HAI/HCAI increased from 54% to 59%). UTI and CAUTI remain the most prevalent source of ECB. The quarterly measured HAI/HCAI rate remains significantly higher than the target for March, while the annually-measured rate is in line with the Scottish average.</p>							
<b>Complaints - Stage 2</b> At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Dec-19	50.0%	FY 2018/19	●
<p>Although the weekly complaint meeting to review current performance across NHS Fife continues, stage 2 performance continues to fall. Delays at approval within ASD, the hospital site capacity and staffing issues within the Patient Relations Department are the main areas of concern.</p>							



Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
<b>4-Hour Emergency Access</b> 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	Jul-19	95%	Dec-19	88.0%	Dec-19	●
Performance against the 4-hour emergency access target deteriorated in December with capacity challenges on a daily basis and consistent use of additional bed base. The main pressure within December was prior to Christmas with increased attendance at both ED and medical assessment. There was a robust clinical support plan in place over the festive period which maintained performance above the Scottish average.							
<b>New Outpatients</b> 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Aug-19	95%	Dec-19	91.8%	Sep-19	●
Performance deteriorated in December and remains below the standard and trajectory with 91.8% of patients waiting less than 12 weeks at month end. Additional independent sector activity is now being delivered and locums are in place. Performance is recovering and it is anticipated that it will be above the standard by end of March.							
<b>Patient TTG (Ongoing Waits)</b> All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	90.6%	Dec-19	89.7%	QE Sep-19	●
Performance has deteriorated over the last 2 months due to challenges in recruitment to vacant posts, difficulties in securing planned additional activity and greater than expected demand particularly in orthopaedics and ophthalmology. Efforts continue to secure more activity, however it is anticipated recovering this position and meeting the trajectory at the end of March will be very challenging.							
<b>Cancer 62-Day RTT</b> 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	94%	Dec-19	90.7%	QE Sep-19	●
Performance improved in December, with 8 patient treatment breaches across 5 specialties, ranging from 4 to 54 days. Breaches are attributed to routine staging and investigations, review of results, issues in the gynaecology service, delay to plastic surgery and surgical outpatient appointments outwith Fife. Improvement was supported by an increase in the number of patients who started treatment in the month.							
<b>Delayed Discharge</b> The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Aug-18	5%	Dec-19	7.6%	QE Jun-19	●
Although the number of patients in delay at the December census point was less than at the November Census (65, against 73), the elapsed days to discharge for patients from the point of being fit for discharge was slightly higher than the previous month. This meant a slight increase in the % bed days lost (7.4% to 7.6%). This was, however, an improvement on the position at December 2018.							
<b>Smoking Cessation</b> Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	YT May-19	100%	YT Sep-19	90.7%	YT Jun-19	●
Delivery of Stop Smoking support in Carnegie Leisure Centre has had a very low uptake so we have stopped the clinic, freeing up staff to increase engagement in communities via the mobile unit. Temporary Abstinence pathway work in the VHk is progressing well with on-ward training sessions, and we have seen some patients engage in the service where we haven't been successful before. No Smoking Day planning is well underway with promotion on the internal panels of all buses, and FM Radio will be promoting the service pre and post No Smoking Day.							
<b>CAMHS Waiting Times</b> 90% of young people to commence treatment for specialist CAMHS services within 18 weeks of referral	90%	Sep-16	88%	Dec-19	71.3%	QE Sep-19	●
Clinical Activity continues to be directed at those accessing treatment and those who have waited the longest. Increased activity against the waiting list through evening clinics has a direct, negative impact on the 18 week RTT. Initial work has been completed with the Scottish Government Mental Health Performance & Improvement Unit, with recommendations made on the specific additional staffing resource required to meet the ongoing demand and achieve sustainable improvements towards the 18 week RTT.							



Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
<b>Psychological Therapies</b> 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	82%	Dec-19	75.8%	QE Sep-19	●
We continue to meet the RTT for patients with less complex needs, and service redesign in this area has freed capacity for high intensity work. Addressing the longest waiting patients impacts negatively on our RTT performance. Further service re-design to meet needs of more complex patients is on-going. Work with an ISD/MHAIST data analyst and SG advisor is highlighting that additional resource will be required to meet RTT. Demand-capacity modelling in relation to the improvement trajectory is in progress.							
<b>FoI Requests</b> At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	N/A	85%	QE Dec-19	53.0%	N/A	N/A
For the Health Board, December performance has recovered to its highest level since February 2019, despite ongoing issues about the availability of administrative resource. Challenges still remain in triaging and allocating requests that fall to the services managed by the IJB within the statutory timeframe for response.							

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
<b>Revenue Expenditure</b> Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Jan-20	+ £5.220m	N/A	N/A
The revenue position for the 10 months to 31 January reflects an overspend of £5.220m. Based on this in-year position, and a number of high level planning assumptions as agreed by delegated budget holders, the year end forecast ranges from a potential optimistic forecast of £3.4m overspend to a potential worst case of £8.7m overspend. Notwithstanding the forecast position outlined above, the current forecast overspend of the IJB is significantly higher than the original approved budget gap (and capped risk share pressure) with a potential further £2.9m - £3.4m impact on the NHS Fife position at year end. Taking account of the potential offsetting benefits described above and the further overspend of the IJB, the forecast outturn position moves to an overspend of £4.8m (best case) to £10.5m (worst case). This highlights the ongoing challenge in achieving financial balance and our ability to meet our statutory obligations, without further financial support from Scottish Government.							
<b>Capital Expenditure</b> Work within the capital resource limits set by the SG Health & Social Care Directorates	£9.217m	N/A	£9.217m	Jan-20	£5.305m	N/A	N/A
The total Capital Resource Limit for 2019/20 is £9.217m. The capital position for the 10 months to January shows investment of £5.305m, equivalent to 57.56% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.							

Staff Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
<b>Sickness Absence</b> To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.89%	Dec-19	5.82%	YE Dec-19	●
The sickness absence rate for December was 5.82%, 0.25% higher than November. This means that the gap between the actual performance and the improvement trajectory specified at the start of the FY has increased to 0.81%. This increase corresponds with the seasonal variation seen in previous years and the onset of winter ailments. Improvement actions continue to be implemented within each operational unit to work towards achieving the trajectories set for the Board.							

## II. Performance Exception Reports

### Clinical Governance

Adverse Events	9
HSMR	10
Inpatient Falls (With Harm)	11
Pressure Ulcers	12
Caesarean Section SSI	13
SAB (HAI/HCAI)	14
C Diff (HAI/HCAI)	15
ECB (HAI/HCAI)	16
Complaints (Stage 2)	17

### Finance, Performance & Resources – Operational Performance

4-Hour Emergency Access	18
Patient Treatment Time Guarantee (TTG)	19
New Outpatients	20
Cancer 62-day Referral to Treatment	21
Delayed Discharges	22
Smoking Cessation	23
CAMHS 18 Weeks Referral to Treatment	24
Psychological Therapies 18 Weeks Referral to Treatment	25
Freedom of Information (FOI) Requests	26

### Finance, Performance & Resources – Finance

Revenue Expenditure	27
Capital Expenditure	38

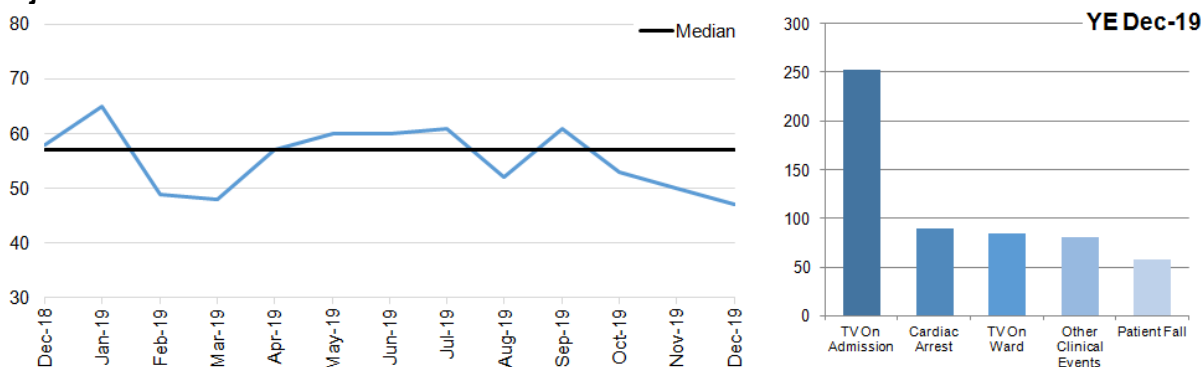
### Staff Governance

Sickness Absence	42
------------------	----

## Clinical Governance

### Adverse Events

#### Major and Extreme Adverse Events



#### All Adverse Events

Month	2018/19				2019/20								
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	1240	1348	1263	1280	1233	1291	1242	1401	1296	1247	1352	1346	1361
Acute Services	578	630	586	574	537	594	566	560	573	531	660	572	574
HSCP	619	667	625	662	644	625	628	798	668	670	645	729	750
Corporate	43	51	52	44	52	72	48	43	55	46	47	45	37
NHS Fife	870	973	874	895	852	934	834	910	834	813	937	881	907
Acute Services	519	568	524	524	485	551	516	517	519	485	595	531	519
HSCP	340	389	337	355	355	346	297	378	284	310	319	335	377
Corporate	11	16	13	16	12	37	21	15	31	18	23	15	11

#### Commentary

The numbers of adverse events reported across NHS Fife remains consistent, which demonstrates a good reporting culture. There are working processes in place across the organisation to provide good oversight and monitoring of all adverse events, and these are constantly reviewed.

The national Healthcare Improvement Scotland (HIS) Report which followed from the self assessment exercise in November 2018, has led to the introduction a national notification system from January 1<sup>st</sup> 2020. It has been introduced to inform HIS of all commissioned significant adverse event reviews.

## Clinical Governance

### HSMR

*Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted.*

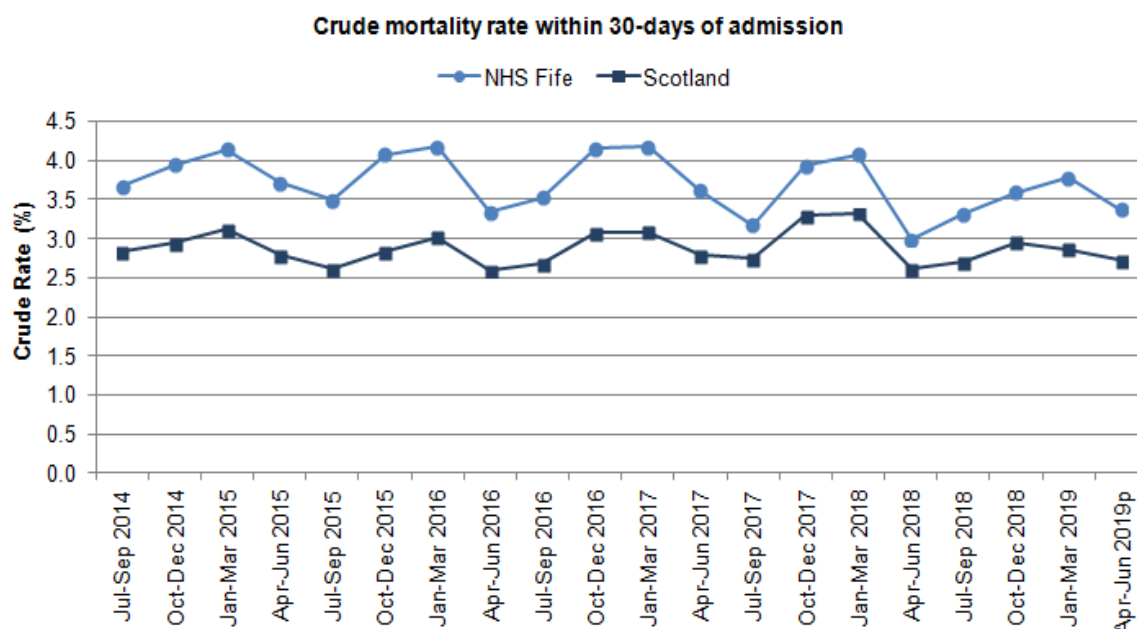
#### Reporting Period; July 2018 to June 2019<sup>p</sup>

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

Crude mortality values presented here are reflective of the latest 12 month HSMR reporting period. For crude mortality trends by individual quarter please refer to Crude Trends (Overall).

Location	Observed Deaths	Predicted Deaths	Patients	Crude Rate (%)	HSMR
Scotland	25,525	25,525	697,417	3.7%	1.00
NHS Fife	1,748	1,689	38,104	4.6%	1.04
Queen Margaret Hospital	65	46	7,524	0.9%	1.41
Victoria Hospital	1,624	1,579	30,335	5.4%	1.03

#### Crude Mortality Rate



#### Commentary

The annual HSMR for NHS Fife increased during the second quarter of 2019. The number of deaths is small, but the predicted deaths per year rose by 15, and this led to a Fife rate which is higher than the Scottish average. This could easily fall back during quarter 3.

HSMR changed to be an annual measure at the start of 2019, the way in which the data is created has changed and it is possible this doesn't properly reflect a hospital such as QMH, which is largely populated by elderly patients.



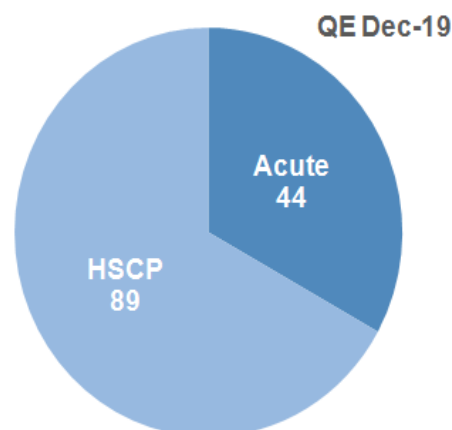
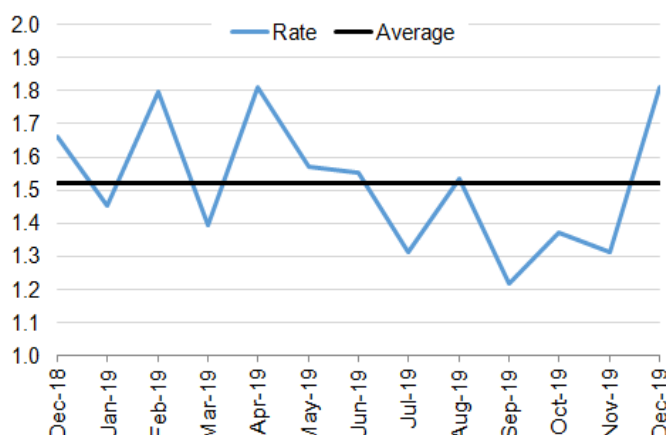
## Clinical Governance

### Inpatient Falls with Harm

Reduce Inpatient Falls With Harm rate per 1,000 Occupied Bed Days (OBD)

Improvement Target rate (by end December 2020) = **2.16 per 1,000 OBD**

#### Local Performance



#### Service Performance

Service Performance													
Month	2018/19				2019/20								
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	1.66	1.45	1.80	1.40	1.81	1.57	1.55	1.31	1.53	1.22	1.37	1.31	1.81
Acute Services	1.49	1.19	1.62	0.84	1.17	0.89	1.73	0.54	1.34	1.13	0.88	1.00	1.40
HSCP	1.80	1.69	1.95	1.85	2.34	2.15	1.40	1.95	1.70	1.29	1.79	1.56	2.16

#### Commentary

While an increase in falls is noted in the December figures there is acknowledgement that, as in previous years, this is reflective of the significant increased winter activity across the system. Ongoing monitoring of this will continue with consideration of any related factors associated with this high level of activity and an expectation that the overall trend will return to the usual month to month variation. The repeat falls audit will now take place February/March.

#### Current Challenges

Need to continue to review the performance with increased demands in in-patient settings and bed modelling within the acute setting. Bed Modelling is continuing. – **All Actions**

Improvement Actions	Progress	Timescale/ Status
1. Review the Falls Toolkit and Falls Flowchart		Complete
2. Develop Older People's Knowledge and Skills Framework		Complete
3. Falls Audit	The audit was completed over a 5 week period, focused on 5 acute wards and showed that falls intervention reviews are poorly completed. Improvement is anticipated following the launch of the revised toolkit, and a further compliance audit was planned for January 2020. <b>The audit tool and process is currently being refined and the plan is to re-audit February/March.</b>	Jan-2020 Revised to Mar 2020
4. Care and Comfort Rounding		Complete
5. Improve effectiveness of Falls Champion Network	The Falls Champions Network was anticipated as a regular face to face session to support champions. Ongoing evaluation notes the challenges in staff from in-patient areas being able to attend frequent sessions. This is currently being reviewed to explore a range of methods of providing update and support.	Apr 2020 On Track

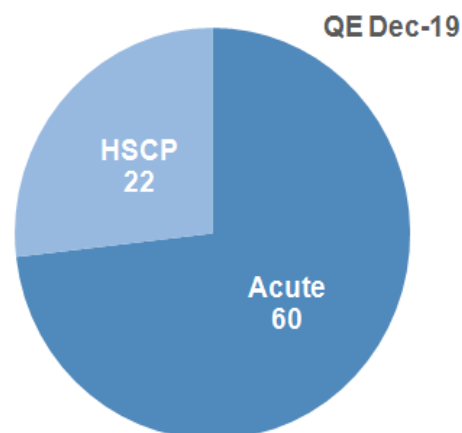
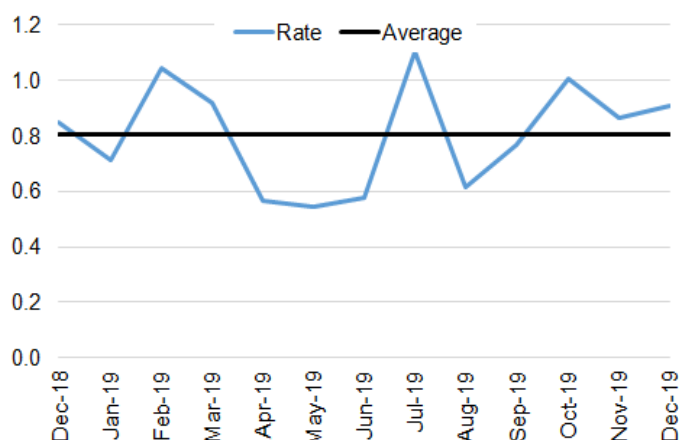


## Clinical Governance

### Pressure Ulcers

Achieve 50% reduction in pressure ulcers (grades 2 to 4) developed in a healthcare setting  
Improvement Target rate (by end December 2020) = **0.42 per 1,000 Occupied Bed Days**

#### Local Performance



#### Service Performance

Month	2018/19				2019/20								
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	0.85	0.71	1.04	0.92	0.57	0.55	0.58	1.10	0.61	0.76	1.00	0.86	0.91
Acute Services	1.57	1.12	1.54	0.91	0.70	0.89	1.25	2.15	1.19	0.98	1.47	1.62	1.40
HSCP	0.25	0.36	0.61	0.92	0.45	0.25	0.27	0.25	0.13	0.58	0.62	0.25	0.49

#### Commentary

The number of pressure ulcers (PU) reported continues to vary with no sustained improvement. A Quality Improvement (QI) programme is commencing across Fife (HSCP and ASD) to work with teams to drive QI and reduce patient harm. Scrutiny and monitoring for assurance is via the Fife Tissue Viability Steering Group.

The target end date for a 50% reduction has been extended to December 2020.

#### Current Challenges

Reducing number of pressure ulcers across all NHS Fife Wards – **Actions 1, 3, 4 and 5**

Reducing the random monthly variation in HSCP wards – **Actions 3 and 6**

Improvement Actions	Progress	Timescale/Status
1. All identified wards will undertake a weekly audit of compliance with SSKIN		Complete
2. Fife-wide task group commissioned to review SBAR/LAER reporting		Complete
3. Improvement collaborative project extended to December across identified wards		Complete
4. Improve consistency of reporting	Implementation of the revised process, parameters of reporting and reviewing pressure ulcer development and incidents across Fife in health care settings	Mar 2020 *** NEW ***
5. Review TV Champion Network Effectiveness	Regular face-to-face sessions to support the already existing TV Champions Network is challenging due to clinical commitment. We need to consider how best to support the champions to deliver their role effectively.	Jun 2020 *** NEW ***
6. Reduce PU development	Redesign of the Quality Improvement Model to support the clinical teams to reduce harm, led by a HoN from the HSCP and ASD. To provide senior leadership support in practice.	Mar 2020 *** NEW ***

## Clinical Governance

### Caesarean Section SSI

To reduce C Section SSI incidence (per 100 procedures) for inpatients and post discharge surveillance to day 10 by 4% by March 2020.

#### Local Performance



#### Service Performance

Quarter Ending	2017/18				2018/19				2019/20			
	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20
NHS Fife	3.0%	4.5%	4.0%	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%		
Scotland	1.2%	1.3%	1.6%	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%	1.1%		

#### Current Challenges

NHS Fife SSI Caesarean Section incidence rate still remains higher than the Scottish incidence rate – **Action 1**

NHS Fife BMI rates are higher than the national rate – **Action 2**

Improvement Actions	Progress	Timescale/Status
<b>1.</b> Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan	Improvement Plan updated following receipt of Exception Report for Q1 2019. New case ascertainment methodology adopted from October.	Mar 2020 On Track
<b>2.</b> Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	Current strategies remain in place: <ul style="list-style-type: none"> <li>Family Health Team</li> <li>Winning By Losing</li> <li>Smoking Cessation</li> </ul> Data analysis of these improvement strategies continues to assess effectiveness	Mar 2020 On Track

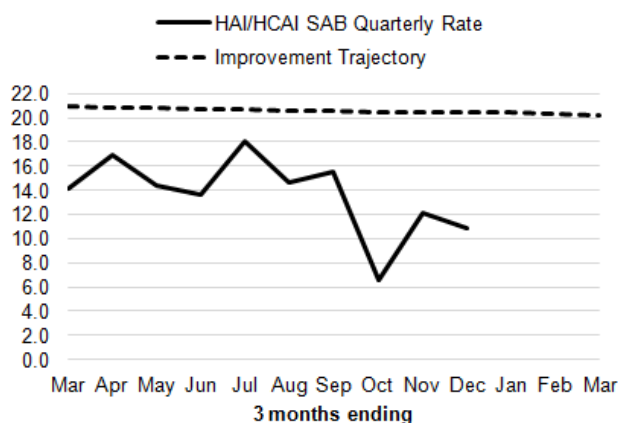
## Clinical Governance

### SAB (HAI/HCAI)

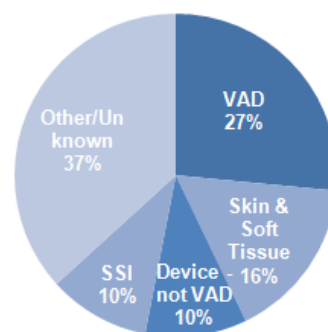
Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

**Note: This equates to reducing the NHS Fife rate from 20.9 to 18.8 (per 100,000 TOBD) over 3 years, or to 20.2 by March 2020, 19.5 by March 2021 and 18.8 by March 2022**

#### Local Performance | Quarter Ending



HAI/HCAI Infection Sources: YE Dec-19



#### National Benchmarking | Year Ending

Year Ending		FY 2018/19					FY 2019/20		
		Mar	Jun	Sep	Dec	Mar			
NHS Fife	HAI & HCAI Infection Rate (per 100,000 TOBD)	20.9	17.6	17.7					
Scotland		16.8	16.7	16.9					

#### Current Challenges

- Increase in number of SAB in People Who Inject Drugs (PWID) – **Action 1**
- Increase in number of VAD-related infections – **Action 2**
- Reducing number of CAUTI infections – **Action 3**
- Achieving HPS reduction of HCAI SAB by 10% by 2021/22 – **Action 4**

Improvement Actions	Progress	Timescale/Status
<b>1.</b> Reduce the number of SAB in PWIDs	The Infection Prevention Control Team continue to support the Addiction Services with the SAB improvement project. However, this has been postponed by the Addictions management team and for now the SAB improvement project is on hold until they have prioritised their ongoing working projects. A SOP for accessing antibiotics for patients identified with SSTI by Addiction Services is out for consultation with GPs.	Mar 2021 On Track (but work currently On Hold)
<b>2.</b> Ongoing surveillance of all VAD-related infections	Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement	Mar 2021 On Track
<b>3.</b> Ongoing surveillance of all CAUTI infections	Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) are taking place, to identify key issues and take appropriate corrective actions – Group next due to meet on 21 <sup>st</sup> February.	Mar 2021 On Track
<b>4.</b> Optimise comms with all clinical teams in ASD & the HSCP	Monthly anonymised reporting with Microbiology comments to gain better understanding of disease process and those most at risk. This allows local resources to be focused on high risk groups/areas and improve patient outcomes.	Mar 2022 On track

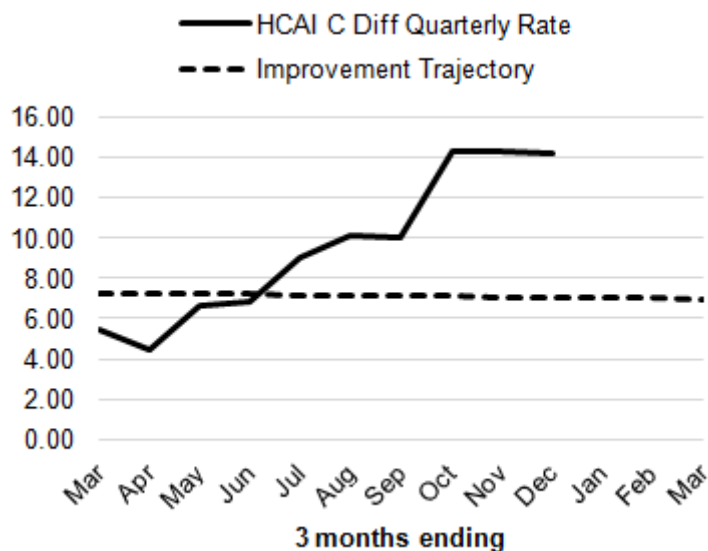
## Clinical Governance

### C Diff (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

**Note: This equates to reducing the NHS Fife rate from 7.2 to 6.5 (per 100,000 TOBD) over 3 years, or to 6.9 by March 2020, 6.7 by March 2021 and 6.5 by March 2022**

#### Local Performance | Quarter Ending



#### National Benchmarking | Year Ending

Year Ending		FY 2018/19		FY 2019/20		
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	Mar	Jun	Sep	Dec	Mar
Scotland		7.2	7.7	8.6		
		14.8	13.8	13.1		

#### Current Challenges

- High % of all HCAI CDIs classed as 'Recurrence of CDI' – **Action 1**
- Addressing antimicrobials as a risk factor for CDI – **Action 2**
- Achieving HPS reduction of HCAI CDIs by 10% by 2021/22 – **Action 3**

Improvement Actions	Progress	Timescale/Status
<b>1.</b> Reducing recurrence of CDI	NHS Fife has been approved for the pioneering use of commercial FMT (Faecal microbiota transplantation) for use in the prevention of recurrence of infection	Oct 2020 On Track
<b>2.</b> Reduce overall prescribing of antibiotics	National antimicrobial prescribing targets are being utilised by NHS Fife's microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage. New empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.	Oct 2020 On Track
<b>3.</b> Optimise communications with all clinical teams in ASD & the HSCP	Monthly anonymised CDI reports with Microbiology comments and graphs are being distributed, to enable staff to gain a clearer understanding of the disease process. ICN ward visits reinforce SICPs and contact precautions, provide education to promote optimum CDI management and daily Medical management form completion. Ward Dashboard continuously updated, for clinical staff to access and also to be displayed for public assurance.	Oct 2020 On Track

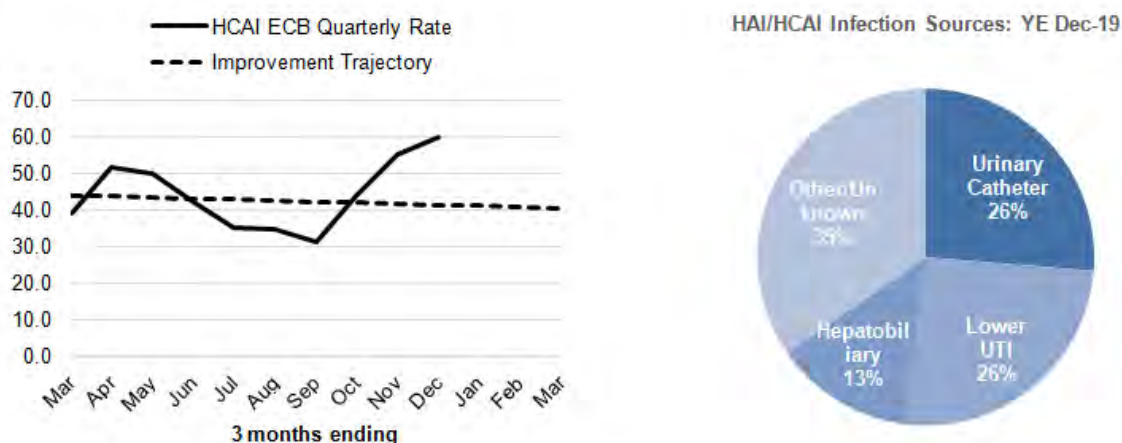
## Clinical Governance

### ECB (HAI/HCAI)

Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

**Note: This equates to reducing the NHS Fife rate from 44.0 to 33.0 (per 100,000 TOBD) over 3 years, or to 40.3 by March 2020, 36.6 by March 2021 and 33.0 by March 2022**

#### Local Performance | Quarter Ending



#### National Benchmarking | Year Ending

Year Ending		FY 2018/19					FY 2019/20	
		Mar	Jun	Sep	Dec	Mar		
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	44.0	42.3	40.4				
Scotland		38.4	38.6	38.7				

#### Current Challenges

- Achieving HPS reduction of HCAI ECBs 25% by 2021/22 and by 50% by 2023/24 – **Action 1**
- Reducing infections caused by lower urinary tract infection (UTI) as source – **Action 2**
- Reducing infections caused by catheter associated UTIs (CAUTIs) as source – **Action 3**

Improvement Actions	Progress	Timescale/Status
<b>1.</b> Optimise communications with all clinical teams in ASD & the HSCP	As well as the mandatory national surveillance (introduced in 2015), NHS Fife has commenced additional voluntary enhanced surveillance from January. Monthly reporting and graphs of ECB data to key clinical staff across NHS Fife (HSCP & Acute services) has been introduced (and also supports Action 3).	Mar 2022 On Track
<b>2.</b> Formation of ECB Strategy Group	The first meeting of the ECB Strategy Group took place on 13 <sup>th</sup> January, and was attended by a Public Health Consultant. The remit of the Group is to discuss, analyse and address key issues around understanding and preventing UTI. The next meeting will be in March, with a wider involvement from public health.	Mar 2021 On Track
<b>3.</b> Ongoing work of Urinary Catheter Improvement Group (UCIG)	The next meeting of this Group will be on 21 <sup>st</sup> February. All trauma-related ECB CAUTI are recorded in DATIX – there was a single occurrence in 2019, down from 8 in 2018 and 6 in 2017.	Mar 2021 On Track

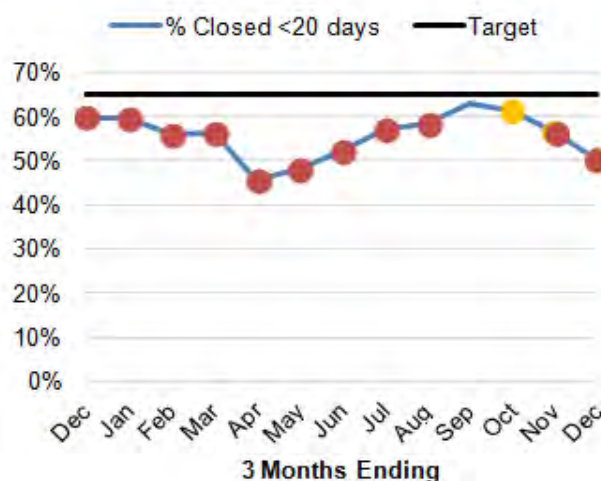


## Clinical Governance

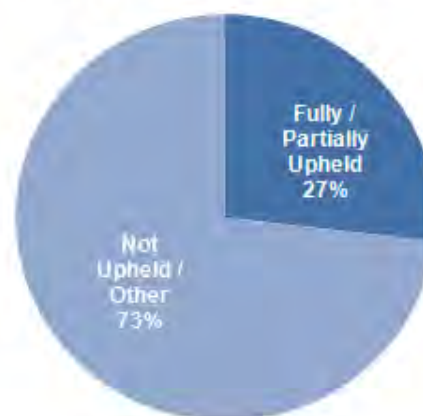
### Complaints | Stage 2

At least 75% of Stage 2 complaints are completed within 20 working days  
Improvement Target for 2019/20 = **65%**

#### Local Performance



#### By Outcome | QE Dec-19



#### Local Performance by Directorate/Division

3-Month Ending	2018/19				2019/20									
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
NHS Fife	59.8%	59.6%	55.8%	56.5%	45.5%	48.0%	52.3%	57.3%	58.3%	62.8%	61.2%	56.3%	50.0%	
Acknowledged <= 3 Days	93.2%	89.9%	92.3%	92.4%	92.2%	93.3%	91.9%	95.1%	94.8%	95.9%	95.9%	94.1%	94.4%	
ASD	70.7%	69.0%	62.7%	60.3%	52.6%	59.6%	67.7%	71.4%	66.7%	64.2%	61.0%	61.1%	57.7%	
HSCP	26.5%	35.3%	38.2%	44.4%	21.1%	11.1%	8.7%	22.6%	33.3%	54.3%	57.6%	45.2%	33.3%	

#### Current Challenges

To improve quality of draft responses – **Action 1**

To improve quality of investigation statements – **Action 2**

Inconsistent management of medical statements and inconsistent style of responses within ASD – **Action 3**

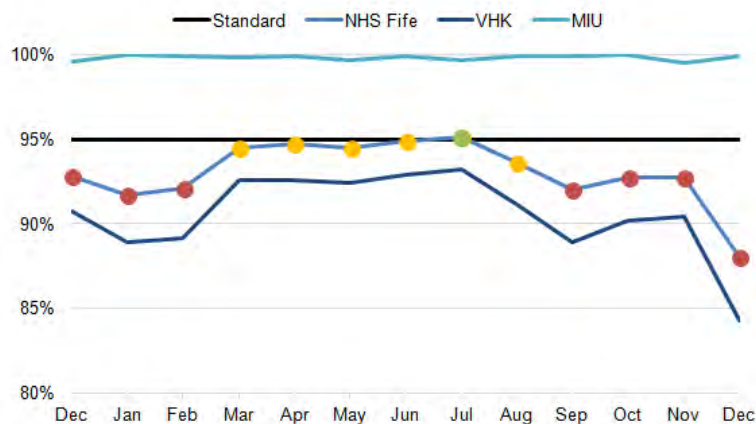
Improvement Actions	Progress	Timescale/ Status
<b>1.</b> Patient Relations Officers to undertake peer review	This continues and learning is being shared directly with individual Officers. Monthly meetings with ASD to discuss complaint issues and style of drafts are in place. Joint education session to be arranged to agree draft styles.	Mar 2020 On Track
<b>2.</b> Deliver education to service to improve quality of investigation statements	Yearly education delivered to FY2 doctors and student nurses. <i>Ad Hoc</i> training sessions are also delivered when required.	Mar 2020 On Track
<b>3.</b> Agree a process for managing medical statements, and a consistent style for responses	ASD to discuss with Clinical Leads PRD raise issues at monthly meeting SPSO training for clinical staff around the complaints process and providing statements took place in December, and a further session was also held in January	Mar 2020 On Track

## Finance, Performance & Resources – Operational Performance

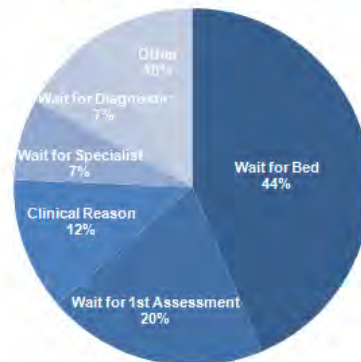
### 4-Hour Emergency Access

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  
Improvement Target for 2019/20 = **96%**

#### Local Performance



#### Breach Reason Dec-19



#### National Benchmarking

Month	2018/19					2019/20							
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	92.8%	91.7%	92.1%	94.5%	94.7%	94.5%	94.9%	95.1%	93.6%	92.0%	92.7%	92.7%	88.0%
Scotland	89.6%	88.8%	89.3%	91.3%	89.9%	90.7%	90.3%	91.2%	90.6%	88.7%	88.0%	85.5%	83.8%

Current Challenges	Variation in 4-Hour Emergency Access Performance - <b>Action 1</b>
	Patient Flow – <b>Action 2</b>
	ECAS and OPAT Services and Capacity – <b>Actions 3 and 4</b>

Improvement Actions	Progress	Timescale/Status
1. Formation of PerformED group to analyse performance trends	Group has focused on review of breaches and pathways. Change of management for some chest pain presentations now in place and assessment of what other conditions could benefit from changes to existing processes is taking place. <b>Completion date changed to reflect additional scope of work.</b>	Jan 2020 Revised to Mar 2020
2. Review of AU1 Assessment Pathway		Complete
3. Implementation of OPAT		Complete
4. Development of services for ECAS	Review of ECAS utilisation and medical/staffing model with increased OPAT offering within existing staffing model is taking place. An assessment of relocation opportunities to support expansion is also underway.	Mar 2020 On Track



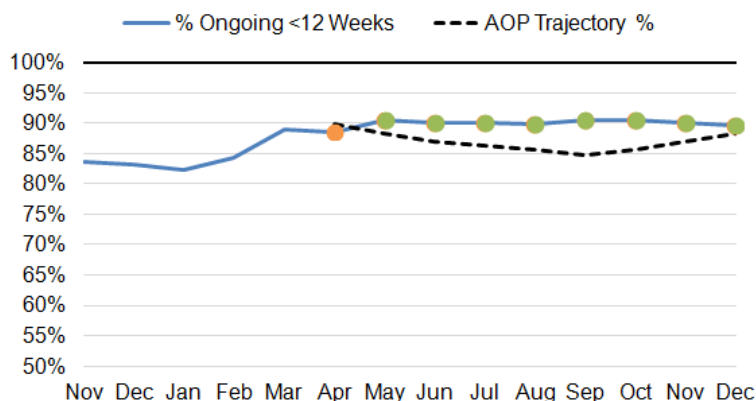
## Finance, Performance & Resources – Operational Performance

### Patient TTG

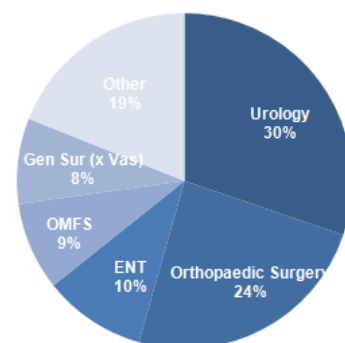
We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

Improvement Target for 2019/20 = **90.6%** (Patients Waiting <= 12 Weeks at month end, as per Scottish Government Waiting Times Plan)

#### Local Performance



#### Ongoing Breaches Dec-19



#### National Benchmarking

	2018/19					2019/20										Mar-20 Target
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
NHS Fife	83.5%	83.3%	82.4%	84.4%	89.0%	88.5%	90.4%	90.1%	90.1%	89.9%	90.6%	90.5%	90.1%	89.7%		90.6%
Scotland		67.5%	66.6%	66.8%	70.1%	68.9%	68.4%	67.8%	67.8%	66.8%	67.5%					

Current Challenges	Recurring gap in IP/DC capacity – <b>Actions 2, 3 and 4</b>
	Difficulty in recruiting to Specialist Consultant posts – <b>Actions 2 and 4</b>
	Difficulty in staffing additional in-house activity - <b>Actions 2, 3 and 4</b>
	Cancellation of IP/DC activity due to unscheduled care pressures - <b>Action 2</b>

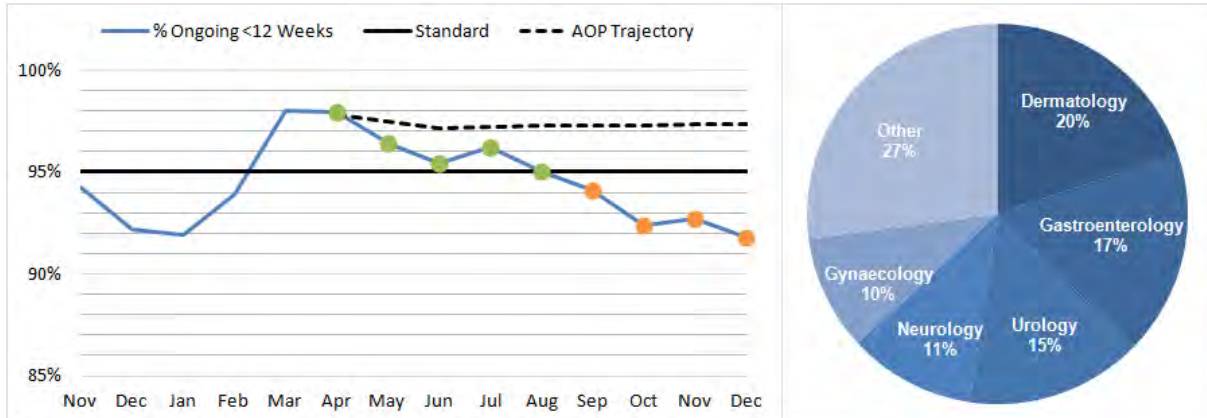
Improvement Actions	Progress	Timescale/ Status
1. Secure resources in order to deliver waiting times improvement plan for 19/20		Complete
2. Develop and deliver Clinical Space redesign Improvement programme	Report from front Door analysis received and being considered. Relocation of the Discharge Lounge on a permanent basis to be reviewed. Paper to SLT.	Mar 2020 On Track
3. Theatre Action Group develop and deliver plan	Monthly meetings continue, action plan in place. Day Surgery event planned for February to explore options for delivery of the new BADS targets and to maximise the use of day surgery capacity at QMH.	Mar 2020 On Track
4. Review DCAQ and develop waiting times improvement plan for 20/21, and secure resources	Plan for 2020/21 submitted and currently being revised for final agreement. On-going work to secure in-sourced capacity and use all available staff in weekend theatre sessions to meet current gap and reduce the backlog.	Mar 2020 On Track

## Finance, Performance & Resources – Operational Performance

### New Outpatients

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

#### Local Performance



#### National Benchmarking

	2018/19					2019/20								Mar-20
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Target
NHS Fife	92.2%	91.9%	93.9%	98.0%	98.0%	96.4%	95.4%	96.2%	95.0%	94.1%	92.4%	92.7%	91.8%	98.7%
Scotland	70.1%			75.0%	74.5%	74.4%	73.5%	73.5%	72.2%	72.9%				

Current Challenges	Recurring gap in Outpatient capacity – <b>Actions 1, 2 and 3</b>
	Difficulty in recruiting to Specialist Consultant posts – <b>Actions 2 and 3</b>
	Difficulty in staffing additional in-house activity - <b>Actions 1 and 2</b>

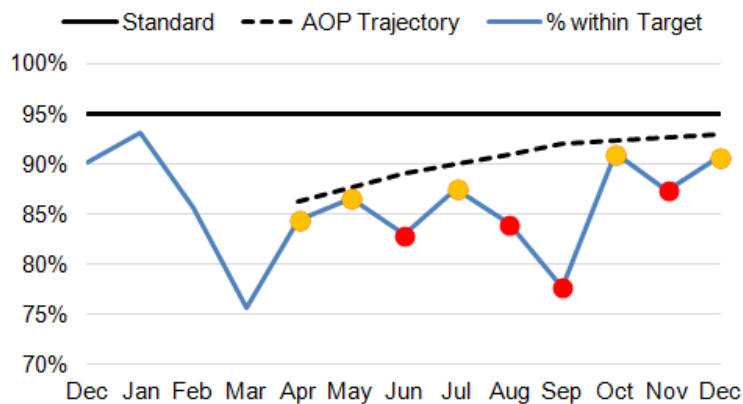
Improvement Actions	Progress	Timescale/ Status
<b>1.</b> Review DCAQ and secure activity to deliver funded activity in waiting times improvement plan for 19/20 and 20/21	Plan for 2020/21 submitted and currently being revised for final agreement. Contracts awarded for in-source activity and alternative solutions in place to increase capacity in Q4.	Mar 2020 On Track
<b>2.</b> Develop and deliver Outpatient Transformation programme to reduce demand	Transformation Group set up and meeting regularly, with focused programme and workstreams in place to deliver projects	Mar 2020 On Track
<b>3.</b> Improve recruitment to vacant posts and/or consider service redesign to increase capacity	New Consultant posts in Urology, General Surgery, Cardiology, Gynaecology, Anaesthetics, Oncology and Orthopaedics have been recruited to. Speciality Doctor post recruited for Ophthalmology and General Surgery. Discussions ongoing regarding new Oral Maxillofacial post and Speciality doctor post in ENT. Recruitment to replacements for existing posts continues to be a challenge in a number of specialities.	Mar 2020 On Track

## Finance, Performance & Resources – Operational Performance

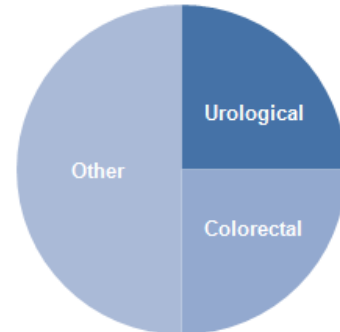
### Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days  
Improvement Target for 2019/20 = **94%**

#### Local Performance



#### Breaches Dec-19



#### National Benchmarking

	2018/19				2019/20										Mar-20
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Target	
NHS Fife	90.2%	93.1%	85.6%	75.6%	84.4%	86.6%	82.9%	87.5%	84.0%	77.7%	91.0%	87.3%	90.7%	94.0%	
Scotland	83.4%	79.9%	79.9%	81.6%	80.4%	81.1%	82.6%	81.8%	82.1%	83.7%	82.7%	81.9%	84.6%		

#### Current Challenges

- Urology 62 day performance (Prostate) – **Actions 1 and 2**
- Cancer Waiting Times 'education' – **Action 2**
- Delays to steps in pathways for 1<sup>st</sup> OPA, diagnostic investigations and reporting – **Action 2**
- Number of breaches in various specialties – **Action 3**

Improvement Actions	Progress	Timescale/ Status
<b>1.</b> Urology Improvement Group review prostate pathway to minimise wait between each step	Improvements implemented have delivered a reduction in waits to 1 <sup>st</sup> OPA, MRI, TRUS biopsy. Further work is being undertaken with the clinical team, pathology and oncology to minimise further waits between steps, and this will be picked up in 2020/21.	Complete
<b>2.</b> Improvement in cancer governance structure and redesign of weekly PTL meeting together with organisation-wide education sessions to ensure clear focus on escalation processes	<ul style="list-style-type: none"> <li>Governance structure agreed</li> <li>CWT education package development continuing</li> <li>SOP reviewed</li> <li>Cancer Scorecard in development</li> </ul> Further metrics introduced into the PTL meeting to allow services to manage cancer referral demand and capacity.	Complete
<b>3.</b> Robust review of timed cancer pathways to ensure up to date and with clear escalation points	Progress affected by staffing pressures in cancer audit team. Detailed work is also being carried out by the Lead Cancer Nurse. <b>Completion date moved to reflect situation.</b>	Jan-2020 Revised to Jun 2020

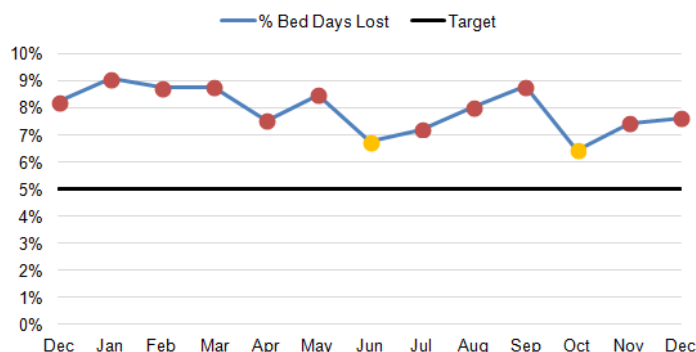
## Finance, Performance & Resources – Operational Performance

### Delayed Discharges (Bed Days Lost)

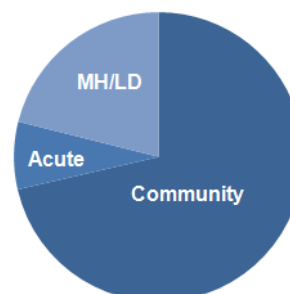
We will reduce the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

Improvement Target for 2019/20 = 5%

#### Local Performance



#### Bed Days Lost | Dec-19



#### National Benchmarking

Quarter Ending		2018/19				2019/20			
		Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	TOBD	87,527	92,599	91,463	91,885	87,857			
	Bed Days Lost	3,638	4,200	6,744	8,141	6,685			
	% Bed Days Lost	4.2%	4.5%	7.4%	8.9%	7.6%			
Scotland	TOBD	1,552,301	1,541,821	1,551,451	1,567,162	1,540,155			
	Bed Days Lost	101,712	107,120	109,366	101,959	103,422			
	% Bed Days Lost	6.6%	6.9%	7.0%	6.5%	6.7%			

#### Current Challenges

To reduce the number of hospital bed days lost due to patients in delay – **Actions 1 and 3**

To improve the time taken to complete social work assessments – **Actions 2 and 4**

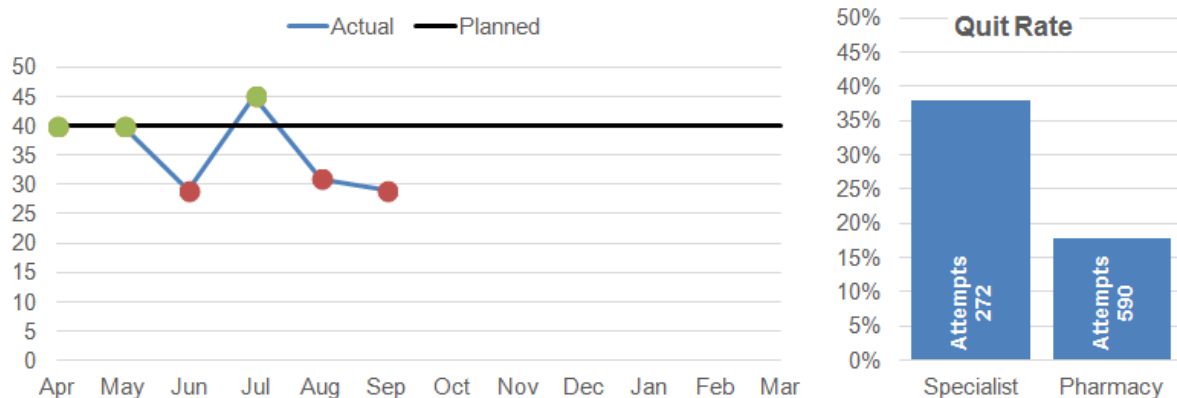
Improvement Actions	Progress	Timescale/Status
1. Test a trusted assessors model within VHK for patients transferring to STAR/assessment beds	Framework developed. Training and shadowing sessions for staff to be progressed	Mar 2020 On Track
2. Review timescales of SW assessments		Complete
3. Moving On Policy to be implemented to support staff where families are refusing choices and/ or where there is no availability of the assessed resource	Policy to be signed off and implemented by winter <b>Still to be signed off.</b>	Jan 2020 Revised to Feb 2020
4. Improve flow of communication between wards and Discharge HUB	Progressing two tests of change to improve efficiency of assessments and reduce waits – direct transfer of information on to iPads at ward level, and a 'sticker' system	Mar 2020 On Track

## Finance, Performance & Resources – Operational Performance

### Smoking Cessation

In 2019/20, we will deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

#### Local Performance



#### National Benchmarking

% Achieved Against Target		2019/20											
	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	40	40	29	45	31	29						
	Actual Cumul	40	80	109	154	185	214	214	214	214	214	214	214
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	100.0%	101.3%	92.4%	97.5%	93.9%	90.7%						
Scotland	Achieved			92.4%									

#### Current Challenges

- To improve uptake in deprived communities – **Action 1**
- To increase uptake of Champix – **Action 2**
- To increase smoking cessation in Antenatal Setting – **Action 3**
- Increase at-work support to NHS Staff – **Action 4**

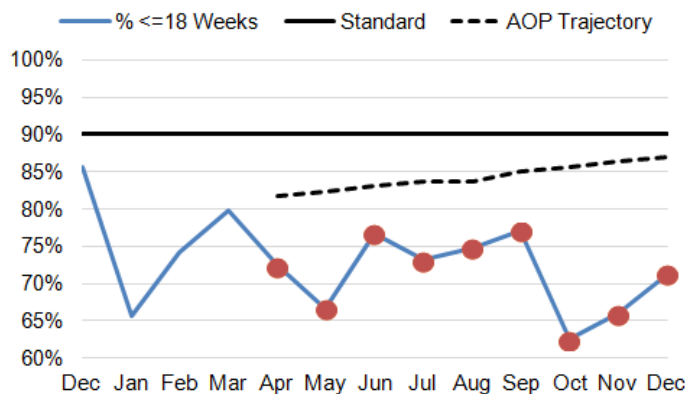
Improvement Actions	Progress	Timescale/ Status
1. Outreach development with Gypsy Travellers in Thornton		Complete
2. Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic	Plans in progress, monthly meetings with Respiratory Consultant to organise paperwork and process/pathways. Committee approval has been received, the first trial run (to check process and procedures) started in December and the real-time test started on 9 <sup>th</sup> January. A promotional stand within QMH will be set up in February.	Mar 2020 On Track
3. 'Better Beginnings' class for pregnant women on Saturday mornings	Plans have progressed and Saturday provision has started - ongoing monitoring in place	Mar 2020 On Track
4. Enable staff access to medication whilst at work	Initial discussion on potential for staff to access their nicotine addiction management medication whilst at work has taken place. Small scale test of change to be considered.	Aug 2020 On Track

## Finance, Performance & Resources – Operational Performance

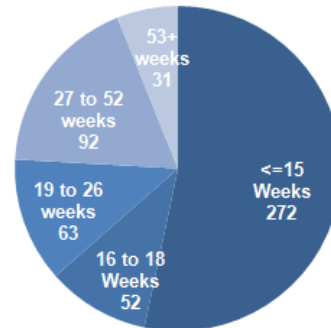
### CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment  
Improvement Target for 2019/20 = **88%**

#### Local Performance



#### Waiting List (510) Dec-19



#### National Benchmarking

Month	2018/19					2019/20								Mar-20 Target
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
NHS Fife	85.5%	65.7%	74.3%	79.8%	72.3%	66.7%	76.7%	73.2%	74.8%	77.1%	62.5%	66.0%	71.3%	88.0%
Scotland	78.6%	72.1%	73.4%	75.6%	69.2%	69.1%	70.9%	62.7%	63.8%	66.9%				

#### Current Challenges

- Increased referrals to service – **Action 1**
- Pressure on existing staff – **Action 2**
- Improving efficiency of workload allocation – **Action 3**

Improvement Actions	Progress	Timescale/ Status
<b>1.</b> Introduction of Primary Mental Health Worker (PMHW) First Contact Appointments System and Group Therapy Programme	Following the departure of existing staff in September 2019, recruitment has been successful for 4 wte temporary posts, with starting dates in January and February. The service is currently operating with 3 staff instead of 7 due to the resignations, which has significant negative consequences on appointment times which now sit between 8 and 9 weeks compared to the planned response time of 2 to 3 weeks. The impact of this service however has been significant with 48% of referrals to CAMHS being redirected following assessment to more appropriate support providers.	Mar 2020 On Track
<b>2.</b> Waiting List Additional Staffing Resource	Additional Tuesday and Wednesday evening clinics are now running. It is anticipated that 80 to 100 additional C&YP will be allocated individual therapy, depending on uptake and attendance. Activity data from December indicates that from the original list of 107 waiting more than 1 year, only 7 were awaiting appointments. The Group Programme is underway, resulting in 158 C&YP being allocated group places up until January.	Sep 2019 to Feb 2020 On Track
<b>3.</b> Introduction of Substantive Team Leader Role	East & West Team Leader Posts filled. Active allocation of appointments underway. Team Leaders identifying patients for prioritisation and for evening clinics.	Mar 2020 On Track



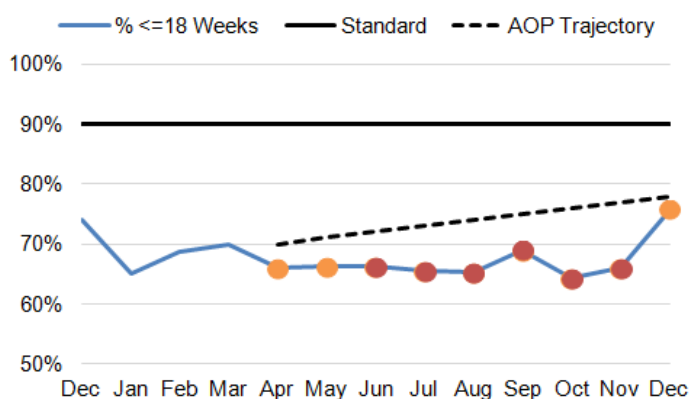
## Finance, Performance & Resources – Operational Performance

### Psychological Therapies 18 weeks RTT

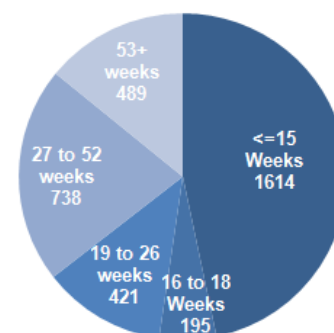
At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies

Improvement Target for 2019/20 = **82%**

#### Local Performance



#### Waiting List (3457) Dec-19



#### National Benchmarking

Month	2018/19					2019/20								Mar-20 Target
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
NHS Fife	73.9%	65.0%	68.7%	69.8%	66.1%	66.2%	66.3%	65.5%	65.2%	69.0%	64.2%	66.0%	75.8%	82.0%
Scotland	77.5%	75.3%	77.7%	79.6%	76.7%	79.3%	80.0%	78.8%	79.2%	80.1%				

#### Current Challenges

- To reduce delays for patients with complex needs requiring PTs within care programme approach – **Action 1**
- To provide sufficient low-intensity PTs for mild-moderate mental health problems – **Action 2**
- To increase capacity in services offering PTs for secondary care patients – **Actions 3 and 5**
- To improve triage in Primary Care to improve access to appropriate PTs – **Action 4**

Improvement Actions	Progress	Timescale/ Status
1. Introduction of single point of access for secondary care patients via CMHT		Complete
2. Introduction of Extended Group Programme in primary care, accessible by self-referral	Data indicates that this change has had a sustained positive impact on capacity for more highly specialist work within this tier of service. Plans underway to expand self referral via website for low intensity PTs within Child and Family Psychology service.	Mar 2020 On Track
3. Redesign of Day Hospital provision to support CMHTs	Implementation of full re-design delayed due to revised timetable for staff engagement work. Further progress required to impact on capacity for delivery of PTs.	Mar 2020 On Track
4. Implement triage nurse pilot programme in Primary Care	Staff in post in selected GP Cluster areas; service being well-utilised; positive findings from interim evaluation in September 2019; final evaluation due this September	Sep 2020 On Track
5. Trial of new group-based PT options for people with complex needs	Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Specific requirements identified from audit of Psychology AMH WL.	Sep 2020 On Track

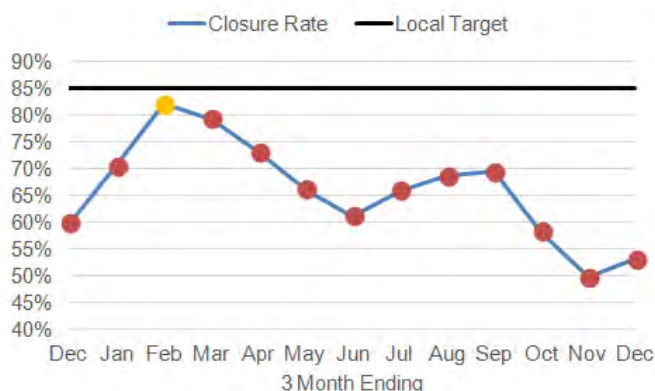


## Finance, Performance & Resources – Operational Performance

### Freedom of Information Requests

In 2019/20, we will respond to a minimum of 85% of FOI Requests within 20 working days

#### Local Performance



#### FOI Closure Times QE Dec-19



#### Service Performance

Monthly	2018/19				2019/20								
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Health Board	76.0%	83.7%	80.4%	73.8%	52.2%	56.8%	55.6%	68.9%	73.7%	48.3%	36.1%	48.5%	75.0%
IJB		100.0%	100.0%	55.6%	100.0%	86.7%	71.4%	86.7%	100.0%	85.7%	77.8%	66.7%	14.3%

#### Current Challenges

Performance variable due to delays in the return of responses from services and pressure on corporate support for finalising responses – **All actions**

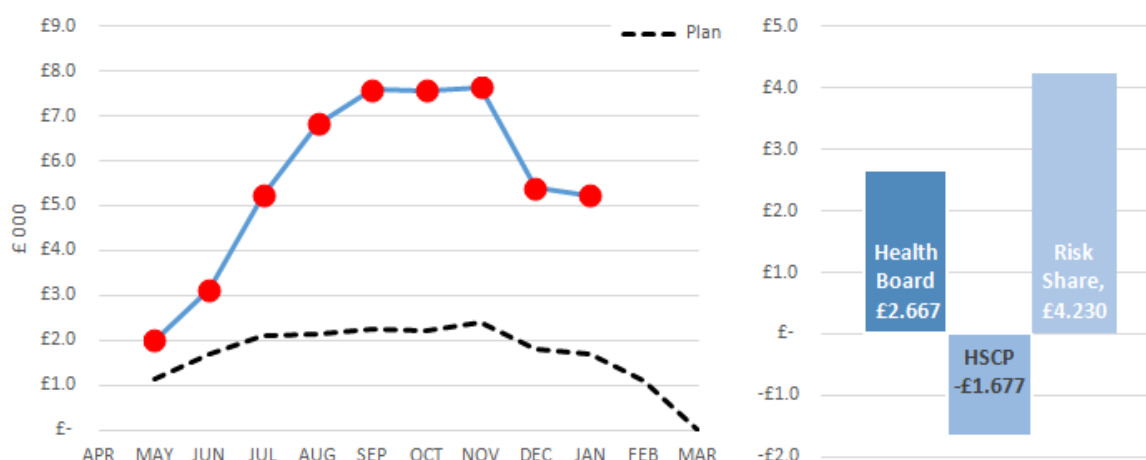
Improvement Actions	Progress	Timescale/Status
1. Map pathway out, identify areas that have recurring issues with delayed responses		Complete
2. Improve FOI case recording and monitoring of timeliness of responses		Complete
3. Review cover arrangements for administration of requests, to improve resilience		Complete
4. Update of processes to reflect involvement of IG&S Team		Complete
5. Refresh process with H&SC partnership for requests received that relate to their services	IG&S Team working with IJB officer to agree protocol of dealing with partnership-related requests. Further meeting held in January to discuss performance. Recent change at level of Chief Executive, in addition to that of Director of Health & Social Care, provides an opportunity to review existing protocol and ensure this is still fit for purpose. <b>Completion date extended to account for this.</b>	Jan-2020 Delayed to Mar 2020
6. Align internal reporting on FOI to avoid unnecessary duplication of effort	Agree and implement one format of reporting on FOI performance, aligned to that developed for IPQR, for quarterly meetings of Information Governance & Security Group. Further discussion to be held on data capture to ensure information gathered can also be utilised for external reporting to Scottish Information Commissioner.	Complete
7. Formalise long-term resource requirements for FOI administration	There is present uncertainty around the long-term resource available to manage FOI administration, as Information Governance has only temporary resource available within the existing team. This issue has been escalated to the SIRO and the Data Protection Officer, and a temporary solution found at present.	Feb 2020 On Track

## Finance, Performance & Resources – Finance

### Revenue Expenditure

NHS Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)

#### Local Performance



#### Expenditure Analysis

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	406,634	420,368	344,716	347,383	2,667	0.77%	-3,407	6,074
Integration Joint Board	349,372	351,844	292,868	291,191	-1,677	-0.57%	-1,823	146
Risk Share	0	0	0	4,230	4,230	0.00%	4,230	0
<b>Total</b>	<b>756,006</b>	<b>772,212</b>	<b>637,584</b>	<b>642,804</b>	<b>5,220</b>	<b>0.82%</b>	<b>-1,000</b>	<b>6,220</b>

#### Current Challenges

Acute Services Division: overspend of £11.898m, the key drivers being run rate overspend and shortfall on savings delivery – **Actions 1 and 3**

IJB: extent of social care overspend and significant risk to delivery of break even position if we are required to fund the full forecast IJB overspend (as opposed to the capped budget gap) – **Actions 2 and 3**

Non recurring financial flexibility: under continuous review but currently insufficient to offset full extent of overspend, including IJB risk share – **Action 3**

Improvement Actions	Progress	Timescale/ Status
<b>1. Savings</b>	(Deloitte) external review complete ASD to prepare detailed action plan <b>This will be an ongoing activity throughout 2019/20 and 2020/21</b>	Mar 2020
<b>2. Discussions with Scottish Government to support financial position</b>	Meetings held in October to date – remains a live conversation and is likely to continue over final quarter of the financial year	Mar 2020 On Track
<b>3. Ongoing grip and control measures across all services</b>	Detailed assessment of potential financial flexibility ongoing, with early decision, action and release of identified benefit to the financial position	Mar 2020 On Track

## Finance, Performance & Resources – Finance

### 1. Annual Operational Plan

- 1.1 The Financial Plan for 2019/20 was approved by the Board on 27 March 2019, with the related Annual Operational Plan approved on 29 May 2019.

### 2. Financial Allocations

#### Revenue Resource Limit (RRL)

- 2.1 NHS Fife received confirmation of the December core revenue and core capital allocation amounts on 3 February. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £746.780m; and anticipated allocations total £1.065m.

#### Non Core Revenue Resource Limit

- 2.2 In addition NHS Fife 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 confirmed non core RRL funding totals £24.367m.

#### Total RRL

- 2.3 The total current year budget at 31 January is therefore £772.212m as detailed in Appendix 1.

### 3. Summary Position – Commentary

- 3.1 The revenue position for the 10 months to 31 January reflects an overspend of **£5.220m**. Based on this in-year position, and a number of high level planning assumptions as agreed by delegated budget holders, the **year end forecast ranges from a potential optimistic forecast of £3.4m overspend to a potential worst case of £8.7m overspend**. This assumes a capped risk share cost to NHS Fife of £7.05m (the original agreed budget gap of the IJB of £6.5m plus £0.55m additional social care packages agreed by the respective Chief Officers) and does not take into consideration some further non recurring offsetting benefits currently being explored.
- 3.2 Discussions have been held with the Director of Health Finance, Scottish Government over the last few months, to work collaboratively to find a solution to the financial challenges facing NHS Fife. As reported previously a range of areas were considered. Last month the transfer of full capital receipts of £1m into our revenue position was actioned which supports the in year position on a non recurring basis. Work continues on: the identification of qualifying expenditure for potential ADEL funding; the review of allocations for any slippage or flexibility; and a final review of balance sheets accruals both in terms of value and accounting treatment. The potential additional non recurring offsetting benefit of these actions may be in the region of £1.5m, but this requires further ongoing scrutiny in the remaining 2 months of the year.
- 3.3 Notwithstanding the forecast position outlined in 3.1 above, the current forecast overspend of the IJB is significantly higher than the original approved budget gap (and capped risk share pressure) with a potential further £2.9m - £3.4m impact on the NHS Fife position at year end.
- 3.4 Taking account of the potential offsetting benefits described above and the further overspend of the IJB, the **forecast outturn position moves to an overspend of £4.8m (best case) to £10.5m (worst case)**. This highlights the ongoing challenge in achieving financial balance and our ability to meet our statutory obligations, without further financial support from Scottish Government.

## Finance, Performance & Resources – Finance

- 3.5 Other key challenges continue as previously reported and comprise: the overspend on Acute Services (run rate overspend related to a number of cost pressures; and non delivery of savings), and includes £5.127m 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; and the growing cost pressure in relation to activity outside Fife and in particular, the continuing number of specialist high cost, low volume procedures undertaken in Edinburgh reported in recent months.
- 3.6 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR) we have included a funding assumption of £4.8m (optimistic scenario) to meet the value of the full risk share impact net of potential offsetting benefits.
- 3.7 Table 1 below provides a summary of the position across the constituent parts of the system for the year to date: an overspend of £2.667m is attributable to Health Board retained budgets; whilst an underspend of £1.677m is attributable to the health budgets delegated to the Integration Joint Board; and an overspend shown of £4.230m relating to the IJB risk share (capped at the opening budget deficit of £6.5m plus agreed additional social care packages).

**Table 1: Summary Financial Position for the period ended January 2020**

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	406,634	420,368	344,716	347,383	2,667	0.77%	-3,407	6,074
Integration Joint Board (Health)	349,372	351,844	292,868	291,191	-1,677	-0.57%	-1,823	146
Risk Share (Capped)	0	0	0	4,230	4,230	0.00%	4,230	0
<b>Total</b>	<b>756,006</b>	<b>772,212</b>	<b>637,584</b>	<b>642,804</b>	<b>5,220</b>	<b>0.82%</b>	<b>-1,000</b>	<b>6,220</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	199,040	209,077	174,891	187,785	12,894	7.37%	6,865	6,029
IJB Non-Delegated	8,392	8,539	7,113	7,118	5	0.07%	-40	45
Estates & Facilities	72,837	73,208	60,540	59,743	-797	-1.32%	-797	0
Board Admin & Other Services	53,273	82,822	71,613	70,531	-1,082	-1.51%	-1,082	0
Non-Fife & Other Healthcare Providers	85,566	85,566	71,316	72,889	1,573	2.21%	1,573	0
Financial Flexibility & Allocations	12,707	15,472	8,921	-682	-9,603	-107.64%	-9,603	0
<b>Health Board</b>	<b>431,815</b>	<b>474,684</b>	<b>394,394</b>	<b>397,384</b>	<b>2,990</b>	<b>0.76%</b>	<b>-3,084</b>	<b>6,074</b>
Integration Joint Board - Core	373,936	401,919	335,241	333,788	-1,453	-0.43%	-1,599	146
Integration Fund & Other Allocations	13,877	639	250	0	-250	0.00%	-250	0
<b>Sub-total Integration Joint Board Core</b>	<b>387,813</b>	<b>402,558</b>	<b>335,491</b>	<b>333,788</b>	<b>-1,703</b>	<b>-0.51%</b>	<b>-1,849</b>	<b>146</b>
IJB Risk Share Arrangement	0	0	0	4,230	4,230		4,230	0
<b>Total Integration Joint Board - Health</b>	<b>387,813</b>	<b>402,558</b>	<b>335,491</b>	<b>338,018</b>	<b>2,527</b>	<b>0.75%</b>	<b>2,381</b>	<b>146</b>
<b>Total Expenditure</b>	<b>819,628</b>	<b>877,242</b>	<b>729,885</b>	<b>735,402</b>	<b>5,517</b>	<b>0.76%</b>	<b>-703</b>	<b>6,220</b>
IJB - Health	-38,441	-50,714	-42,623	-42,597	26	-0.06%	26	0
Health Board	-25,181	-54,316	-49,678	-50,001	-323	0.65%	-323	0
Miscellaneous Income	-63,622	-105,030	-92,301	-92,598	-297	0.32%	-297	0
<b>Net Position Including Income</b>	<b>756,006</b>	<b>772,212</b>	<b>637,584</b>	<b>642,804</b>	<b>5,220</b>	<b>0.82%</b>	<b>-1,000</b>	<b>6,220</b>

## 4. Operational Financial Performance for the year

### Acute Services

- 4.1 The Acute Services Division reports a **net overspend of £12.894m for the year to date**. This reflects an overspend in operational run rate performance of £6.865m, and unmet savings of £6.029m per Table 2 below. Within the run rate performance, pay is overspent by £5.486m. 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, incremental progression and nursing recruitment in line with the workforce planning tool, as well as supplementary staffing to support surge capacity. As the operational performance section of the IPQR highlights, there is

## Finance, Performance & Resources – Finance

increasing pressure across unscheduled care in terms of demand; the financial position demonstrates the cost impact of the additional capacity required. Included within the ASD position is £5.127m overspend relating to the budgets 'set aside' for inclusion in the IJB's strategic plans but which remain managed by the NHS Board.

**Table 2: Acute Division Financial Position for the period ended January 2020**

	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
<b>Acute Services Division</b>								
Planned Care & Surgery	69,165	73,147	60,696	64,110	3,414	5.62%	1,582	1,832
Emergency Care & Medicine	73,254	77,849	65,635	72,086	6,451	9.83%	4,739	1,712
Women, Children & Clinical Services	54,093	55,507	46,259	49,930	3,671	7.94%	1,186	2,485
Acute Nursing	596	616	492	434	-58	-11.79%	-58	0
Other	1,932	1,958	1,809	1,225	-584	-32.28%	-584	0
<b>Total</b>	<b>199,040</b>	<b>209,077</b>	<b>174,891</b>	<b>187,785</b>	<b>12,894</b>	<b>7.37%</b>	<b>6,865</b>	<b>6,029</b>

- 4.2 As previously reported, the Acute Services team continue the design phase for implementation of an effective savings programme following the external expertise provided through Deloitte LLP. The Acute Services management team's transformation programme will translate findings from the external Deloitte report in to the 'art of the possible' for 2020/21 and beyond. In parallel the interim PMO Director is reviewing and advising on the overarching governance arrangements and infrastructure across Health and into Social Care.

### Estates & Facilities

- 4.3 The Estates and Facilities budgets report an **underspend of £0.797m** which is generally attributable to vacancies, energy and water and property rates, and partially offset by an overspend on property maintenance. The favourable movement in-month reflects a rates revaluation rebate.

### Corporate Services

- 4.4 Within the Board's corporate services there is **an underspend of £1.082m**. Further analysis of Corporate Directorates is detailed per Appendix 2.

### Non Fife and Other Healthcare Providers

- 4.5 The budget for healthcare services provided out with NHS Fife is **overspent by £1.573m** per Appendix 3. This remains an area of increasing challenge particularly given the relative higher costs of some other Boards, coupled with the unpredictability of activity levels.

### Financial Plan Reserves & Allocations

- 4.6 As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and new in-year allocations are held in a central budget. Whilst no specific decisions are made to hold back new allocations, there are often unplanned underspends which emerge as the year progresses. As we approach the final 2 months of the financial year the routine robust monthly review of financial flexibility is detailed per Appendix 4.
- 4.7 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.

### Integration Services

- 4.8 The health budgets delegated to the Integration Joint Board report an **underspend of £1.703m for the year to date**. This position comprises an underspend in the run rate performance of £1.849m; together with unmet savings of £0.146m. The underlying



## Finance, Performance & Resources – Finance

drivers for the run rate under spend are vacancies in community nursing, health visiting, school nursing, community and general dental services across Fife Wide Division. The aforementioned underspend is partly offset by locum costs within mental health services and inpatient service costs within East and West Fife.

- 4.9 In addition the capped IJB risk share for the first 10 months of 2019/20 is a **cost of £4.230m**, representing a risk share percentage (72%) of the overall initial budget gap of £6.5m plus £0.550m relating to additional approved social care packages. In previous years, and in agreement with Fife Council colleagues, the overspend on the IJB has been managed through the risk share arrangement described at 8.2.4 of the Integration Scheme.
- 4.10 The initial health IJB position at month 10 is therefore a **net £2.527m overspend**. However if NHS Fife are required to fund the full HSCP overspend this will add an additional £2.9m - £3.4m pressure to the outturn position.

### Income

- 4.11 A small over recovery in income of £0.297m is shown for the year to date.

## 5. Pan Fife Analysis

- 5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 3 below.

**Table 3: Subjective Analysis for the Period ended January 2020**

	Annual Budget	Budget	Actual	Net Over/(Under) Spend
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	375,805	312,232	314,813	2,581
GP Prescribing	72,665	60,930	60,949	19
Drugs	31,220	26,734	26,349	-385
Other Non-Pay	388,864	327,038	329,743	2,705
IJB Risk Share	0	0	4,230	4,230
Efficiency Savings	-7,423	-6,220	0	6,220
Commitments	16,111	9,171	-682	-9,853
Income	-105,030	-92,301	-92,598	-297
<b>Net Underspend</b>	<b>772,212</b>	<b>637,584</b>	<b>642,804</b>	<b>5,220</b>

### Pay

- 5.2 The overall pay budget reflects an overspend of £2.581m. There are underspends across a number of staff groups which partly offset the overspend position within nursing & midwifery and medical & dental staff; both are being largely driven by the additional cost of supplementary staffing to cover vacancies; sickness absence and supervision policies.
- 5.3 Against a total funded establishment of 7,917 wte across all staff groups, there was an average 7,845 wte staff in post in December.

### Drugs & Prescribing

- 5.4 Across the system, there is a net under spend of £0.366m on medicines largely due to an under spend of £0.659m on sexual health and rheumatology drugs. Prescribing controls in line with formulary, biosimilar switches and price reductions have been the main contributory factors. The GP prescribing position is based on 2018/19 trend analysis and October and November 2019 actual information (2 months in arrears). Medicine shortages are resulting in price increases however the financial impact is currently being contained.

## Other Non Pay

- 5.5 Other non pay budgets across NHS Fife are collectively overspent by £2.705m. The overspends are in purchase of healthcare from other Health Boards and independent providers, other supplies, property & hotel expenses and surgical sundries. These are offset by underspends across a number of areas including energy and diagnostic supplies.

## 6 Financial Sustainability

- 6.1 The Financial Plan presented to the Board in March highlighted the requirement for £17.333m cash efficiency savings to support financial balance in 2019/20. The Plan was approved with a degree of cautious optimism and confidence that the gap would be managed in order to deliver a break even position in year 1 of the 3 year planning cycle. This view was entirely predicated on a robust and ambitious savings programme across Acute Services and the Health & Social Care Partnership; supported by ongoing effective grip and control on day to day expenditure and existing cost pressures; and early identification and control of non recurring financial flexibility.
- 6.2 The extent of the recurring / non recurring savings delivery for the year is illustrated in Table 4 below and reflects a c50/50 split. In addition Table 4 reflects a significant under delivery of savings within Health Board (principally Acute Services Division).

**Table 4: Savings 2019/20**

	Target £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Total Identified & Achieved To Date £'000	Outstanding £'000
Health Board	10,873	1,228	2,017	3,245	7,628
Integration Joint Board	6,460	3,485	2,799	6,284	176
<b>Total Savings</b>	<b>17,333</b>	<b>4,713</b>	<b>4,816</b>	<b>9,529</b>	<b>7,804</b>

## 7 Key Messages / Risks

- 7.1 The key challenges include the overspend on Acute Services (driven by non delivery of savings and a number of specific cost pressures; and includes £5.127m overspend relating to a number of ASD budgets that are set aside for inclusion in the IJB's strategic plans, but which remain managed by the NHS Board); the risk share impact of the IJB position (entirely driven by social care costs); and the increasing cost pressure associated with non-Fife activity.
- 7.2 Based on the year to date position and high level planning assumptions, estimates and information available at this time, agreed by delegated budget holders, the year end forecast based on a capped risk share ranges from a potential optimistic forecast of £3.4m overspend to a potential worst case of £8.7m overspend.
- 7.3 Discussions have been held with the Director of Health Finance, Scottish Government over the last few months, to find a solution to the financial challenges facing NHS Fife. Work continues on: the identification of qualifying expenditure for potential ADEL funding; the review of allocations for any slippage or flexibility; review of balance sheets accruals both in terms of value and accounting treatment; reporting of acute set aside budgets; and discussions with partners on the HSCP risk share methodology. The potential offsetting benefits may allow the optimistic overspend per 3.1 above to be reduced.



## Finance, Performance & Resources – Finance

7.4 However the current forecast overspend of the IJB is significantly higher than the original approved budget gap. Correspondence and discussions to date between the respective partners continue. Notwithstanding, if we are required to fund the full IJB overspend, the forecast outturn position increases to a forecast overspend (after potential offsetting benefits) to an overspend of £4.8m (best case) to £10.5m (worst case). This then compromises our ability to achieve financial balance and our ability to meet our statutory obligations.

7.5 The impact of the points raised in 7.2 to 7.4 are illustrated in Table 5 below.

**Table 5: Financial Outturn (modelling based on actual position at 31 Jan 2020)**

Forecast Outturn	Pessimistic £'000	Mid-Range £'000	Optimistic £'000
Acute Services Division	10,361	9,564	8,886
Acute Services Division (Acute Set Aside)	6,096	5,795	5,495
IJB Non-Delegated	40	16	-9
Estates & Facilities	-598	-909	-1,809
Board Admin & Other Services	-1,170	-1,380	-1,527
Non-Fife & Other Healthcare Providers	2,038	2,038	2,038
Financial Flexibility	-11,387	-11,387	-11,387
Miscellaneous Income	-350	-350	-350
<b>Health Board Retained Budgets</b>	<b>5,030</b>	<b>3,387</b>	<b>1,337</b>
IJB Delegated Health Budgets	-1,141	-1,879	-2,692
Integration Fund & Other Allocations	-300	-300	-300
<b>Sub Total IJB Delegated Health Budgets</b>	<b>-1,441</b>	<b>-2,179</b>	<b>-2,992</b>
Risk Share	5,076	5,076	5,076
<b>Net IJB Health Position</b>	<b>3,635</b>	<b>2,897</b>	<b>2,084</b>
<b>Total Forecast Outturn (based on capped risk share)</b>	<b>8,665</b>	<b>6,284</b>	<b>3,421</b>
<b>Potential Offsetting Benefits</b>			
Additional ADEL	-1,500	-1,500	-1,500
<b>Revised Forecast Outturn after Potential Benefits</b>	<b>7,165</b>	<b>4,784</b>	<b>1,921</b>
<u>Full Risk Share Adjustment</u>	3,358	3,131	2,924
<b>Revised Forecats Outturn (based on <u>full</u> risk share)</b>	<b>10,523</b>	<b>7,915</b>	<b>4,845</b>

7.6 The optimistic forecast has been used for reporting purposes and is scrutinised each month as part of a balanced risk approach. Key areas for highlighting this month include the Emergency Care Directorate within Acute Services whose use of agency staff continues for which there does not appear to be an exit plan. This is exacerbated by the surge ward capacity which was open for 5 months of the last financial year, but is expected to be in place for this full year. This unanticipated additional exceptional cost is in spite of additional grip and control measures being put in place and contributes to the forecast overspend. This position remains under close review. In parallel the Planned Care Directorate optimistic forecast has worsened on the basis

## Finance, Performance & Resources – Finance

that the savings targets will fall short of that planned in the year to date. In all areas of Acute the savings delivered are anticipated to fall short of the target, with a significant shortfall against recurring delivery.

- 7.7 The range of Estates & Facilities forecasts varies greatly between each scenario and is underpinned by detailed assumptions, plans and risk assessment ratings. The optimistic forecast used in the overall reporting at £1.8m underspend (compared to £0.9m 'realistic scenario' underspend) includes £0.3m high risk assumptions; and £0.6m medium risk assumptions.
- 7.8 The level of financial flexibility released in to the position at month 9 includes £2m share of new medicines funding; and £0.85m capital to revenue transfer; along with a updated and reduced potential slippage of waiting times funding to £0.2m which reflects the activity and plans in place across the Acute Division.
- 7.9 Even with the additional financial flexibility per 7.8, there is limited assurance that NHS Fife can remain within the overall revenue resource limit should there be a requirement to cover the full impact of the IJB position.
- 7.10 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR), a funding assumption to the value of £4.8m has been included. This does, however, hold a degree of risk; and reflects the most optimistic outturn and assumes mitigating benefits will crystallise in full.
- 7.11 Discussions with SGHSCD colleagues in relation to the financial position continue.

### 8 Recommendation

- 8.1 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 overspend of £5.220m for the year to 31 January 2020; and
  - **Note** the previously reported *potential* outturn position of break even is at risk, even with an assumption of additional funding from SGHSCD to support any impact of the full IJB risk share.

## Finance, Performance & Resources – Finance

### Appendix 1: Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non- Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
Confirmed	Opening	662,752			662,752	
Confirmed	May Adjustments	-696		-229	-925	
Confirmed	June Adjustments	16,293	3,774	6,265	26,332	
Confirmed	July Adjustments		2,863	1,678	4,541	
Confirmed	August Adjustments	280	3,268	2,341	5,889	
Confirmed	September Adjustments	-29	52,759	2,236	54,966	
Confirmed	October Adjustments		-157	1,842	1,685	
Confirmed	November Adjustments	-531	1,363	-16,058	-15,226	
Confirmed	December Adjustments		5,459	94	5,553	
Confirmed	Infrastructure Support			1,027	1,027	Receipts
Confirmed	Infrastructure Support			234	234	Capital to Revenue
Confirmed	ScotStar			-330	-330	Annual Contribution
Confirmed	AHP Musculoskeletal MATS			-20	-20	Contribution to Service
Confirmed	Cancer and Diagnostic Activity			69	69	Additional Funding
Confirmed	Additional Funding for Elective Activity			40	40	Additional Funding
Confirmed	Distinction Awards		193		193	Annual Award
	<b>Total Core Revenue Allocation</b>	<b>678,069</b>	<b>69,522</b>	<b>-811</b>	<b>746,780</b>	
Anticipated	NSD Adjustments	-27			-27	
Anticipated	Primary Care Fund GP Sub Committee			34	34	
Anticipated	Primary Care Improvement Fund			1,123	1,123	
Anticipated	Capital to Revenue			-65	-65	
	<b>Total Anticipated Core RRL Allocations</b>	<b>-27</b>	<b>0</b>	<b>1,092</b>	<b>1,065</b>	
Confirmed	PFI Adjustment			3,374	3,374	
Confirmed	Donated Asset Depreciation			117	117	
Confirmed	Impairment			1,000	1,000	
Confirmed	AME Provision			-843	-843	
Confirmed	IFRS Adjustment			4,833	4,833	
Confirmed	Depreciation from Core Allocation			12,386	12,386	
Confirmed	ADEL			3,500	3,500	
	<b>Total Non-Core RRL Allocations</b>	<b>0</b>	<b>0</b>	<b>24,367</b>	<b>24,367</b>	
	<b>Grand Total</b>	<b>678,042</b>	<b>69,522</b>	<b>24,648</b>	<b>772,212</b>	

### Appendix 2: Corporate Directories

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E-Health Directorate	12,827	9,923	9,965	42
NHS Fife Chief Executive	209	173	170	-3
NHS Fife Finance Director	6,296	5,191	4,666	-524
NHS Fife HR Director	3,210	2,689	2,567	-121
NHS Fife Medical Director	6,813	5,077	4,908	-169
NHS Fife Nurse Director	4,222	3,439	3,319	-120
Legal Liabilities	29,215	28,543	28,588	45
Public Health	2,347	1,908	1,746	-162
Early retirement & Injury Benefits	269	134	82	-52
Regional Funding	284	241	225	-17
Depreciation	17,131	14,294	14,294	0
<b>Total</b>	<b>82,822</b>	<b>71,613</b>	<b>70,531</b>	<b>-1,082</b>

## Finance, Performance & Resources – Finance

### Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
<b>Health Board</b>				
Ayrshire & Arran	95	79	48	-31
Borders	43	36	39	3
Dumfries & Galloway	24	20	50	30
Forth Valley	3,089	2,572	2,781	209
Grampian	349	290	261	-29
Greater Glasgow & Clyde	1,607	1,340	1,315	-25
Highland	131	109	185	76
Lanarkshire	111	93	169	76
Lothian	30,600	25,499	23,843	-1,656
Scottish Ambulance Service	98	81	88	7
Tayside	39,392	32,830	33,189	359
	<b>75,539</b>	<b>62,949</b>	<b>61,968</b>	<b>-981</b>
<b>UNPACS</b>				
Health Boards	8,063	6,719	8,860	2,141
Private Sector	1,209	1,008	1,600	592
	<b>9,272</b>	<b>7,727</b>	<b>10,460</b>	<b>2,733</b>
<b>OATS</b>				
	690	575	398	-177
<b>Grants</b>				
	65	65	63	-2
<b>Total</b>	<b>85,566</b>	<b>71,316</b>	<b>72,889</b>	<b>1,573</b>

Appendix 4 - Financial Flexibility & Allocations

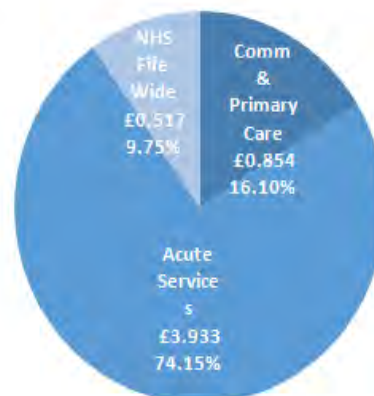
	CY Budget £'000	Flexibility Released to Jan-20 £'000
<b>Financial Plan</b>		
Drugs	2,365	833
Complex Weight Management	50	42
Adult Healthy Weight	104	86
National Specialist Services	38	31
Band 1s	307	256
Unitary Charge	213	178
Junior Doctor Travel	97	72
Consultant Increments	50	41
Cost Pressures	3,429	2,992
Financial Flexibility	523	436
<b>Sub Total Financial Plan</b>	<b>7,176</b>	<b>4,967</b>
<b>Allocations</b>		
Health Improvement	93	78
AME Impairments	1,195	0
AME Provisions	-51	0
Waiting Lists	1,550	133
Best Start	306	217
Advanced Breast Practitioner Radiology	36	
Insulin Pumps & CGM	44	
Carry Forward 18-19	260	217
Urolift	26	
Neonatal Expenses	16	8
Capital to Revenue	169	
ADEL	708	417
Winter Planning	0	
Cancer Waiting Times	198	44
Hand Surgery	0	0
New Medicine Fund	2,381	1,984
Additional Elective Activity	310	
Health Records	28	
Capital Receipts	1,027	856
<b>Sub Total Allocations</b>	<b>8,296</b>	<b>3,954</b>
<b>Total</b>	<b>15,472</b>	<b>8,921</b>

## Finance, Performance & Resources – Finance

### Capital Expenditure

*NHS Boards are required to work within the capital resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)*

#### Local Performance



#### Commentary

The total Capital Resource Limit for 2019/20 is £9.217m. The capital position for the 10 months to January shows investment of £5.305m, equivalent to 57.56% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

#### Current Challenges

Overall programme of work to address all aspects of backlog maintenance, statutory compliance, equipment replacement, and investment in technology considerably outstrips capital resource limit available

Improvement Actions	Progress	Timescale/ Status
1. Managing expenditure programme within resources available	Risk management approach adopted across all categories of spend	Mar 2020 On Track

### 1. Annual Operational Plan

- 1.1 The Capital Plan 2019/20 was approved by the NHS Board on 27 March 2019. For information, changes to the plan since its initial approval in March are reflected in Appendix 1. On 3 June 2019 NHS Fife received confirmation of initial core capital gross allocation amounts of £7.394m. NHS Fife has received a capital allocation of £0.120m for Hospital Eye Scotland for the procurement of ophthalmic equipment. NHS Fife has received an allocation of £1.703m for the new Elective Orthopaedic Centre and an expected adjustment for the transfer to revenue schemes that will be actioned during the year (£0.234m).

### 2. Capital Receipts

- 2.1 Work continues on asset sales with several disposals planned or completed:

- Lynebank Hospital Land (Plot 1) (North) – Under offer
- Forth Park Maternity Hospital – Sold
- Fair Isle Clinic – Sold
- Skeith Land – now on market
- ADC – Sold

Discussions with the SGHSCD have confirmed use of the capital receipts to support the challenges in the Board's revenue position.

### 3. Expenditure To Date / Major Scheme Progress

- 3.1 Details of the expenditure position across all projects are set out in the dashboard summary above. 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 £5.305m or 57.56% 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:

Statutory Compliance	£1.391m
Minor Works	£0.279m
Equipment	£2.155m
E-health	£0.481m
Elective Orthopaedic Centre	£0.968m

### 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.

### 5. Recommendation

- 5.1 Members are invited to approach the Director of Finance or Chief Executive for any points of clarity on the position reported and are asked to:

- **Note** the capital expenditure position to 31 January 2020 of £5.305m and the forecast year end spend of the capital resource allocation of £9.217m



## Appendix 1: Capital Expenditure Breakdown

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2019/20 £'000
<b>COMMUNITY &amp; PRIMARY CARE</b>			
Statutory Compliance	984	594	984
Capital Minor Works	345	176	345
Capital Expenditure	91	85	91
Condemned Equipment			
<b>Total Community &amp; Primary Care</b>	1,420	854	1,420
<b>ACUTE SERVICES DIVISION</b>			
Capital Equipment	1,992	1,975	1,992
Statutory Compliance	2,423	792	2,423
Minor Works	164	103	164
Condemned Equipment	95	95	95
Elective Orthopaedic Centre	1,703	968	1,703
Hospital Eye Services	120		120
<b>Total Acute Services Division</b>	6,496	3,933	6,496
<b>NHS FIFE WIDE SCHEMES</b>			
Condemned Equipment			
Information Technology	1,041	481	1,041
Equipment Balance	0	0	0
Scheme Development	60	2	60
Contingency	100	30	100
Statutory Compliance - Fire Compartmentation	100	5	100
Minor Works	0	0	0
<b>Total NHS Fife Wide Schemes</b>	1,301	518	1,301
<b>TOTAL ALLOCATION FOR 2019/20</b>	<b>9,217</b>	<b>5,305</b>	<b>9,217</b>

## Appendix 2: Capital Plan - Changes to Planned Expenditure

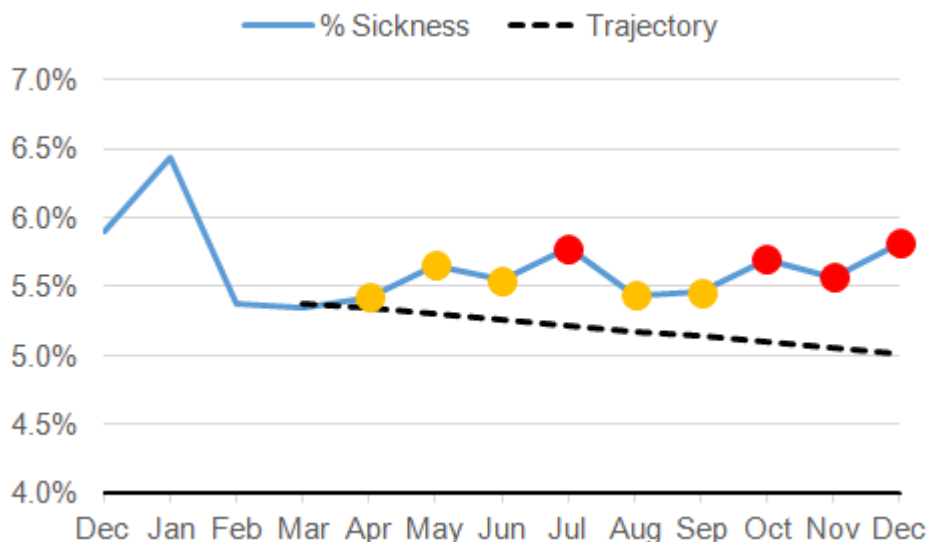
Capital Expenditure Proposals 2019/20	Board Approved 27/03/2019 £'000	Cumulative Adjustment to December £'000	January Adjustment £'000	Total January £'000
<b>Routine Expenditure</b>				
<b>Community &amp; Primary Care</b>				
Minor Capital		342	2	345
Capital Equipment		90	1	91
Statutory Compliance		766	218	984
Condemned Equipment				
<b>Total Community &amp; Primary Care</b>	<b>0</b>	<b>1,199</b>	<b>221</b>	<b>1,420</b>
<b>Acute Services Division</b>				
Minor Capital		168	-4	164
Capital Equipment		2,018	-26	1,992
Statutory Compliance		2,613	-190	2,423
Condemned Equipment		95	0	95
Hospital Eye Service		120		120
Elective Orthopaedic Centre			1,703	1,703
	<b>0</b>	<b>5,014</b>	<b>1,482</b>	<b>6,496</b>
<b>Fife Wide</b>				
Minor Work	498	-498		0
Information Technology	1,041			1,041
Backlog Maintenance / Statutory Compliance	3,569	-3,469		100
Condemned Equipment	90	-90		0
Scheme Development	60			60
Fife Wide Equipment	2,036	-2,036		0
Fife Wide Contingency Balance	100			100
<b>Total Fife Wide</b>	<b>7,394</b>	<b>-6,093</b>	<b>0</b>	<b>1,301</b>
<b>Total</b>	<b>7,394</b>	<b>120</b>	<b>1,703</b>	<b>9,217</b>

## Staff Governance

### Sickness Absence

To achieve a sickness absence rate of 4% or less  
Improvement Target for 2019/20 = **4.89%**

#### Local Performance



#### National Benchmarking

Month	2018/19				2019/20									Mar-20 Target
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
NHS Fife	5.89%	6.43%	5.38%	5.34%	5.42%	5.66%	5.55%	5.78%	5.44%	5.46%	5.70%	5.57%	5.82%	4.89%
Scotland	5.54%	6.17%	5.23%	5.10%	5.04%	5.23%	4.98%	5.22%	5.18%	5.24%	5.69%	5.58%	5.83%	

#### Current Challenges

Sickness Absence Rate Significantly Above Standard – **Action 1**

High Level of Sickness Absence Related to Mental Health – **Action 2**

Improvement Actions	Progress	Timescale/ Status
1. Targeted Managerial, HR, OH and Well@Work input to support management of sickness absence	This is being progressed through Attendance Management Leads within their respective areas, HR Officers / Advisors, and through the trajectory reporting for each business unit and use of the RAG status reports. A plan for additional OH support, including OH Drop-in Sessions, has been developed. Sessions took place throughout September and October, and further sessions will be held in Spring 2020.	Mar 2020 On Track
2. Early OH intervention for staff absent from work due to a Mental Health related reason	This has been in place since March 2019 and is now in the process of being reviewed by OH, HR, service and staff side colleagues to check on the appropriateness and impact of this approach. Further consideration to include how we promote general awareness of mentally healthy workplaces, support for managers to create mentally healthy and resilient workplaces and further awareness raising of support for staff.	Feb 2020 On Track

**CAROL POTTER**  
Chief Executive  
19<sup>th</sup> February 2020

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