

















Fife NHS Board


29 January 2020, 10:30 to 13:30
Staff Club, Victoria Hospital

Chair - Tricia Marwick

1		
CHAIRPERSON'S WELCOME AND OPENING REMARKS		10 minutes TM
2		
DECLARATION OF MEMBERS' INTERESTS		TM
3		
APOLOGIES FOR ABSENCE		TM
4		
MINUTES OF PREVIOUS MEETING HELD ON 27 NOVEMBER 2019		(enclosed) TM
	Item 4 - Minutes 112719.pdf	(8 pages)
5		
MATTERS ARISING		TM
5.1		
Risk Management Framework		(verbal) HB
6		
CHIEF EXECUTIVE'S REPORT		20 minutes CP
6.1		
Chief Executive Up-date		(verbal) CP
6.2		
Fife Integrated Performance & Quality Report Executive Summary		(enclosed) CP
	Item 6.2 - ESIPQR Jan 2020.pdf	(9 pages)
7		
CHAIRPERSON'S REPORT		5 minutes
7.1		

Board Development Session – 18 December 2019			(enclosed)
			TM
	Item 7.1 - Board Development Session Note 121819.pdf	(1 pages)	
8			
NHS SCOTLAND STANDARDS FOR ORGANISATIONAL RESILIENCE - FEEDBACK ON NHS FIFE SELF ASSESSMENT			10 minutes (enclosed)
			DM
	Item 8 - SBAR Resilience Standards January 2020.pdf	(3 pages)	
	Item 8 - NHS Fife - 2018 Organisational Standards - SG Response.pdf	(3 pages)	
9			
IMPLEMENTATION OF THE HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019			10 minutes (enclosed)
			HB
	Item 9 - SBAR Board Health Staffing Act.pdf	(6 pages)	
10			
STATUTORY AND OTHER COMMITTEE MINUTES			10 minutes
10.1			
Audit & Risk Committee dated 9 January 2020 (unconfirmed)			(enclosed)
			MB
	Item 10.1 - SBAR A&R Minutes 9 January 2020.pdf	(1 pages)	
	Item 10.1 - Mins Audit and Risk dated 9 January 2020 unconfirmed.pdf	(10 pages)	
10.2			
Clinical Governance Committee dated 16 January 2020 (unconfirmed)			(enclosed)
			LB
	Item 10.2 - SBAR CGC Minutes 16012020.pdf	(1 pages)	
	Item 10.2 - Mins Clinical Governance Committee dated 160120 unconfirmed.pdf	(12 pages)	
10.3			
Finance, Performance & Resources Committee dated 14 January 2020 (unconfirmed)			(enclosed)
			RL
	Item 10.3 - SBAR FPR January 2020.pdf	(1 pages)	
	Item 10.3 - Mins Finance, Performance & Resources dated 140120 unconfirmed.pdf	(9 pages)	
10.4			
Staff Governance Committee dated 17 January 2020 (unconfirmed)			(enclosed)
			MW
	Item 10.4 - SBAR for SG Minutes Jan 2020.pdf	(1 pages)	
	Item 10.4 - Mins Staff Governance Committee dated 170120.pdf	(8 pages)	
10.5			
Communities & Wellbeing Partnership dated 2 December 2019 (unconfirmed)			(enclosed)

 Item 10.5 - SBAR C&WBP -21219.pdf (1 pages)


 Item 10.5 - Mins CWP 021219 unconfirmed.pdf (4 pages)


10.6

East Region Programme Board dated 8 November 2019 (unconfirmed)

(enclosed)

CMcK

 Item 10.6 - SBAR East Region Programme Board.pdf (1 pages)


 Item 10.6 - East Region Programme Board final draft notes 081119 unconfirmed.pdf (7 pages)

10.7

Fife Health & Social Care Integration Joint Board dated 25 October 2019

(enclosed)

CC

 Item 10.7 - SBAR IJB 2020 (251019).pdf (1 pages)

 Item 10.7 - IJB Minute 25.10.19 - Confirmed.pdf (9 pages)

10.8

Fife Partnership Board dated 19 November 2019 (unconfirmed)

(enclosed)

DM

 Item 10.8 - SBAR for Minutes FPB Nov 2019.pdf (1 pages)

 Item 10.8 - Mins FPB Draft 19.11.19 unconfirmed.pdf (3 pages)

11

FOR INFORMATION:

11.1

Integrated Performance & Quality Report - November and December 2019

(enclosed)

CP

 IPQR Nov 2019.pdf (41 pages)

 IPQR Dec 2019.pdf (43 pages)

12

ANY OTHER BUSINESS

13

DATE OF NEXT MEETING: Wednesday 25 March 2020 at 10:00 am in the Staff Club, Victoria Hospital, Kirkcaldy

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

Present:

Ms T Marwick (**Chairperson**)
Mr P Hawkins, Chief Executive
Dr L Bisset, Non-Executive Director
Mr M Black, Non-Executive Director
Ms S Braiden, Non-Executive Director
Mrs W Brown, Employee Director
Mrs H Buchanan, Director of Nursing
Mr E Clarke, Non-Executive Director

Mrs C Cooper, Non-Executive Director
Cllr D Graham, Non-Executive Director
Ms R Laing, Non-Executive Director
Dr C McKenna, Medical Director
Ms D Milne, Director of Public Health
Mr A Morris, Non-Executive Director
Ms J Owens, Non-Executive Director
Mrs M Wells, Non-Executive Director

In Attendance:

Mrs N Connor, Director of Health & Social Care
Mr A Fairgrieve, Director of Estates, Facilities & Capital Services
Mr S Garden, Director of Pharmacy & Medicines
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
Mr A Mackay, Deputy Chief Operating Officer (Acute)
Ms B A Nelson, Director of Workforce
Mrs R Robertson, Deputy Director of Finance
Mr A Wilson, Project Director
Mrs P King, Corporate Services Manager (Minutes)

88/19 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the Board meeting, in particular Mr MacKay, Deputy Chief Operating Officer (Acute), Mr Wilson, Project Director, and Mrs Robertson, Deputy Director of Finance, who was deputising for Mrs Potter. 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 Mrs Connor, recently appointed as the Director of Health & Social Care. The Chair also advised that Ms Nelson, Director of Workforce, is retiring on 31 December 2019 after 40 years' service with the NHS in Scotland and she recorded thanks, on behalf of the Board, for her contribution and wished her well for a long and happy retirement. The Chair also recorded her personal thanks to Ms Nelson for her support to her as Chair.

89/19 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interests.

90/19 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mrs Potter, Director of Finance.

91/19 MINUTE OF THE PREVIOUS MEETING HELD ON 25 SEPTEMBER 2019

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

92/19 MATTERS ARISING

.1 Winter Plan 2019-20

The Winter Plan 2019-20 was presented to the Board, as submitted to Scottish Government on 14 November 2019. Positive feedback had been received from Scottish Government on the robustness of the Plan and the collaborative approach in joined up care, which was an important foundation of the Plan for this year. The Plan would be actively reviewed, with weekly monitoring in place and escalation as required.

Concern was expressed around staffing over the winter period, due to a number of vacancies that remained unfilled. The Finance, Performance & Resources Committee had also expressed concern around the shortfall in the funding allocation, as set out on page 21 of the report, particularly as budgets are already stretched. However, assurance had been received from various Directors about actions taken to try and manage that position whilst maintaining performance.

The Board **noted** the final version of the Winter Plan 2019-20 as submitted to Scottish Government.

93/19 CHIEF EXECUTIVE'S REPORT

.1 Chief Executive Update

The Mid Year Review with Scottish Government was scheduled for 2 December 2019 and Board Members would be updated on the outcome of that at the next Board Development Session later in December.

Action: P Hawkins

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

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

Clinical Governance

Two indicators were highlighted: the first, in relation to an increase in the Falls with Harm Rate that had increased over the last two months, particularly within areas in the Acute Division. Work was underway to ensure the falls prevention and management bundle is in place, together with refreshing the Care and Comfort rounds to support overall improvement in performance; the second related to improved performance around the Hospital Acquired Infection (HAI) Staphylococcus Aureus Bacteraemia (SAB) rate.

Finance, Performance & Resources

NHS Fife Acute Division – Performance around the 4-Hour Emergency Access target had taken a slight dip, to 93.6% for the last reporting period, due to increased numbers of presentations at A&E. Work continued to focus on improvement actions, including activities to ‘banish boarding’ that would help move patients timely through the system to ensure they receive care in the right place within the right timeframe. Performance however remained amongst the highest in Scotland.

Financial Position - The revenue position for the six months to 30 September reflects an overspend of £7.583m and the Executive-lead comments provided some background. The current year-end forecast ranged from an optimistic position in the region of £7m overspend to a worst case position of £16m overspend. The biggest challenge within the forecast overspend remained the risk share arrangement for the Integration Joint Board. The Chief Executive had written to the Chief Executive of Fife Council and discussions continued with Scottish Government. Detailed discussion had taken place at the Finance, Performance & Resources Committee on the financial position, where the Committee escalated its concern about the way forward. The Committee would continue to monitor the position carefully.

Health & Social Care Partnership (H&SCP) – Three areas were highlighted: Delayed Discharge continued to be a significant challenge and is a priority area of focus. The goal is for people to be in hospital for as short a time as needed, supporting people to be independent and discharged home. Demand for home care continued to increase and the Partnership was engaging with home care providers regarding capacity, together with reviewing assessment processes and increasing capacity in ICASS with a view to streamlining pathways to support discharge. There were two key areas of focus in relation to Child and Adolescent Mental Health Services (CAMHS) around access within 18 weeks, looking specifically at those with longer waits. Work was also being undertaken with the national advisor and national team that would be reported back through the relevant committees. Performance around Psychological Therapies remained a challenge, particularly for people with complex needs, and a range of initiatives is underway to try and improve systems. Further discussion was scheduled for the January Finance, Performance & Resources Committee to help understand the challenges and the actions being taken to address them.

Staff Governance

An update was provided in relation to the sickness absence rate, noting an improvement in performance for August to 5.44%, which was closer to trajectory. The impact of winter would likely increase staff absence levels. Assurance was given that every part of the attendance management process is looked at to try and achieve a sustained improvement, but this is difficult due to many variable factors. Reference was made to an audit into promoting attendance that would be reported

back to the Staff Governance Committee, and helpful discussion that had taken place at the Area Partnership Forum about further efforts that could be taken in partnership to support staff back to work. NHS Fife had also been asked to present at a recent NHS Staff Wellbeing Conference around mindfulness, resilience and work around encouraging good conversations in the workplace.

Mrs Wells, Chair of Staff Governance Committee, thanked Ms Nelson for her drive in taking forward these important activities, which was all being done to improve staff experience, drive down absence and make NHS Fife a good place to work.

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

94/19 CHAIRPERSON'S REPORT

(a) Board Development Session – 23 October 2019

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

95/19 UPDATE ON BOARD ACTION PLAN FOR THE IMPLEMENTATION OF THE NHS SCOTLAND 'BLUEPRINT FOR GOOD GOVERNANCE'

Dr MacIntosh referred to the paper, which provided an update on the implementation of the action plan detailed in the Board's previous report of May 2019, which had subsequently been submitted to Scottish Government. The majority of actions had been completed by the scheduled date and it was proposed in future to report regularly to the Audit & Risk Committee on the progress of the national work linked to standardising governance documentation etc. The next Blueprint questionnaire was expected to be circulated early in the New Year for members to complete.

It was agreed that NHS Fife's own Board Committee self-assessment exercise would be circulated mid-December, to avoid clashing with other questionnaires circulating towards the year-end period. Mr Black thanked Dr MacIntosh for streamlining the questionnaire and moving it to an online process, thus making it easier for Members to complete.

The Board:

- **noted** the update given in the action plan on improvement activities aligned to the implementation of the Blueprint, as agreed by the Board in May 2019;
- **noted** that Board Members will be invited early in 2020 to complete this year's national Blueprint questionnaire, to inform the development of a future action plan; and
- **agreed** that the Audit & Risk Committee will receive regular updates on the linked work relating to developing a 'Once for Scotland' national suite of key governance documents, as this work comes to fruition.

96/19 FIFE ORTHOPAEDIC ELECTIVE CENTRE OUTLINE BUSINESS CASE

Mr Wilson presented the Outline Business Case (OBC) for the development of a

new Elective Orthopaedic Centre, which had been developed as per the Scottish Capital Investment Manual process and submitted through the relative governance committees. The OBC had also been submitted to Scottish Government and comments were awaited on its content.

Mr Wilson and his team were congratulated for their efforts in getting the development to this stage, noting in particular the involvement of clinicians in the planning process and the awareness of staff of the project and staff side, who had been involved at every level. The Chief Executive personally thanked Mr Wilson and his team for ensuring the work was undertaken within the timeline set out and within the financial envelope. The Chair added her thanks for moving forward on this exciting new development.

The Board **approved** the Outline Business Case.

97/19 HOSPITAL ELECTRONIC PRESCRIBING & MEDICINES ADMINISTRATION (HEPMA) OUTLINE BUSINESS CASE

Dr McKenna thanked the Pharmacy Team for its work in producing the Outline Business Case for the implementation of a Hospital Electronic Prescribing & Medicines Administration system within NHS Fife, which is an important development for NHS Fife that will extend across acute and community areas in the H&SCP. The primary aim of HEPMA is to remove paper-based processes from prescribing and medicines administration and significantly improve patient safety and quality of care, together with improving medicines management processes and enhancing medicines optimisation. The next stage is to submit the OBC to Scottish Government for approval, to go forward with the allocation of Scottish Government funding towards the project.

Mr Garden also recorded thanks to Mr Notman, Pharmacy, and Ms Richmond, eHealth, for their work in pulling the document together, noting that the OBC was based around the national business case approved in 2016, and he emphasised the transformational nature of this project in terms of quality and safety of care and improving the transitions of care.

In response to questions, Mr Garden gave a full explanation of the figures quoted in relation to the reduction in prescribing errors at discharge, as raised at the Clinical Governance Committee, and confirmed that the capital and recurring revenue costs had been scrutinised at the Finance, Performance & Resources Committee and are based on the worst case scenario - definitive costs would not be known until after the mini competition. The need to detail the costs in the covering SBAR for future iterations of the paper was noted.

Action: C McKenna

The Board:

- **approved** proceeding to Full Business Case stage;
- **agreed** that the full business case be submitted to the Board for approval and not be delegated to a standing committee; and
- **supported** in principle the delivery of HEPMA within NHS Fife from 2020 onwards.

.1 **Proposal on NHS Fife Risk Appetite**

Mrs Buchanan spoke to the paper, which summarised the work done with the Board to define the Board's Risk Appetite, i.e. the level of risk the Board is prepared to accept, tolerate or be exposed to, in the pursuit of its strategic objectives, vision and values. She outlined the next steps to further develop the work.

It was noted the process had been very thorough and provided an assessment at a point in time which would be reviewed regularly and would be particularly helpful when the Board considers issues such as transformational change, workforce sustainability, etc. Consistency in reviewing risks along with the Board Assurance Framework would be picked up in the Risk Management Framework, scheduled to be submitted to the Board in January 2020. The Chair emphasised the merit in holding Board Development Sessions that provided an opportunity for Board Members to have a clear understanding of issues prior to consideration by Committees and then onto the Board.

Executive Leads gave an overview of the risk appetite under each of the key headings of quality & safety, workforce sustainability and financial sustainability.

The Board:

- **noted** the outputs of the Risk Appetite SLWG and October 2019 Development Session;
- **approved** the proposed risk appetites as set out in the paper;
- **approved** the proposal to further develop the work; and
- **noted** that the updated Framework will be submitted to the Audit & Risk Committee and thence the Board in January 2020.

.2 **Board Assurance Framework**

Mrs Buchanan referred to the update report on the Board Assurance Framework, which noted the work undertaken since the last report to the Board in May 2019 and the changes to linked risks. Each of the six BAF risks is aligned to an appropriate standing committee, which scrutinises the risk at its respective meeting. Chairs of the Committees and Executive Leads confirmed that they recognised the risks and that these had been actively discussed. Attention was drawn to a review of mental health services in primary care and development of the eHealth risks that would form part of the next Board Assurance Framework. A review of the risks related to the IJB was also in hand. The timescale for the risks related to quality & safety would be corrected in future versions.

Action: H Buchanan

- **noted** the Board Assurance Framework; and
- **noted** the developments.

99/19 ORGANISATIONAL DUTY OF CANDOUR ANNUAL REPORT

Dr McKenna introduced the NHS Fife Organisational Duty of Candour Annual Report for the period 1 April 2018 to 31 March 2019 and thanked Mrs Woodburn, Head of Clinical Governance, for her work in pulling the report together.

Board Members welcomed the report and the detailed process around reporting and agreeing when organisational duty of candour is activated. The importance of open and honest communication when there has been a care delivery issue was emphasised. In response to questions, Dr McKenna advised that considerable work has been undertaken with staff over the past 5 – 10 years to enable an open and honest approach when responding to complaints. The Patient Relations team is involved when there is an investigation into an adverse event and staff are clear what their expectations are to communicate this, ensuring that patients and families are kept well informed. It is important to look at incidents in a way that we meaningfully learn from them, as this is what matters most to patients and their families. Mrs Buchanan added that a significant amount of work had been undertaken in relation to responding to complaints and a quality assurance process was now in place.

Health Improvement Scotland (HIS) has requested that Health Boards look at how category 1 events are being reported against the Framework set by HIS, in order to approve consistency in data reporting across Scotland.

The Board:

- **discussed and noted** the content of the report.

100/19 EQUALITY & HUMAN RIGHTS

Mrs Buchanan spoke to the paper, which described the Equality and Human Rights activities recently undertaken and in progress within NHS Fife, together with a description of the various legislation which the Board must enforce and advance.

Questions were asked about the potential accessibility of the new NHS Fife website and the need to progress this quickly, the cost of interpreting services and the need to work in partnership with other agencies that could offer assistance such as Fife Centre for Inequalities. Consideration about how to incorporate access to translation and interpreting services into the community was highlighted.

Ms Milne particularly welcomed the work on child poverty and reminded Members of the Board Development Session held earlier this year on this subject. The improvement service commenting on all action plans had offered positive feedback on the joint action plan for Fife, with some suggestions and guidance about improving further, and this is a priority for the partners.

The Board:

- **noted** these important responsibilities; and

- **requested** any Non-executive Director with an interest in this area to nominate themselves to the Chair, to act as a champion for Equality and Human Rights.

101/19 STATUTORY AND OTHER COMMITTEE MINUTES

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

- .1 **Clinical Governance Committee dated 6 November 2019 (unconfirmed)**
In relation to the issue highlighted around the report on drug related deaths, Ms Milne welcomed the support of the Clinical Governance Committee on this significant issue of inequality and looked forward to improving work in this area.
- .2 **Finance, Performance & Resources Committee dated 5 November 2019 (unconfirmed)**
- .3 **Staff Governance Committee dated 1 November 2019 (unconfirmed)**
- .4 **Brexit Assurance Group dated 25 September and 28 October 2019 (unconfirmed)**
- .5 **Communities & Wellbeing Partnership dated 16 September 2019 (unconfirmed)**
- .6 **East Region Programme Board dated 16 August 2019**
- .7 **Fife Health & Social Care Integration Joint Board dated 6 September and 24 September 2019 (unconfirmed)**

102/19 FOR INFORMATION:

The Board **noted** the item below.

- .1 **Integrated Performance & Quality Report – September and October 2019**

103/19 ANY OTHER BUSINESS

None.

104/19 DATE OF NEXT MEETING:

Wednesday 29 January 2020 at 10.00 am in the Staff Club, Victoria Hospital, Kirkcaldy



Fife Integrated Performance & Quality Report

Executive Summary

for the Report Produced in December 2019



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 | 16 th January 2020 |
| • Finance, Performance & Resources | 14 th January 2020 |
| • Staff Governance | 17 th January 2020 |

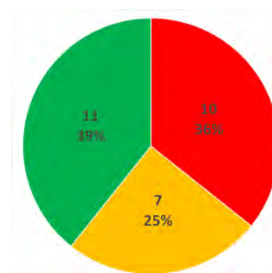
Any issues which the Standing Committees wish to escalate to the NHS Fife Board as a result of these meetings are specified.

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 28 indicators within this report is 11 (39%) classified as **GREEN**, 7 (25%) **AMBER** and 10 (36%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits or considerably below standard/trajectory.

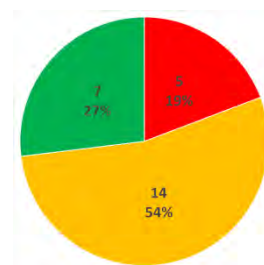


There are three indicators that consistently exceed the Standard performance; IVF Treatment Waiting Times (regional service), Antenatal Access and Drugs & Alcohol Waiting Times. Other areas of success should also be noted...

- Inpatients Falls with Harm, remaining significantly below the target level, at 1.37 per 1,000 Occupied Bed Days
- Rate of Caesarean Section SSI remaining at or under target level for second successive quarter
- Rate of SAB HAI/HCAI significantly below the new target measure
- Diagnostics (Patients Waiting over 6 Weeks at Month End), continuing to be very close to the 100% target
- Cancer 31-Day DTT achieving the Standard for the fifth successive month, with monthly improvement also noted for Cancer 62-day RTT

b. National Benchmarking

National Benchmarking is based on whether indicator is in upper quartile (▲), lower quartile (▼) or mid-range (◀▶); based on 11 mainland NHS Boards. The current benchmarking status of the 26 indicators within this report has 7 (27%) within upper quartile, 14 (54%) in mid-range and 5 (19%) 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	Oct-18	76	Sep-19	63	Oct-19	51	↑	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	Oct-18	7.47	Sep-19	6.25	Oct-19	6.80	↓	N/A			
	N/A	Inpatient Falls with Harm	2.16	Month	Oct-18	1.77	Sep-19	1.22	Oct-19	1.37	↓	N/A			
	N/A	Pressure Ulcers	0.42	Month	Oct-18	1.43	Sep-19	0.76	Oct-19	1.00	↓	N/A			
	N/A	Caesarean Section SSI	2.5%	Quarter Ending	Sep-18	2.3%	Jun-19	2.0%	Sep-19	2.5%	↓	QE Jun-19	2.0%	●	1.0%
	N/A	SAB - HAI/HCAI	20.2	Quarter Ending	Oct-18	N/A	Sep-19	15.5	Oct-19	6.6	↑	YE Jun-19	17.6	●	16.7
	N/A	SAB - Community	N/A	Quarter Ending	Oct-18	N/A	Sep-19	11.7	Oct-19	8.5	↑	YE Jun-19	10.8	●	9.6
	N/A	C Diff - HAI/HCAI	6.9	Quarter Ending	Oct-18	N/A	Sep-19	8.9	Oct-19	14.3	↓	YE Jun-19	7.7	●	13.8
	N/A	C Diff - Community	N/A	Quarter Ending	Oct-18	N/A	Sep-19	3.20	Oct-19	1.07	↑	YE Jun-19	5.9	●	5.5
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Oct-18	82.4%	Sep-19	80.1%	Oct-19	82.5%	↑	2017/18	77.5%	●	74.4%
N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Oct-18	58.7%	Sep-19	62.3%	Oct-19	60.7%	↓	2017/18	49.7%	●	52.8%	
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Oct-18	100.0%	Sep-19	100.0%	Oct-19	100.0%	↔	N/A			
	95%	4-Hour Emergency Access	96%	Month	Oct-18	95.8%	Sep-19	92.0%	Oct-19	92.7%	↑	Oct-19	92.7%	●	88.0%
	95%	New Outpatients Waiting Times	95%	Month	Oct-18	93.5%	Sep-19	94.1%	Oct-19	92.4%	↓	Sep-19	94.3%	●	72.9%
	100%	Diagnostics Waiting Times	100%	Month	Oct-18	98.6%	Sep-19	98.9%	Oct-19	99.0%	↑	Sep-19	99.0%	●	82.3%
	100%	Patient TTG (Ongoing Waits)	80%	Month	Oct-18	83.4%	Sep-19	90.6%	Oct-19	90.5%	↓	Sep-19	91.2%	●	67.5%
	90%	18 Weeks RTT	84%	Month	Oct-18	77.9%	Sep-19	79.8%	Oct-19	79.6%	↓	Sep-19	79.8%	●	76.9%
	95%	Cancer 31-Day DTT	95%	Month	Oct-18	95.0%	Sep-19	97.4%	Oct-19	98.1%	↑	QE Jun-19	93.0%	●	94.7%
	95%	Cancer 62-Day RTT	94%	Month	Oct-18	85.6%	Sep-19	77.7%	Oct-19	91.0%	↑	QE Jun-19	85.4%	●	82.4%
	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	Oct-18	6.4%	Sep-19	8.8%	Oct-19	6.4%	↑	QE Jun-19	7.6%	●	6.7%
	80%	Antenatal Access	80%	Month	Aug-18	86.8%	Jul-19	84.8%	Aug-19	86.2%	↑	2018/19	91.3%	●	87.6%
	473	Smoking Cessation	473	YTD	Jul-18	87.0%	Jun-19	92.4%	Jul-19	97.5%	↑	YT Jun-19	92.4%	●	92.4%
	90%	CAMHS Waiting Times	88%	Month	Oct-18	83.5%	Sep-19	77.1%	Oct-19	62.5%	↓	QE Sep-19	75.2%	●	64.5%
	90%	Psychological Therapies Waiting Times	82%	Month	Oct-18	71.9%	Sep-19	69.0%	Oct-19	64.2%	↓	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	Aug-18	98.3%	Jul-19	97.1%	Aug-19	95.7%	↓	QE Jun-19	95.5%	●	93.2%
	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	Oct-18	N/A	Sep-19	69.3%	Oct-19	57.9%	↓	N/A			
Finance	N/A	Revenue Expenditure	£0	Month	Nov-18	N/A	Oct-19	£7.570m	Nov-19	£7.633m	↓	N/A			
	N/A	Capital Expenditure	£7.394m	Month	Nov-18	N/A	Oct-19	£2.545m	Nov-19	£3.891m	↑	N/A			
Staff Governance	4.00%	Sickness Absence	4.89%	Month	Oct-18	5.69%	Sep-19	5.46%	Oct-19	5.70%	↓	YE Sep-19	5.67%	●	5.33%

d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
HSMR	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>							
Inpatient Falls Reduce falls with harm by 20%	2.16	Oct-19	2.16	Oct-19	1.37	N/A	N/A
<p>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.</p>							
Pressure Ulcers 50% reduction by December 2019	0.42	Never Met	0.42	Oct-19	1.00	N/A	N/A
<p>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.</p>							
Caesarean Section SSI We will reduce the % of post-operation surgical site infections to 2.5%	N/A	Sep-19	2.5%	Sep-19	2.5%	QE Jun-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>							
SAB (MRSA/MSSA) We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022	18.8	QE Oct-19	20.2	QE Oct-19	6.6	YE Jun-19	●
<p>There were 4 SAB in October, none of which were hospital acquired and none of which had diabetes as an underlying factor. Two infections were healthcare associated, one CAUTI and one unknown, while two were community associated, one of which occurred in a PWID.</p>							
C Diff 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 Oct-19	14.3	YE Jun-19	●
<p>There were 7 CDIs in October, all healthcare associated. Two of these occurred in the VHK while one occurred in QMH.</p>							
Complaints - Stage 2 At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Oct-19	60.7%	FY 2017/18	●
<p>Regular meetings are continuing with ASD colleagues to review issues and style of draft responses. Discussions are taking place with the Director of Health & Social Care, with the aim being to ensure that the complaints handling and approval process is consistent across the Partnership and Acute Services. This discussion is ongoing, however there has already been a vast improvement in the performance for H&SCP.</p>							

Standing Committee Meeting Issues and Comments

There are no issues to be highlighted to the Board.

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Benchmarking		
4-Hour Emergency Access 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%	Oct-19	92.7%	Oct-19	●
Performance improved slightly in October, however, attendances remain above the level of the same period of 2018. The access target is affected by the capacity pressures within the hospital and focus is now on Daily Dynamic Discharge process. This work is being supported by the SG Unscheduled Care team.							
New Outpatients 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Aug-19	95%	Oct-19	92.4%	Sep-19	●
Performance has deteriorated since April, is below trajectory and moved below the Standard in September, with 92.4% of patients having waited less than 12 weeks. Problems with capacity due to unexpected vacancies, absence and an increase in demand in a number of high volume specialities have led to the deterioration in performance. Additional independent sector capacity has been commissioned to recover the position due to challenges of medical staff conducting in house waiting list initiatives as a result of the pension impact.							
Patient TTG (Ongoing Waits) All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	80%	Oct-19	90.5%	QE Sep-19	●
Performance remains better than the agreed improvement trajectory. Additional independent sector activity continues to be delivered whilst recruitment to vacant posts funded through the waiting times improvement plan are progressed.							
Cancer 62-Day RTT 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	94%	Oct-19	91.0%	QE Jun-19	●
Performance improved significantly in October. The six 62-day RTT breaches ranged in duration from 3 to 131 days (average 33 days) while the two 31-Day DTT breaches ranged from 10 to 14 days (average 12 days). There continues to be variability in the standards with issues seen with PET and delays in the prostate pathway resulting in breaches.							
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Aug-18	5%	Oct-19	6.4%	QE Jun-19	●
Performance improved in October, with both the number of patients in delay (and as a consequence the bed days lost to patients in delay) reducing. The % of bed days lost is the same as at October 2018, though still short of the 5% target. It will be challenging to reduce this level during the winter period.							
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	May-19	100%	Jul-19	97.5%	YT Jun-19	●
On ward training has been delivered in the VHK to raise awareness of the Temporary Abstinence pathways and access to NRT, and a small increase in referrals has been noticed. The Mobile Unit has been fully branded to raise awareness of the service, and a '24 days of Christmas' smoking cessation Advent Calendar is being promoted on Twitter.							
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	88%	Oct-19	62.5%	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	
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	82%	Oct-19	64.2%	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 an ISD/MHAIST data analyst and now SG advisor is on-going.							
FoI Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	N/A	85%	QE Oct-19	57.9%	N/A	N/A
October's performance figures largely reflect both the challenges in moving day-to-day FOI management to a new team, and the impact of closing overdue cases. Performance is expected to improve rapidly once this backlog has been fully addressed. October saw 39 individual cases completed, with 67 further cases closed at time of writing in late November. Streamlining of admin processes continues.							

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
Revenue Expenditure Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Nov-19	+ £7.633m	N/A	N/A
The revenue position for the 8 months to 30 November reflects an overspend of £7.633m. 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 £6.4m overspend to a potential worst case of £13.8m overspend. 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 £4.039m 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 number of specialist high cost, low volume procedures undertaken in Edinburgh reported in recent months which continues.							
Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£7.394m	N/A	£7.394m	Nov-19	£3.891m	N/A	N/A
The total Capital Resource Limit for 2019/20 is £7.394m. The capital position for the 8 months to November shows investment of £3.891m, equivalent to 52.62% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.							

Standing Committee Meeting Issues and Comments

Key issues for discussion at the Board Meeting were as follows:

- Ongoing challenges in meeting the waiting times targets for both Psychological Therapies and CAMHS, with performance in both services impacted by demand continuing to exceed capacity

Staff Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.89%	Oct-19	5.70%	YE Sep-19	●
The sickness absence rate for October was 5.7%, an increase of 0.24% compared to September. This means that the gap has increased by 0.56% between the 5.14% trajectory set at the start of the FY and the actual sickness absence rate. Improvement actions continue to take place within each operational unit to work towards achieving the trajectories set for the Board.							

Standing Committee Meeting Issues and Comments

Key issue for discussion at the Board Meeting is:

- Sickness Absence

PAUL HAWKINS
Chief Executive
22nd January 2020

Prepared by:
CAROL POTTER
Director of Finance and Performance



Report to the Board on 29 January 2020

BOARD DEVELOPMENT SESSION – 18 December 2019

Background

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

December Development Session

4. The most recent Board Development Session took place in the Staff Club, Victoria Hospital, Kirkcaldy on Wednesday 18 December 2019. The four main topics for discussion were the Outcome of the Mid Year Review, Electronic Prescribing, New Website and Digital Readiness.

Recommendation

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

TRICIA MARWICK
Board Chairperson
19 December 2019

NHS Fife Board

DATE OF MEETING:	29 January 2020
TITLE OF REPORT:	NHS Scotland Standards for Organisational Resilience – feedback on NHS Fife self assessment
EXECUTIVE LEAD:	Dona Milne, Director of Public Health
REPORTING OFFICER:	George Brown, Emergency Planning Officer

Purpose of the Report (delete as appropriate)		
		For Information

Route to the Board (must be completed)
Clinical Governance Committee

SBAR REPORT
<p>Situation</p> <p>A letter was received on the 2 December from the Scottish Government Health Resilience Unit providing us with feedback on our 2018 Self Assessment on the progress we have made and the work undertaken towards implementing the Standards for Organisational Resilience. Their comments in the letter were very positive but they also highlighted a few areas where we should focus our attention as a part of the overall implementation of the standards going forward.</p>
<p>Background</p> <p>NHS Scotland first issued the 41 Standards for Organisational Resilience in May 2016 at which point they posed 4 important questions, based upon the increasing frequency and intensity of incidents and disruptive events, from severe weather and transport issues to more extreme terrorist incidents that have had a considerable impact on healthcare provision:</p> <ul style="list-style-type: none"> • are our services sufficiently robust to withstand these disruptions? • are we sufficiently prepared to safeguard health services? • how do we ensure the safety of staff and patients? and • how do we protect our assets and our reputation? <p>The standards are assessed using 4 benchmarking criteria:</p> <p>Level 1 – Planning Action has been identified and planning arrangements have been started.</p> <p>Level 2 – Implementing An individual has been tasked to progress the action, a plan implemented and a methodology agreed and to provide evidence of the action being delivered.</p> <p>Level 3 – Monitoring An action has been implemented with an agreed process in place that is now being monitored over time and that any associated learning and improvement planning is in place to ensure delivery of the standard.</p>

Level 4 – Reviewing

An action has now been mainstreamed into existing services and that quality assurance and performance management has been established to review the action on an on-going basis.

Since the standards were introduced in May 2016 we have made two self-assessment returns to the Scottish Government Health Resilience Unit (SGHRU), one in October 2016 and a second in August 2018 which relates to the letter received on the 2 December 2019.

Assessment

The standards cover all areas of our business and they provide a great opportunity for us to enhance the overall resilience of our organisation. Since this previous self assessment we have continued to make good progress against the standards for example through a focus on revising our Major Incident Plan and holding workshops with senior staff on this as part of increasing our resilience capacity and understanding. We are also encouraging staff to attend multi-agency Crisis Management training which will also enhance overall resilience of the organisation. The feedback from Scottish Government suggests that we bring together our emergency planning and business continuity functions under a resilience banner. Clearly this reflected our 2018 position - we have been working with an integrated resilience team for the past year and this will be strengthened further this year through a single managerial arrangement.

The NHS Fife Resilience Forum monitors each of the 41 standards and each standard has been allocated to a lead person who is responsible to either progress the standard through the 4 bench marking levels shown above or keeping the standards under continual review once it has reached its highest benchmark level.

Standard owners will report progress of their standard/s on a six monthly basis to the NHS Fife Resilience Forum, the next update is due for the February 2020 Resilience Forum. Our next self assessment report on the ongoing implementation of the standards covering the period 1 April 2018 to 31 March 2020 is to be submitted to SGHRU by 10 April 2020. This will go to the Clinical Governance Committee in March 2020.

Recommendation

For Information

Objectives: (must be completed)

Healthcare Standard(s):	ALL
HB Strategic Objectives:	Person Centred, Clinically Excellent, Exemplar Employer, Sustainable

Further Information:

Evidence Base:	The Civil Contingencies Act 2004, designates NHS Fife as A Category 1 Responders along with the Police, Ambulance, Fire Service and Local Authority
Glossary of Terms:	SGHRU – Scottish Government Health Resilience Unit
Parties / Committees consulted prior to Health Board Meeting:	NHS Fife Resilience Forum, various senior managers with NHS Fife

Impact: (must be completed)

Financial / Value For Money	Ensuring an effective and resilient Healthcare delivery
------------------------------------	---

	system within Fife.
Risk / Legal:	Ensuring an effective response is part of our legal duty as a category one responder.
Quality / Patient Care:	We can continue to provide patient care should we be effective by a disruptive event or major incident.
Workforce:	A resilient workforce and system ensures best practice and continuity of patient care.
Equality:	Ensuring continuity of service where possible avoids further negative impacts on those who need the NHS most.

T: 0131-244 2431
E: michael.healy@gov.scot

Chief Executive
NHS Fife
(by email)

Our ref: A26502918

02 December 2019

Dear Chief Executive

NHS SCOTLAND STANDARDS FOR ORGANISATIONAL RESILIENCE 2018 – FEEDBACK ON NHS FIFE SELF-ASSESSMENT REPORT

Thank you for submitting your NHS Boards' self-assessment report and your Statement of Progress and Assurance of Compliance with the Organisational Resilience Standards 2018.

I apologise for the delay in responding. I am pleased to say that we have now reviewed the content of your report and I am writing to provide you with feedback and to outline how we intend to proceed in relation to assessing performance against the Organisational Resilience Standards going forward.

Feedback

We acknowledge that the Board has been progressing various aspects of work in line with the Standards, so on this occasion we are accepting your self-assessment and accompanying comments at face value. We will not be seeking further evidence or information from you to substantiate how a particular benchmarking criteria has been arrived at but have reviewed your return and provide the following comments:

The Boards' self-assessment submission against the 41 Standards indicates that compared to the previous year's (2017/18) performance there has been:

- No change or progression in 36 of the Standards
- Progress against 4 of the Standards
- 1 Standard (30) has been assessed as 'not applicable'.

We have noted your comments explaining the rationale for awarding the respective benchmarking criteria.

We have noted that in your Statement of Progress and Assurance that the Boards' Business Continuity (BC) capability is being strengthened with a review of all its service and departmental BC plans to ensure that the organisations' BC and Major Incident plans dovetail. We note that there will be a focus on testing these plans in 2019.

Our review of the Boards' self-assessment report highlights:

- Robust governance arrangements in place to oversee the Boards organisational resilience at various tiers (the Strategic Group) and sectors (Acute Services and HSCP) within the organisation; these include submission of an annual report of performance against the Standards to the Clinical Governance Committee. There is clear evidence of leadership and corporate ownership of the resilience agenda within the Board. Fife Health and Social Care Partnership participates in NHS Fife's Resilience Forum, although it has its own resilience group.
- Positive work undertaken on Business Continuity (BC) within the Board. However, it seems that different arrangements are in place for 'Business Continuity' and 'Resilience' (we assume the latter term specifically refers to major incident planning and preparedness). It is difficult to understand the rationale for the separation of BC and Resilience, especially in relation to the potential challenges this separation might pose in terms of ensuring that (BC/MI) plans dovetail with each other. We note that a Corporate BC Plan is being prepared for submission to the Board's Resilience Forum. There appears to be separate Business Continuity Management (BCM) arrangements within the Board and it is not clear what role if any the Corporate Management Team has in overseeing them. However, we note the role to be played by the Boards' Risk Management Committee in overseeing BCM.
- The Board is developing a resilience framework document to clarify its structures and work programme. It is not clear whether this document will include business continuity.
- A considerable focus on major incident (MI) planning and preparedness that includes training and exercising as well as joint working with partners via the Regional / Local Resilience Partnerships. However, it is not clear whether the Boards' overall MI plan has been tested/exercised systematically recently in line with Standard 12 (12.2). We would wish to see clear evidence in the next submission that the MI plan has been systematically reviewed/exercised in line with the Standard and to be assured that relevant capabilities exist to implement the updated, agreed plan.
- Radiation Monitoring Unit arrangements do not appear to be in place and have yet to be progressed with partners. National guidance issued in 2017 by Scottish Government Health Resilience Unit expects that all Board areas should have arrangements in place for the provision of RMUs in their territory so that they can comply with REPPiR Regulations 2019. We recommend that action to address this issue is taken. Evidence of progress in relation to a RMU will be sought in the Boards' next self-assessment submission.
- A Climate Change Impact Assessment (CCIA) has been carried out (response to Standard 20) and that 'disaster recovery plans have been prepared'. In this context we assume the Board now has a better understanding of risks and vulnerabilities and is using this information to enhance its infrastructure resilience, if it is not already doing so. We recommend the use of the Climate Change Risk Assessment and Adaptation Planning Tool for Healthcare Assets (produced by NHS NSS earlier this year) when the Board embarks on the next CCIA. We also note the range of actions taken to mitigate the impacts of severe/extreme weather.

In summary, we recognise the considerable work being progressed on many fronts and on various levels both within the Board and with external agencies/partners to continuously enhance the Boards' organisational resilience but would note the areas outlined in this letter as part of the overall implementation of the standards going forward.

Assessment of Progress 2018-2020

We expect that your Resilience Committee has been monitoring progress against the Standards since you submitted this self-assessment report. To rationalise the reporting process, we will be asking NHS Boards to submit a self-assessment report on progress against the Standards for the period 1 April 2018 to 31 March 2020 **by 10 April 2020**.

We are currently reviewing the content of the Standards and the Measures/ Indicators (Second Edition, 2018). However, we do not envisage any substantial changes to the content of the Standards, except in relation to Digital Health (Standards 31-33) because of the important developments that have occurred in that area over the last year.

We will provide further information on the self-assessment reporting process as soon as possible.

In the meantime, I trust the feedback and information provided in this letter will be useful in your on-going implementation of the Standards. Please contact Ray de Souza, ray.desouza@gov.scot if you would like to discuss further any aspect of the feedback.

Yours sincerely



Michael Healy
Head of Health Resilience Unit

Cc: NHS Board Executive Lead For Resilience
NHS Board Resilience Lead
Ray de Souza, SG Health Resilience Unit

DATE OF MEETING:	29 January 2020
TITLE OF REPORT:	Implementation of the Health and Care (Staffing) (Scotland) Act 2019
EXECUTIVE LEAD:	Helen Buchanan, Director of Nursing
REPORTING OFFICER:	Janette Owens Valerie Reid

Purpose of the Report (delete as appropriate)		
	For Information	

Route to the Board
This report was considered at the NHS Fife Staff Governance Committee on 17 January 2020.

SBAR REPORT
<p><u>Situation</u></p> <p>This report has been prepared to provide an update to NHS Fife Board on the Health and Care (Staffing) (Scotland) Act 2019 (the Act), and to detail work being progressed across Fife to ensure that the Board meets its duties in relation to safe staffing legislation.</p> <p><u>Background</u></p> <p>The Health and Care (Staffing) (Scotland) Act received Royal Assent on 6 June 2019. The Act provides a statutory basis for appropriate staffing in health and care settings to enable safe and high quality care.</p> <p>The Health and Care (Staffing) Implementation team, located in the Chief Nursing Officer's Directorate, is now preparing statutory guidance to accompany the Act and to prepare for implementation.</p> <p>The Implementation team met with Fife NHS Board on 9 December 2019 to provide an overview of the duties that will come into force as the legislation is commenced. The meeting included a short presentation followed by informal discussion with all members of the Board, clinical, workforce, general management and professional leads. The Implementation team noted that NHS Fife is an exemplar Board in Scotland in relation to work already being taken forward for safe staffing.</p> <p>The Act has put the current nursing and midwifery workload tools and methodology in statute, ensured a multi-disciplinary approach is considered in future tool development and put a framework in place to ensure the voice of clinical professionals are heard as part of the process of decision making.</p> <p>The Act also creates a new role for Health Improvement Scotland (HIS) who have been given a function to monitor and review the current workload tools and develop new workload tools with a duty to consider a multi-disciplinary approach when revising existing or developing any new tools, monitor and review the common staffing method and. monitor and report to Ministers on NHS Board compliance with the duties in this Act.</p>

A significant change is the inclusion of all health care professionals in 'safe staffing' rather than the initial focus on nursing and midwifery. The Director of Workforce, the Director of Nursing and the Medical Director will take this forward as guidance and direction are received from the Implementation team.

The Scottish Government has made resources available from August 2018 to September 2020 to support preparation for the legislation, by providing funding for a Band 8A Senior Nurse: Workforce Planning.

A 'Safe Staffing Steering Group' (Appendix 1) has been established, which is overseeing work being taken forward in relation to:

- Workload Tools
- Escalation and Risk Assessment
- Nursing and Midwifery Recruitment
- Supplementary Staffing

Assessment

WORKLOAD TOOLS:

- The Act seeks to make it more explicit that the analysis resulting from the application of the tools, in addition to better staff involvement, risk-based decision making and senior clinical involvement, is used to ensure better decision-making in relation to staffing across health settings at all times.
- The purpose of the Act is to place on a statutory footing the use of an existing, but enhanced, workforce planning method (tools).
- A Schedule (Appendix 2) has been agreed to ensure that the Tools are applied across all areas in a 12 month period.
- A national run of the Maternity Tool took place in November 2019. The maternity service decided to run the tool on a daily basis from January 2020, the first Board in Scotland to adopt this approach.

ESCALATION AND RISK ASSESSMENT

- A Risk Assessment tool is being developed at a national level, which will be completed on an annual basis.
- Escalation processes are being formalised in Fife to ensure that decisions taken during the course of a day to ensure safe staffing levels, are clearly documented. Health Improvement Scotland (HIS) will be inspecting and scrutinising Boards' actions.

NURSING AND MIDWIFERY RECRUITMENT

A number of initiatives are being undertaken to increase recruitment of nurses and midwives to NHS Fife:

- **Recruitment of Student Nurses and Midwives:**

BRANCH	2016	2017	2018	2019
Adult	68	96	91	124
Mental Health	15	17	17	30
Learning Disability	1	8	16	25
*Midwifery		10	23	22
Total	84	131	147	201

**Note that there was an 'over-recruitment' to midwifery by 20 staff prior to current student recruitment*

The Director Nursing is again attending Fife Campus in February to encourage third year students to begin their career in Fife.

- **Return to Practice:**
 - In June 2019, 4 staff commenced the RtP programme with the University of Dundee.
- **HNC:**
 - In 2019, 9 HNC Students (NHS Fife Health Care Support Workers (HCSW)) commenced 2nd year nursing at the University of Dundee; 8 HCSWs began the HNC programme in September
- **Working with schools and colleges to promote nursing and midwifery careers:**
 - Work is being taken forward to link with local high schools, inviting 2 year pupils and 5th / 6th year pupils to consider careers in healthcare
 - As part of the national 'Future Nurses of Scotland' initiative, 36 children made the journey to Victoria Hospital. The initiative is aiming to change perceptions of nursing by connecting with children in the early years of their education.



SUPPLEMENTARY STAFFING:

There has been a significant increase in the use of supplementary staffing (Bank and Agency) this year. The task group, set up as part of the Safe Staffing Steering Group, has been superseded by a senior group chaired by the Board Director of Nursing.

Recommendation

Fife NHS Board is asked to note this update

Objectives: (must be completed)

Healthcare Standard(s):	Nursing 2030; Staff Governance; Quality Strategy
HB Strategic Objectives:	Clinical Strategy; H&SCP Strategic Plan; Delivery of patient care

Further Information:

Evidence Base:	ISD; CNOD;
Glossary of Terms:	
Parties / Committees consulted prior to Health Board Meeting:	Staff Governance Committee Associate Directors of Nursing / Midwifery

Impact: (must be completed)

Financial / Value For Money	Review of supplementary staffing utilisation
Risk / Legal:	Risk – there may not be sufficient supply of Registrants to comply with legislation
Quality / Patient Care:	appropriate staffing in health and care settings to enable safe and high quality care.
Workforce:	Sufficient supply of Registrants; legislation will cover all healthcare staff
Equality:	n/a



NHS FIFE SAFE STAFFING STEERING GROUP TERMS OF REFERENCE



1. PURPOSE

- 1.1.** The NHS Fife Safe Staffing Steering Group (SSSG) is responsible for overseeing a number of nursing and midwifery workforce work-streams including: safe staffing legislation; nursing and midwifery recruitment; supplementary staffing costs; workforce strategy and workforce projections
- 1.2.** The SSSG will support, advise and facilitate nursing and midwifery teams to review workforce information to:
- 1.2.1.** inform service redesign
 - 1.2.2.** develop nursing and midwifery roles
 - 1.2.3.** ensure that services and workforce are responsive to the needs of patients.

2. MEMBERSHIP

- 2.1.** Formal membership of the Assurance Group shall comprise of:
- Associate Director of Nursing (Corporate Nursing) – chair
 - Associate Director of Nursing (Acute)
 - Associate Director of Nursing (H&SCP)
 - Head of Midwifery
 - Head of PPD
 - Senior Nurse: Workforce Planning
 - Excellence in Care Lead
 - Clinical Nurse Manager (Nurse Bank)
 - Head of Nursing (Acute Services, with particular focus on Emergency Care)
 - Head of Nursing (Acute Services, with particular focus on Planned Care)
 - Head of Nursing (H&SCP, with particular focus on Fife-wide Division, including Mental Health, Learning Disability, Health Visiting, School Nursing and Community Childrens Services)
 - Head of Nursing (H&SCP, with particular focus on East Division including Community Hospitals)
 - Head of Nursing (H&SCP, with particular focus on West Division including Community Nursing, specialist nursing, palliative care)
 - HR Manager (Workforce)
 - HR Manager (Recruitment)
 - Staff side rep
- 2.2.** The Group may co-opt additional experts on to the SSSG to provide specialist knowledge / skills

3. REMIT

The remit of the Safe Staffing Steering Group is to:

3.1. SAFE STAFFING LEGISLATION:

Lead development of, and manage implementation of systems to:

- 3.1.1.** ensure the common staffing method is embedded in practice. This will include development and implementation of an annual plan to ensure all workload workforce tools are applied within nationally agreed timescales
- 3.1.2.** ensure a consistent approach to analysis of workload and workforce information, quality measures and local context to inform staffing requirements across the NHS Board
- 3.1.3.** ensure a consistent approach to risk identification, escalation and prioritisation on a NHS Board wide basis.
- 3.1.4.** utilise data to identify service redesign and role development opportunities and to predict future service and nursing and midwifery workforce requirements in the NHS Board.
- 3.1.5.** develop and implement training and education programmes on workload and workforce planning across the NHS Boards.
- 3.1.6.** maintain collaborative working with the NMWWPP Programme Advisor to ensure local need is met and appropriate materials etc are available to support local implementation of legislative requirements.
- 3.1.7.** maintain collaborative working with local NHS Board Excellence in Care Lead to ensure the quality aspect of triangulation is embedded in workforce and workload planning process and practice.

3.2. NURSING AND MIDWIFERY RECRUITMENT:

- 3.2.1.** Develop recruitment strategies to reduce the number of vacancies across the branches of nursing and midwifery in NHS Fife
- 3.2.2.** Identification, roll-out and monitoring of socially responsible recruitment practices within the Nursing and Midwifery workforce

3.3. SUPPLEMENTARY STAFFING:

- 3.3.1.** Monitor bank and agency usage and support initiatives to reduce utilisation of supplementary staff
- 3.3.2.** Monitor use of 'additional hours' to gain a more complete understanding of nursing and midwifery workload and workforce

3.4. WORKFORCE STRATEGY AND PROJECTIONS

- 3.4.1.** Review and analyse of NHS Fife's progress in meeting the workforce strategy and workforce projections relevant to Nursing & Midwifery

4. ACCOUNTABILITY / REPORTING ARRANGEMENTS

- 4.1.** The SSSG is directly accountable to the Director of Nursing (DoN) via ENMAC and to EDG. Minutes will go to Workforce Planning Group.

5. MEETINGS

- 5.1.** Meetings of the SSSG will take place on a monthly basis
- 5.2.** The over-arching action plan will be updated following each meeting and will be sent out 5 working days before the meetings

Schedule Tool Roll Out /Reports - 2020

APPENDIX 2

Tool \ Week	Jan	Jan	Jan	Jan	Jan/Feb	Feb	Feb	Feb	Feb	Mar	Mar	Mar	Mar	Apr	Apr	Apr	Apr	May	May	May	May	
Adult Inpatient																						
Maternity							Training/SSTS						Tool Use/PJ 2 weeks				Quality Assurance / finalise outputs				Report	
Community Nursing	Report											Training/SSTS				Tool Use/PJ 2 weeks				QA		
MHLD																		Training/SSTS				
CCSN								Training/	SSTS	Tool Use/PJ 2 weeks				Quality Assurance / finalise outputs				Report				
CNS																						
EDEM																						
Small Wards																						
Neonatal									PJ 2 weeks		Report											
SCAMPS											PJ 2 weeks		Report									
Week	Jun	Jun	Jun	Jun	Jul	Jul	Jul	Jul	Aug	Aug	Aug	Aug	Sep	Sep	Sep	Sep	Oct	Oct	Oct	Oct		
Adult Inpatient									Training/SSTS				Tool Use/PJ 2 weeks				Quality Assurance / finalise outputs					
Maternity																						
Community Nursing	Quality Assurance / finalise outputs					Report																
MHLD	Tool Use/PJ 2 weeks					Quality Assurance / finalise outputs					Report											
CCSN				Training/	SSTS	Tool Use/PJ 2 weeks				Quality Assurance / finalise outputs				Report				Training/				
CNS							Training/SSTS				Tool Use/PJ 2 weeks				Quality Assurance / finalise outputs				Report			
EDEM											Training/SSTS				Tool Use/PJ 2 weeks				QA			
Small Wards																Training/SSTS						
Neonatal																						
SCAMPS																						
Week	Nov	Nov	Nov	Nov	Dec	Dec	Dec	Dec	Dec/Jan	Jan												
Adult Inpatient	QA	Report																				
Maternity																						
Community Nursing				Training/	SSTS	Tool Use/PJ 2 weeks				Quality Assurance / finalise outputs												
MHLD																						
CCSN	Tool Use/PJ 2 weeks				Quality Assurance / finalise outputs				Report													
CNS																						
EDEM	Quality Assurance / finalise outputs				Report																	
Small Wards	Tool Use/PJ 2 weeks				Quality Assurance / finalise outputs				Report													
Neonatal																						
SCAMPS																						

Audit & Risk Committee: Chair and Committee Comments

AUDIT & RISK COMMITTEE (Meeting on 9 January 2020)	
No issues were raised for escalation to the Board.	

MINUTES OF THE NHS FIFE AUDIT AND RISK COMMITTEE HELD AT 10:00AM ON THURSDAY 9 JANUARY 2020 IN THE STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY

Present:

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

In Attendance:

Mrs H Buchanan, Director of Nursing
Mr T Gaskin, Chief Internal Auditor
Mr P Hawkins, Chief Executive
Mr B Howarth, Audit Scotland
Mr B Hudson, Regional Audit Manager
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
Mrs C Potter, Director of Finance
Ms L Stewart, PA to Director of Finance

ACTION

01/20 WELCOME / APOLOGIES FOR ABSENCE

The Chair welcomed to the meeting Mr Brian Howarth, from Audit Scotland, and Ms Laura Stewart, who was attending in the capacity as an observer as part of her induction as PA to the Director of Finance. There were no apologies for absence.

02/20 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

03/20 MINUTES OF PREVIOUS MEETING HELD ON 5 SEPTEMBER 2019

The Minutes of the previous meeting held on 5 September 2019 were approved as an accurate record.

04/20 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.

05/20 MATTERS ARISING

There were no matters arising.

06/20 GOVERNANCE – GENERAL

(a) Performance & Accountability Review Framework

Mrs Potter acknowledged that this report had previously been submitted to the other governance committees and was now presented to the Audit and Risk Committee for review. The new process is a key element of improved governance around Operational performance, Finance, Workforce and Quality, and the paper detailed the new framework that has been put in place in support.

Initial performance and accountability review meetings had taken place with individual directorates, which would be built upon going forward. Between the present date and the end of the financial year, there will be a further round of meetings. Next year, the intention is to build on the process and use it as part of strengthening the connection between discussions at an operational level (through EDG) and the different governance committees of the Board. It was noted that the timing of review meetings, particularly as aligned to the publication of the Integrated Performance & Quality Report, was important, so that this fed in to the Board reporting structure. It was anticipated that the Director of Finance & Performance, supported by the Medical Director, Director of Nursing, and Director of Workforce, would be able to take an overarching perspective of the operational activities of the organisation, which could enhance the systems of assurance that exist operationally and with the Board and its committees.

A query was raised about the formal performance review of the Health and Social Care Partnership. Mrs Potter noted that the Director of Health and Social Care has newly been appointed to her post and there is a new Interim Chief Operating Officer for Acute. The expectation is that, before we get into the formal performance review process, at an operational level the Chief Operating Officer and the Director of Health and Social Care have a similar process in place for their respective areas, with regular discussions on performance, as part of the operational management of these services.

The Audit and Risk Committee **noted** the Performance & Accountability Framework to be implemented for 2019/20, in support of enhanced assurance on all aspects of performance.

It was recommended that an update be brought back in terms of the review process for next financial year, which would expand on how these meetings align with existing day-to-day operational

performance management.

(b) Assurance Mapping Process

Dr MacIntosh explained that, aligned to the NHS Scotland Blueprint for Good Governance, there is work ongoing on the potential development of a common set of general principles around risk assurance that can be applied consistently to all Boards. This will also seek to cover existing guidance published by HM Treasury and the Scottish Government in the form of the Scottish Public Finance Manual.

A small working group has been established to discuss establishing an assurance mapping process, the membership including the four Health Boards covered by the FTF Internal Audit Service, with representation from Board Secretaries and Risk Managers. The paper outlined the early work of the group in discussing potential options for a workable process.

It was agreed that members would be kept up-to-date with progress, and it was noted an Internal Audit report would be issued in due course at the conclusion of the work.

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

(c) A Blueprint for Good Governance Update: Template Governance Documentation

In support of the implementation of the Good Governance Blueprint, Dr MacIntosh highlighted that the NHS Scotland Board Secretaries' Group is leading on a number of supporting workstreams, including the creation of various 'Once for Scotland' templates for key governance documentation. As an example, a new induction process has been set up for Non-Executive Directors, based on the NHS Fife approach, and this also includes a new website that can be used for future development and further training.

A new version of model Standing Orders was released to NHS Boards in mid-December 2019. Work will begin in January 2020 to consider how the various changes to practice will be introduced in NHS Fife and an update provided to the Committee's next meeting in March 2020.

A reporting template for Board papers has also been designed and has been circulated for comment. The template remains based on the present SBAR format, but is intended to be simpler, more streamline and accessible to all. The current draft awaits the Steering Group's consideration, following initial scrutiny by Board

ACTION

secretaries. Dr MacIntosh added that this will be trialled initially with EDG, with the intention that the new template is adopted across the whole organisation. Early discussion with the Health & Social Care Partnership has taken place about alignment with their existing template, to ensure that papers which come forward to the Board are similar in content.

Work has also begun around crafting standard Terms of Reference for governance committees. The proposed draft Terms of Reference for Audit and Risk is the most complete and this was discussed recently at the Board Secretaries' meeting. The revised draft now awaits feedback from Directors of Finance and Chief Internal Auditors.

Cllr Graham asked that Fife Council are included in the template discussions going forward, to ensure common areas of practice are identified. Dr MacIntosh agreed to take this action forward.

GM

The Audit and Risk Committee noted the update.

07/20 GOVERNANCE - INTERNAL AUDIT**(a) Internal Audit Progress Report**

Mr Hudson advised that eight internal audits reports have been completed since the last meeting of the Audit and Risk Committee, which are summarised in the report provided.

The completion of B08/20 - Internal Control Evaluation - was a substantial piece of work and will be discussed as a separate item on the agenda.

B09/20 - Audit Follow Up - was also a lengthy piece of work. There is now an enhanced system of follow up undertaken, with an updated protocol, which is also on the today's agenda.

Proposed amendments to the Internal Audit plan were detailed in the report. It was agreed at the June 2019 Audit and Risk Committee meeting that the plan would be revisited to ensure that it was still fit for purpose for 2019/20. The changes outlined in the report were being put to the Committee for approval, to allow the plan to go forward.

The External Quality Review assessment was presented to the Audit and Risk Committee originally in May 2019. The action plan is included in the report. There was one outstanding action, which the report details as now being complete.

ACTION

Ms Braiden referred to page 12 of the paper, in reference to the audit of transport of medicines. She noted that it was suggested that “electronic and automated solutions should be explored to mitigate against the issues highlighted...” and barcode scanning was mentioned. She referred to a recent Board presentation on Hospital Electronic Prescribing & Medicines Administration (HEMPA) and queried whether this would fully address this weakness in control. Mr Gaskin agreed that this would have some benefits, but there were wider implications that could be improved by generally automating and making more efficient the processes around medicines management.

Ms Potter noted that the audit opinion on transport of medicines is given as “Limited Assurance”. She asked members if they would find it useful in future to have the Lead Director present for any reports where there is “moderate” or “limited assurance”, to allow the Committee to query the area and receive reassurance on the actions being taken to improve controls.

The Committee agreed that, for future meetings, when a report is categorised as providing only “Moderate” or “Limited Assurance”, the Lead Director will attend the meeting, with a copy of the full report (rather than a summary) being added to the agenda.

BH/CP

The Audit and Risk Committee:

- Noted the ongoing delivery of the 2018/19 and 2019/20 NHS Fife internal audit plan;
- Approved the proposed changes and revision of the 2019/20 Internal Audit Plan; and
- Noted the progress of actions in the External Quality Assessment.

(b) Interim Evaluation of Internal Control Framework

Mr Gaskin reported that the key issues arising from the report, with detailed findings and actions against progress deadlines, are included in Section Two. The action plan has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

He highlighted that, in light of the Section 102 Report for Fife IJB, Internal Audit are of the opinion that the NHS Fife IJB BAF risk needs to be fundamentally reviewed and updated. He added that he had also recently received clarity in the key governance issues from the Scottish Government around Integration principles and advised that Nicky Connor, Director of Health and Social Care,

ACTION

would be addressing these issues in the planned review of the Integration Scheme. Mr Hawkins gave assurance that there would be a resolution to the integration governance concerns in this planned review.

Mrs Potter noted that the Section 102 report for the Fife IJB is a first for any integration authority within Scotland. She gave background to the process and noted that it was applicable to Local Authorities and Integration Authorities, but not NHS Boards. Mr Howarth also explained the scope of the report and how the draft would be issued.

Ms Braiden queried whether a standalone BAF on Transformation would be taken forward. Mrs Buchanan noted that, in terms of integration, throughout the Board Assurance Framework there were elements covered in many of the organisational risks, since transformation was a thread that ran through many areas. Within the Financial Sustainability BAF, for instance, there is a section about the transformation programme and new ITB group included.

The Audit and Risk Committee **noted** the progress reported in the Interim Report of the Internal Control Evaluation.

(c) **Audit Follow-Up Protocol**

Mr Hudson explained that the previous version had come to the Committee for approval and this version has been updated to reflect feedback and comments in relation to the updated follow-up process.

The Audit and Risk Committee **noted** the reviewed protocol; and **approved** the changes and revision of the document.

(d) **Follow-Up Report on Audit Recommendations**

Mr Hudson highlighted that this is the first full audit follow up report in the new format. As reported to the May 2019 Audit and Risk Committee, Internal Audit have agreed to take responsibility for NHS Fife Audit Follow Up. An exercise recently was undertaken to identify outstanding actions.

Notifications were raised and sent to relevant responding officers for all recommendations that remained outstanding for final reports issued in 2017/18 and 2018/19.

In relation to using Datix to automate the follow-up process, it has been decided that, at the present time, the Internal Auditors will continue to progress the Audit follow up of recommendations manually.

Overall, 55% of due actions have been implemented as at 10 December 2019. This percentage is set to increase substantially as Internal Audit take forward the audit follow-up process on an ongoing, rolling basis.

The Audit and Risk Committee:

- **noted** and considered the current status of Internal Audit recommendations recorded within this report;
- **noted** the ongoing work to enhance the audit follow-up system and the reporting to Audit and Risk Committee.

08/20 GOVERNANCE – External Audit

(a) Annual Accounts – Progress Update on Audit Recommendations

Mrs Potter noted that this report provides an overview of the recommendations emerging from both the Internal Audit Annual Report and the Audit Scotland Annual Report for 2018/19.

A series of recommendations were included in the attached appendices, along with actions taken. Some due dates were still to occur, particularly those aligned to the year-end process.

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

(b) Audit Scotland Annual Audit Plan

Mr Howarth took members through the External Audit Annual Plan for 2019/20, outlining the following significant risks for NHS Fife. The risks have been categorised into financial statements risks and wider dimension risks. These were:

Financial Statements Risks

- Risk of material misstatement caused by management override of controls.
- Risk of material misstatement caused by fraud in expenditure.
- Risk of material misstatement caused by estimation and judgements.
- Risk of material presentation error in Note 3 – operating expenses.

Wider Dimension Risk

- Financial Management
- Financial Sustainability

Exhibit 1 in the report gave details of the planned audit work.

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

(c) Audit Scotland Report - NHS Scotland in 2019

Mrs Potter highlighted that the report sets out a number of key facts and messages, a series of recommendations and a supplementary checklist for Non Executive Directors. The report had been circulated to the Board, with the accompanying checklist, on its original publication in October 2019.

The Audit and Risk Committee **noted** the key messages and recommendations set out in the *NHS Scotland in 2019* report.

09/20 RISK

(a) Board Assurance Framework (BAF)

Mrs Buchanan provided an update to the Committee on the various components of the Board Assurance Framework, as follows:

Mrs Buchanan highlighted that:

- Financial Sustainability - remains at High, which recognises the ongoing financial challenges facing Acute Services in particular, as well as the pressures notable within the Health & Social Care Partnership.
- Environmental Sustainability – issues raised around water safety issues that were highlighted at the Clinical Governance Committee around a post that was required to be filled. This post has now been filled and the risk reduced.
- Quality & Safety - one of the risks has been closed. There had been some issues around monitoring water temperature etc. This project has been completed and the risk has been removed.
- Strategic Planning – four priorities have been identified in terms of strategic planning:
 1. Acute Transformation Programme
 2. Joining Up Care
 3. Mental Health Redesign
 4. Medicines Efficiencies

ACTION

This is all being taken under the umbrella of the Transformation Programme Board, which has been reinvigorated.

- Integration Joint Board – A range of work has been carried out to improve the governance arrangements for the IJB.
- eHealth – The eHealth BAF has been approved by the Clinical Governance Committee and is the subject of review as part of the Assurance Mapping work discussed earlier in the agenda.

The Audit and Risk Committee **noted** the BAF and **noted** the developments to risk ratings.

(b) Risk Appetite

Mrs Buchanan gave a brief update, highlighting that specific responsibilities and processes relating to all aspects of the Board's risk appetite and tolerance will be described in the updated version of the Risk Management Framework, to be presented to the Committee and the Board for approval in March 2020.

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

(c) Update on Risk Management Workplan 2018-19

The Audit and Risk Committee **noted** the update to the Workplan for 2018/19.

(d) Risk Management Key Performance Indicators

Mrs Buchanan reported that work had taken place with Internal Audit for advice and support around creating KPIs in terms of Risk Management. Seven KPIs have now been developed, which have been submitted to the Executive Directors Group for discussion and approval.

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

10/20 OTHER

- (a) There were no matters of escalation to the NHS Board from this meeting's agenda.

ACTION

11/20 Any Other Competent Business

There was no other competent business.

12/20 DATE OF NEXT MEETING: Friday 13 March 2020 at 14.00pm, within the Boardroom, Staff Club, Victoria Hospital, Kirkcaldy.

NHS Fife Clinical Governance Committee

NHS FIFE CLINICAL GOVERNANCE COMMITTEE
(Meeting on 16 January 2020)

No issues were raised for escalation to the Board.

MINUTE OF NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON THURSDAY 16 JANUARY 2020 AT 2PM IN THE STAFF CLUB, VHK

Present:

Dr Les Bisset, Chair
Sinead Braiden, Non Exec Member
Rona Laing, Non Exec Member
Wilma Brown, APF Representative
John Stobbs, Patient Representative
Dona Milne, Director of Public Health
Carol Potter, Director of Finance (deputising
for Paul Hawkins)

Martin Black, Non Exec Member
Cllr David Graham, Non Exec Member
Margaret Wells, Non Exec Member
Janette Owens, ACF Representative
Helen Buchanan, Director of Nursing
Dr Chris McKenna, Medical Director

In Attendance:

Dr Rob Cargill, AMD, ASD
Susan Fraser, Associate Director of Planning
& Performance
Gillian MacIntosh, Board Secretary (until 3pm)
Helen Woodburn, Quality & Clinical Gov Lead

Nicky Connor, Director of H&SCP
Scott Garden, Director of Pharmacy (until
4pm)
Morag Olsen, Interim COO ASD
Catriona Dziech, Note Taker

MINUTE

REF	ITEM	ACTION
001/20	APOLOGIES FOR ABSENCE Apologies were received from member Paul Hawkins and attendee Linda Douglas.	
002/20	DECLARATIONS OF MEMBERS' INTERESTS There were no declarations of interest.	
003/20	MINUTES OF PREVIOUS MEETING HELD ON 6 NOVEMBER 2019 The notes of the meeting held on 6 November 2019 were approved.	
004/20	ACTION LIST All outstanding actions were updated on the separate rolling Action List.	
005/20	MATTERS ARISING 5.1 Surgical Site Infection (SSI) Update – Obstetrics Improvement Plan Dr McKenna advised this update related to the wider Obstetric Improvement Plan and reducing SSIs was part of that larger programme of work. Dr McKenna had hoped to be able to provide the Committee with a more detailed update but this was not available. This therefore remains an ongoing action.	

Helen Buchanan advised that the new methodology was

being applied and, under this, there had been a substantial reduction in SSIs over the last two quarters.

Helen Buchanan advised there has also been work undertaken with the clinicians on SSI criteria and the clinical judgement. Re monitoring of improvement, this would come to the Committee via the HAIRT report and data within the IPQR.

The pathway into Acute Services was being looked at, as patients are seen by a midwife or doctor for a wound site if there is an issue. Discussions are underway on how to redirect patients back into the GP service. The final pathway will come back to Committee for sign off. An update will be available for the next Committee meeting in March 2020.

HB

5.2 Drug Related Death Report Update

Dona Milne advised that a meeting has taken place at which the current process for reviewing drug related deaths was discussed, with a view to improving the level of scrutiny. A new process has been put in place that is chaired by a Consultant in Public Health, which is a sub-group of Heather Bett's quarterly monitoring group. We have also adopted some of the paperwork from Tayside. Delays in police notification to Public Health and in the issuing of post-mortem paperwork were being actively addressed.

Dr Bisset noted this was a very important issue and the Committee should receive a report setting out clearly where we are and how we are moving forward, particularly in light of the report published on Dundee. Dona Milne agreed to bring an interim report back to the Committee meeting in March 2020.

DM

Scott Garden also agreed to bring a paper to the Committee in March 2020 on prescribed high risk medicines, which are an aspect of this workstream.

SG

006/20 REQUESTED REPORTS

6.1 Organisational Resilience Standards

Dona Milne advised that a letter was received on 2 December from the Scottish Government Health Resilience Unit providing us with feedback on our 2018 Self Assessment. This reviewed the progress we have made and the work involved towards implementing their Standards of Organisational Resilience. Their comments in the letter were very positive, but they also highlighted a few areas where we should focus our

attention as a part of the overall implementation of the standards going forward.

Since the standards were introduced in May 2016, we have made two self-assessment returns to the Scottish Government Health Resilience Unit (SGHRU), one in October 2016 and a second in August 2018, which relates to the letter received on the 2 December 2019. Good progress has been made in implementation. The standards cover all areas of our business and they provide a great opportunity for us to enhance the overall resilience of our organisation.

The NHS Fife Resilience Forum monitors each of the 41 standards and each standard has been allocated to a lead person who is responsible to either progress the standard through the four benchmarking levels within the report or for keeping the standards under continual review once it has reached its highest benchmark level.

Standard owners report progress of their standard/s on a six-monthly basis to the NHS Fife Resilience Forum; the next update is due for the February 2020 Resilience Forum. Our next self-assessment report on the ongoing implementation of the standards covering the period 1 April 2018 to 31 March 2020 is to be submitted to SGHRU by 10 April 2020.

In taking questions, Rona Laing highlighted from p.2 of the letter that she was not aware of the Climate Change Impact Assessment. Dona Milne said this would come back within the Resilience Forum and further details could be provided to the Committee at that point.

The Committee noted the progress update and feedback from the Scottish Government. Dr Bisset asked that an updated report is brought back to the Committee in March 2020.

DM

007/20 QUALITY, PLANNING AND PERFORMANCE

7.1 Integrated Performance and Quality Report (IPQR)

Dr McKenna highlighted the update within the Executive Summary for:

- HSMR
- Inpatient Falls
- Pressure Ulcers
- Caesarean Section SSI
- SAB (MRSA/MSSA)
- C Diff
- Complaints – Stage 2

Helen Buchanan asked that the HAIRT report (Item 8.6) be also considered under this section.

In considering the HAIRT report, Helen Buchanan highlighted the Achievements and Challenges as set out within the report. In particular raising the issues around: Caesarean Section SSI, SABs, ECBs, Large Bowel SSI. Helen Buchanan also highlighted that this year is the second lowest on a yearly basis. This data will come back to the Committee in March 2020.

HB

In taking questions, Rona Laing raised the issue of the increase of C Diff. Helen Buchanan advised there has been an increase in incidents from the Community Services. This is being looked at by the Infection Control Team and Keith Morris at the moment, and Helen Buchanan agreed to bring back an update to the Committee in March 2020.

HB

Dr Bisset raised the issue of the HSMR data increase, as it now includes data for QMH. Dr McKenna advised that the reporting mechanism is now different and the inclusion of QMH is skewed by the hospice data; he has therefore asked NSS to removed QMH from the data.

Although complaints remain an issue, Helen Buchanan assured the Committee they strive to respond within the 20 day response time, but some complaints are very complex. Helen Buchanan highlighted it is important the quality of the response needs to be appropriate to address the issues of the complainant, and that ensuring a thorough response sometimes means the time limits are not met. Plans are however in place to continue to improve response times for complex complaints.

7.2 Winter Plan 2019-20 Update

Nicky Connor advised that this report covered the period 6 October to 1 December 2019 and is an update from the draft Winter Plan.

This is the first monthly report summarising performance against key indicators and actions for Winter 2019/20. The key points for Acute and H&SCP are listed within the report.

Morag Olsen gave the Committee a verbal update on the current situation and the challenges faced.

Carol Potter highlighted that with Nicky Connor and Morag Olsen's leadership at present, we are now in a very different place than we have before and they should be commended for bringing their teams together. The solutions are coming from the teams together; this is a very positive approach and asked that the Board be made aware of this.

In closing Dr Bisset said the Committee were assured both organisations are working closely together and doing their utmost to keep things safe and stable at a time of challenging demand.

008/20 GOVERNANCE

8.1 Board Assurance Framework – Quality and Safety

This report is an update on the Quality & Safety BAF since the last report on 6 November 2019.

The Committee noted the changes and were content with the risk level.

8.2 Board Assurance Framework – Strategic Planning

This report provides the Committee with the most recent version of the NHS Fife BAF from January 2020.

The Committee noted the current position set out in the report in relation to the Strategic Planning risk and were content with the level of risk.

8.3 Board Assurance Framework - eHealth

This report provides the Committee with the NHS Fife BAF specifically in relation to eHealth as at 24 December 2019.

The Committee considered the questions set out in the report and approved the eHealth element of the BAF.

8.4 Brexit

Dr McKenna advised there was no formal update to provide to the meeting, but noted that Shirley Rogers, from the Scottish Government, has issued a letter providing an update on preparations for the UK's withdrawal from the EU and what this might mean for the organisation.

Dona Milne advised that this letter was being circulated to the Brexit Assurance Group for members' information.

8.5 Annual Accounts – Progress Update on Audit

Recommendations

Carol Potter advised that the purpose of this report is to provide 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.

Appendices 1 and 2 of this paper provided updates of specific actions taken to end of December 2019.

This report is being taken to all Board Committees for them to consider their individual action. In relation to this Committee these actions were:

Appendix 1 – Recommendation 7 (GDPR)

Appendix 2 – Recommendation 9 (IT Data Recovery)

Appendix 2 – Recommendation 11 (Cyber Security)

Appendix 2 – Recommendation 12 (GDPR Compliance)

Dr Bisset asked if it would be possible to extract the specific issues for this Committee in to a report for discussion at the next meeting in March 2020. Carol Potter advised this was a routine report produced for the Audit & Risk Committee and it would be her team who would be co-ordinating the update of the schedule for the next meeting.

CP

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

8.6 HAIRT Report

Discussed previously under Item 7.1 (IPQR Report).

8.7 eHealth Governance Review

Dr Bisset asked that this paper be withdrawn and a revised version will be discussed at the next meeting of the Committee in March 2020.

8.8 Updated Workplan

Helen Woodburn advised that this report sets out the changes to the current Workplan, which were for noting.

Helen Woodburn advised the Workplan for 2020/2021 was in final draft and will be brought the Committee meeting in March 2020.

009/20 TRANSFORMATION / REDESIGN / CLINICAL STRATEGY

9.1 Mental Health Strategy

Nicky Connor reported that, further to our letter of 27 September 2019, in which the Partnership undertook to

take action to address the feedback from the NHS Board, considerable work has been undertaken by clinical, social work and managerial teams within the Partnership to address the reported gaps in the strategy. The strategy has been redrafted to take these concerns in to account.

The specific areas which were addressed and are detailed within the report are:

1. Ensuring that the priority of high quality, safe and effective care is clearly articulated.
2. Reviewing commitments with a view to prioritising and reducing them in number.
3. Reviewing the descriptions of mental health and wellbeing/mental illness.
4. Clarifying the position of learning disabilities and drug and alcohol problems.
5. Undertaking an assessment of current challenges to delivering safe, effective person-centred mental health care.

In summary, Dr Bisset noted the changes made within the SBAR detailing the issues raised by the Committee and highlighted the incorporation of them in to the strategy, which addressed the previous concerns. It was also noted the individual actions that come out of this will go through the due process of the Integrated Transformation Board and other governance routes.

9.2 Medicines Efficiency & Future Working

Scott Garden advised that this paper outlines options for the future medicine efficiency structure in NHS Fife and Fife Health & Social Care Partnership.

The NHS Fife prescribing budget for Acute and Primary Care is approx £110M p.a., with an annual efficiencies target of approx £2-2.5M pa. There is a continuous need to not only deliver efficiencies but also meet the increasing demand for medicines and to fund new medicines.

The Medicines Efficiency Programme has entered a fourth year, but now requires reinvigorating and refreshing to evolve as we move beyond the “low hanging fruit” and “easy wins” savings. This will involve significant culture change and the Programme will require broad support, engagement and expertise from across the whole health and social care system to deliver further efficiency savings.

Key drivers for change include:

- The Medicines Efficiency Programme is now viewed as mature and “business as usual”.
- Whole system approach for both acute and H&SCP.
- Integrating Managed Clinical Networks (MCNs) and Speciality Groups to utilise expertise and leadership and maximise engagement.

Accountability for ensuring the prescribing expenditure is within agreed budgets remains the responsibility of budget holders. The Director of Pharmacy and Medicines, along with the Pharmacy Service, will provide leadership for Medicines Efficiencies. In order to maximise the success of the medicines efficiency programme and ensure sustainability, consideration has been given to the required infrastructure and is set out in the options within the report and summarised below.

Option 1 – Status Quo; continues existing structure

Option 2 - Wider engagement of all clinicians/ services; joint decision making / accountability across acute / HSCP; recognises expertise of specialist groups/ MCNS; pace of delivery likely to be faster; builds a more sustainable model

Option 3 - Utilises existing groups.

The NHS Fife ADTC has reviewed the options and recommends option 2 as the preferred option, to ensure sustainability of the medicines efficiency programme. Work has started to draft a Terms of Reference (TOR) for the Fife Wide group and review the TORs for other medicines governance groups that will be impacted by this change.

Dr Bisset advised that, following the good work undertaken by Pharmacy over the past three years, the Committee would wish to support a model which will continue to develop that.

The Committee agreed the preferred option (Option 2) for the Medicine Efficiency structure and supported the need for ongoing input from the Transformation and Change Team, eHealth and Communications.

010/20 ANNUAL REPORTS

10.1 Fife Child Protection Annual Report

Helen Buchanan advised that the Scottish Government’s Child Protection Improvement Programme sets out key actions to improve child protection in Scotland. In Fife protecting children is one

of H&SCP children's services strategic priorities and strong leadership and governance arrangements are in place to support, strengthen, improve and align our activity with that of other agencies with whom we work to jointly to progress core areas of service delivery. This report focuses on:

- Health's Child Protection Team's performance and quality assurance data;
- Progress update on improvement work generated from Significant Case Reviews (SCR) / recent Initial Case Reviews (ICRs) learning, and recommendations from last year's Inspection through the lens of one SCR
- Finally the development of a Quality Assurance Child Protection Framework for Children's Services.

In taking questions Margaret Wells raised a query as to how all the governance across both the Board, IJB and the Local Authority Chief Officers Group all manage to knit together in a way that is clearly understood by everyone, and those who are in a position to play a part in governance actually are getting to opportunity to do so. Margaret Wells said she did not get a clear sense it is understood in the same way across the bodies by senior staff. Helen Buchanan advised that, from a governance position, she disagreed, as she sits on the Child Protection Committee, so as a multi-agency group we are very clear in terms of the governance arrangements within the Child Protection Committee and up to COPS.

Dr Bisset noted this was an important issue but not one necessarily for this Committee, and suggested Helen Buchanan, Nicky Connor and Margaret Wells meet separately to discuss to ensure Margaret Wells has assurance on the issues she raised.

**HB,MW,
NC**

The Committee noted the information presented within this update, in particular the significant step being undertaken to strengthen quality assurance and governance in keeping children safe from abuse and neglect.

10.2 ADP Annual Report

The Fife ADP Annual Report as set out in Appendix 1 of the report is in the format required by the Scottish Government. A Red, Amber, Green (RAG) status has been added to provide members with a visual indication of local progress on the ministerial priorities for this area

of work.

Donna Milne advised that this report has been taken to the Clinical & Care Governance Committee and IJB. There was to have been an ADP workshop where this report and the Public Health report was due to have been considered, with a number of recommendations about the future drug services for Fife, but this was postponed and has now been rearranged for 31 January 2020. This is when the Public Health report and the recommendations from it and the work on our three-year review will be considered. Dona Milne, along with Nicky Connor, will be working together to ensure a decision is made at the end of January. A report will then come back to the Committee in due course.

In taking questions, Martin Black welcomed the update but expressed his concerns around the report. Rona Laing said she was also concerned but welcomed the further information. Dona Milne advised she shared the Committee's concerns but she is working hard with Nicky Connor to try and resolve the issues.

The Committee noted the contents of the report. Dr Bisset asked that a more comprehensive report is brought back to the Committee in March 2020.

DM

011/20 LINKED COMMITTEE MINUTES

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

Dr Bisset raised under Item 11.5 the concerns highlighted at the Clinical & Care Governance Oversight Group held on 14 November 2019 around the IPQR. Dr McKenna said the issue had arisen with the merging of the two reports, as it was felt some of the data may have been diluted.

Dr Bisset stated he felt this Committee were content with the information they have as the IPQR has developed, which is sufficient for assurance purposes. Dr Bisset was concerned that the Clinical Governance & Oversight Group has a different view and, if they felt so strongly that we were not getting enough information, they may wish to advise what further data they feel the Committee need.

Dr McKenna advised that one of the issues raised has been Medicines, as there is no information presently included in the IPQR. It was agreed Dr Bisset, Dr McKenna, Dr Cargill and Scott Garden would meet to discuss further.

CMcK

The other minutes below were all noted:

- 11.1 Acute Services Division Clinical Governance Committee
- 11.2 Area Clinical Forum
- 11.3 Area Drugs & Therapeutics Committee (ADTC).
- 11.4 HSCP Clinical and Care Governance Committee
- 11.5 Clinical Governance Oversight Group
- 11.6 Health & Safety Sub Committee
- 11.7 Infection Control Committee
- 11.8 Information Governance and Security Group
- 11.9 Integrated Joint Board (IJB)
- 11.10 Public Health Assurance Group
- 11.11 Resilience Forum

012/20 ITEMS FOR NOTING

12.1 Audit Report B14/20 Follow Up of Fire Safety

Carol Potter advised the purpose of this report is to provide assurance to Committee members regarding the design and operation of the controls related to Fire Safety.

The Committee noted the findings of the report.

12.2 Audit Report B21/20 Transport of Medicines

The purpose of this report is to provide assurance to Committee members regarding medicine deliveries to community hospitals by hospital transport and taxis.

The Committee noted the findings of the report.

013/20 ISSUES TO BE HIGHLIGHTED TO THE BOARD

There were no issues for highlighting to the Board.

014/20 AOCB

14.1 Paper / Electronic Records

Dr Bisset reported that he had spoken to Dr McKenna, who had highlighted an issue at the last Board Development Session around the complications there are for clinicians to deal with both paper and electronic records.

Dr McKenna advised that this is a routine issue we face mostly in Acute Services. GP practice seem to have moved on to full electronic records many years ago and the complexity of bringing paper records into a full electronic record into secondary care is not one to be underestimated. The issue that exists is that clinicians are dependent on both at present. In the majority of

cases the electronic record is enough, as it contains a couple of years' worth of information, although in some cases it may be important in some specialities to see older records that are still held on paper. We are still on a journey from being paper-heavy to paper-light and it is hard to imagine a hospital without paper because of the dependency on papers over many years. This may indeed produce a risk, such as information that may be missing or hard to find.

Dr McKenna advised that within the eHealth Strategy there is a section about becoming paper-light and he has spoken with Lesly Donovan about how we move this forward.

Dr Bisset highlighted that the Committee are assured that all is being done that can be done.

015/20 DATE OF NEXT MEETING

Wednesday 4 March 2020 at 2pm in Staff Club, VHK

The Finance, Performance & Resources Committee

<p>FINANCE, PERFORMANCE & RESOURCES COMMITTEE</p> <p>(Meeting on 14 January 2020)</p>
<p>The Committee agreed to raise to the Board the ongoing challenges in meeting the waiting times targets for both Psychological Therapies and CAMHS, with performance in both services impacted by demand continuing to exceed capacity.</p>

**MINUTES OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE
MEETING HELD ON 14 JANUARY 2020 AT 9:00AM 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

Mr P Hawkins, Chief Executive

Mr A Morris, Non-Executive Director

Ms D Milne, Director of Public Health

Mr E Clarke, Non-Executive Director

Ms H Buchanan, Director of Nursing

Dr C McKenna, Medical Director

Ms J Owens, Non-Executive Director

Mrs C Potter, Director of Finance

In Attendance:

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

Mrs N Connor, Director of Health & Social Care

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)

Ms F Baty, Head of Psychology (for Item 5)

Mr L Cowie, Clinical Services Manager (for Item 6)

1. Apologies for Absence

01/20 Apologies were received from attendee Scott Garden, Director of Pharmacy.

2. Declaration of Members' Interests

02/20 There were no declarations of interest.

3. Minutes of the last Meeting held on 5 November 2019

03/20 The minute of the last meeting was agreed as an accurate record.

4. Action List

04/20 The Chair reviewed the action list and highlighted that Risk 1926 was recently reviewed and updated by Mr Fairgrieve, however the risk remained high. The

Chair invited him to explain why the risk remained high later in the agenda, under the agenda item on the BAF.

The Chair advised that the further update on Stratheden IPCU was postponed to March.

The Chair advised that there was an action outstanding from the last meeting against the Winter Planning Funding, as a question had been raised previously as to whether the Unscheduled Care money would be included within that. Mrs Potter advised that funding has now been confirmed and the Board will receive this in three separate allocations. The first two tranches are NHS Fife's overall share and the third is an allocation of £300,000, which has specific plans against it that NHS Fife should follow.

5. MATTERS ARISING

5.1. Psychological Therapies Update

05/20 Nicky Connor invited Frances Baty, Head of Psychology, to present the update on Psychological Therapies. Ms Baty advised that there were two main areas to this update, which include the Waiting Time and Improving Access to therapies.

The Waiting Times data is based on the number of patients who can be seen within 18 weeks. NHS Fife are not presently meeting this target, but it was explained that, when this is looked at as a global measure, there are areas within the service which do meet this. It was advised that the way in which this target is measured and the way those waiting longer than 18 weeks are managed can create complexities and fluctuations, which can display as though there is less activity, however performance is better.

The resource in Psychological Therapies is small and requires to be divided between developing new ways of working for the longer term, ensuring day-to-day service runs efficiently (which can be challenging due to the increased referral rate) and reducing waiting lists. They have been aiming to increase capacity by working with the voluntary sector and the third sector.

Nicky Connor advised that a new advisor has been appointed within this service to help develop and refine workstreams. In addition, the Scottish Government have appointed a National Psychological Therapies Advisor. NHS Fife have had one meeting currently with them to provide background, but are due to have a second meeting soon, which should identify specific work and create actions to be implemented.

Questions were raised concerning what work is currently being undertaken to help achieve targets and what solutions can be expected. Ms Baty explained that there currently are issues around capacity and resource, which does make work challenging; however, they have been utilising staff expertise to help develop new models of working, which in itself will take time to embed. Changes may be required to the infrastructure around the service for this to be effective. They are looking to introduce Community Mental Health Teams and are developing the relationships and support offered in tandem with the third sector. It was agreed

that wider service change was needed to address the increase in demand, to ensure that patients are seen at the right place and at the right time, and to prioritise support to those with severe or complex needs.

Questions were raised on the tables provided, as they did not seem clear and the levels of activity were hard to analyse from the data presentation. Nicky Connor and Frances Baty agreed the tables were complex and hard to interpret, explained this is also due to fluctuations and complexities given the nature of the department. Both agreed to look at the data provided and to highlight the performance, impact and expected outcomes with timescales, for further discussion here and at the Clinical Governance Committee.

The Committee **noted** the current position and the work that is continuing to improve performance in this area.

5.2. CAMHS Update

06/20 Nicky Connor invited Lee Cowie to present the update on CAMHS.

Mr Cowie advised that there is a continuing challenge to see all patients referred to CAMHS within 18 weeks. However, the referral rate to CAMHS exceeds the capacity available. The interim figures from last year highlight that the referral rate has increase by 18.5% from the previous year, and looking over a five-year period there has been a 7% increase year-on-year. There have been previous initiatives to manage demand, but it continues to be challenging for the service. They have identified that they need to look at what service changes are needed to tackle the backlog of referrals and look at the capacity available.

CAMHS have also been working with an appointed advisor within the Scottish Government Mental Health Improvement Team. The data from the report highlights that the work being undertaken is good and they are confident that NHS Fife have the resources allocated in the right place to ensure they are working as efficiently as they can. However, the report highlights that staff members currently undertake approximately 100 cases each, whereas the recommendation is 40 cases, therefore work requires to be done to enhance staffing. NHS Fife have also been utilising staff goodwill to run evening clinics, which have helped to tackle the waiting list (out of 117 young people 100 cases have been seen). However, this level of activity is not sustainable long-term, and a case is being prepared to considerably increase staff resource to support the workload.

Mr Clarke felt uncomfortable with the current dependence on staff goodwill to work outside core hours and the high levels of case work expected; he questioned what can be done to reduce this.

Nicky Connor and Paul Hawkins had recently met to discuss the outcomes from the Scottish Government report and are supportive that further investment is required to ensure staff are at a comfortable place. An SBAR is being drafted and will be sent to the Senior Leadership Team with engagement from the Professional Leads to see how this would look in practice. It is expected this paper will go to EDG in February 2020.

Dr Bisset questioned why referrals were increasing and how reflective NHS Fife is compared to other boards and the national position overall.

Mr Cowie advised that NHS Fife currently sits at a level higher than the national average of referral rates, but there has been a national increase. COSLA have a group which are looking at service specifications nationally for CAMHS, which is out for consultation; however, NHS Fife have been making advancements to focus on early intervention and low-level support at an early stage, before children require CAHMS intervention. A continuing issue, however, has been short-term arrangements for funding and staff contracts, which limits the changes that can be made to delivery of the service.

The Committee **noted** the update.

It was agreed that the PT and CAHMS teams will be invited back in six months to update the Committee on performance in these services.

5.3. General Policies & Procedures Update

07/20 Dr MacIntosh presented the update that the Committee requested on General Policies and Procedures. There are currently nine policies going through review and approval, which is positive. These should then go to EDG for final approval. Another five are presently being rewritten. Following their approval, the position will further improve.

In December 2019, Dr MacIntosh and a colleague from the Clinical Governance team undertook a visit to NHS Forth Valley to look at a policy management system called Pentana, which is used successfully over there to help streamline and automate the process of administration. Discussions are taking place to see how achievable it would be to introduce a similar system in NHS Fife. An update will be provided to the Committee in March 2020.

Dr McKenna advised that eHealth / Labs have recently procured a policy system, qPulse, and we would therefore be reluctant to purchase a second similar system. Dr MacIntosh had not yet seen the functionality of that software and how it compared to the NHS Forth Valley system, but agreed to have further discussions with eHealth around this.

The Committee **noted** the update.

6. GOVERNANCE

6.1. Board Assurance Framework – Financial Sustainability

08/20 Ms Potter presented the report, which provided an update to the Committee on Financial Sustainability. It was explained that the report has a consistent message. On the risk register the risk score remains at high. The Committee were directed to Risk 1364, within the operational risk of Efficiency Saving, where the rating had increased from 16 to 20 in terms of the consequence. The change is reflective of the position NHS Fife are in of not being able to deliver the

savings target. This is not a positive position to be in, however it has been consistent throughout previous reports.

The Committee **considered** and **approved** the update on Financial Sustainability.

6.2. Board Assurance Framework – Strategic Planning

09/20 Dr McKenna presented the report, which provided an update to the Committee on Strategic Planning. He advised that the risk remains at 16 due to the implementation of the Clinical Strategy Transformation Programme. The Integrated Transformation Board has been introduced between Fife Council and NHS Fife. This is still early in its inception; however, as it progresses it will challenge transformation through that process.

Ms Potter advised that, at the Audit & Risk Committee, within the Internal Audit Interim Evaluation Review, there was a suggestion made of creating a standalone Transformation BAF. The Audit & Risk Committee acknowledged the suggestion, but were keen to see the transformation thread continuing through all the BAFs and via the Programme Management approach.

Mr Hawkins noted that the perception that transformation is solely about savings can create confusion - they do not always link to one another. It is important to separate the two of them and, for FP&R, it is important to highlight what is the saving aspect, what is transformation and the effect of this. It was recognised that, to transform, some services need investment rather than divestment. This linked in to the national work being undertaken on Access Collaboratives, which are looking at new diagnostic and treatment pathways.

The Chair advised it would be useful for a Board development session to be held on this work, to update and inform since it crosses several committees. It would be helpful to be aware of work happening nationally to see what NHS Fife could achieve.

The Committee **noted** the update.

6.3. Board Assurance Framework – Environmental Sustainability

10/20 Mr Fairgrieve presented the report, which provided an update to the Committee on Environmental Sustainability. The risk on legionella in Flexible Hoses within the site is to remain high. The Tower Block will remain a high risk, the main issue being is patients staying overnight in ward 13.

Questions were raised on who the risk liability should sit with in reference to flexible hoses, if it should be NHS Fife or the PFI, and why timescales for resolving were long. Mr Fairgrieve explained that, due to legal regulations, the risk would be held with NHS Fife; however, the PFI contractors have a duty to do the work as the concerns were raised from the Board. The company have put mitigation in place and are following a programme to complete the work; they have prioritised high risk areas and have been regularly monitoring areas. It is estimated that the work will be complete within a year and a half.

The Committee **approved** the update.

11/20 6.4. Annual Accounts - Progress Update on Audit Recommendations

Ms Potter presented the report, which provided an update to the Committee on progress in implementing the Annual Audit Recommendations for assurance purposes. This report has been presented to all governance committees. The Committee were directed to the Appendix 2 to review the actions relevant to the FP&R Committee.

The Committee **noted** the actions taken.

12/20 6.5. Public Private Partnership Performance Monitoring Annual Report 2018-19

Mr Fairgrieve presented the annual report to the Committee. It was explained that the report was provided for assurance purposes and that the next fiscal year should align better. These reports will be brought in future to the Committee in May/June.

The Committee **noted** the report.

13/20 6.6. Brexit

Ms Potter provided a verbal update on the current position of Brexit to the Committee. There were no updates to provide. It was advised that discussions took place at EDG on 13 January 2020 that this may be removed as a standing agenda item for Board Committees, due to the national situation. The UK Government and the Scottish Government have both stood down their emergency planning on Brexit.

7. PLANNING

7.1. Winter Performance Report

14/20 Ms Connor presented the Winter Planning Report to the Committee, highlighting that it covers the period 6 October 2019 to 1 December 2019, and invited Ms Olsen to provide an update to the current position from Acute.

Ms Olsen advised that Acute Services has had a challenging last few weeks, with occupancy at VHK ranging from 102% to 108%. There are inpatients staying overnight in some areas they should not be, such as the Day Surgery Unit. There have been concerns from this that staff are being worked too hard. At present they are looking at how staff can work more smartly and effectively together.

Work has been undertaken to identify how staff can work differently together. It has been noted that opportunities are being missed by focusing on waiting lists for downstream beds, as within this time some patients could be ready to go home. They are looking to increase the ICAS teams and reduce the numbers of

patients at the front door. There is a focus to reduce duplication of assessment and ensure patients are in the right place at the right time.

Ms Connor advised that the H&SCP are working closely with Acute to look at the complex needs in the service and aim to increase the use of the independent sector to provide stability. The Chief Executives (of NHS Fife and Fife Council) have committed to funding to place up to 30 additional patients into social care.

Work is also being undertaken to redesign the care at home available, to provide timely support, which should reduce occupancy and challenge delayed discharge. Two services will be added to this, which includes Fife Shopping and Help to Stay at Home, and these services will be an alternative to admissions. Ms Connor agreed to review the list.

The Chair advised that the chart on Page 4 of the report was not clear in highlighting what was said would be done and what has been done. It was recommended that the format of the report be reviewed for next year to improve clarity.

Dr McKenna noted that Winter Planning should work alongside the Transformation Programme Delivery, and it should be considered as an item for focus across the year.

The Committee **noted** the report.

7.2. Orthopaedic Elective Project

- 15/20** Ms Potter presented the paper, which provided an update to the Committee on the Orthopaedic Elective Project. It was advised that the Business Case submitted to the Scottish Government has been approved, but the Board are awaiting formal written confirmation of this.

The Committee were guided to the SBAR, which advised it is a requirement that Public Information Events are held to give insight on the building structure and appearance. Day and Night sessions are required and these will be held at the end of January into February 2020.

Estates are currently in discussion to secure planning for additional land for replacement car parking.

The Committee **noted** the update and progress with the project.

8. PERFORMANCE

8.1. Integrated Performance & Quality Report

- 16/20** M Olsen advised that there was no update to provide the Committee with in terms of Acute within the Integrated Performance & Quality Report, in addition to that discussed previously. They are awaiting the year-end position on TTG and Outpatients. There are still capacity issues, but the team are working to deal with that.

Ms Potter provided an update on the Capital and Revenue Position within the report. The Committee were guided to page 129 of the papers, which explained that the position until the end of November has plateaued. There have been challenges around the Social Care position and the connection between that and the capacity issues within Acute.

The Committee were referred to Table 5 & 6 within the report, highlighting some key financial details. NHS Fife this year are putting forward an optimistic position in their Financial Forecast to the Scottish Government. NHS Fife's forecast outturn is around £6.5m, which is largely due to the risk share. This figure does not take into account a number of possible offsetting benefits. The Scottish Government have confirmed they can transfer £1m from the sale of assets from NHS Fife's capital budget to the revenue position. NHS Fife is also looking at other options to improve the year-end financial position.

Ms Potter advised they have been working closely with Audit Scotland on how to address the challenge within the H&SCP budget, and conversations are taking place as to whether NHS Fife has to accept the full Risk Sharing overspend at 72%. If this does occur, it will increase the deficit by c.£4m.

Best case scenario is that the Board is looking at approximately a £5m overspend, and additional revenue support is being sought from SG to deliver against the financial targets by year end.

Ms Connor provided an update to the Committee on the Performance within H&SCP, and advised that delayed discharge is the sustained area of focus and actions are being taken forward to deal with delay. The trusted assessor model is being taken forward; however, there have been concerns raised by the care inspectorate on what is expected to be in place within care homes. Work is being done to enable this and help take the model forward. A financial recovery plan has been put in to help support the Integration Development Plan.

The Committee noted the report.

9. ITEMS FOR NOTING

9.1. Minute of IJB Finance & Performance Committee, dated 7 November 2019

17/20 The Committee noted the minute.

9.2. Minute of IJB Extraordinary Finance & Performance Committee, dated 2 December 2019

18/20 The Committee noted the minute.

9.3. Minute of Primary Medical Services Committee, dated 3 December 2019

19/20 The Committee noted the minute.

10. ISSUES TO BE ESCALATED

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

The Committee agreed to raise to the Board the ongoing challenges in meeting the waiting times targets for both Psychological Therapies and CAMHS, with performance in both services impacted by demand continuing to exceed capacity.

21/20 11. Any Other Business

None.

Date of Next Meeting: **10 March 2020** at 9:30am, in the Boardroom, Staff Club, Victoria Hospital

Staff Governance Committee

STAFF GOVERNANCE COMMITTEE
(Meeting on Friday, 17 January 2020)

Issues raised for escalation to the Board.

- Sickness Absence

The sickness absence rate for at 30 November 2019 was 5.57%. This is a decrease of 0.13% from the October 2019 rate and remains disappointing given managerial, OH, HR and staff side efforts to support a reduction in absence levels.

- The first six new Once for Scotland HR policies are being rolled out as part of a nationally agreed “soft launch” on 1 March 2020. As part of the launch, HR and Staff side colleagues will be involved in training managers and promoting access to the new Digital Platform with the policies and supporting materials. It is important that staff are enabled to attend this training.
- There is a recognition of the pressures all staff are facing due to service demands and the impact this can have on staff. Staff support is therefore very important.
- Consultant Recruitment – as at 30 November 2019, 44 substantive Consultant appointments had been made during 2019, in a variety of specialties.

**MINUTES OF THE STAFF GOVERNANCE COMMITTEE HELD ON FRIDAY 17TH
JANUARY AT 10:00AM IN THE STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY**

Present:

Mrs Margaret Wells, Non Executive Director (**Chairperson**)
Mr Eugene Clarke, Non Executive Director
Mrs Wilma Brown, Employee Director
Mrs Christina Cooper, Non Executive Director
Mr Alistair Morris, Non Executive Director
Mr Paul Hayter, Depute for Co-Chair, Acute Services Division LPF
Mr Simon Fevre, Co-Chair, Health & Social Care LPF
Mrs Helen Buchanan, Director of Nursing

In Attendance:

Mrs Rhona Waugh, Head of HR
Mr Bruce Anderson, Head of Staff Governance
Ms Morag Olsen, Interim Chief Operating Officer (for Acute Services)
Mrs Nicky Connor, Director of Health & Social Care
Mrs Carol Potter, Director of Finance, Deputy Chief Executive (observing)
Mrs Helen Bailey, PA to Director of Workforce (minute taker)

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

01/20	CHAIRPERSON'S WELCOME AND OPENING REMARKS	
--------------	--	--

The Chair welcomed everyone, in particular Alistair Morris, Non Executive Director to his first meeting, Morag Olsen, Interim Chief Operating Officer, Acute Services and Carol Potter, Director of Finance/Deputy Chief Executive, as an observer.

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.

02/20	APOLOGIES FOR ABSENCE	
--------------	------------------------------	--

Apologies were received from members Paul Hawkins, Andy Verrecchia (Paul Hayter deputising), Linda Douglas and Gillian MacIntosh.

03/20	DECLARATION OF MEMBERS' INTERESTS	
--------------	--	--

None.

04/20	MINUTES OF PREVIOUS MEETING HELD ON 1ST NOVEMBER 2019	
--------------	---	--

Mr Fevre requested that the words “regular attendee” be removed from the apology list at Ellen Ryabov’s name.

Mrs Wells requested the rewording of the 2nd paragraph reflecting the meeting not being quorate to “It was noted that the meeting was not quorate”. Given the above, Mrs Brown requested for homologation that the minutes of the meeting held on 30th August 2019 be circulated for approval.

HB

05/20 ACTION LIST

Mrs Wells reported that all actions are completed or on the agenda.

Regarding Item 105/19 on the Action List Mrs Buchanan gave a verbal update, reporting that the first eHealth BAF has been developed and was presented at Clinical Governance yesterday taking the action forward.

Regarding Item 106/19a on the Action List, Mrs Waugh gave an update on the Acute absence performance and audit report findings, the acute trend information is attached to the absence report and a verbal audit update will be provided under this item.

06/20 MATTERS ARISING

None.

6.1 Staff Governance Role & Remit

Mrs Wells had asked Ms MacIntosh to revise the Role & Remit following the confusion of the quorum at the meeting on 01.11.19. Mr Anderson talked the Committee through the tracked changes.

Mr Clarke referred to Item 4.3 on the Role & Remit and stated it should read that papers are sent out five clear “**working**” days. Mrs Potter stated that the terminology would be consistent with other Board Committees and that there is ongoing national work to issue a set of Standing Orders with templates for Boards to adopt. Ms MacIntosh will be progressing this for the Board.

GM

Mr Fevre raised concerns that the membership of this Committee are being treated differently in that staff side have to have a nominated deputy but Non Executive Directors do not, highlighting the capacity issues faced by staff side colleagues. Mrs Wells stated this was a fair point, but this was not being proposed as an amendment at this time and referred to the national work around this, which led to a lengthy discussion around this. Mr Fevre stated he wanted a firm commitment that this be looked at in March or May 2020.

Mrs Wells stated that she noted the point and this would be reviewed. Mrs Connor and Mr Fevre will review, through the LPF, the availability

**GM
NC/SF**

of staff side to attend committee meetings / support partnership activities.

The Committee **agreed** the tracked changes to the Role & Remit for quorum purposes, however, Mr Fevre requested it be noted that he did not approve the Role & Remit.

07/20 GOVERNANCE

7.1 Board Assurance Framework (BAF) – Staff Governance Risks

Mrs Waugh spoke to the updates, which reflected the change to the implementation of the workforce strategy and to now add the disbandment of the Brexit Assurance Group. The main focus was the linked risk, which is the high risk relating to our inability to recruit to Consultant Radiologist posts. Mrs Waugh and Ms Olsen gave an update reflecting on the continuing actions on this recruitment.

The Committee **noted** the content and **approved** the risk ratings of the BAF.

7.2 HR Policy Update

Mr Anderson gave an update on NHS Fife activity and development of HR Policies including the update of policies, soft launch of Phase 1 of the Once for Scotland Workforce Policies Programme, the communication strategy and workshops.

Mrs Waugh referred to the new digital platform and suggested the link is sent to Committee members as it is a vast improvement in terms of accessibility to staff, HR colleagues and management. Mr Anderson pointed out that it is still currently in test mode.

BA

Mr Clarke asked about eHealth currently pursuing other software that could perhaps link to this, Mr Clarke will find out more about this.

EC

Mrs Cooper welcomed this piece of work but stated that staff need to be aware of changes and given time to look at it.

Mrs Brown stated this was a vast training programme in addition to day to day work and sought assurance from the Committee that this was a priority and resources be brought in, if necessary, to deliver the required training in partnership.

The Staff Governance Committee **noted** the work undertaken by the HR Policy Group in developing and maintaining HR Policies and will escalate the training requirements.

MW

7.3 Brexit

Mrs Waugh referred to the letter from Scottish Government advising Boards that Brexit contingency arrangements were to be stood down and reiterated that staff support is still being provided by NHS Fife

where necessary.

7.4 Annual Accounts – Progress update on Audit Recommendations

Mrs Potter gave an update on the overview of the recommendations emerging from the Internal Audit Annual Report and the Audit Scotland Annual Report of 2018/19 which has been presented to all governance committees.

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

7.5 Staff Governance Standard Monitoring Return 2018/19

Mr Anderson reported that every year we are required to submit a monitoring return in relation to our Staff Governance performance, Scottish Government then provide a response, usually after the Annual Review, we are then required to provide feedback on that report.

The Committee **noted** the monitoring return feedback response.

7.6 Health and Care Staffing Act (2019)

Mrs Buchanan gave an overview on this Act including the development session on 9th December 2020, the work being progressed throughout NHS Fife and the work being carried out to ensure that the Board meets its duties in relation to safe staffing legislation. A Safe Staffing Steering Group has been set up by Mrs Buchanan to oversee work on workload tools, escalation and risk assessment, nursing and midwifery recruitment and supplementary staffing. Mrs Buchanan referred to ongoing work with the universities, new Mental Health student nurse training at Fife Campus, Modern Apprenticeships, student nurses doing their Masters and Return to Practice, Flying Start Programme and the use of mentors.

Mrs Wells gave credit to all involved with this work.

Mrs Brown acknowledged the work being done and asked if overseas recruitment of experienced nurses was being considered, as this had been a successful approach taken by other Boards. Mrs Buchanan and Mrs Waugh stated that work was ongoing looking at recruitment packs and highlighting the attractions of living and working in Fife.

Mrs Fevre stated that we need to engage other professionals to get involved with this. Mrs Buchanan will discuss this with Ms Douglas.

HB

The Committee **noted** the update on ongoing work and work to address the requirements of implementing the Health and Care Scotland Staffing Act (2019).

08/20 PERFORMANCE

8.1 Attendance Management Update

Mrs Waugh referred to the update and the data provided by Tableau, reflecting not much change in the Board rate from 5.8% in October to 5.57% in November 2019, which is a slight reduction. Data was provided by divisional area, by job family, by duration and age demographics and reasons for absence.

Tableau is being rolled out to managers to be able to drill down to hot spot and priority areas and also be used at Review and Improvement Panels.

Acute Services Division trends were plotted, showing a few months of hotspots where the rate was over 6%, with reduction in November 2019. Long term sickness absence forces the trend within Acute Services.

The Committee was advised that a taskforce group promoting attendance is being established which will be chaired by Mr Hawkins, Chief Executive. This initiative is welcomed by the Committee.

Mr Clarke thanked Mrs Waugh for the data and asked how NHS Fife compares with other Boards. Mrs Waugh clarified this information is published monthly to Boards for comparison. NHS Fife colleagues are in discussion with other Boards for any learning opportunities around this agenda.

Mrs Cooper welcomed the clear format of this and queried the use of “unknown causes” being used on Page 7, Mrs Waugh clarified that part of that was in relation to the system for recording staff absence, Mrs Wells asked for this to be addressed.

RJW

Mrs Brown referred to musculoskeletal issues and suggested a deeper drill down with drop down box identifying part of body affected, e.g. neck, shoulder, etc. Mrs Waugh agreed to review hot spot areas.

RJW

The Committee discussed the challenges of staff feeling undervalued, staff shortages, recruitment difficulties, etc. Committee members also reflected on the value of resilience, leadership, iMatter, staff having breaks and prioritising initiatives.

Mrs Wells requested Mrs Potter to take to EDG for discussion quantifying the impact of Scottish Government initiatives on NHS Fife and Ms Douglas to review the discussion and ideas put forward at this meeting.

CP

LD

The Committee **noted** the position in relation to sickness absence.

8.2 Well at Work

Mrs Waugh referred to the detailed report and drew attention to the Culture of Kindness Conference taking place on 19th May 2020 and encouraged members to attend. Mrs Waugh reported that NHS Fife colleagues, including Dr Wendy Simpson presented on behalf of NHS Fife at the NHS Scotland Staff Wellbeing Conference in November 2019, this was well received, with good feedback.

Mrs Wells requested thanks and congratulations be passed to those involved. The Committee **noted** the ongoing activities in terms of Well at Work.

8.3 Core Training Update

Mr Anderson pointed out a typo on Page 1 of the SBAR under Core Training Activity Summary, 2nd paragraph, 1st line – should read “ending 31st October 2019 is **78%**”, not ending 31st May 2019.

Mr Anderson reported 78% compliance, which is an increase of 6%. Mr Anderson spoke to the report and the national progress.

Mrs Brown welcomed the compliance increase but raised concern at areas of life support, health and safety and violence & aggression in Acute Services. Mrs Connor reported ongoing work around life support. Members discussed the digital transformation and core skills provision. It was suggested Lesly Donovan attend this meeting to give us an update.

BA

The Committee **noted** the performance in Core Skills training activity and the improved compliance position.

8.4 Integrated Performance & Quality Report

Members identified the areas already discussed in the meeting's agenda that require highlighting to the Board, namely sickness absence performance.

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

09/20 STAFF GOVERNANCE STANDARDS

9.1 Improved and Safe Working Environment

Mr Anderson updated the Committee on Violence & Aggression management report, showing a broad improvement in Acute Services, reduction in physical assaults. Within the H&SC Partnership, the position has increased and this is mainly attributed to the nature of learning disability conditions, which is being managed. The frequency of reporting is now compliant.

Mrs Connor assured the Committee there was detailed work ongoing to support this.

It was agreed that written updates would be brought to future meetings of the Committee.

Mrs Wells thanked Mr Anderson and Mrs Connor for the verbal update

10/20 10.1 Workforce Strategy Update

Mrs Waugh referred to the report and the requirement to change our planning cycle in relation to publication of the NHS Fife Workforce Strategy in line with this new workforce planning guidance. An update on the Action Plan for NHS Fife will need to be provided in terms of the workforce strategy content, taking account of the Annual Accounts Audit Recommendations and the Workforce Strategy Group Terms of Reference will also require to be updated.

The Committee **noted** the content of this paper and the revised three year publication cycle for NHS Fife's Workforce Plan.

10.2 Consultant Recruitment Update

Mrs Waugh referred to the report detailing the statistics and highlighted the difficulties of recruiting consultants in specific areas and work ongoing to address this. Mrs Waugh reported on successful recruitment with 44 new consultant appointments during 2019.

The Committee **noted** the content of the report and the position during 2019.

11/20 ITEMS FOR INFORMATION / NOTING

- Minutes & Action List of the APF (20.11.19)
- Minutes of Acute Services Division & Corporate Division LPF (31.10.19)
- B14-20 Fire Safety Follow Up

These items were **noted**.

12/20 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:

- Sickness Absence
- Staff Training/Digital Platform training/enabling staff to attend training
- Pressures staff feeling and demand on all staff
- Recruitment - 44 substantive Consultant appointments made during 2019.

**MW /
LD**

13/20 ANY OTHER BUSINESS

Nothing to report.

14/20 DATE OF NEXT MEETING

Friday 6th March 2020 at 10:00 am in Staff Club, VHK.

Communities and Wellbeing Partnership: Chair and Committee Comments

COMMUNITIES AND WELLBEING PARTNERSHIP (Meeting on 2 December 2019)
No issues were raised for escalation to the Board

COMMUNITIES & WELLBEING PARTNERSHIP MEETING**Tuesday 2 December 2019: 2.00pm – 4.00pm****Fife House, Glenrothes****MINUTES OF MEETING**

- Present:** Judith Allison, Manager, Youth 1st (JA)
 Ruth Bennett, Health Promotion Manager, Health & Social Care Partnership (RB)
 Emma Broadhurst, Team Manager (Active Communities), Fife Council (EB)
 Archie Campbell, WEA (AC)
 Nicky Connor, Director of Health & Social Care (NC)
 Mike Enston, Executive Director, Communities, Fife Council (ME)
 Cllr Fiona Grant, Fife Council (FG)
 Janice Laird, Community Manager (North East Fife), Fife Council (JL)
 Dona Milne, Director of Public Health, NHS Fife (co-chair) (DM)
 Nina Munday, Manager, Fife Centre for Equalities (NM)
 Kenny Murphy, Chief Executive, Fife Voluntary Action (KM)
 Tricia Spacey, Team Manager, Safer Communities, Fife Council (TS)
 Jo-Anne Valentine, Public Health Manager (Health Improvement), NHS Fife (JAV)
 Margaret Wells, NHS Fife Board (MW)
- Attending:** Bella Brown (minutes) (BB)
 Kirsteen Durkin, Cycling Development Officer, Fife Council (KD)
 Anne-Marie Fleming, Corporate Development Officer, Fife Council (AMF)
 Gill Musk, Policy Officer, Fife Council (GM)
- Apologies:** Cllr Lesley Backhouse, Fife Council (LB)
 Cllr Judy Hamilton, Fife Council (co-chair) (JH)
 Ray McCowan, WEA (RMCC)
 Karen Taylor, Partnerships & Creative Development Manager, Fife Cultural Trust (KT)
 Heather Tytler, Area Manager, Skills Development Scotland (HT)
- Did not attend:** Lynn Gillies, Service Manager (Family Support), Fife Council
 Chris Mutter, Sergeant, Police Scotland
 Rona Weir, Education Officer, Fife Council

Item		Action
1	Welcome and introductions DM welcomed everyone to the meeting and asked all present to introduce themselves. Apologies were noted. DM advised that Nicky and Margaret would join the meeting late.	
2	Note of last meeting Minutes of the meeting on 16 th September 2019 were agreed as an accurate record. <u>Matters arising</u> Agenda Item 3a – Thriving Places Social isolation: TS, RB and JAV had met and started work. KM to join next meeting. Agenda Item 3b – Community Led Services KM and DM noted interest in participating in the PB Officers Group. Coryn Barclay is the lead for this work.	

	<p>Agenda Item 5 – CLD Plan monitoring</p> <p>Of the three previously red-flagged items, two are now at amber:</p> <ul style="list-style-type: none"> • Future priorities for youth work – work is under way, dates are agreed and actions are to be complete by April 2020. • Young people's learning achievements – an updated monitoring return was circulated. Group members have been identified and a date set for an initial meeting in January. <p>The third item around family learning is still red-flagged pending outcome of decisions on proposed savings.</p> <p>DM highlighted the discussion at Fife Partnership Board on the importance of youth work in prevention, which had been endorsed by partners.</p>	
<p>3</p> <p>3a</p>	<p>Thriving Places theme</p> <p>Physical activity (presentation)</p> <p>DM noted that this would be EB's last meeting as she is leaving Fife Council.</p> <p>EB gave a presentation on Getting Fife Active (circulated with minutes). This was well received, and discussions took place during and after. Points raised included:</p> <ul style="list-style-type: none"> • significant impact that walking has had on raising physical activity levels in Fife, including in most deprived areas, and potential for further development • need for some supporting infrastructure if volunteer-led clubs are to be sustained • importance of good governance, support, training and information for volunteers • success of including physical activity in diversion activities with young people • physical activity and poverty – some work has been done with clubs to make activities accessible, and this is being built into Cost of the School Day work • need to promote physical activity as integral to daily life and not an add-on. <p>A request was made for walking figures to be broken down further. EB to explore.</p> <p>A draft physical activity, sport and leisure strategy is being developed, to be ready for consultation from March to May 2020.</p>	<p>EB</p>
<p>3b</p>	<p>Social prescribing</p> <p>JAV introduced this paper and invited comments. The following points were raised:</p> <ul style="list-style-type: none"> • Jacqui Stringer's evaluation of work in Fife has gone to H&SCP Senior Leadership Team; more information has been requested • need for specialist advice link workers, in addition to social prescribing, in deprived areas (as shown by Deep End work) • duplication - FG highlighted the range of models in place in a single GP practice, all with slightly different referral criteria • quality of information - currently no single source of information or effort to join up databases. Risk that information is outdated, e.g. On Your Doorstep (NB H&SCPs are now being required to help populate a National Services Directory) • would there be value in a 'rapid prototyping' to test the field? • evidence shows that a one-to-one relationship and supporting people to appointments (rather than just referring) is most effective • NC noted that the definition should reflect more than just 'referral' – what is the essence of the evidence-based outcome we want to achieve? Include something about the relationship and support to enable people to engage? • some services not geared up to support people with different access / communication needs. <p>Working group to continue discussion and bring back results to the partnership.</p>	<p>JAV</p>
<p>4</p>	<p>Public Health Priority 6 – Scottish Directors of Public Health Position Statement</p>	

	<p>DM introduced the paper and asked the group to consider whether there might be scope to use Public Health Priority 6 as a banner to bring together the range of work going on in Fife around food and physical activity.</p> <p>EB highlighted the importance of how we plan spaces, so that people can walk, cycle etc.</p> <p>RB noted that an initial mapping of groups showed inconsistency of messages around food and physical activity.</p> <p>DM emphasised the need for all our work to be based on evidence and on the needs of communities. She suggested there be common evaluation methods and approaches, with light-touch but consistent reporting.</p> <p>Arrangements for reporting on the Public Health Priorities will follow, after creation of the new Public Health Scotland body. The Priorities fit with the Plan for Fife and Fife Partnership Board will take the role of the local Public Health Partnership.</p> <p>The direction of travel was broadly welcomed. A clearer view of possible structure and delivery arrangements to be presented at a future meeting.</p>	DM
5	<p>Opportunities for All theme discussion report</p> <p>GM provided some background to the briefing paper which had been circulated. There is an opportunity for partners now to influence the content of the Opportunities for All theme discussion report before it goes to Fife Partnership Board in February, building on previous discussions about gaps under the health ambition.</p> <p>NC and DM have agreed to take joint delivery lead responsibility for this ambition.</p> <p>AMF is coordinating production of the report and circulated the report template (attached with minutes).</p> <p>ME noted that actions in the Plan for Fife can be changed at any time; focus areas and ambitions can be changed every 3 years. The first 3-year review starts next year.</p> <p>NC emphasised that this was a great opportunity to shape and take forward this area of work.</p> <p>Members agreed that the focus area and actions as they stand are too narrow. However, they need to be seen in the context of the whole Plan for Fife and should not be broadened so much that they become unfocused.</p> <p>After some discussion the group agreed that partnership action(s) on Public Health Priority 6 and on mental health and wellbeing should be included in the Plan for Fife and so should be noted in the sections 'What's missing?' / 'What should we do next?' of the discussion report.</p> <p>The importance of making links to other parts of the Plan for Fife, e.g. in relation to social determinants and to culture change, was highlighted.</p> <p>Partners are invited to make any further contributions to the discussion report – contact anne-marie.fleming@fife.gov.uk.</p>	<p>NC/DM</p> <p>All</p>
6	<p>State of Fife indicators</p> <p>DM invited comments on the broad set of long-term indices which had been developed.</p> <p>It was suggested that there should be an additional indicator around 'how people feel'. This may link to work happening nationally on wellbeing. Nicola Sturgeon's TED Talk - https://www.ted.com/talks/nicola_sturgeon_why_governments_should_prioritize_well_being/transcript?language=en. – was highlighted.</p> <p>As there was insufficient time to discuss the indicators fully DM asked members to contact her with any other feedback within 2 weeks.</p>	All

7	Partnership work programme A draft work programme had been sent out with the agenda. GM asked that members advise her of any changes or additions. The physical activity, sport and leisure strategy will come to the partnership before it is finalised in June.	All
8	AoB DM noted that Communities & Wellbeing Partnership had been operating in its current form, co-chaired by DM and JH, for over a year. She would now like to speak with members individually about its role and how we could improve as a partnership. All are invited to contact Dona direct.	All
9	Date of next meeting The next meeting of the Communities & Wellbeing Partnership will be held in March 2020 – date to be confirmed.	

EAST REGION PROGRAMME BOARD

(Meeting on 8 November 2019)

No issues were raised for escalation to the Board.

Minutes

Meeting: East Region Programme Board
Date: Friday 8th November, 11.00am – 1.00pm
Location: Fettes Suite, SHSC, Crewe Road South, Edinburgh

Present:	
T Davison	Chief Executive, NHS Lothian/Regional CE Implementation Lead (<i>Chair</i>)
N Berry	Director of Nursing, Midwifery and Acute Services, NHS Borders
J Butler	HR Director, NHS Lothian
L Douglas	Director of Workforce, NHS Fife
T Gillies	Medical Director, NHS Lothian
J McClean	Acting Director of Regional Planning, East Region
C McKenna	Medical Director, NHS Fife
B A Nelson	Director of Workforce, NHS Fife
D Phillips	Regional Workforce Planning Director, East Region
C Sharp	Medical Director, NHS Borders
J Smyth	Director of Strategic Change & Performance, NHS Borders
J Stephen	Head of IM&T, NHS Borders (by VC)
N Waters	Programme Director – Prevention and Reversal of Type 2 Diabetes, East Region
In Attendance: Michael Paterson, Project Support Manager, South East Scotland Cancer Network (<i>Minutes</i>)	
Apologies for absence were received from: John Cowie, Carol Gillie, Ralph Roberts, Paul Hawkins, Wilma Brown, Carol Potter, Alison McCallum, Jim Crombie, Susan Goldsmith, Alex McMahon, Allister Short, Robert McCulloch-Graham, Ellen Ryabov, Alison MacDonald	

1.	Welcome and Apologies T Davison welcomed everyone to the meeting and apologies were noted.	
2.	Notes of Previous Meeting held on 16th August 2019 The Group agreed the minutes as an accurate record from the previous East Region Programme Board (ERPB) meeting held on 16th August 2019.	
3. 3.1	Matters Arising: <i>Oral Medicine</i> T Gillies provided a verbal update on recent discussions held within NHS Lothian in relation to optimising limited Oral Medicine workforce, advising that referral routes and pathways are being reviewed with patients directed to the most appropriate clinical team. The impact of this change will be monitored locally with any regional issues to be brought back to ERPB.	TG
3.2	<i>Haematology Workforce</i> T Gillies advised that this item had been discussed at the preceding Regional Cancer Advisory Group with the workforce issues in NHS Borders and NHS Fife now stabilising, with successful recruitment to vacancies. C McKenna confirmed that NHS Fife has appointed two Haematologists and this will provide stability for the service. ERPB noted the update and agreed that the Medical Directors would maintain oversight of the workforce position.	
4.	Update from Preceding RCAG J McClean provided an update on the main issues from the preceding Regional Cancer Advisory Group: <ul style="list-style-type: none"> • RCAG had discussed the Independent Advisory Group - NHS Tayside Breast Cancer report, noting that a national group has been established to implement the 19 recommendations in the report. SCAN representation on the Group is being finalised. • NHS Dumfries & Galloway has formally advised of their strategic intent to move cancer pathways from SCAN to the West of Scotland Network. It is expected that the detailed planning required to plan, model and implement this change will take some time and involve close working with both SCAN and West of Scotland. • Cancer waiting times were discussed with the increasing challenges noted in meeting the 62 day target across Scotland. • The HIS Review of QPIs had taken place at the end of August with the draft report still awaited. Initial verbal feedback had been very positive. 	
5.	Regional Perinatal Mental Health Services J McClean spoke to the previously circulated paper which provided a comprehensive update on regional and national work underway, acknowledging the work of the Regional Mental Health Project Manager, Dan Isaac, in compiling the report. J McClean confirmed that the Regional Perinatal Mental Health Group meets regularly with representation from clinical and managerial colleagues from the participating Boards – NHS Lothian, Fife, Borders, Highland and Tayside. A priority for the group has been collating and analysing activity data for the Regional In-patient Mother and Baby Unit at St John's Hospital, including lengths of stay, trends, access and activity levels. Further work with a senior	

	<p>data analyst is underway to establish a regional dashboard which can be shared with all Boards and inform future work.</p> <p>The review of the In-patient Unit workforce model has now been completed following conclusion of the linked NHS Lothian review of its Community-based service, with the staffing costs for the Unit remaining within the existing financial envelope. Costs are managed through an agreed regional financial framework.</p> <p>J McClean advised that following publication of the Needs Assessment for Perinatal Mental Health Services, <i>Delivering Effective Services</i>, Scottish Government committed £50m to support service improvements in this area, however clarity is still awaited on how this level of funding will be allocated. Scottish Government has advised that the first tranche of money will be to support additional in-patient staffing in the 2 Mother and Baby Units (St Johns and Glasgow), with the East Region preparing a submission as highlighted in the circulated paper. It was noted that East Region had proposed that in-patient staffing and community staffing should be looked at together as there may be opportunities to develop posts which deliver care across both areas, however SG had confirmed that only in-patient staffing would be considered in the first tranche.</p> <p>J McClean drew attention to the assumption from SG that the funding will only be confirmed as recurring till 2020/21, therefore Boards should note the potential requirement to meet an increase in costs regionally. The ERPB confirmed support for the additional MBU staffing proposal as outlined for submission to SG.</p> <p>It was noted that SG had accepted a recommendation from the National Perinatal Network that an additional 2-4 in-patient beds are required in Scotland to meet demand, however this assertion has been made without assessing the impact of establishing comprehensive specialist community-based services which may negate the need for additional in-patient beds. Representatives from East Region have highlighted the need to undertake further modelling work in relation to this and have offered to share the experience and learning from previous CAMHS work undertaken in this vein.</p> <p>J McClean added that the Regional Perinatal Mental Health Group have confirmed the need to work collaboratively on the development of community based services in Boards, recognising that there are opportunities for regional roles, particularly for the more specialist roles which smaller Boards may not be able to support. This work will commence in early 2020.</p> <p>C Sharp commented that the approach being proposed was pragmatic and as a smaller Board, NHS Borders would likely seek support for existing mental health team members from specialist Perinatal Mental Health roles. C Sharp also supported further work to model the impact of community based services on the need for in-patient beds.</p> <p>The ERPB supported the recommendations in the paper and agreed to receive further updates following allocation of funding.</p>	JMcC
6.	<p>Review of Cross Boundary Flow</p> <p>J McClean spoke to the previously circulated paper which detailed a high level analysis of out-patient referrals to NHS Lothian over the last 3 years. This review had been undertaken in response to concerns that there was an increase in referrals to NHS Lothian with a resultant impact on pre-existing challenges with capacity and ability to meet waiting times guarantees.</p>	

	<p>The review confirmed that there had been an increase in the number of referrals from NHS Fife and Borders across a range of specialties - both tertiary specialties and specialties which are provided in all Boards. It was acknowledged that further more detailed analysis would be required in order to understand if all the referrals were appropriate or not.</p> <p>J McClean noted that some of the increase may be due to change in demographics and increase in demand and suggested that this should be an opportunity for all Boards to review protocols and pathways and their effectiveness.</p> <p>An analysis of the source of referrals indicated that circa 40% of non-Lothian referrals are from NHS Lothian Consultants to NHS Lothian Consultants, with patients being onward referred for a further consultation. This was a similar finding to a review of referrals undertaken in 2014, highlighting a need to introduce a mechanism to support referral management.</p> <p>C Sharp noted that this was a helpful piece of work and added that NHS Borders are currently working on demand management and pathways so, where appropriate, patients are referred back to NHS Borders for treatment.</p> <p>C McKenna advised that NHS Fife are also reviewing referral pathways and are keen to repatriate patients who do not require treatment in the tertiary centre.</p> <p>T Gillies agreed with the principle to provide care closer to home where possible and suggested picking one speciality, such as Urology, to review in detail rather than the process as a whole.</p> <p>Following discussion it was agreed that the Medical Directors would review referrals to Urology in NHS Lothian with an update to be brought to the next meeting for further discussion.</p>	Medical Directors
7.	Regional Work Programme	
7.1	<p><i>Regional Transformation Fund Profile</i></p> <p>J McClean spoke to the previously circulated paper which set out the commitments for 2019/20 from the Regional Transformation Fund at £3.28m.</p> <p>An initial assessment of 2020/21 commitments are circa £2.5m, however confirmation of an allocation beyond 2019/20 is awaited.</p> <p>J Butler confirmed she is content with the proposals in the paper however the level of risk should also be noted by Boards should further funding not be forthcoming.</p> <p>Following discussion, T Davison proposed that East Region should support the proposed prioritised funding plan for 2020/21 and accept the risk and urged all Boards to remain engaged with regional applications for funding.</p>	
7.2	<p><i>Mid-Year Review of Work Plan</i></p> <p>The East Region Work Plan was circulated to the group prior to the meeting and J McClean summarised the work streams contained in the work plan, highlighting some of the changes since the last update:</p> <p><i>Laboratory Medicine:</i> The national Labs programme has been refocussed under the chairmanship of Paul Hawkins, with a need to review the regional</p>	

	<p>element of Labs transformation opportunities.</p> <p><i>Radiology:</i> Regional opportunities have been identified and phase 2 of the radiology business case is coming forward nationally. An agreement on how proposals will be planned will be presented to a future ERPB.</p> <p><i>Children & Young People:</i> J McClean noted capacity challenges leading to less progress being made.</p> <p>J McClean also highlighted several work streams noted through horizon scanning which included:</p> <ul style="list-style-type: none"> • Thrombectomy • Best Start Maternity and Neonatal Services • Cardiology • Female Forensic Mental Health <p>T Gillies advised that a Regional Cardiology workstream has commenced under her chairmanship. J McClean agreed to meet with T Gillies separately to discuss the governance arrangements and workplan.</p> <p>ERPB members noted the update.</p>	
8.	<p>Work Programme Updates</p> <p><i>Diabetes Programme – Prevention and Reversal of T2 Diabetes</i></p> <p>N Waters provided a comprehensive update on the programme including:</p> <ul style="list-style-type: none"> • Attendance at the forthcoming Board Chief Executive meeting to present on the diabetes programme • update on project staffing with appointments to Project Support Officer, Project Management and Programme Manager roles • expansion of weight management services • Scoping of recently published National Standards for Children & Young People weight management <p>T Davison noted progress towards the implementation phase and the significant progress this programme has demonstrated.</p> <p><i>Ophthalmology Programme Update</i></p> <p>J McClean advised that there had been good progress with finalising agreement on the service model between NHS Borders and Lothian and advised that the implementation had now been handed over to the Boards. Interviews are being arranged for 3 Consultant posts in December with a joint interview panel planned.</p> <p>Clinical Viewer is being introduced to manage a range of patients within community services meaning not all patients will require ongoing acute hospital review.</p> <p>The introduction of Tele-ophthalmology is progressing which will support out-of-hours services in the first instance, although progress is slower than hoped due to eHealth capacity. The Scottish Access Collaborative has expressed an interest in working with the East on developing this approach further with initial discussions underway on the potential.</p> <p>T Gillies provided an update regarding IVT treatments, advising that the Scottish Medical Directors would be discussing the approach given the current judicial challenge in relation to prescribing options.</p> <p><i>Laboratory Medicines</i></p> <p>This item was covered under item 7.2 Review of Work Plan</p>	

	<p><i>eHealth</i> J Stephen stated that NHS Borders are early implementers for the Office 365 pilot and will share learning. Service Now is now live between boards with a request for any feedback on experience to be sent to Jackie following the meeting.</p> <p><i>Regional Innovation Programme</i> T Gillies reported that the regional innovation programme office has been established to support innovation and research & development infrastructure.</p> <p><i>HR/Workforce</i> J Butler advised that the Regional Staff Bank work stream will be reviewed with a view to assessing viability of a regional approach. J Butler confirmed that a regional approach would bring significant financial savings for NHS Borders as it would reduce the reliance on agencies and provide a bigger pool of available staff.</p> <p><i>Finance</i> J McClean reported that a single employer multi-base service model has been agreed for Boards participating in the East Coast Pay Roll consortium, with NHS Lothian and NSS expressing interest in hosting the service. An external panel will consider and agree the preferred host Board in December with the subsequent business case and consultation to follow.</p> <p><i>Realistic Medicine</i> T Gillies reported that a three board meeting was held on 20 September to review realistic medicine prescribing. Discussion revolved around decisions not to start treatment due to frailty, osteoporosis treatment, anti-psychotic medication and waste in care homes.</p> <p><i>Regional Trauma Network</i> A highlight report was circulated for information.</p>	
9.	<p>Regional Capital Development Programmes <i>RHSCE/DCN Reprovision</i> T Davison advised that NHS Lothian now has more clarity regarding the additional remedial work to be carried out leading to the building being occupied.</p> <p><i>Regional Cancer Centre Reprovision</i> T Davison noted this item was also discussed at the Regional Cancer Advisory Group and the aim is for the Initial Agreement to be submitted to SG in Spring 2020.</p>	
10.	<p>Update From NSD and National Planning An update paper on NSD and National Planning work streams was circulated to the group prior to the meeting.</p>	
11.	<p>Update From Boards No additional updates were noted.</p>	
12.	<p>Any Other Business T Davison noted that this was Barbara Anne Nelson's final East Region Programme Board meeting and thanked her for her significant contribution to regional work in her NHS Fife role, wishing her well in her retirement.</p> <p>J McClean thanked her particularly for her professional support to the</p>	

	Regional Planning Team over the years, acknowledging the complexities of cross Board working.	
	Date, Time and Venue of Next Meeting: Friday 31 January 11:15am – 1:15pm, SHSC	

DRAFT

FIFE HEALTH & SOCIAL CARE PARTNERSHIP

(Meeting on 25 October 2019)

No issues were raised for escalation to the Board.



UNCONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD ON FRIDAY 25 OCTOBER 2019 AT 10.00 AM IN CONFERENCE ROOMS 2&3, GROUND FLOOR, FIFE HOUSE, NORTH STREET, GLENROTHES, KY7 5LT

Present	<p>Councillor Rosemary Liewald (Chair)</p> <p>Christina Cooper (Vice Chair)</p> <p>Fife Council, Councillors - Tim Brett, David Graham, Fiona Grant, David J Ross, Tony Miklinski and Jan Wincott - Fife Council</p> <p>NHS Fife, Non-Executive Members – Dr Les Bisset, Margaret Wells, Martin Black, Eugene Clarke</p> <p>Chris McKenna, Medical Director, NHS Fife</p> <p>Helen Buchanan, Nurse Director, NHS Fife</p> <p>Wilma Brown, Employee Director, NHS Fife</p> <p>Debbie Thompson, Joint TU Secretary</p> <p>Ian Dall, Chair of Public Engagement Network</p> <p>Kenny Murphy, Third Sector Representative</p> <p>Morna Fleming, Carer Representative</p> <p>Paul Dundas, Independent Sector Representative</p>
Professional Advisers	<p>Nicky Connor, Interim Director of Health and Social Care/Chief Officer</p> <p>Audrey Valente, Chief Finance Officer</p> <p>Kathy Henwood, Chief Social Work Officer, Fife Council</p> <p>Lynn Barker, Associate Nurse Director</p>
Attending	<p>Paul Hawkins, Chief Executive, NHS Fife</p> <p>Steve Grimmond, Chief Executive, Fife Council</p> <p>David Heaney, Divisional General Manager (East)</p> <p>Julie Paterson, Divisional General Manager (Fife Wide)</p> <p>Dona Milne, Director of Public Health</p> <p>Helen Hellewell, Associate Medical Director, NHS Fife</p> <p>Scott Garden, Director of Pharmacy & Medicine, NHS Fife</p> <p>Norma Aitken, Head of Corporate Services</p> <p>Wendy Anderson (Minute)</p>

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

1	PERSON STORY	
----------	---------------------	--

The Chair introduced Belinda Morgan, Gavin Smith and Gareth Allenby who gave a presentation on the Homeless Intervention Project. This detailed how this collaborative project with Shelter worked and the benefits this offered to people.

Questions followed the presentation on funding, cost benefits and the use of lived experience to shape how the project works.

The Board thanked staff for their informative presentation.

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 advised that Nicky Connor had been successful in being appointed to the permanent role of Director of Health and Social Care and the Board joined the Chair in congratulating Nicky in her appointment.

The Chair advised that Councillor Tony Miklinski is attending his final meeting as an IJB member and is being replaced by Councillor Dave Dempsey. The Chair thanked Tony for his contribution to the partnership since becoming an IJB member in May 2018.

On Friday 20 September 2019 over 100 people attended the 2019 NHS Fife Achievement Awards, held in partnership with UNISON Fife Health Branch and the Royal College of Nursing, at the Bay Hotel in Kinghorn. The Chair passed on the congratulations of the Board to the following:-

Volunteer Award: David Jack (Volunteer – Ward 6, Queen Margaret Hospital)
 Support Services Award: Louise Berry (Orthotics Administrator)
 Allied Health Professional Award: Karen Mellon (Highly Specialist Podiatrist)
 Nursing & Midwifery Award: Evie Maxwell (Team Leader)
 Primary Care Award: Dr Gerald Burnett (GP)
 Doctor Award: Dr Kim Steel (Consultant in Palliative Medicine)
 Top Team Award: Levensdale Team, Lynebank Hospital
 Outstanding Member of Staff Award: Fiona Allan (Senior Clinical Pharmacist)

Before formally commencing proceedings, the Chair made a short statement to remind members that a deputation was attending the meeting from St Andrews on the reform of urgent care services which is part of the agenda. This will be conducted under the terms of the Standing Orders which were read out to the Board.

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

DELEGATION FROM ST ANDREWS – OUT OF HOURS

The Chair invited Peter Lomas, Angela Anderson and Penelope Fraser to commence their presentation.

Peter and Angela talked to the presentation. Papers from the delegation were circulated to IJB members at the start of the meeting.

Rosemary Liewald thanked the delegation for their presentation and opened the discussion to Board members who wished to ask questions.

Nicky Connor confirmed that there was an update on Out of Hours on the agenda and a meeting will be held with the St Andrews Group next week.

2 CHAIR'S WELCOME AND OPENING REMARKS (CONT)

DELEGATION FROM ST ANDREWS (Cont)

Margaret Wells advised she recognised that there were issues in GP recruitment across Scotland, not just in North East Fife.

Martin Black requested that services provided were equal across Fife.

Nicky Connor confirmed that the partnership is committed to ongoing discussion and engagement with communities throughout Fife.

3 CHIEF OFFICER'S REPORT

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

Nicky welcomed the opportunity to share with the Board how delighted she was to have been appointed substantively to the Board as Chief Officer. Having worked within Health and Social Care in Fife since the beginning she has seen first-hand the excellent care that is delivered by exceptional staff every day across health and social care in Fife.

With the recent launch of Fife Health and Social Care Strategic Plan there are clear priorities and direction that will shape how we will continue to transform services and care we deliver for and with the people of Fife. This needs to be delivered within a very challenging financial context as we strive to manage resources effectively while delivering quality outcomes.

As Chief Officer Nicky looks forward to progressing the strategic role she carries within the Board and also delivering her operational responsibilities working closely with partners in NHS Fife and Fife Council.

Meetings with several board members have already taken place and these will continue over the coming months.

Development Sessions in November will support development as a Board exploring important issues that were agreed at the September IJB in relation to medium term financial strategy, Governance and the Ministerial Steering Group Action Plan.

There are a couple of important priorities in the coming months which include implementing Phase 1 of the Out of Hours Urgent Care Review and readiness for winter which will be detailed in the main agenda.

4 DECLARATION OF MEMBERS' INTERESTS

Nil.

NO	HEADING	ACTION
5	APOLOGIES FOR ABSENCE	
	Apologies had been received from David Alexander, Claire Dobson, Fiona McKay, Katherine Paramore and Carolyn McDonald.	
6	DELEGATION FROM ST ANDREWS	
	This item was covered earlier in the meeting.	
7	MINUTE OF PREVIOUS MEETINGS	
	Tim Brett raised two items within the 6 September 2019 Minute. Under 7.1 Eugene Clarke had asked about the risk share arrangement – this was part of the Ministerial Action Plan and will be discussed as part of the Development Session on 29 November 2019.	
	Item 8.1 – Mental Health Strategy (Progress Update) Tim Brett asked re the reference to the Transformation Board which was mentioned in this item. Nicky Connor confirmed that this Board is being developed and an update will be provided through the Clinical and Care Governance Committee.	
	The Minute of the meetings held on 6 and 24 September 2019 were agreed as accurate records.	
8	MATTERS ARISING	
	The Action Notes from the meetings held on 6 and 24 September 2019 were agreed as accurate. All actions are on track.	
9	PERFORMANCE	
	9.1 Performance Report	
	Nicky Connor introduced the report then invited Alan Adamson to present this report which was for information.	
	Alan advised that a Finance & Performance Development Session had taken place on Friday 18 October 2019 on the Revised Performance Framework. The updated format for the Performance Report will be taken to the Finance & Performance Committee on 7 November 2019 and then brought to the next IJB meeting.	
	An update was provided on delayed discharges and the new START posts which had been filled.	
	David Ross enquired if the new START employees would help to reduce the current wait for access to START.	

9	PERFORMANCE (CONT)	
----------	---------------------------	--

	9.1 Performance Report (Cont)	
--	--------------------------------------	--

Alan Adamson advised that there have been capacity issues and these are being addressed with both internal and external care providers to help manage demand. David Heaney advised that weekly meetings are held to review demand levels and support, identify pressure points and overcome capacity challenges.

Paul Dundas advised that an event has been organised for 26 November 2019 which will involve the commissioning team and Scottish Care and will look at these challenges. This will support the development of the Commissioning Plan.

Tony Miklinski raised the issue of an acute hospital stay being the most expensive option for patients and asked what the issues were that caused delay. David Heaney explained that there are always issues to balance around increased demand, the supply of internal and external care providers and working within budgets. Weekly meetings are held to discuss this.

Tony Miklinski queried the position in regards to choice of care homes for those who need them; was more than one choice made or not and did this cause delays in the system. Julie Paterson advised that individuals and families were asked to choose three care home options.

After discussion the Chair advised that this priority required further debate. A number of questions were raised in respect of people delayed in hospital. Nicky Connor advised that supporting timely discharge from hospital is a priority. There is significant work ongoing and improvement work planned. A further report on delayed discharges will be brought to the Clinical and Care Governance Committee to enable a full discussion and thereafter brought to a future IJB meeting.

NC

Discussion also took place around levels of staff absence, the reasons for these and the actions which were being taken to mitigate the levels. Margaret Wells queried the rise in absence rates. David Heaney advised that in Home Care absence is historically higher than in other areas due to a variety of reasons including the age profile of the workforce, and the nature of the work. The Service continues to work in partnership with Human Resources and the Trade Unions to reduce absence and support staff, and members were advised of the significant improvements achieved in reducing home care absence over the past two years.

NO	HEADING	ACTION
10	STRATEGY	

10.1 Out of Hours Urgent Care Review – Implementation Update

Nicky Connor welcomed Lisa Cooper, Clinical Services Manager and Roz Barclay, Change & Improvement Manager to support discussion on this item.

At its meeting on 21 June 2019 the IJB approved the Out of Hours Urgent Care revised proposal which included the transport arrangements, implementation of the revised delivery model and plans for ongoing communication and engagement with staff, patients and communities in Fife.

The Transport Procedure has been finalised, implementation of Phase 1 begins on Monday 4 November 2019 and will be taken forward in conjunction with clinical staff. Communications and engagement are both ongoing.

The multi-disciplinary team of staff involved with Out of Hours are working on enhancing their skills which will ensure the sustainability of the new Out of Hours proposal going forward.

Martin Black enquired whether students at Fife College had been considered during this process. It was confirmed that Fife College students were involved during the consultation process.

Tim Brett asked about staff rotas which are in place for the start of Phase 1 and if there is a process in place for redirection of patients. Nicky Connor confirmed she has been given assurance that rotas are being filled and will be reviewed regularly. Colleagues in the service already support redirection of patients and this will be enhanced during Phase 1.

Margaret Wells asked if the service being introduced was considered clinically safe, equitable and sustainable. Confirmation was given by the Medical and Nurse Directors of NHS Fife and the Associate Medical Director from the Partnership that this was correct.

The Board noted the progress to support implementation.

10.2 H&SC Scotland – Chief Officers Statement of Intent

Nicky Connor introduced the Chief Officers National Statement of Intent. This outlines the priorities for Health and Social Care Scotland and will guide collaboration at a national level on 5 key themes between 2019 and 2021. This is supported by the launch of a national Health and Social Care website. The animation which explains the narrative was viewed by the Board.

The Board noted the Statement of Intent and launch of the Health and Social Care Scotland website.

10 STRATEGY

10.3 Winter Plan 2019-2020 & Lessons from Last Winter

Nicky Connor advised that this report had been fully scrutinised and discussed at the recent Finance & Performance and Clinical & Care Governance Committees and welcomed Belinda Morgan to support discussion on this item.

The report outlined the top five planning priorities for Social Care and Health. The Winter Plan requires to be approved by the NHS Fife Board and then submitted to Scottish Government.

Nicky Connor presented the key lessons that had been learned from last winter, describing how they had informed this year's Plan. The IJB were also provided with the Draft Winter Plan for 2019/20 including key deliverables, planning priorities, winter planning processes, including escalation, financial planning and performance monitoring.

Discussion took place around the financial plans to support the Winter Plan. Audrey Valente confirmed these were reported and would be reviewed regularly.

David Ross enquired about infection control in Care Homes and how they were managed to lessen the impact on hospital admissions. Helen Buchanan confirmed that work is ongoing across NHS Fife and within Public Health to support Care Homes during the winter period. She also outlined the rapid testing which NHS Fife has established which could allow early detection of illnesses such as flu.

Wilma Brown raised concern regarding the staff plan. Nicky Connor confirmed this will remain under review.

The Board noted the lessons learned from last winter and the Winter Plan 2019/20.

11 MINUTES FROM OTHER COMMITTEES AND ITEMS FOR ESCALATION

11.1 Audit & Risk Committee (Unconfirmed Minute from 20 September 2019)

The Chair asked Eugene Clarke to highlight any items for escalation to the IJB.

Eugene has four items he wished to escalate.

- i. Risk No 24 of the Risk Register "Governance" which has been raised from medium (3) to high (4).
- ii. Risk Appetite – the Board should consider a series of workshops to consider this item. The Audit and Risk Committee will be undertaking a piece of work around the Risk Appetite and will bring this to a future IJB meeting.

NO	HEADING	ACTION
11	MINUTES FROM OTHER COMMITTEES AND ITEMS FOR ESCALATION (Cont)	
11.1	Audit & Risk Committee (Unconfirmed Minute from 20 September 2019)	
	<ul style="list-style-type: none"> iii Consultants Report – the Committee have concerns about not having been kept informed on this. Nicky Connor assurance that this was monitored through the Finance and Performance Committee and an update would come to the next Audit and Risk Committee. iv Changes to Meeting Schedules – Norma Aitken had produced a report on this. Audit and Risk Committee recommend that governance committee Terms of Reference be updated to ensure any potential change of meeting date by discussed with Norma before being implemented. 	
11.2	Clinical & Care Governance Committee (Confirmed Minutes from 9 August 2019)	
	The Chair asked Tim Brett to highlight any items for escalation to the IJB. Tim had two items he wished to raise.	
	<ul style="list-style-type: none"> i. A Clinical Quality Report is now brought to Clinical and Care Governance Committee which is very informative. ii. The Mental Health Strategy was enthusiastically supported by the Committee and it is noted this is being considered through the Transformation Board. 	
11.3	Finance & Performance Committee (Unconfirmed Minute from 17 September 2019)	
	The Chair asked David Graham to highlight any items for escalation to the Integration Joint Board.	
	David wished to raise four items with the Board.	
	<ul style="list-style-type: none"> i. The effective financial management Action Plan will be shared at the next Finance and Performance Committee meeting and will allow fuller discussion. ii. The Committee will be looking at the complaints reporting mechanism. iii. Review financial projections for inclusion in the Winter Plan Report. iv. A Development Session was held on 18 October 2019 to discuss the Performance Framework. 	

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

11.4 Local Partnership Forum (Unconfirmed Minute from 4 September 2019)

No items were raised and no questions were asked.

12 AOCB

Nothing raised.

13 DATES OF FUTURE MEETINGS

IJB DEVELOPMENT SESSION - Wednesday 13 November 2019 – 10.00 am
– Training Room, Fife Voluntary Action, Caledonia House, Pentland Park,
Glenrothes, Fife, KY6 2AL

IJB DEVELOPMENT SESSION – Friday 29 November 2019 – 2.00 pm –
Training Room, Fife Voluntary Action, Caledonia House, Pentland Park,
Glenrothes, Fife, KY6 2AL

INTEGRATION JOINT BOARD - Friday 6 December 2019 – 10.00 am -
Conference Rooms 2/3, Ground Floor, Fife House, North Street,
Glenrothes, Fife, KY7 5LT

Fife Partnership Board

FIFE PARTNERSHIP BOARD
(Meeting on 19th November 2019)

The Fife Partnership Board, of which NHS Fife is a member agreed to support Fife Council's Climate Emergency Declaration. The Plan 4 Fife will be reviewed to reflect this.

FIFE PARTNERSHIP BOARD - GLENROTHES

19 November, 2019

10.00 am – 11.50 am.

- PRESENT:** Councillors David Alexander (Chair), David Ross and Dave Dempsey; Steve Grimmond, Chief Executive, Fife Council; Superintendent Sandy Brodie, Police Scotland; Mark Bryce, Local Senior Officer, Scottish Fire and Rescue; Lesley Caldwell, St Andrews University; Lynne Cooper, Scottish Enterprise; Jim Grieve, Interim Partnership Director, SEStran; Paul Hawkins, Chief Executive, Dona Milne, Director of Public Health, NHS Fife; Katherine Leys, Scottish Natural Heritage; Gordon MacDougall, Head of Operations, Skills Development Scotland; Sue Reekie, Chief Operating Officer and John Wincott, Fife College.
- ATTENDING:** Keith Winter, Executive Director - Enterprise and Environment, Ross Spalding, Service Manager (Climate Change & Zero Waste), Tim Kendrick, Community Manager (Development), David Paterson, Community Manager (Levenmouth), Niki Ross, Corporate Development Lead Officer and Lesley Robb, Lead Officer - Committee Services, Fife Council.
- APOLOGIES FOR ABSENCE:** Tricia Marwick, Chair, NHS Fife; Nicky Connor, Director of Health & Social Care, Health & Social Care Partnership; Chief Superintendent Derek McEwan, Police Scotland; Elaine Morrison, Head of Partnerships East Region, Scottish Enterprise; Shirley Laing, Deputy Director, Scottish Government and Professor Brad MacKay, St Andrews University.

69. MINUTE

The Board considered the minute of meeting of the Fife Partnership Board of 13th August 2019.

Decision

The Board approved the minute.

70. THRIVING PLACES THEMATIC REPORT

The Board considered a report by the Executive Director - Communities, Fife Council presenting the annual progress report for the Plan for Thriving Places Outcome Theme. A discussion document was previously presented to the Fife Partnership Board on 13th August 2019. This had been updated following further consideration by partners and partnership groups.

Decision

The Board:-

1. considered and commented on the contents of the report; and
2. would further consider how their organisation and/or sector can best

contribute to the planned actions.

71. INCLUSIVE GROWTH AND JOBS THEMATIC REPORT - DISCUSSION DOCUMENT

The Board considered a report by the Executive Director - Enterprise and Environment presenting an initial discussion document on the delivery of the Inclusive Growth and Jobs outcome theme within the Plan for Fife.

Decision

The Board:-

1. considered and commented on the content of this initial discussion document;
2. agreed to seek further comments and inputs from their organisation and/or sector on work to deliver the Inclusive Growth and Jobs outcome theme; and
3. provided further input to the final outcome theme report, which will be considered by the Board at the next meeting on 25th February 2020.

72. TACKLING CLIMATE CHANGE

The Board considered a report by the Service Manager, Climate Change & Zero Waste, Fife Council providing updates and recommendations on climate action by Fife Council regarding it's annual submission of Fife Council's 'Public Bodies (Climate Change) Duties Report for 2018-2019. A short presentation was also provided to Board Members on Fife Council's Climate Emergency Declaration and the impact of this on the published Plan4Fife.

Decision

The Board:-

1. agreed to support Fife Council's Climate Emergency Declaration;
2. agreed that future submissions of the Public Bodies Duties Reports would consist of an annual progress report against Climate Fife, the Fife -wide sustainable energy and climate action plan;
3. requested the Fife Environmental Partnership take on the role of reviewing individual Public Bodies Duties Reports as FEP can challenge progress reported through PBDR for Fife's major players and report to the Fife Partnership if action is required or to highlight any issues;
4. agreed to review the published Plan4Fife to include a clearer commitment and actions to address climate change.

73. PLAN FOR LEVENMOUTH - THRIVING PLACES THEMATIC REPORT

The Board considered a report by the Community Manager, Levenmouth, Fife Council providing an update on current activity in the Levenmouth Area around the theme of Thriving Places.

Decision

The Board noted the informative contents of the report.

74. DRAFT STATE OF FIFE INDICATORS

The Board considered a joint report by the Director of Public Health, NHS Fife and Research Manager, Fife Council providing an update on the draft State of Fife Indicators.

Decision

The Board:-

1. considered the draft indicators suggested in the report; and
2. noted that further engagement with Partnership Members would take place following circulation of a more detailed report towards the end of November, 2019.

75. PUBLIC HEALTH REFORM UPDATE

The Board considered a report by the Director of Public Health, NHS Fife providing an update on the progress relating to Public Health Reform in Scotland, in particular the recommendations of the Specialist Public Health Workforce Commission.

Decision

The Board noted the update.

76. FIFE PARTNERSHIP BOARD FORWARD WORK PROGRAMME

The Board noted the proposed Forward Work Programme.

77. NEXT MEETING

The next meeting will be held on Tuesday 25th February, 2020 at 10am, venue to be confirmed.



Fife Integrated Performance & Quality Report

Produced in November 2019



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

Clinical Governance

Finance, Performance & Resources
Operational Performance
Finance

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.

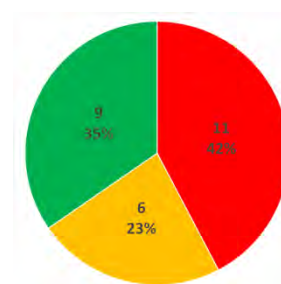
A summary report of the IPQR, the Executive Summary IPQR (ESIPR), is presented at each NHS Fife Board Meeting.

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 26 indicators within this report is 9 (35%) classified as **GREEN**, 6 (23%) **AMBER** and 11 (42%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits or considerably below standard/trajectory.

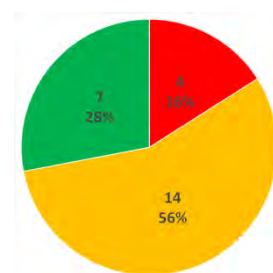


There are four indicators that consistently exceed the Standard performance; C Diff infection rate, IVF Treatment Waiting Times (regional service), Antenatal Access and Drugs & Alcohol Waiting Times. Other areas of success should also be noted...

- Inpatients Falls with Harm, remaining significantly below the target level, at 1.53 per 1,000 Occupied Bed Days
- Improvements in closure rate of both Stage 1 and Stage 2 Complaints (former above local target, latter close to local target for 2019/20)
- Patient TTG (Patients Waiting at Month End), continuing to be above the Improvement Trajectory for 2019/20
- Cancer 31-Day DTT achieving the Standard for the fourth successive month
- From Management Information provided by ISD for FY 2018/19, NHS Fife recorded the highest % of referrals to the Dementia PDS service and the highest % of patients completing one year of PDS support
- Performance in responding to FoI Requests continued to improve

b. National Benchmarking

National Benchmarking is based on whether indicator is in upper quartile (▲), lower quartile (▼) or mid-range (◀▶); based on 11 mainland NHS Boards. The current benchmarking status of the 25 indicators within this report has 7 (28%) within upper quartile, 14 (56%) in mid-range and 4 (16%) 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	Sep-18	41	Aug-19	53	Sep-19	63	↓	N/A			
	N/A	HSMR	N/A	Year Ending	Mar-18	N/A	Dec-18	N/A	Mar-19	1.01		2018/19	1.01	◀▶	1.00
	N/A	Inpatient Falls	5.97	Month	Sep-18	5.90	Aug-19	6.72	Sep-19	6.25	↑	N/A			
	N/A	Inpatient Falls with Harm	2.16	Month	Sep-18	1.24	Aug-19	1.53	Sep-19	1.22	↑	N/A			
	N/A	Pressure Ulcers	0.42	Month	Sep-18	0.85	Aug-19	0.61	Sep-19	0.76	↓	N/A			
	N/A	Caesarean Section SSI	2.5%	Quarter Ending	Jun-18	3.1%	Mar-19	6.5%	Jun-19	2.0%	↑	QE Jun-19	2.0%	▼	1.0%
	N/A	HAI SAB - Hospital	N/A	Quarter Ending	Sep-18	N/A	Aug-19	14.61	Sep-19	15.51	↓	YE Jun-19	17.59	◀▶	16.66
	N/A	HAI SAB - Community	N/A	Quarter Ending	Sep-18	N/A	Aug-19	9.60	Sep-19	11.73	↓	YE Jun-19	10.76	◀▶	9.60
	N/A	C Diff - Hospital	N/A	Quarter Ending	Sep-18	N/A	Aug-19	8.99	Sep-19	8.86	↑	YE Jun-19	7.70	▲	13.79
	N/A	C Diff - Community	N/A	Quarter Ending	Sep-18	N/A	Aug-19	3.20	Sep-19	3.20	↔	YE Jun-19	5.92	◀▶	5.54
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Sep-18	79.8%	Aug-19	75.3%	Sep-19	81.3%	↑	2017/18	77.5%	◀▶	74.4%
N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Sep-18	44.5%	Aug-19	57.8%	Sep-19	62.3%	↑	2017/18	49.7%	◀▶	52.8%	
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Sep-18	100.0%	Aug-19	100.0%	Sep-19	100.0%	↔	N/A			
	95%	4-Hour Emergency Access	96%	Month	Sep-18	95.6%	Aug-19	93.6%	Sep-19	92.0%	↓	Sep-19	92.0%	◀▶	88.7%
	95%	New Outpatients Waiting Times	95%	Month	Sep-18	92.5%	Aug-19	95.0%	Sep-19	94.1%	↓	Jun-19	95.8%	▲	73.5%
	100%	Diagnostics Waiting Times	100%	Month	Sep-18	98.9%	Aug-19	97.6%	Sep-19	98.9%	↑	Jun-19	99.5%	▲	81.6%
	100%	Patient TTG (Ongoing Waits)	80%	Month	Sep-18	83.3%	Aug-19	89.9%	Sep-19	90.6%	↑	QE Jun-19	90.6%	▲	67.8%
	90%	18 Weeks RTT	84%	Month	Sep-18	79.6%	Aug-19	82.0%	Sep-19	79.8%	↓	Jun-19	83.4%	▲	79.2%
	95%	Cancer 31-Day DTT	95%	Month	Sep-18	93.7%	Aug-19	97.0%	Sep-19	97.4%	↑	QE Jun-19	93.0%	▼	94.7%
	95%	Cancer 62-Day RTT	94%	Month	Sep-18	88.2%	Aug-19	84.0%	Sep-19	77.7%	↓	QE Jun-19	85.4%	◀▶	82.4%
	29%	Detect Cancer Early	27%	Year Ending	Mar-18	24.5%	Dec-18	27.6%	Mar-19	24.8%	↓	2017, 2018	25.1%	◀▶	25.5%
	N/A	Delayed Discharge (% Bed Days Lost)	5%	Month	Sep-18	5.3%	Aug-19	8.0%	Sep-19	8.8%	↓	QE Dec-18	7.5%	◀▶	7.1%
	80%	Antenatal Access	80%	Month	Jul-18	89.7%	Jun-19	88.2%	Jul-19	84.8%	↓	QE Dec-18	90.2%	◀▶	88.0%
	473	Smoking Cessation	473	YTD	Jun-18	N/A	May-19	99.0%	Jun-19	90.0%	↓	2018/19	88.6%	◀▶	95.2%
	90%	CAMHS Waiting Times	88%	Month	Sep-18	82.0%	Aug-19	74.8%	Sep-19	77.1%	↑	QE Jun-19	71.0%	◀▶	69.7%
	90%	Psychological Therapies Waiting Times	82%	Month	Sep-18	70.7%	Aug-19	65.2%	Sep-19	69.0%	↑	QE Jun-19	66.2%	▼	78.7%
	80%	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Sep-18	N/A	Jun-19	74.0%	Sep-19	77.0%	↑	YT Jun-19	74.0%	◀▶	90.0%
	90%	Drugs & Alcohol Treatment Waiting Times	90%	Month	Jul-18	98.7%	Jun-19	94.8%	Jul-19	97.1%	↑	QE Jun-19	95.5%	◀▶	93.2%
	N/A	Dementia Post-Diagnostic Support	TBD	Annual	2016/17	87.6%	2017/18	86.6%	2018/19	89.8%	↑	2018/19	89.8%	▲	N/A
	N/A	Dementia Referrals	TBD	Annual	2016/17	60.1%	2017/18	55.4%	2018/19	60.5%	↑	2018/19	60.5%	▲	N/A
	N/A	Freedom of Information Requests	85%	Quarter Ending	Sep-18	N/A	Aug-19	68.6%	Sep-19	69.9%	↑	N/A			
Finance	N/A	Revenue Expenditure	£0	Month	Oct-18	N/A	Sep-19	£7.583m	Oct-19	£7.570m	↑	N/A			
	N/A	Capital Expenditure	£7.394m	Month	Oct-18	N/A	Sep-19	£1.585m	Oct-19	£2.545m	↑	N/A			
Staff Governance	4.00%	Sickness Absence	4.89%	Month	Sep-18	5.00%	Aug-19	5.44%	Sep-19	5.46%	↓	YE Sep-19	5.67%	▼	5.33%

d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Benchmarking		
Inpatient Falls Reduce falls with harm by 20%	2.16	Sep-19	2.16	Sep-19	1.22	N/A	N/A
While the Falls with Harm Rate has been static overall, the data highlights an increase in a few areas within the ASD. Work is underway to explore the reasons for this including appropriate completion of the falls prevention and management bundle through audit, local environment assessment and patient profile, including those patients who have boarded in other wards. New work around Care & Comfort Rounds is also intended to support overall improvement in performance.							
Pressure Ulcers 50% reduction by December 2019	0.42	Never Met	0.42	Sep-19	0.76	N/A	N/A
The number of pressure ulcers recorded each month continues to vary, although there has been a general improvement trend since the start of 2019. Improvement activity focusing particularly on comfort rounds continues across Fife, supported by refresher sessions on the use of comfort rounds within the Partnership.							
Caesarean Section SSI We will reduce the % of post-operation surgical site infections to 2.5%	N/A	Dec-18	2.5%	Jun-19	2.0%	QE Jun-19	▼
As part of the ongoing quality improvement work, the IPC and Maternity Services have worked collaboratively to review the surveillance methodology case ascertainment process for SSI diagnosis, and a new process will launch at the start of October. Quarter 2 has seen a reduction in cases from the elevated rate of 6.5% in Quarter 1, and it is hoped that this improvement will be improved and sustained during the rest of the year.							
SAB (MRSA/MSSA) <i>Measure changed from an overall NHS Fife rate to two measures, one each for HA/HCAI (top line) and Community/Other (bottom line). Targets are yet to be set by the Scottish Government, but Benchmarking data is being provided by Health Protection Scotland.</i>	N/A	N/A	N/A	QE Sep-19	17.59	YE Jun-19	◀▶
	N/A	N/A	N/A	QE Sep-19	10.76	YE Jun-19	◀▶
There were 7 SAB in September, one of which was a Hospital onset VAD (PVC) related infection and 2 of which were Healthcare Associated Infections (1 x respiratory, 1 unknown source). Of the 4 Community SAB, one was confirmed as a PWID source, two were due to respiratory and one was due to a skin break from psoriasis. One of the Community SAB had diabetes as an underlying risk factor.							
Complaints - Stage 2 At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Sep-19	62.3%	FY 2017/18	◀▶
Regular meetings are continuing with ASD colleagues to review issues and style of draft responses. Discussions are taking place with the Director of Health & Social Care, with the aim being to ensure that the complaints handling and approval process is consistent across the Partnership and Acute Services. This discussion is ongoing, however there has already been a vast improvement in the performance for H&SCP.							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Benchmarking		
4-Hour Emergency Access 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%	Sep-19	92.0%	Sep-19	◀▶
Performance has dipped in the third quarter of 2019, but remains above the Scottish average. The number of attendees at VHK in Q3 was around 5% higher than for the same period in 2018. The PerformED Group continues to focus on improvement actions to address variability in performance and reduce 4-hour breaches as the challenging winter period starts. The work is underpinned by the 6 Essential Actions (6EA) to Improve Unscheduled Care, and we are communicating closely with the SG team supporting this.							
Patient TTG (Ongoing Waits) All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	80%	Sep-19	90.6%	QE Jun-19	▲
Performance improved in September and was better than the agreed improvement trajectory. Additional independent sector activity continues to be delivered and recruitment to additional consultant posts funded through the waiting times improvement plan is underway.							
Cancer 62-Day RTT 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	94%	Sep-19	77.7%	QE Jun-19	◀▶
Performance continued to deteriorate in September with 11 of the 21 breaches occurring in the Urology specialty. Delays occurred to review results and biopsy, waits to News, Post MDT OPA and imaging before biopsy. The main issues in lung and UGI were due to FDG issues for PET. Breach times ranged from 2 to 115 days, with an average of 50 days.							
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Aug-18	5%	Sep-19	8.8%	Dec-18	◀▶
We are currently around 4% higher than that level, and the challenge is for this position to improve during the winter months, when pressure on the system is most acute. Indicative data for October demonstrates the trend is improving and we will be closer to the 5% target.							
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	Apr-19	100%	Jun-19	90.0%	2018/19	◀▶
Social media is being used to ensure the community is aware of the Smoking Cessation service. Awareness sessions around pathways for stopping smoking were delivered to 84 second year respiratory student nurses. Looking forward, we will be providing group support in Carnegie Leisure centre in Dunfermline, supported by hourly service announcements, for the next 13 weeks. In addition, a new service in a local nursery in Methil will start in mid November.							
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMHS services within 18 weeks of referral	90%	Sep-16	88%	Sep-19	77.1%	QE Jun-19	◀▶
The Group Therapy programme is underway, and evening clinics have started. These additional sessions are being provided by 9 senior CAMHS Clinicians, with a specific focus on the longest waits (over 52 weeks). Despite the level of clinical activity rising significantly, the focus on children and young people who have waited more than 18 weeks will have an adverse impact on the 18 week RTT. The delay in recruiting to PMHW posts has also impacted on performance, with increasing referrals placing additional pressure on Tier 3 CAMHS.							
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	82%	Sep-19	69.0%	QE Jun-19	▼
We continue to meet the RTT for patients with less complex needs but performance in relation to people with the most complex needs remains especially challenging. This issue is being addressed through service redesign, with support from ISD/HIS Mental Health Access Improvement Support team. The establishment of Community Mental Health Teams across Fife continues to progress well, but the delay in both implementation of service redesign in the Day Hospitals and the setbacks in sourcing funding for a programme of staff training in a new clinical approach is impacting on the anticipated reduction in waiting times.							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
Fol Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	N/A	85%	QE Sep-19	68.6%	N/A	N/A
Day-to-day management of the Fol inbox has now transferred to the Information Governance & Security team and revised processes are being developed and implemented. This may result in an initial slowing down of improvement but in the long-term, performance is expected to improve. October has seen an increased number of sign-offs, including tackling a number of legacy overdue requests. Preparations continue for moving to an electronic case management system, Axlr8, with the creation of electronic templates and revised process mapping to improve overall timeliness of responses.							

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
Revenue Expenditure Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Oct-19	+ £7.570m	N/A	N/A
The revenue position for the 7 months to 31 October reflects an overspend of £7.570m. 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 £5.8m overspend to a potential worst case of £14.6m overspend. The key challenges comprise: the overspend on Acute Services (non delivery of savings and a number of specific cost pressures), and includes £3.499m 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); and the growing cost pressure in relation to activity outside Fife and in particular, the number of specialist high cost, low volume procedures undertaken in Edinburgh reported in recent months which continues.							
Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£7.394m	N/A	£7.394m	Oct-19	£2.545m	N/A	N/A
The total Capital Resource Limit for 2019/20 is £7.394m. The capital position for the 7 months to October shows investment of £2.545m, equivalent to 34.42% 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	
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.89%	Sep-19	5.46%	YE Sep-19	▼
The sickness absence rate for September was 5.46%, an increase of 0.02% compared to August. This means that the gap has increased between the 5.18% trajectory set at the start of the FY and the actual sickness absence rate. 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
Healthcare Associated Infections SAB (including MRSA)	14
Complaints – Stage 2	15

Finance, Performance & Resources – Operational Performance

4-Hour Emergency Access	16
Patient Treatment Time Guarantee (TTG)	17
Cancer 62-day Referral to Treatment	18
Delayed Discharges	19
Smoking Cessation	20
CAMHS 18 Weeks Referral to Treatment	21
Psychological Therapies 18 Weeks Referral to Treatment	22
Freedom of Information (Fol) Requests	23

Finance, Performance & Resources – Finance

Revenue Expenditure	24
Capital Expenditure	36

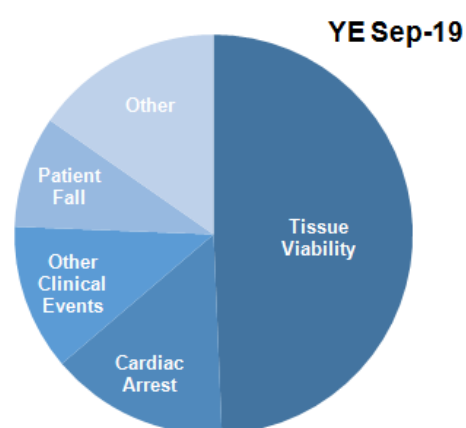
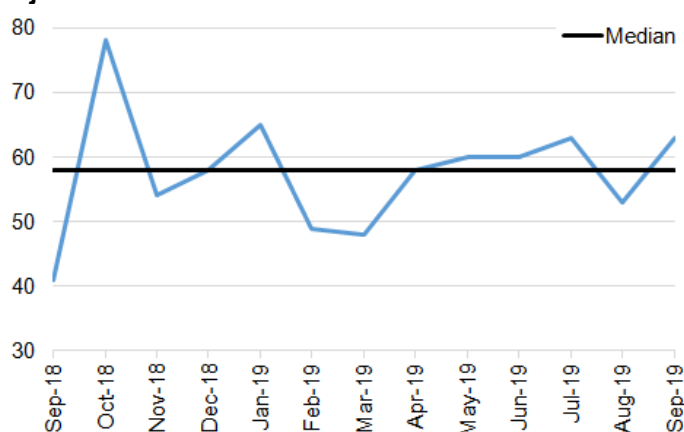
Staff Governance

Sickness Absence	40
------------------	----

Clinical Governance

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

ALL	Month	2018/19							2019/20					
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
	NHS Fife	1202	1468	1287	1240	1348	1264	1280	1235	1291	1238	1403	1293	1243
	Acute Services	523	615	614	578	629	585	574	538	594	564	562	571	534
	HSCP	634	772	631	619	668	627	662	645	625	628	799	668	667
Corporate	45	81	42	43	51	52	44	52	72	46	42	54	42	
CLINICAL	NHS Fife	810	967	925	870	973	874	895	854	934	831	913	831	813
	Acute Services	470	571	566	519	567	523	524	486	551	514	519	517	487
	HSCP	321	373	348	340	390	338	355	356	346	298	380	284	310
	Corporate	19	23	11	11	16	13	16	12	37	19	14	30	16

Commentary

The Medical Director and Director of Nursing are currently reviewing the Adverse Events policy in light of the HIS national Adverse Event report. It is clear that NHS Fife is an outlier in terms of reporting of major and extreme events, however this is attributable to our policy on recording tissue viability and cardiac arrests.

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.

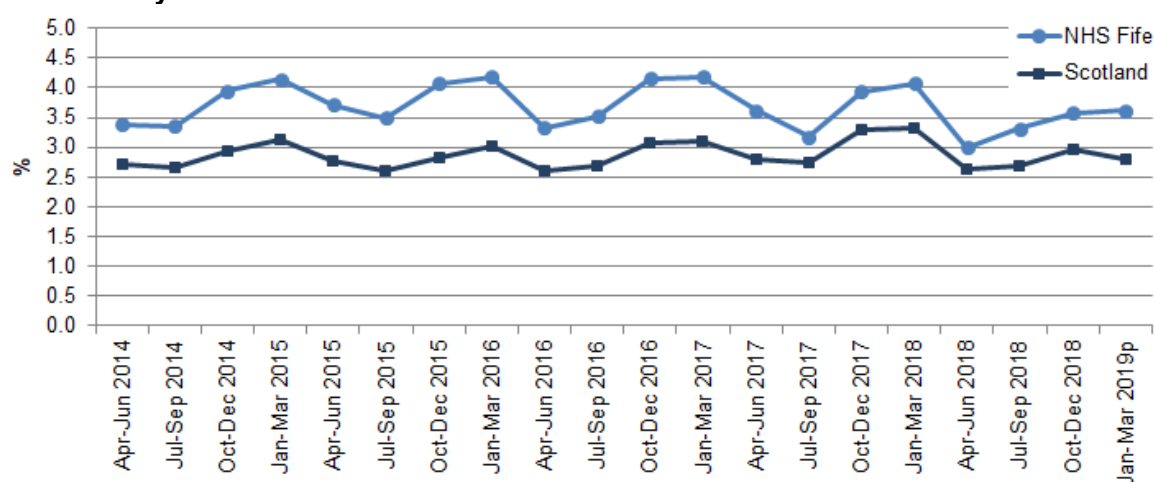
Reporting Period; April 2018 to March 2019^p

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	25,362	25,362	702,449	3.6%	1.00
NHS Fife	1,669	1,655	38,011	4.4%	1.01
Queen Margaret Hospital	49	40	7,426	0.7%	1.24
Victoria Hospital	1,545	1,545	30,328	5.1%	1.00

Crude Mortality Rate



Commentary

The HSMR for NHS Fife is on track with the national average. The figures for QMH almost certainly represent the cohort of patients cared for in those inpatient beds (care of the elderly and hospice). Recent crude mortality (unadjusted) shows a reassuring downward trend.

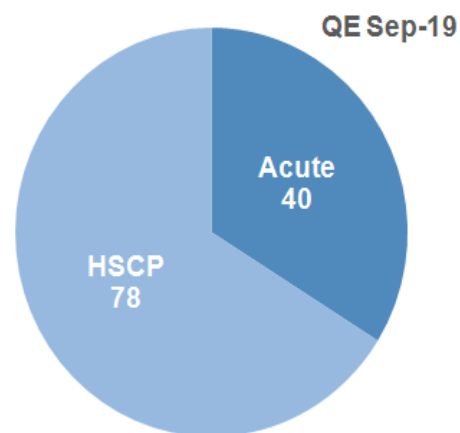
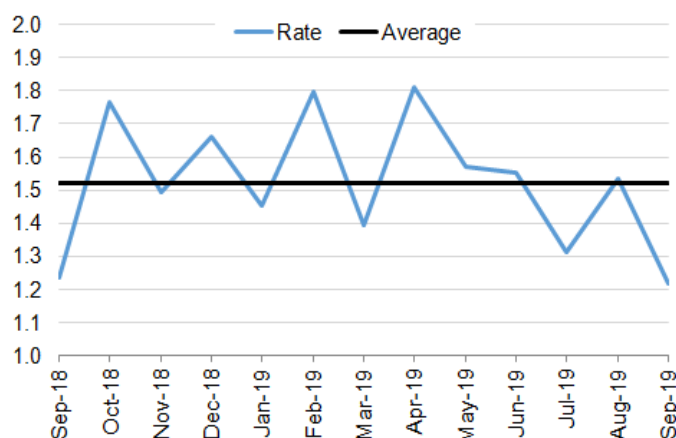
Clinical Governance

Inpatient Falls with Harm

Reduce Inpatient Falls With Harm rate per 100,000 Occupied Bed Days (OBD)

Improvement Target rate (by end December 2019) = **2.16 per 100,000 OBD**

Local Performance



Service Performance

Service Performance													
Month	2018/19							2019/20					
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
NHS Fife	1.24	1.77	1.49	1.66	1.45	1.80	1.40	1.81	1.57	1.55	1.31	1.53	1.22
Acute Services	0.63	1.21	1.22	1.49	1.19	1.62	0.84	1.17	0.89	1.73	0.54	1.34	1.13
HSCP	1.73	2.22	1.72	1.80	1.69	1.95	1.85	2.34	2.15	1.40	1.95	1.70	1.29

Commentary

While the Falls with Harm Rate has been static overall, the data highlights an increase in a few areas within the ASD. Work is underway to explore the reasons for this including appropriate completion of the falls prevention and management bundle through audit, local environment assessment and patient profile, including those patients who have boarded in other wards. New work around Care & Comfort Rounds is also intended to support overall improvement in performance.

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. – **Actions 1, 2, 3 and 4**

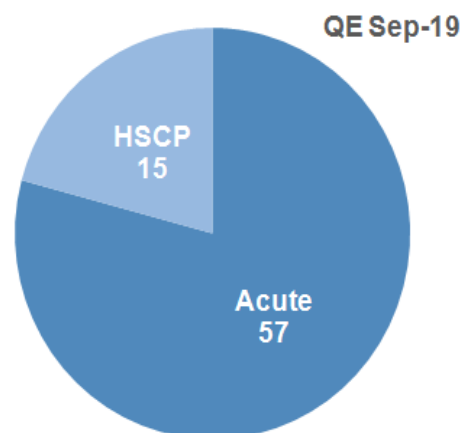
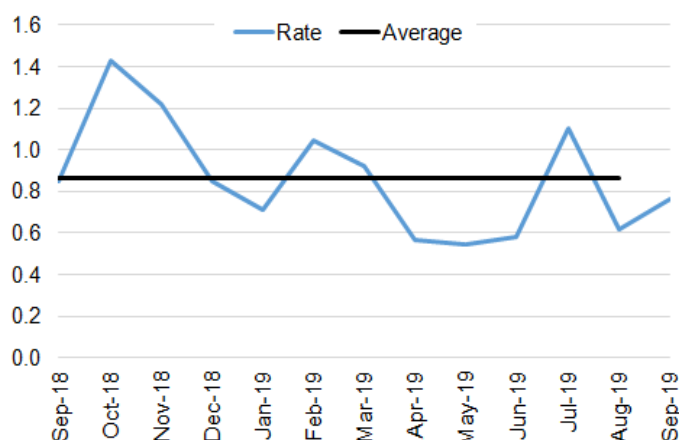
Improvement Actions	Progress	Timescale/Status
1. Review the Falls Toolkit and Falls Flowchart		Complete
2. Develop Older People's Knowledge and Skills Framework		Complete
3. Falls Audit	The audit was completed over a 5 week period, focused on 5 acute wards and showed that falls intervention reviews are 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	Work on the approach to comfort rounds is in final stage of testing, with a Care and Comfort clock being designed to be a person centred document	Nov 2019 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

Service Performance													
Month	2018/19							2019/20					
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
NHS Fife	0.85	1.43	1.22	0.85	0.71	1.04	0.92	0.57	0.55	0.58	1.10	0.61	0.76
Acute Services	1.73	2.49	1.99	1.57	1.12	1.54	0.91	0.70	0.89	1.25	2.15	1.19	0.98
HSCP	0.13	0.56	0.57	0.25	0.36	0.61	0.92	0.45	0.25	0.27	0.25	0.13	0.58

Commentary

The number of pressure ulcers recorded each month continues to vary, although there has been a general improvement trend since the start of 2019.

Improvement activity focusing particularly on comfort rounds continues across Fife, supported by refresher sessions on the use of comfort rounds within the Partnership.

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	All wards are completing SSKIN bundle on a weekly basis, continued support to ensure consistent compliance is ongoing	Dec 2019 On Track
2. Fife-wide task group commissioned to review SBAR/LAER reporting	The task group have completed the recommendation of SBAR/LAER reporting and will now follow the governance structure for approval	Oct 2019 On Track
3. Improvement collaborative project extended to December 2019 across identified wards	All 10 wards continue to work within the QI programme	Dec 2019 On Track

Clinical Governance

SSI Caesarean Section

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	2018/19				2019/20			
	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	3.1%	2.3%	1.7%	6.5%	2.0%			
Scotland	1.5%	1.5%	1.4%	1.6%	1.0%			

Current Challenges

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

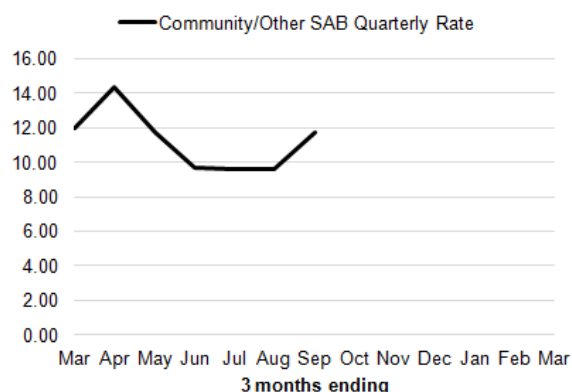
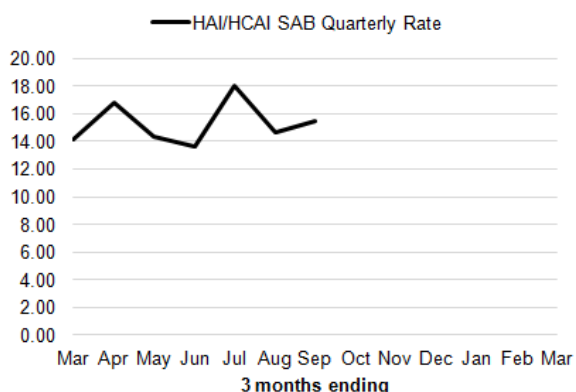
NHS Fife BMI rates are higher than the national rate – **Action 2**

Improvement Actions	Progress	Timescale/ Status
1. Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan	Improvement Plan updated in light of exception report received for Q1 2019 New case ascertainment methodology to be adopted from October	Mar 2020 On Track
2. Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	A number of strategies are in place: <ul style="list-style-type: none"> Family Health Team Winning By Losing Smoking Cessation Analysis of data currently ongoing to determine what impact these initiatives are having on pregnant women in Fife with a high BMI	Mar 2020 On Track

Clinical Governance

SAB (HAI/HCAI and Community/Other Infections)

Local Performance | Quarter Ending



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			
Scotland		16.8	16.7			

Year Ending		FY 2018/19		FY 2019/20		
		Mar	Jun	Sep	Dec	Mar
NHS Fife	Community Infection Rate (per 100,000 Population)	9.9	10.8			
Scotland		9.4	9.6			

Current Challenges

- Increase in number of VAD-related infections – **Action 1**
- Number of SAB in diabetic patients – **Action 2**
- Increase in number of SAB in People Who Inject Drugs (PWID) – **Action 3**

Improvement Actions	Progress	Timescale/Status
1. Complete work mandated by Vascular Access Strategy Group	The Vascular Access Strategy Group agreed the group had fulfilled its original purpose and the ongoing actions would now be incorporated within Clinical and Operational management structures	Mar 2020 Complete
2. Explore a new programme of work focusing on reducing the risk of SAB in diabetic patients	The Infection control surveillance team reviewed 2 years of SAB cases with Diabetes as an underlying risk factor. The most prevalent sources of SAB for diabetics were VAD and urinary catheters, both of which are already being addressed through Improvement programmes. Other sources of SABs for diabetics was a wide range of skin infections with no overriding theme.	Mar 2021 Complete
3. Reduce the number of SAB in PWIDs	Meetings with key stakeholders to discuss SAB prevention in the PWID have occurred with following actions: <ul style="list-style-type: none"> ADN for HSCP engaged Heads of Quality and Clinical & Care Governance have reviewed the Driver diagram Addictions Services have raised staff awareness Addiction services are raising client group awareness and providing leaflets Addiction services staff are keen to relaunch initiatives to prevent infection and early diagnosis of wound infection Incidence charts of PWID SAB are being used to support Quality Improvement work 	Mar 2021 On Track

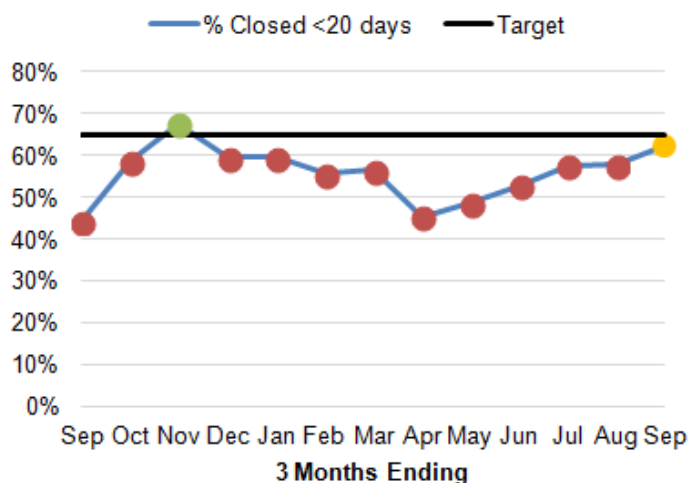
Clinical Governance

Complaints | Stage 2

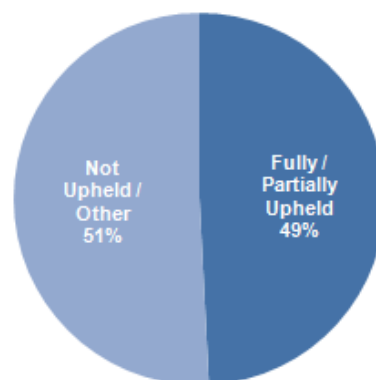
At least 75% of Stage 2 complaints are completed within 20 working days

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

Local Performance



By Outcome | QE Sep-19



Local Performance by Directorate/Division

3-Month Ending	2018/19							2019/20					
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
NHS Fife	44.5%	58.7%	67.5%	59.8%	59.6%	55.8%	56.5%	45.5%	48.7%	52.9%	57.7%	57.8%	62.3%
Acknowledged <= 3 Days	79.6%	88.9%	94.0%	95.7%	92.7%	95.2%	93.5%	97.4%	97.4%	96.6%	96.2%	94.8%	96.7%
ASD	50.5%	67.1%	75.6%	70.7%	69.0%	62.7%	60.3%	52.6%	60.3%	68.3%	71.8%	66.7%	64.2%
HSCP	27.8%	37.5%	38.7%	26.5%	35.3%	38.2%	44.4%	21.1%	11.1%	8.7%	22.6%	32.4%	52.8%

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**

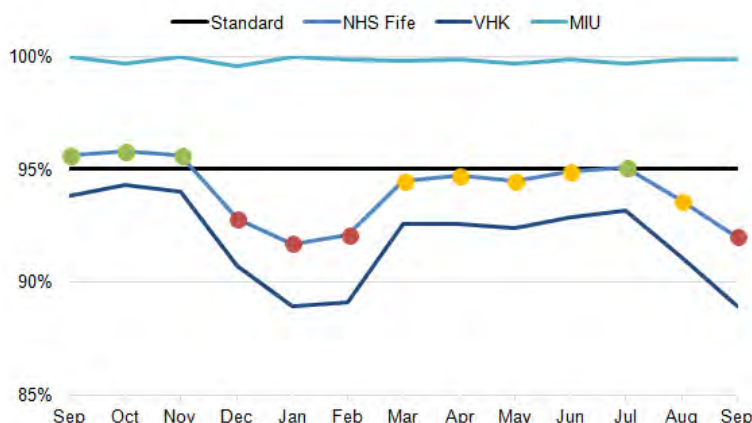
Improvement Actions	Progress	Timescale/ Status
1. Patient Relations Officers to undertake peer review	This continues and learning is being shared directly with individual Officers. Monthly meetings with ASD to discuss complaint issues and style of drafts are in place. Joint education session to be arranged to agree draft styles.	Mar 2020 On Track
2. Deliver education to service to improve quality of investigation statements	Yearly education delivered to FY2 doctors and student nurses. Ad Hoc training sessions are also delivered when required.	Mar 2020 On Track
3. 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 around the complaints process and providing statements has been arranged for clinical staff in December Completion date adjusted to reflect that this work will remain ongoing throughout the rest of the FY	Oct 2019 Delayed to Mar 2020

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 Sep-19



National Benchmarking

Month	2018/19							2019/20						
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
NHS Fife	95.6%	95.8%	95.6%	92.8%	91.7%	92.1%	94.5%	94.7%	94.5%	94.9%	95.1%	93.6%	92.0%	
Scotland	90.9%	92.2%	91.3%	89.6%	88.8%	89.3%	91.3%	89.9%	90.7%	90.3%	91.2%	90.6%	88.7%	

Current Challenges

- Variation in 4-Hour Emergency Access Performance - **Action 1**
- Patient Flow – **Action 2**
- ECAS and OPAT Services and Capacity – **Actions 3 and 4**

Improvement Actions	Progress	Timescale/Status
1. Formation of PerformED group to analyse performance trends	Focus on breaches where patients exit ED between hours 4 and 5 has identified system changes where reductions could be achieved. Additional staffing loaded to certain areas to assist with flow and turnover. Changes in pathways for some cases will reduce burden on AU1 assessment.	Jan 2020 On Track
2. Review of AU1 Assessment Pathway	Test of change completed for consultant call handling for GP referrals showed significant prevention in admission numbers. Data will be collated with the ToC projects from the transformation workstream.	Complete
3. Implementation of OPAT	OPAT implemented October – initial numbers increased with staffing accepted as cost pressures to reduce inpatient stays. Data collection in progress to assess impact.	Complete
4. Development of services for ECAS	Monitor ECAS utilisation and medical/staffing model with aspiration to move services closer to front door	Mar 2020 On Track

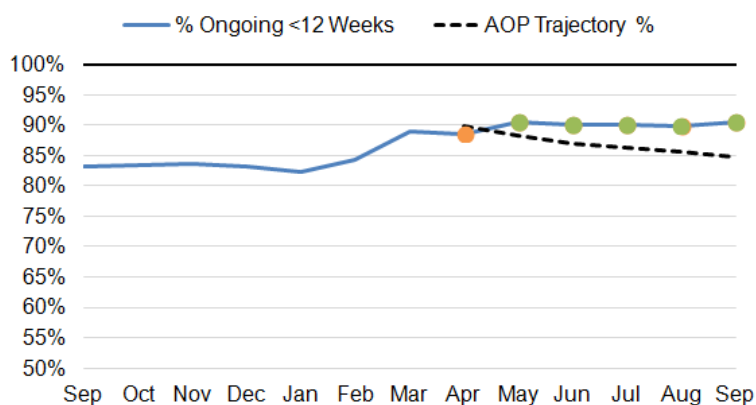
Finance, Performance & Resources – Operational Performance

Patient TTG

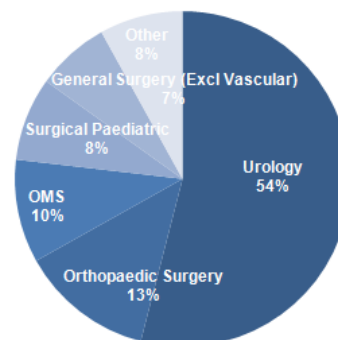
We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

Improvement Target for 2019/20 = **80%** (Patients Waiting <= 12 Weeks at month end, as per Scottish Government Waiting Times Plan)

Local Performance



Ongoing Breaches Sep-19



National Benchmarking

	2018/19							2019/20						
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Target
NHS Fife	83.3%	83.4%	83.5%	83.3%	82.4%	84.4%	89.0%	88.5%	90.4%	90.1%	90.1%	89.9%	90.6%	88.3%
Scotland	68.1%			67.5%	66.6%	66.8%	70.1%	68.9%	68.4%	67.8%				

Current Challenges	Recurring gap in IP/DC capacity – Actions 1, 2 and 3
	Difficulty in recruiting to Specialist Consultant posts – Actions 1 and 2
	Difficulty in staffing additional in-house activity - Actions 1, 2 and 3
	Cancellation of IP/DC activity due to unscheduled care pressures - Action 2

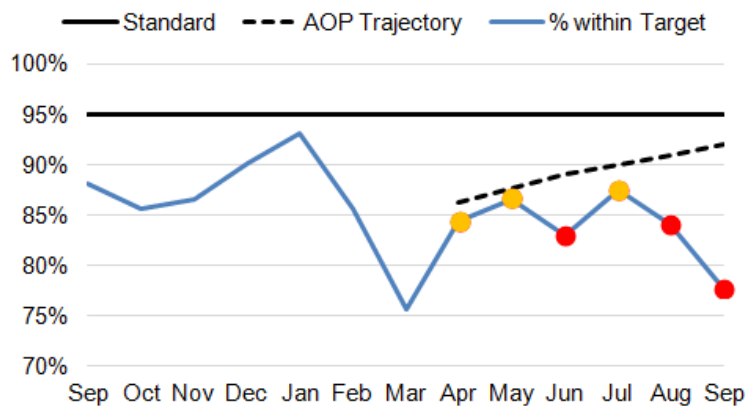
Improvement Actions	Progress	Timescale/ Status
1. Secure resources in order to deliver waiting times improvement plan for 19/20		Complete
2. Develop and deliver Clinical Space redesign Improvement programme	Meetings continue, report from Bed Modelling exercise awaited	Mar 2020 On Track
3. Theatre Action Group develop and deliver plan	Monthly meetings continue, action plan in place. Day Surgery event planned 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

Finance, Performance & Resources – Operational Performance

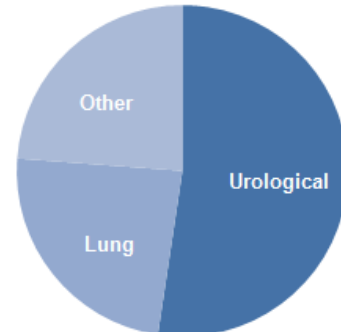
Cancer 62-Day Referral to Treatment

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 Sep-19



National Benchmarking

	2018/19							2019/20							Dec-19
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Target	
NHS Fife	88.2%	85.6%	86.6%	90.2%	93.1%	85.6%	75.6%	84.4%	86.6%	82.9%	87.5%	84.0%	77.7%	93.0%	
Scotland	80.2%	81.6%	81.0%	83.4%	79.9%	79.9%	81.6%	80.4%	81.1%	82.6%	81.8%	82.1%	83.7%		

Current Challenges

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

Improvement Actions	Progress	Timescale/ Status
1. Urology Improvement Group review prostate pathway to minimise wait between each step	Improvements implemented have delivered a reduction in waits to 1 st OPA, MRI, TRUS biopsy, and histopathology turnaround times. The pathway has been reviewed and revised in collaboration with the clinical team. The clinical team are working towards implementation of "bundle booking" whereby all diagnostics/appointments are booked at the point of vetting. The backlog of patients who have breached without a treatment date has reduced.	Jan 2020 On Track
2. 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"> Governance structure agreed Meetings to be arranged and ToRs finalised CWT education package under development SOP to be reviewed Cancer Scorecard in development Further metrics introduced into the PTL meeting to allow services to manage cancer referral demand and capacity.	Dec 2019 On Track
3. 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, and comments from H&N Consultants to be incorporated.	Jan 2020 On Track

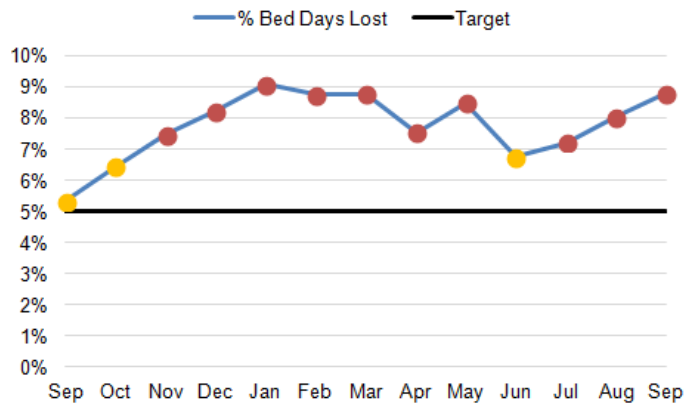
Finance, Performance & Resources – Operational Performance

Delayed Discharges

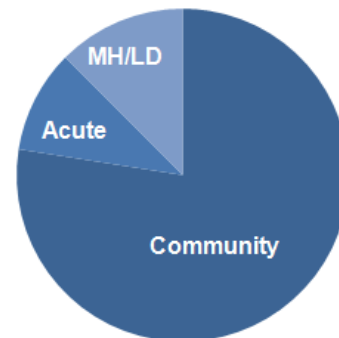
We will reduce the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

Improvement Target for 2019/20 = 5%

Local Performance



Bed Days Lost | Sep-19



National Benchmarking

Quarter Ending		2018/19				2019/20			
		Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	% Bed Days Lost	4.2%	4.5%	7.4%	8.9%	7.6%			
Scotland	% Bed Days Lost	6.7%	7.1%	7.2%	6.6%	6.9%			

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 – **Action 2**

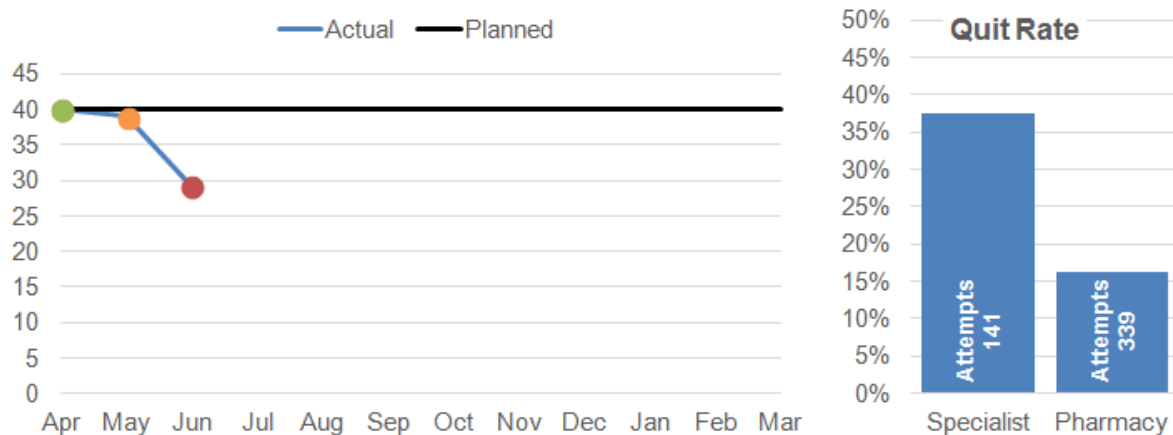
Improvement Actions	Progress	Timescale/ Status
1. Test a trusted assessors model within VHK for patients transferring to STAR/assessment beds	Framework developed. Training and shadowing sessions for staff to be progressed. Completion date changed to reflect this.	Oct-2019 Delayed to Dec 2019
2. Review timescales of social work assessments	Meeting to review process and timescales has taken place. Patients discharged from VHK who require single carer are being assessed at home provided they go home with ICASS. This is the case for the majority of VHK discharges. We are also piloting direct transfer of information onto ipads at ward level to improve efficiency of assessments and reduce waits.	Nov 2019 On Track
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	Nov 2019 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	39	29									
	Actual Cumul	40	79	108	108	108	108	108	108	108	108	108	108
	Planned Cumul	40	80	120	160	200	240	280	320	360	400	440	473
	Achieved	100%	99%	90%									
Scotland	Achieved												

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**

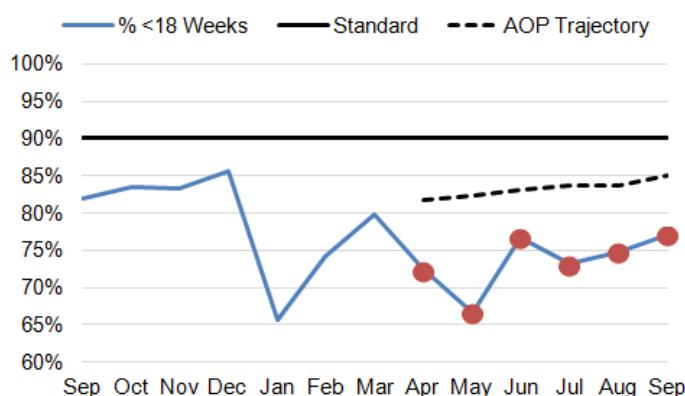
Improvement Actions	Progress	Timescale/ Status
1. Outreach development with Gypsy Travellers in Thornton		Complete
2. Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic	Plans in progress, monthly meetings with Respiratory Consultant to organise paperwork and process/pathways	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

Finance, Performance & Resources – Operational Performance

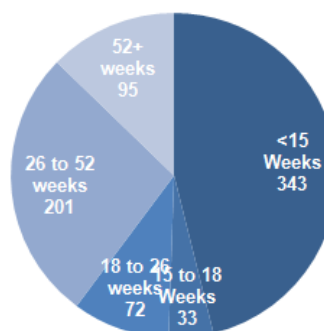
CAMHS 18 weeks RTT

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 (744) Sep-19



National Benchmarking

Month	2018/19							2019/20							Dec-19 Target
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
NHS Fife	82.0%	83.5%	83.3%	85.5%	65.7%	74.3%	79.8%	72.3%	66.7%	76.7%	73.2%	74.8%	77.1%		87.0%
Scotland	70.7%	72.9%	68.3%	78.6%	72.1%	73.4%	75.6%	69.2%	69.1%	70.9%					

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
1. Introduction of Primary Mental Health Worker (PMHW) First Contact Appointments System and Group Therapy Programme	Four additional staff were recruited on 1-year contracts in April, and the impact was extremely positive, with a significant amount of C&YP signposted following assessment to alternative service providers. Unfortunately, these people have since left the service to take up permanent posts elsewhere. Recruitment is underway for 4 wte temporary 1 year posts, but this is experiencing significant delay and any new posts will not be filled until late in FY 2019/20. The service is currently operating with 3 staff instead of 7, which has significant negative consequences on appointment times which now sit between 8-9 weeks compared to the planned response time of 2-3 weeks.	Mar 2020 On Track
2. Waiting List Additional Staffing Resource	Additional Tuesday and Wednesday evening clinics are now running. It is anticipated that 80-100 additional C&YP will be allocated individual therapy, depending on uptake and attendance. Group programme underway, resulting in 158 C&YP being allocated group places up until January 2020.	Sep 2019 to Feb 2020 On Track
3. 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

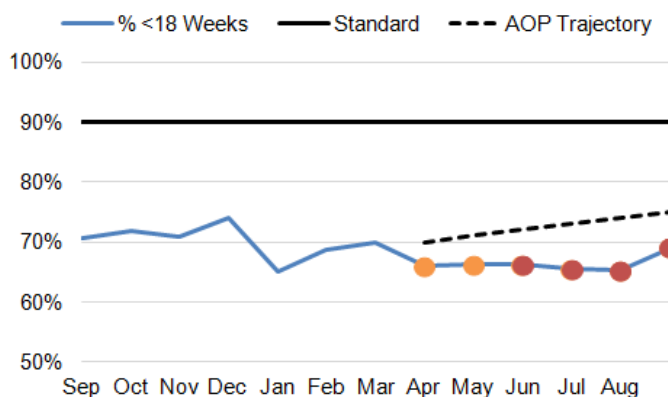
Finance, Performance & Resources – Operational Performance

Psychological Therapies 18 weeks RTT

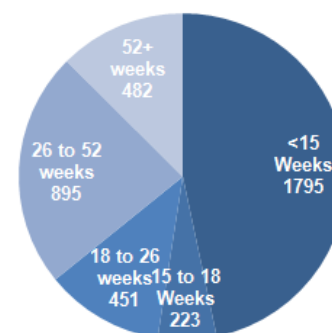
At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies

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

Local Performance



Waiting List (3846) Sep-19



National Benchmarking

Month	2018/19							2019/20							Dec-19 Target
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Target	
NHS Fife	70.7%	71.9%	70.8%	73.9%	65.0%	68.7%	69.8%	66.1%	66.2%	66.3%	65.5%	65.2%	69.0%	78.0%	
Scotland	75.8%	75.6%	74.6%	77.5%	75.3%	77.7%	79.6%	76.7%	79.3%	80.0%					

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 – **Action 3**
- To improve triage in Primary Care to improve access to appropriate PTs – **Action 4**

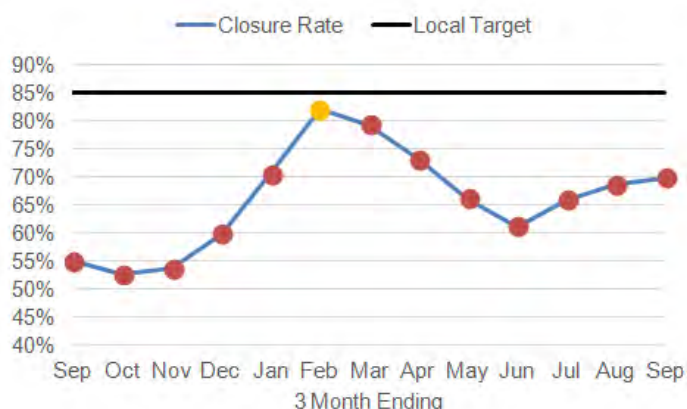
Improvement Actions	Progress	Timescale/ Status
1. Introduction of single point of access for secondary care patients via CMHT	Underway in 4 of 6 CMHTs; working with e-health to develop SCI gateway option to facilitate	Dec 2019 On Track
2. Introduction of Extended Group Programme in primary care, accessible by self-referral	Monitoring of referral rates from GPs to relevant tier of AMH service suggests positive impact on capacity for more highly specialist work within this tier. Further data is required to determine if this is a trend. Target date December 2019. 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. Implementation of mental health 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; final evaluation due September 2020	Sep 2020 On Track

Finance, Performance & Resources – Operational Performance

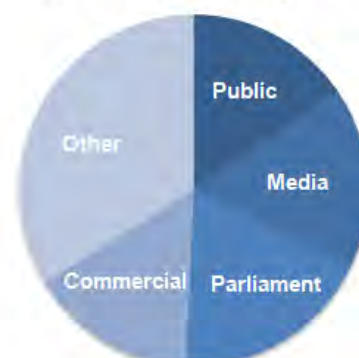
Freedom of Information Requests

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

Local Performance



FoI Source QE Sep-19



Service Performance

Monthly	2018/19							2019/20					
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Health Board	48.4%	55.6%	55.4%	76.0%	83.7%	80.4%	73.8%	52.2%	56.8%	55.6%	68.9%	73.7%	50.0%
IJB					100.0%	100.0%	55.6%	100.0%	86.7%	71.4%	86.7%	100.0%	85.7%

Current Challenges

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

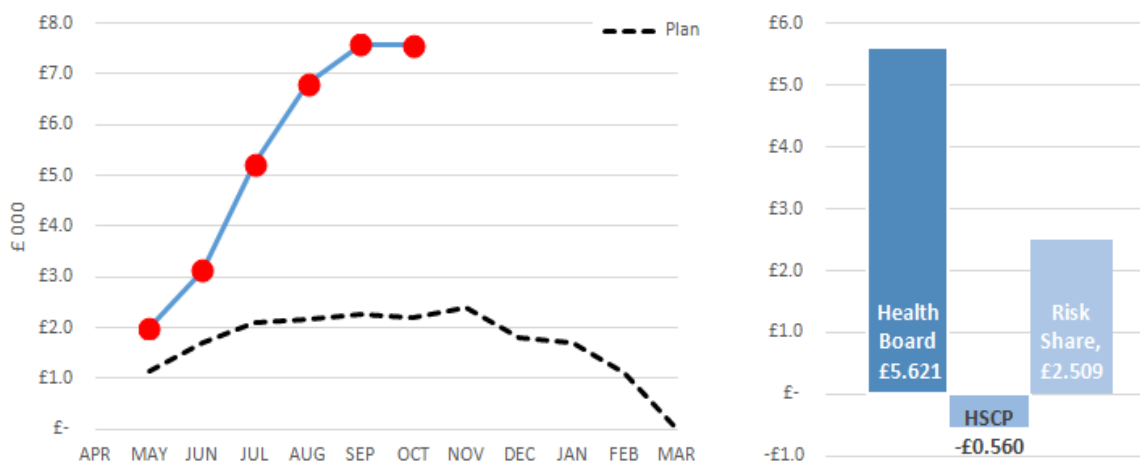
Improvement Actions	Progress	Timescale/ Status
1. Map pathway out and identify areas that have recurring issues with delayed responses		Complete
2. Improve FoI case recording and monitoring of timeliness of responses		Complete
3. Review enhanced cover arrangements for corporate administration of requests, to improve resilience		Complete
4. Update of processes to reflect involvement of IG&S Team	Meetings underway to review and update administrative pathways, processes and existing paperwork / templates, in advance of introduction of Axlr8 case management software	Dec 2019 On Track
5. Refresh process with H&SC partnership for requests received that relate to their services	Initial meeting has taken place in October with IJB FOI officer to discuss further, and agreed to be taken forward in tandem with process mapping review	Dec 2019 On Track
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 IG7S Group	Jan 2019 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 by Health Board / IJB

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	416,377	418,841	236,646	242,267	5,621	2.38%	732	4,889
Integration Joint Board	349,277	351,492	204,107	203,547	-560	-0.27%	-704	144
Risk Share				2,509	2,509		2,509	
Total	765,654	770,333	440,753	448,323	7,570	1.72%	2,537	5,033

Current Challenges

Acute Services Division: overspend of £9.268m, the key drivers being the shortfall on savings delivery – **Action 1 and 3**

IJB: extent of social care overspend and ongoing discussions re risk share arrangement between partners – **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 This will be an ongoing activity throughout 2019/20 and 2020/21	Mar 2020
2. Discussions with Scottish Government to support financial position	Meetings held in October and November – remains a live conversation and is likely to continue over next few months Action completion date adjusted accordingly	Oct 2019 Nov 2019 Delayed to Jan 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 Action completion date adjusted	Oct 2019 Nov 2019 Delayed to Dec 2019

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 October core revenue and core capital allocation amounts on 1 November. The updated core revenue resource limit (RRL) was confirmed at £755.240m. For transparency a breakdown of the additional funding received in month is shown in Appendix 1 per the formal funding letter; whilst Appendix 2 shows details of anticipated allocations expected to be received or deducted (£9.274m).

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 anticipated non core RRL funding of £24.367m is detailed in Appendix 3.

Total RRL

- 2.3 The total current year budget at 31 October is therefore £770.333m

3. Summary Position - Commentary

- 3.1 The revenue position for the 7 months to 31 October reflects an overspend of £7.570m. 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 £5.8m overspend to a potential worst case of £14.6m overspend.
- 3.2 The key challenges comprise: the overspend on Acute Services (non delivery of savings and a number of specific cost pressures), and includes £3.499m 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); and the growing cost pressure in relation to activity outside Fife and in particular, the number of specialist high cost, low volume procedures undertaken in Edinburgh reported in recent months which continues.
- 3.3 Whilst a detailed and focused review has been taken to release significant further potential offsetting financial flexibility benefits this month, it is hoped further opportunity may crystallise as the year unfolds. Scoping work is underway on any potential benefits from balance sheet accruals, and non recurring ADEL (Additional Departmental Expenditure Limit) funding. This may assist in mitigating the net (optimistic) forecast overspend on the Health Board retained services.
- 3.4 However, as previously highlighted in the Integrated Performance & Quality Report, there is limited assurance that NHS Fife can remain within the overall revenue resource limit if we are required to cover the impact of the IJB position. The risk share arrangement reflected in month 7 reporting has been revised from 72% to 61% for NHS Fife, to reflect a review of the budget construct of the risk share methodology, to take account of inconsistencies with in scope services and contractual issues. The pressure reported is 61% of the initial £6.5m budget gap, plus £0.550m additional social care packages agreed between the partnership's respective Chief Executive Officers (i.e. £4.3m). This would become even more challenging, if we are required to cover the impact of the forecast outturn position for the IJB (currently £13.5m).

Finance, Performance & Resources – Finance

- 3.5 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR) we have included a funding assumption to the value of the risk share impact and a continued commitment to cover the net overspend on the Health Board budgets through increased financial flexibility.
- 3.6 Table 1 below provides a summary of the position across the constituent parts of the system: an overspend of £5.621m is attributable to Health Board retained budgets; whilst an underspend of £0.560m is attributable to the health budgets delegated to the Integration Joint Board; and an overspend shown of £2.509m 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 October 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	416,377	418,841	236,646	242,267	5,621	2.38%	732	4,889
Integration Joint Board	349,277	351,492	204,107	203,547	-560	-0.27%	-704	144
Risk Share				2,509	2,509		2,509	
Total	765,654	770,333	440,753	448,323	7,570	1.72%	2,537	5,033
	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	198,651	205,735	120,649	129,917	9,268	7.68%	4,491	4,777
IJB Non-Delegated	8,289	8,408	4,930	4,989	59	1.20%	27	32
Estates & Facilities	72,837	73,009	41,984	41,696	-288	-0.69%	-342	54
Board Admin & Other Services	53,234	71,871	45,984	45,702	-282	-0.61%	-308	26
Non-Fife & Other Healthcare Providers	85,946	85,946	50,163	50,910	747	1.49%	747	0
Financial Flexibility & Allocations	22,601	16,147	3,591	0	-3,591	-100.00%	-3,591	0
Health Board	441,558	461,116	267,301	273,214	5,913	2.21%	1,024	4,889
Integration Joint Board - Core	373,951	400,405	233,547	232,991	-556	-0.24%	-700	144
Integration Fund & Other Allocations	13,767	1,002	0	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	387,718	401,407	233,547	232,991	-556	-0.24%	-700	144
IJB Risk Share Arrangement	0	0	0	2,509	2,509		2,509	0
Total Integration Joint Board - Health	387,718	401,407	233,547	235,500	1,953	0.84%	1,809	144
Total Expenditure	829,276	862,523	500,848	508,714	7,866	1.57%	2,833	5,033
IJB - Health	-38,441	-49,915	-29,440	-29,444	-4	0.01%	-4	0
Health Board	-25,181	-42,275	-30,655	-30,947	-292	0.95%	-292	0
Miscellaneous Income	-63,622	-92,190	-60,095	-60,391	-296	0.49%	-296	0
Net Position Including Income	765,654	770,333	440,753	448,323	7,570	1.72%	2,537	5,033

4. Operational Financial Performance for the year

Acute Services

- 4.1 The Acute Services Division reports a **net overspend of £9.268m for the year to date**. This reflects an overspend in operational run rate performance of £4.491m, and unmet savings of £4.777m. Within the run rate performance, pay is overspent by £3.548m. 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 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 £3.499m overspend relating to these budgets 'set aside' for inclusion in the IJB's strategic plans but which remain managed by the NHS Board.

Finance, Performance & Resources – Finance

- 4.2 As previously reported, external expertise provided through Deloitte LLP has been positive in robustly supporting and challenging the Acute Services team to design and implement an effective savings programme. The Acute Services management team have set up a transformation programme and are committed to translating findings from the external Deloitte report in to the 'art of the possible' for 2020/21 and beyond. In parallel an interim PMO Director has been appointed to review and advise on the overarching governance arrangements and infrastructure across Health and into Social Care.

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

	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division								
Planned Care & Surgery	67,787	71,042	41,256	44,176	2,920	7.08%	1,240	1,680
Emergency Care & Medicine	73,156	76,176	45,103	49,425	4,322	9.58%	3,057	1,265
Women, Children & Clinical Services	54,063	54,845	32,054	34,689	2,635	8.22%	803	1,832
Acute Nursing	596	616	323	277	-46	-14.24%	-46	
Other	3,049	3,056	1,913	1,350	-563	-29.43%	-563	
Total	198,651	205,735	120,649	129,917	9,268	7.68%	4,491	4,777

Estates & Facilities

- 4.3 The Estates and Facilities budgets report an **underspend of £0.288m** which is generally attributable to vacancies, energy and water and property rates, and partially offset by an overspend on property maintenance.

Corporate Services

- 4.4 Within the Board's corporate services there is an **underspend of £0.282m**. Further analysis of Corporate Directorates is detailed per Appendix 4.

Non Fife and Other Healthcare Providers

- 4.5 The budget for healthcare services provided out with NHS Fife is **overspent by £0.747m**. This remains an area of increasing challenge particularly given the relative higher costs of some other Boards.

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, and therefore form part of devolved budgets. A number of residual uplifts and new in-year allocations are held in a central budget and are subject to review each month. A further meticulous review and scrutiny undertaken at October (quarter 3 of the financial year) has allowed the release of more than two times the amount released the previous month. This has been possible given the draw down of funds in some cases have not materialised as anticipated; and various assumptions associated with flexibility have been tested over the 7 months. Whilst no specific decisions are made to hold back new allocations, there are often unplanned underspends which emerge as the year progresses. Details of flexibility released at month 7 are per Appendix 6.
- 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 £0.556m for the year to date**. This position comprises an underspend in the run rate performance of £0.700m; together with unmet savings of £0.144m. 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

Finance, Performance & Resources – Finance

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 IJB risk share for the first 7 months of 2019/20 is a **cost of £2.509m**, representing a revised risk share percentage (61%) 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 health IJB position at month 7 is therefore a **net £1.953m overspend**. The key financial risk in relation to the Health & Social Care Partnership is this overall gap and the increasing actual overspend on social care budgets, the latter of which is a live discussion and, for reporting purposes, is assumed to be met from the respective partner organisation.

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 October 2019

	Annual Budget	Budget	Actual	Net Over/(Under) Spend
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	373,689	217,025	218,740	1,715
GP Prescribing	73,118	42,478	42,477	-1
Drugs	30,478	18,235	17,874	-361
Other Non-Pay	376,567	224,551	227,114	2,562
IJB Risk Share	0	0	2,509	2,509
Efficiency Savings	-8,480	-5,033	0	5,033
Commitments	17,149	3,591	0	-3,591
Income	-92,190	-60,095	-60,391	-296
Net Underspend	770,331	440,752	448,323	7,570

Pay

- 5.2 The overall pay budget reflects an overspend of £1.715m. 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 7,831 wte across all staff groups, there was 7,882 wte staff in post in October.

Drugs & Prescribing

- 5.4 Across the system, there is a net under spend of £0.362m on medicines largely due to an under spend of £0.530m on sexual health and rheumatology drugs. The GP prescribing position is based on 2018/19 trend analysis and July and August 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.

Finance, Performance & Resources – Finance

Other Non Pay

- 5.5 Other non pay budgets across NHS Fife are collectively overspent by £2.562m. 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. As reported to the Board in March, 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.

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	1,026	1,615	2,641	8,232
Integration Joint Board	6,460	3,485	2,727	6,212	248
Total Savings	17,333	4,511	4,342	8,853	8,480

7 Key Messages / Risks

- 7.1 The key challenges include the overspend on Acute Services (largely driven by non delivery of savings and a number of specific cost pressures; and includes £3.499m 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 and in particular, the number of specialist high cost, low volume procedures undertaken in Edinburgh, as well as the cost of outflow activity in NHS Tayside.
- 7.2 Based on the year to date position and high level planning assumptions, estimates and information available at this time, and as agreed by delegated budget holders, the year end forecast ranges from a potential optimistic forecast of £5.8m overspend to a potential worst case of £14.6m overspend as detailed in table 5 below:

Finance, Performance & Resources – Finance

Table 5: Financial Outturn (modelling based on actual position at 31 Oct 2019)

Forecast Outturn	Pessimistic £'000	Mid-Range £'000	Optimistic £'000
Acute Services Division	9,592	8,499	7,394
Acute Services Division (Acute Set Aside)	6,169	5,827	5,519
IJB Non-Delegated	150	129	79
Estates & Facilities	87	-600	-1,894
Board Admin & Other Services	-497	-1,009	-1,072
Non-Fife & Other Healthcare Providers	1,141	1,141	1,141
Financial Flexibility	-6,156	-6,656	-6,906
Miscellaneous Income	-350	-350	-350
Health Board Retained Budgets	10,136	6,981	3,911
IJB Delegated Health Budgets	137	-1,079	-2,388
Integration Fund & Other Allocations	0	0	0
Sub Total IJB Delegated Health Budgets	137	-1,079	-2,388
Risk Share	4,301	4,301	4,301
Net IJB Health Position	4,438	3,222	1,913
Total Forecast Outturn	14,574	10,203	5,824

- 7.3 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 optimistic forecast overspend has increased by more than 50% from last month (forecast overspend M7 £6.770m; M6 £4.372m). This is attributable to an unexpected growth in the use of agency staff in month 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 assumes that the remaining months will realise a break even position in each remaining month of the year, and that additional savings will be identified. This assessment will be reviewed on a continual basis in light of its associated high risk.
- 7.4 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 £0.6m 'realistic scenario' underspend) includes £0.3m high risk assumptions; and £0.7m medium risk assumptions.

- 7.5 The level of financial flexibility released in to the position at month 7, following detailed scrutiny and review, is more than double that released at the half year. This includes potential slippage of £0.750m re waiting times funding following a current assessment of progress to date and expected activity to the year end. This carries with it a degree of managed risk - this earlier release of flexibility means that there is less scope to respond to anticipated exceptional events which may occur later in the year; but equally allows an earlier (part) mitigation of the potential year end overspend (notwithstanding the risk share cost associated with the IJB). There may be further additional potential offsetting benefits such as unplanned slippage on allocations, review of balance sheet accruals, and non recurring ADEL (Additional Departmental Expenditure Limit) funding. An updated estimate of these additional offsetting benefits provides a limited degree of assurance that the net (optimistic) forecast overspend on the Health Board retained services might be mitigated to an extent, and this remains an area of high risk.
- 7.6 There is limited assurance that NHS Fife can remain within the overall revenue resource limit should there be a requirement to cover the impact of the IJB position. The risk share arrangement reflected in month 7 reporting has been revised from 72% to 61% of the initial £6.5m budget gap plus £0.550m additional social care packages agreed between the partnership's respective Chief Executive Officers,) ie £4.3m. This would become even more challenging, if we are required to cover the impact of the forecast outturn position for the IJB (currently in excess of £13.5m).
- 7.7 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR), a funding assumption to the value of the risk share impact has been included together with a continued commitment to cover the net overspend on the Health Board budgets through increased financial flexibility.
- 7.8 Discussions with SGHSCD colleagues in relation to the financial position continue, and positive steps are being made to identify further non-recurring financial opportunities in order to move towards a balanced year-end outturn.

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 £7.570m for the year to 31 October 2019; and
 - **Note** the current *potential* outturn position of break even; with the heavy caveat that this is entirely predicated on additional funding from SGHSCD to support any impact of the IJB risk share.

Finance, Performance & Resources – Finance

Appendix 1: Core Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non- Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
May-19	Opening	662,752			662,752	
	May Adjustments	-696		-229	-925	
Jun-19	June Adjustments	16,293	3,774	6,265	26,332	
Jul-19	July Adjustments		2,863	1,678	4,541	
Aug-19	August Adjustments	280	3,268	2,341	5,889	
Sep-19	September Adjustments	-29	52759	2236	54,966	
Oct-19	Children's Vitamins			9	9	Based on actual submission
	HNC Students 1st & 2nd quarter payment			44	44	Actual student numbers
	Pre-Registration Pharmacist Scheme		-157		-157	Contribution to NES for Scotland wide training scheme
	Positron Emission Tomography(PET) Scans			-540	-540	Annual contribution
	Winter Funding			654	654	Fife share of Winter pot
	AOP Funding for elective activity			1675	1,675	Second tranche of waiting list on meeting targets
	Total Core Revenue Allocation	678,600	62,507	14,133	755,240	

Appendix 2: Anticipated Core Revenue Resource Limit

	£'000
CAMHS Regional Post	35
Distinction Awards	227
Community Pharmacy Pre-Reg Training	0
New Medicine Fund	3,005
Golden Jubilee SLA	-24
Waiting List	0
NSD Risk Chare	-2,566
Scotstar	-321
Depreciation to Non-Core	-12,386
Mental Health Bundle	620
Capacity Buliding - CAMHS & PT	456
Mental Health Innovation Fund	288
Primary Care Fund GP Sub Committee	34
Primary Care Improvement Fund	1,124
Capital to Revenue	234
Total	-9,274

Finance, Performance & Resources – Finance

Appendix 3: Anticipated Non-Core Revenue Resource Limit Allocations

	£'000
PFI Adjustment	3,374
Donated Asset Depreciation	117
Impairment	1,000
AME Provision	-843
IFRS Adjustment	4,833
Non-Core Del	3,500
Depreciation from Core Allocation	12,386
Total	24,367

Appendix 4: Corporate Directories

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E-Health Directorate	12,747	6,730	6,759	29
NHS Fife Chief Executive	207	122	123	2
NHS Fife Finance Director	6,318	3,638	3,262	-376
NHS Fife HR Director	3,160	1,870	1,787	-83
NHS Fife Medical Director	6,932	3,531	3,432	-99
NHS Fife Nurse Director	3,771	2,157	2,468	311
Legal Liabilities	17,913	16,232	16,307	75
Public Health	2,200	1,284	1,180	-105
Early retirement & Injury Benefits	629	294	252	-42
Regional Funding	242	172	177	6
Depreciation	17,752	9,955	9,955	0
Total	71,871	45,984	45,702	-283

Finance, Performance & Resources – Finance

Appendix 5: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	95	55	34	-21
Borders	43	25	29	4
Dumfries & Galloway	24	14	35	21
Forth Valley	3,089	1,801	1,946	145
Grampian	349	204	183	-21
Greater Glasgow & Clyde	1,607	938	904	-34
Highland	131	77	128	51
Lanarkshire	111	65	89	24
Lothian	30,600	17,850	16,415	-1,435
Scottish Ambulance Service	98	57	62	5
Tayside	39,772	23,200	23,473	273
	75,919	44,286	43,298	-988
UNPACS				
Health Boards	8,063	4,703	6,142	1,439
Private Sector	1,209	706	996	290
	9,272	5,409	7,138	1,729
OATS				
	690	403	411	8
Grants				
	65	65	63	-2
Total	85,946	50,163	50,910	747

Finance, Performance & Resources – Finance

Appendix 6 - Financial Flexibility & Allocations

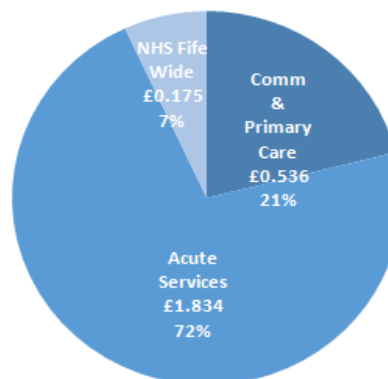
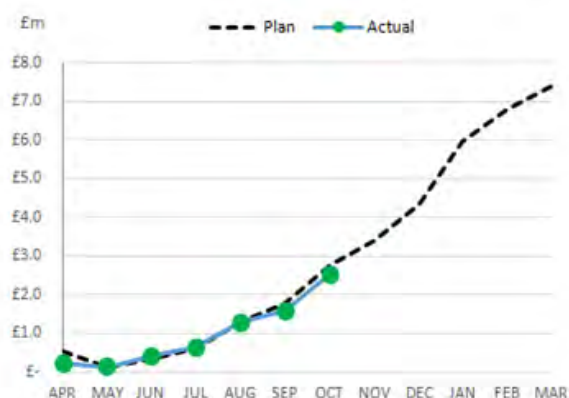
	CY Budget £'000	Flexibility Released to Oct-19 £'000
Financial Plan		
Drugs	3,240	583
Complex Weight Management	50	29
Adult Healthy Weight	104	60
National Specialist Services	102	59
Band 1s	307	179
Unitary Charge	213	66
Junior Doctor Travel	111	41
Consultant Increments	50	29
Cost Pressures	4,034	1,402
Financial Flexibility	577	334
Sub Total Financial Plan	8,788	2,782
Allocations		
Health Improvement	93	0
AME impairments	1,195	0
AME Provisions	-413	0
Pay Awards	251	111
Distinction Awards	37	0
Waiting List	3,147	0
CAMHS Post	35	0
Best Start	340	88
Advanced Breast Practitioner Radiology	36	0
Insulin Pumps & CGM	125	0
Superannuation	280	166
Carry Forward 18-19	260	152
Urolift	26	0
Flow Variability	70	0
Neonatal Expenses	18	0
Supporting Better Value	6	0
Capital to Revenue	234	0
ADEL	1,000	292
Winter Planning	619	0
Sub Total Allocations	7,359	809
Total	16,147	3,591

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 £7.394m. The capital position for the 7 months to October shows investment of £2.545m, equivalent to 34.42% 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 allocation amounts of £7.394m gross. 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 – preparing to market
- ADC – Sold

Discussions are underway with the SGHSCD on the potential 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 £2.545m or 34.42% 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	£0.950m
Minor Works	£0.156m
Equipment	£0.582m
E-health	£0.153m
Elective Orthopaedic Centre	£0.587m

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 October 2019 of £2.545m and the forecast year end spend of the capital resource allocation of £7.394m

Finance, Performance & Resources – Finance

Appendix 1: Capital Expenditure Breakdown

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2019/20 £'000
COMMUNITY & PRIMARY CARE			
Statutory Compliance	947	405	947
Capital Minor Works	307	90	307
Capital Expenditure	86	40	86
Condemned Equipment	0	0	0
Total Community & Primary Care	1,340	536	1,340
ACUTE SERVICES DIVISION			
Capital Equipment	1,945	542	1,945
Statutory Compliance	2,307	545	2,307
Minor Works	168	66	168
Condemned Equipment	95	95	95
Elective Orthopaedic Centre	218	587	218
Total Acute Services Division	4,733	1,835	4,733
NHS FIFE WIDE SCHEMES			
Condemned Equipment			
Information Technology	1,041	153	1,041
Equipment Balance	0	0	0
Scheme Development	60	0	60
Contingency	100	22	100
Statutory Compliance - Fire Compartmentation	102	0	102
Minor Works	18	0	18
Total NHS Fife Wide Schemes	1,321	175	1,321
TOTAL ALLOCATION FOR 2019/20	7,394	2,545	7,394

Appendix 2: Capital Plan - Changes to Planned Expenditure

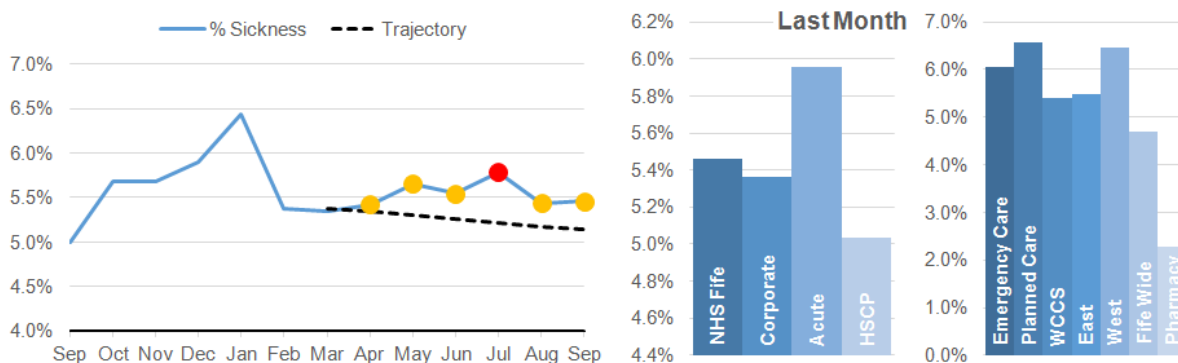
Capital Expenditure Proposals 2019/20	Board Approved 27/03/2019 £'000	Cumulative Adjustment to September £'000	October Adjustment £'000	Total October £'000
Routine Expenditure				
Community & Primary Care				
Minor Capital		307	9	316
Capital Equipment		87		87
Statutory Compliance		947	-127	820
Condemned Equipment				
Total Community & Primary Care	0	1,341	-118	1,223
Acute Services Division				
Minor Capital		168	-4	164
Capital Equipment		1,945		1,945
Statutory Compliance		2,307	-240	2,067
Condemned Equipment		94		94
Elective Orthopaedic Centre		218	369	587
Total Acute Services Division	0	4,732	125	4,857
Fife Wide				
Minor Work	498	-480	-5	13
Information Technology	1,041			1,041
Backlog Maintenance / Statutory Compliance	3,569	-3,467	-2	100
Condemned Equipment	90	-90		0
Scheme Development	60			60
Fife Wide Equipment	2,036	-2,036		0
Fife Wide Contingency Balance	100			100
Total Fife Wide	7,394	-6,073	-7	1,314
Total	7,394	0	0	7,394

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
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
NHS Fife	5.00%	5.69%	5.68%	5.89%	6.43%	5.38%	5.34%	5.42%	5.66%	5.55%	5.78%	5.44%	5.46%		5.01%
Scotland	5.02%	5.53%	5.47%	5.54%	6.17%	5.23%	5.10%	5.04%	5.23%	4.98%	5.22%	5.18%	5.24%		

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 is being developed, including OH Drop-in Sessions scheduled throughout September and October.	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 will be reviewed later in the year. Feedback being sought from OH and service colleagues on the early referral approach.	Oct 2019 Delayed to Feb 2020

PAUL HAWKINS
Chief Executive
20th November 2019

Prepared by:
CAROL POTTER
Director of Finance and Performance



Fife Integrated Performance & Quality Report

Produced in December 2019



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

Clinical Governance

Finance, Performance & Resources
Operational Performance
Finance

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.

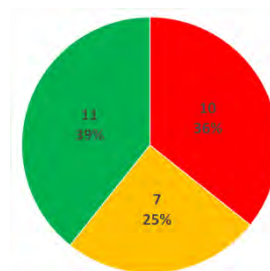
A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), is presented at each NHS Fife Board Meeting.

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 28 indicators within this report is 11 (39%) classified as **GREEN**, 7 (25%) **AMBER** and 10 (34%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits or considerably below standard/trajectory.

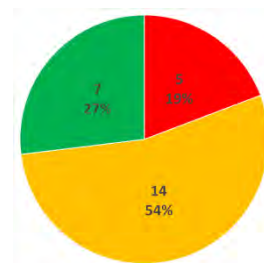


There are three indicators that consistently exceed the Standard performance; IVF Treatment Waiting Times (regional service), Antenatal Access and Drugs & Alcohol Waiting Times. Other areas of success should also be noted...

- Inpatients Falls with Harm, remaining significantly below the target level, at 1.37 per 1,000 Occupied Bed Days
- Rate of Caesarean Section SSI remaining at or under target level for second successive quarter
- Rate of SAB HAI/HCAI significantly below the new target measure
- Diagnostics (Patients Waiting over 6 Weeks at Month End), continuing to be very close to the 100% target
- Cancer 31-Day DTT achieving the Standard for the fifth successive month, with monthly improvement also noted for Cancer 62-day RTT

b. National Benchmarking






National Benchmarking is based on whether indicator is in upper quartile (▲), lower quartile (▼) or mid-range (◀▶); based on 11 mainland NHS Boards. The current benchmarking status of the 26 indicators within this report has 7 (27%) within upper quartile, 14 (54%) in mid-range and 5 (19%) 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	Oct-18	76	Sep-19	63	Oct-19	51	↑	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	Oct-18	7.47	Sep-19	6.25	Oct-19	6.80	↓	N/A			
	N/A	Inpatient Falls with Harm	2.16	Month	Oct-18	1.77	Sep-19	1.22	Oct-19	1.37	↓	N/A			
	N/A	Pressure Ulcers	0.42	Month	Oct-18	1.43	Sep-19	0.76	Oct-19	1.00	↓	N/A			
	N/A	Caesarean Section SSI	2.5%	Quarter Ending	Sep-18	2.3%	Jun-19	2.0%	Sep-19	2.5%	↓	QE Jun-19	2.0%	●	1.0%
	N/A	SAB - HAI/HCAI	20.2	Quarter Ending	Oct-18	N/A	Sep-19	15.5	Oct-19	6.6	↑	YE Jun-19	17.6	●	16.7
	N/A	SAB - Community	N/A	Quarter Ending	Oct-18	N/A	Sep-19	11.7	Oct-19	8.5	↑	YE Jun-19	10.8	●	9.6
	N/A	C Diff - HAI/HCAI	6.9	Quarter Ending	Oct-18	N/A	Sep-19	8.9	Oct-19	14.3	↓	YE Jun-19	7.7	●	13.8
	N/A	C Diff - Community	N/A	Quarter Ending	Oct-18	N/A	Sep-19	3.20	Oct-19	1.07	↑	YE Jun-19	5.9	●	5.5
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Oct-18	82.4%	Sep-19	80.1%	Oct-19	82.5%	↑	2017/18	77.5%	●	74.4%
	N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Oct-18	58.7%	Sep-19	62.3%	Oct-19	60.7%	↓	2017/18	49.7%	●	52.8%
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Oct-18	100.0%	Sep-19	100.0%	Oct-19	100.0%	↔	N/A			
	95%	4-Hour Emergency Access	96%	Month	Oct-18	95.8%	Sep-19	92.0%	Oct-19	92.7%	↑	Oct-19	92.7%	●	88.0%
	95%	New Outpatients Waiting Times	95%	Month	Oct-18	93.5%	Sep-19	94.1%	Oct-19	92.4%	↓	Sep-19	94.3%	●	72.9%
	100%	Diagnostics Waiting Times	100%	Month	Oct-18	98.6%	Sep-19	98.9%	Oct-19	99.0%	↑	Sep-19	99.0%	●	82.3%
	100%	Patient TTG (Ongoing Waits)	80%	Month	Oct-18	83.4%	Sep-19	90.6%	Oct-19	90.5%	↓	Sep-19	91.2%	●	67.5%
	90%	18 Weeks RTT	84%	Month	Oct-18	77.9%	Sep-19	79.8%	Oct-19	79.6%	↓	Sep-19	79.8%	●	76.9%
	95%	Cancer 31-Day DTT	95%	Month	Oct-18	95.0%	Sep-19	97.4%	Oct-19	98.1%	↑	QE Jun-19	93.0%	●	94.7%
	95%	Cancer 62-Day RTT	94%	Month	Oct-18	85.6%	Sep-19	77.7%	Oct-19	91.0%	↑	QE Jun-19	85.4%	●	82.4%
	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	Oct-18	6.4%	Sep-19	8.8%	Oct-19	6.4%	↑	QE Jun-19	7.6%	●	6.7%
	80%	Antenatal Access	80%	Month	Aug-18	86.8%	Jul-19	84.8%	Aug-19	86.2%	↑	2018/19	91.3%	●	87.6%
	473	Smoking Cessation	473	YTD	Jul-18	87.0%	Jun-19	92.4%	Jul-19	97.5%	↑	YT Jun-19	92.4%	●	92.4%
	90%	CAMHS Waiting Times	88%	Month	Oct-18	83.5%	Sep-19	77.1%	Oct-19	62.5%	↓	QE Sep-19	75.2%	●	64.5%
	90%	Psychological Therapies Waiting Times	82%	Month	Oct-18	71.9%	Sep-19	69.0%	Oct-19	64.2%	↓	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	Aug-18	98.3%	Jul-19	97.1%	Aug-19	95.7%	↓	QE Jun-19	95.5%	●	93.2%
	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	Oct-18	N/A	Sep-19	69.3%	Oct-19	57.9%	↓	N/A			
Finance	N/A	Revenue Expenditure	£0	Month	Nov-18	N/A	Oct-19	£7.570m	Nov-19	£7.633m	↓	N/A			
	N/A	Capital Expenditure	£7.394m	Month	Nov-18	N/A	Oct-19	£2.545m	Nov-19	£3.891m	↑	N/A			
Staff Governance	4.00%	Sickness Absence	4.89%	Month	Oct-18	5.69%	Sep-19	5.46%	Oct-19	5.70%	↓	YE Sep-19	5.67%	●	5.33%

d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
HSMR	1.00	N/A	N/A	YE Jun-19	1.04	YE Jun-19	
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 as changed and it is possible this doesn't properly reflect a hospital such as QMH, which is largely populated by elderly patients.							
Inpatient Falls Reduce falls with harm by 20%	2.16	Oct-19	2.16	Oct-19	1.37	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.							
Pressure Ulcers 50% reduction by December 2019	0.42	Never Met	0.42	Oct-19	1.00	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.							
Caesarean Section SSI We will reduce the % of post-operation surgical site infections to 2.5%	N/A	Sep-19	2.5%	Sep-19	2.5%	QE Jun-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.							
SAB (MRSA/MSSA) We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022	18.8	QE Oct-19	20.2	QE Oct-19	6.6	YE Jun-19	
There were 4 SAB in October, none of which were hospital acquired and none of which had diabetes as an underlying factor. Two infections were healthcare associated, one CAUTI and one unknown, while two were community associated, one of which occurred in a PWID.							
C Diff 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 Oct-19	14.3	YE Jun-19	
There were 7 CDIs in October, all healthcare associated. Two of these occurred in the VHK while one occurred in QMH.							
Complaints - Stage 2 At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Oct-19	60.7%	FY 2017/18	
Regular meetings are continuing with ASD colleagues to review issues and style of draft responses. Discussions are taking place with the Director of Health & Social Care, with the aim being to ensure that the complaints handling and approval process is consistent across the Partnership and Acute Services. This discussion is ongoing, however there has already been a vast improvement in the performance for H&SCP.							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Benchmarking		
4-Hour Emergency Access 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%	Oct-19	92.7%	Oct-19	●
Performance improved slightly in October, however, attendances remain above the level of the same period of 2018. The access target is affected by the capacity pressures within the hospital and focus is now on Daily Dynamic Discharge process. This work is being supported by the SG Unscheduled Care team.							
New Outpatients 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Aug-19	95%	Oct-19	92.4%	Sep-19	●
Performance has deteriorated since April, is below trajectory and moved below the Standard in September, with 92.4% of patients having waited less than 12 weeks. Problems with capacity due to unexpected vacancies, absence and an increase in demand in a number of high volume specialities have led to the deterioration in performance. Additional independent sector capacity has been commissioned to recover the position due to challenges of medical staff conducting in house waiting list initiatives as a result of the pension impact.							
Patient TTG (Ongoing Waits) All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	80%	Oct-19	90.5%	QE Sep-19	●
Performance remains better than the agreed improvement trajectory. Additional independent sector activity continues to be delivered whilst recruitment to vacant posts funded through the waiting times improvement plan are progressed.							
Cancer 62-Day RTT 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	94%	Oct-19	91.0%	QE Jun-19	●
Performance improved significantly in October. The six 62-day RTT breaches ranged in duration from 3 to 131 days (average 33 days) while the two 31-Day DTT breaches ranged from 10 to 14 days (average 12 days). There continues to be variability in the standards with issues seen with PET and delays in the prostate pathway resulting in breaches.							
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Aug-18	5%	Oct-19	6.4%	QE Jun-19	●
Performance improved in October, with both the number of patients in delay (and as a consequence the bed days lost to patients in delay) reducing. The % of bed days lost is the same as at October 2018, though still short of the 5% target. It will be challenging to reduce this level during the winter period.							
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	May-19	100%	Jul-19	97.5%	YT Jun-19	●
On ward training has been delivered in the VHK to raise awareness of the Temporary Abstinence pathways and access to NRT, and a small increase in referrals has been noticed. The Mobile Unit has been fully branded to raise awareness of the service, and a '24 days of Christmas' smoking cessation Advent Calendar is being promoted on Twitter.							
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	88%	Oct-19	62.5%	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	
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	82%	Oct-19	64.2%	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 an ISD/MHAIST data analyst and now SG advisor is on-going.							
FoI Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	N/A	85%	QE Oct-19	57.9%	N/A	N/A
October's performance figures largely reflect both the challenges in moving day-to-day FOI management to a new team, and the impact of closing overdue cases. Performance is expected to improve rapidly once this backlog has been fully addressed. October saw 39 individual cases completed, with 67 further cases closed at time of writing in late November. Streamlining of admin processes continues.							

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
Revenue Expenditure Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Nov-19	+ £7.633m	N/A	N/A
The revenue position for the 8 months to 30 November reflects an overspend of £7.633m. 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 £6.4m overspend to a potential worst case of £13.8m overspend. 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 £4.039m 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 number of specialist high cost, low volume procedures undertaken in Edinburgh reported in recent months which continues.							
Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£7.394m	N/A	£7.394m	Nov-19	£3.891m	N/A	N/A
The total Capital Resource Limit for 2019/20 is £7.394m. The capital position for the 8 months to November shows investment of £3.891m, equivalent to 52.62% 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	
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.89%	Oct-19	5.70%	YE Sep-19	●
The sickness absence rate for October was 5.7%, an increase of 0.24% compared to September. This means that the gap has increased by 0.56% between the 5.14% trajectory set at the start of the FY and the actual sickness absence rate. 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
Complaints – Stage 2	16

Finance, Performance & Resources – Operational Performance

4-Hour Emergency Access	17
Patient Treatment Time Guarantee (TTG)	18
New Outpatients	19
Cancer 62-day Referral to Treatment	20
Delayed Discharges	21
Smoking Cessation	22
CAMHS 18 Weeks Referral to Treatment	23
Psychological Therapies 18 Weeks Referral to Treatment	24
Freedom of Information (Fol) Requests	25

Finance, Performance & Resources – Finance

Revenue Expenditure	26
Capital Expenditure	38

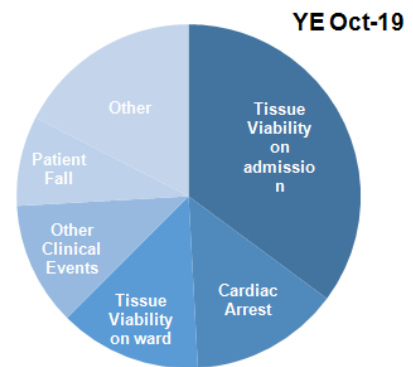
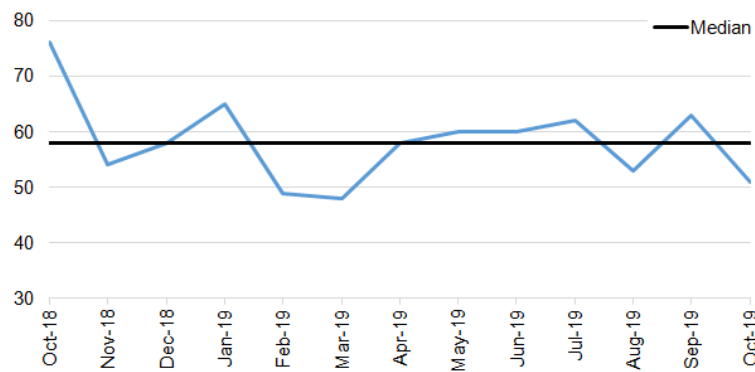
Staff Governance

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

Clinical Governance

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2018					2019							
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
ALL	NHS Fife	1466	1286	1240	1348	1263	1280	1234	1290	1237	1402	1293	1241	1321
	Acute Services	614	614	578	630	585	574	537	593	563	561	571	527	653
	HSCP	771	630	619	667	626	662	645	625	627	798	668	669	623
	Corporate	81	42	43	51	52	44	52	72	47	43	54	45	45
CLINICAL	NHS Fife	965	925	870	973	873	895	853	933	830	912	832	810	916
	Acute Services	570	566	519	568	523	524	485	550	513	518	518	482	591
	HSCP	372	348	340	389	337	355	356	346	297	379	284	311	303
	Corporate	23	11	11	16	13	16	12	37	20	15	30	17	22

Commentary

The Medical Director and Director of Nursing are currently reviewing the Adverse Events policy in light of the HIS national Adverse Event report. It is clear that NHS Fife is an outlier in terms of reporting of major and extreme events, however this is attributable to our policy on recording tissue viability and cardiac arrests.

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.

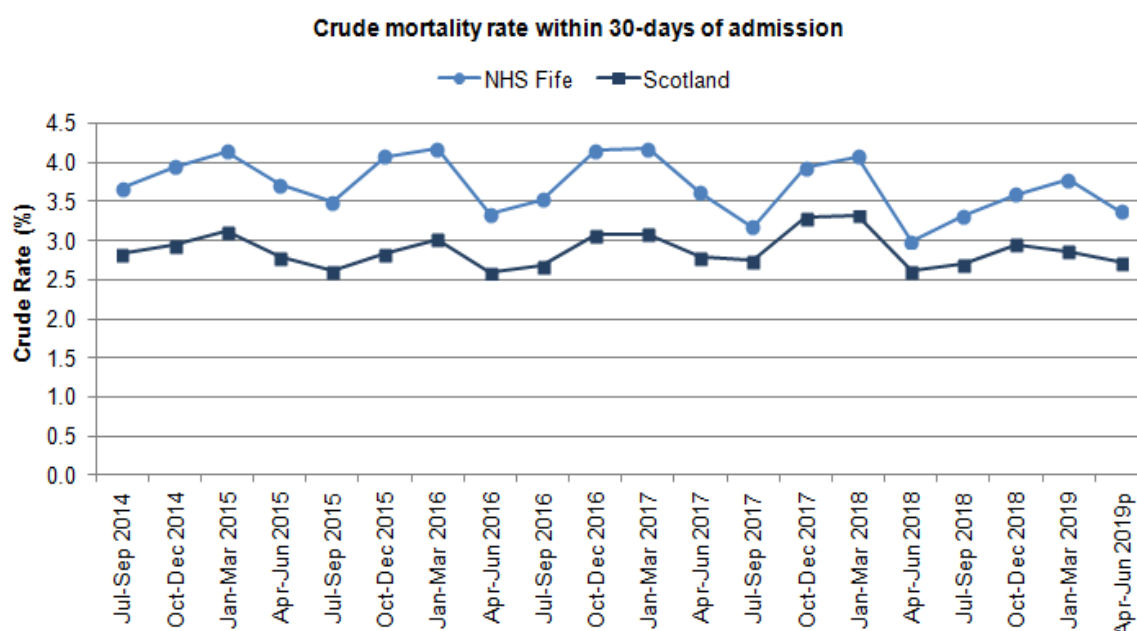
Reporting Period; July 2018 to June 2019^p

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.

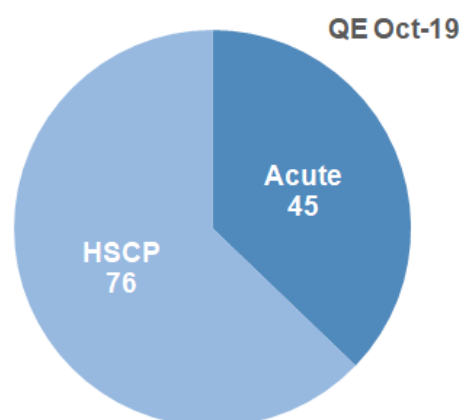
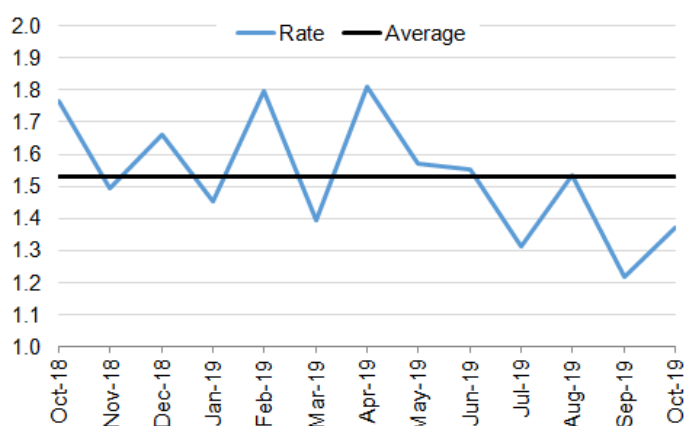
Clinical Governance

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						Oct
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
NHS Fife	1.77	1.49	1.66	1.45	1.80	1.40	1.81	1.57	1.55	1.31	1.53	1.22	1.37
Acute Services	1.21	1.22	1.49	1.19	1.62	0.84	1.17	0.89	1.73	0.54	1.34	1.13	0.88
HSCP	2.22	1.72	1.80	1.69	1.95	1.85	2.34	2.15	1.40	1.95	1.70	1.29	1.79

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**

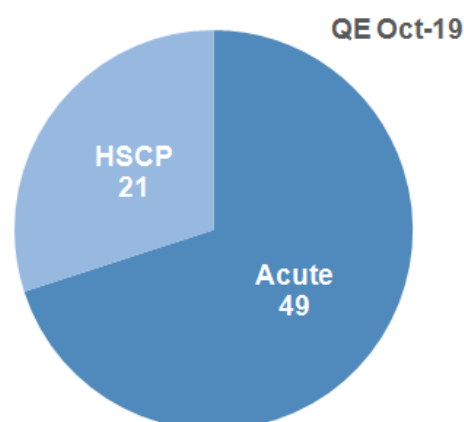
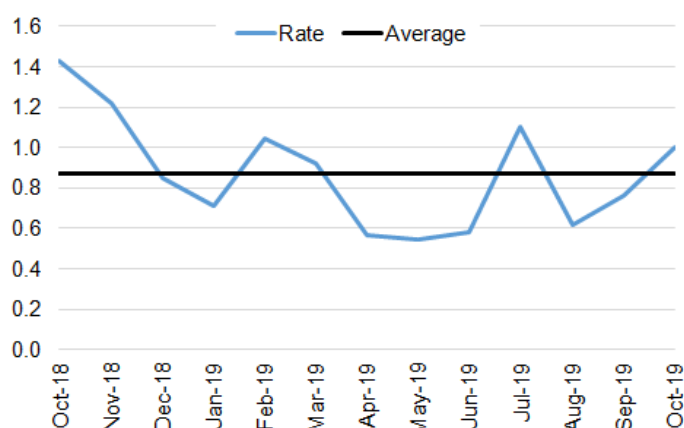
Improvement Actions	Progress	Timescale/Status
1. Review the Falls Toolkit and Falls Flowchart		Complete
2. Develop Older People's Knowledge and Skills Framework		Complete
3. Falls Audit	The audit was completed over a 5 week period, focused on 5 acute wards and showed that falls intervention reviews are 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	Care and Comfort Clock now fully tested, and completed document at printers to support system wide roll-out over the coming weeks	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 *** NEW ***

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

Service Performance													
Month	2018/19						2019/20						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	1.43	1.22	0.85	0.71	1.04	0.92	0.57	0.55	0.58	1.10	0.61	0.76	1.00
Acute Services	2.49	1.99	1.57	1.12	1.54	0.91	0.70	0.89	1.25	2.15	1.19	0.98	1.47
HSCP	0.56	0.57	0.25	0.36	0.61	0.92	0.45	0.25	0.27	0.25	0.13	0.58	0.62

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	All wards are completing SSKIN bundle on a weekly basis, continued support to ensure consistent compliance is ongoing Although marked as Complete, weekly audits will continue in 2020	Dec 2019 Complete
2. Fife-wide task group commissioned to review SBAR/LAER reporting	The task group have completed the recommendation of SBAR/LAER reporting and will now follow the governance structure for approval	Oct 2019 Complete
3. Improvement collaborative project extended to December 2019 across identified wards	All 10 wards continue to work within the QI programme A new QI programme will start in 2020	Dec 2019 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%			

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
1. 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
2. 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"> Family Health Team Winning By Losing Smoking Cessation Data analysis of these improvement strategies continues to assess effectiveness	Mar 2020 On Track

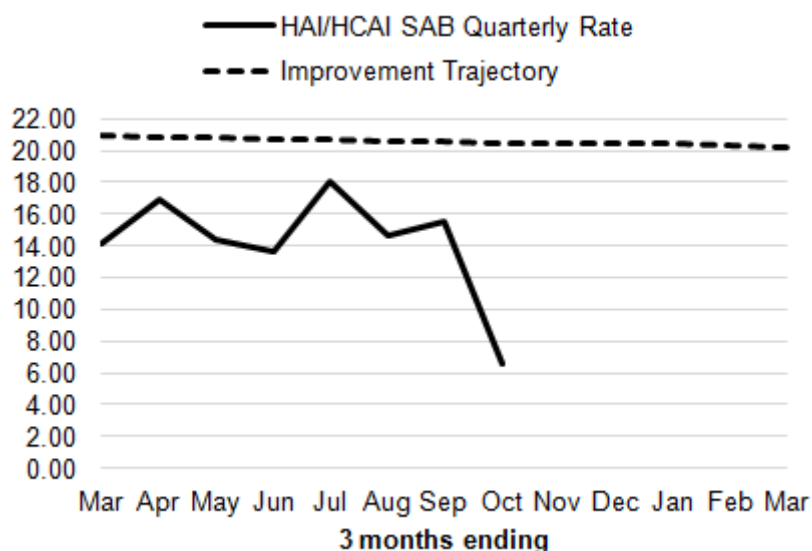
Clinical Governance

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 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				
		Mar	Jun	Sep	Dec	Mar
NHS Fife	HAI & HCAI Infection Rate (per 100,000 TOBD)	20.9	17.6			
Scotland		16.8	16.7			

Current Challenges

- Increase in number of VAD-related infections – **Actions 1 and 4**
- Number of SAB in diabetic patients – **Action 2**
- Increase in number of SAB in People Who Inject Drugs (PWID) – **Action 3**
- Reducing number of CAUTI infections – **Action 5**

Improvement Actions	Progress	Timescale/ Status
1. Complete work mandated by Vascular Access Strategy Group		Complete
2. Explore a new programme of work focusing on reducing the risk of SAB in diabetic patients		Complete
3. Reduce the number of SAB in PWIDs	Meetings with key stakeholders have continued to take place. Information leaflets for Staff and Patients have been ordered, while a SOP for accessing antibiotics for patients identified with SSTI by Addiction Services has been drafted and is out for consultation with GPs.	Mar 2021 On Track
4. Ongoing surveillance of all VAD-related infections	Data analysis used to identify wards with increased incidence, and local Quality Improvement work directed to these areas	Mar 2021 *** NEW ***
5. Ongoing surveillance of all CAUTI infections	Urinary Catheter Improvement Group (UCIG) meeting bi-monthly to identify key issues and take appropriate corrective actions	Mar 2021 *** NEW ***

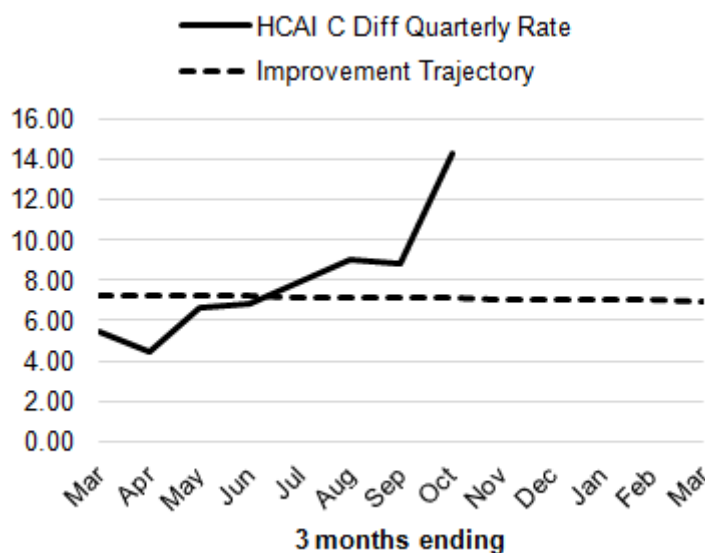
Clinical Governance

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 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 Scotland	HCAI Infection Rate (per 100,000 TOBD)	Mar	Jun	Sep	Dec	Mar
		7.2	7.7			
		14.8	13.8			

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**

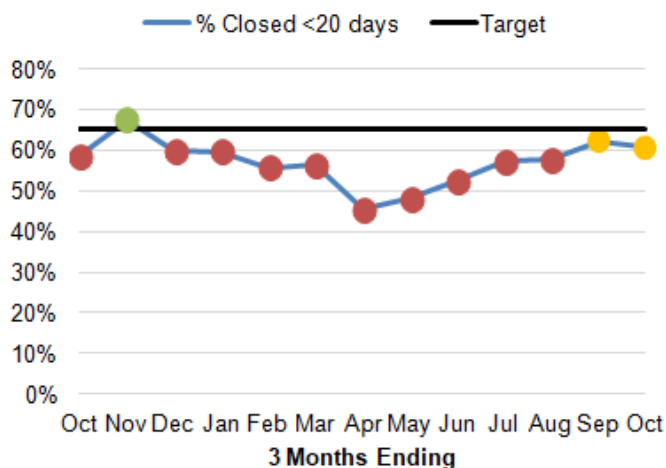
Improvement Actions	Progress	Timescale/ Status
1. Reducing recurrence of CDI	Pioneering work focusing on patients with recurrent infection started in October. Each patient is assessed for suitability for extended pulsed fidaxomicin (EPFX) regime, aiming to reduce recurrent disease in high risk patients.	Oct 2020 *** NEW ***
2. 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.	Oct 2020 *** NEW ***
3. Reduce HCAI CDIs	Optimise communication with all clinical teams in Acute services & HSCP. Monthly anonymised CDI reporting with Microbiology comments to gain better understanding of disease process.	Oct 2020 *** NEW ***

Clinical Governance

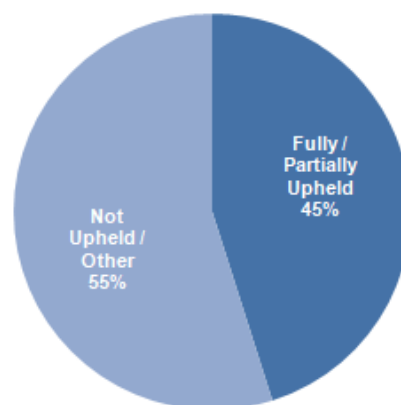
Complaints | Stage 2

At least 75% of Stage 2 complaints are completed within 20 working days
Improvement Target for 2019/20 = **65%**

Local Performance



By Outcome | QE Oct-19



Local Performance by Directorate/Division

3-Month Ending	2018/19						2019/20						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	58.7%	67.5%	59.8%	59.6%	55.8%	56.5%	45.5%	48.0%	52.3%	57.3%	57.8%	62.3%	60.7%
Acknowledged <= 3 Days	88.9%	93.2%	93.2%	89.9%	92.3%	92.4%	92.2%	93.3%	91.9%	95.1%	94.0%	95.1%	95.1%
ASD	67.1%	75.6%	70.7%	69.0%	62.7%	60.3%	52.6%	59.6%	67.7%	71.4%	66.7%	64.2%	61.0%
HSCP	37.5%	38.7%	26.5%	35.3%	38.2%	44.4%	21.1%	11.1%	8.7%	22.6%	32.4%	52.8%	55.9%

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**

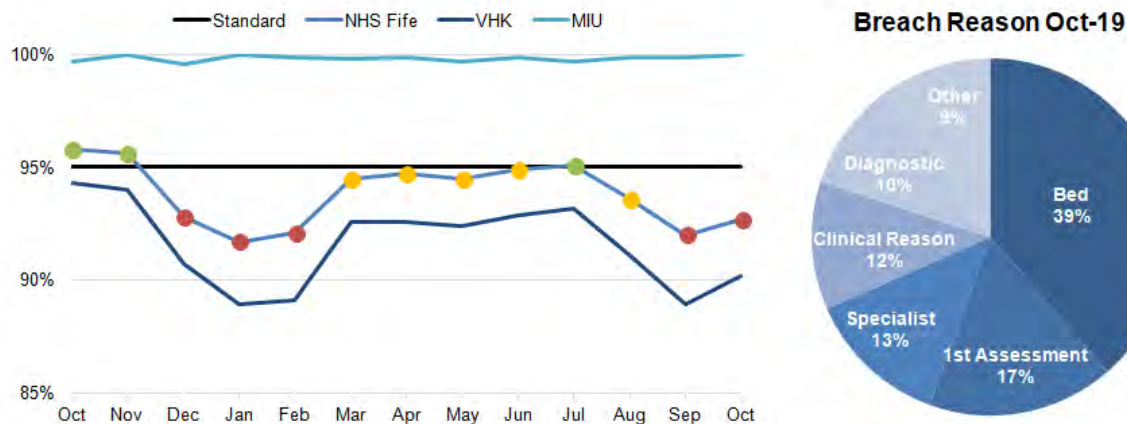
Improvement Actions	Progress	Timescale/ Status
1. Patient Relations Officers to undertake peer review	This continues and learning is being shared directly with individual Officers. Monthly meetings with ASD to discuss complaint issues and style of drafts are in place. Joint education session to be arranged to agree draft styles.	Mar 2020 On Track
2. 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
3. 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 around the complaints process and providing statements has been arranged for clinical staff in December This work will remain ongoing throughout the rest of the FY	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



National Benchmarking

Month	2018/19						2019/20						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	95.8%	95.6%	92.8%	91.7%	92.1%	94.5%	94.7%	94.5%	94.9%	95.1%	93.6%	92.0%	92.7%
Scotland	92.2%	91.3%	89.6%	88.8%	89.3%	91.3%	89.9%	90.7%	90.3%	91.2%	90.6%	88.7%	88.0%

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

Improvement Actions	Progress	Timescale/Status
1. Formation of PerformED group to analyse performance trends	Local KPIs have been agreed with internal services and changes made within ED to improve patient pathways for certain presentations.	Jan 2020 On Track
2. Review of AU1 Assessment Pathway		Complete
3. Implementation of OPAT		Complete
4. Development of services for ECAS	Monitor ECAS utilisation and medical/staffing model with aspiration to move services closer to front door	Mar 2020 On Track

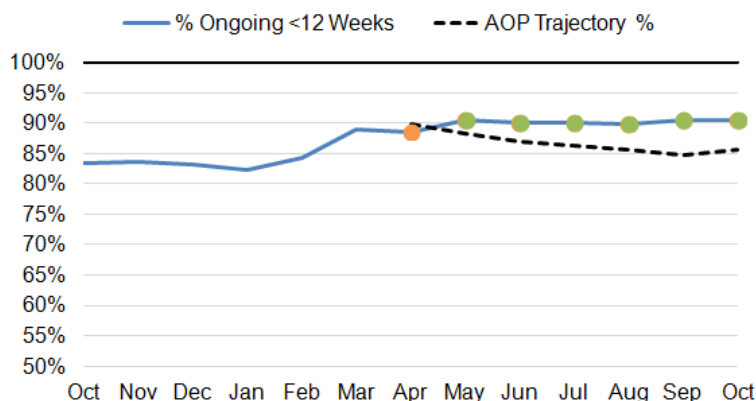
Finance, Performance & Resources – Operational Performance

Patient TTG

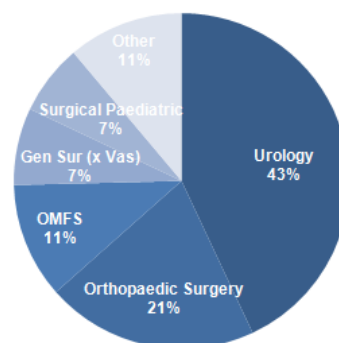
We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

Improvement Target for 2019/20 = **80%** (Patients Waiting <= 12 Weeks at month end, as per Scottish Government Waiting Times Plan)

Local Performance



Ongoing Breaches Oct-19



National Benchmarking

	2018/19						2019/20							Dec-19
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Target
NHS Fife	83.4%	83.5%	83.3%	82.4%	84.4%	89.0%	88.5%	90.4%	90.1%	90.1%	89.9%	90.6%	90.5%	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 – Actions 1, 2 and 3
	Difficulty in recruiting to Specialist Consultant posts – Actions 1 and 2
	Difficulty in staffing additional in-house activity - Actions 1, 2 and 3
	Cancellation of IP/DC activity due to unscheduled care pressures - Action 2

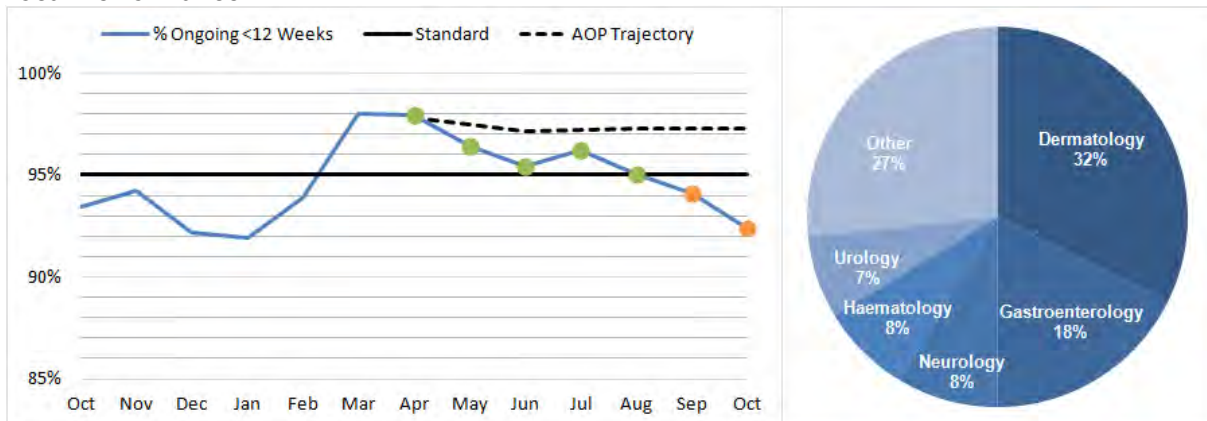
Improvement Actions	Progress	Timescale/ Status
1. Secure resources in order to deliver waiting times improvement plan for 19/20		Complete
2. Develop and deliver Clinical Space redesign Improvement programme	Meetings continue, report from Bed Modelling exercise awaited	Mar 2020 On Track
3. Theatre Action Group develop and deliver plan	Monthly meetings continue, action plan in place. Day Surgery event planned 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

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
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Target
NHS Fife	93.5%	94.2%	92.2%	91.9%	93.9%	98.0%	98.0%	96.4%	95.4%	96.2%	95.0%	94.1%	92.4%	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**

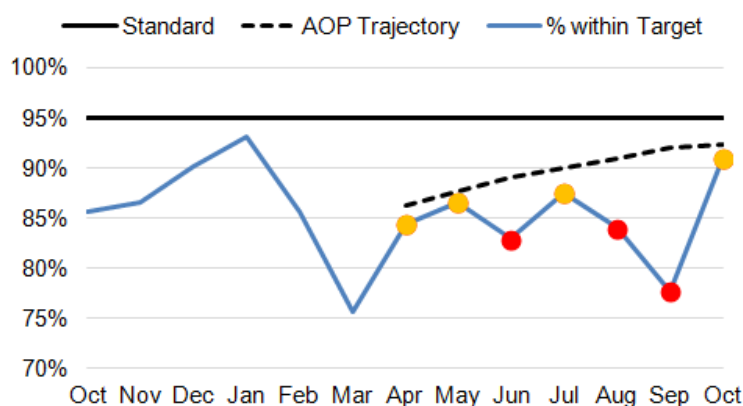
Improvement Actions	Progress	Timescale/ Status
1. Review DCAQ and secure activity to deliver funded activity in waiting times improvement plan for 19/20	DCAQ up to October reviewed and alternative solutions to deliver additional activity agreed. Plans being implemented to improve position. Plan for 2020/21 being reviewed for submission.	Dec 2019 *** NEW ***
2. Develop and deliver Outpatient Transformation programme to reduce demand	New action – progress report and timescale will be specified next month	TBD *** NEW ***
3. Improve recruitment to vacant posts and/or consider service redesign to increase capacity	Mid year review of service plans undertaken, revised plans being developed. Consultants posts in Urology, General Surgery, Cardiology and Dermatology have been recruited to.	Jan 2020 *** NEW ***

Finance, Performance & Resources – Operational Performance

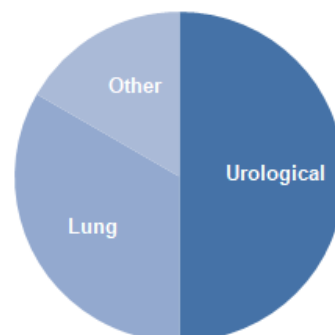
Cancer 62-Day Referral to Treatment

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 Oct-19



National Benchmarking

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

Current Challenges

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

Improvement Actions	Progress	Timescale/Status
1. Urology Improvement Group review prostate pathway to minimise wait between each step	Improvements implemented have delivered a reduction in waits to 1 st 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
2. 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"> Governance structure agreed Meetings to be arranged and ToRs finalised CWT education package under development SOP to be reviewed Cancer Scorecard in development Further metrics introduced into the PTL meeting to allow services to manage cancer referral demand and capacity. Staffing issues have resulted in delays to completing education, SOP and scorecard.	Dec-2019 Delayed to Mar 2020
3. 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

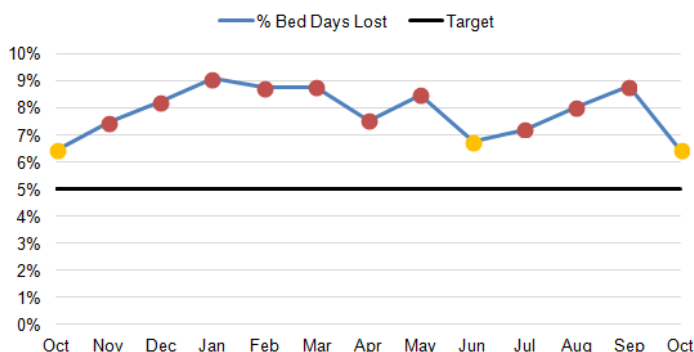
Finance, Performance & Resources – Operational Performance

Delayed Discharges

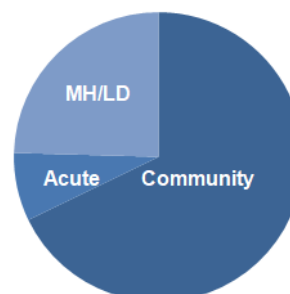
We will reduce the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

Improvement Target for 2019/20 = 5%

Local Performance



Bed Days Lost | Oct-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**

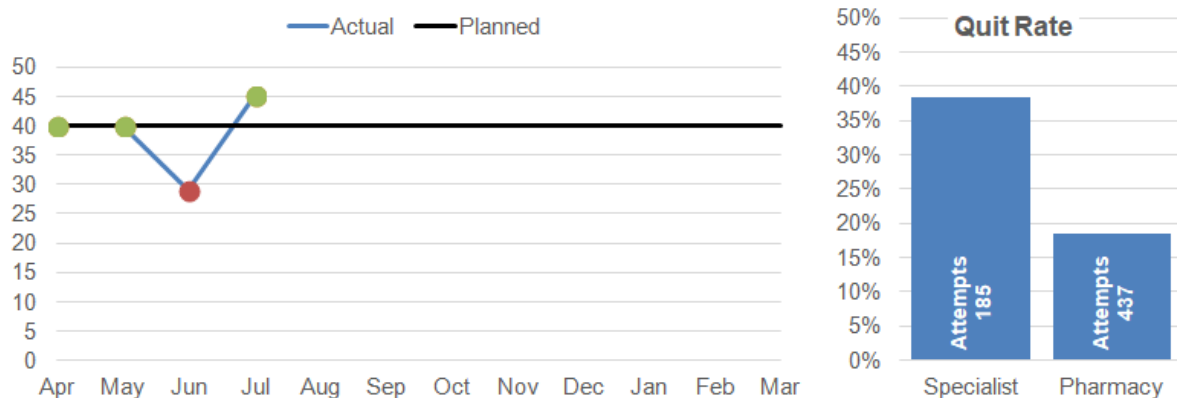
Improvement Actions	Progress	Timescale/ Status
1. Test a trusted assessors model within VHK for patients transferring to STAR/assessment beds	Framework developed. Training and shadowing sessions for staff to be progressed. This will continue into the new year.	Dec-2019 Delayed to Jan 2020
2. Review timescales of SW assessments	Review complete, improvements identified – see new Action 4	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 Still to be signed off.	Nov-2019 Delayed to Dec 2019
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 *** NEW ***

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								
	Actual Cumul	40	80	109	154	154	154	154	154	154	154	154	154
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	100.0%	101.3%	92.4%	97.5%								
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**

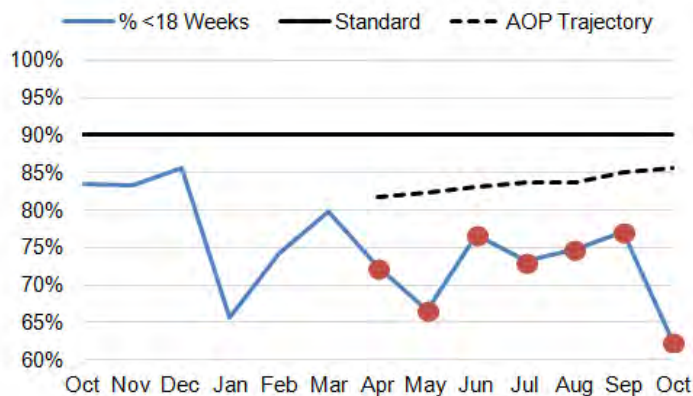
Improvement Actions	Progress	Timescale/ Status
1. Outreach development with Gypsy Travellers in Thornton		Complete
2. Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic	Plans in progress, monthly meetings with Respiratory Consultant to organise paperwork and process/pathways. Committee approval has been received and the first trial run (to check process and procedures) will start on 12 th December. The real time test will start on 9 th 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

Finance, Performance & Resources – Operational Performance

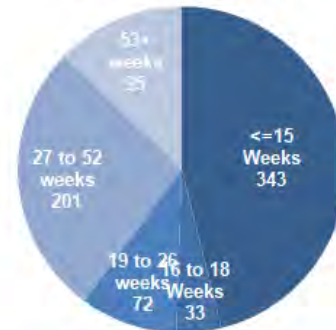
CAMHS 18 weeks RTT

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 (696) Oct-19



National Benchmarking

Month		2018/19						2019/20						Dec-19	
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Target
NHS Fife	% <18 Weeks	83.5%	83.3%	85.5%	65.7%	74.3%	79.8%	72.3%	66.7%	76.7%	73.2%	74.8%	77.1%	62.5%	87.0%
Scotland		72.9%	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
1. Introduction of Primary Mental Health Worker (PMHW) First Contact Appointments System and Group Therapy Programme	Four additional staff were recruited on 1-year contracts in April, and the impact was extremely positive, with a significant amount of C&YP signposted following assessment to alternative service providers. Unfortunately, these people have since left the service to take up permanent posts elsewhere. Recruitment has been successful for 4 wte temporary posts, and these posts will be filled in early 2020. The service is currently operating with 3 staff instead of 7, which has significant negative consequences on appointment times which now sit between 8-9 weeks compared to the planned response time of 2-3 weeks.	Mar 2020 On Track
2. Waiting List Additional Staffing Resource	Additional Tuesday and Wednesday evening clinics are now running. It is anticipated that 80-100 additional C&YP will be allocated individual therapy, depending on uptake and attendance. Group programme underway, resulting in 158 C&YP being allocated group places up until January 2020.	Sep 2019 to Feb 2020 On Track
3. 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

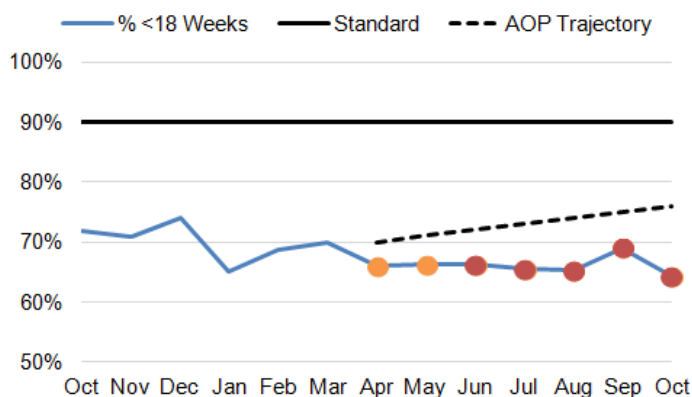
Finance, Performance & Resources – Operational Performance

Psychological Therapies 18 weeks RTT

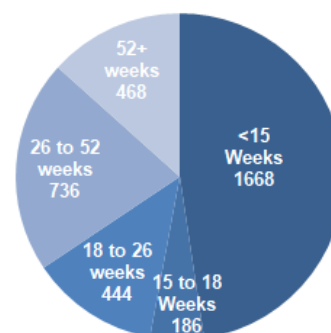
At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies

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

Local Performance



Waiting List (3502) Oct-19



National Benchmarking

Month		2018/19						2019/20						Dec-19	
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Target
NHS Fife	% <18 Weeks	71.9%	70.8%	73.9%	65.0%	68.7%	69.8%	66.1%	66.2%	66.3%	65.5%	65.2%	69.0%	64.2%	78.0%
Scotland		75.6%	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 – **Action 3**
- 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	Plans to utilise SCI gateway option to facilitate this have had to be abandoned due to technical issues. Staff will continue to implement using paper-based systems until all services are using same e-health systems.	Complete (as far as possible)
2. Introduction of Extended Group Programme in primary care, accessible by self-referral	Monitoring of referral rates from GPs to relevant tier of AMH service suggests positive impact on capacity for more highly specialist work within this tier. Data indicates that this change has had a sustained positive impact on capacity. 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. Implementation of mental health 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; final evaluation due September 2020	Sep 2020 On Track

Finance, Performance & Resources – Operational Performance

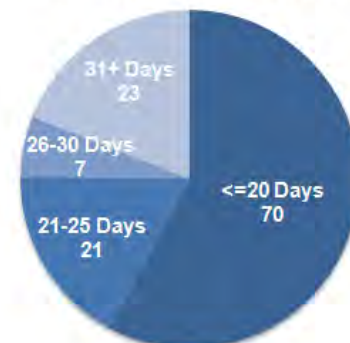
Freedom of Information Requests

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

Local Performance



FoI Closure Times QE Oct-19



Service Performance

Monthly	2018/19						2019/20						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Health Board	55.6%	55.4%	76.0%	83.7%	80.4%	73.8%	52.2%	56.8%	55.6%	68.9%	73.7%	48.3%	34.3%
IJB				100.0%	100.0%	55.6%	100.0%	86.7%	71.4%	86.7%	100.0%	85.7%	77.8%

Current Challenges

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

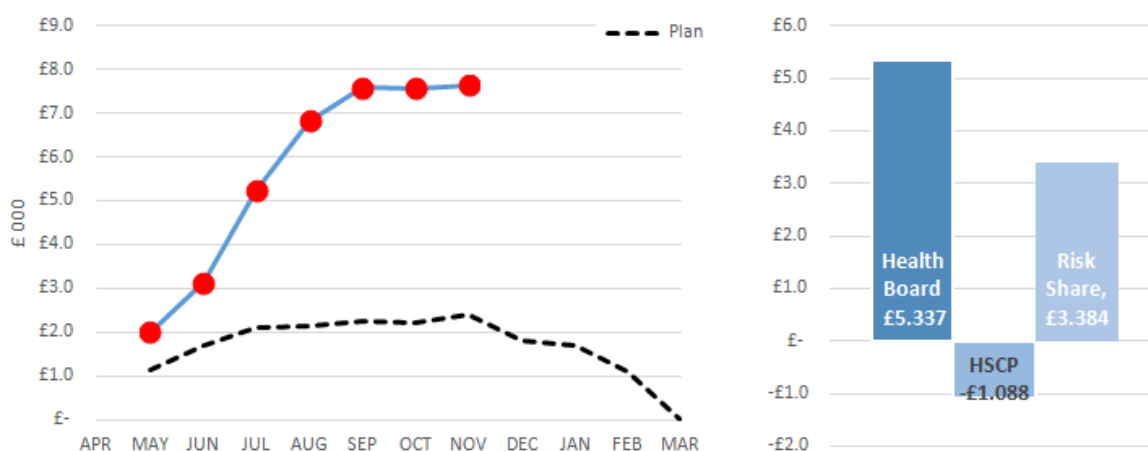
Improvement Actions	Progress	Timescale/ Status
1. Map pathway out and identify areas that have recurring issues with delayed responses		Complete
2. Improve FoI case recording and monitoring of timeliness of responses		Complete
3. Review enhanced cover arrangements for corporate administration of requests, to improve resilience		Complete
4. Update of processes to reflect involvement of IG&S Team	Meetings underway to review and update administrative pathways, processes and existing paperwork / templates, in advance of introduction of Axlr8 case management software (software roll-out now estimated for early 2020).	Dec 2019 On Track
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 scheduled for early December.	Dec 2019 On Track
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 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	415,845	417,183	271,402	276,739	5,337	1.97%	-205	5,542
Integration Joint Board (Health)	349,276	351,509	233,379	232,291	-1,088	-0.47%	-1,205	117
Risk Share	0	0	0	3,384	3,384	0.00%	3,384	0
Total	765,121	768,692	504,781	512,414	7,633	1.51%	1,974	5,659

Current Challenges

Acute Services Division: overspend of £10.542m, the key drivers being run rate overspend and shortfall on savings delivery – **Action 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 original 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's) external review complete ASD to prepare detailed action plan This will be an ongoing activity throughout 2019/20 and 2020/21	Mar 2020
2. Discussions with Scottish Government to support financial position	Meetings held in October and November – remains a live conversation and is likely to continue over next few months	Jan 2020 On Track
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 Action completion date adjusted	Dec 2019 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 November core revenue and core capital allocation amounts on 3 December. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £740.014m; and anticipated allocations total £4.311m.

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 of £20.867m; along with an anticipated non core allocation of £3.5m.

Total RRL

- 2.3 The total current year budget at 30 November is therefore £769.692m as detailed in Appendix 1.

3. Summary Position - Commentary

- 3.1 The revenue position for the 8 months to 30 November reflects an overspend of £7.633m. 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 £6.4m overspend to a potential worst case of £13.8m overspend. Consistent with our year to date reporting, the aforementioned position assumes the risk share cost to NHSF is capped to £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).
- 3.2 Discussions have been held with the Director and Deputy Director of Health Finance, Scottish Government, to work collaboratively to find a solution to the financial challenges facing NHS Fife. Areas considered included: review of all allocations; review of balance sheet accruals (both value and accounting treatment); risk share methodology; acute set aside budgets; capital to revenue funding transfer; and ADEL funding. A number of potential offsetting benefits may allow the optimistic overspend per 3.1 above to be reduced and work continues to identify further opportunities to bring the position to financial balance.
- 3.3 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 worsens to an overspend of £10.8m (best case) to £18.7m (worst case). This then compromises our ability to achieve financial balance and our ability to meet our statutory obligations.
- 3.4 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 £4.039m 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

Finance, Performance & Resources – Finance

number of specialist high cost, low volume procedures undertaken in Edinburgh reported in recent months which continues.

- 3.5 A detailed and focused review of further potential offsetting financial flexibility benefits continues. Scoping work is underway on any potential benefits from balance sheet accruals, and non recurring ADEL (Additional Departmental Expenditure Limit) funding.
- 3.6 However, as previously highlighted in the Integrated Performance & Quality Report, there is limited assurance that NHS Fife can remain within the overall revenue resource limit if we are required to cover the impact of the IJB position. The risk share arrangement reflected in month 8 reporting has reverted to 72% (from 61% reflected in month 7 which has not been accepted by partners) for NHS Fife. The pressure reported is 72% of the initial £6.5m budget gap, plus £0.550m additional social care packages agreed between the partnership's respective Chief Executive Officers (i.e. £5.1m). This would become even more challenging, if we are required to cover the impact of the forecast outturn position for the IJB.
- 3.7 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR) we have included a funding assumption to the value of the full risk share impact and a continued commitment to cover the net overspend on the Health Board budgets through increased financial flexibility.
- 3.8 Table 1 below provides a summary of the position across the constituent parts of the system: an overspend of £5.337m is attributable to Health Board retained budgets; whilst an underspend of £1.088m is attributable to the health budgets delegated to the Integration Joint Board; and an overspend shown of £3.384m 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 November 2019

	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	198,651	206,608	138,641	149,183	10,542	7.60%	5,127	5,415
IJB Non-Delegated	8,289	8,408	5,622	5,673	51	0.91%	15	36
Estates & Facilities	72,837	73,018	48,055	47,699	-356	-0.74%	-418	62
Board Admin & Other Services	53,234	71,344	50,571	50,094	-477	-0.94%	-506	29
Non-Fife & Other Healthcare Providers	85,946	85,946	57,319	58,316	997	1.74%	997	0
Financial Flexibility & Allocations	22,069	14,692	4,656	-455	-5,111	-109.77%	-5,111	0
Health Board	441,026	460,016	304,864	310,510	5,646	1.85%	104	5,542
Integration Joint Board - Core	373,913	401,018	267,375	266,475	-900	-0.34%	-1,017	117
Integration Fund & Other Allocations	13,804	966	0	-200	-200	0.00%	-200	0
Sub-total Integration Joint Board Core	387,717	401,984	267,375	266,275	-1,100	-0.41%	-1,217	117
IJB Risk Share Arrangement	0	0	0	3,384	3,384		3,384	0
Total Integration Joint Board - Health	387,717	401,984	267,375	269,659	2,284	0.85%	2,167	117
Total Expenditure	828,743	862,000	572,239	580,169	7,930	1.39%	2,271	5,659
IJB - Health	-38,441	-50,475	-33,996	-33,984	12	-0.04%	12	0
Health Board	-25,181	-42,833	-33,462	-33,771	-309	0.92%	-309	0
Miscellaneous Income	-63,622	-93,308	-67,458	-67,755	-297	0.44%	-297	0
Net Position Including Income	765,121	768,692	504,781	512,414	7,633	1.51%	1,974	5,659

4. Operational Financial Performance for the year

Acute Services

- 4.1 The Acute Services Division reports a **net overspend of £10.542m for the year to date**. This reflects an overspend in operational run rate performance of £5.127m, and unmet savings of £5.415m. Within the run rate performance, pay is overspent by £4.341m. 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

Finance, Performance & Resources – Finance

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 £4.039m overspend relating to the budgets 'set aside' for inclusion in the IJB's strategic plans but which remain managed by the NHS Board.

- 4.2 As previously reported, external expertise provided through Deloitte LLP has been positive in robustly supporting and challenging the Acute Services team to design and implement an effective savings programme. The Acute Services management team have set up a transformation programme and are committed to translating findings from the external Deloitte report in to the 'art of the possible' for 2020/21 and beyond. In parallel an interim PMO Director has been appointed to review and advise on the overarching governance arrangements and infrastructure across Health and into Social Care.

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

	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division								
Planned Care & Surgery	67,787	71,199	47,316	50,743	3,427	7.24%	1,552	1,875
Emergency Care & Medicine	73,156	76,891	51,946	56,980	5,034	9.69%	3,588	1,446
Women, Children & Clinical Services	54,063	55,029	36,797	39,746	2,949	8.01%	855	2,094
Acute Nursing	596	616	388	334	-54	-13.92%	-54	
Other	3,049	3,073	2,194	1,380	-814	-37.10%	-814	
Total	198,651	206,608	138,641	149,183	10,542	7.60%	5,127	5,415

Estates & Facilities

- 4.3 The Estates and Facilities budgets report an **underspend of £0.356m** which is generally attributable to vacancies, energy and water and property rates, and partially offset by an overspend on property maintenance.

Corporate Services

- 4.4 Within the Board's corporate services there is an **underspend of £0.477m**. 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 £0.997m** per Appendix 3. This remains an area of increasing challenge particularly given the relative higher costs of some other Boards.

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, and therefore form part of devolved budgets. A number of residual uplifts and new in-year allocations are held in a central budget and are subject to review each month. Whilst no specific decisions are made to hold back new allocations, there are often unplanned underspends which emerge as the year progresses. Details of flexibility released at month 8 are 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 £1.100m for the year to date**. This position comprises an underspend in the run rate performance of £1.217m; together with unmet savings of £0.117m. 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 IJB risk share for the first 8 months of 2019/20 is a **cost of £3.384m**, representing a revised 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 8 is therefore a **net £2.284m overspend**. The key financial risk in relation to the Health & Social Care Partnership is this overall gap and the increasing actual overspend on social care budgets, the latter of which is a live discussion and, for reporting purposes, is assumed to be met from the respective partner organisation.
- 4.11 However if NHS Fife are required to fund the full HSCP overspend this will add an additional £4.3m - £4.9m pressure the outturn position.

Income

- 4.12 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 November 2019

	Annual Budget	Budget	Actual	Net Over/(Under) Spend
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	374,239	248,628	250,665	2,037
GP Prescribing	72,665	48,541	48,508	-33
Drugs	30,780	21,271	20,688	-584
Other Non-Pay	377,042	254,803	257,125	2,322
IJB Risk Share	0	0	3,384	3,384
Efficiency Savings	-8,385	-5,659	0	5,659
Commitments	15,658	4,656	-200	-4,856
Income	-93,308	-67,458	-67,755	-297
Net Underspend	768,692	504,781	512,414	7,633

Pay

- 5.2 The overall pay budget reflects an overspend of £2.037m. 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 7,845 wte across all staff groups, there was 7,843 wte staff in post in November.

Finance, Performance & Resources – Finance

Drugs & Prescribing

- 5.4 Across the system, there is a net under spend of £0.617m on medicines largely due to an under spend of £0.584m on sexual health and rheumatology drugs. The GP prescribing position is based on 2018/19 trend analysis and August and September 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 £2.322m. 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. As reported to the Board in March, 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 disappointingly reflects a c50/50 split.

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	1,026	1,638	2,664	8,209
Integration Joint Board	6,460	3,485	2,799	6,284	176
Total Savings	17,333	4,511	4,437	8,948	8,385

7 Key Messages / Risks

- 7.1 The key challenges include the overspend on Acute Services (largely driven by non delivery of savings and a number of specific cost pressures; and includes £4.039m 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 and in particular, the number of specialist high cost, low volume procedures undertaken in Edinburgh, as well as the cost of outflow activity in NHS Tayside.
- 7.2 Based on the year to date position and high level planning assumptions, estimates and information available at this time, and as agreed by delegated budget holders, the year end forecast ranges from a potential optimistic forecast of £6.5m overspend to a potential worst case of £13.8m overspend as detailed in table 5 below:

Table 5: Financial Outturn (modelling based on actual position at 30 Nov 2019) – capped HSCP overspend

Forecast Outturn	Pessimistic £'000	Mid-Range £'000	Optimistic £'000
Acute Services Division	9,851	8,772	7,778
Acute Services Division (Acute Set Aside)	6,108	5,805	5,503
IJB Non-Delegated	139	106	74
Estates & Facilities	-145	-600	-1,875
Board Admin & Other Services	-685	-1,224	-1,299
Non-Fife & Other Healthcare Providers	1,521	1,521	1,521
Financial Flexibility	-7,439	-7,439	-7,439
Miscellaneous Income	-350	-350	-350
Health Board Retained Budgets	9,000	6,591	3,913
IJB Delegated Health Budgets	27	-1,219	-2,220
Integration Fund & Other Allocations	-300	-300	-300
Sub Total IJB Delegated Health Budgets	-273	-1,519	-2,520
Risk Share	5,076	5,076	5,076
Net IJB Health Position	4,803	3,557	2,556
Total Forecast Outturn	13,803	10,148	6,469

- 7.3 Discussions have been held with the Director and Deputy Director of Health Finance, Scottish Government, to work collaboratively to find a solution to the financial challenges facing NHS Fife. Areas considered included: review of all allocations; review of balance sheet accruals (both value and accounting treatment); risk share methodology; acute set aside budgets; capital to revenue funding transfer; and ADEL funding. A number of potential offsetting benefits may allow the optimistic overspend above to be reduced and work continues to identify further opportunities to bring the position to financial balance.
- 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 worsens to an overspend of £10.8m (best case) to £18.7m (worst case). This then compromises our ability to achieve financial balance and our ability to meet our statutory obligations.
- 7.5 Taking into account the points in 7.3 and 7.4 above, the impact on the forecast outturn is summarised below.

Table 6: Financial Outturn (modelling based on actual position at 30 Nov 2019) – full forecast HSCP overspend

Financial Modelling per Month 8	Pessimistic £'000	Mid-Range £'000	Optimistic £'000
Forecast Outturn per IPQR	13,803	10,148	6,469
Potential offsetting benefits			
Capital to revenue transfer	-1,000	-1,000	-1,000
Additional ADEL	-1,500	-1,500	-1,500
Review of balance sheet	-2,600	-2,600	-2,600
Revised Forecast Outturn (1)	8,703	5,048	1,369
Risk share on full forecast outturn	4,935	4,655	4,306
Revised Forecast Outturn (2)	13,638	9,703	5,675

- 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 assumes that the remaining months will realise a break even position in each remaining month of the year, and that additional savings will be identified. This assessment will be reviewed on a continual basis in light of its associated high risk.
- 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 £0.6m '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 8 includes potential slippage of £1m re waiting times funding following an updated assessment of progress to date and expected activity to the year end. This carries with it a degree of managed risk - this earlier release of flexibility means that there is less scope to respond to anticipated exceptional events which may occur later in the year; but equally allows an earlier (part) mitigation of the potential year end overspend (notwithstanding the risk share cost associated with the IJB).
- 7.9 There is limited assurance that NHS Fife can remain within the overall revenue resource limit should there be a requirement to cover the impact of the IJB position. The risk share arrangement reflected in month 8 reporting at 72% of the initial £6.5m budget gap plus £0.550m additional social care packages agreed between the partnership's respective Chief Executive Officers,) ie £5.1m. This would become even more challenging, if we are required to cover the impact of the forecast outturn position for the IJB.

Finance, Performance & Resources – Finance

- 7.10 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR), a funding assumption to the value of the risk share impact has been included together with a continued commitment to cover the net overspend on the Health Board budgets through increased financial flexibility. This does, however, hold a degree of risk.
- 7.11 Discussions with SGHSCD colleagues in relation to the financial position continue, and positive steps are being made to identify further non-recurring financial opportunities in order to move towards a balanced year-end outturn.

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 £7.633m for the year to 30 November 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 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	Cancer & Diagnostics Activity			123	123	Based on submission
Confirmed	Depreciation to non core			-13,056	-13,056	Annual adjustment
Confirmed	Lyme's disease correction	12			12	
Confirmed	NSD Topslice			-3,097	-3,097	annual adjustment agreed through BCE
Confirmed	NSD Topslice - Pay & Pensions	-543			-543	
Confirmed	Golden Jubilee SLA			-28	-28	For the services provided by Golden Jubilee
Confirmed	Mental Health Outcomes Framework		1,363		1,363	Covers the original Mental Health Bundle, Innovation Fund & Capacity building CAMHS & Psychological Therapies
	Total Core RRL Allocations	678,069	63,870	-1,925	740,014	
Anticipated	CAMHS Regional Post			35	35	
Anticipated	Distinction Awards			227	227	
Anticipated	New Medicine Fund			3,005	3,005	
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	
	Total Anticipated Core RRL Allocations	0	0	4,311	4,311	
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	
	Total Non-Core RRL Allocations	0	0	20,867	20,867	
Anticipated	Non-Core Del			3,500	3,500	
	Total Anticipated Non-Core RRL Allocations	0	0	3,500	3,500	
	Grand Total	678,069	63,870	26,753	768,692	

Finance, Performance & Resources – Finance

Appendix 2: Corporate Directories

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E-Health Directorate	12,790	7,661	7,694	33
NHS Fife Chief Executive	207	138	139	1
NHS Fife Finance Director	6,318	4,156	3,735	-421
NHS Fife HR Director	3,160	2,128	2,046	-82
NHS Fife Medical Director	6,953	4,058	3,952	-106
NHS Fife Nurse Director	3,771	2,462	2,723	261
Legal Liabilities	18,258	16,913	16,912	-1
Public Health	2,206	1,453	1,340	-113
Early retirement & Injury Benefits	269	0	-45	-45
Regional Funding	284	202	199	-2
Depreciation	17,129	11,399	11,399	0
Total	71,344	50,571	50,094	-477

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	95	63	38	-25
Borders	43	28	31	3
Dumfries & Galloway	24	16	40	24
Forth Valley	3,089	2,058	2,223	165
Grampian	349	233	209	-24
Greater Glasgow & Clyde	1,607	1,072	1,044	-28
Highland	131	88	148	60
Lanarkshire	111	74	101	27
Lothian	30,600	20,400	18,801	-1,599
Scottish Ambulance Service	98	65	70	5
Tayside	39,772	26,516	26,829	313
	75,919	50,613	49,534	-1,079
UNPACS				
Health Boards	8,063	5,375	7,048	1,673
Private Sector	1,209	806	1,138	332
	9,272	6,181	8,186	2,005
OATS				
	690	460	533	73
Grants				
	65	65	63	-2
Total	85,946	57,319	58,316	997

Finance, Performance & Resources – Finance

Appendix 4 - Financial Flexibility & Allocations

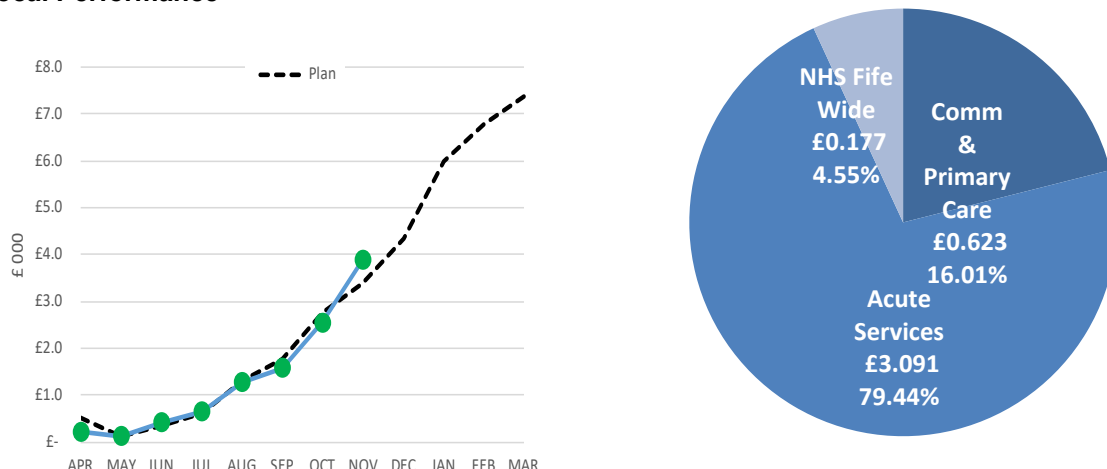
	CY Budget £'000	Flexibility Released to Nov-19 £'000
Financial Plan		
Drugs	2,909	667
Complex Weight Management	50	33
Adult Healthy Weight	104	69
National Specialist Services	54	36
Band 1s	307	205
Unitary Charge	213	92
Junior Doctor Travel	106	57
Consultant Increments	50	33
Cost Pressures	3,475	1,781
Financial Flexibility	527	350
Sub Total Financial Plan	7,795	3,323
Allocations		
Health Improvement	93	0
AME impairments	1,195	0
AME Provisions	-22	0
Pay Awards	52	0
Distinction Awards	37	0
Waiting List	2,694	667
CAMHS Post	35	0
Best Start	337	125
Advanced Breast Practitioner Radiology	36	0
Insulin Pumps & CGM	95	0
Carry Forward 18-19	260	173
Urolift	26	0
Flow Variability	70	0
Neonatal Expenses	17	0
Capital to Revenue	234	0
ADEL	1,000	333
Winter Planning	619	0
Cancer Waiting Times	122	35
Golden Jubilee Sla	-3	0
Sub Total Allocations	6,897	1,333
Total	14,692	4,656

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 £7.394m. The capital position for the 8 months to November shows investment of £3.891m, equivalent to 52.62% 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 allocation amounts of £7.394m gross. 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). NHS Fife has received a letter confirming they will receive a capital allocation of £0.120m for Hospital Eye Scotland for the procurement of ophthalmic equipment.

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 are underway with the SGHSCD on the potential 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 £3.891m or 52.62% 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	£1.091m
Minor Works	£0.178m
Equipment	£1.831m
E-health	£0.155m
Elective Orthopaedic Centre	£0.614m

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 30 November 2019 of £3.891m and the forecast year end spend of the capital resource allocation of £7.394m

Appendix 1: Capital Expenditure Breakdown

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2019/20 £'000
COMMUNITY & PRIMARY CARE			
Statutory Compliance	823	483	823
Capital Minor Works	353	100	353
Capital Expenditure	81	40	81
Condemned Equipment			
Total Community & Primary Care	1,256	623	1,256
ACUTE SERVICES DIVISION			
Capital Equipment	1,984	1,695	1,984
Statutory Compliance	1,962	609	1,962
Minor Works	165	78	165
Condemned Equipment	95	95	95
Elective Orthopaedic Centre	614	614	614
Total Acute Services Division	4,819	3,091	4,819
NHS FIFE WIDE SCHEMES			
Condemned Equipment			
Information Technology	1,041	155	1,041
Equipment Balance	18	0	18
Scheme Development	60	0	60
Contingency	100	22	100
Statutory Compliance - Fire Compartmentation	100	0	100
Minor Works	0	0	0
Total NHS Fife Wide Schemes	1,319	177	1,319
TOTAL ALLOCATION FOR 2019/20	7,394	3,891	7,394

Appendix 2: Capital Plan - Changes to Planned Expenditure

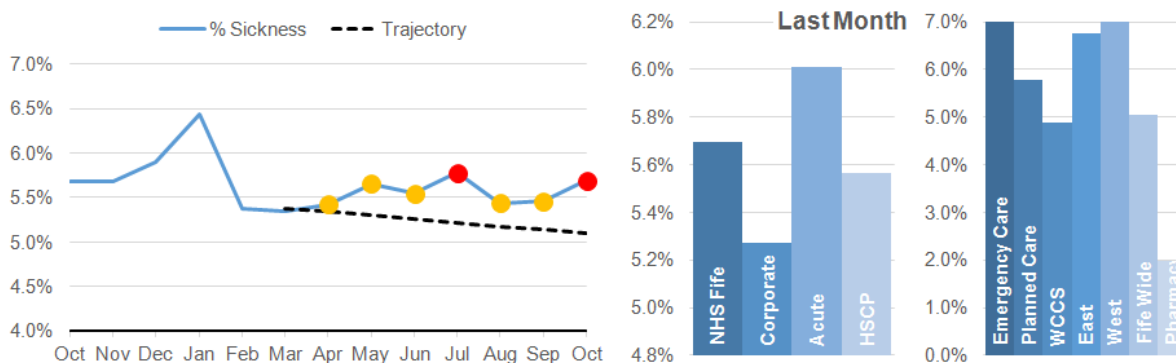
Capital Expenditure Proposals 2019/20	Board Approved 27/03/2019 £'000	Cumulative Adjustment to October £'000	November Adjustment £'000	Total November £'000
Routine Expenditure				
Community & Primary Care				
Minor Capital		316	37	353
Capital Equipment		87	-6	81
Statutory Compliance		820	3	823
Condemned Equipment				
Total Community & Primary Care	0	1,223	33	1,256
Acute Services Division				
Minor Capital		164	1	165
Capital Equipment		1,945	39	1,984
Statutory Compliance		2,067	-105	1,962
Condemned Equipment		94		94
Elective Orthopaedic Centre		587	27	614
	0	4,857	-38	4,819
Fife Wide				
Minor Work	498	-485	-13	
Information Technology	1,041			1,041
Backlog Maintenance / Statutory Compliance	3,569	-3,469		100
Condemned Equipment	90	-90		
Scheme Development	60			60
Fife Wide Equipment	2,036	-2,036	18	18
Fife Wide Contingency Balance	100			100
Total Fife Wide	7,394	-6,080	5	1,319
Total	7,394	0	0	7,394

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
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 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
18th December 2019

Prepared by:
CAROL POTTER
Director of Finance and Performance