

Finance, Performance & Resources Committee

10 March 2020, 09:30 to 12:00
Board Room, Staff Club, Victoria Hospital

Agenda

1. **Apologies for Absence**
Rona Laing
2. **Declaration of Member's Interests**
Rona Laing
3. **Minutes of the last Meeting held on 14 January 2020**
(enc)
Rona Laing
4. **Action List**
(9 pages)
Item 3 - FPR Unconfirmed Minutes 14.01.20.pdf
(enc)
Rona Laing
5. **Matters Arising**
(1 pages)
Item 4 - Rolling Action List Update from January.pdf
- 5.1. **Stratheden IPCU - Smoking Area Update**
(verbal)
Nicky Connor
- 5.2. **General Policies & Procedures Update**
(verbal)
Gillian MacIntosh
6. **Governance**
- 6.1. **Board Assurance Framework - Financial Sustainability**
(enc)
Margo McGurk
- Item 6.1 - SBAR Board Assurance Framework - Financial Sustainability.pdf (3 pages)
- Item 6.1 - BAF Risks - Financial Sustainability.pdf (1 pages)
- Item 6.1 - BAF Risks - Fin Sustain - Linked Risks.pdf (5 pages)
- 6.2. **Board Assurance Framework - Strategic Planning**
(enc)
Chris McKenna
- Item 6.2 - SBAR Strategic Planning 050320.pdf (3 pages)
- Item 6.2 - NHS Fife Board Assurance Framework (BAF) 040320 - Strategic Planning.pdf (1 pages)
- 6.3. **Board Assurance Framework - Environmental Sustainability**
(enc)
Andrew Fairgrieve
- Item 6.3 - SBAR (BAF) Environmental (3 pages)

Sustainability FP&R 10-3-2020.pdf



Item 6.3 - BAF Risks - Environmental Sustainability
- Linked Op Risks 18032019.pdf

(5 pages)



Item 6.3 - NHS Fife Board Assurance Framework
(BAF) V19 0 10-3-2020 - Environmental.pdf

(1 pages)

6.4. Review of Committee's Terms of Reference

(enc)

Gillian MacIntosh



Item 6.4 - SBAR Committee ToR FPR.pdf

(2 pages)



Item 6.4 - Committee ToR FPR.pdf

(4 pages)

6.5. Committee Self-Assessment Report

(enc)

Gillian MacIntosh



Item 6.5 - SBAR Committee SA report FPR.pdf

(7 pages)

6.6. Annual Workplan 2020/21

(enc)

Gillian MacIntosh



Item 6.6 - SBAR FPR Committee Workplan.pdf

(1 pages)



Item 6.6 - FPR Annual Workplan 2020-21.pdf

(2 pages)

6.7. Annual Accounts - Progress Update on Audit Recommendations

(enc)

Margo McGurk



Item 6.7 - SBAR cover Annual Audit Report
Recommendations.pdf

(2 pages)



Item 6.7 - Annual Audit Report Recommendations
Update March 2020 FINAL.pdf

(12 pages)

7. Planning

7.1. Orthopaedic Elective Project

(enc)

Helen Buchanan/Alan Wilson



Item 7.1 - SBAR FPR Project Update March 20 -
updated.pdf

(2 pages)

8. Performance

8.1. Integrated Performance & Quality Report

(enc)

Margo McGurk



Item 8.1 - SBAR for IPQR FPR Committee.pdf

(3 pages)



Item 8.1 - IPQR Feb 2020.pdf

(43 pages)

8.2. Winter Performance Report

(enc)

Nicky Connor/Morag Olsen



Item 8.2 - FPR Winter Performance Report.pdf

(18 pages)

9. Items for Noting

9.1. Minute of IJB Finance & Performance Committee, dated 7 February 2020

(enc)

Rona Laing



9.2. Minute of Pharmacy Practice Committee, dated 10 December 2019

(enc)

Rona Laing



10. Issues to be Escalated

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

(verbal)

Rona Laing

11. Any Other Business

Rona Laing

**12. Date of Next Meeting: 12 May 2020 at 9.30am, in the Boardroom,
Staff Club, Victoria Hospital**

**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)	Mr E Clarke, Non-Executive Director
Dr L Bisset, Non-Executive Director	Ms H Buchanan, Director of Nursing
Mr P Hawkins, Chief Executive	Dr C McKenna, Medical Director
Mr A Morris, Non-Executive Director	Ms J Owens, Non-Executive Director
Ms D Milne, Director of Public Health	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 between Acute Services and H&SCP to identify how staff can work differently together. It has been noted that opportunities are being missed for patients moving to downstream beds. 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

ACTION POINTS ARISING FROM NHS FIFE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETINGS

No.	Original Action Date	Item	Action By	Action Required / Current Status	Date Due
111	27.02.18 15.01.19	Stratheden IPCU – PPE	NC	A fuller assessment requested on the potential ways forward for the creation of a secure external smoking area at the site, to include clinical and staff views, was requested for EDG, with an update to FP&R in July 2019.	On agenda, March 2020
130	14.05.19	Review of General Policies & Procedures	CP/GM/B AN/CM GM/CP	To review current list of general policies and consider if each were assigned to a Board Standing Committee the review & updating process could be enhanced & expedited (<i>this now superseded by plans to streamline organisational policy approval</i>). Consider potential software solutions for managing policy updates, seeking opinions from other Boards	On agenda, March 2020
133	10.09.19	Kincardine & Lochgelly Health & Wellbeing Centres Initial Agreements	NC	Include in the Outline Business Cases information on how technology and digitisation would be utilised.	When the OBCs come for approval – date TBC
136	14.01.20	Update on PT and CAMHS	NC	Give an update on performance of both services to the Committee.	July 2020
137	14.01.20	Scottish Access Collaborative	CP	A future Board Development session to be arranged to update the Board on this national workstream, to help inform local developments around enhancing waiting times / clinical pathways	Date TBC

COMPLETED ACTIONS					
134	10.09.19	Include as a standard agenda item a report on the Acute Services Division Efficiency Programme	ER	On the Private committee agenda for future meetings.	From November 2019 meeting
132	10.09.19	Update on PT and CAMHS	JP	Give an update on performance of both services to the Committee.	Completed, January 2020
135	14.01.20	Winter Plan Funding	CP	DoF to clarify if recently announced, extra SG funding for unscheduled care will be applied to Winter Plan expenditure.	Completed, January 2020

Finance, Performance & Resources Committee

DATE OF MEETING:	10 March 2020	
TITLE OF REPORT:	NHS Fife Board Assurance Framework (BAF): Financial Sustainability	
EXECUTIVE LEAD:	Margo McGurk, Director of Finance	
REPORTING OFFICER:	Rose Robertson, Deputy Director of Finance	
Purpose of the Report (delete as appropriate)		
For Decision		
SBAR REPORT		
<u>Situation</u>		
<p>The Board Assurance Framework (BAF) is intended to provide accurate and timely assurances to this Committee and ultimately to the Board, that the organisation is delivering on its strategic objectives as contained in the following:</p> <ul style="list-style-type: none"> • NHS Fife Strategic Framework • NHS Fife Clinical Strategy • Fife Health & Social Care Integration Strategic Plan <p>The Committee has a vital role in scrutinising the risk and where indicated, Committee chairs will seek further information from risk owners. This report provides the Committee with an update on NHS Fife BAF specifically in relation to Financial Sustainability as at end February 2020.</p>		
<u>Background</u>		
<p>As previously reported, the BAF brings together pertinent information on the above risk integrating objectives, risks, controls, assurances and additional mitigating actions.</p> <ul style="list-style-type: none"> • Identifies and describes the key controls and actions in place to reduce or manage the risk • Provides assurances based on relevant, reliable and sufficient evidence that controls are in place and are having the desired effect • Links to performance reporting to the Board and associated risks, legislation & standing orders or opportunities • Provides a brief assessment of current performance In due course, the BAF will provide detail on the progress of the risk over time - improving, moving towards its target or tram - lining <p>The Committee is invited to re-consider the following :</p> <ul style="list-style-type: none"> • Does the risk score feel right? • Do the current controls match the stated risk? • Will the mitigating actions bring the risk down to its target level? • If the mitigating actions are fully implemented would the outcome be achieved? • Does the assurance provided describe how the controls are performing? • Do the assurances come from more than one source including independent sources? • Are limited resources being allocated appropriately i.e. on uncontrolled high risks or in otherwise well controlled areas of risk? 		

Assessment

The Committee can be assured that systems and processes are in place to monitor the financial performance and sustainability of NHS Fife, including the impact of the financial position of the Integration Joint Board.

The high level risks are set out in the BAF, together with the current risk assessment given the mitigating actions already taken. These are detailed in the attached papers. In addition, further detail is provided on the linked operational risks on the corporate risk register. Each risk has an owner who is responsible for the regular review and update of the mitigations in place to manage the risk to financial sustainability and strategic planning.

Through the Code of Corporate Governance, the Board has delegated executive responsibility to the Chief Executive and Director of Finance to ensure the appropriate systems and processes operate effectively to manage and mitigate financial risk on behalf of NHS Fife. The Finance, Performance & Resources Committee is tasked on behalf of the Board to provide appropriate oversight and scrutiny of the associated financial performance. The accountability and governance framework associated with the financial performance of the organisation are key aspects of both internal and external audit review. Individual Directors and managers, through the formal delegation of budgets, are accountable for financial management in their respective areas of responsibility, including the management of financial risks. This framework has been strengthened through the establishment of a system-wide series of Performance & Accountability Review meetings

The attached schedule reflects the position at the end of February 2020. The **BAF current score has been held at High** in line with the score reported during the previous year, with the target score remaining Moderate. This recognises the ongoing financial challenges facing Acute Services in particular, as well as the pressures notable within Health & Social Care Partnership, specifically in relation to social care budgets and the impact of any move to adopt the risk share arrangement. Linked operational risks are also attached for information, with changes highlighted in red bold typeface.

Further detail on the financial position and challenges is set out in the Integrated Performance & Quality Report.

Recommendation

The Committee is invited to:

- **Consider** the questions set out above; and
- **Approve** the updated financial sustainability element of the Board Assurance Framework

Objectives: (must be completed)	
Healthcare Standard(s):	To aid delivery
HB Strategic Objectives:	Supports all of the Board's strategic objectives
Further Information:	
Evidence Base:	A large national and international evidence base guides the delivery of care in NHS Fife
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Executive Directors
Impact: (must be completed)	
Financial / Value For Money	Promotes proportionate management of risk and thus effective and efficient use of scarce resources.
Risk / Legal:	Inherent in process. Demonstrates due diligence. Provides critical supporting evidence for the Annual Governance Statement.
Quality / Patient Care:	NHS Fife's risk management system seeks to minimise risk and so support the delivery of safe, effective, person centred care.
Workforce:	The system arrangements for risk management are contained within current resource. e.g.
Equality:	The arrangements for managing risk apply to all patients, staff and others in contact with the Board's services.

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Responsible Person	Timescale	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	Rationale for Target Score
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Financial Sustainability

1413	Sustainable	02.03.2020	30.04.2020	There is a risk that the funding required to deliver the current and anticipated future service models will exceed the funding available. Thereafter there is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework would result in the Board being unable to deliver on its required financial targets.	4 - Likely - Strong possibility this could occur	4 - Major	16	High	4 - Likely - Strong possibility this could occur	4 - Major	16	High	Current financial climate across NHS/public sector	Director of Finance	Finance, Performance & Resources (F,P&R)	Chair: Rona Laing	<i>Ongoing actions designed to mitigate the risk including:</i> 1. Ensure budgets are devolved to an appropriate level aligned to management responsibilities and accountabilities. This includes the allocation of any financial plan shortfall to all budget areas. This seeks to ensure all budget holders are sighted on their responsibility to contribute to the overall requirement to deliver breakeven. 2. Refreshed approach established for a system-wide Transformation programme to support redesign; reduce unwarranted variation and waste; and to implement detailed efficiency initiatives. Lessons will be learned from the successes of the medicines efficiency programme in terms of the system-wide approach and use of evidence based, data-driven analysis 3. Engage with external advisors as required (e.g. property advisors) to support specific aspects of work. In addition, appoint external support to accelerate a programme of cost improvement across Acute Services.	Nil	1. Continue a relentless pursuit of all opportunities identified through the transformation programme in the context of sustainability & value. 2. Continue to maintain an active overview of national funding streams to ensure all NHS Fife receives a share of all possible allocations. 3. Continue to scrutinise and review any potential financial flexibility. 4. Engage with H&SC / Council colleagues on the risk share methodology and in particular ensure that EDG, FP&R and the Board are appropriately advised on the options available to manage any overspend within the IJB <i>prior</i> to the application of the risk share arrangement	Director of Finance / Chief Operating Officer / Director of Health & Social Care	Ongoing	1. Produce monthly reports capturing and monitoring progress against financial targets and efficiency savings for scrutiny by all responsible managers and those charged with governance and delivery. 2. Undertake regular monitoring of expenditure levels through managers, Executive Directors' Group (EDG), Finance, Performance & Resources (F,P&R) Committee and Board. As this will be done in parallel with the wider Integrated Performance Reporting approach, this will take cognisance of activity and operational performance against the financial performance.	1. Internal audit reviews on controls and process; including Departmental reviews . 2. External audit review of year end accounts and governance framework.	1. Enhanced reporting on various metrics in relation to supplementary staffing. 2. Confirmation via the Director of Health & Social Care on the robustness of the social care forecasts and the likely outturn at year end	The financial challenge prevalent since 2016/17 has continued into 2019/20, albeit with a reducing recurring gap each year. The Annual Operational Plan shows a c.£17m gap for 2019/20 prior to any remedial action, with £10m of this relating to Acute Services and the (majority) of the balance relating to health budgets delegated to the Health & Social Care Partnership. A detailed savings plan for the HSCP has been agreed by the IJB and if achieved would result in the delegated health budgets being broadly breakeven. A detailed savings plan is being developed by the Acute Services Division with the support of external advisors. It is anticipated that non delivery of savings may be mitigated, in part, through in year non recurring financial flexibility, however at this stage in the year it is difficult to provide a definitive position in this respect. For the purposes of reporting to SGHSCD, therefore, we continue to report a potential overspend at year end including the risk share impact of the shortfall in the opening IJB budget, noting the risk that this is likely to be higher due to the increased forecast cost pressures within social care packages. Within the Scottish Government monthly reporting template we have highlighted that the impact of the social care overspend would require additional external funding and the overspend on the Health Board retained budgets might be managed through local management action (specially non recurring financial flexibility).	3 - Possible - May occur occasionally - reasonable chance	4 - Major	12	Moderate	Financial risks will always be prevalent within the NHS / public sector however it would be reasonable to aim for a position where these risks can be mitigated to an extent.
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Linked Operational Risk(s)

Risk ID	Risk Title	Current Risk Rating	Risk Owner
1513	Financial and Economic impact of Brexit	High 25	M McGurk
1363	Health & Social Care Integration - Overspend	High 20	N Connor
1364	Efficiency Savings - failure to identify level of savings to achieve financial balance	High 16	M McGurk

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Reason for unlinking from BAF	Current Risk Rating	Risk Owner
522	Prescribing & Medicines Management - unable to control Prescribing Budget	No longer a high risk	Moderate 9	Dr Christopher McKenna
1357	Financial Planning, Management & Performance	No longer a high risk	Moderate 12	M McGurk

ID	1513	1363	1364	1357
Position of Risk (Risk Register)	NHSFBD - Brexit Risk Register	NHSFBD - Finance Directorate Risk Register	NHSFBD - Finance Directorate Risk Register	NHSFBD - Finance Directorate Risk Register
Opened	04.10.2018	13.06.2017	13.06.2017	13.06.2017
Title	Financial and Economic impact of Brexit	Health and Social Care Integration	Efficiency Savings	Financial Planning, Management and Performance
Description	Brexit, and uncertainty over the final withdrawal agreement, has the potential to cause a large amount of uncertainty, both in respect to understanding what the Health Board's budget allocation may be (i.e. income), and on costs (i.e. expenditure). This risk has been escalated to the Finance, Performance and Resources Committee.	There is a risk that a proportion of any Health and Social care overspend at the year end will require to be funded by NHS Fife. The Integration Scheme for Fife states "8.2.4. Any remaining overspend will be funded by the parties based on the proportion of their current year contributions to the Integration Joint Board".	There is a risk that the organisation may not fully identify the level of savings required to achieve financial balance.	There is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework will result in the Board being able to deliver on its required financial targets.
Likelihood (initial)	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur
Consequence (initial)	5 - Extreme	5 - Extreme	4 - Major	4 - Major
Risk level (initial)	High Risk	High Risk	High Risk	High Risk
Rating (initial)	25	20	16	16
Current Management Actions	In the lead up to the UK's withdrawal from the EU, Procurement continue to monitor and challenge escalation in costs, and a range of services are reviewing contracts to establish possible hidden costs within the supply chain, linked to contracts with 3rd parties. Where appropriate, revised contractual arrangements or different suppliers are being progressed to mitigate costs.	This will be subject to further discussion and evaluation at Chief Executive and Director of Finance level. The risk share arrangement is the 'last resort' in relation to addressing any budget overspend and therefore the Director of Finance, with the support of the Chief Finance Officer for the IJB will ensure that EDG, FP&R and the Board are appropriately advised on the options available to manage any overspend within the IJB <i>prior</i> to the application of the risk share arrangement. In parallel, further ongoing action is required by the management team to seek opportunities for value, sustainability and cost reduction efficiencies to manage costs for the HSCP within the available budget.	The risks remain high. Although there is a degree of confidence based on historic trends that 'housekeeping' efficiency can be delivered, there are ongoing and significant cost pressures within the Acute Services Division, relating particularly to unbudgeted staffing in a number of areas. These have been mitigated, in part, over recent years through other underspends but remain an issue to be addressed. The significant challenge is in relation to major redesign / transformation to drive value, sustainability and related cost reduction efficiencies. A Performance & Accountability Review Framework has been established to increase scrutiny of all aspects of performance and specifically the financial priorities, across all services including both operational and corporate areas.	Undertake regular monitoring of expenditure levels through management and Board meetings. Employ Property Advisors to assist with sales of assets. Hold regular discussions on Service Level Agreements with Non-Fife providers. Implement a Performance & Accountability Review framework encompassing all aspects of governance and all services. Produce monthly reports capturing and monitoring progress against financial targets and efficiency savings for scrutiny by all responsible managers and those charged with governance and delivery, and ongoing forecasting and updates form the basis of financial reporting to the Scottish Government.
Likelihood (current)	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur	3 - Possible - May occur occasionally - reasonable chance
Consequence (current)	5 - Extreme	5 - Extreme	5 - Extreme	4 - Major
Risk level (current)	High Risk	High Risk	High Risk	Moderate Risk
Rating (current)	25	20	20	12
Likelihood (Target)	1 - Remote - Can't believe this event would happen	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance
Consequence (Target)	1 - Negligible	3 - Moderate	3 - Moderate	4 - Major
Risk level (Target)	Very Low Risk	Moderate Risk	Moderate Risk	Moderate Risk
Rating (Target)	1	9	9	12
Risk Owner	Margo McGurk	Margo McGurk	Margo McGurk	Margo McGurk
Handler	Chapman, Yvonne	Laura Stewart	Laura Stewart	Laura Stewart
Previous Review Date	02.03.2020	02.03.2020	02.03.2020	02.03.2020
Next Review	30.04.2020	30.04.2020	30.04.2020	30.04.2020

1513	ID
NHSFBD - Brexit Risk Register	Position of Risk (Risk Register)
04.10.2018	Opened
Financial and Economic impact of Brexit	Title
Brexit, and uncertainty over the final withdrawal agreement, has the potential to cause a large amount of uncertainty, both in respect to understanding what the Health Board's budget allocation may be (i.e. income), and on costs (i.e. expenditure). This risk has been escalated to the Finance, Performance and Resources Committee.	Description
5 - Almost Certain - Expected to occur frequently - more likely than not	Likelihood (initial)
5 - Extreme	Consequence (initial)
High Risk	Risk level (initial)
25	Rating (initial)
In the lead up to the UK's withdrawal from the EU, Procurement continue to monitor and challenge escalation in costs, and a range of services are reviewing contracts to establish possible hidden costs within the supply chain, linked to contracts with 3rd parties. Where appropriate, revised contractual arrangements or different suppliers are being progressed to mitigate costs.	Current Management Actions
5 - Almost Certain - Expected to occur frequently - more likely than not	Likelihood (current)
5 - Extreme	Consequence (current)
High Risk	Risk level (current)
25	Rating (current)
1 - Remote - Can't believe this event would happen	Likelihood (Target)
1 - Negligible	Consequence (Target)
Very Low Risk	Risk level (Target)
1	Rating (Target)
Potter, Carol	Risk Owner
Chapman, Yvonne	Handler
28.10.2019	Previous Review Date
31.12.2019	Next Review

1363	ID
NHSFBD - Finance Directorate Risk Register	Position of Risk (Risk Register)
13.06.2017	Opened
Health and Social Care Integration	Title
There is a risk that a proportion of any Health and Social care overspend at the year end will require to be funded by NHS Fife. The Integration Scheme for Fife states "8.2.4. Any remaining overspend will be funded by the parties based on the proportion of their current year contributions to the Integration Joint Board".	Description
4 - Likely - Strong possibility this could occur	Likelihood (initial)
5 - Extreme	Consequence (initial)
High Risk	Risk level (initial)
20	Rating (initial)
This will be subject to further discussion and evaluation at Chief Executive and Director of Finance level. The risk share arrangement is the 'last resort' in relation to addressing any budget overspend and therefore the Director of Finance, with the support of the Chief Finance Officer for the IJB will ensure that EDG, FP&R and the Board are appropriately advised on the options available to manage any overspend within the IJB <i>prior</i> to the application of the risk share arrangement. In parallel, further ongoing action is required by the management team to seek opportunities for value, sustainability and cost reduction efficiencies to manage costs for the HSCP within the available budget.	Current Management Actions
4 - Likely - Strong possibility this could occur	Likelihood (current)
5 - Extreme	Consequence (current)
High Risk	Risk level (current)
20	Rating (current)
3 - Possible - May occur occasionally - reasonable chance	Likelihood (Target)
3 - Moderate	Consequence (Target)
Moderate Risk	Risk level (Target)
9	Rating (Target)
Potter, Carol	Risk Owner
Sinclair, Katherine	Handler
28.10.2019	Previous Review Date
31.12.2019	Next Review

1364	ID
NHSFBD - Finance Directorate Risk Register	Position of Risk (Risk Register)
13.06.2017	Opened
Efficiency Savings	Title
There is a risk that the organisation may not fully identify the level of savings required to achieve financial balance.	Description
4 - Likely - Strong possibility this could occur	Likelihood (initial)
4 - Major	Consequence (initial)
High Risk	Risk level (initial)
16	Rating (initial)
The risks remain high. Although there is a degree of confidence based on historic trends that 'housekeeping' efficiency can be delivered, there are ongoing and significant cost pressures within the Acute Services Division, relating particularly to unbudgeted staffing in a number of areas. These have been mitigated, in part, over recent years through other underspends but remain an issue to be addressed. The significant challenge is in relation to major redesign / transformation to drive value, sustainability and related cost reduction efficiencies. A Performance & Accountability Review Framework has been established to increase scrutiny of all aspects of performance and specifically the financial priorities, across all services including both operational and corporate areas.	Current Management Actions
4 - Likely - Strong possibility this could occur	Likelihood (current)
4 - Major	Consequence (current)
High Risk	Risk level (current)
16	Rating (current)
3 - Possible - May occur occasionally - reasonable chance	Likelihood (Target)
3 - Moderate	Consequence (Target)
Moderate Risk	Risk level (Target)
9	Rating (Target)
Potter, Carol	Risk Owner
Sinclair, Katherine	Handler
28.10.2019	Previous Review Date
31.12.2019	Next Review

1357	ID
NHSFBD - Finance Directorate Risk Register	Position of Risk (Risk Register)
13.06.2017	Opened
Financial Planning, Management and Performance	Title
There is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework will result in the Board being able to deliver on its required financial targets.	Description
4 - Likely - Strong possibility this could occur	Likelihood (initial)
4 - Major	Consequence (initial)
High Risk	Risk level (initial)
16	Rating (initial)
Undertake regular monitoring of expenditure levels through management and Board meetings. Employ Property Advisors to assist with sales of assets. Hold regular discussions on Service Level Agreements with Non-Fife providers. Implement a Performance & Accountability Review framework encompassing all aspects of governance and all services. Produce monthly reports capturing and monitoring progress against financial targets and efficiency savings for scrutiny by all responsible managers and those charged with governance and delivery, and ongoing forecasting and updates form the basis of financial reporting to the Scottish Government.	Current Management Actions
3 - Possible - May occur occasionally - reasonable chance	Likelihood (current)
4 - Major	Consequence (current)
Moderate Risk	Risk level (current)
12	Rating (current)
3 - Possible - May occur occasionally - reasonable chance	Likelihood (Target)
4 - Major	Consequence (Target)
Moderate Risk	Risk level (Target)
12	Rating (Target)
Potter, Carol	Risk Owner
Sinclair, Katherine	Handler
28.10.2019	Previous Review Date
31.12.2019	Next Review

NHS Fife
Finance Performance & Resource Committee



DATE OF REPORT:	04/03/2020
TITLE OF REPORT:	NHS Fife Board Assurance Framework (BAF) Strategic Planning
EXECUTIVE LEAD:	Dr Chris McKenna, Medical Director
REPORTING OFFICER:	Susan Fraser, Associate Director of Planning and Performance

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

SBAR REPORT

Situation

The Board Assurance Framework (BAF) is intended to provide accurate and timely assurances to this Committee and ultimately to the Board, that the organisation is delivering on its strategic objectives in line with the following:

- NHS Fife Strategic Framework
- NHS Fife Clinical Strategy
- Fife Health & Social Care Integration Strategic Plan

The Committee has a vital role in scrutinising the risk and where indicated, Committee chairs will seek further information from risk owners.

This report provides the Committee with the next version of the NHS Fife BAF on 6.1.20.

Background

This BAF brings together pertinent information on the above risk, integrating objectives, risks, controls, assurances and additional mitigating actions.

- Identifies and describes the key controls and actions in place to reduce or manage the risk
- Provides assurances based on relevant, reliable and sufficient evidence that controls are in place and are having the desired effect
- Links to performance reporting to the Board and associated risks, legislation & standing orders or opportunities
- Provides a brief assessment of current performance. In due course, the BAF will provide detail on the progress of the risk over time - improving, moving towards or away from its target.

Assessment

The Annual Operational Plan (AOP) for 2019/20 re-identifies the 4 strategic priorities for NHS and Health & Social Care as:

1. Acute Transformation Programme
2. Joining Up Care (including Urgent Care, Community Hubs & Community Hospital Redesign)
3. Mental Health Redesign
4. Medicines Efficiencies

These priorities are aligned to the 19 recommendations from the Clinical Strategy.

The Integrated Transformation Board (ITB) now provides strategic oversight of all of the transformation programmes by NHS Fife, Fife IJB and Fife Council. The governance will continue to be with the 4 committees (x2 NHS and x2 IJB).

Each programme has now been agreed by the ITB against the programme management stage and gate framework. The ITB will oversee the transformation programmes and ensure objectives, outcomes and deliverables are met within timescales.

An Interim PMO Director is now in place who will take an oversight of the transformation programme and provide continuity of programme management support across Acute and Health & Social Care.

Given the Clinical Strategy is now approaching its 5th and final year, a full refresh of the Clinical Strategy is planned which will also include a structured review of the current Clinical Strategy. This should be available to the committee by July 2020.

There is no significant update since the last BAF was reported to the committee as the ITB has not met. It is due to meet on 13 February 2020 and an update will be available then.

The challenges associated with delivery remain the same, including the delivery of our strategic objectives and workplans (NHS Fife/H&SC/Region), delivery measures and timescales.

Recommendation

The Committee is invited to:

- **Note** the current position in relation to the Strategic Planning risk

Objectives: (must be completed)	
Healthcare Standard(s):	To aid delivery
HB Strategic Objectives:	Supports all of the Board's strategic objectives

Further Information:	
Evidence Base:	N/A
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Winter Planning key stakeholders (NHS Fife and H&SCP) Executive Directors Executive Board

Impact: (must be completed)	
Financial / Value For Money	Promotes proportionate management of risk and thus effective and efficient use of scarce resources
Risk / Legal:	Inherent in process. Demonstrates due diligence. Provides critical supporting evidence for the Annual Governance Statement
Quality / Patient Care:	NHS Fife's risk management system seeks to minimise risk and so support the delivery of safe, effective, person centred care.
Workforce:	The system arrangements for risk management are contained within current resource.
Equality:	The arrangements for managing risk apply to all patients, staff and others in contact with the Board's services

NHS Fife Board Assurance Framework (BAF)

[illegible]

Strategic Planning

1417	Person Centred, Clinically Excellent, Exemplary	Employer Sustainable	04.01.2020	01.04.2020	There is a risk that NHS Fife will not deliver the recommendations made by the Clinical Strategy within a timeframe that supports the service transformation and redesign required to ensure service sustainability, quality and safety at lower cost.	4 - Likely - Strong possibility this could occur	4 - Major	16	High	4 - Likely - Strong possibility this could occur	4 - Major	16	High	Integrated Transformation Board now in place after the review of transformation in 2019. Reporting and processes currently being embedded.	New programme management approach in place supported by a stage and gate methodology.	Chief Executive	Clinical Governance	Ongoing actions designed to mitigate the risk including: 1. Establishment of Integrated Transformation Board (ITB) in 2019 to oversee transformation programmes across NHS Fife, Fife IJB and Fife Council to drive the delivery of the H&SC Strategic Plan and the Clinical Strategy. 2. Establishment of programme management framework with a stage and gate approach. 3. 3 of the 4 key strategic priorities are being taken forward by the H&SCP/IJB. The remaining priority is being taken forward by Acute services and progress shared through regular highlight reports. Programme Boards provide oversight and	JSTG not performing role adequately and replaced by the newly formed Integrated Transformation Board. but transformation programmes being progressed.	Leadership to strategic planning coming from the Executive Directors Group. Clinical Strategy workstream update has been produced to reflect progress against recommendations. Establishment of ITB should provide assurance to the committees and Board that the transformation programme has strategic oversight and delivery. Senior Leadership for Transformation through the ITB is provided by CEOs of NHS Fife and Fife Council.	Chief Executive	31.03.2020	1. Minutes of meetings record attendance, agenda and outcomes. 2. New governance in place with newly formed Integrated Transformation Group meeting every 6 weeks. 3. Performance and Accountability Reviews now underway which will provide assurance to committees on performance of all	1. Internal Audit Report on Strategic Planning (no. B10/17) 2. SEAT Annual Report 2016 3. Governance committee oversight of performance assurance framework	That the ITB is overseeing and managing the impact of the various programmes on areas such as capital and revenue, workforce and facilities. Business cases have been developed in support of the transformation	Current challenges associated with delivery of our strategic objectives include the focus on the 4 strategic priorities (Acute Transformation, Joining Up Care, Mental Health Redesign and Medicines Efficiencies), the interdependencies of workplans (NHS Fife/H&SCP/ Region) in terms of the whole system oversight of operational plans, delivery measures and	Possible - May occur occasionally - reasonable chance	4 - Major	12	Moderate	Once governance and monitoring is in place and transformation programmes are being realised, the risk level should reduce.
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Linked Operational Risk(s)

Risk ID	Risk Title	Current Risk Rating	Risk Owner
	Nil currently identified		

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Reason for unlinking from BAF	Current Risk Rating	Risk Owner
	NIL APPLICABLE			

DATE OF MEETING:	10 th March 2020
TITLE OF REPORT:	NHS Fife Board Assurance Framework (BAF) Environmental Sustainability
EXECUTIVE LEAD:	Andy Fairgrieve Director of Estates, Facilities & Capital services
REPORTING OFFICER:	Andy Fairgrieve Director of Estates, Facilities & Capital services

Purpose of the Report (delete as appropriate)		
For Decision		

SBAR REPORT
<p><u>Situation</u></p> <p>The Board Assurance Framework (BAF) is intended to provide accurate and timely assurances to this Committee and ultimately to the Board, that the organisation is delivering on its strategic objectives as contained in the following:</p> <ul style="list-style-type: none"> • NHS Fife Strategic Framework • NHS Fife Clinical Strategy • Fife Health & Social Care Integration Strategic Plan <p>The Committee has a vital role in scrutinising the risk and where indicated, Committee chairs will seek further information from risk owners.</p> <p>This report provides the Committee with the updated NHS Fife's Environmental sustainability BAF .</p> <p><u>Background</u></p> <p>This BAF brings together pertinent information on the above risk, integrating objectives, risks, controls, assurances and additional mitigating actions.</p> <ul style="list-style-type: none"> • Identifies and describes the key controls and actions in place to reduce or manage the risk • Provides assurances based on relevant, reliable and sufficient evidence that controls are in place and are having the desired effect • Links to performance reporting to the Board and associated risks, legislation & standing orders or opportunities • Provides a brief assessment of current performance. In due course, the BAF will provide detail on the progress of the risk over time - improving, moving towards its target or tram - lining <p>The Committee is invited to consider the following :</p>

- Does the risk score feel right?
- Do the current controls match the stated risk?
- Will the mitigating actions bring the risk down to its target level?
- If the mitigating actions are fully implemented would the outcome be achieved?
- Does the assurance provided describe how the controls are performing?
- Do the assurances come from more than one source including independent sources?
- Are limited resources being allocated appropriately i.e. on uncontrolled high risks or in otherwise well controlled areas of risk?
- Is there anything missing you would expect to see in the BAF?

Assessment

Assessment of FHB's current position-

Estates & Facilities continue to work on the risks as and when funding becomes available.

Work still progresses with the flexible hose replacement by the PFI providers at St Andrews and the VHK.

The fire risks in the tower block are still relevant until ward 13 is permanently closed and orthopaedics are relocated to the new building.

Recommendation

The Committee is invited to:

- Note & approve the Environmental Sustainability risks

Objectives: (must be completed)	
Healthcare Standard(s):	To aid delivery
HB Strategic Objectives:	Supports all of the Board's strategic objectives

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

Impact: (must be completed)	
Financial / Value For Money	Promotes proportionate management of risk and thus effective and efficient use of scarce resources.
Risk / Legal:	Inherent in process. Demonstrates due diligence. Provides critical supporting evidence for the Annual Governance Statement.
Quality / Patient Care:	NHS Fife's risk management system seeks to minimise risk and so support the delivery of safe, effective, person centred care.
Workforce:	The system arrangements for risk management are contained within current resource.
Equality:	The arrangements for managing risk apply to all patients, staff and others in contact with the Board's services.

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
1296	CORPORATE RISK REGISTER, Corporate Directorate - Estates Risk Register	22.08.2016	Emergency Evacuation, VHK Phase 2 Tower Block	There is a risk that a second stage fire evacuation, or complete emergency evacuation, of the upper floors of Phase 2 VHK, may cause further injury to frail and elderly patients, and/or to staff members from both clinical and non-clinical floors.	4 - Likely - Strong possibility this could occur	5 - Extreme	High Risk	20	JR/AF - 17/12/2019 - Situation is still the same, however adjustments have been made to the fire alarm system which gives a clear definition now between a full fire alarm tone for evacuation, and an intermittent tone for prepare to evacuate. Previously this fire tone was unrecognizable between the two as the gap was 250ms and is now 1.6 seconds. Feedback from ward staff is positive. This will assist clinical teams in confirming clarity on the need to evacuate or not. Also with ward 13 only being used now as winter pressure ward. Extra pagers have been purchased by Estates and now all clinical coordinators hold their own.	4 - Likely - Strong possibility this could occur	5 - Extreme	High Risk	20	1 - Remote - Can't believe this event would happen	5 - Extreme	Low Risk	5	Fairgrieve, Andrew	Ramsay, Jimmy	17.12.2019	31.03.2020
1007	Acute Services - Planned Care - Theatres/Anaesthetics Risk Register	11.02.2015	Theatre Phase 2 Remedial work	Risk of increased loss of service due to deteriorating fabric of building resulting in reduced ability to reach TTG targets.	3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	M.C 30/04/2019 funding has been agreed and plans are well underway for a new Orthopaedic Building which will accommodate theatres, ward and out-patient area. This will not be complete until 2022 Executive team reviewing options of undertaking surgery in alternative theatres.	3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	1 - Remote - Can't believe this event would happen	5 - Extreme	Low Risk	5	Cross, Murray	Lowe, David	17.12.2019	30.04.2020
1207	Corporate Directorate - Estates Risk Register	18.02.2016	Water system Contamination STACH	There is a risk of water contamination within the building due to the use of flexible hoses supplying all outlets.	4 - Likely - Strong possibility this could occur	5 - Extreme	High Risk	20	JR/AF - 17/12/2019 - Projco have agreed to replace. Awaiting contractor starting on site. Dates to be advised.	3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	1 - Remote - Can't believe this event would happen	5 - Extreme	Low Risk	5	Fairgrieve, Andrew	Melvin, Helen	17.12.2019	31.03.2020
1252	Corporate Directorate - Estates Risk Register	02.06.2016	Flexible PEX hoses in PHASE 3 VHK	AF 2/8/16 There is a risk to patient safety due to a legionella risk in phase 3 building. EFA DH (2010)03 stated that flexible hoses when used for the supply of potable water may have an enhanced risk of harboring Legionella bacteria and other harmful microorganisms.	3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	JR/AF - 17/12/2019 - Programme of replacement is underway.	3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	2 - Unlikely - Not expected to happen - potential exists	5 - Extreme	Moderate Risk	10	Fairgrieve, Andrew	Bishop, Paul	17.12.2019	31.03.2020

1296	ID
CORPORATE RISK REGISTER, Corporate Directorate - Estates Risk Register	Position of Risk (Risk Register)
22.08.2016	Opened
Emergency Evacuation, VHK Phase 2 Tower Block	Title
There is a risk that a second stage fire evacuation, or complete emergency evacuation, of the upper floors of Phase 2 VHK, may cause further injury to frail and elderly patients, and/or to staff members from both clinical and non-clinical floors.	Description
4 - Likely - Strong possibility this could occur	Likelihood (initial)
5 - Extreme	Consequence (initial)
High Risk	Risk level (initial)
20	Rating (initial)
JR/AF - 17/12/2019 - Situation is still the same, however adjustments have been made to the fire alarm system which gives a clear definition now between a full fire alarm tone for evacuation, and an intermittent tone for prepare to evacuate. Previously this fire tone was unrecognizable between the two as the gap was 250ms and is now 1.6 seconds. Feedback from ward staff is positive. This will assist clinical teams in confirming clarity on the need to evacuate or not. Also with ward 13 only being used now as winter pressure ward. Extra pagers have been purchased by Estates and now all clinical coordinators hold their own.	Current Management Actions
4 - Likely - Strong possibility this could occur	Likelihood (current)
5 - Extreme	Consequence (current)
High Risk	Risk level (current)
20	Rating (current)
1 - Remote - Can't believe this event would happen	Likelihood (Target)
5 - Extreme	Consequence (Target)
Low Risk	Risk level (Target)
5	Rating (Target)
Fairgrieve, Andrew	Risk Owner
Ramsay, Jimmy	Handler
17.12.2019	Previous Review Date
31.03.2020	Next Review

1007	ID
Acute Services - Planned Care - Theatres/Anaesthetics Risk Register	Position of Risk (Risk Register)
11.02.2015	Opened
Theatre Phase 2 Remedial work	Title
Risk of increased loss of service due to deteriorating fabric of building resulting in reduced ability to reach TTG targets.	Description
3 - Possible - May occur occasionally - reasonable chance	Likelihood (initial)
5 - Extreme	Consequence (initial)
High Risk	Risk level (initial)
15	Rating (initial)
M.C 30/04/2019 funding has been agreed and plans are well underway for a new Orthopaedic Building which will accommodate theatres, ward are and out-patient area. This will not be complete until 2022 Executive team reviewing options of undertaking surgery in alternative theatres.	Current Management Actions
3 - Possible - May occur occasionally - reasonable chance	Likelihood (current)
5 - Extreme	Consequence (current)
High Risk	Risk level (current)
15	Rating (current)
1 - Remote - Can't believe this event would happen	Likelihood (Target)
5 - Extreme	Consequence (Target)
Low Risk	Risk level (Target)
5	Rating (Target)
Cross, Murray	Risk Owner
Lowe, David	Handler
30.04.2019	Previous Review Date
30.04.2020	Next Review

1207	ID
Corporate Directorate - Estates Risk Register	Position of Risk (Risk Register)
18.02.2016	Opened
Water system Contamination STACH	Title
There is a risk of water contamination within the building due to the use of flexible hoses supplying all outlets.	Description
4 - Likely - Strong possibility this could occur	Likelihood (initial)
5 - Extreme	Consequence (initial)
High Risk	Risk level (initial)
20	Rating (initial)
JR/AF - 17/12/2019 - Projco have agreed to replace. Awaiting contractor starting on site. Dates to be advised.	Current Management Actions
3 - Possible - May occur occasionally - reasonable chance	Likelihood (current)
5 - Extreme	Consequence (current)
High Risk	Risk level (current)
15	Rating (current)
1 - Remote - Can't believe this event would happen	Likelihood (Target)
5 - Extreme	Consequence (Target)
Low Risk	Risk level (Target)
5	Rating (Target)
Fairgrieve, Andrew	Risk Owner
Melvin, Helen	Handler
17.12.2019	Previous Review Date
31.03.2020	Next Review

1252	ID
Corporate Directorate - Estates Risk Register	Position of Risk (Risk Register)
02.06.2016	Opened
Flexible PEX hoses in PHASE 3 VHK	Title
AF 2/8/16 There is a risk to patient safety due to a legionella risk in phase 3 building. EFA DH (2010)03 stated that flexible hoses when used for the supply of potable water may have an enhanced risk of harboring Legionella bacteria and other harmful microorganisms.	Description
3 - Possible - May occur occasionally - reasonable chance	Likelihood (initial)
5 - Extreme	Consequence (initial)
High Risk	Risk level (initial)
15	Rating (initial)
JR/AF - 17/12/2019 - Programme of replacement is underway.	Current Management Actions
3 - Possible - May occur occasionally - reasonable chance	Likelihood (current)
5 - Extreme	Consequence (current)
High Risk	Risk level (current)
15	Rating (current)
2 - Unlikely - Not expected to happen - potential exists	Likelihood (Target)
5 - Extreme	Consequence (Target)
Moderate Risk	Risk level (Target)
10	Rating (Target)
Fairgrieve, Andrew	Risk Owner
Bishop, Paul	Handler
17.12.2019	Previous Review Date
31.03.2020	Next Review

[illegible]

1414	Sustainable, Clinically Excellent	10.02.2020	18.05.2020	There is a risk that Environmental & Sustainability legislation is breached which impacts negatively on the safety and health of patients, staff and the public and the organisation's reputation.	4 - Likely - Strong possibility this could occur	5 - Extreme	20	High	4 - Likely - Strong possibility this could occur	5 - Extreme	20	High	Estates currently have significant high risks on the E&F risk register; until these have been eradicated this risk will remain. Action plans have been prepared and assuming capital is available these will be reduced in the near future.	Director of Estates, Facilities & Capital Services (E,F &CS) Finance, Performance & Resources (F,P&R) Chair: Rona Laing	Ongoing actions designed to mitigate the risk including: 1. Operational Planned Preventative Maintenance (PPM) systems in place 2. Systems in place to comply with NHS Estates 3. Action plans have been prepared for the risks on the estates & facilities risk register. These are reviewed and updated at the monthly risk management meetings. The highest risks are prioritised and allocated the appropriate capital funding. 4. The SCART (Statutory Compliance Audit & Risk Tool) and EAMS (Estates Asset Management System) systems record and track estates & facilities compliance. 5. Sustainability Group manages environmental issues and Carbon Reduction Commitment(CRC) process is audited annually. 6. Externally appointed Authorising Engineers carry out audits for all of the major services i.e. water safety, electrical systems, pressure systems, decontamination and so on.	Nil	1. Capital funding is allocated depending on the E&F risks rating	Director of Estates, Facilities & Capital Services Ongoing as limited funding available	1. Capital Investment delivered in line with budgets 2. Sustainability Group minutes. 3. Estates & Facilities risk registers. 4. SCART & EAMS 5. Adverse Event reports	1. Internal audits 2. External audits by Authorising Engineers 3. Peer reviews	None	High risks still exist until remedial works have been undertaken, but action plans and processes are in place to mitigate these risks.	1 - Remote - Can't believe this event would happen	5 - Extreme	5	Low	All estates & facilities risk can be eradicated with the appropriate resources but there will always be a potential for failure i.e. component failure or human error hence the target figure of 5.
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Risk ID	Risk Title	Current Risk Rating	Risk Owner
1296	Emergency Evacuation - VHK- Phase 2 Tower Block	High 20	A Fairgrieve
1007	Theatre Phase 2 Remedial work	High 15	M Cross
1207	Water system Contamination STACH	High 15	A Fairgrieve
1252	Flexible PEX hoses Phase 3 VHK - Legionella Risk	High 15	A Fairgrieve

Risk ID	Risk Title	Reason for unlinking from BAF	Current Risk Rating	Risk Owner
735	Medical Equipment Register	Risk Closed		
749	VHK Phase 2 - Main Foul Drainage Tower Block	Risk Closed		
1083	VHK CL O2 Generator - Legionella Control	Risk Closed		
1275	South Labs loss of service due to proximity of water main to plant room	No longer high risk	Moderate 8	D Lowe
1306	Risk of pigeon guano on VHK Ph2 Tower Windows	No longer high risk	Moderate 12	D Lowe
1312	Vertical Evacuation - VHK Phase 2 Tower Block	No longer high risk	Moderate 10	A Fairgrieve
1314	Inadequate Compartmentation - VHK - Escape Stairs and Lift Enclosures	No longer high risk	Low 6	A Fairgrieve
1315	Vertical Evacuation - VHK Phase 2 - excluding Tower Block	Risk Closed		
1316	Inadequate Compartmentation - VHK - Phase 1, Phase 2 Floors and 1st - risk of fire spread	No longer high risk	Moderate 12	A Fairgrieve
1335	Fife College of Nursing - Fire alarm potential failure	Risk Closed		
1341	Oil storage - risk of SEPA prosecution/ HSE enforcement due to potential leak/ contamination/ non compliant tanks	No longer high risk	Moderate 10	G Keatings
1342	Oil Storage - Fuel Tanks	No longer high risk	Moderate 10	J Wishart
1352	Pinpoint malfunction	Risk Closed		
1384	Microbiologist Vacancy	Risk Closed		
1473	Stratheden Hospital Fire Alarm System	Risk Closed		

Finance, Performance & Resources Committee

DATE OF MEETING:	10 March 2020
TITLE OF REPORT:	FP&R Committee Terms of Reference
EXECUTIVE LEAD:	Margo McGurk, Director of Finance
REPORTING OFFICER:	Gillian MacIntosh, Board Secretary

Purpose of the Report

For Decision

SBAR REPORT

Situation

All Committees are required to regularly review their Terms of Reference, and this is normally done in March of each year. Any changes are then reflected in the annual update to the NHS Fife Code of Corporate Governance, which is reviewed by the Audit & Risk Committee and then formally approved by the Board in May of each year.

Background

The current Terms of Reference for the Committee were last reviewed in March 2019, as per the above cycle.

Assessment

An updated draft of the Committee's Terms of Reference is attached for members' consideration, with all changes 'tracked' for ease. Proposed amendments largely relate to clarifying the current wording relating to risk, at clauses 7.2 and 7.3, to reflect present practice.

Following review and approval by the Committee, an amended draft will be considered by the Audit & Risk Committee at a future meeting, as part of a wider review of all Terms of Reference by each standing Committee and other aspects of the Code. Thereafter, the final version of the Code of Corporate Governance will be presented to the NHS Board for approval.

Recommendation

Members of the Committee are asked to:

- **consider** the updated Terms of Reference; and
- **approve** a final version for submission to the Audit & Risk Committee.

Objectives: (must be completed)

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

Further Information:

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

Impact: (must be completed)	
Financial / Value For Money	The update of Committee Terms of Reference will ensure appropriate governance across all areas and that effective assurances are provided.
Risk / Legal:	
Quality / Patient Care:	
Workforce:	
Equality:	

FINANCE, PERFORMANCE AND RESOURCES COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ***

1. PURPOSE

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

2. COMPOSITION

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

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

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

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

- Chief Operating Officer (Acute Services)
- Director of Health & Social Care Partnership
- Board Secretary

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

3. QUORUM

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

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

4. MEETINGS

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

5. REMIT

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

Arrangements for Securing Value for Money

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

Allocation and Use of Resources

- 5.3 The Committee has key responsibilities for:

- reviewing the development of the Board's Financial Strategy in support of the Annual Operational Plan, and recommending approval to the Board;
 - reviewing all resource allocation proposals outwith authority delegated by the Board and make recommendations to the Board thereon;
 - monitoring the use of all resources available to the Board; and
 - reviewing all matters relating to Best Value.
- 5.4 Specifically, the Committee is charged with recommending to the Board annual revenue and capital budgets and financial plans consistent with its statutory financial responsibilities. It shall also have responsibility for the oversight of the Board's Capital Programme (including individual Business Cases for Capital Investment) and the review of the Property Strategy (including the acquisition and disposal of property), and for making recommendations to the Board as appropriate on any issue within its terms of reference.
- 5.5 The Committee will receive minutes from the Pharmacy Practices Committee and the Primary Medical Services Committee. Issues arising from these Committees will be brought to the attention of the Chair of the Finance, Performance and Resources Committee for further consideration as required.
- 5.6 The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board, via the Audit and Risk Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.
- 5.7 The Annual Report will include the Committee's assessment and conclusions on its effectiveness over the financial year in question.
- 5.8 The Committee shall draw up and approve, before the start of each financial year, an Annual Workplan for the Committee's planned work during the forthcoming year.
- 5.9 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".
- 6. AUTHORITY**
- 6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.
- 6.2 In order to fulfil its remit, the Finance, Performance and Resources Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

- 6.3 The authority of the Committee is included in the Board's Scheme of Delegation, as set out in the Purpose and Remit of the Committee.

7. REPORTING ARRANGEMENTS

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

DATE OF MEETING:	10 March 2020
TITLE OF REPORT:	Committee Self-Assessment Report 2019-20
LEAD:	Rona Laing, Chair of the FP&R Committee
REPORTING OFFICER:	Gillian MacIntosh, Board Secretary

Purpose of the Report

For Discussion

SBAR REPORT

Situation

The purpose of this paper is to provide the outcome of this year's self-assessment exercise recently undertaken for the Finance, Performance & Resources Committee, which is a component part of the Committee's production of its annual year-end statement of assurance.

Background

As part of each Board Committee's assurance statement, each Committee must demonstrate that it is fulfilling its remit, implementing its agreed workplan and ensuring the timely presentation of its minutes to the Board. Each Committee must also identify any significant control weaknesses or issues at the year-end that it considers should be disclosed in the Governance Statement, and should specifically record and provide confirmation that the Committee has carried out an annual self-assessment of its own effectiveness. Combined, these processes seek to provide assurance that a robust governance framework is in place across NHS Fife and that any potential improvements are identified and appropriate action taken.

Following the comprehensive review undertaken last year, in early 2019, of the format and range of self-assessment questions previously used, a more light-touch review of the question set was undertaken this year, taking account of members' feedback on the length and clarity of the previous iteration of the questionnaire. Board Committee Chairs each approved a revised set of questions for their respective committee in October 2019.

To conform with the requirement for an annual review of their effectiveness, all Board Committees were invited to complete a self-assessment questionnaire in late December 2019 / early January 2020. The survey was undertaken online, following overwhelmingly positive feedback on the move to a non-paper system of completion, and took the form of a Chair's Checklist (which sought to verify that the Committee is operating correctly as per its Terms of Reference) and a second questionnaire (to be completed by members and regular attendees) comprising a series of effectiveness-related questions, where a scaled 'Agree/Disagree' response to each question were sought. Textual comments were also encouraged, for respondents to provide direct feedback on their views of the Committee's effectiveness.

Assessment

As previously agreed, Committee chairs have received a full, anonymised extract of the survey responses for their respective committee. A summary report assessing the composite

responses for the Finance, Performance & Resources Committee is given in this paper. The main findings from that exercise are as follows:

Chairs' Checklist (completed by Chair only)

It was agreed that the Committee was operating as per its Terms of Reference. It was noted that the revised Board-level induction programme provides a more robust introduction to the work of the standing committees than previously, and that, over the year, a number of Board Development Sessions (for instance, on the Annual Operational Plan) provided a further opportunity for members to receive additional information and context on agenda items coming forward for discussion through the committee.

Self-Assessment questionnaire (completed by members and attendees)

In total, all 10 members and two regular attendees completed the questionnaire. In general, the Committee's current mode of operation received a positive assessment from its members and attendees who participated, with no areas of major concern flagged. Some initial comments identified for further discussion include:

- enhancing the opportunities for training of members, particularly around the national financial landscape / funding streams and emerging policy initiatives, given the complexity of this;
- continuing to improve the relevance of data provided to the Committee, ensuring that appropriate sign-posting is made in covering papers as to its relevance to the agenda item; and
- ensuring the consistency of information, particularly around the format of papers and minutes.

Recommendation

The Finance, Performance & Resources Committee is asked to:

- **note** the outcome of the Committee's recent self-assessment exercise, as detailed in the attached; and
- **discuss** what actions members would wish to see implemented to address those areas identified for improvement.

Objectives: (must be completed)

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

Further Information:

Evidence Base:	N/A
Glossary of Terms:	N/A
Parties / Committees consulted:	Committee Chairs

Impact: (must be completed)

Financial / Value For Money	The use of a comprehensive self-assessment checklist for all Board committees ensures appropriate governance standards across all areas and that effective assurances are provided.
Risk / Legal:	
Quality / Patient Care:	
Workforce:	

Equality:	
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		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Comments
A. Committee membership and dynamics							
A1.	The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	8 (67%)	4 (33%)	-	-	-	-
A2.	The Committee's membership includes appropriate representatives from the organisation's key stakeholders.	9 (75%)	3 (25%)	-	-	-	-
A3.	Committee members are clear about their role and how their participation can best contribute to the Committee's overall effectiveness.	8 (67%)	4 (33%)	-	-	-	-
A4.	Committee members are able to express their opinions openly and constructively.	8 (67%)	4 (33%)	-	-	-	The committee is well chaired and critical discussion is encouraged.
A5.	There is effective scrutiny and challenge of the Executive from all Committee members, including on matters that are critical or sensitive.	8 (67%)	3 (25%)	1 (8%)	-	-	-

A6.	The Committee has received appropriate training / awareness-raising in relation to the areas applicable to the Committee's areas of business.	3 (25%)	7 (58%)	2 (17%)	-	-	<p>Unsure of individuals training or needs regarding the information.</p> <p>Perhaps more focus on understanding the wider financial context of the board's activities would be useful. There are several government income streams and it's not always clear what the constraints are on each.</p> <p>I am not aware of other members' training.</p> <p>Appropriate training made available and encouraged.</p> <p>I can't be 100% certain that everyone has had finance training.</p>
A7.	Members have a sufficient understanding and knowledge of the issues within its particular remit to identify any areas of concern.	7 (58%)	4 (33%)	1 (8%)	-	-	-
B. Committee meetings, support and information							
B1.	The Committee receives timely information on performance concerns as appropriate.	8 (67%)	4 (33%)	-	-	-	Yes and this has been improving constantly over time as reports are refined.
B2.	The Committee receives timely exception reports about the work of external regulatory and inspection bodies, where appropriate.	6 (50%)	6 (50%)	-	-	-	-
B3.	The Committee receives adequate information and provides appropriate oversight of the implementation of relevant NHS Scotland strategies, policy directions or instructions.	5 (42%)	5 (42%)	2 (17%)	-	-	<p>Sometimes the external financial environment is very complex and perhaps this could be presented more effectively and regularly.</p> <p>Signposting to relevant policy documentation may be a helpful future addition.</p>
B4.	Information and data included within the papers is sufficient and not too excessive, so as to allow members to reach an appropriate conclusion.	5 (42%)	6 (50%)	1 (8%)	-	-	Sometimes there feels a lot of detail that may not be needed.
B5.	Papers are provided in sufficient time prior to the meeting to allow members to effectively scrutinise and challenge the assurances given.	5 (42%)	6 (50%)	1 (8%)	-	-	<p>Generally yes but at times there is too much to be considered in the short time available. There is also an issue with late arrival/amendments to data.</p> <p>Most of the time.</p>

B6.	Committee meetings allow sufficient time for the discussion of substantive matters.	6 (50%)	6 (50%)	-	-	-	-
B7.	Minutes are clear and accurate and are circulated promptly to the appropriate people, including all members of the Board.	7 (58%)	5 (42%)	-	-	-	Yes but I would prefer to see a consistent format and style for all Board minutes.
B8.	Action points clearly indicate who is to perform what and by when, and all outstanding actions are appropriately followed up in a timely manner until satisfactorily complete.	8 (67%)	4 (33%)	-	-	-	-
B9.	The Committee is able to provide appropriate assurance to the Board that NHS Fife's policies and procedures (relevant to the Committee's own Terms of Reference) are robust.	8 (67%)	3 (25%)	1 (8%)	-	-	-
B10.	Committee members have confidence that the delegation of powers from the Board (and, where applicable, the Committee to any of its sub-groups) is operating effectively as part of the overall governance framework.	8 (67%)	3 (25%)	1 (8%)	-	-	-

C. The Role and Work of the Committee

C1.	The Committee reports regularly to the Board verbally and through minutes and makes clear recommendations on areas under its remit when necessary.	9 (75%)	2 (17%)	1 (8%)	-	-	Robust reporting to the Board. I think this works well.
C2.	In discharging its governance role, the focus of the Committee is at the correct level.	8 (67%)	3 (25%)	1 (8%)	-	-	-
C3.	The Committee's agenda is well managed and ensures all topics within the Committee's Terms of Reference are appropriately covered.	7 (58%)	5 (42%)	-	-	-	-

C4.	Key decisions are made in a structured manner and can be publicly evidenced.	9 (75%)	3 (25%)	-	-	-	-
C5.	What actions could be taken, and in what areas, to further improve the effectiveness of the Committee in respect of discharging its remit?	None. A functioning committee Perhaps a more selective approach to the amount of material to be considered. None. Maybe greater clarity about H&SC and what is for the IJB Finance committee and what is for FRP.					
D. Finance, Performance & Resources Committee specific questions							
D1.	The Committee is provided with appropriate assurance that the corporate risks related to the specific governance areas under its remit (i.e. those related to either Clinical, Finance and Performance, or Staff) are being managed to a tolerable level.	7 (58%)	5 (42%)	-	-	-	Strategic risks related to this committee are in place.
D2.	The performance information and data presented to the Committee allows for easy identification of deviations from acceptable performance (both negative and positive).	9 (75%)	3 (25%)	-	-	-	Data and reports are clear and concise. This aspect has been improved considerably over recent time.
D3.	Where there is a negative deviation from acceptable performance, the Committee receives adequate information to provide assurance that appropriate action is being taken to address the issues.	7 (58%)	4 (33%)	1 (8%)	-	-	-

Finance, Performance & Resources Committee

DATE OF MEETING:	10 March 2020
TITLE OF REPORT:	Committee Workplan 2020/21
EXECUTIVE LEAD:	Margo McGurk, Director of Finance
REPORTING OFFICER:	Gillian MacIntosh, Board Secretary
Purpose of the Report (delete as appropriate)	
For Assurance	
SBAR REPORT	
<u>Situation</u>	
<p>The NHS Fife Code of Corporate Governance states that all Committees “<i>will draw up and approve, before the start of each year, an annual work plan for the Committee’s planned work during the forthcoming year</i>”.</p>	
<u>Background</u>	
<p>The annual workplan for the Finance, Performance and Resources Committee for 2019/20 was last formally approved in March 2019. The attached workplan gives the forward plan for the new financial year 2020/21.</p>	
<u>Assessment</u>	
<p>The purpose of this report is to seek approval for the Committee workplan for 2020/21.</p> <p>Committee members should note the following minor changes:</p> <ul style="list-style-type: none"> removal of the standing item for Brexit. 	
<u>Recommendation</u>	
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> <u>approve</u> the updated workplan for 2020/21. 	
Objectives: (must be completed)	
Healthcare Standard(s):	Governance and assurance is relevant to all Healthcare Standards.
HB Strategic Objectives:	All
Further Information:	
Evidence Base:	N/A
Glossary of Terms:	N/A
Parties / Committees consulted prior to Committee Meeting:	N/A
Impact: (must be completed)	
Financial / Value For Money	The review and approval of an annual workplan for Committee business will ensure appropriate governance across all areas and that effective assurances are provided
Risk / Legal:	
Quality / Patient Care:	
Workforce:	
Equality:	

FINANCE, PERFORMANCE AND RESOURCES COMMITTEE – ANNUAL WORKPLAN 2020/21

	Lead	May	July	September	November	January	March
Governance							
Minutes of Previous Meetings	Chair	√	√	√	√	√	√
Minutes of other Committees & Groups	Chair	√	√	√	√	√	√
Escalation of Issues from IJB	DoH&SC	√	√	√	√	√	√
Escalation of Issues to NHS Board	Chair	√	√	√	√	√	√
Board Assurance Framework (BAF)	DoN	√	√	√	√	√	√
Review of Terms of Reference	Board Secretary						√
Committee Self Assessment	Board Secretary						√
Annual Assurance Statement	Board Secretary	√					
PPP Performance Monitoring Report	DoE&F				√		
Labs MSC Performance Report	COO	√					
Review of General Policies & Procedures	Board Secretary	√			√		
Annual Workplan	Board Secretary						√
Annual Accounts – Progress Update on Audit Recommendations	DoF			√	√	√	√
Corporate Calendar	Board Secretary			√			
Planning							
Financial Outlook	DoF			√	√		
Draft Financial Plan	DoF					√	
Financial Plan and Opening Budgets	DoF						√
Capital Programme	DoF						√
Property & Asset Management Strategy (PAMS)	DoE&F		√				
Annual Operational Plan (in private session)	DoF	√					√
Winter Plan / Winter Performance Report	DoH&SC	√	√		√	√	√
Orthopaedic Elective Project	DoF	√	√	√	√	√	√
Performance							
Integrated Performance & Quality Report	DoF	√		√	√	√	√

FINANCE, PERFORMANCE AND RESOURCES COMMITTEE – ANNUAL WORKPLAN 2020/21 (continued)

	Lead	May	July	September	November	January	March
Other / Adhoc							
Receipt of Business Cases	As required						
Property Transaction Matters							
Consideration of awards of tenders							
Asset Disposals							

DATE OF MEETING:	10 March 2020
TITLE OF REPORT:	Annual Accounts – Progress Update on Audit Recommendations
EXECUTIVE LEAD:	Margo McGurk, Director of Finance
REPORTING OFFICER:	Gillian MacIntosh, Head of Corporate Governance

Purpose of the Report
For Information

SBAR REPORT

Situation

The purpose of this report is to provide an update on actions taken, in response to the recommendations emerging from both the Internal Audit Annual Report and the Audit Scotland Annual Report for 2018/19.

Background

As part of the overall governance and assurance processes of the Board, both the Chief Internal Auditor and the Board's External Auditor (currently Audit Scotland) are required to provide an annual report within the dimensions of their respective remits.

Assessment

Audit Recommendations:

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

Recommendation

The Finance, Performance & Resources Committee is asked to:

- **note** the actions taken to date to close off issues in advance of the year end, particularly in those areas related to its remit.

Objectives: (must be completed)

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

Further Information:

Evidence Base:	N/A
Glossary of Terms:	SGHSCD – Scottish Government Health and Social Care Directorates
Parties / Committees consulted prior to Health Board Meeting:	Executive Directors Group; Board Committees

Impact: (must be completed)

Financial / Value For Money	Financial Governance is a key component of the assurance process.
Risk / Legal:	Actions taken in response to audit recommendations seek to address / mitigate any risks identified

Quality / Patient Care:	Quality & patient care are a core consideration in all aspects of governance including financial governance.
Workforce:	Workforce issues are a core consideration in all aspects of governance including financial governance.
Equality:	Equalities issues are a core consideration in all aspects of governance including financial governance.

Annual Internal Audit Report 2018/19 Action Plan

Finding	Recommendation	Management Response	Responsible Director Action by Date	Relevant Governance Committee	Update on Progress as at 29 February 2020
1. The annual statements of assurance from the Standing Committees provide an opportunity for reflection on the work of the Committee in the year, key issues for the coming year and the BAF risk4s delegated to the Committee as well as the quality and timing of assurances received. Our work indicates that this opportunity is not always being taken and that the quality of assurances provided by Standing Committees could be improved. Standing Committee Annual Reports do not routinely contain assurances over the BAFs assigned to that Committee.	<p>The Board should consider the process by which the Annual Reports are approved and whether there would be merit in setting aside more time for considered reflection, rather than the Annual Report being potentially considered as just another item on a crowded agenda.</p> <p>The template for Standing Committee Annual Assurance Statements could assist in this process by including:</p> <ul style="list-style-type: none"> • confirmation that they have considered all items on their workplan • explanations for any exceptions and overt consideration of whether they impact on the Committee's ability to provide meaningful assurance • Consideration of relevant internal and external audit reports (see recommendation 3) and external reviews received and their impact on the assurance provided • Commentary on any BAFs for which the Committee is responsible including: • assurance on the accuracy of the score, • the reasons for any movements in-year • the adequacy and effectiveness of the controls described in the BAF • the sufficiency of actions intended to bring the score to its target level the relevance and reliability of assurances over those controls and actions <p>Some Committees may benefit from additional support/training in understanding the assurance requirements of the Board and we would note that the assurance mapping due for 2019/20 should assist in this process.</p>	At present, Board Committee annual statements of assurance are largely prepared by the lead Director for each Committee, leading to some variability in both format and content. For future years, it is proposed that the Board Secretary co-ordinates their production and work to enhance the current template will be part of that exercise. Consideration will be given to including the additional content above to improve the quality of the assurances given.	Board Secretary 31 May 2020	Audit & Risk	In progress. Consideration being given as to how to progress this, taking the advice of the internal auditors on the assurance letter guidance contained within the Scottish Public Finance Manual.

2. Formal assurances were provided by the Executive Directors and Senior Managers of NHS Fife that adequate and effective internal controls have been in place in their areas of responsibility, we note that only seven out of twelve assurance statements included a statement on the risk management arrangements within their area.	As with Standing Committees there is an opportunity to enhance the template but also to consider the process through which these assurance statements are produced and quality assured. Consideration should be given to the SPFM assurance letter guidance which is the subject of ongoing discussions between Internal Audit and the SGHSCD.	A review of the current process for capturing the assurances of senior staff, including the revision of the current template and consideration of which posts should be included in the exercise in future years, has already been agreed in discussions with the External Auditors. The input of Internal Audit would be welcome, to ensure that the new process is fully compliant with SPFM guidance and how this is expected to be implemented locally.	Director of Finance & Performance and Board Secretary 31 March 2020	Audit & Risk	Complete. Amended letter used for recent departures of Director of Health & Social Care, Director of Workforce and Chief Operating Officer. For future years, work ongoing at creating new questionnaire to support the production of year-end assurance statements.
3. The findings from our annual and interim reviews and other internal audit reports are not routinely reported to the relevant Standing Committee(s). We also noted that Audit Scotland's reports are not routinely presented to the relevant standing committee (eg the Audit Scotland Management Report 2017/18 included a finding relevant to Information Governance but was not presented to the Clinical Governance Committee). We also found areas where findings were reported but were not followed to their conclusion by the Committee. As a consequence, significant governance findings for which the agreed action had not been implemented were not identified by Standing Committees in their annual assurance statements.	Internal Audit reports, including annual and interim reports should be presented to the relevant standing committee(s) and relevant sub-committees/groups as they are published. External Audit findings should be similarly communicated. For significant findings, the Committee should establish a suitable monitoring process and ensure it is followed through to completion.	In conjunction with Internal Audit we will seek to align individual audit reports to a specific Committee of the NHS Board. As and when reports are issued, the distribution of the report will include the lead Director for the relevant Committee, for inclusion at the next meeting. The covering email should include an explicit statement reminding the Director of this responsibility (1). Any actions required and taken will be reported accordingly through the minute (2), with a parallel monitoring process (already in place) via the Audit & Risk Committee for both internal and external audit recommendations (3)	Internal Audit(1)/Board Secretary(2)/Director of Finance(3) 30 September 2019	All	Complete. Template developed for use with audit reports tabled to other governance committees.
4. There have been significant and persistent delays in taking forward agreed improvements to the Risk Management Framework, going back many years.	An SBAR should be presented to the Audit & Risk Committee highlighting the challenges and reasons for the delay to the revision of the Risk Management Framework and how they will be addressed so that a realistic and achievable implementation schedule can be agreed and monitored and, most importantly, delivered.	We accept the recommendation and a report will be provided as described above	Director of Nursing 30 September 2019	Audit & Risk	Complete. Final Risk Management Framework will be taken to Audit & Risk Committee and NHS Fife Board in March 2020.

5.	Although high level updates on the preparation and approval of the NHS Fife Workforce Strategy have been provided to the SGC in 2018-19 it has not been formally updated on progress towards implementing the NHS Fife Workforce Strategy Action Plan, though we have been informed that the intention is to provide updates to the SGC using the action plan to the new strategy. The Terms of Reference of the NHS Fife Strategic Workforce Planning Group state that ' <i>Work Generated by the group shall be formally reported to EDG and the Staff Governance Committee as appropriate</i> ' but does not include a specific responsibility to provide an annual update on progress against the Workforce Strategy Action Plan to the SGC.	The Terms of Reference of the NHS Fife Strategic Workforce Planning Group should be amended to include a specific responsibility to provide an annual update on progress against the NHS Fife Workforce Strategy Action Plan to the SGC. This is particularly important given that the Workforce Strategy is the key control listed in the Workforce Sustainability BAF. Assurance on progress against the NHS Fife Workforce Strategy from the NHS Fife Strategic Workforce Planning Group to the Staff Governance Committee should be scheduled in the Committee's Annual Workplan for 2019-20 before the SGC Annual Assurance Statement is approved.	The workforce strategy forms part of the current workplan for the Staff Governance Committee. The above recommendation will be incorporated into future workplans and reports will be made as appropriate to the Staff Governance Committee. The ToRs described above will be amended accordingly.	Director of Workforce 30 September 2019	Staff Governance	In progress. An update was provided to Staff Governance Committee in January 2020 detailing the intention to review and publish the Workforce Strategy in line with the revised National Workforce strategy timetable. Updates on Workforce Strategy performance will be provided to the Committee on an annual basis and are built into the Staff Governance Committee annual work plan. The Terms of reference for the Strategic Workforce Planning Group will be amended to reflect the recommendations.
6.	The NHS Fife Remuneration Sub-Committee has not undertaken a self assessment using the self assessment pack issued by Audit Scotland for 2017/18 or 2018/19.	The self assessment checklist for the Remuneration Sub-Committee should be completed for the years of 2017/18 and 2018/19. The self assessment should be completed annually before the Remuneration Sub-Committee's Annual Assurance Statement	Discussion on a retrospective self assessment will be discussed at the Sub Committee in June 2019. The self assessment checklist will be incorporated into the overarching Board and Committee self assessment process for 2019/20. Any relevant aspects of the recommendations emerging from national work through the Blueprint for Good Governance will be taken into consideration.	Director of Workforce 30 June 2019 Board Secretary 31 March 2020	Remuneration	Complete. Agreed that no retrospective self-assessment for Remuneration Committee for years 2017/18 and 2018/19 would be undertaken, due to limited use of this exercise. Self-assessment report for present year completed, to be considered at March 2020 meeting, using the same template as in use with other governance committees. As part of this process, the Audit Scotland case studies will be reviewed with Committee members.
7.	Our recommendation from B08/19 (action point 10) regarding providing the Clinical Governance Committee with adequate assurance regarding compliance with the General Data Protection Regulations (GDPR), the Data Protection Act 2018, the Networks and Information Systems (NIS) Directive, the Public Sector Cyber Resilience Action Plan and the NHS Scotland Information Security Policy Framework has not yet been fully addressed as aside from high level reports on GDPR compliance presented to CGC in January and March 2019 overt assurance on these areas has not been provided. The original timescale for implementation of actions to address this recommendation was by 31 December 2018.	A report should be provided to the NHS Fife Clinical Governance Committee clearly stating the Board's current status of compliance with the General Data Protection Regulations (GDPR), the Data Protection Act 2018, the Networks and Information Systems (NIS) Directive, the Public Sector Cyber Resilience Action Plan and the NHS Scotland Information Security Policy Framework. The report should include overt statements on <ul style="list-style-type: none"> • How compliance with the NIS Directive will be managed and monitored • How NHS Fife will prepare for external review by the Competent Authority • How existing processes for GDPR, cyber-essentials and any other IG requirements will be assimilated/made congruent with the actions required for the NIS Directive • Overall assessment of likely gaps • Risk assessment. 	We accept improvements are required in respect of overt assurance reporting to the Clinical Governance Committee. A detailed report, as described, will be considered by the Information Governance and Security Group in August 2019 for submission to the CGC in September.	DPO/SIRO 30 September 2019	Clinical Governance	In progress. Since Audit B08/19 was compiled, there have been a further two audits - B06/20 and B08/20 - which now supersede. B06-20 Annual Internal Report has been completed and covers all the recommendations from B08/19. Any outstanding actions that remain will be followed up through the usual Internal Audit Follow-Up process.

8. The Executive Director's Annual Assurance Letter from the Chief Operating Officer for Acute Services Division who was identified as the Board's SIRO from 28 January 2019 provided their assurance as SIRO but only for the period from 28 January 2019 to 31 March 2019. No Executive Director's Assurance Letter was requested from the previous SIRO before they left.	The disengagement process for Executive Directors who leave NHS Fife should include obtaining from them an Executive Director's Assurance Letter covering the period they were in post.	We accept the recommendation and a process will be implemented to ensure appropriate assurances are received in the event of a Director leaving post	Board Secretary 30 September 2019	Audit & Risk	Complete (see 2 above). Process now in place to capture these assurances at times other than year end.
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Issue / Risk	Recommendation	Management Response	Responsible Director Action by Date	Relevant Governance Committee	Update on Progress as at 29 February 2020
1. PECOS access controls In 2017/18 we found three users with approval permissions on the PECOS purchasing system that were not appropriate to their job role. Audit testing this year found one of the users identified last year still had inappropriate access, a further three users had approval rights despite having left the health board and one user had changed roles and access to PECOS was no longer appropriate. There is a risk that users have inappropriate access to PECOS and erroneous or fraudulent entries could be made.	User access permissions for PECOS should be reviewed on a regular basis to ensure that the permissions granted are appropriate to job roles and relate only to current employees.	On occasion, individuals may remain on the system with authorisations delegated to their deputy, pending the replacement starting. We will work with eHealth colleagues to ensure the IT access termination documentation also covers PECOS; and with HR colleagues to remind line managers of the requirement to advise on movers/leavers.	Head of Procurement 30 September 2019	Audit & Risk	In progress. A short life working group is being established with colleagues from eHealth, HR and also Financial Management, to ensure that support is available to Procurement staff with regards to appropriate permissions being granted / available within the system. An operational procedure will be produced to confirm the process before the next update is due.
2. Changes to supplier details We reported last year that in the majority of cases no independent verification of changes to suppliers bank details were sought. From discussions with Finance staff this year there is still no agreed or consistent procedure for verifying changes. The Assistant Director of Finance – Financial Services confirmed the current procedure is to telephone suppliers when a letter from the supplier notifying a change in bank details is received. If an invoice is received that has new bank details on it there is no further verification. There is a risk of exposure to fraud as not all requests to change bank details are verified from an independent source.	A formal procedure should be prepared and shared with Finance staff which clarifies that all changes to supplier bank details should be verified as agreed by management in 2017/18.	An email has been sent to all ledger staff confirming the procedure for requested changes to supplier bank details. The desktop procedure is under review.	Assistant Director of Finance 31 July 2019	Audit & Risk	Complete
3. Delivery of savings There is no information on the specific savings plans within the high level workstreams reported in the IPR or the proposals to address outstanding savings. There is a risk financial targets will not be met as there is no detail on how savings will be achieved.	Specific and achievable savings plans should be developed to ensure that the Board can deliver the required savings. Sufficient information on these plans should be provided to enable the FP&RC and Board to carry out effective scrutiny.	Detailed savings plans for 2019/20 have been considered via the IJB for Health & Social Care services but these are not sufficient to close the gap overall. The impact on the NHS Fife position has been requested from the Director of Health & Social Care. Detailed savings plans are in development for Acute Services, with a report to the FP&R Committee in May	Director of Health & Social Care / Chief Operating Officer 31 May 2019	Finance, Performance & Resources	In progress. Discussions ongoing within the IJB in relation to delivery of savings. Reviewed the Deloitte recommendations and operationalised the improvements identified. These will be monitored through the ASD Performance Reviews within each Directorate.
4. Reliance on non recurrent savings NHS Fife continues to rely on non recurrent savings to deliver against the statutory financial target of break even and is relying on financial flexibility to offset the significant overspend within Acute Services. There is a significant risk that the Board will not deliver the savings required to achieve a balanced budget on a recurring basis which increases the pressure on budgets in future years.	The Board should take steps to reduce its reliance on non recurrent savings to achieve financial targets.	This issue is recognised and will be addressed in line with the previous action above.		Finance, Performance & Resources	Delivery of savings, within the context of the overall financial position, is a high risk on the BAF. A financial recovery plan is an essential component of the Annual Operational Plan for 2020/21.

<p>5. Openness and transparency The NHS Fife website is not user friendly and some information, including committee papers, is either not available or is difficult to find. There is a risk that the lack of information on the website impacts on the public's perception of the health board's openness and transparency.</p>	<p>The NHS Fife website requires further improvement to make it more user friendly. Committee papers should be uploaded on a timely basis.</p>	<p>This issue is recognised. NHS Fife intends to invest in the creation of a new website design, hosting and development platform in 2019. This will be equipped with enhanced search, clear navigation and accessible service modules, viewable on a range of devices. A new content management system will ensure that the new NHS Fife website will be future proof, while still being capable of accommodating and indexing existing historical content. Meantime, a more robust checking procedure has recently been introduced to ensure that Board and Board Committee papers are uploaded timeously after the issue of papers to members and that the resultant file posted on the website is subsequently accessible to all users.</p>	<p>Head of Communications 31 December 2019</p>	<p>Finance, Performance & Resources</p>	<p>In progress.</p> <p>Procurement and tender process completed.</p> <p>External agency appointed in December 2019 to host and develop the new NHS Fife website.</p> <p>Redesign of the website structure and navigation has begun and the first phase of the new website development due to go live on 1st April 2020.</p> <p>This first phase will include a dedicated "Governance" area to host information about NHS Fife Committees and Groups, NHS Fife Board membership, meetings and associated papers.</p>
<p>6. Escalation of issues to the NHS Fife Board There is a lack of follow up in relation to some items escalated to the NHS Fife Board by the Board committees. There is a risk that issues escalated for consideration by the NHS Fife Board are not subject to effective scrutiny at this level.</p>	<p>Further enhancement of the Board escalation process is required. There should be sufficient time and resources set aside at Board meetings to ensure there is proper consideration of the items escalated from committees. This should include appropriate follow up of ongoing issues.</p>	<p>There is no limitation placed by the Board on the time presently allowed for the escalation of items from Board Committees. Some key issues initially identified by Committees as matters for escalation to the Board can on occasion be covered elsewhere in the agenda, but Committee Chairs are all aware of the need to discuss potential topics for escalation at Committee meetings and explicitly identify these in the cover sheet accompanying Committee minutes. Items for subsequent follow-up by the Board will be flagged as such in the Board's rolling Action List.</p>	<p>No further action required</p>	<p>All</p>	<p>Complete</p>

<p>7. Committee self- assessment process</p> <p>Members have identified several areas to improve the effectiveness of committees but no action on these has been taken to date.</p> <p>There is a risk that action is not taken on the results of the self-assessment process to improve the effectiveness of governance committees.</p>	<p>A Board meeting or development session to consider common and/or ongoing issues identified as well as any further improvements to the process should be arranged and appropriate actions agreed.</p>	<p>After initial consideration by each Committee in March, the Board has considered the results of the Committee self-assessment exercise at its scheduled Development Session in April 2019. An action plan has been created, aligning this improvement work with the local implementation of the new NHS Scotland Blueprint for Good Governance, to ensure that governance-related improvements are co-ordinated and standardised across all Board Committees. A revised Committee questionnaire format, taking account of members' feedback on this year's process, will be put in place for the next iteration of the survey, to be undertaken across all Committees in late 2019.</p>	<p>Board Secretary</p> <p>31 October 2019</p>	<p>Audit & Risk</p>	<p>Update given to the Board in November 2019 on completion of the current Blueprint Action Plan, and this reported externally to the Scottish Government.</p> <p>Revised committee self-assessment questionnaire agreed with Committee chairs and completed by members in Dec 19/Jan 20.</p>
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<p>8. Health and social care partnership arrangements Some of the local challenges around operational and governance arrangements for the health and social care partnership have not been fully resolved. Staff and members are sometimes predisposed towards the interests of their employing organisation rather than the partnership. There is a risk that the health and social care arrangements in Fife are not operating effectively.</p>	<p>The operational and governance arrangements between the Board and IJB should be clarified to ensure that staff, senior management and members of the partner bodies work as a partnership.</p>	<p>Fife – like all HSCP's – have been asked by SG & COSLA to complete a self-assessment against the recommendations of the Ministerial Steering Group Review of Integration. That self-assessment is to be completed and returned by 15 May. Senior leaders in the HSCP, NHS Fife and Fife Council met recently to discuss the self-assessment. That is now being worked up and will be agreed amongst all partners before submission on 15 May. The governance structure of the IJB remains under development, though further work has been undertaken in recent months by Partnership colleagues to create H&SCP versions of key governance documents (such as induction manuals and revised Committee Terms of Reference) to address the outstanding deliverables of the IJB's Governance Framework Action Plan (dated July 2018). A proposed review of the Integration Scheme by the parent bodies in 2019 will provide an opportunity to reflect on the current governance structures in place and make further changes to clarify roles and responsibilities, supporting effective partnership working.</p>	<p>Chief Executive 30 September 2019</p>	<p>All</p>	<p>In progress. This matter is being addressed through the H&SCP / NHSF / FC joint response to the Ministerial Steering Group report on Integration, which includes a detailed action plan. This is being led by the Director of Health & Social Care.</p> <p>Meetings are also currently underway with Integration Partners to review the present Integration Scheme, which will take into account existing governance structures and reporting lines, with the intention to bring a revised version of the Scheme for Partners' approval in Spring 2020.</p>
<p>9. IT data recovery There is no technical recovery procedure for either Trakcare or Patienttrack at the present time. Scheduled data recovery testing has not been done for several years. There is a risk that data recovery procedures are not effective resulting in the loss of data essential to patient care and/or business continuity.</p>	<p>Technical recovery procedures for critical IT systems should be prepared. IT data recovery should be tested on a rotational basis that ensures all aspects are included, procedures are effective and that staff are familiar with the procedures and can implement them in a variety of scenarios.</p>	<p>Ongoing Network improvements between primary and secondary platforms for these systems will drive new recovery point and time objectives. These will be documented within a Business Impact Analysis (BIA) and new Technical Recovery Procedure Documentation. The BIA will also drive future recovery testing scope and frequency.</p>	<p>General Manager, eHealth 31 December 2019</p>	<p>Clinical Governance</p>	<p>Attrition and flux within the technical teams and delays lining up the supplier (Service Catalogue and BIA assessment) has pushed this work back. The expected date of completion is now 30 June 2020.</p> <p>February 2020 - no update to add.</p>

10. Organisational resilience self-assessment There is no formal action plan to monitor progress in respect of those standards included in the NHRU framework which were identified as not fully implemented following the Board's self-assessment in August 2018. There is a risk that improvements to the Board's organisational resilience identified from completing the self-assessment are not achieved.	A formal action plan should be prepared to monitor progress in implementing the NHRU resilience standards.	Whilst the Board has been addressing the issues outlined in the report, a formal action plan has not yet been approved. This will be submitted to the NHS Fife Resilience Forum in July 2019.	Director of Public Health 31 July 2019	Clinical Governance	Complete. An action plan has been approved and delivery thereof is well underway. Scottish Government have responded to our initial self-assessment and a further progress update to SG will be prepared for submission in April 2020. An update in the meantime will be given to Clinical Governance and the Board in January 2020.
11. Cyber security There is no evidence of regular updates on issues such as progress towards achieving cyber essentials accreditation being provided to the Board during 2018/19. There is a risk that cyber resilience efforts do not receive support and commitment at Board level.	Updates on progress towards achieving cyber essentials accreditation and other digital issues should be reported to the NHS Fife Board periodically to ensure these receive the necessary support.	A Cyber Resilience Governance plan was agreed under Key Action 2 of the Scottish Government Cyber Resilience Framework 2018. This includes a reporting and assurance path to the NHS Fife Board. The scope and context of these reports are now being devised and will drive the level of detail presented to the Board.	General Manager, eHealth 31 December 2019	Clinical Governance	A change of Cyber Security Manager (who was assigned this work) has caused a delay. However, a Cyber Resilience Plan has now been drafted and this will drive the reporting based on the key deliverables. Full report path expected to be in place by 30 March 2020 . February 2020 - no update to add.
12. GDPR compliance We have been informed that the health board is not expected to be fully compliant with GDPR until December 2019. There is a risk that non compliance could result in data breaches, fines and adverse publicity	NHS Fife should take action to address compliance with GDPR as a matter of urgency.	NHS Fife currently have the correct policies and procedures in place to satisfy the Information Commissioners Office from a legislative perspective. NHS Fife are conducting a robust audit of the 12 areas in relation to GDPR as part of a business improvement plan, to ensure full compliance which is anticipated to be completed by no later than 31/12/19. Audits in this area will be continuous as compliance is at a 'point in time' and is subject to constant change.	General Manager, eHealth 31 December 2019	Clinical Governance	Complete. The 12 areas in the GDPR Business Plan have now been addressed and implemented. The quarterly Information Governance & Security (IG&S) Group (which is the ISMS under its Terms of Reference) is kept apprised of the status of GDPR compliance via the reports submitted. The NHS Fife SIRO chairs the IG&S Group and is a Director who sits on the Board and therefore is able to raise any appropriate GDPR risks or issues as they deem necessary. The Information Governance department has implemented principle of Plan, Do, Check, Act (PDCA) to ensure that appropriate responses to changes to the organisation or its operations that raises the risk of GDRP non-compliance.

<p>13. Sickness absence Sickness absence remains at a high level despite continuing efforts to improve performance. There is no clear action plan to enable more effective scrutiny and no monitoring of what actions are achieving a successful outcome. There is a risk that sickness absence will remain at a high level and impact on staff morale, quality of care and the achievement of statutory performance targets.</p>	<p>NHS Fife should develop a better understanding of the underlying reasons behind sickness absence levels and identify those actions which are resulting in improvements. An action plan, with clear objectives and milestones, would help to monitor progress and enable the SGC to scrutinise the process. The Board could also ask other health boards what actions they have taken to improve attendance rates.</p>	<p>Attendance Management is a standing item on the Staff Governance Committee Agenda. This enables monitoring of performance in this area and surveys have been conducted in “hot spot” areas to identify further underlying reasons for absence. The report also includes data on reasons for absence and the work and actions being taken to improve attendance levels. Dialogue has taken place with other Boards in terms of improvement actions. Improvement targets are also being set for all areas. This narrative will be converted into an Action Plan as per the recommendation.</p>	<p>Director of Workforce 30 September 2019</p>	<p>Staff Governance</p>	<p>Complete. Monthly improvement trajectory is discussed at EDG in advance of consideration at APF and Staff Governance Committee. An action plan has been agreed and is being taken forward for the Well @ Work initiative. The recently revised IPQR highlights key improvement actions. This will continue through the year.</p>
<p>14. Transformation programme governance framework Revised transformation programme governance arrangements have not been formally agreed by any NHS Fife or IJB governance committees or the NHS Fife Board. There is a lack of consistency in the understanding of the assurance lines to the Board and its governance committees on the programmes reported separately through the IJB. The JSTG is not operating effectively and the Community Transformation Board does not appear to be operating as expected. There is a risk that transformational change and implementation of the Clinical Strategy does not progress as planned.</p>	<p>The transformation programme governance arrangements and any subsequent revisions should be formally agreed by the Board and the IJB The revised framework should clarify the assurance lines to NHS Fife for the transformation programmes led by the IJB, including the remit of the Community Transformation Programme Board</p>	<p>A joint programme of strategic and operational transformation is essential to the sustainability of services. As such we are implementing a refreshed approach under the leadership of the Chief Executive and Director of Finance & Performance; as well as an enhanced framework of performance and accountability between operational services and the Board's governance Committees</p>	<p>Director of Finance & Performance 30 September 2019</p>	<p>All</p>	<p>In progress. The need for focus on joint transformation has been recognised and the outcomes from the summer Joint Transformation Workshop has informed the savings plans of the Health Board and IJB, with further work underway.</p>
<p>15. Reporting on progress with the transformation programme There is no consistent reporting framework for the transformation programme. There is a lack of focus on targets, milestones and timescales and papers are not always available on a timely basis. There is a risk that progress with the transformation programme is not subject to effective scrutiny.</p>	<p>The agreed governance framework should include a basis for reporting to each of the groups identified in the framework, including the CGC and JSTG or its replacement. Reporting on progress should focus on outcomes and timescales and papers should be issued on a timely basis.</p>	<p>This issue is recognised and will be addressed in line with the previous action above</p>		<p>All</p>	

<p>16. Update on the Clinical Strategy The report on the Clinical Strategy - Two Years On is overdue. Previous updates on the Clinical Strategy recommendations summarised progress to date but didn't highlight the outstanding actions or identify the timescales needed to ensure all the recommendations are fully implemented by the end of the five year period. There is a risk that gaps in transformational change required to implement the Clinical Strategy are not identified.</p>	<p>An annual update on the Clinical Strategy recommendations should be prepared on a timely basis. The update should highlight outstanding areas and how these will be addressed as well as the progress that has been made.</p>	<p>The first annual update of the Clinical Strategy was a very high level document outlining some of the progress against the Clinical Strategy recommendations. Plans were in place to repeat this update but was delayed due a vacancy since February 2018 in the Planning team until March 2019. An update on the progress of the transformation programmes associated with the Clinical Strategy is provided to the Clinical Governance Committee every 2 months. These programmes are reviewed and agreed at the start of each financial year in the Annual Operational Plan which includes the identification of the strategic priorities for NHS Fife. This is the process that would identify risks to the organisation in the delivery of the Clinical Strategy. A paper providing an update on the recommendations from each of the Clinical Strategy workstream reports was provided for the Clinical Governance Committee in March 2019 and described progress of the transformation programmes as well as other improvement work in individual clinical services not captured elsewhere</p>	<p>Associate Director of Planning & Performance 30 September 2019</p>	<p>Clinical Governance</p>	<p>In progress. As the Clinical Strategy is in its fourth year, the proposal is to undertake a full review of the recommendations of the Clinical Strategy by May 2020, with a revised Clinical Strategy 2021-26 being approved by the Board by the end of the year.</p>
<p>17. Timetable for unaudited accounts We received the unaudited accounts on 10 May 2019 therefore the deadline of 3 May 2019 agreed in our annual audit plan was not met. We identified several areas where improvements to working papers or dependency on key personnel could improve the efficiency of the audit. There is a risk his could delay completion of the final accounts audit beyond 30 June.</p>	<p>NHS Fife should ensure that the agreed timetable for presenting the unaudited annual report and accounts for audit is met and a more complete set of working papers should be readily accessible. Consideration should also be given to addressing key person dependencies.</p>	<p>Agreed. We will review our internal timetable and key responsibilities to ensure the complete draft accounts are available on a timely basis. We accept the level of knowledge and expertise in some technical areas is held by one individual but in a small team it is difficult to have more than one person fully up to speed but where feasible, we will look to put cross over arrangements in place.</p>	<p>Director of Finance 31 March 2020</p>	<p>Audit & Risk</p>	<p>Timetable for 2019/20 annual accounts has been agreed as part of External Audit Annual Plan, and internal support will be aligned appropriately.</p>

<p>18. Holiday pay accrual The holiday pay accrual includes medical and dental staff who have individual leave years beginning on the anniversary of their start dates. There is no centralised record of annual leave and data from individual staff are not collected. Management estimates the leave accrual for this group of staff based on the percentage applied to all other staff. This amounted to one day per medical and dental individual. In the previous year this was set as a maximum of five days. The estimate is subject to management bias There is a risk expenditure is subject to manipulation through management estimates and expenditure for the year is misstated.</p>	<p>A method of collecting and collating a significant sample of individual balances should be introduced for medical and dental staff.</p>	<p>We will review the sampling method in place to determine if it is feasible to replicate the process for medical & dental staff or identify an alternative means of ensuring a robust approach for this calculation.</p>	<p>Deputy Director of Finance 31 March 2020</p>	<p>Audit & Risk</p>	<p>In progress. The routine annual template to capture untaken annual leave for AFC and Executive Manager staff groups has been distributed to budget holders for their completion (early February 2020). This year a representative sample of untaken medical and dental staff will be collected in conjunction with Service Managers to inform the overall holiday pay accrual.</p>
<p>19. Efficiency savings NHS Fife is required to achieve efficiency savings of £17 million on a recurring basis from 2019/20. The majority of savings have been allocated to workstreams but the detailed plans on how these will be delivered have yet to be fully developed. There is a risk financial targets will not be met as there is a lack of clarity in how the required savings will be achieved.</p>	<p>Detailed savings plans should be developed to ensure that NHS Fife can deliver the required savings.</p>	<p>There are detailed plans in place for the health budgets delegated to the Health & Social Care Partnership (c£7 million). The remaining £10 million target (for the Acute Services Division) is under review and a detailed plan requested for the Finance, Performance & Resources Committee in July 2019. Significant efforts have been made to reduce from a recurring gap of £30 million in 2016/17 to a £17 million gap for 2019/20.</p>	<p>Chief Operating Officer 31 July 2019</p>	<p>Finance, Performance & Resources</p>	<p>See update provided for items 3 & 4 above.</p>

FINANCE, PERFORMANCE & RESOURCES COMMITTEE

DATE OF MEETING:	2020
TITLE OF REPORT:	Orthopaedic Elective Project Progress Report
EXECUTIVE LEAD:	Helen Buchanan
REPORTING OFFICER:	Alan Wilson, Project Director

Purpose of the Report (delete as appropriate)

For Decision	For Discussion	For Information
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SBAR REPORT

Situation

NHS Fife has instigated the next stage of the Scottish Capital Investment Manual (SCIM) process for the development of a new Elective Orthopaedic Centre. This involves the production of a Full Business Case (FBC) for submission to the Scottish Government Capital Investment Group (CIG) by September 2020 to meet the initial timelines as set out in the Initial Agreement Document (IAD).

Background

The new Elective Orthopaedic Centre construction project has key milestones set out in the IAD and the purpose of this report is to provide assurance to the Committee on progress against these key milestones.

Assessment

The project is progressing at pace and is meeting all current key milestones. We are still awaiting written approval for the OBC from Capital Investment Group due to awaiting responses from members of the group who are dealing with other pressing matters however we have been informed verbally to proceed to next level and also have received the funding allocation for financial year 19/20.

The design stage 1:50 room layouts are nearing completion and will be ready for sign off early march. The external building envelope, landscaping and M&E design will also be completed by the same timescale. This will allow for the production of a more accurate cost plan at the current stage.

A pre-planning application has been issued to Fife Council Planning department and a meeting was held on Tuesday 18th February. Fife council planning department were very complimentary of the work done to date and they don't envisage anything within the design that will not be supported when full planning application is submitted in March.

In regards to the alternative parking option we had proposed to Fife planning in regards to an area of land between Whyteman's Brae and the Car park to the north has ran into environmental issues but we have managed to come to an alternative that will produce the appropriate number of spaces needed.

Recommendation

The Committee are asked to:

- **Note** the progress made to date

Objectives: (must be completed)

Healthcare Standard(s): All

HB Strategic Objectives: All

Further Information:

Evidence Base:

Glossary of Terms: SCIM – Scottish Capital Investment Manual
FBC – Full Business Case
CIG – Capital Investment Group
IAD - Initial agreement Document
M&E – Mechanical & Electrical

Parties / Committees consulted prior to Committee Meeting: FCIG

Impact: (must be completed)

Financial / Value For Money Increase in costs/ unable to meet all service needs if costs increase.

Risk / Legal: Failure to meet key milestones causing delay in business case process.

Quality / Patient Care: Potential quality issues/ Delays leading to inadequate facilities.

Workforce: Workforce issues will be addressed through the OBC process

Equality: Equality issues will be addressed through the OBC process

NHS FIFE
FINANCE, PERFORMANCE & RESOURCES COMMITTEE

DATE OF MEETING:	10 th March 2020
TITLE OF REPORT:	Integrated Performance & Quality Report (IPQR)
EXECUTIVE LEAD:	Carol Potter
REPORTING OFFICER:	Susan Fraser

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

SBAR REPORT

Situation

This SBAR accompanies the Integrated Performance & Quality Report (IPQR), the main Corporate Performance reporting mechanism for the NHS Fife Board.

Background

The IPQR is produced monthly, and the most recent version is presented at each meeting of the Standing Committees – Clinical Governance, Staff Governance and Finance, Performance & Resources. It comprises an Executive Summary (covering key Clinical Governance, Operational Performance, Finance and Staff Governance measures) and ‘drill-downs’ for performance areas of particular interest – these are generally but not exclusively where performance is not consistently achieving the expected level.

Assessment

The FPR aspects of the report cover Operational Performance (in Acute Services/Corporate Services and the Health & Social Care Partnership) and Finance. All measures apart from the two associated with Dementia PDS have performance targets and/or standards, and a summary of these is provided in the tables below.

WT = Waiting Times

RTT = Referral-to-Treatment

TTG = Treatment Time Guarantee (measured on Patient Waiting, not Patients Treated)

DTT = Decision-to-Treat-to-Treatment

Operational Performance – Acute Services / Corporate Services

Measure	Update	Local/National Target	Current Status
IVF WT	Monthly	100%	Achieving
4-Hour Emergency Access	Monthly	96%	Not achieving
New Outpatients WT	Monthly	95%	Not achieving
Diagnostics WT	Monthly	100%	Achieving (within 2%)

Patient TTG	Monthly	90.6%	Not achieving
18 Weeks RTT	Monthly	84%	Not achieving
Cancer 31-Day DTT	Monthly	95%	Achieving
Cancer 62-Day RTT	Monthly	94%	Not achieving
Detect Cancer Early	Quarterly	29%	Not achieving
FOI Requests	Monthly	85%	Not achieving

Operational Performance – H&SCP

Measure	Update	Local/National Target	Current Status
DD (Bed Days Lost)	Monthly	5%	Not achieving
Antenatal Access	Monthly	80%	Achieving
Smoking Cessation	Monthly	100%	Not achieving
CAMHS WT	Monthly	88%	Not achieving
Psy Ther WT	Monthly	82%	Not achieving
ABI (Priority Settings)	Quarterly	80%	Not achieving
Drugs & Alcohol WT	Monthly	90%	Achieving

Finance

Measure	Update	Local/National Target	Current Status
Revenue Expenditure	Monthly	Break even	Not achieving
Capital Expenditure	Monthly	£9.217m	Achieving

Recommendation

- **Discussion** – the Committee is asked to consider the contents of the report, with specific focus on the measures and performance relevant to Operational Performance and Finance, and identify any performance-related issues which require to be escalated to the next meeting of the NHS Fife Board (on 25th March 2020)

Objectives: (must be completed)	
Healthcare Standard(s):	
HB Strategic Objectives:	

Further Information:	
Evidence Base:	
Glossary of Terms:	
Parties / Committees consulted prior to Health Board Meeting:	

Impact: (must be completed)	
Financial / Value For Money	e.g. - Financial impact or capital requirements
Risk / Legal:	e.g. - Completion of a risk assessment with plans in place to mitigate any risks identified - Likelihood of legal challenge
Quality / Patient Care:	e.g. - Inequity of provision (postcode lottery/commissioning) - Consequences of delaying/denying treatment - Consideration of exceptional circumstances
Workforce:	e.g. - Impact on existing staff - Potential for clinical/staff opposition - Consideration of Organisational Change Policy (HR15) - Identification of training requirements
Equality:	<p>The Board and its Committees may reject papers/proposals that do not appear to satisfy the equality duty (for information on EQIAs, click here EQIA Template click here</p> <ul style="list-style-type: none"> • Has EQIA Screening been undertaken? Yes/No (If yes, please supply copy, if no please state reason) • Has a full EQIA been undertaken? Yes/No (If yes please supply copy, if no please state reason) • Please state how this paper supports the Public Sector Equality Duty – further information can be found here • Please state how this paper supports the Health Board's Strategic Equality Plan and Objectives – further information can be found here • Any potential negative impacts identified in the EQIA documentation - Yes/No (if yes please state)



Fife Integrated Performance & Quality Report

Produced in February 2020



Introduction

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

The IPQR comprises of the following sections:

I. Executive Summary

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

II. Performance Assessment Reports

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

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

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

I. Executive Summary

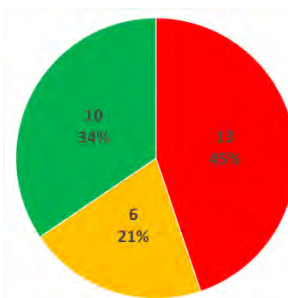
At each meeting, the Standing Committees of the NHS Fife Board consider targets and Standards specific to their area of remit. This section of the IPQR provides a summary of performance against LDP Standards and local Key Performance Indicators (KPI). These indicators are listed within the Indicator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

a. LDP Standards & Key Performance Indicators

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

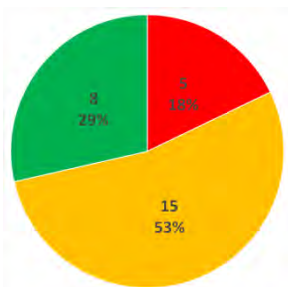
There are three indicators that consistently exceed the Standard performance; IVF Treatment Waiting Times (regional service), Antenatal Access and Drugs & Alcohol Waiting Times. Other areas of success should also be noted...

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



b. National Benchmarking

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



Indicator Summary

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

d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
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	2.16	Dec-19	2.16	Dec-19	1.81	N/A	N/A
<p>Reduce falls with harm by 20% by December 2020</p> <p>While an increase in falls is noted in the December figures there is acknowledgement that, as in previous years, this is reflective of the significant increased winter activity across the system. Ongoing monitoring of this will continue with consideration of any related factors associated with this high level of activity and an expectation that the overall trend will return to the usual month to month variation. The repeat falls audit will now take place February/March.</p>							
Pressure Ulcers	0.42	Never Met	0.42	Dec-19	0.91	N/A	N/A
<p>50% reduction by December 2020</p> <p>The number of pressure ulcers (PU) reported continues to vary with no sustained improvement. A Quality Improvement (QI) programme is commencing across Fife (HSCP and ASD) to work with teams to drive QI and reduce patient harm. Scrutiny and monitoring for assurance is via the Fife Tissue Viability Steering Group. The target end date for a 50% reduction has been extended to December 2020.</p>							
Caesarean Section SSI	N/A	QE Sep-19	2.5%	Sep-19	2.5%	QE Sep-19	●
<p>We will reduce the % of post-operation surgical site infections to 2.5%</p> <p>Following a review of the surveillance methodology, a new process for ascertaining SSI status was adopted from the start of October. There was a significant reduction in SSI rate during Q2 of 2019, and this rate increased slightly in Q3. It is hoped that a sustained lower rate will be achieved throughout the remainder of the year.</p>							
SAB (MRSA/MSSA)	18.8	QE Dec-19	20.2	QE Dec-19	10.9	YE Sep-19	●
<p>We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022</p> <p>There were 4 SAB in December, 2 HCAI (1 HAI, 1 HCAI) and 2 CAI. In the whole of 2019, there were 85 SAB, the second lowest annual figure on record and 25% less than in 2018. VAD continued to be the major source of infections (27% in 2019), while PWID (People Who Inject Drugs) accounted for around 16% of the total. The quarterly –measured HAI/HCAI rate remains significantly less than the target for March, while the annually–measured rate is in line with the Scottish average.</p>							
C Diff	6.5	QE Jun-19	6.9	QE Dec-19	14.2	YE Sep-19	●
<p>We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022</p> <p>There were 4 CDIs in December, 2 HAI and 2 CAI. In the whole of 2019, there were 47 CDI, equalling the record low of 2018. Around 15% of infections were due to a recurrence of infection. The quarterly-measured HAI/HCAI rate remains significantly greater than the target for March, but this is expected to reduce in January and the annually measured rate is much better than the Scottish average (Fife 8.6, Scotland 13.0)</p>							
ECB	33.0	Never Met	40.3	QE Dec-19	60.0	YE Sep-19	●
<p>We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022</p> <p>There were 20 ECs in December, 12 HAI/HCAI and 8 CAI. In the whole of 2019, there were 264 ECB, a decrease from the 2018 figure of 291 (although the % of HAI/HCAI increased from 54% to 59%). UTI and CAUTI remain the most prevalent source of ECB. The quarterly measured HAI/HCAI rate remains significantly higher than the target for March, while the annually-measured rate is in line with the Scottish average.</p>							
Complaints - Stage 2	N/A	Never Met	65%	QE Dec-19	50.0%	FY 2018/19	●
<p>At least 75% of Stage 2 complaints are completed within 20 working days</p> <p>Although the weekly complaint meeting to review current performance across NHS Fife continues, stage 2 performance continues to fall. Delays at approval within ASD, the hospital site capacity and staffing issues within the Patient Relations Department are the main areas of concern.</p>							

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

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

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

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

II. Performance Exception Reports

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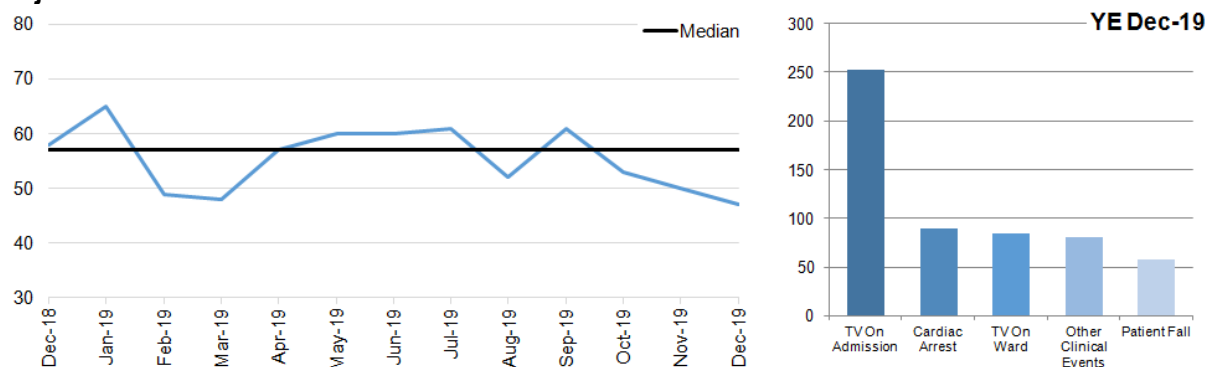
Staff Governance

Sickness Absence	42
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Clinical Governance

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

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

Commentary

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

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

Clinical Governance

HSMR

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

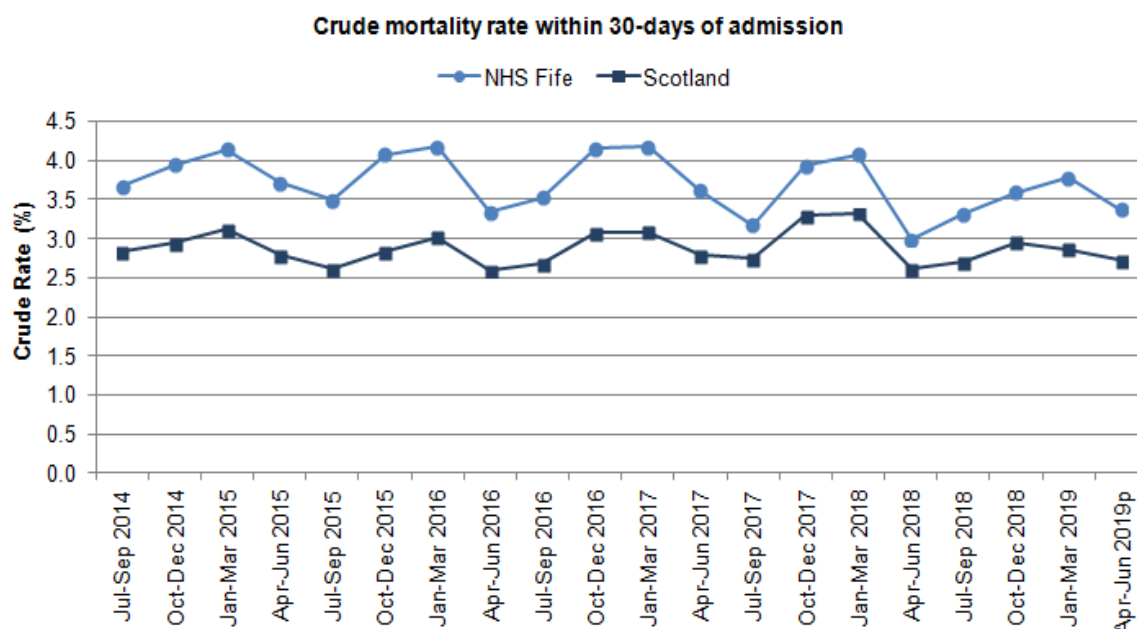
Reporting Period; July 2018 to June 2019^p

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.

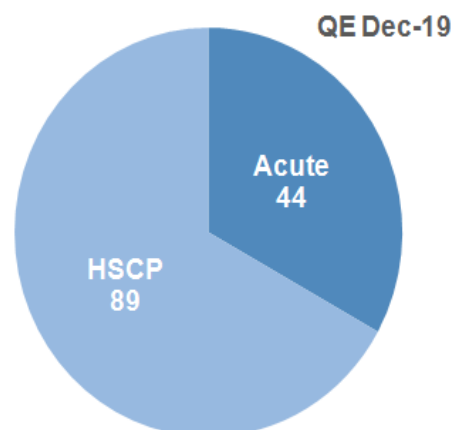
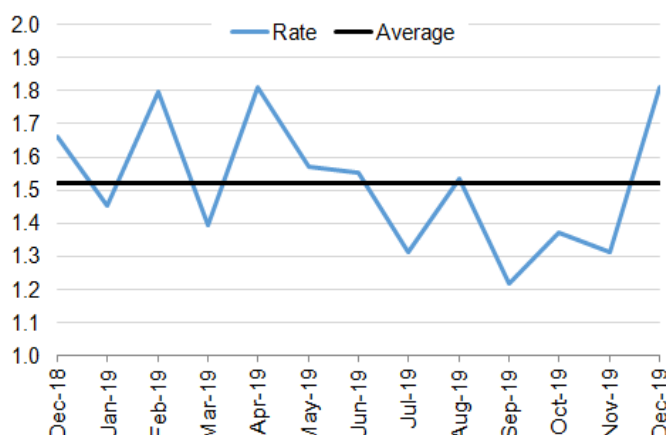
Clinical Governance

Inpatient Falls with Harm

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

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

Local Performance



Service Performance

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

Commentary

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

Current Challenges

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

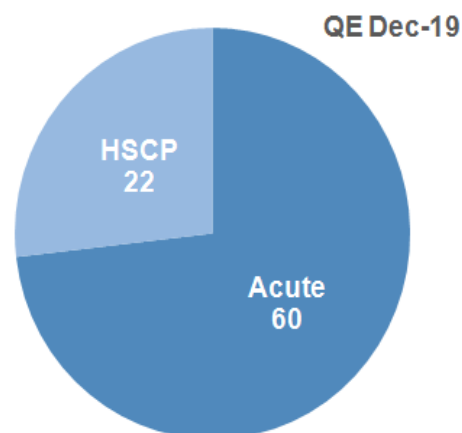
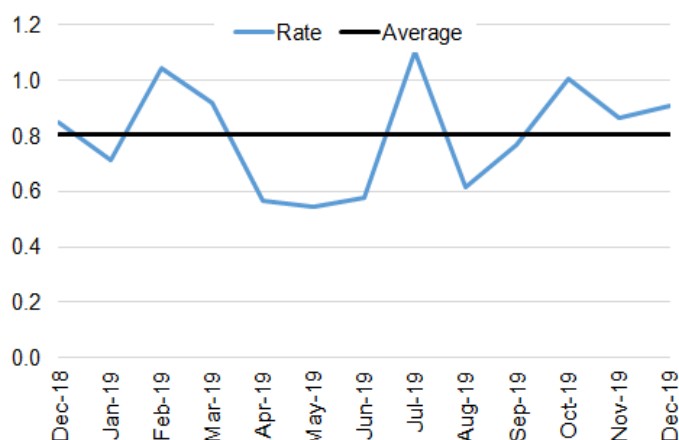
Improvement Actions	Progress	Timescale/ Status
1. Review the Falls Toolkit and Falls Flowchart		Complete
2. Develop Older People's Knowledge and Skills Framework		Complete
3. Falls Audit	The audit was completed over a 5 week period, focused on 5 acute wards and showed that falls intervention reviews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

Clinical Governance

Pressure Ulcers

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

Local Performance



Service Performance

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

Commentary

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

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

Current Challenges

Reducing number of pressure ulcers across all NHS Fife Wards – **Actions 1, 3, 4 and 5**

Reducing the random monthly variation in HSCP wards – **Actions 3 and 6**

Improvement Actions	Progress	Timescale/Status
1. All identified wards will undertake a weekly audit of compliance with SSKIN		Complete
2. Fife-wide task group commissioned to review SBAR/LAER reporting		Complete
3. Improvement collaborative project extended to December across identified wards		Complete
4. Improve consistency of reporting	Implementation of the revised process, parameters of reporting and reviewing pressure ulcer development and incidents across Fife in health care settings	Mar 2020 *** NEW ***
5. Review TV Champion Network Effectiveness	Regular face-to-face sessions to support the already existing TV Champions Network is challenging due to clinical commitment. We need to consider how best to support the champions to deliver their role effectively.	Jun 2020 *** NEW ***
6. Reduce PU development	Redesign of the Quality Improvement Model to support the clinical teams to reduce harm, led by a HoN from the HSCP and ASD. To provide senior leadership support in practice.	Mar 2020 *** NEW ***

Clinical Governance

Caesarean Section SSI

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

Local Performance



Service Performance

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

Current Challenges

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

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

Improvement Actions	Progress	Timescale/Status
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

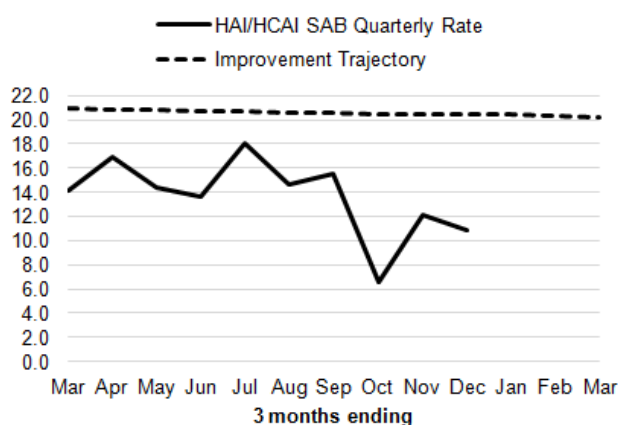
Clinical Governance

SAB (HAI/HCAI)

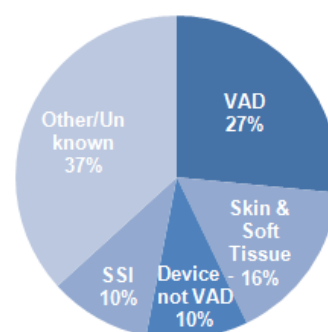
Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

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

Local Performance | Quarter Ending



HAI/HCAI Infection Sources: YE Dec-19



National Benchmarking | Year Ending

Year Ending		FY 2018/19					FY 2019/20	
		Mar	Jun	Sep	Dec	Mar		
NHS Fife	HAI & HCAI Infection Rate (per 100,000 TOBD)	20.9	17.6	17.7				
Scotland		16.8	16.7	16.9				

Current Challenges

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

Improvement Actions	Progress	Timescale/Status
1. Reduce the number of SAB in PWIDs	The Infection Prevention Control Team continue to support the Addiction Services with the SAB improvement project. However, this has been postponed by the Addictions management team and for now the SAB improvement project is on hold until they have prioritised their ongoing working projects. A SOP for accessing antibiotics for patients identified with SSTI by Addiction Services is out for consultation with GPs.	Mar 2021 On Track (but work currently On Hold)
2. Ongoing surveillance of all VAD-related infections	Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement	Mar 2021 On Track
3. Ongoing surveillance of all CAUTI infections	Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) are taking place, to identify key issues and take appropriate corrective actions – Group next due to meet on 21 st February.	Mar 2021 On Track
4. Optimise comms with all clinical teams in ASD & the HSCP	Monthly anonymised reporting with Microbiology comments to gain better understanding of disease process and those most at risk. This allows local resources to be focused on high risk groups/areas and improve patient outcomes.	Mar 2022 On track

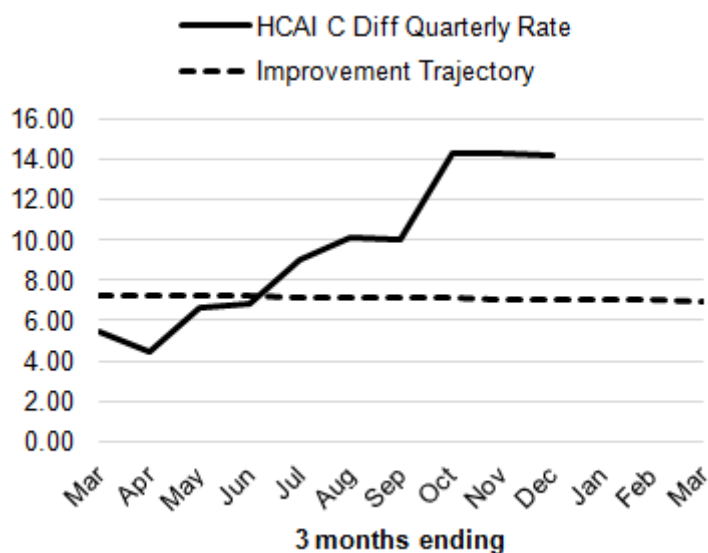
Clinical Governance

C Diff (HAI/HCAI)

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

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

Local Performance | Quarter Ending



National Benchmarking | Year Ending

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

Current Challenges

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

Improvement Actions	Progress	Timescale/Status
1. Reducing recurrence of CDI	NHS Fife has been approved for the pioneering use of commercial FMT (Faecal microbiota transplantation) for use in the prevention of recurrence of infection	Oct 2020 On Track
2. Reduce overall prescribing of antibiotics	National antimicrobial prescribing targets are being utilised by NHS Fife's microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage. New empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.	Oct 2020 On Track
3. Optimise communications with all clinical teams in ASD & the HSCP	Monthly anonymised CDI reports with Microbiology comments and graphs are being distributed, to enable staff to gain a clearer understanding of the disease process. ICN ward visits reinforce SICPs and contact precautions, provide education to promote optimum CDI management and daily Medical management form completion. Ward Dashboard continuously updated, for clinical staff to access and also to be displayed for public assurance.	Oct 2020 On Track

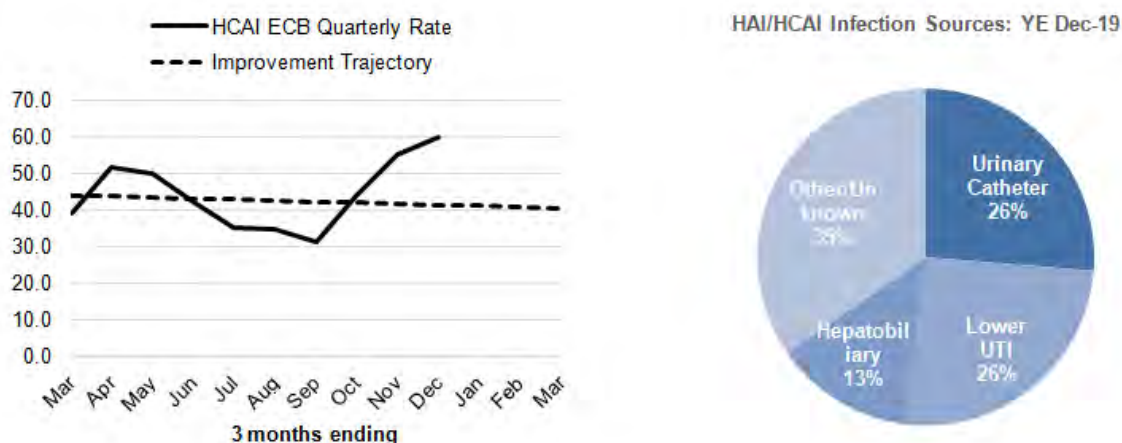
Clinical Governance

ECB (HAI/HCAI)

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

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

Local Performance | Quarter Ending



National Benchmarking | Year Ending

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

Current Challenges

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

Improvement Actions	Progress	Timescale/Status
1. Optimise communications with all clinical teams in ASD & the HSCP	As well as the mandatory national surveillance (introduced in 2015), NHS Fife has commenced additional voluntary enhanced surveillance from January. Monthly reporting and graphs of ECB data to key clinical staff across NHS Fife (HSCP & Acute services) has been introduced (and also supports Action 3).	Mar 2022 On Track
2. Formation of ECB Strategy Group	The first meeting of the ECB Strategy Group took place on 13 th January, and was attended by a Public Health Consultant. The remit of the Group is to discuss, analyse and address key issues around understanding and preventing UTI. The next meeting will be in March, with a wider involvement from public health.	Mar 2021 On Track
3. Ongoing work of Urinary Catheter Improvement Group (UCIG)	The next meeting of this Group will be on 21 st February. All trauma-related ECB CAUTI are recorded in DATIX – there was a single occurrence in 2019, down from 8 in 2018 and 6 in 2017.	Mar 2021 On Track

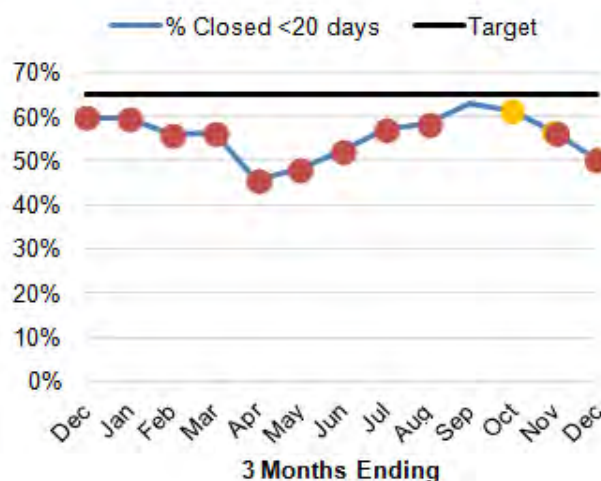
Clinical Governance

Complaints | Stage 2

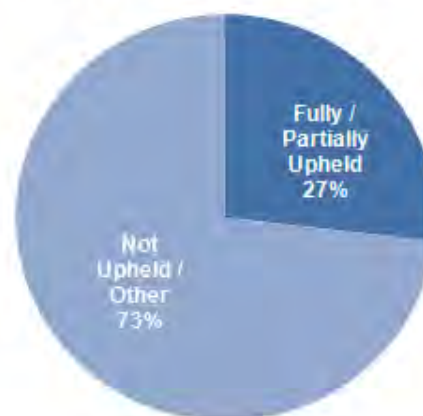
At least 75% of Stage 2 complaints are completed within 20 working days

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

Local Performance



By Outcome | QE Dec-19



Local Performance by Directorate/Division

3-Month Ending	2018/19				2019/20									
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
NHS Fife	59.8%	59.6%	55.8%	56.5%	45.5%	48.0%	52.3%	57.3%	58.3%	62.8%	61.2%	56.3%	50.0%	
Acknowledged <= 3 Days	93.2%	89.9%	92.3%	92.4%	92.2%	93.3%	91.9%	95.1%	94.8%	95.9%	95.9%	94.1%	94.4%	
ASD	70.7%	69.0%	62.7%	60.3%	52.6%	59.6%	67.7%	71.4%	66.7%	64.2%	61.0%	61.1%	57.7%	
HSCP	26.5%	35.3%	38.2%	44.4%	21.1%	11.1%	8.7%	22.6%	33.3%	54.3%	57.6%	45.2%	33.3%	

Current Challenges

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

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

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

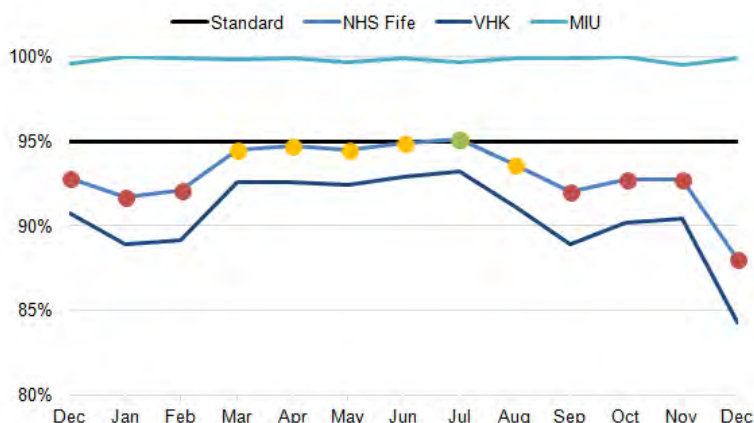
Improvement Actions	Progress	Timescale/ Status
1. Patient Relations Officers to undertake peer review	This continues and learning is being shared directly with individual Officers. Monthly meetings with ASD to discuss complaint issues and style of drafts are in place. Joint education session to be arranged 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 for clinical staff around the complaints process and providing statements took place in December, and a further session was also held in January	Mar 2020 On Track

Finance, Performance & Resources – Operational Performance

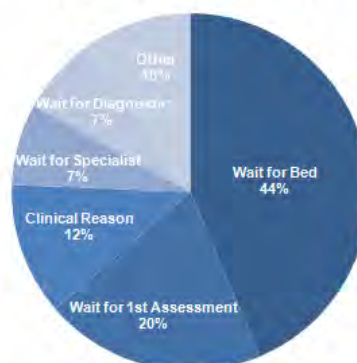
4-Hour Emergency Access

At least 95% of patients (stretch target of 98%) will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment
Improvement Target for 2019/20 = **96%**

Local Performance



Breach Reason Dec-19



National Benchmarking

Month	2018/19					2019/20							
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	92.8%	91.7%	92.1%	94.5%	94.7%	94.5%	94.9%	95.1%	93.6%	92.0%	92.7%	92.7%	88.0%
Scotland	89.6%	88.8%	89.3%	91.3%	89.9%	90.7%	90.3%	91.2%	90.6%	88.7%	88.0%	85.5%	83.8%

Current Challenges

Variation in 4-Hour Emergency Access Performance - **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	Group has focused on review of breaches and pathways. Change of management for some chest pain presentations now in place and assessment of what other conditions could benefit from changes to existing processes is taking place. Completion date changed to reflect additional scope of work.	Jan 2020 Revised to Mar 2020
2. Review of AU1 Assessment Pathway		Complete
3. Implementation of OPAT		Complete
4. Development of services for ECAS	Review of ECAS utilisation and medical/staffing model with increased OPAT offering within existing staffing model is taking place. An assessment of relocation opportunities to support expansion is also underway.	Mar 2020 On Track

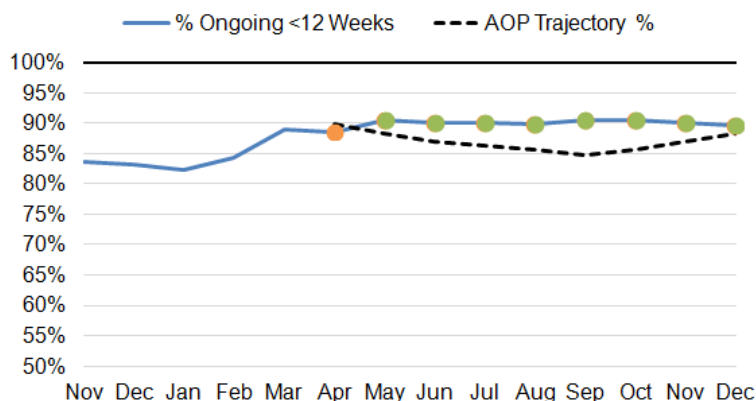
Finance, Performance & Resources – Operational Performance

Patient TTG

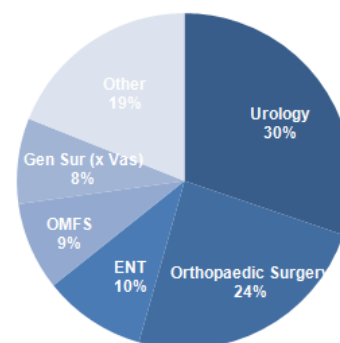
We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

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

Local Performance



Ongoing Breaches Dec-19



National Benchmarking

	2018/19					2019/20										Mar-20 Target
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
NHS Fife	83.5%	83.3%	82.4%	84.4%	89.0%	88.5%	90.4%	90.1%	90.1%	89.9%	90.6%	90.5%	90.1%	89.7%		90.6%
Scotland		67.5%	66.6%	66.8%	70.1%	68.9%	68.4%	67.8%	67.8%	66.8%	67.5%					

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

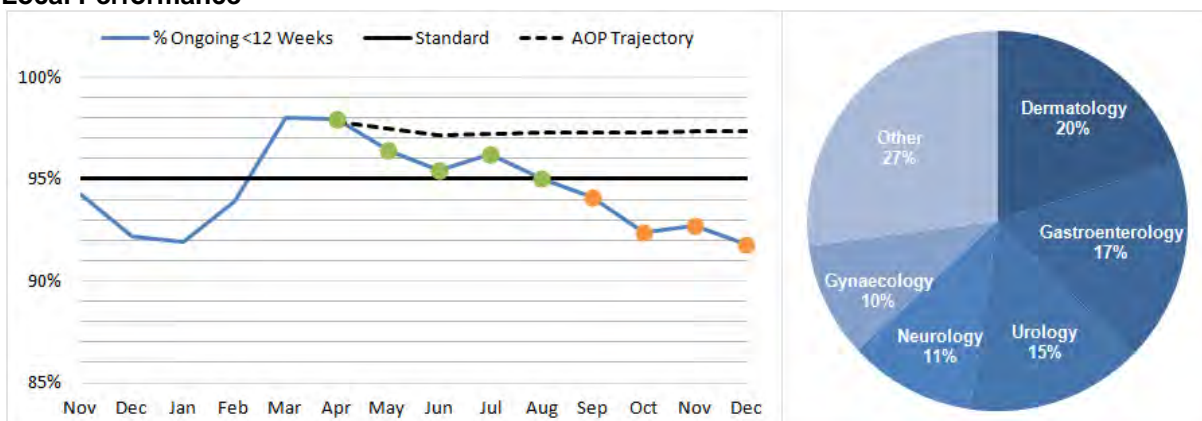
Improvement Actions	Progress	Timescale/ Status
1. Secure resources in order to deliver waiting times improvement plan for 19/20		Complete
2. Develop and deliver Clinical Space redesign Improvement programme	Report from front Door analysis received and being considered. Relocation of the Discharge Lounge on a permanent basis to be reviewed. Paper to SLT.	Mar 2020 On Track
3. Theatre Action Group develop and deliver plan	Monthly meetings continue, action plan in place. Day Surgery event planned for February to explore options for delivery of the new BADS targets and to maximise the use of day surgery capacity at QMH.	Mar 2020 On Track
4. Review DCAQ and develop waiting times improvement plan for 20/21, and secure resources	Plan for 2020/21 submitted and currently being revised for final agreement. On-going work to secure in-sourced capacity and use all available staff in weekend theatre sessions to meet current gap and reduce the backlog.	Mar 2020 On Track

Finance, Performance & Resources – Operational Performance

New Outpatients

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

Local Performance



National Benchmarking

	2018/19					2019/20								Mar-20 Target
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
NHS Fife	92.2%	91.9%	93.9%	98.0%	98.0%	96.4%	95.4%	96.2%	95.0%	94.1%	92.4%	92.7%	91.8%	98.7%
Scotland	70.1%			75.0%	74.5%	74.4%	73.5%	73.5%	72.2%	72.9%				

Current Challenges

- Recurring gap in Outpatient capacity – **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**

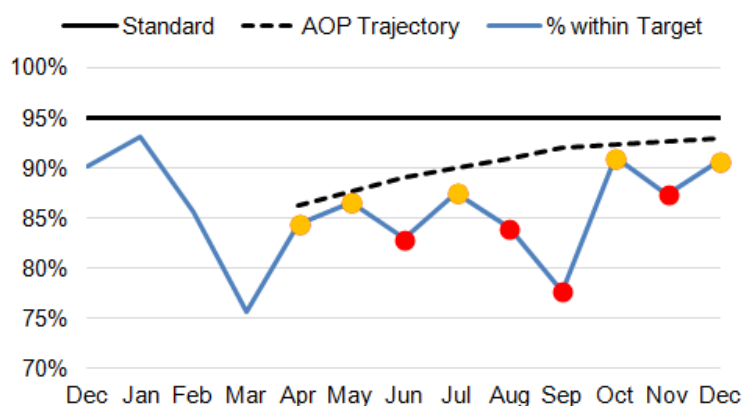
Improvement Actions	Progress	Timescale/ Status
1. Review DCAQ and secure activity to deliver funded activity in waiting times improvement plan for 19/20 and 20/21	Plan for 2020/21 submitted and currently being revised for final agreement. Contracts awarded for in-source activity and alternative solutions in place to increase capacity in Q4.	Mar 2020 On Track
2. Develop and deliver Outpatient Transformation programme to reduce demand	Transformation Group set up and meeting regularly, with focused programme and workstreams in place to deliver projects	Mar 2020 On Track
3. Improve recruitment to vacant posts and/or consider service redesign to increase capacity	New Consultant posts in Urology, General Surgery, Cardiology, Gynaecology, Anaesthetics, Oncology and Orthopaedics have been recruited to. Speciality Doctor post recruited for Ophthalmology and General Surgery. Discussions ongoing regarding new Oral Maxillofacial post and Speciality doctor post in ENT. Recruitment to replacements for existing posts continues to be a challenge in a number of specialities.	Mar 2020 On Track

Finance, Performance & Resources – Operational Performance

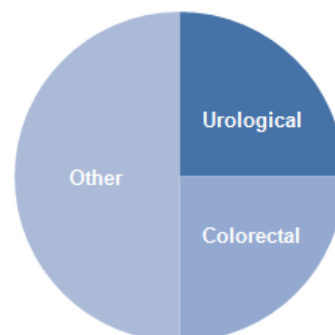
Cancer 62-Day Referral to Treatment

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

Local Performance



Breaches Dec-19



National Benchmarking

2018/19					2019/20										Mar-20
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Target	
NHS Fife	90.2%	93.1%	85.6%	75.6%	84.4%	86.6%	82.9%	87.5%	84.0%	77.7%	91.0%	87.3%	90.7%	94.0%	
Scotland	83.4%	79.9%	79.9%	81.6%	80.4%	81.1%	82.6%	81.8%	82.1%	83.7%	82.7%	81.9%	84.6%		

Current Challenges

- Urology 62 day performance (Prostate) – **Actions 1 and 2**
- Cancer Waiting Times 'education' – **Action 2**
- Delays to steps in pathways for 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, pathology and oncology to minimise further waits between steps, and this will be picked up in 2020/21.	Complete
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 CWT education package development continuing SOP reviewed Cancer Scorecard in development Further metrics introduced into the PTL meeting to allow services to manage cancer referral demand and capacity.	Complete
3. Robust review of timed cancer pathways to ensure up to date and with clear escalation points	Progress affected by staffing pressures in cancer audit team. Detailed work is also being carried out by the Lead Cancer Nurse. Completion date moved to reflect situation.	Jan-2020 Revised to Jun 2020

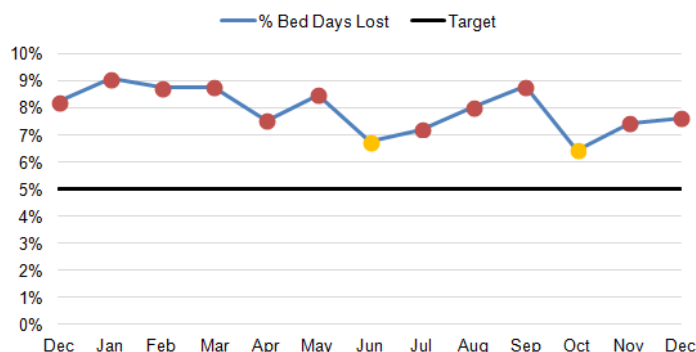
Finance, Performance & Resources – Operational Performance

Delayed Discharges (Bed Days Lost)

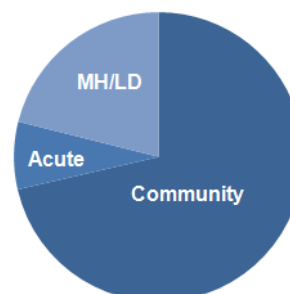
We will reduce the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

Improvement Target for 2019/20 = 5%

Local Performance



Bed Days Lost | Dec-19



National Benchmarking

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

Current Challenges

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

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

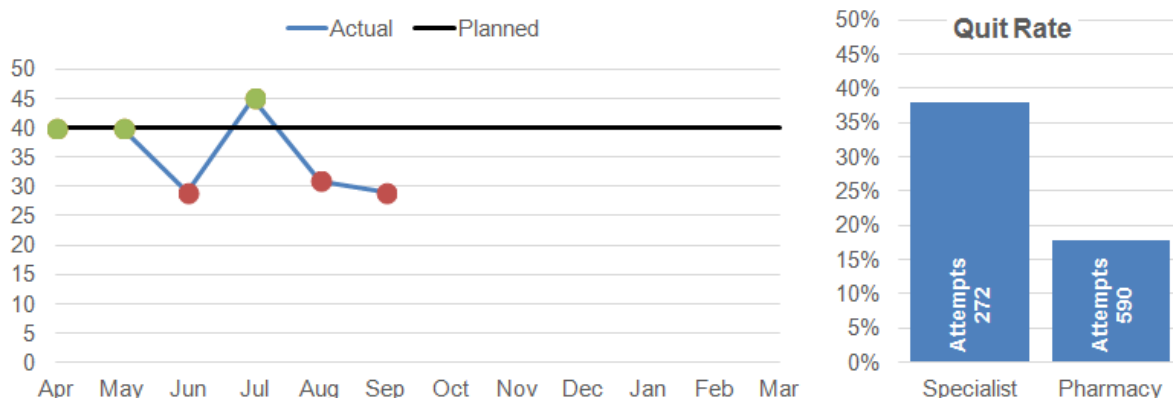
Improvement Actions	Progress	Timescale/ Status
1. Test a trusted assessors model within VHK for patients transferring to STAR/assessment beds	Framework developed. Training and shadowing sessions for staff to be progressed	Mar 2020 On Track
2. Review timescales of SW assessments		Complete
3. Moving On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

Finance, Performance & Resources – Operational Performance

Smoking Cessation

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

Local Performance



National Benchmarking

% Achieved Against Target		2019/20											
Target		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	40	40	29	45	31	29						
	Actual Cumul	40	80	109	154	185	214	214	214	214	214	214	214
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	100.0%	101.3%	92.4%	97.5%	93.9%	90.7%						
Scotland	Achieved			92.4%									

Current Challenges

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

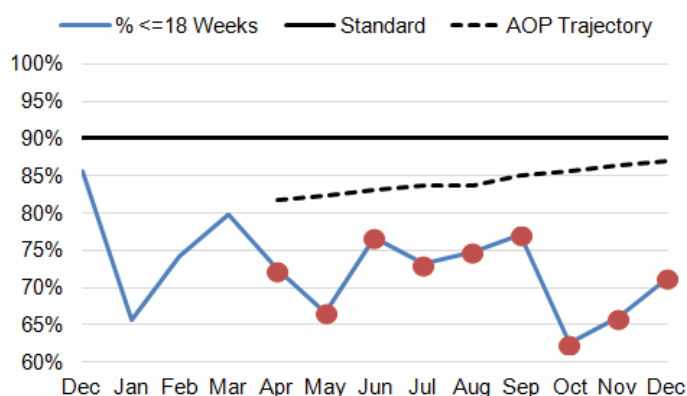
Improvement Actions	Progress	Timescale/ Status
1. Outreach development with Gypsy Travellers in Thornton		Complete
2. Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic	Plans in progress, monthly meetings with Respiratory Consultant to organise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

Finance, Performance & Resources – Operational Performance

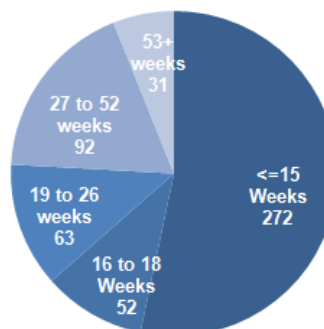
CAMHS 18 weeks RTT

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

Local Performance



Waiting List (510) Dec-19



National Benchmarking

Month	2018/19					2019/20								Mar-20 Target
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
NHS Fife	85.5%	65.7%	74.3%	79.8%	72.3%	66.7%	76.7%	73.2%	74.8%	77.1%	62.5%	66.0%	71.3%	88.0%
Scotland	78.6%	72.1%	73.4%	75.6%	69.2%	69.1%	70.9%	62.7%	63.8%	66.9%				

Current Challenges

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

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

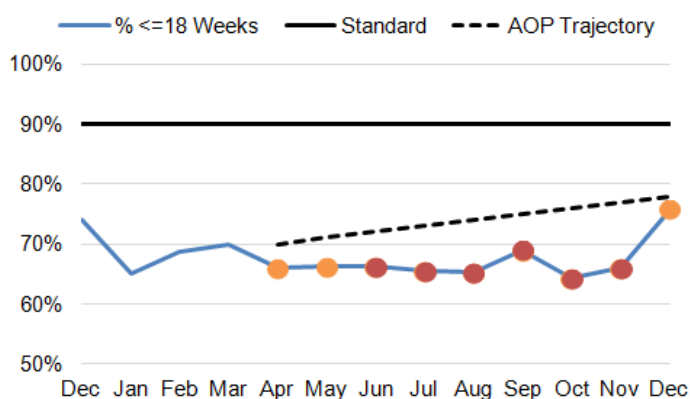
Finance, Performance & Resources – Operational Performance

Psychological Therapies 18 weeks RTT

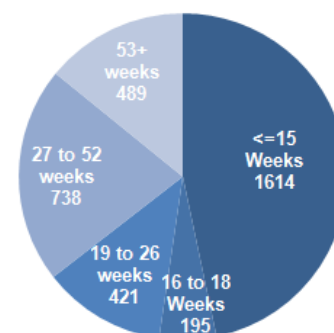
At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies

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

Local Performance



Waiting List (3457) Dec-19



National Benchmarking

Month	2018/19					2019/20								Mar-20
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Target
NHS Fife	73.9%	65.0%	68.7%	69.8%	66.1%	66.2%	66.3%	65.5%	65.2%	69.0%	64.2%	66.0%	75.8%	82.0%
Scotland	77.5%	75.3%	77.7%	79.6%	76.7%	79.3%	80.0%	78.8%	79.2%	80.1%				

Current Challenges

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

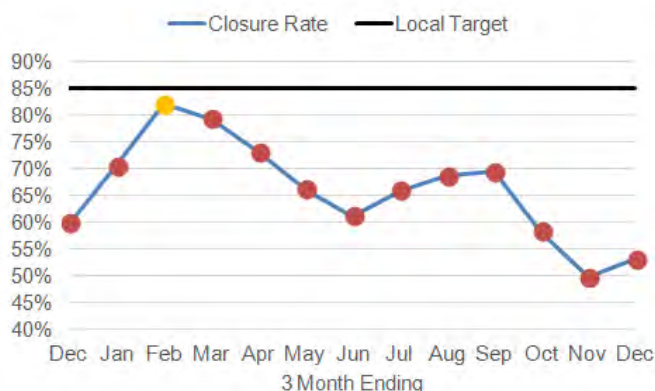
Improvement Actions	Progress	Timescale/ Status
1. Introduction of single point of access for secondary care patients via CMHT		Complete
2. Introduction of Extended Group Programme in primary care, accessible by self-referral	Data indicates that this change has had a sustained positive impact on capacity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

Finance, Performance & Resources – Operational Performance

Freedom of Information Requests

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

Local Performance



FOI Closure Times QE Dec-19



Service Performance

Service Performance													
Monthly	2018/19					2019/20							
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Health Board	76.0%	83.7%	80.4%	73.8%	52.2%	56.8%	55.6%	68.9%	73.7%	48.3%	36.1%	48.5%	75.0%
IJB		100.0%	100.0%	55.6%	100.0%	86.7%	71.4%	86.7%	100.0%	85.7%	77.8%	66.7%	14.3%

Current Challenges

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

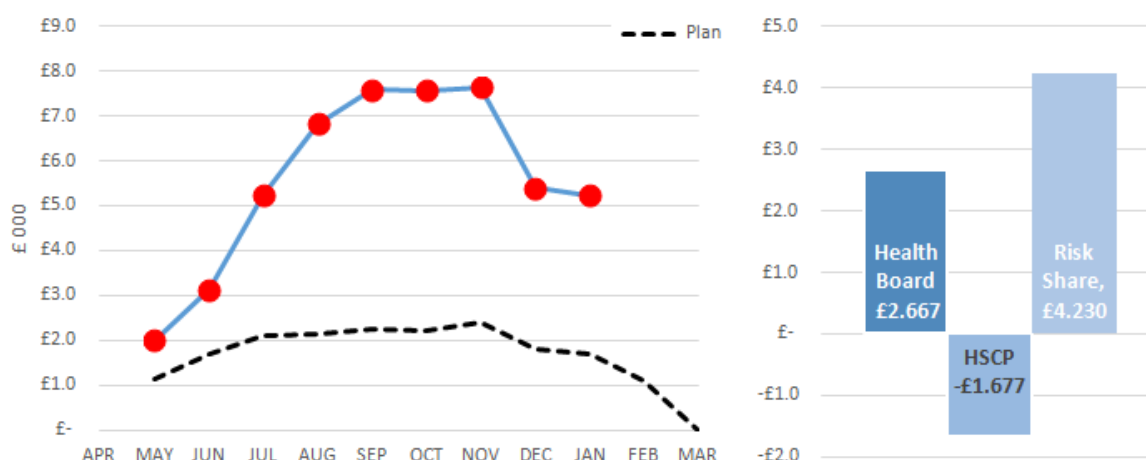
Improvement Actions	Progress	Timescale/Status
1. Map pathway out, identify areas that have recurring issues with delayed responses		Complete
2. Improve FOI case recording and monitoring of timeliness of responses		Complete
3. Review cover arrangements for administration of requests, to improve resilience		Complete
4. Update of processes to reflect involvement of IG&S Team		Complete
5. Refresh process with H&SC partnership for requests received that relate to their services	IG&S Team working with IJB officer to agree protocol of dealing with partnership-related requests. Further meeting held in January to discuss performance. Recent change at level of Chief Executive, in addition to that of Director of Health & Social Care, provides an opportunity to review existing protocol and ensure this is still fit for purpose. Completion date extended to account for this.	Jan-2020 Delayed to Mar 2020
6. Align internal reporting on FOI to avoid unnecessary duplication of effort	Agree and implement one format of reporting on FOI performance, aligned to that developed for IPQR, for quarterly meetings of Information Governance & Security Group. Further discussion to be held on data capture to ensure information gathered can also be utilised for external reporting to Scottish Information Commissioner.	Complete
7. Formalise long-term resource requirements for FOI administration	There is present uncertainty around the long-term resource available to manage FOI administration, as Information Governance has only temporary resource available within the existing team. This issue has been escalated to the SIRO and the Data Protection Officer, and a temporary solution found at present.	Feb 2020 On Track

Finance, Performance & Resources – Finance

Revenue Expenditure

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

Local Performance



Expenditure Analysis

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	406,634	420,368	344,716	347,383	2,667	0.77%	-3,407	6,074
Integration Joint Board	349,372	351,844	292,868	291,191	-1,677	-0.57%	-1,823	146
Risk Share	0	0	0	4,230	4,230	0.00%	4,230	0
Total	756,006	772,212	637,584	642,804	5,220	0.82%	-1,000	6,220

Current Challenges

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

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

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

Improvement Actions	Progress	Timescale/ Status
1. Savings	(Deloitte) external review complete ASD to prepare detailed action plan 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 to date – remains a live conversation and is likely to continue over final quarter of the financial year	Mar 2020 On Track
3. Ongoing grip and control measures across all services	Detailed assessment of potential financial flexibility ongoing, with early decision, action and release of identified benefit to the financial position	Mar 2020 On Track

Finance, Performance & Resources – Finance

1. Annual Operational Plan

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

2. Financial Allocations

Revenue Resource Limit (RRL)

- 2.1 NHS Fife received confirmation of the December core revenue and core capital allocation amounts on 3 February. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £746.780m; and anticipated allocations total £1.065m.

Non Core Revenue Resource Limit

- 2.2 In addition NHS Fife receives 'non core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The confirmed non core RRL funding totals £24.367m.

Total RRL

- 2.3 The total current year budget at 31 January is therefore £772.212m as detailed in Appendix 1.

3. Summary Position – Commentary

- 3.1 The revenue position for the 10 months to 31 January reflects an overspend of **£5.220m**. Based on this in-year position, and a number of high level planning assumptions as agreed by delegated budget holders, the **year end forecast ranges from a potential optimistic forecast of £3.4m overspend to a potential worst case of £8.7m overspend**. This assumes a capped risk share cost to NHS Fife of £7.05m (the original agreed budget gap of the IJB of £6.5m plus £0.55m additional social care packages agreed by the respective Chief Officers) and does not take into consideration some further non recurring offsetting benefits currently being explored.
- 3.2 Discussions have been held with the Director of Health Finance, Scottish Government over the last few months, to work collaboratively to find a solution to the financial challenges facing NHS Fife. As reported previously a range of areas were considered. Last month the transfer of full capital receipts of £1m into our revenue position was actioned which supports the in year position on a non recurring basis. Work continues on: the identification of qualifying expenditure for potential ADEL funding; the review of allocations for any slippage or flexibility; and a final review of balance sheets accruals both in terms of value and accounting treatment. The potential additional non recurring offsetting benefit of these actions may be in the region of £1.5m, but this requires further ongoing scrutiny in the remaining 2 months of the year.
- 3.3 Notwithstanding the forecast position outlined in 3.1 above, the current forecast overspend of the IJB is significantly higher than the original approved budget gap (and capped risk share pressure) with a potential further £2.9m - £3.4m impact on the NHS Fife position at year end.
- 3.4 Taking account of the potential offsetting benefits described above and the further overspend of the IJB, the **forecast outturn position moves to an overspend of £4.8m (best case) to £10.5m (worst case)**. This highlights the ongoing challenge in achieving financial balance and our ability to meet our statutory obligations, without further financial support from Scottish Government.

Finance, Performance & Resources – Finance

- 3.5 Other key challenges continue as previously reported and comprise: the overspend on Acute Services (run rate overspend related to a number of cost pressures; and non delivery of savings), and includes £5.127m overspend relating to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but which remain managed by the NHS Board; and the growing cost pressure in relation to activity outside Fife and in particular, the continuing number of specialist high cost, low volume procedures undertaken in Edinburgh reported in recent months.
- 3.6 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR) we have included a funding assumption of £4.8m (optimistic scenario) to meet the value of the full risk share impact net of potential offsetting benefits.
- 3.7 Table 1 below provides a summary of the position across the constituent parts of the system for the year to date: an overspend of £2.667m is attributable to Health Board retained budgets; whilst an underspend of £1.677m is attributable to the health budgets delegated to the Integration Joint Board; and an overspend shown of £4.230m relating to the IJB risk share (capped at the opening budget deficit of £6.5m plus agreed additional social care packages).

Table 1: Summary Financial Position for the period ended January 2020

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	406,634	420,368	344,716	347,383	2,667	0.77%	-3,407	6,074
Integration Joint Board (Health)	349,372	351,844	292,868	291,191	-1,677	-0.57%	-1,823	146
Risk Share (Capped)	0	0	0	4,230	4,230	0.00%	4,230	0
Total	756,006	772,212	637,584	642,804	5,220	0.82%	-1,000	6,220
	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	199,040	209,077	174,891	187,785	12,894	7.37%	6,865	6,029
IJB Non-Delegated	8,392	8,539	7,113	7,118	5	0.07%	-40	45
Estates & Facilities	72,837	73,208	60,540	59,743	-797	-1.32%	-797	0
Board Admin & Other Services	53,273	82,822	71,613	70,531	-1,082	-1.51%	-1,082	0
Non-Fife & Other Healthcare Providers	85,566	85,566	71,316	72,889	1,573	2.21%	1,573	0
Financial Flexibility & Allocations	12,707	15,472	8,921	-682	-9,603	-107.64%	-9,603	0
Health Board	431,815	474,684	394,394	397,384	2,990	0.76%	-3,084	6,074
Integration Joint Board - Core	373,936	401,919	335,241	333,788	-1,453	-0.43%	-1,599	146
Integration Fund & Other Allocations	13,877	639	250	0	-250	0.00%	-250	0
Sub-total Integration Joint Board Core	387,813	402,558	335,491	333,788	-1,703	-0.51%	-1,849	146
IJB Risk Share Arrangement	0	0	0	4,230	4,230		4,230	0
Total Integration Joint Board - Health	387,813	402,558	335,491	338,018	2,527	0.75%	2,381	146
Total Expenditure	819,628	877,242	729,885	735,402	5,517	0.76%	-703	6,220
IJB - Health	-38,441	-50,714	-42,623	-42,597	26	-0.06%	26	0
Health Board	-25,181	-54,316	-49,678	-50,001	-323	0.65%	-323	0
Miscellaneous Income	-63,622	-105,030	-92,301	-92,598	-297	0.32%	-297	0
Net Position Including Income	756,006	772,212	637,584	642,804	5,220	0.82%	-1,000	6,220

4. Operational Financial Performance for the year

Acute Services

- 4.1 The Acute Services Division reports a **net overspend of £12.894m for the year to date**. This reflects an overspend in operational run rate performance of £6.865m, and unmet savings of £6.029m per Table 2 below. Within the run rate performance, pay is overspent by £5.486m. The overall position has been driven by a combination of unidentified savings and continued pressure from the use of agency locums, junior doctor banding supplements, incremental progression and nursing recruitment in line with the workforce planning tool, as well as supplementary staffing to support surge capacity. As the operational performance section of the IPQR highlights, there is

Finance, Performance & Resources – Finance

increasing pressure across unscheduled care in terms of demand; the financial position demonstrates the cost impact of the additional capacity required. Included within the ASD position is £5.127m overspend relating to the budgets 'set aside' for inclusion in the IJB's strategic plans but which remain managed by the NHS Board.

Table 2: Acute Division Financial Position for the period ended January 2020

	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division								
Planned Care & Surgery	69,165	73,147	60,696	64,110	3,414	5.62%	1,582	1,832
Emergency Care & Medicine	73,254	77,849	65,635	72,086	6,451	9.83%	4,739	1,712
Women, Children & Clinical Services	54,093	55,507	46,259	49,930	3,671	7.94%	1,186	2,485
Acute Nursing	596	616	492	434	-58	-11.79%	-58	0
Other	1,932	1,958	1,809	1,225	-584	-32.28%	-584	0
Total	199,040	209,077	174,891	187,785	12,894	7.37%	6,865	6,029

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

Estates & Facilities

- 4.3 The Estates and Facilities budgets report an **underspend of £0.797m** which is generally attributable to vacancies, energy and water and property rates, and partially offset by an overspend on property maintenance. The favourable movement in-month reflects a rates revaluation rebate.

Corporate Services

- 4.4 Within the Board's corporate services there is **an underspend of £1.082m**. Further analysis of Corporate Directorates is detailed per Appendix 2.

Non Fife and Other Healthcare Providers

- 4.5 The budget for healthcare services provided out with NHS Fife is **overspent by £1.573m** per Appendix 3. This remains an area of increasing challenge particularly given the relative higher costs of some other Boards, coupled with the unpredictability of activity levels.

Financial Plan Reserves & Allocations

- 4.6 As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and new in-year allocations are held in a central budget. Whilst no specific decisions are made to hold back new allocations, there are often unplanned underspends which emerge as the year progresses. As we approach the final 2 months of the financial year the routine robust monthly review of financial flexibility is detailed per Appendix 4.
- 4.7 As in every financial year, this 'financial flexibility' allows mitigation of slippage in savings delivery, and is a crucial element of the Board's ability to deliver against the statutory financial target of a break even position against the revenue resource limit.

Integration Services

- 4.8 The health budgets delegated to the Integration Joint Board report an **underspend of £1.703m for the year to date**. This position comprises an underspend in the run rate performance of £1.849m; together with unmet savings of £0.146m. The underlying

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drivers for the run rate under spend are vacancies in community nursing, health visiting, school nursing, community and general dental services across Fife Wide Division. The aforementioned underspend is partly offset by locum costs within mental health services and inpatient service costs within East and West Fife.

- 4.9 In addition the capped IJB risk share for the first 10 months of 2019/20 is a **cost of £4.230m**, representing a risk share percentage (72%) of the overall initial budget gap of £6.5m plus £0.550m relating to additional approved social care packages. In previous years, and in agreement with Fife Council colleagues, the overspend on the IJB has been managed through the risk share arrangement described at 8.2.4 of the Integration Scheme.
- 4.10 The initial health IJB position at month 10 is therefore a **net £2.527m overspend**. However if NHS Fife are required to fund the full HSCP overspend this will add an additional £2.9m - £3.4m pressure to the outturn position.

Income

- 4.11 A small over recovery in income of £0.297m is shown for the year to date.

5. Pan Fife Analysis

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

Table 3: Subjective Analysis for the Period ended January 2020

	Annual Budget	Budget	Actual	Net Over/(Under) Spend
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	375,805	312,232	314,813	2,581
GP Prescribing	72,665	60,930	60,949	19
Drugs	31,220	26,734	26,349	-385
Other Non-Pay	388,864	327,038	329,743	2,705
IJB Risk Share	0	0	4,230	4,230
Efficiency Savings	-7,423	-6,220	0	6,220
Commitments	16,111	9,171	-682	-9,853
Income	-105,030	-92,301	-92,598	-297
Net Underspend	772,212	637,584	642,804	5,220

Pay

- 5.2 The overall pay budget reflects an overspend of £2.581m. There are underspends across a number of staff groups which partly offset the overspend position within nursing & midwifery and medical & dental staff; both are being largely driven by the additional cost of supplementary staffing to cover vacancies; sickness absence and supervision policies.
- 5.3 Against a total funded establishment of 7,917 wte across all staff groups, there was an average 7,845 wte staff in post in December.

Drugs & Prescribing

- 5.4 Across the system, there is a net under spend of £0.366m on medicines largely due to an under spend of £0.659m on sexual health and rheumatology drugs. Prescribing controls in line with formulary, biosimilar switches and price reductions have been the main contributory factors. The GP prescribing position is based on 2018/19 trend analysis and October and November 2019 actual information (2 months in arrears). Medicine shortages are resulting in price increases however the financial impact is currently being contained.

Other Non Pay

- 5.5 Other non pay budgets across NHS Fife are collectively overspent by £2.705m. The overspends are in purchase of healthcare from other Health Boards and independent providers, other supplies, property & hotel expenses and surgical sundries. These are offset by underspends across a number of areas including energy and diagnostic supplies.

6 Financial Sustainability

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

Table 4: Savings 2019/20

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

7 Key Messages / Risks

- 7.1 The key challenges include the overspend on Acute Services (driven by non delivery of savings and a number of specific cost pressures; and includes £5.127m overspend relating to a number of ASD budgets that are set aside for inclusion in the IJB's strategic plans, but which remain managed by the NHS Board); the risk share impact of the IJB position (entirely driven by social care costs); and the increasing cost pressure associated with non-Fife activity.
- 7.2 Based on the year to date position and high level planning assumptions, estimates and information available at this time, agreed by delegated budget holders, the year end forecast based on a capped risk share ranges from a potential optimistic forecast of £3.4m overspend to a potential worst case of £8.7m overspend.
- 7.3 Discussions have been held with the Director of Health Finance, Scottish Government over the last few months, to find a solution to the financial challenges facing NHS Fife. Work continues on: the identification of qualifying expenditure for potential ADEL funding; the review of allocations for any slippage or flexibility; review of balance sheets accruals both in terms of value and accounting treatment; reporting of acute set aside budgets; and discussions with partners on the HSCP risk share methodology. The potential offsetting benefits may allow the optimistic overspend per 3.1 above to be reduced.

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- 7.4 However the current forecast overspend of the IJB is significantly higher than the original approved budget gap. Correspondence and discussions to date between the respective partners continue. Notwithstanding, if we are required to fund the full IJB overspend, the forecast outturn position increases to a forecast overspend (after potential offsetting benefits) to an overspend of £4.8m (best case) to £10.5m (worst case). This then compromises our ability to achieve financial balance and our ability to meet our statutory obligations.
- 7.5 The impact of the points raised in 7.2 to 7.4 are illustrated in Table 5 below.

Table 5: Financial Outturn (modelling based on actual position at 31 Jan 2020)

Forecast Outturn	Pessimistic £'000	Mid-Range £'000	Optimistic £'000
Acute Services Division	10,361	9,564	8,886
Acute Services Division (Acute Set Aside)	6,096	5,795	5,495
IJB Non-Delegated	40	16	-9
Estates & Facilities	-598	-909	-1,809
Board Admin & Other Services	-1,170	-1,380	-1,527
Non-Fife & Other Healthcare Providers	2,038	2,038	2,038
Financial Flexibility	-11,387	-11,387	-11,387
Miscellaneous Income	-350	-350	-350
Health Board Retained Budgets	5,030	3,387	1,337
IJB Delegated Health Budgets	-1,141	-1,879	-2,692
Integration Fund & Other Allocations	-300	-300	-300
Sub Total IJB Delegated Health Budgets	-1,441	-2,179	-2,992
Risk Share	5,076	5,076	5,076
Net IJB Health Position	3,635	2,897	2,084
Total Forecast Outturn (based on capped risk share)	8,665	6,284	3,421
Potential Offsetting Benefits			
Additional ADEL	-1,500	-1,500	-1,500
Revised Forecast Outturn after Potential Benefits	7,165	4,784	1,921
<u>Full Risk Share Adjustment</u>	3,358	3,131	2,924
Revised Forecats Outturn (based on <u>full</u> risk share)	10,523	7,915	4,845

- 7.6 The optimistic forecast has been used for reporting purposes and is scrutinised each month as part of a balanced risk approach. Key areas for highlighting this month include the Emergency Care Directorate within Acute Services whose use of agency staff continues for which there does not appear to be an exit plan. This is exacerbated by the surge ward capacity which was open for 5 months of the last financial year, but is expected to be in place for this full year. This unanticipated additional exceptional cost is in spite of additional grip and control measures being put in place and contributes to the forecast overspend. This position remains under close review. In parallel the Planned Care Directorate optimistic forecast has worsened on the basis

Finance, Performance & Resources – Finance

that the savings targets will fall short of that planned in the year to date. In all areas of Acute the savings delivered are anticipated to fall short of the target, with a significant shortfall against recurring delivery.

- 7.7 The range of Estates & Facilities forecasts varies greatly between each scenario and is underpinned by detailed assumptions, plans and risk assessment ratings. The optimistic forecast used in the overall reporting at £1.8m underspend (compared to £0.9m 'realistic scenario' underspend) includes £0.3m high risk assumptions; and £0.6m medium risk assumptions.
- 7.8 The level of financial flexibility released in to the position at month 9 includes £2m share of new medicines funding; and £0.85m capital to revenue transfer; along with a updated and reduced potential slippage of waiting times funding to £0.2m which reflects the activity and plans in place across the Acute Division.
- 7.9 Even with the additional financial flexibility per 7.8, there is limited assurance that NHS Fife can remain within the overall revenue resource limit should there be a requirement to cover the full impact of the IJB position.
- 7.10 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR), a funding assumption to the value of £4.8m has been included. This does, however, hold a degree of risk; and reflects the most optimistic outturn and assumes mitigating benefits will crystallise in full.
- 7.11 Discussions with SGHSCD colleagues in relation to the financial position continue.

8 Recommendation

- 8.1 Members are invited to approach the Director of Finance or Chief Executive for any points of clarity on the position reported and are asked to:
- **Note** the reported overspend of £5.220m for the year to 31 January 2020; and
 - **Note** the previously reported *potential* outturn position of break even is at risk, even with an assumption of additional funding from SGHSCD to support any impact of the full IJB risk share.

Finance, Performance & Resources – Finance

Appendix 1: Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non- Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
Confirmed	Opening	662,752			662,752	
Confirmed	May Adjustments	-696		-229	-925	
Confirmed	June Adjustments	16,293	3,774	6,265	26,332	
Confirmed	July Adjustments		2,863	1,678	4,541	
Confirmed	August Adjustments	280	3,268	2,341	5,889	
Confirmed	September Adjustments	-29	52,759	2,236	54,966	
Confirmed	October Adjustments		-157	1,842	1,685	
Confirmed	November Adjustments	-531	1,363	-16,058	-15,226	
Confirmed	December Adjustments		5,459	94	5,553	
Confirmed	Infrastructure Support			1,027	1,027	Receipts
Confirmed	Infrastructure Support			234	234	Capital to Revenue
Confirmed	ScotStar			-330	-330	Annual Contribution
Confirmed	AHP Musculoskeletal MATS			-20	-20	Contribution to Service
Confirmed	Cancer and Diagnostic Activity			69	69	Additional Funding
Confirmed	Additional Funding for Elective Activity			40	40	Additional Funding
Confirmed	Distinction Awards		193		193	Annual Award
	Total Core Revenue Allocation	678,069	69,522	-811	746,780	
Anticipated	NSD Adjustments	-27			-27	
Anticipated	Primary Care Fund GP Sub Committee			34	34	
Anticipated	Primary Care Improvement Fund			1,123	1,123	
Anticipated	Capital to Revenue			-65	-65	
	Total Anticipated Core RRL Allocations	-27	0	1,092	1,065	
Confirmed	PFI Adjustment			3,374	3,374	
Confirmed	Donated Asset Depreciation			117	117	
Confirmed	Impairment			1,000	1,000	
Confirmed	AME Provision			-843	-843	
Confirmed	IFRS Adjustment			4,833	4,833	
Confirmed	Depreciation from Core Allocation			12,386	12,386	
Confirmed	ADEL			3,500	3,500	
	Total Non-Core RRL Allocations	0	0	24,367	24,367	
	Grand Total	678,042	69,522	24,648	772,212	

Appendix 2: Corporate Directories

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E-Health Directorate	12,827	9,923	9,965	42
NHS Fife Chief Executive	209	173	170	-3
NHS Fife Finance Director	6,296	5,191	4,666	-524
NHS Fife HR Director	3,210	2,689	2,567	-121
NHS Fife Medical Director	6,813	5,077	4,908	-169
NHS Fife Nurse Director	4,222	3,439	3,319	-120
Legal Liabilities	29,215	28,543	28,588	45
Public Health	2,347	1,908	1,746	-162
Early retirement & Injury Benefits	269	134	82	-52
Regional Funding	284	241	225	-17
Depreciation	17,131	14,294	14,294	0
Total	82,822	71,613	70,531	-1,082

Finance, Performance & Resources – Finance

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	95	79	48	-31
Borders	43	36	39	3
Dumfries & Galloway	24	20	50	30
Forth Valley	3,089	2,572	2,781	209
Grampian	349	290	261	-29
Greater Glasgow & Clyde	1,607	1,340	1,315	-25
Highland	131	109	185	76
Lanarkshire	111	93	169	76
Lothian	30,600	25,499	23,843	-1,656
Scottish Ambulance Service	98	81	88	7
Tayside	39,392	32,830	33,189	359
	75,539	62,949	61,968	-981
UNPACS				
Health Boards	8,063	6,719	8,860	2,141
Private Sector	1,209	1,008	1,600	592
	9,272	7,727	10,460	2,733
OATS				
	690	575	398	-177
Grants				
	65	65	63	-2
Total	85,566	71,316	72,889	1,573

Appendix 4 - Financial Flexibility & Allocations

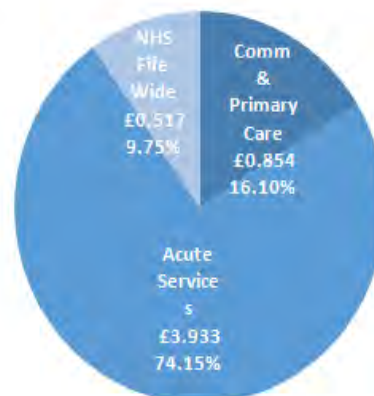
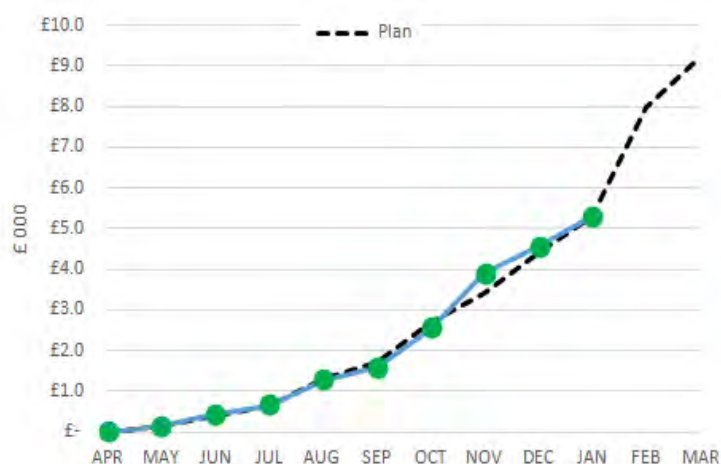
	CY Budget £'000	Flexibility Released to Jan-20 £'000
Financial Plan		
Drugs	2,365	833
Complex Weight Management	50	42
Adult Healthy Weight	104	86
National Specialist Services	38	31
Band 1s	307	256
Unitary Charge	213	178
Junior Doctor Travel	97	72
Consultant Increments	50	41
Cost Pressures	3,429	2,992
Financial Flexibility	523	436
Sub Total Financial Plan	7,176	4,967
Allocations		
Health Improvement	93	78
AME Impairments	1,195	0
AME Provisions	-51	0
Waiting Lists	1,550	133
Best Start	306	217
Advanced Breast Practitioner Radiology	36	
Insulin Pumps & CGM	44	
Carry Forward 18-19	260	217
Urolift	26	
Neonatal Expenses	16	8
Capital to Revenue	169	
ADEL	708	417
Winter Planning	0	
Cancer Waiting Times	198	44
Hand Surgery	0	0
New Medicine Fund	2,381	1,984
Additional Elective Activity	310	
Health Records	28	
Capital Receipts	1,027	856
Sub Total Allocations	8,296	3,954
Total	15,472	8,921

Finance, Performance & Resources – Finance

Capital Expenditure

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

Local Performance



Commentary

The total Capital Resource Limit for 2019/20 is £9.217m. The capital position for the 10 months to January shows investment of £5.305m, equivalent to 57.56% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

Current Challenges

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

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

1. Annual Operational Plan

- 1.1 The Capital Plan 2019/20 was approved by the NHS Board on 27 March 2019. For information, changes to the plan since its initial approval in March are reflected in Appendix 1. On 3 June 2019 NHS Fife received confirmation of initial core capital gross allocation amounts of £7.394m. NHS Fife has received a capital allocation of £0.120m for Hospital Eye Scotland for the procurement of ophthalmic equipment. NHS Fife has received an allocation of £1.703m for the new Elective Orthopaedic Centre and an expected adjustment for the transfer to revenue schemes that will be actioned during the year (£0.234m).

2. Capital Receipts

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

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

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

3. Expenditure To Date / Major Scheme Progress

- 3.1 Details of the expenditure position across all projects are set out in the dashboard summary above. Project Leads have provided an estimated spend profile against which actual expenditure is being monitored. This is based on current commitments and historic spending patterns. The expenditure to date amounts to £5.305m or 57.56% of the total allocation, in line with the plan, and as illustrated in the spend profile graph above.

- 3.2 The main areas of investment to date include:

Statutory Compliance	£1.391m
Minor Works	£0.279m
Equipment	£2.155m
E-health	£0.481m
Elective Orthopaedic Centre	£0.968m

4. Capital Expenditure Outturn

- 4.1 At this stage of the financial year it is currently estimated that the Board will spend the Capital Resource Limit in full.

5. Recommendation

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

- **Note** the capital expenditure position to 31 January 2020 of £5.305m and the forecast year end spend of the capital resource allocation of £9.217m

Appendix 1: Capital Expenditure Breakdown

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2019/20 £'000
COMMUNITY & PRIMARY CARE			
Statutory Compliance	984	594	984
Capital Minor Works	345	176	345
Capital Expenditure	91	85	91
Condemned Equipment			
Total Community & Primary Care	1,420	854	1,420
ACUTE SERVICES DIVISION			
Capital Equipment	1,992	1,975	1,992
Statutory Compliance	2,423	792	2,423
Minor Works	164	103	164
Condemned Equipment	95	95	95
Elective Orthopaedic Centre	1,703	968	1,703
Hospital Eye Services	120		120
Total Acute Services Division	6,496	3,933	6,496
NHS FIFE WIDE SCHEMES			
Condemned Equipment			
Information Technology	1,041	481	1,041
Equipment Balance	0	0	0
Scheme Development	60	2	60
Contingency	100	30	100
Statutory Compliance - Fire Compartmentation	100	5	100
Minor Works	0	0	0
Total NHS Fife Wide Schemes	1,301	518	1,301
TOTAL ALLOCATION FOR 2019/20	9,217	5,305	9,217

Appendix 2: Capital Plan - Changes to Planned Expenditure

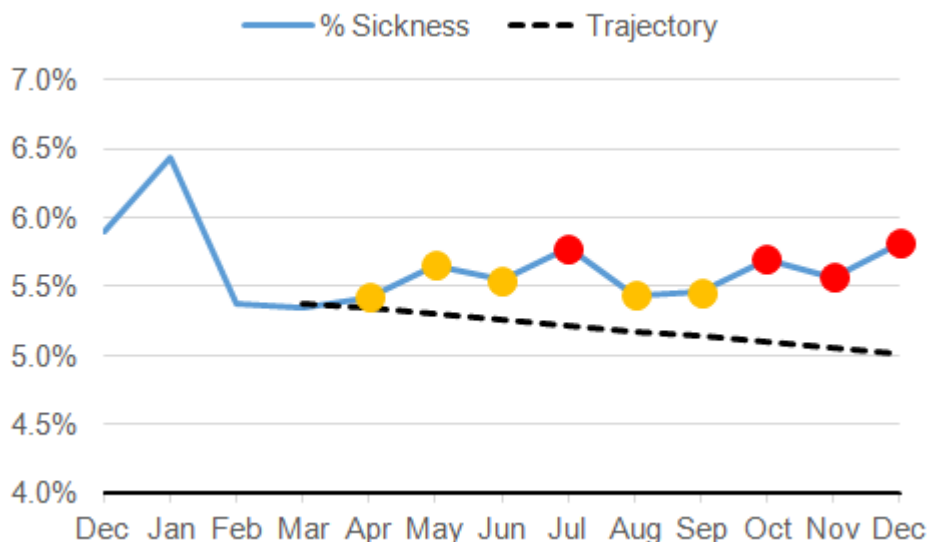
Capital Expenditure Proposals 2019/20	Board Approved 27/03/2019 £'000	Cumulative Adjustment to December £'000	January Adjustment £'000	Total January £'000
Routine Expenditure				
Community & Primary Care				
Minor Capital		342	2	345
Capital Equipment		90	1	91
Statutory Compliance		766	218	984
Condemned Equipment				
Total Community & Primary Care	0	1,199	221	1,420
Acute Services Division				
Minor Capital		168	-4	164
Capital Equipment		2,018	-26	1,992
Statutory Compliance		2,613	-190	2,423
Condemned Equipment		95	0	95
Hospital Eye Service		120		120
Elective Orthopaedic Centre			1,703	1,703
	0	5,014	1,482	6,496
Fife Wide				
Minor Work	498	-498		0
Information Technology	1,041			1,041
Backlog Maintenance / Statutory Compliance	3,569	-3,469		100
Condemned Equipment	90	-90		0
Scheme Development	60			60
Fife Wide Equipment	2,036	-2,036		0
Fife Wide Contingency Balance	100			100
Total Fife Wide	7,394	-6,093	0	1,301
Total	7,394	120	1,703	9,217

Staff Governance

Sickness Absence

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

Local Performance



National Benchmarking

Month	2018/19				2019/20									Mar-20 Target
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
NHS Fife	5.89%	6.43%	5.38%	5.34%	5.42%	5.66%	5.55%	5.78%	5.44%	5.46%	5.70%	5.57%	5.82%	4.89%
Scotland	5.54%	6.17%	5.23%	5.10%	5.04%	5.23%	4.98%	5.22%	5.18%	5.24%	5.69%	5.58%	5.83%	

Current Challenges

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

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

Improvement Actions	Progress	Timescale/ Status
1. Targeted Managerial, HR, OH and Well@Work input to support management of sickness absence	This is being progressed through Attendance Management Leads within their respective areas, HR Officers / Advisors, and through the trajectory reporting for each business unit and use of the RAG status reports. A plan for additional OH support, including OH Drop-in Sessions, has been developed. Sessions took place throughout September and October, and further sessions will be held in Spring 2020.	Mar 2020 On Track
2. Early OH intervention for staff absent from work due to a Mental Health related reason	This has been in place since March 2019 and is now in the process of being reviewed by OH, HR, service and staff side colleagues to check on the appropriateness and impact of this approach. Further consideration to include how we promote general awareness of mentally healthy workplaces, support for managers to create mentally healthy and resilient workplaces and further awareness raising of support for staff.	Feb 2020 On Track

CAROL POTTER
Chief Executive
19th February 2020

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

DATE OF MEETING:	10 March 2020
TITLE OF REPORT:	Winter Report 2019/20
EXECUTIVE LEAD:	Morag Olsen, Chief Operating Officer, Acute Nicky Connor, Chief Officer, H&SC
REPORTING OFFICER:	Susan Fraser, Associate Director of Planning and Performance Claire Dobson, Divisional General Manager Andy MacKay, Deputy Chief Operating Officer

Purpose of the Report (delete as appropriate)		
		For Information

SBAR REPORT
<p><u>Situation</u></p> <p>The Winter Report is to provide assurance that the Winter Plan is being delivered in accordance with the submission to Scottish Government in November 2019.</p>
<p><u>Background</u></p> <p>The Winter Report is produced monthly and provides update on key performance metrics and actions agreed within the Winter Plan. Weekly meetings between Acute Services, H&SC and Planning commenced in November 2019 using the Winter Planning Weekly Scorecard to discuss agreed performance metrics (Appendix 1) and escalate issues to Executive Leads when required.</p> <p>The aim of the Winter Plan is to:</p> <ul style="list-style-type: none"> • Describe the arrangements in place to cope with increased demand on services over the winter period. • Describe a shared responsibility to undertake joint effective planning of capacity. • Ensure that the needs of vulnerable and ill people are met in a timely and effective manner despite increases in demand. • Support a discharge model that has performance measures, a risk matrix and an escalation process. • Ensure staff and patients are well informed about winter arrangements through a robust communications plan. • Build on existing strong partnership working to deliver the plan that will be tested at times of real pressure. <p>The top 5 planning priorities identified for 2019/20 were:</p> <ol style="list-style-type: none"> 1. Review of the integrated escalation plan including developing a fuller understanding of the requirements of demands into social care 2. Acute bed modelling exercise to take place and review of 18/19 bed reconfiguration 3. Proactive recruitment including consideration of Hospital Ambulance Liaison Officer (HALO) to facilitate efficient discharges 4. Establish appropriate point of care testing at the front door 5. Focus on prevention of admission with further developments of High Health Gain programme, management of patients in locality huddles and identifying alternatives to GP

admissions and planning timely discharges to Community Hospitals. This forms part of the Joining Up Care transformation programme.

Assessment

There are a number of actions that are complete, on track or ongoing with no concerns about impact on Winter Planning. The following actions are ongoing with concerns about impact on Winter Planning:

- 4.1.2 Review capacity planning ICASS, Homecare and Social Care resources throughout winter
- 4.1.4 Reduce length of stay as a winter planning group and being progressed through BAU
- 4.2.3 Test of change of a rota of senior decision making capacity in OOH/weekends to promote 7 day discharges
- 4.2.10 Proactive recruitment and a joined up workforce plan to utilise staff intelligently across the year as well as winter
- 4.3.7 Location and staffing plan for surge capacity in place
- 4.3.8 Optimise Acute bed configuration for 19/20 including the relocation of Ward 9 to Phase 3, beside Ward 24

Recommendation

The Committee is invited to:

- **Note and discuss** the Winter Report 2019/20

Objectives: (must be completed)

Healthcare Standard(s):	To aid delivery
HB Strategic Objectives:	Supports all of the Board's strategic objectives

Further Information:

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

Impact: (must be completed)

Financial / Value For Money	Promotes proportionate management of risk and thus effective and efficient use of scarce resources.
Risk / Legal:	Inherent in process. Demonstrates due diligence. Provides critical supporting evidence for the Annual Governance Statement.
Quality / Patient Care:	NHS Fife's risk management system seeks to minimise risk and so support the delivery of safe, effective, person centred care.
Workforce:	The system arrangements for risk management are contained within current resource. e.g.

Equality:	The arrangements for managing risk apply to all patients, staff and others in contact with the Board's services.

Fife Health
& Social Care
Partnership



Winter Planning

Monthly Report

Week Ending 6th January 2020 to 2nd February 2020



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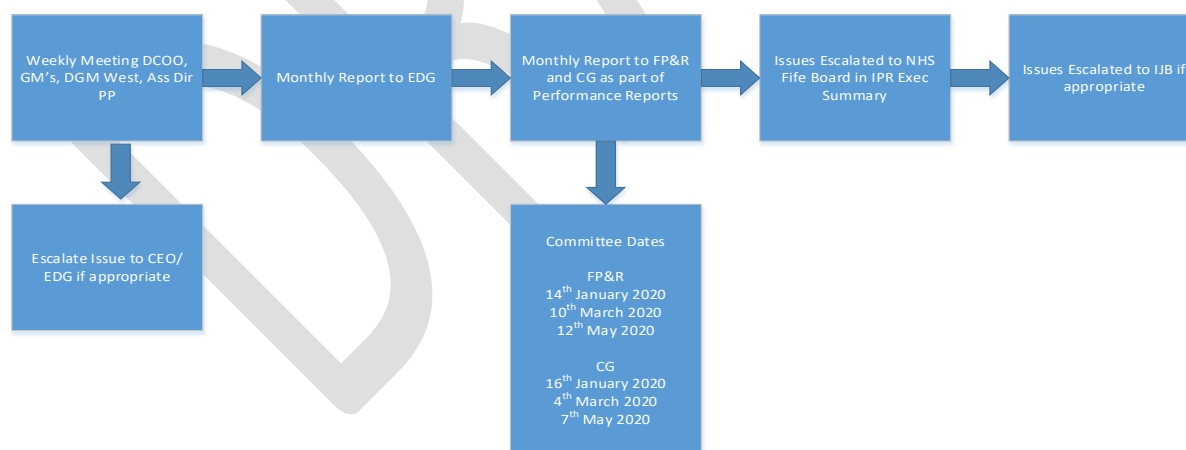
Introduction

The purpose of this report is to assure the Chief Executive and EDG that the Winter Plan is being delivered in accordance with the submission to Scottish Government and against agreed performance targets.

The Winter Plan describes the actions that will be taken forward by NHS Fife and the Health and Social Care Partnership to optimise service resilience during the winter months and beyond. Responsibility for delivery lies with both NHS Fife and the Health and Social Care Partnership.

The Winter Plan is monitored weekly, reported monthly and is supported by an escalation protocol to ensure prompt escalation of issues if required. The weekly reporting will cease at the end of March with the monthly report going to the NHS Fife Board in May 2020. Weekly reporting will commence in October 2020 as part of the Winter Plan 2020/21.

The Winter Planning Performance Review Summary will be considered by the Finance, Performance and Resources and Clinical Governance Committees.



Outlined below in section D is the actions that were submitted to the Scottish Government at the end of October 2019 and current status of these actions. Most of these actions are complete with a few slippages that are being challenged on a monthly basis.

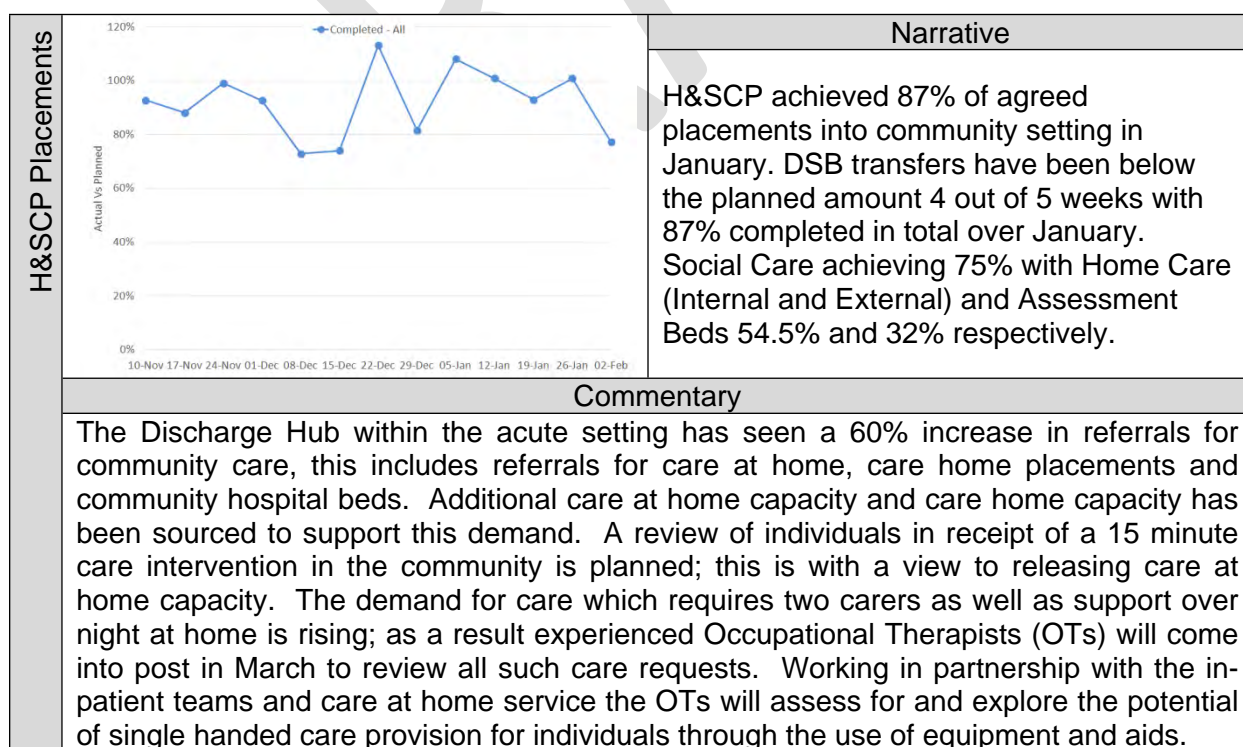
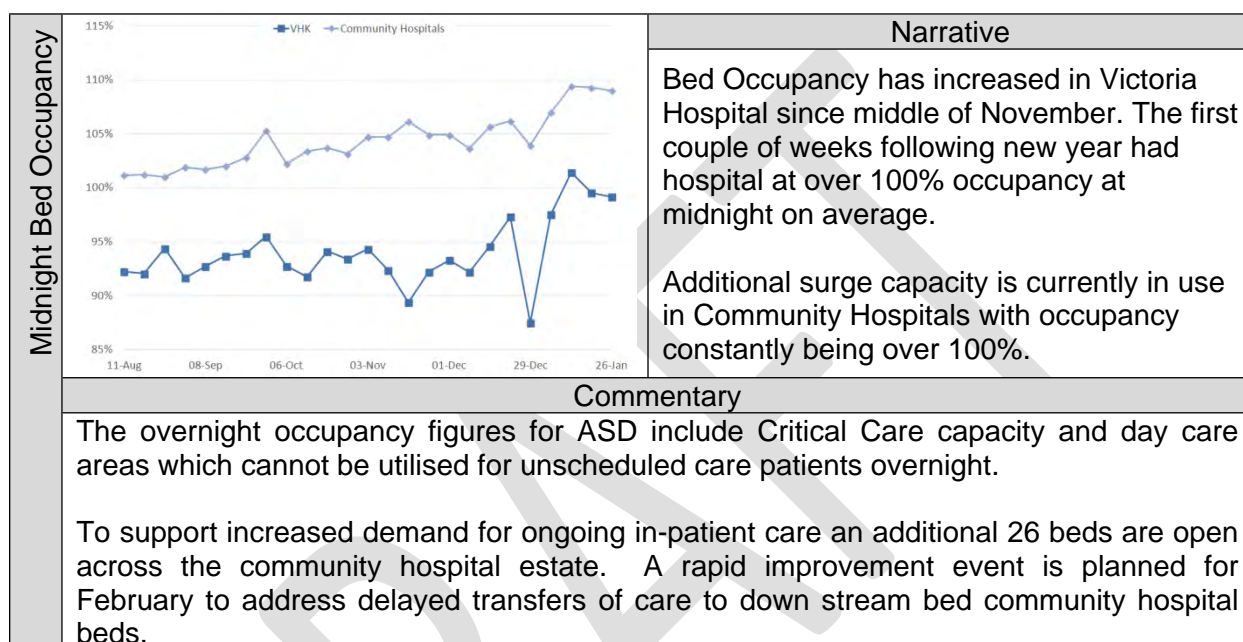
Section A: Executive Summary

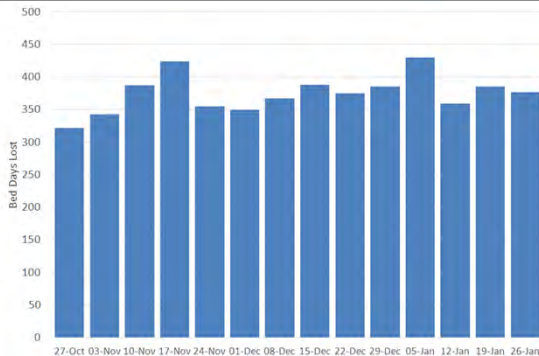
This is the Third monthly report summarising performance against key indicators and actions for Winter 2019/20. The key points to note this month are as listed below.

A&E		Narrative <p>The 95% Standard has not been met since Week Ending 21st July. The board average has also slipped beneath the Scotland average for a 4th time this financial year, however with quick recovery, has maintained above for the most part. On average, there are 165 more ED attendances a month this year (April to January) compared with last year. There are 872 more attendances this winter (October to January) compared with last year after only four months.</p>
		Commentary <p>The 4 hour emergency access target is being directly impacted by the capacity challenges within the acute site. The increase in numbers presenting has driven increased admission requirement. The top 3 breach reasons are: Wait for a Bed; Wait for 1st Assessment (due to lack of space to review patients) and Clinical Reasons.</p>
Boarding		Narrative <p>The number of patients boarding had risen steadily since middle of November, hitting a peak on the new year week with nearly 800 beds days. Since then the number has settled around 670.</p> <p>On average, over 580 bed days a week have been lost to boarding since October.</p>
		Commentary <p>Boarding requirements continue due to the capacity demand in emergency care. There is daily movement of patients into Planned Care to accommodate unscheduled admissions into ECD. The boarding figures are reviewed on a daily basis and it is recognised within ASD that boarding will directly impact on length of stay.</p>
Acute Delays		Narrative <p>On average there has been 70 bed days lost to Delayed Discharge per week as well as 175 bed days lost to Delays in Transfer of Care (e.g. Community Hospital and ICASS). This equates to 35 patients occupying a bed in Victoria Hospital who should be being cared for in more appropriate setting each day.</p>
		Commentary <p>Ward 13 and Ward 4 surge of 26 additional surge beds remain fully occupied. The patients in delay are accommodated within these areas awaiting onward care in non-</p>

acute settings or supported discharge home. There is weekly review of patients within ASD with Length of Stay over 14 days to ensure pathways are being managed correctly.

Delays in the acute hospital are reviewed daily and actions are taken to improve flow. Joint working between the Discharge Hub, Allied Health Professionals and the Care at Home Service has supported earlier discussions about discharge pathways and avoided hand offs which contribute to delayed transfers of care. Additional capacity in a range of care models has been sourced including care at home and ICASS. Demand for Partnership services remains high.



H&SCP Delays	 <table><tr><th>Date</th><th>Bed Days Lost</th></tr><tr><td>27-Oct</td><td>330</td></tr><tr><td>03-Nov</td><td>340</td></tr><tr><td>10-Nov</td><td>380</td></tr><tr><td>17-Nov</td><td>430</td></tr><tr><td>24-Nov</td><td>350</td></tr><tr><td>01-Dec</td><td>350</td></tr><tr><td>08-Dec</td><td>360</td></tr><tr><td>15-Dec</td><td>380</td></tr><tr><td>22-Dec</td><td>370</td></tr><tr><td>29-Dec</td><td>380</td></tr><tr><td>05-Jan</td><td>430</td></tr><tr><td>12-Jan</td><td>350</td></tr><tr><td>19-Jan</td><td>380</td></tr><tr><td>26-Jan</td><td>377</td></tr></table>	Date	Bed Days Lost	27-Oct	330	03-Nov	340	10-Nov	380	17-Nov	430	24-Nov	350	01-Dec	350	08-Dec	360	15-Dec	380	22-Dec	370	29-Dec	380	05-Jan	430	12-Jan	350	19-Jan	380	26-Jan	377	<h3>Narrative</h3> <p>Since October the beds days lost each week in community hospitals due to delayed discharges has increase each month with 330 in October peaking at 389 in December and 377 in January. Equating to almost 56 per day in December and almost 54 in January.</p>
	Date	Bed Days Lost																														
	27-Oct	330																														
03-Nov	340																															
10-Nov	380																															
17-Nov	430																															
24-Nov	350																															
01-Dec	350																															
08-Dec	360																															
15-Dec	380																															
22-Dec	370																															
29-Dec	380																															
05-Jan	430																															
12-Jan	350																															
19-Jan	380																															
26-Jan	377																															
<h3>Commentary</h3>																																
<p>As described above a number of improvement actions are underway to ensure that individuals are discharge home or to a homely setting in a safe and timely manner. The number of individuals delayed in hospital awaiting the appointment of a Welfare Guardian has increased, this has a significant impact on the number of beds days lost as individuals must remain in hospital until the legal process of appointing a Guardian is complete – this can take over 150 days.</p>																																

Section B: Performance Summary to Week Ending 2nd February 2020

Performance out with the planned/expected range is highlighted in red.

Weekly Winter Monitoring Report

		Week Ending				
Area	Indicator	05-Jan	12-Jan	19-Jan	26-Jan	02-Feb
Emergency Department	Attendances	1317	1211	1265	1287	1268
	Performance	80.4%	86.3%	88.0%	88.2%	89.6%
	> 8 hours	14	4	8	26	2
	>12 hours	0	0	0	0	0
	% Admitted	33.0%	29.4%	32.9%	29.0%	30.8%
VHK Admissions	Total	762	792	794	773	799
	Emergency	720	690	686	674	697
	Elective	42	102	108	99	102
VHK Discharges	to Community	19	37	34	41	20
	% B4 Noon	15.1%	14.2%	16.6%	19.7%	16.6%
Theatre Activity	Actual Activity	66	160	148	154	167
	Hospital Cancelled	0	9	1	3	2
VHK Bed Utilisation	Occupancy	98%	101%	100%	99%	95%
	Boarding Bed Days Lost	796	751	679	687	669
	DD Bed Days Lost	45	68	60	50	95
	DTC Bed Days Lost	265	209	135	109	120
HSCP Placements	Completed - All	108%	101%	93%	101%	77%
	DSB	71%	95%	95%	107%	63%
	Social Care	80%	71%	83%	85%	76%
	Other Models	126%	145%	103%	112%	97%
Community Hospital	Discharges	25	50	57	53	29
	LoS (days)	58.1	40.8	39.3	53.1	52.6
	Occupancy	107%	109%	109%	109%	109%
	DD Bed Days Lost	430	359	385	377	387

Section C: Winter Plan Monitoring of Actions

Key:	Blue	Complete
	Green	On Track as expected
	Amber	Work ongoing, but slippage (with no concerns about impact on Winter Planning)
	Red	Work ongoing, but concerns about impact on Winter Planning

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
4.1.1	Ensure adequate Community Hospital capacity is available supported by community hospital and intermediate care redesign	October 2019		DGM East and West	The community hospitals have 26 additional beds open at present to support winter pressures. Demand for beds is such that the beds remain open at this time.
4.1.2	Review capacity planning ICASS, Homecare and Social Care resources throughout winter	August 2019		DGM West	ICASS capacity increased as a result of increased hours and recruitment. Capacity within care at home is challenging, however additional care at home capacity has been sourced to support double up packages of care. For January the HSCP delivered 90% of placements.
4.1.3	Focus on prevention of admission with further developments into High Health Gain, locality huddles to look at alternatives to GP admissions	March 2020		DGM West	Recruitment is now completed staff coming into post by mid-February. A Frailty Practitioner will also be embedded in the team. Over 990 HHG Assessments have taken place across Fife. Locality huddles - 9 now established.
4.1.4	Reduce length of stay as a winter planning group and being progressed through BAU	September 2019	GMs, DCOO, Ass Dir PP	DGM West	HSCP being tracked through weekly reporting. ASD Being tracked through weekly reporting and winter scorecard review. Length of stay meeting ongoing with weekly review all patients over 7 days and those in delay to assess what intervention could facilitate discharge from the acute hospital.

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
4.1.5	Test of Change for use of the community hub during Winter	November 2019		DGM West	Discussions underway regarding use of CHWB hubs to support community care and treatment
4.1.6	Test of change to reconfigure STAR bed pathway	November 2019		DGM West	GP direct access STAR beds are operational in Glenrothes and now being tested in the STAR beds in Kirkcaldy
4.1.7	Urgent Care ED enhanced direction model	November 2019		DGM West	Re-direction protocol now in place. Action complete
4.1.8	Implementation of model for discharge lounge through tests of change	November 2019	GMs, DCOO		Discharge lounge moved from ward 4 when additional surge beds required and now within DIU. Line management sitting under capacity team manager with directorate support (currently PCD). Planning in place to understand how and where this can be supported on a permanent basis recognising the positive impact it has had on flow.
4.1.9	Explore third sector transport over winter months	October 2019	GMs, DCOO		Initial meetings held with RVS as to additional car transportation capacity. Andy MacKay and Lynn Campbell continuing discussions to review impact of this proposal.
4.1.10	Weekly senior winter monitoring meeting to review winter planning metrics and take corrective action.	October 2019	GMs, DCOO, Ass Dir PP	DGM West	Weekly winter monitoring meetings are in place with metrics reviewed and actions agreed. Actions are recorded.
4.2.1	Secure Social Work staffing in the Discharge Hub and community hospitals over the festive period.	October 2019		DGM West	Action complete
4.2.2	Integrated services to support discharges will run throughout all public holidays – this includes social work, homecare, community therapy staff and district nurses. Communication will be supported through daily huddles across services.	November 2019		DGM West	Action complete

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
4.2.3	Test of change of a rota of senior decision making capacity in OOH/weekends to promote 7 day discharges	November 2019	GM EC		Winter plan has implemented third on call consultants in place for weekends, but reliance on existing workforce and reluctance to add to workload has left gaps. 3 rd on call continues as part of the winter plan at weekends, where consultants are available.
4.2.4	Agree Urgent Care workforce levels and secure staffing as early as possible. All rotas in place to ensure public can access OOH across the winter period.	October 2019		DGM West	On track, additional mobile clinicians have been deployed each weekend in January to increase home visiting capacity. This will be reviewed for February and additional capacity deployed as required.
4.2.5	Public facing information across social media platforms developed to communicate access to OOH including public holiday access.	November 2019		DGM West	Ongoing – public messages highlighting who to turn to are repeated weekly
4.2.6	Enhance Clinical Co-ordinator role within the Urgent Care service.	November 2019		DGM West	Urgent Care Transformation phase 1 now underway. Clinical Co-ordinator role scheduled as much as possible focussing on weekends.
4.2.7	Enhanced linkage with Hospital Ambulance Liaison Officer (HALO) role to further plan and arrange efficient discharges	October 2019	GMs DCOO		Dedicated Discharge Vehicle continues. NHS Fife benefit from the HALO attending site to offer support daily and SAS attending capacity meetings to assist with planning.
4.2.8	Enhance weekend discharge planning with further development of the weekend discharge team	October 2019	GMs DCOO		3 rd on-call shift from Emergency Care for weekends in place when additional medical staff available. Supported by junior doctor or ANP to maximise potential for discharge support.
4.2.9	Explore augmenting IAT/MSK resource at front door with a view to reducing admission rate	October 2019	GM WC		Audit conducted during Banish Boarding Event. Requirement to review data to identify what can be achieved within existing resource and what will require investment to achieve.

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
4.2.10	Proactive recruitment and a joined up workforce plan to utilise staff intelligently across the year as well as winter	October 2019	GMs, DCOO	DGM West	Availability of skilled workforce has been a challenge. Continued use of Bank and Agency staff required to ensure safe staffing levels. However some permanent staff now in place within Ward 13 to provide leadership. Band 2 pool staff recruited last year are now in process of induction which will allow for more flexible daily safe staffing.
4.2.11	Implementation of 7-day pharmacy service in place within Acute on substantive basis	September 2019	Chief Pharmacist		Service is in place. However only £150K (from Emergency Care Directorate) of the agreed £250K funding has been provided. Request has been made via COO to transfer the remainder of the funding from the other 2 directorates.
4.3.1	Proactive and dynamic planning that follows predicted problems with use of system watch and better use of data including Urgent Care in collaboration with NHS 24	October 2019	GMs DCOO	DGM West	The Urgent Care Service is using predicted demand data from NHS 24 to support service delivery.
4.3.2	Performance measures will be in place and scrutinised. Measures include: <ul style="list-style-type: none"> Emergency Access Standard Local Waiting Times Targets Delayed Discharges over 72 hours Weekly flow from Victoria Hospital Hospital Occupancy levels (Acute and Community Hospitals) Boarding numbers 	November 2019	GMs DCOO	DGM West	Emergency Access Standards scrutinised daily with enhanced breach review and weekend debriefs to assess for opportunities for improvement. Weekly winter monitoring meetings are in place with metrics reviewed and actions agreed. Small, but positive, monthly improvement in 4 hour emergency access target.

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
4.3.3	Estimated Discharge Date process to be further developed and clear instructions in place	October 2019	GMs DCOO	DGM West	Workshops held in the community hospitals from to standardise the use of EDD.
4.3.4	Full review of how and when surge capacity is used against the escalation plan	September 2019	GMs DCOO	DGM West	Surge capacity in the HSCP has been in use since summer 2019 with full expansion in October 2019. Bed occupancy is reviewed as part of the weekly winter meetings.
4.3.5	Banish boarding event to take place to reduce pressure in hospital with patients boarding in non patient wards.	November 2019	MD COO		"Banish Boarding: 18 days of reset" event conducted 1-18 Nov 19. A number of small changes ideas contributed to improving hospital occupancy levels and reducing numbers of boarding patients by c.15%, which will be incorporated into BAU – eg Daily Dynamic Discharge process.
4.3.6	Comprehensive review of board and ward round process across Acute inpatient wards to identify and implement consistent best practice	Observation exercise Aug 2019 December 2019	DCOO AMD		Observation exercise completed Aug 2019. Follow on work undertaken with support from Scottish Government Unscheduled Care team to roll out Daily Dynamic Discharge (from the 6 Essential Actions) across inpatient ward areas. Process implemented in 7 wards since 1 Nov 19, with schedule in place for adoption by all adult inpatient areas by end Jan 2020.
4.3.7	Location and staffing plan for surge capacity in place	Oct 2019	DCOO GMs		Additional emergency capacity available within Ward 4 being utilised, however not suitable for long term occupancy. DIU implementation not required over past weeks and Ward 4 closure managed towards weekends to allow for additional capacity with reopening when demand increases.
4.3.8	Optimise Acute bed configuration for 19/20 including the relocation of Ward 9 to Phase 3, beside Ward 24	December 2019	GM WCCS		Revised drawings received in mid January 2020. Further feedback provided to clarify changes. Plans to be signed off by end of Feb 2020. Anticipate works completing late spring.
4.3.9	Intention to increase N:R ratio in AHP caseload to reduce de-conditioning in acute medical wards to reduce LoS and reduce level of support required by patients at point of discharge.	October 2019	GM WCCS		De-conditioning Business Case being presented at SLT on 17 th Dec. Agreement that this case should be combined with the HSCP case to increase ICASS capacity. Relevant GMs have met and plan to present combined case in March 2020.

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
4.4.1	Produce a winter surgical program plan that includes use of the short stay surgical unit, and distribute the surgical programme, taking into account the periods of higher demand from emergency patients	October 2019	GM PC		Surgical festive program for theatre has been circulated to clinical teams. SSSU is now fully part of the surgical operational program. Plans are in place to deal with periods of high demand from emergency patients. The festive surgical plan went well and is now fully embedded to cope with surgical demand, action complete.
4.4.2	Review the ambulatory model for surgical and medical patients and implement any enhancements	October 2019	GM EC GM PC		ECD – OPAT successfully implemented and saved bed days being tracked to support service expansion. SSSU fully embedded and managing elective programme and WLI on a daily basis.
4.4.3	Test the introduction of planned outpatient appointments for medically fit in-patients awaiting diagnostic tests	October 2019	GM WCCS		Requirement to implement clear process and engage with clinicians to ensure that this happens as routine and not only when the hospital is at capacity. Work required to embed this process.
4.4.4	Review theatre requirements for SHDU cases to smooth activity over the week	November 2019	GM EC GM PC		Work has been smooth by moving some theatre lists. Further work in planning.
4.5.1	A review of the integrated escalation plan with action cards including training and testing, and agreement of the surge capacity model over winter, including opening and closing of surge beds	August 2019	GMs DCOO Ass Dir PP	DGM West	HSCP Escalation plan is complete and in place. ASD escalation plan complete
4.5.2	Review and improve business continuity plans for services	September 2019	GMs DCOO	DGM West	In the HSCP Business Continuity plans are in place and are being reviewed in light of Corona Virus.
4.5.3	Tabletop exercise to be arranged to test Major Incident plans	November 2019	Ass Dir PP		Held on 22 November 2019 and attended by around 60 staff including multi-agency partners.
4.5.4	Multi Agency meeting to discuss winter arrangements across Fife	November 2019	Ass Dir PP		Meeting multi-agency partners to share arrangements on 13 November 2019.
4.5.5	Update Corporate Business Continuity Plan and Response and Recovery Plan	November 2019	Ass Dir PP		Corporate Business Continuity Plan and Response and Recovery Plans completed. Submitted to Resilience Forum 1 November 2019.

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
4.5.6	Ensure that community services have access to 4x4 vehicles in the event of severe weather and that staff have received an appropriate level of training to drive such vehicles.	September 2019		DGM West	Vehicles delivered 10/12/19, training in use of 4x4 vehicles taking place in December 2019 and January 2020.
4.5.7	Review the full capacity protocol	September 2019	GMs DCOO Ass Dir PP	DGM West	HSCP Complete ASD complete
4.6.1	Point of Care Testing (POCT) for flu will be implemented early this year in preparation for the challenges expected from increased numbers of patients presenting with flu	October 2019	GM WCCS		Implemented in November.
4.6.2	Proactive infection control and support learning opportunities for Fife Care homes	October 2019		Infection Control	Ongoing discussion and support
4.6.3	POCT will also be implemented in paediatrics for RSV which will support early diagnosis (supporting winter bed pressures) and reduce requirement for unnecessary molecular testing.	October 2019	GM WCCS		IT point required in Paediatrics to allow POCT to go live. This has been escalated to GM who will take forward with Engie. In view of delay to get data point installed Paediatrics used POCT available at front door.
4.6.4	Weekly Winter Planning Meetings to continue to monitor hospital position	October 2019	GMs Ass Dir PP	DGM West	Weekly winter monitoring meetings are in place with metrics reviewed and actions agreed. Actions are recorded.
4.7.1	Deliver the staff vaccination programme to NHS and Fife HSCP staff through drop-in clinics and peer vaccinator programme in order to achieve 60% national target and 65% local target for uptake among	October – December 2019	ADoN Public Health	ADoN Public Health	Current NHS staff uptake at 65.2% (correct at 16/01/20). Delivery via peer vaccinators continues to be available to staff until March 2020.

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
	healthcare workers.				
4.7.2	Monthly review of progress against seasonal flu action plan	October – January 2019	Public Health	Public Health	Monthly updates of detailed action plan circulated to NHS Fife & Fife HSCP Seasonal Vaccination Group. Next review end of January 2020. A final review will take place for 2019/20 season at the NHS Fife & Fife HSCP Seasonal Vaccination Group meeting on 12/03/20.
4.7.3	Deliver staff communications campaign across Acute & HSCP	October 2019 – March 2020	Head of Comms		<p>Work ongoing – regular updates and information scheduled across the winter period, with option to increase messaging during periods of adverse weather.</p> <p>Campaign will also link in with SG activity associated with know who to turn to, think before you go and the HSCP campaign talk before you walk.</p> <p>Working with Public Health to continue to monitor Flu campaign and coordinating with Public Health /SG on Corona virus</p> <p>No concerns about impact on Winter Planning</p>
4.7.4	Develop & distribute Information pack to independent care sector in Fife, covering staff vaccination, winter preparedness and outbreak control measures	October 2019	Public Health		Information pack on vaccination distributed to independent care sector November 2019. Pack with reminder information on management of suspected outbreaks distributed in December 2019.
4.7.5	Redesign consent form and data collection methods to enable more detailed & timely monitoring of staff vaccination against targets	October 2019	Public Health	DGM West	Complete – Revised consent form in use from the start of the programme. Data collection using FORMIC has enabled timely reporting of uptake data with job family breakdown. Data provided to EDG fortnightly via 'flash reports' (latest 9/12/19)
4.7.6	Insert flu vaccination messaging for at-risk groups in out-patient letter template	October 2019	Public Health		Complete – Messaging inserted into out-patient letter template. To run from October 2019 to mid-March 2020.

Appendix 1 – Winter Scorecard to Week Ending 2nd February 2020

Area	Indicator	Trend	06-Oct	13-Oct	20-Oct	27-Oct	03-Nov	10-Nov	17-Nov	24-Nov	01-Dec	08-Dec	15-Dec	22-Dec	29-Dec	05-Jan	12-Jan	19-Jan	26-Jan	02-Feb
OOH	Contacts		1840	2328	1841	1817	1720	1912	1985	1990	1809	1912	2012	2087	2778	2634	1825	1803	1833	1916
	OoT Home Visits		41	27	17	18	12	19	20	25	24	11	25	49	66	24	34	13	26	27
	% transferred to VHK		7.17%	9.84%	1.68%	8.20%	0.99%	7.79%	7.51%	9.05%	8.68%	8.00%	7.55%	6.66%	8.42%	8.47%	8.22%	7.54%	8.28%	7.93%
Emergency Department	Attendances		1352	1261	1259	1275	1324	1379	1309	1293	1311	1350	1328	1350	1279	1317	1211	1265	1287	1268
	Av LoA		155	170	159	175	166	155	156	157	180	165	178	182	172	186	174	169	168	169
	Performance		91.1%	89.9%	91.0%	86.3%	89.9%	92.5%	92.8%	90.6%	84.6%	90.4%	82.8%	81.4%	85.3%	80.4%	86.3%	88.0%	88.2%	89.6%
	> 8 hours		5	0	5	4	2	3	1	2	8	2	13	28	14	14	4	8	26	2
	>12 hours		0	0	0	0	0	0	0	0	0	0	1	4	1	0	0	0	0	0
VHK Admissions	% Admitted		32.0%	31.6%	31.2%	35.0%	29.9%	33.0%	31.3%	32.2%	32.0%	33.7%	31.3%	29.6%	33.2%	33.0%	29.4%	32.9%	29.0%	30.8%
	Total		795	794	735	827	792	807	820	814	792	802	823	825	728	763	791	794	774	799
	Emergency		704	699	661	723	674	686	697	714	711	716	707	724	693	720	689	686	674	698
VHK Discharges	Elective		91	95	74	104	118	121	123	100	81	86	116	101	35	43	102	108	100	101
	to Community		45	27	31	28	28	37	23	40	39	31	27	39	24	19	37	34	41	20
	% B4 Noon		17.0%	15.8%	13.4%	18.3%	16.9%	19.8%	19.3%	17.3%	15.8%	18.1%	14.1%	15.5%	15.1%	15.3%	14.2%	16.6%	19.8%	16.6%
	WDWE Ratio		1.6	1.5	1.4	1.5	1.9	1.5	2.2	1.6	1.9	1.6	1.8	1.8	1.5	1.5	1.8	1.7	1.6	1.4
	LoS (days)		6.5	5.7	6.2	6.5	5.8	6.9	5.6	6.3	5.8	6.0	5.4	6.2	6.0	6.2	6.3	6.5	7.1	6.4
AU1ax	Admissions		181	190	200	201	206	178	188	231	216	191	235	211	186	215	218	214	213	227
	%transferred		66.9%	67.4%	71.5%	68.2%	71.8%	64.6%	69.7%	69.7%	72.2%	63.4%	68.5%	71.1%	71.0%	61.9%	67.0%	69.2%	73.2%	65.2%
	% to AU1		58.6%	53.7%	56.5%	53.7%	64.1%	59.0%	60.1%	57.6%	59.3%	51.8%	57.0%	52.6%	53.2%	52.1%	52.3%	55.6%	58.2%	55.5%
AU1	LoS (hrs)		5.63	5.96	6.51	6.06	5.98	4.58	6.03	6.85	6.59	6.19	5.69	7.37	6.72	7.27	6.88	6.17	7.34	5.73
	Admissions		302	298	297	314	280	275	298	307	313	296	286	298	314	314	288	288	291	298
	%transferred		65.6%	60.4%	68.4%	65.9%	66.8%	60.4%	66.4%	64.5%	62.6%	62.2%	62.6%	59.7%	62.1%	67.8%	68.4%	63.9%	66.3%	62.4%
AU2	LoS (hrs)		18.74	20.54	19.11	18.76	21.92	19.27	19.66	19.67	19.44	19.41	20.12	20.47	18.01	19.54	21.06	20.10	20.19	19.68
	Admissions		145	151	144	144	154	138	151	150	145	146	132	176	143	164	141	136	140	142
	%transferred		37.2%	44.4%	41.0%	38.9%	42.9%	34.8%	45.0%	40.7%	42.1%	45.2%	42.4%	46.0%	37.8%	47.6%	41.1%	32.4%	37.1%	39.4%
Theatre Activity	LoS (hrs)		20.86	20.67	25.44	21.57	23.13	21.43	20.39	21.33	22.05	22.59	25.07	22.01	21.68	23.54	26.22	26.34	22.70	23.54
	Actual		137	122	134	148	149	175	162	170	132	139	173	142	52	66	160	148	154	168
	Hospital Cancelled		1	1	7	0	0	0	0	0	2	0	3	1	0	0	9	1	3	2
VHK Bed Utilisation	Occupancy		93%	92%	94%	93%	94%	92%	89%	92%	93%	92%	95%	97%	88%	98%	101%	99%	99%	95%
	Boarding Bed Days Lost		438	515	558	580	556	518	438	494	584	574	558	613	548	796	751	679	690	676
	DD Bed Days Lost		64	69	43	89	111	72	62	91	55	60	97	77	54	45	68	60	50	95
	DTC Bed Days Lost		114	157	178	172	212	200	225	116	80	218	170	236	231	265	209	135	109	120
	HAI Bed Days Lost							0	0	0	0	0	0	0	0	0	0	0	0	0
HSCP Placements	Completed - All						43%	93%	88%	99%	93%	73%	74%	113%	81%	108%	101%	93%	101%	77%
	DSB						69%	100%	92%	100%	95%	92%	94%	133%	86%	71%	95%	95%	107%	63%
	Social Care						50%	75%	74%	98%	92%	61%	43%	82%	58%	80%	71%	83%	85%	76%
	Other Models						8%	106%	100%	100%	91%	66%	91%	128%	106%	126%	145%	103%	112%	97%
	HUB Referrals		58	55	48	46	54	69	44	50	55	56	57	44	48	54	80	51	53	65
	HUB Discharges		81	62	58	72	62	69	59	60	63	66	56	69	44	55	78	67	69	58
	HUB Ref vs Dis						-8	0	-15	-10	-8	-10	1	-25	4	-1	2	-16	-16	7
Community Hospital	HUB Waiting List		30	39	39	45	58	46	49	44	40	48	62	39	46	55	64	46	43	49
	Discharges		74	43	48	49	46	53	44	56	56	49	39	56	42	25	50	57	53	29
	LoS (days)		37.2	40.6	29.8	39.7	34.7	42.7	38.4	34.5	33.3	39.2	29.3	42.1	41.7	58.1	40.8	39.3	53.1	52.6
	Occupancy		102%	103%	104%	103%	105%	105%	106%	105%	105%	104%	106%	106%	104%	107%	109%	109%	109%	110%
	DD Bed Days Lost		393	305	291	322	343	387	424	355	350	367	388	375	385	430	359	385	377	387
	HAI Bed Days Lost							33	0	0	0	0	0	0	0	0	0	0	0	0



UNCONFIRMED

MINUTE OF THE FINANCE AND PERFORMANCE COMMITTEE TUESDAY 11 FEBRUARY 2020, 10.00AM COMMITTEE ROOM 3, 5TH FLOOR, FIFE HOUSE (FHM05.003)

Present: Cllr David Graham (Chair)
Cllr David Alexander
Cllr Rosemary Liewald
Les Bisset, NHS Board Member
Martin Black, NHS Board Member
Margaret Wells, NHS Board Member

Attending: Norma Aitken, Head of Corporate Services (from 10:30am)
Nicky Connor, Director of Health & Social Care
Claire Dobson, Divisional General Manager (West)
David Heaney, Divisional General Manager (East)
Fiona McKay, Head of Strategic Planning, Performance and Commissioning
Julie Paterson, Divisional General Manager (Fife Wide)

Apologies: Lynn Barker, Interim Associate Director of Nursing
Scott Garden, Director of Pharmacy
Dr Helen Hellewell, Associate Nurse Director
Audrey Valente, Chief Finance Officer

In Attendance: Ingrid Tjeransen, Project Support Officer, C&I Team, West Division (Minutes)

NO	HEADING	ACTION
1.	WELCOME AND APOLOGIES	
	The Chair welcomed everyone to the meeting. The Committee forwarded their best wishes to Cllr Brett for a speedy recovery. Apologies were noted as above.	
2.	DECLARATION OF MEMBERS INTEREST	
	There were no declarations of interest.	
3.	MINUTES OF PREVIOUS MEETING – 7 NOVEMBER 2019	
	The minutes of the Finance and Performance Committee of 7 November 2019 were accepted as an accurate record. It was noted that both Les Bisset and Lynn Barker have the initials LB. It is difficult to differentiate between them in the minutes and the action plan.	Admin

4.	MATTERS ARISING AND ACTION LOG FROM 7 NOVEMBER 2019	
	<p>The actions were discussed. Timescales are to be included against actions where possible instead of saying that they are 'ongoing'.</p> <p>Community Hospital Redesign Update – The Committee requested a timescale. DH replied that this will be discussed at the Community Transformation Programme Board and more information will follow.</p> <p>The Draft Mental Health Strategy is to be removed from the Action Plan.</p> <p>RL requested to meet with NC and DG regarding forthcoming reports and which Committee they should be presented to.</p>	<p>Admin</p> <p>RL/NC/DG</p>
5.	LOCALITY PLANNING – INCLUDING “WELLS”	
	<p>A report had been prepared to update the Committee on the development of Locality Planning and the “Wells”. FM summarised:</p> <ul style="list-style-type: none"> • The H&SCP is currently in Year 2 – the timeline suggests that this stage is indicative of Test of Changes and Maturing; • The full Locality Group meet twice yearly and the Core Group meet quarterly; • Regular newsletters are issued to provide updates; • Work is still underway in relation to sites/venues; • Funding is in place for a Well Co-ordinator until the end of September 2020. Aleks Atanasova has been recruited. Aleks is currently pulling together a marketing plan, is working on gathering evaluation/feedback from users and is planning to undertake an audit using a template developed by NDTi. <p>RL would like to meet with Aleks to discuss locality boundaries and catchment areas for the “Wells”.</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> • The Committee were asked to note progress with the development of Locality Planning and the “Wells”. The Committee noted the content of the report. 	RL/AA
6.	OCCUPATIONAL THERAPY/ADAPTATIONS REPORT (WAITING TIMES)	
	<p>The Community Occupational Therapy (COT) Service had been asked to prepare a report with regards to waiting times and service development updates. CD summarised:</p> <ul style="list-style-type: none"> • There are 2 Service Managers – one in the East Division and one in the West Division and a large number of referrals; • With no increase in resources and a continuing demand for the service, new ways of working are being tested. As a result, the waiting times have started to reduce; 	

	<ul style="list-style-type: none"> Teams have been trained in the use of Smart Life in Fife; Promotional materials have been widely circulated. <p>CD recognised that the improvements have only been possible because of the staff. The next step is to look at the skill mix and equally distribute staff to match activity.</p> <p>The Committee asked whether there is work underway to integrate the service with Housing. CD explained that the service managers work closely with Housing colleagues but recognises that further improvements could be made. A future single pathway would be beneficial and the ambition is to become an integrated service. CD clarified that there is no resistance to integration but discussion with colleagues is required. NC said that discussions will take place and outcomes will be fed back to this Committee.</p> <p>DA noted that it is impressive to see improvement without financial resources. LB agreed.</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> The report is for information. The Committee were asked to note progress and recognise the improvements that have been made. The Committee noted the content of the report. 	CD/NC
7.	CARERS STRATEGY FUNDING	
	<p>A report had been prepared to update the Committee on funding in relation to the Carers Act 2016. The report contains details of monies allocated from the Scottish Government and a summary of expenditure.</p> <p>LB requested an explanation as to why there was an underspend in 2018/19 and clarification of whether it was carried forward into 2019/20. DH explained that this was due to recruitment as all of the posts had not yet been recruited to. The CFO will be in a position to clarify whether it was carried forward.</p> <p>RL asked whether Leisure Passes for Young Carers is to continue. There was a risk that it would not, due to the budget of Fife Sports and Leisure Trust. DH agreed to find out and feedback.</p> <p>The Committee asked for information in relation to the Partnership working with the Education service around Young Carers. DH to provide further details.</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> The report is for information. The Committee noted the content of the report. 	<p>AV</p> <p>DH</p> <p>DH</p>

8.	GOVERNANCE MANUAL	
	<p>The Governance Manual has now been through all of the Governance Committees.</p> <p>The Committee are asked to recommend that the manual go to the IJB for approval. This was agreed.</p>	
9.	ADULT PACKAGES (FINANCIAL)	
	<p>A working group was established in May 2018 to ensure forecasting is as accurate as possible. This report has been prepared to allow the Committee to better understand the finite budget and the demand and complexity of need (including transitions from children's services to adult services and from adult services to older people). A presentation was also given to the IJB on 31 January 2020.</p> <p>The projected overspend reduced from £4.7m in September 2019 to £2.5m in December 2019. The contributory actions are listed within the report. JP said that the service recognises that an overspend is not acceptable.</p> <p>Children move over to adult services when they leave school. MW asked for further clarification as to why costs differ depending on whether you are in education or not.</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> The report is for information and discussion. The Committee noted the content of the report and requested information be brought to a future meeting in relation to transitions from packages of care. 	JP
10.	PERFORMANCE REPORT	
	<p>FM introduced the Performance Report. It was noted that it has a new design, following approval at the IJB, in line with the NHS Performance Report.</p> <p>FM referred to a new addition to the report - data relating to the number of people waiting for a care at home service. It was noted that there are a large number of people in Assessment and Short Term Assessment and Review (STAR) beds. It is anticipated that the additional supports to care providers should lead to a reduction in the numbers. DH said that they are working hard with Scottish Care as 2.5K hours have been handed back from the external providers. Double up packages have been introduced as a rapid response. Incentives need to be introduced to stabilise providers. DH reported that there are circa 90 new referrals per week. LB asked to escalate this to the IJB as it is a problem which the Senior Leadership Team cannot solve and the IJB should be consulted. MW supported the escalation. It was agreed that a paper on delayed discharge and work that the service is undertaking to mitigate delays should be prepared for the Board. NC agreed that this requires escalation but feels it is unlikely that the financial and performance reporting can be pulled</p>	<p>DH/FM</p> <p>NC</p>

	<p>together in time for the next Board meeting. LB agreed that it is important to ensure that the report is right before taking it forward. NC to update the Board at the upcoming development session.</p> <p>An extraordinary meeting is to be arranged in order to discuss the report for escalation.</p> <p>Discussion followed as to how to make the role of carer more attractive. It was agreed that it needs to be attractive in terms of pay, career ladder etc. It should be recognised as a high valued and high skilled role. FM reported that a national campaign is due to be launched by the Scottish Government. NC said that we may be able to adapt the national campaign materials for local use.</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> The Committee were asked to note the content of the Performance Report. The Committee noted the content of the report and agreed to escalate delayed discharges to the IJB. 	Admin
11.	FINANCE UPDATE	
	<p>NC summarised the report on behalf of AV. The forecast deficit is £1.991m above the approved budget deficit. There are 3 areas contributing to the overspend – Winter Plan, Agreed Deficit and Adult Packages.</p> <p>NC asked that attention be drawn to the savings to date and asked that the Senior Leadership Team be acknowledged.</p> <p>The financial recovery plan is on track to deliver and PIDs are in development for the Medium Term Financial Strategy.</p> <p>The Scottish budget has been announced but there has been no clarity from NHS Fife or Fife Council in terms of the budget to the IJB.</p> <p>DG referred to the table on page 108 and asked for clarification of what comes under 'Social Care Other'. NC agreed to ask AV.</p> <p>LB asked why the Alcohol and Drug Partnership (ADP) have £0.5m unallocated and requested that a report be brought to the next meeting.</p> <p>FM referred to page 114 and said that under 'Communities and Neighbourhoods' the RAG status is red and yet there is no record of spend. NC to inform AV.</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> The Committee were asked to note the financial position as reported at 31 December 2019. Note and discuss the next steps and key actions. Task the CFO to look at how to align the partners financial scheduling. 	<p>NC</p> <p>JP</p> <p>NC</p>

	The Committee noted the report and next steps.	
12.	BEST VALUE UPDATE	
	<p>The report sets out how the IJB can demonstrate compliance in agreed areas of the Best Value Framework.</p> <p>NC said that the report as a first draft is acceptable but the scrutiny of Best Value will become stronger and it will require further development.</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> The Committee were asked to discuss the report and consider if any further information is required. The Committee discussed the content of the report. 	
13.	ITEMS FOR ESCALATION TO IJB	
	Delayed Discharges as covered in Agenda Item 10.	
14.	AOCB	
	NC provided the Committee with an update on the 2018/19 Audit.	
15.	DATE OF NEXT MEETING	
	Thursday 5 March 2020 – 10:00 – Committee Room 2, 5 th Floor, Fife House	

Pharmacy Practices Committee, minute of meeting of 10 December 2019

For members' clarity, the attached document (pp.18-20) contains the minute of the reconvened meeting of the Pharmacy Practices Committee held on 10 December 2019, which met to consider the agenda item originally discussed in September 2018, as instructed by the National Appeal Panel.

REPORT OF THE PHARMACY PRACTICE COMMITTEE MEETING HELD ON THURSDAY 06 SEPTEMBER 2018, AT 9.30AM WITHIN MEETING ROOM 1, CAMERON HOUSE, CAMERON BRIDGE, LEVEN, KY8 5RG

Present:

Appointed by NHS Fife

Mr Martin Black (**Chair**)
Mr Paul Gillon, Lay Member
Mr Ian Dall, Lay Member

Nominated by Fife Area Pharmaceutical Committee

Mr Gordon Dykes, APC Representative Non Contractor Pharmacist
Mr Gordon Brown, APC Representative Contractor Pharmacist

In Attendance:

Miss Julie Parkinson, Head of Primary Care Administration, Medical Directorate, Corporate Services
Mrs Karen Brewster, Minute Taker
Miss Dianne Watson, Minute Taker
Ms Tracey Turnbull, Independent Legal Assessor, Central Legal Office

INTRODUCTION/BACKGROUND

APPLICATION FOR INCLUSION IN NHS FIFE'S PHARMACEUTICAL LIST

The meeting was called to consider an application submitted by Mohammed Ameen, to provide general pharmaceutical services from premises situated within 2 Loch Street, Townhill, Fife, KY12 0HH.

Under Regulation 5(10) of the NHS (Pharmaceutical Services) (Scotland) Regulations 2009 ("The Regulations") the Pharmacy Practices Committee (PPC) were required to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the applicant's proposed premises were located.

Paragraph 3 of Schedule 3 of The Regulations states that the PPC "shall determine an application in such a manner as it thinks fit".

- a) The Regulations require that the Committee shall have regard to:-
- the pharmaceutical services already provided in the neighbourhood of the premises named in the application by persons whose names are included in NHS Fife's Pharmaceutical List;
 - any representations received by the Board under paragraph 1;

- any information available to the Committee which, in its opinion, is relevant to the consideration of the application;
 - the Consultation Analysis Report (CAR) submitted in accordance with regulation 5A;
 - the Pharmaceutical Care Services in NHS Fife 2018/19 Report (PCSR); and
 - the likely long term sustainability of the pharmaceutical services to be provided by the applicant.
- b) Copies of the application, written representations received and a map of the area, indicating the location of the proposed Pharmacy, existing GP surgeries and pharmacies, had been supplied to the members of the Committee, the Applicant and those who submitted a representation and had accepted the invitation to attend the meeting.
- c) The Chair determined that the meeting should take the form of an oral hearing and the applicant and those who submitted a representation were given the opportunity to attend the meeting. Those who accepted the invitation are listed below:-
- i. Mr Mohammed Ameen, Applicant
 - ii. Mr Campbell Shimmins, Representing Alderston Pharmacy
 - iii. Mr Balvinder Sagoo, Representing Boots Pharmacy assisted by Kris Archibald
 - iv. Mr Tom Arnott, Representing Lloyds Pharmacy
 - v. Miss Yvonne Williams, Representing Well Pharmacy
 - vi. Mrs Kathryn Willis, Representing Willow Pharmacy
 - vii. Mr Ronnie Cowan, Chair, Townhill Community Council
- d) The Committee noted that written notification of the application from Mr Ameen was issued to the under-noted within 10 working days of the application being received:-
- i. NHS Fife's Area Pharmaceutical Committee
 - ii. NHS Fife's GP Sub Committee
 - iii. Pharmacies in the Dunfermline area
 - iv. Local Community Council
 - v. NHS Fife's Director of Pharmacy
 - vi. Divisional General Manager of the Integrated Community Partnership
- e) The Committee noted that written representations were received from the under noted within the required 30 days of written notice being sent to them:-
- i. NHS Fife's Area Pharmaceutical Committee
 - ii. Alderston Pharmacy
 - iii. JBB Dick Pharmacy
 - iv. The Head Office of Boots Pharmacy
 - v. The Head Office of Lloyds Pharmacy
 - vi. The Head Office of Well Pharmacy
 - vii. Townhill Community Council

No.

01/18

CHAIR PERSON'S WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting, introduced the Applicant, the interested parties and the committee members.

02/18 DECLARATION OF INTERESTS

Prior to the commencement of the hearing, the Chair asked the members whether any of them had an interest to declare or are associated with a person who has any personal interest. The Chair then asked the Applicant and interested parties whether any person assisting the applicant or any person making representations at the hearing was appearing in the capacity of Counsel, Solicitor or paid Advocate.

There were no declarations of interest, nor any persons making representation in the capacity of Counsel, Solicitor or paid Advocate.

03/18 FORMAT OF MEETING

The Chair briefed those in attendance of the intended format of the meeting.

The Chair advised that the Applicant would be asked to make his submissions, followed by questions from the interested parties, then from members of the Committee.

The interested parties would be asked to make their submission, followed by questions from the Applicant, then the Committee.

The interested parties would then be given the opportunity to sum up, followed by the Applicant.

04/18 APPLICANT'S ORAL SUBMISSION

Mr Ameen thanked everyone for attending to discuss and consider his application to open a new Pharmacy from premises situated within 2 Loch Street, Townhill.

Mr Ameen spoke to his presentation. A copy of which is attached (Appendix 1)

05/18 INTERESTED PARTIES QUESTION THE APPLICANT

05/18.1 Mr Shimmins asked the Applicant how he had become aware of the need for a Pharmacy in Townhill. The Applicant reported that he had spoken to the local councillor, family and friends and had attended the local Community Council meeting. Mr Shimmins asked if the Councillors had approached The Applicant or vice versa. The Applicant confirmed that he had approached them. Mr Shimmins asked if residents had highlighted the need for a Pharmacy in the town. The Applicant advised that residents had highlighted the fact that there was poor access to other Pharmacies and pointed out that this had been confirmed in the Consultation Analysis Report (CAR). Mr Shimmins asked if the PCSR identifies any gaps. The Applicant advised that the PCSR acted as a general aid and did not go into that level of detail, where as the CAR is a legal requirement. Mr Shimmins asked if The Applicant was aware that there are eight Pharmacies currently opening late and open on Sundays and that the service to the whole of Fife on weekends is adequate. The Applicant believed that there is a need for Pharmacy services during normal hours in Townhill. Mr Shimmins asked if The Applicant was of the opinion that every neighbourhood needs a Pharmacy.

The Applicant believed it was down to need only. Mr Shimmins asked what aspect of the Pharmaceutical Service did he believe to be inadequate to the neighbourhood. The Applicant reported that it was highlighted in the CAR that it was difficult for the community to access existing Pharmaceutical Services in the area. Accepting there are plans and zoning for housing in and around Dunfermline, Mr Shimmins asked what actual development there had been in the last 12 years in Townhill, within the applicant's proposed neighbourhood. The Applicant was not aware that there had been much development in Townhill but believed that a new Pharmacy would meet the needs of the existing residents due to the future massive housing influx.

Mr Shimmins asked if the new developments would be completed in the next year and if people would participate in the new Pharmacy if the application was granted. The Applicant believed they would. Mr Shimmins asked how people currently access Pharmaceutical Services.

The Applicant advised that the residents of Townhill currently ask relatives and friends to pick up their prescriptions on their behalf. Mr Shimmins confirmed that Alderston Pharmacy had visited Townhill every week for blood tests etc since the Pharmacy had expanded and that there were three Pharmacists employed to try and deliver the best service and reported that other Pharmacists do the same. Mr Shimmins believed it was about adequacy. The Applicant commended Mr Shimmins but advised that according to the CAR the current services are good but people have difficulty in accessing them making the existing services to Townhill inadequate. Mr Shimmins asked, if the existing services are hard to access and taking a week to dispense prescriptions, why a new Pharmacy will not take a week to dispense. The Applicant believed that they will have good contact with the patient and the surgery which will equate to easy access.

The Applicant pointed out that Mr Shimmins needs to ask questions not make statements. The Chair agreed to take this on board and this was noted.

Mr Shimmins asked how many Pharmacies provide services to, or have patients, in the neighbourhood. The Applicant believed that the vast majority of patients used either Alderston or Lloyds Pharmacies. Mr Shimmins asked what services the new Pharmacy could bring that the existing Pharmacies don't already provide. The Applicant stated that there would be better access for residents. Mr Shimmins asked if he was aware that all Pharmacies in Dunfermline provided a Collection and Delivery Service. The Applicant was aware that there was a service but did not think all 1,300 people from Townhill had accessed this service. He confirmed that they could provide all Pharmacy Services to patients but did not believe that MAS, CMS and EHC could be delivered to Townhill through the delivery service as this would be inadequate. Mr Shimmins confirmed that the delivery service was not a Pharmaceutical Service and that IT had changed the way in which patients communicate including telephone, email and texts. The Applicant stated that the Health Secretary had appointed £200m for access to IT services for patient support but felt that patients were still looking for face to face contact. Mr Shimmins asked if The Applicant agreed that this statement referred to England. The Applicant agreed. Mr Shimmins asked if GP Practices are accepting new patients as there are pressures on them too. The Applicant reported that the set up is difficult for residents in Fife as they cannot move to another GP Practice outwith their catchment area. Mr Shimmins pointed out that practices in Fife are not keen on Serial Prescribing. The Applicant advised that this was a national issue. Mr Shimmins asked where the deprivation in Townhill ranked compared to the rest of Scotland. The Applicant had no idea about Scotland but felt that compared to Dunfermline and others in Fife, Townhill is very poor. Mr Shimmins asked if the buses run every half hour. The Applicant stated that residents have to take two buses to the nearest Pharmacy. Mr Shimmins asked how long it would take to drive from Townhill to Alderston or Lloyds. The Applicant did not know but believed people were attempting to walk rather than take cars. Mr Shimmins asked if The Applicant was aware of the 'Dial a Ride' service in Fife. The Applicant was aware but had not heard positive comments about the service and felt patients should not need to rely on this. Mr Shimmins asked how The Applicant had measured the distance to Alderston Pharmacy. The Applicant confirmed that the distance had been measured from the centre of the town. Mr Shimmins stated that according to the computer it was 1.2 miles by car or 0.8 on foot. The Applicant advised that it was not the distance that was the problem but the hilly nature of the walk. Mr Shimmins asked the size of the premises, if he had copies of the plans and if this area would meet the needs of customers. The Applicant confirmed an area of 65m² and advised that the shop fitters have the plans. He believed that the size of the premises would meet the needs of the customers.

05/18.2 Mr Sagoo stated that 21 respondents, according to the CAR, had wanted late opening on a Saturday and during the day on Sundays but the Applicant's hours did not cover these needs. The Applicant confirmed that there were several hundred respondents happy with the proposed hours, and felt that the 21 respondents would be able to access pharmacy services elsewhere on Saturday evenings and Sundays. Mr Sagoo asked if the Applicant was aware which numbers the buses are that run from Townhill. The Applicant was not aware of the numbers. Mr Sagoo confirmed 3 and 3A which run frequently, every 15 minutes between 9am and 6pm, to and from Townhill. The Applicant reiterated that currently residents have to make multiple journeys to access pharmacy services. He pointed out that only 8% of commuters use pharmacy services outwith the area according to the PCSR. Mr Sagoo stated that 75% of the population of Townhill have access to cars, which could mean that there may not be a lot of people in the town when the Pharmacy would be open during the day.

05/18.3 In response to questions posed by Mr Arnott, the Applicant confirmed he owned a Pharmacy based in Ayrshire which is a partnership. He confirmed he would be the Pharmacist in the new Pharmacy if awarded the contract and that he was looking for a house in the area. He stated that banking services could be accessed within the Post Office and there was also a convenience store available. The Applicant confirmed that residents from Saline and Dunfermline accessed Townhill by car, bus and foot. The Applicant stated the information on the 30-40 minute waiting times for prescriptions to be dispensed was taken from the CAR and he believed it referred to all Pharmacies within Dunfermline. In response to the question regarding how many residents remained in Townhill during the day, the Applicant stated there was a significant number as there was a high proportion of elderly residents and young families. The Applicant believed, on average, a patient would visit a Pharmacy annually approximately 14 times. The Applicant was of the opinion that most commuters would be able to access the Pharmacy before the proposed closing time at 5.30pm. The Applicant stipulated that although the PCSR did not show a need for a Pharmacy in Townhill, this was only to be used as an aid, the CAR is the key. The Applicant believed that that the CAR had covered the whole of the neighbourhood and that as far he was aware it was residents of Townhill who had responded to the questionnaires. He stated that the 38% return was higher than the average CAR response. In response to a question regarding Falkland statistics, he admitted he did not know the area. Mr Arnott answered his own question by advising that patients from Strathmiglo and Freuchie would also use the Falkland pharmacy.

At this point the Applicant addressed the Chair requesting that it be minuted that on a number of occasions, he had been unable to speak or answer any questions due to Mr Arnott's belligerent behaviour. The Chair acknowledged the Applicants request.

In reply to a question regarding the Delivery Service, the Applicant confirmed that he would offer this service which he believes is currently being provided by Dunfermline Pharmacies. Mr Arnott pointed out that the Managed Repeat Service was stopped by the Health Board. The Applicant was unaware.

05/18.4 Mr Cowan had no questions for the Applicant.

05/18.5 In response to the questions posed by Miss Williams, the Applicant proposed that he would improve prescription waiting times and the difficulties Townhill residents have obtaining repeat prescriptions by maintaining a good relationship with the local surgeries. The Applicant believed there was a large transient population which accessed the neighbourhood services on a daily basis. The Applicant had not included Kingseat and Wellwood in his proposed neighbourhood as he believed this would take away Townhill's identity. However, he believed these towns and the proposed new housing developments would be part of the Pharmacy's catchment area. The Applicant advised he was unaware of the electronic/hard copy return ratio as the completed questionnaires had been sent to the Health Board.

05/18.6 In response to the questions posed by Mrs Willis, the Applicant proposed that if his application was granted, he would undertake to work closely with the local surgeries and believed that patients would obtain their prescriptions more promptly through their local

Pharmacy rather than the surgery. He felt that seven days was a long time to wait for a prescription to be dispensed and confirmed that the evidence was in the consultation. He confirmed that he would endeavour to dispense prescriptions within 24 to 48 hours. The Applicant was aware that some Pharmacies in Dunfermline had free parking nevertheless the CAR highlighted high parking costs. The Applicant confirmed he had not included his housing development areas in his neighbourhood because Townhill is already a distinct neighbourhood in its own right.

05/18.7 Mr Dick apologised to the Panel for the late notification of attendance due to ill health. In response to a question regarding Addiction Services, the Applicant indicated that initially the new Pharmacy would concentrate on the core services, then identify if there was a need for these services later. The Applicant was unaware of an Addiction problem in Townhill but believed there was more of a problem in Dunfermline.

05/18.8 At this point the CLO gave the Applicant the opportunity to provide any additional information in response to the questions of Mr Arnott. The Applicant stated that he appreciated the chance to add any information and reiterated that he had not been given the chance to answer Mr Arnott's questions. It was noted that the Applicant had been invited to provide additional information at this time but he could no longer remember the questions at this stage.

06/18 COMMITTEE MEMBERS QUESTION THE APPLICANT

06/18.1 The Committee congratulated the Applicant on his presentation.

In response to questions from the Committee members the Applicant admitted to being unaware of the current parking charges in Dunfermline. The Applicant confirmed that the information regarding waiting times was taken from the CAR therefore could be deemed anecdotal. With reference to his presentation, the Applicant acknowledged he could have referred to patient responses as comments rather than complaints. The Applicant indicated that he had used Survey Monkey to obtain his additional statistics. He advised that 150 of the 200 paper copies of the CAR questionnaire he had received, had been distributed to households with the remaining 50 divided between the convenience store and the Community Centre. He believed that the high return was due to residents desire for a Pharmacy. Again he reiterated the difficulties patients currently had accessing Pharmaceutical Services.

In response to further questions from the Committee members the Applicant stated that health needs are far greater in Townhill than recent successful Pharmacy applications approved for other neighbourhoods with a population under 1,300. He believed this would attract at least 2,000 prescriptions which would ensure the Pharmacies viability. The Applicant suggested a Pharmacy in Townhill would attract patients away from the Pharmacy they currently use as it would be local. He agreed that the proposed premises measured 50m² downstairs and 14m² upstairs. He considered this would be sufficient space to adequately provide Pharmaceutical Services. Although the Applicant was unable to provide the number of elderly patients in the neighbourhood, he was of the opinion that the high number of patients with chronic conditions was more relevant. The Applicant was of the opinion that the current 30-40 minute waiting times are not different for an acute or a repeat prescription. He confirmed that initially he would employ one full time Pharmacist, one Dispenser and one Health Care Assistant, and if needed he would employ additional staff.

The Applicant felt the Community Council Representative would be the best person to clarify the route of the new tributary road, though he understood it would be from Wellwood to Townhill then to Kingseat. He advised 400-500 houses had already been built. The Applicant confirmed that the parking across the road from the proposed site is owned by the landlord who allows residents to use the car park. He stated that residents do not walk the road from Townhill to Hospital Hill Surgery, which measure 1.8 miles but use the walk way which is 1.2 miles. At the request of the Chair, the Applicant provided a map of his proposed neighbourhood. He confirmed as there was no direct road from Wellwood to Townhill he had

not included this in his neighbourhood. Copy attached (Appendix 1a).

People from the new housing development in the north east will access the proposed site through the village of Bowershall. He advised that at his current Pharmacy, a prescription takes 5 to 10 minutes to dispense. He was unable to provide proof of these times. The Applicant confirmed that he would maintain his staffing levels for three to six months after which time he would review the situation.

In response to a question regarding why the 17% decline in the health of Townhill residents was based on 2012 figures, the Applicant advised the boundaries had changed making the 2016 figures not as robust.

At this point lunch was taken and Kathryn Willis advised the Committee that she would need to leave the meeting. This was noted.

07/18 INTERESTED PARTIES' ORAL SUBMISSIONS

- a) i. Mr Campbell Shimmins, Alderston Pharmacy. Mr Shimmins spoke to his presentation. Copy attached (Appendix 2)
- ii. In response to the posed questions, Mr Shimmins advised that he had no complaints to date regarding accessibility or location of his Pharmacy. He confirmed that the new Pharmacy Care Record had been set up to be provided remotely. He confirmed that he could deliver all the Core Services.

Mr Shimmins confirmed that he had noticed an increase in patients being triaged by practices to his Pharmacy. He believed, given the demographics, that the population of the proposed neighbourhood would not sustain a Pharmacy.

Mr Shimmins advised that the population in Townhill was declining in age and developing, rather than increasing ill health. He confirmed that he delivers 25-30 trays and acute medication to the housebound as well as providing consultations in the neighbourhood on a weekly basis. During the 'Beast from the East' over the winter, deliveries of all trays were made early due to the advance warning of the bad weather.

Mr Shimmins indicated that 30-40 minutes waiting time for repeats is unacceptable and Alderston Pharmacy typically take 10-12 minutes to dispense repeat prescriptions.

In response to the posed questions from the Committee, Mr Shimmins agreed that the car park is full on a regular occurrence but is transient with a quick turnover. He confirmed that once the proposed 1,400 houses have been built to the East, his Pharmacy would be able to cope as there are currently two Pharmacists but staffing levels could be increased if necessary.

In response to further questions, Mr Shimmins reiterated that the decline in health in Townhill was due to the ageing population. Alderston Pharmacy have a suggestion box in which they receive two to three comments/complaints per year. Mr Shimmins confirmed that approximately 1,000 items are provided to Townhill from his Pharmacy, which he estimates is about half of the neighbourhood's annual dispensed items. He said the waiting times are measured by the EPOS system, where the prescriptions are scanned in and out. Mr Shimmins advised his Pharmacy deliver to Townhill twice daily. He confirmed that he delivers MAS by telephone with the patients signing for the items when they arrive.

The Chair asked Mr Shimmins if he would be willing to walk to the Pharmacy if he lived in Townhill, he confirmed that he would telephone the Pharmacy.

- b) i. Mr Sagoo, Boots Pharmacy. Before Mr Sagoo spoke to his presentation he pointed out that the Applicant had submitted a different address for the premises on his original application.

This was noted by the Committee.
Copy of presentation attached. (Appendix 3)

- ii. The Applicant had no questions for Mr Sagoo.

In response to a question, Mr Sagoo believed that the neighbourhood would not support a Pharmacy.

In response to the questions from the Committee, Mr Sagoo stated that he believed the staffing levels in the Dunfermline Pharmacy were adequately resourced and not under staffed as shown in the BBC Panorama documentary, though he did confirm that he had not worked in a Pharmacy for a whole week since 2009. He advised that patients, who request a delivery service, are asked if they are fit and well enough to visit the Pharmacy instead of receiving a delivery. There is one patient who requires a delivery as they receive multiple bulky items. Regarding average waiting times Mr Sagoo advised that acute dispensing could take anything up to a few minutes although some patients choose to leave their prescription and return later to collect the items. Although he confirmed that Boots did not deliver to many residents in Townhill, they do see a significant number of patients from the neighbourhood in the Pharmacy. Mr Sagoo was not aware of any public input into the PCSR.

He advised the Chair that he did not know how many units Boots dispensed for Townhill residents.

After the Committee questioned Mr Sagoo, the Chair asked the Applicant why the addresses were different in his application and the CAR. The Applicant advised that he did not need to identify the address at the pre application stage as this was not a requirement of the Regulations, he was only required to identify the neighbourhood.

The Applicant confirmed to the CLO that the initial proposal indicated that the location of the proposed Pharmacy would be located on the High Street, Townhill, KY12 0EL and the current proposed premises are situated 20 feet away at 2 Loch Street, KY12 0HH. The CLO confirmed that although the Applicant had changed the address in his application, the process and the CAR were still relevant as the premises were physically very close and the proposed neighbourhood remained unchanged and the hearing could continue.

- c) i. Mr Tom Arnott, Lloyds Pharmacy. Mr Arnott spoke to his presentation.
Copy attached (Appendix 4)

- ii. The Applicant and the Interested Parties had no questions for Mr Arnott.

In response to the Committees questions, Mr Arnott confirmed that there had been no decrease in staffing in Scotland as this was continually reviewed. He confirmed that the average waiting time for a prescription was approximately 11 minutes. Mr Arnott stated that he was unaware of any small Pharmacies that were unviable. He was of the opinion that adequate pharmaceutical services could be provided from outwith the proposed neighbourhood. Mr Arnott believed that although in the PCSR there were small gaps in service provision, it was not feasible to have a Pharmacy in every village as this would be convenience not necessity.

In response to the Chair's question Mr Arnott confirmed that Lloyds Pharmacy delivered 25 compliance aids to Townhill, but patients from the neighbourhood also visited the Pharmacy. Mr Arnott was of the opinion that a significant number of patients would get their prescriptions dispensed at the Pharmacy closest to their surgeries.

- d) i. Mr Ronnie Cowan, Townhill Community Council. Mr Cowan spoke to his presentation. Copy attached (Appendix 5)

In response to questions from the Applicant, Mr Cowan did not believe the current pharmaceutical services were adequate due to the fact that when his wife visits Alderston Pharmacy she puts her prescription in for dispensing and goes shopping next door to the co-op and still has to wait when she returns to the Pharmacy. He believes the parking is very busy which does not help the situation. He confirmed that the bus service was every 15 minutes, but the return journey costs £6.60 which he felt was expensive, and believed a car was a necessity. Mr Cowan confirmed that initially he had bought a snow plough to help a patient, in the bad weather, who had cancer and was unable to pick up their medication. The snow plough was also used for Council business during 'The Beast from the East'. Although Alderston Pharmacy had provided a delivery service during this time, in future there will be more housing built within Townhill and Mr Cowan indicated that he would like to see a local Pharmacy servicing the community. Mr Cowan felt that a delivery van was not environmentally friendly and would not substitute face to face communication. He believed a Pharmacy within the neighbourhood would also reduce GP workload.

In response to Mr Sagoo's question, Mr Cowan had no idea about the Applicant's profit margins and advised Mr Sagoo that he would need to ask the Applicant.

In response to Mr Arnott's questions Mr Cowan felt that the bus service was unreliable. He stated that almost 3,000 houses would be built in the area from Baldrige burn to Wellwood and to the West of the Town Loch. Mr Cowan confirmed that the development of the houses had already started in Kingseat and that the planning applications were currently being considered.

In response to the Committees' questions Mr Cowan was unsure of the capacity of the Primary school but believed this would definitely have to be expanded, but this would depend on the amount of pupils the new housing would bring in and an additional teacher could be employed. The school would not have to be finished until the houses had been built. Mr Cowan agreed a new Pharmacy would create additional costs but believed that currently there are gaps in Pharmaceutical Services within Townhill area. He felt that looking to the future in a year's time or so, people may shop in Edinburgh if there is no Pharmacy in Townhill. Mr Cowan agreed that there is the aspect of the older age group, who are currently in poor health and dying within the next 10 years, but believed there will be a number of young couples moving into the area who would prefer to look at the future. Mr Cowan confirmed that he had no financial interest in the proposed application and none of the Community Council members were involved. Mr Cowan was unsure how long the 2,850 houses would take to build but advised that in six months the houses had been sold on the road to Kingseat. He confirmed that the speed limit in Townhill is 30 miles per hour on the main street and 20 in the side streets and although there was concern about congestion he advised that there is a sizeable car park across from the proposed site which customers are entitled to use. Mr Cowan confirmed that the new ring road would be to the south of Kingseat. He believed that commuters from Oakley and Carnock would go through Dunfermline rather than use the ring road. Mr Cowan was unaware of how many houses were already built in Kingseat. According to the map (Appendix 6 of the Agenda papers), which was out of date, along the B916 from Aberdour to Dunfermline, the land to the south of this road was being built on. Mr Cowan believed there would be 90 houses built in Kingseat. In regards to a question on how well the Library and the Community Centre are utilised, Mr Cowan believed they were used very well as the Library had an arrangement with the Community Centre, who make sure that books do not go missing, it is a very small vibrant community. He advised that residents of Townhill had objected to new housing as they did not want to be connected to Dunfermline and agreed it was a distinct, unique location. Mr Cowan confirmed that he agreed with the Applicant's neighbourhood, although the new housing was not included in the proposed neighbourhood.

- e) i. Miss Yvonne Williams, Well Pharmacy. Miss Williams spoke to her presentation. Copy attached (Appendix 6)
- ii. In response to the Applicants questions Miss Williams confirmed that she agreed with his neighbourhood.

In response to Mr Arnott's question, Miss Williams agreed that the new housing was not part of the proposed neighbourhood of the new Pharmacy.

In response to the Committees questions, Miss Williams confirmed that she had seen one plan but had not seen the exact Housing Estate Plan for the new housing. She did not know if the additional housing within the area would be able to sustain another Pharmacy. Miss Williams agreed the Well Pharmacies in St Andrews Street and Elliot Street were close, but as they were both adjacent to GP Surgeries they were both viable. She stated that there are four Pharmacies within Dunfermline but they operate in different ways in terms of viability. Miss Williams confirmed that Well Dunfermline, Douglas Street and Well Dunfermline Elliot Street both deliver to Townhill area and that there are 500 patients registered on their system, although some may have died or moved from the area. In answer to the question regarding adequacy she felt that this was for the PPC to make a decision. She believed that face to face consultation was the preferred option but felt that sometimes over the telephone can be just as satisfying. She confirmed that although the New GP Contract was moving towards Pharmacies taking more patients due to lack of appointments with GPs, the Pharmacies would still have the capacity to deal with this as there is a Pharmacotherapy Service, which is a Pharmacist based within a GP Practice rather than a Community Pharmacist.

The Chair questioned if 500 Townhill patients were registered with Well Pharmacy as this is about 50% of the towns population. Miss Williams, reiterated that some of these registered patients may no longer live there or have passed on. She stated that it was hard to put a figure on the amount of items dispensed to these patients but confirmed that the Pharmacy in Douglas Street dispensed majority of the items to Townhill.

At this point the Chair confirmed that Kathryn Willis from Willow Pharmacy had left the meeting during lunch. She had been given the opportunity to give her Presentation but felt her issues were similar to other interested parties.

- f) i. Mr Dick, JBB Dick Pharmacy

Mr Dick apologised he had no presentation due to his illness. He stated that he had purchased his Pharmacy over 30 years ago and had dispensed over 3,000 items per month which had decreased to 2,000 then to 1,000 over the years. He indicated his concerns, on the basis that if the new proposal for a Pharmacy is granted, this could mean the erosion of prescriptions for his Pharmacy, which would then affect the viability of his business. Mr Dick confirmed that his Pharmacy delivers to Townhill twice daily and provides all services including Smoking Cessation, Needlex and the supervision of Methadone and Suboxone. He stated that if the Prescription volume were to reduce then his business would suffer and he may need to close the Pharmacy. He asked the Committee to reject the proposed application on the grounds that the Pharmaceutical Services were already covered within the Townhill area therefore making the application unnecessary.

The Applicant asked Mr Dick why the prescriptions dispensed from his Pharmacy had decreased. Mr Dick believed it was due to the fact the Pharmacy was situated in the town centre, which sees less football customers and that the GP Surgeries had since relocated. Other Pharmacies were gradually trying to build up their delivery service. The Applicant stated that the two Pharmacies which are situated near JBB Dick, Well Pharmacy and Boots Pharmacy, have increased their numbers for their delivery service and asked if Mr Dick knew why this was the case. Mr Dick confirmed that he did not know. The Applicant asked Mr Dick how many patients from Townhill were registered for Needlex. Mr Dick was unsure

as he did not ask the patients address he only went by postcodes which were the KY11 and KY12 area.

In response to questions posed by the Committee, Mr Dick advised that the fees for 1,000 prescriptions per month would not be viable without including Needlex and other services. He stated that he did not have the figure for the amount of prescriptions his Pharmacy provided to Townhill but delivered two to three times daily.

Mr Cowan responded to a question from Mr Gillon at this point based on the plan/map that the Applicant had tabled. He confirmed that the new housing would be built within the western border, just below the red line, but not below the power line.

08/18 INTERESTED PARTIES SUMMING UP

Mr Dick stated that he had given his reasons earlier and reiterated that the proposed application was neither necessary nor desirable and felt that the Committee should agree.

Miss Williams reported that there are currently 10 Pharmacies within a two mile radius in Dunfermline with various opening hours and which provide an adequate service therefore the application should be rejected.

Mr Cowan believed this was a case of protectionism from the Objectors and felt that there was a need for a new Pharmacy.

Mr Arnott believed that the proposed application was for convenience rather than a necessity. Inadequacy of services was not mentioned in the PCSR and the viability of the existing services should be considered. Townhill is half the population of Falkland or Strathmiglo and on that basis he asked the Committee to reject the proposed application.

Mr Sagoo stated that there are currently at least 11 Pharmacies that provide adequate services to the neighbourhood which are reasonably accessible from the proposed site. These Pharmacies offer an extensive range of services as well as opening hours. He believed that the Applicant had not provided any evidence to suggest that the existing pharmacy provision was not adequately serving the neighbourhood defined in the application. He believed the application was neither necessary nor desirable and felt that on that basis it should be rejected.

Mr Shimmins advised that it was doubtful that the proposed premises would be viable even if the current services were inadequate. He believed a case could be made for desirability not need nor convenience and on this basis felt the proposed Application should be rejected.

09/18 APPLICANT SUMMING UP

The Applicant spoke to his presentation. A copy of which is attached (Appendix 7).

The Chair pointed out that this should only be a summary of the original Presentation, and no additional evidence should be presented.

Mr Arnott asked at this point to respond to the additional information the Applicant had mentioned in summing up regarding Lloyds. Miss Williams agreed.

The CLO confirmed that the PPC Hearing process was now complete but advised the Committee to add only appropriate weight to the additional new comments from the Applicant which others have not had the chance to respond to.

10/18 NOTIFICATION OF OUTCOME

- 10/18.1 The Chair individually asked all those present whether or not they felt they had had a fair hearing. They all confirmed that they had apart from the Applicant who felt he had a fair hearing but reiterated that Mr Arnott had repeatedly been belligerent to him. The Applicant was reminded that he had been given the opportunity to respond to Mr Arnott's questions but he could not recall them.
- 10/18.2 The Chair thanked the Applicant and the interested parties for their attendance and before asking them to leave and advised them that the decision would be notified to them in accordance with the timescales laid down in Pharmaceutical Regulations. Those present were given the option to wait to hear the decision.

APPLICANT, INTERESTED PARTIES, CLO REPRESENTATIVE AND HEAD OF PRIMARY CARE ADMINISTRATION WITHDREW FROM THE MEETING.

11/18 COMMITTEE DISCUSSION

The Committee discussed the evidence presented to them and took cognisance of the PCSR, the CAR, their individual site visits and the documentation submitted for consideration. The Committee had to decide firstly, the question of the neighbourhood in which the premises to which the application related, were located.

i. Neighbourhood

The Committee agreed with the Applicant that the neighbourhood was Townhill in its entirety. The neighbourhood therefore be defined as:-

North: Pathway over the dismantled railway
East: Townhill Wood
South: Pathway over the dismantled railway
West: Townhill Country Park

A copy of the agreed neighbourhood is attached as appendix 1a.

ii. Adequacy of Existing Services

Having reached that decision, the Committee was then required to consider the adequacy of pharmaceutical services within that neighbourhood, and whether the granting of the application was necessary or desirable to secure adequate provision of pharmaceutical services in that neighbourhood.

The Chair asked the Committee to consider whether the existing services provided to the neighbourhood were adequate to secure an adequate provision of Pharmaceutical Services to the area.

The Committee confirmed that this was the highest rate of return they had ever seen for a public consultation and they noted the Application was well supported by the Community and the Community Council. They also noted from the public consultation that public transport appeared to be inconvenient and expensive. The Committee were unaware of any complaints regarding waiting times and there was little evidence that the current Pharmaceutical Services were inadequate although they believed that the waiting time for Boots Pharmacy and Lloyds Pharmacy would be significantly higher than the others. The Committee discussed the fact that a GP Surgery, which was attached to a Pharmacy, could easily be a 35 minute wait on dispensing a prescription and felt that this was not an adequate service. There was discussion on the delivery service, where the driver would deliver a patient's prescription and obtain a signature at the door, rather than a face to face

consultation. The Committee members agreed this was not an NHS service, therefore agreed this was an inadequate service and face to face would be more appropriate. Everyone was in agreement on the definition of the Applicant's neighbourhood, but was concerned whether or not this would be viable to support a Pharmacy. Residents may choose to go by car outwith the neighbourhood to use Pharmacies elsewhere. The Committee discussed the 1,000 units delivered to Townhill area from Alderston Pharmacy and believed that there was a fair chance this should have been divided by four as the compliance aid trays are delivered in instalments. They felt it would have been useful to have the delivery figures to Townhill from all Pharmacies in the Dunfermline area. This would have given a clearer figure and it would have been easier to make a decision. There was further discussion on whether a new Pharmacy in Townhill would affect other Pharmacies within the Dunfermline area. They considered the number of deliveries to Townhill. Lloyds 25 drop offs and Boots do very few. Alderston Pharmacy and Bellyeoman Pharmacy dispense 155,800 items between them. JBB Dick was the only one in question, but the Committee did not think he would lose too many prescriptions due to a new Pharmacy Contract being granted in Townhill. The Chair agreed and reiterated that Alderston and Boots dispense far more prescriptions in excess to JBB Dick's Pharmacy in the Townhill area. The Committee was of the opinion that the impact of a new Pharmacy would have little effect on existing Pharmacies. The Committee were in agreement that no matter where patients are, if they walk out of a GP Surgery, they are going to use the nearest Pharmacy, rather than Townhill. They considered whether people from the new housing would use the new Pharmacy or not in Townhill and agreed it may pick up some service from this development. They were of the opinion that there may be a chance that the new Pharmacy may need to build its business on the services which currently exist within Townhill. Although the Committee did not feel that Townhill was so remote that people could not access services, they did feel that the current services were inadequate to serve the residents of Townhill. The Committee did believe that if the contract was granted the core hours may have to be increased.

iii. **Necessity/Desirability**

For the reasons set out above, the Committee considered that the existing services were inadequate and therefore the provision of a Pharmacy was necessary to secure adequate pharmaceutical services. The Committee was not required to consider the question of desirability.

IN ACCORDANCE WITH THE STATUTORY PROCEDURE THE APC MEMBERS AND MINUTES TAKERS WITHDREW FROM THE MEETING.

12/18 COMMITTEE VOTE AND DECISION

It was a unanimous decision that the definition of the neighbourhood submitted by the Applicant was Townhill in its entirety. They agreed that the reliance on a Pharmacy delivery service to Townhill makes it inadequate as it cuts out face to face consultations with patients for the delivery of MAS, CMS, EHS and PHS. The Committee believed that the approval of the Townhill Pharmacy would not affect the viability of the other Pharmacies in the Dunfermline area. Due to the New Pharmaceutical Contract, the delivery of health care would be more reliant on Pharmacies, therefore the Committee agreed that the proposed Application should be granted.

13/18 ATTENDEES RETURN TO MEETING FOR DECISION

The APC members and the Minute takers returned to the meeting to record the decision and the reasons for the decision.

The Head of Primary Care Administration and the Applicant returned to the meeting to hear the decision.

RESPONSE TO NATIONAL APPEAL PANEL

The members of the Committee who were involved in the decision of 6th September 2018 were instructed by the Interim Chair of the National Appeals Panel (NAP) to reconvene as originally constituted. The Interim Chair considered that the PPC had failed to properly narrate the facts and reasons upon which its decision is based.

In line with the NAP instructions, the members reconvened in Meeting Room 1, Cameron House, Cameron Bridge, Leven at 2.00pm on Thursday, 14 March, 2019. The meeting was called to address the issues outlined in Paragraph 5(5) of Schedule 3 of the Regulations and issue a reconsidered decision.

The PPC revisited the evidence, as presented and available to them at the original hearing of the Application, to familiarise themselves again with the case and to allow them to revisit their original reasoning.

GROUND OFS OF APPEAL**2.2.1 CAR**

The Committee considered and noted the content of the CAR;

- There is a high level of support for a new pharmacy from those who responded;

The Committee agreed there had been an extraordinary response to the questionnaire of 234 returns with only one or two less supportive responses.

- No existing services based within the neighbourhood;

Currently pharmaceutical services can be provided from neighbouring areas. The Committee noted that there is no permanent base for supply of pharmaceutical services within the neighbourhood.

- New pharmacy would be beneficial for the elderly/families with children and more easily accessible especially for those who rely on public transport, which could require a lengthy journey and could potentially involve two buses, and be costly.

The Committee agreed that this account summarises the benefit of a new pharmacy contract to the community.

- The proposed opening hours divided the respondents in that many would prefer extended or longer weekend opening;

The Committee noted that there had been some disagreement with the required opening hours of the new pharmacy application.

- There is an expectation that a new pharmacy will ease pressure on waiting times at GP Practices and other pharmacies in the area;

The Committee considered the CAR's expectation that a new pharmacy will ease pressures.

- The community will benefit from a local Minor Ailment Service ;

The Committee recognised that the community will benefit from a local Minor Ailment Service.

- Although the exact location of the proposed pharmacy is not yet known, there is support for it to be located on Main Street;

The committee disagreed and confirmed that the Applicant had stated the new pharmacy location would be just around the corner from the Main Street.

2.2.2 INADEQUACY

The Committee took into account the topography, public transport, the Community Council's Presentation, the ageing population and the alleged long waiting times and which could be affected by transport connections.

The Committee considered the topography of Townhill and noted that it was located at the top of a hill in a rural location. Based on this it was viewed that access to pharmaceutical services would be a challenge and potentially could be exacerbated by transport connections.

The Committee considered the Community Council's Presentation and gave weighting to its evidence in respect of potential benefits to the community, such as face to face consultation for Minor Ailment Service and other pharmaceutical services.

The ageing population was considered. The Committee noted the new housing proposal around the neighbourhood, but felt it was irrelevant to this application.

The Committee considered the alleged waiting times in the existing pharmacies and agreed there was anecdotal evidence that such waiting times combined with travel times could inhibit access to pharmaceutical services.

2.2.3 PHARMACEUTICAL CARE SERVICES PLAN

The Committee noted that the Health Board Plan had failed to identify any gaps in pharmaceutical services. The Plan measured the distance by "how the crow flies" but the committee recognised the topography (steep hills etc) is of great significance in this instance.

2.2.4 VIABILITY

The Committee did not think there would be a significant effect on existing pharmaceutical services, although one contractor had concerns regarding this. The Committee felt there was no evidence his Pharmacy would be affected, as a result of the granting of this application as four pharmacies had to be passed on route to his premises.

Having considered other pharmacies within close proximity of the new pharmacy, the Committee accepted the applicant's justification/evidence for viability was sufficient.

16/18 DECISION

In conclusion, the Committee agreed they had fully considered and discussed each issue of the decision individually and had set out the relevant facts and its conclusions.

Taking into account all the information available, it remained the view of the Committee that the provision of pharmaceutical services within the neighbourhood, was currently inadequate, and for the reasons discussed the provision of a Pharmacy was necessary to secure adequate pharmaceutical services. The Committee was not required to consider the question of desirability. The Committee agreed that the proposed Application should be granted.

The PPC re-sit was then closed.

The members of the Committee who were involved in the decision of 6th September 2018 were instructed by the Chair of the National Appeal Panel (NAP) to reconvene as originally constituted. The Chair considered that the PPC had failed to properly narrate the facts and reasons upon which its decision is based.

In line with the NAP instructions, the members reconvened in Meeting Room 1, Cameron House, Cameron Bridge, Leven at 2.00pm on Thursday, 14 March, 2019. The meeting was called to address the issues outlined in Paragraph 5(5) of Schedule 3 of the Regulations and issue a reconsidered decision.

The PPC revisited the evidence, as presented and available to them at the original hearing of the Application, to familiarise themselves again with the case and to allow them to revisit their original reasoning.

GROUND OFS OF APPEAL**2.2.1 CAR**

The Committee considered and noted the content of the CAR;

- There is a high level of support for a new pharmacy from those who responded;

The Committee agreed there had been an extraordinary response to the questionnaire of 234 returns with only one or two less supportive responses.

- No existing services based within the neighbourhood;

Currently pharmaceutical services can be provided from neighbouring areas. The Committee noted that there is no permanent base for supply of pharmaceutical services within the neighbourhood.

- New pharmacy would be beneficial for the elderly/families with children and more easily accessible especially for those who rely on public transport, which could require a lengthy journey potentially involving two buses, and be costly.

The Committee agreed that this account summarises the benefit of a new pharmacy contract to the community.

- The proposed opening hours divided the respondents in that many would prefer extended or longer weekend opening;

The Committee noted that there had been some disagreement with the required opening hours of the new pharmacy application.

- There is an expectation that a new pharmacy will ease pressure on waiting times at GP Practices and other pharmacies in the area;

The Committee considered the CAR's expectation that a new pharmacy will ease pressures.

- The community will benefit from a local Minor Ailment Service ;

The Committee recognised that the community will benefit from a local Minor Ailment Service.

- Although the exact location of the proposed pharmacy is not yet known, there is support for it to be located on Main Street;

The committee disagreed and confirmed that the Applicant had stated the new pharmacy location would be just around the corner from the Main Street.

2.2.2 INADEQUACY

The Committee took into account the topography, public transport, the Community Council's Presentation, the ageing population and the alleged long waiting times and which could be affected by transport connections.

The Committee considered the topography of Townhill and noted that it was located at the top of a hill in a rural location. Based on this it was viewed that access to pharmaceutical services would be a challenge and potentially exacerbated by transport connections.

The Committee considered the Community Council's Presentation and gave weighting to its evidence in respect of potential benefits to the community, such as face to face consultation for Minor Ailment Service and other pharmaceutical services.

The ageing population was considered. The Committee noted the new housing proposal around the neighbourhood, but felt it was irrelevant to this application.

The Committee considered the alleged waiting times in the existing pharmacies and agreed there was anecdotal evidence that such waiting times combined with travel times could inhibit access to pharmaceutical services.

2.2.3 PHARMACEUTICAL CARE SERVICES PLAN

The Committee noted that the Health Board Plan had failed to identify any gaps in pharmaceutical services. The Plan measured the distance by "how the crow flies" but the committee recognised the topography (steep hills etc) is of great significance in this instance.

2.2.4 VIABILITY

The Committee did not think there would be a significant effect on existing pharmaceutical services, although one contractor had concerns regarding this. The Committee felt there was no evidence his Pharmacy would be affected, as a result of the granting of this application as four pharmacies had to be passed en route to his premises.

Having considered other pharmacies within close proximity of the new pharmacy, the Committee accepted the applicant's justification/evidence for viability was sufficient.

19/18 DECISION

In conclusion, the Committee agreed they had fully considered and discussed each issue of the decision individually and had set out the relevant facts and its conclusions.

Taking into account all the information available, it remained the view of the Committee that the provision of pharmaceutical services within the neighbourhood, was currently inadequate, and for the reasons discussed the provision of a Pharmacy was necessary to secure adequate pharmaceutical services. The Committee was not required to consider the question of desirability. the Committee agreed that the proposed Application should be granted.

The PPC re-sit was then closed.

20/18 RESPONSE TO NATIONAL APPEAL PANEL – DECISION 2

The members of the Committee who were involved in the decision of 6th September 2018 and the reconvening on 14th March 2019 were instructed by the Chair of the National Appeal Panel (NAP) to reconvene as originally constituted. The Chair considered that the PPC had failed to properly narrate the facts and reasons upon which its decision is based.

In line with the NAP instructions, the members reconvened in the meeting room, Cameron House, Cameron Bridge, Leven at 2.00pm on Tuesday 10th December, 2019.

The PPC revisited the evidence, as presented and available to them at the original hearing of the Application and the rehearing, to familiarise themselves again with the case and to allow them to revisit their original reasoning.

21/18 GROUNDS OF APPEAL

The Chair welcomed everyone to the meeting.

21.18.1 NAP2 requires the PPC to address again the following issues:

- The CAR
- Topography
- Current Adequacy of Pharmaceutical Care Provision in the Neighbourhood
- The Pharmaceutical Care Services Plan
- Viability of the New Pharmacy

21.18.2 CAR

The Committee noted the comments from the NAP and proceeded to summarise the CAR.

For the joint consultation the following networks were included:

- Public Partnership Forum Reference Groups
- People's Panel
- Community Council
- NHS Fife's Website

An advert was also placed in the Dunfermline Press. Respondents could either respond electronically or could send in a hard copy.

Mr Ameen had requested 200 hard copies of the Consultation Questionnaire for a local mail drop and distribution via the Community Council.

The consultation ran for 90 working days, the final day for responses being 11 January 2018.

The Committee attributed considerable weight to the information contained within the CAR in respect of the following:

- 234 responses had been received, which was considered to be a good response.
- 199 (88%) thought there were gaps in the existing pharmaceutical services provision including no pharmacy with the neighbourhood, difficulty of access to existing services especially for the elderly, disabled and pedestrians.
- 219 (94%) respondents indicated a pharmacy would have a positive impact on the neighbourhood.
- 216 (93%) felt the proposed services were required.
- 200 (87%) agreed the pharmacy would have a positive impact on existing NHS services.

- 113 residents felt a Townhill pharmacy would alleviate pressure on existing GP and pharmacy services.

In relation to the above the Committee placed considerable weight on the 199 responses regarding existing provision. The Committee found the vast majority of these commented on a lack of access to pharmaceutical provision due to poor public transport links, and difficult pedestrian access especially for the elderly, disabled and young families. This was a continued theme throughout the CAR.

The Committee also placed considerable weight on 216 people who considered that a Pharmacy was required within the neighbourhood. Respondents thought this would reduce the need for travel and would benefit the elderly, disabled and young families. Although the need to travel in itself is not a reason for inadequacy, the Committee felt it is by reason of topography in this particular case.

The CAR presented an absence of assurance that current pharmaceutical services are adequate. The Committee accepted the summary of responses was a fair reflection of the views of the people living and working in the neighbourhood and these mirrored the evidence presented by the Community Council. Consequently the CAR formed part of the evidence that led the Committee to believe current pharmaceutical service provision was inadequate.

21.18.3 TOPOGRAPHY

Each Committee member had visited the neighbourhood and surrounding area. They agreed that Townhill is a distinct well defined community of its own, which is related to the geography that surrounds it. The neighbourhood was well defined by open ground and woodland.

From the Ordinance Survey map of the neighbourhood originally provided by the Board, the Committee believed there was a height difference of approx 60m (180ft) between the residential areas in the neighbourhood and the nearest existing pharmacy. This was therefore an inhibition to pedestrians, people with prams, the elderly and disabled. Whilst access by bus is possible, there is evidence to show there are difficulties with timings and cost of public transport.

The steep incline, poor pedestrian access and limited public transport led the Committee to believe the topography was a significant factor to limiting access to pharmaceutical services. This was one of many contributing factors to the question of adequacy, including the views expressed in the CAR and the Community Council evidence.

The Committee had noted verbal evidence on delivery services to the neighbourhood, but acknowledged this was anecdotal not evidenced data. It was also noted that, in the main, delivery services do not provide face to face consultation with a Pharmacist.

21.18.4 INADEQUACY OF PHARMACEUTICAL SERVICES

The Committee referred back to Mr Cowan's (Community Council) presentation and in particular pages 5 and 6 (appendix 5), where the Community Council reports on travel arrangements and costs between Townhill and the two nearest pharmacies; by car; by bus and by walking. Weight was added to the reported difficulties of access due to limited, costly public transport, poor pedestrian access (involving steep hills) and limited parking at the closest pharmacies. The waiting times for prescriptions is also a contributing factor especially for those relying on public transport.

The Committee also placed weight on the fact that, in the Public Consultation, 199 respondents made comments with the main component being lack or limited access to pharmaceutical services. The topography of the area also showed to be a contributing factor to access issues e.g. steep hills, poor pedestrian access.

Whilst the Committee listened to a number of contractors stating they delivered adequate services to the neighbourhood, their evidence involved prescription delivery only which the Committee discounted as being less important to the residents than receiving a face to face service with a pharmacist.

The Applicant had referred to inadequacies of the existing pharmaceutical services, which were further backed by the presentation and oral representation from the Community Council. The Applicant provided evidence of planned developments close to the village. This, in addition to the Committee's assessment of the topography, pedestrian access and public transport led them to believe there were gaps in the existing services especially for those without access to transport i.e. the housebound, young families with prams and the elderly.

From the evidence stated above the Committee accepted that the pharmacies in the outlying perimeter of the locality are supplying an adequate service to their community, but for reason of remoteness and inaccessibility by foot and public transport, are not fully supplying an adequate pharmaceutical service for the residents of Townhill.

21.18.5 THE PHARMACEUTICAL CARE SERVICES PLAN

The PCSP stated that there were no gaps in service. All members of the Committee carried out the journey from the nearest pharmacy to the proposed site, one member was on foot. This highlighted to them the issue of the geographical access beyond what was referenced in the PCSP. The Committee considered that the PCSP covers the pharmaceutical care services in a high level approach but in fact does not identify specific gaps in local pharmaceutical service provision.

21.18.6 VIABILITY OF THE NEW PHARMACY

The applicant had stated that the Townhill pharmacy would cater to a significant population of more than 1300. The examples of successful village pharmacies previously mentioned by the applicant were in less deprived areas than Townhill and have a higher car ownership. They also had a smaller population than Townhill but are succeeding because of the delivery of a wider range of pharmacy services which is a better model for a small village pharmacy.

The Committee recollected that the Applicant and the Community Council thought the Pharmacy would be viable. The interested parties did not. The Committee was persuaded by the Applicant's evidence that the provision of an individual more tailored service with a wider range of services being provided could be viable in a village setting such as Townhill.

The Committee rejected the evidence of the interested parties, as they felt their level of NHS prescription turnover would withstand any affects the granting of this application might have.

With the support of the response of the Community Council and all the evidence combined this led the Committee to determine that the granting of a new pharmacy contract would result in a viable pharmacy.

21.18.7 DECISION

In conclusion, the Committee agreed they had fully considered and discussed each issue of the decision individually and had set out the relevant facts and its conclusions.

Taking into account all the information available, it remained the view of the Committee that the provision of pharmaceutical services within the neighbourhood, was currently inadequate, and for the reasons discussed the provision of a Pharmacy was necessary to secure adequate pharmaceutical services. The Committee was not required to consider the question of desirability. The Committee agreed that the proposed Application should be granted.

The PPC re-sit was then closed.