Finance, Performance & Resources Committee

14 January 2020, 09:30 to 12:30
Boardroom, Staff Club

Agenda

1. Apologies for Absence

Rona Laing

2. Declaration of Members' Interests

Rona Laing

3. Minutes of Last Meeting held on 5 November 2019

Rona Laing

Item 3 - Unconfirmed Minutes FPR 5 November 2019.pdf (8 pages)

4. Action List

Rona Laing

Item 4 - Rolling Action List.pdf (1 pages)

5. Matters Arising

5.1. Psychological Therapies Update

Nicky Connor/Julie Paterson

Item 5.1 - Psychological Therapies Update.pdf (8 pages)

5.2. CAMHS Update

Nicky Connor/Julie Paterson

Item 5.2 - CAMHS Update.pdf (6 pages)

5.3. General Policies & Procedures Update

Gillian MacIntosh

Item 5.3 - General Policies Update.pdf (14 pages)

6. Governance

6.1. Board Assurance Framework - Financial Sustainability

Carol Potter

Item 6.1 - SBAR Board Assurance Framework - Financial Sustainability.pdf (3 pages)

Item 6.1-1 BAF Risks - Financial Sustainability.pdf (1 pages)

Item 6.1-2 BAF Risks - Fin Sustain - Linked Risks.pdf (1 pages)

6.2. Board Assurance Framework - Strategic Planning

Chris McKenna

Item 6.2 - SBAR FPR BAF 5 160120.pdf (3 pages)

Item 6.2 - Updated NHS Fife Board Assurance Framework (BAF) V16 0 160120 - Strategic Planning.pdf (1 pages)

6.3. Board Assurance Framework - Environmental Sustainability

Andrew Fairgrieve

Item 6.3 - SBAR (BAF) Environmental Sustainability FP&R 14-1-2020.pdf (3 pages)

Item 6.3 - NHS Fife Board Assurance Framework (BAF) V19 0 181219 - Environmental.pdf (1 pages)

Item 6.3 - BAF Risks - Environmental Sustainability - Linked Op Risks 18032019.pdf (1 pages)

6.4. Annual Accounts - Progress Update on Audit Recommendations

Carol Potter

Item 6.4 - SBAR cover Annual Audit Report Recommendations.pdf (2 pages)

Item 6.4 - Annual Audit Report Recommendations Update.pdf (12 pages)

6.5. PPP Performance Monitoring Annual Report 2018 - 19

Andrew Fairgrieve

Item 6.5 - PPP Report 18-19.pdf (23 pages)

6.6. Brexit

Carol Potter

7. Planning

7.1. Winter Performance Reporting

Nicky Connor/Morag Olsen

Item 7.1 - Winter Planning Performance Summary.pdf (13 pages)

7.2. Orthopaedic Elective Project

Carol Potter

Item 7.2 - Orthopaedic Elective Project Update.pdf (2 pages)

8. Performance

8.1. Integrated Performance & Quality Report

Carol Potter

Item 8.1 - IPQR Dec 2019.pdf (43 pages)

9. Items for Noting

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

Rona Laing

Item 9.1 - FPC Minutes 071119 Unconfirmed.pdf (8 pages)

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

Rona Laing

Item 9.2 - FPC Minutes 021219 Unconfirmed.pdf (6 pages)

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

Rona Laing

Item 9.3 - PMSCmins031219.pdf (3 pages)

10. Issues to be Esculated

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

Rona Laing

11. Any Other Business

Rona Laing

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

Rona Laing

MINUTES OF THE FINANCE, PERFORMANCE AND RESOURCES COMMITTEE MEETING HELD ON TUESDAY 5 NOVEMBER 2019 AT 09:30AM IN THE BOARDROOM, STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY.

Present:

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

In Attendance:

Mr A Fairgrieve, Director of Estates, Facilities & Capital Services
Mrs N Connor, Director of Health & Social Care
Mr S Garden, Director of Pharmacy
Mr A McKay, Deputy Chief Operating Officer (for Ms E Ryabov)
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
Mr A Wilson, Capital Project Director
Mrs E Dodds, PA to the Director of Finance (minutes)

ACTION

126/19 APOLOGIES FOR ABSENCE

Apologies were received from Mrs W Brown, Non-Executive Director, Mrs H Buchanan, Director of Nursing, Mr P Hawkins, Chief Executive, and Dr C McKenna, Medical Director.

127/19 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

128/19 MINUTE OF MEETING HELD ON 10 SEPTEMBER 2019

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

129/19 ACTION LIST & MATTERS ARISING

The Chair reviewed the action list:

Action 111– A report will be presented at the March 2020 Committee meeting.
Action 129 – On agenda.
Action 130 – On agenda
Action 132 – January 2020.
Action 133 – Nicky Connor to advise estimated date for when the OBCs will be presented.
Action 134 – Discussed in private session.

MATTERS ARISING
There were no other matters arising

GOVERNANCE

130/19 6.1 Board Assurance Framework – Financial Sustainability

Carol Potter presented the report, which provided the Committee with an update specifically in relation to Financial Sustainability, reflecting the position at the end of September. On the risk register, the BAF score is held at high, to recognise the ongoing financial challenges facing Acute Services in particular, as well as the pressures notable within the Health and Social Care Partnership, specifically in relation to social care budgets and the impact of any move to adopt the Integration Scheme's risk share agreement.

Dr Bisset asked for an update on the proposed discussions about the current construct of the risk share arrangement. Nicky Connor confirmed there is work taking place at present between Council, NHS Fife and HSCP to reach a position and compromise in the current financial year, which both the local authority and NHS Fife can agree on. Carol Potter added the Integration Scheme is due for a wider review in 2020, as per the five-year cycle given in the relevant legislation.

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

131/19 6.2 Board Assurance Framework – Strategic Planning

An update on this BAF was not available for this meeting.

132/19 6.3 Board Assurance Framework – Environmental Sustainability

Andy Fairgrieve reported Estates and Facilities continue to work on the risks as and when funding becomes available. With reference to risk no. 1384, the new Microbiologist stared in post in October and, as a result, this has now been removed as a risk from the BAF.

Dr Bisset asked if Risk 1296 - Emergency Evacuation, VHK, Phase 2, Tower Block - should remain high as there were no patients presently accommodated above floor 7 in the tower block. Andy Fairgrieve agreed the risk level should be reviewed and agreed to update all the risks within the BAF for the next meeting.

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

133/19 6.4 Review of General Policies & Procedures
Dr MacIntosh presented the report, which gave an update on the work that is ongoing to tackle the historic backlog of reviews more effectively and the status of overdue policies.

Members discussed the current position and agreed that clarity is required in order to ensure the correct governance committee has appropriate oversight of performance on policy areas under their specific remit.

Scott Garden asked if there is an electronic solution that could be put in place, to reduce the amount of bureaucracy around the current manual process of reminders etc. It was also noted that there could also be scope to replace local policies with national versions, on a 'Once for Scotland' approach, as is being undertaken for many HR policies. Members agreed an improved system to support staff to ensure polices are kept up-to-date is required. Mrs Potter agreed to take this forward in her role as SIRO and chair of the Information Governance and Security Group. **CP**

The Committee **noted** the report, and **requested** an update to be brought back to the Committee in January.

134/19 6.5 Annual Accounts – Progress Update on Audit Recommendations

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

Dr Bisset asked if this report should be routinely presented to other Committees for scrutiny. Members discussed and agreed this should be the case. Carol Potter agreed to feedback to the Audit and Risk Committee this Committee's view that all Governance Committees require to see this report. **CP**

The Committee **noted** the report.

135/19 6.6 Brexit

Carol Potter reported discussions are ongoing. As a result of the upcoming UK General Election, it is unlikely that the UK Government will set their budget until the end of January 2020, therefore we anticipate that the Scottish budget will not be announced until February/March. In the meantime Finance are working to an estimated 2.5 % uplift for the purposes of financial planning.

The Committee **noted** the update.

PLANNING

136/19 7.1 Winter Plan

Nicky Connor presented the report by explaining the Plan has taken into account lessons learnt from 2018/19 performance and from outcomes contained within the Winter Review Event held on 2nd May 2019. In addition it has been developed in collaboration with NHS Fife and Fife Health and Social Care Partnership to focus on priorities to manage the increased demand on the whole system.

Nicky Connor reported the plan has been submitted to the Government and the following feedback has been received:

"On the whole, NHS Fife's plan is robust and it is clear last year's successes have been copied into this year's plan. It is encouraging to see joined up working within the Acute Division and Fife Health & Social Care Partnership".

Issues to be reviewed and reported back on are:

- To reinforce the importance of whole system working
- Notes additional resource and activity to support winter, however there is a large funding gap between what has been allocated nationally and what is required to deliver this within Fife.
- Looking for additional information on how this will work within the organisation.
- Noted there were still amber actions on the Plan which require updated.
- Further information is required regarding the festive period and public holidays, what the impact will be and how they will be addressed.
- Delayed discharge - what support will there be to maintain good WTT for outpatients and day cases.

Members noted work is currently ongoing to provide a response to the feedback, which is required to be submitted to the Scottish Government by 14 November 2019.

Nicky Connor advised the original funding allocation for Winter was £320,000; however, there has been an increase to Fife's allocation, which is now £653,856.

Sinead Braiden felt the current layout of the document was difficult to follow. Andy McKay explained there is a specific check list provided by the Scottish Government, which has to be followed in format. However, where flexibility allows, in future we will look to refine the layout.

Eugene Clarke asked if Fife HSCP have identified one care provider as highlighted in the Plan. Nicky Connor advised one care provider was commissioned; however, Fife has a number of small care providers. There are twice weekly meeting taking place to determine what is required and how it will be commissioned, which will be closely monitored.

Dr Bisset asked if the extra £6.3m funding for unscheduled care (which has been allocated by the Scottish Government) will be applied to the Winter Plan or will be used in other areas. Carol Potter agreed to check and report back. **CP**

Dr Bisset asked if there was clinical input in the weekly meetings. Andy McKay confirmed there are hospital safety huddles held each day where there is clinical output. Members agreed this is required to be more explicit in the plan.

Scott Garden asked what the process is and implications to the care being delivering and the financial work we are doing to address efficiency.

Carol Potter advised work is being undertaken to verify costs to determine the extent to which figures in the Winter Plan are already accounted for in the wider financial forecast. Discussions are ongoing with Fife Health & Social Care Partnership.

An update will be provided in due course, through the IPQR.

The Committee **noted** the report.

137/19 7.2 Elective Orthopaedic Centre Outline Business Case

Carol Potter presented the report, which gave an overall assurance around the governance of the project, with particular reference to the management, financial, commercial and economic case for the build.

Members noted the Outline Business Case (OBC) has been submitted to the SGHSCD Capital Investment Group for consideration at their next meeting on 12 November. The Capital Investment Group have sent through minor queries to be addressed prior to their meeting, which are being reviewed at present.

Carol Potter advised that Dr Chris McKenna, Medical Director, and Helen Buchanan, Nurse Director, have been invited to become members of the Project Board, to provide additional clinical input.

Dr Bisset asked if capital costs will increase once the full business case is complete. Alan Wilson confirmed the potential contractors have signed off that they will deliver the building for the cost stated in March 2022.

Dr Bisset asked whether the revenue cost is the inflation cost rising each year. Carol Potter confirmed it is inflation as well as the phasing and additional staffing etc. and referred members to the detailed projection of costs contained on Page 63 of the OBC.

The Committee **noted** the Outline Business Case and **recommended** the financial aspect of business case be approved by the Board at its next meeting in November.

138/19 7.3 Hospital Electronic Prescribing & Medicines Administration (HEPMA)

Scott Garden presented the report, which advised that capital funding had been agreed by the Scottish Government to implement HEMPA across Scotland. Fife and Glasgow are currently the last Boards to implement the system.

In recent discussions with the Scottish Government they advised there is the potential for £500k capital to be allocated to NHS Fife 2019/20, subject to NHS Fife agreement to proceed with HEPMA and spend within the financial year.

There is however a need for NHS Fife to identify the source of both Capital and Revenue funding for this project.

Dr Bisset sought clarity on recurring capital costs. Carol Potter confirmed this should read capital costs and not recurring capital costs.

Dr Bisset asked what Implementation Resource means – Scott Garden explained it is a combination of pharmacy team and eHealth team who are required to put in the system, training and infrastructure.

Members queried why the Implementation Resource, which includes staff salaries, are counted as capital. It was agreed to check whether the implementation costs are existing costs of staff at present, or represent new spend that might continue long-term, beyond initial implementation.

Dr Bisset asked if it was difficult to separate out issues around prescribing in terms of CNORIS to attribute to this project. Carol Potter agreed this could be moved into the economic case to acknowledge the qualitative benefits of better prescribing and management.

Sinead Braiden asked if there was likely to be unexpected additional costs and what lessons could be learned from other boards who had implanted the system. Scott Garden confirmed the national business case was used and communications with other boards has been

undertaken and included within the Outline Business Case.

Carol Potter stated that work was required to establish what extent any additional costs such as PCs and staff can be absorbed within the eHealth team at present.

The Committee acknowledged the challenges relating to the affordability of the Project.

The Committee **agreed** the Outline Business Case subject to agreement on funding, **supported** progression to mini competition and **supported in principle** the ambition for the delivery of HEMPA within NHS Fife.

PERFORMANCE

120/19 8.1 Integrated Performance & Quality Report

Andy MacKay gave an update on Acute performance and Nicky Connor gave an update on the Health and Social Care performance.

The Committee noted that an update on CAMHS and PT would be given to members at their next meeting in January.

The Committee **noted** the current position for both the Acute Division and Health and Social Care Partnership.

Carol Potter spoke to the financial section of the report and explained the challenges. We are hopeful that, with the support from Scottish Government around additional funding and non recurring benefits, the Board may break even although it is difficult to give a high degree of assurance at this point in the year. Discussions with the Board and Scottish Government around the position will continue.

Dr Bisset queried why it states 72% of the £6.5m overspend attributed to the Health and Social Care Partnership within the report, rather than an overspend figure of £11.5m, which is the latest projection. Carol Potter reported there are ongoing discussions regarding this figure.

Rona Laing queried page 25 regarding progress in terms of savings, where Acute services are given a deadline of March 2021. Carol Potter confirmed this is a typo and it should read March 2020.

The Committee **noted** the overspend position and noted the work being undertaken with the Scottish Government to determine how this should be managed.

Carol Potter reported the capital position is approximately £2m year to date. There are no concerns to highlight. There has been £1m

of asset sales in the current year, including ADC, Forth Park and Fair Isle Clinic.

The Committee **noted** the capital update.

8.2 Performance & Accountability Reviews Update Q2

Carol Potter presented the report, which outlines the key themes emerging from the Performance & Accountability Review meetings held in September 2019.

The Committee **noted** the key themes from the September Performance & Accountability Reviews.

ITEMS FOR NOTING

122/19 9.1 Minute of the IJB Finance & Performance Committee, dated 17 September 2019

The Committee **noted** the minute.

123/19 9.2 Minute of the Primary Care Medical Services Committee, dated 3 September 2019

The Committee **noted** the minute.

124/19 ISSUES TO BE ESCALATED

1. Updated Winter Plan, recognising concerns around finance going forward.

125/19 ANY OTHER BUSINESS

None.

Date of the Next Meeting: Tuesday 14 January 2020 at 9:30am, within 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	**MK (now 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.	**Delayed to March 2020**
130	**14.05.19**	Review of General Policies & Procedures	**CP/GM/BAN/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. Consider potential software solutions for managing policy updates, seeking opinions from other Boards	**January 2020 – on agenda**
132	**10.09.19**	Update on PT and CAMHS	**JP**	Give an update on performance of both services to the Committee.	**January 2020 – on agenda**
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**
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.	**January 2020 – on agenda**

COMPLETED ACTIONS					
126	**15.01.19**	Kincardine & Lochgelly Health Centres	**MK**	Circulate to members Pathfinder Consultants' report and transcript of Scottish Parliament discussion on the project. Present revised IAs and timeline for approval.	**Completed, May and September 2019**
127	**15.01.19**	Committee Self-Assessment Report	**AF & CP**	Board to attend a development session for PAMS and on the Scottish Capital Investment Manual.	**Completed, September 2019**
128	**15.01.19**	ADEL funding	**CP**	Present a report on ADEL funding to the Committee, explaining the split between the health board and H&SCP.	**Completed, May 2019**
129	**14.05.19**	Current Scoring of Risk	**CP**	To reflect on comments around the new control processes in place in advance of the next update to the Committee	**Completed, July 2019**
131	**14.05.19**	Winter Plan & Performance	**MK**	A lessons-learned report to be brought to the Committee in July 2019.	**Completed, July 2019**
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**

Finance, Performance & Resources Committee

DATE OF MEETING:	14 January 2020
TITLE OF REPORT:	Psychological Therapies Update
EXECUTIVE LEAD:	Nicky Connor, Director of Health and Social Care
REPORTING OFFICER:	Julie Paterson, Divisional General Manager, Fifewide/Dr Frances Baty, Head of Psychology

Purpose of the Report (delete as appropriate)		
		For Information

SBAR REPORT

Situation

As requested, this report gives an update on Fife's performance on the LDP Standard for Psychological Therapies (PTs).

The waiting times component of the LDP Standard for Psychological Therapies states: *At least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies*.

Despite significant improvement work being undertaken by services and having support from the ISD/HIS Mental Health Access Improvement Support Team (MHAIST), Fife, along with most other Boards in Scotland, has not achieved this.

Fife's Integrated Performance Report for Q3 shows 66.5% of people starting PTs within 18 weeks (Table 1). This compares to 67.6% in Q1 and 66.2% in Q2. Despite these figures being similar, Fife's performance on the RTT relative to other Boards has improved from Q1 to Q3 (Source – ISD, December 2019).

Waiting times (with adjustments) for people who started their treatment in July to September 2019 by NHS Board

NHS Board of treatment	Total number of people seen	People seen within 18 weeks (%)	Average (median) wait (weeks)	Waiting time adjustments[1]
Scotland	17,697	79.4	5	..
NHS Ayrshire & Arran	1,107	74.9	4	NA, U
NHS Borders	230	83.5	1	NA,U,RO
NHS Dumfries & Galloway	829	64.5	10	Unadjusted
NHS Fife	1,416	66.5	10	Unadjusted
NHS Forth Valley	707	60.4	9	NA, U
NHS Grampian	1,246	75.2	1	Unadjusted
NHS Greater Glasgow & Clyde	4,352	90.9	2	NA,U
NHS Highland	735	78.4	9	NA,U,RO
NHS Lanarkshire	2,307	79.0	8	NA,U,RO
NHS Lothian	3,071	80.0	2	NA,U,RO
NHS Tayside	1,482	81.3	6	NA,U,RO
NHS Island Boards	108	62.0	12	..
NHS 24	107	98.1	11	Unadjusted

[1] Notes: .. Data not available. 1. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available. 2. Waiting time adjustments: NA: Non Attendance. Waiting time may be reset if a person misses or rearranges an appointment. U: Unavailability. Time a person is unavailable may be subtracted from the waiting time. RO: Refuses Reasonable Offer. Waiting time may be reset if a person declines 2 or more dates.

Fife Psychology service is working with staff from the Scottish Government's Mental Health Directorate Performance and Improvement Unit to better understand issues impacting performance. This will aid completion of performance trajectory, identify specific demand-capacity issues and identify resources required to meet the trajectory.

Background

As stated previously, the RTT LDP Standard for PT underpins the continued emphasis on access to PTs in the Scottish Government's Mental Health Strategy 2017-2027 (Action 24: Fund work to improve provision of psychological therapy services and help meet set treatment targets).

The PT Standard has 2 objectives: to reduce waiting times for PTs **and** increase the numbers of children, young people, adults and older adults who have access to PTs.

It is explicit within the objectives of the Standard that the increase in capacity required to deliver the RTT should be system wide: that is, a multi-disciplinary, multi-agency approach including both statutory and third sector services.

Ministers, supported by professionals and the general public, have consistently stated that waiting times must not be reduced by limiting access to services through manipulation of entry thresholds. Likewise increased volume must not jeopardise the quality of services offered.

There are a number of issues that make accurate calculation of performance trajectories in relation to PTs difficult:

- there is not a straight forward correlation between clinical complexity and optimal length of PT
- people with mild difficulties will be offered brief evidence based interventions but the optimal PT for people with moderate to severe problems (the majority) may range from brief to long term and is likely to be delivered in phases
- individuals' readiness to engage in PT fluctuates in relation to their mental health and life events, resulting in the relatively high numbers of missed appointments across mental health services relative to other areas

The demand for PTs continues to grow and 'waiting list initiatives', in isolation, are of limited use in tackling waiting list queues. Where waiting lists appear intractable, whole-system redesign is required to increase the range of evidence-based PTs measurable against the Standard, within a psychologically informed matched care approach. This approach requires development of increased capacity across both statutory and third sector services through additional recruitment and up skilling existing staff, supported by robust governance to ensure safety and efficacy.

There is clear guidance as to the Psychological Therapies that can be counted as part of the LDP standard and these are defined in ***The Matrix: A guide to delivering evidence-based psychological therapies in Scotland*** (NES, revised 2015).

Assessment

Current Performance Against the Standard:

As noted above, the IPR for Q3 2019 shows 66.5% of people referred in Fife starting PTs within 18 weeks. This compares with a Scotland-wide performance of 79.4%.

Table 2 shows Fife's performance from Q1, 2017 to Q3, 2019 and gives the total number of individuals who began therapy per Q including those who had waited longer than 18 weeks.

Table 2

Quarter ending	People Seen	People seen >18 weeks	% people seen <=18 weeks
Jun-17	1,304	409	68.6%
Sep-17	1,273	390	69.4%
Dec-17	1,205	339	71.9%
Mar-18	1,278	400	68.7%
Jun-18	1,539	520	66.2%
Sep-18	1,386	450	67.5%
Dec-18	1,195	335	72.0%
Mar-19	1,561	505	67.6%
Jun-19	1,348	456	66.2%
Sep-19	1,416	475	66.5%

There have been some fluctuations in activity over these quarters. The reasons for these fluctuations include staff leave, absence and vacancy as well the impact of group programmes commencing at specific points.

Table 3 gives the same data for each month of 2019.

Table 3

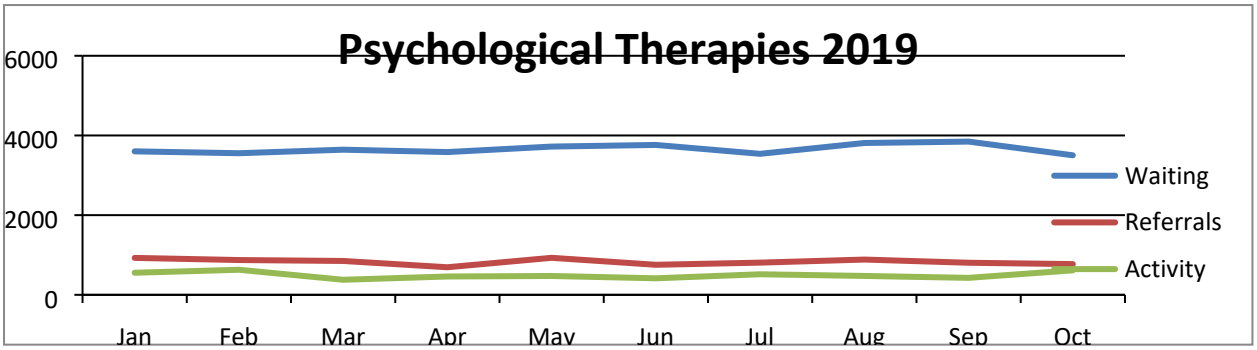
Month	People seen	People seen >18 weeks	% people seen <=18 weeks
Jan	554	194	64.98%
Feb	629	197	68.68%
March	378	114	69.84%
April	460	156	66.09%
May	473	160	66.17%
June	415	140	66.27%
July	516	177	65.50%
August	474	165	65.19%
September	426	132	69.01%
October	615	220	64.23%

Fife has a high percentage referral rate per head of population (7.1%, ISD, December 2019) relative to most other Board areas and we accept the vast majority of referrals that we receive. Clinicians continue to work through a substantial queue, including the 30%+ who have already breached the target, while responding to clinically urgent cases. In terms of activity, a total of 4325 individuals commenced psychological therapy during Q1-Q3 (an average of 480 per month).

Demand continues to exceed capacity (Figure 1) although this is not in all areas of service.

In October 2019, 615 people began therapy, with another 3502 individuals waiting to begin treatment, 1648 of whom had waited over 18 weeks.

Figure 1. Referral rate, activity and numbers waiting for PTs Jan-Oct 2019



Referral rate and performance

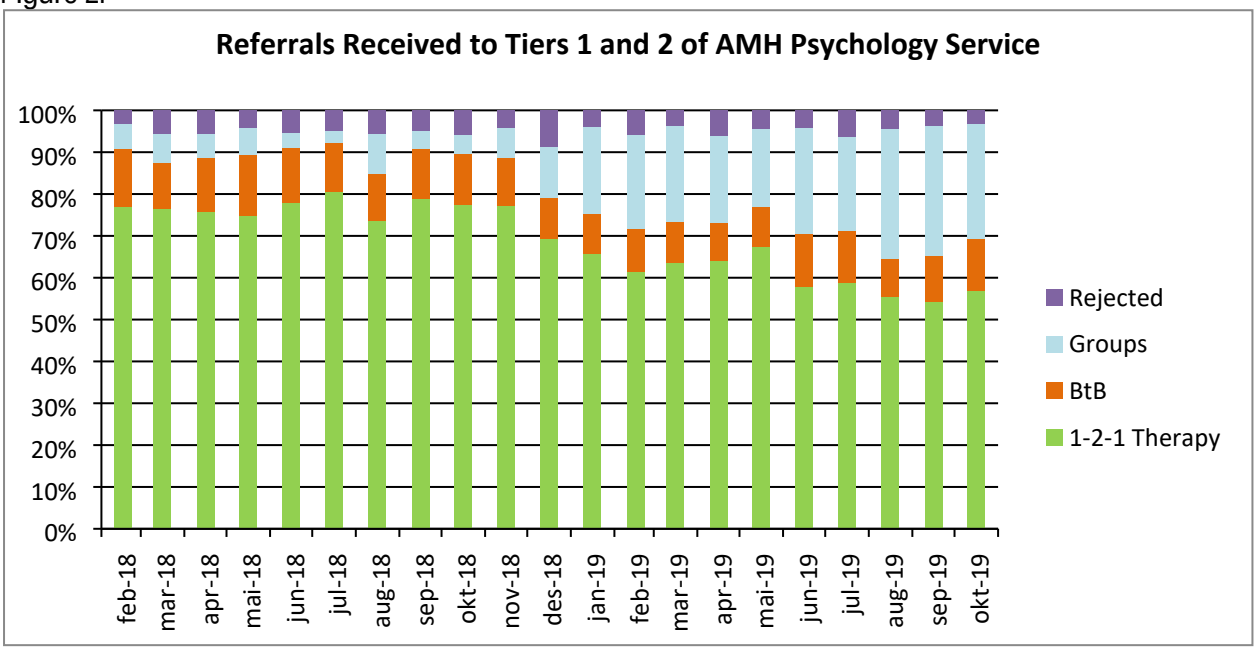
The LDP Standard is a single measure for a complex set of systems and the relationship between referral rate and performance is not straightforward. A reduction in overall referral rate does not equate to an increase in clinical capacity within the parts of the system where there is the greatest pressure. We have succeeded in creating additional clinical capacity which has allowed certain areas of the service to be now meeting the standard; in other areas, recent service design has led to an increase in access and a reduction in waiting times; however, we require both to make further progress with aspects of our re-design work and undertake further redesign if we are to meet the needs of people with more complex problems.

Activity and performance

The LDP standard is measured by taking the number of people who have commenced psychological therapy in any given month and calculating the % of them who have waited less than 18 weeks to do so. This means that it is difficult to show improvement on the waiting times standard while also focusing on starting therapy with people who have waited over 18 weeks (including the longest waits, referred prior to service re-design). As the data in the Tables above indicate, we have continued to focus resource upon offering therapy to people who have waited longer than 18 weeks as well as ensure we are able to resource new service developments.

One implication of the above is that the impact of service developments, which have led to genuine improvements in waiting times and access for new people, do not lead to a significant improvement in the overall waiting times performance figure. One example of this is the Access Therapies Fife service which has seen over 2200 people commence therapy (all within 18 weeks) since its launch in November 2018. Access Therapies Fife, with its corresponding expansion in our group programme in Tiers 1 and 2 Adult Mental Health (AMH), has increased capacity for higher intensity work (Figure 2, below). However, this is not reflected in improved waiting times performance as staff have been focused upon treating people who have waited longer than 18 weeks.

Figure 2.



Recovery Plan:

As detailed in the previous report, the Health and Social Care Partnership is responding to the challenges of the PT Standard by supporting system-wide redesign across Mental Health services. This approach recognises that the option of 'doing more of the same' will not close the demand capacity gap in a sustainable manner while ensuring that services are safe and effective.

Work continues with progressing redesign in the deliverables for adult services for 2019/20 which were described in detail in the previous report:

- Consolidation of CMHTs within AMH Service
- Self referral to low intensity PTs via Access Therapies Fife
- Development of phase-based options to support treatment pathway for people who have experienced trauma and/or who have a diagnosis of a personality disorder
- Improvement of cCBT service
- Work with 3rd Sector to increase capacity
- Embedding "The Decider" treatment intervention into routine service provision
- Seeking funding required for staff training prior to commencing roll out of Structured Clinical management
- Support and training for Primary Care Mental Health Nurse triage service
- Specific work within Veteran's service, Addictions service and Clinical health psychology service

Deliverables for 2020/2021 will include:
Extending choice within PTs via group-based delivery of therapy for people with more complex needs (specifically psychology service development of Schema Therapy group programme and two transdiagnostic programmes)
Increasing the number of group options available via Access Therapies Fife.

Specific challenges

The complex relationships between referral, activity and performance on the LDP standard are outlined above. These are relevant across Scotland.

In Fife there are a limited number of staff who are trained and in a position to deliver PTs that count against the standard. The majority of these staff are employed in the psychology department where there is a skill mix of staff able to deliver interventions across all service tiers. Excluding CAMHS data, 93% of activity reported under the standard in Q1-Q3, was undertaken by psychology staff and psychology staff were involved in joint work for much of the remaining 7%. Because the role of psychologists is much greater than providing direct psychological therapy, not all of the work of the Psychology Service staff is focused upon delivery of PT standard [2]. At the request of the Scottish Government's Mental Health Directorate Improvement and Performance Unit we are currently undertaking a piece of work to identify the actual wte who are undertaking work that is directly related to performance on the standard. Although this work is not yet complete we estimate that, including input from staff in training, the figure will be approximately 70wte which is 62% of the psychology staff.

The initial discussions with staff from the Scottish Government's Mental Health Directorate Performance and Improvement Unit has highlighted that Fife is unusual in not having a greater number of staff from other professions in a position to report on the standard within AMH. While service developments within AMH psychology mean that we are on target to manage demand within Tiers 1 and 2, the impact of having only a very limited multi-disciplinary resource is more problematic in terms of progressing service developments in Tier 3 services. Such developments will allow clinical psychologists to undertake the high intensity PT which only they are able to deliver.

The work of mental health services is much broader than PTs and capacity within the system is limited. However, the HSCP's Psychological Therapies Steering Group recently initiated work to make sure that we are capturing all PT activity within the whole AMH service and that we are making best use of all potential resources available for delivery of PTs in services other than AMH and CAMHS. Expectation is that this work will not impact significantly on our performance in the short term.

Given that the number of staff who are working to deliver on the LDP standard is small, the impact on capacity of vacancy can be significant. Data from ISD (released 3 December 2019) show that the vacancy rate due to maternity leave for psychology staff (the largest staff group delivering on the PT standard) in Fife at 30 September 2019 was 7.8%. While absence rates due to sick leave are generally very low in the psychology service, the impact of having only 2 or 3 staff absent on sick leave for an extended period (as has been the case in 2019) is significant. The nature of high intensity (1:1) psychological therapy means that it is rarely possible to shift staff to provide cover for vacancy as they are all carrying their own individual caseloads and already working at full capacity.

We also face a challenge in recruiting and retaining staff on fixed term contracts.

[2] For many patient groups with whom staff work, a PT, measureable against the standard, would not be an appropriate intervention (e.g. people with severe leaning disabilities, people with dementia, people with ABI including strokes, patients with neurodevelopmental problems, inpatients in acute mental health or physical rehabilitation) and much of their work involves detailed assessment including neuropsychological assessment or psychometric assessment and indirect work advising other staff groups on the delivery of interventions that meet psychological or cognitive needs. Assessment activity is not counted within the Standard.

Demand-capacity gap

Even with the extensive service redesign work that has already been undertaken, is in progress and is planned, work on demand-capacity modelling is highlighting that there are specific areas where services are not in balance (i.e. demand continues to outstrip capacity). This means that the waiting list and waiting times in these areas continue to grow.

In addition to the above challenges, there are areas of service where demand for PTs is much lower than would be expected based on epidemiology and population size. This is most noticeable in people aged over 65 (and is a much broader issue than just within Fife). As such the goal of improving access, which underpins the LDP standard, means that staff continue to actively generate demand to address the wider issue of unrecognised need in specific populations.

Summary and Conclusion

We continue to work hard on improving performance on the waiting times element of the LDP Standard and we are achieving this in a number of areas of service. We also continue to focus on providing a service to the people waiting over 18 weeks and to continue to build capacity within the parts of the system that are not in balance. However, there remains a demand-capacity gap in some areas of service and given the small number of staff delivering on the standard we remain vulnerable to the impact of vacancy and staff absence.

We welcome the opportunities for more detailed discussion with staff from the Scottish Government's Mental Health Directorate performance and Improvement Unit around managing the sometimes competing priorities within the overall aim of improving access to PTs.

Recommendation

For information.

This report is for information and to provide assurance that work is continuing to address the challenges of meeting the LDP Standard for PTs and to increase access to psychological therapies.

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

Further Information:	
Evidence Base:	National data source - *Psychological Therapies Waiting Times in Scotland*. Quarter ending September 2019, Information Services Division (December 2019)
Glossary of Terms:	
Parties / Committees consulted prior to Health Board Meeting:	

Impact: (must be completed)	
Financial / Value For Money	Resource challenges as highlighted in this report.
Risk / Legal:	None noted
Quality / Patient Care:	All aspects of redesign are intended to improve access to PTs.
Workforce:	As stated in this report. Challenges regarding temporary contracts in particular.
Equality:	This is a progress report only and does not suggest any policy change; no EQIA therefore required.

Finance, Performance & Resources Committee

DATE OF MEETING:	14 January 2020
TITLE OF REPORT:	Child and Adolescent Mental Health Services: Update Report
EXECUTIVE LEAD:	Nicky Connor, Director Health and Social Care
REPORTING OFFICER:	Julie Paterson, Divisional General Manager, Fifewide/Lee Cowie, Clinical Service Manager

Purpose of the Report (delete as appropriate)		
		For Information

SBAR REPORT

Situation

The Scottish Government Child and Adolescent Mental Health Service (CAMHS) Local Delivery Plan (LDP) target requires that 'no one will wait longer than 18 weeks from referral to treatment'.

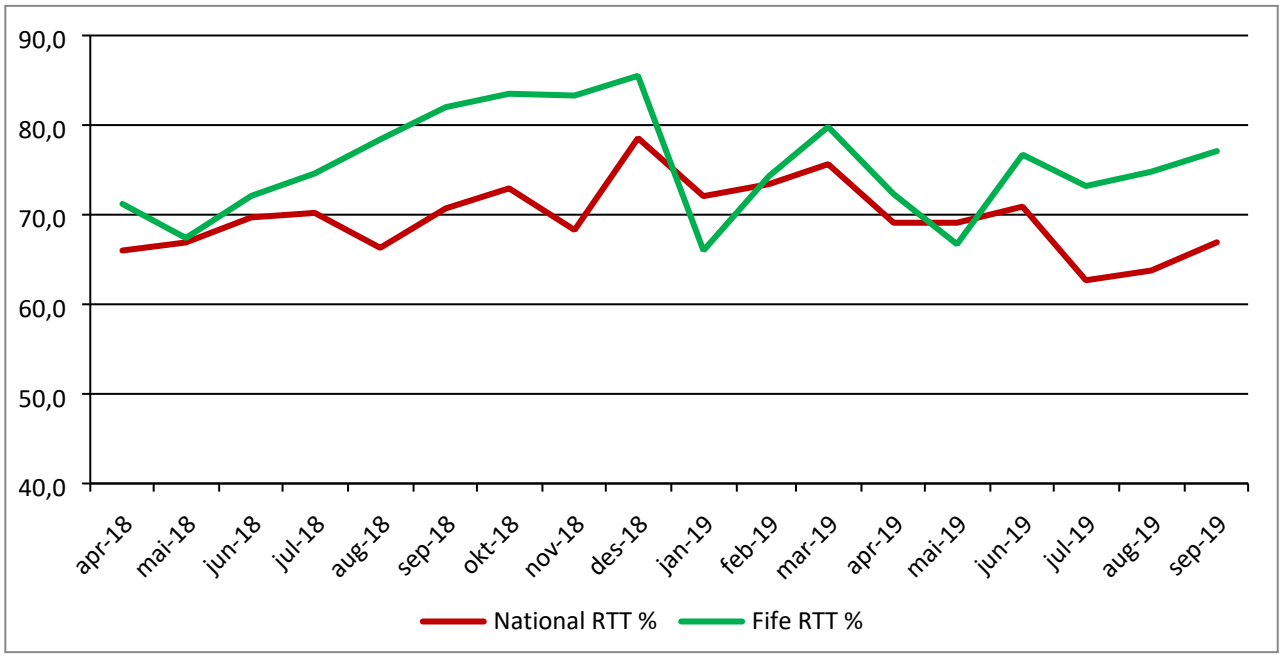
This report provides information on the progress made towards achieving the referral to treatment target (RTT) and outlines the initiatives to promote earlier intervention in line with the Scottish Government Task Force's Delivery Plan on Children and Young Peoples Mental Health and the Scottish Government Mental Health Strategy 2017-2027 within existing resources.

Background

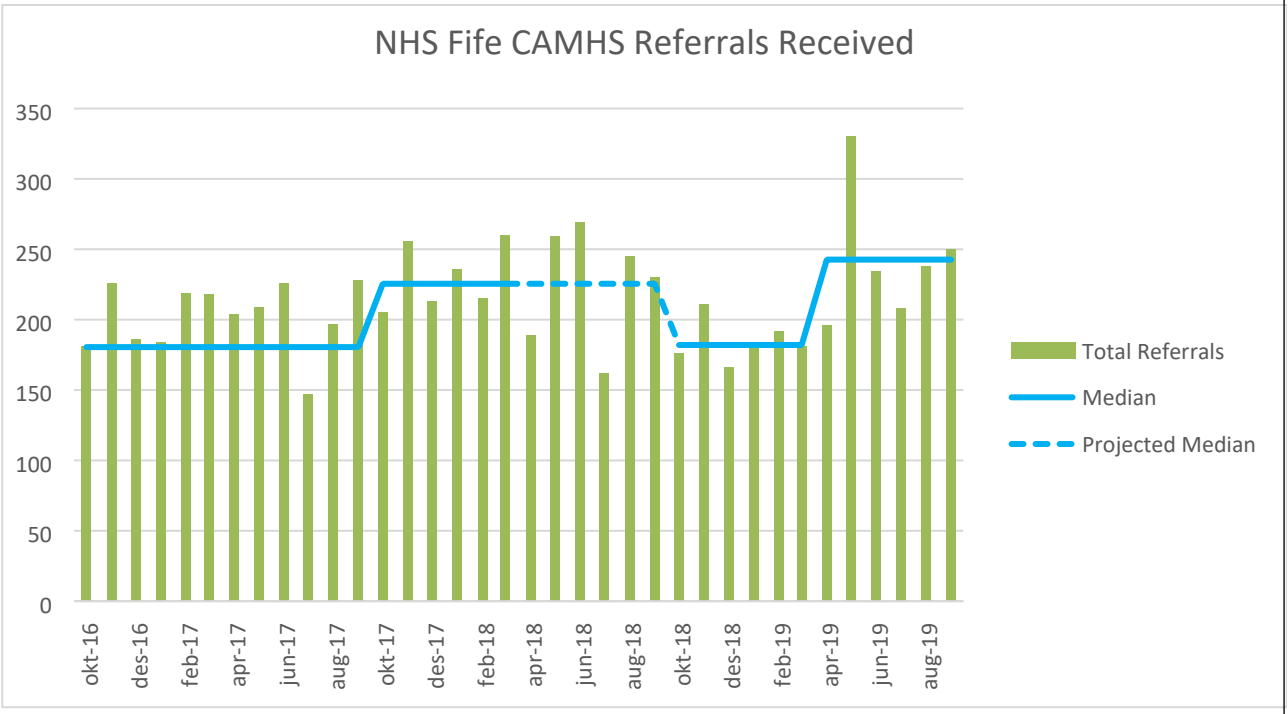
- The referral rate to specialist CAMHS services in Fife continues to exceed the capacity of the current resources.
- Interim Figures for 2019 indicate an increased referral rate of 18.5% on 2018. This represents an average increased referral rate of 7% year on year since 2015.
- In order to meet the ongoing and growing demand, Fife CAMHS has implemented a number of initiatives to achieve the Referral to Treatment Target (RTT) whilst minimising the growth of the waiting list.
- Fife CAMHS is working with the Scottish Government's Mental Health Directorate, Performance & Improvement Unit, to analyse the current data and activity, and will commence detailed modelling work to develop an accurate performance trajectory and identify the resources required to achieve this.
- At the same time, Fife CAMHS has ensured that it meets the commitments of both the Scottish Government's Mental Health Strategy and the Children and Young People's Mental Health Task Force Delivery Plan by developing the workforce at Universal and Additional support levels to promote earlier intervention, increase the capabilities of other service providers and effectively manage the flow of referrals to Specialist CAMHS.
- This approach ensures that that any progress made around RTT is sustainable, that CAMHS is accessed as a Specialist clinical resource rather than a first point of contact and children and young people experience a more positive care journey.
- The current system for recording and reporting RTT has significant implications on where clinical resource can be placed without adversely impacting on longest waits or RTT. Due to the limited size of the Fife CAMHS workforce this requires a balanced approach to the use of resources rather than focussing on one specific target alone.

Assessment

Headline figures:



- The RTT at October 2019 was 62.5% children and young people seen within 18 weeks.
- The reduced RTT is as a result of increased activity to provide interventions to those who have waited over 18 weeks
- In addition, the RTT of 76.6% in July 2019 has been difficult to maintain due to staff absence and vacancies.
- The increase in the waiting list was accrued due to these workforce issues and a deficit in the resource required to meet the demand.
- Fife CAMHS RTT has, on average (75.5%), outperformed the National RTT (69.6%) since April 2018.



- Referral figures for 2019 to date is (avg) 243 per month, an 18.5% increase on referrals received in 2018. In 2018, Fife CAMHS received an average of 240 referrals per month compared to 210 referrals per month in 2017.
- From January to October 2019, an average of 150 new and 1162 follow-up appointments have been attended per month.
- All children and young people presenting with urgent & severe mental health issues are seen within 1 day – 1 week.
- All children and young people identified as priority are seen within 6-8 weeks.
- Average waiting time for CAMHS continues to be 11 weeks.
- Fife CAMHS currently meets all of the 22 Rejected Referrals Publication's recommendations for Specialist CAMH services

CAMHS Waiting Times Initiatives:

CAMHS PMHW Assessment of Need Appointments (PANA):

- The focus on early intervention has been prioritised in order to ensure that those children and young people who were previously referred and then seen by CAMHS are now assessed and redirected to more appropriate care providers where appropriate.
- The enhanced CAMHS Primary Mental Health Workers service commenced in April 2019 in order to provide early, specialist assessment of need and redress the balance of care provision across all agencies thus providing support to primary care providers and reducing the pressure on GPs and Specialist CAMHS provision. This funding adds 4 additional staff to the existing 3 PMHWs allowing for an expanded role.
- 48% of all children and young people referred to CAMHS and assessed by the PMHWs were signposted to alternative, more appropriate services.
- Through access to CAMHS PMHWs, achieved by GPs referring to CAMHS via Sci-gateway, children, young people and their families, now have quick and easy access to a source of intervention and expert assessment for issues relating to emotional and mental health. The PMHWs will either provide single session support or can coordinate and direct future care provision to the most appropriate resource in relation to their need.
- PMHWs also provide additional training and staff development across Fife's 7 localities thus increasing the confidence and competence of the universal workforce.
- This resource significantly improves the person's journey, provides direct and early access to specialist services, increases competence of the universal workforce and reduces pressure on GP provision. It will also ensure that appropriate referral to specialist CAMHS is ensured thus freeing up highly skilled, Tier 3 CAMHS staff to address the needs of those with the greatest need within appropriate time scales.
- The introduction of PANAs have resulted in no children or young people being redirected back to GPs for alternative signposting.
- Children and Young people seen for a PANA have had a facilitated onward referral to over 40 different Universal, Additional, Third sector and Specialist providers, where they would previously have been seen by CAMHS

- From April to November 2019, PMHWs have provided 757 PANA appointments.

Action following PMHW appt.	Number of appts.	%
Refer to CAMHS	151	20%
Refer to Primary Care Psychology	128	17%
DNA and discharged	112	15%
Refer to Other NHS service	110	15%
Seen and Discharged	83	11%
Seen and offered 1+2	70	9%
Refer to Third Sector	43	6%
Refer to Social Work	34	4%
Refer to Education	23	3%
Refer to Adult Psychiatry	3	0%
TOTAL	**757**	100%

CAMHS Evening Clinics:

- Additional evening clinics have been established across WBH & QMH sites, which commenced in October 2019.
- The weekly clinics (Tues & Wed, 5.30-8.30) are delivered by 9 senior clinicians with a commitment for a minimum of 6 months.
- It is anticipated that this will result in an additional 135 children and young people from the longest waits provided with individual therapy.
- In the first month of operation, 35 new appointments were attended in evening clinics with 14 DNAs.

CAMHS Group Provision:

- As part of the ongoing initiatives to improve access to mental services and to decrease waiting times, CAMHS alongside Clinical Psychology have developed a range of group based interventions targeting common referral issues such as anxiety, low mood and self esteem.
- The group programme is delivered on a rolling basis which enables appropriate onward referrals post assessment/triage, rather than simply placing young people on the CAMHS waiting list for individual work.
- The current programme running Sept 2019- Jan 2020, has provided therapeutic intervention to 168 children, young people and parents waiting beyond 18 weeks.

Referral & Screening Process

- In line with the Scottish Government's published guidance on the referral criteria for Specialist CAMHS services, Fife CAMHS implemented more robust screening and allocation processes to ensure better use of specialist resources.
- The Fife CAMHS threshold has been designed to reflect the Scottish Government's directives whilst also prioritising those with the most complex issues thus minimising the need for over pathologising in order to be seen.
- In addition to robust screening and allocation, Fife CAMHS has embedded into practice:
    - Online referral form
    - CAMHS Website through NHS Fife
    - Guidance on alternative service providers

- Clearly articulated threshold statement for referrers.

Waiting List Additional Resource

- Additional staffing resource (15 clinical sessions of Child Psychology), provided by Fife Health & Social Care Partnership continue to specifically target the longest waiting children and young people.
- This allows substantive CAMHS staff to focus on urgent, priority and those about to breach 18 weeks thus impacting directly on the waiting time targets.
- Waiting list coordinators ensure that clinicians are appointing the appropriate groups of children to ensure greatest impact on waiting times.

Risks

- Referral numbers continue to exceed available 'new' appointments.
- RTT will fluctuate whilst the Longest Waits are addressed due the manner in which the RTT data is collated and reported.
- Significant increase of Children & Young People presenting with urgent/priority needs.
- Fife CAMHS has one of the smallest substantive workforces in mainland Scotland.
- Due to limited staffing numbers any absence or vacancy has a negative impact on activity levels due to the workforce consistently working at full capacity.
- The provision of evidence-based interventions for complex mental health issues with children, young people and families cannot be defined within set time frames and therefore capacity within the service to take on 'new' cases is gradually diminishing.
- This results in longer delays in the median wait time for those with urgent and priority care needs and longer wait times for those with less urgent needs.
- The sustainability of current progress towards achieving improved waiting times is negatively impacted by difficulty in recruiting and retaining staff on temporary funding e.g. Action 15
- Ultimately by addressing issues early and developing the wider workforce to provide impactful interventions the number of referrals to specialist CAMHS will reduce.
- This will allow CAMHS to provide specialist interventions to those with the greatest need and result in lowered waiting times.

Recommendation

- For Information

  - This report has been produced in order to provide the board with assurance that work is ongoing to address the challenges of meeting the LDP Referral to Treatment Target.
  - These initiatives have been undertaken to ensure a balanced approach to ensure safety, sustainability and achievability within the services limited resources.

The current trajectory towards achieving the RTT is based on the above factors remaining in place and all resources, particularly workforce, functioning at optimum level. As a result there is no tolerance within the current services capacity should optimum functionality not be achieved.

Objectives: (must be completed)	
Healthcare Standard(s):	All Five Standards including the principle of responsive care and support and well being
HB Strategic Objectives:	

Further Information:	
Evidence Base:	
Glossary of Terms:	
Parties / Committees consulted prior to Health Board Meeting:	Progress updates are provided to every second meeting of the Health and Social Care Partnership's Clinical and Care Governance Committee

Impact: (must be completed)	
Financial / Value For Money	There are no financial implications as this report is an update report only.
Risk / Legal:	None noted
Quality / Patient Care:	CAMHS continues to strive to ensure that children and young people who require access to specialist services, do so timeously as per the content of this report.
Workforce:	CAMHS staff continue to work to capacity. The health and well being of staff working in this extremely busty service remains a priority.
Equality:	No EQIA is required as no change in policy is indicated. This report is a progress update only.

Finance, Performance & Resources Committee

DATE OF MEETING:	14 January 2020
TITLE OF REPORT:	General Policies Update
EXECUTIVE LEAD:	Carol Potter, Director of Finance
REPORTING OFFICER:	Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary

Purpose of the Report (delete as appropriate)		
	For Information	

SBAR REPORT

Situation

In March 2013, an internal audit report - B12/13, Policies and Procedures - identified that 108 (81%) out of 133 policies then listed on the NHS Fife intranet were beyond their review date. Members of the Audit & Risk Committee questioned the level of risk to the Board from any delay in reviewing such policies in line with target dates. Management agreed that a more robust approach to enforcing reviews was required and that a new risk should be added to the Corporate Risk Register until such time as the new processes were fully implemented.

Background

All policies and procedures are currently classified as either General, Human Resources or Clinical. The responsibility for managing the three separate policy groupings within the Corporate Risk Register has been aligned to the relevant standing Committees of the Board as follows:

- General Policies – Finance, Performance & Resources Committee
- Clinical Policies – Clinical Governance Committee
- Human Resources – Staff Governance Committee

Assessment

An update on General Policies was last provided to the Committee in November 2019. At the end of October 2019, 29 of the 55 policies were recorded as being beyond their stated review date (53%). At end of December 2019, the situation has improved slightly. An additional policy has been created (GP/V1 – Ventilation Systems), which now brings the total number of General Policies to **56**. Of these 56 policies, as at end of December 2019, **26** (**46%**) remain beyond their due date.

Of the 26 outstanding policies, however, seven are currently out for review to the General Policies group, prior to seeking final EDG approval, which, when all approved, will improve the position further. Another five of the outstanding policies are currently going through the initial rewrite process. In the period since the last report, four policies and one new procedure (GP/O1-1 Out of Hours Urgent Care Service Transport Procedure) have been fully reviewed and approved by EDG.

A meeting has been arranged for mid-January 2020 with Estates and H&S staff to discuss progressing the backlog of outstanding policies in these areas. In mid-December, the Board Secretary and Clinical Effectiveness Coordinator visited NHS Forth Valley to receive a

demonstration of their policy management software and discuss ways of streamlining the overly bureaucratic procedures we have in place presently in NHS Fife for reviewing our policy documents. A verbal update on the findings of this visit will be given to members at the FP&R meeting.

Recommendation

The Finance, Performance & Resources Committee is asked to:

- **note** the work that is ongoing to tackle the historic backlog of reviews more efficiently; and
- **note** the update provided by this paper on the status of overdue policies.

Corporate

Policy No	Policy Title	Implementation Date	Review Date	Version No.	Author	Reviewer	Owner	Relating Procedures
GP/E5	GP/E5 - Policy For Processing External Hazard and Safety Notices and Alerts	01/02/2007	30/06/2022	3	Board Secretary & Medical Directorate Business Manager	Board Secretary	Board Secretary	NONE
GP/O2	GP/O2 - Online Communications	15/05/2013	15/05/2017 - rewrite in progress (but awaiting new website implementation)	1	Web and Intranet Coordinator	Communications Manager	Head of Comms	GP/O2-1 Online Enquiries Procedure GP/O2-2 Web Services Provision Procedure GP/O2-3 All Staff Email Procedure - **15/04/2014** GP/O2-4 Social Media Procedure - **15/04/2016**
GP/R4	GP/R4 - Management, Retention, Storage and Destruction of all Business and Administrative Information and Records	01/08/2012	01/08/2019 - rewrite in progress	4	Public Records Manager	Head of Corporate Services	Director of Planning and Strategic Partnerships	GP/R4-1 - Disposal of Confidential Waste Procedure - Paper Records - **31/03/2020** GP/D3-7 - Good Practice Guide - Using Office Equipment & Machinery - **01/12/2015** GP/D3-8 - Lost & Stolen Health Records Procedure - **01/12/2015**

eHealth

Policy No	Policy Title	Implementation Date	Review Date	Version No.	Author	Reviewer	Owner	Relating Procedures
GP/A4	GP/A4 - Acceptable Use Policy	01/06/2009	01/07/2022	4	eHealth Endpoint Infrastructure Manager	eHealth ICT Manager, General Manager - eHealth &IMT	COO	NONE
GP/B2	GP/B2 - eHealth Remote Access Policy	01/01/2007	01/05/2019 - rewrite in progress	4	eHealth Network and Telecoms Manager	eHealth ICT Manager, General Manager - eHealth &IMT	COO	GP/D3-2 - Access Controls for Information Systems **01/09/2019** GP/P3-1 - Picturing Archiving and Communications System (PACS) Procedure **20/01/2016**
GP/C10	GP/C10 - Clear Desk Clear Screen Policy	01/06/2009	01/05/2019 - going through approval process	3	eHealth Endpoint Infrastructure Manager	eHealth ICT Manager, General Manager - eHealth &IMT	COO	NONE
GP/D3	GP/D3 - Data Protection & Confidentiality Policy	01/07/2012	01/06/2021	5	Data Protection Officer	eHealth Security Manager, IG Advisor, IG&S Group	Senior Information Risk Owner (SIRO)	GP/D3-2 - Access Controls for Information Systems **01/08/2019** GP/D3-7 - Good Practice Guide - Using Office Equipment & Machinery - **01/12/2015** GP/C9-6 - Procedure for Use and Transfer of Data via Removable Device **18/04/2014** GP/D3 - 12 - Subject Access to Health Records **01/12/2016** GP/D3 - 11 - Supplier Relationships Procedure **01/09/2020** GP/D3 - 13 - System Access Provisioning Procedure **30/09/2020**
GP/D6	GP/D6 - Data Encryption Policy	01/06/2009	01/05/2019 - going through approval process	2	eHealth Security Manager	eHealth ICT Manager, eHealth Quality & Governance Manager, General Manager -	COO	NONE
GP/E6	GP/E6 - Email Policy	01/01/2007	01/10/2020	6	eHealth Security Manager	eHealth Systems Support Team Leader	COO	GP/D3-5 - 'Safe Haven' Procedure for Operating Fax Machines **01/12/2015** GP/D3-7 - Good Practice Guide - Using Office Equipment & Machinery - **01/12/2015**
GP/E7	GP/E7 - Non NHS Fife Equipment Policy	01/01/2007	01/05/2019 - going through approval process	4	eHealth Endpoint Infrastructure Manager	eHealth Business Manager, eHealth ICT Manager, General Manager -	COO	GP/D3-7 - Good Practice Guide - Using Office Equipment & Machinery - **01/12/2015**
GP/H6	GP/H6 - eHealth Equipment Home Working Policy	01/11/2011	01/05/2019	3	eHealth Network and Telecoms Manager	eHealth ICT Manager, General Manager - eHealth &IMT	COO	NONE
GP/I3	GP/I3 - Internet Policy	01/01/2007	01/05/2019	4	eHealth Security Manager	eHealth ICT Manager, eHealth Quality & Governance Manager, General Manager - eHealth &IMT	COO	GP/O2-5 - Use of Staff Intranet Discussion Forums - **16/01/2016**
GP/I4	GP/I4 - eHealth Procurement Policy	01/09/2008	01/05/2019	5	eHealth Business Manager, Transitions Support Officer	Quality & Governance Manager - eHealth IMT	COO	GP/P3-1 - Picture Archiving and Communication System (PACS) - **20/01/2016**
GP/I5	GP/I5 - Information Security Policy	01/01/2007	01/05/2019	4	eHealth Security Manager	eHealth ICT Manager, eHealth Quality & Governance Manager, General Manager -	COO	GP/P3-1 - Picture Archiving and Communication System (PACS) - **20/01/2016** GP/D3-11 - Supplier Relationships Procedure - **01/09/2020** GP/D3-13 - System Access Provisioning Procedure - **30/09/2020** GP/O2 - 5 - Use of Staff Intranet Discussion Forums **16/01/2016**
GP/I6	GP/I6 - IT Change Management Policy	01/02/2009	01/06/2021	4	eHealth CCR Manager	eHealth Quality & Performance Manager	COO	GP/D3-2 - Access Controls for Information Systems - **01/09/2019** GP/D3-11 - Supplier Relationships Procedure - **01/09/2020**
GP/M4	GP/M4 - Media Handling Policy	01/06/2009	01/06/2019	3	eHealth Endpoint Infrastructure Manager	eHealth ICT Manager, eHealth Quality & Governance Manager, General Manager - eHealth &IMT	COO	NONE
GP/M5	GP/M5 - Mobile Device Management Policy	01/10/2007	01/05/2019	4	eHealth Systems Support Team Leader	eHealth Information Security Manager, eHealth Endpoint Manager	COO	NONE
GP/P2	GP/P2 - Password Policy	01/01/2007	01/05/2019	4	eHealth Security Manager	eHealth Security Manager, General Manager - eHealth & IMT	COO	GP/D3-2 - Access Controls for Information Systems - **01/09/2019** GP/P3-1 - Picture Archiving and Communication System (PACS) - **20/01/2016**
GP/P8	GP/P8 - Patient Access Policy	01/10/2012	29/09/2020	11	Head of Health Records	Divisional Head of Health Records	Associate Director of Planning and Performance	NONE
GP/R8	GP/R8 - Health Records Retention and Destruction	01/01/2011	01/01/2020	4	Head of Health Records	Assistant Head of Health Records	Director of Clinical Delivery	NONE
GP/R9	GP/R9 - Health Records	01/01/2011	01/01/2020	3	General Manager - Clinical and Support Access	Divisional Head of Health Records	Director of Acute Services	NONE
GP/S8	GP/S8 - eHealth Incident Management Policy	01/06/2009	01/11/2020	3	eHealth Security Manager	eHealth Business Manager & Delivery Manager, eHealth Quality and Governance Manager	COO	NONE
GP/V2	GP/V2 - IT Virus Protection Policy	01/06/2009	01/01/2022	4	eHealth Security Manager	eHealth Systems Infrastructure Manager	COO	NONE

Estates & Facilities

Policy No	Policy Title	Implementation Date	Review Date	Version No.	Author	Reviewer	Owner	Relating Procedures
GP/A1	GP/A1 - Asbestos Policy	01/01/2006	01/12/2020	3.1	Estates Officer - Specialist and Compliance	Estates, Sector Estates Manager	Director of Estates, Facilities & Capital Services	NONE
GP/C1	GP/C1 - Confined Spaces	01/01/2006	01/07/2019	2	Estates Services Manager (G&NEF)	Head of Estates & Facilities	Director of Estates, Facilities & Capital Services	NONE
GP/C4	GP/C4 - Control of Construction Contractors	01/04/2007	01/07/2019	3	Estates service Manager	Head of Estates & Facilities	Director of Estates, Facilities & Capital Services	NONE
GP/C8	GP/C8 - Car Parking Policy	11/01/2011	01/06/2019	4	Security Manager/Travel Plan Co-ordinator	Security Manager/Travel Plan Co-ordinator	Director of Estates, Facilities & Capital Services	NONE
GP/D1	GP/D1 - Fife Wide Decommissioning of Premises Policy	01/05/2017	01/05/2018	1	Jim Rotheram (Facilities Manager)	Director of Estates, Facilities & Capital Services (Andrew Fairgrieve)	Director of Estates, Facilities & Capital Services	NONE
GP/E3	GP/E3 - Electrical Safety	01/01/2006	01/11/2020	5.6	Estates Officer - Specialist and Compliance	Head of Estates, H&S Advisor, Sector Estates Managers	Director of Estates, Facilities & Capital Services	NONE
GP/E4	GP/E4 - Medical Equipment Management	01/09/2015	01/11/2020	2	Medical Physics Manager	Head of Estates	Director of Estates, Facilities & Capital Services	GP/E4 - 01 - Medical Physics Operational Procedure - **01/07/2019**
GP/F2	GP/F2 - Fire Safety Policy	31/05/2015	01/05/2021	4	Senior Fire Advisor	Estates Compliance Manager, Fire Safety Advisor	Director of Estates, Facilities & Capital Services	GP/F2-1 - Fire Safety Procedure Guidance - **01/05/2021**
GP/H4	GP/H4 - Hospitality Policy	01/05/2013	01/04/2019	2	Facilities Manager	Facilities Manager	Director of Estates, Facilities & Capital Services	GP/E8-7 - Rooms Bookings - **01/05/2016**
GP/L1	GP/L1 - Water Systems Management	07/03/2013	26/03/2020	2	Head of Estates	Water Safety Group	Director of Estates, Facilities & Capital Services	NONE
GP/M2	GP/M2 - Mercury Control	01/09/2006	09/07/2021	3.3	Estates Services Manager (G&NEF)	Estates Services Manager (G&NEF) Head of Estates, H&S Advisor, Sector Estates Managers	Director of Estates, Facilities & Capital Services	NONE
GP/M3	GP/M3 - Management of Medical Gases	01/12/2009	01/11/2022	3	Estates Services Manager, OHSAS, Lead Community Services Pharmacy Technician	Estates Services Manager, OHSAS, Lead Community Services Pharmacy Technician	Director of Estates, Facilities & Capital Services	GP/M3-1 - Procedure from Medical Gas Cylinders - **01/11/2022** GP/M3-2 - Medical Gas Pipeline Systems - **01/11/2022** GP/M3-3 - Procedure for the Safe Storage, Use and Transport of Liquid Nitrogen - **01/11/2022**
GP/P7	GP/P7 - Care of patients personal clothing	01/02/2009	01/09/2020	8	Support Services Manager	Support Services Manager	Director of Estates, Facilities & Capital Services	GP/E8-5 - Safe Handling of Laundry - **23/04/2016**
GP/S3	GP/S3 - Safe And Effective Use Of Unwrapped Instrument And Utensil Sterilizers	01/08/2006	01/07/2019	4	Estates Officer - (Decontamination)	Head of Estates & Facilities	Director of Estates, Facilities & Capital Services	NONE
GP/V1	GP/V1 - Ventilation Systems	NEW	TBC	1	Estates Compliance Manager	Estates Managers	Director of Estates, Facilities & Capital Services	NONE
GP/W1	GP/W1 Waste Management	30/11/2013	21/03/2021	2	Waste Management Officer	Head of Facilities	Director of Estates, Facilities & Capital Services	NONE
GP/W4	GP/W4 - Window Management	01/01/2006	09/07/2021	3.3	Head of Estates	Estates Compliance Manager, Sector Estates Managers, H&S Adviser	Director of Estates, Facilities & Capital Services	GP/E8-9 - Work Environment Procedure - **10/01/2014**

Health & Safety

Policy No	Policy Title	Implementation Date	Review Date	Version No.	Author	Reviewer	Owner	Relating Procedures
GP/HI	GP/H1 - Health & Safety Policy	20/10/2017	20/12/2019 - going through approval process	1	Health & Safety Manager	Health & Safety Manager	Director of Estates, Facilities & Capital Services	NONE
GP/H5	GP/H5 - Health Assessment and Surveillance	15/10/2009	15/10/2011 - rewrite in progress	3	Health & Safety Adviser/Occupational Health		Director of Estates, Facilities & Capital Services	GP/E8-9 - Work Environment Procedure - **10/01/2014**
GP/M1	GP/M1 - Manual Handling	01/02/2006	01/01/2016 - going through approval process	2	Manual Handling Advisor		Director of Estates, Facilities & Capital Services	NONE
GP/N1	GP/N1 - Noise At Work	01/04/2014	01/10/2018 - going through approval process	2	Health & Safety Adviser	Health & Safety Adviser	Director of Estates, Facilities & Capital Services	NONE
GP/P4	GP/P4 - Personal Protective Equipment (PPE)	01/03/2007	01/01/2016 - going through approval process	2	Facilities Manager	Facilities Manager	Director of Estates, Facilities & Capital Services	GP/E8-5 - Safe Handling of Laundry - **23/04/2016** GP/E5 - 8 - Dangerous Substance and Explosive Atmosphere - **01/05/2020** GP/E8-9 - Work Environment Procedure - **10/01/2014**
GP/V4	GP/V4 - Violence and Aggression at Work	01/01/2006	01/12/2020	6	Health & Safety Advisor	Violence and Aggression Reduction Advisor	Director of Estates, Facilities & Capital Services	NONE

Medical Director

Policy No	Policy Title	Implementation Date	Review Date	Version No.	Author	Reviewer	Owner	Relating Procedures
GP/I1	GP/I1 - Management of Intellectual Property	01/02/2007	13/10/2022	8	Research & Development Manager	Research & Development Manager, Research & Development Manager	Medical Director	GP/I1-1 - Procedure for the management of intellectual property - **30/06/2019**
GP/I9	GP/I9 - Adverse Events	03/06/2013	22/03/2021	4	Risk Manager NHS Fife	Risk Manager & Head of Quality and Clinical Governance NHS Fife	Medical Director	NONE
GP/M7	GP/M7 - Medical Revalidation and Appraisal Policy	Replaced by HR Policy MED HR2 and related procedure MED HR3.						
GP/P3	GP/P3 - Picture Archiving and Communications System (PACS)	02/10/2005	01/03/2020	1	Radiology IM&T Systems Manager	Radiology IM&T Systems Manager	Medical Director - Primary Care	GP/P3-1 - Picture Archiving and Communications System - **20/01/2016**
GP/R3	GP/R3 - Research Fraud and Misconduct	01/10/2006	12/09/2022	7	Research & Development Manager	Research & Development Commercial Manager, Research & Development Manager	Medical Director - Primary Care	NONE
GP/S2	GP/S2 - Smoking	01/03/2013	01/03/2016	2	Health & Safety Team Leader, OHSAS; Tobacco Co-ordinator, NHS Fife; Consultant in Public Health Medicine, NHS Fife	NHS Fife General Policies Group/EDG	Medical Director / Director of Nursing	NONE
GP/S6	GP/S6 - Screening of NHS Fife staff during an outbreak of an infectious disease	01/01/2007	01/12/2020	2	Medical Director, Operational Division	Infection Control Manager	Medical Director	NONE

Nurse Director

Policy No	Policy Title	Implementation Date	Review Date	Version No.	Author	Reviewer	Owner	Relating Procedures
GP/A2	GP/A2 - Use of Independent Advocacy	01/07/2009	22/12/2021	5	Director of Nursing	Legislation Manager (Clinical Services), Public Partnership Development Co-	Nurse Director	NONE
GP/I8	GP/I8 - Infection Control	01/04/2010	01/05/2020	3	Infection Control Manager	Infection Control Manager	Nurse Director	NONE
GP/R7	GP/R7 - Risk Register and Risk Assessment	01/11/2009	01/12/2018 - in progress	3	NHS Fife Risk Manager	NHS Fife Risk Manager	Nurse Director	GP/E8 -8 - Dangerous Substance Hazardous to Health Procedure **01/05/2020** GP/E8-9 - Work Environment Procedure - **10/01/2014**
GP/V3	GP/V3 - Volunteering Policy	01/04/2010	01/10/2020	3	Patient Relations Manager	Equality and Human Rights Lead	Nurse Director	NONE

Estates, Facilities and Capital Services

Procedure No.	Title	Implementation Date	Next Review Date	Version	Author	Responsible Director	Related Policy
GP/E4 - 01	Medical Physics Operational Procedure	01/07/2018	01/07/2019	1	Medical Physics Manager	Director of Estates, Facilities & Capital Services	NONE
GP/E8-1	Food Safety	01/01/2006	22/02/2016	1	Quality Assurance Manager	Director of Estates, Facilities and Capital Services	NONE
GP/E8-10	Drivers Operating Procedures	01/05/2015	01/03/2021	2.1	Fleet Manager	Director of Estates, Facilities and Capital Services	NONE
GP/E8-2	Catering Services - Contingency Plan Kitchen Failure	01/12/2007	22/04/2015	1	Facilities Manager	Director of Estates, Facilities and Capital Services	NONE
GP/E8-3	Emergency/Restoration Cleaning	01/04/2008	22/03/2016	3	Support Services Manager	Director of Estates, Facilities and Capital Services	NONE
GP/E8-4	Catering: Hazard Analysis Critical Control Point (HACCP)	01/03/2007	23/04/2016	1	PPP Operational Control Manager (St Andrews)	Director of Estates, Facilities and Capital Services	NONE
GP/E8-5	Safe Handling of Laundry	01/04/2006	23/04/2016	1	Support Services Manager	Director of Estates, Facilities and Capital Services	NONE
GP/E8-6	Grounds and Gardens	01/05/2008	01/10/2022	3	Support Services Manager	Director of Estates, Facilities and Capital Services	NONE
GP/E8-7	Room Bookings	07/11/2007	01/05/2016	2	Facilities Officer	Director of Estates, Facilities and Capital Services	GP/H4 - Hospitality Policy
GP/F2-1	Fire Safety Procedure Guidance	31/01/2015	01/05/2021	1	Senior Fire Advisor	Director of Estates, Facilities and Capital Services	GP/F2 - Fire Safety Policy
GP/L2	Dealing with Lead at Work	01/03/2006	01/02/2021	4	Estates Service Manager	Director of Estates, Facilities and Capital Services	GP/M1 - Manual Handling
GP/M3-1	Procedure for Medical Gas Cylinders	01/05/2013	01/11/2022	4	Estates Service Manager (VHK)	Director of Estates, Facilities and Capital Services	GP/M3 - Management of Medical Gases
GP/M3-2	Medical Gas Pipeline Systems	01/05/2013	01/11/2022	4	Estates Service Manager	Director of Estates, Facilities and Capital Services	GP/M3 - Management of Medical Gases
GP/M3-3	Procedure for the Safe Storage, Use and Transport of Liquid Nitrogen	01/05/2013	01/11/2022	2	OHSAS H&S Advisor	Director of Estates, Facilities and Capital Services	GP/M3 - Management of Medical Gases
GP/R5	Taxi Procedure	31/08/2018	31/08/2019	1	N/A	Director of Estates, Facilities and Capital Services	NONE
GP/V1	Control of Vibration of Work Procedure	01/08/2006	01/08/2019	2	H&S Advisor	Director of Estates, Facilities and Capital Services	GP/H5 Health Assessment and Surveillance/ GP/R7 Risk Register and Risk Assessment

Health & Safety

Procedure No.	Title	Implementation Date	Next Review Date	Version	Author	Responsible Director	Related Policy
GP	Monitoring of Trainee Doctors' Hours	01/06/2011	01/09/2017	2	Associate Medical Director's Directorate Manager/Head of Human Resources		NONE
GP/C3	Control of Substances Hazardous to Health Procedure	01/05/2010	01/05/2019	4	Health & Safety Advisor	Director of Estates, Facilities & Capital Services	GP/H5 - Health Assessment and Surveillance GP/R7 - Risk Register and Risk Assessment
GP/D1 - 1	Display Screen Equipment Risk Assessment Procedure	10/07/2015	10/12/2018	1	Health & Safety Advisor	Director of Estates, Facilities & Capital Services	GP/R7 - Risk Register and Risk Assessment
GP/E8-8	Dangerous Substance and Explosive Atmosphere (DSEAR)	01/10/2008	01/05/2020	3	Health & Safety Advisor	Director of Estates, Facilities & Capital Services	GP/C3 - Control of Substances Hazardous to Health Procedure GP/P4 - Personal Protective Equipment (PPE) GP/R7 - Risk Register and Risk Assessment
GP/E8-9	Work Environment Procedure	01/01/2006	10/01/2014	3	Health & Safety Advisor	Director of Estates, Facilities & Capital Services	GP/H5 - Health Assessment and Surveillance GP/R7 - Risk Register and Risk Assessment GP/P4 - Personal Protective Equipment (PPE) GP/W4 - Window Management GP/W2 - Work at Height
GP/G1-1	Glove Selection Procedure	21/12/2015	07/12/2020	2	Health & Safety Advisor	Director of Estates, Facilities & Capital Services	NONE
GP/L6	Lone Worker Procedure	01/11/2007	01/11/2021	2	Health & Safety Advisor	Director of Estates, Facilities & Capital Services	GP/E7 - Non NHS Fife Equipment
GP/W2	Work at Height	01/01/2006	01/01/2021	2	PIN	Director of Estates, Facilities & Capital Services	GP/E8-9 - Work Environment Procedure - **10/01/2014**

eHealth

Procedure No.	Title	Implementation Date	Next Review Date	Version	Author	Responsible Director	Related Policy
GP/D3-1	Data Protection - Annexe 1 - Compliance Aims	01/11/2008	01/12/2015	2	Data Protection Coordinator	COO	NONE
GP/D3-2	Access Controls for Information Systems	01/10/2017	01/09/2019	4	Information Security Officer	COO	GP/D3 -Data Protection and Confidentiality GP/I6 - eHealth Change Management GP/B2 - eHealth Remote Access Policy GP/P2 - Password Policy
GP/D3-3	Safe Haven' Procedure on Holding & Transmission of Personal, Confidential & Patient Identifiable Information	01/12/2008	01/12/2015	2	Data Protection Coordinator	COO	NONE
GP/D3-4	Safe Haven' Procedure for Fax Machines - Position and Access Controls	01/12/2008	01/12/2015	2	Data Protection Coordinator	COO	NONE
GP/D3-5	Safe Haven' Procedure for Operating Fax Machines	01/12/2008	01/12/2015	2	Data Protection Coordinator	COO	GP/E6 - Email Policy
GP/D3-6	Safe Haven' Procedure - Actions to be taken in event of fax sent or received in error	01/12/2008	01/12/2015	2	Data Protection Coordinator	COO	NONE
GP/D3-7	Good Practice Guide - Using Office Equipment & Machinery	02/12/2008	01/12/2015	2	Data Protection Coordinator	COO	GP/D3 - Data Protection and Confidentiality GP/E6 - Email Policy GP/R4 - Management, Retention, Storage and Destruction of all Business and Administrative Information and Records GP/E7 - Non NHS Fife Equipment
GP/D3-8	Lost & Stolen Health Records Procedure	01/07/2011	01/12/2015	2	Data Protection Coordinator	COO	GP/R4 - Management, Retention, Storage and Destruction of all Business and Administrative Information and Records
GP/D3-9	Lost & Stolen Health Records Procedure (CHP's)	01/07/2011	01/12/2015	2	Data Protection Coordinator	COO	NONE
GP/D3-10	Lost & Stolen Health Records Procedure (Operational Division)	01/07/2011	01/12/2015	2	Data Protection Coordinator	COO	NONE
GP/D3-11	Supplier Relations Procedure	01/09/2017	01/09/2020	3	Information Security Manager	COO	GP/D3 -Data Protection and Confidentiality GP/I6 - eHealth Change Management GP/I5 - Information Security Policy
GP/D3-14	Guidance for Staff on Information Sharing with Police	01/08/2009	01/08/2016	3	Data Protection Coordinator	COO	GP/D3 -Data Protection and Confidentiality
GP/R9-1	Procedure - Transportation of Health Records - Best Practice Guide	01/04/2014	01/04/2017	1	Assistant Head of Health Records	COO	GP/I2 - Incident Management Policy (GP/I2)

Medical Director

Procedure No.	Title	Implementation Date	Next Review Date	Version	Author	Responsible Director	Related Policies
GP/D3-12	Subject Access to Health Records	01/12/2013	01/12/2016	1	Head of Health Records	Medical Director	GP/D3 -Data Protection and Confidentiality
GP/D3-13	System Access Provisioning Procedure	14/09/2017	30/09/2020	1	eHealth Business and Delivery Manager/Information Governance Advisor	Medical Director	GP/D3 -Data Protection and Confidentiality GP/L5 - Information Security Policy
GP/I1-1	Procedure for the Management of Intellectual Property	01/10/2013	13/10/2022	7	Research & Development Manager	Medical Director	GP/I1 - Management of Intellectual Property Policy
GP/M7-1	Medical Revalidation and Appraisal Procedure	Replaced by HR procedure MED HR3.					
GP/O1-1	Out Of Hours Urgent Care Service Transport Procedure	16/12/2019	16/12/2020	1	Urgent Care Services Fife, West Division	Director of Health & Social Care	GP/R5 - Taxi Procedure
GP/P3-1	Picture Archiving and Communications System (PACS) Procedure	20/01/2014	20/01/2016	1	Radiology IM&T Systems Manager	Medical Director, Primary Care	GP/I4 - eHealth Procurement Policy GP/B2 - eHealth Remote Access Policy GP/I5 - Information Security Policy GP/P2 - Password Policy GP/P3 - Picture Archiving and Communications System

Corporate

Procedure No.	Title	Implementation Date	Next Review Date	Version	Author	Responsible Director	Related Policy
FOI 1	Freedom of Information Statement and Review Procedure	12/03/2013	31/03/20014	1	Head of Corporate Services	Head of Corporate Services	GP/O2 - Online Communications
GP/O2-3	All Staff Email	15/05/2013	15/05/2014	1	Web and Intranet Co-ordinator	Head of Corporate Services	GP/O2 - Online Communications
GP/O2-4	Social Media	15/05/2013	15/05/2014	1	Web and Intranet Co-ordinator	Head of Corporate Services	GP/O2 - Online Communications
GP/O2-5	Use of Staff Intranet Discussion Forums	16/01/2015	16/01/2016	1	Web and Intranet Co-ordinator	Head of Corporate Services	GP/O2 - Online Communications GP/I5 - Information Security Policy GP/I3 - Internet Policy
GP/P1-1	Policies, Procedures and Guidelines: Writing and Approval	01/08/2013	09/03/2021	2	Clinical Effectiveness Coordinator	Chair General Policy Group; Chair Human Resources Policy Group; Chair Clinical Policy & Procedures Group	NONE
GP/R4-1	Disposal of Confidential Waste Procedure - Paper Records	01/09/2013	31/03/2020	2	Corporate Records Manager	Director of Planning and Strategic Partnerships	GP/R4 - Management , Retention , Storage and Destruction of all Business and Administrative Information and Records

Misc.

Procedure No.	Title	Implementation Date	Next Review Date	Version	Author	Responsible Director	Related Policy
GP/R9-2	Procedure for Managing Templates for Outpatient Clinics	01/10/2015	01/10/2018	2	Health of Health Records	Divisional General Manager -Planned Care	NONE
GP/S7-1	Department of Spiritual Care Standard Operating Procedure	01/06/2012	01/06/2013	1	Head of Spiritual Care	n/a	NONE

Finance, Performance & Resources Committee

DATE OF MEETING:	14 January 2020
TITLE OF REPORT:	NHS Fife Board Assurance Framework (BAF): Financial Sustainability
EXECUTIVE LEAD:	Carol Potter, Director of Finance & Performance
REPORTING OFFICER:	

Purpose of the Report (delete as appropriate)		
For Decision		

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 as contained in 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 an update on NHS Fife BAF specifically in relation to Financial Sustainability as at end July 2019.

Background

As previously reported, the 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 its target or tram - lining

The Committee is invited to re-consider the following :

- 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 December 2019/20. 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. Members are asked to note that risk 1364 has been increased from a score of 16 to 20.

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	Initial Score: Likelihood (Initial)	Initial Score: Consequence (Initial)	Initial Score: Rating (Initial)	Initial Score: Level (Initial)	Current Score: Likelihood (Current)	Current Score: Consequence (Current)	Current Score: Rating (Current)	Current Score: 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	Target Score: Likelihood (Target)	Target Score: Consequence (Target)	Target Score: Rating (Target)	Target Score: Level (Target)	Rationale for Target Score
Financial Sustainability																													
1413	Sustainable	31/12/2019	29/02/2020	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	*Ongoing actions designed to mitigate the risk including:* 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 *prior* to the application of the risk share arrangement	Director of Finance / Chief Operating Officer / Director of Health & Social Care Director of Finance	Ongoing 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 monhtly 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 (speficially 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.

Linked Operational Risk(s)

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

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	C Potter

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
1513	NHSFBD - Brexit Risk Register	04/10/2018	Financial and Economic impact of Brexit	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.	5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Extreme	High Risk	25	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.	5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Extreme	High Risk	25	1 - Remote - Can't believe this event would happen	1 - Negligible	Very Low Risk	1	Potter, Carol	Chapman, Yvonne	31/12/2019	29/02/2020
1363	NHSFBD - Finance Directorate Risk Register	13/06/2017	Health and Social Care Integration	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".	4 - Likely - Strong possibility this could occur	5 - Extreme	High Risk	20	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 *prior* 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.	4 - Likely - Strong possibility this could occur	5 - Extreme	High Risk	20	3 - Possible - May occur occasionally - reasonable chance	3 - Moderate	Moderate Risk	9	Potter, Carol	**Laura Stewart**	**31/12/2019**	**29/02/2020**
1364	NHSFBD - Finance Directorate Risk Register	13/06/2017	Efficiency Savings	There is a risk that the organisation may not fully identify the level of savings required to achieve financial balance.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	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.	4 - Likely - Strong possibility this could occur	**5 - Extreme**	High Risk	**20**	3 - Possible - May occur occasionally - reasonable chance	3 - Moderate	Moderate Risk	9	Potter, Carol	**Laura Stewart**	**31/12/2019**	**29/02/2020**
1357	NHSFBD - Finance Directorate Risk Register	13/06/2017	Financial Planning, Management and Performance	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.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	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.	3 - Possible - May occur occasionally - reasonable chance	4 - Major	Moderate Risk	12	3 - Possible - May occur occasionally - reasonable chance	4 - Major	Moderate Risk	12	Potter, Carol	**Laura Stewart**	**31/12/2019**	**29/02/2020**

Finance, Performance and Resources Committee

DATE OF REPORT:	14 January 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.

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.

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)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score: Likelihood (Initial)	Initial Score: Consequence (Initial)	Initial Score: Rating (Initial)	Initial Score: Level (Initial)	Current Score: Likelihood (Current)	Current Score: Consequence (Current)	Current Score: Rating (Current)	Current Score: 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	Target Score: Likelihood (Target)	Target Score: Consequence (Target)	Target Score: Rating (Target)	Target Score: Level (Target)	Rationale for Target Score
Strategic Planning																													
1417	Person Centred, Clinically Excellent, Exemplar Employer, Sustainable	17.12.2019	01.02.2020	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. **Key Risks** 1. Community/Mental Health redesign is the responsibility of the H&SCP/IJB which hold	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, worforce 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 chan	4 - Major	12	Moderate	Once governance and monitoring is in place and transformation programmes are being realised, the risk level should reduce.

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			

Finance, Performance & Resources Committee

DATE OF MEETING:	14 January 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

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 as contained in 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.

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 its target or tram - lining

The Committee is invited to consider the following :

- 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.

Both PFI providers at St Andrews and the VHK have started the replacement program for the flexible hoses . Only when these projects been completed will we remove them from the relevant BAF and risk registers .

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.

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score: Likelihood (Initial)	Initial Score: Consequence (Initial)	Initial Score: Rating (Initial)	Initial Score: Level (Initial)	Current Score: Likelihood (Current)	Current Score: Consequence (Current)	Current Score: Rating (Current)	Current Score: 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	Target Score: Likelihood (Target)	Target Score: Consequence (Target)	Target Score: Rating (Target)	Target Score: Level (Target)	Rationale for Target Score
Environmental Sustainability																													
1414	Sustainable, Clinically Excellent	18.12.2019	18.03.2020	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 2. Increase number of site audits	Director of Estates, Facilities & Capital Services Estates Quality Manager	Ongoing as limited funding available Ongoing	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.

Linked Operational Risk(s)

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

Previously Linked Operational Risk(s)

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		

ID	1252	1207	1007	1296
Position of Risk (Risk Register)	Corporate Directorate - Estates Risk Register	Corporate Directorate - Estates Risk Register	Acute Services - Planned Care - Theatres/Anaesthetics Risk Register	CORPORATE RISK REGISTER, Corporate Directorate - Estates Risk Register
Opened	02.06.2016	18.02.2016	11.02.2015	22.08.2016
Title	Flexible PEX hoses in PHASE 3 VHK	Water system Contamination STACH	Theatre Phase 2 Remedial work	Emergency Evacuation, VHK Phase 2 Tower Block
Description	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.	There is a risk of water contamination within the building due to the use of flexible hoses supplying all outlets.	Risk of increased loss of service due to deteriorating fabric of building resulting in reduced ability to reach TTG targets.	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.
Likelihood (initial)	3 - Possible - May occur occasionally - reasonable chance	4 - Likely - Strong possibility this could occur	3 - Possible - May occur occasionally - reasonable chance	4 - Likely - Strong possibility this could occur
Consequence (initial)	5 - Extreme	5 - Extreme	5 - Extreme	5 - Extreme
Risk level (initial)	High Risk	High Risk	High Risk	High Risk
Rating (initial)	15	20	15	20
Current Management Actions	JR/AF - 17/12/2019 - Programme of replacement is underway.	JR/AF - 17/12/2019 - Projco have agreed to replace. Awaiting contractor starting on site. Dates to be advised.	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.	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.
Likelihood (current)	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance	4 - Likely - Strong possibility this could occur
Consequence (current)	5 - Extreme	5 - Extreme	5 - Extreme	5 - Extreme
Risk level (current)	High Risk	High Risk	High Risk	High Risk
Rating (current)	15	15	15	20
Likelihood (Target)	2 - Unlikely - Not expected to happen - potential exists	1 - Remote - Can't believe this event would happen	1 - Remote - Can't believe this event would happen	1 - Remote - Can't believe this event would happen
Consequence (Target)	5 - Extreme	5 - Extreme	5 - Extreme	5 - Extreme
Risk level (Target)	Moderate Risk	Low Risk	Low Risk	Low Risk
Rating (Target)	10	5	5	5
Risk Owner	Fairgrieve, Andrew	Fairgrieve, Andrew	Cross, Murray	Fairgrieve, Andrew
Handler	Bishop, Paul	Melvin, Helen	Lowe, David	Ramsay, Jimmy
Previous Review Date	17.12.2019	17.12.2019	17.12.2019	17.12.2019
Next Review	31.03.2020	31.03.2020	30.04.2020	31.03.2020

Finance, Performance & Resources Committee

DATE OF MEETING:	14 January 2020
TITLE OF REPORT:	Annual Accounts – Progress Update on Audit Recommendations
EXECUTIVE LEAD:	Carol Potter, Director of Finance
REPORTING OFFICER:	Mark Doyle, Assistant Director of Finance

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

SBAR REPORT

Situation

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

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 December 2019.

Recommendation

The Finance, Performance & Resources Committee is asked to:

- **note** the actions taken to date, particularly in relation to the recommendations related to areas under 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

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 31 December 2019
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.	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. The template for Standing Committee Annual Assurance Statements could assist in this process by including: • 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 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.	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	Initial 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	As above. Amended letter used for recent departures of Director of Health & Social Care, Director of Workforce and Chief Operating Officer.
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	Risk Management report on agenda for A&R January 2020 meeting providing update on Framework development, with revised timescales.

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 '*Work Generated by the group shall be formally reported to EDG and the Staff Governance Committee as appropriate*' 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	An update is scheduled to be provided to the Staff Governance Committee in January 2020 on these outstanding actions.
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	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 for present year currently underway, using the same template as in use with other governance committees.
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 • 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	Report has been delayed, pending further discussion in early January 2020 with the Chair of Clinical Governance about the reporting lines of eHealth / IG and associated assurance needs of the Clinical Governance Committee. Report now estimated to be produced in Spring 2020.

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.

Issue / Risk	Recommendation	Management Response	Responsible Director Action by Date	Relevant Governance Committee	Update on Progress as at 30 December 2019
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	Currently being progressed. Verbal update to be given at A&R January meeting.
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	Discussions ongoing within the IJB in relation to delivery of savings. Deloitte LLP engaged to drive forward a robust programme of savings across Acute Services. Presentation, which has been provided to the FP&R Committee and the Board in November 2019, with further updates scheduled for January 2020 meetings.
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.

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.**	The NHS Fife website requires further improvement to make it more user friendly. Committee papers should be uploaded on a timely basis.	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.	***Head of Communications*** ***31 December 2019***	Finance, Performance & Resources	Procurement and tender process completed and agreement reached to engage an external website development agency, to begin work early in 2020.
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.**	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.	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.	***No further action required***	All	Complete

7. Committee self- assessment process Members have identified several areas to improve the effectiveness of committees but no action on these has been taken to date. **There is a risk that action is not taken on the results of the self-assessment process to improve the effectiveness of governance committees.**	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.	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.	***Board Secretary*** ***31 October 2019***	Audit & Risk	Update given to the Board in November 2019 on completion of the current Blueprint Action Plan, and this reported externally to the Scottish Government. Revised committee self-assessment questionnaire agreed with Committee chairs and now out for members' completion in December 2019.

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.**	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.	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.	***Chief Executive*** ***30 September 2019***	All	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. Meeting underway with Integration Partners to begin review of the present Integration Scheme, which will take into account existing governance structures and reporting lines.
9. IT data recovery There is no technical recovery procedure for either Trakcare or Patientrack 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.**	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.	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.	***General Manager, eHealth*** ***31 December 2019***	Clinical Governance	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**.

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**.
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	Outstanding activity is an audit in relation to adherence to 'records retention' policies, which has only recently commenced, and is expected to be completed by **30 March 2020**.

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.**	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.	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.	***Director of Workforce*** ***30 September 2019***	Staff Governance	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.
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.**	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	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	***Director of Finance & Performance*** ***30 September 2019***	All	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.
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.**	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.	This issue is recognised and will be addressed in line with the previous action above		All	The refresh of the governance arrangements for transformation across Fife has resulted in the establishment of the Integrated Transformation Board (ITB). Further support is available via the Interim Director of the Project Management Office for a six-month period.

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.**	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.	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	***Associate Director of Planning & Performance*** ***30 September 2019***	Clinical Governance	A refresh of the clinical strategy is scheduled and is expected to be completed by the end of the financial year.
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.**	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.	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.	***Director of Finance*** ***31 March 2020***	Audit & Risk	Timetable for 2019/20 has been agreed as part of External Audit Annual Plan, and internal support will be aligned appropriately.

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.**	A method of collecting and collating a significant sample of individual balances should be introduced for medical and dental staff.	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.	***Deputy Director of Finance*** ***31 March 2020***	Audit & Risk	Work will commence in the new calendar year.
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.**	Detailed savings plans should be developed to ensure that NHS Fife can deliver the required savings.	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.	***Chief Operating Officer*** ***31 July 2019***	Finance, Performance & Resources	See update provided for items 3 & 4 above.

Finance, Performance & Resources Committee

DATE OF MEETING:	14th January 2020
TITLE OF REPORT:	PPP Performance Monitoring Annual Report 2018-19
EXECUTIVE LEAD:	Andy Fairgrieve, Director of Estates, Facilities & Capital Services
REPORTING OFFICER:	Andy Fairgrieve, Director of Estates, Facilities & Capital Services

Purpose of the Report
For Information

SBAR REPORT
Situation This is the annual report for the two NHS Fife PPP sites (St Andrews Community Hospital and Phase 3 of the Victoria Hospital Kirkcaldy).
Background Private Finance Initiative (PFI) as well as Public Private Partnership (PPP) are the generic terms for projects involving both the public and private sectors. The NHS Fife PFI / PPP projects consist of Phase 3 at the Victoria Hospital Kirkcaldy and the St Andrews Community Hospital . An audit carried out on the 15th Sept 2016 highlighted the need for PPP annual reports.
Assessment Although the audit opinion is **Category A – Good** i.e. There is an adequate and effective system of risk management, control and governance - to address risks to the achievement of objectives, this report has been prepared and is being presented to FP&R in order to satisfy the above recommendation. The audit report does not provide any detail on the format of these reports and it is down to the individual contractors to provide the relevant information.
Recommendation For members' information only.

Objectives: (must be completed)	
Healthcare Standard(s):	Compliance with the PPP Project Agreements
HB Strategic Objectives:	Satisfies NHSF governance arrangements
Further Information:	
Evidence Base:	Reports
Glossary of Terms:	Private Finance Initiative (PFI); Public Private Partnership (PPP)

Parties / Committees consulted prior to Health Board Meeting:	PPP contract meetings / PPP liaison Committee meetings

Impact: (must be completed)	
Financial / Value For Money	N/A
Risk / Legal:	Contract compliance
Quality / Patient Care:	N/A
Workforce:	N/A
Equality:	N/A

St Andrews Community Hospital and Health Centre

Annual Report 2019

Period of report:

This report is offered for the period April 2018 to March 2019 using the definition of Contract Year as it relates to the Payment Mechanism. NB the Financial Calendar Year for Projco (St Andrews Hospital) Ltd is January to December.

Background information

The St Andrews Community Hospital and Health Centre project reached Financial Close on 21st November 2007. Completion of construction was achieved on 31st July 2009, thereby marking the commencement of the Services Phase.

The Project Term runs for 30 years expiring on 20th June 2039.

Parties to the Project:

Party	Role
Fife Health Board under the trading name of NHS Fife	The Authority, with whom Projco (St Andrews Hospital) Ltd is in contract.
Projco (St Andrews Hospital) Ltd	ProjectCo / SPV
Topco (St Andrews Hospital) Holdings Ltd	The holding company of Project Co through which the subordinated debt and equity investment is made
Aberdeen Infrastructure II Ltd	Shareholder
GTI Consultancy Services Limited (GTICS)	GTICS provides the concession management services through a Management Services Agreement (MSA) with Project Co.
Dexia	Provider of senior debt funding to ProjectCo
Galliford Try Construction Ltd t/a Morrison Construction	The Building Contractor
Morrison Facilities Services Ltd (t/a Mears Facilities Management)	The Services Provider (Hard FM)
Pario	Company Secretary
Lloyds Pharmacy	The occupier of the Pharmacy Unit under a Sub-License with Project Co.

In addition:

Aecom fulfil the role of Funder's Technical Adviser to Dexia.

Quadriga visit the premises on an annual basis and provide Health and Safety guidance to Project Co

The Services Provider Mears

Morrison Facilities Services Limited (Mears Facilities Management) are the provider of the Hard FM services as set out in the Service Contract:
The following Service Level Specifications apply:

General Service Specification
Estates Service Specific Specification
Grounds & Garden Maintenance Service Specific Specification
Pest Control Service Specific Specification
Helpdesk Service Specific Specification
Utilities Service Specific Specification

Utilities and Energy:

Electricity and gas continue to be provided by the NHS preferred suppliers via Mears for the facility:

Gas – Total Gas and Power limited

Electricity – EDF

The payment mechanism covers Unit Cost Adjustment and Painshare / Gainshare provisions applicable to utilities.

A payment for the UCA for the period of 2016/17 UCA (£18,183.47) was made in March 2019. This had been withheld originally as it was to be offset against a potential painshare/ gainshare cost.

Within the reporting period, the main focus if the energy group has been the implementation of LED's in the facility, which has been funded by lifecycle provision in the 2019 plan. Having reviewed the data of the electricity consumption to date this year, this equates to a saving per lightbulb annually across the facility based on a 16 hour day of £10.57, which is a substantial saving.

Pharmacy Unit:

The Pharmacy Unit remains the subject of a licence agreement between Project Co and Lloyds Pharmacy (included within bible of documents) as provided for in the Project Agreement as "Permitted Project Co Operations". Refer PA definition and Schedule Part 20 for further details.

Insurance Arrangements:

AON Limited remain as Project Co's Insurance Brokers. Operational Phase insurances are in place per Section 2 of Schedule Part 21 to the Project Agreement. The renewal date for insurances is 25th February annually.

The following policies are in place:

Primary Public Liability £5M

Excess Public Liability £45M

Material Damage / Business Interruption

Material Damage / Business Interruption Terrorism

Insurance Cost Sharing Report:

This review is carried out on a bi-annual basis in accordance with the Insurance schedule.

The conclusion of the subrogation claim enabled Aon to issue the Joint Insurance Cost Report, covering the 2- year period to February 2019 in March 2019. This report calculated that NHS Fife's share of the Exceptional Saving for the period was £55,467.82 and was paid accordingly.

Vehicle collision Incident of 9th June 2016:

Early on the 9th June 2016 a vehicle collided into the GP Practice wing of the building at St Andrews Community Hospital and Health Centre. There were no casualties involved and the driver escaped from the vehicle with minor injuries notwithstanding his vehicle was lodged into the building. The collision resulted in a fire which was attended by the Fire Service and resulted in considerable fire and water damage to the rooms immediately in the vicinity of the impact with, smoke damage extending to further areas.

Project Co arranged for the Loss Adjuster to attend and a programme of works put in place to establish the extent of the damage to the fabric, services and structure of the building. The reinstatement works were completed in January 2017 and Project Co are managing the associated claim via Crawfords, the Loss Adjuster and AON, Insurance Brokers. This has now been complete and all associated financial compensation was made to NHS Fife following conclusion of the subrogation claim.

Financial:

The following are the indexed amounts applicable to the Payment Mechanism (effective for the year April 2018 – March 2019)

ASP CALCULATION AND INDEXED AMOUNTS			**2018-2019**	
		Base Cost	**Indexed**	
ANNUAL SERVICE PAYMENT		£2,383,950.00	**£ 3,264,286.04**	
PERFORMANCE FAILURES				
	Minor pf	£ 15.00	**£20.54**	
	Medium pf	£ 30.00	**£41.08**	
	Major pf	£ 100.00	**£136.93**	
MINIMUM AVAILABILITY DEDUCTION				
	Min deduct	£ 15.00	**£20.54**	
	Where used	£ 7.50	**£10.27**	
BASE COST OF SERVICES			**Indexed Amount**	**Tolerance for Minor or Medium PF's**
	Service			
	Estates	£ 162,530.00	**£ 222,548.46**	**£92.73**
	Helpdesk	£ 11,750.00	**£ 16,089.00**	**£6.70**
	Pest Control	£ 2,938.00	**£ 4,022.93**	**£1.68**
	Utilities management	£ 110,536.00	**£ 151,354.32**	**£63.06**

	General Service Specification	£ 56,167.00	**£ 76,908.14**	**£32.05**
		£ 343,921.00	**£ 470,922.85**	**£196.22**

Deductions and Service Failure Points 2018 – 2019

All Performance and Availability deductions in the reporting period are within the Contractual Thresholds and there have been no Warning Notices issued or Events of Default.

Please note as follows in relation to the above:

Small works / minor works invoices in general have been instructed in previous month(s) and the detail may not fully represent amounts committed to in the year.

Pass Through Costs:

The Payment Mechanism provides that the following are defined as Pass Through Costs:

Local Authority rates

Water, sewerage, drainage

Medical gases.

Through agreement only the LA Rates are the subject of Pass Through Costs mechanism, with other elements being paid direct by NHS Fife.

Contract Variations

The year has seen the requesting and processing of several Minor Works Requests, as for previous contract years, and fairly typical for a facility of this nature.

As has been requested a Supplementary Agreement is to be drafted to record those Board Additional Works variations since Services Commencement that the Board seek to be Life Cycled and maintained by Project Co. This document includes the proposed savings from the GP area that was affected by the fire.

Report prepared by:

Rachel Cusden

c/o Galliford Try Investments Consultancy Services
PO Box 17452
2 Lochside View
EDINBURGH EH12 1LB
Tel: 0131 338 6048; Mob: 07715 246988

Victoria Hospital Fife Project Company

Summary of Contract Year 2018/19 (Year ending 31st March 2019)

Contract Year Headlines

The Project at Victoria Hospital continues to operate well with most issues arising from the construction, operation and occupation of the hospital being addressed in an effective manner.

Relationships between the parties remain positive with good engagement at multiple levels throughout each organisation.

Work has moved on from establishing the cause and extent of the stress corrosion cracking on the Medium Temperature Hot Water (MTHW) pipework to the design stage, with Arups presenting a number of options to NHS Fife. Following a Feasibility Study which looked at around 32 options, Arup had progressed the options analysis to focus on 4 main options. All options had been analysed to consider clinical disruption and any impact on the hospital. Arup also considered the design impact on the remainder of the MTHW system (upper levels).

There have been no known additional leaks to the MTHW system during the Contract Year and those sites where leaks have previously existed have now fallen to 8 with no known active leaks on site. Work continues to design a solution. The temporary boiler remains in place to provide additional resilience to the site if needed.

During late July18 and August18 faults arose with the hospital access control system. The faults only affected the issue of new cards to newly added users for a short period of time. Existing users had been unaffected. The problems were understood to have been caused by the number of database entries exceeding the designed capacity of the database software. The recommendations by the system provider (PLAN) and maintainer (SPIE) have made implemented and an upgrade of the PC and software has been successfully completed.

Compass Group (Costa Coffee) advised Consort that they planned to revisit a refurbishment of the Costa Coffee retail unit at VHK. The works have been postponed previously and they are looking to complete the works late summer/early autumn.

Negotiations continue between NHSF and Consort to reach agreement regarding the Utility Cost Adjustment sum due to Consort in respect of the energy costs that Consort has incurred at the hospital.

Compliance to Service Level Agreements

The Project Agreement requires that non-conformances are reported by exception. However for ease of reference the following commentary relating to Leadership Performance Parameters is provided below;

Ref	Parameter	Monitoring Method	2018/19 Output	Comments
GP01a	Management structure established and operating in accordance with the Project Co's proposal.	Confirmed at the monthly progress meetings. No reported non-compliance.	Structure maintained and reviewed periodically at monthly performance meetings.	Any changes would be discussed and agreed at monthly PRC meeting
GP01b	Appropriate Project Co Staff to attend senior management meetings regarding Estates business and reports and information is supplied as requested in the agreed format.	Information submitted to Project Co in the agreed quality and format by the agreed date. Appropriate and fully informed attendees attend scheduled meetings.	Achieved	OM, TSM attend PRC meeting OM, TSMs attend Liaison meetings TSMs attend MGPS and Water Management meetings
GP01c	All systems and controls in place to safeguard property, cash and commodities are functional.	Systems agreed. Records available. No reported non-compliance.	Achieved.	Maintenance contracts in place for BMS, IDS, CCTV, Fife Alarms etc.
GP01d	Monthly Service management reports required by this Agreement are served to the Board's Representative within 5 Business Days of the beginning of each Contract Month in the agreed format and quality.	Report submitted to Project Co in the agreed quality and format by the due date.	Achieved	ENGIE present report to Consort by 3rd Business Day of each month, then reviewed and submitted by Consort.

Ref	Parameter	Monitoring Method	2018/19 Output	Comments
GP01e	Proposed variations to Services are clearly defined in the correct manner and have received written consent from the Board's Representative prior to their implementation.	Confirmed in monthly reports and discussed at monthly meetings. No non-compliances.	Achieved	Variation process in place. Discussions ongoing with NHS fife to remove the User Observation practice which needs to be removed as this is a non-contractual arrangement.
GP01f	Information relating to internal and external public relations is supplied in accordance with agreed timescales to the agreed format and quality.	Information provided in the agreed format and quality by the agreed date.	Achieved	Information provided as and when requested.
GP01g	A procedure for disseminating hazard and safety warnings is operational and disseminating information in a timely manner.	Procedure agreed with Board. No reported non-compliance.	In Place	Daily "Issues" report issued to NHSF. Safety or Hazard notices issued where relevant to NHSF
GP02	KPI ranges agreed within 5 Business Days of each Contract Year commencement.	Performance ranges are agreed with Project Co for all KPI's.	Meeting to review the KPI's to be held in December 2019 discussions with Engie already started.	Due to be reviewed December 2019 in readiness for new Contract year in April 20.
GP03a	Performance against KPIs is provided to Board Representative quarterly.	Report submitted in the agreed format and quality at the end of each quarter.	Achieved.	NHS Fife review every month.
GP03b	Action Plan developed and produced in agreed format	Action plan submitted in the agreed format and quality by the agreed date.	N/A	As per GP02
GP04	Post implementation monitoring carried out in accordance with agreed timetable.	Agreed action plans implemented and agreed monitoring undertaken in accordance with programme.	In place.	As per GP02

Ref	Parameter	Monitoring Method	2018/19 Output	Comments
GP05a	The Performance Monitoring Programme is supplied to Project Co in the agreed format no later than 4 months prior to the Service Commencement Date.	Report submitted in the agreed format and quality by the due date.	Not refreshed within this period.	
GP05b	Performance Monitoring is carried out in accordance with the Performance Monitoring Programme.	Monitoring carried out by the agreed methods.	Achieved	As per GP03a above
GP06	The monthly Performance Monitoring Report is supplied to the Board in the agreed format and quality within 5 Business Days after each Contract Month end.	Report submitted in the agreed format and quality by the due date.	Achieved	ENGIE present report to Consort by 3rd Business Day of each month, reviewed by Consort and issued to NHSF.
GP07	The Project Co shall employ sufficient staff to ensure that the Services are provided at all times and in all respects in accordance with the Service Level Specifications during holiday and absences.	Monthly review of staff records.	Achieved.	This would be reported by exception at the monthly meeting
GP08	All proposed the Project Co Staff have been medically screened in accordance with the Board Policies before employment in this Service.	Monthly review of staff records. No reported non-compliance.	As applicable to relevant staff.	ENGIE have a PPM in Maximo to regularly review records. ENGIE have a pre-employment health screening and post-employment health screening through OHSAS
GP09	All proposed Project Co Staff have been vetted and approved for work in areas such as maternity, pediatrics etc. as appropriate.	Monthly review of staff records. No reported non-compliance.	Achieved	ENGIE have a PPM in Maximo for a monthly review of Disclosure records. Consort MSA provider has Corporate, mandatory screening.

Ref	Parameter	Monitoring Method	2018/19 Output	Comments
Training and Induction				
GP10a	Project Co shall maintain up to date and complete personal training records in a format agreed with Board's Representative for all Project Co Staff and these shall be available for inspection.	Monthly review of staff records. No reported non-compliance.	Achieved	ENGIE have a training matrix with monthly PPM in Maximo to review records. This is reported each month in the performance report.
GP10b	Project Co shall provide training for Board employees as agreed and provide a copy of appropriate course attendance records to Project Co's Representative within 5 Business Days of delivery of the training.	Monthly review of staff records. No reported non-compliance.	Nothing to report	ProjectCo to discuss with the Board what the requirements are.
GP11	Project Co has a current induction programme agreed by the Board's Representative that has been reviewed within the last 12 months.	Annual review completed prior to commencement of each Contract Year.	Subject to continuous review and audit.	ENGIE have a company standard induction and local induction process for staff and contractors
GP12	All Project Co Staff have received induction training prior to starting work on the Services at the Facilities.	Monthly review of staff records. No reported non-compliance.	Achieved.	As per GP11
GP13	Project Co shall maintain and operate a programme of continuous professional development through tool box talks, training events, information sheets or on the job training.	Monthly review of staff records. No reported non-compliance.	Achieved and reported within Monthly Performance Report.	
GP14	The Project Co Staff are undertaking NVQ or similar qualifications or the Project Co is actively promoting the scheme.	Six monthly review of the Project Co's training policy and training that has actively promoted.	Achieved	No current candidates undergoing training but previous candidate completed a BIFM Level 4 certificate.

Ref	Parameter	Monitoring Method	2018/19 Output	Comments
GP15	An immunisation programme is operating and all Project Co Staff have been offered suitable inoculations.	Monthly review of staff records. No reported non-compliance.	On-going process.	As per GP08
GP16a	Project Co Staff are appropriately dressed and wear valid identification badge at all times.	Appropriate Uniform/PPE/identification badge is worn.	Achieved	All frontline staff are issued and wear the ENGIE company work wear. All ENGIE staff wears photographic ID at all times.
GP16b	Reporting procedures for Staff having come into contact with high-risk persons or areas are in place and are being correctly used.	Monthly review of procedure. No reported non-compliance.	Compliant where required.	LOP in place for relevant staff.
GP16c	Project Co has completed the survey on the due date and reported the results to Project Co's Representative.	Report submitted to Project Co in the agreed format and quality by the due date.	Not issued at this time.	ENGIE Staff Engagement survey completed in November 2018. Companywide results available on request.
GP16d	The Project Co Staff satisfaction rate is above target.	Report submitted to Project Co in the agreed format and quality by the due date.	Assessment undertaken and reviewed.	Recent result was 75%. Action plan being produced to address the main topics of dissatisfaction.
GP17	Project Co Staff turnover. Sickness and absenteeism are constantly monitored and there are measures in place to reduce rates.	Monthly review of staff records. No reported non-compliance.	In place	Weekly absence management report submitted within ENGIE.
GP18	Compliance with statutory and prescribed standards in force at the time of the event, pursuant to this Agreement.	No reported non-compliance.	In place and compliant	
GP19a	Compliance with CDM, H&S and Method Statement Requirements in for at the time pursuant to this Agreement.	No reported non-compliance.	Compliant	

Ref	Parameter	Monitoring Method	2018/19 Output	Comments
GP19b	Method Statements and procedures are complete, up to date and available for inspection by the Board's Representative.	No reported non-compliance.	Achieved	
GP20	Authorisation from the Board's Representative and/or statutory bodies where applicable has been agreed prior to work commencement.	Authorisation has been agreed.	In place	
GP21	All service delivery timings have been agreed by written consent of the Board's Representative prior to Service	Service delivery timings have been agreed prior to Service Commencement.	Achieved	
GP22	A comprehensive and up to date health and safety manual is available and used by all Staff, Project Co staff and the Board employees.	Monthly review of Health and Safety Manual. No reported non-compliance.		
GP22a	The Board's NHS Incident Record System is implemented and copies forwarded to the Health and Safety Advisor and the Head of Department.	Procedures agreed with Project Co. No reported non-compliance.	Achieved	Consort and ENGIE do not have access to the NHSF Datix system but report to this through NHSF Estates team.
GP22b	Reporting procedures for accidents and/or breaches of statutory health and safety obligations are available known and understood by all Staff and adhered to.	Procedures agreed with Project Co. No reported non-compliance.	In place	ENGIE report in-house accidents and near misses through ENGIE CID system. Any reports required to go NHSF are reported through NHSF Estates team. Engie report monthly to Consort and immediately for HIPO's or Insurance Events.

Ref	Parameter	Monitoring Method	2018/19 Output	Comments
GP22c	A suitably qualified Safety Adviser has reviewed the Project Co health and safety policies and procedures against the Board H&S policies and procedures within the last 12 months.	Suitably trained safety advisor has reviewed policies and procedures.	Achieved	Consort H&S Advisor appointed and in place. ENGIE Health and Safety Manager audit annually the site processes and policies. Regular Director Safety Tours.
GP22d	Staff are provided with suitable, appropriate and British Standard or EU equivalent compliant personal protective equipment (PPE) and clothing where necessary including but not limited to: a) Uniforms; b) gloves; c) goggles; d) plastic aprons; e) footwear f) head protection	Staff are wearing appropriate PPE.	Achieved	ENGIE have a process in place for issue and replacement of work wear and PPE which complies with the relevant BS.
GP22e	Suitable and well-stocked first aid facilities are provided and the name of the on duty first aider is clearly identified.	First aid Facilities are available.	First Aid in place	In place and monthly PPM check on stock and materials. Sufficient FA in place. All Technicians are emergency first aiders.
GP22f	H&S documentation is complete, correct and available for inspection by Project Co or authorised statutory body.	Review of records. Information provided to Board by agreed date.	Available	Health and safety information is provided in the monthly performance report.

Ref	Parameter	Monitoring Method	2018/19 Output	Comments
	The Project Co shall maintain a quality assurance system in accordance with ISO 9001 and have achieved and maintain accreditation or equivalent or better within 12 months of the Service Commencement Date.	No reported non-compliances.	Achieved	ENGIE are ISO 9001 accredited.
GP24	The Project Co shall maintain an environmental management system in accordance with ISO 14001 and have achieved and maintain accreditation or equivalent or better within 12 months of the Service Commencement Date.	No reported non-compliances.	In place	ENGIE are ISO 14001 accredited.
GP25	The Project Co has a demonstrable Sustainable Development Policy that has been developed using NEAT and Green Code.	Policy available to Project Co on request. No reported non-compliances.	Sustainability Policy in place	ENGIE have a Sustainability Plan for the company and also local versions for each contract
GP26	The Project Co has developed and reviewed contingency plans and actively disseminated this to all stakeholders and Staff.	Annual review undertaken. Updated information communicated.	Achieved	BCP reviewed annually. PPM in Maximo for this.
GP27	The Project Co has attended the agreed meetings with Project Co's Representatives at least monthly.	Scheduled meeting attended by designated Project Co Staff.	Achieved	As per GP01b
GP28	The Project Co has liaised with the relevant, Project Co Staff, Board staff, where works may impact clinical operations.	Updated list of Board Representatives are acknowledged.	Now in place	Daily "Issues" report issued to NHSF Estates

Ref	Parameter	Monitoring Method	2018/19 Output	Comments
GP29	All equipment used in the delivery of the Services is in good working order, carries the correct and valid certification/license, and is being used by a trained operative (where applicable).	The Project Co's equipment is in good working order.	In place	Register of all tools and equipment maintained. All equipment requiring calibration is registered and a PPM in Maximo for same.
GP30	An Approved List of Contractors is in operation and all listed providers undergo regular vetting.	Monthly review of supplier contractors.	In place	All contractors are vetted through ENGIE e-vendor system. Induction process in place for all contractors visiting site.

Life Cycle Update

The following planned works were approved in 2018/19;

Element	Proposed Works
External Elevations - Render	Discolouration treatments
Internal Sundries	Windows - pivot hinges
Internal Sundries	Worktops & IPS Panels
Energy Centre	Biomass - gear box
Energy Centre	Biomass - flue stabilisers
Energy Centre	Generator - batteries
Water	Mains Water Filtration plant - backwash membrane
Water	Hot & Cold Water - shower head replacements
Ventilation	Inverter drives
Fixed plant/equipment	Water heaters
Electrical	A&E Exam lamps
Comms	Nurse call handsets
Comms	Induction Loops

In addition, the following reactive lifecycle works were undertaken in 2018/19

Element	Completed Works
Damaged Fire Doors	Doors damaged by cages/trolleys
BMS Controller	BMS controller for Heat Station No.4 faulty and requires to be replaced
PTS Computer	Investigate PTS issues, replace computer hardware with new updated PC to operate on Windows 10 operating platform. Cost include to the on-site labour and travel and shipping of the new computer to site.
Access Control PC	Replacement of PC and controller software upgrade.
Heat Station 5 Pump Set	Replace bearings and seals to circulating pump sets in heat station 5 and boiler house as recommended by Grundfos following their recent service visit.
Biomass Fuel Store Works	Repairs to hydraulic system for biomass fuel store and fuel handling equipment, manufacture temporary supports for fuel store lids, empty contaminated residual biomass fuel, manufacture and replace all hose assemblies within the fuel store. Works inclusive of specialist hire equipment for lifting doors, confined spaces access, tankers and waste disposal.

The annual Programme of Planned Maintenance for 2020/21 and the rolling 5-year plan will be issued in December 2019.

Continuous Improvement

CHPQA

In collaboration with NHSF an application has been made for the Combined Heating and Power Quality Assurance accreditation for the CHP on site. This has now been approved and NHSF are receiving regular payments from OFGEM.

The Consort Scholarship, a £10,000 P/A grant funded by Consort to promote learning activities at NHSF remains in place.

This report provides information requested by the Board and is not intended to satisfy any contractual obligation.

Consort Healthcare (Fife) Ltd

November 2019

Victoria Hospital, Fife
Financial Summary 2018/19
Prepared by Consort Healthcare (Fife) Ltd

Annual Service Payment

	Schedule 17 Mandatory variant	Schedule 18 Annual payment	Variations
Base payment	396,267.00	16,906,133.00	5,360.00
April 2017 to March 2018 - indexed value	523,673.38	22,341,733.61	7,083.33
Indexation April 2017 - March 2018	1.0361	1.0361	1.0361
April 2018 to March 2019 - indexed value	542,598.68	23,149,165.87	7,339.32

Deductions summary	Deductions	Deductions adj	Net deduction
Apr-18	2,973.69		2,973.69
May-18	6,250.11		6,250.11
Jun-18	3,692.47		3,692.47
Jul-18	4,500.47		4,500.47
Aug-18	3,344.26		3,344.26
Sep-18	2,298.84		2,298.84
Oct-18	1,854.28		1,854.28
Nov-18	1,818.96		1,818.96
Dec-18	2,846.97		2,846.97
Jan-19	2,557.47		2,557.47
Feb-19	2,543.34		2,543.34
Mar-19	2,424.15		2,424.15
	37,105.01		37,105.01

Victoria Hospital, Fife
Financial Summary 2018/19
Prepared by Consort Healthcare (Fife) Ltd

Lifecycle churn

Base value	2,337,259.00	
Indexation uplift	1.37	
Indexed value	3,200,353.17	(a)
Potential variations to be included		
BV040 - Steam boiler decommisioning	97,820.00	
BV042 - Theatre pendants	72,316.00	
	170,136.00	(b)
Balance (a - b)	3,030,217.17	

5. **Lifecycle Churn**

5.1 Notwithstanding the other provisions of this Part 22 of the Schedule, the Board and Project Co agree that the amount forecast by Project Co for lifecycle costs in the Financial Model has been reduced to reflect expected savings in lifecycle costs likely to be generated through Board Additional Works Variations throughout the Project Term. The following provisions of this paragraph 5 deal with how this agreement impacts on future Qualifying Variations to the Facilities:

5.1.1 in determining the effect on the Service Payments and/or the MV Monthly Service Payments of a Qualifying Variation, any savings in the amount forecast to be required by Project Co in respect of lifecycle costs for the Facilities as set out in the Financial Model at Financial Close) following such Qualifying Variation shall not be taken into account until the aggregate amount of such savings in respect of such Qualifying Variation and all other Qualifying Variations is greater than two million three hundred and thirty seven thousand pounds (£2,337,000) Sterling (index linked) (the "Churn Amount"). Project Co shall provide a reconciliation account to the Board on the first 1 April following the first relevant Qualifying Variation and on the anniversary of the same until the aggregate savings have reached or exceeded the Churn Amount showing:

(a) the aggregate amounts of lifecycle costs not taken into account for the purposes of determining the effect on the Service Payments and/or the MV Monthly Service Payments of a Qualifying Variation (such aggregate amounts to be index linked) (the "Aggregate Savings"); and

(b) the remainder of the Churn Amount at that point in time (Churn Amount less Aggregate Savings) which requires to be utilised before the provisions of paragraph 5.1.1 becomes redundant;

5.1.2 The procedure for assessing the aggregate savings (in nominal terms) from a Qualifying Variation shall be derived from the Lifecycle Cost Model together with any additional costs required but not currently provided for within the Lifecycle Cost Model. Project Co and the Board agree that the worked example forming Appendix 1 to this Part 22 of the Schedule reflects their understanding of how the provisions of this paragraph 5 shall operate in practice.

5.1.3 For the avoidance of doubt, when the Aggregate Savings calculated in accordance with this paragraph 5 equal or exceed the Churn Amount then the provisions of this paragraph 5.1 shall no longer apply.

Fife Health & Social Care Partnership

NHS Fife

Winter Planning

Monthly Report

Week Ending 6th October to 1st December 2019

Table of Contents

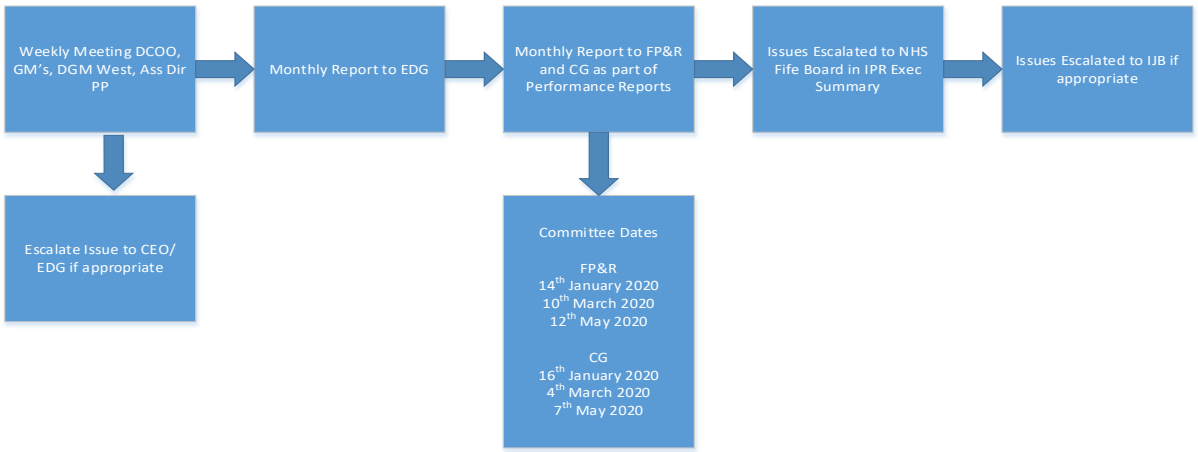
Introduction

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

	Performance
Acute	The 95% Standard has not been met since Week Ending 21st July, but has maintained above the Scottish average for the most part. On average, there are 190 more ED attendances a month this year (April to November) compared with last year. There are more than 500 attendances this winter (October to November) compared with last year after only two months.
	Since start of October, the percentage of patients admitted from A&E has averaged above 32% with year previous 30%; April to September 2019 was under 30%.
	The percentage of discharges before noon has increased to 17% since October, this compares to 15% experienced over the preceding 3 months. This is still significantly lower than 40% target associated with 6 Essential Actions.
	Since mid July the number of bed days lost due to patient boarding has steadily risen aside from two noticeable drops in Weeks Ending 6th October and 17th November. After each instance this has risen to numbers as high as before the drop. On average, 530 bed days a week have been lost to boarding since October.
	On average there has been 73 bed days lost to Delayed Discharge per week as well as 161 bed days lost to Delays in Transfer of Care (e.g. Community Hospital and ICASS). This equates to 33 patients occupying a bed in acute setting who should be being cared for in more appropriate setting.
H&SCP	H&SCP achieved 89% of agreed placements into community setting in November. Social Care achieving 81% with Home Care (Internal and External) and Long Term Care 44% and 54% respectively.
	Surge capacity is currently in use in community hospitals with occupancy constantly being over 100%.
	Over October and November, there are 352 bed days on average lost each week to delayed discharge in community hospitals; equating to 50 beds each day.

Section B: Winter Scorecard to Week Ending 1st December 2019

Area	Indicator	Trend	06-Oct	13-Oct	20-Oct	27-Oct	03-Nov	10-Nov	17-Nov	24-Nov	01-Dec
OOH	Contacts		1840	2328	1841	1817	1720	1912	1985	1990	1809
	OoT Home Visits		41	27	17	18	12	19	20	25	24
	% transferred to VHK		7.17%	9.84%	1.68%	8.20%	0.99%	7.79%	7.51%	9.05%	8.68%
Emergency Department	Attendances		1352	1261	1259	1275	1324	1379	1399	1293	1311
	Av LoA		155	170	159	175	166	155	156	157	180
	Performance		91.1%	89.9%	91.0%	86.3%	89.9%	92.5%	92.8%	90.6%	84.6%
	> 8 hours		5	0	5	4	2	3	1	2	8
	>12 hours		0	0	0	0	0	0	0	0	0
	% Admitted		32.6%	31.6%	31.2%	35.0%	29.9%	33.0%	31.3%	32.2%	32.0%
VHK Admissions	Total		793	791	730	826	795	800	820	812	793
	Emergency		705	696	664	725	680	682	706	714	712
	Elective		88	95	66	101	115	118	114	98	81
VHK Discharges	to Community		42	28	33	30	34	38	27	39	43
	% B4 Noon		16.9%	15.5%	13.0%	18.5%	16.7%	19.3%	19.4%	17.3%	15.8%
	WDWE Ratio		1.7	1.5	1.4	1.5	1.9	1.5	2.2	1.6	1.9
	LoS (days)		6.5	5.7	6.3	6.6	5.8	6.9	5.7	6.4	5.8
AU1ax	Admissions		181	192	200	204	209	179	190	231	217
	%transferred		66.9%	67.7%	71.5%	68.1%	72.2%	64.2%	70.0%	69.7%	72.4%
	% to AU1		58.0%	53.6%	57.0%	53.9%	64.6%	58.7%	60.5%	58.0%	59.4%
	LoS (hrs)		5.61	5.99	6.52	6.04	5.98	4.48	6.00	6.83	6.48
AU1	Admissions		302	298	299	315	282	278	306	308	314
	%transferred		65.6%	60.1%	68.6%	66.0%	67.0%	60.8%	67.0%	64.6%	62.7%
	LoS (hrs)		18.69	20.43	19.03	18.65	21.79	19.13	19.60	19.62	19.56
AU2	Admissions		144	150	145	144	155	137	151	150	146
	%transferred		36.8%	44.7%	41.4%	38.9%	43.2%	35.0%	45.0%	40.7%	42.5%
	LoS (hrs)		20.81	20.66	25.27	21.77	22.96	21.50	20.35	21.32	21.85
Theatre Activity	Actual		137	122	134	148	149	175	162	170	132
	Hospital Cancelled		1	1	7	0	0	0	0	0	2
VHK Bed Utilisation	Occupancy		93%	92%	94%	93%	94%	92%	90%	92%	93%
	Boarding Bed Days Lost		438	523	578	595	576	532	449	503	582
	DD Bed Days Lost		64	69	43	89	111	72	62	91	55
	DTC Bed Days Lost		114	157	178	172	212	200	225	116	80
	HAI Bed Days Lost							0	0	0	0
HSCP Placements	Completed - All						18	103	96	110	101
	DSB						69%	100%	92%	100%	95%
	Social Care						50%	75%	74%	98%	92%
	Other Models						8%	106%	100%	100%	91%
	HUB Referrals		58	55	48	46	54	69	44	50	55
	HUB Discharges		81	62	58	72	62	69	59	60	63
	HUB Ref vs Dis		-23	-7	-10	-26	-8	0	-15	-10	-8
Community Hospital	Discharges		71	43	47	46	46	50	44	56	56
	LoS (days)		35.4	40.6	32.0	40.9	36.6	42.2	39.5	34.5	33.9
	Occupancy		102%	103%	104%	103%	105%	105%	107%	106%	106%
	DD Bed Days Lost		393	305	291	322	343	387	424	355	350
	HAI Bed Days Lost							33	0	0	0

Section C: Winter Dashboard to Week Ending 1st December 2019

Section D: 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 16 additional beds open at present to support winter pressures. The community hospital and intermediate care bed redesign is paused at present; a meeting is scheduled with the HSCP and the Interim Director of the PMO to discuss next steps.
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, Work is progressing to increase caoacity to prvide more ready access to double up care packages. For November 2019 the HSCP delivered 89% of planned activity.
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	Additional staff recruitment is nearing completion; over 500 HHG Assessments have taken place across Fife. Locality huddles - 8 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 weekly with ASD and H&SCP to review all patients over 7 days and those in delay.
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

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
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 implemented October 2019 within footprint of ward 4. Line management sitting under capacity team manager with directorate support (currently PCD). Figures monitored daily and resource is having positive impact 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. Proposal paper submitted to ER with costs. Miriam Watts & Belinda Morgan present at meeting. No further progression at this point.
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
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		Ongoing vacancy factors within medical staffing in ECD has meant long term reliance on Locum consultants to provide cover for rota gaps. Where possible, third on consultants in place for weekends, but reliance on existing workforce and reluctance to add to workload has left gaps. Trial days have highlighted that the consultants' impact is increased when there is support from an ANP/Junior Doctor. Similar challenges around availability and financial impact.
4.2.4	Agree Urgent Care workforce	October 2019		DGM West	On track

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
	levels and secure staffing as early as possible. All rotas in place to ensure public can access OOH across the winter period.				
4.2.5	Public facing information across social media platforms developed to communicate access to OOH including public holiday access.	November 2019		DGM West	Urgent Care Transformation phase 1 now underway. Clinical Co-ordinator role scheduled as much as possible focussing on weekends.
4.2.6	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 based (and funded) within NHS Tayside. Existing Discharge Hub have excellent relations with SAS. HALO attending site to offer support when necessary and SAS fully integrated with the DDD project.
4.2.8	Enhance weekend discharge planning with further development of the weekend discharge team	October 2019	GMs DCOO		Ongoing. Challenge sourcing Consultants to pick up 3rd on-call shift from Emergency Care for weekends. Clinical Director for Emergency Care leading on identifying solution.
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.
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	The recruitment process is underway for the additional posts required to support the winter plan, with some services offering additional hours to staff. Not all staff are in post but managers are working with HR to intelligently use risk assessments to expedite staff into vacant posts. Availability of skilled workforce will have impact on ability to fill all posts required and dependent on Bank and Agency to support clinical care remains a risk for ECD.
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

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
					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: • 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.
4.3.3	Estimated Discharge Date process to be further developed and clear instructions in place	October 2019	GMs DCOO	DGM West	Workshops are planned in the community hospitals from 16/12/19 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	Observation exercise Aug 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

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
	and implement consistent best practice	December 2019			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 overnight capacity available within Ward 4 without impacting on discharge lounge, but not suitable for long term occupancy. Weekend staff planning taken into account if anticipated need.
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		Initial drawings for ward relocation received. Final drawings to be signed off in early January. Business case with full costs to be submitted to EDG in January 2020. Once approved works will be completed in early 2020.
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 17th Dec.
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
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.
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	August 2019	GMs	DGM West	HSCP Escalation plan is complete and in place.

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
	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		DCOO Ass Dir PP		ASD General Managers in process of reviewing escalation plans
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.
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.
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 General Managers in process of reviewing escalation plans

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
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.
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 healthcare workers.	October – December 2019	ADoN Public Health	ADoN Public Health	On track – current NHS staff uptake at 57% (correct at 2/12/19). Further plans for delivery via peer vaccinators and roving clinics in place for December.
4.7.2	Monthly review of progress against seasonal flu action plan	October – January 2019	Public Health	Public Health	On track – monthly updates of detailed action plan circulated to NHS Fife & Fife HSCP Seasonal Vaccination Group (last circulation 15/11/19)
4.7.3	Deliver staff communications campaign across Acute & HSCP	October – November 2019	Comms Manager		Work ongoing – regular updates and information scheduled across the winter months, with option to increase messaging during periods of adverse weather No concerns about impact on Winter Planning
4.7.4	Develop & distribute Information pack to independent care sector in Fife, covering staff	October 2019	Public Health		Information pack on vaccination distributed to independent care sector November 2019. Pack with reminder information on management of suspected outbreaks in care homes planned for

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
	vaccination, winter preparedness and outbreak control measures				distribution week beginning 16th December.
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.

FINANCE, PERFORMANCE & RESOURCES COMMITTEE

DATE OF MEETING:	14 January 2020
TITLE OF REPORT:	Orthopaedic Elective Project Progress Report
EXECUTIVE LEAD:	Carol Potter, Director of Finance
REPORTING OFFICER:	Alan Wilson, Project Director

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

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. The Outline Business Case was approved by NHS Fife Board at their November meeting with verbal confirmation received from Scottish Government Health & Social Care Directorates, that their Capital Investment Group also approved the OBC. At the time of writing this report, formal written confirmation is awaited.. This approval allows the project to move to the next stage of the Scottish Capital Investment Manual process of Full Business Case.

The design is now proceeding to the next level that involves the production of room layout and 1:50 drawings. There have been a series of workshops set up with the relevant stakeholders to sign the room layouts off and will be completed by mid February.

A pre-planning application has been issued to Fife Council Planning department on the external design of the building and as part of this process we must conduct public information events to allow for comment on the design in line with Fife Council requirements as it is classified as a major development. These sessions are required to comply with the Council Planning process and are not public engagement in relation to the clinical aspects of the facility, which follows a separate process already underway. The engagement sessions have been set for 28th January and 11th February taking place within the Staff Club Victoria Hospital.

In regards to the planning applications we have started the design process for the replacement of car parking spaces that will be lost due to the development of the orthopaedic centre, as this will be a key consent condition. The spaces will be developed to the north of the existing car parking at Whyteman's Brae Hospital in redundant land. This will produce 157 car parking

spaces which are more than the 140 that will be displaced through the development.
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
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

Fife Integrated Performance & Quality Report

Produced in December 2019

NHS Fife

Introduction

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

The IPQR comprises of the following sections:

I. Executive Summary

a. LDP Standards & Local Key Performance Indicators (KPI)

b. National Benchmarking

c. Indicatory Summary

d. Assessment

II. Performance Assessment Reports

Clinical Governance

Finance, Performance & Resources
- Operational Performance
- Finance

Staff Governance

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

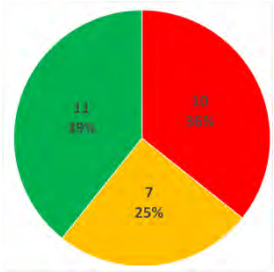
A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), is presented at each NHS Fife Board Meeting.

I. Executive Summary

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

a. LDP Standards & Key Performance Indicators

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

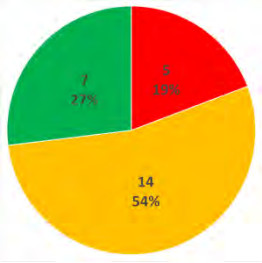


There are three indicators that consistently exceed the Standard performance; IVF Treatment Waiting Times (regional service), Antenatal Access and Drugs & Alcohol Waiting Times. Other areas of success should also be noted…

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

b. National Benchmarking

National Benchmarking is based on whether indicator is in upper quartile (▲), lower quartile (▼) or mid-range (◄►); based on 11 mainland NHS Boards. The current benchmarking status of the 26 indicators within this report has 7 (27%) within upper quartile, 14 (54%) in mid-range and 5 (19%) in lower quartile. There are indicators where national comparison is not available or not directly comparable.



Indicator Summary

Performance
meets / exceeds the required Standard / on schedule to meet its annual Target
behind (but within 5% of) the Standard / Delivery Trajectory
more than 5% behind the Standard / Delivery Trajectory

Benchmarking	
●	Upper Quartile
●	Mid Range
●	Lower Quartile

Section	LDP Standard	Standard	Target 2019/20	Reporting Period	Year Previous		Previous		Current			Reporting Period	Fife		Scotland
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A	Month	Oct-18	76	Sep-19	63	Oct-19	51	↑	N/A			
	N/A	HSMR	N/A	Year Ending	Jun-18	N/A	Mar-19	1.01	Jun-19	1.04	↓	YE Jun-19	1.04	●	1.00
	N/A	Inpatient Falls	5.97	Month	Oct-18	7.47	Sep-19	6.25	Oct-19	6.80	↓	N/A			
	N/A	Inpatient Falls with Harm	2.16	Month	Oct-18	1.77	Sep-19	1.22	Oct-19	1.37	↓	N/A			
	N/A	Pressure Ulcers	0.42	Month	Oct-18	1.43	Sep-19	0.76	Oct-19	1.00	↓	N/A			
	N/A	Caesarean Section SSI	2.5%	Quarter Ending	Sep-18	2.3%	Jun-19	2.0%	Sep-19	2.5%	↓	QE Jun-19	2.0%	●	1.0%
	N/A	SAB - HAI/HCAI	20.2	Quarter Ending	Oct-18	N/A	Sep-19	15.5	Oct-19	6.6	↑	YE Jun-19	17.6	●	16.7
	N/A	SAB - Community	N/A	Quarter Ending	Oct-18	N/A	Sep-19	11.7	Oct-19	8.5	↑	YE Jun-19	10.8	●	9.6
	N/A	C Diff - HAI/HCAI	6.9	Quarter Ending	Oct-18	N/A	Sep-19	8.9	Oct-19	14.3	↓	YE Jun-19	7.7	●	13.8
	N/A	C Diff - Community	N/A	Quarter Ending	Oct-18	N/A	Sep-19	3.20	Oct-19	1.07	↑	YE Jun-19	5.9	●	5.5
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Oct-18	82.4%	Sep-19	80.1%	Oct-19	82.5%	↑	2017/18	77.5%	●	74.4%
	N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Oct-18	58.7%	Sep-19	62.3%	Oct-19	60.7%	↓	2017/18	49.7%	●	52.8%
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Oct-18	100.0%	Sep-19	100.0%	Oct-19	100.0%	↔	N/A			
	95%	4-Hour Emergency Access	96%	Month	Oct-18	95.8%	Sep-19	92.0%	Oct-19	92.7%	↑	Oct-19	92.7%	●	88.0%
	95%	New Outpatients Waiting Times	95%	Month	Oct-18	93.5%	Sep-19	94.1%	Oct-19	92.4%	↓	Sep-19	94.3%	●	72.9%
	100%	Diagnostics Waiting Times	100%	Month	Oct-18	98.6%	Sep-19	98.9%	Oct-19	99.0%	↑	Sep-19	99.0%	●	82.3%
	100%	Patient TTG (Ongoing Waits)	80%	Month	Oct-18	83.4%	Sep-19	90.6%	Oct-19	90.5%	↓	Sep-19	91.2%	●	67.5%
	90%	18 Weeks RTT	84%	Month	Oct-18	77.9%	Sep-19	79.8%	Oct-19	79.6%	↓	Sep-19	79.8%	●	76.9%
	95%	Cancer 31-Day DTT	95%	Month	Oct-18	95.0%	Sep-19	97.4%	Oct-19	98.1%	↑	QE Jun-19	93.0%	●	94.7%
	95%	Cancer 62-Day RTT	94%	Month	Oct-18	85.6%	Sep-19	77.7%	Oct-19	91.0%	↑	QE Jun-19	85.4%	●	82.4%
	29%	Detect Cancer Early	27%	Year Ending	Jun-18	26.5%	Mar-19	24.8%	Jun-19	25.2%	↑	2017, 2018	25.1%	●	25.5%
	N/A	Delayed Discharge (% Bed Days Lost)	5%	Month	Oct-18	6.4%	Sep-19	8.8%	Oct-19	6.4%	↑	QE Jun-19	7.6%	●	6.7%
	80%	Antenatal Access	80%	Month	Aug-18	86.8%	Jul-19	84.8%	Aug-19	86.2%	↑	2018/19	91.3%	●	87.6%
	473	Smoking Cessation	473	YTD	Jul-18	87.0%	Jun-19	92.4%	Jul-19	97.5%	↑	YT Jun-19	92.4%	●	92.4%
	90%	CAMHS Waiting Times	88%	Month	Oct-18	83.5%	Sep-19	77.1%	Oct-19	62.5%	↓	QE Sep-19	75.2%	●	64.5%
	90%	Psychological Therapies Waiting Times	82%	Month	Oct-18	71.9%	Sep-19	69.0%	Oct-19	64.2%	↓	QE Sep-19	66.5%	●	79.4%
	80%	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Sep-18	69.6%	Jun-19	74.0%	Sep-19	77.0%	↑	YT Jun-19	74.0%	●	90.0%
	90%	Drugs & Alcohol Treatment Waiting Times	90%	Month	Aug-18	98.3%	Jul-19	97.1%	Aug-19	95.7%	↓	QE Jun-19	95.5%	●	93.2%
	N/A	Dementia Post-Diagnostic Support	TBD	Annual	2016/17	87.5%	2017/18	87.5%	2018/19	90.2%	↑	2018/19	90.2%	●	58.6%
	N/A	Dementia Referrals	TBD	Annual	2016/17	60.1%	2017/18	55.4%	2018/19	60.5%	↑	2018/19	60.5%	●	40.8%
	N/A	Freedom of Information Requests	85%	Quarter Ending	Oct-18	N/A	Sep-19	69.3%	Oct-19	57.9%	↓	N/A			
Finance	N/A	Revenue Expenditure	£0	Month	Nov-18	N/A	Oct-19	£7.570m	Nov-19	£7.633m	↓	N/A			
	N/A	Capital Expenditure	£7.394m	Month	Nov-18	N/A	Oct-19	£2.545m	Nov-19	£3.891m	↑	N/A			
Staff Governance	4.00%	Sickness Absence	4.89%	Month	Oct-18	5.69%	Sep-19	5.46%	Oct-19	5.70%	↓	YE Sep-19	5.67%	●	5.33%

d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
HSMR	1.00	N/A	N/A	YE Jun-19	1.04	YE Jun-19	●
The annual HSMR for NHS Fife increased during the second quarter of 2019. The number of deaths is small, but the predicted deaths per year rose by 15, and this led to a Fife rate which is higher than the Scottish average. This could easily fall back during quarter 3. HSMR changed to be an annual measure at the start of 2019, the way in which the data is created as changed and it is possible this doesn't properly reflect a hospital such as QMH, which is largely populated by elderly patients.							
Inpatient Falls Reduce falls with harm by 20%	2.16	Oct-19	2.16	Oct-19	1.37	N/A	N/A
Work continues to focus on improvement in the reduction of falls with harm with a generally downward trend overall. Scrutiny at local level highlights areas that require a bit more support and where this was previously noted, significant reduction is noted with work to sustain this. The revised falls toolkit has been relaunched and the new Comfort Clock testing complete with roll-out underway. LEARN summaries are discussed within the group to support shared learning system wide.							
Pressure Ulcers 50% reduction by December 2019	0.42	Never Met	0.42	Oct-19	1.00	N/A	N/A
The number of pressure ulcers(PU) reported continues to vary with no sustained improvement. The current PU collaborative finishes 31/12/2019, with a new Quality Improvement (QI) programme commencing in the New Year across Fife within identified areas. This will complement any current QI work.							
Caesarean Section SSI We will reduce the % of post-operation surgical site infections to 2.5%	N/A	Sep-19	2.5%	Sep-19	2.5%	QE Jun-19	●
Following a review of the surveillance methodology, a new process for ascertaining SSI status was adopted from the start of October. There was a significant reduction in SSI rate during Q2 of 2019, and this rate increased slightly in Q3. It is hoped that a sustained lower rate will be achieved throughout the remainder of the year.							
SAB (MRSA/MSSA) We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022	18.8	QE Oct-19	20.2	QE Oct-19	6.6	YE Jun-19	●
There were 4 SAB in October, none of which were hospital acquired and none of which had diabetes as an underlying factor. Two infections were healthcare associated, one CAUTI and one unknown, while two were community associated, one of which occurred in a PWID.							
C Diff We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022	6.5	QE Jun-19	6.9	QE Oct-19	14.3	YE Jun-19	●
There were 7 CDIs in October, all healthcare associated. Two of these occurred in the VHK while one occurred in QMH.							
Complaints - Stage 2 At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Oct-19	60.7%	FY 2017/18	●
Regular meetings are continuing with ASD colleagues to review issues and style of draft responses. Discussions are taking place with the Director of Health & Social Care, with the aim being to ensure that the complaints handling and approval process is consistent across the Partnership and Acute Services. This discussion is ongoing, however there has already been a vast improvement in the performance for H&SCP.							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
4-Hour Emergency Access 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	Jul-19	95%	Oct-19	92.7%	Oct-19	●
Performance improved slighty in October, however, attendances remain above the level of the same period of 2018. The access target is affected by the capacity pressures within the hospital and focus is now on Daily Dynamic Discharge process. This work is being supported by the SG Unscheduled Care team.							
New Outpatients 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Aug-19	95%	Oct-19	92.4%	Sep-19	●
Performance has deteriorated since April, is below trajectory and moved below the Standard in September, with 92.4% of patients having waited less than 12 weeks. Problems with capacity due to unexpected vacancies, absence and an increase in demand in a number of high volume specialities have led to the deterioration in performance. Additional independent sector capacity has been commissioned to recover the position due to challenges of medical staff conducting in house waiting list initiatives as a result of the pension impact.							
Patient TTG (Ongoing Waits) All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	80%	Oct-19	90.5%	QE Sep-19	●
Performance remains better than the agreed improvement trajectory. Additional independent sector activity continues to be delivered whilst recruitment to vacant posts funded through the waiting times improvement plan are progressed.							
Cancer 62-Day RTT 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	94%	Oct-19	91.0%	QE Jun-19	●
Performance improved significantly in October. The six 62-day RTT breaches ranged in duration from 3 to 131 days (average 33 days) while the two 31-Day DTT breaches ranged from 10 to 14 days (average 12 days). There continues to be variability in the standards with issues seen with PET and delays in the prostate pathway resulting in breaches.							
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Aug-18	5%	Oct-19	6.4%	QE Jun-19	●
Performance improved in October, with both the number of patients in delay (and as a consequence the bed days lost to patients in delay) reducing. The % of bed days lost is the same as at October 2018, though still short of the 5% target. It will be challenging to reduce this level during the winter period.							
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	May-19	100%	Jul-19	97.5%	YT Jun-19	●
On ward training has been delivered in the VHK to raise awareness of the Temporary Abstinence pathways and access to NRT, and a small increase in referrals has been noticed. The Mobile Unit has been fully branded to raise awareness of the service, and a '24 days of Christmas' smoking cessation Advent Calendar is being promoted on Twitter.							
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	88%	Oct-19	62.5%	QE Sep-19	●
Despite the level of clinical activity rising significantly, the focus on children and young people who have waited more than 18 weeks continues to have an adverse impact on the 18 week RTT. Work is underway with the Scottish Government Mental Health Performance & Improvement Unit to analyse the current and future demand against existing capacity and resources data in order to accurately assess the CAMHS ability to meet the 18-Weeks RTT target by December 2020.							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	82%	Oct-19	64.2%	QE Sep-19	●
We continue to meet the RTT for patients with less complex needs, and service redesign in this area has freed capacity for high intensity work. Addressing the longest waiting patients impacts negatively on our RTT performance. We continue our programme of service redesign to develop capacity and improve system flow for more complex patients. Work with an ISD/MHAIST data analyst and now SG advisor is on-going.							
FoI Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	N/A	85%	QE Oct-19	57.9%	N/A	N/A
October's performance figures largely reflect both the challenges in moving day-to-day FOI management to a new team, and the impact of closing overdue cases. Performance is expected to improve rapidly once this backlog has been fully addressed. October saw 39 individual cases completed, with 67 further cases closed at time of writing in late November. Streamlining of admin processes continues.							

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
Revenue Expenditure Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Nov-19	+ £7.633m	N/A	N/A
The revenue position for the 8 months to 30 November reflects an overspend of £7.633m. Based on this in-year position, and a number of high level planning assumptions as agreed by delegated budget holders, the year end forecast ranges from a potential optimistic forecast of £6.4m overspend to a potential worst case of £13.8m overspend. The key challenges continue as previously reported and comprise: the overspend on Acute Services (run rate overspend related to a number of cost pressures; and non delivery of savings), and includes £4.039m overspend relating to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but which remain managed by the NHS Board; the risk share impact of the Integration Joint Board position (entirely driven by social care costs) capped and full overspend; and the growing cost pressure in relation to activity outside Fife and in particular, the number of specialist high cost, low volume procedures undertaken in Edinburgh reported in recent months which continues.							
Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£7.394m	N/A	£7.394m	Nov-19	£3.891m	N/A	N/A
The total Capital Resource Limit for 2019/20 is £7.394m. The capital position for the 8 months to November shows investment of £3.891m, equivalent to 52.62% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.							

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

II. Performance Exception Reports

Clinical Governance

Finance, Performance & Resources – Operational Performance

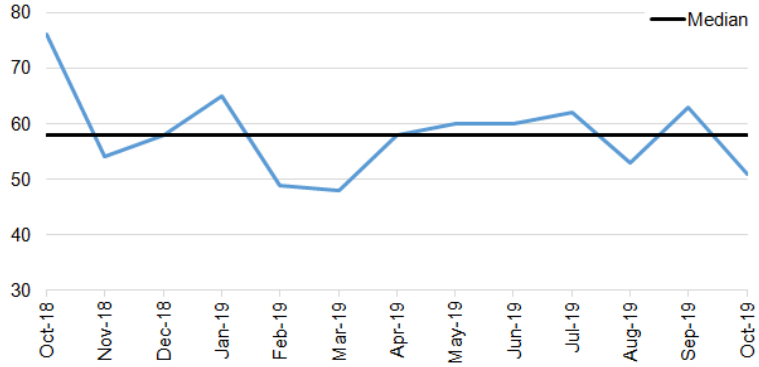
Finance, Performance & Resources – Finance

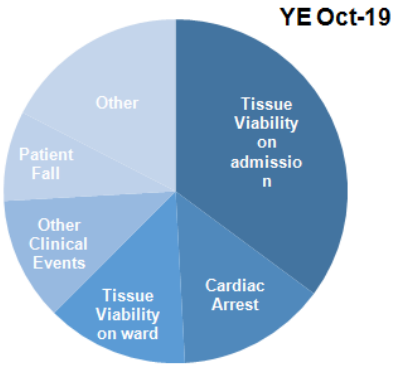
Staff Governance

Clinical Governance

Adverse Events

Major and Extreme Adverse Events





All Adverse Events

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

Commentary

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

Clinical Governance

HSMR

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

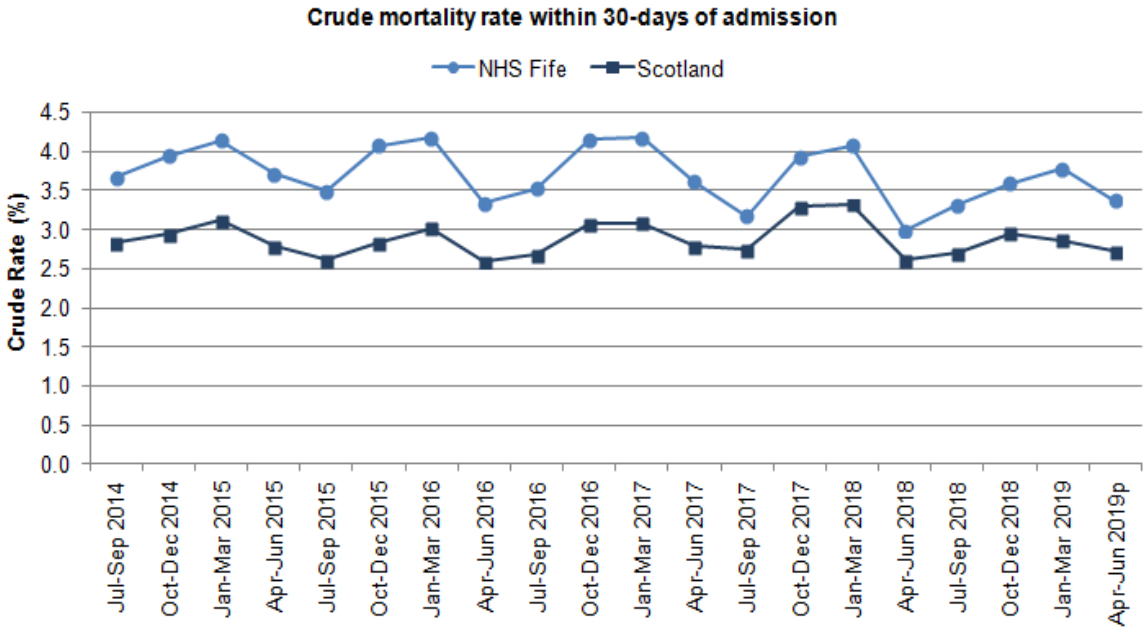
Reporting Period; July 2018 to June 2019[p]

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

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

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

Crude Mortality Rate



Commentary

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

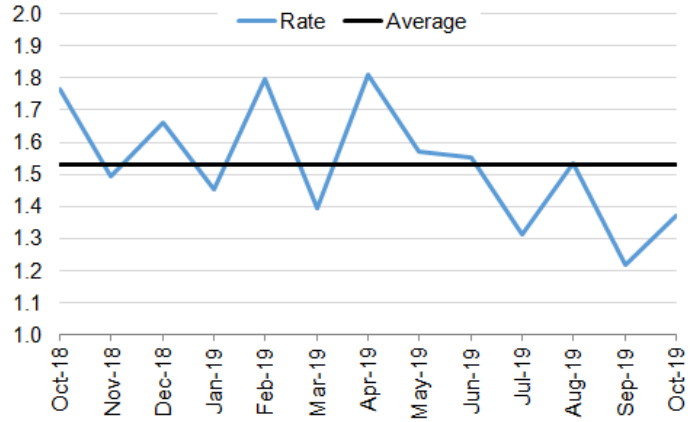
HSMR changed to be an annual measure at the start of 2019, the way in which the data is created has changed and it is possible this doesn't properly reflect a hospital such as QMH, which is largely populated by elderly patients.

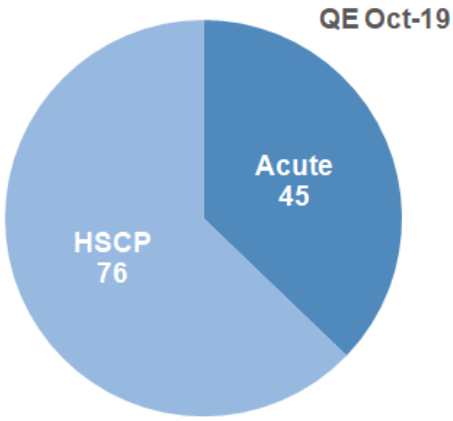
Clinical Governance

Inpatient Falls with Harm

Reduce Inpatient Falls With Harm rate per 1,000 Occupied Bed Days (OBD)
*Improvement Target rate (by end December 2019) = **2.16 per 1,000 OBD***

Local Performance





Service Performance

Month	2018/19						2019/20						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	1.77	1.49	1.66	1.45	1.80	1.40	1.81	1.57	1.55	1.31	1.53	1.22	1.37
Acute Services	1.21	1.22	1.49	1.19	1.62	0.84	1.17	0.89	1.73	0.54	1.34	1.13	0.88
HSCP	2.22	1.72	1.80	1.69	1.95	1.85	2.34	2.15	1.40	1.95	1.70	1.29	1.79

Commentary

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

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

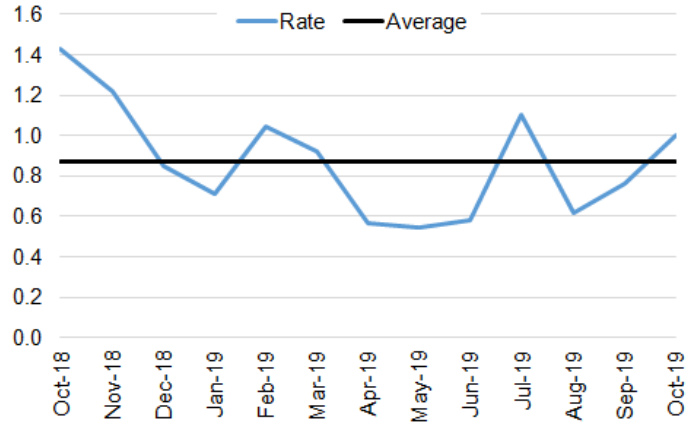
Improvement Actions	Progress	Timescale/ Status
1. Review the Falls Toolkit and Falls Flowchart		Complete
2. Develop Older People's Knowledge and Skills Framework		Complete
3. Falls Audit	The audit was completed over a 5 week period, focused on 5 acute wards and showed that falls intervention reviews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

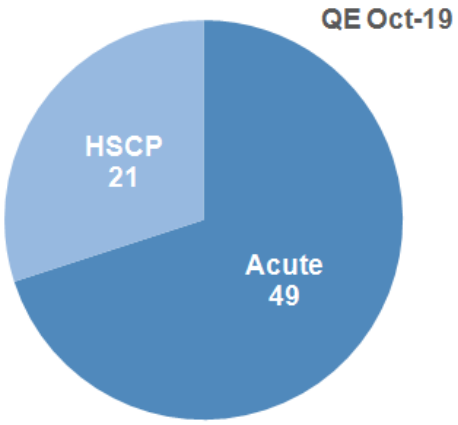
Clinical Governance

Pressure Ulcers

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

Local Performance





Service Performance

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

Commentary

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

Current Challenges	Reducing number of pressure ulcers across all NHS Fife Wards – ***Actions 1 and 3***
	Reducing the random monthly variation in HSCP wards – ***Actions 2 and 3***

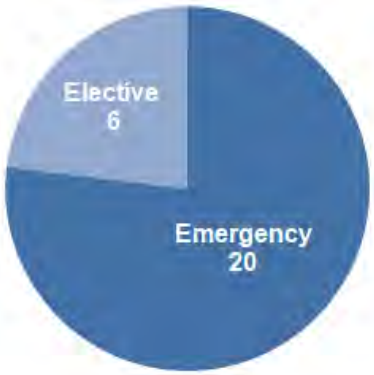
Improvement Actions	Progress	Timescale/ Status
1. All identified wards will undertake a weekly audit of compliance with SSKIN bundle	All wards are completing SSKIN bundle on a weekly basis, continued support to ensure consistent compliance is ongoing **Although marked as Complete, weekly audits will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

Clinical Governance

Caesarean Section SSI

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

Local Performance



Service Performance

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

Current Challenges	NHS Fife SSI Caesarean Section incidence rate still remains higher than the Scottish incidence rate – ***Action 1***
	NHS Fife BMI rates are higher than the national rate – ***Action 2***

Improvement Actions	Progress	Timescale/ Status
1. Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan	Improvement Plan updated following receipt of Exception Report for Q1 2019. New case ascertainment methodology adopted from October.	Mar 2020 On Track
2. Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	Current strategies remain in place: • Family Health Team • Winning By Losing • Smoking Cessation Data analysis of these improvement strategies continues to assess effectiveness	Mar 2020 On Track

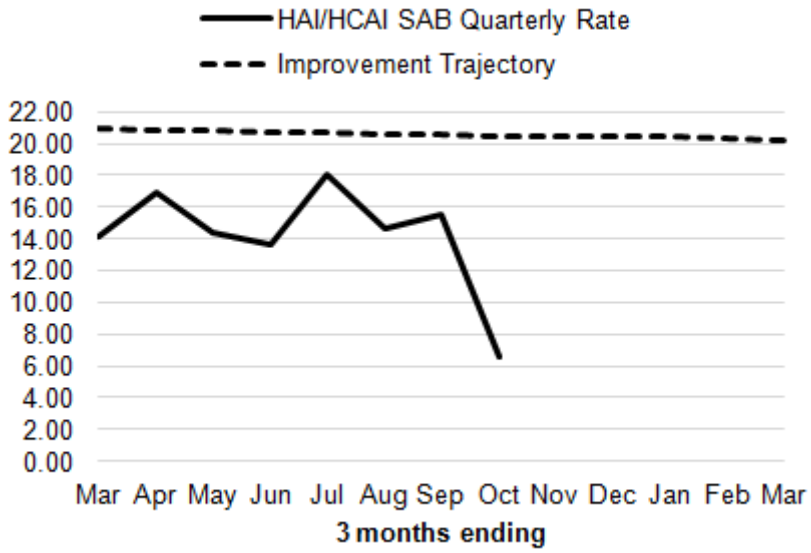
Clinical Governance

SAB (HAI/HCAI)

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

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

Local Performance | Quarter Ending



National Benchmarking | Year Ending

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

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

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

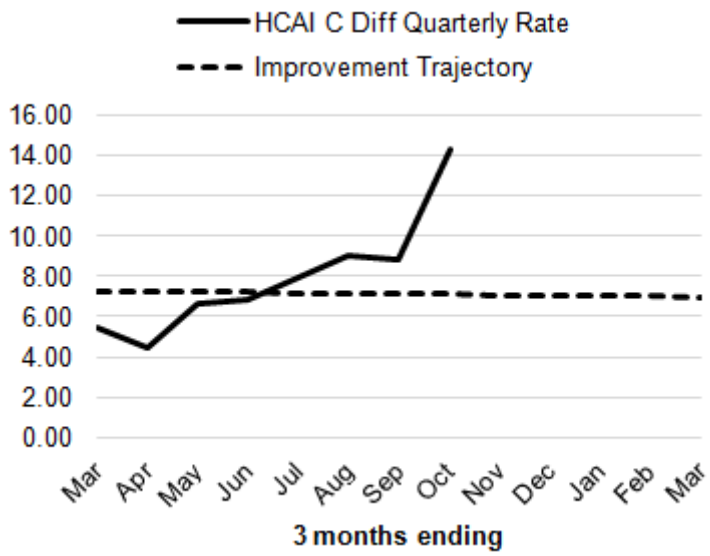
Clinical Governance

C Diff (HAI/HCAI)

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

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

Local Performance | Quarter Ending



National Benchmarking | Year Ending

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

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

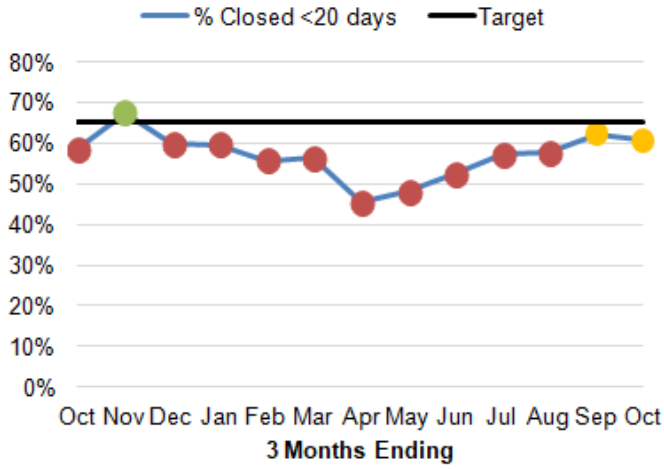
Improvement Actions	Progress	Timescale/ Status
1. Reducing recurrence of CDI	Pioneering work focusing on patients with recurrent infection started in October. Each patient is assessed for suitability for extended pulsed fidaxomicin (EPFX) regime, aiming to reduce recurrent disease in high risk patients.	Oct 2020 ***** NEW *****
2. Reduce overall prescribing of antibiotics	National antimicrobial prescribing targets are defined by the Scottish Government and supported by the Scottish Antimicrobial Group. These targets are being utilised by NHS Fife's microbiologists, working continuously alongside Pharmacists and GPs.	Oct 2020 ***** NEW *****
3. Reduce HCAI CDIs	Optimise communication with all clinical teams in Acute services & HSCP. Monthly anonymised CDI reporting with Microbiology comments to gain better understanding of disease process.	Oct 2020 ***** NEW *****

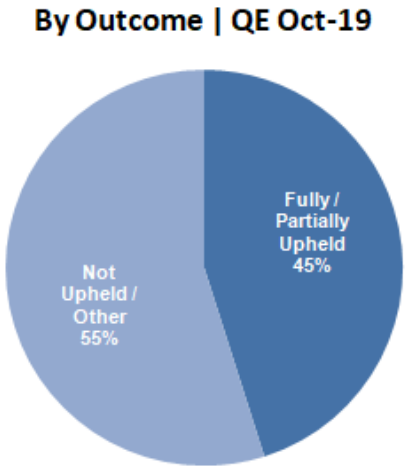
Clinical Governance

Complaints | Stage 2

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

Local Performance





Local Performance by Directorate/Division

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

Current Challenges	To improve quality of draft responses – ***Action 1***
	To improve quality of investigation statements – ***Action 2***
	Inconsistent management of medical statements and inconsistent style of responses within ASD – ***Action 3***

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

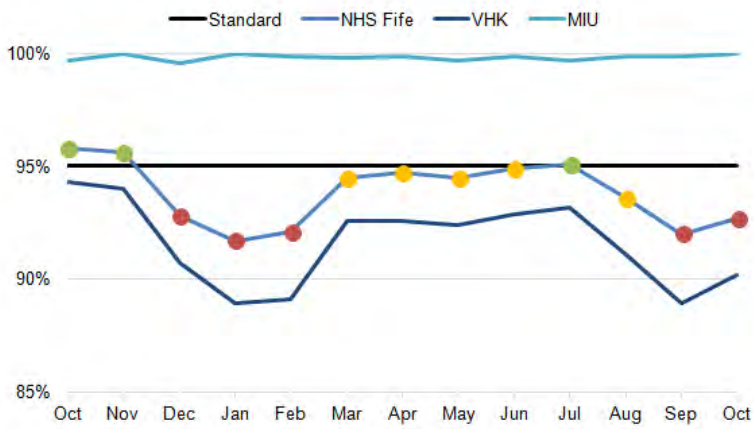
Finance, Performance & Resources – Operational Performance

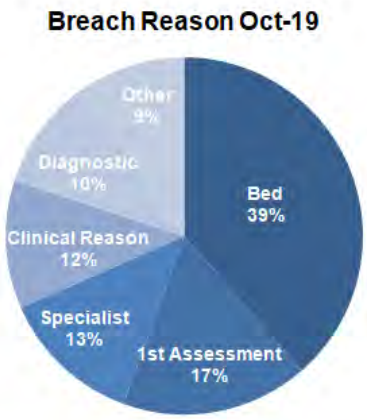
4-Hour Emergency Access

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

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

Local Performance





National Benchmarking

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

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

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

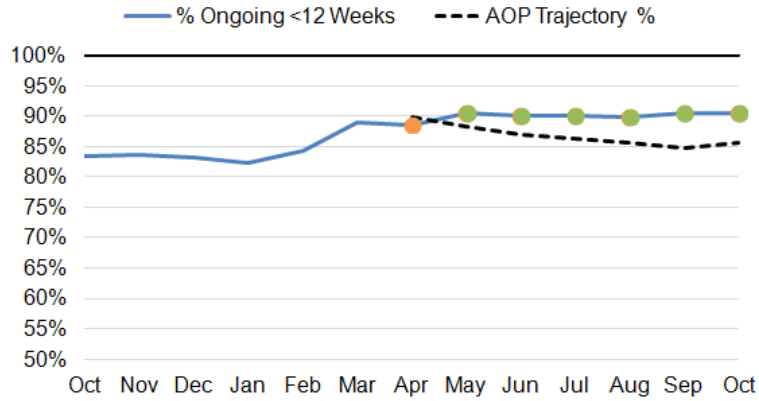
Finance, Performance & Resources – Operational Performance

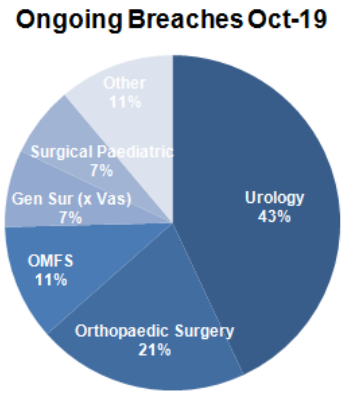
Patient TTG

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

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

Local Performance





National Benchmarking

	2018/19						2019/20							Dec-19
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Target
NHS Fife	83.4%	83.5%	83.3%	82.4%	84.4%	89.0%	88.5%	90.4%	90.1%	90.1%	89.9%	90.6%	90.5%	**88.3%**
Scotland			67.5%	66.6%	66.8%	70.1%	68.9%	68.4%	67.8%	67.8%	66.8%	67.5%		

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

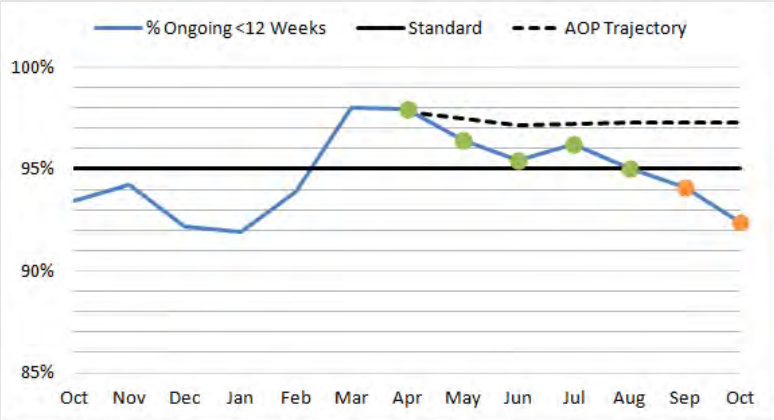
Improvement Actions	Progress	Timescale/ Status
1. Secure resources in order to deliver waiting times improvement plan for 19/20		Complete
2. Develop and deliver Clinical Space redesign Improvement programme	Meetings continue, report from Bed Modelling exercise awaited	Mar 2020 On Track
3. Theatre Action Group develop and deliver plan	Monthly meetings continue, action plan in place. Day Surgery event planned to explore options for delivery of the new BADS targets and to maximise the use of day surgery capacity at QMH.	Mar 2020 On Track

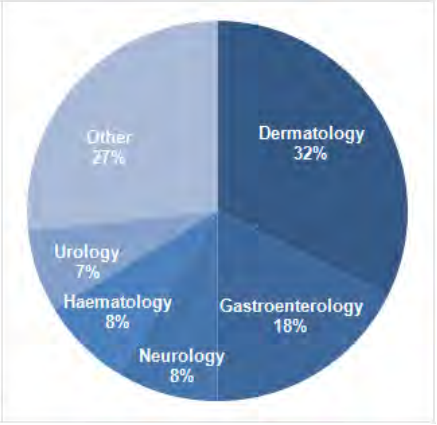
Finance, Performance & Resources – Operational Performance

New Outpatients

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

Local Performance





National Benchmarking

	2018/19						2019/20							Dec-19
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Target
NHS Fife	93.5%	94.2%	92.2%	91.9%	93.9%	98.0%	98.0%	96.4%	95.4%	96.2%	95.0%	94.1%	92.4%	**97.3%**
Scotland			70.1%			75.0%	74.5%	74.4%	73.5%	73.5%	72.2%	72.9%		

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

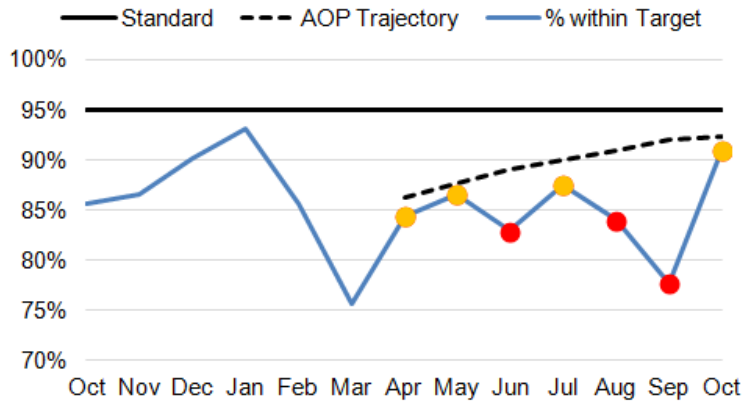
Improvement Actions	Progress	Timescale/ Status
1. Review DCAQ and secure activity to deliver funded activity in waiting times improvement plan for 19/20	DCAQ up to October reviewed and alternative solutions to deliver additional activity agreed. Plans being implemented to improve position. Plan for 2020/21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

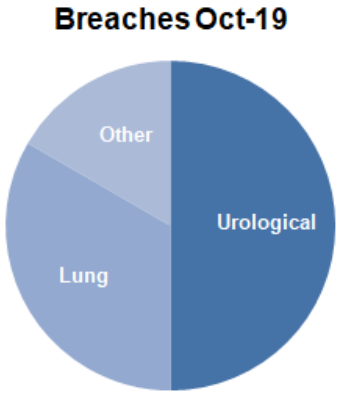
Finance, Performance & Resources – Operational Performance

Cancer 62-Day Referral to Treatment

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

Local Performance





National Benchmarking

		2018/19						2019/20							Dec-Targ
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	
NHS Fife	% within Target	85.6%	86.6%	90.2%	93.1%	85.6%	75.6%	84.4%	86.6%	82.9%	87.5%	84.0%	77.7%	91.0%	93.(
Scotland		81.6%	81.0%	83.4%	79.9%	79.9%	81.6%	80.4%	81.1%	82.6%	81.8%	82.1%	83.7%	82.7%	

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

Improvement Actions	Progress	Timescale/ Status
1. Urology Improvement Group review prostate pathway to minimise wait between each step	Improvements implemented have delivered a reduction in waits to 1st OPA, MRI, TRUS biopsy. Further work is being undertaken with the clinical team, radiology and pathology to minimise waits between steps.	Jan 2020 On Track
2. Improvement in cancer governance structure and redesign of weekly PTL meeting together with organisation-wide education sessions to ensure clear focus on escalation processes	• Governance structure agreed • Meetings to be arranged and ToRs finalised • CWT education package under development • SOP to be reviewed • Cancer Scorecard in development Further metrics introduced into the PTL meeting to allow services to manage cancer referral demand and capacity. **Staffing issues have resulted in delays to completing education, SOP and scorecard.**	~~Dec 2019~~ Delayed to Mar 2020
3. Robust review of timed cancer pathways to ensure up to date and with clear escalation points	Current pathways distributed to teams for review. Escalation protocols being developed by each service to avoid any "communication delays in pathway". Colorectal and Head & Neck pathways have been reviewed, with comments received from H&N Consultants. Timings are to be added.	Jan 2020 On Track

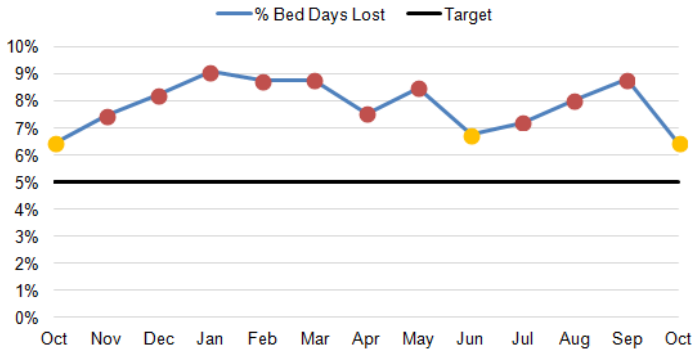
Finance, Performance & Resources – Operational Performance

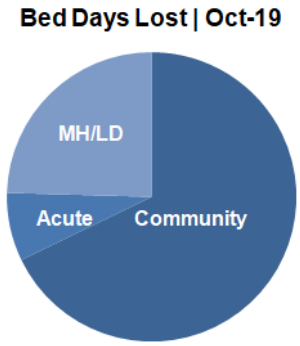
Delayed Discharges

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

*Improvement Target for 2019/20 = **5%***

Local Performance





National Benchmarking

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

Current Challenges	To reduce the number of hospital bed days lost due to patients in delay – ***Actions 1 and 3***
	To improve the time taken to complete social work assessments – ***Actions 2 and 4***

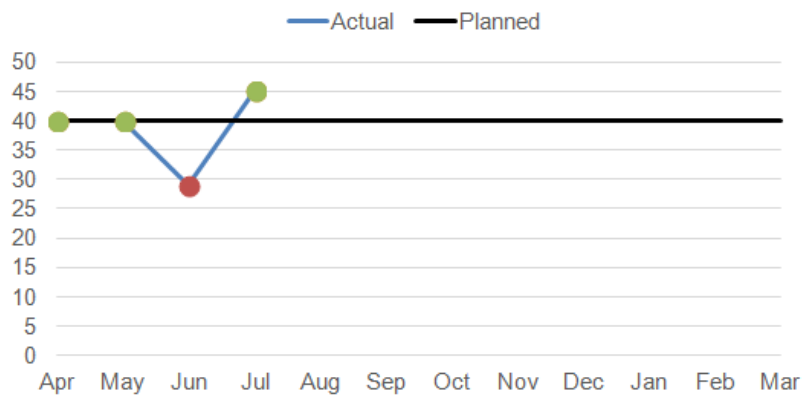
Improvement Actions	Progress	Timescale/ Status
1. Test a trusted assessors model within VHK for patients transferring to STAR/assessment beds	Framework developed. Training and shadowing sessions for staff to be progressed. **This will continue into the new year.**	~~Dec 2019~~ Delayed to Jan 2020
2.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

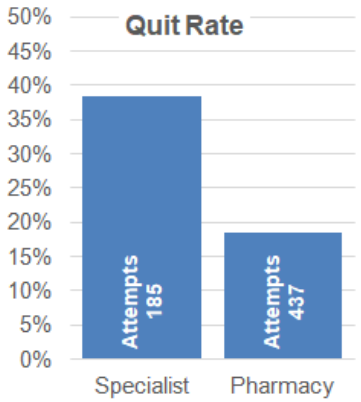
Finance, Performance & Resources – Operational Performance

Smoking Cessation

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

Local Performance





National Benchmarking

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

Current Challenges	To improve uptake in deprived communities – ***Action 1***
	To increase uptake of Champix – ***Action 2***
	To increase smoking cessation in Antenatal Setting – ***Action 3***

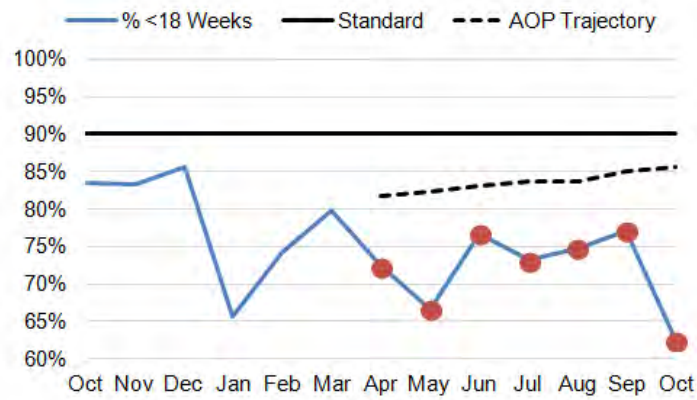
Improvement Actions	Progress	Timescale/ Status
1. Outreach development with Gypsy Travellers in Thornton		Complete
2. Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic	Plans in progress, monthly meetings with Respiratory Consultant to organise paperwork and process/pathways. Committee approval has been received and the first trial run (to check process and procedures) will start on 12th December. The real time test will start on 9th January.	Mar 2020 On Track
3. 'Better Beginnings' class for pregnant women on Saturday mornings	Plans have progressed and Saturday provision has started - ongoing monitoring in place	Mar 2020 On Track

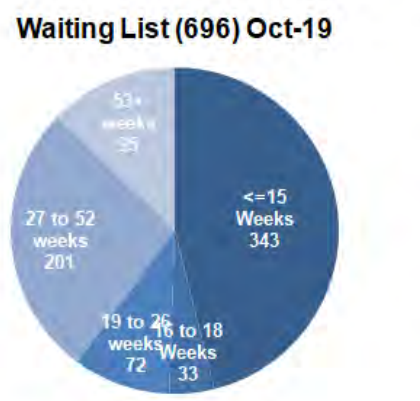
Finance, Performance & Resources – Operational Performance

CAMHS 18 weeks RTT

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

Local Performance





National Benchmarking

Month		2018/19						2019/20							Dec-19
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Target
NHS Fife	% <18 Weeks	83.5%	83.3%	85.5%	65.7%	74.3%	79.8%	72.3%	66.7%	76.7%	73.2%	74.8%	77.1%	62.5%	**87.0%**
Scotland		72.9%	68.3%	78.6%	72.1%	73.4%	75.6%	69.2%	69.1%	70.9%	62.7%	63.8%	66.9%		

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

Improvement Actions	Progress	Timescale/ Status
1. Introduction of Primary Mental Health Worker (PMHW) First Contact Appointments System and Group Therapy Programme	Four additional staff were recruited on 1-year contracts in April, and the impact was extremely positive, with a significant amount of C&YP signposted following assessment to alternative service providers. Unfortunately, these people have since left the service to take up permanent posts elsewhere. Recruitment has been successful for 4 wte temporary posts, and these posts will be filled in early 2020. The service is currently operating with 3 staff instead of 7, which has significant negative consequences on appointment times which now sit between 8-9 weeks compared to the planned response time of 2-3 weeks.	Mar 2020 On Track
2. Waiting List Additional Staffing Resource	Additional Tuesday and Wednesday evening clinics are now running. It is anticipated that 80-100 additional C&YP will be allocated individual therapy, depending on uptake and attendance. Group programme underway, resulting in 158 C&YP being allocated group places up until January 2020.	Sep 2019 to Feb 2020 On Track
3. Introduction of Substantive Team Leader Role	East & West Team Leader Posts filled. Active allocation of appointments underway. Team Leaders identifying patients for prioritisation and for evening clinics.	Mar 2020 On Track

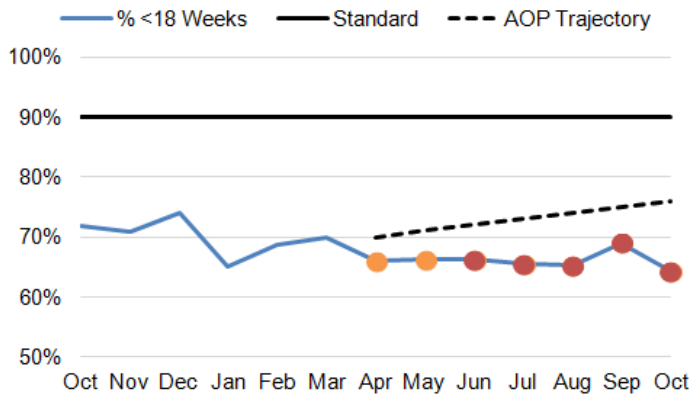
Finance, Performance & Resources – Operational Performance

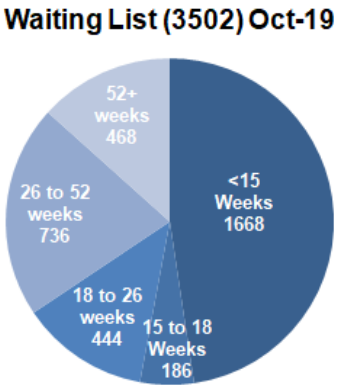
Psychological Therapies 18 weeks RTT

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

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

Local Performance





National Benchmarking

Month		2018/19						2019/20							Dec-19
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Target
NHS Fife	% <18 Weeks	71.9%	70.8%	73.9%	65.0%	68.7%	69.8%	66.1%	66.2%	66.3%	65.5%	65.2%	69.0%	64.2%	**78.0%**
Scotland		75.6%	74.6%	77.5%	75.3%	77.7%	79.6%	76.7%	79.3%	80.0%	78.8%	79.2%	80.1%		

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

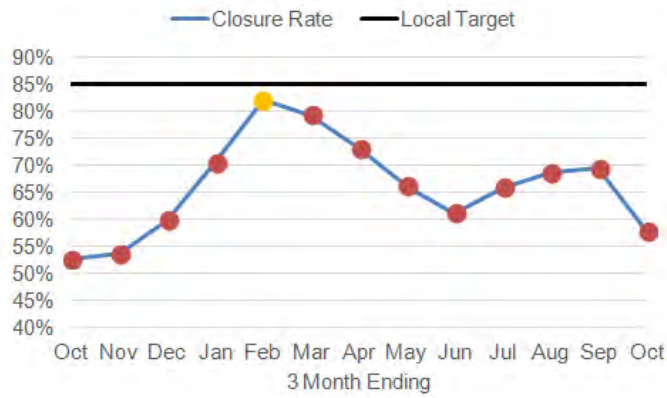
Improvement Actions	Progress	Timescale/ Status
1. Introduction of single point of access for secondary care patients via CMHT	Plans to utilise SCI gateway option to facilitate this have had to be abandoned due to technical issues. Staff will continue to implement using paper-based systems until all services are using same e-health systems.	Complete (as far as possible)
2. Introduction of Extended Group Programme in primary care, accessible by self-referral	Monitoring of referral rates from GPs to relevant tier of AMH service suggests positive impact on capacity for more highly specialist work within this tier. Data indicates that this change has had a sustained positive impact on capacity. Plans underway to expand self referral via website for low intensity PTs within Child and Family Psychology service.	Mar 2020 On Track
3. Redesign of Day Hospital provision to support CMHTs	Implementation of full re-design delayed due to revised timetable for staff engagement work. Further progress required to impact on capacity for delivery of PTs.	Mar 2020 On Track
4. Implementation of mental health triage nurse pilot programme in Primary Care	Staff in post in selected GP Cluster areas; service being well-utilised; positive findings from interim evaluation in September; final evaluation due September 2020	Sep 2020 On Track

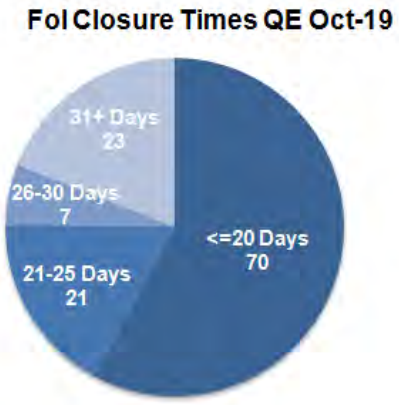
Finance, Performance & Resources – Operational Performance

Freedom of Information Requests

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

Local Performance





Service Performance

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

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

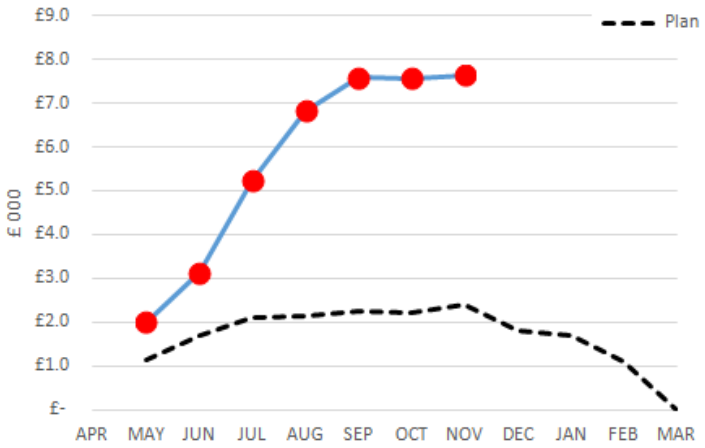
Improvement Actions	Progress	Timescale/ Status
1. Map pathway out and identify areas that have recurring issues with delayed responses		Complete
2. Improve FoI case recording and monitoring of timeliness of responses		Complete
3. Review enhanced cover arrangements for corporate administration of requests, to improve resilience		Complete
4. Update of processes to reflect involvement of IG&S Team	Meetings underway to review and update administrative pathways, processes and existing paperwork / templates, in advance of introduction of Axlr8 case management software (software roll-out now estimated for early 2020).	Dec 2019 On Track
5. Refresh process with H&SC partnership for requests received that relate to their services	Initial meeting took place in October with IJB FOI officer to discuss further, and agreed to be taken forward in tandem with process mapping review. Further meeting scheduled for early December.	Dec 2019 On Track
6. Align internal reporting on FOI to avoid unnecessary duplication of effort	Agree and implement one format of reporting on FOI performance, aligned to that developed for IPQR, for quarterly meetings of Information Governance & Security Group. Further discussion to be held on data capture to ensure information gathered can also be utilised for external reporting to Scottish Information Commissioner.	Jan 2020 On Track

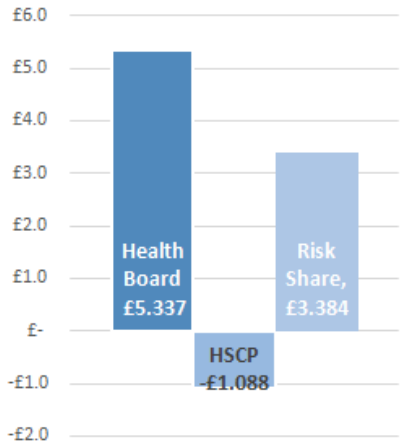
Finance, Performance & Resources – Finance

Revenue Expenditure

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

Local Performance





Expenditure Analysis

Memorandum	Budget FY £'000	Budget CY £'000	Budget YTD £'000	Expenditure Actual £'000	Expenditure Variance £'000	Expenditure Variance %	Variance split by Run Rate £'000	Variance split by Savings £'000
Health Board	415,845	417,183	271,402	276,739	5,337	1.97%	-205	5,542
Integration Joint Board (Health)	349,276	351,509	233,379	232,291	-1,088	-0.47%	-1,205	117
Risk Share	0	0	0	3,384	3,384	0.00%	3,384	0
Total	765,121	768,692	504,781	512,414	7,633	1.51%	1,974	5,659

Current Challenges	Acute Services Division: overspend of £10.542m, the key drivers being run rate overspend and shortfall on savings delivery – ***Action 1 and 3***
	IJB: extent of social care overspend and significant risk to delivery of break even position if we are required to fund the full forecast IJB overspend (as opposed to the original budget gap) – ***Actions 2 and 3***
	Non recurring financial flexibility: under continuous review but currently insufficient to offset full extent of overspend, including IJB risk share – ***Action 3***

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

Finance, Performance & Resources – Finance

1. Annual Operational Plan

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

2. Financial Allocations

Revenue Resource Limit (RRL)

2.1 NHS Fife received confirmation of the November core revenue and core capital allocation amounts on 3 December. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £740.014m; and anticipated allocations total £4.311m.

Non Core Revenue Resource Limit

2.2 In addition NHS Fife receives 'non core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The confirmed non core RRL funding of £20.867m; along with an anticipated non core allocation of £3.5m.

Total RRL

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

3. Summary Position - Commentary

3.1 The revenue position for the 8 months to 30 November reflects an overspend of £7.633m. Based on this in-year position, and a number of high level planning assumptions as agreed by delegated budget holders, the year end forecast ranges from a potential optimistic forecast of £6.4m overspend to a potential worst case of £13.8m overspend. Consistent with our year to date reporting, the aforementioned position assumes the risk share cost to NHSF is capped to £7.05m (the original agreed budget gap of the IJB of £6.5m plus £0.55m additional social care packages agreed by the respective Chief Officers).

3.2 Discussions have been held with the Director and Deputy Director of Health Finance, Scottish Government, to work collaboratively to find a solution to the financial challenges facing NHS Fife. Areas considered included: review of all allocations; review of balance sheet accruals (both value and accounting treatment); risk share methodology; acute set aside budgets; capital to revenue funding transfer; and ADEL funding. A number of potential offsetting benefits may allow the optimistic overspend per 3.1 above to be reduced and work continues to identify further opportunities to bring the position to financial balance.

3.3 However the current forecast overspend of the IJB is significantly higher than the original approved budget gap. Correspondence and discussions to date between the respective partners continue. Notwithstanding, if we are required to fund the full IJB overspend, the forecast outturn position worsens to an overspend of £10.8m (best case) to £18.7m (worst case). This then compromises our ability to achieve financial balance and our ability to meet our statutory obligations.

3.4 The key challenges continue as previously reported and comprise: the overspend on Acute Services (run rate overspend related to a number of cost pressures; and non delivery of savings), and includes £4.039m overspend relating to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but which remain managed by the NHS Board; the risk share impact of the Integration Joint Board position (entirely driven by social care costs) capped and full overspend; and the growing cost pressure in relation to activity outside Fife and in particular, the

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

3.5 A detailed and focused review of further potential offsetting financial flexibility benefits continues. Scoping work is underway on any potential benefits from balance sheet accruals, and non recurring ADEL (Additional Departmental Expenditure Limit) funding.

3.6 However, as previously highlighted in the Integrated Performance & Quality Report, there is limited assurance that NHS Fife can remain within the overall revenue resource limit if we are required to cover the impact of the IJB position. The risk share arrangement reflected in month 8 reporting has reverted to 72% (from 61% reflected in month 7 which has not been accepted by partners) for NHS Fife. The pressure reported is 72% of the initial £6.5m budget gap, plus £0.550m additional social care packages agreed between the partnership's respective Chief Executive Officers (i.e. £5.1m). This would become even more challenging, if we are required to cover the impact of the forecast outturn position for the IJB.

3.7 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR) we have included a funding assumption to the value of the full risk share impact and a continued commitment to cover the net overspend on the Health Board budgets through increased financial flexibility.

3.8 Table 1 below provides a summary of the position across the constituent parts of the system: an overspend of £5.337m is attributable to Health Board retained budgets; whilst an underspend of £1.088m is attributable to the health budgets delegated to the Integration Joint Board; and an overspend shown of £3.384m relating to the IJB risk share (capped at the opening budget deficit of £6.5m plus agreed additional social care packages.)

Table 1: Summary Financial Position for the period ended November 2019

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

4. Operational Financial Performance for the year

Acute Services

4.1 The Acute Services Division reports a **net overspend of £10.542m for the year to date**. This reflects an overspend in operational run rate performance of £5.127m, and unmet savings of £5.415m. Within the run rate performance, pay is overspent by £4.341m. The overall position has been driven by a combination of unidentified savings and continued pressure from the use of agency locums, junior doctor banding supplements, incremental progression and nursing recruitment in line with the

workforce planning tool, as well as supplementary staffing to support surge capacity. As the operational performance section of the IPQR highlights, there is increasing pressure across unscheduled care in terms of demand; the financial position demonstrates the cost impact of the additional capacity required. Included within the ASD position is £4.039m overspend relating to the budgets 'set aside' for inclusion in the IJB's strategic plans but which remain managed by the NHS Board.

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

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

	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division								
Planned Care & Surgery	67,787	71,199	47,316	50,743	3,427	**7.24%**	1,552	1,875
Emergency Care & Medicine	73,156	76,691	51,946	56,980	5,034	**9.69%**	3,588	1,446
Women, Children & Cinical Services	54,063	55,029	36,797	39,746	2,949	**8.01%**	855	2,094
Acute Nursing	596	616	388	334	-54	**-13.92%**	-54	
Other	3,049	3,073	2,194	1,380	-814	**-37.10%**	-814	
Total	**198,651**	**206,608**	**138,641**	**149,183**	**10,542**	**7.60%**	**5,127**	**5,415**

Estates & Facilities

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

Corporate Services

4.4 Within the Board's corporate services there is **an underspend of £0.477m**. Further analysis of Corporate Directorates is detailed per Appendix 2.

Non Fife and Other Healthcare Providers

4.5 The budget for healthcare services provided out with NHS Fife is **overspent by £0.997m** per Appendix 3. This remains an area of increasing challenge particularly given the relative higher costs of some other Boards.

Financial Plan Reserves & Allocations

4.6 As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year, and therefore form part of devolved budgets. A number of residual uplifts and new in-year allocations are held in a central budget and are subject to review each month. Whilst no specific decisions are made to hold back new allocations, there are often unplanned underspends which emerge as the year progresses. Details of flexibility released at month 8 are per Appendix 4.

4.7 As in every financial year, this 'financial flexibility' allows mitigation of slippage in savings delivery, and is a crucial element of the Board's ability to deliver against the statutory financial target of a break even position against the revenue resource limit.

Integration Services

4.8 The health budgets delegated to the Integration Joint Board report an **underspend of £1.100m for the year to date**. This position comprises an underspend in the run rate performance of £1.217m; together with unmet savings of £0.117m. The underlying

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

4.9 In addition the IJB risk share for the first 8 months of 2019/20 is a **cost of £3.384m**, representing a revised risk share percentage (72%) of the overall initial budget gap of £6.5m plus £0.550m relating to additional approved social care packages. In previous years, and in agreement with Fife Council colleagues, the overspend on the IJB has been managed through the risk share arrangement described at 8.2.4 of the Integration Scheme.

4.10 The initial health IJB position at month 8 is therefore a **net £2.284m overspend**. The key financial risk in relation to the Health & Social Care Partnership is this overall gap and the increasing actual overspend on social care budgets, the latter of which is a live discussion and, for reporting purposes, is assumed to be met from the respective partner organisation.

4.11 However if NHS Fife are required to fund the full HSCP overspend this will add an additional £4.3m - £4.9m pressure the outturn position.

Income

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

5. Pan Fife Analysis

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

Table 3: Subjective Analysis for the Period ended November 2019

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

Pay

5.2 The overall pay budget reflects an overspend of £2.037m. There are underspends across a number of staff groups which partly offset the overspend position within nursing & midwifery and medical & dental staff; both are being largely driven by the additional cost of supplementary staffing to cover vacancies; sickness absence and supervision policies.

5.3 Against a total funded establishment of 7,845 wte across all staff groups, there was 7,843 wte staff in post in November.

Drugs & Prescribing

5.4 Across the system, there is a net under spend of £0.617m on medicines largely due to an under spend of £0.584m on sexual health and rheumatology drugs. The GP prescribing position is based on 2018/19 trend analysis and August and September 2019 actual information (2 months in arrears). Whilst it is difficult to predict, there are emerging concerns related to the potential increase in prices over coming months.

Other Non Pay

5.5 Other non pay budgets across NHS Fife are collectively overspent by £2.322m. The overspends are in purchase of healthcare from other Health Boards and independent providers, other supplies, property & hotel expenses and surgical sundries. These are offset by underspends across a number of areas including energy and diagniostic supplies.

6 Financial Sustainability

6.1 The Financial Plan presented to the Board in March highlighted the requirement for £17.333m cash efficiency savings to support financial balance in 2019/20. The Plan was approved with a degree of cautious optimism and confidence that the gap would be managed in order to deliver a break even position in year 1 of the 3 year planning cycle. As reported to the Board in March, this view was entirely predicated on a robust and ambitious savings programme across Acute Services and the Health & Social Care Partnership; supported by ongoing effective grip and control on day to day expenditure and existing cost pressures; and early identification and control of non recurring financial flexibility.

6.2 The extent of the recurring / non recurring savings delivery for the year is illustrated in Table 4 below and disappointingly reflects a c50/50 split.

Table 4: Savings 2019/20

	Target £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Total Identified & Achieved To Date £'000	Outstanding £'000
Health Board	10,873	1,026	1,638	2,664	8,209
Integration Joint Board	6,460	3,485	2,799	6,284	176
Total Savings	**17,333**	**4,511**	**4,437**	**8,948**	**8,385**

7 Key Messages / Risks

7.1 The key challenges include the overspend on Acute Services (largely driven by non delivery of savings and a number of specific cost pressures; and includes £4.039m overspend relating to a number of ASD budgets that are set aside for inclusion in the IJB's strategic plans, but which remain managed by the NHS Board); the risk share impact of the IJB position (entirely driven by social care costs); and the increasing cost pressure associated with non-Fife activity and in particular, the number of specialist high cost, low volume procedures undertaken in Edinburgh, as well as the cost of outflow activity in NHS Tayside.

7.2 Based on the year to date position and high level planning assumptions, estimates and information available at this time, and as agreed by delegated budget holders, the year end forecast ranges from a potential optimistic forecast of £6.5m overspend to a potential worst case of £13.8m overspend as detailed in table 5 below:

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

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

7.3 Discussions have been held with the Director and Deputy Director of Health Finance, Scottish Government, to work collaboratively to find a solution to the financial challenges facing NHS Fife. Areas considered included: review of all allocations; review of balance sheet accruals (both value and accounting treatment); risk share methodology; acute set aside budgets; capital to revenue funding transfer; and ADEL funding. A number of potential offsetting benefits may allow the optimistic overspend above to be reduced and work continues to identify further opportunities to bring the position to financial balance.

7.4 However the current forecast overspend of the IJB is significantly higher than the original approved budget gap. Correspondence and discussions to date between the respective partners continue. Notwithstanding, if we are required to fund the full IJB overspend, the forecast outturn position worsens to an overspend of £10.8m (best case) to £18.7m (worst case). This then compromises our ability to achieve financial balance and our ability to meet our statutory obligations.

7.5 Taking into account the points in 7.3 and 7.4 aboe, the impact on the forecast outturn is summarised below.

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

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

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

7.7 The range of Estates & Facilities forecasts varies greatly between each scenario and is underpinned by detailed assumptions, plans and risk assessment ratings. The optimistic forecast used in the overall reporting at £1.9m underspend (compared to £0.6m 'realistic scenario' underspend) includes £0.3m high risk assumptions; and £0.7m medium risk assumptions.

7.8 The level of financial flexibility released in to the position at month 8 includes potential slippage of £1m re waiting times funding following an updated assessment of progress to date and expected activity to the year end. This carries with it a degree of managed risk - this earlier release of flexibility means that there is less scope to respond to anticipated exceptional events which may occur later in the year; but equally allows an earlier (part) mitigation of the potential year end overspend (notwithstanding the risk share cost associated with the IJB).

7.9 There is limited assurance that NHS Fife can remain within the overall revenue resource limit should there be a requirement to cover the impact of the IJB position. The risk share arrangement reflected in month 8 reporting at 72% of the initial £6.5m budget gap plus £0.550m additional social care packages agreed between the partnership's respective Chief Executive Officers,) ie £5.1m. This would become even more challenging, if we are required to cover the impact of the forecast outturn position for the IJB.

7.10 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR), a funding assumption to the value of the risk share impact has been included together with a continued commitment to cover the net overspend on the Health Board budgets through increased financial flexibility. This does, however, hold a degree of risk.

7.11 Discussions with SGHSCD colleagues in relation to the financial position continue, and positive steps are being made to identify further non-recurring financial opportunities in order to move towards a balanced year-end outturn.

8 Recommendation

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

- **Note** the reported overspend of £7.633m for the year to 30 November 2019; and

- **Note** the previously reported *potential* outturn position of break even is at risk, even with an assumption of additional funding from SGHSCD to support any impact of the IJB risk share.

Appendix 1: Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non-Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
Confirmed	Opening	662,752			662,752	
Confirmed	May Adjustments	-696		-229	-925	
Confirmed	June Adjustments	16,293	3,774	6,265	26,332	
Confirmed	July Adjustments		2,863	1,678	4,541	
Confirmed	August Adjustments	280	3,268	2,341	5,889	
Confirmed	September Adjustments	-29	52,759	2,236	54,966	
Confirmed	October Adjustments		-157	1,842	1,685	
Confirmed	Cancer & Diagnostics Activity			123	123	Based on submission
Confirmed	Depreciation to non core			-13,056	-13,056	Annual adjustment
Confirmed	Lyme's disease correction	12			12	
Confirmed	NSD Topslice			-3,097	-3,097	annual adjustment agreed through BCE
Confirmed	NSD Topslice - Pay & Pensions	-543			-543	
Confirmed	Golden Jubilee SLA			-28	-28	For the services provided by Golden Jubilee
Confirmed	Mental Health Outcomes Framework		1,363		1,363	Covers the original Mental Health Bundle, Innovation Fund & Capacity building CAMHS & Psychological Therapies
	Total Core RRL Allocations	**678,069**	**63,870**	**-1,925**	**740,014**	
Anticipated	CAMHS Regional Post			35	35	
Anticipated	Distinction Awards			227	227	
Anticipated	New Medicine Fund			3,005	3,005	
Anticipated	Scotstar			-348	-348	
Anticipated	Primary Care Fund GP Sub Committee			34	34	
Anticipated	Primary Care Improvement Fund			1,124	1,124	
Anticipated	Capital to Revenue			234	234	
	Total Anticipated Core RRL Allocations	**0**	**0**	**4,311**	**4,311**	
Confirmed	PFI Adjustment			3,374	**3,374**	
Confirmed	Donated Asset Depreciation			117	**117**	
Confirmed	Impairment			1,000	**1,000**	
Confirmed	AME Provision			-843	**-843**	
Confirmed	IFRS Adjustment			4,833	**4,833**	
Confirmed	Depreciation from Core Allocation			12,386	**12,386**	
	Total Non-Core RRL Allocations	**0**	**0**	**20,867**	**20,867**	
Anticipated	Non-Core Del			3,500	**3,500**	
	Total Anticipated Non-Core RRL Allocations	**0**	**0**	**3,500**	**3,500**	
	Grand Total	**678,069**	**63,870**	**26,753**	**768,692**	

Appendix 2: Corporate Directories

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

Appendix 3: Service Agreements

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

Appendix 4 - Financial Flexibility & Allocations

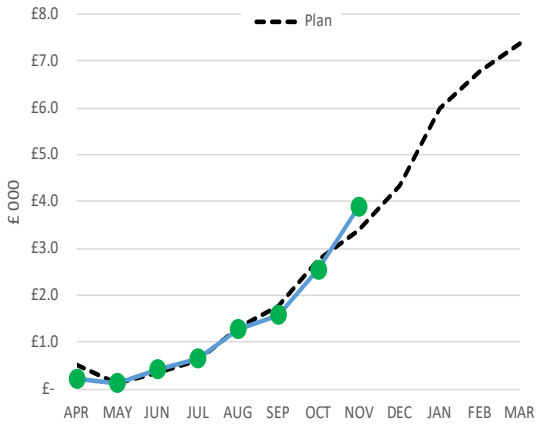
	CY Budget £'000	Flexibility Released to Nov-19 £'000
Financial Plan		
Drugs	2,909	667
Complex Weight Management	50	33
Adult Healthy Weight	104	69
National Specialist Services	54	36
Band 1s	307	205
Unitary Charge	213	92
Junior Doctor Travel	106	57
Consultant Increments	50	33
Cost Pressures	3,475	1,781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

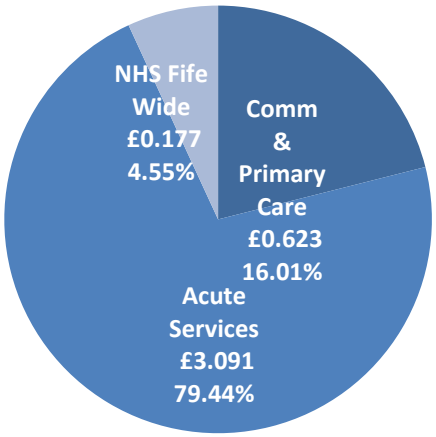
Finance, Performance & Resources – Finance

Capital Expenditure

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

Local Performance





Commentary

The total Capital Resource Limit for 2019/20 is £7.394m. The capital position for the 8 months to November shows investment of £3.891m, equivalent to 52.62% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

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

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

1. Annual Operational Plan

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

2. Capital Receipts

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

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

Discussions are underway with the SGHSCD on the potential use of the capital receipts to support the challenges in the Board's revenue position.

3. Expenditure To Date / Major Scheme Progress

3.1 Details of the expenditure position across all projects are set out in the dashboard summary above. Project Leads have provided an estimated spend profile against which actual expenditure is being monitored. This is based on current commitments and historic spending patterns. The expenditure to date amounts to £3.891m or 52.62% of the total allocation, in line with the plan, and as illustrated in the spend profile graph above.

3.2 The main areas of investment to date include:

Statutory Compliance	£1.091m
Minor Works	£0.178m
Equipment	£1.831m
E-health	£0.155m
Elective Orthopaedic Centre	£0.614m

4. Capital Expenditure Outturn

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

5. Recommendation

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

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

Appendix 1: Capital Expenditure Breakdown

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

Appendix 2: Capital Plan - Changes to Planned Expenditure

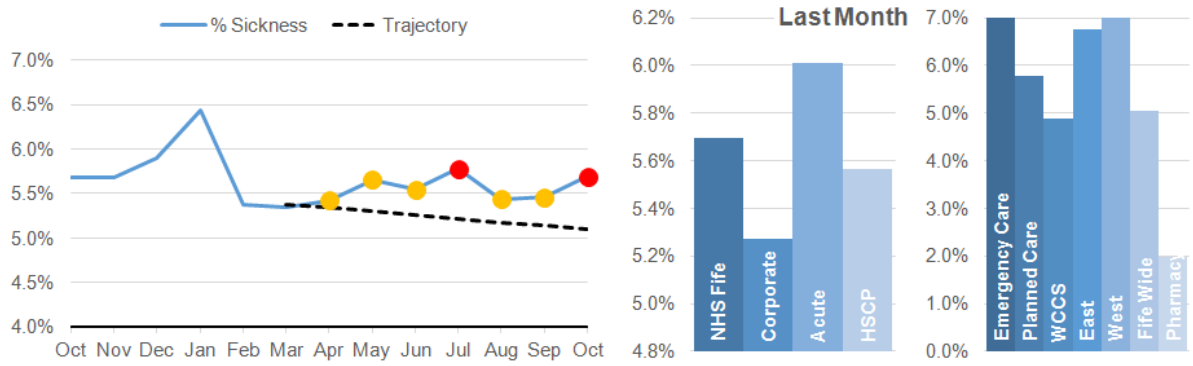
Capital Expenditure Proposals 2019/20 Routine Expenditure	Board Approved 27/03/2019 £'000	Cumulative Adjustment to October £'000	November Adjustment £'000	Total November £'000
Community & Primary Care				
Minor Capital		316	37	353
Capital Equipment		87	-6	81
Statutory Compliance		820	3	823
Condemned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

Staff Governance

Sickness Absence

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

Local Performance



National Benchmarking

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

Current Challenges	Sickness Absence Rate Significantly Above Standard – ***Action 1***
	High Level of Sickness Absence Related to Mental Health – ***Action 2***

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

PAUL HAWKINS
Chief Executive
18th December 2019

Prepared by:
CAROL POTTER
Director of Finance and Performance

Fife Health & Social Care Integration Joint Board

Supporting the people of Fife together

UNCONFIRMED MINUTE OF THE FINANCE AND PERFORMANCE COMMITTEE HELD ON THURSDAY 07 NOVEMBER 2019 AT 3.00 PM, CONFERENCE ROOM 1, GROUND FLOOR, FIFE HOUSE

Present:	Cllr David Graham (Chair) Cllr Rosemary Liewald Cllr David Alexander Martin Black, NHS Board Member Les Bissett, NHS Board Member Margaret Wells, NHS Board Member
Attending:	Fiona McKay, Head of Strategic Planning, Performance & Commissioning Nicky Connor, Interim Director of Health & Social Care Audrey Valente, Chief Finance Officer Julie Paterson, Divisional General Manager (Fife Wide) David Heaney, Divisional General Manager (East) Claire Dobson, Divisional General Manager (West) Norma Aitken, Head of Corporate Service, Fife H&SCP Lynn Barker, Interim Associate Director of Nursing Euan Reid, Lead Pharmacist, NHS Fife
In Attendance:	Rachel Wyse, Primary Care Transformation Programme Manager Avril Sweeney, Manager – Risk Compliance Andrew Henry-Gray (Minutes)
Apologies:	Steve Grimmond, Chief Executive, Fife Council Helen Hellewell, Associate Medical Director Scott Garden, Director of Pharmacy & Medicines

Nb. Some items were removed from the agenda due to time pressures: the numbering of the items in this minute matches the original numbering of the items in the committee papers and therefore does not run consecutively.

NO	HEADING	ACTION
1	**WELCOME AND APOLOGIES**	
	The Chair welcomed everyone to the meeting. On behalf of the Committee, the Chair congratulated Nicky Connor on her appointment as Director of Health & Social Care. Apologies were noted.	

2	**DECLARATIONS OF INTEREST**	
	None.	
3	**MINUTE OF PREVIOUS MEETING** on 17/09/2019	
	Decision • The Committee agreed the minute of the previous meeting.	
4	**MATTERS ARISING** and **ACTION LOG** from 17/09/2019	
	The actions were discussed. Timescales are to be included against actions where possible instead of saying that they are 'ongoing'.	
5	**EFFECTIVE FINANCIAL MANAGEMENT**	
	NC presented the report and noted that the action plan had been previously circulated as requested. NC highlighted that the Audit & Risk Committee have requested assurance from this Committee in relation to this item. DG & LB welcomed the report and acknowledged the work done so far. LB suggested that there is no need for this item to come back to this Committee provided that the good work continues and this is evidence in future reports relating to the individual points. LB noted that another point which had been raised in the Consultant's report which is not addressed in the action plan is in relation to the culture and relationships within the SLT and asked for assurance that this has been dealt with. NC gave assurance to the Committee that development sessions have taken place amongst the team and work is actively ongoing in relation to this. **Recommendation** The Finance and Performance Committee is being asked to: • **Note** the progress made since last report. **Decision** • The Committee **agreed** that the work done to date is satisfactory and that this item no longer needs to come back to this Committee.	
6	**FINANCIAL OUTLOOK / SERVICE CHANGE PLANS**	
	AV gave an overview of the financial outlook and talked the Committee members through the presentation in relation to the Change Plan for the period 2021-2022/23. The Committee had a confidential discussion about the proposals and this item will be discussed further at the IJB Development Session on Wednesday 13th November 2019.	

	Decision • The Committee **agreed** that this item should be put forward for further discussion at the IJB Development Session on Wednesday 13th November 2019.	
8	**PERFORMANCE FRAMEWORK**	
	FM presented the Performance Framework report noting that this was an outcome of the F&PC Development Session held on 18/10/2019. LB noted that the report was a good reflection of previous discussions. **Recommendation** • For information **Decision** • The Committee **agreed** to recommend the report to the IJB Committee in December for approval.	
9	**PRIMARY CARE IMPROVEMENT PLAN**	
9.1	**2019 Primary Care Improvement Plan Approval** RW presented the 2019 Primary Care Improvement Plan on behalf of Dr Helen Hellewell. RW noted that the Plan has been agreed by the Fife GP Sub-Committee and will be formally approved when the committee chair returns from leave. **Recommendation** The Finance and Performance Committee is asked to • Approve the 2019 Primary Care Improvement Plan. **Decision** • The Committee **agreed** to recommend the 2019 Primary Care Improvement Plan to the IJB Committee in December for approval.	
9.2	**Primary Care Improvement Plan Risk** RW presented the risk paper in relation to the Primary Care Improvement Plan on behalf of Dr Helen Hellewell. RW highlighted 3 risks for the attention of the Committee (Fife GP practice sustainability / Workforce / Strategic Ability) and provided further information in relation to each of these.	

	LB highlighted that Dr Hellewell had presented this same report at the Clinical Governance Committee of NHS Fife and reported that the proposal for working together with joint recruitment was very much supported by that Committee. LB also highlighted that the same Committee supported the proposal for the early recruitment of staff as below. LB noted that while this Committee can approve the early recruitment process in principle and recommend it to the IJB for formal approval, it would be sensible and worthwhile for discussions to begin at once between the partnership bodies to get this work underway. MW noted that, due to the workforce implications, it will also be necessary for this report to go to the Staff Governance Committee but this should not hold up any decisions. **Recommendation** The Finance and Performance Committee is asked to consider and discuss the implications of this report and approve the following recommendations: • A Fife-wide joined up approach to workforce planning is necessary to understand the impact of transformation across Fife and ensure the ongoing safe delivery of existing Primary and Secondary Care services during the transition stage of 'shifting the balance of care'. • Commence the early recruitment process of **125.10 WTE** Year 3 Primary Care Improvement staff in November 2019 with a start date of April 2020 to ensure Fife is in the best possible position to ensure it has the necessary MDT staff in post to deliver the Primary Care Improvement Plan priorities for 2020/21, contributing to the safe and sustainable delivery of GMS services in Fife. This approach has been discussed with the Chief Finance Officer for the Health & Social Care Partnership. **Decision** • The Committee **agreed** to support the recommendations. • The Committee **agreed** to recommend the early recruitment process to the IJB Committee in December for approval.	
12	**FINANCIAL OUTTURN AUGUST**	
	Audrey presented the Finance Report as at 31 August 2019, highlighting and explaining the main overspends and underspends. DH clarified that the older peoples residential overspend relates to the purchasing of homecare beds and not the in-house service (projection of which is £21k overspent).	

	AV gave assurance that the projections are unlikely to show any further significant increase (unless there is any further escalation on the winter costs above the 50% projected). **Recommendation** The Finance and Performance Committee is asked to: • Note the financial position as reported at 31 August 2019 • Note and discuss the next steps and key actions **Decision** • The Committee **noted** the financial position as reported at 31 August 2019.	
13	**SAVINGS TRACKER**	
	AV presented the Savings Tracker report noting that the figures are not much different from that presented at the previous meeting. **Recommendation** The Finance and Performance Committee is asked to: • Consider the attached information, discuss as appropriate and agree next steps **Decision** • The Committee **noted** the content of the report.	
14	**RECOVERY PLAN**	
	AV presented the recovery plan and gave a brief overview of the report, highlighting the work that is ongoing including the weekly monitoring meetings which is looking at grip & control. AV introduced her fellow SLT members who gave further details about each of the areas under review. Total Mobile - DH explained about Total Mobile being rolled out to external care providers and noted that through this work some care providers have proactively identified potential efficiency savings. Initial data has been collected and work is currently ongoing with finance colleagues to evidence what efficiencies are being generated. DH confirmed that although there was some initial resistance from some providers, all 27 private sector companies have now come on board with this. Review of Payments to Voluntary Organisations - JP explained that the focus will be on looking at any high reserves towards the end of the financial year to see if any efficiencies can be brought forward.	

	Renegotiate Taxi Contract Savings - JP explained that within adult services, transport needs can be very challenging and individualised. However, some savings have been identified and this work is progressing. Only Critical Supplies & Services Spend - LB explained that the partnership has commissioned a task & finish group being led by Louise Noble, Interim Head of Nursing, to review supplies used by district and ward nurses. Good work has been shared from colleagues in pharmacy and GP prescribing. There should be a clearer idea within the month of potential savings available. Slippage of Additional Government Grants - JP noted that £1.2m of management actions were included in the current financial recovery plan and it is anticipated that we will achieve this in full this financial year: the question being whether or not any additional natural slippage can be identified going forward. Use of NHS Fife Optimistic Projection - AV explained that when NHS Fife provided projections to the partnership they have 3 different types of scenarios: conservative, realistic and optimistic. AV explained that they are looking at whether there is scope to use the optimistic projection. **Recommendation** It is recommended that the IJB: • Charge the Director of Health and Social Care and Senior Officers bring budgets back in line in year as far as reasonably possible. • Agree the action to control costs as outlined in the recovery plan for 2019-20. • Agree to scope further the potential savings that can be delivered and report back to the next Committee. • Agree to continue to focus on implementing effective financial management in order to deliver a balanced budget moving forward. **Decision** • The Committee welcomed the ongoing work and **agreed** to accept the recommendations.	
16	**PUBLIC SECTOR CLIMATE CHANGE DUTIES**	
	FM explained that it is a government requirement to report to them our priorities for climate change governance, management and strategy for the year ahead. FM highlighted the summary of the suggested priorities for 2019/20. **Recommendation** The Finance and Performance Committee is asked to consider and agree the priorities for climate change governance, management and strategy for the year ahead as set out in the Assessment section of this report, as follows: • Continue to support the development of the SECAP, in conjunction	

	with Community Planning Partners • Continue to support and promote awareness raising of climate change issues for staff working in the HSCP • Continue to work with partners to identify opportunities to work more efficiently and sustainably. • Monitor actions within the Strategic Plan that promote co-benefits with climate change strategies • Review the use of the Environmental/Sustainability impact section within SBAR's and whether this has helped to support decisions made. The agreed priorities will then be included in the submission to the Sustainable Scotland Network (SSN). **Decision** • The Committee **agreed** to accept the recommendations.	
17	**REVISED RISK MANAGEMENT STRATEGY**	
	FM explained that this has been discussed and taken forward within the Audit & Risk Committee who have agreed that the updated strategy and policy can now be progressed to this Committee. FM noted that there is still work to do with the Guidance for Managers but this is being taken forward. LB queried whether there is a Board Assurance Framework (BAF) which comes to the IJB with regard to general risk arrangements. AS responded that there is no formal BAF as with NHS Fife but that there is a risk register which is reported to every Audit & Risk Committee and annually to the IJB. LB suggested that there will be risks on the risk register which relate to this Committee and that this Committee should be reviewing those risks. FM noted that a risk register has been brought previously to this Committee but this can be added to the workplan to be added to a future agenda. LB referred to Item 17 Appendix 1 *[page 228, section 1.5]* and queried whether the risk appetite and tolerance is explicit enough in terms of review. AS responded by referring to the following section *[page 229, section 1.6]* which states that future work is expected to refine the risk appetite and develop a formal risk appetite statement. **Recommendation** The Finance and Performance Committee is asked to: • **Discuss** the revised Risk Management Policy and Strategy and agree submission to the IJB for approval. • **Note** the development of the Risk Management Process – Guidance for Managers	**FM**

	Decision • The Committee **agreed** for the strategy to be submitted to the IJB for approval provided that the covering SBAR is amended to include the points raised.	
18	**ITEMS FOR ESCALATION TO IJB**	
	• The Committee wish for the IJB to be aware that the financial position is still a significant challenge: however, it is worth noting that there is work ongoing to bring forward proposals to take that forward. • The Committee wish to recommend the early recruitment process as detailed in the Primary Care Improvement Plan to the IJB Committee for approval.	
19	**AOCB**	
	Nil.	
20	**DATE OF NEXT MEETING**	
	• Tuesday 11 February 2020 at 10.00 am, Committee Room 3, 5th Floor, Fife House • Thursday 05 March 2020 at 10.00 am, Conference Room 2, Ground floor, Fife House	

Fife Health & Social Care Integration Joint Board
Supporting the people of Fife together

UNCONFIRMED MINUTE OF THE
EXTRAORDINARY FINANCE AND PERFORMANCE COMMITTEE
HELD ON MONDAY 02 DECEMBER 2019 AT 2.00 PM,
CONFERENCE ROOM 2, GROUND FLOOR, FIFE HOUSE (FHWGF.007)

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

Attending:
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Nicky Connor, Interim Director of Health & Social Care
Audrey Valente, Chief Finance Officer
David Heaney, Divisional General Manager (East)
Claire Dobson, Divisional General Manager (West)
Helen Hellewell, Associate Medical Director
Scott Garden, Interim Director of Pharmacy
Tracy Hogg, Accountant

In Attendance:
Andrew Henry-Gray (Minutes)

Apologies:
Steve Grimmond, Chief Executive
Julie Paterson, Divisional General Manager (Fife Wide)
Carol Potter, Director of Finance
Eileen Rowand, Executive Director - Finance & Corporate Services
Norma Aitken, Head of Corporate Service, Fife H&SCP

NO	HEADING	ACTION
1	**WELCOME AND APOLOGIES**	
	Cllr David Graham welcomed everyone to the meeting. Apologies were noted.	
2	**DECLARATIONS OF INTEREST**	
	None.	

3	**FINANCE REPORT**	
	AV presented the Finance Report, indicating that Appendix 5 *(page 14)* had a typographical error and a corrected version was circulated to the members. AV highlighted that the additional funding referred to in Section 3 *(page 5)* is based on information from NHS Fife only with the aim being, over coming months, to provide a full budget audit trail. AV highlighted that two pieces of information have been added to Section 4 *(page 7)*, these being that: (a) an additional 50 service users discharged from hospital to reduce delay discharge with a full year effect of £1.1m. (b) the Winter Plan was approved by NHS Fife Board with costs in relation to the partnership being £1.8m. RL queried what was meant by 'adults fieldwork' *(Section 5.6, page 9)* and DH explained that this relates to social work assessment care management teams that provide statuary social work care for adults under the age of 65. LB raised a concern that the figures presented are two months old and queried if there was any way this process could be sped up so that the committee can see more up-to-date figures? AV explained that there are no figures available from Fife Council as yet due to the different reporting mechanisms. NHS Fife underspend is same in October as in September so there is no change there. There is no confirmed October position available from Fife Council. LB further queried if there is anything that can be done about this. AV responded that she will speak to both partner organisations about the speeding up financial reporting in the future but noted that nothing is likely to change in this year. MB noted that this issue has been raised in previous years but there has not been any improvement in alignment between the financial partners. AV acknowledged that there have been a lot of changes in the Chief Financial Officer post but gave a commitment that this will be taken forward now and with hopefully more timeous information. AV also noted that her focus of late has been on the medium-term financial strategy.	**AV**
	LB referred to the Winter Plan *(Section 4, 3rd paragraph, page 7)* noting that the estimated cost for the IJB is 64% but with an assumption of only 50% expected for costs to be incurred. AV responded that we have information at the moment around what the current status is with regard to delivery of the winter plan. AV noted that she has spoken with colleagues in both partner organisations and there was agreement collectively that, because there was no audit trail from previous years or historical trends, they would go with a 50% estimate though this can be reviewed.	

SG referred to the Primary Care Improvement Fund and the unallocated position of £694k and queried the reason for this amount being unallocated. AV responded that this information was from NHS Fife based on a point in time in September and noted that there are plans to probably spend up to the full allocation but this is information held by NHS Fife.

MW queried the wording at Sections 5.3 & 5.4 *(page 9)* noting that the partners have been involved with approval of the overspend in different places and therefore requested for direct reference to NHS Fife being removed. AV explained that this links to the previous paragraph but agreed that the wording can be amended prior to being presented at the IJB.

MW referred to Section 5.5 *(page 9)* where it refers to *'an overspend position of £4.6m by the financial year end, which is the result of additional complex packages commissioned since the budget was set'* but also noted that it states *'The forecast is continually being refined to reflect that this is an area of growth as individuals are living longer with complex needs.'* MW queried why this cannot be forecast and projected. AV responded that this is due to children moving up into adult packages and this can never be fully known. DG noted that this work had been requested previously when reassurance had been given to the board that the F&PC would look into adult placement projection figures. MW noted that she still has a concern around this suggesting that there should be better links between Children's Services and adult packages. FM advised that she will speak to JP about this and will share previous detailed work that was done about the movement in adult packages. **FM**

RL referred to Section 5.5 *(page 9)* where it states that *'various techniques are being considered to ensure a robust forecast is reported'* and queried what these are. FM responded that JP's service has been working with the council change team to look at demographics and patterns of people moving through the system noting that there is a Transitions Group looking into this with the aim to give a more detailed position and a plan going forward. FM will ask if JP could bring any information back to the committee at the next meeting. NC agreed that it is right that there should be work on this area as it is one of our largest areas of spend and agreed that the F&PC should be kept in touch with this work. **FM**

DG referred to the Homecare Services figures listed in the table on page 8 noting that the variance at August was £646k and the variance at September was £392k and queried why there is was such a large difference in the two months. DH explained that Finance have advised that the figure is made up of 3 parts: the standard budget monitor for the service each month; the cost of the additional 50 packages agreed in October; and the cost of the winter plan. In previous months this was recorded altogether but the winter plan costs were removed this time round and reported elsewhere and this is why there is such a difference. AV noted that packages may in fact have reduced and suggested

	looking at this further outwith the meeting and reporting back. DH advised that there has not been a drop off in packages. DG referred to Appendix 5 *(page 14)* where the Community Alarm / Meals on Wheels have an amber status and queried if prices increases had resulted in less of an uptake and therefore less money being recouped. FM replied that it was actually due to the fact that customers were required to get a month's notice of price increases and therefore it started one month later than planned which is why there is less savings than expected. **Recommendation** • **Note** the financial position as reported at 30 September 2019 • **Note** and **discuss** the next steps and key actions **Decision** • The Committee **noted** the financial position as reported at 30 September 2019. • The Committee **agreed** to remove the reference to the NHS Board in items 5.3 & 5.4 of the Finance Report. • The Committee **agreed** that a 3rd recommendation be added to the SBAR: *"Task the Chief Finance Officer to look at how to align the partners' financial scheduling."*	
4	**FINANCIAL RECOVERY PLAN**	
	AV presented the Financial Recovery plan and with respect to the in-year position AV highlighted the work done so far which includes: a weekly financial monitoring board to provide robust challenge in respect to recruitment and vacancy management forms; looking at supplementary staffing (bank, agency nursing, rostering); and a newly implemented process around locum recruitment. With respect to the medium-term position, AV referred to the recent discussions at the IJB development session. AV referred to Table 1 *(page 13)* and the SLT officers gave information on the additional work that has been done: (1) Total Mobile - DH explained that Total Mobile is an accurate billing mechanism that was implemented for external packages purchased from independent sector providers. This has shown significant savings on packages with projected yearly savings of £500k. (2) Review of Payments to Service Users (SDS) - FM (on behalf of JP) explained that service users who receive direct payments can, at the moment, have reserves of up to 12 weeks: the plan is to move to 8 weeks and bring back the money that is sitting in accounts. This has so far brought in £135k and the process continues.	

(3) Renegotiate Taxi Contracts - AV explained that taxi contracts have been renegotiated through Scotland Excel with savings of £55k this year (full year savings of £80k) with most of this having already been reflected in the projected outturn but another £10k is expected.

(4) Only Critical Supplies & Services Spend - AV explained that NHS Fife have looked as surgical sundries with an expectation to save £60-100k this year. DH explained that review of non-critical supplies within residential day services and Care at Home are expected to produce savings of £50k.

(5) Slippage of Additional Government Grants - FM explained that there is expected to be some slippage in Seek, Keep & Treat and Action 15 monies though this requires to be done in negotiation with the government.

(6) Review Adult Packages - AV (on behalf of JP) explained that there are two areas which should generate savings: review of the packages (£200-250k); and staff costs in relation to supported living where service users move on to alternative methods of delivery (£375k).

RL referred to (2) and queried why the period of 12 weeks was initially applied to the reserves held by service users. FM responded that this is historical although many partnerships are moving towards a 4-week reserve.

LB queried whether the move to bring back reserves monies would be a one-off clawback or an ongoing saving. FM confirmed that this is a one-off exercise for in-year recovery but that work will continue to review these packages and any reserves.

MB referred to (3) and queried if the renegotiation of taxi contracts would have any impact on the use of taxis within the Out of Hours service. CD/AV responded that there would be no impact and that this is specific to adult packages.

DG referred to (6) and queried how likely a £690k saving is given the overspends of £450-550m in previous years. AV responded that quite a lot of work has been done in this area with due diligence having been completed and they are confident that this saving can be delivered. AV explained that this will be linked to in-house delivery and staff savings through skill mixing and bringing in staff at lower grades where a higher-grade staff member leaves.

MB followed on from this point and queried if there was any risk associated with bring in staff who are of a lower grade and whether this reduces the skill of the service overall. FM responded that there is work going on to see if work can be commissioned to other services who are already funded by us rather than providing that service in-house.

LB noted that he had similar concerns as DG in relation to the expected savings being presented set against the historical overspends in adult packages and

	requested further information from a governance point-of-view. The Chair requested that further information be circulated to the members prior to the IJB meeting on 06/12/2019. MW noted that service users who receive complex care packages can be quite dependant and vulnerable to change. MW suggested that there is a potential impact which needs to be considered when implementing changes to adult packages. The Chair asked if the paper, in relation to the care impact, will be going to the C&CGC. NC noted that the C&CGC are not scheduled to meet until January but suggested that the caveats as suggested could be noted and brought to the attention of the C&CGC. **Recommendation** • Charge the Director of Health & Social Care and Senior Officers to bring budgets back in line in year as far as reasonably possible. • Agree the action to control costs as outlined in the recovery plan for 2019-20. • Agree to continue to focus on implementing effective financial management in order to deliver a balanced budget moving forward. **Decision** • The Committee **agreed** to accept the recommendations, provided further information is circulated to members by the CFO in respect to adult packages. • The Committee **agreed** that this paper should be shared with the Clinical & Care Governance Committee following the IJB meeting so that they have sight of any potential care impact in relation to changes in adult packages.	**AV**
5	**ITEMS FOR ESCALATION TO THE IJB**	
	Nil.	
6	**AOCB**	
	Nil.	
7	**DATE OF NEXT MEETING**	
	Tuesday 11 February 2020 at 10.00 am, Committee Room 3, 5th Floor, Fife House	

Fife NHS Board
UNCONFIRMED

MINUTES OF THE PRIMARY MEDICAL SERVICE SUB-COMMITTEE HELD ON TUESDAY, 3 DECEMBER 2019 IN THE LMC OFFICE, LESLIE

PRESENT:
Mrs J Kelly (JK) (Chairperson)
Dr F Henderson (FH)
Dr S Mitchell (SM)
Dr P Duthie (PD)
Dr C McKenna (CM)

IN ATTENDANCE:
Miss J Parkinson (JP)
Miss D Watson
Mrs J Watson (JW)

NO	HEADING	ACTION

16/19 CHAIRPERSON'S WELCOME AND OPENING REMARKS

JK welcomed the Committee and carried out introductions.

17/19 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

18/19 APOLOGIES FOR ABSENCE

There were no apologies for absence.

19/19 MINUTES OF PREVIOUS MEETING

The minute of the meeting held on 3 September 2019 was agreed as a true record of proceedings.

20/19 MATTERS ARISING – ACTION POINTS

a. Patient Safety Monies

JW advised the Committee that clarification was needed on which Group/Committee would approve and sign off the 2020/21 budget for Enhanced Services. It was agreed that a replacement for the PMSG was required and CM agreed to discuss this with Dr Helen Hellewell. **CM**

b. National Code of Practice for GP Premises

All Sustainability Loan bids have been approved. SM confirmed the paperwork had been agreed and should be sent to Boards before the end of the year.

c. Tayview Medical Practice – Reduction in Branch Surgery hours

To be discussed under item 24/19.

d. Leslie Medical Practice – Reduction of Practice Boundary

To be discussed under item 25/19.

e. Dr Page & Partners, Closure of Kennoway Branch Surgery

To be discussed under item 26/19.

21/19 PMS EXPENDITURE BUDGET

JW reported an overspend of £69k on the budget as of 31 October. She informed the Committee that GMS had never previously been overspent.

JW advised that the majority of the overspend was down to maternity and sickness payments which was up by £50k on this time last year, and the cost of running two additional 2c practices.

It was reported that the budget had increased 6.9% (£3.5m) but due to the increasing demands, this was unlikely to be adequate.

The Committee noted that the costs of running a 2c practice was significantly higher for the Board than it would be if the practice was run privately. Locums costs were particularly high.

The Committee agreed that there needed to be a Group/Committee to deal with the sustainability of practices. At present there was no forum for this issue. Members of the Committee agreed that the issue of 2c practices needed a more proactive approach.

JW reported there was also an overspend in the extended hours DES as the funding had not been increased in many years. NES & LES's were underspent. An overspend of £100k was expected for the year.

JW advised she would be looking at 2c practice and tracking overspends. **JW**

22/19 RISK REGISTER

It was agreed none of the risks should be changed at present, however the Committee was advised that due to significant house building in Fife GP practices in Dunfermline, Kirkcaldy and Glenrothes could have major implications for Primary Care in these areas.

PD raised the issue of a non Primary Care Health Board Manager, Andy Fairgrieve, meeting with planners/builders instead of an representative who understands the issues new housing can cause in Primary Care.

CM agreed to speak to Paul Hawkins about this issue and the possibility of Mr Hawkins meeting with the LMC. **CM**

23/19 IMPROVEMENT GRANTS

JP advised there were no grants requiring the Committees approval. She also reported that Newburgh were progressing their project which would provide an additional consulting room.

24/19 APPLICATION TO REDUCE BRANCH SURGERY HOURS – TAYPORT TAYVIEW MEDICAL PRACTICE, NEWPORT-ON-TAY

JK reminded the Committee this application had been approved previously by e-mail but required ratification. The Committee agreed to ratify the proposal.

25/19 APPLICATION TO REDEFINE PRACTICE BOUNDARY – LESLIE MEDICAL PRACTICE

JK advised that this was the first proposal which had been received from a Cluster rather than a practice. The application had been approved at the last Committee non quorate meeting and was now ratified by the full Committee.

26/19 APPLICATION TO CLOSE KENNOWAY BRANCH SURGERY – DR PAGE AND PARTNERS, LEVEN

This application had previously been approved at the last meeting and the Committee now ratified that decision as there had been no negative feedback regarding the closure.

27/19 GP PREMISES FUNDING – DIGITISATION OF GP RECORDS

This item was included for information.

JP advised that seven practices have been prioritised for this project to free up accommodation which is being managed by the Premises Group.

28/19 PRACTICE INSPECTIONS

(a) Auchtermuchty Practice

(i) The Health Centre, 12 Carswell Wynd, Auchtermuchty

(ii) 31 High Street, Strathmiglo (Branch Surgery)

(b) Howe of Fife Medical Practice, 27 Commercial Road, Ladybank

JP reported that no major issues arose during these inspections. She also informed the Committee that the Board could be taking over the lease of the surgery in Auchtermuchty which was owned by a private development company.

CM asked if there were any premises which were in need of upgrading. JP Advised that some Health Centres required modernisation, notably Burntisland and Kelty, although some minor work was underway at Kelty.

29/19 ROUTINE REPORTING

Memorandum number PCD/PMSC/05/19 was enclosed for consideration. The Committee noted the content of the report.

30/19 AOCB

There was no AOCB.

31/19 DATE OF NEXT MEETING

The next meeting will held on Tuesday, 3 March 2020 in the LMC offices in Leslie at 1pm.

The remaining dates for the 2020 meetings are as follows:
2 June
1 September
1 December
The meetings would be at 1pm in the LMC office in Leslie.