


Finance, Performance & Resource Committee

14 May 2019, 10:00 to 12:30
Boardroom, Staff Club, VHK


Agenda

- 1. Apologies for Absence**
Dona Milne, Director of Public Health
- 2. Declaration of Members' Interest**
- 3. Minutes of the Meeting held on 12 March 2019**

(enclosed)
(RL)

 Item 3 Minutes 120319.pdf (11 pages)
- 4. Action List**


(enclosed)
(RL)

 Rolling Action Plan.pdf (2 pages)
- 5. Matters Arising**
 - 5.1. Stratheden Intensive Psychiatric Care Unit - Smoking Area**

(verbal)
Andrew Fairgrieve & Michael Kellet
 - 5.2. Kincardine & Lochgelly Health Centres- Update on IAs**

(verbal)
Michael Kellet
 - 5.3. ADEL Funding**

(enclosed)
Carol Potter

 Item 5.3 SBAR ADEL.pdf (3 pages)
 - 5.4. Committee Self Assessment**


(verbal)
Ms R Laing & Gillian MacIntosh


6. Governance


6.1. Board Assurance Framework - Financial Sustainability

(enclosed)

Carol Potter

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


 Item 6.1 - NHS Fife Board Assurance Framework (BAF) V13.0 100419 Financial Sustainability.pdf (1 pages)

 Item 6.1 - BAF Risks - Financial Sustainability Linked Operational Risks as at 100419.pdf (5 pages)

6.2. Board Assurance Framework - Strategic Planning

(enclosed)

Chris McKenna


 Item 6.2 - SBAR Board Assurance Framework - Strategic Planning CGC BAF 5 08052019.pdf (3 pages)


 Item 6.2 BAF 08052019 - Strategic Planning.pdf (1 pages)


6.3. Board Assurance Framework - Environmental Sustainability

(enclosed)

Andrew Fairgrieve

 Item 6.3 SBAR (BAF) Environmental Sustainability FP&R 14-5-19.pdf (3 pages)


 Item 6.3 2 BAF Risks - Environmental Sustainability - Linked Operational Risks a....pdf (7 pages)


 Item 6.3 2. NHS Fife Board Assurance Framework (BAF) V14.0 100419 - Environmental....pdf (1 pages)

6.4. Annual Assurance Statement - Including Best Value

(enclosed)

Carol Potter


 Item 6.4 - SBAR Draft Annual Statement of Assurance.pdf (1 pages)

 Item 6.4 - Annual Statement of Assurance FPR Committee.pdf (17 pages)

6.5. Review of General Policies & Procedures

(enclosed)

Gillian MacIntosh


 Item 6.5 FPRGeneralPolicies0319.pdf (15 pages)

6.6. **Brexit**

(verbal)
Carol Potter


6.7. **Performance & Accountability Framework**

(enclosed)
Carol Potter

 Item 6.7 - Performance Accountability Framework 2019-20 FPR update.pdf (10 pages)

6.8. **Strategic Objectives**

(enclosed)
Carol Potter

 Item 6.8 SBAR Strategic Objectives.pdf (4 pages)

 Item 6.8 Strategic Objectives 2018-19 final.pdf (6 pages)

 Item 6.8 Strategic Objectives 2019-20 draft final.pdf (2 pages)

7. **Planning**

7.1. **Annual Operational Plan**

(enclosed)
Carol Potter

 Item 7.1 - SBAR Annual Operational Plan 201920.pdf (2 pages)

 Item 7.1 - Annual Operational Plan 201920 v2.pdf (34 pages)

7.2. **Winter Plan & Performance Report**

(verbal)
Michael Kellet & Ellen Ryabov

7.3. **Acute Services Division Savings Plan**

(enclosed)
Ellen Ryabov

 Item 7.3 FPRReportAcuteSavings201920.pdf (4 pages)

7.4. **Orthopaedic Elective Centre Update**

(verbal)
Carol Potter

8. Performance

8.1. Integrated Performance Report

(enclosed)

Carol Potter



Item 8.1 Integrated Performance Report April 2019.pdf (61 pages)

9. Items for Noting

9.1. Finance & Performance Committee Minutes (IJB)

(enclosed)

Michael Kellet



Item 9.1 Unconfirmed FP Minutes 13.03.2019 v0.2.pdf (6 pages)

10. Issues to be escalated:

10.1. To the Board in the IPR and Chairs Comments

(verbal)

Ms R Laing

11. Any Other Business

(verbal)

Ms R Laing

12. Date of Next Meeting: Tuesday 16 July 2019 at 10.00am, within the Staff Club

MINUTES OF THE FINANCE, PERFORMANCE AND RESOURCES COMMITTEE MEETING HELD ON TUESDAY 12 MARCH 2019 AT 10.00AM 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
 Mrs W Brown, Employee Director

Mr E Clarke, Non-Executive Director
 Ms D Milne, Director of Public Health
 Ms J Owens, Non-Executive Director
 Mrs C Potter, Director of Finance

In Attendance:

Ms A Clyne, Audit Scotland
 Mr M Kellet, Director of Health & Social Care
 Dr G MacIntosh, Head of Corporate Planning and Performance (minutes)
 Ms E McPhail, Director of Pharmacy

	ACTION
<p>29/19 APOLOGIES FOR ABSENCE</p> <p>Apologies were received from members Paul Hawkins, Chris McKenna and Helen Wright.</p>	
<p>30/19 DECLARATION OF MEMBERS' INTERESTS</p> <p>Ms Laing declared an interest that she was a current patient of Lochgelly Health Centre, as an agenda item related to this practice will be discussed at the meeting.</p>	
<p>31/19 MINUTE OF MEETING HELD ON 15 JANUARY 2019</p> <p>The minute of the last meeting was agreed as an accurate record.</p>	
<p>32/19 ACTION LIST</p> <p>An update on the Committee's rolling action log was circulated to members in hard copy and it was noted that any outstanding actions were to be considered in the agenda of this present meeting. The Chair agreed that a review of the current action list would be timely and that she would work with the Committee secretary to refine the format, particularly on due dates listed therein.</p> <p>It was agreed that the outstanding action on the list of a written report on Mental Health support in schools (to be supplied by the Director of Health & Social Care) would be discussed under the following related agenda item of 'Our Minds Matter'.</p>	

MATTERS ARISING

33/19 (a) Kincardine & Lochgelly Health Centres Update

Mr Kellet provided an update on the proposed redevelopment of the above health centres, noting that the Local Care 'pathfinder' project and ongoing positive discussions with the Scottish Government had sought to improve the Initial Agreements (IAs) necessary to progress the capital works for these builds. The revision of the IAs would take account of the SG's feedback on the initial submission, to ensure that what was produced was in line with their expectations. External consultants appointed by SG / Scottish Futures Trust, to support healthcare planning for the overall programme across Scotland, had within the last week recently issued their report on the proposals and it was the intention to revise the current IAs accordingly before bringing these through the governance structure of both the Health Board and IJB. It was recognised that public interest in the proposals remained high, and Mr Kellet confirmed that the ongoing work on local care / community hubs and the SG's commitment to look again at the revised IAs was information already known within the public domain. It was also the intention to build in to the proposed timeline for the projects' approval appropriate communications related to progress, to ensure that the local community were kept apprised of the redevelopment activities.

Discussing the potential timeline for the internal approval of the IAs, it was noted that a key step would be getting the support of the Capital Investment Group of the Health Board, which had recently strengthened its membership to aid the development and scrutiny of robust business cases. This was welcomed by Committee members.

Thanking Mr Kellet for his update, the Finance, Performance & Resources Committee:

- **requested** the circulation to members of the Pathfinder consultants' report, once this has been issued in a final form;
- **asked** that the transcript of the recent discussion at the Scottish Parliament on the redevelopment of the Health Centres also be circulated to members for their information; and
- **noted** that the revised IAs and an indicative timeline for their approval through the relevant governance structure would be presented at the Committee's next meeting in May.

MK

The Chair highlighted that, going forward, it would be beneficial for staff to reflect on the overall process of submitting IAs, to ensure that any lessons learnt from the current projects are put into practice for the future.

34/19 (b) Our Minds Matter – Mental Health support in Schools

Mr Kellet introduced the paper on the 'Our Minds Matter' programme, which details the work presently underway to train staff and support school-age pupils in managing mental health issues. The purpose behind such initiatives is to provide a stronger focus on prevention and publicise

the lower levels of support available in the community, thus triaging the referrals through to CAMHS and protect that specialised support, given the demand pressures in the system overall. It was noted that Fife's work in this area has been picked up by other Boards, who are looking to implement similar programmes in their regions, and such a direction of travel is endorsed by national developments being led by Dame Denise Coia's taskforce on behalf of the Scottish Government and COSLA.

Mr Kellet reported that over 200 staff have now attended the related training and noted that feedback has been extremely positive on how that has increased staff confidence in dealing with mental health issues in a school setting. Intensive work is ongoing with the third sector, with a particular focus on S3 and S4 pupils. It was noted that levels of referrals to CAMHS remained high and the issue of GP referrals, and whether these were being directed to the right level of support, continued to be examined. It was recognised that middle-tier services (i.e. the 'Additional Support' referred to in the framework) was vital and consideration should be given to expanding the capacity of counselling services within this tier. A sum of around £12m has been made available across Scotland to enhance counselling support and it was recognised that Fife would have an appropriate share of that resource to enhance its existing services.

Noting that the current paper gave a good summary of the strategy behind Fife's Mental Health provision in schools and valuable context for understanding the performance specifically of CAMHS (and the related demand pressures), members agreed that the outstanding action for the Finance, Performance & Resource Committee (referring to a subsequent written report) could be closed.

It was agreed, however, that further operational detail on the activities underpinning the strategy would be useful for the Clinical Governance Committee to review, and Mr Kellet undertook to discuss with Dr Bisset, Chair of that Committee, what further information on care pathways, peer support and counselling provision would be helpful for the Clinical Governance Committee to receive.

MK/LB

35/19 (c) CAMHS Trials & Impact on Performance

Mr Kellet reported that CAMHS performance remained on a positive trajectory, with December 2018's figures showing that 85.5% of referrals were seen within the 18 week target from referral, the highest figure for some considerable time. It was recognised that the number of referrals remained high, which was an issue for what is a relatively small service in comparison to other Boards. Sustaining positive performance remained a priority for both the Scottish Government and the H&SCP, and members expressed their thanks to staff for their considerable efforts thus far in improving the performance of the service to current levels.

36/19 (d) Stratheden IPCU – Smoking Area

In the absence from the meeting of the Director of Estates & Facilities, it

was not possible to provide an update on the potential use of the internal courtyard at Stratheden IPCU for a smoking area, once various health and safety matters had been resolved. It was agreed to therefore carry forward this agenda item to the next meeting.

The Director of Pharmacy confirmed that all patients at the facility are routinely offered smoking cessation services, though not all choose to engage with that support.

GOVERNANCE

37/19 (a) Board Assurance Framework – Financial Sustainability

Mrs Potter reported that the revised framework reflects the position at the end of January 2019, which is a year-end (mid-range) forecast of a £3.109m overspend. The risk rating has therefore been held at high.

Discussion focused on the potential offset of unspent allocations in the IJB in the current year (namely, ADP and Primary Care Improvement Fund monies) to help the H&SCP's overall financial position, given that the set aside as a reserve would be unreasonable. Though this was based on current planning assumptions that may yet change, it was recognised that, should this be enacted, the IJB would be required to find alternative means to support those specific projects in the next financial year.

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

38/19 (b) Board Assurance Framework – Strategic Planning

Ms Laing highlighted that the pending review of the Joint Strategic Transformation Group was raised at last week's Clinical Governance Committee, in its consideration of the report on strategic planning.

The Committee **noted** the current position.

39/19 (c) Board Assurance Framework – Environmental Sustainability

In the absence of the Director of Estates & Facilities, Mrs Potter noted that the framework had been updated in light of recent concerns raised at Greater Glasgow & Clyde about the infection risks from pigeon guano entering into hospital areas. For the VHK Tower Block, a temporary window-cleaning cradle has now been installed and a permanent solution is being explored, to mitigate any such risk within Fife. The recruitment of a specialist microbiologist, referred to in the BAF as per water safety infection controls, has now concluded successfully, as reported by the Director of Pharmacy.

The Committee **noted** and **approved** the current position. It was agreed that, for future iterations of this report, its format should follow that of the other BAFs and not include the linked operational risks presently supplied.

40/19 (d) Annual Workplan 2019/20

Mrs Potter introduced the amended workplan, noting the addition of standing items for Brexit and the Orthopaedic Elective project and the removal of a regular item on the Regional Delivery Plan, the latter not a current focus for the Scottish Government at present.

In reference to the suggested addition of the Annual Operational Plan to the agenda items listed for the May meeting of the Committee, Mrs Potter noted that the first iteration of this was expected by the Scottish Government by 31 March, following the issue of initial guidance on its content etc. on 27 February. As this timeframe will not allow for Board Committees to appropriately consider the plan prior to its submission, a draft version will be submitted initially and Committees will be invited to consider this at their next round of meetings in May.

In reference to the overall subject content of the workplan, it was noted that oversight of progress in areas devolved to the H&SCP were covered in the financial outlook and planning agenda items, which both have H&SCP performance appropriately covered therein.

The Committee **approved** the amended plan.

41/19 (e) Committee's Terms of Reference

Mrs Potter noted that a number of minor updates had been made to the Committee's existing remit, to keep this current and to reflect changes to job titles etc. of officers in attendance. A wider review of the Board's Code of Corporate Governance will be undertaken in the near future, partly to reflect national work ongoing for implementation of the NHS Model Blueprint for Good Governance, which is expected to produce a suite of template remits and standing orders for all Boards to follow.

Subject to a number of minor typographical changes highlighted by members, the Committee **approved** the amended Terms of Reference, noting that the Audit & Risk Committee will be asked for final approval in due course.

42/19 (f) Committee Self-Assessment Report 2018-19

Ms Laing introduced the paper, noting the improved rate of return on past iterations of the exercise and positive feedback on the new online format and revised questions. It was agreed that the Committee Chair and Board Secretary would meet to develop any action points into a workplan. It was also agreed that feedback to the Board on the Committee self-assessments overall would be helpful, particularly as some of the highlighted issues concerned the engagement / feedback with the Board and its governance committees.

There was some concern raised about the number of questionnaire returns being asked of members at this year-end point, with one member

RL/GM

having received nine separate surveys in the last month alone. Thought should therefore be given to staggering the timing of such exercises where possible.

The Committee **noted** the outcome of the recent self-assessment exercise.

43/19 (f) Annual Accounts – Progress Update on Audit Recommendations

The Committee considered the report, which gave an overview of the recommendations from both annual reports of the internal and external auditors for 2017-18. The Director of Finance clarified that a number of the outstanding actions related to the year-end process, which could therefore not be completed until the annual accounts were finalised.

The Committee **noted** the update.

44/19 (g) Brexit Assurance Group

The Chair reported that the first meeting of the above group took place on 15 February 2019, where a revised set of Terms of Reference were approved and reporting arrangements were agreed. The NHS Fife Resilience Forum would feed into this Board-level group and, going forward for the immediate future, Brexit (and the potential impact thereof) would be included as a standing item on all Board governance committee agendas.

The Committee **noted** the update.

PLANNING

45/19 (a) Annual Operational Plan

Mrs Potter gave a verbal update, highlighting that the new plan would focus on transformational activities, integration and workforce, as per the guidance issued by the Scottish Government. It would also include appropriate narrative on quality and safety initiatives, as well as the normal financial planning templates. EDG would receive a first draft within the next few weeks, before draft submission to the Scottish Government and Board consideration thereafter.

The Committee **noted** the update.

46/19 (b) Capital Programme 2019/20 to 2023/24

The Committee discussed the paper, which outlined the indicative capital funding expected in 2019/20 from the Scottish Government from the two streams of: (i) formula allocation (anticipated to be broadly in line with the current allocation of £7.4m in the current year) and (ii) project-specific (the latter expected to amount to c.£2m for the first tranche on work required for the Orthopaedic Elective centre). The assumptions underlying the plan

were noted, as were the thresholds for reporting to the Committee (for projects in excess of £500k). Details of a number of 'pipeline' projects were highlighted, which require further refinements and the preparation of appropriate business cases.

The Committee **approved** the draft plan in principle, noting that a detailed budget schedule for capital in 2019/20 would be provided to the Committee at its next meeting in May and the funds allocated across each category of investment may be amended accordingly.

47/19 (c) Draft Financial Plan 2019/20-2021/22 and Budget Setting 2019/20

Mrs Potter introduced the paper, which provided an update on ongoing budget and financial planning in advance of the new financial year. It was noted that the detail of this report would be used as the basis for the Annual Operational Plan to be shortly submitted to the Scottish Government by the end of March.

The scale of the challenge in the Acute Services division was clear (with £9m of savings expected, some 6% of total budget), with Mrs Potter highlighting that the 'grip and control' of run-rate expenditure and achieving transformational change was vital to the delivery of the budget. Though unmet legacy savings were significant, there were opportunities to do things differently, such as reviewing outpatients procedures and taking advantage of new funding streams to be applied to reducing waiting times. The new Chief Operating Officer was introducing a clear governance structure in Acute Services to deliver the necessary savings and the H&SCP would be shortly discussing its recovery plan in the context of the overall budget delegated to the Integration Joint Board. It was highlighted that should the Board not receive the expected share of waiting times improvement plan monies, that would hinder redesign of these services and impact on overall financial sustainability. The ambition was however to carefully manage cost pressures and deliver a break-even position, against a challenging financial background.

Members noted the comment within the paper on the difficulty of funding incremental progression within fixed budgets, Mrs Potter highlighted that such expenditure would be expected to be met by the realignment of funding from elsewhere in the respective budget. Noting the historic split of ADEL expenditure between the H&SCP, Acute Services and Corporate areas, it was requested that a further report on that be brought to the next meeting.

The paper outlined the additional funding available for distribution across services of £8.164m. Discussion largely focused on the potential of an alternative model to be followed for the distribution of NRAC funding of £2.2m. Mr Kellet highlighted that if the *pro-rata* model detailed in the paper were to be followed (which would assign thereof £1.463m to the H&SCP), this would negatively affect the H&SCP by a sum of £700k as compared to the transfer of all NRAC funding to the H&SCP. The current budget setting exercise for the Integration Joint Board assumes the full quantum

CP

of NRAC funds. Proceeding with this model would, he believed, be contrary to the direction from Scottish Government to 'shift the balance of care'. Mrs Potter noted, however, that NRAC funding applied to all services and should be split accordingly rather than be retained solely for application to the H&SCP (which would nevertheless receive the majority under the *pro-rata* settlement). The funding overall for the H&SCP was a broader issue and one for the partner organisations to discuss, taking account of the cost pressures related to the areas of health and social care and the funding made available by each partner.

The Committee noted the potential outcome of the *pro-rata* model in reducing the amount of additional funding made available to the H&SCP and recommended approval of that model to the Board.

The Finance, Performance & Resources Committee:

- **noted** the overall projected financial gap of £17.3m for 2019/20;
- **noted** the methodology taken to allocate income uplifts (excluding NRAC);
- **recommended** support for the allocation of NRAC funding on a *pro-rata* basis across H&SC delegated; H&SC Acute set aside; and Acute Services;
- **noted** the 2020/21 and 2021/22 macro positions excluding any impact of non delivery of recurring savings in 2019/20;
- **noted** that the Service Review process is in progress, and along with the financial plan, will inform the Annual Operational Plan for submission to SGHSCD as a draft pending Board approval by the end of March 2019; and
- **noted** a detailed report will be provided to the NHS Board at the end of March, based on this report, seeking approval of the financial plan, budget setting and confirmation of a commitment to deliver a balanced position for 2019/20.

48/19 (c) Orthopaedic Elective Centre

The Committee agreed to consider the above in its private session due to the contractual information contained therein.

PERFORMANCE

49/19 (a) Integrated Performance Report (IPR)

The Committee discussed the Integrated Performance Report in detail, as follows.

Acute

The Committee noted the performance indicators within the paper, regretting that there was no appropriate Director present who could elaborate further on the written content.

Health & Social Care Partnership

Michael Kellet provided updates in relation to the following targets:

Delayed Discharges: despite improvements earlier in the year, the most recent figure of 82 shows a challenging situation with regard to flow. It was noted that these figures are directly related to a lack of capacity in Care at Home services, which will take some time to show improvement.

Smoking Cessation: despite being behind target at present, it was hoped that recently improved performance would be sustained to ensure that the number of quits over the year meets the annual target.

CAMHS / PT RTT: 82.6% of patients met the 18 weeks RTT for CAMHS, the best performance since the first quarter of 2017. For PT, the same figure was 72.0%. Overall, the number of patients on the waiting lists for both services continues to increase. Challenges remained in managing the levels of demand and referrals.

The Committee, however, recognised the significant improvements made in mental health waiting times and expressed their thanks to staff for their considerable efforts to improve the Fife position.

Financial Position

Mrs Potter drew members' attention to the following areas of financial performance:

The year-end forecast at the end of January 2019 is an overspend of £3.109m, with two areas of concern around: the certainty of the Acute Services division overspend forecast and the extent of the impact of the IJB forecast overspend position (of c.£9.9m), with particular reference to the risk share arrangement (70% to NHS Fife; 30% to Fife Council) to cover the worsening social care overspend. The Scottish Government was aware of the forecast position of a potential overspend (as part of the routine monthly financial performance return) and options were being considered to manage this. The Committee noted the scale of the challenges in reducing the Acute Services position, which was chiefly due to the non-delivery of savings, but welcomed the underspend achieved (over target) by Estates & Facilities and Corporate Directories.

Mrs Potter highlighted the inherent uncertainty of the risk share arrangement on financial forecasting. Due to the complexities of the current arrangements and the fluidity of a number of variables, it is difficult to be entirely definitive on the year-end forecast and the position may move over before the year end. It was noted that both NHS Fife and Fife Council have to agree the approach and process for resolving the IJB overspend, with various options to consider before escalating to the risk sharing arrangement. One-off payments from both parties, limited to the extent of their respective overspend positions, would be the first step outlined in the Integration Scheme. Any action also has to consider external audit advice and technical accounting practice. The Committee agreed that it would be appropriate in such circumstances for both NHS

Fife and Fife Council to consider the present Integration Scheme / risk sharing arrangement for the new financial year, taking into account the outcomes of the recent Audit Scotland report and the Ministerial Steering Group's review of integration.

It was agreed to highlight to the Board's March meeting the financial forecast outlined in the IPR and the Committee's support for the review of the present integration scheme arrangements.

Mr Kellet gave members an update on the recruitment process for a new Chief Financial Officer for the H&SCP, following the recent resignation of Ms Jen McPhail.

Capital

Mrs Potter explained that work is underway to utilise the full amount of Capital Resource Limit funding (£8.400m for the year) largely through on routine expenditure (eHealth, statutory compliance and minor works).

The Finance, Performance & Resources Committee:

- **noted** the Integrated Performance Report.

50/19 (b) Winter Performance Report, December 2018 to January 2019

Mr Kellet introduced the summary of Winter Performance, the fourth monthly report assessing performance against key targets outlined in the Winter Plan. It was noted that levels of delay in the system remained high over the reporting period, despite good progress against target in managing attendances etc. Delayed discharges are impacting at the community, with ongoing difficulties in the timely transfer from community beds to packages of home care. Relationships remained strong, however, with all staff engaged in working together to minimise issues where possible. Daily reporting has enhanced the information made available to managers, and early review of the data is expected to enhance planning and preparation for next year.

The Committee **noted** the report, and recorded their congratulations to staff for their considerable efforts in managing the ongoing Winter pressures around demand. It was agreed that lessons learned from previous years were apparent in improvements delivered in the current period.

ITEMS FOR NOTING

51/19 a) Schedule of Forthcoming Meeting Dates

The scheduled dates for the Committee for the next year was **noted**.

52/19 ISSUES TO BE ESCALATED TO THE BOARD

The Committee agreed that the following issues from this meeting's agenda would be escalated to the next meeting of the Board in March:

- the forecast financial position at year-end, as per the Committee's discussions on the Financial Plan and IPR;
- the Committee's recommended support for the allocation of NRAC funding on a *pro-rata* basis; and
- the Committee's support for a review of the Integration Scheme, particularly the risk share arrangement presently agreed thereunder.

53/19 ANY OTHER BUSINESS

There was no other business.

54/19 DATE OF NEXT MEETING – Tuesday 14 May 2019 at 10.00am, in the Large Meeting Room, Staff Club, Victoria Hospital, Kirkcaldy.

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	AF AF/MK	Reviewed for a second time in January 2019, after initial update in July 2018. A follow-up agenda item requested to provide an update on the creation of a secure external smoking area at the site.	May 2019
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.	Before May 2019 meeting May 2019
127	15.01.19	Committee Self-Assessment Report	RL/GM	Discuss the outcome of the exercise and develop any action points into a workplan.	Before May 2019 meeting
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.	May 2019

COMPLETED ACTIONS					
100	27.06.17	154/17 Annual Internal Audit Report	CP	<i>An action plan will be developed and will be a standing item on every agenda</i>	10.08.17
101	27.06.17	155/17b Q1 Financial Review Process	CP	<i>A report will be brought back to the August Committee</i>	29.08.17
102	27.06.17	157/17 Revised Annual Workplan	CP	<i>a) Add PAMS to the workplan in August b) Asset Disposals should be listed under Adhoc / Other c) Report on monitoring Internal / External Audit recommendations to come to August Committee</i>	29.08.17
103	27.06.17	157/17 Terms of Reference	CP	<i>References to Performance to be added to Terms of Reference</i>	29.08.17
104	29.08.17	173/17 Integrated Performance Report	MK	CAMHS Performance – Progress report requested “trajectory vs target” Smoking Cessation – obtain more up to date performance data	25.01.18
105	29.08.17	173/17 eHealth Quarterly Report	CP	Quarterly report will be reported predominantly through CGC and any financial issues that arise will be reported to FP&R. Update annual workplan for 6 monthly update.	
106	29.08.17	175/17 Review of Policies	CP	Action to be taken to review outstanding policies <i>An update will be brought to the Committee in January 2018.</i>	25.01.18
107	29.08.17	175/17 Board Assurance Framework	JG	BAF Dev Session – completed. Any risks that may arise with Site Optimisation / Transformation need to be added	
108	31.10.17	Winter Plan & Performance Winter Report	JG	Downstream Bed Waiting List performance to be captured in future iterations of report.	25.01.18

109	31.10.17	Winter Plan & Performance Winter Report	MK	<i>Reassurance sought that all rotas are in place for the festive holidays</i>	19.12.17
110	27.02.18	Service Review Process	MK	Update provided 10 July 2018.	
112	15.05.18	Update on Savings and Service Reviews	CP	Update provided 10 July 2018	
114	15.05.18	Health & Social Care – Adult Social Care	MK	<ul style="list-style-type: none"> Paper to be shared with the Committee on progress of the working group established to look at the processes and procedures in place for future forecasting. Paper shared on 13/09/18 with members Provide update on established working group to scrutinise the forecasting and reconfiguration processes within Adult Social Care. 	September 2018
115	15.05.18	Committee Self Assessment Checklist	GM	CP suggested pick up during August. Meet Committee chairs and also have a Board Development. Timescales for 1 st draft September meeting.	
116	10.07.18	Risk Share Arrangements	MK	Share IJB Budget paper with Committee for information. On September agenda	September 2018
119	10.07.18	Annual Internal Audit Report	CP	Workplan to be created, providing an update on actions and reported to here and SGC. This has been added to the annual workplan and an update will be provided now at every meeting.	
122	11.09.18	Financial Workshop	CP/RL	Financial Workshop to be arranged for the end of the financial year, to include committee chairs of both Fife Health Board and the IJB	
123	11.09.18	Kincardine & Lochgelly Health Centres	MK	Report on progress to come to next meeting	November 2018
124	11.09.18	Freestyle Libre	FME	Updated report to come back to next meeting on next steps	November 2018
113	15.05.18	Site Optimisation	JG	Further piece of work undertaken with regards to Site Optimisation and will update at a future Dev Session. Work will be done in the coming months and will be reported through governance committees. On agenda for September 2018 meeting. Update provided at the September meeting and a further update to come to the November meeting.	Complete
117	10.07.18	Integrated Performance Report	MK	Add CAMHS Waiting Times Trajectory to next iteration of report.	Complete
120	11.09.18	Minutes of Finance & Performance Meetings	CP/MK	FP&R Committee to receive IJB Finance & Performance committee minutes routinely for information and vice versa.	Complete
121	11.09.18	Mental Health Performance	MK	Written report to be provided to enable committee to have a full discussion. Follow up report requested in March 2019.	March 2019
125	15.01.19	Mental Health support in Schools	MK	Circulation of Our Minds Matter publicity material to Committee. Present at a future meeting a written paper outlining the activities being undertaken to support school-age pupils experiencing mental health issues.	March 2019

Finance, Performance & Resources Committee

DATE OF MEETING:	14 May 2019	
TITLE OF REPORT:	ADEL funding 2018/19	
EXECUTIVE LEAD:	Carol Potter, Director of Finance	
REPORTING OFFICER:	Rose Robertson, Deputy Director of Finance	
Purpose of the Report (delete as appropriate)		
For Decision	For Discussion	For Information
SBAR REPORT		
<u>Situation</u>		
<p>In line with previous years, during 2018/19 Scottish Government invited Boards to make a submission for noncore Additional Departmental Expenditure Limit (ADEL) funding over and above their Revenue Resource Limit (RRL) funding. NHS Fife duly submitted to this process and were successful in our bid for £3.2m DEL funding. The purpose of this paper is to sight members on the additional funding level secured, and to provide, for information, the details of qualifying expenditure funded through this source.</p>		
<u>Background</u>		
<p>In 2018/19 NHS Fife received and identified £3.2m qualifying DEL expenditure. In 2017/18 and 2016/17 the comparative sums were £5.6m and £2.8m respectively. Examples of qualifying expenditure included:</p> <ul style="list-style-type: none">• Replacement of obsolete software (that would normally be charged to revenue)• Stock adjustments / write offs• Replacement of obsolete equipment (that otherwise would not be capitalised)• Fund write offs in respect of abandoned projects during the course of construction• Cleaning of Balance Sheet items• Losses on equipment• Losses on disposal of assets		
<u>Assessment</u>		
<p>The financial planning process for 2018/19 assumed at least £2.5m ADEL funding and plans were put in place from the start of the year to identify qualifying expenditure; as the year progresses, work was also undertaken to identify any additional qualifying expenditure in support of the additional £0.7m funding available. The full detail of qualifying expenditure is highlighted in Appendix 1.</p> <p>For 2018/19, the £3.2m expenditure was split:</p> <ul style="list-style-type: none">• Acute Division £0.616m• Health & Social Care Partnership £0.908• Corporate / Other £1.676m		

Recommendation

Committee Members are asked to:

- **note** the additional DEL funding received in the 2018/19 financial year; and
- **note** the qualifying spend allocated to the DEL funding stream

Objectives: (must be completed)

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

Evidence Base:	NA
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Glossary of Terms:	NA
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Parties / Committees consulted prior to EDG Meeting:	NA
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Impact: (must be completed)

Financial / Value For Money	Statutory requirement to break even
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Risk / Legal:	NA
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Quality / Patient Care:	NA
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Workforce:	NA
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Equality:	NA
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Appendix 1

ADEL EXPENDITURE

	18/19 £'000	17/18 £'000	16/17 £'000
Replacement of obsolete equipment	1,368	1,631	866
Operational loss or damage	123	93	80
Equipment losses	704	704	567
Loss on disposal of assets	0	11	50
Equipment repairs	446	654	468
Vehicle Repairs	62	133	94
Software		1,016	263
Bad Debts	184	216	437
Property Maintenance	313	1,142	0
	3,200	5,600	2,825

Finance, Performance & Resources Committee

DATE OF MEETING:	14 May 2019
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	
<u>Situation</u>	
<p>The Board Assurance Framework (BAF) is intended to provide accurate and timely assurances to this Committee and ultimately to the Board, that the organisation is delivering on its strategic objectives as contained in the following:</p> <ul style="list-style-type: none"> • NHS Fife Strategic Framework • NHS Fife Clinical Strategy • Fife Health & Social Care Integration Strategic Plan <p>The Committee has a vital role in scrutinising the risk and where indicated, Committee chairs will seek further information from risk owners. This report provides the Committee with an update on NHS Fife BAF specifically in relation to Financial Sustainability as at end January 2019.</p>	
<u>Background</u>	
<p>As previously reported, the BAF brings together pertinent information on the above risk integrating objectives, risks, controls, assurances and additional mitigating actions.</p> <ul style="list-style-type: none"> • Identifies and describes the key controls and actions in place to reduce or manage the risk • Provides assurances based on relevant, reliable and sufficient evidence that controls are in place and are having the desired effect • Links to performance reporting to the Board and associated risks, legislation & standing orders or opportunities • Provides a brief assessment of current performance In due course, the BAF will provide detail on the progress of the risk over time - improving, moving towards its target or tram - lining <p>The Committee is invited to re-consider the following :</p> <ul style="list-style-type: none"> • Does the risk score feel right? • Do the current controls match the stated risk? • Will the mitigating actions bring the risk down to its target level? • If the mitigating actions are fully implemented would the outcome be achieved? • Does the assurance provided describe how the controls are performing? • Do the assurances come from more than one source including independent sources? • Are limited resources being allocated appropriately i.e. on uncontrolled high risks or in otherwise well controlled areas of risk? 	

Assessment

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

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

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

The attached schedule has been updated to reflect the position as at the end of March 2019. Whilst a year end break even position is reported (subject to external audit review), the **BAF current score has, however been held at High** with the target score remaining Moderate. This recognises the ongoing financial challenges facing Acute Services in particular, as well as the current impact of the risk share agreement for the Health & Social Care Partnership and the significant overspend reported on social care.

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
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HB Strategic Objectives:	Supports all of the Board's strategic objectives
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Further Information:

Evidence Base:	A large national and international evidence base guides the delivery of care in NHS Fife
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Glossary of Terms:	N/A
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Parties / Committees consulted prior to Health Board Meeting:	Executive Directors
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Impact: (must be completed)

Financial / Value For Money	Promotes proportionate management of risk and thus effective and efficient use of scarce resources.
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Risk / Legal:	Inherent in process. Demonstrates due diligence. Provides critical supporting evidence for the Annual Governance
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	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.

1413	Sustainable	07.01.2019	28.02.2019	There is a risk that the funding required to deliver the current and anticipated future service models will exceed the funding available. Thereafter there is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework would result in the Board being unable to deliver on its required financial targets.	4 - Likely - Strong possibility this could occur	4 - Major	16	High	4 - Likely - Strong possibility this could occur	4 - Major	16	High	Current financial climate across NHS/public sector	Director of Finance Finance, Performance & Resources (F,P&R) Chair: Rona Laing	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. Transformation programme established to support redesign; reduce unwarranted variation and waste; and to implement detailed efficiency initiatives across the system. 3. Engage with external advisors as required (e.g. property advisors) to support specific aspects of work.	Nil	1. Continue a relentless pursuit of all opportunities identified through the transformation programme in the context of sustainability & value.	Director of Finance / Chief Operating Officer / Director of Finance 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 highlighted in 2016/17 and 2017/18 continued into 2018/19, with an anticipated £19.7m gap, including £17m carried forward as unachieved recurring savings in 2017/18. Since the end of May, the forecast outturn has been held at breakeven, per the Annual Operational Plan. However, given the extent of the risks that remain as the year has progressed, in relation to delivery and identification of value & sustainability and cost reduction efficiencies across acute services and health services delegated through the H&SC Partnership to the IJB, a forecast overspend was reported from month 7 (October). The non delivery of savings and resultant overspend have been mitigated, in part, through in year non recurring financial flexibility. The single most significant factor impacting on the year end position is the impact of the risk share arrangement for the IJB, being the result of the social care overspend. Whilst a year end break even position is reported (subject to external audit review), it has been another challenging year and financial sustainability remains a high risk as we move into the new financial year.	3 - Possible - May occur occasionally - reasonable chance	4 - Major	12	Moderate	Financial risks will always be prevalent within the NHS / public sector however it would be reasonable to aim for a position where these risks can be mitigated to an extent.
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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
1357	Financial Planning, Management & Performance	High 16	C Potter

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

ID	1513	1363	1364	1357
Position of Risk (Risk Register)	NHSFBD - Brexit Risk Register	NHSFBD - Finance Directorate Risk Register	NHSFBD - Finance Directorate Risk Register	NHSFBD - Finance Directorate Risk Register
Opened	04.10.2018	13.06.2017	13.06.2017	13.06.2017
Title	Financial and Economic Impact of Brexit	Health and Social Care Integration	Efficiency Savings	Financial Planning, Management and Performance
Description	Brexit, and uncertainty over the final withdrawal agreement, has the potential to cause a large amount of uncertainty, both in respect to understanding what the Health Board's budget allocation may be (i.e. income), and on costs (i.e. expenditure). This risk has been escalated to the Finance, Performance and Resources Committee.	There is a risk that a proportion of any Health and Social care overspend at the year end will require to be funded by NHS Fife. The Integration Scheme for Fife states "8.2.4. Any remaining overspend will be funded by the parties based on the proportion of their current year contributions to the Integration Joint Board".	There is a risk that the organisation may not fully identify the level of savings required to achieve financial balance.	There is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework will result in the Board being able to deliver on its required financial targets.
Likelihood (initial)	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur
Consequence (initial)	5 - Extreme	5 - Extreme	4 - Major	4 - Major
Risk level (initial)	High Risk	High Risk	High Risk	High Risk
Rating (initial)	25	20	16	16
Current Management Actions	In the lead up to the UK's withdrawal from the EU, Procurement continue to monitor and challenge escalation in costs, and a range of services are reviewing contracts to establish possible hidden costs within the supply chain, linked to contracts with 3rd parties. Where appropriate, revised contractual arrangements or different suppliers are being progressed to mitigate costs.	This will require 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. Further continued action is required by the management team to seek further opportunities for value, sustainability and cost reduction efficiencies.	Enhanced performance scrutiny was established through the Executive Board and supporting sub groups. The risks remain high; although there is a degree of confidence based on historic trends, that 'housekeeping' efficiency can be delivered. The significant challenge is in relation to major redesign to drive value, sustainability and related cost reduction efficiencies. A quarterly review process will also supplement this; as well as a SLWG to consider additional controls and probity around supplementary staffing. As we move into the new financial year, a Performance & Accountability Review Framework will be established to increase scrutiny of all aspects of performance and specifically the financial priorities.	Undertake regular monitoring of expenditure levels through management and Board meetings. Employ Property Advisors to assist with sales of assets and / or engage in discussions with Fife Council / other agencies. Hold regular discussions on Service Level Agreements with Non-Fife providers. Produce monthly reports capturing and monitoring progress against financial targets and efficiency savings for scrutiny by all responsible managers and those charged with governance and delivery, and ongoing forecasting and updates form the basis of financial reporting to the Scottish Government. Current support from the Scottish Government to assist in managing overall performance to ensure breakdown on a recurrent basis.
Likelihood (current)	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur
Consequence (current)	5 - Extreme	5 - Extreme	4 - Major	4 - Major
Risk level (current)	High Risk	High Risk	High Risk	High Risk
Rating (current)	25	20	16	16
Likelihood (Target)	1 - Remote - Can't believe this event would happen	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance
Consequence (Target)	1 - Negligible	3 - Moderate	3 - Moderate	4 - Major
Risk level (Target)	Very Low Risk	Moderate Risk	Moderate Risk	Moderate Risk
Rating (Target)	1	9	9	12
Risk Owner	Potter, Carol	Potter, Carol	Potter, Carol	Potter, Carol
Handler	Chapman, Yvonne	McBain, Shelley	McBain, Shelley	McBain, Shelley
Previous Review Date	14.12.2018	22.10.2018	22.10.2018	22.10.2018
Next Review	30.06.2019	31.01.2019	31.01.2019	31.01.2019

1513	ID
NHSFBD - Brexit Risk Register	Position of Risk (Risk Register)
04.10.2018	Opened
Financial and Economic impact of Brexit	Title
Brexit, and uncertainty over the final withdrawal agreement, has the potential to cause a large amount of uncertainty, both in respect to understanding what the Health Board's budget allocation may be (i.e. income), and on costs (i.e. expenditure). This risk has been escalated to the Finance, Performance and Resources Committee.	Description
5 - Almost Certain - Expected to occur frequently - more likely than not	Likelihood (initial)
5 - Extreme	Consequence (initial)
High Risk	Risk level (initial)
25	Rating (initial)
In the lead up to the UK's withdrawal from the EU, Procurement continue to monitor and challenge escalation in costs, and a range of services are reviewing contracts to establish possible hidden costs within the supply chain, linked to contracts with 3rd parties. Where appropriate, revised contractual arrangements or different suppliers are being progressed to mitigate costs.	Current Management Actions
5 - Almost Certain - Expected to occur frequently - more likely than not	Likelihood (current)
5 - Extreme	Consequence (current)
High Risk	Risk level (current)
25	Rating (current)
1 - Remote - Can't believe this event would happen	Likelihood (Target)
1 - Negligible	Consequence (Target)
Very Low Risk	Risk level (Target)
1	Rating (Target)
Potter, Carol	Risk Owner
Chapman, Yvonne	Handler
14.12.2018	Previous Review Date
30.06.2019	Next Review

1363	ID
NHSFBD - Finance Directorate Risk Register	Position of Risk (Risk Register)
13.06.2017	Opened
Health and Social Care Integration	Title
There is a risk that a proportion of any Health and Social care overspend at the year end will require to be funded by NHS Fife. The Integration Scheme for Fife states "8.2.4. Any remaining overspend will be funded by the parties based on the proportion of their current year contributions to the Integration Joint Board".	Description
4 - Likely - Strong possibility this could occur	Likelihood (initial)
5 - Extreme	Consequence (initial)
High Risk	Risk level (initial)
20	Rating (initial)
This will require 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. Further continued action is required by the management team to seek further opportunities for value, sustainability and cost reduction efficiencies.	Current Management Actions
4 - Likely - Strong possibility this could occur	Likelihood (current)
5 - Extreme	Consequence (current)
High Risk	Risk level (current)
20	Rating (current)
3 - Possible - May occur occasionally - reasonable chance	Likelihood (Target)
3 - Moderate	Consequence (Target)
Moderate Risk	Risk level (Target)
9	Rating (Target)
Potter, Carol	Risk Owner
McBain, Shelley	Handler
22.10.2018	Previous Review Date
31.01.2019	Next Review

1364	ID
NHSFBD - Finance Directorate Risk Register	Position of Risk (Risk Register)
13.06.2017	Opened
Efficiency Savings	Title
There is a risk that the organisation may not fully identify the level of savings required to achieve financial balance.	Description
4 - Likely - Strong possibility this could occur	Likelihood (initial)
4 - Major	Consequence (initial)
High Risk	Risk level (initial)
16	Rating (initial)
Enhanced performance scrutiny was established through the Executive Board and supporting sub groups. The risks remain high; although there is a degree of confidence based on historic trends, that 'housekeeping' efficiency can be delivered. The significant challenge is in relation to major redesign to drive value, sustainability and related cost reduction efficiencies. A quarterly review process will also supplement this; as well as a SLWG to consider additional controls and probity around supplementary staffing. As we move into the new financial year, a Performance & Accountability Review Framework will be established to increase scrutiny of all aspects of performance and specifically the financial priorities.	Current Management Actions
4 - Likely - Strong possibility this could occur	Likelihood (current)
4 - Major	Consequence (current)
High Risk	Risk level (current)
16	Rating (current)
3 - Possible - May occur occasionally - reasonable chance	Likelihood (Target)
3 - Moderate	Consequence (Target)
Moderate Risk	Risk level (Target)
9	Rating (Target)
Potter, Carol	Risk Owner
McBain, Shelley	Handler
22.10.2018	Previous Review Date
31.01.2019	Next Review

1357	ID
NHSFBD - Finance Directorate Risk Register	Position of Risk (Risk Register)
13.06.2017	Opened
Financial Planning, Management and Performance	Title
There is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework will result in the Board being able to deliver on its required financial targets.	Description
4 - Likely - Strong possibility this could occur	Likelihood (initial)
4 - Major	Consequence (initial)
High Risk	Risk level (initial)
16	Rating (initial)
Undertake regular monitoring of expenditure levels through management and Board meetings. Employ Property Advisors to assist with sales of assets and / or engage in discussions with Fife Council / other agencies. Hold regular discussions on Service Level Agreements with Non-Fife providers. Produce monthly reports capturing and monitoring progress against financial targets and efficiency savings for scrutiny by all responsible managers and those charged with governance and delivery, and ongoing forecasting and updates form the basis of financial reporting to the Scottish Government. Current support from the Scottish Government to assist in managing overall performance to ensure breakdown on a recurrent basis.	Current Management Actions
4 - Likely - Strong possibility this could occur	Likelihood (current)
4 - Major	Consequence (current)
High Risk	Risk level (current)
16	Rating (current)
3 - Possible - May occur occasionally - reasonable chance	Likelihood (Target)
4 - Major	Consequence (Target)
Moderate Risk	Risk level (Target)
12	Rating (Target)
Potter, Carol	Risk Owner
McBain, Shelley	Handler
22.10.2018	Previous Review Date
31.01.2019	Next Review

DATE OF REPORT:	08/05/2019
TITLE OF REPORT:	NHS Fife Board Assurance Framework (BAF) Strategic Planning
EXECUTIVE LEAD:	Dr Chris McKenna, Medical Director
REPORTING OFFICER:	Dr Chris McKenna, Medical Director

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

SBAR REPORT

Situation

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

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

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

This report provides the Committee with the next version of the NHS Fife BAF on 15.01.19.

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 Joint Strategic Transformation Group (JSTG) has been in place for 3 years and is being reviewed with its workplan being refocused on delivery and sustainability. It provides transformation oversight of the 4 key priorities detailed above with escalation of health issues and challenges to EDG and the Executive Board. The governance will continue to be with the 4 committees (x2 NHS and x2 IJB).

The role and purpose of the JSTG is being refocused with the first meeting of the group chaired by the Chief Executive took place in April 2019. A forthcoming workshop in June 2019 will enable a refresh of the workplan and aims of the group.

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

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Strategic Planning

1417	Person Centred, Clinically Excellent, Exemplar Employer, Sustainable	15.01.2019	06.03.2019	<p>There is a risk that NHS Fife will not deliver the recommendations made by the Clinical Strategy within a timeframe that supports the service transformation and redesign required to ensure service sustainability, quality and safety at lower cost.</p> <p>Key Risks</p> <p>1. Community/Mental Health redesign is the responsibility of the H&SCP/IJB which hold the operational plans, delivery measures and timescales</p> <p>2. Governance of the JSTG remains with 4 committees - 2 from the IJB and 2 from NHS. This may impact on effectiveness of scrutiny.</p> <p>3. Regional Planning. There is a challenge in alignment of strategic plans of partner boards with those of the Regional lead.</p> <p>4. Development and recommendations of the East Region Health and Social Care Delivery Plan may impact on the focus and priority of local service redesign and the pace of its delivery.</p>	4 - Likely - Strong possibility this could occur	4 - Major	16	High	4 - Likely - Strong possibility this could occur	4 - Major	16	High	<p>The transformation programmes have been agreed and reports to the Joint Strategic Transformation Group.</p> <p>Organisational challenges have impacted on the meeting schedule. Meeting have been paused from February 2019 until a full review has been undertaken.</p> <p>The workplans is at varying stages of development with some programmes more advanced than others.</p> <p>Reporting of progress of transformation programmes has improved with written updates to JSTG for two of the programmes. Papers to IJB produced about the other two programmes.</p>	Medical Director	Clinical Governance	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <p>1. Establishment of IMPACT in 2016 - a small internal business unit which provides focussed, co-ordinated, client tailored support to accelerate delivery of NHS Fife's strategic objectives. Provides a programme management framework to ensure the programme is delivered.</p> <p>2. Establishment of the Joint Strategic Transformation Group (JSTG) to drive the delivery of the H&SC Strategic Plan and the Clinical Strategy.</p> <p>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 strategic guidance to the programme. Collaborative oversight is provided by the JSTG.</p> <p>4. NHS Fife is a member of SEAT with executive attendance at Regional Planning meetings. Progress is being made in some areas.</p> <p>5. NHS Fife is a member of the East Region Programme Board established to develop the East Region Health and Social Care Delivery Plan and is represented by directors on all workstreams.</p> <p>6. Establishment of the Executive Board to provide strategic and operational oversight of the health boards services including the transformation programmes.</p> <p>7. The Service Planning Reviews have taken place for 2019/20 -21/22 which will inform actions to deliver Clinical Strategy and prioritise transformation programmes.</p>	JSTG not performing role adequately but tranformation programmes being progressed.	<p>Leadership to strategic planning coming from the Executive Directors Group.</p> <p>Clinical Strategy workstream update has been produced to reflect progress against recommendations.</p> <p>JSTG being refocused with Chief Executive chairing group. Workshop planned to produce workplan with deliverables and milestones.</p> <p>1. The NHS Fife CEO chairs the Acute Services workstream of the East Region Health and Social Care Delivery Plan. Plan has not bee published so workstreams have been paused and specific work taken forward by SEAT</p> <p>2. Chief Executive and Chief Operating Officer participate in Regional planning via SEAT and appropriate sub/working groups.</p>	Chief Executive	Chief Operating Officer (COO)	31.08.2019	<p>1. Minutes of meetings record attendance, agenda and outcomes.</p> <p>2. Action Plans and highlight reports from the Joint Strategic Transformation Group.</p> <p>3. Action plans, minutes and reports from the SEAT Regional Planning meetings and East Region Programme Board.</p> <p>4. Performance Assessment Framework is in place and assures committees on acute services division performance and winter planning monitoring.</p>	<p>1. Internal Audit Report on Strategic Planning (no. B10/17)</p> <p>2. SEAT Annual Report 2016</p> <p>3. Governance committee oversight of performance assurance framework</p>	Governance of programmes through JSTG.	<p>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 timescales.</p> <p>Site Optimisation Programme is being closed off with a refreshed Acute Transformation Programme being developed.</p> <p>JSTG workshop being arranged to produce an agreed workplan and TOR.</p>	3 - Possible - May occur occasionally - reasonable chance	4 - Major	12	Moderate	Once governance and monitoring is in place and transformation programmes are being realised, the risk level should reduce.
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Linked Operational Risk(s)				
Risk ID	Risk Title		Current Risk Rating	Risk Owner
	Nil currently identified			
Previously Linked Operational Risk(s)				
Risk ID	Risk Title	Reason for unlinking from BAF	Current Risk Rating	Risk Owner
	NIL APPLICABLE			

DATE OF MEETING:	14 May 2019
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		
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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 the updated NHS Fife's Environmental sustainability BAF .

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. With respect to the pigeon guano in the tower block, we have installed a temporary window cleaning cradle and have started an 8 week window cleaning program which has significantly reduced the risk. A permanent solution is also being progressed. This risk has therefore been removed from the BAF.

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.

1007	1252	1384	1296	ID
Acute Services - Planned Care - Theatres/Anaesthetics Risk Register	Corporate Directorate - Estates Risk Register	CORPORATE RISK REGISTER	CORPORATE RISK REGISTER, Corporate Directorate - Estates Risk Register	Position of Risk (Risk Register)
11.02.2015	02.06.2016	28.09.2017	22.08.2016	Opened
Theatre Phase 2 Remedial work	Flexible PEX hoses in PHASE 3 VHK	Microbiologist Vacancy	Emergency Evacuation, VHK Phase 2 Tower Block	Title
Risk of increased loss of service due to deteriorating fabric of building resulting in reduced ability to reach TTG targets.	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 harbouring Legionella bacteria and other harmful microorganisms.	There is a risk of non compliance to water safety guidance due to vacant microbiologist post.	There is a risk that a second stage fire evacuation, or complete emergency evacuation, of the upper floors of Phase 2 VHK, may cause further injury to frail and elderly patients, and/or to staff members from both clinical and non-clinical floors.	Description
3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Likely - Strong possibility this could occur	Likelihood (Initial)
5 - Extreme	5 - Extreme	4 - Major	5 - Extreme	Consequence (Initial)
High Risk	High Risk	High Risk	High Risk	Risk level (Initial)
15	15	20	20	Rating (Initial)
M.C 30/04/2019 funding has been agreed and plans are well underway for a new Orthopaedic Building which will accommodate theatres, ward are and out-patient area. This will not be complete until 2022 Executive team reviewing options of undertaking surgery in alternative theatres.	Update - AF - ProjCO will be commencing a programme of rolling replacement of flexible hoses across the Facility in January 2019, subsequent to the initial hoses that were changed via a Variation in 2016 that took cognisance of the hoses that were in 'high risk areas' as identified by NHS Fife.	30/04/2019 - C.C - The post has been advertised and the interviews are being held mid-May. We have 3 interested candidates so hopefully we will recruit to post. This is a full time post with protected sessions for Decontamination, Environmental Microbiology and Water Safety. First post in Scotland with this specified remit. May be August or September before the successful candidate will be in place depending on notice (usually 3 months, may release earlier).	JR - 25/02/2019 - ERT set up for VHK site and training provided. Awareness training continues and fire evacuation strategies all in place in all wards of the tower block.	Current Management Actions
3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Likely - Strong possibility this could occur	Likelihood (current)
5 - Extreme	5 - Extreme	4 - Major	5 - Extreme	Consequence (current)
High Risk	High Risk	High Risk	High Risk	Risk level (current)
15	15	20	20	Rating (current)
1 - Remote - Can't believe this event would happen	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	Likelihood (Target)
5 - Extreme	5 - Extreme	4 - Major	5 - Extreme	Consequence (Target)
Low Risk	Moderate Risk	Low Risk	Low Risk	Risk level (Target)
5	10	4	5	Rating (Target)
Cross, Murray	Fairgrieve, Andrew	JGARDN	Fairgrieve, Andrew	Risk Owner
Lowe, David	McNee, James	Coulombe, Christina	Ramsay, Jimmy	Handler
08.01.2019	07.03.2019	31.01.2019	25.02.2019	Previous Review Date
30.04.2020	28.06.2019	30.09.2019	31.05.2019	Next Review

1207	
Corporate Directorate - Estates Risk Register	
18.02.2016	
Water system Contamination STACH	
There is a risk of water contamination within the building due to the use of flexible hoses supplying all outlets.	
4 - Likely - Strong possibility this could occur	
5 - Extreme	
High Risk	
20	
H.M. - 19/02/2019 - Projco have instructed hose replacement to commence in " medium risk " areas i.e.in-patient wards. Work began 1st February and is scheduled to be concluded by end March. Further detailed plans to be developed for whole site replacement over the next 2 years.	
3 - Possible - May occur occasionally - reasonable chance	
5 - Extreme	
High Risk	
15	
1 - Remote - Can't believe this event would happen	
5 - Extreme	
Low Risk	
5	
Fairgrieve, Andrew	
Melvin, Helen	
28.08.2018	
31.07.2019	

1296	ID
CORPORATE RISK REGISTER, Corporate Directorate - Estates Risk Register	Position of Risk (Risk Register)
22.08.2016	Opened
Emergency Evacuation, VHK Phase 2 Tower Block	Title
There is a risk that a second stage fire evacuation, or complete emergency evacuation, of the upper floors of Phase 2 VHK, may cause further injury to frail and elderly patients, and/or to staff members from both clinical and non-clinical floors.	Description
4 - Likely - Strong possibility this could occur	Likelihood (Initial)
5 - Extreme	Consequence (Initial)
High Risk	Risk level (Initial)
20	Rating (Initial)
JR - 25/02/2019 - ERT set up for VHK site and training provided. Awareness training continues and fire evacuation strategies all in place in all wards of the tower block.	Current Management Actions
4 - Likely - Strong possibility this could occur	Likelihood (current)
5 - Extreme	Consequence (current)
High Risk	Risk level (current)
20	Rating (current)
1 - Remote - Can't believe this event would happen	Likelihood (Target)
5 - Extreme	Consequence (Target)
Low Risk	Risk level (Target)
5	Rating (Target)
Fairgrieve, Andrew	Risk Owner
Ramsay, Jimmy	Handler
25.02.2019	Previous Review Date
31.05.2019	Next Review

1384	ID
CORPORATE RISK REGISTER	Position of Risk (Risk Register)
28.09.2017	Opened
Microbiologist Vacancy	Title
There is a risk of non compliance to water safety guidance due to vacant microbiologist post.	Description
5 - Almost Certain - Expected to occur frequently - more likely than not	Likelihood (initial)
4 - Major	Consequence (initial)
High Risk	Risk level (initial)
20	Rating (initial)
03/05/2018 - J.R - Update from Chrissie Coulombe - Vacancy has been re-advertised due to no suitable candidate last time. Sessions have been increased to try and generate more interest. Risk score increased back to original to reflect current position and as per discussion with Andy Fairgrieve.	Current Management Actions
5 - Almost Certain - Expected to occur frequently - more likely than not	Likelihood (current)
4 - Major	Consequence (current)
High Risk	Risk level (current)
20	Rating (current)
1 - Remote - Can't believe this event would happen	Likelihood (Target)
4 - Major	Consequence (Target)
Low Risk	Risk level (Target)
4	Rating (Target)
JGARDN	Risk Owner
Coulombe, Christina	Handler
31.01.2019	Previous Review Date
31.03.2019	Next Review

1252	ID
Corporate Directorate - Estates Risk Register	Position of Risk (Risk Register)
02.06.2016	Opened
Flexible PEX hoses in PHASE 3 VHK	Title
AF 2/8/16 There is a risk to patient safety due to a legionella risk in phase 3 building. EFA DH (2010)03 stated that flexible hoses when used for the supply of potable water may have an enhanced risk of harbouring Legionella bacteria and other harmful microorganisms.	Description
3 - Possible - May occur occasionally - reasonable chance	Likelihood (initial)
5 - Extreme	Consequence (initial)
High Risk	Risk level (initial)
15	Rating (initial)
Update - AF - ProjCO will be commencing a programme of rolling replacement of flexible hoses across the Facility in January 2019, subsequent to the initial hoses that were changed via a Variation in 2016 that took cognisance of the hoses that were in 'high risk areas' as identified by NHS Fife.	Current Management Actions
3 - Possible - May occur occasionally - reasonable chance	Likelihood (current)
5 - Extreme	Consequence (current)
High Risk	Risk level (current)
15	Rating (current)
2 - Unlikely - Not expected to happen - potential exists	Likelihood (Target)
5 - Extreme	Consequence (Target)
Moderate Risk	Risk level (Target)
10	Rating (Target)
Fairgrieve, Andrew	Risk Owner
McNee, James	Handler
07.03.2019	Previous Review Date
28.06.2019	Next Review

1007	ID
Acute Services - Planned Care - Theatres/Anaesthetics Risk Register	Position of Risk (Risk Register)
11.02.2015	Opened
Theatre Phase 2 Remedial work	Title
Risk of increased loss of service due to deteriorating fabric of building resulting in reduced ability to reach TTG targets.	Description
3 - Possible - May occur occasionally - reasonable chance	Likelihood (Initial)
5 - Extreme	Consequence (Initial)
High Risk	Risk level (Initial)
15	Rating (Initial)
Executive team reviewing options of undertaking surgery in alternative theatres.	Current Management Actions
3 - Possible - May occur occasionally - reasonable chance	Likelihood (current)
5 - Extreme	Consequence (current)
High Risk	Risk level (current)
15	Rating (current)
1 - Remote - Can't believe this event would happen	Likelihood (Target)
5 - Extreme	Consequence (Target)
Low Risk	Risk level (Target)
5	Rating (Target)
Cross, Murray	Risk Owner
Lowe, David	Handler
08.01.2019	Previous Review Date
01.03.2019	Next Review

1207	ID
Corporate Directorate - Estates Risk Register	Position of Risk (Risk Register)
18.02.2016	Opened
Water system Contamination STACH	Title
There is a risk of water contamination within the building due to the use of flexible hoses supplying all outlets.	Description
4 - Likely - Strong possibility this could occur	Likelihood (initial)
5 - Extreme	Consequence (initial)
High Risk	Risk level (initial)
20	Rating (initial)
H.M. - 19/02/2019 - Projco have instructed hose replacement to commence in " medium risk " areas i.e.in-patient wards. Work began 1st February and is scheduled to be concluded by end March. Further detailed plans to be developed for whole site replacement over the next 2 years.	Current Management Actions
3 - Possible - May occur occasionally - reasonable chance	Likelihood (current)
5 - Extreme	Consequence (current)
High Risk	Risk level (current)
15	Rating (current)
1 - Remote - Can't believe this event would happen	Likelihood (Target)
5 - Extreme	Consequence (Target)
Low Risk	Risk level (Target)
5	Rating (Target)
Fairgrieve, Andrew	Risk Owner
Melvin, Helen	Handler
28.08.2018	Previous Review Date
31.07.2019	Next Review

NHS Fife Board Assurance Framework (BAF)

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

1414	Sustainable, Clinically Excellent	07.03.2019	07.05.2019	There is a risk that Environmental & Sustainability legislation is breached which impacts negatively on the safety and health of patients, staff and the public and the organisation's reputation.	4 - Likely - Strong possibility this could occur	5 - Extreme	20	High	4 - Likely - Strong possibility this could occur	5 - Extreme	20	High	Estates currently have significant high risks on the E&F risk register; until these have been eradicated this risk will remain. Action plans have been prepared and assuming capital is available these will be reduced in the near future.	Director of Estates, Facilities & Capital Services (E,F &CS)	Finance, Performance & Resources (F,P&R)	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 Ongoing as limited funding available	1. Capital Investment delivered in line with budgets 2. Sustainability Group minutes. 3. Estates & Facilities risk registers. 4. SCART & EAMS 5. Adverse Event reports	1. Internal audits 2. External audits by Authorising Engineers 3. Peer reviews	None	High risks still exist until remedial works have been undertaken, but action plans and processes are in place to mitigate these risks.	1 - Remote - Can't believe this event would happen	5 - Extreme	5	Low	All estates & facilities risk can be eradicated with the appropriate resources but there will always be a potential for failure i.e. component failure or human error hence the target figure of 5.
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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
1384	Microbiologist Vacancy	High 20	TBC
1252	Flexible PEX hoses Phase 3 VHK - Legionella Risk	High 15	A Fairgrieve
1007	Theatre Phase 2 Remedial work	High 15	M Cross
1207	Water system Contamination STACH	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	No longer high risk	Moderate 10	D Lowe
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		
1473	Stratheden Hospital Fire Alarm System	Risk Closed		

Finance, Performance & Resources Committee

DATE OF MEETING:	14 May 2019	
TITLE OF REPORT:	Annual Statement of Assurance for the Finance, Performance & Resources Committee 2018/19	
EXECUTIVE LEAD:	Carol Potter, Director of Finance & Performance	
REPORTING OFFICER:	Carol Potter, Director of Finance & Performance	
Purpose of the Report (delete as appropriate)		
For Decision	For Discussion	For Information
SBAR REPORT		
<u>Situation</u>		
All formal Committees of the NHS Board are required to provide an Annual Statement of Assurance for the NHS Board. The requirement for these statements is set out in the Code of Corporate Governance.		
<u>Background</u>		
Each Committee must consider its proposed Annual Statement at the first Committee meeting of the new financial year or agreed with the Chair of the respective Committee by the end of May each year, for presentation to the Audit & Risk Committee and NHS Board in June. Summary.		
<u>Assessment</u>		
A draft Statement for the Finance, Performance & Resources Committee for the year 2018/19 is attached for consideration and review. The final Statement is to be considered to approve sign off by the Chair of the Committee.		
<u>Recommendation</u>		
Members of the Finance, Performance & Resources Committee are asked to:		
<ul style="list-style-type: none"> • approve the Annual Statement of Assurance for the Finance, Performance & Resources Committee 2018/19. 		
Objectives: (must be completed)		
Healthcare Standard(s):	Governance & assurance are relevant to all	
HB Strategic Objectives:	All	
Further Information:		
Evidence Base:	N/A	
Glossary of Terms:		
Parties / Committees consulted prior to meeting:		
Impact: (must be completed)		
Financial / Value For Money	These factors are a key component of the assurance process	
Risk / Legal:		
Quality / Patient Care:		
Workforce:		
Equality:		

ANNUAL STATEMENT OF ASSURANCE FOR THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE 2018/19

1. Purpose of Committee

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

2. Membership of Committee

- 2.1 During the financial year to 31 March 2019, membership of the Finance, Performance and Resources Committee comprised:

Chair	Ms R Laing
Members	Dr L Bisset Ms S Braiden (since 01.11.18) Mr E Clarke Mrs W Brown Ms J Owens Mr P Hawkins Mrs C Potter Dr F Elliot (until 28.02.19) Dr C McKenna (since 01.03.19) Ms H Buchanan Dr M Hannah (until 02.09.18) Ms D Milne (since 03.08.18)

- 2.2 The Committee may invite individuals to attend the Committee meetings, but the Chief Operating Officer, Director of Health & Social Care and Director of Estates & Facilities will normally be in attendance.

3. Meetings

- 3.1 The Committee met on six occasions during the financial year to 31 March 2019, on the undernoted dates:

- 15 May 2018
- 10 July 2018
- 11 September 2018
- 13 November 2018
- 15 January 2019

- 12 March 2019

3.2 The attendance schedule is attached at Appendix 1.

4. Business

- 4.1 In March 2018, the Board's Financial Plan and Revenue Budget Proposals for 2018/19 were approved by the Board. At each meeting of the Finance, Performance and Resources Committee the most up to date financial position for the year was considered for both revenue and capital expenditure. This function is of central importance as the committee provides detailed scrutiny of the ongoing financial position and all aspects of operational performance across NHS Fife activities, including those delegated to the Integration Joint Board.
- 4.2 Considerable time was spent in meetings discussing and reviewing the financial pressures facing the Board, the delivery of in year savings and consideration of future year service changes and financial consequences.
- 4.3 The Committee also received detailed reports on the financial outlook for 2019/20 and beyond from September onwards, with the detailed financial plan and budget setting considered in March 2019.
- 4.4 The Committee scrutinised performance at each meeting through review of the Integrated Performance Report. During 2018/19 the Integrated Performance Report was further developed to improve layout, content and provide clearer data analysis, trend and interpretation. There was increased clarity, and subsequently increased scrutiny, of matters within the IPR of specific relevance to the Committee.
- 4.5 The Committee considered matters in relation to the following capital schemes:
- Disposal of Assets - surplus land at Skeith Health Centre
 - Initial Agreement Documents - Elective Orthopaedic Centre.
- 4.6 The Committee also received reports on the management of Capital schemes in general.
- 4.7 Details of the business items considered are attached at Appendix 2.
- 4.8 Minutes of the meetings of the Committee have been timeously submitted to the Board for its information, with specific matters for escalation from the Committee Chair highlighted in writing to the Board.

5. Outcomes

- 5.1 The Committee has, through its scrutiny and monitoring of regular finance reports and other one-off reports, been able to assure the Board that NHS Fife:
- complied with statutory financial requirements and achieved its financial targets for the financial year 2018/19;
 - met specific reporting timetables to both the Board and the Scottish Government Health & Social Care Directorates;

- made progress in the delivery of efficiency savings (on a recurring and non recurring mix); and
- has taken account of planned future policies and known or foreseeable future developments in the financial planning process.

6 Best Value

- 6.1 Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 3 provides evidence of where and when the Committee considered the relevant characteristics during 2018/19.

7 Risk Management

- 7.1 In line with the Board's agreed risk management arrangements, the Finance, Performance & Resources Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the detail, and introduction, of the Board Assurance Framework. Progress and appropriate actions were noted.

8 Self Assessment

- 8.1 The Committee has undertaken a self assessment of its own effectiveness, utilising a revised questionnaire considered and approved by the Committee in November 2018. Attendees were also invited to participate in this exercise, which was carried out via a more easily-accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2019 meeting, and action points are being taken forward at both Committee and Board level.

9. Conclusion

- 9.1 As Chair of the Finance, Performance and Resources Committee at 31 March 2019, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate financial planning and monitoring and governance arrangements were in place throughout NHS Fife during the year, including scrutiny of all aspects of non financial performance metrics.
- 9.2 I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee.

Signed: _____

Rona Laing, Chair

On behalf of the Finance, Performance and Resources Committee

**FINANCE, PERFORMANCE AND RESOURCES COMMITTEE
ATTENDANCE RECORD 2018/19**

	15.05.18	10.07.18	11.09.18	13.11.18	15.01.19	12.03.19
Ms R Laing (Chair)	√	√	√	√	x	√
Dr L Bisset	√	√	√	√	√ Acting Chair	√
Ms S Braiden (since 01.11.19)				√	√	√
Mr E Clarke	√	√	√	√	√	√
Mrs W Brown	x	√	√	√	√	√
Ms J Owens	√	√	√	√	√	√
Mr P Hawkins	√	x	√	x	√	x
Mrs C Potter	√	√	√	√	√	√
Dr F Elliot (until 28.02.19)	√	√	√	√	√	
Dr C McKenna (since 01.03.19)					√	x
Ms H Buchanan	√	√	√	x	√	x
Dr M Hannah (until 02.09.18)	x	x				
Ms D Milne (since 03.09.18)			√	x	√	√

In attendance

Mr M Kellet		√		√	√	√
Mr A Fairgrieve	√		√	√	√	
Mrs J Gardner	√	√	√	√		
Ms J McPhail	√		√			
Dr G MacIntosh			√	√	√	√
Ms A Clyne (Audit Scotland)						√
Ms S Davidson (Audit Scotland)					√	
Mrs V Hatch					√	
Ms B A Nelson			√			
Mrs E McPhail					√	√

**FINANCE, PERFORMANCE AND RESOURCES COMMITTEE
SCHEDULE OF BUSINESS CONSIDERED 2018/19**

15 May 2018

Progress on Regional Plan
Update on Financial Plan 2018/19
Property & Asset Management Strategy
Integrated Performance Report
Winter Plan & Performance Winter Report
eHealth Quarterly Report
Annual Assurance Statement including Best Value Framework
Board Assurance Framework & Corporate Risks
Committee Self Assessment Checklist
Stratheden IPCU Post Project Evaluation
Internal Audit Report B21c/18 - Staff Lottery
Cyber Resilience Update

10 July 2018

Site Optimisation
Risk Share Arrangement
Progress on Regional Plan
Update on Savings & Service Reviews 2018/19
Property & Asset Management Strategy
Integrated Performance Report
Review of Winter 2017/18
Response to the Independent Review of NHS Tayside by Grant Thornton LLP
Board Assurance Framework
 (i) Financial Sustainability
 (ii) Strategic Planning
 (iii) Environmental Sustainability
Stratheden IPCU Post Project Evaluation
Internal Audit Plan 2018/19
Annual Internal Audit Report

11 September 2018

IJB Approved Budgets
Mental Health Performance
Adult Social Care Forecasting
Progress on Regional Plan
Site Optimisation
Property & Asset Management Strategy
Implications of Brexit – NHS Workforce
Flash Glucose Monitoring System (Freestyle Libre Sensors) Potential impact on
 General Practice Prescribing Budget
Integrated Performance Report
Update on Savings 2018/19
Winter Planning 2018/19
Board Assurance Framework
 (i) Financial Sustainability

- (ii) Strategic Planning
- (iii) Environmental Sustainability
- Committee Self Assessment Checklist
- Corporate Calendar – 2019/20 Meeting Dates
- Annual Accounts – Progress Update on Audit Recommendations
- Internal Audit Report B11/18 - Policies & Procedures
- Primary Medical Services Sub-Committee
 - (i) Constitution and Terms of Reference
 - (ii) Minutes of Meeting 5 June 2018

13 November 2018

Mental Health Performance
 Kincardine & Lochgelly Health Centres
 Board Finance & Performance Workshop
 Progress on Regional Plan
 Financial Outlook 2019/20–2021/22 (incorporating Budget Setting 2019/20)
 Site Optimisation
 Winter Planning
 Provision of Orthopaedics Services
 Integrated Performance Report
 Board Assurance Framework

- (i) Financial Sustainability
- (ii) Strategic Planning
- (iii) Environmental Sustainability

 Public Private Partnership Annual Report
 Committee Self Assessment Checklist
 Review of Policies & Procedures
 Annual Accounts - Progress Update on Audit Recommendations
 IJB Finance & Performance Committee Minutes, 25 September 2018
 IJB Finance & Performance Committee Minutes (Special Meeting), 11 October 2018

15 January 2019

Mental Health Support in Schools
 Progress on Regional Plan
 Draft Financial Plan 2019/20-2021/22
 Waiting Times Improvement Plan
 Integrated Performance Report
 Winter Performance Report
 Board Assurance Framework

- (i) Financial Sustainability
- (ii) Strategic Planning
- (iii) Environmental Sustainability

 State of NHSS Assets & Facilities Report
 Stratheden IPCU Benefits Realisation
 Annual Accounts – Progress Update on Audit Recommendations
 Update on Annual Workplan 2018/19
 Minutes of Primary Medical Services Sub Committee, 4 December 2018

12 March 2019

Kincardine & Lochgelly Health Centre Update
Our Minds Matter
Update on CAMHS Trials and Impact on Performance
Stratheden Intensive Psychiatric Care Unit – Smoking Area
Board Assurance Framework
 (i) Financial Sustainability
 (ii) Strategic Planning
 (iii) Environmental Sustainability
Annual Workplan 2019/20
Committee Terms of Reference
Committee Self Assessment Checklist
Annual Accounts – Progress Update on Audit Recommendations
Update from Brexit Assurance Group
Annual Operational Plan
Capital Programme 2019/20–2021/22
Financial Plan 2019/20–2021/22 and Budget Setting 2019/20
Orthopaedic Elective Centre Update
Integrated Performance Report
Winter Performance Report
Schedule of Meeting Dates 2019/20

BEST VALUE FRAMEWORK

Vision and Leadership

A Best Value organisation will have in place a clear vision and strategic direction for what it will do to contribute to the delivery of improved outcomes for Scotland's people, making Scotland a better place to live and a more prosperous and successful country. The strategy will display a clear sense of purpose and place and be effectively communicated to all staff and stakeholders. The strategy will show a clear direction of travel and will be led by Senior Staff in an open and inclusive leadership approach, underpinned by clear plans and strategies (aligned to resources) which reflect a commitment to continuous improvement.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Resources required to achieve the strategic plan and operational plans e.g. finance, staff, asset base are identified and additional / changed resource requirements identified.	Financial Plan Workforce Plan Property & Asset Management Strategy	FINANCE, PERFORMANCE & RESOURCES COMMITTEE STAFF GOVERNANCE COMMITTEE BOARD	Annual Annual Annual Bi-annual Bi-monthly	Annual Operational Plan Financial Plan Workforce Plan Property & Asset Management Strategy Integrated Performance Report
The strategic plan is translated into annual operational plans with meaningful, achievable actions and outcomes and clear responsibility for action.	Winter Plan Capacity Plan	FINANCE, PERFORMANCE & RESOURCES COMMITTEE CLINICAL GOVERNANCE COMMITTEE BOARD	Annual Bi-monthly Bi-monthly	Winter Plan Minutes of Committees Integrated Performance Report

GOVERNANCE AND ACCOUNTABILITY

The “Governance and Accountability” theme focuses on how a Best Value organisation achieves effective governance arrangements, which help support Executive and Non-Executive leadership decision-making, provide suitable assurances to stakeholders on how all available resources are being used in delivering outcomes and give accessible explanation of the activities of the organisation and the outcomes delivered.

OVERVIEW

A Best Value organisation will be able to demonstrate structures, policies and leadership behaviours which support the application of good standards of governance and accountability in how the organisation is improving efficiency, focusing on priorities and achieving value for money in delivering its outcomes. These good standards will be reflected in clear roles, responsibilities and relationships within the organisation. Good governance arrangements will provide the supporting framework for the overall delivery of Best Value and will ensure open-ness and transparency. Public reporting should show the impact of the organisations activities, with clear links between the activities and what outcomes are being delivered to customers and stakeholders. Good governance provides an assurance that the organisation has a suitable focus on continuous improvement and quality. Outwith the organisation, good governance will show itself through an organisational commitment to public performance reporting about the quality of activities being delivered and commitments for future delivery.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are open and transparent.	Board meetings are held in open session and minutes are publically available. Committee papers and minutes are publically available	BOARD COMMITTEES	On going	Internet Intranet
Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes	Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision.	BOARD COMMITTEES	Ongoing	SBAR reports EQIA forms

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife conducts rigorous review and option appraisal processes of any developments.	Business cases	BOARD FINANCE, PERFORMANCE & RESOURCES COMMITTEE	Ongoing	Business Cases

USE OF RESOURCES

The “Use of Resources” theme focuses on how a Best Value organisation ensures that it makes effective, risk-aware and evidence-based decisions on the use of all of its resources.

OVERVIEW

A Best Value organisation will show that it is conscious of being publicly funded in everything it does. The organisation will be able to show how its effective management of all resources (including staff, assets, information and communications technology (ICT), procurement and knowledge) is contributing to delivery of specific outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife understands and measures and reports on the relationship between cost, quality and outcomes.	Reporting on financial position in parallel with operational performance and other key targets	BOARD FINANCE, PERFORMANCE & RESOURCES COMMITTEE	Bi-monthly	Integrated Performance Report
The organisation has a comprehensive programme to evaluate and assess opportunities for efficiency savings and service improvements including comparison with similar organisations.	National Benchmarking undertaken through Corporate Finance Network. Local benchmarking with similar sized organisation undertaken where information available. Participation in National Shared Services Programme Systematic review of activity / performance data through use of Discovery tool	FINANCE, PERFORMANCE & RESOURCES COMMITTEE BOARD	Annual Bi-monthly Ongoing	Financial Plan Integrated Performance Report Financial overview presentations

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Organisational budgets and other resources are allocated and regularly monitored.	Annual Operational Plan Integrated Performance Report	FINANCE, PERFORMANCE & RESOURCES COMMITTEE	Bi-monthly	Integrated Performance Report
NHS Fife has a strategy for procurement and the management of contracts (and contractors) which complies with the SPFM and demonstrates appropriate competitive practice.	Code of Corporate Governance Financial Operating Procedures	FINANCE, PERFORMANCE & RESOURCES COMMITTEE	Every three years	Code of Corporate Governance Financial Operating Procedures
NHS Fife understands and exploits the value of the data and information it holds.	Annual Operational Plan Integrated Performance Report	BOARD COMMITTEES	Annual Bi-monthly	Annual Operational Plan Integrated Performance Report
Fixed assets including land, property, ICT, equipment and vehicles are managed efficiently and effectively and are aligned appropriately to organisational strategies.	Property and Asset Management Strategy	FINANCE, PERFORMANCE & RESOURCES COMMITTEE	Bi-annual Ongoing Bi-monthly Monthly	Property and Asset Management Strategy Report on asset disposal Integrated Performance Report Minutes of NHS Fife Capital Investment Group

PERFORMANCE MANAGEMENT

The “Performance Management” theme focuses on how a Best Value organisation embeds a culture and supporting processes which ensures that it has a clear and accurate understanding of how all parts of the organisation are performing and that, based on this knowledge, it takes action that leads to demonstrable continuous improvement in performance and outcomes.

OVERVIEW

A Best Value organisation will ensure that robust arrangements are in place to monitor the achievement of outcomes (possibly delivered across multiple partnerships) as well as reporting on specific activities and projects. It will use intelligence to make open and transparent decisions within a culture which is action and improvement oriented and manages risk. The organisation will provide a clear line of sight from individual actions through to the National Outcomes and the National Performance Framework. The measures used to manage and report on performance will also enable the organisation to provide assurances on quality and link this to continuous improvement and the delivery of efficient and effective outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Performance is systematically measured across all key areas of activity and associated reporting provides an understanding of whether the organisation is on track to achieve its short and long-term strategic, operational and quality objectives	<p>Integrated Performance Report encompassing all aspects of operational performance, LDP targets / measures, and financial, clinical and staff governance metrics.</p> <p>The Board delegates to Committees the scrutiny of performance</p> <p>Board receives full Integrated Performance Report and notification of any issues for escalation from Committees.</p>	<p>COMMITTEES</p> <p>BOARD</p>	Every meeting	<p>Integrated Performance Report</p> <p>Code of Corporate Governance</p> <p>Minutes of Committees</p>

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The Board and its Committees approve the format and content of the performance reports they receive	The Board / Committees review the Integrated Performance Report and agree the measures.	COMMITTEES BOARD	Annual	Integrated Performance Report
Reports are honest and balanced and subject to proportionate and appropriate scrutiny and challenge from the Board and its Committees.	Committee Minutes show scrutiny and challenge when performance is poor as well as good; with escalation of issues to the Board as required	COMMITTEES BOARD	Every meeting	Integrated Performance Report Minutes of Committees
The Board has received assurance on the accuracy of data used for performance monitoring.	Performance reporting information uses validated data.	COMMITTEES BOARD	Every meeting Annual	Integrated Performance Report Annual Accounts including External Audit report
NHS Fife's performance management system is effective in addressing areas of underperformance, identifying the scope for improvement, agreeing remedial action, sharing good practice and monitoring implementation.	Encompassed within the Integrated Performance Report	COMMITTEES BOARD	Every meeting	Integrated Performance Report Minutes of Committees

CROSS-CUTTING THEME – SUSTAINABILITY

The “Sustainability” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded a sustainable development focus in its work.

OVERVIEW

The goal of Sustainable Development is to enable all people throughout the world to satisfy their basic needs and enjoy a better quality of life without compromising the quality of life of future generations. Sustainability is integral to an overall Best Value approach and an obligation to act in a way which it considers is most sustainable is one of the three public bodies’ duties set out in section 44 of the Climate Change (Scotland) Act 2009. The duty to act sustainably placed upon Public Bodies by the Climate Change Act will require Public Bodies to routinely balance their decisions and consider the wide range of impacts of their actions, beyond reduction of greenhouse gas emissions and over both the short and the long term.

The concept of sustainability is one which is still evolving. However, five broad principles of sustainability have been identified as:

- promoting good governance;
- living within environmental limits;
- achieving a sustainable economy;
- ensuring a stronger healthier society; and
- using sound science responsibly.

Individual Public Bodies may wish to consider comparisons within the wider public sector, rather than within their usual public sector “family”. This will assist them in getting an accurate gauge of their true scale and level of influence, as well as a more accurate assessment of the potential impact of any decisions they choose to make.

A Best Value organisation will demonstrate an effective use of resources in the short-term and an informed prioritisation of the use of resources in the longer-term in order to bring about sustainable development. Public bodies should also prepare for future changes as a result of emissions that have already taken place. Public Bodies will need to ensure that they are resilient enough to continue to deliver the public services on which we all rely.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife can demonstrate that it respects the limits of the planets environment, resources and biodiversity in order to improve the environment and ensure that the natural resources needed for life are unimpaired and remain so for future generations.	Sustainability and Environmental report incorporated in the Annual Accounts process.	FINANCE, PERFORMANCE & RESOURCES COMMITTEE BOARD	Annual	Annual Accounts Climate Change Template

CROSS-CUTTING THEME – EQUALITY

The “Equality” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded an equalities focus which will secure continuous improvement in delivering equality.

OVERVIEW

Equality is integral to all our work as demonstrated by its positioning as a cross-cutting theme. Public Bodies have a range of legal duties and responsibilities with regard to equality. A Best Value organisation will demonstrate that consideration of equality issues is embedded in its vision and strategic direction and throughout all of its work.

The equality impact of policies and practices delivered through partnerships should always be considered. A focus on setting equality outcomes at the individual Public Body level will also encourage equality to be considered at the partnership level.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.		BOARD COMMITTEES	Ongoing	EQIA form on all reports
The Board and senior managers understand the diversity of their customers and stakeholders.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	BOARD COMMITTEES	Ongoing	EQIA form on all reports
NHS Fife’s policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.	BOARD COMMITTEES	Ongoing	Clinical Strategy EQIA forms on reports

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
Wherever relevant, NHS Fife collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.	BOARD COMMITTEES	Ongoing	EQIA forms on reports

DATE OF MEETING:	14 May 2019
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	
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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 2018; at that time **18 (30.5%)** of the 59 general policies listed on the intranet were then overdue for review. Since that date, substantial work has been undertaken to fully update the list of general policies, gathering information about owners, authors and review dates, in order to populate a more detailed spreadsheet. Additionally, a list of underlying procedures (to which some policies refer) has been compiled, to ensure that, in future, when a policy is updated, its related supporting documentation is reviewed and updated simultaneously (this has not happened previously). The attached appendices give an overview of all General Policies and Procedures currently in place in NHS Fife, and the relationships between each.

This paper also provides the Committee with an update on the current status of overdue reviews (as at the reporting period to end of 31 March 2019). Some progress has been made in the period since November 2018, with the approval of four revised policies (GP/A2, GP/H1, GP/I6 and GP/V2) and one procedure (GP/P1-1). Three policies are also currently in the process of being revised (namely, GP/D3, GP/E5 and GP/M3). At the reporting date of 31 March 2019, **11 (18.6%)** policies thus remained overdue for review, which are marked as red in the enclosed appendices, a moderately improved position to that last reported in November.

It should be noted, however, that by the actual date of the FP&R meeting on 14 May, 23 policies will fall as being beyond their stated review date. This worsened position (representing 39% of the total) is largely due to a suite of eHealth policies falling overdue on 1 May 2019 (that account for 11 separate policies in total), which will impact negatively on the number of outstanding reviews, despite ongoing work aimed at addressing the historic backlog. These are marked as amber in the enclosed spreadsheet for members' information.

It is proposed that a more sustained programme of work be undertaken to tackle the backlog of overdue reviews. Using the updated information gathered in recent months, contact will be made with each area to determine the status of the policies owned by each respective department. Responsible managers for policies that have passed their review date will be reminded of the need to check whether any changes are due and to record the date of review. Missing documentation, such as Equality Impact Assessments, will be also requested. Some of the policies that are overdue might not require any substantive changes, but it is important that this review work is carried out and taken forward in the next cycle. Where any changes are required, the updated policies will be circulated to EDG for a clearance / consultation period of two weeks prior to subsequent publication on the intranet.

Recommendation

The Finance, Performance & Resources Committee is asked to:

- **note** the work that has been undertaken to improve the information held on General Policies, their related procedures and current status, with a view to tackling 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	Review Email to be sent	Version No.	Author	Reviewer	Owner	Relating Procedures
GP/E5	GP/E5 - Policy For Processing External Hazard and Safety Notices and Alerts	01/02/2007	31/12/2017 - In Progress	01/09/2017	2	Head of Corporate Services & Director of Clinical Delivery	Head of Corporate Services	Head of Corporate Services	NONE
GP/O2	GP/O2 - Online Communications	15/05/2013	15/05/2017	01/02/2017	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	01/05/2019	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	Review Email to be sent	Version No.	Author	Reviewer	Owner	Relating Procedures
GP/A4	GP/A4 - Acceptable Use Policy - ISO 27001:2005 ISMS	01/06/2009	01/05/2019	01/02/2019	3	eHealth Endpoint Infrastructure Manager	eHealth ICT Manager, General Manager - eHealth &IMT	COO	NONE
GP/B2	GP/B2 - Broadband Remote Access - ISO 27001:2005 ISMS	01/01/2007	01/05/2019	01/02/2019	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/C9	GP/C9 - Confidentiality	Now merged with GP/D3							
GP/C10	GP/C10 - Clear Desk Clear Screen - ISO 27001:2005 ISMS	01/06/2009	01/05/2019	01/02/2019	3	eHealth Endpoint Infrastructure Manager	eHealth ICT Manager, General Manager - eHealth &IMT	COO	NONE
GP/D3	GP/D3 - Data Protection Policy	01/07/2012	01/06/2021 - In Progress	01/03/2021	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 - ISO 27001:2005 ISMS	01/06/2009	01/05/2019	01/02/2019	2	eHealth Security Manager	eHealth ICT Manager, eHealth Quality & Governance Manager, General Manager -	COO	NONE
GP/E6	GP/E6 - Email - ISO 27001:2005 ISMS	01/01/2007	01/10/2020	01/07/2020	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 File Equipment - ISO 27001:2005 ISMS	01/01/2007	01/05/2019	01/02/2019	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	01/02/2019	3	eHealth Network and Telecoms Manager	eHealth ICT Manager, General Manager - eHealth &IMT	COO	NONE
GP/I3	GP/I3 - Internet Policy - ISO 27001:2005 ISMS	01/01/2007	01/05/2019	01/02/2019	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	01/02/2019	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	01/01/2007	01/05/2019	01/02/2019	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	01/03/2021	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 - ISO 27001:2005 ISMS	01/06/2009	01/06/2019	01/03/2019	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	01/02/2019	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	01/02/2019	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/S8	GP/S8 - eHealth Incident Management Policy - ISO 27001:2005 ISMS	01/06/2009	01/11/2020	01/08/2020	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	01/10/2021	4	eHealth Security Manager	eHealth Systems Infrastructure Manager	COO	NONE

Estates & Facilities

Policy No	Policy Title	Implementation Date	Review Date	Review Email to be sent	Version No.	Author	Reviewer	Owner	Relating Procedures
GP/A1	GP/A1 - Asbestos Policy	01/01/2006	01/12/2020	01/09/2020	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	01/04/2019	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	01/04/2019	3	Estates service Manager	Head of Estates & Facilities	Director of Estates, Facilities & Capital Services	NONE
GP/D1	GP/D1 - Fife Wide Decommissioning of Premises Policy	01/05/2017	01/05/2018	01/02/2018	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	01/08/2020	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	01/08/2020	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	01/02/2021	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	01/01/2019	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	01/12/2019	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	01/04/2021	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	01/05/2015 - In Progress	01/02/2015	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 - 01/02/2015 GP/M3-2 - Medical Gas Pipeline Systems - 01/02/2015 GP/M3-3 - Procedure for the Safe Storage, Use and Transport of Liquid Nitrogen - 01/02/2015
GP/P7	GP/P7 - Care of patients personal clothing	01/02/2009	01/09/2020	01/06/2020	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	01/04/2019	4	Estates Officer - (Decontamination)	Head of Estates & Facilities	Director of Estates, Facilities & Capital Services	NONE
GP/V4	GP/V4 - Violence and Aggression at Work	01/01/2006	01/12/2020	01/09/2020	6	Health & Safety Advisor	Violence and Aggression Reduction Advisor	Director of Estates, Facilities & Capital Services	NONE
GP/W1	GP/W1 Waste Management	30/11/2013	21/03/2021	01/12/2020	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	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 Records

Policy No	Policy Title	Implementation Date	Review Date	Review Email to be sent	Version No.	Author	Reviewer	Owner	Relating Procedures
GP/P8	GP/P8 - Patient Access Policy	01/10/2012	29/09/2020	01/06/2020	11	Head of Health Records	Divisional Head of Health Records	Associate Director of Planning and Performance	NONE
GP/R9	GP/R9 - Health Records	01/01/2011	01/01/2020	01/10/2019	3	General Manager - Clinical and Support Access	Divisional Head of Health Records	Director of Acute Services	NONE
GP/R8	GP/R8 - Health Records Retention and Destruction	01/01/2011	31/08/2019	01/05/2019	4	Head of Health Records	Assistant Head of Health Records	Director of Clinical Delivery	NONE

Health & Safety

Policy No	Policy Title	Implementation Date	Review Date	Review Email to be sent	Version No.	Author	Reviewer	Owner	Relating Procedures
GP/C8	GP/C8 - Car Parking Policy	11/01/2011	01/06/2019	01/03/2019	4	Security Manager/Travel Plan Co-ordinator	Security Manager/Travel Plan Co-ordinator	Director of Estates, Facilities & Capital Services	NONE
GP/HI	GP/H1 - Health & Safety Policy	20/10/2017	20/12/2019	01/09/2019	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	01/07/2011	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	01/10/2015	2	Manual Handling Advisor		Director of Estates, Facilities & Capital Services	NONE
GP/N1	GP/N1 - Noise At Work	01/04/2014	01/10/2018	01/07/2018	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	01/10/2015	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/W2	GP/W2 - Work at Height	01/01/2006	01/10/2007	01/07/2007	1	PIN		Director of Estates, Facilities & Capital Services	GP/E8-9 - Work Environment Procedure - 10/01/2014

Medical Director

Policy No	Policy Title	Implementation Date	Review Date	Review Email to be sent	Version No.	Author	Reviewer	Owner	Relating Procedures
GP/I1	GP/I1 - Management of Intellectual Property	01/02/2007	01/06/2019	01/03/2019	7	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	01/12/2020	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	04/04/2014	12/12/2017	01/09/2017	2	Associate Medical Director's Directorate Manager	Members of NHS Fife's MARG	Medical Director / Director of Nursing	GP/M7-1 - Medical Revalidation and Appraisal Procedure - 14/03/2013
GP/P3	GP/P3 - Picture Archiving and Communications System (PACS)	02/10/2005	01/03/2020	01/12//2019	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	01/06/2019	03/02/2019	6	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	01/12/2015	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	01/09/2020	2	Medical Director, Operational Division	Infection Control Manager	Medical Director	NONE

Nurse Director

Policy No	Policy Title	Implementation Date	Review Date	Review Email to be sent	Version No.	Author	Reviewer	Owner	Relating Procedures
GP/A2	GP/A2 - Use of Independent Advocacy	01/07/2009	22/12/2021	01/09/2021	5	Director of Nursing	Legislation Manager (Clinical Services), Public Partnership Development Co-	Nurse Director	NONE
GP/C7	GP/C7 - Patient Feedback Policy. Including Complaints	Local policy removed due to national version now covering Scotland							
GP/I8	GP/I8 - Infection Control	01/04/2010	01/05/2019	01/02/2019	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	01/09/2018	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	01/07/2020	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	Review email to be sent	Version	Author	Responsible Director	Related Policy
GP/E4 - 01	Medical Physics Operational Procedure	01/07/2018	01/07/2019	01/04/2019	1	Medical Physics Manager	Director of Estates, Facilities & Capital Services	NONE
GP/E8-1	Food Safety	01/01/2006	22/02/2016	01/11/2015	1	Quality Assurance Manager	Director of Estates, Facilities and Capital Services	NONE
GP/E8-10	Drivers Operating Procedures	01/05/2015	01/03/2021	01/12/2020	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	01/01/2015	1	Facilities Manager	Director of Estates, Facilities and Capital Services	NONE
GP/E8-3	Emergency/Restoration Cleaning	01/04/2008	22/03/2016	01/12/2015	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	01/01/2016	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	01/01/2016	1	Support Services Manager	Director of Estates, Facilities and Capital Services	NONE
GP/E8-6	Grounds and Gardens	01/05/2008	23/03/2016	01/12/2015	2	Support Services Manager	Director of Estates, Facilities and Capital Services	NONE
GP/E8-7	Room Bookings	07/11/2007	01/05/2016	01/02/2016	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	01/02/2021	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	01/11/2020	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	01/05/2015	01/02/2015	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	01/05/2015	01/02/2015	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	01/05/2015	01/02/2015	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	01/05/2019	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	01/05/2019	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	Review email to be sent	Version	Author	Responsible Director	Related Policy
GP	Monitoring of Trainee Doctors' Hours	01/06/2011	01/09/2017	01/06/2017	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	01/02/2019	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	01/09/2018	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	01/02/2020	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	01/10/2013	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	07/12/2018	01/09/2018	1	Health & Safety Advisor	Director of Estates, Facilities & Capital Services	NONE
GP/L6	Lone Worker Procedure	01/11/2007	01/10/2015	01/07/2015	2	Health & Safety Advisor	Director of Estates, Facilities & Capital Services	GP/E7 - Non NHS Fife Equipment

eHealth

Procedure No.	Title	Implementation Date	Next Review Date	Review email to be sent	Version	Author	Responsible Director	Related Policy
GP/D3-1	<u>Data Protection - Annexe 1 - Compliance Aims</u>	01/11/2008	01/12/2015	01/09/2015	2	Data Protection Coordinator	COO	NONE
GP/D3-2	<u>Access Controls for Information Systems</u>	01/10/2017	01/09/2019	01/06/2019	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	<u>Safe Haven' Procedure on Holding & Transmission of Personal, Confidential & Patient Identifiable Information</u>	01/12/2008	01/12/2015	01/09/2015	2	Data Protection Coordinator	COO	NONE
GP/D3-4	<u>Safe Haven' Procedure for Fax Machines - Position and Access Controls</u>	01/12/2008	01/12/2015	01/09/2015	2	Data Protection Coordinator	COO	NONE
GP/D3-5	<u>Safe Haven' Procedure for Operating Fax Machines</u>	01/12/2008	01/12/2015	01/09/2015	2	Data Protection Coordinator	COO	GP/E6 - Email Policy
GP/D3-6	<u>Safe Haven' Procedure - Actions to be taken in event of fax sent or received in error</u>	01/12/2008	01/12/2015	01/09/2015	2	Data Protection Coordinator	COO	NONE
GP/D3-7	<u>Good Practice Guide - Using Office Equipment & Machinery</u>	02/12/2008	01/12/2015	01/09/2015	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	<u>Lost & Stolen Health Records Procedure</u>	01/07/2011	01/12/2015	01/09/2015	2	Data Protection Coordinator	COO	GP/R4 - Management, Retention, Storage and Destruction of all Business and Administrative Information and Records
GP/D3-9	<u>Lost & Stolen Health Records Procedure (CHP's)</u>	01/07/2011	01/12/2015	01/09/2015	2	Data Protection Coordinator	COO	NONE
GP/D3-10	<u>Lost & Stolen Health Records Procedure (Operational Division)</u>	01/07/2011	01/12/2015	01/09/2015	2	Data Protection Coordinator	COO	NONE
GP/D3-11	<u>Supplier Relations Procedure</u>	01/09/2017	01/09/2020	01/06/2020	3	Information Security Manager	COO	GP/D3 -Data Protection and Confidentiality GP/I6 - eHealth Change Management GP/I5 - Information Security Policy
GP/D3-14	<u>Guidance for Staff on Information Sharing with Police</u>	01/08/2009	01/08/2016	01/05/2016	3	Data Protection Coordinator	COO	GP/D3 -Data Protection and Confidentiality
GP/R9-1	<u>Procedure - Transportation of Health Records - Best Practice Guide</u>	01/04/2014	01/04/2017	01/01/2017	1	Assistant Head of Health Records	COO	GP/I2 - Incident Management Policy (GP/I2)

Medical Director

Procedure No.	Title	Implementation Date	Next Review Date	Review email to be sent	Version	Author	Responsible Director	Related Policies
GP/D3-12	Subject Access to Health Records	01/12/2013	01/12/2016	01/09/2015	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	01/06/2020	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	30/06/2019	01/03/2019	7	Research & Development Manager	Medical Director	GP/I1 - Management of Intellectual Property Policy
GP/M7-1	Medical Revalidation and Appraisal Procedure	14/03/2013	14/03/2014	01/12/2013	1	Directorate Manager to the Medical Director	Medical Director	GP/M7 - Medical Revalidation and Appraisal Policy
GP/P3-1	Picture Archiving and Communications System (PACS) Procedure	20/01/2014	20/01/2016	01/10/2015	1	Radiology IM&T Systems Manager	Medical Director, Primary Care	GP/B2 - eHealth Remote Access Policy GP/I5 - Information Security Policy GP/P2 - Password Policy GP/P3 - Picture Archiving and Communications System (PACS) Policy

Corporate

Procedure No.	Title	Implementation Date	Next Review Date	Review email to be sent	Version	Author	Responsible Director	Related Policy
FOI 1	Freedom of Information Statement and Review Procedure	12/03/2013	31/03/20014	01/12/2013	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	01/02/2014	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	01/02/2014	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	01/10/2015	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	01/12/2020	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	01/12/2019	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	Review email to be sent	Version	Author	Responsible Director	Related Policy
GP/R9-2	Procedure for Managing Templates for Outpatient Clinics	01/10/2015	01/10/2018	01/07/2018	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	01/03/2016	1	Head of Spiritual Care	n/a	NONE

Finance, Performance & Resources Committee

DATE OF MEETING:	14 May 2019
TITLE OF REPORT:	Performance & Accountability Review Framework
EXECUTIVE LEAD:	Carol Potter, Director of Finance & Performance
REPORTING OFFICER:	Carol Potter, Director of Finance & Performance
Purpose of the Report (delete as appropriate)	
	<div>For Discussion</div> <div>For Assurance</div>

SBAR REPORT

Situation

NHS Fife is committed to supporting the people of Fife to live long and healthy lives. The strategic and operational management of the organisation must be aligned to this vision, with a robust governance framework in place to provide assurance to the Board of the systems and processes and culture to deliver this vision. It is essential therefore, that there is effective scrutiny across all quadrants of governance.



Background

The implementation of a Performance & Accountability Review Framework across NHS Fife seeks to provide a structured, transparent and systematic approach to ensure delivery of standards and targets across the four quadrants of governance, with an effective reporting and assurance mechanism from 'service to Board'.

At Board level the Integrated Performance Report provides an overarching view of the key performance, quality, workforce and financial metrics, however there is an opportunity to enhance the approach at an operational level with individual management teams and services, and to ensure greater connectivity between operational management and Committee / Board level assurance mechanisms.

Historically there was a performance review process within the Acute Services Division, led by the Chief Operating Officer, but this lacked any overt relationship with those corporate Directors with professional, system wide responsibility; the Executive Directors Group; and wider stakeholders. Within the health services delegated to the Health & Social Care Partnership and corporate areas, there has been no formal performance review process to date.

Assessment

Establishing a formal Performance & Accountability Review Framework seeks to ensure the Board, Executive Directors Group, management teams and individual staff are able to:

- Assess performance against clear targets and goals
- Inform strategic and operational decision making using robust data
- Undertake exception reporting
- Predict future performance and forecast outturn
- Identify and monitor key actions
- Establish effective review structures including intervention as necessary and appropriate
- Focus resources and improvement efforts in key areas
- Identify any systematic problems across NHS Fife
- Evaluate the impact of new developments or initiatives
- Prioritise key improvements in line with the Clinical Strategy

The **overarching purpose of the Performance & Accountability Review Framework**, therefore is to:

- Ensure effective systems and processes are in place to provide assurance to the NHS Board and stakeholders that services are performing to the highest statutory and regulatory standards
- Develop the business intelligence capability of NHS Fife and thus inform service delivery, improvement activity; productivity and efficiency; sustainability; and deliver transformation
- Support delivery of strategic objectives as set out in the Clinical Strategy and the Annual Operational Plan
- Provide assurance on best value in the use of all resources

Implementation of the Performance & Accountability Review Framework will support the risk management process and ongoing review of the Board Assurance Framework (BAF).

Critically, the Performance & Accountability Review Framework seeks to ensure that those individuals holding delegated responsibility for operational performance, workforce, quality & safety and financial resources, as agreed through the Board's Scheme of Delegation, are held accountable through robust and effective reporting and assurance mechanisms. It will form a key pillar in support of the Board's overall system of corporate governance.

A number of key principles will underpin the Performance & Accountability Review Framework:

- **Creating a performance culture through improvement** – the framework is intended to support a culture of continuous improvement, delivered for the benefit of patients. It is not intended as a punitive or negative process. It will require clear objectives at all levels of the organisation supported by existing individual PDP/appraisal processes. The aim is to instil a rigorous performance and accountability culture with a clear understanding of individual responsibility.
- **Transparency** – the metrics and evidence used to assess performance will be clearly set out for all services, adapted to reflect clinical and non clinical services.

- **Delivery focus** – the approach will be integrated, action focused, and seek to improve performance.
- **Proportionality** – the arrangements eg frequency of meetings will be adapted to suit the requirements of different services, to ensure management actions and interventions are proportional to the potential performance risk
- **Balance** – all parties involved in the performance and accountability review meetings will seek to deliver a balance between challenge and support

The Performance & Accountability Review meetings will be chaired by the Chief Executive or Director of Finance & Performance, supported by the Medical Director, Director of Nursing, and Director of Workforce.

The Chief Operating Officer has confirmed that a parallel process will be in place within the Acute Services Division; whereby the Chief Operating Officer will chair Directorate Performance & Accountability Review meetings, supported by the Deputy Chief Operating Officer, Deputy Director of Finance, Associate Medical Director, Associate Director of Nursing and Senior HR Manager. Clarification is awaited on the model to be adopted within the Health & Social Care Partnership, and whether a parallel process is planned.

For meetings with the Finance, Human Resources and Estates & Facilities Directorates, the Chief Operating Officer and Director of Health & Social Care will also be invited to attend, to allow feedback and challenge on services provided to their respective areas.

The purpose of the 'corporate' roles at the meetings will be to question, understand, request information and to escalate matters as required, and onwards as required through the Board's governance structures. Attendees from services will be expected to provide written data on performance in advance of the meetings. During the meetings, the services will be expected to present a summary of key performance metrics, explain any variances, and highlight planned actions, with a focus on areas of exception, both positive and negative.

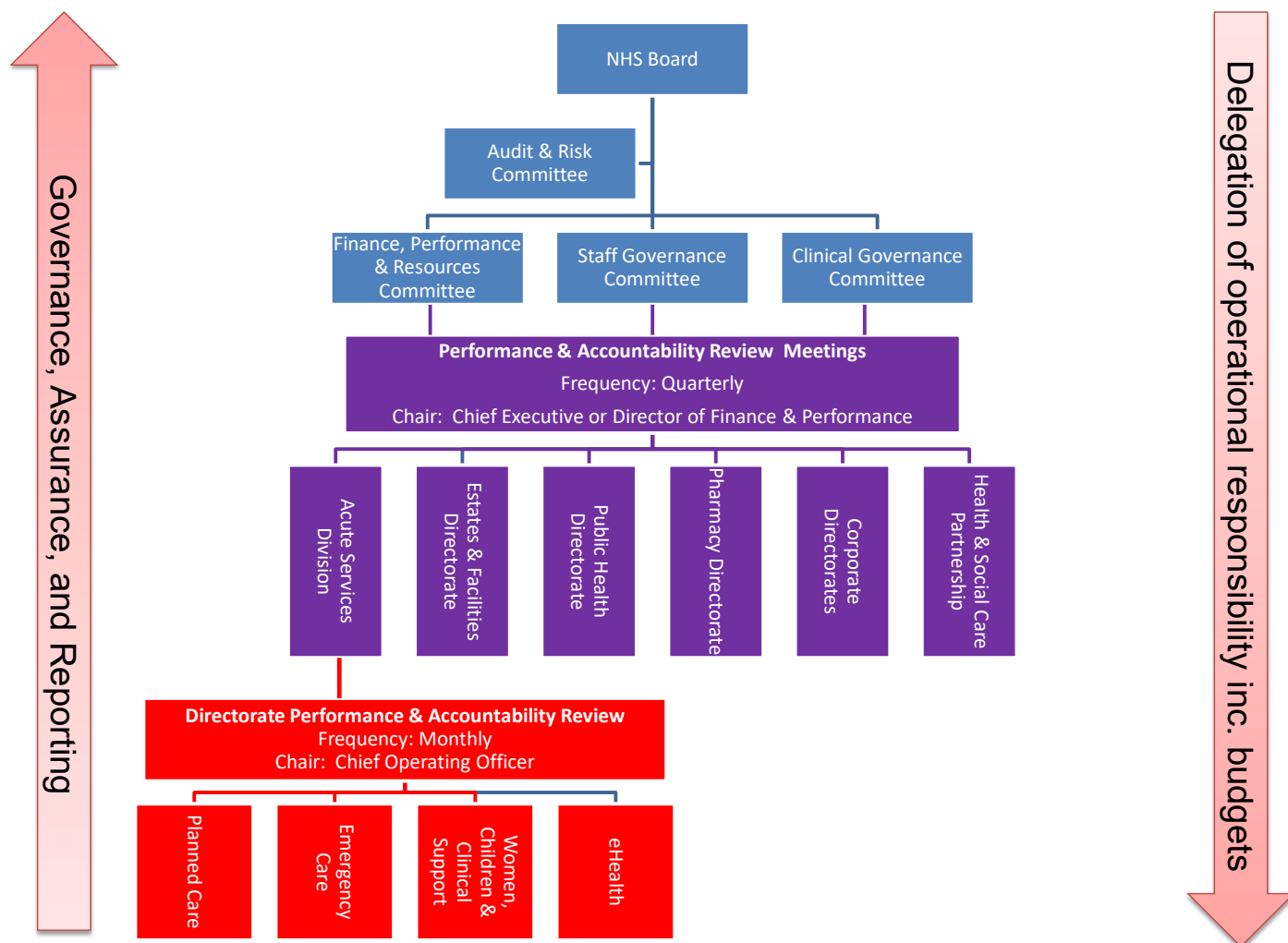
Appendix 1 provides a matrix of the **proposed meetings structure**, highlighting the attendees with a corporate focus and those with a service focus, as well as frequency of meetings.

Appendix 2 provides a summary of the anticipated **performance metrics** for each service, to be reported on at each meeting. It is recognised that the previous performance review process within the Acute Services Division was supported by a detailed performance data pack. A detailed review of this will be undertaken through the Performance & Information teams on behalf of the Director of Finance & Performance and Chief Operating Officer and will implement any agreed changes in advance of the first review meetings for 2019/20. The Performance and Information teams will also be required to work with other Executive Directors and / or senior managers to support the development of performance data packs for all other areas, based on relevant performance metrics, ensuring there is clear ownership by individual Directors for the production of these packs for their respective areas.

As the Performance & Accountability Review Framework is embedded during 2019/20, a **formal oversight escalation model** will be established, as set out in **Appendix 3**. Outcome reporting from the Performance & Accountability Reviews will seek to provide a concise and streamlined summary of key issues and actions, with a clear escalation route to link operational services and discussion at Committee level, in support of the Integrated Performance Report. This will be undertaken in the form of the brief SBAR approach, as already adopted by each Governance Committee for reporting of issues for escalation to the NHS Board.

Where possible, the scheduling and frequency of meetings will be aligned to enable reporting to the Governance Committees. A **proposed timetable** is attached at **Appendix 4**.

The diagram below provides a visual overview of the process.



Recommendation

Members of the Board's standing governance Committees are asked to:

- **Note** the Performance & Accountability Framework to be implemented for 2019/20, in support of enhanced assurance on all aspects of performance.

Objectives: (must be completed)

Healthcare Standard(s): All

HB Strategic Objectives: All

Further Information:

Evidence Base: NA

Glossary of Terms: NA

Parties / Committees consulted prior to EDG: Chief Executive
EDG

Impact: (must be completed)

Financial / Value For Money: Statutory requirement to break even

Risk / Legal:

Quality / Patient Care:

Workforce:

There are no specific implications from the issues in this paper as it provides an overview of the planning approach

Appendix 1

Performance & Accountability Review Framework - Meetings Structure

Directorate / Division	Frequency	Corporate Attendees	Service Attendees
Acute Division	Quarterly ¹	Chief Executive (Chair) Director of Finance & Performance (Vice Chair) Medical Director Director of Nursing Director of Workforce	Chief Operating Officer Deputy Chief Operating Officer General Managers Associate Director of Nursing Associate Medical Director Clinical Directors Heads of Nursing
Estates & Facilities	Quarterly	Chief Executive (Chair) Director of Finance & Performance (Vice Chair) Medical Director Director of Nursing Director of Workforce Chief Operating Officer Director of Health & Social Care	Director of Estates & Facilities Head of Estates Head of Facilities PPP Contract Manager
Public Health	Quarterly	Chief Executive (Chair) Director of Finance & Performance (Vice Chair) Medical Director Director of Nursing Director of Workforce	Director of Public Health Deputy Director of Public Health
Pharmacy	Quarterly	Chief Executive (Chair) Director of Finance & Performance (Vice Chair) Medical Director Director of Nursing Director of Workforce Chief Operating Officer Director of Health & Social Care	Director of Medicines Chief Pharmacists Chief Finance Officer

¹ This approach is predicated on a supporting sub-structure where the Chief Operating Officer establishes a monthly performance and accountability framework at a Directorate level, accompanied by the Deputy Director of Finance, Associate Medical Director, Associate Director of Nursing and Senior HR Manager, meeting with each Directorate including the GMs, Service Managers, Clinical Directors, Heads of Nursing and Finance Business Partners. A similar sub-meeting would be required with eHealth. The Chief Operating Officer has confirmed this model is being implemented from May 2019.

Directorate / Division	Frequency	Corporate Attendees	Service Attendees
Corporate: Finance	Quarterly	Chief Executive (Chair) Medical Director Director of Nursing Director of Workforce (Vice Chair) Chief Operating Officer Director of Health & Social Care	Director of Finance & Performance Deputy Director of Finance Assistant Director of Finance Finance Manager Head of Procurement Head of Corporate Governance Project Director
Corporate: Human Resources	Quarterly	Chief Executive (Chair) Director of Finance & Performance (Vice Chair) Medical Director Director of Nursing	Director of Workforce Senior HR Manager Head of Human Resources Head of Staff Governance
Corporate: Nursing	Quarterly	Chief Executive (Chair) Director of Finance & Performance (Vice Chair) Medical Director Director of Workforce	Director of Nursing Associate Directors of Nursing Head of AHPs Patient Relations Manager Risk Manager
Corporate: Medical	Quarterly	Chief Executive (Chair) Director of Finance & Performance (Chair) Director of Nursing Director of Workforce	Medical Director Director of Medical Education Primary Care Manager Business Manager
Health & Social Care Partnership	Quarterly ²	Chief Executive (Chair) Director of Finance & Performance (Vice Chair) Medical Director Director of Nursing Director of Workforce Director of Public Health	Director of Health & Social Care Divisional General Managers Associate Director of Nursing Associate Medical Director Chief Finance Officer

² This approach is predicated on a supporting sub-structure where the Director of Health & Social establishes a monthly performance and accountability framework at a Divisional level, accompanied by the Chief Finance Officer, Associate Medical Director and Associate Director of Nursing, meeting with each Division including the GMs, Service Managers, Clinical Directors, Heads of Nursing and Finance Business Partners. Confirmation is awaited from the Director of Health & Social Care on this matter.

Appendix 2

Performance & Accountability Review Framework - Performance Metrics

Governance Quadrant	Acute Directorates	Estates & Facilities	Public Health	Corporate Directorates	Health & Social Care	Pharmacy
Operational Performance	<ul style="list-style-type: none"> • Outpatients • ED attendances • ED 4 hour • Medical ward admissions & discharges • 18 week RTT • Cancer • ECAS • AU1 • Stroke • Frailty • Others TBC 	TBC	TBC	TBC	<ul style="list-style-type: none"> • CAMHS • Psychological therapies • Delayed Discharges • TBC 	TBC
Finance	<ul style="list-style-type: none"> • Run rate • Efficiency • Forecast outturn • Cost pressures 	<ul style="list-style-type: none"> • Run rate • Efficiency • Forecast outturn • Cost pressures 	<ul style="list-style-type: none"> • Run rate • Efficiency • Forecast outturn • Cost pressures 	<ul style="list-style-type: none"> • Run rate • Efficiency • Forecast outturn • Cost pressures 	<ul style="list-style-type: none"> • Run rate • Efficiency • Forecast outturn • Cost pressures 	<ul style="list-style-type: none"> • Run rate • Efficiency • Forecast outturn • Cost pressures
Quality	<ul style="list-style-type: none"> • Adverse Events • SAERs • Incidents • Patient Falls • Tissue Viability • Medication Incidents • SABs Incidents • Cardiac Arrest Incidents • Patient Safety • Patient track • Complaints • Patient Feedback 	TBC	TBC	TBC	<ul style="list-style-type: none"> • Adverse Events • SAERs • Incidents • Patient Falls • Tissue Viability • Medication Incidents • SABs Incidents • Cardiac Arrest Incidents • Patient Safety • Complaints • Patient Feedback • TBC 	TBC

Governance Quadrant	Acute Directorates	Estates & Facilities	Public Health	Corporate Directorates	Health & Social Care	Pharmacy
	<ul style="list-style-type: none"> • Others TBC 					
Workforce	<ul style="list-style-type: none"> • Nurse, bank, agency & overtime • Medical agency & overtime • Vacancies • Absence management • Mandatory training • Skin surveillance 	<ul style="list-style-type: none"> • Vacancies • Absence management • Mandatory training 	<ul style="list-style-type: none"> • Vacancies • Absence management • Mandatory training 	<ul style="list-style-type: none"> • Vacancies • Absence management • Mandatory training 	<ul style="list-style-type: none"> • Nurse, bank, agency & overtime • Medical agency & overtime • Vacancies • Absence management • Mandatory training • Skin surveillance 	<ul style="list-style-type: none"> • Vacancies • Absence management • Mandatory training
Other				<ul style="list-style-type: none"> • FOI responses 		

Appendix 3

Performance & Accountability Review - Oversight Model

Level	Description	Characteristics	Support	Additional Financial Controls	Accountability
1	Service with maximum autonomy No potential support need identified across the four governance quadrants – lowest level of oversight and expectation that the directorate/service will support colleagues in other oversight categories	Minor issues in one quadrant of governance	Universal support eg tools, guidance, benchmark information made available for directorates		Quarterly accountability review led by Director of Finance & Performance
2	Service offered targeted support Potential support needed in one or more of the four governance quadrants, but formal action is not needed	Minor or moderate concern in one or more quadrant of governance	Universal support (as for level 1) Targeted support as agreed with the directorate to address issues and help move the directorate/service to level 1; either offered to directorate (and accepted voluntarily) or requested by directorate		Quarterly accountability review led by Chief Executive
3	Service receiving mandated support for significant concerns	Moderate risks in two quadrants of governance, or significant risk in one quadrant	Universal support (as for level 1) Targeted support as agreed with the directorate (as for level 2) Mandated support as determined by the Performance and Accountability Review process to address specific issues to help move the service to level 2 or 1; compliance required	Reduced authorisation limits	Monthly accountability review led by Chief Executive with written monthly report to EDG
4	Special measures Directorate / service has very serious or complex issues which are impacting on the Board's overall performance. The extent of the issues or the response to the issue may impact outside the directorate.	Significant risk in 2 or 3 quadrants	Universal support (as for level 1) Targeted support as agreed with the directorate (as for level 2) Mandated support as determined by the Performance and Accountability Review process to help minimise the time the directorate / service is in level 4; compliance required	Reduced authorisation limits	Monthly accountability review led by Chief Executive with written monthly report to Board Governance Committees

Appendix 1

Performance & Accountability Review Framework - Meetings Timetable³

Directorate / Division	Review 1	Review 2	Review 3	Review 4
Performance reports issued	w/c 3 & 10 June	w/c 2 & 9 September	w/c 2 & 9 December	w/c 2 & 9 March
Acute Division	w/c 10 & 17 June 2019	w/c 9 & 16 September 2019	w/c 9 & 16 December 2019	w/c 9 & 16 March 2020
Estates & Facilities				
Public Health				
Pharmacy				
Corporate: Finance				
Corporate: Human Resources				
Corporate: Nursing				
Corporate: Medical				
Health & Social Care Partnership				
Escalation reports issued to CEO	w/c 24 June	w/c 23 September	w/c 23 December	w/c 23 March
Escalation to Committees	July	November	January	April

³ Specific dates to be confirmed during each week

Frequency of meetings would flex accordingly as required under the Oversight Model set out in Appendix 3

NHS Board
Finance, Performance and Resource Committee

DATE OF MEETING:	8 May 2019
TITLE OF REPORT:	Strategic Objectives 2019/20
EXECUTIVE LEAD:	Carol Potter, Director of Finance and Performance
REPORTING OFFICER:	Susan Fraser, Associate Director of Planning and Performance

Purpose of the Report (delete as appropriate)		
	For Decision	

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

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

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

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

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

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

Operational Management

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

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

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

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

The following objective has been added.

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

Finance

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

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

The following new objective has been identified:

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

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

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

Workforce

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

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

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

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

1 Summary

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

Recommendation

The Finance, Performance and Resource Committee are asked to:

- Note the review of the strategic objectives for 2018/19
- Consider and agree the proposed strategic objectives for 2019/20

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

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

Impact: (must be completed)	
Financial / Value For Money	Includes review of financial objectives
Risk / Legal:	Includes review of risk objectives
Quality / Patient Care:	Includes review of quality of care objectives
Workforce:	Includes review of workforce objectives
Equality:	Fully incorporated in the organisation's objectives

NHS Fife Strategic Objectives 2018/19



NHS Fife Strategic Objectives 2018/19																		
Vision	Mission	Values	Objectives	Strategic Framework Objectives	Ref.	Corporate Objectives 2018/19	Executive Objectives											
							CEO	DoF	DoPSP	COO	DoN	MD	DoPH	DoE F	HRD	DoHSC		
The people of Fife live Long and Healthy Lives	Transforming health and care in Fife to be the Best	Fairness & Transparency	PERSON CENTRED	<ul style="list-style-type: none">Listen to what matters to YOUDesign services in partnership with service users, carers and communitiesGive YOU choices and informationCreate environments that encourage caring and positive outcomes for allDevelop & redesign services that put patients first supporting independent living and self management	1.1	Improve complaints process to respond more effectively and efficiently to patient issues				S	L						S	
					1.2	Improve patient, public and partner engagement and participation with on-going strategic change agenda			S	S	L					S		
					1.3	Reduce Health Inequalities in terms of access and services. Implement Local Outcome Improvement Plan for Fife	*					L			S			
					1.4	Improving equalities – Public Duties Act					L			S				
					1.5	Realising Realistic Medicine – implementation within NHS Fife linked to transformation & sustainability	*			S	S	L	S					
					1.6	Review and enhance the governance and supporting business model for charitable funds		L	S	S	S	S	S	S	S	S		
					1.7	Ensure our services are designed to address the needs of people (link to performance / access)	*		L	L			S			L		
			CLINICALLY EXCELLENT	<ul style="list-style-type: none">Work WITH you to receive the best care possibleEnsure there is no avoidable harmAchieve & maintain quality standardsEnsure environment is clean, tidy, well maintained, safe and something to be proud ofEmbed patient safety consistently across all aspects of healthcare provision	2.1	Continue to develop the Quality Report for the Clinical Governance Committee, IPR and Board			S		L	L						
					2.2	Maintain and audit the system of Safe & Effective Medicines Management				S	L	L						
					2.3	Fully implement the organisational duty of candour requirements	*			S	S	L				L		
					2.4	Reduce Healthcare Acquired Harm, including facilities				S	L	L	S	L		S		
					2.5	Continue to refine the NHS framework for risk management and keep the Board Assurance Framework up to date		S	S	S	L	S	S	S	S	S		
					2.6	Continue to implement Excellence in Care to provide assurance to the organisation of nursing and midwifery care		S	S	S	L	S	S	S	S	S		
					2.7	Work to develop and embed systems & services to reduce avoidable admissions (linked to sustainability objective)	*				L		S			L		
					2.8	Ensure End of Life Care Standards are consistently applied across all areas and aligned with national recommendations				S	L	S				S		
		Care & Compassion	EXEMPLAR EMPLOYER	<ul style="list-style-type: none">Create time & space for continuous learningListen to & involve staff at all levelsGive staff skills, resources and equipment required for the jobEncourage staff to be ambassadors for Health and Social Care in FifeCreate high performing MDT through education & developmentEquip people to be the best leaders	3.1	Develop a workforce strategy which supports the strategic and transformational plans of Fife	*		S	S	S	S	S		L	S		
					3.2	Develop arrangements which support effective Talent Management and Success Planning requirements				S			S	S	L	S		
					3.3	Continue to develop policies and plans which support promoting attendance at work and the health and well being of the workforce							S		L			
					3.4	Ensure compliance with Staff Governance standards and the principles and values of the 2020 / everybody matters strategy in line with national policy.		S	S	S	S	S	S	S	L	S		
					3.5	Ensure NHS Fife has the appropriate infrastructure to continue to meet professional standards for all staff		S	S	S	S	S	S	S	L	S		
					3.6	Implement the iMatter staff engagement tool and use feedback to develop an action plan		S	S	S	S	S	S	S	L	S		
					3.7	Ensure effective staff communications – develop and implement an effective internal communications strategy	*			L						L		
		Dignity & respect	SUSTAINABLE	<ul style="list-style-type: none">Optimise resource for health & wellbeingEnsure cost effective and within budgetIncrease efficiency & Reduce WasteService redesign will ensure cost effective, lean and minimise adverse variationOptimise use of property & assets with our partners	4.1	Develop a Transformation plan for NHS Fife to deliver the triple aim	*	L	L	S	S	S	S	S	S	S		
					4.2	Jointly develop and deliver an East RDP to improve service and financial sustainability	*	L	L	L			S					
					4.3	Deliver the objectives of the NHS Fife / Health & Social Care joint transformation plan		S	L	S			S			L		
					4.4	Develop the Property and Asset Management Strategy to support strategic transformation & performance		S	S	S	S	S	S	L	S	S		
					4.5	Develop the eHealth, Information & Digital Strategy to support strategic transformation & performance			L									
					4.6	Deliver statutory financial targets		L	S	S	S	S	S	S	S	S		
					4.7	Deliver effective corporate governance to the organisation		S	L	S	S	S	S	S	S	S		
					4.8	Continue reduction of environmental harm							S	L				
					Safety First													

NHS Fife Strategic Objectives 2018/19

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

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

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

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

NHS Fife Strategic Objectives 2019/20



NHS Fife Strategic Objectives 2019/20																	
Vision	Mission	Values	Objectives	Strategic Framework Objectives	Ref.	Corporate Objectives 2019/20											
						CEO	DoF	COO	DoN	MD	DoPH	DoE F	DoW	DoHSC	DoP		
The people of Fife live Long and Healthy Lives	Transforming health and care in Fife to be the Best	Fairness & Transparency	PERSON CENTRED	<ul style="list-style-type: none">Listen to what matters to YOUDesign services in partnership with service users, carers and communitiesGive YOU choices and informationCreate environments that encourage caring and positive outcomes for allDevelop & redesign services that put patients first supporting independent living and self management	1.1	Improve complaints process to respond more effectively and efficiently to patient issues			S	L						S	
					1.2	Improve patient, public and partner engagement and participation with on-going strategic change agenda			S	L					S		
					1.3	Reduce Health Inequalities in terms of access and services. To deliver the Local Outcome Improvement Plan for Fife and the Public Health priorities for Scotland in order to prevent and reduce health inequalities in Fife.	*					L			S		
					1.4	Improving equalities – Public Duties Act				L				S			
					1.5	Create and nurture a culture of person centred approach to care	*		S	L	S	S			S		
					1.6	Realising Realistic Medicine – embed within NHS Fife linked to transformation & sustainability	*	S	S	S	L	S	S	S	S		
					1.7	Ensure our services are designed to address the needs of people (link to performance / access)	*		L			S	S		L		
					1.8	Agree and deliver refreshed mental health strategy for Fife ensuring more people are supported in the community and that people requiring more intensive care receive that more quickly		S		S	S			S	L		
			CLINICALLY EXCELLENT	<ul style="list-style-type: none">Work with you to receive the best care possibleEnsure there is no avoidable harmAchieve & maintain quality standardsEnsure environment is clean, tidy, well maintained, safe and something to be proud ofEmbed patient safety consistently across all aspects of healthcare provision	2.1	Implement the Quality of Care Framework and reporting to the appropriate standing Board Committees, IPR and Board	*	S	S	L	L	S			S	S	
					2.2	Maintain and audit the system of Safe & Secure Use of Medicines Management			S	S	S						L
					2.3	Fully embed the organisational duty of candour requirements in all areas of NHS Fife	*		S	S	L				S		
					2.4	Reduce Healthcare Acquired Harm			S	L	L	S	S		S		
					2.5	Continue to refine the NHS framework for risk management to include the Board risk tolerance and appetite and keep the Board Assurance Framework up to date		S	S	L	S	S	S	S	S		
					2.6	Continue to implement Excellence in Care to provide assurance to the organisation of nursing and midwifery care		S	S	L	S	S	S	S	S		
					2.7	Work to develop and embed systems & services to reduce avoidable admissions supporting sustainability and value	*		L		S	S			L		
					2.8	Develop links with St Andrews University medical school through the ScotGEM programme aspiring towards university hospital status	*	S	S		L			S	S		
		EXEMPLAR EMPLOYER	<ul style="list-style-type: none">Create time & space for continuous learningListen to & involve staff at all levelsGive staff skills, resources and equipment required for the jobEncourage staff to be ambassadors for Health and Social Care in FifeCreate high performing MDT through education & developmentEquip people to be the best leaders	3.1	Review and update the existing workforce strategy which supports the strategic and transformational plans of Fife	*		S	S	S	S	S	L	S	S		
				3.2	Develop arrangements which support effective Talent Management and Succession Planning requirements		S	S	S	S	S	S	L	S	S		
				3.3	Implement the ‘Once for Scotland’ policies as appropriate and prioritise the development of plans to support ‘Promoting attendance at work’ and the ‘Health and well being of the workforce’ policies						S		L				
				3.4	Ensure compliance with Staff Governance standards and the principles and values of the 2020 / everybody matters strategy in line with national policy.		S	S	S	S	S	S	L	S	S		
				3.5	Ensure NHS Fife has the appropriate infrastructure and training environment to continue to meet professional standards for all staff		S	S	S	S	S	S	L	S	S		
				3.6	Increase and sustain participation in the iMatter staff engagement tool to ensure feedback received informs an action plan for 2020/21		S	S	S	S	S	S	L	S	S		
				3.7	Ensure effective staff communications – develop and implement an effective internal communications strategy			L						L			
				3.8	Implement statutory safe staffing across all wards in accordance with new legislation			S	L				S	S			
		Safety First	<ul style="list-style-type: none">Optimise resource for health & wellbeingEnsure cost effective and within budgetIncrease efficiency & Reduce WasteService redesign will ensure cost effective, lean and minimise adverse variationDeliver effective corporate governance to the organisationEnsure NHS Fife is in full compliance with Health and Safety legislation and best practice including governanceBased on the Audit Scotland 2018 Report on Integration and the Ministerial Steering Group Review of Integration, engage with partners to ensure the success of health & social care integration in Fife.	4.1	Refresh and embed the Transformation plan for NHS Fife to deliver the triple aim supporting sustainability and value	*	L	S	S	S	S	S	S	S	S		
				4.2	Deliver the objectives of the NHS Fife / Health & Social Care joint transformation plan		S	L			S			L	S		
				4.3	Develop the Property and Asset Management Strategy to support strategic transformation & performance		S	S	S	S	S	L	S	S			
				4.4	Deliver the Outline Business Case for the Fife Orthopaedic Elective Centre	*	L	S				S					
				4.5	Develop the eHealth, Information & Digital Strategy to support strategic transformation & performance		S	L			S			S			
				4.6	Deliver statutory financial targets		L	S	S	S	S	S	S	S	S		
				4.7	Deliver agreed targets for performance delivery			L	S	S	S		S	L	S		
				4.8	Deliver effective corporate governance to the organisation		L	S	S	S	S	S	S	S	S		
				4.9	Ensure NHS Fife is in full compliance with Health and Safety legislation and best practice including governance			S	S	S	S	L		S			
				4.10	Based on the Audit Scotland 2018 Report on Integration and the Ministerial Steering Group Review of Integration, engage with partners to ensure the success of health & social care integration in Fife.		S	S	S	S			S	L			

Finance, Performance & Resources Committee

DATE OF MEETING:	14 May 2019	
TITLE OF REPORT:	NHS Fife Annual Operational Plan 2019/20	
EXECUTIVE LEAD:	Carol Potter, Director of Finance & Performance	
REPORTING OFFICER:	Carol Potter, Director of Finance & Performance	
Purpose of the Report (delete as appropriate)		
For Decision		
SBAR REPORT		
<u>Situation</u>		
<p>The Annual Operational Plan (AOP), introduced by Scottish Government Health & Social Care Directorates (SGHSCD) last year, is intended to support NHS Boards and their partners to deliver safe and accessible treatment and care.</p> <p>This year it represents the agreement that sets out how NHS Boards will deliver expected levels of operational performance to provide the foundations for delivering the Cabinet Secretary's priorities on waiting times improvement; investment in mental health; and greater progress and pace in the integration of Health and Social Care. The AOP for 2019/20 also requires NHS Boards to lay out their plans to meet the standards for Healthcare Associated Infection (HAI).</p>		
<u>Background</u>		
<p>The Annual Operational Plan 2019/20 outlines plans for delivery of NHS Fife's local priorities identified through key planning assumptions for performance, strategic planning, financial and workforce planning. The draft AOP was submitted to SGHSD on 29 March 2019; a meeting with representatives from Scottish Government is scheduled for 9 May; feedback from this meeting will be provided at the Finance, Performance & Resources Committee on 15 May.</p>		
<u>Assessment</u>		
<p>The 2018/19 Annual Operational Plan is attached for consideration. This key document outlines plans for delivery of NHS Fife's local priorities identified through key planning assumptions for performance, strategic planning, financial and workforce planning. There are four local key priorities for NHS Fife during 2019/20 which underpins all aspects of the Board's strategic planning:</p> <ol style="list-style-type: none"> 1. Acute Services Transformation Programme 2. Joining Up Care - Community Redesign 3. Mental Health Redesign 4. Medicines Efficiencies <p>The financial assumptions set out in the AOP reflect the Financial Plan and Capital Programme as approved by the NHS Board on 27 March 2019.</p>		

Recommendations

Members of the Committee are asked to:

- **consider** the Annual Operational Plan 2019/20;
- **recommend** approval of the Annual Operational Plan 2019/20 to the NHS Board on 29 May.

Objectives: (must be completed)

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

Evidence Base:	N/A
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Glossary of Terms:	N/A
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Parties / Committees consulted prior to Committee:	EDG
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Impact: (must be completed)

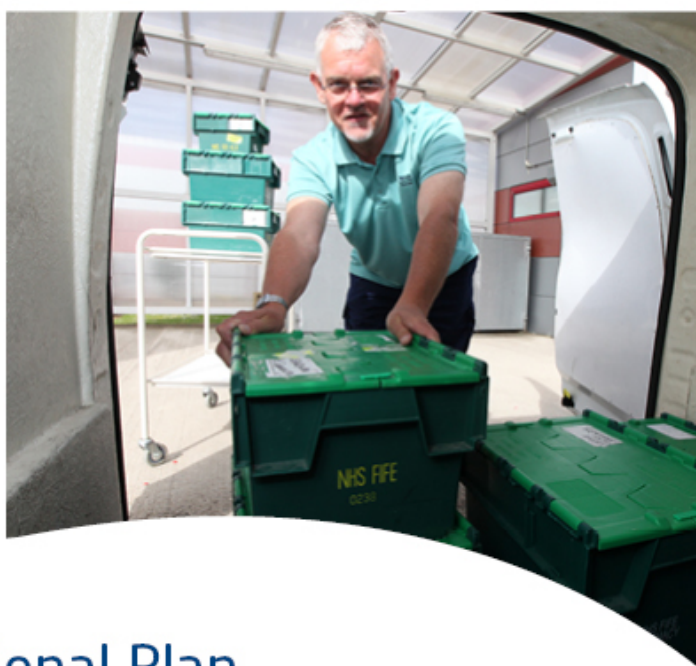
Financial / Value For Money	The AOP will fully address the associated financial challenges
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Risk / Legal:	NHS Fife has a duty to produce an annual AOP as part of its contract with the Scottish Government
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Quality / Patient Care:	Included in the AOP
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Workforce:	Included in the AOP
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Equality:	N/A
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Annual Operational Plan 2019-20

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Executive Summary

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

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

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

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

The key planning assumptions which support these local priorities are:

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

costs, through the accounting for the Integration Joint Board.

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

**Workforce
Planning**

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

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

1. Introduction

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

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

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

2. Strategic Planning

2.1. National Planning

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

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

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

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

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

2.2. Regional Planning

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

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

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

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

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

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

Review of workforce and seek solutions through regional working.

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

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

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

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

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

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

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

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

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

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

2.3. Local Planning and Transformation Programme

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

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

The four key priorities to be delivered are:

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

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

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

One critical enabler identified that will enrich the transformation work to be undertaken is a digital strategy that will enable better use of existing resources and provide alternative ways of caring for patients. The Technology Enabled Care national programme provides opportunities to test and spread nationally evidenced-based technological solutions to support clinical services in Fife. NHS Fife is leading the way in the testing of state of the art technology such as SNAP40 in Community Services by keeping patients safely at home with the aim to built technology solutions in the day to day delivery of services.

2.3.1. Acute Services Transformation Programme

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

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

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

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

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

2.3.2. Joining Up Care Transformation Programme - Community Redesign

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

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

Community Hubs are the next element of the development of community services. The inaugural facility in Queen Margaret Hospital will provide services which focus on patients

on the frailty pathway. Patients are referred by Acute, Community, Locality Huddles and HHG case management services. By taking an integrated approach, patients can be treated holistically, which can also include good links with Mental Health. Plans are in place to rollout the Community Hub Model with configuration in line with the Community Hospital redesign at locality level.

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

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

2.3.3. Mental Health Redesign

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

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

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

2.3.4. Medicines Efficiencies

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

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

3. Quality & Safety

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

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

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

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

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

Governance

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

The measures which are nationally set include the following,

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

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

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

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4. Performance

4.1. LDP Standards

4.1.1. Governance

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

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

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

The key measures not meeting the LDP standards are:

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

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

LDP Standards: Key Measures and Improvement Trajectories									
LDP Standard / Key Measure	Original Standard		Performance at December 2018 *	Improvement Trajectory, 2019-2022					
	Required Level	Measure Period		Jun-19	Sep-19	Dec-19	Mar-20	Mar-21	Mar-22
Cancer 62-Day RTT	95.0%	Quarterly	86.7%	89.0%	92.0%	93.0%	94.0%	95.0%	95.0%
Cancer 31-Day DTT	95.0%	Quarterly	95.4%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Patient TTG **Waiting at month end	100.0%	Quarterly	68.8%						
12-Week Breaches: Total	0		384	464	558	403	281	229	185
12-Week Breaches: ENT	0		19	10	10	0	0	0	0
12-Week Breaches: General Surgery	0		26	55	85	40	0	0	0
12-Week Breaches: Gynaecology	0		19	59	95	55	15	15	15
12-Week Breaches: Ophthalmology	0		159	10	10	10	10	0	0
12-Week Breaches: Oral Max Surgery	0		10	60	100	70	40	10	0
12-Week Breaches: Surgical Paediatrics	0		N/A	20	10	0	0	0	0
12-Week Breaches: Trauma & Orthopaedics	0		73	70	70	50	40	30	0
12-Week Breaches: Urology	0		64	170	170	170	170	170	170
12-Week Breaches: Cardiology	0		8	10	8	8	6	4	0
Outpatient Waiting Times **	95.0%	Month End	92.2%						
12-Week Breaches: Total	0		1,032	416	371	351	172	40	0
12-Week Breaches: Cardiology	0			30	20	10	0	0	0
12-Week Breaches: Dermatology	0		72	30	20	10	0	0	0
12-Week Breaches: ENT	0		74	10	10	10	10	10	10
12-Week Breaches: Breast	0		81	0	0	0	0	0	0
12-Week Breaches: Gynaecology	0		23	66	81	156	72	0	0
12-Week Breaches: General Surgery	0			10	10	0	0	0	0
12-Week Breaches: Orthodontics	0			0	0	0	0	0	0
12-Week Breaches: Clinical Oncology	0			0	0	0	0	0	0
12-Week Breaches: Medicine for the Elderly	0			0	0	0	0	0	0
12-Week Breaches: Pain	0			0	0	0	0	0	0
12-Week Breaches: Haematology	0			20	20	15	10	0	0
12-Week Breaches: Surgical Paediatrics	0		35	15	0	0	0	0	0
12-Week Breaches: Gastroenterology	0		65	30	20	20	0	0	0
12-Week Breaches: Neurology	0		80	120	100	80	60	30	0
12-Week Breaches: Ophthalmology	0		287	10	10	10	0	0	0
12-Week Breaches: Trauma & Orthopaedics	0		109	55	60	40	20	0	0
12-Week Breaches: Urology	0		43	20	20	0	0	0	0
Diagnostics Waiting Times **	100.0%	Month End	98.4%						
6-Week Breaches: MRI	0		0	45	30	15	0	0	0
6-Week Breaches: Ultrasound	0		0	25	25	25	0	0	0
6-Week Breaches: CT	0		50	45	30	15	0	0	0
CAMHS Waiting Times	90.0%	Quarterly	82.6%	83.0%	85.0%	87.0%	88.0%	90.0%	90.0%
Psychological Therapies Waiting Times	90.0%	Quarterly	72.0%	72.0%	75.0%	78.0%	82.0%	88.0%	90.0%
Sickness Absence	4.00%	12-Month	5.47%	5.25%	5.15%	5.05%	5.00%	4.75%	4.50%
4-Hour Emergency Access	95.0%	12-Month	95.7%	95.5%	95.7%	95.8%	96.0%	97.0%	97.5%
HAI		12-Month							
Sabs	0.24		0.44	0.40	0.38	0.36	0.34	0.30	0.26
C Diff	0.32		0.19	0.22	0.22	0.22	0.22	0.22	0.22
* December 2018 performance is approximate, and based on local management information - it is supplied purely for guidance									
** Performance for these measures are formally calculated using waiting list and patients treated information; for projections, this is not feasible so breach numbers are specified									

Trajectories and Action Plans

The agreed trajectories and actions being taken to improve or sustain performance against the LDP Standards are detailed below.

4.1.2. 4-Hour Emergency Access

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

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

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

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

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

4.1.3. Cancer Waiting Times

NHS Fife have generally exceeded the 31-Day DTT Standard during FY 2018/19, there were some challenging months, most notably in Q2 and Q3, with Urology and Breast specialties being particularly affected. In contrast, performance against the 62-Day

Referral to Treatment (RTT) Standard remained under 90%, with ongoing issues in both Lung and Urology.

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

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

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

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

Improvement Action	Expected Outcomes
2019/20	
Focus on current backlog of patients who have breached and not treated to eliminate any long waiters	Minimise time waiting for patients who have not received treatment within performance standard
Review Cancer Governance structure	Improve focus on improvement plans to support sustained delivery of Cancer Waiting Times
Implementation of new Scottish Referral Guidelines for Suspected Cancer	Identification of opportunities to reduce components of the cancer waiting times pathway
Review SOP for the management of patients with suspected/ diagnosed with cancer	Ensure clarity for all professionals involved in the management of cancer pathways to ensure delivery of waiting times performance
Ensure appropriate downgrading processes are in place for urgent suspected cancer (USC) referrals	Ensure patients are on the correct expedited pathway
Explore opportunities to collaborate with GP to ensure access to diagnostics to support early diagnosis for USC patients	Avoid unnecessary referrals and facilitate early clinical decision making
Sustain waits for patients referred with USC to receive 1 st OPA/test within 14 days of referral	Sustained delivery of good practice to expedite delivery of treatment for cancer patients in line with cancer waiting times
Improve diagnostic pathways for cancer patients (imaging and pathology)	Identification of opportunities to reduce waits in the diagnostic phase of the cancer pathway
Purchase probes for endoscopic ultrasound (EUS) for upper gastrointestinal (UGI) and colorectal investigations	Patients seen closer to home (currently go to NHS Lothian) and reduction in waiting time for diagnostic
Develop a rehabilitation clinic for colorectal cancer surgical patients	Ensure optimal fitness, reduce length of stay and quicker recovery for patients
Complete consultant training in laparoscopic nephrectomy	Improve resilience (currently single handed practitioners delivering) and improve waiting

Improvement Action	Expected Outcomes
	times
Ensure adequate capacity to meet OPA, MDT and surgical demands in the Breast service	Sustained waits and to continue to treat patients within performance standard
Review gynae-onc provision	To strengthen regional working and ensure delivery of cancer waiting times
Continue to explore optimum Head and Neck cancer provision across the Regions	Improvement to cancer pathway
2020/21	
Introduce a one stop endoscopy clinic for colonoscopy +/- EUS	Reducing steps in pathway
2021/22	
Explore opportunities for 7 day CT service for all referral sources	Focus on specific tumour groups to ensure early diagnosis

4.1.4. Elective Treatment Waiting Times

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

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

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

The position for 2019/20 and beyond is of some concern as the funding expected to be provided to NHS Fife from the Scottish Government Waiting Times Improvement Plan (October 2018) is less than had been hoped. In addition, there continues to be issues relating to the availability of capacity in the independent sector and staffing, both locums and within our own staff groups, to undertake waiting list initiatives which we expect to fall in the next year. None the less, we will continue to work with our teams to improve, or at the very least sustain our current position and work with the Scottish Government team to secure additional funding to enable an improved trajectory to be delivered.

LDP Standards: Key Measures and Improvement Trajectories									
LDP Standard / Key Measure	Original Standard		Performance at December 2018 **	Improvement Trajectory, 2019-2022					
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12-Week Breaches: Ophthalmology	0		159	10	10	10	10	0	0
12-Week Breaches: Oral Max Surgery	0		10	60	100	70	40	10	0
12-Week Breaches: Surgical Paediatrics	0		N/A	20	10	0	0	0	0
12-Week Breaches: Trauma & Orthopaedics	0		73	70	70	50	40	30	0
12-Week Breaches: Urology	0		64	170	170	170	170	170	170
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12-Week Breaches: General Surgery	0			10	10	0	0	0	0
12-Week Breaches: Orthodontics	0			0	0	0	0	0	0
12-Week Breaches: Clinical Oncology	0			0	0	0	0	0	0
12-Week Breaches: Medicine for the Elderly	0			0	0	0	0	0	0
12-Week Breaches: Pain	0			0	0	0	0	0	0
12-Week Breaches: Haematology	0			20	20	15	10	0	0
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6-Week Breaches: MRI	0		0	45	30	15	0	0	0
6-Week Breaches: Ultrasound	0		0	25	25	25	0	0	0
6-Week Breaches: CT	0		50	45	30	15	0	0	0

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

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

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

Improvement Action	Expected Outcomes
2019/20	
Reduce DNA rates	Increase OP Capacity
Move appropriate day case activity to QMH	Reduction in cancellations at VHK site

Improvement Action	Expected Outcomes
Review new technologies and procedures	Increased Efficiency
Appoint to vacant consultant posts	Sustainable services
Develop Outpatient Phlebotomy service	Increased Efficiency and Flow
2020/21	
JAG accreditation (Endoscopy)	Quality and Capacity Improvements
Implement improvements funded by Waiting Times Improvement Plan (WTIP)	Sustainable Services delivered in Fife
2021/22	
Expand the use of virtual clinics	Increase OP Capacity
Implement improvements funded by Waiting Times Improvement Plan (WTIP)	Sustainable Services delivered in Fife

4.1.5. CAMHS Waiting Times

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

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

LDP Standard / Key Measure	Original Standard		Performance at December 2018	Improvement Trajectory, 2019-2022					
	Required Level	Measure Period		Jun-19	Sep-19	Dec-19	Mar-20	Mar-21	Mar-22
CAMHS Waiting Times	90.0%	Quarterly	82.6%	83.0%	85.0%	87.0%	88.0%	90.0%	90.0%

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

Improvement Action	Expected Outcomes
2019/20	
Introduction of Primary Mental Health Worker (PMHW) First Contact Appointments System	<p>Increase to PMHW service through Action 15 funding will provide First Contact Appointments to all children and young people who present to GP with issues related to emotional & mental health.</p> <p>Initial assessments will occur within 1-2 weeks of original referral. Outcomes will be onward facilitated referral to universal providers, Referral to Primary Care psychology, additional support from PMHW or referral to CAMHS.</p> <p>This will ensure that appropriate interventions are provided at earliest opportunity by the right service.</p>
Waiting List Additional Staffing Resource	Continuation of additional staffing resource of 15 clinical sessions provided by Child Psychology will specifically target the longest

Improvement Action	Expected Outcomes
	waiting children and young people. This resource will allow substantive staff to focus on those referred who are identified as urgent, priority or about to breach 18 weeks.
Introduction of Substantive Team Leader role in East & West CAMHS Teams	The Team leaders will provide a specific function of allocation of workload and coordination of work in response to waiting times
Introduction of Initial Assessment Appointments	Pilot programme established in West Fife CAMHS in collaboration with MHAIST. Provides initial assessment and formulation for children and young people who have been screened to ensure: Appropriate for CAMHS, alternative signposting where required, they are safe to be placed on a waiting list, less reliance on limited referral information.
2020/21	
Redesign of CAMHS Self Harm Support Service	Introduction of CAMHS Crisis response service. The service will expand on the effective elements of the Self harm service, broadening the age range and referral threshold to encompass all children and young people who present to unscheduled and emergency care environments with urgent mental health needs.
Expanded PMHW First Contact Appointments	The First Contact service provided by CAMHS PMHW will be expanded from the initial pilot providing to GP (subject to evaluation to support this) to include referrals from all services and professionals working with Children and young people with Emotional and mental health issues. Service will be delivered across Fife's 7 localities
Expanded Therapeutic Group Programme	Initial pilot of rolling group programme will be introduced across whole of Fife, providing a tested and equitable therapeutic service. Will result in lower waiting times for common presenting difficulties and reductions to waiting lists through providing alternatives to 1:1 therapy.
Universal & Additional Service Area Training Programme	Continue to expand the programme of bespoke training for children's service providers to increase confidence and competence in managing emotional and mental health issues prior to referral to specialist service

Improvement Action	Expected Outcomes
2021/22	
Consolidation of CAMH Service Developments	Ensuring the service changes which were designed to improve access (PMHW, FCA, ICA, Group Programme) are all providing identifiable impact and are an effective use of limited resources
Revision of Universal & Additional Service Area Training Programme	Ensure that programme of training is fit for purpose and impacting on the number of children and young people receiving support within Universal and additional service areas

4.1.6. Psychological Therapies Waiting Times

Performance remained around 70% throughout 2018/19. Despite a 9% increase in the number of people commencing Psychological Therapies (PT), comparing 2018 to 2017, progress towards the Standard was minimal because of the increased demand (12%) in the same period. Additional staff funded through SG made a significant impact but the resource was insufficient to absorb the historic queue.

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

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

LDP Standard / Key Measure	Original Standard		Performance at December 2018	Improvement Trajectory, 2019-2022					
	Required Level	Measure Period		Jun-19	Sep-19	Dec-19	Mar-20	Mar-21	Mar-22
Psychological Therapies Waiting Times	90.0%	Quarterly	72.0%	72.0%	75.0%	78.0%	82.0%	88.0%	90.0%

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

Improvement Action	Expected Outcomes
2019/20	
Single point of access for Secondary Care patients to be implemented, via CMHT	Improved flow; PT to become integrated into Multi-Disciplinary Team (MDT) approach improving quality of care and reducing waits for PTs delivered in phase-based approach
Implementation, through website, of extended group programme in Primary Care via referral and self-referral for low intensity PT	Self-referrals reduce delays in accessing PT and increase capacity for specialist services; increased group options improves flow
Review of Day Hospitals (DH) and PT skills training for DH and ward staff; improved coordination of PT programme across multiple NHS and 3 rd sector providers	Increased capacity for PT; improved flow; improved quality of care
Implementation of mental health triage nurse pilot programme in Primary Care (Action 15 SG)	Improved flow and triage/sign-posting; reduction in inappropriate referrals to specialist services; referral to PT at

Improvement Action	Expected Outcomes
	appropriate tier of service
Implementation of personality Disorder/Complex Trauma pathway	Improved flow and quality of care for people with complex needs who will receive phase-based PT across NHS and 3 rd sector providers
2020/21	
Extend delivery of self-referral low intensity therapies through website	Improved flow; reduced waits; person-centred service; increased capacity in specialist services
Extend delivery of group programme in Primary Care	Improved flow; reduced waits; increased capacity in specialist services
Development of brief PT model in Unscheduled Care Service (Action 15 SG)	Improve flow and reduce waits for people with complex needs who require PT within MDT/multi-agency approach
Implementation of new models of case management in CMHT (SCM)	Facilitate further development of phase-based PT for people with complex needs; better flow; reduced waits
2021/22	
Further development of all tiers of PT delivery listed above	Improved efficacy and efficiency; reduced waits; improved flow
Development of cCBT options – including cCBT for long-term conditions as part of anticipated national initiative	Person-centred care; increased capacity for PT
Further development of PT across 3 rd sector and of integrated NHS - 3 rd sector pathways	Person-centred care; increased capacity for PT; reduced waits

4.1.7. HAI

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

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

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

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

Improvement Action	Expected Outcomes
2019/20	
Complete work mandated by the Vascular Access Strategy Group	<p>Strategy deliverables achieved</p> <p>Improved systems and processes in place to manage VADs</p> <p>Governance arrangements are robust, are working and provide assurance and data for improvement</p> <p>Reduction in the number of VAD associated SAB</p>
Design a new programme of work focusing on reducing the risk of SAB in diabetic patients	<p>Reduction in the number of cases of SAB in patients with Diabetes</p> <p>Improved clinical outcomes</p> <p>Co-production with improvement focused outcomes across health and social care</p>
Improve the management of recurrent CDI infections	<p>Reduction in the number of recurrent CDI</p> <p>Reduction in the number of CDI overall</p>
Address the increasing number of ECB related to urinary catheter use	<p>Reduce avoidable harm</p> <p>Improve equity and quality of care across the system</p> <p>Reduction in variation with standardised consistent pathways of care</p> <p>Improve governance arrangements for all urinary catheters and ensure these are robust, accessible, consistently applied and measures (process and outcome) reported to provide assurance and data for improvement</p>
2020/21	
Monitor compliance against the use of Vascular Access Devices and associated policies and procedures	<p>Reduce avoidable harm</p> <p>Improve equity and quality of care across the system</p> <p>Reduction in variation with standardised consistent pathways of care</p>
Further develop improvement work related to diabetic patients and intrinsic risk factors for SAB	<p>Reduction in the number of cases of SAB in patients with Diabetes</p> <p>Improved clinical outcomes</p> <p>Co-production with improvement focused outcomes across health and social care</p>
Monitor recurrent CDI cases and response to treatment	<p>Improved quality of care for patient's/service users/clients with CDI recurrent disease</p> <p>Better understanding of the disease process and response rate</p>
Report on areas of success, areas for further improvement and share learning from Urinary Catheter Improvement Group	<p>Increase knowledge and understanding of what success looks like and what further work is needed to improve outcomes for this specific cohort of patients/service users/clients</p>
2021/22	

Improvement Action	Expected Outcomes
Achieve and demonstrate a year on year % reduction in VAD associated SAB to reach LDP Standard	Reduce avoidable harm Improved quality of care
Achieve and demonstrate a year on year % reduction in the number of diabetic patients with associated SAB to reach LDP Standard	Reduce avoidable harm Improved quality of care
Achieve and demonstrate a year on year % reduction in the number of recurrent CDI cases from 2017-2018 rate	Reduce avoidable harm Improved quality of care
Achieve and demonstrate a year on year % reduction in the number of ECB in adults, total Healthcare Associated ECB in adults and total catheter usage in adults in accordance with the awaited LDP Standard	Reduce avoidable harm Improved quality of care

4.1.8. Sickness Absence

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

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

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

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

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

Improvement Action	Expected Outcomes
2021/22	
Consolidation of above contributing to sustained improvement in attendance levels and a healthier workforce	0.25% reduction in overall NHS Fife sickness absence rates, which in turn will lead to a reduction in costs of covering for sickness absence
Sustained reduction in staff absent from work due to a Mental Health related reason for absence and improved staff mental wellbeing	Sustained reduction in sickness absence rates in respect of staff absent from work due to a MH related absence

4.2. Partnership Working

4.2.1. Delayed Discharges

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

Improvement Action	Expected Outcomes
Increase the number of carers working within the START programme by 50 to provide more capacity within the re-ablement programme	Increased capacity within the START programme Reduce length of stay Reduce occupied beds days for people in delay
Streamline the re-ablement pathway on discharge from acute care through the provision of discharge support delivered by intermediate care teams	Reduce the number of people in delay in acute awaiting a care package
Support hospital flow by implementation of the 6 essential actions of daily dynamic discharge across acute and community care, prioritised to areas with poor flow	Reduce length of stay Reduce occupied beds days for people in delay Clear communication to support appropriate patient pathways with pro-active patient, family and carer involvement

4.2.2. Prevent Avoidable Admissions and Reduce Bed Days

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

Community Health and Wellbeing Hubs will offer people access to information and care from a variety of organisations including health, social care, housing and voluntary

services; more treatments taking place as close to home as possible; an increased emphasis on prevention and health improvement from a young age, and greater use of new and emerging technologies.

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

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

4.3. Public Health

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

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

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

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

5. Financial Planning

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

5.1. Funding Assumptions

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

In addition to the baseline uplift, Scottish Government announced confirmation of investment in improving patient outcomes (includes waiting times, mental health, and primary care funding of £392m across NHS Scotland. This funding will form a key component in support of the delivery of the Board's overall balanced financial position for 2019/20, and will continue to support priorities such as securing elective capacity to meet demand; digital, technology and innovation solutions to support redesign e.g. within outpatients; primary care modernisation; and improvements in mental health services.

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

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

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

5.2. Additional Expenditure Commitments

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

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

Table 1: Projected Budget Gap

	£'000
Increase in funding	
Uplift (2.57%)	12,148
ADEL	2,500
NRAC	2,200
PPRS	3,004
Increase in funding	19,852
Estimated Additional Expenditure	
Pay Uplift	9,191
Supplies Uplift	1,328
Prescribing Uplift / New Medicines	7,430
PPP Contractual Uplift	729
Infrastructure (inc depreciation)	1,735
Other Healthcare Providers	2,099
New Local Developments	1,826
Financial Flexibility	(1,836)
Estimated increase in expenditure	22,502
Estimated in year gap	2,650

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

5.3. Updated Analysis of Projected Financial Outlook 2019/20

	Total £'000	H&SCP - Delegated £'000	Acute Set Aside £'000	Acute Services £'000	Estates & Facilities £'000	Corporate £'000	Strategic £'000
Income	19,852	6,476	713	3,310	2,086	1,578	5,689
Expenditure	22,502	7,213	983	4,622	2,225	1,770	5,689
In year gap	2,650	737	270	1,312	139	192	0
Prior year savings recurring shortfall	14,683	5,723	1,391	7,250	265	0	54
Net position	17,333	6,460	1,661	8,562	404	192	54

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

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

5.4. Balancing the position

Through the Service Review process, individual service managers have been reviewing all aspects of operational performance, quality/safety, workforce and finance, to support the Annual Operational Plan for 2019/20. The output from these discussions is being collated through the Associate Director of Planning & Performance. This process has been taken forward for Acute Services, Estates & Facilities, Public Health and all Corporate Directorates. It is evident through these discussions that the Acute Services Division faces a significant efficiency target in 2019/20, in the region of c. 6% (including the 'set aside' budgets). To support the identification and delivery of savings, the Chief Operating Officer is establishing a robust process. A further update will be provided through the Board's governance structure in due course. It is recognised that this is an extremely challenging target .

A parallel Service Review process for the Health & Social Care Partnership is being led by the Director of Health & Social Care with a detailed savings programme being considered through the Integration Joint Board governance process. The efficiency target (for the health budgets only) is in the region of 1.5%. Assurance will be required from the IJB on the extent to which the overall programme will deliver a balanced budget for the Health & Social Care Partnership as a whole and the resultant impact on the NHS Fife position.

On the basis of past experience, and as evidenced this year, there is likely to be non recurring financial flexibility identified as the new financial year unfolds. This arises where there is slippage on initiatives or developments and / or where Scottish Government funding is granted but not spent in year on the specified purpose. Any financial flexibility will be prioritised to support any difficulty in the identification and delivery of savings to the quantum required.

The current plan is predicated on at least £5m continued funding in support of elective capacity performance targets. Through the service review process, there were a number of key priorities identified to support delivery of performance targets as well as the financial target. Further clarity is awaited from Scottish Government on the timing and quantum of funding to be allocated to NHS Fife in 2019/20 through the national Waiting Times Improvement Programme. If no additional funding is received there is a risk to operational performance as well as the ability for services to deliver on a range of planned service redesign projects, which would support longer term financial sustainability.

Notwithstanding the latter point in relation to waiting times funding, there is a degree of cautious optimism and confidence that the £17m gap can be managed to deliver a break even position in year 1 of the 3 year planning cycle. This is entirely predicated on:

- a **robust and ambitious savings programme** across Acute Services and the Health & Social Care Partnership;
- supported by ongoing **effective grip and control** on day to day expenditure and existing cost pressures including those in social care due to the impact of the current risk share methodology within the Integration Scheme; and
- early **identification and control of non recurring financial flexibility**.

5.5. Beyond 2019/20

The projected financial outlook for the period to 2022 is detailed in Table 5 below. This excludes the impact of any unmet legacy savings in the current financial year and each year thereafter. The planning assumptions are high level at this point in time, noting that funding from Scottish Government has not been confirmed beyond 2019/20. Expenditure assumptions reflect known cost increases as discussed and tested through the national Corporate Finance Network.

Table 2 Projected Financial Outlook 2019/20 to 2012/22

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

5.6. Risks and Assumptions

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

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

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

5.7. Capital Investment

Capital funding for 2019/20 has not yet been formally confirmed however it is anticipated that NHS Fife will receive £2m for the first tranche of the £30m funding associated with the re-provision of Orthopaedic Theatres replacement on the Victoria Hospital site, and formula funding will be broadly in line with the current year's allocation at £7.4m. The draft expenditure plan for 2018/19 is largely consistent with previous years' allocation of funds across the different areas of investment: equipment, eHealth; minor capital; statutory compliance / backlog maintenance.

The capital investment programme for 2020/21 and beyond includes an indicative sum of £11m for the East Central Territory Hub projects currently progressing for Kincardine Health Centre and Lochgelly Health Centre. These are being taken forward by the West Fife management team of the Health & Social Care Partnership and more recently, within the context of the Local Care Programme, led by Scottish Futures Trust. The Initial Agreement was considered by the Scottish Government Capital Investment Group in 2017 and was not approved at that time due to a number of concerns and queries. Further work is underway within the Partnership to address the concerns raised. A revised Initial Agreement will be presented over the coming months. The case for change will require consideration by both the Integration Joint Board (in relation to the clinical service model and revenue affordability) and the NHS Board (in relation to capital affordability and overall approval) prior to onward submission to SGHSCD.

In parallel with discussions and agreement across the East Scotland Region, the investment programme also incorporates the re-provision of orthopaedic theatres from Phase 2 of Victoria Hospital, Kirkcaldy. An Initial Agreement Document was submitted to the Scottish Government Capital Investment Group in December 2018, to deliver a new Orthopaedic Elective Centre for NHS Fife. Confirmation was received in January 2019 that SGHSCD are supportive of the project and in line with the Scottish Capital Investment Manual process, an Outline Business Case will now be progressed.

Not included in the capital investment programme are a number of additional "pipeline" projects. At this point in time, further work is ongoing in relation to these specific projects and, in particular, the requirement to ensure that these are aligned to regional discussions and prioritisation, as well as the aspirations of the Clinical Strategy and Health & Social Care Strategic Plan. These "pipeline" projects include:

- VHK Tower Block Refurbishment
- Mental Health Strategy
- Community Re-design
- Pharmacy Robotics
- Hospital Electronic Prescribing and Medicines Administration (HEPMA)

6. Workforce Planning

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

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

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

Implementation of the Board's Workforce Strategy, being led by the Director of Workforce, will enable the common themes and recommendations emerging from NHS Fife's transformational programmes to be realised. These themes and recommendations highlight that a sustainable health workforce, which is motivated, adaptable and highly trained, is crucial to delivering high quality healthcare in the changing health landscape and to meet the NHS Fife vision for health and social care by 2020 and beyond.

Internal workforce planning arrangements now include:

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

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

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

7. Summary

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

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

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

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

Finance, Performance and Resources Committee

DATE OF MEETING:	14 May 2019
TITLE OF REPORT:	Acute Division 2019/20 Savings Update
EXECUTIVE LEAD:	Ellen Ryabov
REPORTING OFFICER:	Andrew Mackay

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

SBAR REPORT

<p>Situation</p> <p>NHS Fife Board formally approved the 2019/20 Financial Plan on 27 March 2019. The Financial Plan set out a total efficiency savings requirement for NHS Fife as a whole at £17,333,000, equating to an overall efficiency target of 2.1%. The Acute Division efficiency target of £10,217,000 is made up primarily of legacy savings of £8,641,000 carried forward from non-delivery in prior years and is added to the in-year requirement of £1,576,000 (the overall total includes the Acute set-aside savings element of £1,661,000) equating to circa 5.5% of the entire Acute Division budget allocation for 2019/20. The level of savings expected from within the Acute Division is significant, and based on both historical performance and progress made to date in identifying clear transformational service change it is difficult at this stage to have confidence in savings at this level being made in year. The overall savings requirement for the Acute Division equates to delivery of 59% of the entire savings requirement of NHS Fife Board in year. This report is provided to the Committee for information and discussion on the risks to delivery of the significant savings challenge for the Acute Division, and to note current progress on efficiency savings made by the Acute Division as at Month 1.</p>

<p>Background</p> <p>Table 1 below outlines the planned level of savings for the Acute Division in 2018/19 alongside actual delivery at Directorate level in year. As can be seen, overall efficiency savings were significantly short of the planned target with just under 48% delivered in year (CYE) and 29% delivered in the full-year (FYE).</p>

Table 1		ACUTE DIVISION SAVINGS DELIVERY 2018/19				
		WCCS	EC	PC	Other	Total
Target		£3,687,046	£4,361,833	£4,050,839	£54,000	£12,153,718
CYE		£1,402,832	£2,350,646	£1,981,127	£54,000	£5,788,605
FYE		£643,081	£1,931,683	£889,612	£54,000	£3,518,376
% CYE		38.05%	53.89%	48.91%	100.00%	47.63%
% FYE		17.44%	44.29%	21.96%	100.00%	28.95%

Should the delivery of efficiency savings in 2019/20 continue at historic levels then it is entirely likely that only £4,866,357 CYE and £2,957,821 FYE would be delivered thereby leaving a financial risk/gap of over £5m in the current year and over £7m in the full year resulting in a very significant residual risk to the overall financial sustainability of the Board.

Whilst it is recognised that delivery of efficiency savings at the same level as last year would not be an acceptable position for the Acute Division, it should be recognised that delivery of this level of savings, in year, would represent circa 2.6% of the Acute Division allocated budget (including the Acute set-aside) and would therefore actually be above the NHS Fife Board average savings requirement in year of 2.1% for 2019/20.

It is however recognised by the Directorate teams that further work will be required to ensure that all efficiencies that can be secured, are actually secured, and in line with the reintroduction of a formal monthly Performance & Accountability review process, there will also be a weekly Cost Improvement Programme Monitoring process in place for all Directorates. This process will also link into the Acute Division Transformation Programme, albeit currently at a very early stage, however this new improvement regime is expected to support and deliver transformational as opposed to only transactional change and therefore will support improved delivery of efficiency savings across the Acute Division.

Likewise, further work will be introduced to support greater partnership working across the entire NHS Fife service areas and in particular with the Health & Social Care Partnership where it is considered that more collaborative working should and indeed could, result in lower service costs by transferring care, where appropriate, to community models in a more timely manner and also to assess how joint working can support and reduce activity arriving through the emergency pathways into the hospital. Expanding this element of joint working will undoubtedly support changes in service delivery as well as improving patient pathways and care delivery models.

Assessment

Table 2 below outlines the current level of savings identified by Directorate at the end of Month 1. It is clear that the Directorates, whilst making some progress, are already significantly behind the savings plan in terms of delivery and the Current Year Effect (CYE) position is delivery at 22% of the plan, less than half of that level delivered as savings CYE in 2018/19 which as seen in Table 1 was just under 48%.

The underlying in month gap is £661K for the Division and this financial gap could be further increased should it prove necessary to increase the risk mitigation to delivery of savings identified to date. Should this month 1 position continue across the remainder of the year then the financial risk to delivery could rise to as much as £7.9m in year and seriously undermine the financial stability of the Board.

Table 2	ACUTE DIVISION SAVINGS DELIVERY 2019/20			
	WCCS	EC	PC	Total
Target	£3,443,000	£3,094,000	£3,680,000	£10,217,000
Mth 1 Plan	£286,917	£257,833	£306,667	£851,417
CYE Total	£251,211	£1,587,768	£444,490	£2,283,469
CYE Mth1	£20,934	£132,314	£37,041	£190,289
FYE Total	£272,878	£466,851	£444,490	£1,184,219
FYE Mth 1	£22,740	£38,904	£37,041	£98,685
In Month Gap	-£265,982	-£125,519	-£269,626	-£661,128
% CYE Mth1	7.30%	51.32%	12.08%	22%
% FYE Mth 1	8.33%	8.33%	8.33%	

A summary breakdown of the schemes identified at Directorate level is provided for information in **Appendix 1** below.

Despite the seriousness of the current position, it is expected that the overall efficiency savings plan will improve in year. The Directorates have quite clearly got off to a slow start and further improvement is required across all Directorates within the Division. It is not expected that savings delivered within the Division would be at a lower level than that delivered in 2019/20 and therefore it is fully expected that the overall delivery of savings will increase and that the resultant financial risk will fall.

It is clear however, that at this stage there is insufficient evidence to support the necessary level of improvement required in savings delivery, and therefore it must be recognised that there remains a significant level of risk to our planned financial position as a result.

Further updates will be provided in due course, including an appropriate risk overview of all schemes identified to date in terms of deliverability, as quantification of risk level has not yet been concluded across all areas, nor for all identified schemes.

Recommendation

The Committee are asked to:

- Receive this report for **discussion** and
- To **note** current progress and risks to delivery of the planned savings target for the Acute Division in 2019/20.

Objectives: (must be completed)

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

Further Information:

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

Impact: (must be completed)

Financial / Value For Money	Failure to deliver a balanced budget within the Acute Division
Risk / Legal:	Failure to deliver NHS Fife Statutory Financial Obligation to break-even
Quality / Patient Care:	Potential impact to patients if services are stopped due to budget shortfalls
Workforce:	Potential impact to workforce if services are stopped due to budget shortfalls
Equality:	No known issues at this stage however all potential schemes will need to have appropriate QIA process in place for each efficiency scheme identified

ACUTE DIVISION - SUMMARISED SAVINGS PLAN 2019/20 AS AT MONTH 1 (APRIL 2019)													
EMERGENCY CARE				PLANNED CARE			WCCS			ACUTE DIVISION TOTAL MTH 1		ACUTE DIVISION TOTAL YEAR	
Plan Name	Efficiency Action Plan/ Description/ Risks	Current Year (£)	Full Year (£)	Efficiency Action Plan/	Current Year (£)	Full Year (£)	Efficiency Action Plan/ Description/ Risks	Current Year (£)	Full Year (£)	Current Month 1 (£)	Full Year Month 1 (£)	Current Year (£)	Full Year (£)
SERVICE REDESIGN	SUB-TOTAL	9,000	9,000		25,000	25,000		0	0	2,833	17,000	34,000	34,000
	2 year non recurring saving now permanent	7,000	7,000	Recurring saving £2000 against travel and subsistence	10,000	10,000							
	2 year non recurring saving now permanent	2,000	2,000	Lab consumables	15,000	15,000							
PHARMACY	SUB-TOTAL	746,068	420,151		13,000	13,000		0	0	63,256	36,096	759,068	433,151
	Pirfenidone Homecare	7,500	15,000	Pharmacy	3000	3000							
	Nintedanib Homecare	12,500	25,000	Prosthetics	10000	10000							
	Glatiramer Homecare with switch	14,084	28,167										
	Celgene Credits	100,000											
	Trastuzumab Homecare	50,000	50,000										
	Adalimumab	60,000	80,000										
	Timocillin	10,000	10,000										
	Oncology Drug Repatriation	80,000											
	Plasma, possibly recurring	110,000	110,000										
	Rituximab Stretch	80,000											
	PAS Credits	120,000											
	MS Med price reduction	32,000	32,000										
	Edoxaban	6,984	6,984										
	Pomalidomide 18/19 stretch	28,000	28,000										
	Casprofungin 18/19 stretch	9,000	9,000										
	Pegfilgrastim 18/19 stretch	14,000	14,000										
	Argipressin 18/19 stretch	6,000	6,000										
Dexamethazone 18/19 stretch	6,000	6,000											
PROCUREMENT	SUB-TOTAL	32,700	37,700		406,490	406,490		65,378	82,878	42,047	43,922	504,568	527,068
	Price Reduction Benefit not due to come in until March. Due to National procurement starting a tendering process we are unable to benefit from the supplier price reduction being offered which would have given an immediate benefit to NHS Fife	500	1,000	Clarivien	1,290	1,290	Blood Collection Devices (butterflies)	33000	50000				
	Alternative product procured	1,200	1,200	Instruments and Sundries	10000	10000	Umbilical and Long Line Placement Packs	4000	4000				
	Previous saving credit note received	5,000		Bair Hugger Blankets	3,000	3,000	Change in maternity pads and cannulation epidural packs	995	1078				
	Alternative dialyser for Switch is currently underway and should be fully implemented in Jan 18	24,000	32,000	Theatre Supplies - 3d stack/Hand Pieces change to Ortholink and orthopaedic price	45431	45431	Paediatric O2 Probes	16000	16000				
	Alternative product procured	1500	2,000	Sutures Trial at QMH	20000	20000	Reduction in printing and stationary - Radiology	4000	4000				
	Reduction in use of photocopier	500	1,500	Theatre supplies and instruments	226769	226769	Reduction in printing and stationary - Therapies and Rehab	4583	5000				
				CSSD Savings on contract price	100000	100000	Radiation Reducing Gloves	2800	2800				
WORKFORCE	SUB-TOTAL	800,000	0		0	0		185,833	190,000	82,153	15,833	985,833	190,000
							Vacant posts under review	15,885	15,885				
							Reporting radiographer	3,568	3,892				
	Non-backfilled Vacancies	800,000					Vacancy Factor AHP and Radiographers	185833	190000				
GRAND TOTAL		1,587,768	466,851		444,490	444,490		251,211	272,878	190,289	98,685	2,283,469	1,184,219

Integrated Performance Report

Produced in April 2019



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Section A: Introduction

Overview

The purpose of the Integrated Performance Report (IPR) is to provide assurance on NHS Fife's performance relating to National Standards, local priorities and significant risks.

The IPR comprises 4 sections:

- Section A Introduction
- Section B:1 Clinical Governance
- Section B:2 Finance, Performance & Resources
- Section B:3 Staff Governance

The section margins are colour-coded to match those identified in the Corporate Performance Reporting, Governance Committees Responsibilities Matrix.

A summary report of the IPR is produced for the NHS Fife Board.

Performance Summary

Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is more than 5% behind the Standard or Delivery Trajectory	↔	Performance unchanged from previous

Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2018-19 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland

Clinical Governance	GREEN	HAI - C Diff	Safe	0.32	12 months to Feb 2019	0.20	12 months to Jan 2019	0.20	↔	0.20	y/e Dec 2018	0.19	4th	0.27
	RED	Complaints (Stage 1 Closure Rate in Month)	Person-centred	80.0%	Feb 2019	72.1%	Jan 2019	80.3%	↓	77.9%	National Data for 2017/18 not yet published			
	RED	Complaints (Stage 2 Closure Rate in Month)	Person-centred	75.0%	Feb 2019	54.8%	Jan 2019	75.0%	↓	49.9%	National Data for 2017/18 not yet published			
	RED	HAI - SABs	Safe	0.24	12 months to Feb 2019	0.42	12 months to Jan 2019	0.42	↔	0.44	y/e Dec 2018	0.43	10th	0.33

Finance, Performance and Resources	GREEN	IVF Treatment Waiting Times	Person-centred	90.0%	3 months to Feb 2019	100.0%	3 months to Jan 2019	100.0%	↔	100.0%	Treatment provided by Regional Centres so no comparison applicable			
	GREEN	4-Hour Emergency Access *	Clinically Effective	95.0%	12 months to Feb 2019	95.2%	12 months to Jan 2019	95.7%	↓	95.3%	y/e Dec 2018	95.7%	3rd	90.9%
	GREEN	Antenatal Access	Clinically Effective	80.0%	3 months to Dec 2018	90.5%	3 months to Nov 2018	90.5%	↔	90.8%	Only published annually: NHS Fife was 7th for FY 2017-18			
	GREEN	Drugs & Alcohol Treatment Waiting Times	Clinically Effective	90.0%	q/e Dec 2018	96.8%	q/e Sep 2018	98.5%	↓	97.7%	q/e Dec 2018	96.8%	4th	93.9%
	AMBER	Cancer 31-Day DTT	Clinically Effective	95.0%	Feb 2019	94.2%	Jan 2019	95.3%	↓	95.4%	q/e Dec 2018	95.6%	6th	94.9%
	AMBER	Outpatients Waiting Times	Clinically Effective	95.0%	Feb 2019	93.9%	Jan 2019	91.9%	↑	N/A	End of December	92.8%	1st	70.1%
	AMBER	Diagnostics Waiting Times	Clinically Effective	100.0%	Feb 2019	99.5%	Jan 2019	98.2%	↑	N/A	End of December	98.4%	1st	78.1%
	AMBER	Dementia Post-Diagnostic Support	Person-centred	100.0%	2017/18	85.3%	2016/17	88.2%	↓	N/A	Only published annually: NHS Fife was 6th for FY 2016/17			
	RED	Dementia Referrals	Person-centred	1,327	Apr to Dec 2018	586	Apr to Sep 2018	406	↓	586	Only published annually: NHS Fife was 3rd for FY 2016/17			
	RED	Cancer 62-Day RTT	Clinically Effective	95.0%	Feb 2019	85.6%	Jan 2019	93.1%	↓	86.1%	q/e Dec 2018	87.1%	4th	82.7%
	RED	18 Weeks RTT	Clinically Effective	90.0%	Feb 2019	77.7%	Jan 2019	76.9%	↑	79.2%	Dec-18	80.4%	6th	79.5%
	RED	Patient TTG	Person-centred	100.0%	Feb 2019	70.5%	Jan 2019	68.7%	↑	71.6%	q/e Dec 2018	65.9%	6th	72.7%
	RED	Detect Cancer Early	Clinically Effective	29.0%	2 years to Sep 18	24.9%	2 years to Jun 18	23.8%	↑	27.9%	Only published annually: NHS Fife was 6th for 2-year period 2016 and 2017			
	RED	Delayed Discharge (Delays > 2 Weeks)	Person-centred	0	28th Feb Census	41	31st Jan Census	40	↓	N/A	27th Dec Census	9.96	4th	10.42
	RED	Alcohol Brief Interventions	Clinically Effective	4,187	Apr to Dec 2018	2,873	Apr to Sep 2018	1,991	↓	2,873	Only published annually: NHS Fife was 8th for FY 2017-18			
	RED	Smoking Cessation	Clinically Effective	490	Apr to Nov 2018	268	Apr to Oct 2018	238	↓	268	q/e Sep 2018	40.4%	6th	42.6%
	RED	CAMHS Waiting Times	Clinically Effective	90.0%	3 months to Feb 2019	74.1%	3 months to Jan 2019	77.7%	↓	75.8%	q/e Dec 2018	83.9%	4th	72.8%
	RED	Psychological Therapies Waiting Times	Clinically Effective	90.0%	3 months to Feb 2019	68.4%	3 months to Jan 2019	69.1%	↓	68.0%	q/e Dec 2018	72.0%	7th	75.7%

Staff Governance	RED	Sickness Absence	Clinically Effective	5.00%	12 months to Feb 19	5.39%	12 months to Jan 19	5.40%	↑	5.39%	Only published annually: NHS Fife had the highest sickness absence rate in FY 2017-18 (Fife performance 5.76%, Scotland performance 5.39%)			
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* The 4-Hour Emergency Access performance in February alone was 92.1% (all A&E and MIU sites) and 89.1% (VHK A&E, only)

Performance Data Sources

LDP Target / Standard / Local Target	LMI / Published	LMI Source	Period Covered by Published Data	Time Lag in Published Data
Hospital-Acquired Infection: Sabs	LMI	Infection Control	Quarter	3 months
Hospital-Acquired Infection: C Diff	LMI	Infection Control	Quarter	3 months
Complaints	LMI	DATIX (Business Objects Report)	Year	6 months
IVF Treatment Waiting Times	LMI	ISD Management Report	Quarter	2 months
18 Weeks RTT	LMI	Information Services	Quarter	2 months
4-Hour Emergency Access	LMI	Information Services	Month	1 month
Delayed Discharge	Published (ISD)	N/A	Month	1 month
Alcohol Brief Interventions	LMI	Addiction Services	Year	3 months
Drugs & Alcohol Waiting Times	Published (ISD)	N/A	Quarter	3 months
CAMHS Waiting Times	LMI	Mental Health	Quarter	2 months
Psychological Therapies Waiting Times	LMI	Information Services	Quarter	2 months
Dementia: Referrals	LMI	ISD Management Report	Quarter	9 months
Dementia: Post-Diagnosis Support	LMI	ISD Management Report	Quarter	9 months
Smoking Cessation	LMI	Smoking Cessation Database	Year	6 months
Sickness Absence	LMI	HR (SWISS)	Year	3 months
Detect Cancer Early	LMI	Cancer Services	2 Years	7 months
Antenatal Access	LMI	ISD Discovery	N/A	N/A
Cancer Waiting Times: 62-Day RTT	LMI	Cancer Services	Quarter	3 months
Cancer Waiting Times: 31-Day DTT	LMI	Cancer Services	Quarter	3 months
Patient TTG	LMI	Information Services	Quarter	2 months
Outpatient Waiting Times	LMI	Information Services	Final Month of Quarter	2 months
Diagnostics Waiting > 6 Weeks	LMI	Information Services	Final Month of Quarter	2 months

GREEN

AMBER

RED

Local Management Information (LMI) and Published data almost always agree

LMI and Published data may have minor (insignificant) differences

LMI and Published data will be different due to fluidity of Patient Tracking System

Executive Summary

At each meeting, the Standing Committees of the NHS Fife Board consider targets and Standards specific to their area of remit.

This section of the IPR provides a summary of performance Standards and targets that have not been met, the challenges faced in achieving them and potential solutions. Topics are grouped under the heading of the Committee responsible for scrutiny of performance.

CLINICAL GOVERNANCE

Hospital Acquired Infection (HAI) - *Staphylococcus aureus* Bacteraemia (SAB) target: We will achieve a maximum rate of SAB (including MRSA) of 0.24.

During February, there were 10 *Staphylococcus aureus* Bacteraemias (SAB) across Fife, 4 of which were non-hospital acquired, with 6 occurring in VHK. The number of cases in February was 3 more than in January but 1 less than in February 2018, and the annual infection rate has remained unchanged (after rounding), at 0.42.

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

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

Complaints local target: At least 80% of Stage 1 complaints are completed within 5 working days of receipt; at least 75% of Stage 2 complaints are completed within 20 working days; 100% of Stage 2 complaints are acknowledged in writing within 3 working days.

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

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

FINANCE, PERFORMANCE & RESOURCES

Acute Services Division

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

During the 12-month period running from March 2018 to February 2019, 95.2% of patients attending A&E or MIU sites in NHS Fife waited less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment. While we have remained above the Standard since October 2017, this was the lowest annual average since the start of FY 2018/19.

In February itself, 89.1% of the patients attending the VHK Emergency Department met this target, slightly better than in January. There were 563 breaches out of 5,153 attendances, one of which was over 12 hours.

Assessment: Whilst the VHK has had increased patient levels in comparison to previous years, the % of patients treated within the target time continues to be in line with the Standard, and above the national average performance. There has been an increasing number of patients waiting longer than 4 hours for admission to the hospital, directly linked to hospital pressure in terms of bed capacity, an increase in respiratory infections, as well as the number of frail people being admitted to hospital.

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

Cancer 62 day Referral to Treatment target: At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days.

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

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

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

Patient Treatment Time Guarantee target: We will ensure that all eligible patients receive Inpatient or Day-case treatment within 12 weeks of such treatment being agreed.

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

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

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

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

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

Diagnostics Waiting Times target: No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests.

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

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

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

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

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

Health & Social Care Partnership

Delayed Discharge target: No patient will be delayed in hospital for more than 2 weeks after being judged fit for discharge.

The overall number of patients in delay at the 28th February Census (excluding Code 9 patients – Adults with Incapacity) was 89, 7 less than at the January. The number of patients in delay for over 14 days (again excluding Code 9 patients) was 41, the highest figure recorded since November 2016.

Assessment: The Partnership continues to rigorously monitor patient delays through a daily and weekly focus on transfers of care, flow and resources. Improvement actions have focused on earlier supported discharge and earlier transfers from our acute setting to community models of care. Close working with acute care continues in order to ensure available community resources are focused on the part of the system where most benefit can be achieved in terms of delays and flow.

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

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Additional Primary Mental Health Workers, which will place mental health professionals alongside GPs, are being recruited as part of the SG Action 15 funding. This will provide

early intervention, improve initial assessments and increase effectiveness of signposting thus reducing the overall burden on both GPs and the Tier 3 CAMH service.

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Assessment: Services providing brief therapies for people with less complex needs are meeting the RTT 100%; overall performance reflects the longer waits experienced by people with complex needs who require longer term treatment. We continue to address the needs of this population through service redesign with support from the ISD/HIS Mental Health Access Improvement Support Team.

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Financial Performance

Financial Position

The revenue position for the 12 months to 31 March reflects an underspend of £0.219m. This comprises an underspend of £6.869m on Health Board retained budgets; and a net overspend of £6.650m aligned to the Integration Joint Board, including delegated health budgets (£0.325m underspend) and the impact of the risk share arrangement (£6.975m). The overall reported position remains draft pending formal external audit review.

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Capital Programme

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

STAFF GOVERNANCE

Sickness Absence HEAT Standard: We will achieve and sustain a sickness absence rate of no more than 4%, measured on a rolling 12-month basis

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

Assessment: The NHS Fife sickness absence rate was higher in FY 2017/18 compared to FY 2016/17. However, improvements have been seen in recent months despite an increase in the monthly absence rates from August to January.

iMatter local target: We will achieve a year on year improvement in our Employee Engagement Index (EEI) score by completing at least 80% of team action plans resulting from the iMatter staff survey.

The 2018 iMatter survey involved 800 separate teams of staff across NHS Fife and the H&SCP. Each team was expected to produce an Action Plan, with a completion date of 12th November. By the completion date, 344 Action Plans (43%) had been completed. This has increased slightly to 377 (47%) at the end of March.

The next cycle of iMatter, which will enable a further assessment of performance in this area, will commence in April.

Assessment: The 2018 survey achieved a response rate of 53%, 9% less than the 2017 response rate, and because it is below the 60% threshold for production of a Board report, there is no published EEI score. However, the Board Yearly Components Report which details the answers provided to every question in the questionnaire by the 53% of staff who responded are in every case either improved or the same as 2017.

TURAS local target: At least 80% of staff will complete an annual review with their Line Managers via the TURAS system

Monthly reporting is now available for Turas, and the completion rate is currently 32%.

Assessment: It is recognised that a significant number of reviews occur in the January-March period, so the current performance figure will increase as reviews undertaken in February and March are recorded. This will be addressed with the implementation of a recovery plan for the rolling year going forward. The recovery plan will be agreed at EDG, with milestones for improvement to return to the 80% compliance agreed by directors.

Performance Assessment Methodology

The Scottish Government requires Health Boards to attain a defined level of performance against a number of measures (known as Standards). NHS Fife also scrutinises its performance against a number of local targets.

Targets and Standards are grouped into three categories; those where performance consistently achieves the required target (i.e. 'on track'), those where performance is consistently close to the Standard, and on occasion achieves it (i.e. 'variable') and those generally 'not met'.

1 Targets and Standards; On Track

NHS Fife continues to meet or perform ahead of the following Standards:

In-Vitro Fertilisation (IVF) target: At least 90% of eligible patients to commence IVF treatment within 12 months of referral from Secondary Care
Hospital Acquired Infection (HAI), <i>Clostridioides Difficile</i> (C-Diff) target: We will achieve a maximum rate of C- Diff infection in the over 15 year olds of 0.32
Antenatal Access target: At least 80% of pregnant women in each SIMD quintile will book for antenatal care by the 12th week of gestation
Alcohol Brief Interventions target: In 2018/19, we will deliver a minimum of 4,187 interventions, at least 80% of which will be in priority settings At the end of Q3, 2,873 interventions had been delivered, further behind the trajectory than at the end of Q2. This is again due to late returns from some of the services delivering the interventions, and we still expect to meet the annual target.
Drug and Alcohol Waiting Times target: At least 90% of clients will wait no longer than 3 weeks from referral to treatment

2 Targets and Standards; Variable Performance

NHS Fife has generally met or been close to the following Standards for a sustained period however performance varies from month-to-month. If performance drops significantly below the Standard for 3 consecutive months, a drill-down process is instigated.

Cancer Waiting Times: 31 Day Decision to Treat target: We will treat at least 95% of cancer patients within 31 days of decision to treat In February, 94.2% of patients (114 out of 121) started treatment within 31 days. The breaches were recorded in the Breast (1), Colorectal (1) and Urological (5) specialties.
Outpatients Waiting Times target: 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment At the end of February, 93.9% of patients waiting for their first outpatient appointment had waited no more than 12 weeks. This equates to 769 patients who had waited more than 12 weeks, the lowest monthly figure since March 2017. The total number of patients on the waiting list (12,662) was also at its lowest for 2 years. The outpatient performance improved in February as the work on managing demand and delivering additional activity continued to have a positive impact. Achieving and sustaining the target will continue to be a challenge due to demand exceeding available capacity in some areas but it is anticipated that the target will be met in March. Discussions are ongoing with the Scottish Government about the level of additional funding available to meet the gaps in capacity for 2019-2020.
Detect Cancer Early target: At least 29% of cancer patients will be diagnosed and treated in the first stage of breast, colorectal and lung cancer NHS Fife's performance fell during 2017, with published information showing that 25% of patients were diagnosed at Stage 1 during the 2-year period from 1 st January 2016 to 31 st December 2017, the 6 th highest of the 11 Mainland Health Boards. In the previous 2-year

period, NHS Fife recorded a performance of 29.5%, the best in Scotland. Local figures covering up to the end of September 2018 show that the running 2-year performance is virtually unchanged, though the figures for the first half of FY 2018/19 only show an improvement (to just under 28%). This is mainly due to improvements in the Colorectal specialty, which may be related to the increase in bowel screening.

Dementia Care target: Deliver expected rates of diagnosis and ensure that all people newly diagnosed will have a minimum of a year's worth of post-diagnostic support (PDS) coordinated by a link worker.

Management information covering the period up to the end of 2018/19 Q3 has been made available to Health Boards, and covers Referral Rates and Completion of Post-Diagnostic Support, as well as illustrating relative waiting times. The first two measures are formal AOP Standards.

During 2017/18, 711 people were referred to the Dementia PDS in NHS Fife. This is 55% of the notional target (1,289), and NHS Fife achieved the 2nd highest % of all Mainland Health Boards. In the absence of a formal target, Health Boards are looking for this % to increase year-on-year, taking into account that the notional target will increase each year to reflect the growth in the elderly population. In reality, Fife (along with most Health Boards) has seen this % reduce in 2017/18.

Data for 2018/19 shows that 586 referrals had been made in the first 9 months of the year. This equates to 44% of the notional target (1,327), but if the rate of referral continues during Q4, the whole year achievement will be an improvement on 2017/18.

For Post-Diagnostic Support, the situation is less clear due to the nature of the measure, which requires that no assessment is possible until after the 1-year support period is complete. For 2017/18, NHS Fife has so far recorded a performance of 85.3%, above the Scottish average of 83.0%; both figures, can be expected to increase by the time we have the full-year figures (in June).

For 2016/17, Fife achieved 88.2% against a Scottish average of 83.5%.

We have subjectively assigned an AMBER RAG status to both measures.

It is worth recording that during 2017/18, NHS Fife had the highest % of all Mainland Health Boards of patients who waited less than 3 months for contact with a link worker following referral. The Scottish average was 61.9%, Fife achieved 96.2%.

3 Targets and Standards; Not Being Met - Drill-Down

For each of the Standards and targets not being met (or where performance is high-profile and key to the delivery of safe patient care), a more in-depth report is provided and is structured as follows:

- A summary box, describing the measure, current performance and the latest published performance and status (Scotland)
- A trend chart covering the last 12 months of local performance data
- A chart showing the Recovery Trajectory (as per the Annual Operational Plan), where appropriate
- A past performance box showing the last 3 data points (previous to the 'current' position)
- An improvements/benefits box, outlining key actions being taken, expected benefits and current status.

Drill downs are located in the Clinical Governance, Finance, Performance & Resources and Staff Governance sections.

Section B: 1 Clinical Governance

Executive Summary

Hospital Acquired Infection (HAI) - *Staphylococcus aureus* Bacteraemia (SAB) target: We will achieve a maximum rate of SAB (including MRSA) of 0.24.

During February, there were 10 *Staphylococcus aureus* Bacteraemias (SAB) across Fife, 4 of which were non-hospital acquired, with 6 occurring in VHK. The number of cases in February was 3 more than in January but 1 less than in February 2018, and the annual infection rate has remained unchanged (after rounding), at 0.42.

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

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

Complaints local target: At least 80% of Stage 1 complaints are completed within 5 working days of receipt; at least 75% of Stage 2 complaints are completed within 20 working days; 100% of Stage 2 complaints are acknowledged in writing within 3 working days.

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

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

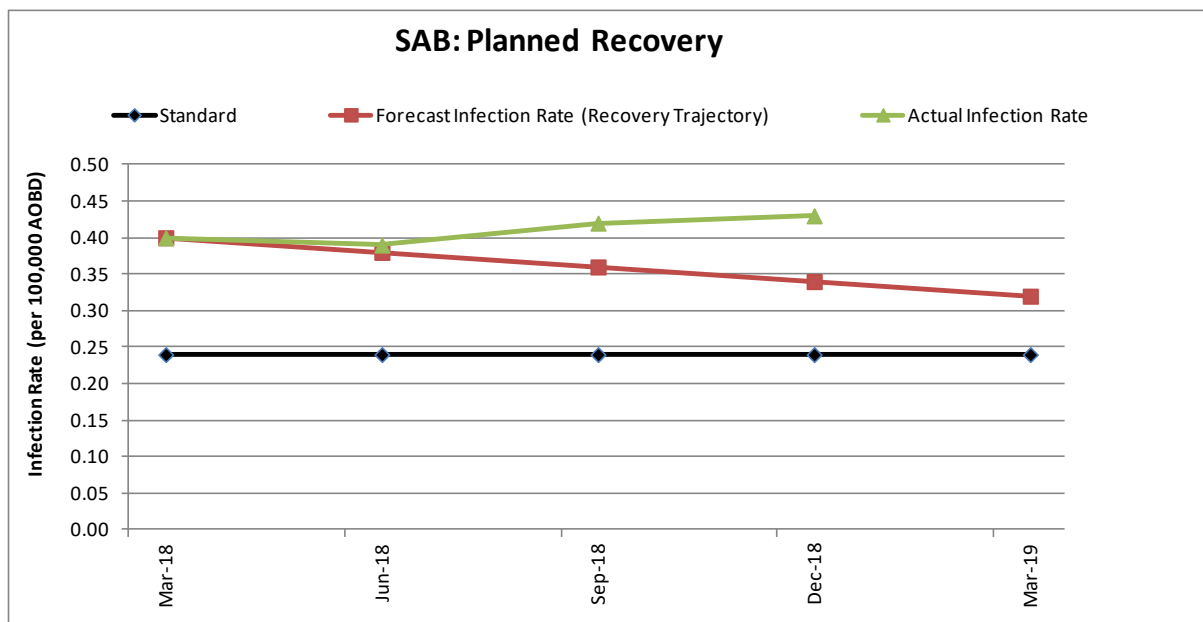
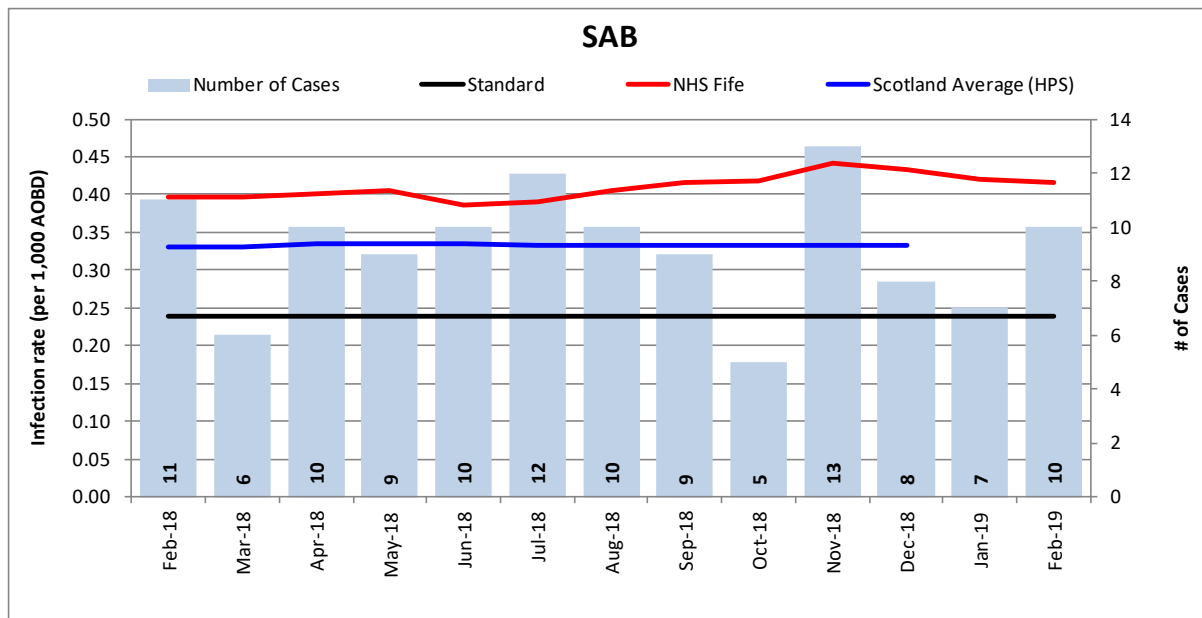
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Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2018-19 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Clinical Governance	GREEN	HAI - C Diff	Safe	0.32	12 months to Feb 2019	0.20	12 months to Jan 2019	0.20	↔	0.20	y/e Dec 2018	0.19	4th	0.27
	RED	Complaints (Stage 1 Closure Rate in Month)	Person-centred	80.0%	Feb 2019	72.1%	Jan 2019	80.3%	↓	77.9%	National Data for 2017/18 not yet published			
		Complaints (Stage 2 Closure Rate in Month)	Person-centred	75.0%	Feb 2019	54.8%	Jan 2019	75.0%	↓	49.9%	National Data for 2017/18 not yet published			
		HAI - SABs	Safe	0.24	12 months to Feb 2019	0.42	12 months to Jan 2019	0.42	↔	0.44	y/e Dec 2018	0.43	10th	0.33

SAB

Measure	We will achieve a maximum rate of SAB (including MRSA) of 0.24	
Current Performance	0.42 cases per 1,000 acute occupied bed during 12-month period from March 2018 to February 2019	
Scotland Performance	0.33 cases per 1,000 acute occupied bed days, for 12 months to end of December	

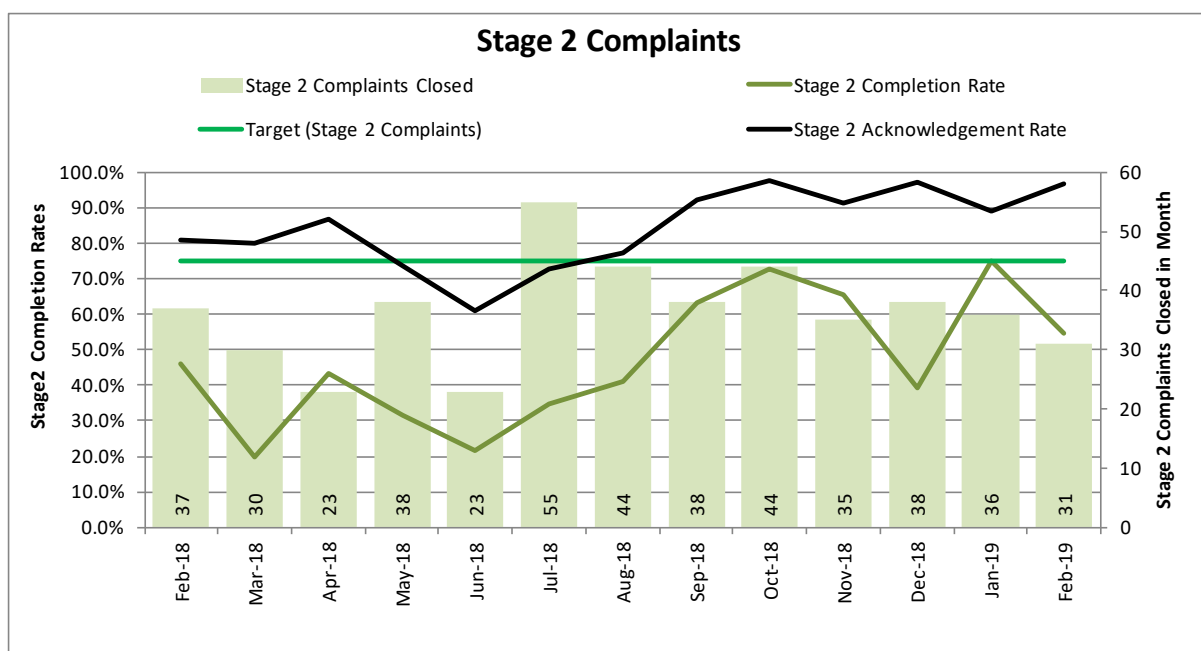
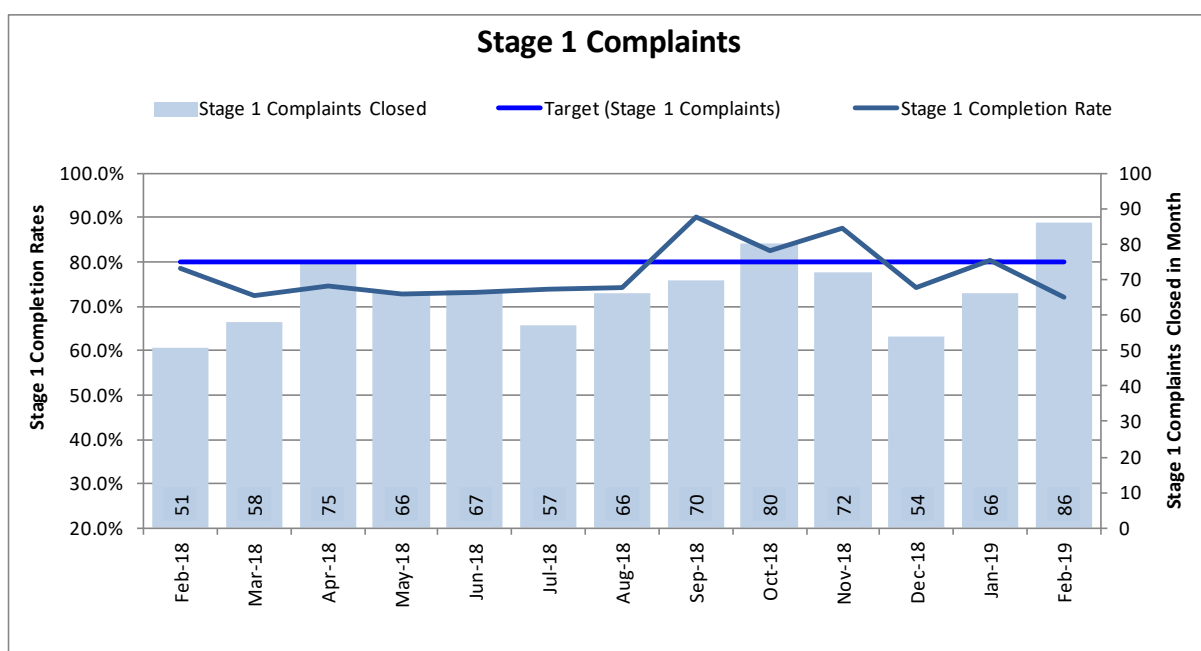


Previous 3 Reporting Periods	Dec 2017 to Nov 2018		Jan 2018 to Dec 2018		Feb 2018 to Jan 2019	
	0.44	↓	0.43	↑	0.42	↑
Current Issues	Vascular Access Device (VAD) SAB					
Context	Never met Standard 2 nd highest infection rate of all Mainland Boards in Calendar Year 2018					

Key Actions for Improvement	Planned Benefits	Due By	Status
Collect and analyse SAB data on monthly basis to better understand the magnitude of the risks to patients in Fife <i>This work will continue in 2019/20</i>	Reduction in VAD associated SAB	Mar 2019	Complete
Provide timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs <i>This work will continue in 2019/20</i>	Improved education and training, guidance and governance	Mar 2019	Complete
Examine the impact of interventions targeted at reducing SABs <i>This work will continue in 2019/20</i>	Reduction in VAD associated SAB	Mar 2019	Complete
Use results locally for prioritising resources <i>This work will continue in 2019/20</i>	Reduction in VAD associated SAB	Mar 2019	Complete
Use the data to inform clinical practice improvements thereby improving the quality of patient care <i>This work will continue in 2019/20</i>	VAD insertion and maintenance compliance Improved education and training, guidance and governance	Mar 2019	Complete
Support ePVC compliance and monitoring via Patienttrack across Acute Services Division (ASD)	Emergence of common themes, which will be used in quality improvement activities by ASD	Mar 2019	Complete
Community SAB to be highlighted as standing agenda item at Clinical and Care Governance Groups	Emergence of common themes which will target areas for improvement activity	Jun 2019	On Track

Complaints

Measures (Local Targets)	At least 80% of Stage 1 complaints are completed within 5 working days of receipt At least 75% of Stage 2 complaints are completed within 20 working days	
Current Performance	72.1% (62 out of 86) Stage 1 complaints closed in February were completed within 5 working days (or 10 working days if extension applicable) 54.8% (17 out of 31) Stage 2 complaints closed in February were completed within 20 working days	
Scotland Performance	Stage 2 Complaints: 72.0% for 2016-17 (data published annually)	



Previous 3 Months Stage 1 Stage 2	November 2018		December 2018		January 2019	
	87.5%	↑	73.7%	↓	80.3%	↑
Current Issues	65.7%	↓	39.5%	↓	75.0%	↑
	<p>Stage 1 – There is no definitive reason why Stage 1 performance fell, and this will continue to be monitored</p> <p>Stage 2 – There has been a high volume of complex cases received within ASD. Delays receiving medical statements have affected performance and changes to senior management have resulted in rejection of final drafts. This appears to be a style issue. There has been delay with approval within the Partnership mainly due to additional information being requested to ensure complaint points are addressed fully.</p>					
Context	<p>During 2018, 260 out of 435 Stage 2 Complaints (60%) were either Fully or Partially Upheld, while 145 (33%) were Not Upheld; for Stage 1 Complaints, 440 out of 783 (56%) were Fully or Partially Upheld while 267 (34%) were Not Upheld</p>					

Key Actions for Improvement	Planned Benefits	Due By	Status
Patient Relations Officers to undertake peer review	Improve the quality of draft responses	Sep 2019	On Track
Deliver education to service to improve quality of investigation statements	Improve quality of response and timescale	Sep 2019	On Track
With ASD, agree a process for managing medical statements	Improve Stage 2 performance	Jun 2019	On Track
With ASD, agree a consistent style for responses	Improve Stage 2 performance	Jun 2019	On Track

Section B: 2 Finance, Performance & Resources

Executive Summary

Acute Services Division

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

During the 12-month period running from March 2018 to February 2019, 95.2% of patients attending A&E or MIU sites in NHS Fife waited less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment. While we have remained above the Standard since October 2017, this was the lowest annual average since the start of FY 2018/19.

In February itself, 89.1% of the patients attending the VHK Emergency Department met this target, slightly better than in January. There were 563 breaches out of 5,153 attendances, one of which was over 12 hours.

Assessment: Whilst the VHK has had increased patient levels in comparison to previous years, the % of patients treated within the target time continues to be in line with the Standard, and above the national average performance. There has been an increasing number of patients waiting longer than 4 hours for admission to the hospital, directly linked to hospital pressure in terms of bed capacity, an increase in respiratory infections, as well as the number of frail people being admitted to hospital.

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

Cancer 62 day Referral to Treatment target: At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days.

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

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

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

Patient Treatment Time Guarantee target: We will ensure that all eligible patients receive Inpatient or Day-case treatment within 12 weeks of such treatment being agreed.

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

Assessment: Delivering the elective programme and recovery plan over the winter period has been difficult but the additional ambulatory and day case areas at VHK has been

successful in avoiding cancellations due to bed capacity and enabling additional weekend activity.

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

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

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

Diagnostics Waiting Times target: No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests.

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

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

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

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

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

Health & Social Care Partnership

Delayed Discharge target: No patient will be delayed in hospital for more than 2 weeks after being judged fit for discharge.

The overall number of patients in delay at the 28th February Census (excluding Code 9 patients – Adults with Incapacity) was 89, 7 less than at the January. The number of patients in delay for over 14 days (again excluding Code 9 patients) was 41, the highest figure recorded since November 2016.

Assessment: The Partnership continues to rigorously monitor patient delays through a daily and weekly focus on transfers of care, flow and resources. Improvement actions have focused on earlier supported discharge and earlier transfers from our acute setting to community models of care. Close working with acute care continues in order to ensure available community resources are focused on the part of the system where most benefit can be achieved in terms of delays and flow.

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

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AMBER	Performance is behind (but within 5% of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is more than 5% behind the Standard or Delivery Trajectory	↔	Performance unchanged from previous

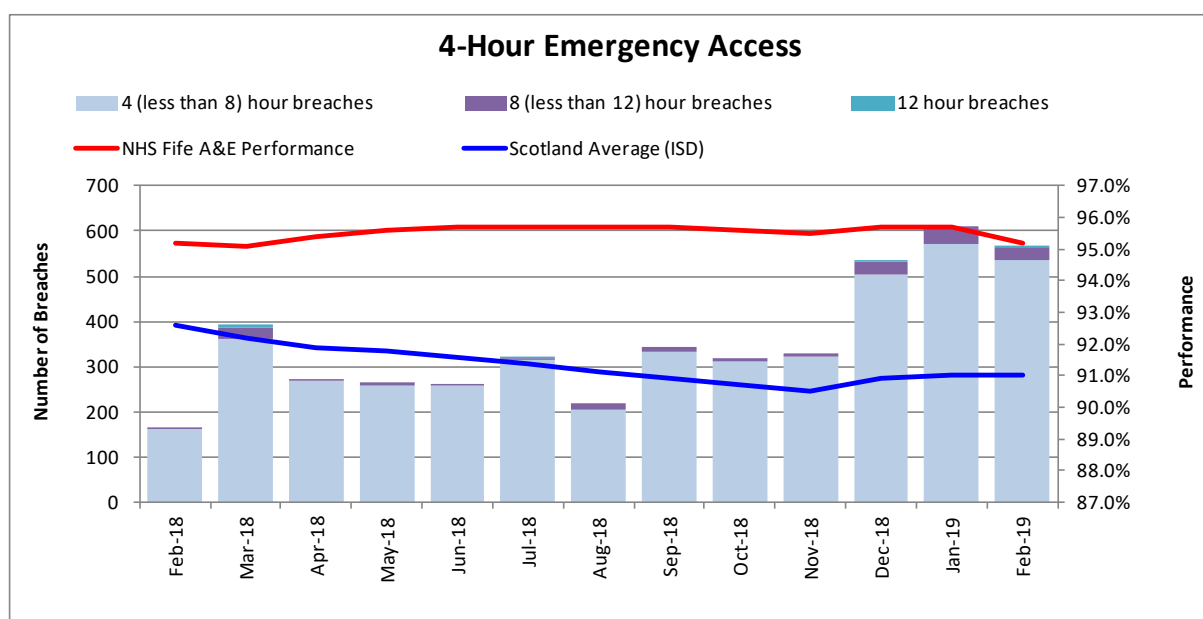
Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2018-19 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Finance, Performance and Resources	GREEN	IVF Treatment Waiting Times	Person-centred	90.0%	3 months to Jan 2019	100.0%	3 months to Dec 2018	100.0%	↔	100.0%	Treatment provided by Regional Centres so no comparison applicable			
		4-Hour Emergency Access *	Clinically Effective	95.0%	12 months to Feb 2019	95.2%	12 months to Jan 2019	95.7%	↓	95.3%	y/e Dec 2018	95.7%	3rd	90.9%
		Antenatal Access	Clinically Effective	80.0%	3 months to Dec 2018	90.5%	3 months to Nov 2018	90.5%	↔	90.8%	Only published annually: NHS Fife was 7th for FY 2017-18			
		Drugs & Alcohol Treatment Waiting Times	Clinically Effective	90.0%	q/e Dec 2018	96.8%	q/e Sep 2018	98.5%	↓	97.7%	q/e Dec 2018	96.8%	4th	93.9%
	AMBER	Cancer 31-Day DTT	Clinically Effective	95.0%	Feb 2019	94.2%	Jan 2019	95.3%	↓	95.4%	q/e Dec 2018	95.6%	6th	94.9%
		Outpatients Waiting Times	Clinically Effective	95.0%	Feb 2019	93.9%	Jan 2019	91.9%	↑	N/A	End of December	92.8%	1st	70.1%
		Diagnostics Waiting Times	Clinically Effective	100.0%	Feb 2019	99.5%	Jan 2019	98.2%	↑	N/A	End of December	98.4%	1st	78.1%
		Dementia Post-Diagnostic Support	Person-centred	100.0%	2017/18	85.3%	2016/17	88.2%	↓	N/A	Only published annually: NHS Fife was 6th for FY 2016/17			
	RED	Dementia Referrals	Person-centred	1,327	Apr to Dec 2018	586	Apr to Sep 2018	406	↓	586	Only published annually: NHS Fife was 3rd for FY 2016/17			
		Cancer 62-Day RTT	Clinically Effective	95.0%	Feb 2019	85.6%	Jan 2019	93.1%	↓	86.1%	q/e Dec 2018	87.1%	4th	82.7%
		18 Weeks RTT	Clinically Effective	90.0%	Feb 2019	77.7%	Jan 2019	76.9%	↑	79.2%	Dec-18	80.4%	6th	79.5%
		Patient TTG	Person-centred	100.0%	Feb 2019	70.5%	Jan 2019	68.7%	↑	71.6%	q/e Dec 2018	65.9%	6th	72.7%
		Detect Cancer Early	Clinically Effective	29.0%	2 years to Sep 18	24.9%	2 years to Jun 18	23.8%	↑	27.9%	Only published annually: NHS Fife was 6th for 2-year period 2016 and 2017			
		Delayed Discharge (Delays > 2 Weeks)	Person-centred	0	28th Feb Census	41	31st Jan Census	40	↓	N/A	27th Dec Census	9.96	4th	10.42
		Alcohol Brief Interventions	Clinically Effective	4,187	Apr to Dec 2018	2,873	Apr to Sep 2018	1,991	↓	2,873	Only published annually: NHS Fife was 8th for FY 2017-18			
		Smoking Cessation	Clinically Effective	490	Apr to Nov 2018	268	Apr to Oct 2018	238	↓	268	q/e Sep 2018	40.4%	6th	42.6%
		CAMHS Waiting Times	Clinically Effective	90.0%	3 months to Feb 2019	74.1%	3 months to Jan 2019	77.7%	↓	75.8%	q/e Dec 2018	83.9%	4th	72.8%
		Psychological Therapies Waiting Times	Clinically Effective	90.0%	3 months to Feb 2019	68.4%	3 months to Jan 2019	69.1%	↓	68.0%	q/e Dec 2018	72.0%	7th	75.7%

* The 4-Hour Emergency Access performance in February alone was 92.1% (all A&E and MIU sites) and 89.1% (VHK A&E, only)

Performance Drill Down – Acute Services Division

4-Hour Emergency Access

Measure	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	
Current Performance	95.2% for 12-month period covering March 2018 to February 2019	
Scotland Performance	91.0% for 12-month period covering March 2018 to February 2019	

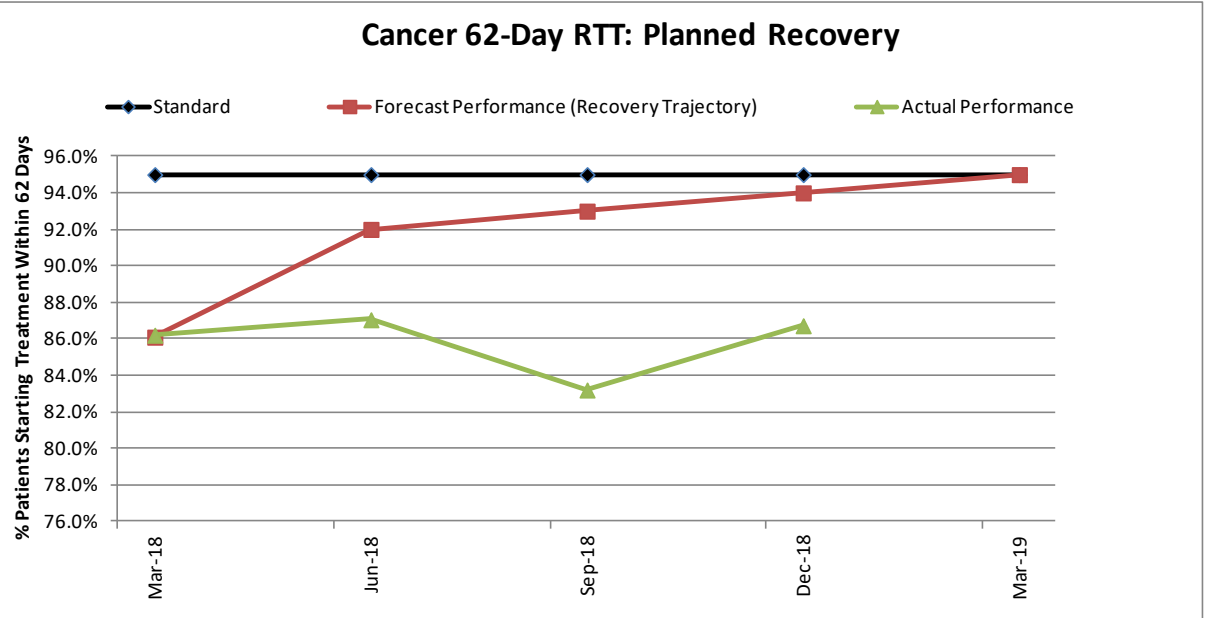
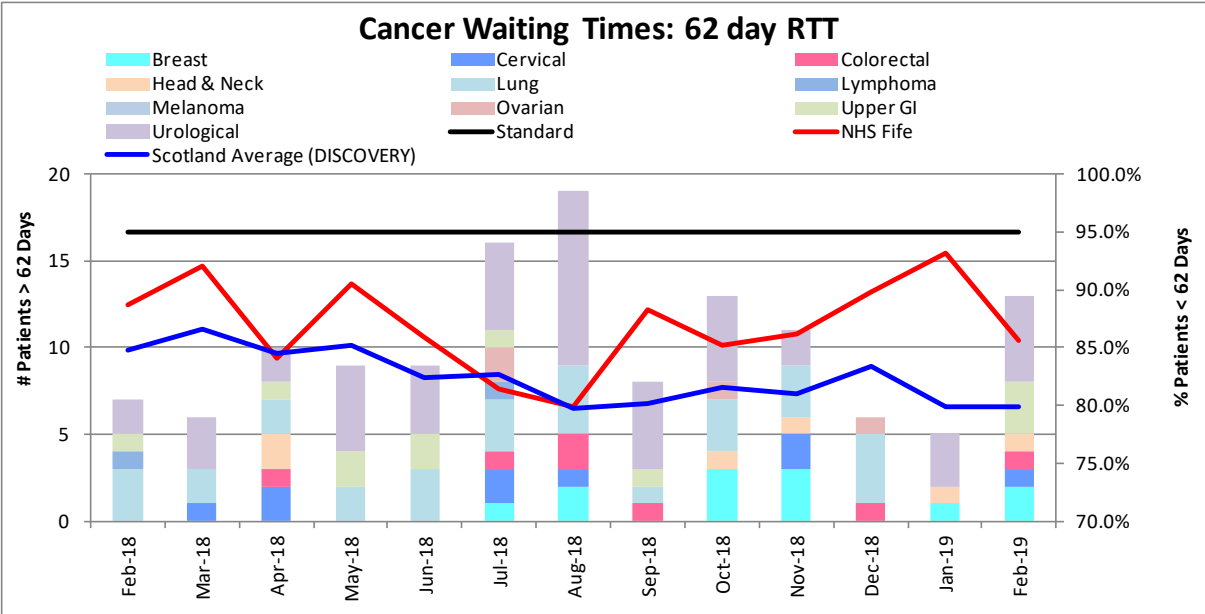


Previous 3 Reporting Periods	Dec 2017 to Nov 2018		Jan 2018 to Dec 2018		Feb 2018 to Jan 2019	
	95.5%	↓	95.7%	↑	95.7%	↔
Current Issues	Variability in delivery of the access target					
Context	Has been above the Standard since the start of the final quarter of 2017 Consistently above the Scottish average 3 rd best Mainland Health Board performance over the whole of 2018					

Key Actions for Improvement	Planned Benefits	Due By	Status
Review of Referrals and Assessment process	Support for GPs to ensure appropriate decisions are made for patients who are referred for hospital admission	Jun 2019	On Track
New admissions to the acute medical receiving unit	Review of assessment processes in hospital with stepped changes in management of patient flow commencing May 2019	Jun 2019	On Track
Monitoring of 8 hour breaches	Reduction in occurrences, improving patient experience	Jun 2019	On Track

Cancer Treatment Waiting Times: 62-Day RTT

Measure	At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days of urgent referral
Current Performance	85.6% of patients (77 out of 90) started treatment in February within 62 days
Scotland Performance	79.9% of patients started treatment within 62 days in February

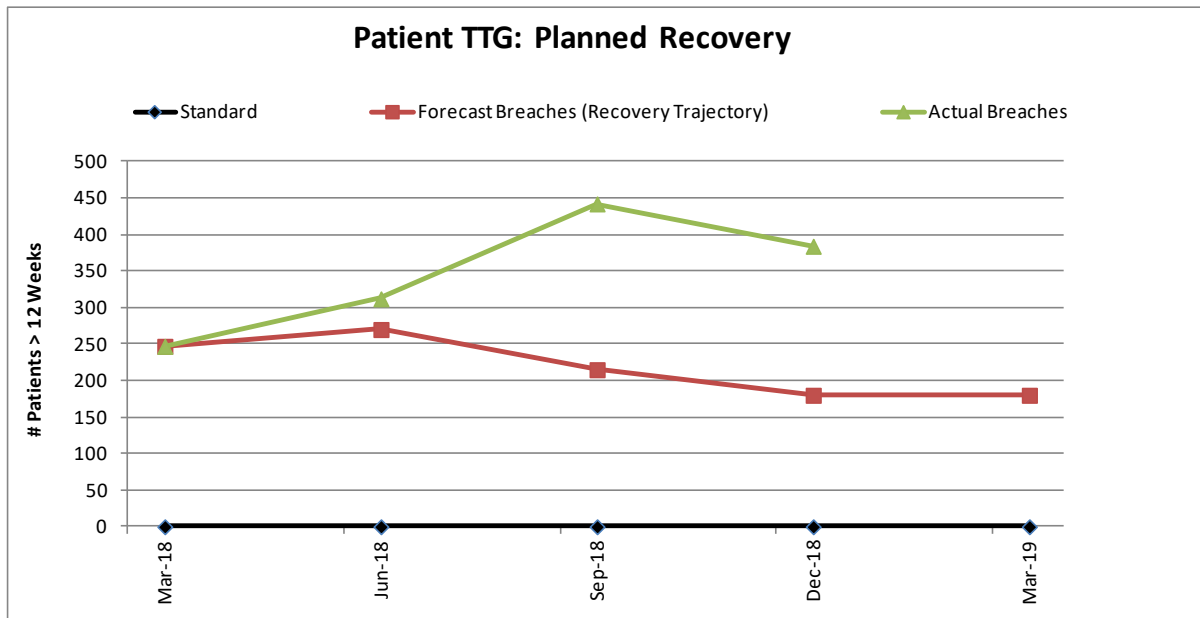
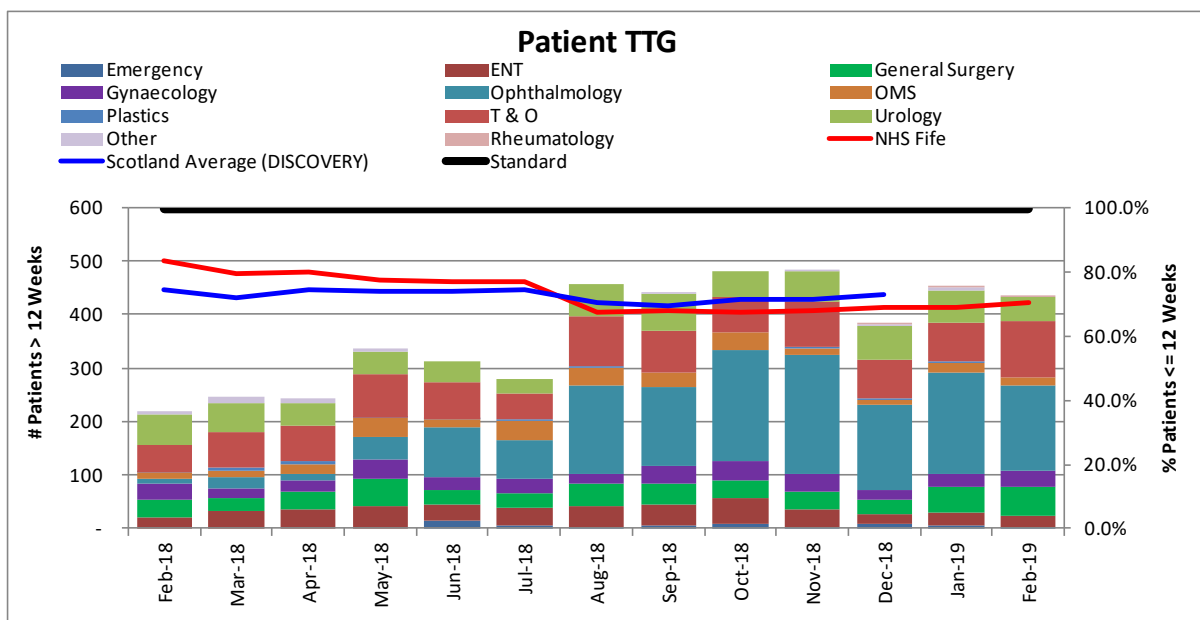


Previous 3 Months	November 2018		December 2018		January 2019	
	86.1%	↑	89.8%	↑	93.1%	↑
Current Issues	Challenges with Urology prostate pathway and processes Delay to SABR in Lung Delay to MRI for prostate patients Delays to 1 st OPA and Surgery in Breast Extended waits in oncology Waits to surgery for bladder and renal					
Context	Standard last achieved in October 2017 Above Scotland average in 10 of last 12 months 4 th best performing Mainland Health Board during final quarter of 2018					

Key Actions for Improvement	Planned Benefits	Due By	Status
Train 2 nd consultant in lap nephrectomy (Urology)	Increased capacity and reduced vulnerability to service	Nov 2019	On Track
Small tests of change to improve prostate pathway	Improved (and sustained) performance	Apr 2019	On Track
Secure outpatient, MDT and surgical capacity within breast due to consultant retiral	Maintained performance	Apr 2019	On Track
Increase visiting oncologist capacity	Improved (and sustained) performance	Apr 2019	On Track
Introduction of cancer performance improvement action plan	Mitigation of risks of breach	May 2019	On Track

Patient Treatment Time Guarantee

Measure	We will ensure that all eligible patients receive Inpatient or Day Case treatment within 12 weeks of such treatment being agreed	
Current Performance	435 patient breaches (out of 1,475 patients treated) in January (70.5% on time)	
Scotland Performance	72.7% of patients treated within 12 weeks in final quarter of 2018	

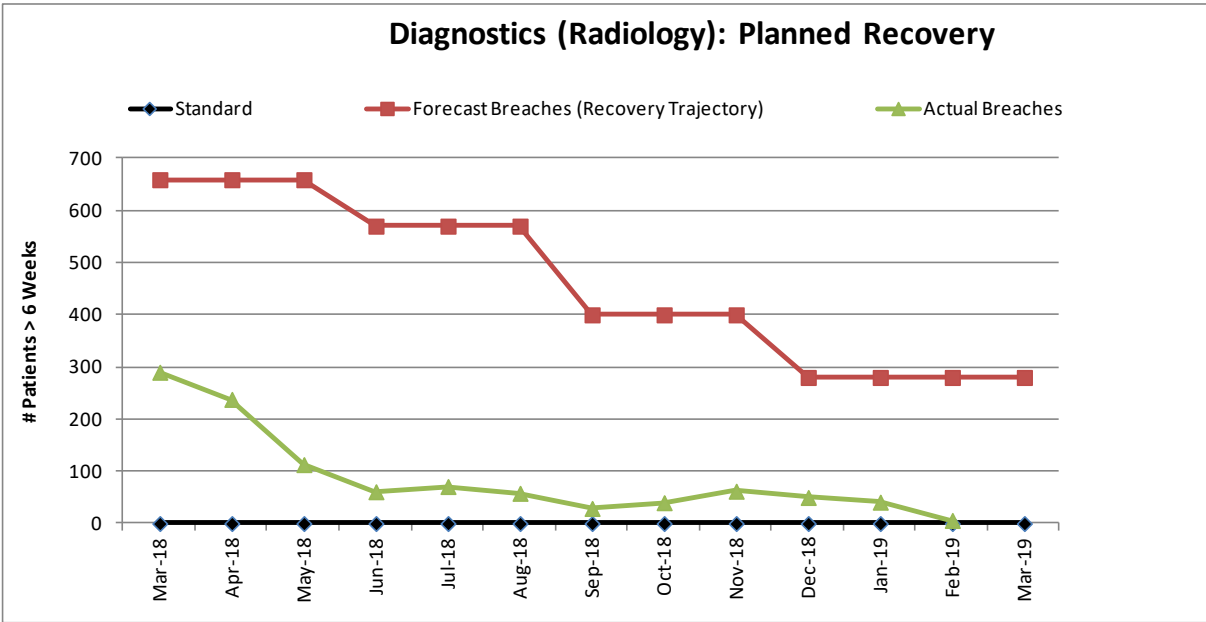
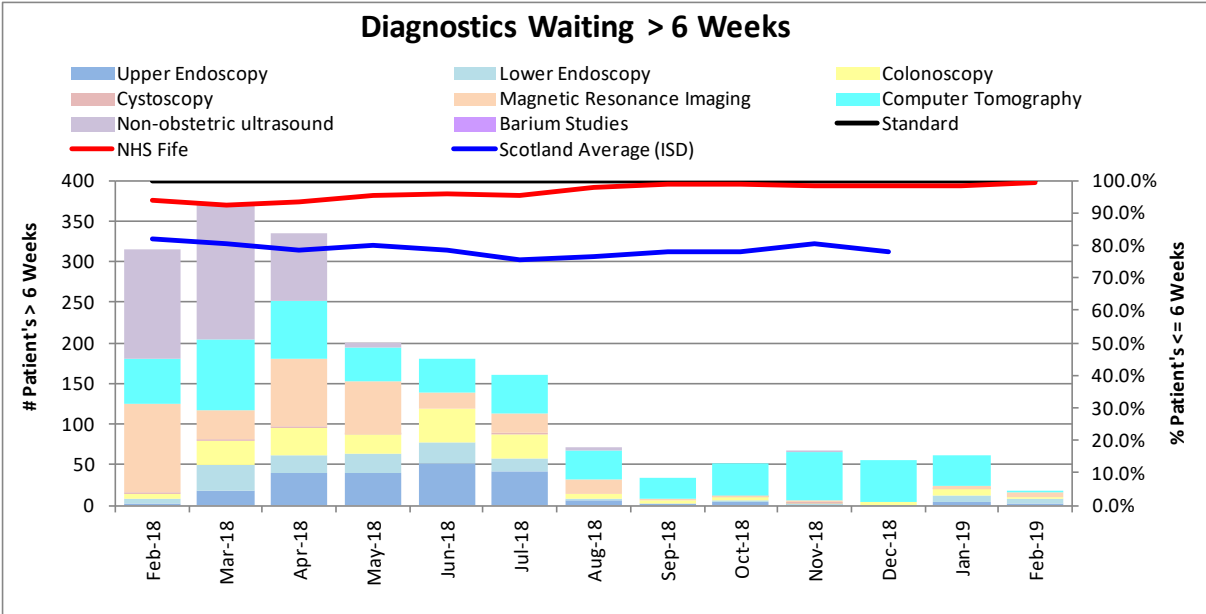


Previous 3 Months	November 2018		December 2018		January 2019	
	67.8%	↑	68.8%	↑	68.7%	↓
Current Issues	Recurring gap in elective inpatient and daycase capacity Unable to deliver the level of outsourced activity for urology					
Context	Fife outperformed the Scottish average until Q2 of 2018/19					

Key Actions for Improvement	Planned Benefits	Due By	Status
Secure resources and deliver core and additional IP/DC elective capacity	Elective projected performance delivered	May 2019	Complete
Monthly monitoring meetings with Private Sector Providers	Timely delivery of outsourced activity	Mar 2019	Complete
Develop and deliver Elective IP/DC Efficiency Programme based on output from service reviews <i>This will be part of ongoing work for 2019/20</i>	Elective IP/DC capacity use optimised	Mar 2019	Complete
Progress regional elective work in identified specialties <i>This will be part of ongoing work for 2019/20</i>	Identify opportunities for improvement in capacity and/or reduced demand	Mar 2019	Complete
Recruit to vacant consultant posts <i>This will be part of ongoing work for 2019/20</i>	Sustainable core capacity for elective activity	Mar 2019	Complete
Review DCAQ for 18/19 and develop new waiting times improvement plan for 19/20	Sustainable core capacity for elective activity	Mar 2019	Delayed Revised to May 2019
Secure resources to deliver waiting times improvement plan for 19/20	Elective projected performance delivered	Apr 2019	Delayed Revised to May 2019

Diagnostics Waiting Times

Measure	No patient will wait more than 6 weeks to receive one of the 8 key diagnostic tests	
Current Performance	99.5% of patients waiting no more than 6 weeks at end of February	
Scotland Performance	78.1% of patients waiting no more than 6 weeks at end of December	

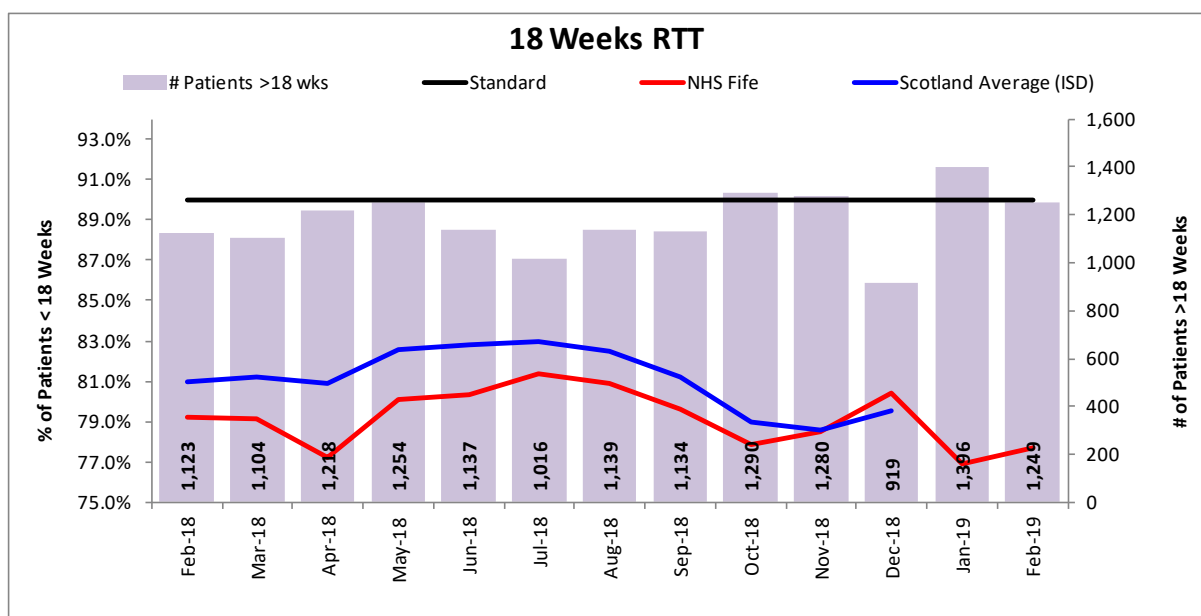


Previous 3 Months	November 2018		December 2018		January 2019	
	98.1%	↓	98.4%	↑	98.2%	↓
Current Issues	Radiology Consultant , radiographer and sonographer vacancies, increased demand for MRI, Ultrasound and specialist cardiac and colon CT Reporting capacity Variable capacity for additional Ultrasound Increase in demand from bowel screening					
Context	Standard last achieved in April 2016 Best performing Mainland Health Board at the end of December Additional Scottish Government funding has been used to run extra radiography clinics and reduce the number of breaches					

Key Actions for Improvement	Planned Benefits	Due By	Status
Identify further opportunities to improve reporting capacity	Sustain 5-day reporting turnaround times	Mar 2019	Complete
Identify further opportunities to improve consultant numbers with regional partners <i>This will be part of ongoing work for 2019/20</i>	Reduction in number of Consultant Radiology vacancies	Mar 2019	Complete
Review DCAQ for 18/19 and develop new waiting times improvement plan for 19/20	Sustainable core capacity for radiology activity	Mar 2019	Delayed Revised to May 2019
Secure resources to deliver waiting times improvement plan for 19/20	Radiology diagnostic projected performance delivered	Apr 2019	Delayed Revised to May 2019

18 Weeks Referral-to-Treatment

Measure	90% of planned/elective patients to commence treatment within 18 weeks of referral	
Current Performance	77.7% of patients started treatment within 18 weeks in February	
Scotland Performance	79.5% of patients started treatment within 18 weeks in December	



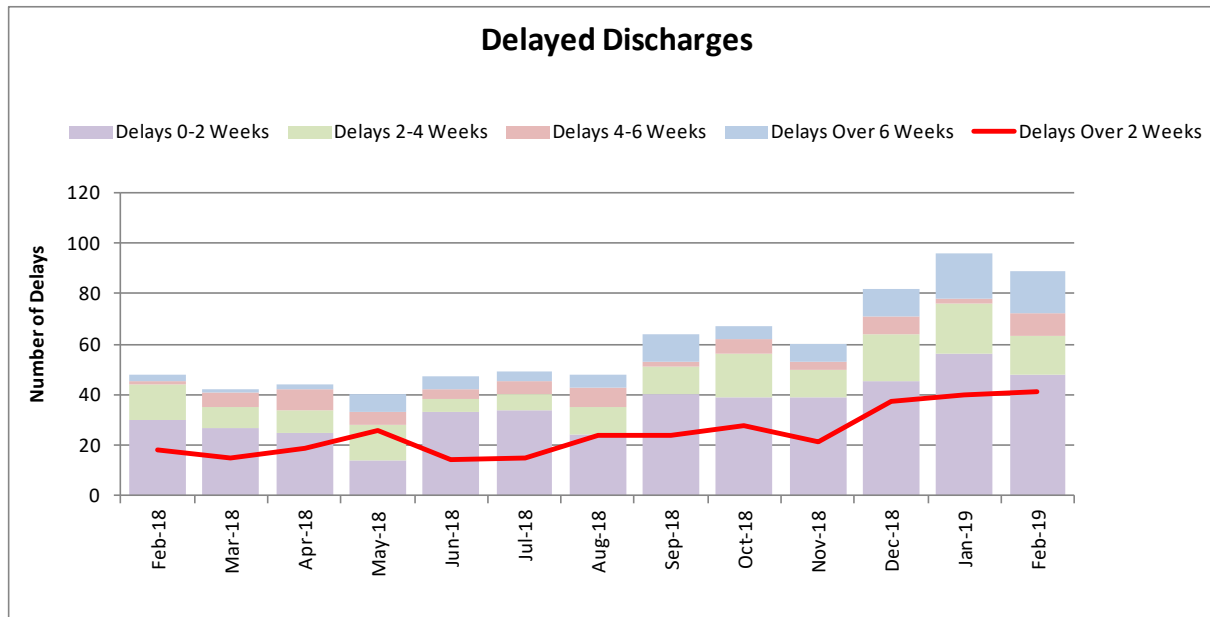
Previous 3 Months	November 2018		December 2018		January 2019	
	78.5%	↑	80.4%	↑	76.9%	↓
Current Issues	The previous challenges with performance in Outpatients are impacting on non-admitted and admitted pathway performance The challenges in TTG performance is impacting on admitted pathway performance					
Context	Standard last achieved in September 2016 Consistently below the Scottish average 6 th out of 11 Mainland Health Boards in December					

Key Actions for Improvement	Planned Benefits	Due By	Status
The Recovery Plan for 18 Weeks RTT is covered by the delivery of the Patient Treatment Time Guarantee, Diagnostics and Outpatient Waiting Times Recovery Plans; there are no new specific actions			

Performance Drill Down – Health & Social Care Partnership

Delayed Discharge

Measure	No patient will be delayed in hospital for more than 2 weeks after being judged fit for discharge	
Current Performance	41 patients in delay for more than 14 days at February Census – this equates to 11.04 patients per 100,000 population in NHS Fife	
Scotland Performance	10.42 patients per 100,000 population at December census	

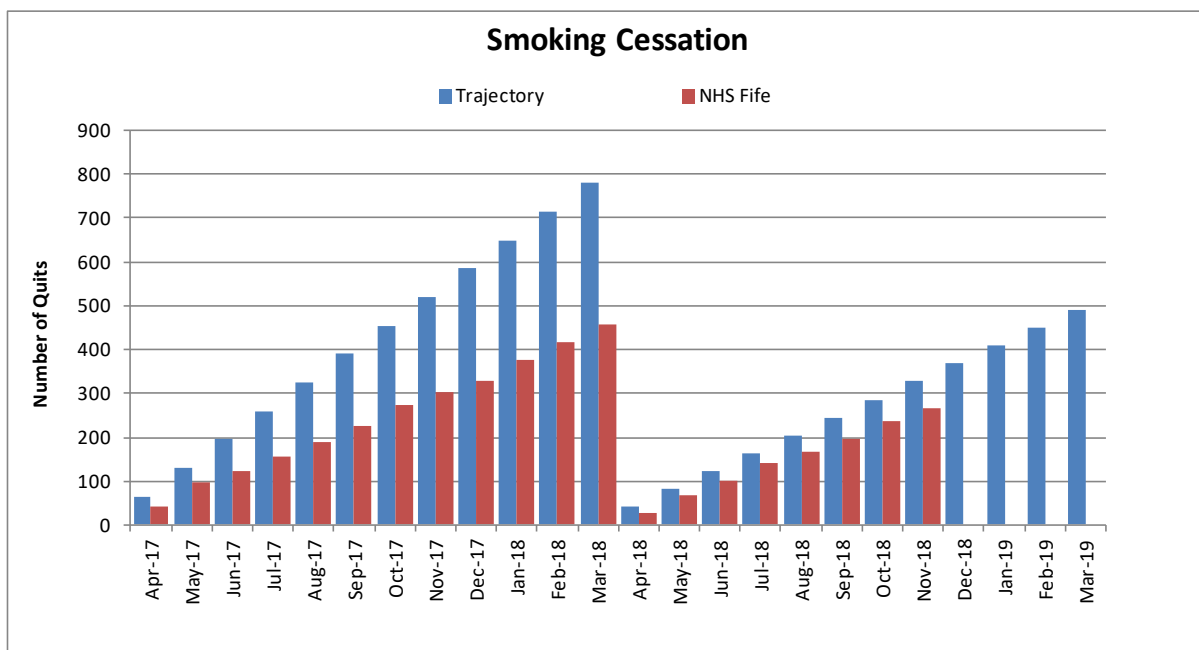


Previous 3 Months	November 2018		December 2018		January 2019	
	21	↑	37	↓	40	↓
Current Issues	Increasing number of patients in delay					
Context	Never met 14-day target 4 th lowest delays over 2 weeks (per 100,000 population) of all Mainland Health Boards, at December Census					

Key Actions for Improvement	Planned Benefits	Due By	Status
Test a trusted assessors model within VHK for patients transferring to STAR/assessment beds	Reduced Length of Stay Smoother person centred transitions	May 2019	On Track
Manage community flow and planned reduction of surge beds to ensure performance maintained	Better management of occupancy and demand for community beds throughout winter	Apr 2019	On Track
Review timescales of social work assessments	Reduced Length of Stay	Apr 2019	On Track

Smoking Cessation

Measure	In 2018/19, we will deliver a minimum of 490 post 12 weeks smoking quits in the 40% most deprived areas of Fife
Current Performance	268 successful quits in first 8 months of the year (55% of annual target)
Scotland Performance	3,223 successful quits at end of Q2, 42.6% of target



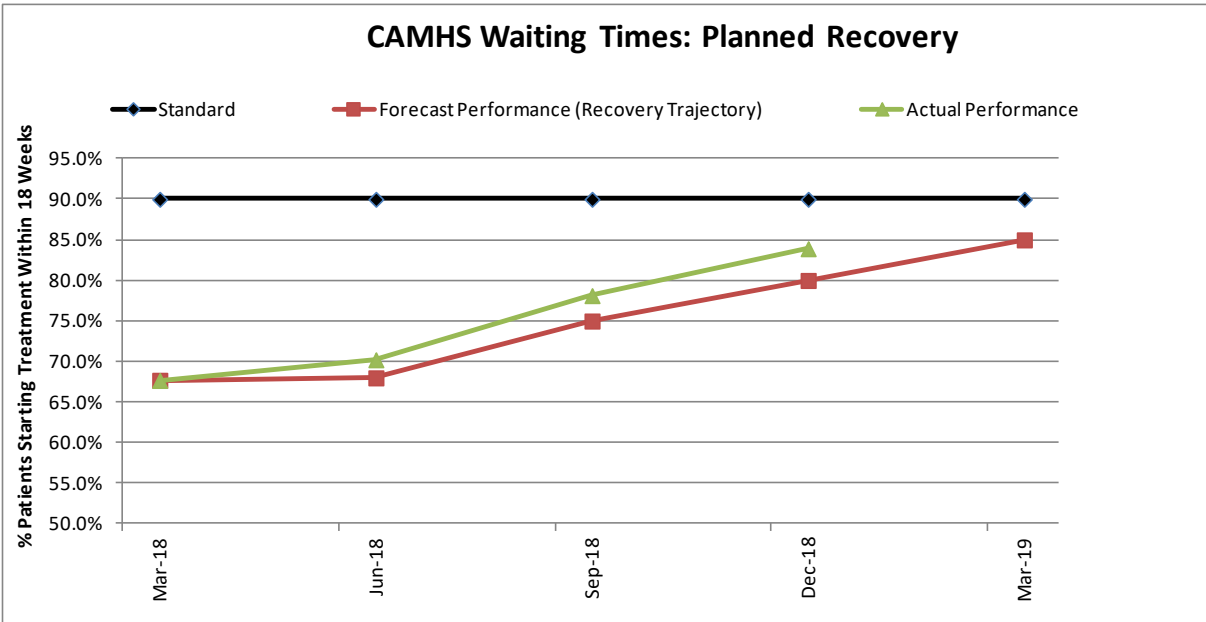
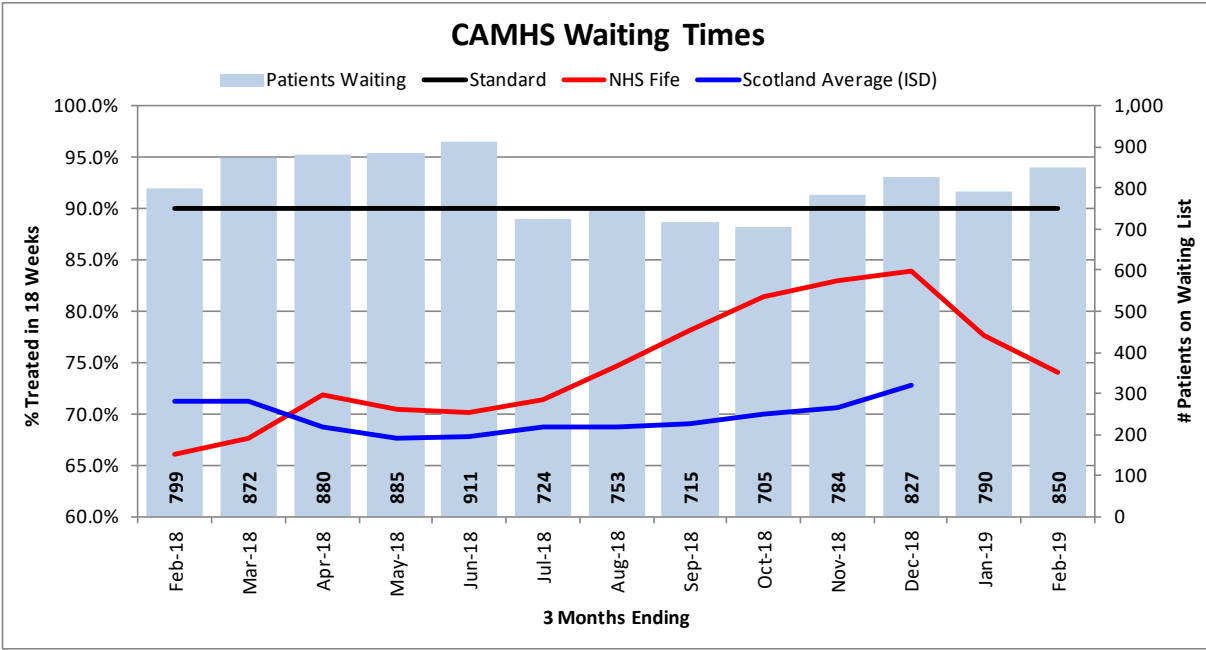
Previous 3 Months	August 2018		September 2018		October 2018	
	166	↓	198	↓	238	↓
Current Issues	Mobile unit has been off the road for 3 weeks due to repairs required to ensure vehicle is roadworthy Challenges to administrative staff recruitment so unable to support pharmacy colleague with data completion					
Context	Lower quit target (490) has been set for 2018/19 by the Scottish Government Current achievement for 2018/19 is broadly in line with the Scottish average					

Key Actions for Improvement	Planned Benefits	Due By	Status
Outreach development with Gypsy Travellers in Thornton	Increase service reach and engagement with minority group	Mar 2019	Delayed Revised date TBD
Two areas identified to test pathways and procedures for temporary abstinence model in the Acute	Ensure pathways and prescribing guidance are robust and effective	Mar 2019	Complete
Design and implementation of a prompt process for Community Pharmacies, to remind them to undertake 4-week and 12-week follow-ups	Support compliance and data completion in line with pharmacy contract requirements and reduce the levels of missing data	Mar 2019	Complete
Establish links with new Mental Health clinic for pregnant women	Support pregnant women experiencing Mental Health issues to stop smoking	Mar 2019	Complete

Test newly approved temporary abstinence paperwork in the acute setting	Ensure pathways and prescribing guidance are robust and effective Increase in number of patients being routinely offered Nicotine Replacement Therapy	Oct 2019	On Track
In collaboration with Respiratory Consultant test the effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic	Increase opportunities for patients to access Champix at point of contact and supporting patients to quit	Dec 2019	On Track

CAMHS Waiting Times

Measure	At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services
Current Performance	74.1% of patients started treatment within 18 weeks during 3-month period covering December 2018 to February 2019
Scotland Performance	72.8% of patients started treatment within 18 weeks during 2018/19 Q3

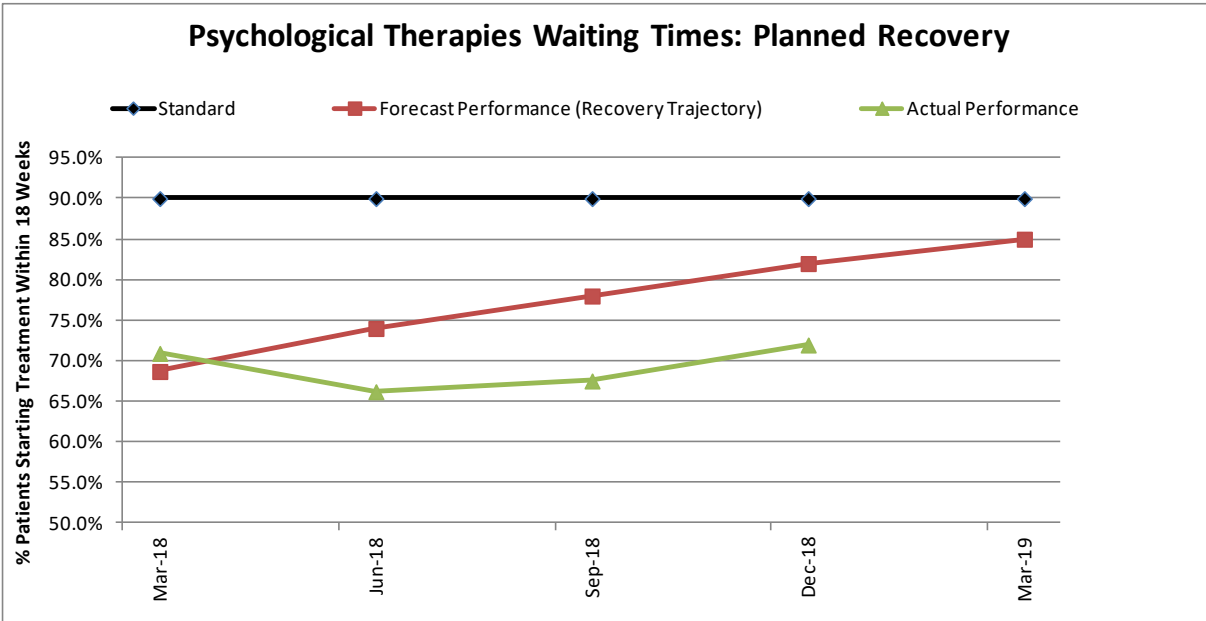
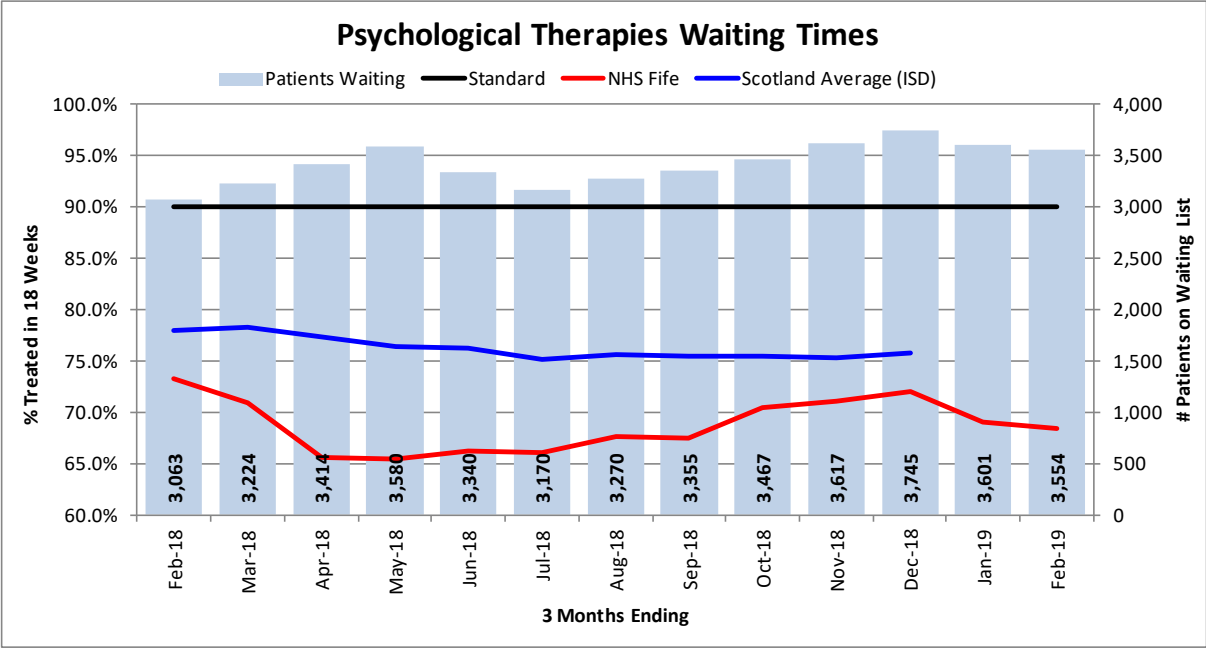


Previous 3 Reporting Periods	Sep 2018 to Nov 2018		Oct 2018 to Dec 2018		Nov 2018 to Jan 2019	
	83.0%	↑	83.9%	↑	77.7%	↓
Current Issues	Referral numbers continue to be significant compared to available new appointments Due to limited staffing numbers any absence has significant impact on activity levels due to the workforce consistently working at full capacity					
Context	Below Standard since May 2014, and after recovering throughout 2018 has fallen sharply at start of 2019 4 th out of the 11 Mainland Health Boards for the quarter ending December					

Key Actions for Improvement	Planned Benefits	Due By	Status
Development of PMHW First Contact Appointment	Provide early intervention, improve initial assessments and increase effectiveness of signposting thus reducing the overall burden on both GPs and the Tier 3 CAMH service	Mar 2019	Delayed Revised to Jun 2019
Development of Tier 3 Initial Assessment Appointment	Provide assessment and formulation of need following screening, ensuring that children: <ul style="list-style-type: none"> • Are safe to be placed on waiting list • Are appropriate for CAMHS Or would benefit from signposting to alternative providers	Feb 2019	Delayed Revised to Jun 2019
Development of Tier 3 Therapeutic Group Programme	Improved access to therapeutic intervention (additional provision for approximately 380 children per annum)	Mar 2019	Delayed Revised to Jun 2019

Psychological Therapies Waiting Times

Measure	At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies (PT)	
Current Performance	68.4% of patients started treatment within 18 weeks during 3-month period covering December 2018 to February 2019	
Scotland Performance	75.7% of patients started treatment within 18 weeks during 2018/19 Q3	



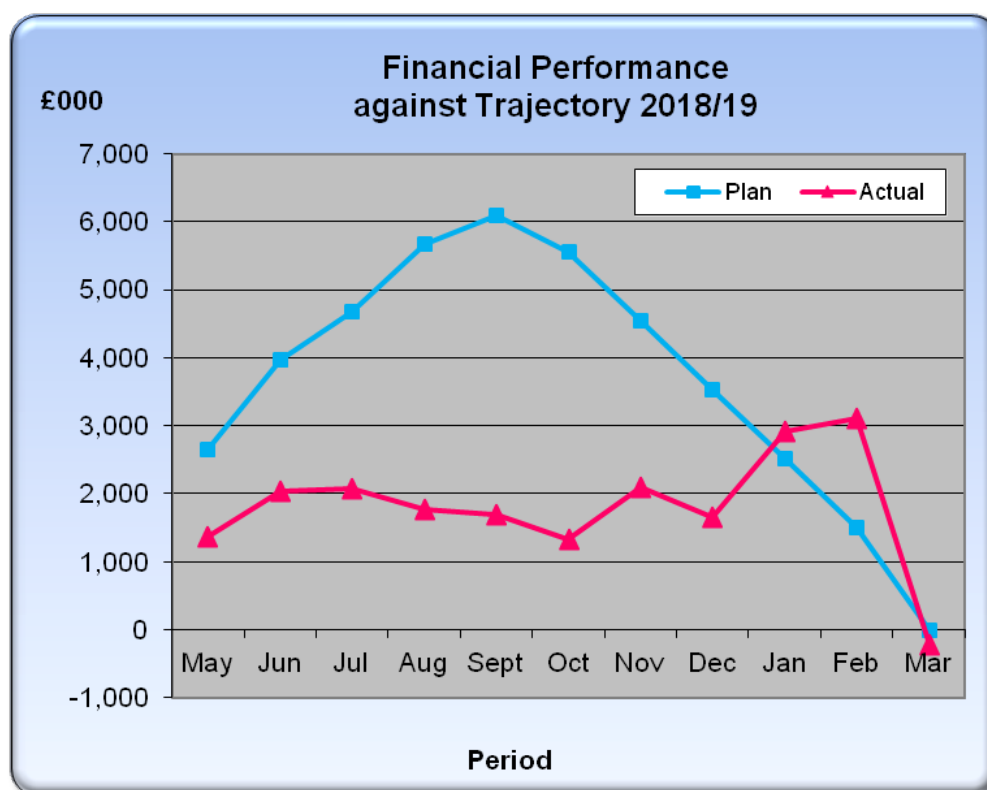
Previous 3 Reporting Periods	Sep 2018 to Nov 2018		Oct 2018 to Dec 2018		Nov 2018 to Jan 2019	
	71.1%	↑	72.0%	↑	69.1%	↓
Current Issues	Delivery of PTs across services requires further integration to enhance efficiency					
Context	Never met Standard; monthly performance normally between 65% and 75% 7 th out of the 11 Mainland Health Boards for the quarter ending December					

Key Actions for Improvement	Planned Benefits	Due By	Status
Develop enhanced PT Strategy, reflecting new opportunities within H&SC integration <i>Draft Strategy going to Psychological Therapies Steering Group (PTSG) on 11th April</i>	Increased capacity and efficiency of PT delivery within matched care model	Mar 2019	Delayed Revised to May 2019
QI work for 2019 : evaluation of impact of self-referral on capacity and demand to inform further development of group/self-referral PT options	Improved quality and efficiency of PT services	Dec 2019	On Track
Development of CMHTs to provide PTs within MDT approach for people with complex needs <i>Improvement Plan submitted to Scottish Government March 2019 includes DCAQ work to assist these developments</i>	PTs provided in line with evidence base within holistic package of care; improved patient flow	Dec 2019	On Track
Development of Personality Disorder pathway and Unscheduled Care Service	PTs for people with urgent and complex needs provided within integrated multi-agency approach; reduce delays and improve patient safety	Dec 2019	On Track

Performance Drill Down – Financial Performance

Revenue Expenditure

Measure	<i>Health Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD).</i>
In year position	£0.219 underspend
Outturn position	£0.219 underspend



Previous 3 Months	January 2019	February 2019	March 2019
Revenue Resource Limit			
Actual (in-year position)	£2.914m o/spend	£3.102m o/spend	£0.219m underspend
Plan (in-year position)	£2.518m o/spend	£1.504m o/spend	Break even
Forecast Outturn position	£3.109m o/spend	£2.518m o/spend	£0.219m underspend

Commentary

The revenue position for the 12 months to 31 March reflects an underspend of £0.219m. This comprises an underspend of £6.869m on Health Board retained budgets; and a net overspend of £6.650m aligned to the Integration Joint Board, including delegated health budgets (£0.325m underspend) and the impact of the risk share arrangement (£6.975m).

The overall reported position remains draft pending formal external audit review.

The Acute Services Division reported an overspend of £8.315m for the year, of which £3.816m overspend relates to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but remain managed by the NHS Board. It is important to note that the underlying run rate position for the year was £1.946m, with the remaining £6.369m being the shortfall on delivery of in year savings

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

Members should note that the mid range forecast position will be reported to Scottish Government Health & Social Care Directorates as part of the routine monthly financial performance returns and informal discussions are ongoing in relation to the impact of the risk share arrangement on the delivery of breakeven.

1. Financial Framework

- 1.1 As previously reported, the Annual Operational Plan, and the Financial Plan for 2018/19 was approved by the Board on 14 March 2018.

2. Financial Allocations

Revenue Resource Limit (RRL)

- 2.1 On 1 April 2019 NHS Fife received confirmation of March core revenue and core capital allocation amounts. The revised core revenue resource limit (RRL) has been confirmed at £707.071m. A breakdown of the additional funding received in month is shown in Appendix 1.

Non Core Revenue Resource Limit

- 2.2 NHS Fife also receives 'non core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The non core RRL funding of £26.863m is detailed in Appendix 2 with details of final reduction required (£2.975m) to the non core RRL

Total RRL

- 2.3 The total current year budget at 31 March is therefore £730.959m.

3. Summary Position

- 3.1 At the end of March, NHS Fife reports an in year under spend of £0.219m against the revenue resource limit. Table 1 below provides a summary of the position across the constituent parts of the system: an under spend of £6.869m is attributable to Health Board retained budgets; and an overspend of £6.650m is attributable to the health budgets delegated to the Integration Joint Board including the net impact of the estimated risk share.

- 3.2 Key points to note from Table 1 are:

- 3.2.1 Acute Division overspend of £8.315m, driven largely as a result of non delivery of savings (£6.369m);
- 3.2.2 The aforementioned Acute Division overspend includes £3.816m overspend relating to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but which remain managed by the NHS Board;
- 3.2.3 Under spends across Estates & Facilities and Corporate Directorates;
- 3.2.4 Non recurring financial flexibility of £11.131m to offset the shortfall in delivery of savings in year;
- 3.2.5 Net under spend of £0.325m on the health budgets delegated to the IJB after the release of unspent allocations / financial flexibility of £1.779m. This is driven by non delivery of savings (£2.897m) offset by a net underspend of £3.222m on budgets (despite the challenges on the GP prescribing budget and includes release of allocations previously mentioned);
- 3.2.6 Risk share impact of £6.975m, being the effect of a 72% share of the overall IJB overspend and resultant net transfer of social care costs from Fife Council.

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

Memorandum	Budget			Expenditure			Variance split by	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	394,925	395,449	395,449	388,580	-6,869	-1.74%	-13,446	6,577
Integration Joint Board	332,074	335,510	335,510	342,160	6,650	1.98%	3,753	2,897
Total	726,999	730,959	730,959	730,740	-219	-0.03%	-9,693	9,474

	Budget			Expenditure			Variance split by	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	186,732	196,282	196,282	204,597	8,315	4.24%	1,946	6,369
IJB Non-delegated	8,020	7,987	7,987	7,962	-25	-0.31%	-128	103
Estates & Facilities	69,597	69,646	69,646	68,287	-1,359	-1.95%	-1,359	0
Board Admin & Other Services	50,821	66,046	66,046	63,762	-2,284	-3.46%	-2,389	105
Non Fife & Other Healthcare Providers	82,403	82,403	82,403	82,136	-267	-0.32%	-267	0
Financial Flexibility & Allocations	21,712	10,468	10,468	-663	-11,131	-106.33%	-11,131	0
Health Board	419,285	432,832	432,832	426,081	-6,751	-1.56%	-13,328	6,577
Integration Joint Board - Core	357,941	381,823	381,823	383,277	1,454	99.92%	-1,443	2,897
Integration Fund & Other Allocations	12,646	1,779	1,779	0	-1,779	-100.00%	-1,779	0
Sub total Integration Joint Board Core	370,587	383,602	383,602	383,277	-325	-0.08%	-3,222	2,897
IJB Risk Share Arrangement	0	0	0	6,975	6,975	0.00%	6,975	0
Total Integration Joint Board	370,587	383,602	383,602	390,252	6,650	1.73%	3,753	2,897
Total Expenditure	789,872	816,434	816,434	816,333	-101	-0.01%	-9,575	9,474
IJB	-38,513	-48,092	-48,092	-48,092	0	0.00%	0	0
Health Board	-24,360	-37,383	-37,383	-37,501	-118	0.32%	-118	0
Miscellaneous Income	-62,873	-85,475	-85,475	-85,593	-118	0.14%	-118	0
Net position including income	726,999	730,959	730,959	730,740	-219	-0.03%	-9,693	9,474

- 3.3 As reported each month, the earlier 'Financial Performance against Trajectory' graph shows the initial trajectory plan profiling savings delivery towards the latter half of the year; whilst the agreed gross 2018/19 efficiency savings target of £23.985m was removed from opening budgets on a recurring basis on an even spread, hence the flatter line. The removal of savings targets facilitates the further analysis each month of run rate performance as distinct from savings delivery performance. In totality the outturn position is driven by both unmet savings targets and run rate performance, offset by non recurring financial flexibility.

4. Operational Financial Performance for the year

Acute Services

- 4.1 The Acute Services Division reports a net overspend of £8.315m for the year to date. This reflects an overspend in operational run rate performance of £1.946m, and unmet savings of £6.369m. Within the run rate performance, pay is overspent by £2.366m. The overall position has been driven by a combination of unidentified savings and continued pressure from the use of agency locums, junior doctor banding supplements and incremental progression. Balancing finance and other performance targets across the Acute Services whilst seeking to identify recurring efficiency savings proved challenging.
- 4.2 Work has already started within the service to identify efficiency savings opportunities for the new financial year and beyond.

Estates & Facilities

- 4.3 The Estates and Facilities budgets report an underspend of £1.359m for the 12 months as a result of run rate performance. Savings have been delivered in full for this financial year. The run rate net underspend is generally attributable to vacancies, energy and water and property rates, and partially offset by an overspend on property maintenance. The position in March includes the cost of winter maintenance pressures; and QMH refurbishment of residences, mortuary repairs and fire door repairs.

Corporate Services

- 4.4 Within the Board's corporate services there is an underspend of £2.284m. This comprises an underspend on run rate of £2.389m as offset by unmet savings of £0.105m. Further analysis of Corporate Directorates is detailed per Appendix 3.

Non Fife and Other Healthcare Providers

- 4.5 The budget for healthcare services provided outwith NHS Fife is underspent by £0.267m. Further detail is attached at Appendix 4.

Financial Plan Reserves & Allocations

- 4.6 Financial plan expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year, and therefore form part of devolved budgets. A number of residual uplifts were subsequently held in a central budget and have been subject to robust scrutiny and review each month. The detailed review of the financial plan reserves at Appendix 5 allows an assessment of financial flexibility both in year, and forecast for the year end outturn, to be reflected in the position. As in every financial year, this 'financial flexibility' allows mitigation of slippage in savings delivery, and is a crucial element of the Board's ability to deliver against the statutory financial target of a break even position against the revenue resource limit.
- 4.7 The most significant balances of financial flexibility reported at month 12 continue as reported in previous months and include: slippage on medicines which meet the horizon scanning criteria; the release of major trauma commitments; pay consequential funding which has been agreed nationally; and the release of the prior year underspend. There have been no additional financial flexibility sources identified in month.

Integration Services

- 4.8 The health budgets delegated to the Integration Joint Board report an underspend of £0.325m for the year. This position comprises an underspend in the run rate performance of £1.433m; release of forecast unspent allocations (financial flexibility) of £1.779m for ADP, Primary Care Improvement Fund, and s15 Mental Health funding; together with unmet savings of £2.897m. The underlying drivers for the run rate underspend are vacancies in community nursing, health visiting, school nursing,

community and general dental services across Fife Wide Division. In addition, spend on Sexual Health & Rheumatology biologic drugs continue to materialise at a lower rate than expected due to some significant price reductions; and a higher than anticipated Hepatitis C drug rebate. The aforementioned underspend is partly offset by cost pressures within GP prescribing (albeit this has again improved); unmet savings targets; complex care packages and bank and agency usage across East Division community hospitals.

- 4.9 The health component of the Partnership improved in during the second half of the year, however the social care position deteriorated. After management actions the resulting outcome is a total IJB overspend of £9.236m. As detailed in Table 2 below, this total overspend results in a transfer of costs of £6.975m from Fife Council to NHS Fife (being the difference between the underspend on the delegated health budget of £0.325m and the health risk share (72%) of the overall overspend ie £6.650m). It is important to acknowledge that this compares with a total transfer of costs of £2.289m in the opposite direction from NHS Fife to Fife Council across the two previous financial years.

Table 2 : Risk Share Calculation

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
NHS Fife	5,114	4,278	3,547	2,795	576	22	-325
Social Care	5,834	6,309	6,903	7,630	8,833	9,747	9,561
Subtotal	10,948	10,587	10,450	10,425	9,409	9,769	9,236
Less Management Actions	-2,760	-2,760	0	0	0	0	0
Total	8,188	7,827	10,450	10,425	9,409	9,769	9,236
72% of total	5,895	5,635	7,524	7,506	6,774	7,034	6,650

Risk share adjustment 784 1,357 3,977 4,711 6,198 7,012 6,975
(transfer of cost from
Fife Council to NHS Fife)

Income

- 4.10 A small over recovery in income of £0.118m is shown for the year to date.

5. Pan Fife Analysis

- 5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 3 below. This highlights the key financial challenges as being the risk share impact of the social care overspend and non delivery of efficiency savings.

	Annual Budget	Budget	Actual	Net over/ (under) spend
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	342,729	342,729	340,437	-2,292
GP Prescribing	72,293	72,293	74,448	2,155
Drugs	33,414	33,414	31,216	-2,198
Other Non Pay	365,314	365,314	364,013	-1,301
IJB Risk Share	0	0	6,975	6,975
Efficiency Savings	-7,137	-7,137	-93	7,044
Commitments	9,821	9,821	-663	-10,484
Income	-85,475	-85,475	-85,593	-118
Net underspend	730,959	730,959	730,740	-219

Pay

- 5.2 The overall pay budget reflects an underspend of £2.292m. There are underspends across a number of staff groups which partly offset the overspend position within medical and dental staff; the latter being largely driven by the additional cost of supplementary staffing to cover vacancies.
- 5.3 Against a total funded establishment of 7,726 wte across all staff groups, there were 7,790 wte staff in post in March.

Drugs & Prescribing

- 5.4 Across the system, there is a net overspend of £0.043m on medicines of which an overspend of £2.155m is attributable to GP Prescribing and an underspend of £2.198m relating to sexual health and rheumatology drugs. The GP prescribing position is based on informed estimates for February and March, and is endorsed by the Director of Pharmacy

Other Non Pay

- 5.5 Other non pay budgets across NHS Fife are collectively underspent by 1.301m. The overspends in equipment service contracts and property maintenance are offset by underspends within energy, medical supplies and purchase of healthcare.

6 Financial Sustainability

- 6.1 The Financial Plan presented to the Board last March highlighted the requirement for £23.985m gross cash efficiency savings to support financial balance in 2018/19 prior to pay consequential funding of £4.426m. Further progress on savings has been made with around 71% of the annual target being identified in year. The extent of the recurring / non recurring delivery for the year is illustrated in Table 4 below. Of the £23.985m gross target, £8.503m has been identified on a recurring basis (including £4.426m pay consequential funding), with a further £8.436m in year only, which will add to the additional savings requirement in the next financial year. A further analysis of the table below can be found in Appendix 6 to this report.

Table 4 : Savings 2018/19

Savings 2018/19	Target £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Total Identified & Achieved to date £'000	Outstanding £'000
Health Board	11,732	1,973	5,610	7,583	4,149
Pay Consequentials	2,426	2,426	0	2,426	0
Health Board (Gross)	14,158	4,399	5,610	10,009	4,149
Integration Joint Board	7,827	2,104	2,733	4,837	2,990
Pay Consequentials	2,000	2,000	0	2,000	0
IJB (Gross)	9,827	4,104	2,733	6,837	2,990
Sub Total	23,985	8,503	8,343	16,846	7,139
IJB Additional Benefit	0	0	93	93	-93
Total Savings	23,985	8,503	8,436	16,939	7,046

7 Key Messages / Risks

- 7.1 A robust and definitive assessment of the forecast outturn has proved to be extremely challenging this year, even more so than in previous years, given the issues highlighted in the section above. As such the risk assessment on the Financial Sustainability of the Board Assurance Framework has been held as 'High' over the latter part of the year. Whilst a break even position is reported, subject to external audit review, this has only been achievable through robust management of non recurring funding and other financial flexibility.
- 7.2 The risk share arrangement as set out in the Integration Scheme for the Fife Integration Joint Board presented a specific challenge for financial management and reporting within NHS Fife during the year. In particular, it impacted on the extent to which the Director of Finance could provide Board members with overt and robust assurance on the likely year end forecast throughout the financial year. This is a matter of financial governance and consequently, as we move to the new financial year, consideration should be given to a review of the terms of the Integration Scheme, to remove this clause. The Finance, Performance & Resources Committee agreed at their March meeting to support the Director of Finance and Chief Executive in entering discussion with colleagues on this matter

8 Recommendation

- 9.1 Members are invited to approach the Director of Finance or Chief Executive for any points of clarity on the position reported and are asked to:
- **Note** the reported underspend of £0.219m for 2018/19 (subject to external audit review)

Appendix 1 – Core Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non- Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
	Opening Allocations	636,964			636,964	
	April Adjustments		3,973		3,973	
	June Adjustments	1,036	524	4,758	6,318	
	July Adjustments	312	2,114	-720	1,706	
	August Adjustments		-28	6,426	6,398	
	September Adjustments	5,832	1,814	41,014	48,660	
	October Adjustments			406	406	
	November Allocations		667	1,163	1,830	
	December Allocations		34	1,196	1,230	
	January Allocations	-2	-779	-9	-790	
	February Allocations		231	125	356	
	March Allocations					
	Recharges for GJNH SLA			3	3	SLA Adjustment
	Non- Medical Prescribing Training			17	17	Training costs
	Total Core Revenue Allocation	644,142	8,550	54,379	707,071	

Appendix 2 – Non Core Revenue Resource Limit Allocations

	£'000
PFI Adjustment	3,099
Donated Asset Depreciation	99
Impairment	4,000
AME Provision	-715
IFRS Adjustment	4,877
Non-core Del	3,200
Depreciation from Core allocation	12,303
Total	26,863

Anticipated Non Core Revenue Resource Limit

	March £'000
Donated Asset Depreciation	2
Impairment	-2,976
Depreciation	-36
AME Provision	35
Total	-2,975

Appendix 3 - Corporate Directorates

Cost Centre	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	11,428	11,428	11,365	-63
Nhs Fife Chief Executive	200	200	235	35
Nhs Fife Finance Director	4,615	4,615	4,317	-298
Nhs Fife Hr Director	3,153	3,153	3,114	-39
Nhs Fife Medical Director	5,708	5,708	5,484	-224
Nhs Fife Nurse Director	3,949	3,949	3,829	-120
Nhs Fife Planning Director	2,165	2,165	1,869	-296
Legal Liabilities	13,780	13,780	13,331	-449
Public Health	2,116	2,116	2,053	-63
Early Retirements & Injury Benefits	16	16	-55	-71
External & Internal Audit	162	162	156	-6
Regional Funding	506	506	464	-42
Annual leave	0		-648	-648
Depreciation	18,248	18,248	18,248	0
Total	66,046	66,046	63,762	-2,284

Appendix 4 – Non Fife & Other Healthcare Providers

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	91	91	69	-22
Borders	42	42	46	4
Dumfries & Galloway	23	23	48	25
Forth Valley	2,951	2,951	3,126	175
Grampian	334	334	321	-13
Highland	125	125	218	93
Lanarkshire	107	107	150	43
Scottish Ambulance Service	94	94	100	6
Lothian	28,316	28,316	26,670	-1,646
Greater Glasgow	1,536	1,536	1,551	15
Tayside	38,018	38,018	37,934	-84
	71,637	71,637	70,233	-1,404
UNPACS				
Health Boards	8,289	8,289	9,347	1,058
Private Sector	1,145	1,145	1,611	466
	9,434	9,434	10,958	1,524
OATS	1,267	1,267	882	-385
Grants	65	65	63	-2
Total	82,403	82,403	82,136	-267

Appendix 5 – Financial Flexibility and Allocations

	Financial Flexibility at 31 March £'000
Financial Plan	
Drugs	2,747
Complex Weight Management	50
Adult Healthy Weight	104
Trainee Growth	70
National Specialist Services	268
Band 1's	310
Low pay	89
Apprenticeship Levy	40
Land Registration	32
Major Trauma	1,318
Unitary Charge	141
Junior Doctor Travel	199
Consultant Increments	293
Discretionary Points	77
NDC	135
Financial Flexibility	1,115
Subtotal Financial Plan	6,988
Allocations	
Health Improvement	13
Depreciation	-752
Pay Consequentials	2,426
Distinction Awards	3
Neonatal Expenses Fund	3
Carry Forward underspend 2017/18	1,494
National Cancer Strategy	46
Qfit	93
DEC Melanoma Funding	18
NSD Risk Share rebate	136
Subtotal Allocations	3,480
Total	10,468

Appendix 6 - Efficiency Savings

Health Board Efficiency Savings	2018/19 Target	2018/19 Rec	2018/19 Non-Rec	2018/19 Total	2018/19 O/s	2019/20 Rec	2019/20 O/s
Service Redesign	7,479	292	1,258	1,550	5,929	2,177	5,302
Drugs & Prescribing	1,547	490	1,116	1,606	-59	1,260	287
Workforce	2,976	513	2,571	3,084	-108	760	2,216
Procurement	1,368	340	69	409	959	366	1,002
Infrastructure	420	260	263	523	-103	260	160
Other	368	78	333	411	-43	228	140
Workstream Total	14,158	1,973	5,610	7,583	6,575	5,051	9,107
Fin. Mngmnt./Corp. Initiatives	-2,426	0	0	0	-2,426		-2,426
Total Health Board savings	11,732	1,973	5,610	7,583	4,149	5,051	6,681

IJB Efficiency Savings	2018/19 Target	2018/19 Rec	2018/19 Non-Rec	2018/19 Total	2018/19 O/s	2019/20 Rec	2019/20 O/s
Service Redesign	0	120	0	120	-120	120	-120
Drugs & Prescribing	1,250	1,250	0	1,250	0	1,250	0
Workforce	90	154	277	431	-341	154	-64
Procurement	110	110	0	110	0	110	0
Other	8,377	470	2,456	2,926	5,451	470	7,907
Workstream Total	9,827	2,104	2,733	4,837	4,990	2,104	7,723
Fin. Mngmnt./Corp. Initiatives	-2,000	0	0	0	-2,000	0	-2,000
Sub Total	7,827	2,104	2,733	4,837	2,990	2,104	5,723
IJB Additional Benefit	0	0	93	93	-93	0	0
Total IJB savings	7,827	2,104	2,826	4,930	2,897	2,104	5,723

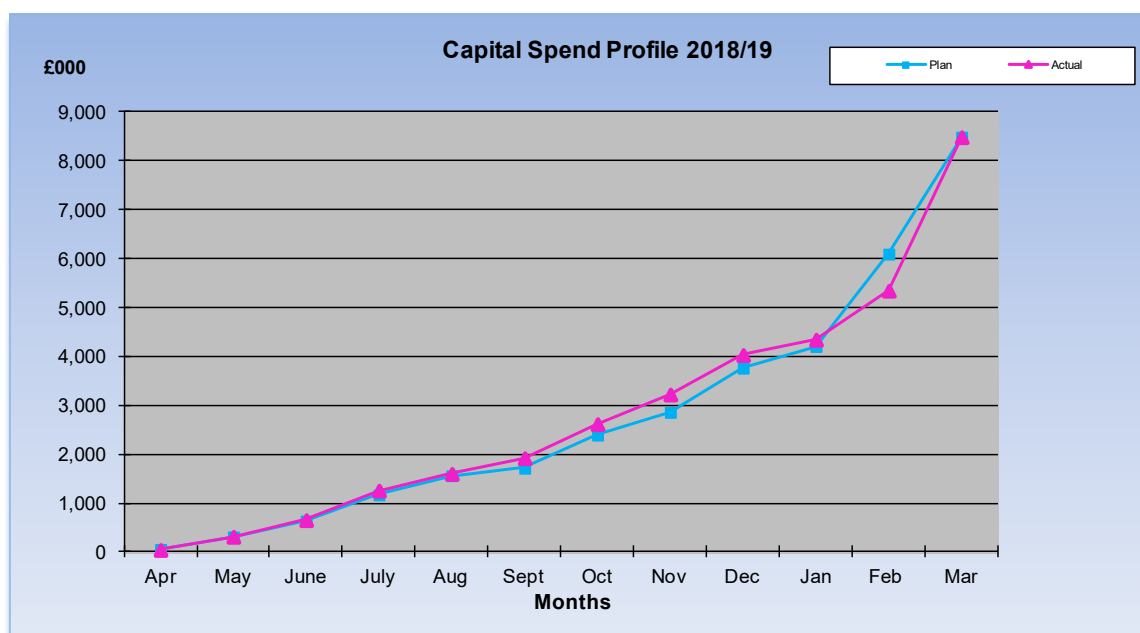
NHS Fife Efficiency Savings	2018/19 Target	2018/19 Rec	2018/19 Non-Rec	2018/19 Total	2018/19 O/s	2019/20 Rec	2019/20 O/s
Service Redesign	7,479	412	1,258	1,670	5,809	2,297	5,182
Drugs & Prescribing	2,797	1,740	1,116	2,856	-59	2,510	287
Workforce	3,066	667	2,848	3,515	-449	914	2,152
Procurement	1,478	450	69	519	959	476	1,002
Infrastructure	420	260	263	523	-103	260	160
Other	8,745	548	2,789	3,337	5,408	698	8,047
Workstream Total	23,985	4,077	8,343	12,420	11,565	7,155	16,830
Fin. Mngmnt./Corp. Initiatives	-4,426	0	0	0	-4,426	0	-4,426
Sub Total	19,559	4,077	8,343	12,420	7,139	7,155	12,404
IJB Additional Benefit	0	0	93	93	-93	0	0
Total NHS Fife savings	19,559	4,077	8,436	12,513	7,046	7,155	12,404

NHS Fife Efficiency Savings Target Reconciliation	
	2018/19
	£,000
NHS Workstream Total	14,158
IJB Workstream Total	9,827
Gross NHS Fife Efficiency Target	23,985
HB Pay Consequentials	(2,426)
IJB Pay Consequentials	(2,000)
Net NHS Fife Efficiency Target	19,559

Performance Drill Down – Capital Expenditure

Capital Expenditure

Measure	<i>Health Boards are required to work within the capital resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD).</i>
In year position	£8.479m spend at Month 12
Outturn position	£8.481m spend



Previous 3 Months	Jan 2019	Feb 2019	Mar 2019
Capital			
Actual	£4.339m	£5.341m	£8.479m
Plan	£4.562m	£6.547m	£8.481m
Outturn position	£8.400m	£8.459m	£8.481m

Commentary

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

1. INTRODUCTION

This report provides an overview on the capital expenditure position as at the end of March 2019, based on the Capital Plan 2018/19, as approved by the NHS Board on 14 March 2018. For information, changes to the plan since its initial approval in March are reflected in Appendix 1. This report has changed slightly to reflect the meeting schedules of both the Board and FP&R. On 1 June 2018 NHS Fife received confirmation of initial core capital allocation amounts of £7.394m gross. On 3 December 2018 NHS Fife received an additional allocation of £1.466m for the

purchase of the MRI at Victoria Hospital. On 31 December 2018 NHS Fife's Capital Allocation was adjusted for the transfer to revenue schemes actioned during the year (£0.478m). On 1 February the board received a further allocation of £0.027m for Forensic Examinations at QMH. On 1 March the board received an allocation for equipment for the Forensic Examination at QMH £0.058m - an adjustment of (£0.009m) has been made for a National Decontamination Capital contribution.

2. CAPITAL RECEIPTS

2.1 The Board's capital programme is partly funded through capital receipts which, once received, will be netted off against the gross allocation highlighted in 1.1 above. Work continues on asset sales with several disposals planned:

- Lynebank Hospital Land (Plot 1) (North) – Under offer – moving of dental unit access road currently in discussion – Property will not be sold in 2018/19;
- Forth Park Maternity Hospital – Contract concluded – planning application awaited – Property will not be sold in 2018/19
- Fair Isle Clinic – Property back on market – Property will not be sold in 2018/19;
- Hazel Avenue – Sold 2018/19;
- ADC – Currently in process of being marketed;
- Hayfield Clinic – Sold 18/19; and
- 10 Acre Field – Land sold 2018/19

2.2 The property at ADC is currently occupied and therefore not yet valued at open market value – it has been declared surplus and is in the process of being valued.

3. EXPENDITURE TO DATE / MAJOR SCHEME PROGRESS

3.1 Details of the expenditure position across all projects are attached as Appendix 2. Project Leads have provided an estimated spend profile against which actual expenditure is being monitored. This is based on current commitments and historic spending patterns. The expenditure to date amounts to £8.479m or 99.98% of the total allocation, in line with the plan, and as illustrated in the spend profile graph above.

3.2 The main areas of investment to date include:

Information Technology	£1.039m
Minor Works	£0.832m
Statutory Compliance	£2.600m
Equipment	£3.696m
Anti-Ligature Works	£0.138m
Forensic Unit	£0.075m
Vehicles	£0.060m

4. CAPITAL EXPENDITURE OUTTURN

4.1 At the end of the financial year the Board has spent the Capital Resource Limit in full albeit a £2k under spend; slippage on the boiler decentralisation project at Queen Margaret Hospital is being utilised to complete Phase 4 of the Medium Temperature Hot Water project at the Victoria Hospital.

5. RECOMMENDATION

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

- **note** the capital expenditure position to 31 March 2019 of £8.479m and delivery of the capital resource limit target (subject to external audit review).

Appendix 1: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2018/19	Board Approved 14/03/2018 £'000	Cumulative Adj to Feb £'000	Mar Adj £'000	Mar Total £'000
Routine Expenditure				
Community & Primary Care				
Minor Capital		59		59
Capital Equipment		122		122
Statutory Compliance		655	(316)	339
Condemned Equipment		36		36
Total Community & Primary Care	0	873	(316)	557
Acute Services Division				
Capital Equipment		3,385	98	3,482
Minor Capital		716	57	773
Statutory Compliance		2,537	(280)	2,257
Condemned Equipment		55		55
Total Acute Service Division	0	6,693	(125)	6,567
Fife Wide				
Minor Work	498	(498)		
Information Technology	1,041		(2)	1,039
Backlog Maintenance/Statutory Compliance	3,586	(3,586)		
Condemned Equipment	90	(90)		
Scheme Development	43		(1)	42
Fife Wide Equipment	2,036	(2,036)		
Fife Wide Contingency Balance	100	50	(12)	138
Fife Wide Vehicles		60		60
Forensic Unit QMH		86	(11)	75
Decontamination Adjustment		(9)	9	
Capital to Revenue Transfers		(478)	478	
Total Fife Wide	7,394	(6,500)	462	1,355
Total NHS Fife	7,394	1,065	20	8,479

Appendix 2 - Capital Programme Expenditure Report

NHS FIFE - TOTAL REPORT SUMMARY 2018/19

CAPITAL PROGRAMME EXPENDITURE REPORT - MARCH 2019

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2018/19 £'000
<u>COMMUNITY & PRIMARY CARE</u>			
Statutory Compliance	328	339	339
Capital Minor Works	59	59	59
Capital Equipment	122	122	122
Condemned Equipment	36	36	36
Total Community & Primary Care	546	557	557
<u>ACUTE SERVICES DIVISION</u>			
Capital Equipment	3,433	3,482	3,482
Statutory Compliance	2,285	2,257	2,257
Minor Works	773	773	773
Condemned Equipment	55	55	55
Total Acute Services Division	6,546	6,567	6,567
<u>NHS FIFE WIDE SCHEMES</u>			
Information Technology	1,041	1,039	1,039
Scheme Development	41	42	42
Contingency	150	138	138
Vehicles	60	60	60
Forensic Examination Service	74	75	75
Total NHS Fife Wide	1,366	1,355	1,355
TOTAL ALLOCATION FOR 2018/19	8,459	8,479	8,479

Section B:3 Staff Governance

Sickness Absence HEAT Standard: We will achieve and sustain a sickness absence rate of no more than 4%, measured on a rolling 12-month basis

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

Assessment: The NHS Fife sickness absence rate was higher in FY 2017/18 compared to FY 2016/17. However, improvements have been seen in recent months despite an increase in the monthly absence rates from August to January.

iMatter local target: We will achieve a year on year improvement in our Employee Engagement Index (EEI) score by completing at least 80% of team action plans resulting from the iMatter staff survey.

The 2018 iMatter survey involved 800 separate teams of staff across NHS Fife and the H&SCP. Each team was expected to produce an Action Plan, with a completion date of 12th November. By the completion date, 344 Action Plans (43%) had been completed. This has increased slightly to 377 (47%) at the end of March.

The next cycle of iMatter, which will enable a further assessment of performance in this area, will commence in April.

Assessment: The 2018 survey achieved a response rate of 53%, 9% less than the 2017 response rate, and because it is below the 60% threshold for production of a Board report, there is no published EEI score. However, the Board Yearly Components Report which details the answers provided to every question in the questionnaire by the 53% of staff who responded are in every case either improved or the same as 2017.

TURAS local target: At least 80% of staff will complete an annual review with their Line Managers via the TURAS system

Monthly reporting is now available for Turas, and the completion rate is currently 32%.

Assessment: It is recognised that a significant number of reviews occur in the January-March period, so the current performance figure will increase as reviews undertaken in February and March are recorded. This will be addressed with the implementation of a recovery plan for the rolling year going forward. The recovery plan will be agreed at EDG, with milestones for improvement to return to the 80% compliance agreed by directors.

Management Referrals local target: At least 95% of staff referred to the Staff Health & Wellbeing Service by their manager will receive an appointment within 10 working days

During Quarter 3 of 2018/19, 76.8% of the management referrals processed by the Staff Wellbeing & Safety Service were offered an appointment within 10 working days.

Assessment: This is below the agreed target, but represents a significant improvement from the previous quarters, and was achieved after the service cleared additional work relating to Exposure Prone Procedures. The current 95% target will require to be continually monitored should it be the case that resources require to be redirected to other agreed organisational priorities (e.g. annual flu vaccination programme).

Redeployment local target: At least 50% of jobs identified as possible suitable alternatives by the redeployment group will be investigated and an initial decision over their suitability will be made within 2 weeks

During Quarter 3 of 2018/19, 67% of jobs identified were investigated (with an initial decision over suitability made), a reduction of 16% on Quarter 2. Performance in this indicator varies, subject to number of staff of the redeployment register and their particular circumstances, although we continue to exceed the local target.

Supplementary Staffing local target: At least 80% of supplementary staffing requests (Nursing & Midwifery) will be met by the Nurse Bank.

During Quarter 3 of 2018/19, 74.9% of staffing requirements were met via the Nurse Bank, slightly reduced on the performance during Quarter 2.

Pre-Employment Checks local target: At least 80% of all pre-employment checks, as detailed within the Safer Pre & Post Employment Checks NHS Scotland Policy, will be completed within 21 working days from receipt of the preferred candidate details

During Quarter 3 of 2018/19, nearly 350 individuals within various staff groups were offered employment throughout NHS Fife, with 67% of pre-employment checks being completed within 21 working days, a 9% reduction compared to the previous quarter.

Further analysis on pre-employment checks completed within Quarter 3 identified delays were caused by external factors including applicant's not returning paperwork timeously. On receipt of the required documentation, checks were processed in a timely manner by the service.

There was a higher proportion of instances where pre-employment checks were not completed within 21 working days during December, which may be due to a reduced availability of applicants and referees during the festive period.

Performance Summary

National Standards

Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is more than 5% behind the Standard or Delivery Trajectory	↔	Performance unchanged from previous

Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2018-19 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Staff Governance	RED	Sickness Absence	Clinically Effective	5.00%	12 months to Feb 19	5.39%	12 months to Jan 19	5.40%	↑	5.39%	Only published annually: NHS Fife had the highest sickness absence rate in FY 2017-18 (Fife performance 5.76%, Scotland performance 5.39%)			

Local Targets

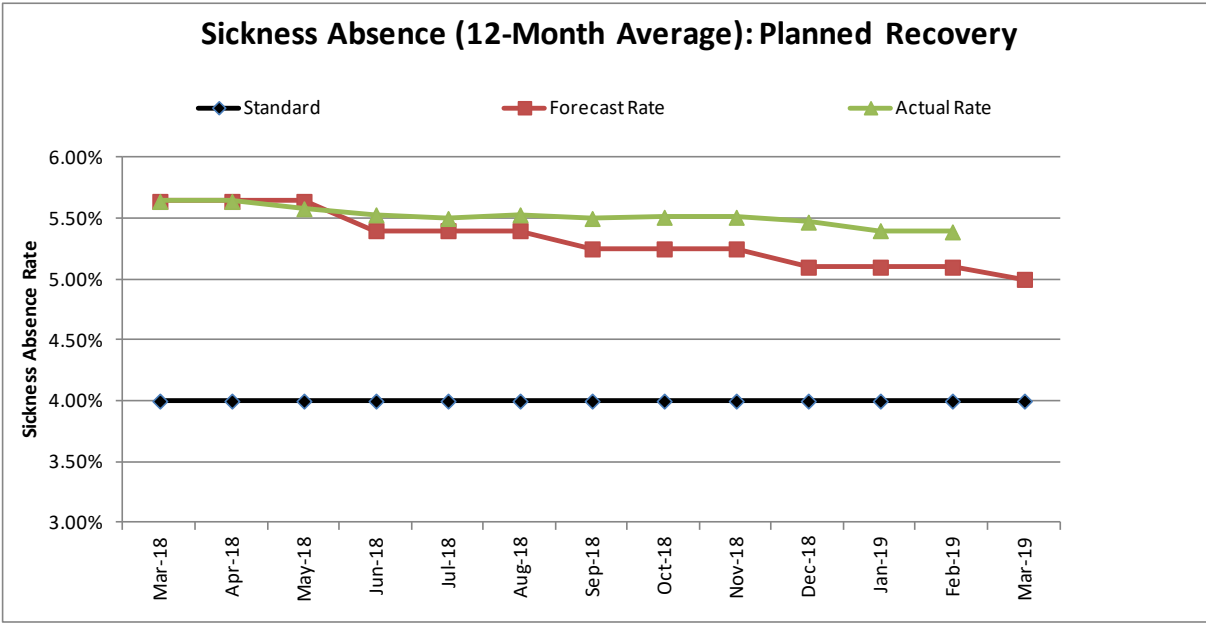
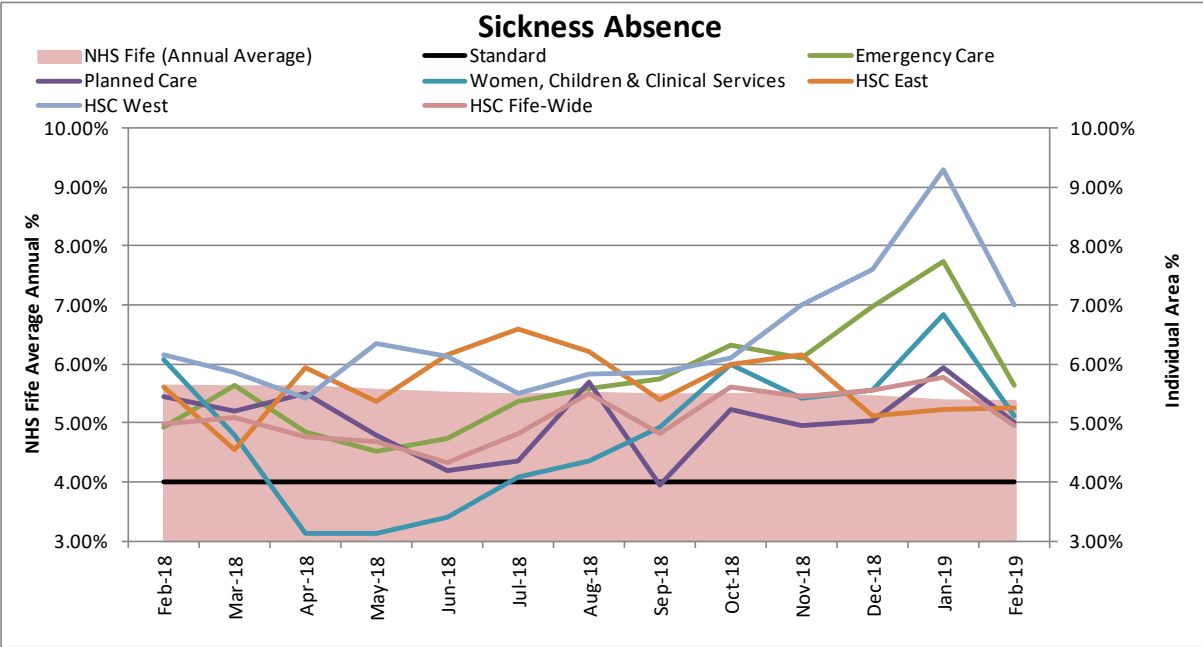
Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the local target	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the local target	↓	Performance worsened from previous
RED	Performance is more than 5% behind the local target	↔	Performance unchanged from previous

Section	RAG	Local Target	Quality Aim	Target for 2018-19	Performance Data				
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel

Staff Governance	GREEN	Redeployment	Clinically Effective	50.0%	Oct to Dec 2018	67.0%	Jul to Sep 2018	83.3%	↓
	RED	Supplementary Staffing	Clinically Effective	80.0%	Oct to Dec 2018	74.9%	Jul to Sep 2018	77.5%	↓
		Pre-Employment Checks	Safe	80.0%	Oct to Dec 2018	67.0%	Jul to Sep 2018	76.1%	↓
		Management Referrals	Safe	95.0%	Oct to Dec 2018	76.8%	Jul to Sep 2018	48.3%	↑
		iMatter	Clinically Effective	80.0%	FY 2018/19	47.0%	FY 2017/18	41.0%	↑
		TURAS	Clinically Effective	80.0%	12 months to Mar 2019	32.0%	12 months to Feb 2019	31.0%	↑

Sickness Absence

Measure	We will achieve and sustain a sickness absence rate of no more than 4% (measured on a rolling 12-month basis)	
Current Performance	5.39% for 12-month period covering March 2018 to February 2019	
Scotland Performance	5.39% for 2017/18 (data published annually)	



Previous 3 Reporting Periods	Dec 2017 to Nov 2018		Jan 2018 to Dec 2018		Feb 2018 to Jan 2019	
	5.51 %	↔	5.47%	↑	5.40 %	↑
Current Issues	The main reasons for sickness absence in 2018/19 were anxiety, stress and depression, other musculoskeletal problems and injury / fracture.					
Context	Sickness absence was higher month-on-month in 2017/18 when compared to 2016/17. However, absence rates have been significantly lower in 8 of the 11 months to date of 2018/19 when compared to 2017/18.					

Key Actions for Improvement	Planned Benefits	Due By	Status
East Division Sickness Absence Review	Improvement in the rates of sickness absence within the East Division in 2017/18	Mar 2019	Complete
Build on success of Well at Work Group, embedding commitment to being a Health Promoting Health Service (Evidence for this would be from the annual HPHS Assessment evaluation feedback, the HWL annual review feedback, from improvements in absence rates and staff feedback from workplace surveys etc.)	Adoption of a holistic and multi-disciplinary approach to identify solutions to manage absence and promote staff wellbeing	Mar 2019	Delayed Revised to Apr 2019
Enhanced data analysis of sickness absence trends, aligned to other, related workforce information, combined with bespoke local reporting (Use of Top 100 Reports, Drill Down reports provided for wards and departments, looking for increased staff and managerial engagement and improvement in absence rates. This will be supplemented via the introduction of Tableau from March 2019.)	Enable NHS Fife to target Staff Wellbeing & Safety support, and other initiatives, to the most appropriate areas	Mar 2019	Delayed Revised to Apr 2019
Formation of a short life working group to explore challenges and opportunities relating to an ageing workforce (the group has now met on three occasions and an Action Plan is being implemented)	Identification of appropriate mechanisms to allow staff aged 50 and over to remain healthy at work, supporting the resilience of the workforce	Mar 2019	Delayed Revised date TBD
Refreshed Management Attendance training with focus on the use of the Attendance Management Resource pack, Return to Work interviews and mental health and wellbeing at work. An additional programme of Mental Health in the Workplace training supported by HWL Fife will also be explored.	Reduction of sickness level, with particular decreases in absence linked to Mental Health	Mar 2019	Delayed Revised date TBD
Launch newsletter to help improve the wellbeing of healthcare staff working in Fife (first edition was in March)	'All About You' will highlight wide range of support available to assist staff to fit healthy, and to support a reduction in sickness absence	Jun 2019	On Track
Development and production of return to work video clip for Line Managers and Supervisors to access via the intranet	Accessibility of example of best practice available to Line Managers and Supervisors to support conducting return to work interviews	Jun 2019	On Track
West Division Sickness Absence Review	Improvement in the rates of	Mar 2020	On Track

	sickness absence within the West Division in 2019/20.		
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PAUL HAWKINS

Chief Executive

17th April 2019

Prepared by:

CAROL POTTER

Director of Finance

Fife Health & Social Care Integration Joint Board



Supporting the people of Fife together

UNCONFIRMED

MINUTES OF THE FINANCE AND PERFORMANCE COMMITTEE HELD ON THURSDAY 13 MARCH 2019, 10.00 AM, CONFERENCE ROOM 1, GROUND FLOOR, FIFE HOUSE

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

Attending: Fiona McKay, Head of Strategic Planning, Performance & Commissioning, Fife H&SCP
Michael Kellet, Director of Health and Social Care
Carol Potter, Director of Finance, NHS Fife
Norma Aitken, Head of Corporate Service, Fife H&SCP
Audrey Valente, Finance Business Partner
Claire Dobson, Divisional General Manager (West)
Julie Paterson, Divisional General Manager (Fife Wide)
David Heaney, Divisional General Manager (East)
Evelyn McPhail, Director of Pharmacy
Eileen Rowand, Executive Director, Fife Council
Seonaid McCallum, Associate Medical Director

In Attendance: Alison Clyne, Audit Scotland
Cheryl Drummond (Minutes)

Apologies: None

NO	HEADING	ACTION
1	WELCOME AND APOLOGIES	
	Cllr David Graham welcomed everyone to the special finance and performance meeting. DG paid tribute to Jen McPhail and her work with this committee and the HSCP. The committee applauded Jen McPhail. The group introduced themselves.	
2	DECLARATIONS OF INTEREST	
	None.	
3	MINUTE OF PREVIOUS MEETING	
	No comments or questions were made on the minutes.	

	<p><u>Decision:</u></p> <p>The Committee:</p> <ul style="list-style-type: none"> Agreed the minutes of the previous meeting. 	
4	ACTION LOG	
	<p>DG detailed that due to the meeting being a special finance and performance meeting some of the action points were not presented today.</p> <p>No queries were received from the group.</p>	
5	FINANCIAL BUDGET 2019/20	
	<p>MK introduced the overview of financial budget 2019/20; it was prepared by Jen McPhail with support from SLT colleagues.</p> <p>MK detailed income from Fife Council being given to the Health and Social Care Partnership as budget was set on 21st February. MK also gave information on the money allocated to Fife Council from Scottish Government, stating Fife Council had been given £10.1m, which Fife Council agreed to pass all £10.1m to the Health and Social Care Partnership.</p> <p>MK explained that NHS Fife is not certain the budget amount being given to Health and Social Care Partnership as they are due to set their 2019/20 budget on 27th March 2019. MK explained the IJB budget setting is due to take place after NHS Fife budgeting setting.</p> <p>MK went over the pressures and the set aside budget detailed within the financial budget report. The committee discussed some of the points detailed within the paper.</p> <p>MK confirmed the set aside budget in the revenue budget detailed within the report does need to transfer to the IJB in 2019/20 and managed by the partnership within 6 months of the beginning of the financial year. Eileen read aloud the Ministerial Strategic Group report section detailing this, confirming the timescale of 6 months.</p> <p>JP went over the Fifewide division budget proposals detailed under appendix 3.</p> <p><u>PID FWD 001 & 002 Cash Releasing Efficiency Savings (CRES)</u></p> <p>JP detailed the CRES to the committee, including the savings relating to the turnover of staff as well as the addition in savings relating to SH and FDRU drugs.</p> <p><u>Decision:</u></p> <ul style="list-style-type: none"> The committee accepted the PID and agreed to recommend to the IJB. <p><u>PID FWD 003 Service User Holiday Costs</u></p> <p>JP explained the PID to the committee, explaining she had spoken with Dougie Dunlop who was fully sited on the recommendations.</p> <p><u>Decision:</u></p> <ul style="list-style-type: none"> The committee accepted the PID and agreed to recommend to the IJB. <p>DH explained to Committee members that the wrong version of some of his PIDs had been circulated and some of the figures were incorrect. He sought the Chair's agreement to circulate hard copies of the correct PIDs which was</p>	

accepted, and the correct versions were circulated. DH went over the East division budget proposals.

PID Cash Releasing Efficiency Savings (CRES) – East Division

DH detailed the CRES to the committee, including the savings relating to the turnover of staff for the financial year.

Decision:

- The committee accepted the PID and agreed to recommend to the IJB.

PID Community Alarm Service Charge & Meals on Wheels Service Charge

DH detailed the proposal to increase the charges for community alarm service and the meals on wheels service noting this was a decision for Fife Council.

FM explained it was agreed at pre agenda of the Council's Policy & Co-ordination Committee yesterday that more information would be placed within the PID about the percentage increase as well as the income increase if the charges were increased along with the call out costs for community alarms.

Decision:

- The committee accepted both the PID's and agreed to recommend both to the IJB.

PID Efficiencies and Transformation Plans for Residential/Day Services

DH detailed the PID around Leng resource centre and St David's day centre, detailing the challenges and interim and long-term solutions for service users. ER explained that the figures detailed in 2020/2021 should read 60 rather than the 120 detailed. It was agreed these would be looked at prior to sending to the IJB.

Decision:

- The committee accepted the PID and agreed to recommend to the IJB.

PID Efficiencies and Transformation Plans for Reprovision Matthew Fyfe/Ladywalk House Care Home

DH detailed the PID around the reprovision of Matthew Fyfe and Ladywalk House. DH detailed the challenges around beds and staff management change. Following discussion, the committee did not support the proposal.

Decision:

- The committee did not accept the PID and would not recommend to the IJB.

PID Efficiencies and Transformation Plans – Maximum Indicative Budget

DH detailed the proposal to introduce a maximum indicative budget for new older people's care packages noting this would mirror the approach, at a different financial threshold, approved by the IJB for adult packages the previous year.

Decision:

- The committee accepted the PID and agreed to recommend to the IJB.

CD went over the West division budget proposals detailed under appendix 3.

PID West 001 Cash Releasing Efficiency Savings (CRES)

JP detailed the CRES to the committee, including the savings relating to the turnover of staff.

Decision:

- The committee accepted the PID and agreed to recommend to the IJB.

PID West 002 Review and implement savings for FCEP budget

CD detailed the small saving of £30k through in-house training and skilled up staff.

Decision:

- The committee accepted the PID and agreed to recommend to the IJB.

PID West 003 Shifting balance of care from long term and residential care budget

CD detailed the long term care budget and the under spend over the past few years in this area, proposing to realign the budget to provide more care at home.

Decision:

- The committee accepted the PID and agreed to recommend to the IJB.

EM detailed the savings presented from pharmacy with a savings of £1.2m. EM apologised for the PID being missing due to her annual leave. EM agreed to put together a PID for IJB discussion. EM was happy to accept any questions on the PID once circulated to the committee.

Decision:

- No decision was made due to the PID being missing.

JP pointed out that other PID's detailed under appendix 2 (ii) had been missed out of the discussion in today's meeting. It was stated that these PID's detailed under appendix 2 (ii) relate to savings out with 2019/20, these PID's would return to a future committee meeting. It was confirmed that PID's under 2 (iii) were agreed at a previous committee meeting.

Decision:

- Committee are unhappy to accept or recommend any PID's not presented today to the IJB.

DG went over the recommendations detailed within the revenue budget report.

Decision:

- Rewording of the recommendations was needed to change 'The Integrated Joint Board is asked' to 'The committee is asked to'

	<ul style="list-style-type: none"> PID 007 is not recommended to the IJB, but the committee is otherwise happy to accept all other recommendations. 	
6	FINANCIAL MONITORING TO JANUARY 2019	
	<p>MK introduced the financial monitoring report to the committee.</p> <p>MK detailed that as of end of January 2019, the deficit has been forecasted for the IJB at the yearend of £9.824m, which shows a reduction from December 2018 forecast. The deficit does not take into account the local authority pay deal but it is an extra pressure.</p> <p>MK detailed the variances between December 2018 forecast and January 2019 forecast to the committee as well as detailing the pressures within the budget paper.</p> <p>MK opened up the conversation for questions regarding the report from the committee.</p> <p>SM flagged the clinical risk of the under spend from the Primary Care Improvement Fund and also flagged the £400k under spend from this financial year should be available for the next financial year to implement the Plan and MK agreed.</p> <p><u>Decision:</u></p> <p>The committee:</p> <ol style="list-style-type: none"> 1) Raised concern on the vacancies and the savings being made through vacant posts and any savings from GMS contract. 2) Accepted the removal of bullet point: Note the agreement by the DOF NHS Fife that all staffing tools for safe staffing will be funded 3) Were happy to accept the other recommendations detailed within the report 	
7	GRANTS TO VOLUNTARY SECTOR	
	<p>FM detailed the annual agreement of the grants to voluntary organisation and gave the committee a summary of the annual review that takes place within voluntary organisations receiving over £10,000. FM stated that the organisations will receive the same funding as 18/19 with no cuts in their budgets.</p> <p>The committee were happy to see the report on the grants, the work being done and the investments and contributions in the voluntary sector.</p> <p><u>Decision:</u></p> <p>The committee:</p> <ol style="list-style-type: none"> 1) Were happy to accept the recommendations within the report 	
8	FINANCIAL TURNAROUND – CONSULTANT REPORT – IN PRIVATE	
	<p>This agenda point was taken in private.</p> <p>MK detailed the report and his SBAR. Brian Steven's report was initially commissioned by MK with support from the Scottish Government.</p>	

	<p>MK stated he proposes to provide the report and SBAR to the Audit & Risk Committee. Unfortunately given the issues details within the report it would not be shared out with Audit and Risk and this committee.</p> <p>PMO and the financial efficiency meetings were discussed within the group.</p> <p><u>Decision:</u></p> <p>The committee</p> <ol style="list-style-type: none"> 1) Requested a detailed action list of the recommendations be provided and brought to the next meeting 2) Accepted the report and the recommendations included within the report 	MK
9	ANY OTHER BUSINESS	
	DG asked members to submit recommendations of additions to action list to himself for inclusion within future agendas.	ALL
10	DATE OF NEXT MEETING	
	Tuesday 21 st May 2019 at 2.00pm in Conference Room 2, Ground Floor, Fife House, North Street, Glenrothes	