MINUTES OF THE MEETING OF FIFE NHS BOARD HELD ON TUESDAY, 28 AUGUST 2012 AT 10.00 AM IN THE MAIN HALL, LYNEBANK HOSPITAL, DUNFERMLINE

Present:

Professor J McGoldrick (chairperson) (part)  
Ms M Adams, Non-Executive Director  
Mr P Adams, Non-Executive Director  
Ms S Archibald, Non-Executive Director  
Mr H Blyth, Non-Executive Director  
Mrs W Brown, Employee Director  
Ms A Buchanan, Nurse Director  
Mr K Cochran, Non-Executive Director  
Dr E Coyle, Director of Public Health  
Ms M Harper, Non-Executive Director  
Mr S Little, Non-Executive Director  
Dr I Lowles, Non-Executive Director (part)  
Mrs A McGovern, Non-Executive Director  
Mr A Mentiplay, Chairperson, Area Clinical Forum  
Mrs J Mitchell, Non-Executive Director  
Dr B Montgomery, Medical Director (part)  
Mr A Morris, Non-Executive Director (part)  
Ms F Purdon, Non-Executive Director  
Mr A Robertson, Non-Executive Director  
Cllr A Rodger, Fife Council (part)  
Ms S Archibald, Non-Executive Director  
Mr D Stewart, Non-Executive Director  
Mr J Wilson, Chief Executive

In Attendance:

Ms R M King, Director of Human Resources (part)  
Mr J Leiper, Director of Estates, Facilities & Capital Services  
Mrs S Manion, General Manager, Dunfermline & West Fife CHP  
Mr A McCreadie, Assistant Director of Finance  
Mr B McLean, General Manager, Mental Health Services  
Mr S Moore, Fife Council (part)  
Ms N Wilson, Head of Corporate Services  
Mrs P M King, Corporate Services Manager (Minutes)

The Chairman welcomed everyone to the meeting, in particular Mr Jim Leiper who was attending his first meeting as Director of Estates, Facilities & Capital Services. He advised that this would be Mr Alan Mentiplay’s last meeting of the Board and he wished to record his personal thanks and that of the Board for his contribution to the NHS Fife Board.

56/12 DECLARATION OF MEMBERS’ INTERESTS

None.

57/12 CHAIRPERSON’S WELCOME AND OPENING REMARKS

A list of events that the Chairman had attended since the last meeting had been tabled. Attention was drawn to the Official Opening of the New Wing at Victoria Hospital which took place on 27 August 2012 by Ms Nicola Sturgeon, Cabinet Secretary for Health, Wellbeing and Cities Strategy. This was an important occasion and he had been very pleased by the turnout and number of guests...
that had been able to accept the invitation to attend. The Cabinet Secretary and guests had enjoyed the visits to clinical areas and staff had been pleased to be able to demonstrate how the hospital facilities would benefit patients. The Cabinet Secretary had also spoken with the parents of a new born baby and the parents of a 100 day old baby within the Special Care Baby Unit and would follow her progress over the next few months. The Chairman thanked everyone involved for their support.

(a) Board Development Session – 31 July 2012

The Board noted the report on the Development Session

58/12 APOLOGIES FOR ABSENCE

Apologies were received from Mrs C Bowring and Mr J Winton.

59/12 MINUTES OF PREVIOUS MEETING HELD ON 26 JUNE 2012

The Minute of the previous meeting was approved as a true record, subject to a minor amendment on page 15, 46/12 iv), to change ‘expressions’ to ‘summaries’.

60/12 MATTERS ARISING

(a) Committee Governance

Professor McGoldrick informed the Board that he had asked Mr Robertson, Vice-Chair, to convene a small group of Board Members with a view to taking forward governance arrangements on a continuous improvement basis. Members should let Mr Robertson know if they would be interested in joining the group.

61/12 STATUTORY AND OTHER COMMITTEE MINUTES

(a) Area Clinical Forum dated 7 June 2012 (unconfirmed)

There was nothing to add.

(b) Area Partnership Forum dated 22 June 2012 (unconfirmed)

The minute had been confirmed. Updates were provided in response to questions on the following:-

- The electronic Employee Support System (eESS) was a national system. NHS Fife was part of the first wave of its implementation and as such had experienced technical problems that came with implementing a new system. Further training would be required due to the time lag encountered but this would not take place until the system was ready to run. Ms Rooney commented that many audit recommendations would be resolved with eESS coming on line.

- The issue of smoking within hospital sites was a significant problem and although the No Smoking Policy had been in place since 1993 it was difficult to regulate. There had been success in stopping
smoking inside buildings and actions had been taken to discourage people from smoking at entrances. The provision of smoking shelters had been considered previously but there were a number of issues associated with this, not least the professional accountability for staff if they directed people to shelters. The experience of other hospitals was that the smoking shelters did not alleviate the problem. NHS Fife had a responsibility to try and improve people’s health and well being and all staff were therefore expected to adhere to the policy and ask the public to adhere to the policy. Mrs Inwood, Director of Nursing, Operational Division, had been asked to lead a group to raise awareness of the No Smoking Policy to staff and the public across Fife.

(c) **Audit Committee dated 20 June 2012 (unconfirmed)**

Ms Rooney reported that the minute focussed on the Annual Accounts 2011/12 which had subsequently been discussed at the June Board meeting. She drew attention to the Internal Audit Review of Waiting Times which was due to be completed by 17 December 2012. There had been issues around the role of the Audit Committee with respect to Risk Management and this would be discussed later on the agenda.

Under item 49/12 Action List, Mr Cochran requested that titles be included as a reference in future.

(d) **Clinical Governance Committee dated 13 June 2012 (unconfirmed)**

The minute had been confirmed. Two items were raised in relation to advancement of Fife Quality Delivery Plan which would be submitted to the Board in due course and that there was no obvious causes for the rise in SABS in May. Dr Lowles suggested that “Items for Chair to Raise with Fife NHS Board” be a standing item at all Committees. This would be considered by the new governance group. Dr Lowles also took the opportunity to thank Ms Buchanan for taking the time to meet with the public partner Member prior to the meeting.

Members raised a number of queries which were responded to as follows:-

- Mrs Porter had reassured the Kirkcaldy & Levenmouth CHP Committee that the backlog of data input in relation to medication incident reports had been due to the administration of the process and additional support had been put in place to rectify the backlog.
- Ms Buchanan confirmed that the Quality, Governance and Safety Group was an operational delivery group not a governance committee. The Quality Strategy was about patient centred care and it was intended to bring these elements together within one group. Governance and assurance would still be reported through the Patient Focus Public Involvement and Clinical Governance Committees having oversight of clinical governance and safety.
issues. This integration agenda would be reviewed in one year.

• Annual Cancer Report Breast Cancer – SCAN – the target for initial surgery had been missed as the time had been reduced by one week from 38 to 31 days. This was a shared service with Lothian.

(e) Dunfermline & West Fife CHP Committee dated 12 July 2012 (unconfirmed)

Ms Adams drew attention to two matters namely the on-going consultation around the reconfiguration of the Primary Care Out of Hours Treatment Centres and the excellent presentation by Dr Cheshire, Head of Psychology, on the Psychological Therapies HEAT Target Report. There was an initiative underway by the Quality and Efficiency Support Team (QuEST) specifically looking at access to psychological therapies and the progress being made in Fife. Mr McLean advised that the target was sub-divided into several objectives to be achieved over a number of years and a risk plan was being produced for submission to the Scottish Government showing the position of NHS Fife against the actions.

Mrs Manion confirmed that discussion under the Health & Social Care Partnership Workstreams specifically related to operational management for Dunfermline & West Fife CHP. Each part of the organisation was having similar discussions about the proposals and these needed to be co-ordinated with colleagues in Social Work to ensure that consistent messages were relayed.

Mrs Harper questioned the confidentiality aspect of the Childsmile programme being undertaken in the classroom. The Board was reassured that this was the normal way to undertake such an initiative; it was not a personal discussion but was generic guidance on how children should clean their teeth and consent was received from parents of the children involved. No treatments were given in such locations.

(f) Fife Health & Wellbeing Alliance dated 7 June 2012 (unconfirmed)

The Board noted that those present did not include members of the administration as they had not been determined at that time.

(g) Finance & Resources Committee – Part 1 dated 31 July 2012 (unconfirmed)

Mr Adams highlighted that the overspend to date was lower than the same time last year. The Committee had been reassured that various initiatives were in place to look at efficiency savings and regular meetings were held to review progress.

The possibility of using the criminal justice service for community service was a helpful comment from Councillor Rodger who had suggested that this kind of input could assist with a number of small projects around NHS Fife. Mr Moore confirmed that all individuals were assessed in terms of risk and matched to jobs they could perform under supervision.
and was part of community wellbeing.

(h) Glenrothes & North East fife CHP Committee dated 4 July 2012 (unconfirmed)

There was nothing to add.

(i) Health & Safety Governance Committee dated 5 June 2012 (unconfirmed)

There was nothing to add. Ms King advised that the Health & Safety Executive (HSE) intended to move towards a policy of charging when requests were made for them to attend any premise for inspection purposes. Further discussion was being held with the HSE and the Health & Safety Advisor as there was concern that this might make people think twice about involving the HSE. The Board was reassured that NHS Fife would not hesitate to involve HSE but it did raise concerns about the effect this might have on other inspection bodies.

(j) Kirkcaldy & Levenmouth CHP Committee dated 10 July 2012 (unconfirmed)

Mr Robertson referred to discussion on the Integration of Health and Social Care – the Partnership Approach which was of huge importance to everyone, in particular CHP Committee Members, and he asked if a regular progress report could be prepared for submission to all three CHP Committees.

(k) Operational Divisional Committee dated 11 July 2012

There was nothing to add.

(l) Primary Medical Services Committee dated 17 July 2012 (unconfirmed)

There was nothing to add. The use of initials was raised and this would be picked up in the review of good governance as an issue of consistency.

(m) Staff Governance Committee dated 31 May 2012 (unconfirmed)

There was nothing to add.

(n) South East & Tayside Group dated 29 June 2012 (unconfirmed)

Mr Wilson reported that the group had received reports on a number of issues of mutual concern and interest for the region.

With regard to IVF, Mr Wilson confirmed that a national group was currently looking to develop criteria for the Scottish Government with a view to moving towards standardisation by 2015 with a maximum one year waiting time. The first step was to move towards standardisation within the SEAT region and NHS Fife had invested £100k to move
towards the Lothian position. Once the national report was available NHS Fife would need to look at how it would meet the target over the next few years. Clinicians were involved at every stage of the process, both nationally, at SEAT, and locally involving experts from the tertiary centres. Mr Wilson reminded the Board that NHS Fife did not provide this service but there was a need to develop policy and commission the right level of treatment from other Boards.

The disestablishment of four posts within the A&E service was highlighted. Dr Montgomery advised that the funding for these posts would be used to part fund an increase in consultant posts which would provide additional capacity.

Mr Morris commented that “Minimising Variation” required further clarification as variation within the NHS was essential particularly as part of patient choice and he suggested use of the term “unwarranted variation”.

The Board noted the above Minutes.

HEALTH IMPROVEMENT AND JOINT WORKING

62/12 STRATEGIC ISSUES

(a) Integration of Health and Social Care – The NHS Fife Response to the Consultation Proposals

Mrs Manion thanked all those across the organisation that had taken time to read and comment on the document which had been widely circulated across NHS Fife with discussion on the specific proposals held within the delivery units and corporate directorates. The consultation proposals set out how the Government planned to reform the system of Health and Social Care to deliver services that were better joined up and as a consequence deliver better outcomes. The Council and the Health Board had agreed it was appropriate to have separate responses to the consultation given the existing different statutory arrangements and accountabilities, although the responses would be shared before they were submitted to the Scottish Government.

The NHS Fife draft response had been pulled together from comments received and it was evident that the proposals as outlined in the consultation could bring real significant change and improvement for individuals and communities in Fife and the ambition set out for change and improvement had been recognised. There was an expectation that work would continue to build on what was already in place; work needed to be undertaken at a local level across Fife to ensure that the planning and delivery of services were led by clinicians and individuals. A number of issues remained to be resolved by the Scottish Government but there was an absolute clarity about the shared expectation of a vision and the possibilities this could bring in Fife.
Members made a number of observations and comments on the draft response that would be picked up by Mrs Manion. In answer to a question from Mr Little about the financial aspects of an integrated Health & Social Care Partnership, Mr Wilson confirmed that there was recognition between the Council and Health Board that a number of issues required careful consideration and this had resulted in the setting up of the programme management structure outlined at the Board Development Session in July 2012. The workstreams were addressing these types of issues and national groups were also being established looking at similar issues following feedback received. Professor McGoldrick advised that the process was being overseen by a Ministerial Group chaired by the Cabinet Secretary for Health, Wellbeing and Cities Strategy involving Board Chairs with senior representatives from COSLA and he gave a reassurance that statutory guidance would be issued once the Bill had been passed.

Mrs McGovern took the opportunity to ask about the future of the elected Members of the Board. Professor McGoldrick confirmed that a review of the election process was due to be submitted to Parliament in the Autumn.

The Board agreed the content of the consultation response, with some further refinement and approved submission to the Scottish Government.

The Board agreed to bring forward item 10 a) at this point.

**GOVERNANCE**

**63/12 a) Annual Report on the 2011/12 Audit for Fife Health Board and the Auditor General**

Professor McGoldrick introduced Ms Gillian Woolman, Audit Scotland, who would speak to the report compiled by the external auditors. This was the first report to the Board and the Auditor General for Scotland by Audit Scotland following their appointment as external auditors to NHS Fife Board for the next five years.

Ms Woolman said that Audit Scotland had worked hard to engage with the Audit Committee and the Strategic Management Team and she thanked the Board for inviting her to speak at the meeting today. She drew attention to the key messages for 2011/12, in particular receipt of an unqualified audit certificate on the financial statements and the challenges faced by the Board during the year. Page 4 provided a helpful reminder of the obligations the Board had for maintaining appropriate systems of internal control and drew to light the public profile of external audit in Scotland. The report would be published on the Audit Scotland website after consideration by the Board.

There were four main sections to the report, namely Financial statements, Financial position, Governance and accountability and best
value, use of resources and performance and Ms Woolman took Members through the report, drawing attention to the following:-

- The financial statements had been discussed in detail at the June Audit Committee meeting. The Equal Pay Claims issue affected all Boards in Scotland and was an area where work was undertaken with Scottish Government and the Central Legal Office to monitor cases as they evolved. This had been recorded as “unquantified”.
- The Board had achieved a breakeven position in 2011/12 through tight financial planning in-year. The outlook for 2012/13 and pension costs were highlighted.
- The section on governance and accountability captured all the committees and processes in place and Ms Woolman was pleased to hear about the new governance group being convened. This section also covered patient safety and clinical governance, partnership working, internal control, internal audit, governance statement, ICT service review and prevention and detection of fraud and irregularities.
- In Year one, the new external auditors took the opportunity to follow up on three audit toolkits and these were listed in the report.

Ms Woolman was grateful for the participation of Board Members in national performance reports. She highlighted the Action Plan which itemised all the issues which required to be addressed. Audit Scotland was satisfied with the management response and progress on the action plan would be monitored by the Audit Committee.

Professor McGoldrick thanked Ms Woolman for this independent external report.

In response to Mr Stewart, Ms Woolman stated that the funding formulary came from the Scottish Government and the Auditors had tried to be open in reporting where there were additional pressures on Boards where they were above or below parity and that set the scene for challenges that Boards faced.

Ms McGovern reinforced the importance of service redesign given the significance of the level of savings to be made.

Ms Rooney commended the report which pulled a lot of information together. A change in Auditor could sometimes be difficult but from an Audit Committee viewpoint there had been a very smooth handover.

The Board noted the External Auditor’s Annual Report 2011/12.

64/12 STRATEGIC ISSUES

(b) Risk Management in NHS Fife

Ms Buchanan spoke to the report that provided an update on developments in Risk Management arrangements in NHS Fife since the
The report set out information on work accomplished to date, the proposed composition of the refreshed Corporate Risk Register to ensure it truly reflected the up to date corporate risk profile and the next steps. The fundamental change was about the role of the Audit Committee and other governance committees. It was proposed that governance committees would have oversight of the risks on the Corporate Risk Register most associated to that committee, similar to the Balanced Scorecard. The executive lead for each risk would provide an update in terms of the management actions undertaken to minimise risk where possible and the full Corporate Risk Register would be submitted to the Audit Committee on a six-monthly basis.

Ms Rooney, as Chair of the Audit Committee, welcomed this approach which clearly separated the governance role and the management of risk. There was currently no need to change the extant arrangements around the management of risk as it was the governance arrangements that required further clarification.

In response to Mrs Harper, Ms Buchanan advised that although it was proposed to reduce the number of SMT (Risk) meetings, any risk issue that arose in the interim could be brought to a meeting of the Strategic Management Team (SMT) which met weekly. Mr Wilson was satisfied with the proposed arrangements, noting that the delivery units each had its own arrangements for managing its risks and there was an opportunity at every SMT to highlight anything of concern.

Ms Archibald expressed her disappointment that there was no mention of risk associated with accessibility of services. Mr Leiper reassured members that every service had to undertake an impact analysis and “function suitability” was a key part of the Estates and Facilities service. As properties were developed and brought up to standard this was taken into account but there were competing priorities on various strands of legislation and safety and statutory compliance addressed this on a risk basis. Mr Leiper welcomed any input from Board Members on observations about areas for improvement and this would be brought into the safety and statutory compliance agenda to receive the focus it deserved in a prioritised manner.

The Board noted the developments to date and endorsed the proposed approach.

HEALTH SERVICES

65/12 STRATEGIC ISSUES

(a) Getting Better in Fife

At the last meeting of the Board Mr Wilson had raised the issue of the
need to develop a healthcare improvement plan to cover the next five years and he introduced a draft document “Getting Better in Fife”, the preparation of which had been led by Dr Montgomery and his management team. This had been prepared following several staff briefings and the Board Development Session in July and contributions/comments had been fed in from other individuals and departments. A number of comments were yet to be analysed along with any feedback from the discussion at the Board meeting, before a final version would be ready.

The aim was to create a culture and environment which supported change and innovation. Resources in terms of people who had the skills in redesign, quality improvement, etc, had been looked at. A number of patient stories had also been included to try and demonstrate things that were being done well and also pick up areas where things could be done better and be used to learn lessons.

Dr Montgomery said that the document followed on from the Board Development Session in July and remained a paper in evolution. The intended audience was for staff within the organisation but it was in the public domain and he proposed that an easy-read version be produced for public consumption once the final version was available. The document built on Right for Fife and the good work undertaken over the past ten years. It was not a strategy but a framework for action and he reiterated the requirement to deliver across the whole agenda including the Local Delivery Plan, performance reports, etc. The details of some of the specific tasks from the five main priority areas were starting to evolve and were listed in Appendix 1. The use of the Programme Management Office (PMO) which promoted a rigorous project management approach to everything being done was vital when looking at such initiatives and the need to accomplish enhancing patient experience and clinical outcomes was paramount.

Mr Wilson thanked Members for their comments, all of which were helpful with a number demonstrating that some feedback could conflict with other feedback. It was intended that the paper be dynamic and would change but he wanted to put some parameters around it. There was a recognition that it would be difficult to measure the outcomes of some of things to be done but there were several ways of measuring change; some things could be measured by outcomes, relying on patients and staff side colleagues for feedback, by getting a sense of how things were going and by observation.

Dr Montgomery agreed that waste medicine was a big issue and a local initiative was in place to look into it. A meeting had also been arranged with Audit Scotland about a project they were undertaking around prescribing. It was felt that this should be dealt with on a national basis and he encouraged Members to feedback any examples of where this occurred.
Councillor Rodger referred to the excellent NUKA Project at Muiredge Surgery which had completely transformed the way a GP Practice could work.

Mr Wilson and Dr Montgomery would take on board the comments made and build them into the next variation of the document as appropriate. Consideration would be given as to how to report further progress to the Board.

The Board agreed to proceed on that basis.

(b) Winter Planning Review 2011/12

Dr Montgomery referred to the paper for information that reviewed winter planning arrangements for 2011/12. Planning at local level had been led through the Local Management Units but played in information available from a regional and national Winter Planning Conference. As a consequence of these meetings a number of recommendations had been made and these were summarised under 1.2 of the paper. This information had been taken into account and enabled the Joint Winter Escalation procedure to be approved by the Partnership Management Group in September 2011.

Feedback had been received on the overall performance of the system during the winter period and the paper outlined some of the challenges encountered. A number of areas of good practice had also been identified including the Out of Hours Service, the establishment of a new single point of access, in reach towards by integrated response teams to plan early discharge and the involvement of pharmacy.

The action plan and Escalation Procedures for 2012/13 were currently being reviewed and developed in the light of feedback received and the overall NHS Scotland Winter Review and would be discussed at a local system wide meeting and regional meeting in September 2012 and would be submitted to the Board and Health and Social Care Partnership for approval in Autumn 2012.

In terms of an early warning system, it was noted that the Emergency Planning Officer received regular reports on the weather via the Scottish Government which was then cascaded throughout the organisation; these reports were confined to service delivery issues. Work was underway to produce the 2012/13 Winter Plan, based on previous experience, early warnings were identified as necessary and internal predictions were made on the number of patients expected into hospital every day.

Mr Cochran asked about measures being taken to prevent people from coming into hospital and was advised that most of the work in this regard was co-ordinated nationally through NHS 24 and NHS Inform. The major campaign “Know who to Turn To” addressed these issues nationally.
The Board noted the outcome of the review for 2011/12 and the action being taken to develop the plan for winter 2012/13.

Professor McGoldrick left the meeting at this point and the chair was passed to Mr Robertson.

(c) Property and Asset Management Strategy (PAMS) 2012/13

All Boards in Scotland were required to provide a Property and Asset Management Strategy as per circular CEL 35 (2010). The first 2011 newly formatted draft strategy for NHS Fife had been submitted to the Scottish Government and received a favourable response in relation to all other Boards.

The report was in a standard format and was a list of facts as assessed at that point in time and was a “live” document which would never be up-to-date due to the nature of the information contained within it. The draft 2012/13 Property and Asset Management Strategy document had been agreed by the Strategic Management Team and the Finance & Resources Committee which had recommended it to the Board for approval before submission to the Scottish Government. The Estates, Facilities & Capital Services Directorate would take this process forward on behalf of the Board. Scottish Government subsequently take the PAMS from each Health Board and amalgamate into the “State of the Estate” report.

Ms Rooney pointed out that 25% of the estate condition and performance had been categorised as Not Satisfactory and 75% of the estate was Fully Used and she asked if there was a correlation that would allow a rationalisation of the estate. Mr Leiper stated that there was not an exact correlation between the percentage not utilised but there was some cross-over and he reassured Members that the estate was not under utilised.

The Board approved the 2012/13 Property and Asset Management Strategy for submission to the Scottish Government.

64/12 OPERATIONAL ISSUES AND PERFORMANCE MANAGEMENT

(a) Board Executive Performance Report: August 2012

Mr Wilson took Members through the report to August 2012 which followed the usual format, noting in particular information on the Local Delivery Plan 2012-13, Developing Proposals for New HEAT Targets for 2013-14 and Patient Availability Codes.

Section A – Balanced Scorecard (BSC) 2012/13 Progress Report

Mr Wilson updated Members on performance related to the Balanced Scorecard and on the 2012/13 HEAT targets and referred members to the progress report contained at Appendix A. A response had been submitted to the Scottish Government on the proposed new targets for
2013/14 and on-going discussion was being held with the possibility of expanding the deadline for the range of targets being proposed. Attention had been previously drawn to the issue of Status Availability Codes and Mr Wilson confirmed that an internal and external audit of the application of these codes within NHS Fife was on-going and would be reported to the Board in due course.

In response to a question from Mrs Mitchell, Mr McLean confirmed that although there had been a consistent reduction in the waiting times for CAMHS over the past year, those cases waiting more than six months were prioritised on an assessment of need basis.

Section B – Activity Report

Mr Wilson introduced the report that highlighted progress towards the Board's activity targets in the period to 31 August 2012 and took Members through the report in detail, highlighting the following:

› As noted above, the review by Audit Scotland and NHS Fife Internal Audit on the categorisation of ‘unavailable patients’ on waiting lists was underway. Chart 1 in the paper showed that the percentage of Inpatient/Day Case patients in NHS Fife excluded from waiting lists for social reasons had been consistently lower than Scotland as a whole since March 2008. Performance remained constant and peaks coincided with holiday periods when it could be expected that more people would be unavailable.

› Outpatient referrals had risen by 5.2%, with ‘new’ outpatient attendance increased by 2.2% and review attendances by 9.2%. Part of that reflected a change in practice whereby fewer patients were brought into hospital and were treated by a series of appointments as part of a planned progress of care. Outpatient Appointments: number of people waiting for a new outpatient consultation was 20% higher than the same period in 2011. 96.4% (10286 patients) had received an appointment within 12 weeks of referral.

› Inpatient/Day Case Admission: there were 2245 patients waiting for Inpatient/Day Case admission at the end of June which was 7% higher than the same period last year. 95.3% had waited nine weeks or less from being placed on a waiting list to admission for an inpatient or day case procedure.

› Diagnostic Waiting Times: There was a six-week maximum waiting time standard for eight key diagnostic tests. The figures illustrated that between May and June the number of patients waiting increased by just under 5%. At the end of June, 696 patients had waited more than six weeks, with just under 80% waiting for Imaging Diagnostics. This had been hampered by staffing issues, in particular difficulties in recruiting sonographers. A trainee sonographer completed the two-year training programme in April, and this together with recruitment to
two vacant consultant radiologist posts should provide a sustainable solution.

› The three targets above combined into the 18 Weeks Referral to Treatment target and NHS Fife performance continued to outstrip the national target at 96%.

› Cancer Waiting Times: the two cancer treatment HEAT targets to be met were outlined at para 3. Performance for the quarter ending March 2012 showed that NHS Fife had achieved 92.1% against the 62 day target and 97.9% against the 31 day target. Dr Montgomery and Mr Wilson were in discussion with Scottish Government about action to be taken around performance of the 62 day target which was below standard. Dr Montgomery advised that the pathway for the Lung cancer specialty remained challenging with an upsurge in referrals resulting in capacity issues both locally and within NHS Lothian. The national ‘Detect Cancer Early’ was aimed at bringing forward the stage of diagnosis trying to change the position of people presenting later.

› Good progress continued against the Drug & Alcohol Services waiting times with NHS Fife continuing to improve ahead of trajectory for the two measures. Mr Little asked whether a rise in drug deaths over the past 5 – 10 years indicated Methadone use topped up with other drug use. This was a complicated issue and Mr McLean stressed the importance of prescribing the right amount of Methadone titrated and prescribed.

› After exclusions the overall number of delayed discharges reported for July was 72, an increase of 4 compared to June. The number of patients in delay for more than four weeks was 12, one more than in June and slightly behind the planned position at this time.

› Emergency Access: the quarter ending March showed that 89.4% of people had been admitted, discharged or transferred for A&E treatment within four hours of arrival, against a standard of 98%. The figures for April to June indicated that workstreams set up were having a positive impact with 92.3%, 96.3% and 95.6% of patients respectively being treated within four hours.

Mr Wilson commented on the marked improvement in performance against the four hour access to A&E target. Performance continued to improve due to the commitment of staff, systems now in place and robust monitoring procedures.

The Board **noted** the Activity Report.

**Section C – Capital Programme 2012/13**

Mr McCreadie introduced the report which covered the period to 31 July 2012. The report outlined expenditure to date, changes to the Board’s Capital Resource Limit (CRL), details of changes in Planned Expenditure
and updated on the Glenwood Health Centre Project.

Appendix A provided details of current expenditure which amounted to £2.299m, 18% of the estimated annual expenditure. The main areas of expenditure were summarised at para 2.3. At this early stage of the financial year it was estimated that NHS Fife would spend its CRL in full. Since the previous report to the Board, the second instalment for the Enabling Works associated with the Glenwood Health Centre Hub project had been received.

Appendix B showed changes in the plan resulting from any new allocations received and from updated estimates for schemes already approved. There had been no significant changes to the programme.

Procurement of the new Glenwood Health Centre was being advanced through the Scottish Government HUB initiative. A Project Director and Project Manager had been appointed jointly with NHS Tayside to cover both the Glenwood Health Centre Project and the Child and Adolescent Mental Health Services unit in Dundee. Confirmation of the Stage 1 cost estimate was awaited.

The Board:
- noted the Expenditure to 31 July 2012;
- noted the current Capital Resource Limit position;
- noted the changes in Planned Expenditure; and
- noted the update on the Glenwood Health Centre Project.

Section D – Financial Position to 31 July 2012

The report covered the four months to the end of July and was based on the Financial Framework approved by the Board at its meeting on 29 May 2012. Since the initial allocation to the Board there had been a number of changes to the Revenue Resource Limit (RRL) and these were set out in para 2 of the paper with a summary of the main changes shown in Appendix A. Mr McCreadie highlighted the large reduction in RRL to cover National Services Risk Share Agreements.

The table under item 3.1 pulled together the performance of all the operational and delivery areas. This showed a total overspend of £1,296k. Attention was drawn to the position within the Operational Division which was £1,296k overspent principally reflecting overspends across Clinical Directorates. GP Prescribing showed a small underspend in totality with an expectation that significant efficiency savings would be delivered as a result of programmes put in place. An overspend within the Non Fife and Other Healthcare Providers budget was also highlighted. Estates and Facilities was now shown separately from the Operational Division.

The table under item 4.2 summarised progress to date in the identification of detailed efficiency plans and delivery against them; these
had been further broken down to show savings within each of the delivery units. This showed that NHS Fife had delivered a total of £2,471k of savings, £174k ahead of the trajectory included in the Local Delivery Plan. Whilst delivery was ahead of trajectory, the key measure of performance was the anticipated outturn at the end of the year and this showed that NHS Fife currently had plans identified of £17,128k, £396k short of the total target. It was anticipated that sufficient additional schemes would be identified by the year-end to close the gap.

At this early stage in the financial year, detailed projections were yet to be carried out on the assessment of the year-end position for the individual areas.

Mr Wilson said that the information presented should reassure the Board that the systems put in place were working with much tighter control and he was more confident than previously about achievement of efficiencies.

The Board noted the financial position at 31 July 2012.

Section E – The Scottish Patient Safety Programme (SPSP) NHS Fife Update Report

Progress had been reported in June, October and February and therefore did not form part of the August Board Executive Performance Report.

Section F – Healthcare Associated Infection Reporting Template (HAIRT)

Ms Buchanan outlined the key points from the standard reporting template. She was pleased to report that SAB case numbers in June and July had been brought back down to previous levels of eight cases per month. However, there was a high risk that NHS Fife would not achieve the March 2013 HEAT target for SAB and colleagues from HPS had been asked to consider if there was anything that could be done differently to assist in this matter.

Results for C difficile Infection had remained at a consistently low level at 10% below the national average and NHS Fife was well on track for the March 2013 target.

NHS Fife maintained a high handwashing compliance rate with 96% which matched the national average.

Norovirus remained active across the community however since the last report only one ward in Fife had been affected and closed to new admissions.

Progress continued to be made around Cleaning and the Healthcare Environment with NHS Fife’s compliance rising to 97.9% in the period.

The Board:
• noted the Assessment of NHS Fife’s position as regards HAI; and
• noted the initiatives underway to reduce the incidence of HAI.

Section G – Corporate Risk Register

Discussed under item 64/12 b).

Section H – Freedom of Information (FOI)

Mr Wilson stated that the response rate to reply within 20 days had improved to 96% and 100% for June and July respectively. Responses to all requests were disclosed on the NHS Fife web site. The FOI Commissioners Office visited NHS Fife for inspection purposes earlier this year and a draft report had been received. There were a number of corrections to be feedback and once the final report had been received this would be submitted to the Board.

The Board noted the report.

(b) NHS Fife Patient Access Policy

Dr Montgomery referred to the draft Patient Access Policy which set out NHS Fife’s approach to meeting the requirements of the Patients Rights (Scotland) Act 2011 and to ensure delivery of the treatment time guarantee. The policy went into considerable detail and reflected final guidance from the Scottish Government earlier this month and comes into force with effect from 1 October 2012.

The draft Policy had been circulated and discussed in various fora to raise awareness of and to inform development. An early review of the policy would be undertaken to allow adjustments to be made in light of experience gained in implementation. The key issues for the Board were set out under section 4 looking at issues such as travel costs, DNAs and unavailability codes.

Dr Montgomery responded to a number of questions/comments around reimbursement of travel costs, how to raise awareness of patient responsibility, DNAs and access to the policy. He also advised that regardless of any penalty for not meeting the requirements of the policy, it would not change the requirement to have this as an operational policy.

The Board:

• noted the key issues of where there could be an impact as a result of the implementation of the policy;
• approved in principle the Patient Access Policy; and
• endorsed and approved the implementation of this policy.

65/12 PROPERTY TRANSACTIONS

(a) Sale of Land Surplus to NHS Fife Operational Requirements – Land and Buildings at Lynebank Hospital
Mr McCreadie referred to the paper which set out details of the rationale to declare the land and buildings at Lynebank Hospital, identified as A and B in the paper, surplus to operational requirement in line with the NHS Property Transactions Handbook. If approved, the next stage would be to implement the Scottish Government trawl procedure for Scottish Government stakeholders at market value before its disposal on the open market if no interest was shown. This had been approved through Dunfermline & West Fife CHP Committee and recommended for approval to the Board by the Finance and Resources Committee.

A number of concerns were raised about the sale of this land in case it might be required for future healthcare provision, taking account of any impact of what might happen on the Queen Margaret Hospital site. Mr Leiper reassured the Board that the decision to recommend that the land marked as A and B be declared surplus had been on hold until Dunfermline & West Fife CHP reviewed what its on-going utilisation of the site would be. That work had now been completed and discussed through the CHP recognising there was scope to look at disposing of the two separate tranches of land and he confirmed that it was appropriate to divest of land surplus to requirements. There was a group looking at the utilisation of Queen Margaret Hospital and this was being planned for on a geographical basis. The land marked as C would be retained.

Mr Wilson reminded Members that the Board’s responsibility was to provide healthcare. It also had a responsibility to establish the maximum market value of any asset with an obligation to trawl public partners in the first instance. The two areas of land identified as A and B had not been used for some time and anything in the foreseeable future could be accommodated on the remaining land. The decision about declaring the land surplus had been reserved until the Dunfermline & West Fife CHP had been sure about future use in West Fife.

The Board approved that the areas of land identified as A and B at Lynebank Hospital be declared surplus to NHS Fife’s operational requirements.

(b) Sale of Land Surplus to NHS Fife Operational Requirements – Land at Skeith Health Centre, Anstruther

Mr McCreadie referred to the paper which set out details of the rationale for the sale of the land at Skeith Health Centre, Anstruther, that had been identified as surplus to operational requirement in line with the NHS Property Transactions Handbook.

The Board approved that the land surplus to NHS Fife’s operational requirements be declared surplus and approved the sale of the surplus land to the GDP at £90k.

GOVERNANCE
66/12  (a) Annual Report on the 2011/12 Audit for Fife Health Board and the Auditor General

Discussed under item 63/12 a).

(b) South East & Tayside Regional Planning Group Annual Report 2011/12

Mr Wilson presented the Annual Report of the activities of the SEAT Group which summarised the main areas that SEAT was involved in at that level.

The Board noted the South East & Tayside Regional Planning Group Annual Report for 2011/12.

67/12  CHIEF EXECUTIVE’S REPORT

A list of events attended by the Chief Executive during the period had been tabled. Mr Wilson had attended the opening of St Andrews Police Station on 8 August 2012 which had been located on the site of the former St Andrews Health Centre.

68/12  ITEMS FOR INFORMATION

(a) Monthly Board Briefing on Delayed Discharges April and May 2011 Census;
(b) Summary for Boards of SEAT Meeting held on 18 March 2011;
(c) Report on Pharmacy Practices Committee;

The Board noted the above reports.

69/12  ANY OTHER COMPETENT BUSINESS

There was no other competent business.

70/12  DATE OF NEXT MEETING:

Tuesday 30 October 2012 at 10.00 am in Room 10, Rothes Halls, Glenrothes