AGENDA

A meeting of Fife NHS Board will be held on WEDNESDAY 30 JANUARY 2019 at 10.00 AM in the STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY

TRICIA MARWICK
Chair

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<th>Time</th>
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<td>1 CHAIRPERSON’S WELCOME AND OPENING REMARKS</td>
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<td>2 DECLARATION OF MEMBERS’ INTERESTS</td>
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<td>3 APOLOGIES FOR ABSENCE – W Brown, F Elliot</td>
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<td>4 MINUTES OF PREVIOUS MEETING HELD ON 28 NOVEMBER 2018</td>
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<td>5 MATTERS ARISING: NHS FIFE PARTICIPATION REQUESTS</td>
<td>- (enclosed)</td>
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<td></td>
<td>10:10 6 CHIEF EXECUTIVE’S REPORT</td>
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<td></td>
<td>6.1 Chief Executive Up-date</td>
<td>PH (verbal)</td>
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<td></td>
<td>• Annual Review Public Session 15 February 2019</td>
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<td></td>
<td>6.2 Integrated Performance Report Executive Summary</td>
<td>PH (enc)</td>
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<td>10:30 7 CHAIRPERSON’S REPORT</td>
<td>TM (enclosed)</td>
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<td>7.1 Board Development Session – 19 December 2018</td>
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<td></td>
<td>10:35 8 IMPLEMENTATION OF BOARD ASSURANCE FRAMEWORK</td>
<td>HW (enclosed)</td>
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<td>10:45 9 DUTY OF CANDOUR UPDATE</td>
<td>FME (enclosed)</td>
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<td></td>
<td>10:55 10 AUDIT SCOTLAND OVERVIEW OF NHS SCOTLAND</td>
<td>CP (enclosed)</td>
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<td></td>
<td>11:05 11 BOARD AND COMMITTEE DATES 2019-20</td>
<td>CP (enclosed)</td>
</tr>
</tbody>
</table>
11:10  12 STATUTORY AND OTHER COMMITTEE MINUTES

Statutory
12.1 Audit & Risk Committee dated 13 December 2018 (unconfirmed) (enclosed)
12.2 Clinical Governance Committee dated 16 January 2019 (unconfirmed) (enclosed)
12.3 Finance, Performance & Resources Committee dated 15 January 2019 (unconfirmed) (enclosed)
12.4 Staff Governance Committee dated 18 January 2019 (unconfirmed) (enclosed)

Other
12.5 Communities & Wellbeing Partnership dated 5 December 2018 (unconfirmed) (enclosed)
12.6 Fife Health & Social Care Integration Joint Board dated 20 December 2018 (unconfirmed) (enclosed)
12.7 Fife Partnership Board dated 13 November 2018 (unconfirmed) (enclosed)

11:15  13 FOR INFORMATION:

13.1 Integrated Performance Report – November and December 2018 CP (enclosed)

14 ANY OTHER BUSINESS

15 DATE OF NEXT MEETING: Wednesday 27 March 2019 at 10.00 am in the Staff Club, Victoria Hospital, Kirkcaldy

11:20 BREAK
MINUTE OF THE MEETING OF FIFE NHS BOARD HELD ON WEDNESDAY 28 NOVEMBER 2018 AT 10.00 AM IN THE STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY

Present:
Ms T Marwick (Chairperson) Dr F M Elliot, Medical Director
Mr P Hawkins, Chief Executive Ms R Laing, Non-Executive Director
Dr L Bisset, Non-Executive Director Ms D Milne, Director of Public Health
Mr M Black, Non-Executive Director Ms J Owens, Non-Executive Director
Ms S Braiden, Non-Executive Director Mrs C Potter, Director of Finance
Mrs W Brown, Employee Director Mrs M Wells, Non-Executive Director
Mr E Clarke, Non-Executive Director Ms H Wright, Director of Nursing
Mrs C Cooper, Non-Executive Director

In Attendance:
Mr A Fairgrieve, Director of Estates, Facilities & Capital Services
Ms J Gardner, Chief Operating Officer (Acute)
Mr M Kellet, Director of Health & Social Care
Dr G MacIntosh, Head of Corporate Planning & Performance
Ms E McPhail, Director of Pharmacy
Ms B A Nelson, Director of Workforce
Mrs P King, Corporate Services Manager (Minutes)

95/18 CHAIRPERSON’S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the Board meeting and reminded Members that the notes are being recorded with the Echo Pen to aid production of the minutes. These recordings are also kept on file for any possible future reference.

The Chair congratulated:

- the Haematology/Oncology day unit, which has retained the prestigious Macmillan Quality Environment Mark following a recent review of its services for cancer patients and their carers. The award recognises excellence in the field of cancer information and support and takes into account the experience of people using the unit, as well as the policies and procedures used in its day-to-day running and its overall environment;

- Jenn Grant, School Nurse Practice Teacher, on becoming the Programme Leader for the Postgraduate Diploma Person Centred Practice (School Nursing) Programme. The School Nurse service works with children and young people and their families to assess and identify unaddressed health needs in order to provide and implement evidence-based interventions that support the health and wellbeing needs of the school-aged population;
• a Health Visitor team from Kirkcaldy Health Centre, which was runner-up in the category of Co-production with our families and services at the National Quality Improvement Awards.

The Chair advised that:

• Dr Chris McKenna has been appointed as the new Medical Director of NHS Fife. Dr McKenna will take up appointment from 1 March 2019. Interim arrangements will be put in place prior to that time to ensure a handover with Dr Frances Elliot, who will retire from her post as Medical Director in April 2019;

• Ms Ellen Ryabov has been appointed as NHS Fife’s new Chief Operating Officer (Acute Services), who will take up post on 28 January 2019, succeeding Ms Jann Gardner, who has been appointed to the role of Chief Executive, Golden Jubilee National Hospital;

• Mr Simon Little resigned from the Board as Non-Executive Director at the end of October. The Chair thanked Mr Little for his contribution to the Board during his tenure, in particular for his Chairmanship of the Audit & Risk Committee and latterly the Integration Joint Board.

• The Annual Review with the Cabinet Secretary will be held on 3 December 2018. The previous format involving the Board’s attendance has, for this year, been replaced with a private session involving the Chair and Chief Executive only, but a public-facing event on annual performance is planned for early in the New Year.

96/18 DECLARATION OF MEMBERS’ INTERESTS
Mrs Cooper declared a potential interest under item 105/18, as her daughter is a litigation solicitor involved in a number of such cases.

97/18 APOLOGIES FOR ABSENCE
Apologies for absence were received from Cllr Graham.

98/18 MINUTE OF THE PREVIOUS MEETING HELD ON 26 SEPTEMBER 2018
The Minute of the previous meeting was approved as a true record.

99/18 MATTERS ARISING
There were no matters arising.

100/18 CHIEF EXECUTIVE’S REPORT
(a) Up-date
In terms of regional delivery the number of work streams for the acute work has been reduced, to bring the focus in line with some of the performance issues. It is hoped that a further update will be provided at the next Board meeting in January 2019.
Action: P Hawkins

(b) Executive Summary - Integrated Performance Report (IPR)

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

Clinical Governance

Hospital Acquired Infection (HAI) Staphylococcus Aureus Bacteraemia (SAB) – NHS Fife was not yet on target to meet the standard by the end of this year. A report on SABs would be provided to the next Clinical Governance Committee, which would further analyse the data.

Complaints – the completion rate of Stage 2 complaints was noted as 43.5% which was still below target. The Patient Relations team have worked closely with Acute Services and the Health & Social Care Partnership (H&SCP) and performance was sitting at 73.9% for this month, which is a significant improvement.

Finance, Performance & Resources

NHS Fife Acute Division - Performance around the key targets of 4-Hour Emergency Access, Cancer 62 day Referral to Treatment, Patient Treatment Times Guarantee (TTG), Diagnostics and 18 Weeks Referral to Treatment were highlighted. Performance around the Patient TTG has been challenging and the focus has been to try and maintain patient flow throughout the entire system. The specific challenges in Ophthalmology and Orthopaedics are being addressed, with improvement work in Ophthalmology to develop a new theatre (planned to open in early 2019) and a number of different approaches are underway in Orthopaedics to try and improve performance.

Health & Social Care Partnership (H&SCP) – In terms of Delayed Discharge, Fife sustained good performance to the end of August. Although the position subsequent to that has been more challenging, the number of delays is beginning to reduce again. The main pressure point is around securing care at home capacity and work is underway with external providers to give confidence about securing contracts over the longer term. Performance related to Smoking Cessation is behind target but plans are in place, with a particular focus on areas of deprivation to more actively promote the number of quits. There has been an improving position in respect of Child and Adolescent Mental Health Services (CAMHS), although the service is still being challenged by the continuing high number of referrals despite investment in training, etc, to promote lower tier support in schools for children and young people with mental health concerns. Detailed discussion has been held through the Integration Joint Board (IJB) governance committees and the Board’s sub committees around Psychological Therapies, which is undergoing a significant redesign with an emphasis on the community. A trajectory
has been produced with a view to meeting the target by the end of this financial year.

Financial Position – The position to 30 September 2018 reflected an overspend of £1.696m. At the half-year point, the reported year-end forecast is an overspend of £3.466m, that recognises the assessment and estimate impact of the risk share agreement. Whilst the year-end forecast reflects an overspend, NHS Fife continues to work towards a break-even position and will not seek additional funds at this point in time. Caveats to the reported forecast overspend position are set out in the paper. As part of the regular reporting, an up-date position will be provided to the Finance, Performance & Resources Committee in January 2019.

Attention was drawn to the issues escalated to the Board from the Finance, Performance & Resources Committee.

A request was made for Members to be provided with an overview of how the financial performance in the Integration Joint Board impacts on the Board and Fife Council and vice-versa, in order to take account of whole system pressures. It was noted that although production of reports for the IJB is managed through the Chief Finance Officer of the H&SCP, finance reports for the IJB comprised data from NHS Fife and Social Work. Mrs Potter was asked to discuss this with the other Finance Directors.

**Action: C Potter**

The October 2018 financial position has been confirmed and shows a slight improvement, although this remains heavily caveated on the financial position within the IJB and the drive around savings in Acute Services.

The Capital Investment Programme is on track, with significant progress made on the disposal of surplus assets.

**Staff Governance**

The sickness absence rate to the end of August 2018 was 5.52%. Good discussion had taken place in partnership to build on work already underway on a range of initiatives to try and get staff back to work, and a workshop would be arranged with staff and managers to understand some of the issues. Recent presentations on “Going Beyond Gold” and the ageing workforce had been helpful and learning would be shared. Other updates were provided on iMatter and TURAS, where performance in both areas was below target but remedial action would be taken. The importance of engaging with staff was highlighted. Attention was drawn to a significant improvement by the team around Management Referrals, where performance had increased to 81%.

The Board **noted** the updates and the information contained within the Integrated Performance Report Executive Summary.
101/18 CHAIRPERSON’S REPORT

(a) Board Development Session – 31 October 2018

The Board noted the report on the Development Session.

102/18 WINTER PLAN 2018-19

Ms Gardner presented the final update to the Board on the Winter Plan 2018-19, which had now been reviewed by the relevant Committees and submitted to Scottish Government. Attention was drawn to the ongoing refinement of the Escalation Plan, which is being further developed to ensure effective alignment of NHS and H&SCP escalation actions, and which would be submitted back through the Committees for their information.

Members discussed the Winter Plan in detail, particularly the disparity between the estimated total cost of its implementation and the additional funding received to date. Further discussion is required to ensure that collectively NHS Fife, Fife Council and the IJB understand where the funding needs to be directed and where costs might be incurred, in order to prioritise against the planned investments described in the Plan. For clarity, it was advised that neither funding nor the potential increase in costs for winter are included in the financial forecasts at present, and the Plan only described the potential cost dependent on the level of escalation required on a weekly basis.

The added pressure that winter places on staff was emphasised and it was suggested that the resilience of staff be recognised as an impact on the workforce, particularly given the vacancy levels, sickness absence rate and pressure already on staff with the challenges of implementing the site optimisation and utilisation programme. A number of initiatives are in place to try and minimise the impact of winter in terms of how to deal with demand at the front door, dealing with patients through the H&SCP, making more senior medical staff available to enable early decision-making, and over-recruiting staff to try and prepare better. The importance of working together with the H&SCP was recognised as being critical to successful delivery of the Winter Plan.

Noting that the Staff Governance Committee reviewed through the Board Assurance Framework risks related to workforce and workforce sustainability, it was agreed that the resilience of staff over the winter period would be added as a specific issue.

Action: B A Nelson

The Board noted and agreed the Winter Plan 2018-19 and noted that a further iteration of the Escalation Plan is being developed to ensure effective alignment of NHS and H&SCP escalation actions.

103/18 WINTER PLAN MONTHLY PERFORMANCE SUMMARY

The Board noted the first Winter Plan Monthly Performance Summary, which summarised performance against key indicators and actions for winter 2018-19. It was noted that the next iteration would be more detailed, since reporting from the H&SCP commenced from November 2018.
104/18  RE-PROVISION OF ORTHOPAEDICS SERVICE UPDATE

Ms Gardner spoke to the paper that provided an update on the position of the re-provision of Orthopaedic Services and the steps taken by NHS Fife to ensure a good governance framework has been followed for this work. Appendix 1 set out the Timeline of the Orthopaedic Service Re-provision discussions at Board and Regional meetings and committees.

The Board noted the Re-provision of Orthopaedic Services Position paper and the direction of travel.

105/18  RESTRICTED USE PROTOCOL FOR INTERVENTIONS TO TREAT STRESS URINARY INCONTINENCE AND PELVIC ORGAN PROLAPSE

Dr Elliot alerted Members to important information from the Chief Medical Officer received in September and a follow-up letter directing NHS Boards to ensure that certain processes are in place to treat women with the conditions of stress urinary incontinence and pelvic organ prolapse. The report set out the action taken by NHS Fife to implement this guidance.

The Board noted:

- the requirements set out in the CMO letters attached to the paper;
- the immediate action taken in relation to women who were waiting for these procedures; and
- the work required to put in place high vigilance scrutiny, which will be finalised when the further guidance is received from Scottish Government.

106/18  ANNUAL RETURN OF THE HEALTH PROMOTING HEALTH SERVICE

Ms Milne presented the report, which provided an update on activity within the acute and community hospitals in developing and embedding a Health Promoting Health Service approach within NHS Fife. The annual return template had been completed and would be submitted to NHS Health Scotland and then the Scottish Government. This report would normally be considered through the Public Health Governance Committee to the Clinical Governance Committee and to the Board, with an amended route followed this year given Ms Milne’s recent appointment as Director of Public Health.

The areas around training for ‘What Matters To You’ and the good conversation work taking place were highlighted, together with activities on staff wellbeing.

The Board noted and approved the annual report.

107/18  STATUTORY AND OTHER COMMITTEE MINUTES

The Board noted the below Minutes and the issues raised for escalation to the Board.

(a) Clinical Governance Committee dated 7 November 2018 (unconfirmed)
(b) Finance, Performance & Resources Committee dated 13 November 2018 (unconfirmed)

In addition to the key issues raised in the IPR, attention was drawn to the report on the Financial Outlook 2019-20 to 2021-22 and the improvements under the Review of Policies and Procedures.

(c) Staff Governance Committee dated 2 November 2018 (unconfirmed)

In addition to the key issues raised previously, discussion had taken place around workforce sustainability and the potential implications of BREXIT on staff. The challenges in recruitment in mental health areas were highlighted, acknowledging the strain this put on the service. Steps to address sickness absence had been outlined and the importance of having meaningful conversations with staff and managers, engaging positively with staff, was critical in getting staff back to work.

(d) Fife Health & Social Care Integration Joint Board dated 27 September 2018 and 24 October 2018 (unconfirmed)

(e) Fife Health & Wellbeing Alliance and Strengthening Communities Partnership dated 3 October 2018 (unconfirmed)

(f) East Region Programme Board dated 31 August 2018

108/18 FOR INFORMATION:

The Board noted the items below.

(a) Integrated Performance Report – September and October 2018

109/18 ANY OTHER BUSINESS

(a) Participation Request from St Andrews Community Council in Terms of Joining Up Community Care

The Chair noted that members might be aware from recent media reports that NHS Fife has been forwarded a Participation Request on behalf of St Andrews Community Council, to permit them to be formally consulted and take part in the discussions on the proposals by the IJB on the Joining Up Care consultation, with particular reference to the St Andrews area. The initial Participation Request was sent to the H&SCP; however, under the terms of the Community Empowerment (Scotland) Act, through which the Participation Request has been made, it does not include the H&SCP as a public authority, only the two parent bodies of NHS Fife and Fife Council.

Since the Participation Request was received, NHS Fife has been seeking advice and clarification on the matter, including what further information, if any, is needed from the Community Council, before arriving at a decision. The Chair considers it important for both St Andrews Community Council and the IJB Members to be advised about whether NHS Fife accepts the Participation Request, in advance of any decisions on Joining Up Care by the IJB of the H&SCP.
The IJB is scheduled to meet on 20 December 2018 and the Fife NHS Board will next meet on 30 January 2019. The Chair asked Members if they required a further meeting of Fife NHS Board as soon as the situation is clearer, to make a decision about whether the Participation Request should be agreed by NHS Fife or whether the Board would wish to delegate that decision to the Chair, Chief Executive and the Chairs of the Governance Committees.

The Board **agreed** to delegate the decision to the Chair, Chief Executive and Chairs of the Governance Committees.

**110/18 DATE OF NEXT MEETING:**

Wednesday 30 January 2019 at 10.00 am in the Staff Club, Victoria Hospital, Kirkcaldy
NHS Fife Board

DATE OF MEETING: 30 January 2018

TITLE OF REPORT: Participation Request submitted to NHS Fife: Royal Burgh of St Andrews Community Council

EXECUTIVE LEAD: Paul Hawkins, Chief Executive

REPORTING OFFICER: Tricia Marwick, Chair; Dr Les Bisset, Vice-Chair

Purpose of the Report (delete as appropriate)

Route to the Board (must be completed)

At the Board’s meeting on 28 November 2018, the decision whether to accept a participation request from the Royal Burgh of St Andrews Community Council was delegated to the Chair, the Chief Executive of NHS Fife, and the chairs of the relevant Governance Committees. Detailed discussions have taken place since the Board’s last meeting to consider the request. Subsequently, further participation requests have been received from Glenrothes Area Residents’ Federation and North Glenrothes Community Council, and consideration of these submissions have followed a similar path.

SBAR REPORT

Situation

Under The Community Empowerment Act (Scotland) 2015, community groups are able to submit a request to certain named Public Authorities (of which NHS Health Boards are one but Integration Joint Boards are not) to permit the body to participate in an outcome improvement process. An outcome improvement process is described in the aforementioned Act as “a process established, or to be established, by the Authority with a view to improving an outcome that results from, or is contributed to, by virtue of, the provision of a public service”. Various examples are cited in the Scottish Government’s guidance, such as e.g. “improved health and wellbeing” and “improved health and life chances for children”.

The Authority must agree to the request unless there are reasonable grounds for refusing it. Once an Authority has agreed to take forward the request, then it should propose how to take forward the outcome improvement process. If that process is already underway, it might be suitable for the body to join that process. If not, the Authority should provide information on how the proposed outcome improvement process will operate.

There are strict timeframes for managing accepted participation requests and beginning the subsequent outcome improvement process, and a report is expected to be published at the end of the exercise outlining the outcomes of the process and describing how and to what extent the participation body influenced the process and the outcomes thereof.

Background

The purpose of the request from the Royal Burgh of St Andrews Community Council is to seek their formal involvement in the development of proposals by the Integration Joint Board of the Fife Health & Social Care Partnership, with particular reference to reinstatement of the St
Andrews Out of Hours service. The request names Fife Council as an additional authority to which the request is being made. Following its receipt in late November, further information was sought to clarify aspects of the participation request. This information was received from the Royal Burgh of St Andrews Community Council on 16 January 2019 and is currently being assessed.

Two further participation requests have also been received by NHS Fife, the first on 11 December 2018, from Glenrothes Area Residents’ Federation, which seeks their involvement in retaining “continuity in some shape or form of the Out of Hours service at Glenrothes Hospital”; and a second, on 15 January 2019, from North Glenrothes Community Council, indicating that they wish to submit a participation request also relating to the Out of Hours service provision at Glenrothes Hospital.

Assessment

NHS Fife must agree to a participation request unless there are reasonable grounds for refusing. An Authority must take into consideration when deciding whether to agree or refuse the request the following matters:

a) The reasons why the participation body considers it should participate in the outcome improvement process,

b) any other information provided in support of the request,

c) whether agreeing to the request would be likely to promote or improve ... public health, or social wellbeing,

d) whether agreeing to the request would be likely to

   i. reduce inequalities of outcome which results from socio-economic disadvantage,

   ii. to lead to an increase in participation in the outcome improvement process to which a request relates by persons who experience socio-economic disadvantage,

   iii. otherwise to lead to an increase in participation by such persons in the design or delivery of a public service, the provision of which results in, or contributes to the specified outcome mentioned in the request,

e) any other benefits that might arise if the requests that are agreed to, and

f) any other matter that the Authority i.e. the Board considers relevant.

As well as considering the express terms of the Act, the Board may also wish to consider the relevant Guidance to the Act published by the Scottish Government (available in full online at [https://www.gov.scot/publications/community-empowerment-participation-request-guidance/](https://www.gov.scot/publications/community-empowerment-participation-request-guidance/)).

Recommendation

The Board is invited to **formally approve** the participation request received by NHS Fife from the Royal Burgh of St Andrews Community Council.

Next steps

If there is already an established outcome improvement process, a decision notice requires to be sent to the participation body. This should set out the extent to which the community participation body is expected to participate in that established process. The legislation also allows for a proposed outcome improvement process to be developed. In this instance, the participation body can make representations with regard to the proposed outcome improvement process, which an Authority must take into consideration. There are time-limits to adhere to in this situation.
### Objectives: (must be completed)

<table>
<thead>
<tr>
<th>Healthcare Standard(s):</th>
<th>Equality of access; public engagement.</th>
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<tbody>
<tr>
<td>HB Strategic Objectives:</td>
<td>To ensure that the reputation of the organisation is upheld.</td>
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### Further Information:

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<th>Evidence Base:</th>
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<tr>
<td>Glossary of Terms:</td>
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<tr>
<td>Parties / Committees consulted prior to Health Board Meeting:</td>
<td>Board Members as detailed above / Central Legal Office / Director of Health &amp; Social Care</td>
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### Impact: (must be completed)

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<th>Financial / Value For Money</th>
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<tr>
<td>Risk / Legal:</td>
<td>There may be reputational risks in not engaging satisfactorily with users in service redesign, and in not meeting the Board’s statutory requirements under the Community Empowerment Act 2015</td>
</tr>
<tr>
<td>Quality / Patient Care:</td>
<td>Potentially improving community engagement in the future planning of health-related services such as Out of Hours</td>
</tr>
<tr>
<td>Workforce:</td>
<td>N/A</td>
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| Equality:                  | • Has EQIA Screening been undertaken? Not at this stage.  
                           • Has a full EQIA been undertaken? No  
                           • Please state how this paper supports the Public Sector Equality Duty – [further information can be found here]  
                           • Please state how this paper supports the Health Board’s Strategic Equality Plan and Objectives – [further information can be found here]  
                           • Any potential negative impacts identified in the EQIA documentation - Yes/No (if yes please state) |
### Purpose of the Report (delete as appropriate)

For Decision

### Route to the Board (must be completed)

At the Board’s meeting on 28 November 2018, the decision whether to accept a participation request from the Royal Burgh of St Andrews Community Council was delegated to the Chair, the Chief Executive of NHS Fife, and the chairs of the relevant Governance Committees. Subsequently, further participation requests have been received from Glenrothes Area Residents’ Federation and North Glenrothes Community Council, and detailed discussions have taken place since the Board’s last meeting to consider these requests.

### SBAR REPORT

#### Situation

Under The Community Empowerment Act (Scotland) 2015, community groups are able to submit a request to certain named Public Authorities (of which NHS Health Boards are one but Integration Joint Boards are not) to permit the body to participate in an outcome improvement process. An outcome improvement process is described in the aforementioned Act as “a process established, or to be established, by the Authority with a view to improving an outcome that results from, or is contributed to, by virtue of, the provision of a public service”. Various examples are cited in the Scottish Government’s guidance, such as e.g. “improved health and wellbeing” and “improved health and life chances for children”.

The Authority must agree to the request unless there are reasonable grounds for refusing it. Once an Authority has agreed to take forward the request, then it should propose how to take forward the outcome improvement process. If that process is already underway, it might be suitable for the body to join that process. If not, the Authority should provide information on how the proposed outcome improvement process will operate.

There are strict timeframes for managing accepted participation requests and beginning the subsequent outcome improvement process, and a report is expected to be published at the end of the exercise outlining the outcomes of the process and describing how and to what extent the participation body influenced the process and the outcomes thereof.

#### Background

Two participation requests have been received from Glenrothes area community bodies, the first on 11 December 2018, from Glenrothes Area Residents’ Federation, which seeks their involvement in retaining “continuity in some shape or form of the Out of Hours service at
Glenrothes Hospital”; and a second, on 15 January 2019, from North Glenrothes Community Council, indicating that they wish to submit a participation request also relating to the Out of Hours service provision at Glenrothes Hospital.

The purpose of these requests are broadly similar to that also received by NHS Fife from the Royal Burgh of St Andrews Community Council, which is to seek their formal involvement in the development of proposals by the Integration Joint Board of the Fife Health & Social Care Partnership related to Out of Hours service provision. Following its receipt in December, further information was sought from Glenrothes Area Residents’ Federation to clarify aspects of their participation request, which has recently been received and is currently being assessed. No dialogue has yet begun with North Glenrothes Community Council as regards their recently received letter indicating their wish to participate in any discussions about the local Out of Hours service.

**Assessment**

NHS Fife must agree to a participation request unless there are reasonable grounds for refusing. An Authority must take into consideration when deciding whether to agree or refuse the request the following matters:

- a) The reasons why the participation body considers it should participate in the outcome improvement process,
- b) any other information provided in support of the request,
- c) whether agreeing to the request would be likely to promote or improve ... public health, or social wellbeing,
- d) whether agreeing to the request would be likely to
  - i. reduce inequalities of outcome which results from socio-economic disadvantage,
  - ii. to lead to an increase in participation in the outcome improvement process to which a request relates by persons who experience socio-economic disadvantage,
  - iii. otherwise to lead to an increase in participation by such persons in the design or delivery of a public service, the provision of which results in, or contributes to the specified outcome mentioned in the request,
- e) any other benefits that might arise if the requests that are agreed to, and
- f) any other matter that the Authority i.e. the Board considers relevant.

As well as considering the express terms of the Act, the Board may also wish to consider the relevant Guidance to the Act published by the Scottish Government (available in full online at [https://www.gov.scot/publications/community-empowerment-participation-request-guidance/](https://www.gov.scot/publications/community-empowerment-participation-request-guidance/)).

**Recommendation**

The Board is invited to **formally approve** the participation request received by NHS Fife from Glenrothes Area Residents’ Federation and note the intention expressed by North Glenrothes Community Council to submit a request.

**Next steps**

If there is already an established outcome improvement process, a decision notice requires to be sent to the participation body. This should set out the extent to which the community participation body is expected to participate in that established process. The legislation also allows for a proposed outcome improvement process to be developed. In this instance, the participation body can make representations with regard to the proposed outcome improvement process, which an Authority must take into consideration. There are time-limits to adhere to in this situation.
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<th>Evidence Base:</th>
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</thead>
<tbody>
<tr>
<td>Glossary of Terms:</td>
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<tr>
<td>Parties / Committees consulted prior to Health Board Meeting:</td>
<td>Board Members as detailed above / Central Legal Office / Director of Health &amp; Social Care</td>
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### Impact: (must be completed)

<table>
<thead>
<tr>
<th>Financial / Value For Money</th>
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<tbody>
<tr>
<td>Risk / Legal:</td>
<td>There may be reputational risks in not engaging satisfactorily with users in service redesign, and in not meeting the Board’s statutory requirements under the Community Empowerment Act 2015</td>
</tr>
<tr>
<td>Quality / Patient Care:</td>
<td>Potentially improving community engagement in the future planning of health-related services such as Out of Hours</td>
</tr>
<tr>
<td>Workforce:</td>
<td>N/A</td>
</tr>
</tbody>
</table>
| Equality:                   | • Has EQIA Screening been undertaken? Not at this stage.  
  • Has a full EQIA been undertaken? No  
  • Please state how this paper supports the Public Sector Equality Duty – [further information can be found here](#)  
  • Please state how this paper supports the Health Board’s Strategic Equality Plan and Objectives – [further information can be found here](#)  
  • Any potential negative impacts identified in the EQIA documentation - Yes/No (if yes please state) |
Integrated Performance Report
Executive Summary

Based on IPR produced in December 2018

December IPR considered by:
• Finance, Performance and Risk Committee (15 January 2019)
• Clinical Governance Committee (16 January 2019)
• Staff Governance Committee (18 January 2019)
## Contents

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<td>Clinical Governance: Chair and Committee Comments</td>
<td>11</td>
</tr>
<tr>
<td>Finance, Performance &amp; Risk: Chair and Committee Comments</td>
<td>13</td>
</tr>
<tr>
<td>Staff Governance: Chair and Committee Comments</td>
<td>15</td>
</tr>
</tbody>
</table>
Overview

The Integrated Performance Report (IPR) is divided into four sections with each section being considered in detail by the appropriate Standing Committee:

- IPR Executive Summary
- Clinical Governance
- Finance, Performance & Risk
- Staff Governance

This Executive Summary of the Integrated Performance Report (ESIPR) is presented to the Board and contains the summaries from each section of the full IPR.

It also contains comments and issues raised at the Standing Committees, which require escalation to the Board. These have been identified by the relevant committee Chairperson.
## Performance Summary

### Section: Clinical Oversight

<table>
<thead>
<tr>
<th>Service</th>
<th>Category</th>
<th>Standard</th>
<th>Quality Aim</th>
<th>Target for 2018-19</th>
<th>Performance Data</th>
<th>FY 2018-19 to Date</th>
<th>National Comparison (with other 10 Mainland Boards)</th>
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<td>Current Period</td>
<td>Previous Period</td>
<td>Direction of Travel</td>
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<td>Current Performance</td>
<td>Previous Performance</td>
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<td></td>
<td></td>
<td>Previous Period</td>
<td>Direction of Travel</td>
<td></td>
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#### Ha - C Diff

- **Safe**: 0.32 (12 months to Oct 2018)
- **Direction of Travel**: ↓ 0.20 y/e Jun 2018

#### Complaints (Stage 1 Closure Rate in Month)

- **Person-centred**: 80.0% (Oct 2018)
- **Direction of Travel**: ↓ 77.7%

#### Ha - SABs

- **Safe**: 0.24 (12 months to Oct 2018)

#### AMBER

- **Complaints (Stage 2 Closure Rate in Month)**
  - **Person-centred**: 75.0% (Oct 2018)
  - **Direction of Travel**: ↑ 45.7%

### Section: Staff Governance

<table>
<thead>
<tr>
<th>Service</th>
<th>Category</th>
<th>Standard</th>
<th>Quality Aim</th>
<th>Target for 2018-19</th>
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<td></td>
<td>Previous Period</td>
<td>Direction of Travel</td>
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</table>

#### Sickness Absence

- **Clinically Effective**: 5.00% (12 months to Oct 2018)
- **Direction of Travel**: ↓ 5.12%

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*The 4-Hour Emergency Access performance in October alone was 95.8% (all A&E and MIU sites) and 94.3% (VHK A&E, only).*
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.

This section also provides a summary of the Capital Programme and Financial position.

**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 October, there were 5 *Staphylococcus aureus* Bacteraemias (SAB) across Fife, 4 of which were community-associated, with one occurring in QMH. The number of cases in October was 4 less than in September but one more than in October 2017, and this means that the annual infection rate has increased slightly.

**Assessment:** The Acute Services Division continues to see intermittent Peripheral Vascular Cannulae (PVC) related SAB. A number of initiatives are underway to revisit compliance with PVC insertion and maintenance bundles. However, work in specific areas where we have focused our resources, has decreased or stabilised the number of SABs. This relates particularly to dialysis line-related SAB, where long periods have elapsed without any infections being recorded in the VHK.

**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.

The number of Stage 1 and Stage 2 complaints closed in October (126) was the highest monthly figure recorded. The Stage 1 closure rate was 82.7%, the second successive month above the local target, while the Stage 2 closure rate was 73.3%, the best monthly performance since the Stage 1 / 2 split was introduced in April 2017.

**Assessment:**
- **Acute Services Division**
  The review and ongoing monitoring of the internal complaints-handling process continues to support improvement in the overall performance for Stage 1 and Stage 2 complaints.

- **Health and Social Care Partnership**
  A review of the current processes and systems within the Partnership has taken place which has seen a slight improvement with the approval and sign off process; however further work is required.

  The Patient Relations Team continue to review the quality of investigation statements and draft responses along with a daily review of open cases to ensure timescales and deadline issues are addressed in a timely manner.
FINANCE, PERFORMANCE & RISK

NHS Acute 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 to the end of October, 95.6% 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, marginally less than the performance at the end of September, but remaining above the Standard.

In October itself, 94.3% of the patients attending the VHK Emergency Department met this target, equating to 312 breaches out of 5,479 attendances. There were no 12-hour breaches in the month (the last one was in March), while 9 patients waited more than 8 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 were an increasing number of patients waiting longer than 4 hours for admission to the hospital linked to a higher than average occupancy level and a lower than expected discharge profile.

Out of hours Service continues within VHK, with the MIU services in QMH supported with either appropriate level of nursing or paramedic services.

**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 October, 85.2% of patients (75 out of 88) started treatment within 62 days of an urgent referral, 3% less than in September. The 13 breaches were across 5 different specialties, with 5 being in Urology, 3 in Breast and 3 in Lung.

**Assessment:** Performance continues to be challenging for a variety of reasons, including surgical capacity in NHS Fife (for Breast, Gynaecology and Urology). The main issues are with the Urology pathways, specifically prostate due to process and waits for diagnostic tests. There continues to be extended waits for oncology OPAs (in both Lung and Urology). These issues will impact on our ability to meet the Standard during Q3 of 2018/19.

**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 October, 67.6% of patients were seen within 12 weeks, virtually unchanged from the previous 2 months, although the number of patients starting treatment was the highest since May. Ophthalmology accounted for over 40% of the 480 breaches.

**Assessment:** The Elective Programme is being delivered and a recovery plan with funding secured from the Scottish Government is in place for 2018/19, with the focus being on reducing the number of patients waiting more than 26 weeks for treatment. However, staffing theatres and ensuring sufficient bed capacity to deliver the additional capacity at weekends is a challenge. This is reflected in the performance in Q3. Activity is being outsourced for Urology, General Surgery, Oral Maxillofacial, Ophthalmology, Orthopaedics, Gynaecology and ENT and further discussions have taken place with the Scottish Government to fund an extension of this work and to staff additional ambulatory and day case areas at VHK as part of the Site Optimisation plan to avoid cancellations due to bed capacity. It is anticipated that performance will improve in Q4 2018/19.

**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 October, 98.6% of patients on the waiting list had waited less than 6 weeks for their test, continuing the recovery evident since the start of 2018. There were 51 breaches, 38 of which were for a CT scan.

Assessment: The recovery plan for 2018/19 is being implemented and continues to maintain an improved position for Radiology.

The implementation of the recovery plan for Endoscopy, with funding secured from the Scottish Government, has delivered an improved position. It is anticipated that this will be sustained despite the increase in bowel screening referrals.

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

During October, 77.9% of patients started treatment within 18 weeks of referral. Performance has been between 77% and 81% in each month since the summer of 2017, while the number of patients admitted for treatment in this period has risen by almost 25%.

Assessment: The 18 weeks performance will continue to be a challenge in Q3 of 2018/19 due to the reduction in performance in the patient treatment time guarantee alongside the slower than anticipated improvement in performance for outpatients.

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 25th October Census (excluding Code 9 patients – Adults with Incapacity) was 67, 3 more than at the September Census. The number of patients in delay for over 14 days (again excluding Code 9 patients) was 28, the highest since September 2017.

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.

Smoking Cessation target: In 2018/19, we will deliver a minimum of 540 post 12 weeks smoking quits in the 40% most deprived areas of Fife.

Local management information shows that 141 people in the 40% most deprived areas of Fife who attempted to stop smoking during the first 4 months of the FY had successfully quit at 12 weeks. This is behind the annual trajectory (requiring 45 quits per month), but the number of quits recorded in July was the highest of the year to date.

Assessment: A Stop Smoking Advisor has been appointed and will start work whenever the appropriate pre-employment checks have been completed. SCI gateway is now available to dental practices to support client referrals. Formulary changes have been approved by committee, and Champix is now equal first line with Nicotine Replacement Therapy. A Community Pharmacy evening was held to stimulate discussion and look at barriers to service delivery.

Child and Adolescent Mental Health Services (CAMHS) target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services (note: performance is measured on a 3 month average basis).
During the 3-month period from August to October, 80.2% of patients who started treatment did so within 18 weeks of referral, the best 3-month figure since May 2017. In addition, the overall number of patients on the waiting list was the lowest for a year.

**Assessment:** Referrals to CAMHS continue to be significant. Ongoing initiatives around robust screening, positive signposting and engagement with partner agencies to increase the capacity of universal service providers has allowed specialist CAMHS to focus their provision on children and young people with complex, serious and persistent mental health needs.

Additional Primary Mental Health Workers, which will place mental health professionals alongside GPs, are to be 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. This resource will be recruited in January and operational by February/March.

**Psychological Therapies Waiting Times** target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies (note: performance is measured on a 3 month average basis).

During the 3-month period from August to October, 70.4% of patients who started treatment did so within 18 weeks of referral, the best 3-month figure since March. Comparing the first 7 months of 2018/19 with the equivalent months of 2017/18, the average number of referrals per month has increased by over 100 while the average number of patients starting treatment per month has increased by just under 60. There is not yet a way of managing the increased demand which will improve performance towards the 90% Standard.

**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.

The establishment of Community Mental Health Teams across Fife is progressing well and can be expected to contribute to the reduction of waiting times for the most complex patients once a multi-disciplinary team case management approach is fully operational. In November, the ‘AT Fife’ website was launched by the Psychology Service to facilitate self-referrals to low intensity therapy groups. This initiative will increase access to PTs and reduce waiting times for people with mild-moderate difficulties. We anticipate that this new pathway will also free up capacity in specialist services to offer PTs to people with more complex needs.

**Financial Performance**

**Financial Position**

The in-year revenue position for the 8 months to 30 November reflects an overspend of £2.095m. This comprises an underspend of £1.594m attributable to Health Board; and an overspend of £3.689m aligned to the Integration Joint Board (including the estimated impact of the current risk share of £2.651m).

At month 8, the reported year end forecast is an overspend of £4.289m. This includes a forecast Health Board underspend of £3.235m; and an IJB forecast overspend of £7.524m (including risk share of £3.977m).

Positively the health component of the IJB has improved since last month (both in-year and forecast), however the social care position has worsened. In spite of management actions the resulting outcome is a total IJB forecast overspend in excess of £10m (£10.450m after assuming carry forward of ADP and Primary Care Improvement Fund underspends to 2019/20). This has a significant adverse impact on any risk share contribution calculation.
from the previous month. Further discussion is required between the partners, on options to address the IJB forecast overspend. By taking cognisance of the risk sharing arrangement the impact is such that the IJB would deliver a balanced position and NHS Fife would be required to report an overspend of £4.289m. Conversely if the risk share arrangement was not taken into account, and the respective parties were to make additional one-off payments to the IJB limited to their respective overspend positions (per first step in the Integration Scheme), the NHS Fife position would be broadly break even.

Whilst the year end forecast reflects an overspend, we continue our commitment to work towards delivery within budget, as set out in our Annual Operational Plan.

Caveats to the reported forecast overspend of £4.289m include:

- The approach and process for resolving IJB overspends – consider options prior to escalating to risk sharing arrangement
- Further scrutiny and challenge on the robustness of forecast outturns across the Acute Division and IJB, in particular the social care position
- Treatment of ringfenced or earmarked allocations
- Potential revenue benefit from the conclusion of land and asset sales
- Potential additional flexibility within IJB

which may favourably impact the reported forecast overspend position and in turn contribute to the delivery of a balanced financial outturn position.

Members should note that this forecast position will be reported to Scottish Government Health & Social Care Directorates as part of the routine monthly financial performance returns. No formal request for additional resources is being sought at this point in time however, the impact of the risk share arrangement will be highlighted as a specific risk to the delivery of breakeven.

Capital Programme

The total anticipated Capital Resource Limit for 2018/19 is £8.860m. The capital position for the 8 months to November shows investment of £3.221m, equivalent to 36.35% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

STAFF GOVERNANCE

**Sickness Absence** target: 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 October was 5.51%, an increase of 0.01% when compared to the position at the end of September. During the first seven months of FY 2018/19, sickness absence was 5.12%.

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 in July, August and October.

**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.

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**

During Quarter 2 of 2018/19, 49% of staff had an annual review with their Line Manager
within a rolling 12-month period. This was a reduction of 2% from the previous Quarter.
Performance is measured on a rolling 12-month period.

**Assessment:** The TURAS system is currently being reviewed to enable monthly report
functionality and directorate drill-down following the migration from eKSF. This will be
reflected in future Integrated Performance Reports.
<table>
<thead>
<tr>
<th>Key issues to be raised:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SAB</strong></td>
</tr>
<tr>
<td>The Committee received a presentation from Dr Morris detailing the ongoing work both in Acute and the Community to reduce the number of avoidable SAB infections</td>
</tr>
<tr>
<td><strong>Complaints</strong></td>
</tr>
<tr>
<td>The Committee noted the significant improvement in the response rate to complaints</td>
</tr>
</tbody>
</table>
Key issues to be raised:

- **Financial Forecast**

  The Committee discussed the challenges to the financial position by the social care aspect of the IJB budget, which impacts the Health Board via the risk share arrangement (70% to NHS Fife; 30% to Fife Council). It was noted that Waiting Times funding may impact positively and further work was underway to purify the H&SCP forecast, particularly around social care.

  Due to the complexities of the current arrangements and the fluidity of a number of variables across the health systems, the Committee noted that it is difficult to be entirely definitive on the year end forecast at this time and the position may move (positively or negatively) over the coming months. Mr Hawkins reported that the Scottish Government was aware of the current and forecast position.
### Key issues to be raised:

- **Sickness Absence**
  
  Sickness Absence remains above target, at an average rate of 5.2%. Whilst the committee acknowledges the good work being done it also has to be acknowledged that further targeted work is required to achieve further improvement. It is proposed to run a workshop in February/March with a range of key stakeholders to discuss this issue in more detail.

- **Core Training**
  
  The Committee was disappointed to note the poor level of compliance with core training across all areas and specifically within the corporate directorates. It has requested that action be taken to identify the necessary steps that are needed to improve performance in this area given the risk that this presents to the organisation. Further reports will be provided to be able to monitor improvement.

- **TURAS**
  
  Work continues to be necessary to improve performance in this area as there has been a further reduction in performance. Targeted action is required to support those areas where compliance is lowest in order to improve the current position.
Recommendation

The NHS Fife Board is asked to:

- **Note** the information contained within the Integrated Performance Report Executive Summary

**PAUL HAWKINS**
Chief Executive
23rd January 2019

Prepared by:
**CAROL POTTER**
Director of Finance
Report to the Board on 30 January 2019

BOARD DEVELOPMENT SESSION – 19 December 2018

Background

1. The bi-monthly Board Development Sessions provide an opportunity for Board Members and senior clinicians and managers to consider key issues for NHS Fife in some detail, in order to improve Members’ understanding and knowledge of what are often very complex subjects. The format of the sessions usually consists of a briefing from the lead clinician or senior manager in question, followed by discussion and questions, or a wide-ranging discussion led by members themselves.

2. These are not intended as decision-making meetings. The Board’s Code of Corporate Governance sets out the decision-making process, through recommendations from the Executive Directors Group and/or relevant Board Committee, and this process is strictly observed.

3. The Development Sessions can, however, assist the decision-making process through in depth exploration and analysis of a particular issue which will at some point thereafter be the subject of a formal Board decision. These sessions also provide an opportunity for updates on ongoing key issues.

December Development Session

4. The most recent Board Development Session took place in the Staff Club, Victoria Hospital, Kirkcaldy on Wednesday 19 December 2018. The main topic for discussion was Finance and Performance.

Recommendation

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

TRICIA MARWICK
Board Chairperson
27 December 2018
NHS Fife Board

DATE OF MEETING: 30 January 2019
TITLE OF REPORT: Implementation of Board Assurance Framework
EXECUTIVE LEAD: Helen Wright, Director of Nursing
REPORTING OFFICER: Pauline Cumming, Risk Manager

Purpose of the Report (delete as appropriate)  For Information

Route to the Board (must be completed)

Executive Directors’ Group
Audit & Risk Committee

SBAR REPORT

Situation

This report provides an update on the Board Assurance Framework (BAF) since the last report to the Board on 25 July 2018.

Background

The BAF identifies risks to the achievement of Fife NHS Board’s objectives, particularly, but not exclusively related to delivery of the:

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

The BAF integrates information on underpinning operational risks, controls, assurances and mitigating actions, as well providing a brief assessment of current performance.

Assessment

As reported previously to the Board, the BAF currently has 6 components. These are:

- Financial Sustainability
- Environmental Sustainability
- Workforce Sustainability
- Quality & Safety
- Strategic Planning
- Integration Joint Board (IJB)

The risk levels and ratings are summarised in Table 1.
Table 1 - Risk Level and Rating over time

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<td>20 (4x 5) High</td>
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<td>20 (4x 5) High</td>
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<tr>
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<td>16 (4x 4) High</td>
<td>16 (4x 4) High</td>
<td>16 (4x 4) High</td>
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Each BAF risk is periodically reviewed and updated by the responsible Executive Director to ensure that its scope remains current and comprehensive.

The risks are reported bi monthly to the standing committee to which they are aligned. The report contains the Executive Director’s assessment of the risk, and highlights key issues and questions for the committee to consider as part of its scrutinising function. These include:

- 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?
- How reliable are the assurances?
- What do they tell me?
- Is anything missing?

Since the last report to the Board, the component BAF risks have been reported to and discussed at the respective standing committees; those which were reported to the standing committees in November 2018 are provided separately. The BAF was reported to the Audit & Risk Committee on 13 December 2018.

Developments:

A Board Development Session on Risk Management took place on 31 October 2018. One area of focus was the BAF, its implementation to date, and areas for future development.
There was consensus that the BAF has allowed for enhanced transparency in the reporting of risks to the standing committees which in turn has been a catalyst for discussion and challenge, thus creating greater opportunities for scrutiny and assurance.

The dynamic nature of the BAF means it must evolve in response to internal and external developments, shifting priorities and potential impacts on key decisions and strategy. To this end, focused discussion took place on the following areas of risk:

- eHealth
- IJB

**e Health**

e Health is the overarching term used for Telehealth and Telecare, Telemedicine, Digital Health, Mobile Health and Health Informatics. It plays an increasingly pivotal role in the way health care is delivered. Health technology is a key component of NHS Fife’s Clinical Strategy, enabling information sharing and improved safety and quality of care, support for people to manage their own health and wellbeing and live longer, healthier lives at home or in a community setting, maximise efficient working practices and minimise wasteful variation.

While e Health is interwoven in the Strategic Planning BAF which is currently reported to the NHS Fife Clinical Governance Committee, and is a fundamental component of many projects, it was recognised that in the current climate, there is a heightened focus on e Health.

The increasing reliance on e Health systems, requires IT infrastructures and applications, and supporting capabilities and capacity to be fit for purpose and sustainable. As cyber hacking becomes more prevalent and sophisticated, the potential for malicious intrusion and its impact on critical services and patient safety systems intensifies the need for greater resilience and risk management.

It was agreed that it would be prudent to give e Health risks a more overt focus and develop a discrete e health BAF. An initial meeting to further discuss this development took place on 10 December 2018. It was confirmed that an e health BAF should be developed and the work required is now underway. This will be considered in the appropriate fora with the intention of reporting to the Audit & Risk Committee and the Board in March 2019.

**Integration Joint Board (IJB) BAF**

It was mooted that the IJB BAF should be closed as elements of it are encompassed within other BAF risks. Following discussion, it was agreed that in light of the associated complexities and work ongoing locally and nationally on health and social care integration, the IJB BAF risk is to be retained for at least another year. Key stakeholders are to review and further develop the risk; this process should include clearly identifying the specific issues that require to be within its scope and the key mitigations relating.

**Recommendation**

- For Information

---

**Objectives: (must be completed)**

<table>
<thead>
<tr>
<th>Healthcare Standard(s):</th>
<th>To aid delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>HB Strategic Objectives:</td>
<td>Supports all of the Board’s strategic objectives</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----------------------------------------------</td>
</tr>
</tbody>
</table>

### Further Information:

<table>
<thead>
<tr>
<th>Evidence Base:</th>
<th>A broad national and international evidence base informs the delivery of safe, effective, person centred care in NHS Fife.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Glossary of Terms:</th>
<th>N/A</th>
</tr>
</thead>
</table>

| Parties / Committees consulted prior to Health Board Meeting: | Executive Directors  
Audit & Risk Committee |
|-------------------------------------------------------------|---------------------------------------------------------------|

### Impact: (must be completed)

<table>
<thead>
<tr>
<th>Financial / Value For Money</th>
<th>Promotes proportionate management of risk and thus effective and efficient use of scarce resources.</th>
</tr>
</thead>
</table>

|----------------|--------------------------------------------------------------------------------------------------|

<table>
<thead>
<tr>
<th>Quality / Patient Care:</th>
<th>NHS Fife’s risk management system seeks to minimise risk and so support the delivery of safe, effective, person centred care.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Workforce:</th>
<th>The system arrangements for risk management are contained within current resource.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Equality:</th>
<th>The arrangements for managing risk apply to all patients, staff and others in contact with the Board’s services.</th>
</tr>
</thead>
</table>
## Financial Sustainability

### 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.

#### Current financial climate across NHS/public sector

- **Initial Score**: High
- **Current Score**: Nil

#### 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 break-even.
2. Transformation programme established to support redesign; reduce unwarrented 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.

#### Linked Operational Risk(s)

<table>
<thead>
<tr>
<th>Risk ID</th>
<th>Risk Title</th>
<th>Current Risk Rating</th>
<th>Risk Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>1363</td>
<td>Health &amp; Social Care Integration - Overspend</td>
<td>High 20</td>
<td>M Kellett</td>
</tr>
<tr>
<td>1364</td>
<td>Efficiency Savings - failure to identify level of savings to achieve financial balance</td>
<td>High 16</td>
<td>C Potter</td>
</tr>
<tr>
<td>1357</td>
<td>Financial Planning, Management &amp; Performance</td>
<td>High 16</td>
<td>C Potter</td>
</tr>
</tbody>
</table>

#### Previously Linked Operational Risk(s)

<table>
<thead>
<tr>
<th>Risk ID</th>
<th>Risk Title</th>
<th>Reason for unlinking from BAF</th>
<th>Current Risk Rating</th>
<th>Risk Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>522</td>
<td>Prescribing &amp; Medicines Management - unable to control Prescribing Budget</td>
<td>No longer a high risk</td>
<td>Moderate 9</td>
<td>F Elliot</td>
</tr>
</tbody>
</table>
### Environmental Sustainability

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.

<table>
<thead>
<tr>
<th>Risk ID</th>
<th>Risk Title</th>
<th>Current Risk Rating</th>
<th>Risk Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>1290</td>
<td>Emergency Evacuation - VHK - Phase 2 Tower Block</td>
<td>High 20</td>
<td>A Fairgrieve</td>
</tr>
<tr>
<td>1384</td>
<td>Microbiologist Vacancy</td>
<td>High 20</td>
<td>F Gardiner</td>
</tr>
<tr>
<td>1473</td>
<td>Stratheden Hospital Fire Alarm System</td>
<td>High 20</td>
<td>G Keatings</td>
</tr>
<tr>
<td>1207</td>
<td>Water System Contamination STACH</td>
<td>High 20</td>
<td>A Fairgrieve</td>
</tr>
<tr>
<td>1306</td>
<td>Pigeon guano - Phase 2 VHK windows - cryptococcosis risk</td>
<td>High 20</td>
<td>G Keatings</td>
</tr>
<tr>
<td>749</td>
<td>VHK Phase 2 - Main Foul Drainage Tower Block</td>
<td>High 15</td>
<td>D Lowe</td>
</tr>
<tr>
<td>1252</td>
<td>Flexible PEX Hoses Phase 3 VHK - Legionella Risk</td>
<td>High 15</td>
<td>A Fairgrieve</td>
</tr>
<tr>
<td>735</td>
<td>Medical Equipment Register</td>
<td>High 15</td>
<td>D Lowe</td>
</tr>
<tr>
<td>1001</td>
<td>Theatre Phase 2 Renovational work</td>
<td>High 15</td>
<td>M Cross</td>
</tr>
</tbody>
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<td>High 15</td>
<td>M Cross</td>
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</tbody>
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<th>Reason for unlinking from BAF</th>
<th>Current Risk Rating</th>
<th>Risk Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>1083</td>
<td>VHK CL O2 Generator - Legionella Control</td>
<td>Risk Closed</td>
<td>Moderate 8</td>
<td>D Lowe</td>
</tr>
<tr>
<td>1275</td>
<td>South Labs loss of service due to proximity of water main to plant room</td>
<td>No longer high risk</td>
<td>Moderate 8</td>
<td>D Lowe</td>
</tr>
<tr>
<td>1312</td>
<td>Vertical Evacuation - VHK Phase 2 Tower Block</td>
<td>No longer high risk</td>
<td>Moderate 10</td>
<td>A Fairgrieve</td>
</tr>
<tr>
<td>1314</td>
<td>Inadequate Compartmentation - VHK - Escape Stairs and Lift Enclosures</td>
<td>No longer high risk</td>
<td>Low 6</td>
<td>A Fairgrieve</td>
</tr>
<tr>
<td>1315</td>
<td>Vertical Evacuation - VHK Phase 2 - excluding Tower Block</td>
<td>Risk Closed</td>
<td>Moderate 12</td>
<td>A Fairgrieve</td>
</tr>
<tr>
<td>1316</td>
<td>Inadequate Compartmentation - VHK - Phase 1, Phase 2 Floors and 1st - risk of fire spread</td>
<td>No longer high risk</td>
<td>Moderate 12</td>
<td>A Fairgrieve</td>
</tr>
<tr>
<td>1335</td>
<td>Fife College of Nursing - Fire alarm potential failure</td>
<td>Risk Closed</td>
<td>Moderate 10</td>
<td>G Keatings</td>
</tr>
<tr>
<td>1341</td>
<td>Oil Storage - risk of SEPA prosecution/ HSE enforcement due to potential leak/ contamination/ non compliant tanks</td>
<td>No longer high risk</td>
<td>Moderate 10</td>
<td>G Keatings</td>
</tr>
<tr>
<td>1342</td>
<td>Oil Storage - Fuel Tanks</td>
<td>No longer high risk</td>
<td>Moderate 10</td>
<td>D Lowe</td>
</tr>
<tr>
<td>1352</td>
<td>Pinpoint malfunction</td>
<td>Risk Closed</td>
<td>Moderate 10</td>
<td>D Lowe</td>
</tr>
</tbody>
</table>
### Workforce Sustainability

There is a risk that failure to ensure the right composition of workforce, with the right skills and competences deployed in the right place at the right time will adversely affect the provision of services and quality patient care and impact on organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy.

The current score reflects the existing controls and mitigating actions in place.

Ongoing actions designed to mitigate the risk including:

1. Development of the Workforce Strategy to support the Clinical Strategy and Strategic Framework.
2. Implementation of the Health & Social Care Workforce and Organisational Development Strategy to support the Health & Social Care Strategic Plan for 2016/19.
3. Implementation of the NHS Fife Strategic Framework in collaboration with the relevant stakeholders.
4. A Brexit Steering Group has been established to consider the impact on the workforce with regard to these arrangements once they are known.
5. Implementation of EESS as a workforce management system within NHS Fife.

### Description of Risk

Failure in this area has a direct impact on patients’ health. NHS Fife has an ageing workforce with recruitment challenges in key specialties. Failure to ensure the right composition of workforce with the right skills and competences gives rise to a number of organisational risks including reputational and financial risk; a potential adverse impact on the safety and quality of care provision; and staff engagement and morale. Failure would also adversely impact on the implementation of the Clinical strategy.

- **Likelihood:** 4 - Major
- **Rating:** 4 - Likely
- **Initial Score:** 5 - Almost Certain
- **Current Score:** 3 - Medium
- **Rationale for Current Score:**
- **Mitigating actions - what more should we do:**
- **Gaps in Control:**
- **Linked Operational Risk(s):**
- **Timescale:**
- **Responsible Populace:**
- **Assurances (How do we know controls are in place and funding as expected?):
- **Sources of Positive Assurance on the Effectiveness of Controls:**
- **Gaps in Assurance (What additional assurance should we seek?):
- **Current Target:**
- **Target Score:**
- **Rationale for Target Score:**
- **Continuing improvement in current controls and full implementatio of mitigating actions will reduce both the likelihood and consequence of the risk from moderate to low.

### NHS Fife Board Assurance Framework (BAF)

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

### Linked Operational Risk(s)

- **1. Regular performance monitoring and reports to EDG, AFP and Staff Governance Committee**
- **2. Delivery of Staff Governance Action Plan is reported to EDG, AFP and Staff Governance Committee**
- **3. Audit reports**

### Overall NHS Fife Board risk profile

- **NHS Fife Board has robust workforce planning and learning and development governance and risk systems and processes in place.**
- **Continuation of the current controls and full implementation of mitigation actions, especially the Workforce strategy supporting the Clinical Strategy and the implementatio of EESS should provide an appropriate level of control.**

---

NHS Fife Board Assurance Framework (BAF) V10.0 261018

Page 1 of 2 NHS Fife Board Assurance Framework (BAF) 33087

1/2
<table>
<thead>
<tr>
<th>Risk ID</th>
<th>Risk Title</th>
<th>Current Risk Rating</th>
<th>Risk Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>1375</td>
<td>Breast Radiology Service</td>
<td>High 16</td>
<td>M Cross</td>
</tr>
<tr>
<td>90</td>
<td>National shortage of radiologists</td>
<td>High 16</td>
<td>I Burdock</td>
</tr>
<tr>
<td>1420</td>
<td>Loss of consultants</td>
<td>High 15</td>
<td>H Bett</td>
</tr>
</tbody>
</table>

**Previously Linked Operational Risk(s)**

<table>
<thead>
<tr>
<th>Risk ID</th>
<th>Risk Title</th>
<th>Reason for unlinking from BAF</th>
<th>Current Risk Rating</th>
<th>Risk Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>1324</td>
<td>Medical Staff Recruitment</td>
<td>No longer high risk</td>
<td>Moderate 9</td>
<td>J Kennedy</td>
</tr>
<tr>
<td>1349</td>
<td>Service provision- GP locums may no longer wish to work for NHS Fife salaried practices</td>
<td>Risk Closed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1353</td>
<td>Medical Cover- Community Services West- expected shortfalls on nurse staffing and GP cover</td>
<td>No longer high risk</td>
<td>Moderate 9</td>
<td>C Dobson</td>
</tr>
<tr>
<td>1042</td>
<td>Staffing levels Community Services East unable to meet staffing establishment</td>
<td>No longer high risk</td>
<td>Moderate 12</td>
<td>K Nolan</td>
</tr>
<tr>
<td>503</td>
<td>Lack of capacity in Podiatry Service unable to meet SIGN/ NICE Guidelines</td>
<td>Risk Closed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk ID</td>
<td>Date and Overview</td>
<td>Description of Risk</td>
<td>Initial Score</td>
<td>Current Score</td>
</tr>
<tr>
<td>--------</td>
<td>------------------</td>
<td>---------------------</td>
<td>---------------</td>
<td>--------------</td>
</tr>
<tr>
<td>216</td>
<td>10/09/2018</td>
<td>Clinical Governance</td>
<td>5 - High</td>
<td>3 - High</td>
</tr>
</tbody>
</table>

**Risk ID: 521**
Capacity Planning
High 20
Valerie Hatch

**Risk ID: 1256**
Emergancy Evacuation - VHK- Phase 2 Tower Block
High 20
A Fairgrieve

**Risk ID: 43**
Vascular access for haematology/Oncology
High 20
Shirley Anne Savage

**Risk ID: 529**
Information Governance
High 16
Jann Gardner

**Risk ID: 637**
SAB HEAT TARGET
High 16
Christina Coulombe

**Risk ID: 1355**
Cancer Waiting Times Access Standards
High 15
Jann Gardner

**Risk ID: 356**
Clinical Pharmacy Input
High 15
Francis Elliot

**Previously Linked Operational Risk(s)**

**Risk ID: 1366**
T34 syringe drivers in the Acute Division
No longer a high risk
Low 6
Shirley Anne Savage

**Risk ID: 1207**
Obsolete Equipment In Use – No Replacement Plan In Place (Graseby 3000 Series)
No longer a high risk
Moderate 10
David Lowie

**Risk ID: 528**
Pandemic Flu Planning
No longer a high risk
Moderate 12
Dona Milne

---

**Quality & Safety**

1. There is a risk that due to failure of clinical governance, performance and management systems (including information & information systems) NHS Fife may be unable to provide safe, effective, person centred care.

2. The Quality, Safety Governance Group changed to the Clinical Governance Steering Group as of 02/05/18. This group will take an overview of the quality and safety of care provided across the Fife health system and how this impacts on patient/user experience. Organisational Duty of Candour (DoC) took effect 01/4/18. This promotes being open, honest and being supportive when there is an unexpected or unintended incident resulting in death or harm (as defined by the Act) to those affected inc. staff. We are working through implementation of the guidance issued on 28/03/18. DoC will be underpinned by our commitment to learn. A Learning from Excellence group has been set up to consider how we celebrate excellence and share learning. Further develop Data Risk Management system (Incidents / Risks / Complaints / Claims / Audits).
### Strategic Planning

**Key Risks**
1. Community/Mental Health redesign is the responsibility of the H&SCP/JPUB which hold the operational plans, delivery measures and timescales
2. Governance of the JSGT remains with 4 committees - 2 from the LGB and 2 from NHS. This may impact on effectiveness of leadership.
3. Regional Planning. There is a challenge in alignment of strategic plans of partner boards with those of the JSGT
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

<table>
<thead>
<tr>
<th>Ongoing actions designed to mitigate the risk including:</th>
<th>Nil</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Establishment of IMPACT in 2016 - a small internal business unit which provides focused, co-ordinated, client tailored support to accelerate delivery of NHS Fife’s strategic objectives</td>
<td></td>
</tr>
<tr>
<td>Provides a programme management framework to ensure the programme is delivered</td>
<td></td>
</tr>
<tr>
<td>2. Establishment of the Joint Strategic Transformation Group (JSTG) to drive the delivery of the H&amp;SCP Strategic Plan and the Clinical Strategy</td>
<td></td>
</tr>
<tr>
<td>3. 3 of the 4 key strategic priorities are being taken forward by the H&amp;SCP. 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</td>
<td></td>
</tr>
<tr>
<td>4. NHS Fife is a member of SEAT and participates in Regional planning via JSAT and appropriate sub-working groups</td>
<td></td>
</tr>
</tbody>
</table>

**Previously Linked Operational Risk(s)**

- nil currently identified

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### Linked Operational Risk(s)

**Current Risk Rating**

**Risk ID**

**Risk Title**

**Current Risk Rating**

**Risk Owner**

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**Previously Linked Operational Risk(s)**

**Risk ID**

**Risk Title**

**Reason for unlinking from BAF**

**Current Risk Rating**

**Risk Owner**

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### NHS Fife Board Assurance Framework (BAF)

**Risk ID**

**Risk Title**

**Reason for unlinking from BAF**

**Current Risk Rating**

**Risk Owner**

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<table>
<thead>
<tr>
<th><strong>Rationale for Current Score</strong></th>
<th><strong>Target Score</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Score</td>
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<td></td>
</tr>
<tr>
<td><strong>Risk Title</strong></td>
<td></td>
</tr>
<tr>
<td>ToR of JSTG has been reviewed</td>
<td></td>
</tr>
<tr>
<td><strong>Risk Title</strong></td>
<td></td>
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**Current Risk Rating**

**Risk Owner**
NHS Fife Board

DATE OF MEETING: 30 January 2019
TITLE OF REPORT: Duty of Candour Implementation
EXECUTIVE LEAD: Dr Frances Elliot, Medical Director
REPORTING OFFICER: Dr Frances Elliot, Medical Director

Purpose of the Report (delete as appropriate)

| For Discussion | For Information |

Route to the Board (must be completed)

The Board received an initial paper on this subject at its meeting in September 2018, and this report provides the requested update on the ongoing process of implementing the new duty, before the first annual report is produced after March.

SBAR REPORT

Situation

This report provides Board members with a short update on the implementation of Duty of Candour.

Background

The Duty requires the organisation to consider when there are major or extreme adverse incidents which of these will activate the Duty of Candour. This can either be identified when a decision is made about the need for a Significant Adverse Event Review or once the review has been undertaken and the root causes of the incident are understood.

Documentation is now in place to explain the Duty of Candour to patients and families and what they can expect in terms of involvement in asking questions they wish to have answered during the review process. Meetings are held with patients and/or their families when the review is commissioned to give them an opportunity to inform the review and then after the review is completed so that they receive feedback together with the Learn summary created from the review findings.

Assessment

Since 1 April 2018, all major and extreme adverse incidents which take place in system have been reviewed to determine if they activate the Duty of Candour. Up to 7 January 2019, there have been 18 incidents where the Duty of Candour applied. These were for unintended events which led to harm to patients, most of which prolonged their treatment in our care.

In the cases audited to date, the correct procedure was followed in 8 out of the 8 occasions. This means in all these cases the people affected were contacted and given an account of the incident, an offer to meet with them was made, and a review was carried out to establish what happened and what went wrong to try and learn for the future. In 6 of the 8 cases evidence was also found that an apology had been given.

Each case has been reviewed to establish the elements where the duty of candour procedure
was not followed, and areas of improvement over the next year have been identified. The areas to improve the reliability within the system are:

- giving the opportunity to ask questions and express views in advance of an arranged meeting or review and documenting this,
- documentation in relation to recording any apology given and the discussions with the person affected/ and or family.
- providing details of how to contact a person within the organisation post event.

### Recommendation

**For Information** - to consider the update  
**The Board is** asked to note this update and that a further report will be provided when the annual report is being prepared after 31 March when all incidents have been fully reviewed and the outputs audited.

### Objectives: (must be completed)

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<tr>
<th>Healthcare Standard(s):</th>
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<td>Person-Centred</td>
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### Further Information:

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<tr>
<th>Evidence Base:</th>
<th>Support consistent responses when there has been an unintended incident which has resulted in harm. Promotion of being open, honest and transparent</th>
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### Impact: (must be completed)

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<tr>
<td>Risk / Legal:</td>
<td>Duty of Candour is a new legislative requirement</td>
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<tr>
<td>Quality / Patient Care:</td>
<td>Improving adverse incident reporting and management should improve the quality of patient care.</td>
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<tr>
<td>Workforce:</td>
<td>Regular staff briefing and information about the new policy and duty is underway.</td>
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| Equality:                   | ▪ Has EQIA Screening been undertaken? Yes - nationally for the new legislation; also locally as part of the update of the adverse events policy  
▪ Has a full EQIA been undertaken? Yes – nationally, and also locally as part of the update of the adverse events policy.  
▪ Please state how this paper supports the Public Sector Equality Duty – the policy applies equally to all patients irrespective of any individual characteristics.  
▪ Please state how this paper supports the Health Board’s Strategic Equality Plan and Objectives – this has no impact on the plan.  
Any potential negative impacts identified in the EQIA documentation? – No. |
DATE OF MEETING: 30 January 2019
TITLE OF REPORT: Audit Scotland report: NHS in Scotland 2018
EXECUTIVE LEAD: Carol Potter, Director of Finance
REPORTING OFFICER: Carol Potter, Director of Finance

Purpose of the Report (delete as appropriate)

Route to the Board (must be completed)

This report was considered at the Audit & Risk Committee on 13 December. The Committee noted the key messages and recommendations, and agreed the Head of Corporate Planning & Performance, as Board Secretary, would coordinate the appropriate consideration of the checklist that accompanies the report by Non Executive Directors, following on from the Board’s meeting.

SBAR REPORT

Situation

Throughout each financial year Audit Scotland undertakes a programme of National Performance Audits and Best Value Studies across the Public Sector. Following completion of the statutory annual accounts process and presentation of individual external audit reports to individual NHS Boards, an overview report for NHS Scotland as a whole is prepared by Audit Scotland for the Auditor General for Scotland.

Background

The Auditor General appoints auditors to Scotland’s central government and NHS bodies; examines how public bodies spend public money; helps them to manage their finances to the highest standards; and checks whether they achieve value for money. The Auditor General is independent and is not subject to the control of the Scottish Government or the Scottish Parliament. Audit Scotland is a statutory body set up in April 2000, under the Public Finance and Accountability (Scotland) Act, 2000. It provides services to the Auditor General for Scotland and the Accounts Commission for Scotland.

The NHS in Scotland 2018 report was published by Audit Scotland on 25 October 2018. The report sets out a number of key facts and messages, a series of recommendations and is accompanied by a supplementary checklist for Non Executive Directors. The report is attached as to this SBAR, and Non Executive directors will be subsequently invited to complete the checklist by the Board Secretary (the format of which will be clear from the copy included with this paper).

Assessment

Key Messages:

- The Auditor General for Scotland found that performance continued to decline in 2017/18 and the NHS is not financially sustainable in its current form. Pressure is building in several areas, including major workforce challenges, rising drug costs and a significant
maintenance backlog.

- No NHS boards were able to meet all eight key national targets and performance against these targets declined nationally. More people waited longer for outpatient and inpatient appointments. Only one of the eight key performance targets was met nationally.

- The NHS also faces significant workforce challenges, with difficulties recruiting and increases in sickness absence and staff turnover. There is evidence that the NHS is struggling to recruit and retain the right people, and ensure they have the time and support they need. Boards are also considering the potential impact of EU withdrawal on areas such as staffing, the supply and cost of drugs, and food prices.

- In 2017/18, the NHS in Scotland employed almost 140,000 (whole-time equivalent) staff, conducted an estimated 17 million GP consultations, conducted four million outpatient appointments and responded to 764,201 emergencies.

- Between 2016/17 and 2017/18, the overall health budget increased by 1.5 per cent in cash terms. Taking inflation into account, the budget decreased by 0.2 per cent. Revenue funding for day-to-day spending increased by 0.8 per cent in real terms; capital funding, for example for new buildings and equipment, decreased from £524.5 million to £408 million, a real terms decrease of 23.5 per cent.

- In 2017/18, NHS Boards delegated £5.8 billion, 46 per cent of their budget, to integration authorities to fund health services such as primary and community care.

- While health funding has increased over the past decade, funding per head of population has increased at a slower rate. In 2017/18, health funding in Scotland was £2,409 per person. This compares to £2,333 in 2008/09, a 3.3 per cent increase in real terms.

A number of key recommendations were set out for the Scottish Government, NHS Boards, and Integration Authorities:

- The Scottish Government should:
  - develop a robust and transparent financial management system for managing and monitoring NHS boards’ new year-end flexibility and three-year break-even arrangement
  - ensure NHS governance arrangements are clear and robust by making sure roles and responsibilities are explicit and lines of accountability are clear at each planning level
  - report publicly on the progress of the Health and Social Care Delivery Plan, including measures of performance covering all parts of the healthcare system to show progress towards delivering more healthcare in the community.

- The Scottish Government, in partnership with NHS boards, should:
  - strengthen board-level governance arrangements, including developing an improved national approach to induction, training, and assessment for non-executive directors
  - identify why NHS leadership posts are difficult to fill and develop ways to address this.
The Scottish Government, in partnership with NHS boards and integration authorities, should:
- develop a national capital investment strategy to ensure capital funding is strategically prioritised
- continue to develop a comprehensive approach to workforce planning that reflects forecasts of future staffing and skills requirements to deliver changing models of healthcare provision at regional, local and community level
- provide a clear breakdown of transitional and future costs to meet projected demand through additional recruitment and training.

The Scottish Government, NHS boards and integration authorities should:
- work together to develop a clearer understanding of demand for services, and capacity and activity trends within primary and secondary care and use this to inform medium to long-term service and workforce planning
- publish clear and easy to understand information on how the health funding system works, including how much funding was provided, what it was spent on, and the impact it has on people’s lives
- put NHS staff, local communities, and the public at the heart of change and involve them in planning and implementing changes to how services are accessed and delivered.

The supplementary checklist that accompanies the report is intended to help Non Executive Directors with their role in overseeing the performance of the NHS Board and is aimed at promoting good practice, scrutiny and challenge in decision-making. The checklist should be read in conjunction with the full report, and is divided into two sections covering: financial and service performance; and what needs to change. The questions should help Non Executive Directors seek evidence, and subsequently gain assurance, on their Board’s approach in these areas. If the answer to any question is ‘no’, then Audit Scotland encourage Non Executive Directors to speak with the Board’s senior Executive Team and Chief Executive, to discuss how improvements can be made.

**Recommendation**

Board Members are asked to:
- **note** the key messages and recommendations set out in the *NHS Scotland in 2018* report
- **agree** (as advised by the Audit & Risk Committee) that the Head of Corporate Planning & Performance, as Board Secretary, will coordinate appropriate consideration of the Checklist by Non Executive Directors after January’s Board meeting.
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Auditor General for Scotland

The Auditor General’s role is to:
• appoint auditors to Scotland’s central government and NHS bodies
• examine how public bodies spend public money
• help them to manage their finances to the highest standards
• check whether they achieve value for money.

The Auditor General is independent and reports to the Scottish Parliament on the performance of:
• directorates of the Scottish Government
• government agencies, eg the Scottish Prison Service, Historic Environment Scotland
• NHS bodies
• further education colleges
• Scottish Water
• NDPBs and others, eg Scottish Police Authority, Scottish Fire and Rescue Service.

You can find out more about the work of the Auditor General on our website:
www.audit-scotland.gov.uk/about-us/auditor-general

Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. We help the Auditor General for Scotland and the Accounts Commission check that organisations spending public money use it properly, efficiently and effectively.
Audit team

The core audit team consisted of: Leigh Johnston, Kirsty Whyte, Nichola Williams, Martin Allan, Agata Maslowska, and Veronica Cameron, with support from other colleagues and under the direction of Claire Sweeney.
Key facts

- **Whole time equivalent staff employed by the NHS**: 139,918
- **Brokerage provided by Scottish Government in 2017/18**: £50.7 million
- **Total Scottish Government health budget in 2017/18**: £13.1 billion
- **Number of boards meeting all key national performance targets**: 0
- **Key national performance target met**: 1
- **Total savings made by NHS boards in 2017/18**: £449.1 million
- **Brokerage provided by Scottish Government in 2017/18**: £50.7 million

Summary

Key messages

1 To meet people’s health and care needs, the NHS urgently needs to move away from short-term fire-fighting to long-term fundamental change. The type of services it offers, and the demand for those services, have changed significantly over the 70 years since the NHS was created. The challenges now presented by an ageing population means further and faster change is essential to secure the future of the NHS in Scotland.

2 The NHS in Scotland is not in a financially sustainable position. NHS boards are struggling to break even, relying increasingly on Scottish Government loans and one-off savings. The Scottish Government’s recent health and social care medium-term financial framework and other measures are welcome steps but more needs to be done.

3 The pressure on the NHS is increasing. Performance against the eight key national performance targets continues to decline. No board met all of the key national targets. Only three boards met the 62-day target for cancer referrals. The number of people on waiting lists also continues to increase. The only target met nationally in 2017/18 was for drug and alcohol patients to be seen within three weeks.

4 The scale of the challenges means decisive action is required, with an urgent focus on the elements critical to ensuring the NHS is fit to meet people’s needs in the future. These include being clear about how the NHS is governed, multiple planning layers exist at local and national level, it is unclear how regional planning will operate in the future and health and social care integration continues to develop.

5 Ensuring effective leadership is also critical. Much more engagement and information is needed about how new forms of care will work, what they cost and the difference they make to people’s lives. Without this, it will continue to be difficult to build support among the public and politicians to make the decisions needed to change how healthcare is delivered in Scotland.

Recommendations
The Scottish Government should:

- develop a robust and transparent financial management system for managing and monitoring NHS boards’ new year-end flexibility and three-year break-even arrangement
• ensure NHS governance arrangements are clear and robust by making sure roles and responsibilities are explicit and lines of accountability are clear at each planning level

• report publicly on the progress of the Health and Social Care Delivery Plan, including measures of performance covering all parts of the healthcare system to show progress towards delivering more healthcare in the community.

The Scottish Government, in partnership with NHS boards, should:

• strengthen board-level governance arrangements, including developing an improved national approach to induction, training, and assessment for non-executive directors

• identify why NHS leadership posts are difficult to fill and develop ways to address this.

The Scottish Government, in partnership with NHS boards and integration authorities, should:

• develop a national capital investment strategy to ensure capital funding is strategically prioritised

• continue to develop a comprehensive approach to workforce planning that:
  – reflects forecasts of future staffing and skills requirements to deliver changing models of healthcare provision at regional, local and community level
  – provides a clear breakdown of transitional and future costs to meet projected demand through additional recruitment and training.

The Scottish Government, NHS boards and integration authorities should:

• work together to develop a clearer understanding of demand for services, and capacity and activity trends within primary and secondary care and use this to inform medium to long-term service and workforce planning

• publish clear and easy to understand information on how the health funding system works, including how much funding was provided, what it was spent on, and the impact it has on people’s lives

• put NHS staff, local communities, and the public at the heart of change and involve them in planning and implementing changes to how services are accessed and delivered.
The NHS is 70 years old this year and continues to provide a range of vital services to thousands of people every day across the country. In 2017/18, the NHS in Scotland:

- employed almost 140,000 (whole-time equivalent) staff across 14 mainland and island NHS boards and eight national boards
- conducted an estimated 17 million GP consultations
- carried out four million outpatient appointments
- responded to 764,201 emergencies
- spent £13.1 billion on healthcare.

Over the years we have highlighted the growing pressures facing the NHS in our national and local audit work. These include a tight financial environment, increasing demand for services, difficulties in recruiting staff, and rising public and political expectations. In the face of these pressures, a committed workforce has continued to work to deliver high-quality care. However, the demands of a growing and ageing population on top of these pressures mean the current healthcare delivery model is not sustainable.

The Scottish Government set out how it wants healthcare and the health of the Scottish population to change in its 2020 Vision, published in 2011. Its aim is that everyone should live longer, healthier lives at home or in a homely setting by 2020, and significant activity is under way to work towards this. However, progress is too slow and major issues still need to be addressed if the vision is to be achieved. These include ensuring the NHS is financially sustainable in the medium to longer term, recruiting the right number of skilled staff in the right places, identifying what the public wants from its healthcare system, and fully integrating health and social care services.

This report sets out why immediate action is needed, identifying the financial and performance position of the NHS in Scotland in 2017/18. Part 2 of the report sets out what needs to change to ensure the NHS can continue to meet the needs of the Scottish people.
Part 1
Why is immediate action needed?

Key messages

1. The overall health budget in 2017/18 was £13.1 billion, a 0.2 per cent decrease in real terms on the previous year. The NHS struggled to break even. Three boards required a loan from the Scottish Government and the majority relied on short-term measures to balance their books. NHS boards achieved unprecedented savings of £449.1 million in 2017/18 by relying heavily on one-off savings. This is not sustainable.

2. The pressures facing the NHS continue to intensify. Financial pressures such as drug costs, a backlog of maintenance, and the use of temporary staff are predicted to continue in future years. Projected funding increases are unlikely to be enough to keep pace with rising health costs and the need for investment in the NHS estate. EU withdrawal will mean additional challenges, including recruiting and retaining staff and procuring vital supplies such as drugs.

3. Performance declined against the eight key national targets between 2016/17 and 2017/18. More people waited longer for outpatient and inpatient appointments. The number of people waiting over 12 weeks for their first outpatient appointment increased by six per cent in the past year, while the number waiting over 12 weeks for an inpatient appointment increased by 26 per cent. No board met all eight targets. Only one of the eight key performance targets was met nationally – for 90 per cent of patients referred for drug and alcohol treatment to receive treatment within three weeks.

4. The NHS faces significant workforce challenges. Recruitment remained difficult in 2017/18, while sickness absence and turnover increased.

The NHS is not in a financially sustainable position

5. Financial sustainability considers whether a body is likely to be able to continue delivering services effectively or change how services are delivered in the medium to longer term with the available resources. We have looked at a number of measures which indicate risks to the sustainability of the NHS and we examine these below.

6. In 2017/18, the total Scottish Government health budget for spending on core services was £13.1 billion.\(^{24}\) Health remains the single largest area of Scottish Government spending, accounting for 42 per cent of the total budget in 2017/18. The majority of health funding is provided to territorial boards to deliver services (Exhibit 1, page 9).
Part 1. Why is immediate action needed?

Exhibit 1
Health funding breakdown 2017/18
The majority of funding in 2017/18 was given to mainland and island NHS boards.

£13.1 bn
Total Scottish Government Health Budget 2017/18

£12.6 bn
NHS boards

£11.2 bn
Territorial boards

£1.4 bn
National boards

£0.5 bn
Centrally retained National programmes and initiatives

£10.8 bn
Revenue

£0.4 bn
Capital

£1.4 bn
Revenue

£36 m
Capital

£5.8 bn
Integration authorities

Source: Audit Scotland using Scottish Government draft budget 2018/19 and NHS Consolidated Accounts for financial year 2017/18

7. NHS boards delegate a significant percentage of their budget (£5.8 billion, 46 per cent in 2017/18) to integration authorities to fund health services such as primary and community care. We will be publishing our second report on health and social care integration in November 2018.

8. Between 2016/17 and 2017/18, the overall health budget increased by 1.5 per cent in cash terms. Taking inflation into account, the budget decreased by 0.2 per cent:

- Revenue funding for day-to-day spending increased by 0.8 per cent in real terms (2.5 per cent in cash terms).
• Capital funding, for example for new buildings and equipment, decreased from £524.5 million to £408 million. This was a decrease of 23.5 per cent in real terms (22.2 per cent in cash terms). This was mainly due to the new Dumfries and Galloway Royal Infirmary being completed and the near completion of NHS Lothian’s new Royal Hospital for Sick Children and Department of Clinical Neurosciences.

9. In 2017/18, NHS boards’ budgets included £107 million ring-fenced funding for health and social care integration. NHS boards were required to pass this funding directly to integration authorities.

10. The overall health budget has increased by 7.7 per cent in real terms over the past decade (Exhibit 2). Revenue funding increased by 9.7 per cent between 2008/09 and 2017/18, while capital funding reduced by 32 per cent. This has mainly been driven by funding increases in the most recent four-year period, with the total budget increasing by five per cent since 2014/15.

Exhibit 2
Trends in the health budget in Scotland, 2008/09 to 2017/18
Since 2008/09, the health budget has increased in cash terms and had small real-terms increases and decreases each year.

11. Although health funding has increased over the past decade, funding per head of population has increased at a slower rate. In 2017/18, health funding in Scotland was £2,409 per person. This compares to £2,333 in 2008/09, a 3.3 per cent increase in real terms.¹⁰

The NHS met its overall financial targets in 2017/18, but boards are struggling to break even
12. NHS boards have been required by the Scottish Government to break even at the end of each financial year. This means that they must stay within the limits of their revenue and capital budgets. All NHS boards broke even in 2017/18, achieving an overall surplus of 0.07 per cent, £8.5 million.¹¹
The majority of boards used short-term measures to break even. These included:

- Late allocations of funding from the Scottish Government. NHS Greater Glasgow and Clyde received a late allocation of £8 million for winter beds and acute strategy in February 2018 which allowed them to break even at year-end (31 March 2018).

- Reallocating capital funding to revenue funding to cover operating costs—for example, in NHS Borders, Forth Valley, Greater Glasgow and Clyde, and Tayside.

- Postponing new investments and using slippage on funding—for example, in NHS Borders, NHS Grampian and NHS National Services Scotland.

- One-off gains, including writing off accruals and lower than budgeted medical negligence payments. This was the case in NHS Greater Glasgow and Clyde and NHS Lanarkshire.

More boards are predicting year-end deficits

In 2015/16, all territorial NHS boards predicted at the start of the year that they would break even or record a surplus. In 2016/17, three boards predicted they would be in deficit at the end of the year. This increased to seven in 2017/18. In 2018/19, eight boards predicted at the start of the year that they would be in deficit at the end of the year.\(^\text{12}\)

The size of the predicted deficits is also growing. In 2015/16, territorial boards predicted at the start of the year they would achieve an overall surplus of £0.5 million at year-end. In 2016/17, this moved to a predicted deficit of £34.1 million. A year later, this figure had almost tripled with boards predicting a deficit of £99.3 million by the end of financial year 2017/18.\(^\text{13}\)

In the 2017/18 annual audit reports, auditors highlighted significant levels of risk around boards’ ability to break even in 2018/19. At May 2018, NHS boards were predicting a deficit of £131.5 million in 2018/19.\(^\text{14}\)

The amount of loans provided by the Scottish Government to enable boards to break even is increasing

In 2017/18, the Scottish Government provided loans totalling £50.7 million to NHS Ayrshire and Arran, Highland, and Tayside. This allowed them to break even. This is significantly more than in 2016/17 and in previous years (Exhibit 3, page 12). The total amount of outstanding loans across all NHS boards at the end of 2017/18 was £102 million. Four boards (NHS Ayrshire and Arran, Borders, Highland and Tayside) have predicted they will need loans totalling £70.9 million in 2018/19. This has implications for other NHS boards since loans must be financed from the existing overall budget.

In October 2018, the Cabinet Secretary for Health and Sport announced that all territorial boards’ outstanding loans will be written-off at the end of the 2018/19 financial year. We are carrying out further work to understand the implications of the recent announcement.
**Exhibit 3**

Scottish Government loans provided to NHS boards, 2009/10 to 2017/18 and repayments made by NHS boards

Loans paid out are greater than the amount repaid.

Note: In 2011/12, NHS Forth Valley received brokerage of £11 million, of which £1 million did not need to be repaid.

Source: Audit Scotland

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**NHS boards made unprecedented savings in 2017/18, but this was only achieved through one-off measures**

19. NHS boards need to make savings to break even at the end of the financial year, to close the gap between the funding they receive and how much it costs to deliver services.

20. In 2016/17, NHS boards made overall savings of £387.4 million, which at the time was unprecedented. In 2017/18, the figure rose to £449.1 million. This represents 3.6 per cent of total revenue allocations to NHS boards. Despite this, the NHS did not meet its overall savings target of £480.8 million in 2017/18, falling short by seven per cent, £31.7 million.

**Boards relied heavily on one-off savings in 2017/18**

21. In 2017/18, 50 per cent of all savings were one-off (non-recurring), up from 35 per cent in 2016/17, and 20 per cent in 2013/14. Savings reduce expenditure and contribute to achieving financial targets, but they do not necessarily mean increased efficiency or effectiveness.

22. Savings are classed as either recurring or non-recurring. The former recur in future years, for example as a result of providing services in a different way. Non-recurring savings do not result in ongoing savings, for example selling a building or delaying filling a vacant post. The reliance on one-off savings varied widely, from 23 per cent in NHS Lanarkshire to 83 per cent in NHS Orkney among the territorial boards. In the national boards, the range was from 0 per cent at NHS National Services Scotland to 100 per cent at NHS Health Scotland (Exhibit 4, page 13).
Exhibit 4
Percentage of total savings that were non-recurring by NHS board, 2016/17 to 2017/18
The use of non-recurring savings increased significantly in 2017/18.

23. Relying on one-off savings is not sustainable:

- It is becoming more and more difficult to identify areas in which NHS boards can make one-off savings.

- NHS boards that make high levels of one-off savings have to find more savings in future years.

- Non-recurring savings don’t address the need to change the way NHS boards provide services.

Boards increasingly don’t know where future savings will come from

24. At the start of the 2017/18 financial year, NHS boards were unable to identify where 28 per cent of all planned savings would come from, up from 17 per cent the previous year, and three per cent five years ago.16
Projected future health funding increases are unlikely to be enough to keep pace with rising costs

Cost pressures continue to intensify
25. NHS boards’ costs are of two main types:

- Fixed—these are costs that boards have limited room to change in the short term. They make up significant parts of their budgets. The largest area is staff costs, which accounted for £6.6 billion (54 per cent) of total revenue spending in 2017/18. Other fixed costs include annual repayments on hospitals funded through private finance initiative (PFI) arrangements. These are fixed annual amounts which boards have to manage as part of their overall budget.

- Discretionary—these are costs that boards can influence to differing extents. Examples include:
  - prescribing or temporary staffing. For example, boards can reduce the volume of drugs dispensed, prescribe cheaper alternatives, or use less temporary staff from agencies to reduce costs
  - areas where boards can influence their costs by deciding, for example, how they provide services in their area.

26. In 2017/18, costs continued to increase in several key areas (Exhibit 5, page 15).

Health is projected to remain the single largest area of Scottish Government expenditure in future years
27. Health is one of the Scottish Government’s six key policy priorities, alongside social security, police, early learning and childcare, higher education, and pupil attainment. The share of the overall Scottish Government resource budget taken up by these six priorities is projected to increase from 56 per cent in 2019/20 to 64 per cent in 2022/23, with overall health spending accounting for the majority of this. The Scottish Government’s five-year financial strategy states that all other funding commitments will need to be met from the remainder of the budget.

Increases in health costs are likely to outstrip funding increases
28. Between 2008/09 and 2017/18, increases in health funding have averaged 0.8 per cent per year in real terms. The Scottish Government’s five-year financial strategy, published in May 2018, sets out a potential annual real terms health funding increase of 1.1 per cent between 2018/19 and 2022/23.

29. At the same time, health costs are projected to increase more quickly. Scotland’s ageing population means that more people will be living longer with multiple long-term conditions, leading to greater costs for the NHS. Other cost pressures, such as increases in drug spending, are also projected to intensify. The Fraser of Allander Institute has predicted that the health resource budget is likely to have to increase by around two per cent per year in real terms to 2030 just to stand still.

30. In October 2018, the Scottish Government published its Medium Term Health and Social Care Financial Framework. We discuss the framework in more detail in Part 2. The framework sets out a total projected funding increase to 2023/24 although it is not yet clear how the figures relate to those set out in the Scottish Government’s overall five-year financial strategy in May 2018.
Exhibit 5
Cost pressures in 2017/18

Most NHS boards overspent on their pay budget and agency costs remain high

- **£6.6 billion** was spent by NHS boards on staff in 2017/18 (54 per cent of revenue expenditure) and the majority of NHS boards overspent on their pay budget.¹

- **£165.9m**
  - Amount spent on agency staff in 2017/18.
  - 5% decrease in real terms on the previous year.
  - 38% increase over the past five years.²

- **£100m**
  - Amount spent on agency medical locums in 2017/18.
  - 10% decrease in real terms on the previous year.
  - 40% increase over the past five years.³

- **£152m**
  - Amount spent on bank nurses in 2017/18.
  - 5% increase in real terms on the previous year.
  - 21% increase over the past five years.⁴

Backlog maintenance has increased

- **£448.9m**
  - Amount NHS boards spent on capital projects in 2017/18.
  - £417.2m
    - The amount funded by the Scottish Government.
    - The rest was funded by selling assets such as land and buildings, and donations.

- **72%**
  - NHS estate rated in good physical condition in 2017/18.
  - Increase from 70% in 2016/17.
  - The figures vary widely across territorial boards, from 25% of the estate rated good in NHS Orkney to 98% in NHS Borders.

- **£899m**
  - Total maintenance backlog in 2017/18.
  - Increase from £887m in 2016/17.
  - 45% of all backlog maintenance is classed as significant or high risk, a 2% reduction since 2016/17. The figures vary widely across territorial boards, from 12% of all backlog maintenance rated significant or high risk in NHS Western Isles, to 74% in NHS Tayside. Over half, 56%, of all backlog maintenance was accounted for by three boards, NHS Greater Glasgow and Clyde, Grampian, and Tayside.

Spending on drugs continues to rise

- **£1.7bn**
  - Amount spent on drugs in 2016/17.
  - 1.5% increase in real terms from 2015/16.
  - 19.4% increase over the past five years.

- **£1.3bn**
  - Spend in community.
  - 2.2% increase in real terms spending on drugs in the community between 2015/16 and 2016/17.

- **£0.4bn**
  - Spend in hospitals.
  - 0.7% decrease in real terms spending on drugs in hospitals.⁵
Exhibit 5 (continued)

Spending on drugs continues to rise (continued)

103 million items. Number of items dispensed in the community.

0.1% decrease
Volume of drugs dispensed in the community between 2016/17 and 2017/18. 

Clinical negligence costs continued to increase

£643m
Amount set aside to manage potential future clinical negligence payments in 2017/18.

9% increase
in real terms since 2016/17.

Notes:
4. Bank and agency nursing and midwifery comparison (capacity), ISD Scotland, June 2018.
6. Volume and Cost (NHS Scotland), ISD Scotland, July 2018. This only includes items dispensed in the community.

Source: Audit Scotland

The NHS estate will need more investment than is likely to be available in future years

31. The NHS capital budget fluctuates over time. In recent years, new hospitals have been built in Dumfries, Edinburgh, and Glasgow. In general, however, the budget has been declining over the past ten years. Backlog maintenance remains significant across the whole estate at £899 million in 2017/18 and a number of hospitals and other health facilities will require significant investment to ensure they remain fit for purpose. Capital funding will also be required for other purposes, such as replacing significant amounts of medical equipment in the short to medium term.

32. The Scottish Government’s five-year financial strategy projects the overall capital budget to remain relatively static between 2018/19 and 2022/23. There is no breakdown by policy area but health will be competing with other policy areas for capital funding.

33. As the way healthcare is delivered changes, the existing NHS estate will need to adapt to reflect this. The Scottish Government has not planned what investment will be needed.

The number of patients on waiting lists continues to rise and performance against targets is declining

34. The number of people waiting for first outpatient and inpatient appointments continued to increase in the past year while elective and emergency admissions declined. Exhibit 6 (page 17) shows trends across indicators of demand and activity for acute services.
**Exhibit 6**
Indicators of demand and activity for acute services in 2017/18

**Demand for secondary care services**

- **305,754** patients waiting for first *outpatient* appointment in March 2018
  - Increase since 2017: 0.9%
  - Increase since 2014: 26.9%

- **72,837** patients waiting for first *inpatient* appointment in March 2018
  - Increase since 2017: 11.9%
  - Increase since 2014: 34.9%

**Activity**

- **149,424** elective admissions in 2017/18
  - Fall since 2016/17: -18.9%
  - Fall since 2013/14: -9.7%

- **593,531** emergency admissions in 2017/18
  - Increase since 2016/17: 0.9%
  - Increase since 2013/14: 5.3%

- **1,418,667** new outpatient appointments in 2017/18
  - Fall since 2016/17: 4.5%
  - Fall since 2013/14: 4.7%

- **2,814,883** return outpatient appointments in 2017/18
  - Fall since 2016/17: 6.7%
  - Fall since 2013/14: 9.1%

- **1,434,118** procedures in 2017/18
  - Fall since 2016/17: 5.1%
  - Fall since 2013/14: 0.8%

- **453,731** daycase patients in 2017/18
  - Increase since 2013/14: 2.6%
  - Fall since 2016/17: 0.8%

- **6.2 days** average length of hospital stay in 2017/18
  - Fall since 2016/17: 1.6%
  - Fall since 2013/14: 3.1%

Source: Annual Acute Hospital Activity and Hospital Beds - Year ending March 2018, ISD Scotland, 25 September 2018; New Outpatient Appointment: Waiting Times for Patients waiting at Month end, Census date at 31 March 2018, August 2018; Inpatient or day case admission: waiting times for patients seen, Quarter ending March 2018; ISD Scotland, September 2018.
Trends in demand and activity need to be better understood

35. The Scottish Government and NHS need to better understand these patterns of demand and activity. For example, the overall number of people waiting for their first outpatient appointment continued to increase in 2017/18, but the number of new and return outpatient appointments NHS boards carried out declined over the same period.23,24 It is not possible from national published data to tell whether the increase in the number of people waiting is:

- an actual rise in demand
- being caused by reductions in capacity, with boards seeing fewer patients than previously
- a combination of both these factors.

Similarly, the number of elective admissions declined by 9.7 per cent between 2016/17 and 2017/18.25 It is difficult to tell if this is due to reduced demand or because NHS boards lack the capacity to undertake as many procedures. There is also wide variation across NHS boards.

36. Changes in demand and activity can be caused by a variety of factors. These include public expectations, levels of referrals from GPs and other healthcare professionals, availability of staffing, and winter pressures such as flu and adverse weather. It is important that NHS boards and integration authorities fully understand the reasons behind changes in demand and activity to plan services effectively both in the short term and in the longer term.

37. There continues to be a lack of public data on important areas of the healthcare system. The focus remains on acute hospitals and there is limited public data on primary care, for example the number of people seeking GP consultations, and the reasons for referrals on to secondary care. This makes it difficult to assess overall demand or better understand changes in demand and plan how to meet it.

Declining performance against national standards indicates the stress NHS boards are under

38. The NHS met only one of eight key national performance targets in 2017/18, for 90 per cent of patients referred for drug and alcohol treatment to receive treatment within 21 days (Exhibit 7, page 19). Nationally, the target of 95 per cent of patients starting cancer treatment within 31 days was missed by one and a half percentage points. No boards met all eight targets. NHS Western Isles met six indicators, while NHS Lothian did not meet any targets. NHS Grampian, Greater Glasgow and Clyde, Highland, and Tayside each met one target. Appendix 3 shows performance against the national standards by NHS board.

39. Performance declined against all eight key national targets between 2016/17 and 2017/18. The greatest reduction was in performance against Children and Adolescent Mental Health Services’ (CAMHS) patients seen within 18 weeks, where performance dropped by 12.4 percentage points, from 83.6 per cent in 2016/17 to 71.2 per cent in 2017/18. We published our report examining CAMHS in Scotland in September 2018.
Exhibit 7
NHS Scotland performance against key national performance standards 2016/17 to 2017/18
NHS Scotland met one key performance standard in 2017/18.

Notes:
1. CAMHS is Children and Adolescent Mental Health Services.
2. Figures are for month/quarter/census point ended March 2018 (Appendix 3).

Source: See Appendix 3 for sources

40. The number of people waiting over 12 weeks for their first outpatient appointment or planned inpatient procedure continued to increase in 2017/18:

- In the final quarter of 2017/18, 93,107 people waited more than 12 weeks for their first outpatient appointment, an increase of six per cent on the previous year. The number of people who waited more than 12 weeks has increased by 215 per cent in the last five years. People waiting more than 16 weeks increased by 13 per cent between 2016/17 and 2017/18, and by 558 per cent over the last five years.

- People waiting more than 12 weeks for an inpatient or day case procedure increased by 26 per cent between 2016/17 and 2017/18 to 16,772 people, and by 544 per cent over the last five years.26

41. NHS boards are working with the Scottish Government to implement a range of initiatives aimed at improving access and waiting times, such as the Scottish Access Collaborative. This was set up by the Scottish Government in October 2017 to improve waiting times for patients waiting for non-emergency procedures. However, 2017/18 annual audit reports of NHS boards indicated that financial pressures will continue to have a detrimental impact on performance. NHS boards need to balance quality of care, performance targets, and financial targets. A continuing focus on meeting targets in the acute sector makes it harder to achieve the longer-term aim of moving more funding and services into the community.
The NHS is managing to maintain the overall quality of care, but it is coming under increasing pressure

42. The Scottish Government has three Quality Ambitions for the NHS in Scotland—that the NHS is safe, person-centred, and effective. It does not comprehensively assess and report on these ambitions. Healthcare Improvement Scotland (HIS) is currently rolling out a new Quality of Care approach which involves a more comprehensive assessment of quality.27

43. Analysis of a range of measures indicates there are positive examples, including:

- Ninety per cent of patients responding to the 2018 inpatient survey rated their care and treatment as good or excellent, similar to the 2016 survey. Ninety-one per cent of people were positive about their experience of hospital staff, a slight increase since 2016.28

- some patient safety indicators improved: the hospital standardised mortality rate decreased by 9.2 per cent between 2013/14 and 2017/18, and C-Diff Infection rate decreased by 0.1 to 0.27 infections per 1,000 occupied bed days between 2016/17 and 2017/18.29,30

44. We reported last year that the wide range of pressures facing the NHS may be beginning to affect the quality of care staff are able to provide. This concern remains in 2017/18. For example:

- the percentage of patients rating the quality of care provided by their GP practice as positive has declined from 90 per cent in 2009/10 to 83 per cent in 2017/18. Only 58 per cent of respondents who received treatment in the last 12 months felt they were given the opportunity to involve the people that mattered to them.31

- SAB infections, including MRSA, remained relatively static between 2017 and 2018 but remain above the national standard.32

- there have been specific concerns about some services. For example, a 2017 HIS inspection of adult health and social care services in Edinburgh rated a majority of quality indicators as weak or unsatisfactory; and an independent inquiry into mental health services in NHS Tayside is under way.33,34

45. A key indicator of the quality of care is the extent of serious adverse events happening in hospitals and other healthcare settings. As part of its review of NHS governance in 2017/18, the Scottish Parliament’s Health and Sport Committee identified that there was no common definition of a serious adverse event and that there is no national reporting of the frequency of, and learning from, these events. The Committee recommended that a standard definition and national reporting be developed.35 HIS published a revised national framework in July 2018 to improve consistency in this area.36

The NHS workforce is crucial to the future of the NHS but faces significant challenges

46. The NHS depends on having the appropriate number of staff, in the right place, with the appropriate skills. Overall staff levels in the NHS in Scotland are at their highest level ever, with 139,918 whole-time equivalent (WTE) staff employed as at March 2018. This is a 0.3 per cent increase on the previous year. But NHS boards continue to face major workforce challenges (Exhibit 8, page 22).
Withdrawing from the European Union will create additional challenges

47. EU withdrawal has the potential to significantly affect the NHS. It has been difficult to assess the scale of the risk, particularly in terms of workforce as data on the nationality of employees is not routinely collected, and there is still significant uncertainty about what form EU withdrawal will take. Some figures are available:

- General Medical Council data shows that 5.9 per cent (1,177 people) of doctors working in Scotland obtained their primary medical qualification in a non-UK European Economic Area (EEA) country.37
- The Scottish Government has estimated that there are 17,000 non-UK EU nationals working in health and social care in Scotland (4.4 per cent of the total health and social care workforce).38

NHS boards are working with the Scottish Government to identify how many of their current workforce are non-UK EU citizens.

48. The NHS is already experiencing an impact on recruitment:

- A 2018 British Medical Association (BMA) survey of members across the UK found that 57 per cent of respondents reported a decline in applications for positions in their departments from non-UK nationals since the 2016 vote to leave the European Union.39
- The Nursing and Midwifery Council reported that during 2017/18, there was an 87 per cent decrease in the number of nurses and midwives from non-UK EEA registering to work in the UK compared to the previous year.40
- In addition, if there is a loss of mutual recognition of professional qualifications between the EU and the UK, it will be more difficult for qualified staff from the EU to work in Scotland.

49. Changes to rules and regulations may also have a significant effect on the NHS. For example, medicine and medical equipment may be more expensive and it may take longer to access essential medical supplies. This includes imported products with limited lifespans, such as radioisotopes that are used to treat cancer. Increases in the price of food due to trade tariffs or additional custom checks will also have an impact on the NHS. Our briefing Withdrawal from the European Union: Key audit issues for the Scottish public sector sets out key questions that all public bodies should be asking themselves in the five months to EU withdrawal.
Exhibit 8
Workforce pressures in the NHS

Vacancy rates

<table>
<thead>
<tr>
<th>Professionals</th>
<th>2013/14</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultants</td>
<td>6.5%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Nursing and midwifery</td>
<td>2.7%</td>
<td>4.5%</td>
</tr>
<tr>
<td>All allied health</td>
<td>4.4%</td>
<td>3.9%</td>
</tr>
<tr>
<td>GPs</td>
<td>24%</td>
<td>22%</td>
</tr>
</tbody>
</table>

Percentage of vacancies open long term

- 60% of consultant vacancies open at least six months
- 30% of nursing and midwifery and AHP vacancies open three months or more
- 27% of filled GP vacancies took more than six months to fill

Sickness absence

- 5.2% in 2016/17, 5.4% in 2017/18

NHS Shetland was the only territorial board to meet the national target

Staff turnover

- 6.3% in 2016/17, 6.6% in 2017/18

NHS Fife had the highest sickness absence rate among the territorial boards

2017 staff survey

- 46% responded that they could meet all conflicting demands on their time at work
- 34% responded that there are enough staff to do their job properly
- 65% believed it is safe to speak up and challenge the way things are done if they have concerns about the quality, negligence or wrongdoing by staff
- 29% have experienced emotional or verbal abuse from a patient or the public

Note: The 2017 staff survey included some social care staff, who made up a small proportion of the overall total.

Key messages

1. Changing how healthcare services are accessed and delivered is a long-term, complex undertaking. Successfully achieving it will bring real benefits to patients, NHS staff, and the wider public. A number of key elements are critical to success, including clarity about the scale of the challenge, effective leadership, involving stakeholders in planning and decisions, and clear governance.

2. Leaders play a crucial role in developing and delivering change. There is evidence that the NHS is struggling to recruit and retain the right people, and ensure they have the time and support they need.

3. The healthcare system needs to become more open. People need to be able to take part in an honest debate about the future of the NHS. There is a lack of information on:
   - how the NHS is performing and the difference it is making to people’s lives
   - how health funding is used and the impact it has on people
   - how much health funding is likely to be required, and available, over the medium to longer term
   - the progress being made towards achieving the Scottish Government’s 2020 Vision.

4. The overall governance of the NHS needs to be clarified for NHS staff as well as the public. Roles and responsibilities for each planning level need to be explicit and lines of accountability well defined. NHS boards need better support to govern and challenge effectively.

5. There are many reasons why the way in which health services are accessed and delivered in Scotland needs to change. The significant financial, workforce, and demographic pressures facing the NHS, as set out in Part 1, are undoubtedly key drivers, but there are also many positive reasons for change. The Scottish Government’s vision for healthcare sets out multiple benefits:
   - the Scottish public will benefit from services that are more joined up, tailored, and delivered closer to home. For more complex care needed at hospitals, there will be quicker access and shorter stays.
• healthcare staff will have more time to provide high-quality, personalised care.
• the wider public sector will benefit from a population that is healthier and takes more responsibility for their own health.
• as a result of all of the above, the healthcare system should also become more efficient by reducing the costs of delivering services and improving processes.

51. Achieving these benefits, however, is incredibly challenging. These changes need to happen at the same time, while also continuing to deliver high-quality services on a day-to-day basis. It involves:
• significant organisational and cultural change.
• developing and then introducing new ways of working.
• designing, delivering, and using new digital technology.

52. It is therefore essential that all the elements needed for successful change are in place. This chapter focuses on the key elements that need addressed if the Scottish Government is to achieve its 2020 Vision.

A clear understanding is needed of the scale of the challenges facing the NHS and the options for addressing them.

53. Transforming how health services are delivered and achieving the Scottish Government’s vision of delivering more care in the community are long-term projects. They require planning over the short, medium and longer term. An essential part of this is to understand:
• how much funding is likely to be required in the medium to long term.
• what funding is likely to be available over the same period.

Where there is a mismatch between what is available and what is required, then options can be developed involving NHS staff, the public and politicians.

54. In October 2018, the Scottish Government published its Medium Term Health and Social Care Financial Framework (‘the framework’). This is an important step in enabling an open debate about the scale of the financial challenges ahead and the potential options for dealing with the impact this will have on delivering services.

55. The framework covers the period 2016/17 to 2023/24 and has four main sections:
• health and social care expenditure—setting out current expenditure and historical expenditure trends in health and social care, and historical activity growth and trends in productivity.
• future demand for health and social care—including drivers of demand growth and an estimate of the future increases in health spending required.
• future shape of health and social care expenditure—setting out how shares of health funding will be re-distributed across different parts of the system in future years.
reforming health and social care—identifies five specific areas of activity
( shifting the balance of care, regional working, public health and prevention,
Once for Scotland, and annual savings plans) that will contribute to the
reform of health and social care delivery.

56. The financial framework focuses on ‘frontline’ NHS board expenditure,
comprising the 14 territorial NHS boards and four of the national boards (NHS 24,
Golden Jubilee Hospital, State Hospital and the Scottish Ambulance Service), and
local government net expenditure on social care. The framework sets out a ‘do
nothing’ position. This takes into account estimated expenditure growth caused
by factors such as demand and pay and prices and sets out that health and social
care resource expenditure in 2023/24 would need to be £20.6 billion. This is more
than the projected resource funding availability of £18.8 billion over the same
time period. The framework sets out the three main ways in which the Scottish
Government plans to bridge the gap:

- efficiency savings—a one per cent efficiency requirement across health and
  social care
- savings arising from shifting the balance of care—this includes A&E,
inpatients and outpatients
- additional savings—from regional working, public health prevention, and
  back office efficiencies.

A remaining gap of £159 million is identified which is expected to be addressed
over the period to 2023/24.

57. The projected funding figures set out in the framework are based on the
Scottish Government receiving additional funding from the UK Government of
£3.3 billion due to increased funding for the NHS in England (known as Barnett
resource consequentials). It is not yet known how the UK Government plans to
fund increases in English health expenditure and the options chosen may affect
the amount available to the Scottish Government.

58. Alongside the publication of the health and social care financial framework,
the Cabinet Secretary announced recently that NHS territorial boards will no
longer be required to break even at the end of each financial year. Instead, they
will be required to break even every three years. This should provide NHS boards
and integration authorities with greater flexibility in planning and investing over
the medium to longer term to achieve the aim of delivering more community-
based care. It also makes it even more important that NHS boards plan their
finances over a medium to longer-term period. Traditionally, NHS boards have
taken a short-term approach to financial planning with most of their financial plans
covering three years or less. This continued to be the case in 2017/18. The main
reasons given by NHS boards for this are the current uncertainties around the
implications of regional planning and the national health financial framework. The
Scottish Parliament’s Health and Sport Committee reported in 2018 that it ‘did
not accept an inability to undertake longer-term financial planning exists’.

59. As we showed in Part 1, the NHS estate is likely to require more investment
than is likely to be available. This makes it more urgent to identify how the type,
location, and size of healthcare facilities need to change as more services are
delivered in the community. We recommended in our NHS in Scotland 2017
report that the Scottish Government, in partnership with NHS boards and integration authorities, should develop a capital investment strategy to ensure the NHS Scotland estate is appropriate for delivering more regional and community-based services. This will help the Scottish Government and NHS boards engage and involve the public in agreeing how the NHS estate will develop. The Scottish Government is developing a national health capital investment plan, scheduled for completion by the end of the financial year 2018/19.

There is a need to ensure effective leadership is in place with the time and support to deliver change

60. Effective leadership is critical to achieving successful change. Leaders need to drive change and improvement, involve staff and the public in developing a common vision and work with partners to deliver it. But they also require a skilled and cohesive team to support them and strong sponsorship from the top. Health and social care integration has changed the context in which NHS boards operate and has also increased the number of effective leaders required across Scotland.

61. The Scottish Government has recently developed a new approach to leadership and succession planning. This includes developing a talent management scheme to identify future leaders and introducing values-based recruitment to ensure new appointments share the values of the organisation, in addition to skills and experience.

62. There are indications that finding effective leaders and support teams is becoming more difficult:

- The NHS Greater Glasgow and Clyde chief executive position required two recruitment rounds to fill.
- The Scottish Borders Integration Joint Board chief finance officer role was vacant from October 2017 until recently. This has now been filled through a one-year secondment from NHS Lothian.
- The chief executive position in NHS Orkney has been an interim appointment since January 2018 and a recruitment exercise has only recently taken place.
- NHS Highland has experienced significant turnover in non-executive members, with six new members in 2017/18. This has led to challenges in ensuring members have the skills, experience and training required to fulfil their role.
- There is an increasing number of joint posts across NHS boards. For example:
  - The chief executive and director of finance in NHS Grampian are now also the chief executive and director of finance in NHS Tayside
  - The director of finance for the Golden Jubilee National Hospital is also the interim director of finance for the Scottish Ambulance Service.
- Increasing regional planning has created additional responsibilities for senior leadership teams.
- Key support functions such as finance and human resources are also experiencing vacancies in many boards. Twelve boards reported vacancies in their finance team and 11 boards reported vacancies in their HR team.
• The NHS workforce is ageing, and chief executive positions at NHS Grampian, Highland, and Tayside will become vacant due to retirement. The chief executive at NHS Borders is also due to retire at the end of April 2019.

• Only 62 per cent of respondents to the 2017 national health and social care staff survey felt that the senior managers responsible for the wider organisation were sufficiently visible. 64 per cent of respondents had confidence and trust in the senior managers responsible for their wider organisation.43

63. NHS board chief executives and senior teams are responsible for the delivery of critical day-to-day services as well as leading the changes to how services are accessed and delivered in their boards. This places significant demands on senior leadership teams. To successfully plan and deliver the whole-scale changes that are required takes time and capacity.

**NHS governance arrangements are confusing and non-executive directors need more support**

The overall governance of the NHS needs to be clarified

64. The arrangements for NHS planning are complex. There are now multiple planning levels from small localities through to national planning (Exhibit 2 in our report *NHS in Scotland 2017* describes these). Last year we said that it was not yet clear how planning at each of the different levels would work together in practice. This remains the case:

• Lines of accountability for health and social care integration are still not universally clear. Auditors highlighted issues in some areas in 2017/18 relating to the need for greater clarity to avoid duplicating governance arrangements, managing overspends in integration authorities, and ownership of performance management.

• Regional plans have not yet been published so it is not clear how roles and responsibilities between NHS boards will work within the regions or where accountability and decision making will lie for service planning, delivery, and performance.

• There is no public information on the progress of national planning initiatives, such as Once for Scotland (delivering services and functions more efficiently at a national level).

• It is not clear to what extent the public, staff, and NHS boards have been involved in some decisions to change how services are accessed and delivered. For example, the Scottish Government has decided to develop regional elective centres across Scotland to carry out procedures such as knee and hip replacements. This will change how people access services, but the decision was taken before regional plans were developed.

65. As new planning layers have been created, none have been removed. This multiplicity of levels and lack of clarity over their roles means NHS governance is confusing. If the different planning levels are to work together effectively and the public is to easily understand what each part of the system is intended to do, governance arrangements must be clear and robust. This means that roles and responsibilities are explicit, and lines of accountability are well defined. For example, the roles and responsibilities of NHS boards have changed with the
introduction of Integration Authorities and will continue to change as regional and national planning develops further. It is important to ensure that the roles and responsibilities of NHS boards in this new context are clear.

66. The Scottish Government, working with NHS boards and integration authorities, should clearly set out the key decisions that need to be made in planning how to deliver services and why. This would help ensure:

- decisions are made at the right level, are coherent and fit with existing policies and plans
- there is clear accountability for delivering outcomes
- NHS staff and the public have the opportunity to make their voice heard.

67. To ensure the multiple planning levels can operate effectively, it is also essential that lines of accountability and levels of scrutiny within the Scottish Government’s Health and Social Care Directorate are clear and robust. There is scope to improve these. The directorate is led by the Director General of Health and Social Care, who is also the Chief Executive of NHS Scotland. The Chief Executive is responsible for the day-to-day performance of the NHS and for implementing Scottish Government health policies. The Director General is responsible for holding the NHS to account for its performance and how well it has implemented Scottish Government policies. The Director General is also the chair of the directorate’s Assurance Board which holds the directorate to account for its performance. The challenges facing the health and care system make this dual role ever harder.

68. There is also scope to increase independent scrutiny of the directorate. In the Auditor General for Scotland’s report The 2017/18 audit of the Scottish Government Consolidated Accounts, the Auditor General highlighted the important role of non-executive directors in ensuring effective scrutiny and challenge within the Scottish Government. The report found that, across the Scottish Government, scrutiny and challenge was not as effective as it needed to be. Within the Health and Social Care Directorate, only one non-executive director provided independent challenge in 2017/18 as a member of the directorate’s Assurance Board.

Boards need better support to challenge and govern effectively

69. Each NHS board is responsible for ensuring that health services are delivered safely, efficiently and effectively, and to give the public confidence in the NHS. There is evidence that not all boards are operating effectively. Our forthcoming report, Health and Social Care Integration: Update on progress, will examine the effectiveness of governance arrangements in integration authorities.

70. Boards are made up of executive members, including the chief executive and other senior managers, and non-executive members. These include staff representatives and members of the public appointed through a competitive recruitment process. The board is responsible for:

- ensuring the organisation delivers its functions in accordance with the Scottish ministers’ policies
- the strategic and financial leadership of the organisation
• holding the chief executive and senior management to account.

71. Board members need to have an appropriate level of knowledge, skills, and expertise to do their role effectively. But there is no consistent approach across the NHS to ensuring this. For example:

• Skills gap analysis—not all NHS boards have identified the range of skills and expertise among board members and areas where training or additional expertise may be needed.

• New member induction—in a 2018 survey of board members by the Scottish Parliament’s Health and Sport Committee, only 61 per cent of respondents agreed there is adequate induction for board members.45

• Training and development—most NHS boards have training and development programmes for board members, but these are often ad-hoc. Less than half (48 per cent) of board members surveyed by the Scottish Parliament’s Health and Sport Committee agreed there was adequate training.46

• Performance assessment—not all NHS boards do one-to-one annual appraisals. If these do take place, it is not always clear how formal these are, for example, if it is an informal discussion or a structured appraisal. There is no standard approach across the NHS to assessing the performance of board members.

72. The majority (63 per cent) of board members surveyed by the Scottish Parliament’s Health and Sport Committee in 2018 thought their board had the right skills, knowledge and expertise. However, a third thought their board only partly had the right skills, knowledge and expertise.47 NHS boards are complex organisations in a continually changing environment and without appropriate support, boards cannot fulfil their role effectively.

Scrutiny arrangements need to be improved across the NHS

73. Through our audit work we have identified areas for improvement:

• Financial and performance reporting—there are examples of financial reporting to boards that was too lengthy or not easily understandable, or too high-level and did not provide enough information for board members to be able to scrutinise. Performance reporting did not always provide appropriate detail on the reasons for performance or planned actions to improve targets.

• Accessibility and transparency—the language used in reports can often contain acronyms and technical information that is not explained and can be difficult for lay people to fully understand. Agenda items are often for noting with no discussion required and board minutes do not always provide a clear picture of the level of scrutiny that took place in meetings. Board papers are not always easy to find on board websites.

74. The majority of board members who responded to the 2018 survey (87 per cent), felt that members of their board always or mostly challenged advice, opinions and information presented. However, 13 per cent disagreed. Almost one in five (17 per cent), reported that their board only sometimes or hardly ever sufficiently holds the chief executive and senior management team to account for the operational management of the organisation and the delivery of agreed plans to time and budget.48
The Scottish Government is carrying out a range of work aimed at strengthening governance arrangements in NHS boards. This includes piloting a standardised review of corporate governance. **Case study 1** sets out the scope and key findings from the pilot in NHS Highland.

**Case study 1**

**Scottish Government corporate governance review of NHS Highland**

A review team was set up which included the chair of NHS Greater Glasgow and Clyde and a non-executive director from Healthcare Improvement Scotland. The team developed a framework for assessing governance based on sources of evidence that included codes of conduct from other bodies, academic literature, and lessons learned from successes and failures from across the UK public sector. The review included desk research, face to face interviews with current and previous, board members and other stakeholders, and observation of board meetings.

The review made a number of recommendations to the board, including the need to:

- develop a clear strategic plan for the board, and a planning cycle
- make sure appropriate reporting methods are in place
- agree shared expectations of the roles and responsibilities of board members and clarify the relationship between the board and the Executive Team. Develop an induction programme and map existing board member skills against the future requirements
- develop a governance map, setting out remits of committees and how they relate to one another. Develop guidance on writing board papers, including protocol for ensuring confidentiality and making sure papers are circulated five days ahead of meetings. Minutes should include an action plan
- make sure there is a shared understanding of best practice in assessing and managing risk, and the operation of the finance and audit committees. The chair and chief executive should attend the Audit Committee and there should be an external review of the existing internal audit services
- develop an engagement strategy, including clearly defining the roles and responsibilities of board members in supporting this
- consider external support to help resolve recent issues. Develop protocols for board members to raise concerns. Reconsider having board members sitting on operational groups.

Source: Audit Scotland using Corporate Governance in NHS Highland report, Scottish Government, May 2018
The Scottish Government and the NHS need to become more open

76. If efforts to transform the NHS are to be successful there must be a shared understanding of why change is needed. There must also be broad agreement between the public, politicians, NHS staff, NHS boards, integration authorities, and the Scottish Government about:

- the scale of the challenge
- the options for what needs to happen
- how changes will be implemented.

There is currently no common agreement on these areas. If health and care services are to change to meet the needs of Scotland’s people, then the NHS and the Scottish Government must become more open. People need access to information if they are to have an honest debate about the future of the NHS and get involved in designing services to meet their needs.

77. In our report, *NHS in Scotland 2017*, we stated that ‘open and regular involvement with local communities about the NHS is needed to develop options for delivering services differently’.

People are closely invested in their local health services, and there continue to be many examples of public and political opposition to attempts by NHS boards to change how services are delivered. This suggests that local communities are still not being involved appropriately in planning changes to services.

There is still no overall picture of how the NHS is performing and the difference the NHS is making to people’s lives

78. In previous years we have commented that existing national NHS performance measures do not measure the quality of care across the whole healthcare system, focusing mainly on access to the acute sector. It is important that wider performance measures are developed to provide a clear picture of how the system as a whole is working.

79. The Scottish Government commissioned an independent review of targets and indicators in health and social care in Scotland. This reported in November 2017 and recommended that the Scottish Government move to a system of indicators and targets which allow improvements across a whole system of care to be tracked.

The Scottish Government has not yet made progress on the recommendations.

80. The availability of public information on performance has improved with the introduction of the NHS Performs website, which shows information on indicators such as A&E performance and hospital deaths, at hospital, NHS board, and national-level. However, the range of data is limited and focuses on the acute sector. Another positive development is the uptake in the use of Care Opinion, an independent website which allows patients and the public to publicly share their stories and experiences of health services across Scotland. All NHS boards in Scotland are now using Care Opinion and NHS staff are able to view stories and respond.
Better information is needed on how the NHS uses funding to support change

81. Health funding in Scotland is the single largest area of Scottish Government expenditure. The Scottish public need to know what this funding is being used for and what it is achieving.

82. There is no easy-to-understand, summarised public information available on health funding and what it is spent on. There is information on parts of the system, but they do not provide a comprehensive picture or provide information that is easy to access.

83. There is also no public information on how the health funding system works, for example:

- How much funding, and the type of funding, the Scottish Government allocates to NHS boards throughout the year, and how NHS boards then allocate this to integration authorities.

- What the Scottish Government expects NHS boards to spend funding on and how NHS boards prioritise expenditure.

- How the Scottish Government monitors how NHS boards use funding and whether they are achieving the outcomes the Scottish Government wants.

84. Since June 2018, the Scottish Parliament has received a monthly update on boards’ financial position. This includes their year-to-date position against budget and the expected outturn at year-end. The reports also indicate which NHS boards may require brokerage to break even at the financial year-end. This is a helpful step forward in providing information that the public and MSPs can use to scrutinise financial performance. There is, however, room for improvement to make the information more helpful. For example, in the June 2018 report, eight NHS boards were projecting that they would not break even at year-end, but only four boards indicated that they might require brokerage. It is not clear from the information presented why the remaining four boards do not expect to require brokerage or why the boards indicating they may need brokerage do not expect to identify additional savings.

The Scottish Government is making progress with the Health and Social Care Delivery Plan but public reporting is needed

85. The Health and Social Care Delivery Plan sets out an ambitious set of actions to achieve the 2020 Vision. A number of key actions have been achieved, including putting in place a new national GP contract in April 2018 and publishing national public health priorities in June 2018. Work is also under way across a range of other areas, including increasing paramedic and health visitor numbers, developing new elective centres, and establishing a new national public health body.

86. Significant progress still needs to be made, however, to achieve the 2020 Vision. In a number of areas, including those where actions have been achieved, implementation and embedding is likely to take a number of years and progress is often dependent on other actions being achieved. For example, the success of the new GP contract is dependent on resolving issues such as premises costs and increasing the number of GPs and others, such as pharmacists and paramedics, to develop multidisciplinary teams. Progress has also been slower than planned in some areas; for example the publication of the national public health priorities were over a year later than the target date. This is partly due to
the complexity and scale of the changes. Successfully achieving the actions in the Delivery Plan will require staff, public, and political buy-in and involvement.

**Detailed workforce planning is overdue**

87. All three parts of the Health and Social Care National Workforce plan have now been published, with the final part on the primary care workforce published in April 2018.\(^4\) As with part one, parts two and three largely focus on what needs to be done to plan for the future, rather than on setting out what the medium to longer-term workforce will look like. In our 2017 report, *NHS workforce planning* (\(^5\)), we recommended that there is a need to better understand future demand and to provide a breakdown of the cost of meeting this demand.\(^6\) The National Workforce Plan does not provide this information. We will be undertaking an audit of primary care workforce planning in 2018/19.

**Reporting on progress towards the Scottish Government’s 2020 Vision needs to be made public**

88. Progress towards achieving the Delivery Plan is reported to the Scottish Government’s Health and Social Care Delivery Plan Programme Board every six weeks. This board is responsible for the strategic oversight and operational assurance of the delivery of the Delivery Plan. There is scope to improve the monitoring and reporting of progress:

- There is no public reporting of progress. Programme Board minutes are made public but agendas and papers, including progress updates, are not published.

- An integrated performance framework covering all elements of the Delivery Plan has not yet been developed. The Delivery Plan states that this would be produced by early 2017. As we reported in our *NHS in Scotland 2017* (\(^4\)) report, the Delivery Plan does not set out in detail how the changes described in it will be achieved and many of the actions in it are statements of intent rather than actions.\(^7\) It remains important that the performance framework sets out clearly what work is being done and how progress will be measured.

- In the overall progress reports provided to the Programme Board it is not always clear whether current progress is as expected, or why expected progress has not been made. Where completion dates have been delayed, these are not always clearly labelled as delayed, despite some activities slipping by more than a year from the planned target date.

- The public and politicians cannot fully hold the Scottish Government to account or get involved in changing how health care services are accessed and delivered if they do not know what:
  - activities are being undertaken
  - progress is being made towards achieving these
  - challenges are being faced in achieving the Delivery Plan actions.
1 NHS Scotland Workforce Information - Overall trend, ISD Scotland, June 2018.
2 GP consultations data is an estimate based on actual data at 2012/13 from our report, Changing models of health and social care, Audit Scotland, March 2016.
3 Acute Hospital Activity and NHS Beds Data Release, ISD Scotland, June 2018.
8 This was the Departmental Expenditure Limit (DEL).
15 NHS board annual audit reports 2017/18.
18 Ibid.
19 Ibid.
24 Acute Hospital Activity and NHS Beds Data Release, ISD Scotland, September 2018.
25 Ibid.
26 Inpatient, Day Case and Outpatient Waiting Times, ISD Scotland, June 2018.
29 Hospital Standardised Mortality Ratios, ISD Scotland, August 2018.
30 Scotland Performs: NHS Scotland, Scottish Government. Clostridium difficile (C-Diff) in a healthcare associated infection.

31 Health and Care Experience Survey 2017/18, Scottish Government, April 2018.

32 Based on the Local Delivery Plan standard of 0.24 or less SAB cases per 1,000 acute occupied bed days. Scotland Performs: NHS Scotland, Scottish Government.


34 Careview Centre: Tayside leadership team commissions independent assurance on mental health services, NHS Tayside press release, May 2018.


36 Learning from adverse events through reporting and review; Healthcare Improvement Scotland, July 2018.

37 General Medical Council submission to Health and Sport Committee inquiry into the impact of leaving the EU on health and social care in Scotland, General Medical Council, January 2018.


46 Ibid.

47 Ibid.

48 Ibid.


51 https://www.nhsperforms.scot/.


53 Ibid.

54 National Health and Social Care Workforce Plan Part 3 - improving workforce planning for primary care in Scotland, Scottish Government, April 2018.


Appendix 1
Audit methodology

This is our annual report on how the NHS in Scotland is performing. Our audit assessed how well the NHS managed its finances and performance against targets in 2017/18 and why immediate action is needed.

Our findings are based on evidence from sources that include:

- the audited annual accounts and auditors’ reports on the 2017/18 audits of the 22 NHS boards
- Audit Scotland’s national performance audits
- NHS boards’ Local Delivery Plans (LDPs), which set out how boards intend to deliver services to meet performance indicators and targets, as well as indicative spending plans for the next three years
- activity and performance data published by ISD Scotland, part of NHS National Services Scotland
- publicly available data and information on the NHS in Scotland including results from staff and user surveys
- interviews with senior officials in the Scottish Government and a range of other key stakeholders.

We reviewed service performance information at a national and board level. Our aim was to present the national picture and highlight any significant variances between boards. We focused on a sample of key targets and standards, covering some of the main activities of the NHS. Where we have used trend information, we have selected a time period where information is most comparable. Information about the financial performance of the NHS is included in Appendix 2 (page 37).
## Appendix 2

### Financial performance 2017/18 by NHS board

<table>
<thead>
<tr>
<th>Board</th>
<th>Core revenue outturn (£m)</th>
<th>Total savings made Annual Audit Report (£m)</th>
<th>Non-recurring savings in Annual Audit Report</th>
<th>NRAC: distance from parity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire and Arran</td>
<td>779.5</td>
<td>24.8</td>
<td>41%</td>
<td>-1.0%</td>
</tr>
<tr>
<td>Borders</td>
<td>223.9</td>
<td>8.3</td>
<td>66%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Dumfries and Galloway</td>
<td>327.5</td>
<td>22.6</td>
<td>74%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Fife</td>
<td>683.6</td>
<td>22.5</td>
<td>58%</td>
<td>-1.0%</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>547.1</td>
<td>24</td>
<td>28%</td>
<td>-1.0%</td>
</tr>
<tr>
<td>Grampian</td>
<td>1,003.6</td>
<td>27.7</td>
<td>34%</td>
<td>-0.9%</td>
</tr>
<tr>
<td>Greater Glasgow and Clyde</td>
<td>2,349.2</td>
<td>122.4</td>
<td>57%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Highland</td>
<td>693.2</td>
<td>35</td>
<td>71%</td>
<td>-0.7%</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>1,239.4</td>
<td>36.1</td>
<td>23%</td>
<td>-1.0%</td>
</tr>
<tr>
<td>Lothian</td>
<td>1,512.2</td>
<td>23.5</td>
<td>40%</td>
<td>-0.9%</td>
</tr>
<tr>
<td>Orkney</td>
<td>55.6</td>
<td>1.3</td>
<td>83%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Shetland</td>
<td>56.8</td>
<td>4.7</td>
<td>49%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Tayside</td>
<td>820.6</td>
<td>46.8</td>
<td>64%</td>
<td>-1.0%</td>
</tr>
<tr>
<td>Western Isles</td>
<td>82.1</td>
<td>3.5</td>
<td>30%</td>
<td>15.1%</td>
</tr>
<tr>
<td>Healthcare Improvement Scotland</td>
<td>28.2</td>
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<td></td>
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<td>National Services Scotland</td>
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<td></td>
</tr>
<tr>
<td>National Waiting Times Centre</td>
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<td>4.5</td>
<td>23%</td>
<td></td>
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<tr>
<td>NHS 24</td>
<td>71.7</td>
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<tr>
<td>NHS Education for Scotland</td>
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<td>8</td>
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<td>NHS Health Scotland</td>
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<td>Scottish Ambulance Service</td>
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<td>State Hospital</td>
<td>32</td>
<td>1.8</td>
<td>90%</td>
<td></td>
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</table>

Notes: 1. These figures are from Month 13 Financial Reporting Return to the Scottish Government. 2. NRAC is the NHS Scotland Resource Allocation Committee.
## Appendix 3

NHS performance against key LDP standards in 2017/18

<table>
<thead>
<tr>
<th>Measure</th>
<th>18 weeks referral to treatment time</th>
<th>A&amp;E attendees seen within four hours</th>
<th>CAMHs patients seen within 18 weeks</th>
<th>Day case or inpatients who waited less than 12 weeks for treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>standard = 90%</td>
<td>standard = 95%</td>
<td>standard = 90%</td>
<td>standard = 100%</td>
</tr>
<tr>
<td>Ayrshire and Arran</td>
<td>78.6</td>
<td>90.8</td>
<td>98.2</td>
<td>85.2</td>
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<tr>
<td>Borders</td>
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<td>89.5</td>
<td>48.2</td>
<td>84.5</td>
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<tr>
<td>Dumfries and Galloway</td>
<td>84.0</td>
<td>90.3</td>
<td>89.9</td>
<td>77.7</td>
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<td>Fife</td>
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<td>94.6</td>
<td>67.7</td>
<td>87.6</td>
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<td>Forth Valley</td>
<td>83.4</td>
<td>83.4</td>
<td>48.0</td>
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<td>65.5</td>
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<td>48.7</td>
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<td>Greater Glasgow and Clyde</td>
<td>89.3</td>
<td>86.7</td>
<td>88.7</td>
<td>78.7</td>
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<tr>
<td>Highland</td>
<td>81.7</td>
<td>96.0</td>
<td>82.9</td>
<td>65.0</td>
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<td>Lanarkshire</td>
<td>82.1</td>
<td>90.0</td>
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<td>Orkney</td>
<td>98.9</td>
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<td>Shetland</td>
<td>81.8</td>
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<td>94.7</td>
<td>94.2</td>
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<td>Tayside</td>
<td>71.9</td>
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<td>40.7</td>
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<td>91.7</td>
<td>97.7</td>
<td>94.7</td>
<td>100.0</td>
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<tr>
<td><strong>National total</strong></td>
<td><strong>81.2</strong></td>
<td><strong>87.9</strong></td>
<td><strong>71.2</strong></td>
<td><strong>75.9</strong></td>
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</table>

**Key**
- Green = Standard met
- Red = Standard missed
<table>
<thead>
<tr>
<th>Measure</th>
<th>Drug and alcohol patients seen within three weeks</th>
<th>Outpatients waiting less than 12 weeks following first referral</th>
<th>Patients starting cancer treatment within 62 days (referral to treatment)</th>
<th>Patients starting cancer treatment within 31 days (decision to treatment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire and Arran</td>
<td>98.6</td>
<td>85.0</td>
<td>87.3</td>
<td>97.4</td>
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<td>Dumfries and Galloway</td>
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<td>Fife</td>
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<td>93.6</td>
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<td>Forth Valley</td>
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<td>79.7</td>
<td>97.0</td>
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<td>63.4</td>
<td>76.7</td>
<td>87.2</td>
</tr>
<tr>
<td>Greater Glasgow and Clyde</td>
<td>94.5</td>
<td>74.5</td>
<td>81.3</td>
<td>92.7</td>
</tr>
<tr>
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<td>80.7</td>
<td>81.4</td>
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<td>99.2</td>
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<td>87.2</td>
<td>91.1</td>
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<td>Orkney</td>
<td>100.0</td>
<td>62.5</td>
<td>91.7</td>
<td>100.0</td>
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<td>Shetland</td>
<td>100.0</td>
<td>80.7</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Tayside</td>
<td>87.3</td>
<td>70.7</td>
<td>86.5</td>
<td>92.5</td>
</tr>
<tr>
<td>Western Isles</td>
<td>91.7</td>
<td>88.9</td>
<td>88.9</td>
<td>100.0</td>
</tr>
<tr>
<td>National total</td>
<td><strong>93.5</strong></td>
<td><strong>75.1</strong></td>
<td><strong>85.0</strong></td>
<td><strong>93.5</strong></td>
</tr>
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</table>

Sources:

*Child and Adolescent Mental Health Services: Waiting Times, Workforce and Service Demand: Quarter ending 31 March 2018, ISD Scotland, June 2018*

*National Drug and Alcohol Treatment Waiting Times Report - January-March 2018*, ISD Scotland, June 2018

18 weeks referral to treatment (RTT), Month ending March 2018; ISD Scotland, May 2018

*New Outpatient Appointment: Waiting Times for Patients waiting at Month end; Census date at 31 March 2018*, June 2018

*Inpatient or day case admission: waiting times for patients seen, Quarter ending March 2018; ISD Scotland, June 2018*

*Accident and Emergency: attendances and time in department by NHS board and month, Month ending March 2018; ISD Scotland, June 2018*

*Performance against the 62 day standard from receipt of an urgent referral with suspicion of cancer to first treatment by NHS board, Quarter to March 2018; ISD Scotland, June 2018*

*Performance against the 31 day standard from date decision to treat to first cancer treatment by NHS board, Quarter to March 2018, ISD Scotland, June 2018.*
The following checklist is designed to help non-executive directors with their role in overseeing the performance of NHS boards and is aimed at promoting good practice, scrutiny and challenge in decision-making.

The checklist should be read in conjunction with the report, NHS in Scotland 2018, published in October 2018. This report examines how the NHS in Scotland performed in 2017/18 and why immediate action is needed. It also sets out what needs to change to secure the future of the NHS in Scotland.

The checklist is divided into two sections covering:

- Financial and service performance
- What needs to change.

The questions should help non-executive directors seek evidence, and subsequently gain assurance, on their board’s approach in these areas. If the answer to any question is ‘no’, then we would encourage non-executive directors to speak with the board’s senior executive team, or, where appropriate, the Chief Executive, to discuss how improvements can be made.
Section 1: Financial and service performance

To meet people’s health and care needs, the NHS urgently needs to move away from short-term fire-fighting to long-term fundamental change. The NHS in Scotland is not in a financially sustainable position with NHS boards struggling to break even, relying increasingly on Scottish Government loans and one-off savings. The pressures facing the NHS continue to intensify. These include rising drug costs, backlog maintenance, and the use of temporary staff. EU withdrawal will also mean additional challenges. In 2017/18, performance against the eight key national performance targets continued to decline. No board met all of the key national targets. The following questions consider financial health, savings and service performance.

1. Do I have a good understanding of the overall financial health of the board? Yes No

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Am I aware of the current underlying financial performance of the board against its annual revenue and capital budget limits?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do I have sufficient assurance that both annual revenue and capital limits will be met?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>From 2018/19 for territorial boards - do I have sufficient assurance that the annual +/-1 per cent position will be met and the three-yearly break-even limit will be met?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Am I aware of all significant cost pressures facing the board and their implications? Cost pressures may include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• increased demand for services from a growing, ageing population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• increasing staff costs, in particular spending on temporary staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• rising spending on drugs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do I know the extent to which the board is using short-term approaches/one-off measures to achieve financial balance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Am I satisfied that appropriate action is being taken to address potential future funding gaps?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do I have confidence that appropriate action is being taken to help improve the financial health of the board?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the board have a long-term financial strategy (covering five to ten years)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>From 2018/19 for territorial boards - Does the board have a three-year financial plan setting out the projected position at the end of each year and at the end of the three-year break-even period?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do I know how the board plans to use resources differently to achieve the aim of delivering more healthcare in the community?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. **Do I have a good understanding of the overall financial health of the board?**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do I have a good understanding of the current condition and future investment needs of the board’s estate and other assets (such as medical equipment)?</td>
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<tr>
<td>Am I aware of issues and pressures facing general practice in my board area? For example:</td>
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<tr>
<td>• the number of GP practices taken over by the board and action plans to address to hand them back</td>
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<tr>
<td>• recruitment and retention issues.</td>
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2. **Does the board have a robust savings plan in place?**

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<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Where savings are identified, do plans demonstrate how savings will be achieved within the timescales given?</td>
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<tr>
<td>It is important that the majority of savings are recurring to ensure the sustainability of the board’s financial position. Am I confident that the board has an appropriate balance between recurring and non-recurring savings to ensure the board will meet its future savings targets?</td>
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<tr>
<td>Where savings are identified, does the board have appropriate plans to identify them within the underlying financial period?</td>
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<tr>
<td>Has the clinical impact of savings proposals been assessed?</td>
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3. **Do I have a good, overall understanding of the board’s service performance and quality?**

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<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Do I have a good understanding of the wider performance of the board, including indicators of quality of care covering all parts of the healthcare system, and not just performance against national LDP standards?</td>
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<tr>
<td>Do I have a good understanding of the board’s performance against national waiting time targets and standards?</td>
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<tr>
<td>Am I aware of the general short-term and long-term trends in performance against each target and standard?</td>
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<tr>
<td>Am I satisfied that appropriate action is being taken to improve both short-term and long-term performance?</td>
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<tr>
<td>Am I aware of the costs involved in trying to improve performance?</td>
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<td>Am I made aware of any potential difficulties in meeting targets and standards in the future?</td>
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<tr>
<th>3. Do I have a good, overall understanding of the board's service performance and quality?</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Am I aware of staff and patients' views on the quality of service provided and actions planned to address concerns?</td>
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<td>Do I know the public health trends in the communities in my board area and the health inequalities that exist? This includes:</td>
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<tr>
<td>• differences by equality group and deprivation</td>
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<tr>
<td>• differences in how different groups access and use health services, and their experiences of care.</td>
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<tr>
<td>Do I have a good understanding of demand for services, and capacity and activity trends within primary and secondary care?</td>
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<tr>
<td>Is the board using this information to inform medium to longer-term service and workforce planning?</td>
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<tr>
<th>4. Do I have a good understanding of the work the board is undertaking to prepare for EU withdrawal?</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Have I read Audit Scotland’s recent publication ‘Withdrawal from the European Union: Key audit issues for the Scottish public sector?’</td>
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<tr>
<td>Am I confident that I know the answers to the ‘Key questions for public bodies’ contained in the briefing?</td>
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</table>
Section 2: What needs to change?

Changing how healthcare services are accessed and delivered is a long-term, complex undertaking. Successfully achieving it will bring real benefits but to achieve these, there needs to be an urgent focus on the elements critical to success. The following questions consider these areas.

### 1. Is the board taking ownership of changing and improving services?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Do I fully understand my roles and responsibilities as a board member?</td>
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<tr>
<td>Do I feel that I had an appropriate induction on entering the board, and am receiving adequate ongoing training and assessment?</td>
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<tr>
<td>Has your board undertaken a formal skills gap analysis to identify whether the board and committees have the right skills, knowledge and expertise?</td>
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<tr>
<td>Are you confident that you receive sufficient information to make decisions and scrutinise performance?</td>
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<tr>
<td>Are the financial and performance reports that you receive easily understandable and of appropriate length?</td>
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<tr>
<td>Do you feel confident in challenging advice, opinions and information provided by officers?</td>
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</table>

### 2. Is the board taking ownership of changing and improving services?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
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<tbody>
<tr>
<td>Am I aware of what the board is doing to change and improve services?</td>
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<tr>
<td>Am I satisfied with the board’s level of engagement with integration authorities and other relevant partner organisations to change and improve services?</td>
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<tr>
<td>Am I satisfied that changes and improvements to services are happening fast enough?</td>
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<tr>
<td>Am I satisfied that the board and integration authorities are working together effectively, for example in relation to:</td>
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<tr>
<td>• governance arrangements</td>
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<td>• reporting arrangements</td>
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<tr>
<td>• budget-setting processes?</td>
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Cont.
### 2. Is the board taking ownership of changing and improving services?

<table>
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<tr>
<th>Yes</th>
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</table>

- Do I feel I receive appropriate and timely information on the performance of the local IJBs, including financial and service performance?

- Am I aware what the board is doing in line with national policy on realistic medicine in:
  - working to reduce over-investigation and variation in treatment
  - ensuring patients are involved in making decisions and receive better information about potential treatments?

### 3. Am I confident the board is making good progress in addressing long-term workforce requirements?

<table>
<thead>
<tr>
<th>Yes</th>
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- Am I satisfied that the board is making good progress in implementing the recommendation of Audit Scotland's report, *NHS Workforce Planning*⑤, published in July 2017 and the *NHS in Scotland 2017*⑤ report?

- Does the board have a good understanding of its long-term workforce requirements such as the number and types of jobs needed, including skills required, roles and responsibilities?

- Is the board developing a long-term workforce plan (more than five years) in partnership with integration authorities?

  - If yes to above, does the long-term workforce plan address:
    - recruitment
    - retention
    - succession planning
    - costs of future workforce changes?
4. Is the board engaging with the public and staff about the need for change in how they access, use and receive services? | Yes | No

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<thead>
<tr>
<th>Question</th>
<th>7/7</th>
<th>89/287</th>
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<tbody>
<tr>
<td>Am I aware of what the board is doing to engage with the public and staff about the need for, and benefits of, changing how services are provided?</td>
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<tr>
<td>Am I satisfied that the board provides enough information to the public on our activities? Including:</td>
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<tr>
<td>• can the public attend all meetings of the board</td>
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<tr>
<td>• can the public access board and committee papers and minutes easily</td>
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<tr>
<td>• does the board tell patients on the length of waiting lists and their likely wait for appointments and treatment.</td>
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<tr>
<td>Am I aware of what the board is doing to encourage the public to take more responsibility for looking after their health and managing long-term conditions?</td>
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<tr>
<td>Do I know the extent to which the board is working with partner organisations when engaging with the public about the need for change in how services are provided?</td>
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</table>
NHS Fife Board Meeting

DATE OF MEETING: 30 January 2019
TITLE OF REPORT: Board and Committee Dates for 2019-20
EXECUTIVE LEAD: Carol Potter, Director of Finance
REPORTING OFFICER: Carol Potter, Director of Finance

Purpose of the Report (delete as appropriate)

For Decision  For Discussion  For Information

Route to the Board (must be completed)

The Board Secretary has discussed the overall scheduling of dates with Committee chairs, and their feedback has been largely incorporated into the setting of meetings. Discussions have also taken place with H&SCP staff, particularly with a view to improving the ongoing synchronisation of NHS Fife dates with IJB and IJB committee meetings. A revised process for next year has recently been agreed, to ensure that further enhancements are made to the overall scheduling of the full calendar of meetings.

SBAR REPORT

Situation

The Board is asked to note the planned dates of meetings of Fife NHS Board and its Committees in 2019-20. Dates for the Board and its Committees will be published on the Website/Intranet to alert staff and members of the public to the meeting dates.

Background

In accordance with the Code of Corporate Governance, the Board is required to meet at least six times in the year and will annually approve a forward schedule of meeting dates.

Assessment

Dates have been set for 2019-20 and largely follow the same pattern as 2018-19 that had previously been agreed by the Board. A draft of the overall schedule was made available to the Integration Joint Board in 2018 to allow for improved synchronisation of dates where possible. Recent discussions have taken place, however, to further improve the future scheduling of Clinical Governance meetings, particularly the lead-in time from the IJB’s Clinical & Care Governance Committee to the Health Board’s Clinical Governance Committee.

Members are also reminded that NHS Board dates have been set in relation to the publication/availability of performance and finance information, allowing sufficient information for the production of the Integrated Performance Report (IPR), the circulation and consideration by the appropriate sub committees of the Board and the collation of the Executive Summary of the IPR for the NHS Board.
Recommendation

The Board is asked to note the 2019-20 meeting dates.
# FIFE NHS BOARD

## DATES AND VENUES FOR 2019-20 MEETINGS

<table>
<thead>
<tr>
<th>Date</th>
<th>Venue</th>
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<tbody>
<tr>
<td>29 May</td>
<td>Board Room, Staff Club, Victoria Hospital</td>
</tr>
<tr>
<td>26 June</td>
<td>Board Room, Staff Club, Victoria Hospital</td>
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<tr>
<td>31 July</td>
<td>Board Room, Staff Club, Victoria Hospital</td>
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<tr>
<td>25 September</td>
<td>Board Room, Staff Club, Victoria Hospital</td>
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<td>27 November</td>
<td>Board Room, Staff Club, Victoria Hospital</td>
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<tr>
<td>29 January 2020</td>
<td>Board Room, Staff Club, Victoria Hospital</td>
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<tr>
<td>25 March 2020</td>
<td>Board Room, Staff Club, Victoria Hospital</td>
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Please note that all meetings start at 10:00 am

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## DEVELOPMENT SESSIONS

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>24 April</td>
<td>Board Room, Staff Club, Victoria Hospital</td>
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<td>26 June</td>
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<td>28 August</td>
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<tr>
<td>30 October</td>
<td>Board Room, Staff Club, Victoria Hospital</td>
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<tr>
<td>18 December</td>
<td>Board Room, Staff Club, Victoria Hospital</td>
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<tr>
<td>26 February 2020</td>
<td>Board Room, Staff Club, Victoria Hospital</td>
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Please note that all meetings start at 10:00 am
<table>
<thead>
<tr>
<th>Board/Board Committees in Month</th>
<th>APP</th>
<th>IJB</th>
<th>FP&amp;R</th>
<th>CB</th>
<th>SG</th>
<th>C&amp;CG</th>
<th>Board Committees of Trustees</th>
<th>Committees</th>
<th>LEIS</th>
<th>AR</th>
<th>EDG</th>
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**KEY:**
- **EDG**
- **Board**
- **Board Development**
- **Trustees of Trustees**
- **Committees**
- **LEIS**
- **AR**
- **IPR**
The Committee received an update on the governance and accountability arrangements for the overarching Transformation Programme. Concerns were raised on the current progress reporting framework of the various transformation projects and the lack of performance measures and updates given against these. This was essential given the criticality of each to financial sustainability. Discussion also took place on the clarity required in relation to assurance / information flow from the Health & Social Care Partnership to the parent bodies.
MINUTES OF THE NHS FIFE AUDIT AND RISK COMMITTEE HELD AT 1:30PM ON THURSDAY 13 DECEMBER 2018 IN THE STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY.

Present:
Mr M Black, Non-Executive Director (Chairperson)  Mrs M Wells, Non-Executive Director
Ms J Owens, Chair, Area Clinical Forum

In Attendance:
Mr T Gaskin, Chief Internal Auditor (for Items 67/18 and 71-74/18 only)
Mr P Hawkins, Chief Executive
Mr B Hudson, Regional Audit Manager
Dr G MacIntosh, Head of Corporate Planning & Performance
Mrs C Potter, Director of Finance
Ms P Tate, Audit Scotland
Ms H Wright, Director of Nursing

62/18 APOLOGIES FOR ABSENCE
Ms S Braiden, Cllr D Graham, Mrs J Gardner.

63/18 DECLARATION OF MEMBERS’ INTERESTS
Mr M Black and Ms J Owens both declared their respective membership of other NHS Fife Board committees.

64/18 MINUTES OF PREVIOUS MEETING HELD ON 13 SEPTEMBER 2018
The minutes of the Committee’s previous meeting held on 13 September were approved as an accurate record, subject to a small deletion to the draft text on p.9 (section 59/18).

65/18 ACTION LIST
Mr Black took members through the action list, noting that completed actions could be removed for future versions of the paper. An update was given on each outstanding action not otherwise covered in the agenda, as follows.
- Items 6 & 7 – Mr Hudson reported that the planning processes for Internal Audit, which linked to information sharing protocols between NHS Fife and Fife Council, would be closer aligned and this would be reflected in the Internal Audit Annual Plan for the forthcoming year, to be formally considered by the Committee at its next meeting in March 2019;
- Item 8 – the Director of Finance confirmed that this outstanding action point, related to Patients’ Private Funds, was currently ongoing but would be expected to be complete as part of the financial year-end process;
ACTION

- Item 13 – it was agreed that the outstanding action related to improving the sequencing of meetings between NHS Fife, Fife Council and the IJB could be marked closed, as future dates have been set in consultation with each body. It was noted that the timing of this meeting in the past has clashed with the full Fife Council meeting date, which has meant Cllr Graham was unable to attend in those instances. The Head of Corporate Planning & Performance undertook to check if that remained a specific issue with any forward-scheduled Committee dates in the Board calendar.

66/18 MATTERS ARISING

(a) Public Sector Internal Audit Standards - Evaluation

Mr Gaskin reported on the external evaluation presently underway to assess the conformance of the Internal Audit service against applicable audit standards, highlighting that questionnaires have been circulated to gather opinions and that a report on the findings of the full exercise will come to the next Committee in March. Meantime, the Internal Auditors have made a number of format changes to their reporting style, following the recent NHS Tayside review, which seek to improve the alignment of recommendations with the risk register and risk management processes in general, whilst detailing more directly in the reports the key findings of the reviews. Members were asked to contact the Internal Audit team directly with any feedback about the new format of reports.

The Audit and Risk Committee noted the update on the External Quality Assessment Framework.

(b) Related to the previous meeting’s discussion on IJB expenditure, Ms Wells queried how overspends are dealt with in regard to audit and assurance processes. The Director of Finance confirmed that the internal audit framework for NHS Fife and Fife Council would cover all expenditure within the remit of the IJB, and would examine all probity and controls around that. It would be for the respective Finance, Performance & Resources Committees to assess the potential impact of any overspend on the financial position of the Board or Council.

67/18 INTERNAL AUDIT

(a) Internal Audit Progress Report & Summary Report

Mr Hudson introduced the paper, which provided an update on the progress delivery of the internal audit reviews outstanding from 2017/18 and those in the current year’s cycle. It was agreed that, for future iterations of the report, page numbers should be
ACTION

The Committee’s discussion focused on the summary findings of report B10/18 – Transformation Programme Governance – that highlighted concern about the present progress reporting framework of the various transformation projects and the lack of performance measures and updates given against these. Members noted that it was vital that the Board and its Committees received regular information on the delivery of the various workstreams, given the criticality of each to the financial sustainability of the organisation. The Internal Auditors however highlighted that the Clinical Governance Committee has specifically requested information on progress with the programme delivery but that at present this remains an outstanding action to be addressed. The Internal Auditors highlighted that any agreed reporting framework should not only provide detail on the progress of the delivery of each project, but also cover the mitigation of any related risks to the project outcomes.

Members noted that the transformation programmes were to be delivered jointly or are delegated to the Health & Social Care Partnership (i.e. the Medicines Efficiencies project), and thus the assurance / information flow to the parent bodies needed to be finalised, to ensure appropriate clarity around reporting lines. It was recognised that the complexities around delivery of integration were apparent in the present governance arrangements, and that national guidance at the level of the Scottish Government would be helpful to address this.

The Audit and Risk Committee noted the progress on the remaining reviews from the 2017/18 plan and the ongoing delivery of the 2018/19 internal audit plan.

(b) Audit Committee Handbook

Mr Gaskin summarised for members the main revisions contained within the new NHS Audit and Assurance Committee Handbook, published in March 2018. It was noted that the content was largely similar to previous versions, but that additional emphasis was placed on the sources of assurance available to Audit Committees, in addition to internal and external audit, with specific suggestions made around assurance mapping for risk management and the internal control environment.
The Audit and Risk Committee

- **noted** the main revisions contained in the revised NHS Audit Committee Handbook and the possible implications for the Committee’s mode of operation;
- **agreed** that, if necessary, a revised Committee remit be considered at the March 2019 meeting of the Audit and Risk Committee; and;
- **noted** that ongoing work on reviewing the Board’s corporate governance arrangements, in line with national proposals for Boards to adopt a ‘model blueprint’ of good corporate governance, will take due cognisance of the revised guidance produced in the new Handbook, particularly as relates to the effective operation of the Audit & Risk Committee in its approach to risk and assurance.

(c) Interim Evaluation of Internal Control Framework 2018/19

Mr Gaskin introduced the summary report, which provided an interim assessment of internal controls pending the year-end process.

The key areas brought to the Committee’s attention concerned the pace of transformation projects (if these were to meet the target of assisting the Board achieve financial sustainability); the governance / accountability arrangements around integration of health and social care, including specifically Clinical and Care Governance strategy delivery; and information governance assurances. Members noted that the cross-membership of Health Board and IJB Clinical Governance committees had been recently introduced and was now operating effectively, with an improved escalation of any issues within the management structure. It was important that new initiatives such as this would seek to avoid omissions or duplication of work, whilst improving lines of accountability.

The Internal Auditors highlighted to the Committee the pro-active work underway to improve Corporate Governance in NHS Fife, with the appointment of the new Board Secretary and the Chair’s involvement in the Steering Group taking forward the delivery of the new Model Blueprint for corporate governance across NHS Scotland.

The Audit and Risk Committee:

- **considered** the Interim Evaluation report; and
- **noted** that the 2019/20 Internal Audit Plan will be presented to the March 2019 Audit and Risk Committee for discussion.
68/18  EXTERNAL AUDIT

(a)  Audit Scotland Annual Audit Plan

Ms Tate introduced the External Audit Annual Plan for 2018/19, highlighting the overall scope and timing of the assessment work. The audit will consider the potential key risks of management override; fraud; the reasonableness of estimations / judgements; and funding allocations. There would also be focus on issues of wider dimension, such as the Board's financial position and its financial sustainability. It was proposed that the work would also consider best value in the Board’s strategies for workforce sustainability and in the delivery of the Clinical Strategy’s transformation programmes; potential dependencies on key suppliers (noting the potential overlap with supply chain risks related to EU withdrawal); and a review of governance arrangements and leadership in the context of openness and transparency. The materiality values and provisional timetable for reporting the External Audit outputs was highlighted, in addition to the overall timetable for the approval of the Board’s annual financial accounts. Ms Tate reported on the planned engagement with Internal Audit to avoid duplication of effort in certain areas of their assessment work, particularly in the consideration of the completed internal audit reports detailed within the Plan.

Members discussed the proposed Plan, noting the tight timescale for the completion of the Annual Account audit processes. The Director of Finance confirmed that the availability of year-end Social Work figures from Fife Council was particularly tight, but that it was the intention to begin work earlier on the front-end governance statement of the Annual Accounts, to ensure that the bulk of the completion work was done in advance thereof.

The Audit and Risk Committee:
- noted the External Audit Annual Plan for 2018/19.

(b)  Audit Scotland Report: NHS in Scotland 2018

The Director of Finance introduced the Audit Scotland report, published in October, which highlighted the scale of the challenges facing the NHS in the areas of financial sustainability, service performance, backlog maintenance and workforce planning. The conclusion of the report was that performance in the NHS in Scotland continued to decline and the NHS was financially unsustainable in its current form.

Many of the report’s recommendations were for the Scottish Government to consider, in addition to Boards and Integration authorities. The report is accompanied by a ‘checklist’ for Non-
Executive Board members to complete, to gain assurance on their own Board’s approach to tackling the issues affecting the NHS.

Noting the importance of the report, the Committee agreed that it be considered by the NHS Fife Board at its January 2019 meeting.

The Audit and Risk Committee
- **noted** the key messages and recommendations set out in the *NHS Scotland in 2018* report; and
- **agreed** that the Head of Corporate Planning & Performance, as Board Secretary, will coordinate appropriate consideration of the accompanying Checklist by Non-Executive Directors, following the Board’s consideration of the report at its next meeting in January.

(c) **Audit Scotland Report: Health and Social Care Integration**

The Director of Finance summarised the main findings of the Audit Scotland report on Health and Social Care integration, which highlighted that further efforts were urgently required on the collaborative work around financial, strategic and leadership planning. Committee members agreed that it would be sensible if the IJB’s Audit & Risk Committee considered the report and that the Director of Health & Social Care prepared a single response to the report’s recommendations, for both committees to consider in their respective meetings.

The Audit and Risk Committee:
- **noted** the key messages and recommendations set out in the *Health & Social Care Integration: Update on Progress* report; and
- **requested** that an action plan addressing the report’s recommendations be prepared by the Director of Health & Social Care, to be considered at the next meeting of the Committee.

69/18 **RISK MANAGEMENT**

(a) **Board Assurance Framework**

The Committee considered the update to the Board Assurance Framework, noting that the individual components thereof had been considered at the respective governance committees of the Board during their November meetings. The risk levels and ratings remained unchanged from the last meeting of the Committee in September. The Director of Nursing highlighted that a Board Development Session on risk management took place in
October, which considered the implementation of the BAF and the potential areas for further development. It has been agreed that work should commence on developing a stand-alone eHealth BAF and that the BAF related to the IJB (which is also encompassed more generally in other risks) be refreshed and retained.

The Audit and Risk Committee:
- noted the update on the Board Assurance Framework.

b) Update on Risk Management Workplan

The Committee received an update on activity related to the risk management workplan, noting that it had been agreed at the October Board Development session to set up a short-life working group to take forward further discussion in determining the Board’s risk appetite and tolerance thresholds, in delivery of the risk management framework. This would report in due course to the standing committees and the Board. Also being undertaken was work to agree Key Performance Indicators for initial review by EDG, and for a refresh of the risk management policy, all to be completed by March 2019.

Mr Hudson noted that Internal Audit supported the establishment of an eHealth BAF as a useful step forward in developing the assurance framework in general. It was noted that the new risk management framework was shortly due to be reviewed by Internal Audit but that, given it would be so new, a two-part audit might be preferable – the first assessing if the new Framework was suitable, and the second to determine how it was being rolled out and embedded across the organisation. The Committee agreed with this proposed approach.

The Audit and Risk Committee:
- noted the update.

70/18 COMMITTEE SELF ASSESSMENT CHECKLIST

In introduction, the Head of Corporate Planning & Performance explained that as part of the year-end governance process, all committees are invited to self assess their own effectiveness. The checklist has been revised from last year’s version and is now split into two sections: one is a chairs’ checklist and the other is for members’ completion. The revised checklist will go out to members in January for completion (potentially to be undertaken online), with the final completed report on the Self Assurance checklist being presented to each Board committee in March.
The Audit & Risk Committee:
- **noted** the amended process to be followed for the completion and reporting of this year’s Self Assessment exercise; and
- **approved** the revised questions to be used for 2018/19.

### 71/18  AUDIT RECOMMENDATIONS

#### (a)  Internal Audit Monitoring Report

Mrs Potter reported on the summary of the 17 outstanding actions arising from Internal Audit reports, which all continued to be followed through to completion.

The Audit & Risk Committee:
- **noted** the activity taken to resolve the outstanding actions.

#### (b)  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 being finalised. The Finance, Performance & Resources Committee would be reviewing any recommendations specifically related to financial performance, but there were no other outstanding actions that required escalation to any of the Board’s other standing committees.

On p.4 of the report, in reference to the risk around Health and Social Care savings, Committee members noted that the current update text was inaccurate, as a Financial Recovery Plan to ensure delivery within the agreed 2018-19 budget was not approved by the IJB in September. The Director of Finance agreed to follow up with the Director of Health & Social Care, to receive an update that reflected the current position on the proposed approval of a recovery plan.

The Audit & Risk Committee:
- **noted** the actions taken.

#### (c)  Revised Annual Workplan 2018/19

The Director of Finance reported that the Committee’s workplan has been amended to add, as a standing item, the follow-up monitoring reports for Internal and External Audit, closing off this action on the Committee’s action list.
ACTION

The Audit & Risk Committee:

- approved the revised annual workplan for the Committee for 2018/19.

72/18 ITEMS FOR NOTING

(a) Technical Bulletin 2018/3

Recognising that there was nothing contained therein pertinent specifically to Health Boards, the Audit & Risk Committee:

- noted the report.

73/18 ISSUES FOR ESCALATION TO NHS BOARD

The Chair agreed to work with the Director of Finance to agree appropriate wording to reflect the Committee’s discussions on the urgency of the joint transformation programmes and the improvements needed to the governance / accountability arrangements thereof.

74/18 DATE OF NEXT MEETING: Thursday 14 March 2019 at 9.30am, within the Boardroom, Staff Club, Victoria Hospital, Kirkcaldy.
**Key issues to be highlighted to the Board:**

**CHILD PROTECTION**

The Committee members were pleased to note the significant steps that have been taken to improve quality assurance and governance.

These include the Child Wellbeing Pathway which is now embedded in the Midwifery Service, the Child Wellbeing Meetings with children at the centre of the process and clear information sharing processes amongst agencies.
MINUTE OF NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON
WEDNESDAY 16 JANUARY 2019 AT 2 PM IN THE STAFF CLUB AT VHK

Present:
Dr L Bisset, Chair
Wilma Brown, APF Representative
Margaret Wells, Non Exec Committee Member
Dona Milne, Director of Public Health
Helen Wright, Nurse Director NHS Fife
Martin Black, Non Exec Committee Member
Rona Laing, Non Exec Committee Member
John Stobbs, Patient Representative
Janette Owens, ACF Representative
Dr F M Elliot, Medical Director

In Attendance:
Lynn Campbell, ADN, ASD (for H Wright)
Dr R Cargill, AMD, ASD
Evelyn McPhail, Director of Pharmacy
Helen Woodburn, Quality & Clinical Governance Lead
Dr C McKenna, Clinical Lead, Emergency Care
Catriona Dziech, Note Taker
Seonaid McCallum, AMD H&SCP
Gillian MacIntosh, Head of Corporate Planning & Performance
Elizabeth Muir, Clinical Effectiveness Coordinator
Barbara Anne Nelson, Director of Workforce
Keith Morris (Item 6.1 – re SABs)

MINUTE REF ITEM ACTION
001/19 CHAIRPERSON’S WELCOME AND OPENING REMARKS
The Chair welcomed everyone to the meeting.

Dr Bisset reminded members the meeting was being recorded with the Echo Pen to aid production of the notes. These recordings are also kept on file for any possible future reference.

002/19 DECLARATION OF MEMBERS’ INTERESTS
There were no declarations of interest.

003/19 APOLOGIES FOR ABSENCE
David Graham, Paul Hawkins, Michael Kellet

004/19 MINUTES OF PREVIOUS MEETING HELD ON
7 NOVEMBER 2018
The notes of the meeting held on 7 November 2018 were approved.
MATTERS ARISING
Outstanding Actions from Action List

ITEM 59 - QUALITY REPORT
Minute Ref 054/18 (5.9.18)
Dr Keith Morris attended the meeting and gave a presentation on the SAB Data for 2018.

Minute Ref 006/18 (21.2.18)

Minute Ref 055/18 (5.9.18)
Considered under Main Agenda Item 11.4.

Minute Ref 069/18 (7.11.18)

ITEM 81 - CLINICAL STRATEGY
Minute Ref 070/18 (7.11.18) – Part 1 – Site Optimisation
Considered under Main Agenda Item 7.1.

Minute Ref 070/18 (7.11.18) – Part 2 – Medicines Efficiency Programme
Considered under Main Agenda Item 7.1.

Minute Ref 070/18 (7.11.18) – Mental Health strategy Update – Progress Update
No update available as discussion will take place at Development Session planned for 1 February 2019.

ITEM 97 – CORPORATE RISKS – RISK 520 (CHILD PROTECTION)
Minute Ref 059/17 (25.10.17) – Item b
This item is now part of the Quality & Safety BAF. Close on Action List.

ITEM 102 - CHILD PROTECTION REPORT
Minute Ref 071/17
Considered under Main Agenda Items 8.3 and 9.2. Close on Action List.
ITEM 112 - HIS QUALITY FRAMEWORK
Minute Ref 071/18
Further work to be done to complete work. To remain on Action List for update in March 2019.

ITEM 113 - BAF FOR QUALITY & SAFETY
Minute Ref 069/18
Work Underway. To remain on Action List until June 2019.

ITEM 116 - NURSING, MIDWIFERY ALLIED HEALTH PROFESSIONAL – PROFESSIONAL ASSURANCE FRAMEWORK
Minute Ref 031/18 – Item (g) (9.5.18)
Carried forward to March 2019

ITEM 119 - WINTER REVIEW PLAN
Minute Ref 071/18 – (7.11.18)
Considered under Main Agenda Item 8.7.

Minute Ref 071/18 – (7.11.18)
Item noted. Close on Action List.

ITEM 127 – ADVERSE EVENT REPORT
Minute Ref 071/18 – (7.11.18)
To be considered March 2019.

Minute Ref 071/18 – (7.11.18)
To be considered March 2019.

ITEM 128 – PRIMARY CARE IMPROVEMENT PLAN
Minute Ref 071/18 – (7.11.18)
Dr McCallum provided a verbal update.

Minute Ref 073/18 – (7.11.18)
Barbara Anne Nelson advised that Colin Gillespie attended the Health & Safety subcommittee meeting as staff side representative.

MEDICAL / NURSE DIRECTOR REPORTS

1) Quality Report
The Committee noted the key points and areas of improvement / success as set out in Pages 7 – 10 of the Executive Summary.
Dr Elliot highlighted the increase in adverse events had settled down.

Helen Wright highlighted there had been improvement with complaints, particularly in reference to the timeliness of responses, and extensive work had been undertaken and shared with the Partnership. Plan is to continue to improve and sustain.

Margaret Wells queried tissue viability at admissions and asked what can be done to improve. Dr Elliot highlighted it was a complex issue. Everything is logged whether “NHS” or outwith and a lot of conversation is going on about being clear about logging incidents when it is material to the care we are delivering rather than something that has happened outwith our care. There is the question if we do not log these incidents, then who does.

Helen Wright advised a lot of work is going on in the community in regards to training in a joint venture with the Partnership whereby Tissue Viability Nurses will go in to Residential Care Homes owned by the Council and offer support. We need to be aware we have a finite resource and need to be mindful of what we can influence and can do.

Lynn Campbell advised in relation to Hypoglycaemia that a National Audit had been undertaken late 2015 and following that it was identified around 20% of in-patients experienced a hypo. In 2017 there was a National Improvement Programme launched to look at the quality of care for patient with diabetes in an in-patient setting.

Key stakeholders in the Division looked at this and agreed what should be recorded. It is understood that Emergency Care are currently recording and there are two wards where improvement work is being done. There are five recommendations from the National Programme and three of these are already completed. Although the numbers are high we cannot determine within that how many are the same patient and it would appear a lot of them are repeated episodes from stays in hospital.
The work for the future is to complete the last two recommendations. There is a meeting this afternoon and a more formal paper has been requested which will give an update on the planned actions. This paper will come through the Acute Services Clinical Governance Group and then to NHSFCGC. It is then planned to report more regularly.

In response to a question from Martin Black, Helen Wright confirmed compliments were being look at through Patient Opinion.

Dr Elliot advised there is an NHS Fife Cardiac Arrests Annual Report 2017/2018 which was now available. The 2018/2019 will follow in due course.

Dr Bisset advised he was pleased with the progress and hard work that has gone in to producing the Quality Report and congratulations should be passed on to all staff involved.

Dr Keith Morris joined the meeting to give a presentation on the SAB data for 2018, in particular Community SABs.

Dr Bisset asked about Community SABs, the perception of the position in relation to IV Drug Users and asked if there is any action that we could take that we are not doing already. Dr Morris advised the numbers are reducing but there needs to be greater awareness in the Harm Reduction service. It is not just about blood borne viruses, it is about patients who inject coming into the service, encouraging them to seek treatment and take antibiotics. It would also be useful to establish a link with A&E and the harm reduction service but this could be difficult to establish due to patient confidentiality issues. Dr Morris felt A&E could inform the Harm Reduction Service that they would be willing to take this patient on board if they were willing to have their information transferred to the Harm Reduction Service.

Helen Wright also confirmed we are working with community pharmacies on a very similar thing.

In summary the Committee noted:
- Need to concentrate on two areas Vascular Access Device (VAD) and urethral catheters. Skin & soft tissue injuries (SSTI)
- “not knowns” remain a concern
- Need a whole organisation approach. NHSFCGC needs to challenge the medical and nursing directors
- Never forget – NHS Fife has had success but still improvement can be made.

Dr Bisset thanked Dr Morris for his very informative and helpful presentation.

2) Integrated Performance Report (IPR)
The Committee noted the IPR report.

3) BAF for Quality & Safety
The Committee considered the most recent update of the BAF.

The Committee noted the risk in relation to the pharmacy staffing has been updated and actions set out to mitigate the risk.

Helen Wright agreed to make minor changes to dates within the BAF.  

4) BAF for Strategic Planning
The Committee considered the update of the BAF as at 15 January 2019.

Dr Elliot highlighted the changes since the last report were highlighted in red. There were no major points to raise with the Committee.

Dr Bisset highlighted he had concerns around how the Clinical Strategy is progressing, or not progressing. Dr Bisset noted the Joint Strategic Transformation Group (JSTG) is also reviewing their Terms of Reference yet again due to poor attendance at meetings. As a general point Dr Bisset expressed his concern at how the Committee is getting governance over delivery of the strategy.
006/19

Dr Elliot said this was a fair comment to make and was aware that with the changes in the senior team there are discussions about how these programmes are taken forward. It was agreed a formal report will be brought back to the NHSFCGC in March which gives an update on progress on all strands of the Clinical Strategy and a clear explanation of the role and remit of the Transformation Group.

007/19

**CLINICAL STRATEGY**

1) **Community Development**

Dr Bisset asked Dr McCallum if there was an update on Joined Up Care etc since the last meeting.

Dr McCallum advised there had been a meeting at the IJB meeting before Christmas and discussions took place around the recent options appraisal for urgent care and consultation on joining up care which includes the hubs and the urgent care and community hospitals. The community hospital proposals were not yet in a position to be brought to the IJB.

There had been good feedback with the community and well being hubs concept being viewed as positive. The preferred option for urgent care in the majority of Fife had been Option 2; however North East Fife (NEF) had not agreed with this and were very unhappy. It was proposed to the IJB following discussion with the Scottish Health Council about adding an addendum to the consultation to consider further potential options for NEF. The IJB agreed to this but with an alteration to the wording to make sure that there was a stakeholder engagement in all localities in Fife to explore any further options.

2) **Mental Health Redesign**

Dr McCallum advised there would be no update until after the Development Session arranged for the 1 February 2019.

3) **Site Optimisation Programme – Part 1 – Update Report**
The Site Optimisation programme is progressing well with each workstream making progress against agreed objectives. The most significant change and progress has been the Site Utilisation workstream with the majority of bed moves completed before the winter period. Progress will be monitored weekly through a Key Performance Indicators report. The programme is on track.

The Committee noted the progress made of the transformation programmes.

Dr Bisset requested an update report for the NHSFCGC meeting in March 2019.

4) Medicines Efficiencies Programme – Part 2 – Update Report
Work is ongoing in the Medicines Efficiencies programme in formulary compliance, reducing medicine waste and realistic prescribing to improve patient safety and experience and efficiencies. The programme is on track.

The Committee noted progress continues to be made against the three key priority areas and plans continue to be followed.

Dr Bisset requested an update report for the NHSFCGC meeting in May 2019.

GOVERNANCE ITEMS

1 HIS Quality Framework
This item was deferred to March 2019.

2 Waiting Times Improvement Plan
This paper provides the Committee with NHS Fife’s submission for the Waiting Times Improvement Plan funding.

The Committee noted the Waiting Times Improvement Plan for NHS Fife and submission of funding requests for:

i) Short term funding for 2018/19 and associated delivery plan of £2.5million
Wilma Brown did highlight to the Committee that no matter how much finance is provided, there remains the issue of staffing. It was acknowledged this was a concern not only for Fife but for all Health Boards. All Boards were having to look at ways of being more creative to attract staff.

Rona Laing asked if there were any opportunities within the money received to impact in other areas where we are not doing well. Dr Elliot advised Andrea Wilson, with the team, is working systematically around all of the targets we need to achieve. Government sets out the workstreams within this programme and these are the headings we need to put things against but we are being very clear that redesign is wider.

Dr Bisset asked that it be noted this will be a transformational programme and not just a series of processes coming back one at a time. It had been agreed at FP&R that updates would be taken back there, but it would also be helpful for an update at NHSFCGC in March 2019.

### 3 Child Protection Inspection Report / Fife Child Protection Annual Report

This item was taken alongside Item 9.2.

H Wright advised areas to highlight to the Committee were Vulnerable in Pregnancy, Health Visitor Service and Implementation of Universal Pathway.

Two significant case reviews were underway and feedback will be brought back to the Private Session of the Committee when available.

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

### 4 Report from Information & Governance Security Group (IG&SG) on Compliance with General Data Protection Regulations (GDPR)

This report is an update to the Committee on the current status of GDPR compliance within NHS Fife.
Dr Bisset queried if we were on schedule to meet the requirements set out in the 12 point plan. Dr Elliot agreed to check this with Lesly Donovan.

The Committee noted the progress and supported the implementation and compliance with the new legislation.

Dr Bisset asked for an update report for the NHSFCGC meeting in March 2019.

5 **Safer Use of Medicines**

This paper outlines the work to develop and implement an audit and assurance programme to support the safe and secure use of medicines.

Evelyn McPhail advised that going forward this would be reported in the Quality Report.

Dr Bisset asked if a column could be added to the table of Audits highlighting which Governance Group they reported to.

The Committee noted the report.

6 **SIRO Report**

Dr Elliot highlighted this report sets out the information governance risks and incidents within the organisation.

The Committee noted the update.

7 **Winter Planning Monthly Report covering 26 November to 30 December 2018 & Escalation Plan**

This report summarises performance against key indicators and actions for Winter 2018/19. The Committee noted the need for clinical input into the targets determined for the Partnership, which was an issue that had been raised previously.

009/19 **ANNUAL REPORTS**

1 **Director of Public Health (DoPH) Annual Report**

Deferred to March 2019.
EXECUTIVE LEAD REPORTS AND MINUTES FROM LINKED COMMITTEES

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

Helen Wright advised the Infection Control Minutes (Item 10.9) were now available and would be circulated separately.

Barbara Anne Nelson advised that Andy Fairgrieve was now responsible for Health & Safety and minutes should be sought from his Department.

1. Area Drugs & Therapeutics Committee  
   17 October 2018 (Unconfirmed)  
   The Committee noted the summary of risks / issues escalated / highlighted in the reporting template.

2. Area Radiation Protection  
   8 November 2018  
   Carried forward to March 2019

3. Acute Services Division Clinical Governance Committee – 6 November 2018 (Unconfirmed)  
   The Committee noted the summary of risks / issues escalated / highlighted in the reporting template.

4. Clinical & Care Governance Committee  
   9 November 2018 (Unconfirmed)  
   The Committee noted the summary of risks / issues escalated / highlighted in the reporting template.

5. Clinical Governance Steering Group  
   14 November 2018  
   Meeting Cancelled

6. eHealth Board  
   16 November 2018 (Unconfirmed)  
   The Committee noted the summary of risks / issues escalated / highlighted in the reporting template.
Health & Safety Sub Committee  
14 December 2018  
Not received

IJB  
24 October 2018 (Unconfirmed)  
The Committee noted the summary of risks / issues escalated / highlighted in the reporting template.

Infection Control  
5 December 2018  
Not received

Information Governance & Security Group  
23 November 2018 (Unconfirmed)  
The Committee noted the summary of risks / issues escalated / highlighted in the reporting template.

Joint Strategic Transformation Group  
31 October 2018 – Cancelled  
5 December 2018  
The Committee noted the summary of risks / issues escalated / highlighted in the reporting template.

Public Health Assurance Committee  
29 November 2018 (Unconfirmed)  
The Committee noted the summary of risks / issues escalated / highlighted in the reporting template.

Resilience Forum  
6 December 2018 (Unconfirmed)  
The Committee noted the summary of risks / issues escalated / highlighted in the reporting template.

ITEMS FOR NOTING  
NHS Fife Activity Tracker  
The Committee noted the NHS Fife Activity Tracker.

It was noted the Victoria Hospital Older People in Acute Hospitals unannounced inspection report and action plan had been received. Helen Wright advised various issues had been raised with Healthcare Improvement Scotland around the final report and once these were resolved the report would be highlighted to the Board.
011/19  It was agreed Dr Cargill would consider the Action Plan and feed back to the Committee.  

2  NHS Fife Clinical Governance Committee Workplan 2018-2019  
The Committee noted the Workplan for 2018/2019.

3  Draft NHS Fife Clinical Governance Committee Workplan 2019 – 2020  
The Committee noted the draft workplan and that members will see an updated version at the NHSFCGC in March 2019.

4  Vaping Report Submitted to SGHD  
Dona Milne advised the paper being presented would be discussed further at the Area Partnership Forum on 23 January 2019.

The Scottish Government Health & Social Care Directorate (SGHSCD) had already sought comments from Boards but were coming back to Boards again seeking further comments. It was agreed a further paper would come back to NHSFCGC in March 2019 for a decision on whether to change our smoking policy to allow vaping of hospital grounds.

012/19  RECAP FOR CHAIR  
It was agreed the following items would be highlighted to the Board / IPR:

- Improved Quality Report
- Child Protection

013/19  AOCB  
There was no other competent business.

014/19  DATE OF FUTURE MEETING  
Wednesday 6 March 2019 at 2pm in the Staff Club

There will also be a pre meeting for Non Executive Board Members at 1.30pm
### Key issues to be raised:

**Draft Financial Plan**
The Committee noted the ongoing work on the financial plan for 2019/20 to 2021/22 and subsequent budget setting process which will be completed by 31 March 2019. The impact of the Scottish Draft Budget had been taken into consideration, and the effect of these assumptions was an improved projected in-year budget gap of £4.2m forecast for 2019/20, improving to £3.6m in 2021/22. It was noted, however, that the potential impact of unmet legacy savings was liable to significantly increase the shortfall over the planning period. Further confirmation is awaited from Scottish Government in relation to the three year performance and planning guidance.

**Waiting Times Improvement Plan**
The Committee received a report on the NHS Fife submission to Scottish Government in support of the waiting times improvement plan, noting a total funding request for £2.5m in the short term and £21.2m recurring in the long term. A further detailed report will be considered via both the Clinical Governance Committee and Finance, Performance & Resources Committee on the longer term plan once confirmation has been received on the funding to be allocated.
MINUTES OF THE FINANCE, PERFORMANCE AND RESOURCES COMMITTEE MEETING HELD ON TUESDAY 15 JANUARY 2019 AT 10.00AM IN THE BOARDROOM, STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY.

Present:
Dr L Bisset, Non-Executive Director (Acting Chair) Mr P Hawkins, Chief Executive
Ms S Braiden, Non-Executive Director Ms D Milne, Director of Public Health
Mrs W Brown, Employee Director Ms J Owens, Non-Executive Director
Mr E Clarke, Non-Executive Director Mrs C Potter, Director of Finance
Dr F Elliot, Medical Director Ms H Wright, Director of Nursing

In Attendance:
Ms S Davidson, Audit Scotland
Mr A Fairgrieve, Director of Estates, Facilities and Capital Services
Mrs V Hatch, General Manager, Emergency Care
Mr M Kellet, Director of Health & Social Care
Dr G MacIntosh, Head of Corporate Planning and Performance (minutes)
Dr C McKenna, Medical Director designate
Ms E McPhail, Director of Pharmacy

01/19 APOLOGIES FOR ABSENCE

Apologies were received from Rona Laing.

02/19 WELCOME

The Chair welcomed to this meeting Val Hatch, in place of Jann Gardner, and Chris McKenna and Shelagh Davidson, who were both attending the meeting in the capacity of observers.

03/19 DECLARATION OF MEMBERS’ INTERESTS

There were no declarations of interest.

04/19 MINUTE OF MEETING HELD ON 13 NOVEMBER 2018

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

05/19 ACTION LIST

An update on the Committee’s rolling action log was provided and it was noted that any outstanding actions were either to be considered in the agenda of this present meeting or the following scheduled for March.
MATTERS ARISING

06/19 (a) Kincardine & Lochgelly Health Centres

Mr Kellet provided an update on the proposed redevelopment of the above health centres, noting that a Local Care ‘pathfinder’ project had now been established, and that positive discussions have since been held with the Scottish Government to use that process to improve the Initial Agreements (IAs) necessary to progress the capital works. External consultants have now been appointed by SG / Scottish Futures Trust to support healthcare planning for the overall programme across Scotland, and it was the intention to use the Fife projects as a test case for developing proposals that reflect the strategic direction of travel around Primary Care redesign and community hubs. Members noted of a number of examples elsewhere in Scotland where the capital redevelopment of GP surgeries allowed for the establishment of broader services aimed at meeting the needs of local populations, better integrating health and social care activities, and it was agreed that the revision of the IAs should reflect the fact that a like-for-like replacement of the surgeries would be a missed opportunity to create facilities more suitable for delivering community-focused care.

Whilst there was positive news to report over the forthcoming revision of the IAs, it remained the case that capital funding available from the Scottish Government was extremely scarce, though further initiatives around Primary Care improvement might provide a further avenue to explore. The physical condition of the estate of the two health centres remained extremely poor and it was recognised that updates to the local community on progress with replacing the two facilities was problematic at this stage, given the lack of agreement with the Scottish Government on how these capital works could be effectively taken forward.

07/19 (b) Winter Planning 2018/19

Ms Hatch confirmed that work was ongoing on gathering data to analyse the referral route for how patients present at A&E, and this was presently being collated in to a report for consideration at Executive level. Staffing was now in place to capture that data.

08/19 (c) Mental Health Support in Schools

Mr Kellet gave a verbal update to members on the significant work presently underway to train staff and support school-age pupils in managing mental health issues, particularly through the ‘Our Minds Matter’ programme. 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, 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.

The Committee agreed that Mr Kellet should circulate to members the publicity material produced for the Our Minds Matter programme and present at a future meeting a written paper outlining the activities being undertaken to support school-age pupils experiencing mental health issues.

PLANNING

09/19 (a) Progress on Regional Plan

Mr Hawkins stated that progress with developing a regional plan had slowed somewhat, though it was expected that the SEAT model would be utilised in this area. It was reported that Boards would continue to work through the 30-month plan on backlog cases, and a regional solution for Ophthalmology is to be established (following a similar model to the regional work undertaken on laboratories). At the present date, it was uncertain whether the proposed soft launch of the Regional Summary documents would happen in time for these to be considered by January’s Board meeting, as had been anticipated.

10/19 (b) Draft Financial Plan 2019/20 – 2021/22

Mrs Potter introduced the paper, which provided an update on ongoing budget and financial planning in advance of the new financial year. Scottish Government guidance is expected imminently on the output format to be produced (i.e. a Local Delivery Plan or Annual Operational Plan), but it was anticipated that a three-year strategy (over which Boards would be expected to breakeven) would be required.

The Committee noted the summary of the Scottish Draft Budget announcement and its implications for income assumptions for NHS Fife. A 2.6% baseline uplift (amounting to £11.6m) was anticipated, which compared favourably to past forecasts. Also, an additional £2.2m of NRAC funding and the reinstatement of a potential annual recurring funds of £3m, in relation to the New Medicines Fund, was expected. The effect of these assumptions was an improved projected in-year budget gap of £4.2m forecast for 2019/20, improving to £3.6m in 2021/22. It was noted, however, that the potential impact of unmet legacy savings was liable to significantly increase the shortfall over the planning period.

Members discussed the budget-setting aspect of the financial plan, noting the ringfenced allocations and the national requirements to protect mental health budgets and support the policy of shifting the balance of care.

It was noted that work on individual service-level budgets was ongoing, and that each service had been invited to plot their priorities and anticipated savings against a three-year planning and performance cycle.
The outcome of this work would be reported to the Committee’s next meeting in March.

Queries raised by members were in relation to the proposed distribution of the NRAC funding uplift; and the context to the proposed establishment of a Fracture Liaison Service, to improve bone health care for those most vulnerable to repeat fractures.

The Finance, Performance and Resources Committee:
- noted the approach taken to inform the updated financial outlook;
- noted the updated (more favourable) potential financial gap of £4.168m for 2019/20, excluding the impact of non-delivery of 2018/19 recurring savings; and
- noted that a detailed budget setting exercise will be further developed in tandem with anticipated guidance on the SGHSCD medium term financial framework, to be reported to the Committee at its next meeting in March.

It was agreed to highlight to the Board’s January meeting the work ongoing to refine the draft Financial Plan for NHS Fife and the subsequent budget setting process.

11/19 (c) Waiting Times Improvement Plan

Mrs Hatch introduced the paper, noting that significant additional funding has been made available by the Scottish Government to reduce the length of time that patients are waiting for health care. Over the next three years, a recurring investment of £535m in revenue and £120m in capital is accessible, to make a sustained improvement on outpatient, diagnostic, inpatient / day case and cancer waiting times. A separate programme of work is aimed at addressing mental health waiting times.

The Committee recognised that the new funding stream provides a significant opportunity for Boards to make transformational change, allowing greater certainty in which to plan effectively and the ability to deliver greater value for money. It was agreed that this would be a focused and intense programme of work, which would support existing transformation activities across the organisation. There is considerable expectation within the Scottish Government to see Boards make a significant return for the funding, and it was agreed that this would be a valuable opportunity to consider innovative ways to do things differently, such as virtual outpatients appointments etc. rather than just reduce the existing backlog of delayed cases.

In the short term (to end of March 2019), £2.5m is available, with £677k approved thus far, largely for waiting list initiatives (to support health boards to maintain the elective programme over Winter and minimise cancellations). Longer term (to end of March 2021), the plan has been grouped in to four distinct programmes of work linked to the Clinical Strategy, involving (i) ambulatory care, outpatient and diagnostic redesign; (ii) surgical and theatre services redesign; (iii) transformation programme;
and (iv) inpatient and outpatient capacity improvements. In designing the schemes, due account has been taken of the resource needs that will be required for their delivery, including those in corporate support such as Finance etc. to manage the new funding programmes. In total, the long-term funding request was expected to amount to £21.2m. Detailed planning is underway to pump-prime some of the anticipated project work, and it was noted that this work would complement existing planning for better site utilisation at VHK and Winter preparedness in general.

It was confirmed that the schemes to deliver the Plan’s overall objectives would be pulled into a new transformational plan, aligned to NHS Fife’s strategic priorities and reportable through the existing governance structure (especially the Clinical Governance Committee and the Finance, Performance & Resources Committee).

The Finance, Performance and Resources Committee:
- noted the Waiting Times Improvement Plan for NHS Fife and the submission of funding requests for £2.5m in the short term and £21.2m recurring in the long term.

It was agreed to highlight to the Board’s January meeting the initial work underway to develop the Waiting Times Improvement Plan.

PERFORMANCE

12/19 (a) Integrated Performance Report (IPR)

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

Acute
Mrs Hatch provided an update to the Committee on the Acute targets.

4-Hour Emergency Access: 12 months to end of October 2018, this was 95.6%, above the national target of 95% (in October, performance reduced slightly to 94.3%). The Committee commended staff for this performance against a challenging period of demand apparent with the onset of the Winter, particularly on the small number of long breaches above 8 hours (with no 12-hour breaches having occurred in the past year).

Cancer 62 day Referral to Treatment (RTT): in October, this was 85.2% of patients, with challenges remaining in certain specialities related to diagnostic pathways.

Patient Treatment Time Guarantee (TTG): in October 67.6% of patients were seen within 12 weeks, virtually unchanged from the previous two months. Ophthalmology accounted for over 40% of the breaches.

Diagnostics Waiting Times: as reported on previously, at the end of October, performance was 98.6%, continuing the recovery evident since
the start of 2018.

18 Weeks RTT: during October, 77.9% of patients started treatment within 18 weeks of referral, balanced against a considerable rise in demand.

Health & Social Care Partnership
Michael Kellet provided updates in relation to the following targets:

Delayed Discharges: despite improvements in August, the October position of 67 (and the most recent still to be reported, of around 87 patients) shows a challenging situation with regard to flow. It was noted that these figures are directly related to an earlier decision of the IJB to bear down on Home Care costs. Improvement activities are underway to increase staffing in STAR teams and in block-booking external care providers to ensure more capacity is available.

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: 80.2% of patients met the 18 weeks RTT for CAMHS, the best performance since May 2017. For PT, the same figure was 70.4%. Overall, the number of patients on the waiting list was the lowest for a year. Mr Kellet expressed confidence that the national target of 90% would be met within the year for CAMHS, but with the caveat that for both CAMHS and PT, demand remained extremely high, particularly via GP referrals.

The Committee 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 end of November summary financial position indicates a £8m overspend in the Acute Services Division, the most significant component of which is £5.8m of unachieved savings anticipated through the transformational programmes. Challenges remain in delivering this by the end of the financial year, though, due to underspends in other divisions, the Health Board retained budgets show a £1.5m underspend variance as a whole. An overspend of £1m is attributable to the health budgets delegated to the IJB, including £2.2m attributable to unachieved savings, offset by a net underspend on £1m on run rate budget performance, despite pressures on GP prescribing. In addition, however, there is a further pressure of £2.7m due to the current estimated impact of the risk share arrangement for the overall IJB overspend (ie including the social care position). The net reported position for NHS Fife is therefore an in-year overspend of £2.095m against revenue. The mid-range forecast anticipates a worsened position to year end.
The Committee discussed the challenges to the financial position by the social care aspect of the IJB budget, which impacts the Health Board via the risk share arrangement (70% to NHS Fife; 30% to Fife Council). It was noted that due to the limited time before the end of the current financial year, it was doubtful if the planned recovery actions on the IJB budget would have the desired effect.

Mr Hawkins reported that the Scottish Government was aware of the forecast position of a potential overspend of £4.289m (as part of the routine monthly financial performance return) and options were being considered to manage this. Mrs Potter highlighted that the significant movement from October to November and the increased concern about managing this level of overspend, was due to the movement in the overall IJB position; and confirmed that the impact of the (variable) risk share has been taken into account in previous monthly reports. It was noted that Waiting Times funding may impact positively and further work was underway to purify the H&SCP forecast, particularly around social care. 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 the coming months. 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 next financial year, and thought also had to be given as to how the Finance and Performance Committees of both bodies could be involved in that work.

It was agreed to highlight to the Board’s January meeting the financial forecast outlined in the IPR and the Committee’s discussions thereon.

Capital
Mrs Potter explained that work is underway to spend the full amount of Capital Resource Limit funding (£8.860m for the year) largely through on routine expenditure (eHealth, statutory compliance and minor works).

The Finance, Performance & Resources Committee:
- noted the Integrated Performance Report.

13/19 (b) Winter Performance Report, November to December 2018
Mrs Hatch introduced the summary of Winter Performance, the third monthly report assessing performance against key targets outlined in the Winter Plan. It was noted that Emergency performance remained challenging (the 95% standard has not been met for the whole of December, though attendances remain within the expected range), and that for Acute the full surge ward opened in mid-November and has
remained open (and full) since that date. On a positive note, there have been very few cancellations in the elective programme despite ongoing pressures. The Trakcare data issue highlighted in the report has now been corrected.

It was apparent that performance in the VHK showed the benefits of the recent programme of site utilisation work, particularly around bed alignment to reduce the number of patients boarding. The target has been met for the discharge of patients to VHK to a community hospital. Delayed discharges are however impacting at the community, with ongoing difficulties in the timely transfer from community beds to packages of home care.

Mr Hawkins highlighted the need for an integrated bed modelling system for Fife overall, to ensure that the full capacity is used across the system. It was noted that this would be an important partnership project, to help support Winter pressures especially.

The Committee noted the report, and recorded their congratulations to staff for their considerable efforts in managing the Winter pressures.

GOVERNANCE

14/19 (a) Board Assurance Framework – Financial Sustainability

Mrs Potter noted that, as per the earlier discussion on the IPR, the risk rating for financial sustainability remained high.

The Committee noted and approved the current position

15/19 (b) Board Assurance Framework – Strategic Planning

Dr Elliot advised that there was nothing substantive to bring to the Committee’s attention from the updated report, which would be discussed at the next Clinical Governance Committee.

The Committee noted the current position.

16/19 (c) Board Assurance Framework – Environmental Sustainability

Mr Fairgrieve highlighted the additional risk related to the fire alarm system, which would be shortly closed off.

The Committee noted and approved the current position

17/19 (d) State of NHSS Assets & Facilities Report (SAFR)

Mr Fairgrieve introduced the report, highlighting the national position on the amount of backlog maintenance and the investment required to tackle this (in Fife, this amounts to £45m annually). Drawing members’ attention to the benchmarking information on property condition and NHS Fife’s
rating, it was recognised that the poor quality of the Tower Block estate affected Fife’s position. On a positive note, the comparison data provided on the costs of cleaning, energy, rates and waste gave a clear indication that ongoing efficiency work in this area was having a positive financial effect, given Fife’s highly-rated performance nationally in these areas.

The Committee noted the report and NHS Fife’s position therein.

18/19 (e) Stratheden IPCU Benefits Realisation

The Committee discussed the updated post-project evaluation report on the Intensive Psychiatric Care Unit completed in 2016 at Stratheden Hospital. It was recognised that the new build has made a significant contribution to improving patient care and treatment at this facility, and that the majority of benefits predicted by the project have been effectively realised. There was discussion about the risk of patients absconding when on smoking breaks, due to new smoking policy requiring patients to be taken out of secure areas, and it was noted that further work could be usefully done to manage patients’ needs differently, such as through smoking cessation activities. It was agreed, however, that further scoping work was required to determine whether a secure external area could be used by patients, meeting all health and safety requirements, and an update was requested for a future meeting of the Committee.

The Committee noted the report.

19/19 (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 being finalised.

Updates on the listed issues of ‘unspent’ allocations at year-end and progress on the development of saving plans were given to the Committee.

20/19 (g) Update of Annual Workplan 2018/19

Mrs Potter highlighted that a number of small revisions had been made to this year’s workplan to reflect the amended timing of a number of routine agenda items. The Committee approved the revised Workplan, noting that a new version for 2019/20 would be considered at the Committee’s next meeting in March.
ITEMS FOR NOTING

21/19 a) Minutes of the Primary Medical Services Sub Committee held on 4 December 2018

The minute was noted.

22/19 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 January:

- the ongoing work on the Draft Financial Plan;
- the funding available and requested through the Waiting Times Improvement Plan; and
- the Committee’s discussion on the financial forecast contained in the IPR.

23/19 ANY OTHER BUSINESS

There was no other business.

24/19 DATE OF NEXT MEETING – Tuesday 12 March 2019 at 10.00am, in the Large Meeting Room, Staff Club, Victoria Hospital, Kirkcaldy.
Key issues to be raised:

**Sickness absence**
Remains below target at an average rate of 5.2%. Whilst the committee acknowledges the good work being done it also has to be acknowledged that further targeted work is required to achieve further improvement. It is proposed to run a workshop in February/March with a range of key stakeholders to discuss this issue in more detail.

**Core Training**
The Committee was disappointed to note the level of compliance with core training across all areas and specifically within the corporate directorates. It has requested that action be taken to identify the necessary steps that are needed to improve performance in this area given the risk that this presents to the organisation. Further reports will be provided to be able to monitor improvement.

**Turas**
Work continues to be necessary to improve performance in this area as there has been a further reduction in performance. Targeted action is required to support those areas where compliance is lowest in order to improve the current position.
MINUTES OF THE STAFF GOVERNANCE COMMITTEE HELD ON FRIDAY 18TH JANUARY 2019 AT 10:00 HOURS IN THE STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY

Present:
Mrs Margaret Wells, Non Executive Director (Chairperson)
Mrs Wilma Brown, Employee Director
Mr Eugene Clarke, Non Executive Director
Mrs Christina Cooper, Non Executive Director
Mr Simon Fevre, Co-Chair, Health & Social Care Partnership (HSCP)
Mr Andrew Verrecchia, Co-Chair, Acute Services Division LPF

In Attendance:
Ms Barbara Anne Nelson, Director of Workforce
Mrs Rhona Waugh, Head of HR
Mr Bruce Anderson, Head of Staff Governance
Ms Gemma Couser, General Manager (for Acute Services)
Mr Michael Kellet, Director of Health & Social Care
Dr Gillian MacIntosh, Head of Corporate Planning & Performance
Ms Barbara Anne Nelson, Director of Workforce
Ms Helen Wright, Director of Nursing
Ms Sinead Braiden, Non Executive Director
Mr Andrew Fairgrieve, Director of Estates, Facilities and Capital Services (Item 9)
Mrs Helen Bailey (minute taker)

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<td>CHAIRPERSON’S WELCOME AND OPENING REMARKS</td>
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<td>DECLARATION OF MEMBERS’ INTERESTS</td>
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<td>APOLOGIES FOR ABSENCE</td>
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MINUTES AND ACTION LIST OF PREVIOUS MEETING HELD ON 2ND NOVEMBER 2018

The minutes of the previous meeting were approved.

Action List
Ms Nelson stated that items are identified as ongoing, completed, item on agenda or verbal update.

62/18 – Fife Council Employee App. Ms Nelson stated that she has seen this app which is helpful in terms of accessing information. Ms Nelson will pass contact details to Communications Team to progress.

80/18 – Well at Work: 12 hour shifts
Ms Wright provided an update, 35% of the total workforce worked 12 hour shifts. Mr Fevre asked if there was any NHS Scotland benchmarking on this. He also asked if there was a link between 12 hours shifts and absence. Ms Wright stated that this issue had been discussed at a national level at SEND and that no connection had been found. Ms Wright will provide details to the Multigenerational Group. Members discussed 12 hours shifts recognising that there are a number of issues including lifestyle preferences, potential risk, the need to encourage staff to take regular breaks, workforce challenges and also consideration needs to include any other areas where 12 hour shifts are worked. It was agreed to remit consideration of this issue to the Multigenerational Group in the first instance.

59/17 National HR Shared Services – ongoing, Ms Nelson will feedback as appropriate.

60/18 – Metrics – work ongoing, HR hope to conclude this soon.

63/18 – Remuneration ToR – on agenda

76/18 – Going for Gold presentation – circulated. Completed.

82/18 – iMatter, paper went to EDG and directors encouraged to have their staff participate in process.

89/18 – issues were highlighted to the Board.

MATTERS ARISING

Mrs Brown gave an update on the Credit Union, dates have now been set up and are posted on the intranet for staff to participate in this.

Ms Nelson reported that Neyber presented at the NHS Scotland...
event in June and recently at Human Resources Directors (HRDs) meeting. They also provide financial support to staff but it was unsure how this would work in tandem with Credit Union. HRDs have stated introduction of Neyber into Boards would be more appropriate to consider nationally.

Mrs Brown asked for an update on the previous discussion regarding exit interviews. Ms Nelson stated that managers are aware of the need to carry out exit interviews as part of the normal people management/policy processes. It is the case that this is not completed on a consistent basis across the Board. Members discussed the issues with exit interviews and Mr Clark suggested creating an App or online form for people to complete. Mrs Brown stated that as applications are completed online this gives the opportunity to automatically send an exit online survey. Collation of this information may produce themes. Ms Couser welcomed review of the process to capture the information but stated it was important that this gets fed back operationally.

Ms Nelson is to look into this and see what is possible and feed back to the Committee.

06/19 BOARD ASSURANCE FRAMEWORK (BAF) – STAFF GOVERNANCE RISKS

Ms Nelson explained that this is the standard submission relating to workforce sustainability risks submitted to every meeting and confirmed that risks were reviewed regularly.

Ms Nelson stated that on Page 2 there was feedback in terms of updates from risk owners.

Ms Nelson highlighted the amendment in terms of Brexit. The Brexit Assurance Group has been established. The senior responsible officer is now Dona Milne, Director of Public Health.

The Committee approved the content of the risks outlined and the current ratings.

07/19 WELL AT WORK

a) Attendance Management Update
Mrs Waugh spoke to the update paper on the latest NHS Fife sickness absence statistics covering the first 8 months of the financial year and overview of the rolling 12 month period. This report now includes the sickness absence rate against the trajectory and performance in the current year.

The average sickness absence rate is 5.2% for the year to date which is slightly below last year.
Mrs Waugh referred to the detail in Pages 2 – 5 of the report in terms of analysis.

Mrs Waugh referred to Item 4 which details the next steps, improvement actions, training available and Well at Work activities.

Ms Nelson referred to a workshop/event in terms of Attendance Management in February/March, Mrs Waugh has drafted proposed content.

Mr Clark asked if teams had access to the current data and are they discussing it. Mrs Waugh stated it is in a variety of formats and discussions at ward and team level and gave some examples of how they interpret it. Mrs Waugh informed members of a new system being processed, Tableau, which is an effective dashboard showing absence and other key performance data at ward and department levels.

Ms Cooper stated that she welcomed the intervention and recognised the hard work behind it and gave an update on work on the Single Gateway. Ms Nelson stated it would be helpful for Ms Cooper, Mrs Waugh and Ms Nelson to discuss this outwith the meeting and see how it dovetails with other provision within the organisation.

Mrs Wells welcomed the work Mrs Waugh reported on.

The Committee noted the position for the first eight months of the 2018-19 financial year in relation to sickness absence and noted the ongoing activities in terms of Well at Work.

08/19 WORKFORCE STRATEGY

Ms Nelson presented the paper that provided a further update in relation to progression of the Strategy. Ms Nelson highlighted that the timetable does have very tight turnaround times and stated the Committee would be made aware of any practical difficulties with this.

Ms Nelson highlighted that the reviewed Workforce Strategy will include narrative in respect of the youth employment aspect. Good links have been made with the schools and links within the Developing Young Workforce Board. Bruce Anderson and Mig Braid have been progressing this.

Mr Fevre and Mr Kellet updated the Committee in respect of the development of the H&SC Workforce Strategy and the action plan attached to it. They also highlighted the integrated arrangements.
with NHS Fife to develop this strategy. Ms Nelson also confirmed the interlinking and interdependencies between the two strategies.

The Committee noted the update.

**09/19 FOCUS ON STAFF GOVERNANCE STRAND**

**Provided with a Continuously Improving and Safe Working Environment**

Mr Fairgrieve referred to the benchmarking report produced by Craig Webster and presented to Area Partnership Forum (APF) and Local Partnership Forum (LPF). Members discussed Slide 26 and the high incidence of violence and aggression (V&A). Ms Wright highlighted the large inpatient base of mental health and learning disabilities patients and the challenges this can prevent. Mr Kellet referred to Health and Safety (H&S) forums within Partnership doing “deep dives” into this reporting with plans in place to develop action plans.

Mr Fairgrieve gave an update on progress with Sharps Incidents.

Members discussed the Zero Tolerance campaign.

Mr Fevre requested an update on H&S structure within the organisation. Mr Fairgrieve stated that Craig Webster was producing a flow chart which he could circulated.

The Committee noted the report.

**10/19 HR POLICIES MONITORING UPDATE**

Mr Anderson referred to the paper, which shows progress made against the key actions established in the plan. Mr Anderson informed the Committee of the commencement of the Once for Scotland programme which will ensure a single set of HR policies for NHS in Scotland. Boards have been requested not to review policies during the work of the programme. Only legislative or procedural amendments will be made to keep them up to date in the meantime.

The Committee noted the work undertaken by the HR Policy group in developing and maintaining HR policies.

**11/19 CORE TRAINING UPDATE**

Mr Anderson updated Staff Governance Committee on the NHS Fife Core skills compliance performance in the first three quarters of the year 2018 – 19.

Mr Anderson highlighted to the Committee reduced level of
compliance within the Corporate Directorate and it was agreed that this would be reviewed to identify the action needed to increase compliance in this area.

Equality and Diversity is misleading as this training is only done once. Ms Nelson suggested this should be repeated as a refresher and incorporate changes in legislation. Ms Nelson will take a report to EDG highlighting areas for improvement and consider how best to arrange and report on compliance with Equality and Diversity training.

Mr Clark voiced his concern at the digital awareness of staff and the issue of staff being unwilling to use technology. Mr Clark requested an investigative analysis of how people feel about technology in our service.

Ms Nelson stated that any discussions in terms of national workforce strategy and our workforce strategy considers the digital platform and ability to use it. Ms Nelson will discuss with Lesly Donovan and report back.

Mr Anderson stated that implementation of eESS and the use of Tableau will allow managers to have real time information and Ms Couser welcomed this.

Mr Fevre raised the issue of availability of courses and ability to find dates for courses. Mr Anderson stated there may be a requirement to introduce technology to address this.

The Committee noted the performance in Core Skills training activity and noted the improved Core Skills compliance position. The Chair stated there was still room for improvement.

12/19 CONSULTANT RECRUITMENT UPDATE

Mrs Waugh referred to the report and gave an update on consultant recruitment activity. Eight consultants have been recruited with success in a range of specialties detailed in the report.

Mrs Waugh stated there were 2 areas of concern - Radiology Consultant Recruitment and Psychiatry.

Ms Couser gave an update on the challenges of radiology consultant recruitment.

Mrs Waugh reported progress with recruitment of a Child and Adult Mental Health specialist post and interest shown in the General Adult Psychiatric posts. Mr Kellet welcomed this news.

Mrs Waugh reported on the success of anaesthetics recruitment.
Mrs Waugh thanked the support of Communications Team putting the podcasts on Facebook promoting that NHS Fife is a good place to both live and work in.

The Committee noted the content of the report and the improved position during 2018.

13/19 REMUNERATION SUB COMMITTEE – TERMS OF REFERENCE

Ms Nelson highlighted the amendments to the Terms of Reference following previous discussions at Staff Governance Committee. These have been approved by Remuneration Sub Committee.

Changes include addition of Chief Executive as a member.

Ms Nelson highlighted the change to reflect Mr Fevre’s request under Item 5, Remit, regarding redundancy, retirement and termination arrangements being reported to Remuneration Sub Committee. Mr Fevre stated it was still not clear and Mrs Wells suggested a wording change to clarify it, namely “arrangement in respect of all staff and situations …” be changed to “arrangement in respect of all staff in situations …”

Mrs Wells also requested removal of the word “consider” at the last bullet point in Item 5.

The Committee requested further changes to the Terms of Reference. These will then be approved by Remuneration Sub Committee and brought back for Staff Governance approval.

14/19 INTEGRATED PERFORMANCE REPORT

Members identified the areas already discussed which require highlighting to the Board.

The Committee noted the Integrated Performance Report.

15/19 ISSUES TO BE HIGHTED TO THE BOARD

The following items would be highlighted to the Board:

- Sickness Absence – recognition of work being done
- iMatter - improvements;
- TURAS
- Core Training – improvement but more to come

16/19 ITEMS FOR INFORMATION/NOTING

- Minutes & Action list of the APF (19.09.18, 21.11.18)
- Minutes of Acute Service Division & Corporate Directorates LPF (15.11.18)
• Remuneration Sub Committee minutes – Commercially Sensitive (22.11.18)
• Minutes & Action List of H&SC LPF (05.09.18, 05.10.18, 31.10.18)

All noted.

17/19 ANY OTHER BUSINESS

Ms Nelson stated that the Brexit Assurance Group will require each scrutiny committee to consider the Brexit issues relevant to that committee. Mr Kellet updated the Committee on the pilot settlement scheme which ran in December. Ms Nelson stated that this was a voluntary exercise but that staff were encouraged to register. The pilot will be followed by a substantive scheme. Whilst uptake of the pilot has been small, it does give a helpful indication of staff intention at this stage.

18/19 DATE OF NEXT MEETING

Friday 1st March 2019 at 10:00 hours in Staff Club, VHK.
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COMMUNITIES & WELLBEING PARTNERSHIP MEETING

Wednesday 5th December 2018 : 10.00am – 12 noon

Training Room, Fife Voluntary Action, Glenrothes

MINUTES OF MEETING

Present: Ruth Bennett, Health Promotion Manager, Health & Social Care Partnership
Emma Broadhurst, Team Manager (Active Communities), FC
Ray Mc Cowan, Director for Scotland, Workers’ Educational Association (WEA)
Mike Enston, Executive Director, Communities, FC
Tracey Ford-McNicol, Director of Faculty, Community & Supported Learning, Fife College
Lynn Gillies, Service Manager (Family Support), FC
Cllr Fiona Grant, FC
Cllr Judy Hamilton, FC (co-chair)
Janice Laird, Community Manager (North East Fife), FC
Louise Stean, Our Minds Matter Lead Champion, FC
Dona Milne, Director of Public Health, NHS Fife (co-chair)
Kenny Murphy, Chief Executive, Fife Voluntary Action
Chris Mutter, Police Scotland
Karen Taylor, Partnerships and Creative Development Manager, FC
Susan Todd, Police Scotland
Jo-Anne Valentine, Public Health Manager, NHS Fife
Margaret Wells, NHS Fife Board

Attending: Coryn Barclay, Research Consultant, FC
Chloe Grayson, Development Officer, FC
Gill Musk, Policy Officer, FC

Apologies: Judith Allison, Manager, Youth 1st
Cllr Lesley Backhouse, FC
Michael Kellet, Director of Health & Social Care
Rona Maclean-Ross, Education Officer, FC
Ross Martin, Team Manager (Service Development & Strategy), FC
Nina Munday, Manager, Fife Centre for Equalities
Heather Tytler, Area Manager, Skills Development Scotland
Paul Vaughan, Head of Communities and Neighbourhoods, FC

Prepared by: Mandy Rossiter, Business Support, FC

1. Welcome and Introductions

Cllr Hamilton welcomed everyone to the meeting and asked each Member to introduce themselves.

Apologies were received and noted as above. Roy Stewart has now retired.

2. Notes of Previous Meeting – 3rd October 2018

Previous Minutes of the Communities and Wellbeing Partnership were agreed as an accurate record – there were no Matters Arising.
3. **Community Planning Update**

   a. **Governance Structure & Responsibilities**
   
   G Musk presented an update on this subject and handed out copies of the Plan for Fife.

   b. **Update on Local Community Planning Developments**
   
   C Barclay presented an update and informed members that a 4 page vision document for each Area had been created, aligned to the Plan for Fife.

   The 7 new Local Community Plans should be in place by the end of March 2019.

   (A PowerPoint of both presentations is available as an appendix to these minutes.)

   A brief discussion was held, where it was noted that there were various multi-agency groups which, while they do not appear in the Plan for Fife governance structure diagram, are working to deliver aspects of the Plan and should report to strategic partnerships as appropriate. The Digital Participation Strategy Group is going to set out what aspects of the Plan for Fife it can deliver.

4. **Latest Communities & Wellbeing Data**

   a. **State of Fife Indices**
   
   C Barclay presented a PowerPoint update and advised members that the report is work in progress.

   The State of Fife report is a high level overview comparing Fife data with that from other Scottish local authorities. 7 local strategic assessments have also been undertaken and are available.

   It was noted that the Indices provide information on long term changes.

   b. **Health Inequalities Data**
   
   JA Valentine gave an overview of the causes of health inequalities, what actions can be taken nationally and locally, and some key health inequalities data for Fife. Copies of a “Fairer Health for Fife” infographic sheet were circulated for information (appended to minutes).

   Members were advised that there was a ½ day training session - Reducing Health Inequalities - available through the Health Promotion Training Programme.

   A brief discussion followed, in particular around links between quality of work and health. (R Bennett subsequently shared relevant documents by email.)


   (Both PowerPoint presentations are available as appendices to these minutes.)

5. **Workshop: Delivering The Plan for Fife**

   Members were asked to consider the data presented by Coryn and Jo-Anne and in light of this to review the actions in the Plan for Fife for which the Communities and Wellbeing Partnership has responsibility.

   Members were invited to identify any need for revision and/or additional actions, to
note current delivery mechanisms and to express interest in taking forward work.

Members were also asked to identify which other strategic partnership groups they sit on.

(Notes from the workshop are available as appendices to these minutes.)

In the discussion which followed it was noted that some delivery mechanisms already exist – e.g. the CLD plan, which has been developed by a multi-agency group. This covers the actions under the Community Led Services theme.

Additional comments included:
- Area inequalities – where do we target effort?
- How do you encourage actions locally / Fife-wide?
- Is there a need for a separate Health Inequalities Delivery Group?

D Milne asked members to look through the actions outside the meeting and say whether they would be happy to lead or assist in moving them forward.

6. **CLD Plan**

J Laird introduced the revised CLD Plan (circulated with the agenda). This has been scaled back since the last version presented and is in a format which other delivery groups could use going forward.

It was noted that this Plan is quite different from previous plans, showing lots of partnership involvement, a stronger sense of ownership and clear alignment to the Plan for Fife.

Members commented positively on the revised Plan, noting that it is concise and focused on delivery.

Final comments should be submitted to Janice Laird by 21st December 2018.

The final CLD Plan will go to Community & Housing Services Committee on 14th February.

7. **Any Other Business**

Dona informed the group of research - *The Impact of Community-based Universal Youth Work in Scotland* - published by the Scottish Youth Work Research Steering Group in November. She noted that this used a research methodology consistent with the values and approach of youth work. Based on testimonies of young people and youth workers the research documents 129 stories of significant change in young people's lives and contributes to evidence of the impact of youth work. The full report is available at: [https://www.youthlinkscotland.org/media/3183/impact-of-community-based-universal-youth-work-in-scotland-november-2018.pdf](https://www.youthlinkscotland.org/media/3183/impact-of-community-based-universal-youth-work-in-scotland-november-2018.pdf)

8. **Date of Next Meeting**

The next meeting of the Communities & Wellbeing Partnership will be held on Monday 11th March 2019, from 2.00pm until 4.00pm in the Training Room at Fife Voluntary Action, Craig Mitchell House, Flemington Road, Glenrothes KY7 2QF.
Integration Joint Board

(Meeting on 20 December 2018)

<table>
<thead>
<tr>
<th>Integration Joint Board</th>
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<tr>
<td>(Meeting on 20 December 2018)</td>
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</table>

No issues.
1 CHAIRPERSON’S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the Health & Social Care Partnership (H&SCP) Integration Joint Board (the Partnership Board).

The Chair then welcomed Councillor Jan Wincott to her first meeting. Councillor Wincott is replacing Councillor Mary Lockhart with immediate effect.

Before the meeting started formally the Chair made a short statement to remind members of the terms of Standing Orders under which a deputation was attending from St Andrews on the reform of urgent care services. Under the terms of Standing Orders the presentation would be for a maximum of 5 minutes.
1 **CHAIRPERSON’S WELCOME AND OPENING REMARKS** (Cont)

Following the presentation members of the Integration Joint Board could, during a further period of not more than five minutes, ask questions of the deputation. Such questions were to be asked and answered without discussion. The deputation, questions and responses were not matters for debate.

The Chair asked Members to keep any questions concise to allow as many people as possible to ask questions during that session.

It was also noted that Participation Requests have been received by NHS Fife from the Royal Burgh of St Andrews Community Council and Glenrothes Area Residents Federation on the issue of urgent care. The Community Empowerment Act 2015 establishes the right to make Participation Requests and defines the ‘Public Service Authorities’ to whom a Participation Request can be made. Integration Joint Boards are not included in that definition and therefore NHS Fife will deal with the Participation Requests.

**Dementia Friendly Training** – it was recently suggested by Councillor Fiona Grant that members of the IJB undertake Dementia Friendly Training. Fife Councillors recently took the decision to do this training. Members agreed that this training would be useful and the Chair will explore opportunities for a joint training session in the near future.

**Scottish Health Awards 2018** – at the Award Ceremony on Thursday 1 November 2018 at the Corn Exchange, Edinburgh, Geraldine Law, Interim Lead for Learning Disabilities and Child Health Physiotherapy, Children and Young People’s Physiotherapy Department, Queen Margaret Hospital, Dunfermline won the Therapist Category.

**Scottish Pharmacy Awards 2018** – these took place in Glasgow on 7 November 2018 and Cadham Pharmacy, Glenrothes won two categories – Respiratory Project of the Year and Innovative Use of Technology in Community Pharmacy.

**Queens Nursing Institute for Scotland** - on Thursday 29 November 2018 the Queens Nursing Institute for Scotland Awards were held. Three community nurses from Fife received the prestigious title of Queens Nurse - Gerry Hastie (Community Mental Health Nurse), Polly Buchanan (Dermatology Specialist Nurse) and Lyndsey Forsyth (specialist ADHD nurse). This is fantastic recognition of the excellence they deliver in nursing within the community in Fife.

**Scottish ECT Accreditation Network (SEAN)** – it was announced recently that the winners for Team Quality Improvement is the ECT Service (Electroconvulsive Therapy) at Queen Margaret Hospital who won the Professor Ian Reid Cup for improving patient safety post ECT and improving nurse escort training.

ECT coordinator Caroline Cooper was runner up for SEAN nurse of the year.
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<tbody>
<tr>
<td>1</td>
<td>CHAIRPERSON’S WELCOME AND OPENING REMARKS (Cont)</td>
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<tr>
<td></td>
<td>The Chair advised members that a recording pen was in use at the meeting to assist with Minute taking.</td>
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<tr>
<td>2</td>
<td>DECLARATION OF MEMBERS’ INTERESTS</td>
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</tr>
<tr>
<td></td>
<td>Nil.</td>
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</tr>
<tr>
<td>3</td>
<td>APOLOGIES FOR ABSENCE</td>
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<tr>
<td></td>
<td>Apologies had been received from Ian Dall, Karen Mack, Eugene Clarke, Helen Wright, Councillor Fiona Grant and Councillor Tim Brett. Councillor Jonny Tepp substituted for Cllr Brett.</td>
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<tr>
<td>4</td>
<td>DELEGATION FROM ST ANDREWS ON JOINING UP CARE CONSULTATION</td>
<td>NA</td>
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<td></td>
<td>The Chair introduced the members of the delegation - Dr Angela Anderson, Mr Nick Farrer, Mrs Penelope Fraser, Dr Chris Lusk and Ms Paloma Paige.</td>
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<td></td>
<td>Dr Anderson and Ms Paige talked to the presentation (which will be circulated to IJB members). A handout was also provided and this will be circulated to IJB members along with the presentation slides.</td>
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<td></td>
<td>Members of the Integration Joint Board asked questions of the delegation for points of clarification.</td>
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<td></td>
<td>The Chair thanked the delegation for their input.</td>
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<tr>
<td>5</td>
<td>MINUTE OF PREVIOUS MEETINGS</td>
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<td></td>
<td>The Minute of the meeting held on 24 October 2018 was approved as an accurate record.</td>
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<tr>
<td>6</td>
<td>MATTERS ARISING</td>
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<td></td>
<td>The Action Note from the meeting held on 24 October 2018 had been circulated previously and there were no further matters arising.</td>
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<tr>
<td>7</td>
<td>JOINING UP CARE CONSULTATION</td>
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<td></td>
<td>Claire Dobson, David Heaney and Seonaid McCallum presented this report.</td>
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<td></td>
<td>Following their presentation, each of the three sections was discussed in details.</td>
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<td></td>
<td><strong>Community Health and Wellbeing Hubs</strong></td>
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</table>
Claire Dobson updated on the feedback from the Consultation on Community Health and Wellbeing Hubs. Discussion took place on areas such as the language used in the consultation, the 3 year scope and development plan, accessibility of the consultation, involving carers in consultations and the relatively low numbers who contributed.

Following discussion on this area of the report the Board agreed to:

- acknowledge the feedback received.
- request that Officers progress with the three year scope and development programme.

**Community Hospitals and Intermediate Care Beds**

David Heaney updated on the meeting held on 19 December 2018. There was discussion on the criteria and scoring to be used, the financial implications of delaying a response and gaps in provision of external care providers in several areas of Fife.

Following this discussion the Board agreed to:

- acknowledge the feedback received
- request that Officers progress with the Option Appraisal process and develop a consultation proposal for the HSCP Board February 2019 meeting.

**Out of Hours Urgent Care**

Seonaid McCallum covered this section of the report.

Discussion took place on Out of Hours Urgent Care including around the addendum regarding consultation in North East Fife. Other issues raised included ensuring equity of service provision for the whole of Fife, GP recruitment issues and pressure on staff.

Prior to agreeing the recommendations from this report there was a vote on what was being agreed. Norma Aitken confirmed the names of the 13 voting members of the IJB who were present at the meeting.

Motion from Cllr David Alexander – Seconded by Cllr Miklinski
To stay with the recommendations in the paper.

Vote for 5

Motion from Dr Les Bisset - Seconded by Martin Black
Agree to the Addendum that engages with stakeholders in all localities in Fife to determine if there are other options.

Vote for 8

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<tr>
<td>7</td>
<td>JOINING UP CARE CONSULTATION (CONT)</td>
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</table>

Dr Bisset's motion was carried and the Board agreed:-

- no substantive decision on the future shape of out of hours urgent care services be taken until the Participation Requests have been considered by NHS Fife.
- acknowledge the feedback received.
- develop a fully costed transport policy.
- note the concerns of North East Fife respondents and commission officers to undertake an addendum to the option appraisal which engages with stakeholders in all localities in Fife to determine if there are other options.

8 PERFORMANCE

8.1 Finance Report

Michael Kellet presented this report. Following discussion the Board -

1 noted and discussed the financial position as reported at 31 October 2018.

2 noted and discussed the key risks and challenges highlighted in the first section of the report.

3 noted the key meetings to be held:-

- Director of Health and Social Care with the CEO’s regards the Homecare position.

- CFO, Associate Director of Nursing with Nursing Director and Director of Finance regards Workforce Planning Tool - Principle of Funding.

4 charged the Director of Health and Social Care and Senior Officers to deliver on bringing budgets back in line in year as far as reasonably possible.

5 charged the Director of Health and Social Care and Senior Officers to deliver on bringing budgets back in line in year as far as reasonably possible.
6 directed escalation to partners of the financial position and comply in line with Integration Scheme to request additional funding.

8 PERFORMANCE (Cont)

8.2 Financial Recovery Plan

Michael Kellet presented this report and following discussion the Board:

1 charged the Director of Health and Social Care and Senior Officers to deliver on bringing budgets back in line in year as far as reasonably possible.

2 directed escalation to partners of the financial position and comply in line with Integration Scheme to request additional funding.

3 agreed the action to control costs as outlined in the recovery plan for 2018-19.

4 agreed to focus on the medium term financial recovery as detailed in the report.

5 agreed to continue to focus on implementing strong financial management in order to deliver a balanced budget moving forward.

6 noted the key areas for detailed further development for next and future years for the Budget 2019-20 and the financial strategy.

7 noted that extra external support around financial recovery has been received and recommendations received.

8.2.1 Health and Social Care: Absence Management

Julie Paterson presented this report which was requested at the last Integration Joint Board meeting. The report was for discussion and information.

8.3 BREXIT – Potential Impact on Medicines

Evelyn McPhail presented this report which highlighted the potential impact of a “No Deal” Brexit on the supply and availability of medicines and other medicinal products. The Board noted the report.

9 STRATEGY

9.1 Workforce Strategy 2019-2022
Michael Kellet presented this report and the Board approved the Fife Health and Social Care Partnership Workforce Strategy. It was noted that an Action Plan is being developed and will be submitted through the committee and

NO HEADING ACTION

9 STRATEGY

9.1 Workforce Strategy 2019-2022 (Cont)

governance structures early 2019 to enable commencement of the strategy by April 2019. It was noted that implementation would commence by April 2018 with priorities from 2019-2022.

9.2 Short Breaks Statement for Carers

Scott Fissenden presented this report and following discussion the Board agreed the Short Breaks Service Statement for Carers.

9.3 Alcohol and Drug Partnership Annual Report

Julie Paterson and Bill Kinnear presented this report and following questions and discussion the Board agreed to endorse the report.

10 MINUTES FROM OTHER COMMITTEES & ITEMS FOR NOTING

10.1 Unconfirmed Audit & Risk Committee Minute from 2 November 2018

10.2 Confirmed Clinical & Care Governance Committee Minute from 11 September 2018

10.3 Unconfirmed Clinical & Care Governance Committee Minute from 9 November 2018

10.4 Unconfirmed Finance & Performance Committee Minute from 8 November 2018

10.5 Unconfirmed Finance & Performance Committee Minute from 3 December 2018

10.6 Unconfirmed Local Partnership Forum Minute from 31 October 2018

11 AOCB

Nil.

12 DATE OF FUTURE MEETINGS

IJB - Wednesday 20 February 2019 – 10.00 am - Conference Rooms 2/3, Ground Floor, Fife House, North Street, Glenrothes, KY8 5LT
No issues were raised for escalation to the Board.
2018.C.D.A.C.17

FIFE PARTNERSHIP BOARD

MINUTE OF MEETING HELD ON TUESDAY 13TH NOVEMBER, 2018
FIFE HOUSE, GLENROTHES - 10.00 A.M. – 11.30 AM

PRESENT: Councillors David Ross (Chair), David Alexander and Dave Dempsey; Steve Grimmond, Chief Executive, Fife Council; Dona Milne, Director of Public Health, NHS Fife; Chief Superintendent Derek McEwan, Police Scotland; Elaine Morrison, Head of Regional Partnerships, Scottish Enterprise; Shirley Laing, Deputy Director (Social Justice & Regeneration), Scottish Government; Roddie Keith, Local Senior Officer, Scottish Fire and Rescue Service; Heather Tytler, Area Manager, Skills Development Scotland; and Kenny Murphy, Chief Executive, Fife Voluntary Action.

ATTENDING: Keith Winter, Executive Director, Ross Spalding, Service Manager (Climate Change & Zero Waste), Enterprise & Environment; Tim Kendrick, Community Manager (Development), Morag Boyter, Team Manager, Corporate Development, Communities; Katherine Leys, Scottish Natural Heritage and Elizabeth Mair, Committee Administrator.

APOLOGIES FOR ABSENCE: Paul Hawkins, Chief Executive, NHS Fife; Hugh Hall, Principal, Fife College; David Crawford JCP Integrated Operations Manager, Fife and Business Support, Department for Work and Pensions; and Michael Kellet, Director of Fife Health & Social Care Partnership.

38. WELCOME/INTRODUCTORY REMARKS

The Chair welcomed everyone to the meeting and introductions were made as there were a few new members and officers attending.

39 MINUTES

The Board considered the minute of meeting of the Fife Partnership Board of 14th August, 2018.

Decision

The Board:

- approved the minute; and

- noted that a workshop to consider Participatory Budgeting within partner organisations had been held the previous week and that information from this would be circulated to members.

40./
40. PLAN FOR FIFE – THEME REPORTS – INCLUSIVE GROWTH AND JOBS

The Board considered a themed report submitted by the Executive Director, Enterprise & Environment, Fife Council, on the Plan for Fife on the subject of ‘Inclusive Growth and Jobs’. The report would form the baseline of information for annual reports on this theme. The Board was asked to consider the questions for discussion presented at the start of the report as well as the format of the report for providing future updates.

Decision

The Board:

- noted the content of the progress report;
- agreed that further information on the recently agreed Apprenticeship First policy by NHS Fife of considering permanent vacancies at bands 2 and 3 being filled as modern apprenticeships in the first instance be submitted to a future meeting;
- agreed that discussions take place on the possibility of appointing an NHS Fife member on the Opportunities Fife Partnership;
- noted that Fife Economy Partnership was currently identifying businesses to take forward work on promoting payment of the Living Wage;
- noted that recent statistics had shown an increase in manufacturing in Fife, which now amounted to 25% of the total increase in Scotland;
- agreed that partners should engage with work to increase economic growth in Fife;
- noted that work was ongoing in relation to support around physical and mental health as barriers to employment and that partners could attend Youth Employment Delivery Group meetings to input to this work;
- agreed that a presentation/film showing work on support around physical and mental health as barriers to employment be given at the next meeting;
- noted that work was ongoing to increase the take up of STEM subjects in higher education.

41. TACKLING CLIMATE CHANGE

The Board considered a report by Head of Assets, Transportation & Environment, detailing the reporting for Fife Council in regard to tackling it’s climate change duties and responsibilities and resenting the annual submission of Fife Council’s ‘Public Bodies (Climate Change) Duties Report’ for 2017-18. The report summarised the key achievements and trends observed throughout the year.

Decision/
Decision
The Board;
(1) noted the contents of the report;
(2) noted the progress on the Sustainable Energy & Climate Action Plan and the submission date of February 2020;
(3) noted that Fife Council had already met the current national emission reduction target for 2020 and that work was ongoing across the partnership to reduce emissions. Any partners interested in working together on further initiatives should contact Ross Spalding at Fife Council.

42. FIFE PARTNERSHIP BOARD – FORWARD WORK PROGRAMME AND REPORTING TIMETABLE

The Board were provided with a work programme for future Fife Partnership Board meetings which detailed the scheduling of future themed reports to the Board. Any items that members wished to be included or considered should be submitted to Sharon Murphy, Community Planning Manager, Fife Council in the first instance.

Decision
The board noted the update.

43. VERBAL UPDATE – SCOTTISH FIRE AND RESCUE SERVICE

Roddie Keith gave an update on progress with transformational change of the fire service. He advised that one of three Rapid Response Units in Scotland was to be based in St Monans, arriving early December. This vehicle would replace vehicles currently in St Monans and was smaller and more agile with a higher reach. It would have an ultra high pressure lance which could cut through stone, cement and steel which would mean that fire crews would not necessarily have to enter buildings to fight fires as at present. These units would not replace all conventional vehicles but would be complementary.

Roddie also advised that a number of rural full time posts were to be appointed over the next few months. This would be in addition to existing full time posts and would work alongside the retained firefighters, filling in for vacancies and working on other initiatives.

44. NEXT MEETING

The next meeting will take place on Tuesday 12th February, 2019 at 10:00 a.m., venue to be confirmed.

It was also agreed that a meeting of appropriate partners be arranged to allow a discussion on the Public Health Reform proposals currently out for consultation.
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

<table>
<thead>
<tr>
<th>Section</th>
<th>Standard</th>
<th>Quality Aim</th>
<th>Target for 2018-19</th>
<th>Performance Data</th>
<th>National Comparison (with other 10 Mainland Boards)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Current Period</td>
<td>Period Performance Rank</td>
<td>Scotland</td>
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<td>Previous Period</td>
<td>Previous Performance</td>
<td>2018-19 to Date</td>
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<td>Dir. of Travel</td>
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<td></td>
<td></td>
<td>Current</td>
<td>Previous</td>
<td>Previous</td>
</tr>
<tr>
<td><strong>4-Hour Emergency Access</strong></td>
<td>Clinical Emergency</td>
<td>95.0%</td>
<td>3 months to Sep 2018</td>
<td>95.7%</td>
<td>3 months to Aug 2018</td>
</tr>
<tr>
<td></td>
<td>Stage 1 Completion Process only introduced in April 2017</td>
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<tr>
<td><strong>Outpatients Waiting Times</strong></td>
<td>Clinical Emergency</td>
<td>95.0%</td>
<td>Sep 2018</td>
<td>92.5%</td>
<td>Aug 2018</td>
</tr>
<tr>
<td><strong>Cancer 31-Day DTT</strong></td>
<td>Clinical Emergency</td>
<td>95.0%</td>
<td>Sep 2018</td>
<td>93.6%</td>
<td>Aug 2018</td>
</tr>
<tr>
<td><strong>Drugs &amp; Alcohol Treatment Waiting Times</strong></td>
<td>Clinical Emergency</td>
<td>90.0%</td>
<td>q/e Jun 2018</td>
<td>97.7%</td>
<td>q/e Mar 2018</td>
</tr>
<tr>
<td><strong>Outpatients Waiting Times</strong></td>
<td>Clinical Emergency</td>
<td>95.0%</td>
<td>Sep 2018</td>
<td>92.5%</td>
<td>Aug 2018</td>
</tr>
<tr>
<td><strong>Alcohol Brief Interventions</strong></td>
<td>Clinical Emergency</td>
<td>4,187</td>
<td>Apr to Sep 2018</td>
<td>1,991</td>
<td>Apr to Jun 2018</td>
</tr>
<tr>
<td><strong>Dementia Post-Diagnostic Support</strong></td>
<td>Person-centred</td>
<td>100.0%</td>
<td>2017/18</td>
<td>73.8%</td>
<td>2016/17</td>
</tr>
<tr>
<td><strong>Cancer 62-Day DTT</strong></td>
<td>Clinical Emergency</td>
<td>95.0%</td>
<td>Sep 2018</td>
<td>93.6%</td>
<td>Aug 2018</td>
</tr>
<tr>
<td><strong>Detect Cancer Early</strong></td>
<td>29.0%</td>
<td>3 years to Mar 2018</td>
<td>24.9%</td>
<td>2016, 2017</td>
<td>25.0%</td>
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<tr>
<td><strong>Delayed Discharge (Delays &gt; 2 Weeks)</strong></td>
<td>Person-centred</td>
<td>0</td>
<td>27th Sep Census</td>
<td>24</td>
<td>30th Aug Census</td>
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<tr>
<td><strong>CAMS1 Waiting Times</strong></td>
<td>Clinical Emergency</td>
<td>90.0%</td>
<td>3 months to Sep 2018</td>
<td>78.1%</td>
<td>3 months to Aug 2018</td>
</tr>
<tr>
<td><strong>Psychological Therapies Waiting Times</strong></td>
<td>Clinical Emergency</td>
<td>90.0%</td>
<td>3 months to Sep 2018</td>
<td>67.1%</td>
<td>3 months to Aug 2018</td>
</tr>
</tbody>
</table>

*The 4-Hour Emergency Access performance in September alone was 95.6% (all A&E and MIU sites) and 93.8% (VHK A&E, only)*

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**Staff Governance**

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<tr>
<th>Standard</th>
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<tr>
<td></td>
<td></td>
<td>Dir. of Travel</td>
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</table>
| **Staff Governance** | Clinically Effective | 5.00% | 12 months to Sep 18 | 5.50% | 12 months to Aug 18 | 5.53% | 5.03% | Only published annually: NHS Fife had the highest sickness absence rate in FY 2017-18 (File performance 5.76%, Scotland performance 5.39%)

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**Finance, Performance and Resources**

- NHS Fife was 7th for FY 2016-17
- Stage 1 Completion Process only introduced in April 2017
- NHS Fife was 9th in 2017/18 (all births, no SIMD data available)
- NHS Fife was 5th in 2017/18 (all births, no SIMD data available)
- NHS Fife was 2nd for FY 2014/15
- NHS Fife was 1st for 2015/16
- Only published annually: NHS Fife was 1st for FY 2014/15
- Only published annually: NHS Fife was 2nd for FY 2015/16
- Only published annually: NHS Fife was 6th for 2016 and 2017
- Only published annually: NHS Fife was 11th for FY 2017-18
- Only published annually: NHS Fife had the highest sickness absence rate in FY 2017-18 (File performance 5.76%, Scotland performance 5.39%)

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**Clinical Governance**

- NHS Fife was 11th for FY 2017-18
- NHS Fife was 5th in 2017/18 (all births, no SIMD data available)
- NHS Fife was 1st for FY 2015/16
- Only published annually: NHS Fife had the highest sickness absence rate in FY 2017-18 (File performance 5.76%, Scotland performance 5.39%)

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**Performance Summary**

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

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**Status**

- GREEN: Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)
- AMBER: Performance is behind (but within 5% of) the Standard or Delivery Trajectory
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**Direction of Travel**

- \( \uparrow \): Performance improved from previous period
- \( \downarrow \): Performance worsened from previous period
- \( \leftrightarrow \): Performance unchanged from previous period
## Performance Data Sources

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

**AMBER**
LMI and Published data may have minor (insignificant) differences.

**RED**
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 September, there were 9 *Staphylococcus aureus* Bacteraemias (SAB) across Fife, 5 of which were community-associated, with 4 occurring in VHK. The number of cases in September was one less than in August but 4 more than in September 2017. There were 60 infections in the first 6 months of the year, the annual rate is the highest since April 2016 and we are behind the recovery trajectory proposed in the Annual Operational Plan.

Assessment: The Acute Services Division continues to see intermittent Peripheral Vascular Cannulae (PVC) related SAB. A number of initiatives are underway to revisit compliance with PVC insertion maintenance bundles. However, work in specific areas where we have focused our resources, has decreased or stabilised the number of SABs. This relates particularly to Dialysis line-related SAB, where long periods (up to and beyond a year) have elapsed without any infections being recorded in the VHK.

Following a review of the Improvement Actions and Planned Benefits section of the drill-down, a new set of actions which will be easier to monitor each month in terms of impact on improvement has been developed.

**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.

The completion rate of Stage 1 complaints closed in September was 88.9%, above the local target for the first time this year. The completion rate of Stage 2 complaints (63.2%) was over 20% better than in August and the highest since January. The Stage 2 Acknowledgment Rate (97.2%) was the highest we have achieved since the Stage 1 / Stage 2 categorisation was introduced, and reflects well on the improved processes in the Patient Relations Department (PRD).

Assessment:

**Acute Services Division**

The review and ongoing monitoring of the internal complaints-handling process continue to support improvement in the overall performance for Stage 1 and Stage 2 complaints.

**Health and Social Care Partnership**

A review of current processes and systems within the Partnership has taken place which has seen a slight improvement with the approval and sign off process; however, further work is required.

The PRD continue to review the quality of investigation statement and draft responses. An investigation template has been designed and tested to ensure staff focus their investigation and respond to the complaint points. This has been tested in Acute with a plan to spread to all areas.
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 to the end of September, 95.7% 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, maintaining the stable situation over the summer period.

In September itself, 93.8% of the patients attending the VHK Emergency Department met this target, equating to 341 breaches out of 5,537 attendances. There were no 12-hour breaches in the month, while 8 patients waited more than 8 hours. These 8 hour breaches were related to capacity issues within the hospital with a period of higher admissions than discharges, particularly in Emergency Care Wards.

Assessment: Whilst the VHK had increased patient levels in comparison to previous years, the % of patients treated within the target time continued to be in line with the Standard, and above the national average performance.

Out of hours Service continues within VHK, with the MIU services in QMH supported with either appropriate level of nursing or paramedic services.

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 September, 88.2% of patients (67 out of 76) started treatment within 62 days of an urgent referral, an improvement of nearly 10% compared to August. The 9 breaches were across 5 different specialties, with 5 being in Urology.

Assessment: Performance continues to be challenging for a variety of reasons, including surgical capacity in NHS Fife (for Breast and Urology). The main issues are with the Urology pathways, specifically prostate due to process and waits for diagnostic tests. There have also been extended waits for oncology OPAs (in both Lung and Urology). These issues will impact on our ability to meet the Standard during Q3 of 2018/19.

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 September, 67.7% of patients were seen within 12 weeks, a marginal improvement on August, although the number of patients starting treatment fell. Ophthalmology (148), Trauma & Orthopaedics (78) and Urology (68) reported the highest number of breaches out of a total of 442. The number of breaches was more than forecast in the Annual Operational Plan.

Assessment: The Elective Programme is being delivered and a recovery plan with funding secured from the Scottish Government is in place for 2018/19, with the focus being on reducing the number of patients waiting more than 26 weeks for treatment. However, staffing theatres and ensuring sufficient bed capacity to deliver the additional capacity at weekends is a challenge. This is reflected in the performance in Q3. Activity is being outsourced for Urology, General Surgery, Oral Maxillofacial, Ophthalmology, Orthopaedics, Gynaecology and ENT and further discussions have taken place with the Scottish Government to fund an extension of this work and to staff additional ambulatory and day case areas at VHK as part of the Site Optimisation plan.

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 September, 99.0% of patients on the waiting list had waited less than 6 weeks for their test, the best performance since April 2016 (when we recorded 100%). There were only 35 breaches, 26 of which were for a CT scan. The number of Radiology breaches was significantly less than forecast in the Annual Operational Plan.

Assessment: The recovery plan for 2018/19 is being implemented and continues to maintain an improved position for Radiology.

The implementation of the recovery plan for endoscopy with funding secured from the Scottish Government has delivered an improved position. It is anticipated that this will be sustained despite the increase in bowel screening referrals.

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

During September, 79.6% of patients started treatment within 18 weeks of referral. Performance has been between 77% and 81% in each month since the summer of 2017, while the number of patients admitted for treatment in this period has risen by almost 25%.

Assessment: The 18 weeks performance will continue to be a challenge in Q3 of 2018/19 due to the reduction in performance in the patient treatment time guarantee alongside the slower than anticipated improvement in performance for outpatients.

**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 27th September Census (excluding Code 9 patients – Adults with Incapacity) was 64, 16 more than at the August Census and the first time this year that the total delays have exceeded 50. The number of patients in delay for over 14 days (again excluding Code 9 patients) was 24, unchanged from August.

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.

**Smoking Cessation** target: In 2018/19, we will deliver a minimum of 540 post 12 weeks smoking quits in the 40% most deprived areas of Fife.

Local management information shows that 99 people in the 40% most deprived areas of Fife who attempted to stop smoking during the first quarter of the FY had successfully quit at 12 weeks. This is behind the annual trajectory (requiring 45 quits per month), and is less than the number achieved in the first quarter of 2017/18 (124).

Assessment: A Community Pharmacy training evening has been organised for November, with a key speaker. A pop-up clinic has been started in Lynebank Hospital, along with targeted awareness raising and support at Cowdenbeath job centre and Glenrothes YMCA. A further round of recruitment is underway.

**Child and Adolescent Mental Health Services (CAMHS)** target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services (note: performance is measured on a 3 month average basis).

During the second quarter of 2018/19, 78.1% of patients who started treatment did so within 18 weeks of referral, the best quarterly performance since the final quarter of 2016/17 and ahead of the Recovery Trajectory in the Annual Operational Plan.
Assessment: Referrals to CAMHS continue to be significant. Initiatives have been developed in order to ensure that the current CAMHS resource can meet the needs of those referred with the greatest identified need and are provided with timely interventions.

Additional resources have contributed towards improved waiting times performance. Ongoing initiatives around robust screening, positive signposting and engagement with partner agencies to increase the capacity of universal service providers has allowed specialist CAMHS to focus their provision on children and young people with complex, serious and persistent mental health needs.

Psychological Therapies Waiting Times target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies (note: performance is measured on a 3 month average basis).

During the second quarter of 2018/19, 67.1% of patients who started treatment did so within 18 weeks of referral, a slight improvement on the previous quarter but still some way below the Standard and behind the Recovery Trajectory proposed in the Annual Operational Plan.

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.

The establishment of Community Mental Health Teams across Fife is progressing well and can be expected to contribute to the reduction of waiting times for the most complex patients once a Multi-Disciplinary Team case management approach is fully operational. Within the next 3 months the launch of the AT Fife website to manage self-referrals to the low intensity therapy groups will reduce waiting times for people with mild-moderate difficulties.

Financial Performance

Financial Position

The in-year revenue position for the 7 months to 31 October reflects an overspend of £1.322m. This comprises an underspend of £0.894m attributable to Health Board; and an overspend of £2.216m aligned to the Integration Joint Board.

At month 7, the reported year end forecast is an overspend of £2.643m. This includes a forecast Health Board underspend of £2.992m; and an IJB forecast overspend of £5.635m.

Both the in-year position and year end forecast show an improvement from the previous report.

Whilst the year end forecast reflects an overspend, we continue our commitment to work towards delivery within budget, as set out in our Annual Operational Plan.

Caveats to the reported forecast overspend of £2.643m include:

- Further scrutiny and challenge on the robustness of forecast outturns across the Acute Division and IJB
- Treatment of ringfenced or earmarked allocations
- Potential revenue benefit from the conclusion of land and asset sales
- Potential additional flexibility within IJB
- Further actions which may emerge from IJB turnaround work

which may favourably impact the reported forecast overspend position and in turn contribute to the delivery of a balanced financial outturn position.
Members should note that this forecast position will be reported to Scottish Government Health & Social Care Directorates as part of the routine monthly financial performance returns. No formal request for additional resources is being sought at this point in time.

**Capital Programme**

The total anticipated Capital Resource Limit for 2018/19 is £7.394m. The capital position for the 7 months to October shows investment of £2.615m, equivalent to 35.36% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

**STAFF GOVERNANCE**

A further review of the content and structure of this section of the IPR took place in September. The key issues being reviewed were the lack of properly-defined performance targets for iMatter and TURAS, an assessment about whether the drill-down design suited reporting of iMatter and Management Referrals and the wording of some of the Improvement Actions and Planned benefits for Sickness Absence. Changes have been implemented which address these, but without any loss of information or data.

**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 September was 5.50%, a decrease of 0.02% compared to the position at the end of August. During the first half of FY 2018/19, sickness absence was 5.03%.

**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 in July and August.

**iMatter** 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 is expected to produce an Action Plan, with a completion date of 12th November. At the end of October, 251 Action Plans (31.3%) had been completed.

**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. Teams are working to produce an Action Plan, and compliance will be reported following the closure date of 12th November.

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

During Quarter 2 of 2018/19, 49% of staff had an annual review with their Line Manager within a rolling 12-month period. This was a reduction of 2% from the previous Quarter. Performance is measured on a rolling 12-month period.

**Assessment:** The TURAS system is currently being reviewed to enable monthly report functionality and directorate drill-down following the migration from eKSF. This will be reflected in future Integrated Performance Reports.
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:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Vitro Fertilisation (IVF)</td>
<td>At least 90% of eligible patients to commence IVF treatment within 12 months of referral from Secondary Care</td>
</tr>
<tr>
<td>Hospital Acquired Infection (HAI), Clostridioides Difficile (C-Diff)</td>
<td>We will achieve a maximum rate of C-Diff infection in the over 15 year olds of 0.32</td>
</tr>
<tr>
<td>Antenatal Access</td>
<td>At least 80% of pregnant women in each SIMD quintile will book for antenatal care by the 12th week of gestation</td>
</tr>
<tr>
<td>Alcohol Brief Interventions</td>
<td>In 2018/19, we will deliver a minimum of 4,187 interventions, at least 80% of which will be in priority settings</td>
</tr>
<tr>
<td></td>
<td>At the end of Q2, 1,991 interventions had been delivered, slightly behind the trajectory but a significant recovery due to an increase in returns from ‘wider settings’ (principally Sexual Health). We expect to meet the annual target.</td>
</tr>
<tr>
<td>Drug and Alcohol Waiting Times</td>
<td>At least 90% of clients will wait no longer than 3 weeks from referral to treatment</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Waiting Times: 31 Day Decision to Treat</td>
<td>We will treat at least 95% of cancer patients within 31 days of decision to treat</td>
</tr>
<tr>
<td></td>
<td>In September, 93.6% of patients (102 out of 109) started treatment within 31 days, the 3rd month in the last 4 months where performance has slipped beneath the Standard. Breaches are mainly in the Urology specialty (5 out of 7), for reasons described under the 62-Day RTT narrative and drill-down.</td>
</tr>
<tr>
<td>Outpatients Waiting Times</td>
<td>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment.</td>
</tr>
<tr>
<td></td>
<td>Performance remains consistently within a few % points of the Standard, with 92.5% of patients having waited less than 12 weeks at the end of September. Over 200 less patients had waited more than 12 weeks at the end of September, compared to the end of August. The outpatient performance is improving. Efforts continue to manage demand and deliver additional activity to recover the position in Neurology, Orthopaedics, Surgical Paediatrics, Urology, Ophthalmology, Cardiology, Respiratory, Breast and Dermatology. Achieving the target will continue to be a challenge but it is anticipated performance will improve further in Quarter 3 of 2018/19 as the recovery plan with funding secured from the Scottish Government is implemented.</td>
</tr>
<tr>
<td>Detect Cancer Early</td>
<td>At least 29% of cancer patients will be diagnosed and treated in the first stage of breast, colorectal and lung cancer</td>
</tr>
<tr>
<td></td>
<td>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 1st January 2016 to 31st January 2018, falling to just under 23% by the end of December 2017. It is anticipated that this performance will improve further as the recovery plan is implemented.</td>
</tr>
</tbody>
</table>

Overview and Executive Summary
December 2017, the 6th 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 March 2018 show that there has been no improvement.

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 Q1 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, 703 people were referred to the Dementia PDS in NHS Fife. While this is 54% of the notional target (1,289), we 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.

Data for 2018/19 shows that 127 referrals had been made in Q1.

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 73.8%, below the Scottish average of 76.3%; both figures, can be expected to increase by the time we have the full-year figures (in early 2019).

For 2016/17, Fife achieved 88.7% against a Scottish average of 83.9%.

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 61.4%, Fife achieved 96%.

### 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:
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The completion rate of Stage 1 complaints closed in September was 88.9%, above the local target for the first time this year. The completion rate of Stage 2 complaints (63.2%) was over 20% better than in August and the highest since January. The Stage 2 Acknowledgment Rate (97.2%) was the highest we have achieved since the Stage 1 / Stage 2 categorisation was introduced, and reflects well on the improved processes in the Patient Relations Department (PRD).

**Assessment:**

**Acute Services Division**
The review and ongoing monitoring of the internal complaints-handling process continue to support improvement in the overall performance for Stage 1 and Stage 2 complaints.

**Health and Social Care Partnership**
A review of current processes and systems within the Partnership has taken place which has seen a slight improvement with the approval and sign off process; however, further work is required.

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<tr>
<th>Section</th>
<th>RAG</th>
<th>Standard</th>
<th>Quality Aim</th>
<th>Target for 2018-19</th>
<th>Current Period</th>
<th>Previous Period</th>
<th>Previous Performance</th>
<th>FY 2018-19 to Date</th>
<th>National Comparison (with other 10 Mainland Boards)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Governance</td>
<td>RED</td>
<td>HAI - C Diff</td>
<td>Safe</td>
<td>0.32 (12 months to Sep 2018)</td>
<td>0.19 (12 months to Aug 2018)</td>
<td>↔</td>
<td>0.18 (y/e Jun 2018)</td>
<td>0.19</td>
<td>3rd (Scotland 0.28)</td>
</tr>
<tr>
<td>Clinical Governance</td>
<td>RED</td>
<td>HAI - SABs</td>
<td>Safe</td>
<td>0.24 (12 months to Sep 2018)</td>
<td>0.42 (12 months to Jun 2018)</td>
<td>↓</td>
<td>0.47 (y/e Jun 2018)</td>
<td>0.38</td>
<td>8th (Scotland 0.33)</td>
</tr>
</tbody>
</table>
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:

- **Hospital Acquired Infection (HAI), Clostridioides Difficile (C-Diff)** target: We will achieve a maximum rate of C- Diff infection in the over 15 year olds of 0.32

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.

- None for Clinical Governance

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.
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 days, for 12 months to end of September
Scotland Performance | 0.33 cases per 1,000 acute occupied bed days, for 12 months to end of June
Current Issues: Vascular Access Device (VAD) SAB

Context: Never met Standard
4th highest infection rate of all Mainland Boards during 12 months to end of June

### Key Actions for Improvement

<table>
<thead>
<tr>
<th>Action Description</th>
<th>Planned Benefits</th>
<th>Due By</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect and analyse SAB data on monthly basis to better understand the magnitude of the risks to patients in Fife</td>
<td>Reduction in VAD associated SAB</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Provide timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs</td>
<td>Improved education and training, guidance and governance</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Examine the impact of interventions targeted at reducing SABs</td>
<td>Reduction in VAD associated SAB</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Use results locally for prioritising resources</td>
<td>Reduction in VAD associated SAB</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Use the data to inform clinical practice improvements thereby improving the quality of patient care</td>
<td>VAD insertion and maintenance compliance, Improved education and training, guidance and governance</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Support ePVC compliance and monitoring via Patientrack across Acute Services Division (ASD)</td>
<td>Emergence of common themes, which will be used in quality improvement activities by ASD</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
</tbody>
</table>
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
- 88.9% (64 out of 72) Stage 1 complaints closed in September were completed within 5 working days (or 10 working days if extension applicable)
- 63.2% (24 out of 38) Stage 2 complaints closed in September were completed within 20 working days
- At the end of September, there were 48 Stage 2 Complaints, 31 of which had already breached 20 days, with a maximum open time of 112 days

Scotland Performance
- Stage 2 Complaints: 72.0% for 2016-17 (data published annually)
<table>
<thead>
<tr>
<th>Key Actions for Improvement</th>
<th>Planned Benefits</th>
<th>Due By</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor performance over the next few months</td>
<td>Achievement of local target and identification of further improvements opportunities</td>
<td>Nov 2018</td>
<td>Delayed Revised to Jan 2019</td>
</tr>
<tr>
<td>Explore work undertaken within the ASD to identify its applicability within the Partnership</td>
<td>Improved performance and consistent achievement of targets</td>
<td>Nov 2018</td>
<td>Delayed Revised to Jan 2019</td>
</tr>
<tr>
<td>Monitor the quality of draft responses</td>
<td>Reduced delays and the reduced number of cases progressing to SPSO</td>
<td>Nov 2018</td>
<td>Delayed Revised to Jan 2019</td>
</tr>
<tr>
<td>Review outcome of test of change (statement template) and spread to all areas</td>
<td>Improved quality of complaint response (by ensuring complaint points addressed), ultimately reducing risk of SPSO review</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
</tbody>
</table>

The focus on closing Stage 2 complaints (with particular emphasis on those which have been open for the longest period) is illustrated in the chart below. The numbers in brackets are the longest-open complaint at each point, in working days.
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 to the end of September, 95.7% 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, maintaining the stable situation over the summer period.

In September itself, 93.8% of the patients attending the VHK Emergency Department met this target, equating to 341 breaches out of 5,537 attendances. There were no 12-hour breaches in the month, while 8 patients waited more than 8 hours. These 8 hour breaches were related to capacity issues within the hospital with a period of higher admissions than discharges, particularly in Emergency Care Wards.

Assessment: Whilst the VHK had increased patient levels in comparison to previous years, the % of patients treated within the target time continued to be in line with the Standard, and above the national average performance.

Out of hours Service continues within VHK, with the MIU services in QMH supported with either appropriate level of nursing or paramedic services.

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 September, 88.2% of patients (67 out of 76) started treatment within 62 days of an urgent referral, an improvement of nearly 10% compared to August. The 9 breaches were across 5 different specialties, with 5 being in Urology.

Assessment: Performance continues to be challenging for a variety of reasons, including surgical capacity in NHS Fife (for Breast and Urology). The main issues are with the Urology pathways, specifically prostate due to process and waits for diagnostic tests. There have also been extended waits for oncology OPAs (in both Lung and Urology). These issues will impact on our ability to meet the Standard during Q3 of 2018/19.

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 September, 67.7% of patients were seen within 12 weeks, a marginal improvement on August, although the number of patients starting treatment fell. Ophthalmology (148), Trauma & Orthopaedics (78) and Urology (68) reported the highest number of breaches out of a total of 442. The number of breaches was more than forecast in the Annual Operational Plan.

Assessment: The Elective Programme is being delivered and a recovery plan with funding secured from the Scottish Government is in place for 2018/19, with the focus being on reducing the number of patients waiting more than 26 weeks for treatment. However, staffing theatres and ensuring sufficient bed capacity to deliver the additional capacity at weekends is a challenge. This is reflected in the performance in Q3. Activity is being outsourced for Urology, General Surgery, Oral Maxillofacial, Ophthalmology, Orthopaedics, Gynaecology and ENT and further discussions have taken place with the Scottish Government to fund an
extension of this work and to staff additional ambulatory and day case areas at VHK as part of the Site Optimisation plan.

**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 September, 99.0% of patients on the waiting list had waited less than 6 weeks for their test, the best performance since April 2016 (when we recorded 100%). There were only 35 breaches, 26 of which were for a CT scan. The number of Radiology breaches was significantly less than forecast in the Annual Operational Plan.

**Assessment:** The recovery plan for 2018/19 is being implemented and continues to maintain an improved position for Radiology.

The implementation of the recovery plan for endoscopy with funding secured from the Scottish Government has delivered an improved position. It is anticipated that this will be sustained despite the increase in bowel screening referrals.

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

During September, 79.6% of patients started treatment within 18 weeks of referral. Performance has been between 77% and 81% in each month since the summer of 2017, while the number of patients admitted for treatment in this period has risen by almost 25%.

**Assessment:** The 18 weeks performance will continue to be a challenge in Q3 of 2018/19 due to the reduction in performance in the patient treatment time guarantee alongside the slower than anticipated improvement in performance for outpatients.

**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 27th September Census (excluding Code 9 patients – Adults with Incapacity) was 64, 16 more than at the August Census and the first time this year that the total delays have exceeded 50. The number of patients in delay for over 14 days (again excluding Code 9 patients) was 24, unchanged from August.

**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.

**Smoking Cessation** target: In 2018/19, we will deliver a minimum of 540 post 12 weeks smoking quits in the 40% most deprived areas of Fife.

Local management information shows that 99 people in the 40% most deprived areas of Fife who attempted to stop smoking during the first quarter of the FY had successfully quit at 12 weeks. This is behind the annual trajectory (requiring 45 quits per month), and is less than the number achieved in the first quarter of 2017/18 (124).

**Assessment:** A Community Pharmacy training evening has been organised for November, with a key speaker. A pop-up clinic has been started in Lynnebank Hospital, along with targeted awareness raising and support at Cowdenbeath job centre and Glenrothes YMCA. A further round of recruitment is underway.
Child and Adolescent Mental Health Services (CAMHS) target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services (note: performance is measured on a 3 month average basis).

During the second quarter of 2018/19, 78.1% of patients who started treatment did so within 18 weeks of referral, the best quarterly performance since the final quarter of 2016/17 and ahead of the Recovery Trajectory in the Annual Operational Plan.

Assessment: Referrals to CAMHS continue to be significant. Initiatives have been developed in order to ensure that the current CAMHS resource can meet the needs of those referred with the greatest identified need and are provided with timely interventions.

Additional resources have contributed towards improved waiting times performance. Ongoing initiatives around robust screening, positive signposting and engagement with partner agencies to increase the capacity of universal service providers has allowed specialist CAMHS to focus their provision on children and young people with complex, serious and persistent mental health needs.

Psychological Therapies Waiting Times target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies (note: performance is measured on a 3 month average basis).

During the second quarter of 2018/19, 67.1% of patients who started treatment did so within 18 weeks of referral, a slight improvement on the previous quarter but still some way below the Standard and behind the Recovery Trajectory proposed in the Annual Operational Plan.

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.

The establishment of Community Mental Health Teams across Fife is progressing well and can be expected to contribute to the reduction of waiting times for the most complex patients once a Multi-Disciplinary Team case management approach is fully operational. Within the next 3 months the launch of the AT Fife website to manage self-referrals to the low intensity therapy groups will reduce waiting times for people with mild-moderate difficulties.

Financial Performance

Financial Position

The in-year revenue position for the 7 months to 31 October reflects an overspend of £1.322m. This comprises an underspend of £0.894m attributable to Health Board; and an overspend of £2.216m aligned to the Integration Joint Board.

At month 7, the reported year end forecast is an overspend of £2.643m. This includes a forecast Health Board underspend of £2.992m; and an IJB forecast overspend of £5.635m.

Both the in-year position and year end forecast show an improvement from the previous report.

Whilst the year end forecast reflects an overspend, we continue our commitment to work towards delivery within budget, as set out in our Annual Operational Plan.

Caveats to the reported forecast overspend of £2.643m include:

- Further scrutiny and challenge on the robustness of forecast outturns across the Acute Division and IJB
- Treatment of ringfenced or earmarked allocations
• Potential revenue benefit from the conclusion of land and asset sales
• Potential additional flexibility within IJB
• Further actions which may emerge from IJB turnaround work

which may favourably impact the reported forecast overspend position and in turn contribute to the delivery of a balanced financial outturn position.

Members should note that this forecast position will be reported to Scottish Government Health & Social Care Directorates as part of the routine monthly financial performance returns. No formal request for additional resources is being sought at this point in time.

Capital Programme

The total anticipated Capital Resource Limit for 2018/19 is £7.394m. The capital position for the 7 months to October shows investment of £2.615m, equivalent to 35.36% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.
## Performance Summary

### Standard | Quality Aim | Target for 2018-19 | Current Period | Previous Period | Previous | Direction of Travel | FY 2018-19 to Date | National Comparison (with other 10 Mainland Boards) | Definition | Status |
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IVF Treatment Waiting Times</td>
<td>Person-centred</td>
<td>3 months to Sep 2018</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>↔</td>
<td>100.0%</td>
<td>Treatment provided by Regional Centres so no comparison applicable</td>
<td>100.0%</td>
<td>GREEN</td>
</tr>
<tr>
<td>4-Hour Emergency Access *</td>
<td>Clinically Effective</td>
<td>12 months to Sep 2018</td>
<td>95.7%</td>
<td>95.7%</td>
<td>96.6%</td>
<td>↔</td>
<td>95.7%</td>
<td>y/e Sep 2018</td>
<td>3rd</td>
<td>89.9%</td>
</tr>
<tr>
<td>Antenatal Access</td>
<td>Clinically Effective</td>
<td>3 months to May 2018</td>
<td>89.9%</td>
<td>89.4%</td>
<td>89.1%</td>
<td>↑</td>
<td>89.1%</td>
<td>NHS Fife was 5th in 2017/18 (all births, no SIMD data available)</td>
<td>90.0%</td>
<td>GREEN</td>
</tr>
<tr>
<td>Drugs &amp; Alcohol Treatment Waiting Times</td>
<td>Clinically Effective</td>
<td>q/e Jun 2018</td>
<td>97.7%</td>
<td>q/e Mar 2018</td>
<td>95.9%</td>
<td>↑</td>
<td>97.7%</td>
<td>q/e Jun 2018</td>
<td>3rd</td>
<td>94.0%</td>
</tr>
<tr>
<td>Outpatients Waiting Times</td>
<td>Clinically Effective</td>
<td>Sep 2018</td>
<td>92.5%</td>
<td>Aug 2018</td>
<td>91.2%</td>
<td>↑</td>
<td>NA</td>
<td>End of June</td>
<td>2nd</td>
<td>75.1%</td>
</tr>
<tr>
<td>Diagnostics Waiting Times</td>
<td>Clinically Effective</td>
<td>Sep 2018</td>
<td>99.0%</td>
<td>Aug 2018</td>
<td>97.8%</td>
<td>↑</td>
<td>NA</td>
<td>End of June</td>
<td>4th</td>
<td>78.7%</td>
</tr>
<tr>
<td>Cancer 31-Day DTT</td>
<td>Clinically Effective</td>
<td>Sep 2018</td>
<td>93.6%</td>
<td>Aug 2018</td>
<td>97.5%</td>
<td>↓</td>
<td>95.7%</td>
<td>q/e Jun 2018</td>
<td>96.1%</td>
<td>6th</td>
</tr>
<tr>
<td>Alcohol Brief Interventions</td>
<td></td>
<td>Apr to Sep 2018</td>
<td>1,991</td>
<td>Apr to Jun 2018</td>
<td>695</td>
<td>↑</td>
<td>1,991</td>
<td></td>
<td>1,991</td>
<td></td>
</tr>
<tr>
<td>Dementia Post-Diagnostic Support</td>
<td>Person-centred</td>
<td>2017/18</td>
<td>73.8%</td>
<td>2016/17</td>
<td>88.7%</td>
<td>↓</td>
<td>NA</td>
<td>Only published annually; NHS Fife was 2nd for FY 2014/15</td>
<td>78.1%</td>
<td>RED</td>
</tr>
<tr>
<td>Dementia Referrals</td>
<td>Person-centred</td>
<td>Apr to Jun 2018</td>
<td>154</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>154</td>
<td>Only published annually; NHS Fife was 1st for FY 2015/16</td>
<td>76.9%</td>
<td>RED</td>
</tr>
<tr>
<td>18 Weeks RTT</td>
<td>Clinically Effective</td>
<td>Sep 2018</td>
<td>79.6%</td>
<td>Aug 2018</td>
<td>80.9%</td>
<td>↓</td>
<td>80.0%</td>
<td>Jun-18</td>
<td>80.3%</td>
<td>8th</td>
</tr>
<tr>
<td>Patient Ttg</td>
<td>Person-centred</td>
<td>Sep 2018</td>
<td>67.7%</td>
<td>Aug 2018</td>
<td>67.5%</td>
<td>↑</td>
<td>74.3%</td>
<td>q/e Jun 2018</td>
<td>82.6%</td>
<td>3rd</td>
</tr>
<tr>
<td>Cancer 62-Day RTT</td>
<td>Clinically Effective</td>
<td>Sep 2018</td>
<td>88.2%</td>
<td>Aug 2018</td>
<td>79.8%</td>
<td>↓</td>
<td>84.9%</td>
<td>q/e Jun 2018</td>
<td>87.1%</td>
<td>6th</td>
</tr>
<tr>
<td>Detect Cancer Early</td>
<td>Clinically Effective</td>
<td>2 years to Mar 18</td>
<td>24.9%</td>
<td>2016, 2017</td>
<td>25.0%</td>
<td>↓</td>
<td>NA</td>
<td>Only published annually; NHS Fife was 6th for 2-year period 2016 and 2017</td>
<td>27.8%</td>
<td>GREEN</td>
</tr>
<tr>
<td>Delayed Discharge (Delays &gt; 2 Weeks)</td>
<td>Person-centred</td>
<td>3 months to Sep 2018</td>
<td>78.1%</td>
<td>3 months to Aug 2018</td>
<td>74.7%</td>
<td>↑</td>
<td>77.3%</td>
<td>q/e Jun 2018</td>
<td>70.2%</td>
<td>5th</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>Clinically Effective</td>
<td>Apr to Jun 2018</td>
<td>99</td>
<td>Apr, May 2018</td>
<td>67</td>
<td>↓</td>
<td>99</td>
<td>Only published annually; NHS Fife was 11th for FY 2017-18</td>
<td>76.9%</td>
<td>RED</td>
</tr>
<tr>
<td>CAMHS Waiting Times</td>
<td>Clinically Effective</td>
<td>3 months to Sep 2018</td>
<td>87.1%</td>
<td>3 months to Aug 2018</td>
<td>87.6%</td>
<td>↓</td>
<td>86.6%</td>
<td>q/e Jun 2018</td>
<td>66.2%</td>
<td>9th</td>
</tr>
<tr>
<td>Psychological Therapies Waiting Times</td>
<td>Clinically Effective</td>
<td>3 months to Sep 2018</td>
<td>90.0%</td>
<td>3 months to Aug 2018</td>
<td>78.1%</td>
<td>↑</td>
<td>90.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*The 4-Hour Emergency Access performance in September alone was 95.6% (all A&E and MIU sites) and 93.8% (YHK A&E, only)*
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 National Standards:

<table>
<thead>
<tr>
<th>Target</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Vitro Fertilisation (IVF) target</td>
<td>At least 90% of eligible patients to commence IVF treatment within 12 months of referral from Secondary Care</td>
</tr>
<tr>
<td>Antenatal Access target</td>
<td>At least 80% of pregnant women in each SIMD quintile will book for antenatal care by the 12th week of gestation</td>
</tr>
<tr>
<td>Alcohol Brief Interventions target</td>
<td>In 2018/19, we will deliver a minimum of 4,187 interventions, at least 80% of which will be in priority settings</td>
</tr>
<tr>
<td>Drug and Alcohol Waiting Times target</td>
<td>At least 90% of clients will wait no longer than 3 weeks from referral to treatment</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Target</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Waiting Times: 31 Day Decision to Treat target</td>
<td>We will treat at least 95% of cancer patients within 31 days of decision to treat</td>
</tr>
<tr>
<td>Outpatients Waiting Times target</td>
<td>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment. Performance remains consistently within a few % points of the Standard, with 92.5% of patients having waited less than 12 weeks at the end of September. Over 200 less patients had waited more than 12 weeks at the end of September, compared to the end of August. The outpatient performance is improving. Efforts continue to manage demand and deliver additional activity to recover the position in Neurology, Orthopaedics, Surgical Paediatrics, Urology, Ophthalmology, Cardiology, Respiratory, Breast and Dermatology. Achieving the target will continue to be a challenge but it is anticipated performance will improve further in Quarter 3 of 2018/19 as the recovery plan with funding secured from the Scottish Government is implemented.</td>
</tr>
<tr>
<td>Detect Cancer Early target</td>
<td>At least 29% of cancer patients will be diagnosed and treated in the first stage of breast, colorectal and lung cancer</td>
</tr>
</tbody>
</table>

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 1st January 2016 to 31st December 2017, the 6th 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 March 2018 show that there has been no improvement.

**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 Q1 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, 703 people were referred to the Dementia PDS in NHS Fife. While this is 54% of the notional target (1,289), we 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.

Data for 2018/19 shows that 127 referrals had been made in Q1. 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 73.8%, below the Scottish average of 76.3%; both figures, can be expected to increase by the time we have the full-year figures (in early 2019).

For 2016/17, Fife achieved 88.7% against a Scottish average of 83.9%.

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 61.4%, Fife achieved 96%.

### 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.
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: 95.7% for 12 months to end of September

Scotland Performance: 90.9% for 12 months to end of September

4-Hour Emergency Access

- 4 (less than 8) hour breaches
- 8 (less than 12) hour breaches
- 12 hour breaches
- NHS Fife A&E Performance
- Scotland Average (ISD)

Previous 3 Months

<table>
<thead>
<tr>
<th></th>
<th>June 2018</th>
<th>July 2018</th>
<th>August 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Issues</td>
<td>95.7%</td>
<td>↑</td>
<td>95.7%</td>
</tr>
<tr>
<td>Context</td>
<td>Variability in delivery of the access target</td>
<td>Has been above the Standard since the start of the final quarter of 2017</td>
<td>Consistently above the Scottish average; 3rd best performance for y/e June</td>
</tr>
</tbody>
</table>

Key Actions for Improvement

<table>
<thead>
<tr>
<th>Planned Benefits</th>
<th>Due By</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work with A&amp;E team to understand variability</td>
<td>Improvement Plan</td>
<td>Oct 2018</td>
</tr>
<tr>
<td>Improvement aids in place to ensure appropriate levels of staffing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
88.2% of patients (67 out of 76) started treatment in September within 62 days

Scotland Performance
80.2% of patients started treatment within 62 days in September

Cancer Waiting Times: 62 day RTT

Cancer 62-Day RTT: Planned Recovery

% Patients Starting Treatment Within 62 Days

% Patients < 62 Days

Finance, Performance & Resources
<table>
<thead>
<tr>
<th>Previous 3 Months</th>
<th>June 2018</th>
<th>July 2018</th>
<th>August 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>85.9%</td>
<td>81.4%</td>
<td>79.8%</td>
</tr>
</tbody>
</table>

**Current Issues**
- Delays to oncology OPAs in lung and urology due to increase in rate of referral
- Increase in bowel screening referrals & positive testing
- Challenges with Urology prostate pathway and processes
- Delay to surgery in Urology and Breast and Colorectal
- Delay to 1st OPA Breast

**Context**
- Standard last achieved in October 2017
- Above Scotland average in 9 of last 12 months

<table>
<thead>
<tr>
<th>Key Actions for Improvement</th>
<th>Planned Benefits</th>
<th>Due By</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Train 2nd consultant in lap nephrectomy (Urology)</td>
<td>To increase capacity</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Further training for TRUS (Urology)</td>
<td>Nurse training to increase capacity</td>
<td>Nov 2018</td>
<td>On Track</td>
</tr>
<tr>
<td>Review of Urology capacity and processes</td>
<td>To improve waits to treatment</td>
<td>Oct 2018</td>
<td>Delayed Revised to Dec 2018</td>
</tr>
<tr>
<td>Review of prostate pathway</td>
<td>To improve waits to treatment</td>
<td>Oct 2018</td>
<td>Delayed Revised to Dec 2018</td>
</tr>
<tr>
<td>Integrate the Cancer Workstream into the Site Optimisation Agenda</td>
<td>To ensure patients diagnosed with cancer received optimum care</td>
<td>Oct 2018</td>
<td>Delayed Revised to Dec 2018</td>
</tr>
<tr>
<td>Review of colorectal service provision due to increase in bowel screening referrals and positive testing</td>
<td>To ensure adequate capacity to treat patients in target</td>
<td>Sep 2018</td>
<td>Complete</td>
</tr>
</tbody>
</table>
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**
442 patient breaches (out of 1,367 patients treated) in September (67.7% on time).

**Scotland Performance**
74.6% of patients treated within 12 weeks in quarter ending June.
## Current Issues
- Recurring gap in elective inpatient and daycase capacity
- Unable to deliver the level of additional capacity in house
- Delay in delivery of outsourced activity
- Consultant sickness and vacancies in ENT, General Surgery

## Context
- Fife has consistently outperformed the Scottish average

## Key Actions for Improvement

<table>
<thead>
<tr>
<th>Action</th>
<th>Planned Benefits</th>
<th>Due By</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure resources and deliver core and additional IP/DC elective capacity</td>
<td>Elective projected performance delivered</td>
<td>Dec 2018</td>
<td>Delayed Revised to Mar 2019</td>
</tr>
<tr>
<td>Monthly monitoring meetings with Private Sector Providers</td>
<td>Timely delivery of outsourced activity</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Develop and deliver Elective IP/DC Efficiency Programme based on output from service reviews</td>
<td>Elective IP/DC capacity use optimised</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Progress regional elective work in identified specialties</td>
<td>Identify opportunities for improvement in capacity and/or reduced demand</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Recruit to vacant consultant posts</td>
<td>Sustainable core capacity for elective activity</td>
<td>Dec 2018</td>
<td>On Track</td>
</tr>
<tr>
<td>Develop 3 year DCAQ plan</td>
<td>Identify gaps and potential solutions to enable identification of resources required to deliver sustainable elective IP/DC performance</td>
<td>Mar 2019</td>
<td>Complete</td>
</tr>
</tbody>
</table>
Diagnostics Waiting Times

<table>
<thead>
<tr>
<th>Measure</th>
<th>No patient will wait more than 6 weeks to receive one of the 8 key diagnostic tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Performance</td>
<td>99.0% of patients waiting no more than 6 weeks at end of September</td>
</tr>
<tr>
<td>Scotland Performance</td>
<td>78.7% of patients waiting no more than 6 weeks at end of June</td>
</tr>
</tbody>
</table>

Diagnostics Waiting > 6 Weeks

Diagnostics (Radiology): Planned Recovery

- Standard
- Forecast Breaches (Recovery Trajectory)
- Actual Breaches
<table>
<thead>
<tr>
<th>Previous 3 Months</th>
<th>June 2018</th>
<th>July 2018</th>
<th>August 2018</th>
</tr>
</thead>
</table>

Finance, Performance & Resources
### 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
- 4th out of the 11 Mainland Health Boards at the end of June

### Key Actions for Improvement

<table>
<thead>
<tr>
<th>Key Actions for Improvement</th>
<th>Planned Benefits</th>
<th>Due By</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify further opportunities to improve reporting capacity</td>
<td>Sustain 5-day reporting turnaround times</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Identify further opportunities to improve consultant numbers with regional partners</td>
<td>Reduction in number of Consultant Radiology vacancies</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Develop 3 year DCAQ plan</td>
<td>Identify gaps and potential solutions to enable identification of resources required to deliver sustainable diagnostic performance</td>
<td>Mar 2019</td>
<td>Complete</td>
</tr>
</tbody>
</table>
### 18 Weeks Referral-to-Treatment

**Measure**
90% of planned/elective patients to commence treatment within 18 weeks of referral

**Current Performance**
79.6% of patients started treatment within 18 weeks in September

**Scotland Performance**
82.8% of patients started treatment within 18 weeks in June

#### 18 Weeks RTT

- **# Patients >18 wks**
- **Standard**
- **NHS Fife**
- **Scotland Average (ISD)**

#### Previous 3 Months

<table>
<thead>
<tr>
<th>Month</th>
<th>June 2018</th>
<th>July 2018</th>
<th>August 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>80.3%</td>
<td>↑</td>
<td>81.4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>↑</td>
<td>80.9%</td>
</tr>
<tr>
<td></td>
<td>80.9%</td>
<td>↓</td>
<td>80.9%</td>
</tr>
</tbody>
</table>

**Current Issues**
The current 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
8th out of 11 Mainland Health Boards in June

**Key Actions for Improvement**

<table>
<thead>
<tr>
<th>Planned Benefits</th>
<th>Due By</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Performance Drill Down – Health & Social Care Partnership

Delayed Discharge

<table>
<thead>
<tr>
<th>Measure</th>
<th>No patient will be delayed in hospital for more than 2 weeks after being judged fit for discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Performance</td>
<td>24 patients in delay for more than 14 days at September Census – this equates to 6.46 patients per 100,000 population in NHS Fife</td>
</tr>
<tr>
<td>Scotland Performance</td>
<td>12.89 patients per 100,000 population at September census</td>
</tr>
</tbody>
</table>

### Delayed Discharges

<table>
<thead>
<tr>
<th>Month</th>
<th>Delays 0-2 Weeks</th>
<th>Delays 2-4 Weeks</th>
<th>Delays 4-6 Weeks</th>
<th>Delays Over 6 Weeks</th>
<th>Delays Over 2 Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2018</td>
<td>14</td>
<td>↑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>July 2018</td>
<td>15</td>
<td>↓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>August 2018</td>
<td>24</td>
<td>↓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Previous 3 Months**

- **June 2018**: 14 delays
- **July 2018**: 15 delays
- **August 2018**: 24 delays

**Current Issues**

To maintain an improvement in the delayed discharge position

**Context**

- Never met 14-day target
- Second lowest delays over 2 weeks (per 100,000 population) of all Mainland Health Boards, at September Census

### Key Actions for Improvement

<table>
<thead>
<tr>
<th>Key Actions for Improvement</th>
<th>Planned Benefits</th>
<th>Due By</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop and test a model to reduce emergency admissions, focusing on High Health Gain individuals; then roll this out</td>
<td>Reduced delayed discharges</td>
<td>Dec 2018</td>
<td>On Track</td>
</tr>
<tr>
<td></td>
<td>Reduced length of stay from emergency admissions</td>
<td>Dec 2018</td>
<td>On Track</td>
</tr>
<tr>
<td></td>
<td>Earlier pro-active patient centred support</td>
<td>Dec 2018</td>
<td>On Track</td>
</tr>
<tr>
<td>Implement daily Trak reporting for HHG patients</td>
<td>Clear communication to support more timely discharge pathways and prevent re-admissions</td>
<td>Dec 2018</td>
<td>On Track</td>
</tr>
<tr>
<td>Roll out directed carers support across 4 of our community hospitals</td>
<td>Reduced Length of stay</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td></td>
<td>Increased patient centred support</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Test a trusted assessors model within VHK for patients transferring to</td>
<td>Reduced Length of Stay</td>
<td>Jan 2019</td>
<td>On Track</td>
</tr>
<tr>
<td></td>
<td>Smoother person centred</td>
<td>Jan 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>STAR/assessment beds</td>
<td>transitions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review model of START to ensure efficiency of assessments</td>
<td>Reduced Length of Stay</td>
<td>Dec 2018</td>
<td>On Track</td>
</tr>
</tbody>
</table>
# Smoking Cessation

## Measure

In 2018/19, we will deliver a minimum of 540 post 12 weeks smoking quits in the 40% most deprived areas of Fife

## Current Performance

99 successful quits in first quarter of year (148 total quits in Fife)

## Scotland Performance

Lowest % achievement of all Mainland Health Boards against 2017/18 target (Geographical set target – non standardised)

## Previous 3 Months

<table>
<thead>
<tr>
<th></th>
<th>April 2018</th>
<th>May 2018</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Quits</td>
<td>27</td>
<td>67</td>
<td>↓</td>
</tr>
</tbody>
</table>

## Current Issues

Overall drop in referrals (which has been discussed at national meeting)

## Context

Lower quit target (540) has been set for 2018/19 by the Scottish Government, but performance to date suggests this will continue to be a challenge

## Key Actions for Improvement

<table>
<thead>
<tr>
<th>Key Actions for Improvement</th>
<th>Planned Benefits</th>
<th>Due By</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach development with Gypsy Travellers in Thornton</td>
<td>Increase service reach and engagement with minority group</td>
<td>Dec 2018</td>
<td>On Track</td>
</tr>
<tr>
<td>Proposal to change prescribing formulary to allow Champix to become equal 1st Line along with NRT</td>
<td>Increase availability and access to evidence based medication to support smokers to quit</td>
<td>Oct 2018</td>
<td>On Track (Going to Committee on 7 Nov)</td>
</tr>
<tr>
<td>Two areas identified to test pathways and procedures for temporary abstinence model in the Acute</td>
<td>Ensure pathways and prescribing guidance are robust and effective</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Design and implementation of a prompt process for Community Pharmacies, to remind them to undertake 4-week and 12-week follow-ups</td>
<td>Support compliance and data completion in line with pharmacy contract requirements and reduce the levels of missing data</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Planning service support in a workplace who have been identified as having a</td>
<td>Reach and engage with our target group and deliver evidenced based</td>
<td>Feb 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>large proportion of manual workers</td>
<td>group support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------</td>
<td>--------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish links with new Mental Health clinic for pregnant women</td>
<td>Support pregnant women experiencing Mental Health issues to stop smoking</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
</tbody>
</table>
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: 78.1% of patients treated within 18 weeks in Q2 of 2018/19.

Scotland Performance: 67.8% of patients treated within 18 weeks during 2018/19 Q1.

CAMHS Waiting Times

CAMHS Waiting Times: Planned Recovery
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
5th out of the 11 Mainland Health Boards for the quarter ending June

Key Actions for Improvement

<table>
<thead>
<tr>
<th>SCI Gateway referral pathway for GPs (progress dependent on e-Health)</th>
<th>Planned Benefits</th>
<th>Due By</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Improved quality of referrals ensuring better signposting and appropriate referrals</td>
<td>Dec 2018</td>
<td>On Hold pending further discussion with e-Health and LMC (GPs)</td>
</tr>
</tbody>
</table>

CAMHS Service Current Provision

Waiting List Initiatives

- Additional staffing resource of 15 clinical sessions of Child Psychology was implemented in February; this resource is in place for 1 year, to specifically target the longest waiting children and young people.
- The substantive CAMHS staff is focusing on urgent, priority and those about to breach 18 weeks, thus impacting directly on the waiting time targets.

Referral Pathway

- The on-line referral process is well established leading to better quality referrals.
- Threshold has been clearly articulated to ensure children and young people with complex, persistent and acute mental health issues (Tier 3) are accepted on a more equitable and consistent basis.
- Clearer documentation has been produced to advise referrers of alternative sources of support.
- Benchmarking process has been completed, ensuring that a robust screening process is maintained and agreed threshold is adhered to across Fife.
- Developments are well underway to redesign the SCI-referral for GPs, but have been delayed due to issues within e-Health.
- A pilot triage (Rapid Assessment Clinic) following screening started in September, allowing effective signposting for those not seen as priority either onto the waiting list or towards alternative services. This will run until the end of November, and the outcome will be reviewed and published in December.

Referral Letters

- Opt-in letters have been sent to all those referred and accepted, detailing the average waiting time and a reminder of the function of Specialist CAMHS and alternative services.

<table>
<thead>
<tr>
<th>Previous 3 Months</th>
<th>3 months to Jun 2018</th>
<th>3 months to Jul 2018</th>
<th>3 months to Aug 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>70.2%</td>
<td>↓</td>
<td>71.4%</td>
</tr>
</tbody>
</table>
• Opt-in letters include an extensive list of alternative service providers appropriate to the issues presented on referral

Future Developments

• A group programme is under development, for commencement in January 2019. Six groups will run consecutively throughout the year pilot, and this will provide approximately 380 children and young people with a CAMHS intervention.
**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**
67.1% of patients treated within 18 weeks in second quarter of 2018/19

**Scotland Performance**
76.3% of patients treated within 18 weeks during 2018/19 Q1

---

**Psychological Therapies Waiting Times**

- **Patients Waiting**
- **Standard**
- **NHS Fife**
- **Scotland Average (ISD)**

**3 Months Ending**
- Sep-17
- Oct-17
- Nov-17
- Dec-17
- Jan-18
- Feb-18
- Mar-18
- Apr-18
- May-18
- Jun-18
- Jul-18
- Aug-18
- Sep-18

**% Treated in 18 Weeks**
- 0%
- 50.0%
- 60.0%
- 70.0%
- 80.0%
- 90.0%
- 100.0%

**# Patients on Waiting List**
- 0
- 500
- 1,000
- 1,500
- 2,000
- 2,500
- 3,000
- 3,500
- 4,000

**Psychological Therapies Waiting Times: Planned Recovery**

- **Standard**
- **Forecast Performance (Recovery Trajectory)**
- **Actual Performance**

**% Patients Starting Treatment Within 18 Weeks**
- 50.0%
- 55.0%
- 60.0%
- 65.0%
- 70.0%
- 75.0%
- 80.0%
- 85.0%
- 90.0%
- 95.0%
### Previous 3 Months

<table>
<thead>
<tr>
<th></th>
<th>3 months to Jun 2018</th>
<th>3 months to Jul 2018</th>
<th>3 months to Aug 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>66.2%</td>
<td>66.0%</td>
<td>67.6%</td>
</tr>
</tbody>
</table>

### Current Issues

Delivery of PTs across services requires further integration to enhance efficiency. A strategy for increasing capacity to deliver PTs across the wider mental health service is being developed, with oversight from the PT Steering Group. This will complement the development of the Community Mental Health Teams and the matched care model of service delivery.

### Context

Never met Standard; monthly performance normally between 65% and 75%

Inconsistency across Health Boards in activity counted towards target – i.e. referrals for PT only / all mental health referrals.

9th out of the 11 Mainland Health Boards for the quarter ending June

### Key Actions for Improvement

<table>
<thead>
<tr>
<th>Key Actions for Improvement</th>
<th>Planned Benefits</th>
<th>Due By</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second phase of service redesign to increase access to PTs in primary care through launch of new website to be portal for self-referral &amp; information for referrers &amp; service users Website complete, staff training underway; system to go live by Dec 2018</td>
<td>Reduce bottle-neck at assessment stage by enabling people where appropriate to self-manage/ self-refer/be directed to services via telephone triage</td>
<td>Dec 2018</td>
<td>On Track</td>
</tr>
<tr>
<td>Develop enhanced PT Strategy, reflecting new opportunities within H&amp;SC integration</td>
<td>Increased capacity and efficiency of PT delivery within matched care model</td>
<td>Dec 2018</td>
<td>On Track</td>
</tr>
</tbody>
</table>
| QI work focused on PTs, progressed through ISD/HIS collaborative                         | Improved quality and efficiency of PT services                                    | Dec 2018 | On Track (Phase 1)
Performance Drill Down – Financial Performance

**Revenue Expenditure**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Health Boards are required to work within the revenue resource limits set by the Scottish Government Health &amp; Social Care Directorates (SGHSCD).</th>
</tr>
</thead>
<tbody>
<tr>
<td>In year position</td>
<td>£1.322m overspend</td>
</tr>
<tr>
<td>Forecast position</td>
<td>£2.643m overspend</td>
</tr>
</tbody>
</table>

**Financial Performance against Trajectory 2018/19**

<table>
<thead>
<tr>
<th>Previous 3 Months</th>
<th>August 2018</th>
<th>September 2018</th>
<th>October 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue Resource Limit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actual (in-year position)</td>
<td>£1.760m</td>
<td>£1.696m</td>
<td>£1.322m</td>
</tr>
<tr>
<td>Plan (in-year position)</td>
<td>£5.678m</td>
<td>£6.085m</td>
<td>£5.561m</td>
</tr>
<tr>
<td>Forecast Outturn position</td>
<td>Break even</td>
<td>£3.466m o/spd</td>
<td>£2.643m o/spd</td>
</tr>
</tbody>
</table>

**Commentary**

The *in-year* revenue position for the 7 months to 31 October reflects an overspend of £1.322m. This comprises an underspend of £0.894m attributable to Health Board; and an overspend of £2.216m aligned to the Integration Joint Board.

At month 7, the reported *year end* forecast is an overspend of £2.643m. This includes a forecast Health Board underspend of £2.992m; and an IJB forecast overspend of £5.635m.
Both the in-year position and year end forecast show an improvement from the previous report. Whilst the year end forecast reflects an overspend, we continue our commitment to work towards delivery within budget, as set out in our Annual Operational Plan.

Caveats to the reported forecast overspend of £2.643m include:

- Further scrutiny and challenge on the robustness of forecast outturns across the Acute Division and IJB
- Treatment of ringfenced or earmarked allocations
- Potential revenue benefit from the conclusion of land and asset sales
- Potential additional flexibility within IJB
- Further actions which may emerge from IJB turnaround work which may favourably impact the reported forecast overspend position and in turn contribute to the delivery of a balanced financial outturn position.

Members should note that this forecast position will be reported to Scottish Government Health & Social Care Directorates as part of the routine monthly financial performance returns. No formal request for additional resources is being sought at this point in time.

1. Financial Framework

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

2. Financial Allocations

Revenue Resource Limit (RRL)

2.1 On 1 November 2018 NHS Fife received confirmation of October core revenue and core capital allocation amounts. The core revenue resource limit (RRL) has been confirmed at £704.425m. A breakdown of the additional funding received in month is shown in Appendix 1.

Anticipated Core Revenue Resource Limit

2.2 In addition to the confirmed RRL adjustments, there are a number of anticipated core revenue resource limit allocations totalling £2.081m as detailed in Appendix 2.

Non Core Revenue Resource Limit

2.3 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 3.

Total RRL

2.4 The total current year budget at October is therefore £733.369m.
3. Summary Position

3.1 At the end of October NHS Fife reports an in year overspend of £1.322m against the revenue resource limit. Table 1 below provides a summary of the position across the constituent parts of the system: an underspend of £0.894m is attributable to Health Board budgets; and an overspend of £2.216m is attributable to the health budgets delegated to the Integration Joint Board.

Table 1: Summary Financial Position for the period ended October 2018

<table>
<thead>
<tr>
<th>Memorandum</th>
<th>Budget FY £'000</th>
<th>Budget CY £'000</th>
<th>Budget YTD £'000</th>
<th>Variance FY £'000</th>
<th>Variance CY £'000</th>
<th>Variance Run Rate Savings £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Board</td>
<td>395,126</td>
<td>398,935</td>
<td>223,677</td>
<td>-222,783</td>
<td>-894</td>
<td>-0.40%</td>
</tr>
<tr>
<td>Integration Joint Board</td>
<td>331,284</td>
<td>334,434</td>
<td>193,560</td>
<td>195,776</td>
<td>2,216</td>
<td>1.14%</td>
</tr>
<tr>
<td>Total</td>
<td>726,410</td>
<td>733,369</td>
<td>417,237</td>
<td>418,559</td>
<td>1,322</td>
<td>0.32%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Memorandum</th>
<th>Expenditure FY £'000</th>
<th>Expenditure CY £'000</th>
<th>Expenditure YTD £'000</th>
<th>Variance split by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Board</td>
<td>419,491</td>
<td>433,700</td>
<td>247,442</td>
<td>-38,513</td>
</tr>
<tr>
<td>Integration Joint Board - Core</td>
<td>369,797</td>
<td>380,993</td>
<td>221,083</td>
<td>-6,829</td>
</tr>
<tr>
<td>Sub total Integration Joint Board Core</td>
<td>369,797</td>
<td>380,993</td>
<td>221,083</td>
<td>-4,694</td>
</tr>
<tr>
<td>Total Expenditure</td>
<td>789,288</td>
<td>814,693</td>
<td>468,525</td>
<td>-6,829</td>
</tr>
</tbody>
</table>

3.2 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 £6.722m for the year to date. This reflects an overspend in operational run rate performance of £1.300m, and unmet savings of £5.422m. Within the run rate performance, pay is overspent by £1.645m. The overall position is being driven by a combination of unidentified savings and pressure from the use of agency locums, junior doctor banding supplements and incremental progression. It is evident that challenges remain in relation to balancing finance and other performance targets across the Acute Services whilst seeking to identify recurring efficiency savings. The programme of work to consider site utilisation continues to progress with the aspiration that this will lead to economies and efficiency improvements; longer term this will drive service redesign within Acute services, taking
cognisance of quality & safety; value & sustainability; and performance delivery. The Chief Operating Officer has engaged an external advisor to work closely with General Managers to challenge and drive further efficiencies this financial year.

**Estates & Facilities**

4.2 The Estates and Facilities budgets report a net underspend of £0.548m for the 7 months to date. This position comprises an underspend in the run rate performance of £0.599m; and unmet savings of £0.051m. The run rate net underspend is attributable to vacancies, energy, water rates and property maintenance; and is partly offset by overspends within medical equipment service contracts; repairs, maintenance, transport and equipment purchases.

**Corporate Services**

4.3 Within the Board’s corporate services there is an underspend of £0.346m. This comprises an underspend on run rate of £0.398m as offset by unmet savings of £0.052m. Further analysis of Corporate Directorates is detailed per Appendix 4.

**Non Fife and Other Healthcare Providers**

4.4 The budget for healthcare services provided outwith NHS Fife reflects an underspend of £0.215m and is based on current information received from other providers. This position is subject to further review as the year progresses. Further detail is attached at Appendix 5.

**Financial Plan Reserves & Allocations**

4.5 Financial plan expenditure uplifts including supplies, medical supplies and drugs uplifts have been allocated to budget holders from the outset of the financial year, and therefore form part of devolved budgets. There are a number of residual uplifts which remain in a central budget; and which are subject to robust scrutiny and review in each month.

4.6 This detailed review of the financial plan reserves at Appendix 6 allows an assessment of financial flexibility both in year, and forecast for the year end outturn, to be reflected in the position. As reported in previous financial years, 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 7 include: potential slippage on medicines which meet the horizon scanning criteria; the release of major trauma commitments; the estimated benefit of pay consequential funding which has been agreed nationally; and the reinstatement of the 2017/18 underspend.

**Integration Services**

4.8 The Integration Joint Board health budgets report an overspend (before risk sharing arrangements) of £1.405m for the 7 months to date. This position comprises an underspend in the run rate performance of £1.227m; and unmet savings of £2.632m. 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. These drugs costs remain under review. The aforementioned underspend is partly offset by cost pressures within GP prescribing; unmet savings targets; complex care packages and bank and agency usage across East Division community hospitals.

The Integration Joint Board has allocations of £2.462m of which slippage of £0.128m is projected (£0.075m in year) which allows an opportunity for financial flexibility. Any further slippage on these allocations may allow further opportunity to potentially...
improve the IJB bottom line position. The extent to which any of these allocations are included in the assumed management actions of £2.76m will be clarified with the Chief Finance Officer.

Income

4.9 A small over recovery in income of £0.066m 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 2 below.

Table 2: Subjective Analysis for the Period ended October 2018

<table>
<thead>
<tr>
<th>Pan-Fife Analysis</th>
<th>Annual Budget £'000</th>
<th>Budget £'000</th>
<th>Actual £'000</th>
<th>Net over/ (under) spend £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay</td>
<td>341,369</td>
<td>198,142</td>
<td>197,068</td>
<td>-1,074</td>
</tr>
<tr>
<td>GP Prescribing</td>
<td>72,030</td>
<td>42,152</td>
<td>43,275</td>
<td>1,123</td>
</tr>
<tr>
<td>Drugs</td>
<td>33,132</td>
<td>19,065</td>
<td>18,022</td>
<td>-1,043</td>
</tr>
<tr>
<td>Other Non Pay</td>
<td>361,955</td>
<td>211,451</td>
<td>212,028</td>
<td>578</td>
</tr>
<tr>
<td>Efficiency Savings</td>
<td>-11,831</td>
<td>-8,310</td>
<td>-93</td>
<td>8,217</td>
</tr>
<tr>
<td>Commitments</td>
<td>18,038</td>
<td>6,025</td>
<td>-387</td>
<td>-6,412</td>
</tr>
<tr>
<td>Income</td>
<td>-81,324</td>
<td>-51,288</td>
<td>-51,354</td>
<td>-66</td>
</tr>
<tr>
<td><strong>Net over spend</strong></td>
<td><strong>733,369</strong></td>
<td><strong>417,237</strong></td>
<td><strong>418,559</strong></td>
<td><strong>1,322</strong></td>
</tr>
</tbody>
</table>

Pay

5.2 The overall pay budget reflects an underspend of £1.074m. 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 7,675wte across all staff groups there are 7,619wte staff in post.

Drugs & Prescribing

5.4 Across the system, there is a net overspend of £0.079m on medicines of which an overspend of £1.123m is attributable to GP Prescribing and an underspend of £1.043m relating to sexual health and rheumatology drugs in the main. The GP prescribing position is based on informed estimates for September and October, and is endorsed by the Director of Pharmacy and the Chief Finance Officer for the Health & Social Care Partnership. The estimate reflects the assumptions on known future increases in the average costs and volumes of medicines as well as the price impact of a national shortage in supply of some. The short supply situation is slightly improved on previous months. This adverse impact is reflected in the position in respect of GP prescribing.

Other Non Pay

5.5 Other non pay budgets across NHS Fife are collectively overspent by £0.578m. There are pressures within purchase of healthcare (complex care patients), equipment service contracts and maintenance agreements. However, these overspends are offset by underspends within professional fees; travel and subsistence and surgical sundries.
6 Financial Sustainability

6.1 The Financial Plan presented to the Board in 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 51% of the annual target being identified to date. The extent of the recurring / non recurring delivery for the year to date is illustrated in Table 3 below. Of the £23.985m gross target, £8.132m has been identified on a recurring basis (including £4.426m pay consequential funding), with a further £4.115m in year only, which will add to any additional savings requirement in the next financial year. A further analysis of the table below can be found in Appendix 7 to this report.

<table>
<thead>
<tr>
<th>Table 3: Savings 2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Savings 2018/19</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>Health Board</td>
</tr>
<tr>
<td>Pay Consequentials</td>
</tr>
<tr>
<td>Health Board (Gross)</td>
</tr>
<tr>
<td>Integration Joint Board</td>
</tr>
<tr>
<td>Pay Consequentials</td>
</tr>
<tr>
<td>IJB (Gross)</td>
</tr>
<tr>
<td>Sub Total</td>
</tr>
<tr>
<td>IJB Additional Benefit</td>
</tr>
<tr>
<td><strong>Total Savings</strong></td>
</tr>
</tbody>
</table>

7 Forecast Position

7.1 As described above the month 7 position is an overspend of £1.322m, which is used to test and further inform and refine our caveats and assumptions on the likely outturn position. At month 7, our mid range forecast outturn position is an overspend of £2.643m but we remain fully committed to the delivery of the statutory target of breakeven in line with our Annual Operational Plan.

7.2 We continue to forecast and plan on a range of forecast outturn positions including, best, mid and worst range scenarios. The forecast outturn ranges between an underspend of £1.337m (best case) and an overspend of £6.293m (prudent position). This is consistent with the approach taken in the previous financial year. The current mid range, and reported, forecast reflects an overspend of £2.643m as detailed in Table 4 below.

7.3 The main movements to the forecast position at month 7 compared to month 6 encompass favourable financial flexibility in respect of drugs reserve; the release of major trauma budgets and the release of the prior year underspend.

7.4 The forecast position reflects assumptions in relation to operational budget performance and potential in year financial flexibility; and assumes significant further work to provide greater clarity around the IJB potential outturn position.
### Table 4: Mid Range Forecast

<table>
<thead>
<tr>
<th>Mid Range Forecast</th>
<th>£’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Services Division</td>
<td>9,398</td>
</tr>
<tr>
<td>IJB Non-delegated</td>
<td>83</td>
</tr>
<tr>
<td>Estates &amp; Facilities</td>
<td>-579</td>
</tr>
<tr>
<td>Board Admin &amp; Other Services</td>
<td>-310</td>
</tr>
<tr>
<td>Non Fife &amp; Other Healthcare Providers</td>
<td>-518</td>
</tr>
<tr>
<td>Financial Flexibility</td>
<td>-10,991</td>
</tr>
<tr>
<td><strong>Total Health Board</strong></td>
<td>-2,917</td>
</tr>
<tr>
<td>Integration Joint Board - Core</td>
<td>4,406</td>
</tr>
<tr>
<td>Integration Fund &amp; Other Allocations</td>
<td>-128</td>
</tr>
<tr>
<td><strong>Sub total Integration Joint Board Core</strong></td>
<td>4,278</td>
</tr>
<tr>
<td>Risk Share Arrangement</td>
<td>1,357</td>
</tr>
<tr>
<td><strong>Total Integration Joint Board</strong></td>
<td>5,635</td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td>2,718</td>
</tr>
<tr>
<td><strong>Miscellaneous Income</strong></td>
<td>-75</td>
</tr>
<tr>
<td><strong>Total Forecast</strong></td>
<td>2,643</td>
</tr>
</tbody>
</table>

7.5 The risks associated with the delivery of a balanced outturn include; the delivery of Acute Services Division savings; and potential volatility in GP prescribing; together with the significant uncertainty on the likely position for the Integration Joint Board.

7.6 Work continues across the IJB to scope appropriate management actions and financial recovery plan proposals; and a further in-depth review of financial flexibility options may favourably impact the potential position. The IJB had initially agreed a budget for 2018/19 within the context of a three year financial strategy, which showed a potential net deficit of £4.5m across both health and social care budgets at 31 March 2019. This position has now been updated and at the time of reporting, the IJB forecast outturn for 2018/19 is an overspend of £7.827m (net of management actions of £2.76m). Financial reporting timing differences mean October forecasts have been used for Health; whilst September forecasts have been used for Social Care; as such this is a different position to that recently reported to the IJB Finance & Performance Committee. This overspend reflects non delivery of IJB health savings; and pressures within both GP prescribing and Social Care, and the risk sharing arrangement of the total IJB overspend with Fife Council has been assumed.

7.7 Caveats to the reported forecast overspend of £2.643m include:

- Further scrutiny and challenge on the robustness of forecast outturns across the Acute Division and IJB
- Treatment of ringfenced or earmarked allocations
- Potential revenue benefit from the conclusion of land and asset sales
- Potential additional flexibility within IJB
- Further actions which may emerge from turnaround work
which may favourably impact the reported forecast overspend position and in turn contribute to the delivery of a balanced financial outturn position.

7.8 Members should note that this forecast position will be reported to Scottish Government Health & Social Care Directorates as part of the routine monthly financial performance returns. No formal request for additional resources is being sought at this point in time.

8 Key Messages / Risks

8.1 Further detailed work will be undertaken with the Director of Health & Social Care and the Chief Finance Officer around the month 7 position including: treatment of IJB allocations; any additional potential slippage within IJB allocations; absolute clarity in respect of the IJB’s recovery plan (including the extent to which the management actions will impact on health expenditure); any actions which may result from the IJB turnaround work; the robustness of the informed forecast outturn position; and in turn the likely quantum and subsequent formal reporting of the risk sharing arrangement.

8.2 The assessment of the year end forecast will continue to be refined over the coming weeks and months with particular emphasis on robust challenge of forecast outturns; potential revenue benefit from the conclusion of land and asset sales; and potential additional financial flexibility options.

8.3 In light of discussions highlighted through the Annual Accounts process, clarity continues to be explored in respect of the treatment of ‘ringfenced’ or ‘earmarked’ allocations in 2018/19 via national groups and Scottish Government. The recent announcement of a three year planning cycle may also impact on the treatment of these allocations in the longer term.

8.4 Ongoing tight control of costs and run rate performance; the ongoing impact and extent of management action; in parallel with the pace of redesign and transformational change which is critical to the delivery of a balanced position.

9 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 in-year overspend of £1.322m to 31 October 2018 of which £0.894m underspend is attributable to the Health Board retained budgets and £2.216m overspend to the health budgets delegated to the Integration Joint Board.

- **Note** the reported year end forecast overspend of £2.643m. This includes a forecast Health Board net underspend of £2.992m; and an IJB forecast overspend of £5.635m.

- **Note** the commitment to deliver a forecast breakeven position on the Health Board budgets, taking account of potential financial breakeven flexibility, notwithstanding the reported forecast year end position of £2.643m.
# Appendix 1 – Core Revenue Resource Limit

<table>
<thead>
<tr>
<th>Month</th>
<th>Baseline Recurring</th>
<th>Earmarked Recurring</th>
<th>Non-Recurring</th>
<th>Total</th>
<th>Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opening</strong></td>
<td>£636,607</td>
<td>£636,607</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Apr-18</strong></td>
<td>357</td>
<td>3,973</td>
<td>0</td>
<td>4,330</td>
<td></td>
</tr>
<tr>
<td><strong>Jun-18</strong></td>
<td>1,036</td>
<td>2,338</td>
<td>2,944</td>
<td>6,318</td>
<td></td>
</tr>
<tr>
<td><strong>Jul-18</strong></td>
<td>312</td>
<td>2,114</td>
<td>-719</td>
<td>1,707</td>
<td></td>
</tr>
<tr>
<td><strong>Aug-18</strong></td>
<td>0</td>
<td>-30</td>
<td>6,426</td>
<td>6,396</td>
<td></td>
</tr>
<tr>
<td><strong>Sep-18</strong></td>
<td>5,632</td>
<td>0</td>
<td>42,829</td>
<td>48,661</td>
<td></td>
</tr>
<tr>
<td><strong>Oct-18</strong></td>
<td>134</td>
<td>134</td>
<td></td>
<td></td>
<td>As agreed with eHealth</td>
</tr>
<tr>
<td></td>
<td>-22</td>
<td>-22</td>
<td></td>
<td></td>
<td>Payment to allow for additional work to</td>
</tr>
<tr>
<td></td>
<td>101</td>
<td>101</td>
<td></td>
<td></td>
<td>Error on allocation letter to be corrected</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>-3</td>
<td>-3</td>
<td>Fife's contribution</td>
</tr>
<tr>
<td></td>
<td>74</td>
<td>74</td>
<td></td>
<td></td>
<td>Fife is a Pilot site</td>
</tr>
<tr>
<td></td>
<td>72</td>
<td>72</td>
<td></td>
<td></td>
<td>Relates to Nursing staff currently</td>
</tr>
<tr>
<td></td>
<td>50</td>
<td>50</td>
<td></td>
<td></td>
<td>Fife is an Early Adopter Board for the</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>recommendation on Best Start -</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>continuity of carer and local delivery of</td>
</tr>
</tbody>
</table>

**Total Core Revenue Allocation** 644,144 8,395 51,886 704,425
# Appendix 2 – Anticipated Core Revenue Resource Limit Allocations

<table>
<thead>
<tr>
<th>Category</th>
<th>£'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinction Awards</td>
<td>360</td>
</tr>
<tr>
<td>NSS Discovery</td>
<td>-42</td>
</tr>
<tr>
<td>NSD risk share</td>
<td>-9</td>
</tr>
<tr>
<td>Scotstar</td>
<td>-307</td>
</tr>
<tr>
<td>PET scan</td>
<td>-440</td>
</tr>
<tr>
<td>Capital to revenue</td>
<td>478</td>
</tr>
<tr>
<td>Mental Health Bundle</td>
<td>620</td>
</tr>
<tr>
<td>Capacity Building CAMHS &amp; PT</td>
<td>456</td>
</tr>
<tr>
<td>Mental health innovation fund</td>
<td>288</td>
</tr>
<tr>
<td>Primary Care Improvement Fund</td>
<td>778</td>
</tr>
<tr>
<td>NSS A4C</td>
<td>-101</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,081</strong></td>
</tr>
</tbody>
</table>
Appendix 3 – Anticipated Non Core Revenue Resource Limit Allocations

<table>
<thead>
<tr>
<th>Oct</th>
<th>£’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>PFI Adjustment</td>
<td>3,099</td>
</tr>
<tr>
<td>Donated Asset Depreciation</td>
<td>99</td>
</tr>
<tr>
<td>Impairment</td>
<td>4,000</td>
</tr>
<tr>
<td>AME Provision</td>
<td>-715</td>
</tr>
<tr>
<td>IFRS Adjustment</td>
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<td>Non-core Del</td>
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<td>Depreciation from Core allocation</td>
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<td><strong>Total</strong></td>
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## Appendix 4 - Corporate Directorates

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<tr>
<th>Cost Centre</th>
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<th>YTD Budget £’000</th>
<th>YTD Actuals £’000</th>
<th>YTD Variance £’000</th>
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<tbody>
<tr>
<td>E Health Directorate</td>
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<td>Nhs Fife Chief Executive</td>
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<td>Nhs Fife Finance Director</td>
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<td>Early Retirements &amp; Injury Benefits</td>
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<td>External &amp; Internal Audit</td>
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<td>Regional Funding</td>
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<td>Depreciation</td>
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### Appendix 5 – Non Fife & Other Healthcare Providers

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<th>YTD Variance £'000</th>
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<tbody>
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<tr>
<td>Dumfries &amp; Galloway</td>
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<td>28</td>
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<td>Grampian</td>
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<td>Highland</td>
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<td>73</td>
<td>127</td>
<td>54</td>
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<tr>
<td>Lanarkshire</td>
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<td>62</td>
<td>79</td>
<td>17</td>
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<td>Scottish Ambulance Service</td>
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<td>56</td>
<td>1</td>
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<tr>
<td>Lothian</td>
<td>28,316</td>
<td>16,519</td>
<td>15,556</td>
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<td>Greater Glasgow</td>
<td>1,536</td>
<td>896</td>
<td>905</td>
<td>9</td>
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<tr>
<td>Tayside</td>
<td>38,018</td>
<td>22,179</td>
<td>22,215</td>
<td>36</td>
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<td></td>
<td>71,637</td>
<td>41,789</td>
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<th>CY Budget £'000</th>
<th>YTD Budget £'000</th>
<th>YTD Actuals £'000</th>
<th>YTD Variance £'000</th>
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<td>OATS</td>
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## Appendix 6 – Financial Flexibility and Allocations

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<th>Balance at 31 Oct. £'000</th>
<th>Expected to be claimed £'000</th>
<th>Financial Flexibility £'000</th>
<th>Released to 31 Oct. £'000</th>
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</thead>
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<td>Drugs</td>
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<td>61</td>
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<td>Trainee Growth</td>
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<td>0</td>
<td>18</td>
<td>12</td>
</tr>
<tr>
<td>National Specialist Services</td>
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<td>91</td>
<td>215</td>
<td>128</td>
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<td>Band 1's</td>
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<td>181</td>
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### Allocations

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<th>Balance at 31 Oct. £'000</th>
<th>Expected to be claimed £'000</th>
<th>Financial Flexibility £'000</th>
<th>Released to 31 Oct. £'000</th>
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<td>0</td>
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<td>0</td>
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<td>0</td>
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<td>Scottish Access Collaborative Programme</td>
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<td>0</td>
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<td>Child Poverty</td>
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<td>3</td>
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<td>0</td>
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<td>EIC</td>
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<td>Winter Pressures</td>
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<td>Qfit</td>
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<td>93</td>
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<td>0</td>
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<td>DEC Melanoma Funding</td>
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<td>Best Start</td>
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<td>70</td>
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<td>0</td>
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<td><strong>5,119</strong></td>
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<td><strong>1,846</strong></td>
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</table>

**Total**                                             | **18,038**                | **7,710**                    | **10,328**                 | **6,025**                 |
### Appendix 7 - Efficiency Savings

#### Health Board Efficiency Savings

<table>
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<tr>
<th></th>
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<th></th>
<th></th>
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<th></th>
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<tbody>
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<td>Procurement</td>
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<td>1,261</td>
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<td>0</td>
<td>-2,426</td>
<td>-2,426</td>
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Total Health Board savings: 11,732, 1,602, 2,971, 4,573, 7,159, 3,919, 7,811

#### IJB Efficiency Savings

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
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<td>110</td>
<td>110</td>
<td>110</td>
<td>0</td>
<td>110</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Other</td>
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<td>3,156</td>
<td>6,671</td>
<td>7,723</td>
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<td>7,723</td>
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<td>-2,000</td>
<td>-2,000</td>
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<tr>
<td>Sub Total</td>
<td>7,487</td>
<td>2,104</td>
<td>1,052</td>
<td>3,156</td>
<td>4,671</td>
<td>5,723</td>
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<td>93</td>
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</table>

Total IJB savings: 7,487, 2,104, 1,052, 3,156, 4,671, 5,723

#### NHS Fife Efficiency Savings

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<tr>
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<th></th>
<th></th>
</tr>
</thead>
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<td>1,656</td>
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<td>Infrastructure</td>
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<td>667</td>
<td>1,538</td>
<td>2,205</td>
<td>861</td>
<td>2,152</td>
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<tr>
<td>Other</td>
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<td>500</td>
<td>978</td>
<td>458</td>
<td>1,030</td>
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<td>Workstream Total</td>
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<td>16,257</td>
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<td>0</td>
<td>0</td>
<td>-4,426</td>
<td>-4,426</td>
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</tr>
<tr>
<td>Sub Total</td>
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<td>3,706</td>
<td>4,022</td>
<td>7,728</td>
<td>11,831</td>
<td>13,536</td>
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<td>-93</td>
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Total NHS Fife savings: 19,559, 3,706, 4,115, 7,821, 11,758, 13,536

### NHS Fife Efficiency Savings Target Reconciliation

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<tr>
<td>IJB Workstream Total</td>
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<tr>
<td>Gross NHS Fife Efficiency Target</td>
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<tr>
<td>IJB Pay Consequentials</td>
</tr>
<tr>
<td>Net NHS Fife Efficiency Target</td>
</tr>
</tbody>
</table>
Capital Expenditure

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

In year position: £2.615m spend at Month 7
Forecast position: £7.394m spend

The total anticipated Capital Resource Limit for 2018/19 is £7.394m. The capital position for the 7 months to October shows investment of £2.615m, equivalent to 35.36% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

1. INTRODUCTION

1.1 This report provides an overview on the capital expenditure position as at the end of October 2018, 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. On 1 June 2018 NHS Fife received confirmation of initial core capital allocation amounts of £7.394m gross.
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;
- Forth Park Maternity Hospital – Contract concluded – planning application awaited;
- Fair Isle Clinic – Offer accepted subject to planning;
- Hazel Avenue – Sold 2018/19;
- ADC – Currently in process of being marketed;
- Hayfield Clinic – Planning approved awaiting legal completion; and
- 10 Acre Field – Land sold 2018/19

2.2 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 overall profile will be adjusted once the Capital Equipment programme has been finalised. The expenditure to date amounts to £2.615m or 35.36% 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:

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<th>Amount</th>
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<td>Statutory Compliance</td>
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<tr>
<td>Equipment</td>
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</tr>
<tr>
<td>Anti-Ligature Works</td>
<td>£0.111m</td>
</tr>
</tbody>
</table>

3.3 As previously reported, detailed commentary on the individual priority areas for capital investment this year and into 2019/20 will be provided to a future Finance, Performance & Resources Committee. Further scoping work is underway in parallel, to review and define an agreed business case template for all capital proposals above a certain limit; and a further update will follow in due course.

4. CAPITAL EXPENDITURE OUTTURN

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

5. RECOMMENDATION

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

- **note** the capital expenditure position to 31 October 2018 of £2.615m; and
- **note** the forecast spend of the capital resource allocation of £7.394m
## Appendix 1: Capital Plan - Changes to Planned Expenditure

<table>
<thead>
<tr>
<th>Capital Expenditure Proposals 2018/19</th>
<th>Board Approved 14/03/2018 £'000</th>
<th>Cumulative to Sept £'000</th>
<th>Board 30/10/2018 £'000</th>
<th>Oct Adj £'000</th>
<th>F&amp;J £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Routine Expenditure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Community &amp; Primary Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor Capital</td>
<td>59</td>
<td>59</td>
<td></td>
<td></td>
<td>59</td>
</tr>
<tr>
<td>Capital Equipment</td>
<td>104</td>
<td>42</td>
<td>47</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>Statutory Compliance</td>
<td>572</td>
<td>572</td>
<td>125</td>
<td>697</td>
<td></td>
</tr>
<tr>
<td>Condemned Equipment</td>
<td>30</td>
<td>30</td>
<td>12</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>Total Community &amp; Primary Care</td>
<td>0</td>
<td>765</td>
<td>704</td>
<td>184</td>
<td>888</td>
</tr>
<tr>
<td><strong>Acute Services Division</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital Equipment</td>
<td>1,584</td>
<td>533</td>
<td>1,289</td>
<td>1,822</td>
<td></td>
</tr>
<tr>
<td>Minor Capital</td>
<td>704</td>
<td>677</td>
<td>27</td>
<td>704</td>
<td></td>
</tr>
<tr>
<td>Statutory Compliance</td>
<td>2,699</td>
<td>2,725</td>
<td>(151)</td>
<td>2,574</td>
<td></td>
</tr>
<tr>
<td>Condemned Equipment</td>
<td>31</td>
<td>9</td>
<td>22</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Total Acute Service Division</td>
<td>0</td>
<td>5,019</td>
<td>3,944</td>
<td>1,188</td>
<td>5,132</td>
</tr>
<tr>
<td><strong>Fife Wide</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor Work</td>
<td>498</td>
<td>(498)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information Technology</td>
<td>1,041</td>
<td></td>
<td>1,041</td>
<td>1,041</td>
<td></td>
</tr>
<tr>
<td>Backlog Maintenance/Statutory Compliance</td>
<td>3,586</td>
<td>(3,586)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condemned Equipment</td>
<td>90</td>
<td>(62)</td>
<td>51</td>
<td>(35)</td>
<td>16</td>
</tr>
<tr>
<td>Scheme Development</td>
<td>43</td>
<td></td>
<td>43</td>
<td></td>
<td>43</td>
</tr>
<tr>
<td>Fife Wide Equipment</td>
<td>2,036</td>
<td>(1,688)</td>
<td>1,461</td>
<td>(1,337)</td>
<td>124</td>
</tr>
<tr>
<td>Fife Wide Contingency Balance</td>
<td>100</td>
<td></td>
<td>50</td>
<td>150</td>
<td>150</td>
</tr>
<tr>
<td>Capital to Revenue Transfers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Fife Wide</td>
<td>7,394</td>
<td>(5,784)</td>
<td>2,746</td>
<td>(1,372)</td>
<td>1,374</td>
</tr>
<tr>
<td><strong>Total NHS Fife</strong></td>
<td>7,394</td>
<td>0</td>
<td>7,394</td>
<td>0</td>
<td>7,394</td>
</tr>
</tbody>
</table>
## Appendix 2 - Capital Programme Expenditure Report

### NHS FIFE - TOTAL REPORT SUMMARY 2018/19

**CAPITAL PROGRAMME EXPENDITURE REPORT - OCTOBER 2018**

<table>
<thead>
<tr>
<th>Project</th>
<th>CRL New Funding £’000</th>
<th>Total Expenditure to Date £’000</th>
<th>Projected Expenditure 2018/19 £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMMUNITY &amp; PRIMARY CARE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statutory Compliance</td>
<td>697</td>
<td>150</td>
<td>697</td>
</tr>
<tr>
<td>Capital Minor Works</td>
<td>59</td>
<td>59</td>
<td>59</td>
</tr>
<tr>
<td>Capital Equipment</td>
<td>90</td>
<td>42</td>
<td>90</td>
</tr>
<tr>
<td>Condemned Equipment</td>
<td>42</td>
<td>30</td>
<td>42</td>
</tr>
<tr>
<td><strong>Total Community &amp; Primary Care</strong></td>
<td>888</td>
<td>282</td>
<td>888</td>
</tr>
<tr>
<td><strong>ACUTE SERVICES DIVISION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital Equipment</td>
<td>1,822</td>
<td>464</td>
<td>1,822</td>
</tr>
<tr>
<td>GHMS - Tasks</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Statutory Compliance</td>
<td>2,574</td>
<td>1,089</td>
<td>2,574</td>
</tr>
<tr>
<td>Minor Works</td>
<td>704</td>
<td>338</td>
<td>704</td>
</tr>
<tr>
<td>Condemned Equipment</td>
<td>31</td>
<td>9</td>
<td>31</td>
</tr>
<tr>
<td><strong>Total Acute Services Division</strong></td>
<td>5,132</td>
<td>1,900</td>
<td>5,132</td>
</tr>
<tr>
<td><strong>NHS FIFE WIDE SCHEMES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condemned Equipment</td>
<td>16</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>Information Technology</td>
<td>1,041</td>
<td>323</td>
<td>1,041</td>
</tr>
<tr>
<td>Equipment Balance</td>
<td>124</td>
<td>0</td>
<td>124</td>
</tr>
<tr>
<td>Scheme Development</td>
<td>43</td>
<td>0</td>
<td>43</td>
</tr>
<tr>
<td>Statutory Compliance</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Contingency</td>
<td>150</td>
<td>111</td>
<td>150</td>
</tr>
<tr>
<td><strong>Total NHS Fife Wide</strong></td>
<td>1,374</td>
<td>433</td>
<td>1,374</td>
</tr>
<tr>
<td><strong>TOTAL ALLOCATION FOR 2018/19</strong></td>
<td>7,394</td>
<td>2,615</td>
<td>7,394</td>
</tr>
</tbody>
</table>
A further review of the content and structure of this section of the IPR took place in September. The key issues being reviewed were the lack of properly-defined performance targets for iMatter and TURAS, an assessment about whether the drill-down design suited reporting of iMatter and Supplementary Staffing and the wording of some of the Improvement Actions and Planned benefits for Sickness Absence. Changes have been implemented which address these, but without any loss of information or data.

**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 September was 5.50%, a decrease of 0.02% compared to the position at the end of August. During the first half of FY 2018/19, sickness absence was 5.03%.

**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 in July and August.

**iMatter** 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 is expected to produce an Action Plan, with a completion date of 12th November. At the end of October, 251 Action Plans (31.3%) had been completed.

**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. Teams are working to produce an Action Plan, and compliance will be reported following the closure date of 12th November.

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

During Quarter 2 of 2018/19, 49% of staff had an annual review with their Line Manager within a rolling 12-month period. This was a reduction of 2% from the previous Quarter. Performance is measured on a rolling 12-month period.

**Assessment:** The TURAS system is currently being reviewed to enable monthly report functionality and directorate drill-down following the migration from eKSF. This will be reflected in future Integrated Performance Reports.

**Management Referrals** 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 2 of 2018/19, 48.3% of the management referrals processed by the Staff Wellbeing & Safety Service were offered an appointment within 10 working days. This has increased to 81% for Occupational Health Nurse appointments in September.

**Assessment:** This is below the agreed target, but represents a significant improvement from the previous quarter. This was achieved after the service cleared a backlog of work relating to expose prone procedures. The department is reviewing the 95% target in light of its continued requirement to redirect resources in response to agreed organisational priorities (e.g. 2018/19 Staff Influenza Immunisation programme) and the EPP Taskforce.
# Performance Summary

## National Standards

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Standard</th>
<th>Quality Aim</th>
<th>Target for 2018-19</th>
<th>Performance Data</th>
<th>National Comparison (with other 10 Mainland Boards)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>FY 2018-19 to Date</td>
<td></td>
<td>Scotland</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Period</td>
<td>Performance</td>
<td>Rank</td>
</tr>
<tr>
<td>Staff Governance</td>
<td>Sickness Absence</td>
<td>Clinically Effective</td>
<td>5.00%</td>
<td>12 months to Sep 18</td>
<td>5.50%</td>
</tr>
</tbody>
</table>

- 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

<table>
<thead>
<tr>
<th>Status</th>
<th>Definition</th>
<th>Direction of Travel</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN</td>
<td>Performance meets or exceeds the local target</td>
<td>↑</td>
<td>Performance improved from previous</td>
</tr>
<tr>
<td>AMBER</td>
<td>Performance is behind (but within 5% of) the local target</td>
<td>↓</td>
<td>Performance worsened from previous</td>
</tr>
<tr>
<td>RED</td>
<td>Performance is more than 5% behind the local target</td>
<td>↔</td>
<td>Performance unchanged from previous</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>Local Target</th>
<th>Quality Aim</th>
<th>Target for 2018-19</th>
<th>Performance Data</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Current Period</td>
<td>Current Performance</td>
</tr>
<tr>
<td>Staff Governance</td>
<td>Redeployment</td>
<td>Clinically Effective</td>
<td>50.0%</td>
<td>Jul to Sep 2018</td>
</tr>
<tr>
<td></td>
<td>Supplementary Staffing</td>
<td>Clinically Effective</td>
<td>80.0%</td>
<td>Jul to Sep 2018</td>
</tr>
<tr>
<td></td>
<td>Pre-Employment Checks</td>
<td>Safe</td>
<td>80.0%</td>
<td>Jul to Sep 2018</td>
</tr>
<tr>
<td></td>
<td>Management Referrals</td>
<td>Safe</td>
<td>95.0%</td>
<td>Jul to Sep 2018</td>
</tr>
<tr>
<td></td>
<td>iMatter</td>
<td>Clinically Effective</td>
<td>80.0%</td>
<td>FY 2018/19</td>
</tr>
<tr>
<td></td>
<td>TURAS</td>
<td>Clinically Effective</td>
<td>80.0%</td>
<td>Jul to Sep 2018</td>
</tr>
</tbody>
</table>
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’.

2 Targets and Standards; On Track
NHS Fife continues to meet or perform ahead of the following Standards and local targets:

| Redeployment: | 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 |

2 Targets and Standards; Variable Performance
NHS Fife has generally met or been close to the following Standards and local targets for a sustained period, however, performance varies from period-to-period.

<table>
<thead>
<tr>
<th>Supplementary Staffing:</th>
<th>At least 80% of supplementary staffing requirements will be filled via the NHS Nurse Bank, reducing the need for Agency workers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>During Quarter 2 of 2018/19, 77.5% of staffing requirements were met via the Nurse Bank, around 6% lower than in Quarter 1 and slightly below the local target.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pre-Employment Checks:</th>
<th>At least 80% of all pre-employment checks, as detailed within the Safer Pre &amp; Post Employment Checks NHS Scotland Policy, will be completed within 21 working days from receipt of the preferred candidate details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>During Quarter 2 of 2018/19, nearly 350 individuals within various staff groups were offered employment throughout NHS Fife (11.0% higher than in Quarter 1), with 76.1% of pre-employment checks being completed within 21 working days.</td>
</tr>
</tbody>
</table>

3 Targets and Standards; Not Being Met - Drill-Down
For each of the Standards and local 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.

iMatter, TURAS and Management Referrals, where performance is currently below expectations, do not fit with this design, mainly due to the immaturity of data and the lack of historical information. Current performance data is provided in the Local Targets table on the previous page, while issues and rectification actions are covered in the Exec Summary.
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**
5.50% for 12-month period October 2017 to September 2018

**Scotland Performance**
5.39% for 2017/18 (data published annually)
<table>
<thead>
<tr>
<th>Current Issues</th>
<th>Previous 3 Months</th>
<th>12 Months to Jun 2018</th>
<th>12 Months to Jul 2018</th>
<th>12 Months to Aug 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>The main reasons for sickness absence over the last twelve months were due to</td>
<td></td>
<td>5.53%</td>
<td>5.50%</td>
<td>5.53%</td>
</tr>
<tr>
<td>anxiety, stress and depression; other musculoskeletal problems and injury /</td>
<td></td>
<td>↑</td>
<td>↑</td>
<td>↓</td>
</tr>
<tr>
<td>fracture</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Context</td>
<td>5.53% ↑</td>
<td>5.50% ↑</td>
<td>5.53% ↓</td>
<td></td>
</tr>
<tr>
<td>Sickness absence was higher month-on-month in 2017/18 when compared to</td>
<td>5.53% ↑</td>
<td>5.50% ↑</td>
<td>5.53% ↓</td>
<td></td>
</tr>
<tr>
<td>2016/17. However, absence rates have been significantly lower in 4 of the 6</td>
<td>5.53% ↑</td>
<td>5.50% ↑</td>
<td>5.53% ↓</td>
<td></td>
</tr>
<tr>
<td>months to date of 2018/19 when compared to 2017/18.</td>
<td>5.53% ↑</td>
<td>5.50% ↑</td>
<td>5.53% ↓</td>
<td></td>
</tr>
</tbody>
</table>

### Key Actions for Improvement

<table>
<thead>
<tr>
<th>Key Actions for Improvement</th>
<th>Planned Benefits</th>
<th>Due By</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Division Sickness Absence Review</td>
<td>Improvement in the rates of sickness absence within the East Division in 2017/18</td>
<td>Dec 2018</td>
<td>On Track</td>
</tr>
<tr>
<td>Build on success of Well at Work Group, embedding commitment to being a Health Promoting Health Service</td>
<td>Adoption of a holistic and multi-disciplinary approach to identify solutions to</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td></td>
<td>manage absence and promote staff wellbeing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evidence for this would be from the annual HPHS Assessment evaluation feedback,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>the HWL annual review feedback, from improvements in absence rates and staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>feedback from workplace surveys etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enhanced data analysis of sickness absence trends, aligned to other, related workforce information, combined with bespoke</td>
<td>Enable NHS Fife to target Staff Wellbeing &amp; Safety support, and other initiatives,</td>
<td>Nov 2018</td>
<td>On Track</td>
</tr>
<tr>
<td>local reporting (Use of Top 100 Reports, Drill Down reports provided for wards and departments, looking for increased staff</td>
<td>to the most appropriate areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and managerial engagement and improvement in absence rates)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formation of a short life working group to explore challenges and opportunities relating to an ageing workforce (the group</td>
<td>Identification of appropriate mechanisms to allow staff aged 50 and over to</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>has now met on three occasions and an Action Plan is being implemented)</td>
<td>remain healthy at work, supporting the resilience of the workforce</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refreshed Management Attendance training with focus on the use of the Attendance Management Resource pack, Return to Work</td>
<td>Reduction of sickness level, with particular decreases in absence linked to</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>interviews and mental health and wellbeing at work. An additional programme of Mental Health in the Workplace training</td>
<td>Mental Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>supported by HWL Fife will also be explored.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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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

### Performance Data

<table>
<thead>
<tr>
<th>Section</th>
<th>Standard</th>
<th>Target for 2018-19</th>
<th>Current Period</th>
<th>Previous Period</th>
<th>Direction of Travel</th>
<th>Performance</th>
<th>Rank</th>
<th>Scotland</th>
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<td><strong>Health</strong></td>
<td>NA - C Diff</td>
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<td>0.32</td>
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<td>12 months to Sep 2018</td>
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<td>12 months to Sep 2018</td>
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<td>Sep 2018</td>
<td>67.7%</td>
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<td>Cancer 62-Day RTT</td>
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<td>95.0%</td>
<td>Oct 2018</td>
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<td>Sep 2018</td>
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<td>Detect Cancer Early</td>
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<td>Apr to Jun 2018</td>
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<tr>
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<td>CAMHS Waiting Times</td>
<td>Clinically Effective</td>
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<td>3 months to Oct 2018</td>
<td>80.2%</td>
<td>3 months to Sep 2018</td>
<td>78.1%</td>
<td>↑</td>
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<tr>
<td></td>
<td>Psychological Therapies Waiting Times</td>
<td>Clinically Effective</td>
<td>90.0%</td>
<td>3 months to Oct 2018</td>
<td>70.4%</td>
<td>3 months to Sep 2018</td>
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<td><strong>Staff Governance</strong></td>
<td>Sickness Absence</td>
<td>Clinically Effective</td>
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<td>12 months to Oct 2018</td>
<td>5.51%</td>
<td>12 months to Sep 2018</td>
<td>5.50%</td>
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</tr>
</tbody>
</table>

### Definition

- **Green**: Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)
- **Amber**: Performance is behind (but within 5% of) the Standard or Delivery Trajectory
- **Red**: Performance is more than 5% behind the Standard or Delivery Trajectory

### Staff Governance

- **Green**: Performance is more than 5% behind the Standard or Delivery Trajectory
- **Amber**: Performance is behind (but within 5% of) the Standard or Delivery Trajectory
- **Red**: Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)

- **Direction of Travel**:
  - **↑**: Performance improved from previous period
  - **↓**: Performance worsened from previous period
  - **↔**: Performance unchanged from previous period

- **Status**:
  - **Green**: Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)
  - **Amber**: Performance is behind (but within 5% of) the Standard or Delivery Trajectory
  - **Red**: Performance is more than 5% behind the Standard or Delivery Trajectory

*The 4-Hour Emergency Access performance in October alone was 95.8% (all A&E and MIU sites) and 94.3% (VHK A&E, only)*
## Performance Data Sources

<table>
<thead>
<tr>
<th>LDP Target / Standard / Local Target</th>
<th>LMI / Published</th>
<th>LMI Source</th>
<th>Period Covered by Published Data</th>
<th>Time Lag in Published Data</th>
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<tbody>
<tr>
<td>Hospital-Acquired Infection: Sabs</td>
<td>LMI</td>
<td>Infection Control</td>
<td>Quarter</td>
<td>3 months</td>
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<td>Hospital-Acquired Infection: C Diff</td>
<td>LMI</td>
<td>Infection Control</td>
<td>Quarter</td>
<td>3 months</td>
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<td>Complaints</td>
<td>LMI</td>
<td>DATX (Business Objects Report)</td>
<td>Year</td>
<td>6 months</td>
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<td>IVF Treatment Waiting Times</td>
<td>LMI</td>
<td>ISD Management Report</td>
<td>Quarter</td>
<td>2 months</td>
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<tr>
<td>18 Weeks RTT</td>
<td>LMI</td>
<td>Information Services</td>
<td>Quarter</td>
<td>2 months</td>
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<td>LMI</td>
<td>Information Services</td>
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<td>Month</td>
<td>1 month</td>
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<td>Alcohol Brief Interventions</td>
<td>LMI</td>
<td>Addiction Services</td>
<td>Year</td>
<td>3 months</td>
</tr>
<tr>
<td>Drugs &amp; Alcohol Waiting Times</td>
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<td>Quarter</td>
<td>3 months</td>
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<td>CAMHS Waiting Times</td>
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<td>Mental Health</td>
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<td>Psychological Therapies Waiting Times</td>
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<td>Information Services</td>
<td>Quarter</td>
<td>2 months</td>
</tr>
<tr>
<td>Dementia: Referrals</td>
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<td>Quarter</td>
<td>9 months</td>
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<td>ISD Management Report</td>
<td>Quarter</td>
<td>9 months</td>
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<td>Smoking Cessation Database</td>
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<td>Sickness Absence</td>
<td>LMI</td>
<td>HR (SWISS)</td>
<td>Year</td>
<td>3 months</td>
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<td>7 months</td>
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<td>Cancer Waiting Times: 62-Day RTT</td>
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<td>Cancer Services</td>
<td>Quarter</td>
<td>3 months</td>
</tr>
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<td>Cancer Waiting Times: 31-Day DTT</td>
<td>LMI</td>
<td>Cancer Services</td>
<td>Quarter</td>
<td>3 months</td>
</tr>
<tr>
<td>Patient TTG</td>
<td>LMI</td>
<td>Information Services</td>
<td>Quarter</td>
<td>2 months</td>
</tr>
<tr>
<td>Outpatient Waiting Times</td>
<td>LMI</td>
<td>Information Services</td>
<td>Final Month of Quarter</td>
<td>2 months</td>
</tr>
<tr>
<td>Diagnostics Waiting &gt; 6 Weeks</td>
<td>LMI</td>
<td>Information Services</td>
<td>Final Month of Quarter</td>
<td>2 months</td>
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</tbody>
</table>

**GREEN**

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

**AMBER**

LMI and Published data may have minor (insignificant) differences

**RED**

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 October, there were 5 *Staphylococcus aureus* Bacteraemias (SAB) across Fife, 4 of which were community-associated, with one occurring in QMH. The number of cases in October was 4 less than in September but one more than in October 2017, and this means that the annual infection rate has increased slightly.

Assessment: The Acute Services Division continues to see intermittent Peripheral Vascular Cannulae (PVC) related SAB. A number of initiatives are underway to revisit compliance with PVC insertion and maintenance bundles. However, work in specific areas where we have focused our resources, has decreased or stabilised the number of SABs. This relates particularly to dialysis line-related SAB, where long periods have elapsed without any infections being recorded in the VHK.

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.

The number of Stage 1 and Stage 2 complaints closed in October (126) was the highest monthly figure recorded. The Stage 1 closure rate was 82.7%, the second successive month above the local target, while the Stage 2 closure rate was 73.3%, the best monthly performance since the Stage 1 / 2 split was introduced in April 2017.

Assessment:

**Acute Services Division**

The review and ongoing monitoring of the internal complaints-handling process continues to support improvement in the overall performance for Stage 1 and Stage 2 complaints.

**Health and Social Care Partnership**

A review of the current processes and systems within the Partnership has taken place which has seen a slight improvement with the approval and sign off process; however further work is required.

The Patient Relations Team continue to review the quality of investigation statements and draft responses along with a daily review of open cases to ensure timescales and deadline issues are addressed in a timely manner.

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 to the end of October, 95.6% 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, marginally less than the performance at the end of September, but remaining above the Standard.
In October itself, 94.3% of the patients attending the VHK Emergency Department met this target, equating to 312 breaches out of 5,479 attendances. There were no 12-hour breaches in the month (the last one was in March), while 9 patients waited more than 8 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 were an increasing number of patients waiting longer than 4 hours for admission to the hospital linked to a higher than average occupancy level and a lower than expected discharge profile.

Out of hours Service continues within VHK, with the MIU services in QMH supported with either appropriate level of nursing or paramedic services.

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 October, 85.2% of patients (75 out of 88) started treatment within 62 days of an urgent referral, 3% less than in September. The 13 breaches were across 5 different specialties, with 5 being in Urology, 3 in Breast and 3 in Lung.

Assessment: Performance continues to be challenging for a variety of reasons, including surgical capacity in NHS Fife (for Breast, Gynaecology and Urology). The main issues are with the Urology pathways, specifically prostate due to process and waits for diagnostic tests. There continues to be extended waits for oncology OPAs (in both Lung and Urology). These issues will impact on our ability to meet the Standard during Q3 of 2018/19.

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 October, 67.6% of patients were seen within 12 weeks, virtually unchanged from the previous 2 months, although the number of patients starting treatment was the highest since May. Ophthalmology accounted for over 40% of the 480 breaches.

Assessment: The Elective Programme is being delivered and a recovery plan with funding secured from the Scottish Government is in place for 2018/19, with the focus being on reducing the number of patients waiting more than 26 weeks for treatment. However, staffing theatres and ensuring sufficient bed capacity to deliver the additional capacity at weekends is a challenge. This is reflected in the performance in Q3. Activity is being outsourced for Urology, General Surgery, Oral Maxillofacial, Ophthalmology, Orthopaedics, Gynaecology and ENT and further discussions have taken place with the Scottish Government to fund an extension of this work and to staff additional ambulatory and day case areas at VHK as part of the Site Optimisation plan to avoid cancellations due to bed capacity. It is anticipated that performance will improve in Q4 2018/19.

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 October, 98.6% of patients on the waiting list had waited less than 6 weeks for their test, continuing the recovery evident since the start of 2018. There were 51 breaches, 38 of which were for a CT scan.

Assessment: The recovery plan for 2018/19 is being implemented and continues to maintain an improved position for Radiology.

The implementation of the recovery plan for Endoscopy, with funding secured from the Scottish Government, has delivered an improved position. It is anticipated that this will be sustained despite the increase in bowel screening referrals.

18 Weeks Referral-to-Treatment target: 90% of planned/elective patients to commence treatment within 18 weeks of referral.
During October, 77.9% of patients started treatment within 18 weeks of referral. Performance has been between 77% and 81% in each month since the summer of 2017, while the number of patients admitted for treatment in this period has risen by almost 25%.

**Assessment:** The 18 weeks performance will continue to be a challenge in Q3 of 2018/19 due to the reduction in performance in the patient treatment time guarantee alongside the slower than anticipated improvement in performance for outpatients.

### 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 25th October Census (excluding Code 9 patients – Adults with Incapacity) was 67, 3 more than at the September Census. The number of patients in delay for over 14 days (again excluding Code 9 patients) was 28, the highest since September 2017.

**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.

**Smoking Cessation** target: In 2018/19, we will deliver a minimum of 540 post 12 weeks smoking quits in the 40% most deprived areas of Fife.

Local management information shows that 141 people in the 40% most deprived areas of Fife who attempted to stop smoking during the first 4 months of the FY had successfully quit at 12 weeks. This is behind the annual trajectory (requiring 45 quits per month), but the number of quits recorded in July was the highest of the year to date.

**Assessment:** A Stop Smoking Advisor has been appointed and will start work whenever the appropriate pre-employment checks have been completed. SCI gateway is now available to dental practices to support client referrals. Formulary changes have been approved by committee, and Champix is now equal first line with Nicotine Replacement Therapy. A Community Pharmacy evening was held to stimulate discussion and look at barriers to service delivery.

**Child and Adolescent Mental Health Services (CAMHS)** target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services (note: performance is measured on a 3 month average basis).

During the 3-month period from August to October, 80.2% of patients who started treatment did so within 18 weeks of referral, the best 3-month figure since May 2017. In addition, the overall number of patients on the waiting list was the lowest for a year.

**Assessment:** Referrals to CAMHS continue to be significant. Ongoing initiatives around robust screening, positive signposting and engagement with partner agencies to increase the capacity of universal service providers has allowed specialist CAMHS to focus their provision on children and young people with complex, serious and persistent mental health needs.

Additional Primary Mental Health Workers, which will place mental health professionals alongside GPs, are to be 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. This resource will be recruited in January and operational by February/March.
Psychological Therapies Waiting Times target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies (note: performance is measured on a 3 month average basis).

During the 3-month period from August to October, 70.4% of patients who started treatment did so within 18 weeks of referral, the best 3-month figure since March. Comparing the first 7 months of 2018/19 with the equivalent months of 2017/18, the average number of referrals per month has increased by over 100 while the average number of patients starting treatment per month has increased by just under 60. There is not yet a way of managing the increased demand which will improve performance towards the 90% Standard.

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.

The establishment of Community Mental Health Teams across Fife is progressing well and can be expected to contribute to the reduction of waiting times for the most complex patients once a multi-disciplinary team case management approach is fully operational. In November, the ‘AT Fife’ website was launched by the Psychology Service to facilitate self-referrals to low intensity therapy groups. This initiative will increase access to PTs and reduce waiting times for people with mild-moderate difficulties. We anticipate that this new pathway will also free up capacity in specialist services to offer PTs to people with more complex needs.

Financial Performance

Financial Position

The in-year revenue position for the 8 months to 30 November reflects an overspend of £2.095m. This comprises an underspend of £1.594m attributable to Health Board; and an overspend of £3.689m aligned to the Integration Joint Board (including the estimated impact of the current risk share of £2.651m).

At month 8, the reported year end forecast is an overspend of £4.289m. This includes a forecast Health Board underspend of £3.235m; and an IJB forecast overspend of £7.524m (including risk share of £3.977m).

Positively the health component of the IJB has improved since last month (both in-year and forecast), however the social care position has worsened. In spite of management actions the resulting outcome is a total IJB forecast overspend in excess of £10m (£10.450m after assuming carry forward of ADP and Primary Care Improvement Fund underspends to 2019/20). This has a significant adverse impact on any risk share contribution calculation from the previous month. Further discussion is required between the partners, on options to address the IJB forecast overspend. By taking cognisance of the risk sharing arrangement the impact is such that the IJB would deliver a balanced position and NHS Fife would be required to report an overspend of £4.289m. Conversely if the risk share arrangement was not taken into account, and the respective parties were to make additional one-off payments to the IJB limited to their respective overspend positions (per first step in the Integration Scheme), the NHS Fife position would be broadly break even.

Whilst the year end forecast reflects an overspend, we continue our commitment to work towards delivery within budget, as set out in our Annual Operational Plan.

Caveats to the reported forecast overspend of £4.289m include:

- The approach and process for resolving IJB overspends – consider options prior to escalating to risk sharing arrangement
- Further scrutiny and challenge on the robustness of forecast outturns across the Acute Division and IJB, in particular the social care position
• Treatment of ringfenced or earmarked allocations
• Potential revenue benefit from the conclusion of land and asset sales
• Potential additional flexibility within IJB

which may favourably impact the reported forecast overspend position and in turn contribute to the delivery of a balanced financial outturn position.

Members should note that this forecast position will be reported to Scottish Government Health & Social Care Directorates as part of the routine monthly financial performance returns. No formal request for additional resources is being sought at this point in time however, the impact of the risk share arrangement will be highlighted as a specific risk to the delivery of breakeven.

Capital Programme

The total anticipated Capital Resource Limit for 2018/19 is £8.860m. The capital position for the 8 months to November shows investment of £3.221m, equivalent to 36.35% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

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 October was 5.51%, an increase of 0.01% when compared to the position at the end of September. During the first seven months of FY 2018/19, sickness absence was 5.12%.

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 in July, August and October.

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.

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

During Quarter 2 of 2018/19, 49% of staff had an annual review with their Line Manager within a rolling 12-month period. This was a reduction of 2% from the previous Quarter. Performance is measured on a rolling 12-month period.

Assessment: The TURAS system is currently being reviewed to enable monthly report functionality and directorate drill-down following the migration from eKSF. This will be reflected in future Integrated Performance Reports.
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:

<table>
<thead>
<tr>
<th>In-Vitro Fertilisation (IVF)</th>
<th>target: At least 90% of eligible patients to commence IVF treatment within 12 months of referral from Secondary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Acquired Infection (HAI), <em>Clostridioides Difficile</em> (C-Diff)</td>
<td>target: We will achieve a maximum rate of C-Diff infection in the over 15 year olds of 0.32</td>
</tr>
<tr>
<td>Antenatal Access</td>
<td>target: At least 80% of pregnant women in each SIMD quintile will book for antenatal care by the 12th week of gestation</td>
</tr>
<tr>
<td>Alcohol Brief Interventions</td>
<td>target: In 2018/19, we will deliver a minimum of 4,187 interventions, at least 80% of which will be in priority settings</td>
</tr>
<tr>
<td>At the end of Q2, 1,991 interventions had been delivered, slightly behind the trajectory but a significant recovery due to an increase in returns from ‘wider settings’ (principally Sexual Health). We expect to meet the annual target.</td>
<td></td>
</tr>
<tr>
<td>Drug and Alcohol Waiting Times</td>
<td>target: At least 90% of clients will wait no longer than 3 weeks from referral to treatment</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Cancer Waiting Times: 31 Day Decision to Treat</th>
<th>target: We will treat at least 95% of cancer patients within 31 days of decision to treat</th>
</tr>
</thead>
<tbody>
<tr>
<td>In October, 94.8% of patients (109 out of 115) started treatment within 31 days, close to achieving the Standard. There were 3 breaches each in the Breast and Urology specialties, for reasons described under the 62-Day RTT narrative and drill-down.</td>
<td></td>
</tr>
<tr>
<td>Outpatients Waiting Times</td>
<td>target: 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment.</td>
</tr>
<tr>
<td>At the end of October, 93.5% of patients waiting for their first outpatient appointment had waited no more than 12 weeks, the highest figure recorded since March 2017. The number of patients waiting over 12 weeks (876) was the lowest since the same month, while the overall waiting list was at its lowest since February.</td>
<td></td>
</tr>
<tr>
<td>The outpatient performance continues to improve through continuing to manage demand and deliver additional activity to recover the position in Neurology, Orthopaedics, Surgical Paediatrics, Urology, Ophthalmology, Cardiology, Respiratory, Breast and Dermatology. Achieving the target will continue to be a challenge but it is anticipated performance will improve further in Quarter 4 of 2018/19 as the recovery plan with funding secured from the Scottish Government is implemented.</td>
<td></td>
</tr>
<tr>
<td>Detect Cancer Early</td>
<td>target: At least 29% of cancer patients will be diagnosed and treated in the first stage of breast, colorectal and lung cancer</td>
</tr>
</tbody>
</table>
| 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 1st January 2016 to 31st
December 2017, the 6th 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 June 2018 show that there has been a further fall in performance, to 23.8%. This is mainly attributable to a reduction in Breast Cancers detected at Stage 1 (from 39.8% in 2016 and 2017 to 37% for the most recent 2-year period).

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 Q1 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, 703 people were referred to the Dementia PDS in NHS Fife. While this is 54% of the notional target (1,289), we 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.

Data for 2018/19 shows that 127 referrals had been made in Q1.

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 73.8%, below the Scottish average of 76.3%; both figures, can be expected to increase by the time we have the full-year figures (in early 2019).

For 2016/17, Fife achieved 88.7% against a Scottish average of 83.9%.

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 61.4%, Fife achieved 96%.

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 October, there were 5 *Staphylococcus aureus* Bacteraemias (SAB) across Fife, 4 of which were community-associated, with one occurring in QMH. The number of cases in October was 4 less than in September but one more than in October 2017, and this means that the annual infection rate has increased slightly.

Assessment: The Acute Services Division continues to see intermittent Peripheral Vascular Cannulae (PVC) related SAB. A number of initiatives are underway to revisit compliance with PVC insertion and maintenance bundles. However, work in specific areas where we have focused our resources, has decreased or stabilised the number of SABs. This relates particularly to dialysis line-related SAB, where long periods have elapsed without any infections being recorded in the VHK.

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.

The number of Stage 1 and Stage 2 complaints closed in October (126) was the highest monthly figure recorded. The Stage 1 closure rate was 82.7%, the second successive month above the local target, while the Stage 2 closure rate was 73.3%, the best monthly performance since the Stage 1 / 2 split was introduced in April 2017.

Assessment:

**Acute Services Division**

The review and ongoing monitoring of the internal complaints-handling process continues to support improvement in the overall performance for Stage 1 and Stage 2 complaints.

**Health and Social Care Partnership**

A review of the current processes and systems within the Partnership has taken place which has seen a slight improvement with the approval and sign off process; however further work is required.

The Patient Relations Team continue to review the quality of investigation statements and draft responses along with a daily review of open cases to ensure timescales and deadline issues are addressed in a timely manner.
Performance Summary

<table>
<thead>
<tr>
<th>Section</th>
<th>RAG</th>
<th>Standard</th>
<th>Quality Aim</th>
<th>Target for 2018-19</th>
<th>Performance Data</th>
<th>FY 2018-19 to Date</th>
<th>National Comparison (with other 10 Mainland Boards)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Current Period</td>
<td>Previous Period</td>
<td>Direction of Travel</td>
</tr>
<tr>
<td>HAI - C Diff</td>
<td>GREEN</td>
<td>Safe</td>
<td>0.32</td>
<td>12 months to Oct 2018</td>
<td>0.20</td>
<td>12 months to Sep 2018</td>
<td>0.19</td>
</tr>
<tr>
<td>Complaints (Stage 1 Closure Rate in Month)</td>
<td>Person-centred</td>
<td>80.0%</td>
<td>Oct 2018</td>
<td>82.7%</td>
<td>Sep 2018</td>
<td>88.9%</td>
<td>↓</td>
</tr>
<tr>
<td>Complaints (Stage 2 Closure Rate in Month)</td>
<td>Person-centred</td>
<td>75.0%</td>
<td>Oct 2018</td>
<td>73.3%</td>
<td>Sep 2018</td>
<td>63.2%</td>
<td>↑</td>
</tr>
<tr>
<td>HAI - SABs</td>
<td>RED</td>
<td>Safe</td>
<td>0.24</td>
<td>12 months to Oct 2018</td>
<td>0.42</td>
<td>12 months to Sep 2018</td>
<td>0.42</td>
</tr>
</tbody>
</table>

**Status**
- **GREEN**: Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)
- **AMBER**: Performance is behind (but within 5% off) the Standard or Delivery Trajectory
- **RED**: Performance is more than 5% behind the Standard or Delivery Trajectory

**Direction of Travel**
- ↑: Performance improved from previous
- ↓: Performance worsened from previous
- ↔: Performance unchanged from previous

**Definition**
- Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target): Performance or Delivery is at or ahead of the required Standard or is on schedule to meet its annual Target.
- Performance is behind (but within 5% off) the Standard or Delivery Trajectory: Performance or Delivery is behind the required Standard or is behind the required Delivery Trajectory but within 5% of the required Standard or Delivery Trajectory.
- Performance is more than 5% behind the Standard or Delivery Trajectory: Performance or Delivery is behind the required Standard or is behind the required Delivery Trajectory by more than 5%.
### Measure
We will achieve a maximum rate of SAB (including MRSA) of 0.24 cases per 1,000 acute occupied bed days, for 12 months to end of October.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Current Performance</th>
<th>Scotland Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.42 cases per 1,000 acute occupied bed days, for 12 months to end of October</td>
<td>0.33 cases per 1,000 acute occupied bed days, for 12 months to end of June</td>
</tr>
</tbody>
</table>

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**SAB**: Planned Recovery

<table>
<thead>
<tr>
<th>Measure</th>
<th>Standard</th>
<th>Forecast Infection Rate (Recovery Trajectory)</th>
<th>Actual Infection Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous 3 Months</td>
<td>12 Months to Jul 2018</td>
<td>12 Months to Aug 2018</td>
<td>12 Months to Sep 2018</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------------</td>
<td>-----------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td></td>
<td>0.39</td>
<td>0.41</td>
<td>0.42</td>
</tr>
<tr>
<td>Current Issues</td>
<td>Vascular Access Device (VAD) SAB</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Context           | Never met Standard
4th highest infection rate of all Mainland Boards during 12 months to end of June |

<table>
<thead>
<tr>
<th>Key Actions for Improvement</th>
<th>Planned Benefits</th>
<th>Due By</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect and analyse SAB data on monthly basis to better understand the magnitude of the risks to patients in Fife</td>
<td>Reduction in VAD associated SAB</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Provide timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs</td>
<td>Improved education and training, guidance and governance</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Examine the impact of interventions targeted at reducing SABs</td>
<td>Reduction in VAD associated SAB</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Use results locally for prioritising resources</td>
<td>Reduction in VAD associated SAB</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Use the data to inform clinical practice improvements thereby improving the quality of patient care</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Focused PVC-related SAB Quality Improvement Project being commissioned in Ward 44 VHK | VAD insertion and maintenance compliance
Improved education and training, guidance and governance | Mar 2019 | On Track |
| Support ePVC compliance and monitoring via Patientrack across Acute Services Division (ASD) | Emergence of common themes, which will be used in quality improvement activities by ASD | Mar 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

82.7% (67 out of 81) Stage 1 complaints closed in October were completed within 5 working days (or 10 working days if extension applicable)
73.3% (33 out of 45) Stage 2 complaints closed in October were completed within 20 working days

Scotland Performance

Stage 2 Complaints: 72.0% for 2016-17 (data published annually)
<table>
<thead>
<tr>
<th>Stage 1</th>
<th>73.2%</th>
<th>↓</th>
<th>75.4%</th>
<th>↑</th>
<th>88.9%</th>
<th>↑</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 2</td>
<td>34.5%</td>
<td>↑</td>
<td>42.2%</td>
<td>↑</td>
<td>63.2%</td>
<td>↑</td>
</tr>
<tr>
<td><strong>Current Issues</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delayed statements from Delivery Units, quality of statements, complexity of complaints</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delay in sign-off process within the Partnership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Context</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS Fife had the 7th best completion rate for Stage 2 Complaints in 2016/17</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Key Actions for Improvement

<table>
<thead>
<tr>
<th>Key Actions for Improvement</th>
<th>Planned Benefits</th>
<th>Due By</th>
<th>Status</th>
</tr>
</thead>
</table>
| Monitor performance over the next few months  
*This is effectively part of ‘normal business’, and will be removed at the next update* | Achievement of local target and identification of further improvements opportunities | Jan 2019 | On Track |
| Explore work undertaken within the ASD to identify its applicability within the Partnership | Improved performance and consistent achievement of targets | Jan 2019 | On Track |
| Monitor the quality of draft responses  
*This is effectively part of ‘normal business’, and will be removed at the next update* | Reduced delays and the reduced number of cases progressing to SPSO | Jan 2019 | On Track |
| Review outcome of test of change (statement template) and spread to all areas | Improved quality of complaint response (by ensuring complaint points addressed), ultimately reducing risk of SPSO review | Mar 2019 | On Track |
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 to the end of October, 95.6% 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, marginally less than the performance at the end of September, but remaining above the Standard.

In October itself, 94.3% of the patients attending the VHK Emergency Department met this target, equating to 312 breaches out of 5,479 attendances. There were no 12-hour breaches in the month (the last one was in March), while 9 patients waited more than 8 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 were an increasing number of patients waiting longer than 4 hours for admission to the hospital linked to a higher than average occupancy level and a lower than expected discharge profile.

Out of hours Service continues within VHK, with the MIU services in QMH supported with either appropriate level of nursing or paramedic services.

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 October, 85.2% of patients (75 out of 88) started treatment within 62 days of an urgent referral, 3% less than in September. The 13 breaches were across 5 different specialties, with 5 being in Urology, 3 in Breast and 3 in Lung.

Assessment: Performance continues to be challenging for a variety of reasons, including surgical capacity in NHS Fife (for Breast, Gynaecology and Urology). The main issues are with the Urology pathways, specifically prostate due to process and waits for diagnostic tests. There continues to be extended waits for oncology OPAs (in both Lung and Urology). These issues will impact on our ability to meet the Standard during Q3 of 2018/19.

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 October, 67.6% of patients were seen within 12 weeks, virtually unchanged from the previous 2 months, although the number of patients starting treatment was the highest since May. Ophthalmology accounted for over 40% of the 480 breaches.

Assessment: The Elective Programme is being delivered and a recovery plan with funding secured from the Scottish Government is in place for 2018/19, with the focus being on reducing the number of patients waiting more than 26 weeks for treatment. However, staffing theatres and ensuring sufficient bed capacity to deliver the additional capacity at weekends is a challenge. This is reflected in the performance in Q3. Activity is being outsourced for Urology, General Surgery, Oral Maxillofacial, Ophthalmology, Orthopaedics, Gynaecology and ENT and further discussions have taken place with the Scottish Government to fund an extension of this work and to staff additional ambulatory and day case areas at VHK as part of the Site Optimisation plan to avoid cancellations due to bed capacity. It is anticipated that performance will improve in Q4 2018/19.
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 October, 98.6% of patients on the waiting list had waited less than 6 weeks for their test, continuing the recovery evident since the start of 2018. There were 51 breaches, 38 of which were for a CT scan.

Assessment: The recovery plan for 2018/19 is being implemented and continues to maintain an improved position for Radiology.

The implementation of the recovery plan for Endoscopy, with funding secured from the Scottish Government, has delivered an improved position. It is anticipated that this will be sustained despite the increase in bowel screening referrals.

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

During October, 77.9% of patients started treatment within 18 weeks of referral. Performance has been between 77% and 81% in each month since the summer of 2017, while the number of patients admitted for treatment in this period has risen by almost 25%.

Assessment: The 18 weeks performance will continue to be a challenge in Q3 of 2018/19 due to the reduction in performance in the patient treatment time guarantee alongside the slower than anticipated improvement in performance for outpatients.

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 25th October Census (excluding Code 9 patients – Adults with Incapacity) was 67, 3 more than at the September Census. The number of patients in delay for over 14 days (again excluding Code 9 patients) was 28, the highest since September 2017.

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.

Smoking Cessation target: In 2018/19, we will deliver a minimum of 540 post 12 weeks smoking quits in the 40% most deprived areas of Fife.

Local management information shows that 141 people in the 40% most deprived areas of Fife who attempted to stop smoking during the first 4 months of the FY had successfully quit at 12 weeks. This is behind the annual trajectory (requiring 45 quits per month), but the number of quits recorded in July was the highest of the year to date.

Assessment: A Stop Smoking Advisor has been appointed and will start work whenever the appropriate pre-employment checks have been completed. SCI gateway is now available to dental practices to support client referrals. Formulary changes have been approved by committee, and Champix is now equal first line with Nicotine Replacement Therapy. A Community Pharmacy evening was held to stimulate discussion and look at barriers to service delivery.

Child and Adolescent Mental Health Services (CAMHS) target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services (note: performance is measured on a 3 month average basis).
During the 3-month period from August to October, 80.2% of patients who started treatment did so within 18 weeks of referral, the best 3-month figure since May 2017. In addition, the overall number of patients on the waiting list was the lowest for a year.

Assessment: Referrals to CAMHS continue to be significant. Ongoing initiatives around robust screening, positive signposting and engagement with partner agencies to increase the capacity of universal service providers has allowed specialist CAMHS to focus their provision on children and young people with complex, serious and persistent mental health needs.

Additional Primary Mental Health Workers, which will place mental health professionals alongside GPs, are to be 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. This resource will be recruited in January and operational by February/March.

Psychological Therapies Waiting Times target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies (note: performance is measured on a 3 month average basis).

During the 3-month period from August to October, 70.4% of patients who started treatment did so within 18 weeks of referral, the best 3-month figure since March. Comparing the first 7 months of 2018/19 with the equivalent months of 2017/18, the average number of referrals per month has increased by over 100 while the average number of patients starting treatment per month has increased by just under 60. There is not yet a way of managing the increased demand which will improve performance towards the 90% Standard.

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.

The establishment of Community Mental Health Teams across Fife is progressing well and can be expected to contribute to the reduction of waiting times for the most complex patients once a multi-disciplinary team case management approach is fully operational. In November, the ‘AT Fife’ website was launched by the Psychology Service to facilitate self-referrals to low intensity therapy groups. This initiative will increase access to PTs and reduce waiting times for people with mild-moderate difficulties. We anticipate that this new pathway will also free up capacity in specialist services to offer PTs to people with more complex needs.

Financial Performance

Financial Position

The in-year revenue position for the 8 months to 30 November reflects an overspend of £2.095m. This comprises an underspend of £1.594m attributable to Health Board; and an overspend of £3.689m aligned to the Integration Joint Board (including the estimated impact of the current risk share of £2.651m).

At month 8, the reported year end forecast is an overspend of £4.289m. This includes a forecast Health Board underspend of £3.235m; and an IJB forecast overspend of £7.524m (including risk share of £3.977m).

Positively the health component of the IJB has improved since last month (both in-year and forecast), however the social care position has worsened. In spite of management actions the resulting outcome is a total IJB forecast overspend in excess of £10m (£10.450m after assuming carry forward of ADP and Primary Care Improvement Fund underspends to 2019/20). This has a significant adverse impact on any risk share contribution calculation from the previous month. Further discussion is required between the partners, on options to
address the IJB forecast overspend. By taking cognisance of the risk sharing arrangement the impact is such that the IJB would deliver a balanced position and NHS Fife would be required to report an overspend of £4.289m. Conversely if the risk share arrangement was not taken into account, and the respective parties were to make additional one-off payments to the IJB limited to their respective overspend positions (per first step in the Integration Scheme), the NHS Fife position would be broadly break even.

Whilst the year end forecast reflects an overspend, we continue our commitment to work towards delivery within budget, as set out in our Annual Operational Plan.

Caveats to the reported forecast overspend of £4.289m include:

- The approach and process for resolving IJB overspends – consider options prior to escalating to risk sharing arrangement
- Further scrutiny and challenge on the robustness of forecast outturns across the Acute Division and IJB, in particular the social care position
- Treatment of ringfenced or earmarked allocations
- Potential revenue benefit from the conclusion of land and asset sales
- Potential additional flexibility within IJB

which may favourably impact the reported forecast overspend position and in turn contribute to the delivery of a balanced financial outturn position.

Members should note that this forecast position will be reported to Scottish Government Health & Social Care Directorates as part of the routine monthly financial performance returns. No formal request for additional resources is being sought at this point in time however, the impact of the risk share arrangement will be highlighted as a specific risk to the delivery of breakeven.

**Capital Programme**

The total anticipated Capital Resource Limit for 2018/19 is £8.860m. The capital position for the 8 months to November shows investment of £3.221m, equivalent to 36.35% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.
## Performance Summary

### 4-Hour Emergency Access
- **Quality Aim:** Clinically Effective
- **Target for 2018-19:** 95.0%
- **Current Period:** 100.0%
- **Previous Period:** 95.6%
- **Direction of Travel:** Up
- **National Comparison:** Only published annually: NHS Fife was 7th for FY 2017-18

### Antenatal Access
- **Quality Aim:** Clinically Effective
- **Target for 2018-19:** 90.7%
- **Current Period:** 90.7%
- **Previous Period:** 89.7%
- **Direction of Travel:** Up
- **National Comparison:** Only published annually: NHS Fife was 7th for FY 2017-18

### Drugs & Alcohol Treatment Waiting Times
- **Quality Aim:** Clinically Effective
- **Target for 2018-19:** 90.0%
- **Current Period:** 97.7%
- **Previous Period:** 95.9%
- **Direction of Travel:** Up
- **National Comparison:** Only published annually: NHS Fife was 2nd for FY 2014/15

### Outpatients Waiting Times
- **Quality Aim:** Clinically Effective
- **Target for 2018-19:** 94.8%
- **Current Period:** 93.6%
- **Previous Period:** 92.5%
- **Direction of Travel:** Up
- **National Comparison:** Only published annually: NHS Fife was 1st for FY 2015/16

### Diagnostics Waiting Times
- **Quality Aim:** Clinically Effective
- **Target for 2018-19:** 100.0%
- **Current Period:** 98.6%
- **Previous Period:** 99.0%
- **Direction of Travel:** Down
- **National Comparison:** Only published annually: NHS Fife was 6th for 2-year period 2016 and 2017

### Cancer 31-Day DTT
- **Quality Aim:** Clinically Effective
- **Target for 2018-19:** 95.0%
- **Current Period:** 95.0%
- **Previous Period:** 95.6%
- **Direction of Travel:** Up
- **National Comparison:** Only published annually: NHS Fife was 6th for 2-year period 2016 and 2017

### Alcohol Brief Interventions
- **Quality Aim:** Clinically Effective
- **Target for 2018-19:** 540
- **Current Period:** 1,991
- **Previous Period:** 695
- **Direction of Travel:** Up
- **National Comparison:** Only published annually: NHS Fife was 11th for FY 2017-18

### Dementia Post-Diagnostic Support
- **Quality Aim:** Person-centred
- **Target for 2018-19:** 100.0%
- **Current Period:** 73.8%
- **Previous Period:** 88.7%
- **Direction of Travel:** Down
- **National Comparison:** Only published annually: NHS Fife was 7th for FY 2017-18

### Dementia Referrals
- **Quality Aim:** Person-centred
- **Target for 2018-19:** 1,327
- **Current Period:** 154
- **Previous Period:** 154
- **Direction of Travel:** Up
- **National Comparison:** Only published annually: NHS Fife was 1st for FY 2015/16

### 18 Weeks RTT
- **Quality Aim:** Clinically Effective
- **Target for 2018-19:** 90.0%
- **Current Period:** 77.9%
- **Previous Period:** 79.6%
- **Direction of Travel:** Down
- **National Comparison:** Only published annually: NHS Fife was 7th for FY 2017-18

### Patient TCT
- **Quality Aim:** Person-centred
- **Target for 2018-19:** 100.0%
- **Current Period:** 67.6%
- **Previous Period:** 67.7%
- **Direction of Travel:** Down
- **National Comparison:** Only published annually: NHS Fife was 7th for FY 2017-18

### Cancer 62-Day RTT
- **Quality Aim:** Clinically Effective
- **Target for 2018-19:** 95.0%
- **Current Period:** 85.2%
- **Previous Period:** 88.2%
- **Direction of Travel:** Down
- **National Comparison:** Only published annually: NHS Fife was 6th for 2-year period 2016 and 2017

### Detect Cancer Early
- **Quality Aim:** Clinically Effective
- **Target for 2018-19:** 25.0%
- **Current Period:** 23.8%
- **Previous Period:** 24.9%
- **Direction of Travel:** Down
- **National Comparison:** Only published annually: NHS Fife was 11th for FY 2017-18

### Delayed Discharge (Delays > 2 Weeks)
- **Quality Aim:** Person-centred
- **Target for 2018-19:** 0
- **Current Period:** 28
- **Previous Period:** 24
- **Direction of Travel:** Down
- **National Comparison:** Only published annually: NHS Fife was 6th for 2-year period 2016 and 2017

### Smoking Cessation
- **Quality Aim:** Clinically Effective
- **Target for 2018-19:** 540
- **Current Period:** 141
- **Previous Period:** 99
- **Direction of Travel:** Down
- **National Comparison:** Only published annually: NHS Fife was 11th for FY 2017-18

### CAMHS Waiting Times
- **Quality Aim:** Clinically Effective
- **Target for 2018-19:** 90.0%
- **Current Period:** 70.4%
- **Previous Period:** 67.5%
- **Direction of Travel:** Up
- **National Comparison:** Only published annually: NHS Fife was 7th for FY 2017-18

### Psychological Therapies Waiting Times
- **Quality Aim:** Clinically Effective
- **Target for 2018-19:** 90.0%
- **Current Period:** 70.4%
- **Previous Period:** 67.5%
- **Direction of Travel:** Up
- **National Comparison:** Only published annually: NHS Fife was 7th for FY 2017-18

---

*The 4-Hour Emergency Access performance in October alone was 95.8% (all A&E and MIU sites) and 94.3% (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: 95.6% for 12 months to end of October.

Scotland Performance: 90.7% for 12 months to end of October.

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; 3rd best performance for y/e September.

Key Actions for Improvement:

<table>
<thead>
<tr>
<th>Key Actions for Improvement</th>
<th>Planned Benefits</th>
<th>Due By</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work with A&amp;E team to understand variability</td>
<td>Improvement Plan Improves the process to achieve 4-hour Emergency Access Standard</td>
<td>Oct 2018</td>
<td>Complete</td>
</tr>
<tr>
<td>Review of overnight admissions</td>
<td>Continued ability to achieve the 4-Hour Emergency Access Standard</td>
<td>Dec 2018</td>
<td>On Track</td>
</tr>
<tr>
<td>Review of reasons for attendance at A&amp;E</td>
<td>Reduction in inappropriate attendances</td>
<td>Dec 2018</td>
<td>On Track</td>
</tr>
</tbody>
</table>
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: 85.2% of patients (75 out of 88) started treatment in October within 62 days

Scotland Performance: 81.6% of patients started treatment within 62 days in October

Cancer Waiting Times: 62 day RTT

Cancer 62-Day RTT: Planned Recovery

% Patients Starting Treatment Within 62 Days

Forecast Performance (Recovery Trajectory)

Actual Performance
## Previous 3 Months

<table>
<thead>
<tr>
<th></th>
<th>July 2018</th>
<th>August 2018</th>
<th>September 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>81.4%</td>
<td>↓ 79.8%</td>
<td>↓ 88.2%</td>
</tr>
</tbody>
</table>

## Current Issues
- Delays to oncology OPAs in lung and urology due to increase in rate of referral
- Increase in bowel screening referrals & positive testing
- Challenges with Urology prostate pathway and processes
- Delay to surgery in Urology and Breast and Colorectal

## Context
- Standard last achieved in October 2017
- Above Scotland average in 9 of last 12 months

## Key Actions for Improvement

<table>
<thead>
<tr>
<th>Key Actions for Improvement</th>
<th>Planned Benefits</th>
<th>Due By</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Train 2nd consultant in lap nephrectomy (Urology)</td>
<td>To increase capacity</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Further training for TRUS (Urology)</td>
<td>Nurse training to increase capacity</td>
<td>Nov 2018</td>
<td>On Track</td>
</tr>
<tr>
<td>Review of Urology capacity and processes</td>
<td>To improve waits to treatment</td>
<td>Dec 2018</td>
<td>On Track</td>
</tr>
<tr>
<td>Review of prostate pathway</td>
<td>To improve waits to treatment</td>
<td>Dec 2018</td>
<td>On Track</td>
</tr>
<tr>
<td>Integrate the Cancer Workstream into the Site Optimisation Agenda</td>
<td>To ensure patients diagnosed with cancer received optimum care</td>
<td>Dec 2018</td>
<td>On Track</td>
</tr>
</tbody>
</table>
Patient Treatment Time Guarantee
We will ensure that all eligible patients receive Inpatient or Day Case treatment within 12 weeks of such treatment being agreed.

Current Performance: 480 patient breaches (out of 1,483 patients treated) in October (67.6% on time).

Scotland Performance: 72.9% of patients treated within 12 weeks in quarter ending September.
### Previous 3 Months

<table>
<thead>
<tr>
<th></th>
<th>July 2018</th>
<th>August 2018</th>
<th>September 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>77.0%</td>
<td>↑ 67.5%</td>
<td>↓ 67.7%</td>
</tr>
</tbody>
</table>

### Current Issues
- Recurring gap in elective inpatient and daycase capacity
- Unable to deliver the level of additional capacity in house
- Delay in delivery of outsourced activity

### Context
Fife has outperformed the Scottish average until Q2 of 2018/19

### Key Actions for Improvement

<table>
<thead>
<tr>
<th>Key Actions for Improvement</th>
<th>Planned Benefits</th>
<th>Due By</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure resources and deliver core and additional IP/DC elective capacity</td>
<td>Elective projected performance delivered</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Monthly monitoring meetings with Private Sector Providers</td>
<td>Timely delivery of outsourced activity</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Develop and deliver Elective IP/DC Efficiency Programme based on output from service reviews</td>
<td>Elective IP/DC capacity use optimised</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Progress regional elective work in identified specialties</td>
<td>Identify opportunities for improvement in capacity and/or reduced demand</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Recruit to vacant consultant posts</td>
<td>Sustainable core capacity for elective activity</td>
<td>Dec 2018</td>
<td>On Track</td>
</tr>
</tbody>
</table>
**Diagnostics Waiting Times**

<table>
<thead>
<tr>
<th>Measure</th>
<th>No patient will wait more than 6 weeks to receive one of the 8 key diagnostic tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Performance</td>
<td>98.6% of patients waiting no more than 6 weeks at end of October</td>
</tr>
<tr>
<td>Scotland Performance</td>
<td>78.1% of patients waiting no more than 6 weeks at end of September</td>
</tr>
</tbody>
</table>

**Diagnostics Waiting > 6 Weeks**

![Chart showing the percentage of patients waiting more than 6 weeks for different diagnostic tests over time.]

**Diagnostics (Radiology): Planned Recovery**

![Chart showing the planned recovery over time with standard, forecast breaches, and actual breaches.]
<table>
<thead>
<tr>
<th>Previous 3 Months</th>
<th>July 2018</th>
<th>August 2018</th>
<th>September 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>95.3%</td>
<td>97.8%</td>
<td>99.0%</td>
</tr>
</tbody>
</table>

**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

3rd out of the 11 Mainland Health Boards at the end of September

### Key Actions for Improvement

<table>
<thead>
<tr>
<th>Key Actions for Improvement</th>
<th>Planned Benefits</th>
<th>Due By</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify further opportunities to improve reporting capacity</td>
<td>Sustain 5-day reporting turnaround times</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Identify further opportunities to improve consultant numbers with regional partners</td>
<td>Reduction in number of Consultant Radiology vacancies</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
</tbody>
</table>
**18 Weeks Referral-to-Treatment**

**Measure** 90% of planned/elective patients to commence treatment within 18 weeks of referral

**Current Performance** 77.9% of patients started treatment within 18 weeks in October

**Scotland Performance** 81.2% of patients started treatment within 18 weeks in September

---

**18 Weeks RTT**

<table>
<thead>
<tr>
<th># of Patients &gt;18 wks</th>
<th>Standard</th>
<th>NHS Fife</th>
<th>Scotland Average (ISD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct-17</td>
<td>1,392</td>
<td>1,393</td>
<td>1,391</td>
</tr>
<tr>
<td>Nov-17</td>
<td>1,042</td>
<td>1,044</td>
<td>1,042</td>
</tr>
<tr>
<td>Dec-17</td>
<td>1,199</td>
<td>1,199</td>
<td>1,199</td>
</tr>
<tr>
<td>Jan-18</td>
<td>1,123</td>
<td>1,124</td>
<td>1,123</td>
</tr>
<tr>
<td>Feb-18</td>
<td>1,104</td>
<td>1,105</td>
<td>1,104</td>
</tr>
<tr>
<td>Mar-18</td>
<td>1,218</td>
<td>1,218</td>
<td>1,218</td>
</tr>
<tr>
<td>Apr-18</td>
<td>1,254</td>
<td>1,255</td>
<td>1,254</td>
</tr>
<tr>
<td>May-18</td>
<td>1,137</td>
<td>1,138</td>
<td>1,137</td>
</tr>
<tr>
<td>Jun-18</td>
<td>1,016</td>
<td>1,017</td>
<td>1,016</td>
</tr>
<tr>
<td>Jul-18</td>
<td>1,139</td>
<td>1,140</td>
<td>1,139</td>
</tr>
<tr>
<td>Aug-18</td>
<td>1,134</td>
<td>1,135</td>
<td>1,134</td>
</tr>
<tr>
<td>Sep-18</td>
<td>1,290</td>
<td>1,291</td>
<td>1,290</td>
</tr>
<tr>
<td>Oct-18</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

---

**Previous 3 Months**

<table>
<thead>
<tr>
<th></th>
<th>June 2018</th>
<th>July 2018</th>
<th>August 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Patients &gt;18 weeks</td>
<td>80.3% ↑</td>
<td>81.4% ↑</td>
<td>80.9% ↓</td>
</tr>
</tbody>
</table>

**Current Issues**

The current 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
7th out of 11 Mainland Health Boards in September

---

**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.

---

**Finance, Performance & Resources**

32/64

255/287
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**
28 patients in delay for more than 14 days at October Census – this equates to 7.54 patients per 100,000 population in NHS Fife

**Scotland Performance**
12.89 patients per 100,000 population at September census

### Delayed Discharges

<table>
<thead>
<tr>
<th>Month</th>
<th>Delays 0-2 Weeks</th>
<th>Delays 2-4 Weeks</th>
<th>Delays 4-6 Weeks</th>
<th>Delays Over 6 Weeks</th>
<th>Delays Over 2 Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct-17</td>
<td>50</td>
<td>30</td>
<td>20</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Nov-17</td>
<td>40</td>
<td>25</td>
<td>15</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Dec-17</td>
<td>30</td>
<td>20</td>
<td>15</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Jan-18</td>
<td>25</td>
<td>15</td>
<td>10</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Feb-18</td>
<td>20</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Mar-18</td>
<td>15</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Apr-18</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>May-18</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Jun-18</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Jul-18</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Aug-18</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Sep-18</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Oct-18</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>6</td>
</tr>
</tbody>
</table>

### Previous 3 Months

<table>
<thead>
<tr>
<th>Month</th>
<th>July 2018</th>
<th>August 2018</th>
<th>September 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous 3 Months</td>
<td>15 ↓</td>
<td>24 ↓</td>
<td>24 ↔</td>
</tr>
</tbody>
</table>

**Current Issues**
To maintain an improvement in the delayed discharge position

**Context**
Never met 14-day target
Second lowest delays over 2 weeks (per 100,000 population) of all Mainland Health Boards, at September Census

### Key Actions for Improvement

<table>
<thead>
<tr>
<th>Key Actions for Improvement</th>
<th>Planned Benefits</th>
<th>Due By</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop and test a model to reduce emergency admissions, focusing on High Health Gain individuals; then roll this out</td>
<td>Reduced delayed discharges Reduced length of stay from emergency admissions Earlier pro-active patient centred support</td>
<td>Dec 2018</td>
<td>On Track</td>
</tr>
<tr>
<td>Implement daily Trak reporting for HHG patients</td>
<td>Clear communication to support more timely discharge pathways and prevent re-admissions</td>
<td>Dec 2018</td>
<td>On Track</td>
</tr>
<tr>
<td>Roll out directed carers support across 4 of our community hospitals</td>
<td>Reduced Length of stay Increased patient centred support</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Test a trusted assessors model within VHK for patients transferring to</td>
<td>Reduced Length of Stay Smoother person centred</td>
<td>Jan 2019</td>
<td>Delayed Revised</td>
</tr>
<tr>
<td>STAR/assessment beds</td>
<td>transitions</td>
<td>date TBC</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------</td>
<td>-----------</td>
<td></td>
</tr>
<tr>
<td>Review model of START to ensure efficiency of assessments</td>
<td>Reduced Length of Stay</td>
<td>Dec 2018</td>
<td>On Track</td>
</tr>
</tbody>
</table>
Smoking Cessation

Measure
In 2018/19, we will deliver a minimum of 540 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Current Performance
141 successful quits in first 4 months of year (216 total quits in all of Fife)

Scotland Performance
Lowest % achievement of all Mainland Health Boards against 2017/18 target (Geographical set target – non standardised)

Smoking Cessation

<table>
<thead>
<tr>
<th>Previous 3 Months</th>
<th>April 2018</th>
<th>May 2018</th>
<th>June 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>27</td>
<td>67</td>
<td>↓ 99</td>
</tr>
</tbody>
</table>

Current Issues
A seasonal dip is expected to reduce quit numbers in Q3 of 2018

Context
Lower quit target (540) has been set for 2018/19 by the Scottish Government, but performance to date suggests this will continue to be a challenge

Key Actions for Improvement

<table>
<thead>
<tr>
<th>Key Actions for Improvement</th>
<th>Planned Benefits</th>
<th>Due By</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach development with Gypsy Travellers in Thornton</td>
<td>Increase service reach and engagement with minority group</td>
<td>Dec 2018</td>
<td>Delayed Revised to Mar 2019</td>
</tr>
<tr>
<td>Proposal to change prescribing formulary to allow Champix to become equal 1st Line along with NRT</td>
<td>Increase availability and access to evidence based medication to support smokers to quit</td>
<td>Oct 2018</td>
<td>Complete</td>
</tr>
<tr>
<td>Two areas identified to test pathways and procedures for temporary abstinence model in the Acute</td>
<td>Ensure pathways and prescribing guidance are robust and effective</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Design and implementation of a prompt process for Community Pharmacies, to remind them to undertake 4-week and 12-week follow-ups</td>
<td>Support compliance and data completion in line with pharmacy contract requirements and reduce the levels of missing data</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Planning service support in a workplace who have been identified as having a</td>
<td>Reach and engage with our target</td>
<td>Feb 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Task</td>
<td>Description</td>
<td>Due Date</td>
<td>Status</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>Establish links with new Mental Health clinic for pregnant women</td>
<td>Support pregnant women experiencing Mental Health issues to stop smoking</td>
<td>Mar 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Large proportion of manual workers</td>
<td>Group and deliver evidenced based group support</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**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**
80.2% of patients treated within 18 weeks during August-October period

**Scotland Performance**
69.0% of patients treated within 18 weeks during 2018/19 Q2

---

**CAMHS Waiting Times**

**Patients Waiting**

**3 Months Ending**

**% Treated in 18 Weeks**

**# Patients on Waiting List**

**CAMHS Waiting Times: Planned Recovery**

**3 Months Ending**

**% Patients Starting Treatment Within 18 Weeks**

---

37
<table>
<thead>
<tr>
<th>Previous 3 Months</th>
<th>3 months to Jul 2018</th>
<th>3 months to Aug 2018</th>
<th>3 months to Sep 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>71.4% ↑</td>
<td>74.7% ↑</td>
<td>78.1% ↑</td>
</tr>
<tr>
<td>Current Issues</td>
<td>Referral numbers continue to be significant compared to available new appointments&lt;br&gt;Due to limited staffing numbers any absence has significant impact on activity levels due to the workforce consistently working at full capacity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Context</td>
<td>Below Standard since May 2014, but 17% improvement in last 12 months&lt;br&gt;4th out of the 11 Mainland Health Boards for the quarter ending September</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Key Actions for Improvement</td>
<td>Planned Benefits</td>
<td>Due By</td>
<td>Status</td>
</tr>
<tr>
<td>SCI Gateway referral pathway for GPs (progress dependent on e-Health)</td>
<td>Improved quality of referrals ensuring better signposting and appropriate referrals</td>
<td>Dec 2018</td>
<td>On Hold pending further discussion with e-Health and LMC (GPs)</td>
</tr>
</tbody>
</table>
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**
- 70.4% of patients treated within 18 weeks during August-October period

**Scotland Performance**
- 75.5% of patients treated within 18 weeks during 2018/19 Q2

---

**Psychological Therapies Waiting Times**

- Patients Waiting
- Standard
- NHS Fife
- Scotland Average (ISD)

---

**Psychological Therapies Waiting Times: Planned Recovery**

- Standard
- Forecast Performance (Recovery Trajectory)
- Actual Performance
## Previous 3 Months

<table>
<thead>
<tr>
<th></th>
<th>3 months to Jul 2018</th>
<th>3 months to Aug 2018</th>
<th>3 months to Sep 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>66.0%</td>
<td>67.6%</td>
<td>67.5%</td>
</tr>
</tbody>
</table>

## Current Issues

Delivery of PTs across services requires further integration to enhance efficiency. A strategy for increasing capacity to deliver PTs across the wider mental health service is being developed, with oversight from the PT Steering Group. This will complement the development of the Community Mental Health Teams and the matched care model of service delivery. The new ‘AT Fife’ website can be expected to contribute to improved performance on waiting times, with the impact beginning to show in Q4 2018-19.

## Context

Never met Standard; monthly performance normally between 65% and 75%; 10th out of the 11 Mainland Health Boards for the quarter ending September.

## Key Actions for Improvement

<table>
<thead>
<tr>
<th>Key Actions for Improvement</th>
<th>Planned Benefits</th>
<th>Due By</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second phase of service redesign to increase access to PTs in primary care through launch of new website to be portal for self-referral &amp; information for referrers &amp; service users Website was launched in November, and is now accepting self-referrals. A Fife-wide programme of group PTs is scheduled for 2019.</td>
<td>Reduce bottle-neck at assessment stage by enabling people where appropriate to self-manage/ self-refer/be directed to services via telephone triage</td>
<td>Dec 2018</td>
<td>Complete</td>
</tr>
<tr>
<td>Develop enhanced PT Strategy, reflecting new opportunities within H&amp;SC integration</td>
<td>Increased capacity and efficiency of PT delivery within matched care model</td>
<td>Dec 2018</td>
<td>Delayed Revised to Mar 2019</td>
</tr>
<tr>
<td>QI work focused on PTs, progressed through ISD/HIS collaborative Phase 1 complete with launch of AT Fife</td>
<td>Improved quality and efficiency of PT services</td>
<td>Dec 2018 (Phase 1)</td>
<td>Complete</td>
</tr>
<tr>
<td>QI work for 2019 : evaluation of impact of self-referral on capacity and demand to inform further development of group/self-referral PT options</td>
<td>Improved quality and efficiency of PT services</td>
<td>Dec 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Development of CMHTs to provide PTs within MDT approach for people with complex needs</td>
<td>PTs provided in line with evidence base within holistic package of care; improved patient flow</td>
<td>Dec 2019</td>
<td>On Track</td>
</tr>
<tr>
<td>Development of Personality Disorder pathway and Unscheduled Care Service</td>
<td>PTs for people with urgent and complex needs provided within integrated multi-agency approach; reduce delays and improve patient safety</td>
<td>Dec 2019</td>
<td>On Track</td>
</tr>
</tbody>
</table>
Performance Drill Down – Financial Performance

Revenue Expenditure

| Measure | | Health Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD). |
|---------|-------------------------------|
| In year position | £2.095m overspend |
| Forecast position | £4.289m overspend |

![Financial Performance Against Trajectory 2018/19](image)

<table>
<thead>
<tr>
<th>Previous 3 Months</th>
<th>September 2018</th>
<th>October 2018</th>
<th>November 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue Resource Limit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actual (in-year position)</td>
<td>£1.696m</td>
<td>£1.322m</td>
<td>£2.095m</td>
</tr>
<tr>
<td>Plan (in-year position)</td>
<td>£6.085m</td>
<td>£5.561m</td>
<td>£4.547m</td>
</tr>
<tr>
<td>Forecast Outturn position</td>
<td>£3.466m o/spd</td>
<td>£2.643m o/spd</td>
<td>£4.289m o/spd</td>
</tr>
</tbody>
</table>

**Commentary**

The in-year revenue position for the 8 months to 30 November reflects an overspend of £2.095m. This comprises an underspend of £1.594m attributable to Health Board; and an overspend of £3.689m aligned to the Integration Joint Board (including the estimated impact of the current risk share of £2.651m).

At month 8, the reported year end forecast is an overspend of £4.289m. This includes a forecast Health Board underspend of £3.235m; and an IJB forecast overspend of £7.524m.
Positively the health component of the IJB has improved since last month (both in-year and forecast), however the social care position has worsened. In spite of management actions the resulting outcome is a total IJB forecast overspend in excess of £10m (£10.450m after assuming carry forward of ADP and Primary Care Improvement Fund underspends to 2019/20). This has a significant adverse impact on any risk share contribution calculation from the previous month. Further discussion is required between the partners, on options to address the IJB forecast overspend. By taking cognisance of the risk sharing arrangement the impact is such that the IJB would deliver a balanced position and NHS Fife would be required to report an overspend of £4.289m. Conversely if the risk share arrangement was not taken into account, and the respective parties were to make additional one-off payments to the IJB limited to their respective overspend positions (per the first step in the Integration Scheme), the NHS Fife position would be broadly break even.

Whilst the year end forecast reflects an overspend, we continue our commitment to work towards delivery within budget, as set out in our Annual Operational Plan.

Caveats to the reported forecast overspend of £4.289m include:
- The approach and process for resolving IJB overspends – consider options prior to escalating to risk sharing arrangement
- Further scrutiny and challenge on the robustness of forecast outturns across the Acute Division and IJB, in particular the social care position
- Treatment of ringfenced or earmarked allocations
- Potential revenue benefit from the conclusion of land and asset sales
- Potential additional flexibility within IJB

which may favourably impact the reported forecast overspend position and in turn contribute to the delivery of a balanced financial outturn position.

Members should note that this forecast position will be reported to Scottish Government Health & Social Care Directorates as part of the routine monthly financial performance returns. No formal request for additional resources is being sought at this point in time however the impact of the risk share arrangement will be highlighted as a specific risk to the delivery of breakeven.

1. Financial Framework

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

2. Financial Allocations

Revenue Resource Limit (RRL)

2.1 On 3 December 2018 NHS Fife received confirmation of November core revenue and core capital allocation amounts. The core revenue resource limit (RRL) has been confirmed at £706.255m. A breakdown of the additional funding received in month is shown in Appendix 1.

Anticipated Core Revenue Resource Limit

2.2 In addition to the confirmed RRL adjustments, there are a number of anticipated core revenue resource limit allocations totalling £0.082m as detailed in Appendix 2.

Non Core Revenue Resource Limit
2.3 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 3.

Total RRL

2.4 The total current year budget at October is therefore £733.2m.

3. Summary Position

3.1 At the end of November NHS Fife reports an in year overspend of £2.095m against the revenue resource limit. Table 1 below provides a summary of the position across the constituent parts of the system: an underspend of £1.594m is attributable to Health Board budgets; and an overspend of £3.689m is attributable to the health budgets delegated to the Integration Joint Board.

Table 1: Summary Financial Position for the period ended November 2018

<table>
<thead>
<tr>
<th>Memorandum</th>
<th>Budget FY £'000</th>
<th>Budget CY £'000</th>
<th>Budget YTD £'000</th>
<th>Actual £'000</th>
<th>Variance £'000</th>
<th>Variance £'000 %</th>
<th>Run Rate Savings £'000</th>
<th>Variance split by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Board</td>
<td>395,098</td>
<td>398,777</td>
<td>257,217</td>
<td>255,623</td>
<td>-1,594</td>
<td>-0.62%</td>
<td>-7,599</td>
<td>6,001</td>
</tr>
<tr>
<td>Integration Joint Board</td>
<td>332,020</td>
<td>334,423</td>
<td>222,200</td>
<td>225,869</td>
<td>3,689</td>
<td>1.66%</td>
<td>1,480</td>
<td>2,209</td>
</tr>
<tr>
<td>Total</td>
<td>727,118</td>
<td>733,200</td>
<td>479,417</td>
<td>481,492</td>
<td>2,095</td>
<td>0.44%</td>
<td>-6,115</td>
<td>8,210</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Memorandum</th>
<th>Budget FY £’000</th>
<th>Budget CY £’000</th>
<th>Budget YTD £’000</th>
<th>Actual £’000</th>
<th>Variance £’000</th>
<th>Variance £’000 %</th>
<th>Run Rate Savings £’000</th>
<th>Variance split by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Services Division</td>
<td>186,510</td>
<td>191,738</td>
<td>125,676</td>
<td>133,757</td>
<td>8,081</td>
<td>6.43%</td>
<td>-2,201</td>
<td>5,880</td>
</tr>
<tr>
<td>UB Non-delegated</td>
<td>8,020</td>
<td>7,982</td>
<td>5,323</td>
<td>5,355</td>
<td>32</td>
<td>0.60%</td>
<td>-37</td>
<td>69</td>
</tr>
<tr>
<td>Estates &amp; Facilities</td>
<td>69,595</td>
<td>69,102</td>
<td>44,851</td>
<td>43,843</td>
<td>-1,008</td>
<td>-2.25%</td>
<td>-1,008</td>
<td>0</td>
</tr>
<tr>
<td>Board Admin &amp; Other Services</td>
<td>50,733</td>
<td>64,936</td>
<td>45,360</td>
<td>44,920</td>
<td>-440</td>
<td>-0.97%</td>
<td>-492</td>
<td>52</td>
</tr>
<tr>
<td>Non Fife &amp; Other Healthcare Providers</td>
<td>82,403</td>
<td>82,403</td>
<td>54,957</td>
<td>54,489</td>
<td>-468</td>
<td>-0.83%</td>
<td>-468</td>
<td>0</td>
</tr>
<tr>
<td>Financial Flexibility &amp; Allocations</td>
<td>22,197</td>
<td>17,830</td>
<td>7,280</td>
<td>7,722</td>
<td>-7,722</td>
<td>-106.07%</td>
<td>-7,722</td>
<td>0</td>
</tr>
<tr>
<td>Health Board</td>
<td>419,458</td>
<td>433,993</td>
<td>283,447</td>
<td>281,922</td>
<td>-1,525</td>
<td>-0.54%</td>
<td>-7,526</td>
<td>6,001</td>
</tr>
<tr>
<td>Integration Joint Board - Core</td>
<td>357,921</td>
<td>379,314</td>
<td>253,531</td>
<td>254,654</td>
<td>1,123</td>
<td>100.41%</td>
<td>-1,086</td>
<td>2,209</td>
</tr>
<tr>
<td>Integration Fund &amp; Other Allocations</td>
<td>12,612</td>
<td>2,252</td>
<td>85</td>
<td>0</td>
<td>-65</td>
<td>-100.00%</td>
<td>-65</td>
<td>0</td>
</tr>
<tr>
<td>Sub total Integration Joint Board Core</td>
<td>370,533</td>
<td>381,566</td>
<td>253,616</td>
<td>254,654</td>
<td>1,038</td>
<td>0.41%</td>
<td>-1,171</td>
<td>2,209</td>
</tr>
<tr>
<td>Total Integration Joint Board</td>
<td>370,533</td>
<td>381,566</td>
<td>253,616</td>
<td>257,305</td>
<td>3,699</td>
<td>1.45%</td>
<td>1,480</td>
<td>2,209</td>
</tr>
<tr>
<td>Total Expenditure</td>
<td>789,991</td>
<td>815,559</td>
<td>537,063</td>
<td>539,227</td>
<td>2,164</td>
<td>0.40%</td>
<td>-6,046</td>
<td>8,210</td>
</tr>
<tr>
<td>IJB</td>
<td>-38,513</td>
<td>-47,143</td>
<td>-31,416</td>
<td>-31,416</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Health Board</td>
<td>-24,360</td>
<td>-35,216</td>
<td>-26,230</td>
<td>-26,299</td>
<td>-69</td>
<td>0.26%</td>
<td>-69</td>
<td>0</td>
</tr>
<tr>
<td>Miscellaneous Income</td>
<td>-82,873</td>
<td>-82,359</td>
<td>-57,646</td>
<td>-57,715</td>
<td>-69</td>
<td>0.12%</td>
<td>-69</td>
<td>0</td>
</tr>
<tr>
<td>Net position including income</td>
<td>727,118</td>
<td>733,200</td>
<td>479,417</td>
<td>481,512</td>
<td>2,095</td>
<td>0.44%</td>
<td>-6,115</td>
<td>8,210</td>
</tr>
</tbody>
</table>

3.2 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

4.1 Acute Services
The Acute Services Division reports a net overspend of £8.081m for the year to date. This reflects an overspend in operational run rate performance of £2.201m, and unmet savings of £5.880m. Within the run rate performance, pay is overspent by £2.137m. The overall position is being driven by a combination of unidentified savings and pressure from the use of agency locums, junior doctor banding supplements and incremental progression. It is evident that challenges remain in relation to balancing finance and other performance targets across the Acute Services whilst seeking to identify recurring efficiency savings. The external advisor engaged by the Chief Operating Officer continues to work closely with General Managers to challenge and drive further efficiencies for the remainder of this financial year and beyond.

4.2 A review of the Division’s £4.7m Waiting Times funding and £0.350m Cancer monies is underway to ensure effective planning and best use of these resources to improve patient care and performance over the coming months. An assessment will be made on any resulting financial implications which will be highlighted as appropriate in next month’s report.

4.3 Estates & Facilities
The Estates and Facilities budgets report an underspend of £1.008m for the 8 months to date as a result of run rate performance. Savings have been delivered for this financial year. The run rate net underspend is generally attributable to vacancies, energy, water rates and property maintenance. The increase in the November underspend relates specifically to an unanticipated energy credit of £0.1m following an external review of energy bills; and a favourable movement in rates of £0.355m (which includes the release of disability rates relief accruals now not required, and favourable settlements and outcomes on a rates dispute). These favourable underspends are partly offset by overspends within medical equipment service contracts; repairs, maintenance, transport and equipment purchases.

4.4 Corporate Services
Within the Board’s corporate services there is an underspend of £0.440m. This comprises an underspend on run rate of £0.492m as offset by unmet savings of £0.052m. Further analysis of Corporate Directorates is detailed per Appendix 4.

4.5 Non Fife and Other Healthcare Providers
The budget for healthcare services provided outwith NHS Fife reflects an underspend of £0.468m and is based on current information received from other providers. This position is subject to further review as the year progresses. Further detail is attached at Appendix 5.

4.6 Financial Plan Reserves & Allocations
Financial plan expenditure uplifts including supplies, medical supplies and drugs uplifts have been allocated to budget holders from the outset of the financial year, and therefore form part of devolved budgets. A number of residual uplifts remain in a central budget which are subject to robust scrutiny and review each month.

4.7 The detailed review of the financial plan reserves at Appendix 6 allows an assessment of financial flexibility both in year, and forecast for the year end outturn, to be reflected in the position. As reported in previous financial years, 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.
4.8 The most significant balances of financial flexibility reported at month 8 include: potential slippage on medicines which meet the horizon scanning criteria; the release of major trauma commitments; the estimated benefit of pay consequential funding which has been agreed nationally; and the release of the prior year underspend.

Integration Services

4.9 The Integration Joint Board health budgets report an overspend (before risk sharing arrangements) of £1.038m for the 8 months to date. This position comprises an underspend in the run rate performance of £1.171m; and unmet savings of £2.209m. 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. These drugs costs remain under review. The aforementioned underspend is partly offset by cost pressures within GP prescribing; unmet savings targets; complex care packages and bank and agency usage across East Division community hospitals.

The Integration Joint Board has allocations of £2.252m of which slippage of £0.128m is projected (£0.085m in year) which allows an opportunity for financial flexibility. The possibility of carrying forward any further slippage on allocations such as ADP and Primary Care Improvement Fund are being explored.

Whilst the health component of the partnership has improved, the social care position has worsened. In spite of management actions the resulting outcome is an estimated total IJB forecast overspend of £10.450m (after assuming the carry forward of ADP and Primary Care Improvement Fund underspends to 2019/20), as detailed below:

<table>
<thead>
<tr>
<th>Risk share calculation</th>
<th>Sep-18</th>
<th>Oct-18</th>
<th>Nov-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Fife Forecast Overspend - current month</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>Social Care Forecast Overspend - previous month</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>HSCP Forecast Overspend</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>Less management actions</td>
<td>-£'000</td>
<td>-£'000</td>
<td>-£'000</td>
</tr>
<tr>
<td>Total HSCP Forecast Overspend</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>NHS 72% 'share'</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
</tr>
</tbody>
</table>

Income

4.10 A small over recovery in income of £0.069m 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 2 below.
### Table 2: Subjective Analysis for the Period ended November-18

<table>
<thead>
<tr>
<th>Pan-Fife Analysis</th>
<th>Annual Budget £'000</th>
<th>Budget £'000</th>
<th>Actual £'000</th>
<th>Net over/ (under) spend £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay</td>
<td>340,379</td>
<td>226,051</td>
<td>225,605</td>
<td>-446</td>
</tr>
<tr>
<td>GP Prescribing</td>
<td>72,313</td>
<td>48,968</td>
<td>49,848</td>
<td>880</td>
</tr>
<tr>
<td>Drugs</td>
<td>32,655</td>
<td>22,118</td>
<td>20,955</td>
<td>-1,163</td>
</tr>
<tr>
<td>Other Non Pay</td>
<td>362,610</td>
<td>240,873</td>
<td>240,703</td>
<td>-170</td>
</tr>
<tr>
<td>IJB Risk Share</td>
<td>0</td>
<td>0</td>
<td>2,651</td>
<td>2,651</td>
</tr>
<tr>
<td>Efficiency Savings</td>
<td>-10,055</td>
<td>-6,695</td>
<td>-93</td>
<td>6,602</td>
</tr>
<tr>
<td>Commitments</td>
<td>17,657</td>
<td>5,748</td>
<td>-442</td>
<td>-6,190</td>
</tr>
<tr>
<td>Income</td>
<td>-82,359</td>
<td>-57,646</td>
<td>-57,715</td>
<td>-69</td>
</tr>
<tr>
<td><strong>Net over spend</strong></td>
<td>733,200</td>
<td>479,417</td>
<td>481,512</td>
<td>2,095</td>
</tr>
</tbody>
</table>

#### Pay

5.2 The overall pay budget reflects an underspend of £0.446m. 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 7,676 wte across all staff groups there are 7,643 wte staff in post.

#### Drugs & Prescribing

5.4 Across the system, there is a net underspend of £0.283m on medicines of which an overspend of £0.880m is attributable to GP Prescribing and an underspend of £1.163m relating to sexual health and rheumatology drugs in the main. The GP prescribing position is based on informed estimates for October & November, and is endorsed by the Director of Pharmacy and the Chief Finance Officer for the Health & Social Care Partnership. There is a degree of uncertainty regarding the ISD figures nationally at this time, and informed assumptions and adjustments have been reflected within our position.

#### Other Non Pay

5.5 Other non pay budgets across NHS Fife are collectively underspent by £0.170m. There are pressures within purchase of healthcare (complex care patients), equipment service contracts and maintenance agreements. These overspends offset by underspends within professional fees; travel and subsistence and purchase of healthcare.

### Financial Sustainability

6.1 The Financial Plan presented to the Board in 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 58% of the annual target being identified to date. The extent of the recurring / non recurring delivery for the year to date is illustrated in Table 3 below. Of the £23.985m gross target, £8.137m has been identified on a recurring basis (including £4.426m pay consequential funding), with a further £5.886m in year only, which will add to any additional savings requirement in the next financial year. A further analysis of the table below can be found in Appendix 7 to this report.
Table 3: Savings 2018/19

<table>
<thead>
<tr>
<th>Savings 2018/19</th>
<th>Target £'000</th>
<th>Identified &amp; Achieved Recurring £'000</th>
<th>Identified &amp; Achieved Non-Recurring £'000</th>
<th>Total Identified &amp; Achieved to date £'000</th>
<th>Outstanding £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Board</td>
<td>11,732</td>
<td>1,607</td>
<td>3,524</td>
<td>5,131</td>
<td>6,601</td>
</tr>
<tr>
<td>Pay Consequentials</td>
<td>2,426</td>
<td>2,426</td>
<td>0</td>
<td>2,426</td>
<td>0</td>
</tr>
<tr>
<td>Health Board (Gross)</td>
<td>14,158</td>
<td>4,033</td>
<td>3,524</td>
<td>7,557</td>
<td>6,601</td>
</tr>
<tr>
<td>Integration Joint Board</td>
<td>7,827</td>
<td>2,104</td>
<td>2,269</td>
<td>4,373</td>
<td>3,454</td>
</tr>
<tr>
<td>Pay Consequentials</td>
<td>2,000</td>
<td>2,000</td>
<td>0</td>
<td>2,000</td>
<td>0</td>
</tr>
<tr>
<td>IJB (Gross)</td>
<td>9,827</td>
<td>4,104</td>
<td>2,269</td>
<td>6,373</td>
<td>3,454</td>
</tr>
<tr>
<td>Sub Total</td>
<td>23,985</td>
<td>8,137</td>
<td>5,793</td>
<td>13,930</td>
<td>10,055</td>
</tr>
<tr>
<td>IJB Additional Benefit</td>
<td>0</td>
<td>0</td>
<td>93</td>
<td>93</td>
<td>-93</td>
</tr>
<tr>
<td>Total Savings</td>
<td>23,985</td>
<td>8,137</td>
<td>5,886</td>
<td>14,023</td>
<td>9,962</td>
</tr>
</tbody>
</table>

7 Forecast Position

7.1 As described above the month 8 position is an overspend of £2.095m, which is used to test and further inform and refine our caveats and assumptions on the likely outturn position. At month 8, our mid range forecast outturn position is an overspend of £4.289m but we remain fully committed to the delivery of the statutory target of breakeven in line with our Annual Operational Plan.

7.2 We continue to forecast and plan on a range of forecast outturn positions including, best, mid and worst range scenarios. The forecast outturn ranges between an overspend of £0.625m (best case) and an overspend of £7.815m (prudent position). This is consistent with the approach taken in the previous financial year. The current mid range, and reported, forecast reflects an overspend of £4.289m as detailed in Table 4 below.

7.3 The main movements to the forecast position at month 8 compared to month 7 encompass favourable movements within: Estates and facilities due to benefits in both energy and rates; Corporate Departments; and financial flexibility. Adverse movements include an increased Acute Services Division overspend; and a significant increase in the potential risk sharing arrangement of the total IJB overspend.

7.4 The forecast position reflects assumptions in relation to operational budget performance and potential in year financial flexibility; and the table below reflects the potential risk sharing arrangement if the overspend is funded by the respective parties.
Table 4: Mid Range Forecast

<table>
<thead>
<tr>
<th>Mid Range Forecast</th>
<th>£’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Service Division</td>
<td>10,097</td>
</tr>
<tr>
<td>IJB Non-delegated</td>
<td>68</td>
</tr>
<tr>
<td>Estates &amp; Facilities</td>
<td>-1,173</td>
</tr>
<tr>
<td>Board Admin &amp; other services</td>
<td>-429</td>
</tr>
<tr>
<td>Non Fife &amp; other Healthcare Providers</td>
<td>8</td>
</tr>
<tr>
<td>Financial Flexibility</td>
<td>-11,731</td>
</tr>
<tr>
<td><strong>Total Health Board</strong></td>
<td>-3,160</td>
</tr>
</tbody>
</table>

Integration Joint Board - Core          | 3,675  |
Integration Fund & Other Allocations    | -128   |

**Sub Total Integrated Joint Board Core** | 3,547  |
Risk Share                              | 3,977  |

**Total Integration Board**             | 7,524  |

**Total Expenditure**                   | 4,364  |
**Miscellaneous Income**                | -75    |

**Total Forecast**                      | 4,289  |

7.5 The risks associated with the delivery of a balanced outturn include; the delivery of Acute Services Division savings; and potential volatility in GP prescribing; together with the significant uncertainty on the likely overspend position for the Integration Joint Board; and moreover, any resulting treatment of the IJB overspend.

7.6 The IJB had initially agreed a budget for 2018/19 within the context of a three year financial strategy, which showed a potential net deficit of £4.5m across both health and social care budgets at 31 March 2019. This position has now been updated and at the time of reporting, the IJB forecast outturn for 2018/19 is an overspend of £10.450m. Financial reporting timing differences mean November forecasts have been used for Health; whilst October forecasts have been used for Social Care. This overspend reflects non delivery of IJB health savings; and pressures within both GP prescribing and Social Care, and the risk sharing arrangement of the total IJB overspend with Fife Council has been assumed. Given the significant increase in the forecast overspend, and the resulting impact on NHS Fife, consideration of the potential treatment of the overspend prior to agreeing a risk sharing arrangement is imperative.

7.7 Caveats to the reported forecast overspend of £4.289m include:

- The approach and process for resolving IJB overspends – consider options prior to escalating to risk sharing arrangement
- Further scrutiny and challenge on the robustness of forecast outturns across the Acute Division and IJB, in particular the social care position
- Treatment of ringfenced or earmarked allocations
- Potential revenue benefit from the conclusion of land and asset sales
- Potential additional flexibility within IJB
- Further actions which may emerge from turnaround work
which may favourably impact the reported forecast overspend position and in turn contribute to the delivery of a balanced financial outturn position.

7.8 Members should note that this forecast position will be reported to Scottish Government Health & Social Care Directorates as part of the routine monthly financial performance returns. No formal request for additional resources is being sought at this point in time. However the impact of the risk share arrangement will be highlighted as a specific risk to the delivery of breakeven.

8 Key Messages / Risks

8.1 Further detailed work will be undertaken with the Director of Health & Social Care and the Chief Finance Officer around the month 8 position particularly the robustness of the forecast outturn position; and any potential steps to resolve this in line with the steps outlined in the Integration Scheme.

8.2 The assessment of the year end forecast will continue to be refined over the coming weeks and months with particular emphasis on robust challenge of forecast outturns; potential revenue benefit from the conclusion of land and asset sales; and potential additional financial flexibility options.

8.3 Ongoing tight control of costs and run rate performance; the ongoing impact and extent of management action; in parallel with the pace of redesign and transformational change which is critical to the delivery of a balanced position.

9 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 in-year overspend of £2.095m to 30 November 2018 of which £1.594 underspend is attributable to the Health Board retained budgets and £3.689m overspend (including risk share of £2.651m) to the health budgets delegated to the Integration Joint Board.

- **Note** the reported year end forecast overspend of £4.289m. This includes a forecast Health Board net underspend of £3.235m; and an IJB forecast overspend of £7.524m (including risk share of £3.977m).

- **Note** the requirement for further agreement on options to address the overall IJB forecast overspend. By taking cognisance of the risk sharing arrangement the impact is such that the IJB would deliver a balanced position and NHS Fife would be required to report an overspend of £4.289m. Conversely if the risk share arrangement was not taken into account, and the respective parties were to make additional one-off payments to the IJB limited to their respective overspend positions (per the first step in the Integration Scheme), the NHS Fife position would be broadly break even.

- **Note** the commitment to deliver a forecast breakeven position on the Health Board budgets, taking account of potential financial flexibility, notwithstanding the reported forecast year end position of £4.289m.
### Appendix 1 – Core Revenue Resource Limit

<table>
<thead>
<tr>
<th>Narrative</th>
<th>Baseline Recurring £'000</th>
<th>Earmarked Recurring £'000</th>
<th>Non-Recurring £'000</th>
<th>Total £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Allocations</td>
<td>636,964</td>
<td>636,964</td>
<td></td>
<td></td>
</tr>
<tr>
<td>April Adjustments</td>
<td>3,973</td>
<td>3,973</td>
<td></td>
<td></td>
</tr>
<tr>
<td>June Adjustments</td>
<td>1,036</td>
<td>524</td>
<td>4,798</td>
<td>6,358</td>
</tr>
<tr>
<td>July Adjustments</td>
<td>312</td>
<td>2,114</td>
<td>-720</td>
<td>4,864</td>
</tr>
<tr>
<td>August Adjustments</td>
<td>-28</td>
<td>6,426</td>
<td>6,398</td>
<td></td>
</tr>
<tr>
<td>September Adjustments</td>
<td>5,832</td>
<td>1,814</td>
<td>41,014</td>
<td>48,660</td>
</tr>
<tr>
<td>October Adjustments</td>
<td>406</td>
<td>406</td>
<td></td>
<td></td>
</tr>
<tr>
<td>November Allocations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NSS ARC Top Slice Correction</td>
<td>-200</td>
<td>-200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correction from October Allocation letter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discovery</td>
<td>-39</td>
<td>-39</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribution towards cost of Discovery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Improvement Fund 2nd tranche</td>
<td>706</td>
<td>706</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd part of allocation received in June 2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Outcomes Framework</td>
<td>1,363</td>
<td>1,363</td>
<td></td>
<td></td>
</tr>
<tr>
<td>This covers Mental Health Bundle &amp; Innovation Fund and also Capacity Building CAMHS &amp; PT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Core Revenue Allocation</td>
<td>644,144</td>
<td>9,064</td>
<td>53,047</td>
<td>706,255</td>
</tr>
</tbody>
</table>

### Appendix 2 – Anticipated Core Revenue Resource Limit Allocations

#### Nov.

<table>
<thead>
<tr>
<th>Narrative</th>
<th>£'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinction Awards</td>
<td>360</td>
</tr>
<tr>
<td>NSD risk share</td>
<td>-9</td>
</tr>
<tr>
<td>Scotstar</td>
<td>-307</td>
</tr>
<tr>
<td>PET scan</td>
<td>-440</td>
</tr>
<tr>
<td>Capital to revenue</td>
<td>478</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>82</strong></td>
</tr>
</tbody>
</table>

### Appendix 3 – Non Core Revenue Resource Limit Allocations

#### Nov

<table>
<thead>
<tr>
<th>Narrative</th>
<th>£'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>PFI Adjustment</td>
<td>3,099</td>
</tr>
<tr>
<td>Donated Asset Depreciation</td>
<td>99</td>
</tr>
<tr>
<td>Impairment</td>
<td>4,000</td>
</tr>
<tr>
<td>AME Provision</td>
<td>-715</td>
</tr>
<tr>
<td>IFRS Adjustment</td>
<td>4,877</td>
</tr>
<tr>
<td>Non-core Del</td>
<td>3,200</td>
</tr>
<tr>
<td>Depreciation from Core allocation</td>
<td>12,303</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>26,863</strong></td>
</tr>
</tbody>
</table>
### Appendix 4 - Corporate Directorates

<table>
<thead>
<tr>
<th>Cost Centre</th>
<th>CY Budget £'000</th>
<th>YTD Budget £'000</th>
<th>YTD Actuals £'000</th>
<th>YTD Variance £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>E Health Directorate</td>
<td>11,369</td>
<td>7,055</td>
<td>7,105</td>
<td>50</td>
</tr>
<tr>
<td>Nhs Fife Chief Executive</td>
<td>197</td>
<td>133</td>
<td>157</td>
<td>24</td>
</tr>
<tr>
<td>Nhs Fife Finance Director</td>
<td>4,584</td>
<td>3,055</td>
<td>2,884</td>
<td>-171</td>
</tr>
<tr>
<td>Nhs Fife Hr Director</td>
<td>3,098</td>
<td>2,147</td>
<td>2,099</td>
<td>-48</td>
</tr>
<tr>
<td>Nhs Fife Medical Director</td>
<td>5,704</td>
<td>3,268</td>
<td>3,284</td>
<td>16</td>
</tr>
<tr>
<td>Nhs Fife Nurse Director</td>
<td>3,852</td>
<td>2,477</td>
<td>2,438</td>
<td>-39</td>
</tr>
<tr>
<td>Nhs Fife Planning Director</td>
<td>2,144</td>
<td>1,383</td>
<td>1,190</td>
<td>-193</td>
</tr>
<tr>
<td>Legal Liabilities</td>
<td>12,060</td>
<td>10,731</td>
<td>10,721</td>
<td>-10</td>
</tr>
<tr>
<td>Public Health</td>
<td>2,078</td>
<td>1,402</td>
<td>1,402</td>
<td>0</td>
</tr>
<tr>
<td>Early Retirements &amp; Injury Benefits</td>
<td>458</td>
<td>189</td>
<td>150</td>
<td>-39</td>
</tr>
<tr>
<td>External &amp; Internal Audit</td>
<td>162</td>
<td>108</td>
<td>105</td>
<td>-3</td>
</tr>
<tr>
<td>Regional Funding</td>
<td>405</td>
<td>348</td>
<td>321</td>
<td>-27</td>
</tr>
<tr>
<td>Other</td>
<td>111</td>
<td>111</td>
<td>111</td>
<td>0</td>
</tr>
<tr>
<td>Depreciation</td>
<td>18,716</td>
<td>12,953</td>
<td>12,953</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>64,938</strong></td>
<td><strong>45,360</strong></td>
<td><strong>44,920</strong></td>
<td><strong>-440</strong></td>
</tr>
</tbody>
</table>

### Appendix 5 – Non Fife & Other Healthcare Providers

<table>
<thead>
<tr>
<th>Health Board</th>
<th>CY Budget £'000</th>
<th>YTD Budget £'000</th>
<th>YTD Actuals £'000</th>
<th>YTD Variance £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>91</td>
<td>61</td>
<td>45</td>
<td>-16</td>
</tr>
<tr>
<td>Borders</td>
<td>42</td>
<td>28</td>
<td>30</td>
<td>2</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>23</td>
<td>15</td>
<td>32</td>
<td>17</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>2,951</td>
<td>1,967</td>
<td>2,095</td>
<td>128</td>
</tr>
<tr>
<td>Grampian</td>
<td>334</td>
<td>223</td>
<td>241</td>
<td>18</td>
</tr>
<tr>
<td>Highland</td>
<td>125</td>
<td>83</td>
<td>145</td>
<td>62</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>107</td>
<td>71</td>
<td>90</td>
<td>19</td>
</tr>
<tr>
<td>Scottish Ambulance Service</td>
<td>94</td>
<td>63</td>
<td>65</td>
<td>2</td>
</tr>
<tr>
<td>Lothian</td>
<td>28,316</td>
<td>18,877</td>
<td>17,661</td>
<td>-1,216</td>
</tr>
<tr>
<td>Greater Glasgow</td>
<td>1,536</td>
<td>1,024</td>
<td>1,034</td>
<td>10</td>
</tr>
<tr>
<td>Tayside</td>
<td>38,018</td>
<td>25,345</td>
<td>25,427</td>
<td>82</td>
</tr>
<tr>
<td></td>
<td>71,637</td>
<td>47,758</td>
<td>46,865</td>
<td>-893</td>
</tr>
<tr>
<td><strong>UNPACS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Boards</td>
<td>8,289</td>
<td>5,526</td>
<td>5,992</td>
<td>466</td>
</tr>
<tr>
<td>Private Sector</td>
<td>1,145</td>
<td>763</td>
<td>1,035</td>
<td>272</td>
</tr>
<tr>
<td></td>
<td>9,434</td>
<td>6,289</td>
<td>7,027</td>
<td>738</td>
</tr>
<tr>
<td>OATS</td>
<td>1,267</td>
<td>845</td>
<td>535</td>
<td>-310</td>
</tr>
<tr>
<td>Grants</td>
<td>65</td>
<td>65</td>
<td>62</td>
<td>-3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>82,403</strong></td>
<td><strong>54,957</strong></td>
<td><strong>54,489</strong></td>
<td><strong>-468</strong></td>
</tr>
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</table>
## Appendix 6 – Financial Flexibility and Allocations

<table>
<thead>
<tr>
<th>Financial Plan</th>
<th>Balance at 30 Nov £’000</th>
<th>Expected to be claimed £’000</th>
<th>Financial Flexibility £’000</th>
<th>Released to 30 Nov £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drugs</strong></td>
<td>4,542</td>
<td>1,428</td>
<td>3,114</td>
<td>2,076</td>
</tr>
<tr>
<td><strong>Complex Weight Management</strong></td>
<td>50</td>
<td>0</td>
<td>50</td>
<td>33</td>
</tr>
<tr>
<td><strong>Adult Healthy Weight</strong></td>
<td>104</td>
<td>0</td>
<td>104</td>
<td>69</td>
</tr>
<tr>
<td><strong>Trainee Growth</strong></td>
<td>70</td>
<td>0</td>
<td>70</td>
<td>47</td>
</tr>
<tr>
<td><strong>National Specialist Services</strong></td>
<td>308</td>
<td>94</td>
<td>214</td>
<td>143</td>
</tr>
<tr>
<td><strong>Band 1’s</strong></td>
<td>310</td>
<td>0</td>
<td>310</td>
<td>207</td>
</tr>
<tr>
<td><strong>Low pay</strong></td>
<td>89</td>
<td>0</td>
<td>89</td>
<td>59</td>
</tr>
<tr>
<td><strong>Apprenticeship Levy</strong></td>
<td>587</td>
<td>547</td>
<td>40</td>
<td>27</td>
</tr>
<tr>
<td><strong>Land Registration</strong></td>
<td>39</td>
<td>39</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Major Trauma</strong></td>
<td>1,318</td>
<td>0</td>
<td>1,318</td>
<td>879</td>
</tr>
<tr>
<td><strong>Unitary Charge</strong></td>
<td>141</td>
<td>40</td>
<td>101</td>
<td>67</td>
</tr>
<tr>
<td><strong>Junior Doctor Travel</strong></td>
<td>212</td>
<td>5</td>
<td>207</td>
<td>138</td>
</tr>
<tr>
<td><strong>Consultant Increments</strong></td>
<td>314</td>
<td>53</td>
<td>261</td>
<td>174</td>
</tr>
<tr>
<td><strong>Discretionary Points</strong></td>
<td>298</td>
<td>221</td>
<td>77</td>
<td>51</td>
</tr>
<tr>
<td><strong>NDC</strong></td>
<td>135</td>
<td>0</td>
<td>135</td>
<td>90</td>
</tr>
<tr>
<td><strong>Financial Flexibility</strong></td>
<td>1,135</td>
<td>109</td>
<td>1,035</td>
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### Appendix 7 - Efficiency Savings

#### Health Board Efficiency Savings

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<td>523</td>
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#### Total Health Board savings

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#### IJB Efficiency Savings

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#### Total IJB savings

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#### NHS Fife Efficiency Savings

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<td>263</td>
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#### Total NHS Fife savings

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<td>3,711</td>
<td>5,886</td>
<td>9,597</td>
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#### NHS Fife Efficiency Savings Target Reconciliation

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<td>IJB Workstream Total</td>
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<tr>
<td>IJB Pay Consequentials</td>
<td>(2,000)</td>
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<tr>
<td>Net NHS Fife Efficiency Target</td>
<td>19,559</td>
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Performance Drill Down – Capital Expenditure

**Capital Expenditure**

<table>
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<th>Health Boards are required to work within the capital resource limits set by the Scottish Government Health &amp; Social Care Directorates (SGHSCD).</th>
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<td>In year position</td>
<td>£3.221m spend at Month 8</td>
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<tr>
<td>Forecast position</td>
<td>£8.860m spend</td>
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</table>

**Capital Spend Profile 2018/19**

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<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
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<tbody>
<tr>
<td>£000</td>
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<td></td>
<td></td>
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<td>9,000</td>
<td>10,000</td>
<td>11,000</td>
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**Previous 3 Months**

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<th>Nov 2018</th>
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<td>£2.615m</td>
<td>£3.221m</td>
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<td>£1.904m</td>
<td>£2.664m</td>
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<td>Forecast Outturn position</td>
<td>£7.394m</td>
<td>£7.394m</td>
<td>£8.860m</td>
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**Commentary**
The total anticipated Capital Resource Limit for 2018/19 is £8.860m. The capital position for the 8 months to November shows investment of £3.221m, equivalent to 36.35% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

1. **INTRODUCTION**

1.1 This report provides an overview on the capital expenditure position as at the end of November 2018, 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. On 1 June 2018 NHS Fife received confirmation of initial core capital allocation amounts of £7.394m gross. On 3rd December 2018 NHS Fife received an additional allocation of £1.466m for the purchase of the MRI at Victoria Hospital.
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 - There is a risk that this property will not sell in 2018/19 this is to be confirmed;
- Forth Park Maternity Hospital – Contract concluded – planning application awaited - There is a risk that this property will not sell in 2018/19; although this is to be confirmed;
- Fair Isle Clinic – Offer accepted subject to planning - There is a risk that this property will not sell in 2018/19 this is to be confirmed;
- Hazel Avenue – Sold 2018/19;
- ADC – Currently in process of being marketed;
- Hayfield Clinic – Planning approved awaiting legal completion; and
- 10 Acre Field – Land sold 2018/19

2.2 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 overall profile will be adjusted once the Capital Equipment programme has been finalised. The expenditure to date amounts to £3.221m or 36.35% 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 £0.328m
- Minor Works £0.619m
- Statutory Compliance £1.443m
- Equipment £0.701m
- Anti-Ligature Works £0.130m

3.3 As previously reported, detailed commentary on the individual priority areas for capital investment this year and into 2019/20 will be provided to a future Finance, Performance & Resources Committee. Further scoping work is underway in parallel, to review and define an agreed business case template for all capital proposals above a certain limit; and a further update will follow in due course.

4. **CAPITAL EXPENDITURE OUTTURN**

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

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

- **note** the capital expenditure position to 30 November 2018 of £3.221m; and
- **note** the forecast spend of the capital resource allocation of £8.860m
Appendix 1: Capital Plan - Changes to Planned Expenditure

<table>
<thead>
<tr>
<th>Capital Expenditure Proposals 2018/19</th>
<th>Board Approved 14/03/2018 £'000</th>
<th>Cumulative to 27/11/2018 £'000</th>
<th>F &amp; R Adj Nov £'000</th>
<th>Board £'000</th>
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<td>59</td>
<td>59</td>
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<td>90</td>
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<tr>
<td>Statutory Compliance</td>
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<td></td>
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<tr>
<td>Fife Wide Equipment</td>
<td>2,036</td>
<td>(1,912)</td>
<td>124</td>
<td>118</td>
</tr>
<tr>
<td>Fife Wide Contingency Balance</td>
<td>100</td>
<td>50</td>
<td>150</td>
<td>150</td>
</tr>
<tr>
<td>Capital to Revenue Transfers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Fife Wide</strong></td>
<td>7,394</td>
<td>(6,020)</td>
<td>1,374</td>
<td>(1)</td>
</tr>
<tr>
<td><strong>Total NHS Fife</strong></td>
<td>7,394</td>
<td>0</td>
<td>7,394</td>
<td>1,466</td>
</tr>
</tbody>
</table>
## Appendix 2 - Capital Programme Expenditure Report

### NHS FIFE - TOTAL REPORT SUMMARY 2018/19

#### CAPITAL PROGRAMME EXPENDITURE REPORT - NOVEMBER 2018

<table>
<thead>
<tr>
<th>Project</th>
<th>CRL New Funding £'000</th>
<th>Total Expenditure to Date £'000</th>
<th>Projected Expenditure 2018/19 £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMMUNITY &amp; PRIMARY CARE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statutory Compliance</td>
<td>729</td>
<td>173</td>
<td>729</td>
</tr>
<tr>
<td>Capital Minor Works</td>
<td>59</td>
<td>59</td>
<td>59</td>
</tr>
<tr>
<td>Capital Equipment</td>
<td>90</td>
<td>42</td>
<td>90</td>
</tr>
<tr>
<td>Condemned Equipment</td>
<td>38</td>
<td>30</td>
<td>38</td>
</tr>
<tr>
<td><strong>Total Community &amp; Primary Care</strong></td>
<td>915</td>
<td>304</td>
<td>915</td>
</tr>
<tr>
<td><strong>ACUTE SERVICES DIVISION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital Equipment</td>
<td>3,294</td>
<td>620</td>
<td>3,294</td>
</tr>
<tr>
<td>Statutory Compliance</td>
<td>2,547</td>
<td>1,270</td>
<td>2,547</td>
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<tr>
<td>Minor Works</td>
<td>699</td>
<td>560</td>
<td>699</td>
</tr>
<tr>
<td>Condemned Equipment</td>
<td>31</td>
<td>9</td>
<td>31</td>
</tr>
<tr>
<td><strong>Total Acute Services Division</strong></td>
<td>6,571</td>
<td>2,458</td>
<td>6,571</td>
</tr>
<tr>
<td><strong>NHS FIFE WIDE SCHEMES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condemned Equipment</td>
<td>21</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>Information Technology</td>
<td>1,041</td>
<td>328</td>
<td>1,041</td>
</tr>
<tr>
<td>Equipment Balance</td>
<td>118</td>
<td>0</td>
<td>118</td>
</tr>
<tr>
<td>Scheme Development</td>
<td>43</td>
<td>0</td>
<td>43</td>
</tr>
<tr>
<td>Contingency</td>
<td>150</td>
<td>130</td>
<td>150</td>
</tr>
<tr>
<td><strong>Total NHS Fife Wide</strong></td>
<td>1,373</td>
<td>458</td>
<td>1,373</td>
</tr>
<tr>
<td><strong>TOTAL ALLOCATION FOR 2018/19</strong></td>
<td>8,860</td>
<td>3,221</td>
<td>8,860</td>
</tr>
</tbody>
</table>
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 October was 5.51%, an increase of 0.01% when compared to the position at the end of September. During the first seven months of FY 2018/19, sickness absence was 5.12%.

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 in July, August and October.

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.

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

During Quarter 2 of 2018/19, 49% of staff had an annual review with their Line Manager within a rolling 12-month period. This was a reduction of 2% from the previous Quarter. Performance is measured on a rolling 12-month period.

Assessment: The TURAS system is currently being reviewed to enable monthly report functionality and directorate drill-down following the migration from eKSF. This will be reflected in future Integrated Performance Reports.

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 2 of 2018/19, 48.3% of the management referrals processed by the Staff Wellbeing & Safety Service were offered an appointment within 10 working days. This has increased to 81% for Occupational Health Nurse appointments in September.

Assessment: This is below the agreed target, but represents a significant improvement from the previous quarter. This was achieved after the service cleared a backlog of work relating to expose prone procedures. The department is reviewing the 95% target in light of its continued requirement to redirect resources in response to agreed organisational priorities (e.g. 2018/19 Staff Influenza Immunisation programme) and the EPP Taskforce.

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 2 of 2018/19, 83.3% of jobs identified were investigated (with an initial decision over suitability made, almost 20% higher than in Quarter 1.

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**Supplementary Staffing**  
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 2 of 2018/19, 77.5% of staffing requirements were met via the Nurse Bank, around 6% lower than in Quarter 1 and slightly below the local target.

**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 2 of 2018/19, nearly 350 individuals within various staff groups were offered employment throughout NHS Fife (11.0% higher than in Quarter 1), with 76.1% of pre-employment checks being completed within 21 working days.
### Performance Summary

#### National Standards

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

<table>
<thead>
<tr>
<th>Section</th>
<th>RAG</th>
<th>Standard</th>
<th>Quality Aim</th>
<th>Target for 2018-19</th>
<th>Performance Data FY 2018-19 to Date</th>
<th>National Comparison (with other 10 Mainland Boards)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Governance</td>
<td>RED</td>
<td>Sickness Absence</td>
<td>Clinically Effective</td>
<td>5.00%</td>
<td>12 months to Oct 18</td>
<td>5.51%</td>
</tr>
</tbody>
</table>

#### Local Targets

<table>
<thead>
<tr>
<th>Status</th>
<th>Definition</th>
<th>Direction of Travel</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN</td>
<td>Performance meets or exceeds the local target</td>
<td>↑</td>
<td>Performance improved from previous</td>
</tr>
<tr>
<td>AMBER</td>
<td>Performance is behind (but within 5% of) the local target</td>
<td>↓</td>
<td>Performance worsened from previous</td>
</tr>
<tr>
<td>RED</td>
<td>Performance is more than 5% behind the local target</td>
<td>↔</td>
<td>Performance unchanged from previous</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>RAG</th>
<th>Local Target</th>
<th>Quality Aim</th>
<th>Target for 2018-19</th>
<th>Performance Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Governance</td>
<td>GREEN</td>
<td>Redeployment</td>
<td>Clinically Effective</td>
<td>50.0%</td>
<td>Jul to Sep 2018</td>
</tr>
<tr>
<td></td>
<td>AMBER</td>
<td>Supplementary Staffing</td>
<td>Clinically Effective</td>
<td>80.0%</td>
<td>Jul to Sep 2018</td>
</tr>
<tr>
<td></td>
<td>RED</td>
<td>Pre-Employment Checks</td>
<td>Safe</td>
<td>80.0%</td>
<td>Jul to Sep 2018</td>
</tr>
<tr>
<td></td>
<td>RED</td>
<td>Management Referrals</td>
<td>Safe</td>
<td>95.0%</td>
<td>Jul to Sep 2018</td>
</tr>
<tr>
<td></td>
<td>RED</td>
<td>iMatter</td>
<td>Clinically Effective</td>
<td>80.0%</td>
<td>FY 2018/19</td>
</tr>
<tr>
<td></td>
<td>RED</td>
<td>TURAS</td>
<td>Clinically Effective</td>
<td>80.0%</td>
<td>Jul to Sep 2018</td>
</tr>
</tbody>
</table>
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**
5.51% for 12-month period November 2017 to October 2018

**Scotland Performance**
5.39% for 2017/18 (data published annually)

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**Sickness Absence**

<table>
<thead>
<tr>
<th>Month</th>
<th>NHS Fife (Annual Average)</th>
<th>Standard</th>
<th>Planned Care</th>
<th>HSC West</th>
<th>Emergency Care</th>
<th>HSC East</th>
<th>HSC Fife-Wide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct-17</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Nov-17</td>
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<tr>
<td>Dec-17</td>
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<td>Jan-18</td>
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<tr>
<td>Feb-18</td>
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<td></td>
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<tr>
<td>Mar-18</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr-18</td>
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<td></td>
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</tr>
<tr>
<td>May-18</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Jun-18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul-18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aug-18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep-18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct-18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Sickness Absence (12-Month Average): Planned Recovery**

- **Standard**
- **Forecast Rate**
- **Actual Rate**
<table>
<thead>
<tr>
<th>Previous 3 Months</th>
<th>12 Months to Jul 2018</th>
<th>12 Months to Aug 2018</th>
<th>12 Months to Sep 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5.50 %</td>
<td>↑</td>
<td>5.53%</td>
</tr>
</tbody>
</table>

**Current Issues**  
The main reasons for sickness absence over the last twelve months 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 4 of the 7 months to date of 2018/19 when compared to 2017/18.

<table>
<thead>
<tr>
<th>Key Actions for Improvement</th>
<th>Planned Benefits</th>
<th>Due By</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Division Sickness Absence Review</td>
<td>Improvement in the rates of sickness absence within the East Division in 2017/18</td>
<td>Dec 2018</td>
<td>On Track</td>
</tr>
</tbody>
</table>
| 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 | On Track |
| 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) | Enable NHS Fife to target Staff Wellbeing & Safety support, and other initiatives, to the most appropriate areas | Nov 2018 | On Track |
| 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 | On Track |
| 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 | On Track |