MINUTES OF THE MEETING OF FIFE NHS BOARD HELD ON TUESDAY 30 JUNE 2015 AT 10.00 AM IN THE COMMON ROOM, EDUCATION CENTRE, QUEEN MARGARET HOSPITAL, DUNFERMLINE

Present:
Mr A Burns (Chairperson) Dr E Coyle, Director of Public Health
Mr P Hawkins, Chief Executive Dr F M Elliot, Medical Director
Ms M Adams, Non-Executive Director Ms R Laing, Non-Executive Director
Dr L Bisset, Non-Executive Director Mr S Little, Non-Executive Director
Mrs C Bowring, Director of Finance Professor S McLean, Director of Nursing
Mrs W Brown, Employee Director Mr J Paterson, Non-Executive Director
Dr K Cheshire, Non Executive Director Cllr A Rodger, Fife Council
Mrs C Cooper, Non-Executive Director Ms A Rooney, Non-Executive Director

In Attendance:
Ms N Aitken, Head of Corporate Services
Professor D Crossman, Dean of Medicine and Head of the School of Medicine, University of St Andrews
Mr M Doyle, Assistant Director of Finance (Financial Services)
Ms R King, Director of Human Resources
Mr S Riddell, Director of Health & Social Care
Mrs G Woolman, Audit Scotland
Mrs P King, Corporate Services Manager (Minutes)

The Chair welcomed everyone to the Fife NHS Board meeting, in particular Mr Paul Hawkins, Chief Executive, NHS Fife, who was attending his first NHS Fife Board meeting. He was also pleased to advise of the appointment of Ms Helen Paterson, Director of Nursing, who would be taking up post shortly.

50/15 CHAIRPERSON’S WELCOME AND OPENING REMARKS

The Chair offered congratulations as noted below:

- Dunfermline & West Fife’s Vascular Nurse Team for their integrated care approach for patients with heart disease and diabetes that was recognised at the annual conference of the British Cardiovascular Society and British Heart Foundation earlier this month. The team works closely with GP and nursing colleagues in Primary Care and cardiology colleagues in secondary care to ensure the best outcomes for patients.

- the Maternity Service that retained its Baby Friendly Accreditation following an audit in April 2015. The result demonstrated in figures and quotes how happy mothers were with all the care they received.

- a number of staff were successful at this year’s NHS Scotland event, notably Sean Ainsworth, Consultant Paediatrician, Staff Nurse Lynn Kuz and Lesley
Halliday, eHealth Delivery Specialist, who were part of the team to take home the People’s Choice award for their poster outlining the ‘My Little One’ initiative which aims to bring mothers closer to their babies by providing real-time viewing of their baby in an incubator on a standard tablet device.

Members of Pharmacy Services, Rona Martin, Joyce Young and Jenny Blyth, who were also successful with their submission highlighting the Care Homes Project and its ambition to reduce medicines waste, harm and variation, by streamlining ordering procedures.

The Chair highlighted the award winning initiative by NHS Fife and the Fife Employability Access Trust (FEAT) who are working together to create life-changing outcomes for people with severe mental health conditions. Funded by the Big Lottery, ‘Employ Your Mind’ is helping people to pursue opportunities in either education or paid or voluntary employment. It uses innovative computer-based therapy to help clients devise strategies aimed at overcoming the challenges posed by poor mental health. This is the first employability project in Scotland to utilise this ground-breaking technology and was recognised at last year’s Fife Volunteering & Voluntary Sector Awards, winning the ‘Partnership’ category.

The Urology and Day Surgery Units at Queen Margaret Hospital were officially opened by the Cabinet Secretary for Health, Wellbeing and Sport on 20 May 2015. This was a dynamic facility and the Cabinet Secretary spent considerable time talking with staff and patients who made an excellent contribution.

Patients requiring chemotherapy for gynaecological cancers are now able to receive their treatment in Fife for the first time. NHS Fife has made improvements to its local cancer services which allow patients to be assessed and treated at the Haematology/Oncology Day Unit at Victoria Hospital where they would previously have had to travel to the Western General Hospital in Edinburgh. NHS Fife has also appointed its first locally-based Consultant Oncologist, Dr Caroline Michie, who will oversee the development of a new Acute Oncology Service, a key aspect of which will be to set up a team to facilitate the rapid specialist assessment of the needs of patients who are admitted to hospitals as emergencies and have been receiving treatment for any cancers. The appointment is the first of its kind in Scotland.

NHS Fife is participating in the ‘Switched on Fleets’ initiative run by Transport Scotland on behalf of Scottish Government as part of the ongoing effort to minimise NHS Fife’s environmental impact. The scheme aims to reduce the nation’s carbon footprint by decreasing the number of fossil-fuelled vehicles within Scotland’s public sector fleets. NHS Fife obtained grant funding through this initiative towards the cost of leasing two Electric Vehicles that, in addition to the environmental benefits, are significantly cheaper to run.

On 26 June 2015 the Chair attended the launch of the CAMILLE training programme in Scotland, which is a support programme for people that are in families who support patients with mental illness. This is a ground-breaking programme and it is essential that as many people as possible are made aware
of it in order to keep raising the profile of mental illness.

Finally, the Chair reported that Mr Jim Leiper, Director of Estates, Facilities and Capital Services had moved to another post after significant service with NHS Fife and he wished to record thanks for his contribution. Mr Jim Rotheram would be acting in an interim basis until the position was filled.

51/15 DECLARATION OF MEMBERS’ INTERESTS

Ms Rooney declared an interest under item 57/15 (a) as Chief Executive of the Royal College of Surgeons and work being undertaken by Professor Sir Lewis Ritchie related to emergency medicine and pre-hospital care.

52/15 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr M Black.

53/15 MINUTE OF THE PREVIOUS MEETING HELD ON 28 APRIL 2015

The Minute of the previous meeting was approved as a true record.

54/15 MATTERS ARISING

(a) Financial Framework 2015-16

Mr Hawkins advised that following a review of the efficiency savings plan a gap of £5.5 – 6m remained to be addressed. In order to bridge this gap a detailed review across the whole organisation would be undertaken to reduce the cost base. An up-date would be provided at the Board Development Session in July prior to being submitted to the Board in August 2015.

Mr Burns reminded Members that the Board agreed to sign off the content and direction of the Local Delivery Plan but were not satisfied that the level of risk had been properly calibrated and mitigated and this had been conveyed to Scottish Government Health & Social Care Directorate (SGHSCD). Fife Council had also been made aware of the overall position.

55/15 PERSON CENTREDNESS

(a) HealthCheck

Professor McLean presented the HealthCheck for March and April, a high level, graphic summary of NHS Fife’s safe, effective and person-centred profile.

Attention was drawn to some of the high level performance from the diagram:

- activity was 10,425 admissions, 17,763 new out-patient attendances and 46,087 reviews;
- although there had been an upward trend in the Hospital Standardised Mortality Rate (HSMR), the most recent data released at the end of April 2015 demonstrated a percentage reduction of
22.8% since December 2007 with a HSMR rate of 0.88;
- within the area of harm free care, the review of cardiac arrests that occurred in January 2015 had been completed and a number of recommendations had been made and these were outlined in the paper. The rate had reduced from 3.8 in January 2015 to 1.6 in April 2015. In-patient falls with harm had reduced to nine consecutive points below the median line and was a very positive development;
- good performance continued around healthcare associated infections;
- performance around the 4 hour emergency access performance and 18 weeks referral to treatment had improved;
- the number of formal complaints had increased from 65 to 89 reported in the period and the key themes were detailed in the paper;
- the patient satisfaction survey “Your Care Experience” had been rolled out over four wards and in April 2015 26/29 patients rated their performance as “best possible”;
- The Scottish Patient Service Ombudsman (SPSO) cases were detailed in the report.

Members were pleased at the encouraging performance which local methodologies suggested had been sustained throughout May and June 2015. The Chair advised that this report had been shared with local MPs/MSPs and consideration was being given to using it as a patient focus as to how to apply our effort. In response to the Chair, Professor McLean confirmed that he was confident that demonstrable change takes place following complaints received in the areas relevant to the complaint but the challenge was to cascade this to other areas and he agreed to give some thought to how to progress this in the community areas.

Professor McLean welcomed Ms A and Senior Charge Nurse Letham to today’s Board meeting. Patients, their families and staff are supported by the Patient Relations Department before and after the meeting and consent has been given. It had been explained that the Board will not seek to “fix” any specific deficiencies inherent to the story but will commit to using the story to help it understand how care is received and delivered.

(b) Person Story

Mrs A had been the first person to provide a Person Story at the Board in 2013 and she welcomed the opportunity to give an up-date on work she had been involved in to date. Mrs A reminded Members that her complaint had focused on the care provided to her 88 year old father who had been a patient at Victoria Hospital. He had been ready to go home but had been delayed due to transport. Mrs A’s father had been upset and this had been explained to the nursing staff. Subsequently, Mrs A’s father had fallen and died 10 days later.

Mrs A was angry and upset and took her complaint through the formal complaints system. This process had helped but Mrs A wanted to do more and over the past two years has worked with the staff to ensure improvements are being made. Mrs A has given talks at national summits and conferences, is a member of the Falls Group and is
involved in Health & Social Care Integration. She has also developed a training DVD for staff and is keen to continue to make improvements.

Senior Charge Nurse (SCN) Letham first became aware of Mrs A’s story at the call to action to reduce falls in the hospital. As a SCN she had to attend various sessions about the new falls pathway and obtain an understanding of the new paperwork to implement in her area. At first implementation on the ward was difficult as it felt like a lot of work for staff. However, as the new falls pathway determines whether the patient is at risk which allows earlier assessment of the patient at risk and enables measures to be put in place to prevent falls, it has now been successfully implemented in the ward and is in the process of being rolled out across the hospital. The need to ensure that staff have the proper education and time to undertake the training was paramount.

Professor McLean acknowledged that these changes would not have been made without hearing Mrs A’s story but there was still more to learn including looking at issues post discharge. Dr Cheshire emphasised the need to implement this pathway in the community including in Mental Health areas as data had been published on the management of falls and the effect of anxiety and this type of preventative work was important. Professor McLean reported that the Consultant Geriatricians are aware of the need for further joined up work looking at the whole issue of frailty. Dr Elliot added that she would be keen for a recognised programme on frailty to be taken forward with appropriate support that would secure nursing and medical co-operation.

Mr Hawkins set out a number of observations including the need to have more trend reporting to highlight where there are hot spots within the organisation, the need for further work on frailty and the need to set clinical standards. The Board Performance Report would give equal time to the quality elements and complaints, etc, to make it a more “live” document.

The Chair thanked Mrs A and SCN Letham for attending the meeting and reporting back.

The Board considered the themes from today’s HealthCheck and person-narratives during the remainder of the Board meeting, to help focus discussions around benefits to our patients, our public and our staff.

56/15 HEALTH AND SOCIAL CARE INTEGRATION

Mr Riddell spoke to the report that provided an update on the key areas of work underway in respect of progress towards full Health and Social Care Integration in line with the Public Bodies (Joint Working) (Scotland) Act 2014. In particular, the paper updated on the Integration Scheme, Development of the Strategic Commissioning Plan, Workforce, Leadership, Public Engagement and Participation and the Work Streams Programme.

The Integration Joint Board is required to develop an infrastructure to support
Clinical and Care Governance with a mechanism to report to NHS Fife and Fife Council. A report had been submitted to the Shadow Board meeting where it was agreed that the NHS Fife Medical Director, Director of Health & Social Care and Fife Council Chief Social Worker would develop a remit for the Committee and report back to the Shadow Board in due course.

Mr Riddell highlighted the need for a focus on robust communication across the wider NHS and Council services particularly in relation to delayed discharges. In addition to the task group that had been formed, the Director of Acute Services and Director of Health & Social Care and their teams had arranged to meet to gain an understanding of the pressures from both perspectives and produce a coherent plan before winter. The plan would be submitted to the Chief Executive. Mr Paterson suggested it would be useful to see an improvement plan with targets for delayed discharges as numbers were beginning to increase. Mr Riddell confirmed that the implementation plan had been revised and up-dated in the last week and he acknowledged that the numbers coming in exceeded those going out. NHS Fife and Fife Council were working closely on this but there were issues around funding and the need for improved practices and systems.

Work continued on strengthening clinical and care pathways further in the form of tests of change and also when looking at the draft Strategic Plan and commissioning intentions for the future. Mr Riddell reassured Members that staff are well sighted on the issues around frailty and Dr Pound, Consultant in Care of the Elderly, and others had heavily influenced these deliberations.

A number of questions were asked around engagement with GPs and local communities and Information Management and Technology and these were responded to. In terms of governance, Mr Riddell agreed to prepare a business plan for the next 12 months for submission to the Shadow Board.

Mr Hawkins commented that it was important for the Board to stay as strategic as possible. A demand and capacity plan was being prepared and once the gap had been established this would be shared with all the Directors and clinicians to get an understanding of pressures. Knowledge of the gap would also be submitted through the Committee structure with a financial envelope put around it. Further discussion would take place the Board Development Session in July.

The Chair stated it was important to have the Integration Scheme approved; there was a national challenge however some of the solutions needed to be found locally. The Chair reminded Members that Health & Social Care integration was about doing the best for people in the community so operational performance around delayed discharges, boarding, etc was crucial.

The Board noted the continuing progress being made in relation to Health & Social Care Integration.

57/15 CHAIRPERSON'S REPORT

(a) Report from NHS Chairs Meeting
The Chair briefed Members on the main areas of discussion arising from the monthly Chairs meeting and the following meeting with SGHSCD including Health & Social Care Integration, financial challenges, the need to improve performance to meet key targets and ensuring targets are meaningful for patients and the need to be innovative about new models of care. There was a discussion with Professor Sir Lewis Ritchie, MacKenzie Professor of General Practice, University of Aberdeen, on the out of hours service who would report back to SGHSCD in September 2015 to give a strategic viewpoint on out of hours services.

The Chair attended a high profile conference on Leading Integration for Quality. Mr Hawkins commented that Fife had a unique opportunity to progress integration quickly due the co-terminosity with Fife Council.

(b) **Board Development Session – 26 May 2015**

The Board noted the report on the Development Session.

Ms Laing emphasised the importance of focusing on quality in terms of outcomes for Health & Social Care Integration and the need to ensure that membership of the Clinical and Care Governance Group was right in order to drive work forward.

58/15 **ANNUAL ASSURANCE STATEMENTS**

The Board was reminded of the requirement for the main governance statements to be submitted to the Audit & Risk Committee as part of the overall corporate governance assurance process and the need to note and record that these and all the other Annual Reports had been considered by the Board by exception.

Mrs Bowring confirmed that the Audit & Risk Committee had looked in detail at the key governance committee assurance statements and précis versions of other committee annual assurance statements at its meeting on 26 June 2015. The Chair asked Chairs of the Committees to confirm that each Committee had approved its Annual Assurance Statement. A number of questions were asked and these were responded to. The Chair would arrange for Appendix 1 of the Patient Focus Public Involvement Standing Committee to be amended to reflect the year in question only.

Ms Rooney pointed out that attendance by Executive Directors at the Clinical Governance Committee was poor and she would not like that position to persist. Dr Bisset confirmed that, as Chair of the Clinical Governance Committee, he was satisfied that the right people had been in attendance and that he had received support from the relevant Executive Members.

Ms Laing advised that following due diligence the Audit & Risk Committee Annual Assurance Statement 2014-15 had been signed at its meeting on 26 June 2015 once it had received the necessary assurances from all the other Committees through their Annual Assurance Statements. She commented on the inconsistency in the report formatting and confirmed that this would be refreshed as part of the governance review. Following the disestablishment of
Community Health Partnerships with effect from 1 April 2015 and the report submitted to the April Board meeting on the Transitional Governance Arrangements for the Dissolution of CHPs, Ms Laing had requested an update on the governance arrangements to the September meeting of the Audit & Risk Committee.

The Board noted the Annual Assurance Statements for 2014-15.

59/15 **ANNUAL ACCOUNT PROCESS**

(a) **NHS Fife Board Annual Accounts for the Year to 31 March 2015**

Mrs Bowring presented the Annual Accounts for the year ended 31 March 2015. She welcomed Mrs Woolman, Audit Scotland, and Mr Doyle, Assistant Director of Finance – Financial Services, to join the meeting.

The Annual Accounts were in the prescribed format in accordance with guidance and had been presented in full to the Audit & Risk Committee on 26 June 2015. Mrs Bowring was pleased to report an unqualified opinion for all aspects of the Annual Accounts as at 31 March 2015 and the figures showed that NHS Fife had met its financial targets.

(i) **Annual Accounts Documents**

The Annual Accounts documents covered several sections. Mrs Bowring highlighted some of the key points within the Annual Accounts:

Statement of Health Board Members’ Responsibilities in respect of the Accounts: this report required to be signed by the Chairman and the Director of Finance on behalf of all Board Members;

Statement of Chief Executive’s Responsibilities as the Accountable Officer of the Health Board: if approved by the Board this allowed Mr Hawkins to declare that there were no known reasons why the Accounts could not be signed off. A Letter of Assurance had been provided by the out-going Interim Chief Executive, Brian Montgomery;

Governance Statement: the format of this and other sections was laid out in the Scottish Public Finance Manual;

Independent Auditors Report;

Annual Report Management Commentary – Strategic Report and Director’s Report: this report set out the Strategy and Principal Activities and Review of the Year, including a summary of the main aspects which impact on the financial position for the year. Attention was drawn to the results for the year which showed a minor underspend against the Revenue Resource Limit and a breakeven position on the Capital Resource Limit. Mrs Bowring also highlighted the continued increase in investment in the delivery of clinical services for the people of Fife during 2014-15 and the major financial challenges in 2015-16 and beyond in meeting both the national agenda, addressing the pressures of
increasing demand made on services and securing the local services required by the population of Fife;

Remuneration Report.

A number of questions were asked related to General Dental Services (p16), Counter Fraud Services (p17), Provisions (p18) and Payment Policy (P29) and these were responded to. Under Provisions, Mrs Bowring agreed to submit regular reports to the Finance & Resources Committee. Ms Rooney noted that the report related to the state of the Board as at 31 March 2015 and asked that this be consistent for future reports.

(ii) Annual Audit Report for the Board of NHS Fife and the Auditor General for Scotland

This document provided a summary of the findings arising from the 2014-15 audit of NHS Fife by Audit Scotland that had been presented to the Audit & Risk Committee on 26 June 2015, together with the management response. Mrs Woolman reaffirmed that the primary focus of today’s financial statement is to enable the Board to be in a position to approve the annual accounts that required to be submitted to SGHSCD by 5:00 pm today.

Mrs Woolman referred Members to the Key Messages set out on pages 4 and 5 of the report and was pleased to confirm that:

- the audit was complete and gave an unqualified opinion on all matters related to the Annual Accounts;
- all financial targets in 2014-15 were met, recognising the close working with SGHSCD to achieve this;
- there were well-established governance arrangements in place;
- the Board had a number of positive assurances around best value; and
- the Board will continue to operate in a funding environment which is subject to sustained pressure to deliver more with less, at the same time as having to make major changes to service delivery and achieve challenging performance targets and standards.

Mrs Woolman took Members through the report that covered the Audit of financial statements, Financial management and sustainability, Governance and transparency, Best Value and Outlook and noted the Appendices.

The Chair commented that this was a useful report in terms of calibrating what NHS Fife achieved against its gaps. He observed that NHS Fife was still under its NHSScotland Resource Allocation Committee (NRAC) funding level and the Board had decided to put quality of care ahead of finance recognising the subsequent financial pressures and he had hoped this would have been reflected in the report. The financial challenge and risk in 2015-16 and beyond was significant and work was underway to try and manage this position. Mr Little added that there
were also external factors that impacted on the position but the Finance & Resources Committee was aware of the risks and although planning is difficult, there was a need to be prudent in budgeting around what was known.

(iii) Letter of Representation (ISA 580)

The Letter of Representation was the standard letter required from the Board to the External Auditors, confirming that the Board was satisfied that the financial statements gave a true and fair view of the financial position at 31 March 2015.

(iv) Annual Assurance Statement from Audit & Risk Committee

Ms Laing presented the Annual Assurance Statement which had been approved by the Audit & Risk Committee the previous week. As Chair of the Audit & Risk Committee, Ms Laing took the opportunity to thank all staff for their efforts, including the External and Internal Auditors for working to the tight timescales.

Ms Laing confirmed that the Audit & Risk Committee had been mandated to review the internal control environment established by management and which has been in operation during the financial year. She referenced the Governance Statement, Statement of Health Board Members’ Responsibilities, Letter of Representation and the Audit & Risk Committee Remit and confirmed that that Audit & Risk Committee had:

- reviewed the results of the work of Internal Audit during 2014-15;
- considered the Annual Internal Audit Report as presented by the Chief Internal Auditor;
- considered the reports of the External Auditors during the year;
- received reports and assurances from the Director of Finance;
- considered the Annual Report of the three main governance committees; and
- had confirmation that the External Auditors had completed their audit of the Accounts for 2014-15, including reviewing the Governance Statement, and will issue an unqualified opinion in terms of a true and fair view once the Accounts had been approved by the Board.

Ms Rooney asked that for quality purposes the typos be amended. Due to the tight timescale for submission to SGHSCD and that the typos did not affect the content of the document, Members agreed that the document be submitted in its current form. Mrs Bowring agreed to consider the timetable for the Board meeting to agree the finalisation of the Annual Accounts going forward.

Mrs Bowring reminded colleagues that the Annual Accounts should be treated at this stage as "confidential"; they did not become public documents until they had been laid before the Scottish Parliament and confirmation had been received that they could be published.

The Board:
• **adopted** the Annual Accounts for 2014-15;
• **authorised** the Chief Executive and Director of Finance to sign the Accounts on behalf of the Board; and
• **authorised** the Chief Executive to sign the Letter of Representation.

(b) **Patients’ Private Funds – Receipts and Payments Account for the Year Ended 31 March 2015**

Mrs Bowring referred to the paper that set out the process around the Patients’ Private Funds. She reminded Members that these were supplementary reports within the Accounts and as such required to be treated at this stage as “confidential”; they did not become public documents until they had been laid before the Scottish Parliament and confirmation had been received that they could be published. The process was subject to audit by Thomson Cooper Accountants and an unqualified audit certificate was appended to the Accounts.

Attention was drawn to the Audit Completion Memorandum that confirmed there were no significant matters to report to management and the Letter of Representation that outlined the roles and responsibilities of Board Members in respect of the financial statements of the Patients’ Private Funds.

Ms Laing said that the Receipts and Payments Accounts and supporting documentation had been reviewed at the Audit and Risk Committee the previous week. Thomson Cooper had not felt it necessary to attend the Board, but had presented their report on the Accounts in full at the Audit & Risk Committee.

Professor Crossman reiterated that this is not NHS Fife money, but NHS Fife is the custodian of it and he questioned whether the process is robust enough to pick up any fraudulent use of the money? Mrs Bowring reassured Members that there is a whole raft of documentation about how this money is managed. It is also looked at in detail by the Internal Auditors who go into ward areas to ensure the appropriate checks are in place. Dr Elliot added that the Mental Welfare Commission also has an important role in the area of patients funds.

The Board:

• **approved** the financial statements of Fife Health Board’s Patients’ Private Funds for the Year Ended 31 March 2015; and
• **authorised** the Chief Executive and Director of Finance to sign the:
  - Receipts and Payments’ Account;
  - Statement of Health Board Members’ Responsibilities; and
  - Letter of Representation to Thomson Cooper on behalf of the Board.

The Chair took the opportunity to thank Audit Scotland for their work with NHS Fife and the finance team for their work throughout the year. He also thanked Board Members and the Executive Directors for the detailed discussion at the
meeting today and for their contribution every year.

60/15 ACCIDENT & EMERGENCY SERVICES AT QUEEN MARGARET HOSPITAL, DUNFERMLINE

Dr Elliot spoke to the report that briefed Members on the review of the process that led to a decision to centralise Accident & Emergency (A&E) Services on the Victoria Hospital site as part of the Right for Fife strategic work in 2002. The paper had been commissioned by the Board in response to a public petition received at the Board meeting on 16 December 2014.

A meeting had been held with Mr Philp, who had submitted the petition, to examine the questions behind it and determine the concerns. A full review had been undertaken using a significant set of data to look at the drivers that led to the ‘Right for Fife’ strategy document, the process of consultation and decision-making that led to the adoption of the ‘Right for Fife’ strategy in 2002, if there had been any detrimental effects on the Emergency Department performance since the amalgamation of acute in-patient services on the Victoria Hospital site and whether there had been any factors that had changed since the ‘Right for Fife’ process that should lead towards the strategy being revisited.

Dr Elliot confirmed that having gone through the process of review, Members can be re-assured that there had been a robust process in the development of the ‘Right for Fife’ strategy with appropriate public consultation, consensus building, option development and appraisal. NHS Fife Board had been right to consolidate services in terms of improving patient safety and the existing staffing is not sufficient to support the establishment of a second Emergency Department in Fife without compromising patient care. The review had identified that the public is not clear about the role of a Minor Injuries Unit and there is a need to determine the best pathways for urgent care being dealt with at Queen Margaret Hospital and engage with the population as part of the whole approach to unscheduled and urgent care.

Ms Adams stated that the community can be assured that a full investigation had been undertaken and she agreed that further work is required around ensuring the public is aware of the role of a Minor Injuries Unit. In response to Mrs Cooper, Dr Elliot confirmed that the communications team had undertaken some good work to highlight services at Queen Margaret Hospital and Mr Philp and others that had signed the petition would be involved in further work to take this forward.

Mr Hawkins proposed that the Executive Directors Group discuss this issue at its next meeting to prepare a plan for taking this forward.

The Board:

- **noted** that the original work to inform the decisions in ‘Right for Fife’ had been proven to be correct based on the demographic and workforce changes that had taken place since 2002;
- **noted** there is no evidence to suggest care for the population of West Fife had deteriorated as a result of the changes;
- **noted** that this new work had been discussed, scrutinised and agreed by the
Clinical Governance Committee;

- **agreed** that there is no clinical argument for re-establishing a full Emergency Department on the Queen Margaret Hospital site; and
- **agreed** to continue to drive increased use of the Minor Injuries Unit at Queen Margaret Hospital and **asked** the Medical Director and Director of Acute Services to take forward work to integrate the Minor Injuries Unit with the Primary Care Emergency Service in Dunfermline and set up a group with public involvement to develop new pathways of care for those who require urgent care in West Fife. This will be the first stage of more comprehensive work to review the wider urgent care system in Fife.

### 61/15 CHIEF EXECUTIVE’S REPORT

#### (a) Board Executive Performance Report: June 2015

Mr Hawkins introduced a new style performance report that aimed to provide assurance to the Board on the overall performance of NHS Fife against the corporate aims related to National Standards, local priorities and significant risks. The Performance Summary focused on those areas where performance exceeded targets and the Chief Executive’s Escalation Report where key improvement actions and expectations are required. The report also outlined several process changes that were taking place and feedback was welcomed as these are progressed.

**Performance**

Mr Hawkins referred Members to the Performance Summary and Targets on Track. The Chief Executive’s Performance Escalation Report highlighted the key concerns and risks, recovery trajectory and recovery plan for each of the targets that required to be improved and he invited the Lead Executive to cover the pertinent points related to Cancer, Referral to Treatment, Treatment Time Guarantee, A&E 4 Hour Waiting Time, Diagnostics Waiting Time, Healthcare Associated Infection (HAI), Sickness Absence, Health & Social Care Integration and Smoking Cessation.

Mr Little asked about the recovery trajectory for sickness absence which showed a significant dip month on month. Mrs King confirmed that this was a challenge due to the rolling average. NHS Fife had taken a view to achieve and sustain a sickness absence rate of no more than 4.7% as 4% was not achievable. Staff continued to be recruited in order to meet the levels within the nursing workforce tool and this will increase the substantive workforce. In response to Mr Paterson, Ms Brown advised that staff are aware of the robust management of sickness absence and managers are clear about what they have to do to manage this efficiently. Mrs King reminded the Board that detailed information is provided to the Staff Governance Committee on sickness absence.

With regard to Health & Social Care Integration, Dr Cheshire confirmed that there was no data as yet for dementia post diagnostic support; this was a challenging target as it brought together a different group with a mix of needs and significant work was required.
Section C – Capital Programme 2015-16

Mrs Bowring introduced the report that covered the two month period to 31 May 2015. The report outlined expenditure to date, changes to the Board’s Capital Resource Limit (CRL), details of changes in Planned Expenditure, estimated Capital Expenditure outturn and Capital Receipts.

Appendix A provided details of current expenditure which amounted to £0.710m, 5.8% of the estimated annual expenditure. The estimated spend profile for the period was £0.611m (4.6% of the total allocation) (Appendix B). The main areas of expenditure were summarised at para 2.4. The Stratheden Intensive Psychiatric Care Unit was the largest capital project this year and the Cabinet Secretary would be performing the sod cutting on 6 July 2015.

Appendix C showed changes in the plan resulting from changes in allocations and from updated estimates for schemes already approved. The major changes were set out in para 4.2.

At this early stage of the financial year it was currently estimated that the Board would spend its Capital Resource Limit.

The Capital Programme 2015-16 was partly funded through anticipated Capital Receipts from the sale of properties. The estimated value of Capital Receipts required to fund the Capital Programme was £3,650k based on the expected sale of Land at Lynebank Hospital and the sale of Forth Park Hospital. At this point in the year there is concern that the land sales will not be processed by 31 March 2016.

The Board:

- noted the Capital Expenditure to 31 May 2015;
- noted the current Capital Resource Limit position;
- noted the changes to Planned Expenditure; and
- noted the Capital Receipts position.

Section D – Financial Position to 31 May 2015

The report covered the two months to the end of May 2015 and was based on the Financial Framework. At the end of May, the Board had only received its initial allocation of £557.627m which included the £2.019m of Delayed Discharge funding. Several allocations were still to be received and a list of additional allocations would be provided to the Board following receipt from Scottish Government Health & Social Care Directorate (SGHSCD).

The Revenue Resource Limit to 31 May 2015 showed an overspend of £1.294m. A summary of financial performance for individual Divisions and Corporate Directorates is shown in Appendix 1 of the paper. The trajectory for reporting to SGHSCD will be shown from June 2015 onwards. The total allocation had not been fully apportioned at this stage.
Mrs Bowring reminded Members of the requirement to deliver a total of £10.143m cash efficiency savings to support financial balance for 2015-16. A detailed review of the efficiency savings plan had been undertaken and a number of changes had been made the impact of which had increased the overall gap against the £10.1m to £3.4m. Significant work was underway to close this gap trying to identify schemes with a low level of risk to secure delivery. During April and May cash releasing schemes totalling £396k had been delivered.

Mr Hawkins added that difficult decisions would need to be made with the evidence to back these up with proper systems and processes in place to understand what is being planned. An up-date on the financial position for 2015-16 would be provided at the July Board Development Session.

The Board noted the financial position for the two month period to 31 May 2015.

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

The report for the period February 2015 to May 2015 provided an update of the on-going activity underway across NHS Fife to implement the SPSP.

The paper described the position in SPSP and detailed the background in terms of the aims of the specific parts of the programme. Dr Elliot advised that in a letter from the Chief Executive of Health Improvement Scotland Boards were no longer required to submit national reporting on the “ten essentials” process data in recognition of the reliable local self assurance and governance mechanisms Board had set in place to ensure that each of these processes were reliably implemented and sustained. In response to Mr Paterson, Dr Elliot advised that new Quality of Care Reviews were currently being designed and the Board would be kept informed once further details were available.

Chart 3 of the paper demonstrated a rise in the number of cardiac arrest rates in the acute hospitals. This had been reviewed and the findings would be presented at the Quality Safety and Governance Group and the Clinical Governance Committee. Table 1 outlined the work against all the areas within the Patient Safety Programme.

Cllr Rodger asked if sufficient time was allowed for appointments within out-patients as he was aware of occasions when clinics had run late. Professor McLean would look into this.

Professor Crossman noted that hospitals are also involved in research and development, innovation, etc, and he stated that it would be helpful to understand where this fits within the organisation and who is being held to account for these aspirational aspects.

The Board noted the overview of progress for each work stream and would feedback to Dr Elliot on the content of the report. The Chair asked
that this report be placed earlier on the agenda for future meetings.

Section F – Healthcare Associated Infection Reporting Template (HAIRT)

The report outlined trends and infection prevention initiatives in NHS Fife and updated the Board on current HAI rates for NHS Fife and progress against national targets, Hand Hygiene targets, Cleaning Services Specification results and significant HAI incidents/outbreaks, emerging threats.

Dr Elliot referred Members to the report and drew attention to the following:

- whilst *staph aureus* bacteraemias (SAB) case numbers had fallen during 2014, they had levelled off, and needed to be reduced further if the 2016 target is to be met. Work is underway with support from Health Protection Scotland to identify new initiatives to reduce SAB cases further;
- as part of ‘World Hand Hygiene Day’ in May a series of events had been held to raise awareness of the importance of good hand hygiene and showcase the most effective techniques to keep hands clean.

The Board:

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

Section H – Freedom of Information (FOI)

The level of FOI requests received and responded to for the period from 1 April to 31 May 2015 was noted by the Board.

62/15 STATUTORY AND OTHER COMMITTEE MINUTES

The Board noted the below-noted Minutes.

(a) Audit & Risk Committee dated 14 May 2015 (unconfirmed)
(b) Clinical Governance Committee dated 8 April 2015
(c) Finance & Resources Committee – Part 1 dated 26 May 2015 (unconfirmed)
(d) Health & Safety Governance Committee dated 12 March 2015 (unconfirmed)
(e) Patient Focus Public Involvement Standing Committee dated 25 March 2015
(f) Staff Governance Committee dated 17 March 2015
(g) Acute Services Division Committee dated 20 May 2015 (unconfirmed)
(h) Area Partnership Forum dated 24 April 2015 (unconfirmed)
(i) Service Redesign Committee dated 20 May 2015 (unconfirmed)
(j) South East & Tayside Group dated 24 April 2015
(k) Fife Health & Social Care Shadow Joint Board dated 19 March and 23 April 2015 (unconfirmed)

63/15 ANY OTHER BUSINESS

No Other Business.

64/15 DATE OF NEXT MEETING:

Tuesday 25 August 2015 at 10.00 am in Chambers, Town House, Kirkcaldy

The Chair took the opportunity to recognise the contribution of Professor McLean as he moved from being a Member of the Board in his role as Director of Nursing to being in attendance at the Board in his role as Director of Acute Services.