DRAFT MINUTES OF THE MEETING OF FIFE NHS BOARD HELD ON TUESDAY 25 AUGUST 2015 AT 10.00 AM IN THE CHAMBERS, TOWN HOUSE, KIRKCALDY

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

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 (until item 86/15)  
Professor S McLean, Chief Operating Officer (Acute Services)  
Mrs M Porter, Interim Divisional General Manager (West)  
Mrs P King, Corporate Services Manager (Minutes)

The Chair welcomed everyone to the Fife NHS Board meeting, in particular Mrs Helen Paterson, Director of Nursing, who was attending her first NHS Fife Board meeting.

71/15 CHAIRPERSON’S WELCOME AND OPENING REMARKS

The Chair advised that Healthcare Improvement Scotland is undertaking an inspection of Children’s Services today (25 August 2015). Mr Riddell, Director of Health & Social Care, is involved in that and has tendered his apologies. Mrs Porter is deputising.

The Chair congratulated Fife’s Family Nurse Partnership (FNP) that had recently held two graduation ceremonies for young first-time parents. The FNP programme is designed to build confidence and support parents in making positive choices for their children. This is an internationally recognised initiative that was launched in Fife in August 2012. It is a two year programme that begins in early pregnancy and has supported 300 young families across the Kingdom.

The Chair had attended the funeral of Mr Nick Barber, who had been a public representative on a number of committees including Patient Focus Public Involvement Standing Committee and the Kirkcaldy & Levenmouth Community Health Partnership. Mr Barber was a modest, highly committed member of the community and would be greatly missed. On behalf of the Board, the Chair offered condolences to the family.

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Page 1 of 16  
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DECLARATION OF MEMBERS’ INTERESTS
There were no declarations of interest.

APOLOGIES FOR ABSENCE
Apologies for absence were received from Ms A Rooney.

MINUTE OF THE PREVIOUS MEETING HELD ON 30 JUNE 2015
The Minute of the previous meeting was approved as a true record.

MATTERS ARISING
(a) Appointments
Mr Hawkins advised that three Director posts were currently being recruited to. Mr Fairgrieve had been appointed to the post of Director of Estates, Facilities & Capital Services and would take up post on 1 December 2015. Interviews had been scheduled for the post of Director of Planning and Strategic Partnerships and an advert placed for the Director of Public Health.

PERSON CENTREDNESS
(a) HealthCheck
Mrs Paterson presented the HealthCheck for May and June, 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:
- total activity was 73,688 patients that presented to the organisation;
- the Hospital Standardised Mortality Rate (HSMR) was on trajectory;
- there were 940 reported patient incidents in June 2015; this demonstrated a good safety culture in terms of reporting within NHS Fife;
- within the area of harm free care, there had been a significant downward trend in the level of cardiac arrests until June 2015 when the level had risen. Work is being taken forward to look at this including educating staff on the deteriorating patient and the matter would be raised at the Clinical Governance Committee. A cleansing of data was currently underway on Pressure Ulcers. The trend was still relatively high and a campaign would be introduced over the next few months to bring the level down. It was noted that community practices were also starting to report on this area. In-patient falls with harm remained on trajectory;
- the 4 hour emergency access performance remained excellent;
- 18 weeks referral to treatment was above trajectory;
- There had been a slight increase in the emergency re-admission rate related mainly to gynaecology and paediatrics and work was
underway to investigate further. Professor McLean understood that it was due in part to how return visits were coded but a report would be submitted through the Clinical Governance Committee;

- good performance continued around healthcare associated infections;
- the number of formal complaints had decreased over the period and the key themes were detailed in the paper;
- staff absence was 4.93%;
- the overall target for the patient experience survey “Your Care Experience” was 90% and for June 86% of patients rated their overall experience as “best possible”. The survey would be rolled out further with more engagement over the coming months;
- The Scottish Patient Service Ombudsman (SPSO) cases were detailed in the report.

Professor Crossman suggested that it would be useful for the Board to look in more detail at some of these areas in order to understand what drives the figures. Mr Hawkins to consider as a topic for a future Board Development Session.

The Chair reminded Members that in the past patients and/or their families had been invited to talk about their experience of the care provided by NHS Fife, the purpose of which was to not only empathise but to ensure the Board was aware and understood how care is received and delivered. One of the themes had been about flow and capacity and how it feels at the front end of the hospital and Professor McLean introduced Ms N Beveridge, Clinical Nurse Manager, Dr A Kelman, Consultant Physician, and Ms J Reid, Nurse Consultant: Older People, who would each speak about work being undertaken within Victoria Hospital following a re-design of urgent care event earlier in the year.

(b) Story

Ms Beveridge spoke about the introduction of the patient safety huddle that had been in place since July 2015 following a visit to NHS Lothian. The huddle allowed a wide range of staff to meet together to discuss capacity information and crucial elements of care such as deteriorating patients, deaths and cardiac arrests and specific pressure areas. The huddle enabled concerns to be resolved immediately and feedback had been positive with staff supporting each other and a focus on patient quality and patient experience.

Dr Kelman provided an overview of how it feels to be a physician at the front door. She emphasised that staff want to provide person centred care but each winter there is a feeling of chaos and pressure and a lack of robust early identification of where a patient needs to be and their pathway. Boarding of patients and increased surge capacity added greater numbers of patients into the system but not necessarily increased resource and this could affect patient experience and quality of care. There is a need to have a much bigger more ambitious plan, not necessarily just within the acute hospital, which enabled all the pieces to fit together. The introduction of the patient safety huddle that provided intelligence about the hospital is a big improvement and the hospital felt
safer with better team spirit. Staff also believe that better care is provided when everything comes together.

Ms Reid outlined the revised approach to frailty. A multi-professional team had been put in place at the front door to identify patients with frailty and ensure they are put on the right pathway of care. This model focused on safer options for patients and allowed patients to be directly transferred to community hospitals, returned home or moved quickly to Medicine of the Elderly wards. Feedback from staff and patients had been positive and data showed that this model did work. The success relied on team working, having community capacity to meet the needs of patients and close working with colleagues in Health & Social Care and the Scottish Ambulance Service. This was not just about developing a model for winter but a robust model with robust processes for older patients.

Board Members were impressed by the changes taking place and the enthusiasm of staff. A number of questions/comments were made about the remaining challenges related to patient flow, how to evolve the models to the community hospitals and social work and the potential to roll out the safety huddle towards the end of the day.

Cllr Rodger asked about the position at week-ends. Ms Beveridge confirmed that a similar model was in place at the week-ends albeit it on a smaller scale. Ms Reid advised that currently the frailty team working hours did not match activity and development planning was underway to improve staffing levels to match activity at the week-end.

The Chair thanked Ms Beveridge, Dr Kelman and Ms Reid for attending the meeting and encouraged staff to consolidate what was currently in progress before moving on to issues such as transport, etc, and he suggested that it would be useful to receive an up-date at some point to recognise what had been achieved.

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.

**77/15 HEALTH AND SOCIAL CARE INTEGRATION**

(a) **Progress Report**

Mrs Porter 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. The paper updated on the Integration Scheme, Development of the Strategic Commissioning Plan, Performance and Assurance Reporting, Clinical and Care Governance, Transitional Plans and Test of Change and Public Engagement and Participation.

The Board was pleased to see the full report and was encouraged by the
level of detail but some of the data needed further clarification. The Chair suggested that a separate session be held to help understand and interpret the data for longer term planning. Mr Hawkins would speak with Mr Riddell to agree a number of indicators for scrutiny in a format similar to that for the Integrated Performance Report.

In response to questions about home care provision, Cllr Rodger confirmed that a lot of work had been undertaken to look at how to deliver services in a different way and a consultation exercise was underway. Considerable funds had been invested in home care over the past few years as the service changed to make it more geared towards patients and providing continuity of care.

Mrs Brown commented that staff would like more detail about the effect of health and social care integration on their individual area. She also voiced concern about a lack of staff side involvement and would raise this at the next meeting of the Workforce Group. The Chair emphasised that engagement of employees was critical and communication was key in ensuring that health and social care integration was successful.

Dr Elliot agreed that the report was helpful but it is important to understand what the drivers of the need for care are and some of the work being undertaken is important in understanding health and social care needs. This would help deliver the Clinical Strategy for NHS Fife and for the Care and Clinical Governance Committee.

The Board noted progress on Health & Social Care Integration.

(b) Joint Inspection of Services for Older People in Fife: Improvement Plan

Mrs Porter reminded Members that the Care Inspectorate and Healthcare Improvement Scotland had undertaken a joint inspection of services for Older People in Fife from April – June 2014. Attention was drawn to the quality indicators that Fife had been assessed against and the grades awarded. The grades confirmed that whilst there were key areas of good practice and positive outcomes for some older people and their carers, there were areas for improvement in the form of ten recommendations.

Fife Partnership’s Joint Action Plan had been submitted to the Care Inspectorate in March 2015. The Plan detailed actions taken and work being progressed and this had been accepted at a meeting held on 30 April 2015. Further progress as at July 2015 had been noted in Appendix 1. The Health & Social Care Partnership continued to ensure that actions are addressed and improvements are delivered and a further report would be submitted to the Board at its October meeting.

In response to Ms Laing, Mrs Porter confirmed that the night link service is provided to those patients who get into crises at night and although the service is expanding, it is not expanding at the expected rate due to recruitment issues.
Mr Little asked about difficulties in recruiting staff for social care especially in the North East Fife area and he emphasised the need to ensure appropriate pay and conditions with sustainable margins. Mrs Porter confirmed that cognisance was being taken of this and invites had been extended to several providers with a smaller workforce to see what support could be provided.

The Board noted the content of the report, noted the improvements made to date and noted that a further update report would be provided in October.

78/15 DEMAND AND CAPACITY

Professor McLean commenced the presentation by emphasising the need to plan in the now and for the future and in the context of the Clinical Strategy and other work to know the demand and capacity for NHS Fife. Significant work had been undertaken with a focus on in-patient and out-patient demand and capacity in Fife as part of scheduled care.

The presentation detailed activity related to out-patient referrals, activity and capacity by specialty and the in-patient specialties with theatre capacity, and set out the recovery trajectories for waiting times standards for each specialty. Having this data by specialty allowed an assessment about how to meet demand and capacity activity. Professor McLean highlighted that tertiary spend was important and through the Programme Management approach this would be looked at. Within scheduled care there are a number of specialties where efficiency needed to be optimised and the drivers and next steps were set out.

Mr Hawkins stated that this was one of many projects that would help to change services but in order to make demand and capacity work across Fife would take time. Adverts had been placed for staff to undertake secondments looking at projects that would enable efficiencies to be made and some of these would start in October 2015. This was being approached on a cost neutral basis apart from a project related to theatres where external support was being sought. Mrs Bowring stressed the importance of gathering all the information as evidence in order to inform the Clinical Strategy. This was a strategic approach about a longer term vision on how to change services and then budgets could be re-aligned to meet the Clinical Strategy.

Ms Laing asked about the reporting route for these projects with a view to scrutiny and governance. The Chair advised that there is a framework of governance for a reason; this is about how to manage challenges and targets within governance and the governance review currently underway would help with this. Mr Hawkins added that a steering group would be established with support to link into the governance committees. A risk register would also be produced. He stated that people will be encouraged to give their opinions on projects as they go forward and these would be tested through the organisation. Clinical input was essential and communication with staff key to making this successful.

Mrs Brown applauded the work that is in train but emphasised the need for
partnership working and for communication to be consistent across the piste with regular up-dates. She also cautioned about not planning to back-fill staff that are successful in the secondment posts as this could place additional stress on staff and departments/ward areas.

The Board supported the initiatives recognising the challenging position and the need for a robust governance structure in which to do this.

79/15 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 Scottish Government Health & Social Care Directorates (SGHSCD) including Health & Social Care Integration and engagement, the Stronger Voice and reference to the GP contract and the work on-going around this.

The Chair attended a seminar day run by colleagues in Mental Health that outlined the strategy for Mental Health, challenges and gaps. It was a very helpful day and the Chair proposed that this be the topic of a future Board Development Session. Dr Cheshire responded that colleagues welcomed the opportunity to meet with the Chair and Vice Chair of the Board to speak about the good work underway and the challenges being faced. She said that mental health is not a separate area but one that sits right through the middle as it touches on all areas through Acute and Community services and there is real commitment at senior level to engage in this work.

(b) Board Development Session – 28 July 2015

The Board noted the report on the Development Session.

80/15 CHIEF EXECUTIVE’S REPORT
(a) Integrated Performance Report: August 2015

Mrs Bowring introduced the Integrated Performance Report which is an overarching performance report underpinned by individual performance monitoring reports that were still evolving as consideration was given to other areas that were relevant for the report.

Performance

Mrs Bowring 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 she invited the Lead Executive to cover the pertinent points related to Cancer, Referral to Treatment, Treatment Time Guarantee, Out-Patient Waiting Times, A&E 4 Hour Waiting Time, Diagnostics Waiting Time and Health & Social Care Integration.

Professor McLean drew attention to the position around diagnostics
which was significantly ahead of trajectory due to support received from SGHSCD and he asked whether the trajectory should be amended. The Board agreed that the trajectory for this target be amended.

Mr Hawkins emphasised the amount of work that was on-going to deliver these targets as a whole system and he thanked Professor McLean and his teams for the improved performance.

Mr Little observed that due to the continued focus on HEAT targets and therefore a focus on activity recovery, should NHS Fife look at its own indicators to gauge the performance of the organisation? The Chair referred to discussion at the NHS Chairs meeting with SGHSCD where it was recognised that HEAT targets needed to be supportive of the 2020 Vision and these discussions were taking place. It was important that the public understood that this is how the NHS is judged and staff needed to ensure that decision-making is managed around patient safety first before the HEAT target. Mr Hawkins added that the process is evolving and there is a need to ensure that some of the community elements are embedded and the minimum is the national standard.

With regard to Health & Social Care Integration, Professor Crossman asked about the Child and Adolescent Mental Health Services Waiting Times target which was behind trajectory. Dr Cheshire confirmed that there is a capacity issue but there is also redesign and development of the service which is crucial. It is necessary for some strands of the service to integrate early such as the Family Nurse Partnership and there are big pieces of work on-going around infant mental health and parenting programmes which are paying dividends. Mr Little stated that if capacity is increased it is likely that referrals would also increase. Dr Cheshire responded that referral rates are always managed and modelling had been undertaken to plot anticipated demand based on lots of data and there is a good idea of what the potential demand is.

Section C – Capital Programme 2015-16

Mrs Bowring presented the report that covered the period to 31 July 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 £2.330m, 17.6% of the estimated annual expenditure. The estimated spend profile for the period was £2.107m (16% of the total allocation) (Appendix B). The main areas of expenditure were summarised at para 2.4.

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 in full.
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 and this has been discussed with SGHSCD.

Mr Hawkins stated that going forward there is a need to link the capital report and the Clinical Strategy in order to have a three year report. In response to the Chair, Mrs Bowring confirmed that NHS Fife has a relatively small capital allocation therefore little opportunity exists to share new investments with Fife Council in this financial year. There is a five year forward look at main schemes but in terms of the ability to have flexibility it is complex but it did not mean that the opportunity to work together should not be looked at.

The Board:

- noted the Capital Expenditure to 31 July 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 July 2015

The report covered the four month period to the end of July 2015 and was based on the Financial Framework. At the end of July, the Board had received additional allocations from SGHSCD of £67.038m and a full list of allocations was shown in Appendix A of the paper. The Board also received miscellaneous income and attention was drawn to the significant additional money for Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) which is matched up when outstanding claims are settled.

The Revenue Resource Limit to 31 July 2015 showed an overspend of £2.238m, compared with £2.134m estimated overspend as included in the Board’s Local Delivery Plan. Although this is a considerable overspend, it is a slight improvement on the total level of spend reported in June 2015. The table under para 3.2 provided a summary of financial performance for individual Divisions and Corporate Directorates. The overall position for NHS Fife is largely driven by the overspend within Acute Services, the key drivers consistent with the recognised cost pressures discussed with the Finance & Resources Committee and the financial risks highlighted in the Financial Framework presented to the Board on 31 March 2015. There was some slow down in the rate of overspend in the Acute Services primarily in the area of pays and the graph under para 3.2 showed that the position had moved closer to the trajectory in July as compared to June. Mrs Bowring highlighted that there had been particular improvement in the Emergency Care Directorate. A close eye was being kept on the level of overspend within
the Primary Care Emergency Service due to sessional rates. An underspend within Corporate Services was helping balance the position and Mrs Bowring also explained the position related to the Reserves.

Mrs Bowring reminded Members of the requirement to deliver a total of £10.143m cash efficiency savings to support financial balance for 2015-16. At the end of July, cash releasing savings totalling £8.795m had been identified with a balance of £1.348m remaining. More than 40% of savings delivery remained high risk equating to more than £4m for the full year and any shortfall would need to be factored into the reported overspend for the period. If this was required to be recognised in the financial position to the end of July, it would increase the overspend from £2.2m to £3.6m. For clarification, Mrs Bowring stated that proposed savings were not included in the programme until a Project Initiation Document had been completed. A trajectory on proposed savings schemes would be submitted to the Board. The risks were set out under para 5.

In response to Cllr Rodger, Professor McLean set out the position related to implementation of the nursing workforce tool and medical staff recruitment.

The Board noted the financial position for the four month period to 31 July 2015.

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

The report for the period June to July 2015 provided an update of the ongoing activity underway across NHS Fife to implement the SPSP.

A number of the measures are reported on in the HealthCheck. Dr Elliot referred Members to the graphs under paras 2.1 and 2.2 which showed that NHS Fife was on target for Hospital Standardised Mortality Rate (HSMR) and outlined the position related to cardiac arrests, falls with harm and pressure ulcers.

The paper described the ten patient safety interventions, many of which were covered under Healthcare Associated Infection. Dr Elliot reminded Members that a letter from the Chief Executive of Healthcare Improvement Scotland advised that 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 Boards had set in place to ensure that each of these processes were reliably implemented and sustained. Dr Elliot suggested that it might be helpful to have an update at a future Board Development Session on the whole approach to Patient Safety.

In response to Dr Bisset, Dr Elliot confirmed that a Clinical Dashboard was being developed to provide an overview of the status of performance in order to maintain team ownership of the responsibilities and how they progress with the continuation of reports for assurance.
The Board noted the overview of progress for each work stream and would feedback to Dr Elliot on the content of the report.

**Section F – Healthcare Associated Infection Reporting Template (HAIRT)**

Mrs Paterson referred Members to page 17 of the report that showed performance against target for *staphylococcus aureas bacteraemia* had moved from green to amber for the period. NHS Fife performance in this area was normally good with the lowest rates across the organisation this year. However, there had been a very slight rise related to invasive devices such as peripheral venous cannulae and this was a particular area of focus working with staff. Dr Bisset asked about performance in the community where numbers had fluctuated over the past two months. Mrs Paterson confirmed that there were issues about IV drug use in the community service and Control of Infection staff were working to try and reduce this. An update would be provided in the next report.

The HAIRT 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 and the Healthcare Environment, Outbreaks and other HAI related activity.

Attention was drawn to the following:
- *c.difficile* rates continued to fall;
- MRSA screening performance was 99% well ahead of the national average of 78%.

Professor Crossman took the opportunity to ask about where progress on Research and Development and Teaching and Education, etc, was reported as these types of activities did impact on other areas such as staff retention and recruitment and actions taken to correct some of this might impact positively or negatively. The Chair agreed that these were important elements and it would be about how to bring them all together.

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 July to 31 August 2015 was noted by the Board.

**81/15 WINTER PLANNING 2015-16**

Professor McLean introduced the briefing paper on Planning for Winter 2015-16 that was work in progress. The paper described actions being taken forward across NHS Fife Acute Services Division and Fife Health & Social Care Partnership to optimise service resilience during the winter months and beyond. The plan included changes in delivery models that would support the winter period but which would also be the start of the delivery models of the future.
The paper set out the key pressures, work undertaken to look at activity within Acute Services and the proposed plan that included measures to reduce the number of emergency admissions and measures to increase capacity to provide rapid assessment and early supported discharge with appropriate support from community services where required or to provide clinically acceptable alternatives to in-patient care. This was different from previous years with a focus on how patients can be best ‘processed’ rather than trying to create additional space.

Mrs Porter stated that the Health & Social Care Partnership component of the plan sought to provide different ways of providing care. This included direct access to community hospital beds and ring-fenced community hospital beds for Hospital@Home, improving flow in Hospital@Home and a re-balancing of the community hospital/intermediate care services. Further work was being undertaken around home care and a short term expansion of Short Term Assessment and Reablement bed model.

Professor McLean responded to a number of questions. He confirmed that the augmented Ambulatory Care Centre was predicated on having access to diagnostic tests, work was underway to optimise use of the discharge lounge including exploring transport options, the block of additional home care packages would be governed through the Integrated Community Assessment and Support Service and escalation would be dependent on what element of the plan was in distress. With regard to Hospital@Home, Mrs Porter confirmed that when the service was first established there were a number of patients recognised in each of the three locations. However, it had been important to re-model the service to take into account the complexity of patients and this was monitored on a weekly basis. The longer term aspirations for Hospital@Home would need to be considered for developing the Clinical Strategy.

The Board:

- **noted** the content of the report; and
- **noted** the plan to present the final draft of the winter plan to the October meeting of the Board and a subsequent meeting of the Health & Social Care Partnership Integration Joint Board.

**82/15 CLINICAL STRATEGY UP-DATE**

Dr Elliot up-dated Members on progress to date with the development of the Clinical Strategy. A series of consultation and engagement had commenced with the clinical community to shape the Strategy and discussion had been held with the Director of Public Health around epidemiology, etc, to have an action for each of the specialties to understand what is coming over the horizon. A more detailed up-date with timelines would be submitted to the Board in due course.

Mr Little asked about a timetable for involving the public. Dr Elliot confirmed that a detailed communication plan is required and consideration was being given as to how to take this forward.
The Board noted the report.

83/15 TELEPHONE SYSTEM REPLACEMENT FULL BUSINESS CASE (FBC)

Mrs Bowring presented the Telephone System Replacement Full Business Case that had been considered by the Finance & Resources Committee at its meeting on 28 July 2015. Members were reminded that the Initial Agreement Document for the project had received approval through the Board and subsequently the SGHSCD Capital Investment Group to progress to the FBC stage.

External independent advisers had been appointed to pull the document together and a full Official Journal of the European Union (OJEU) tender process had been followed. The Head of eHealth had attended the Finance & Resources Committee to take Members through the document in detail to provide assurance about every step of the process and on that basis the Finance & Resources Committee recommended approval to the Board.

Mr Little, Chair of the Finance & Resources Committee, confirmed that in-depth discussion had taken place about the Telephone System Replacement particularly around price and the quality regarding contracting, etc, and the Committee was satisfied to recommend approval to the Board.

In response to Mr Paterson, Mrs Bowring confirmed that a risk analysis would be taken forward and part of the implementation plan is to work with all service users about how to roll it out.

The Board approved the Telephone System Replacement Full Business Case.

84/15 PROPERTY ASSET MANAGEMENT STRATEGY 2015

Mr Hawkins referred to the Property and Asset Management Strategy (PAMS) 2015 which is up-dated annually and had been submitted to SGHSCD in draft form. The document supported both local decision making in terms of capital investment/disinvestment towards clinical strategic objectives and provided Scottish Government with an indication of direction of travel for managing the assets of NHS Fife.

The report was a “live” document that set out details of NHS Fife’s proposed property strategy, including collection of the core data set of property, IT, medical equipment and transport information.

The Board supported the submission of the 2015 Property and Asset Management Strategy to the Scottish Government.

85/15 MATERNITY SERVICES

Professor McLean advised that a National Review of Maternity and Neonatal Services is being undertaken by SGHSCD with a report expected in summer 2016. Since the last Fife Clinical Strategy was approved in 2002, NHS Fife had seen an increase of 12% in annual births which added pressure to maternity services. Provision of maternity services had been split into two distinct parts looking at antenatal and postnatal care and intrapartum care.
(a) Maternity Services Pressures

The Acute Services Division had developed a proposal to provide additional antenatal and postnatal clinics in West Fife as an immediate solution to deal with the pressure in the service. This would allow time for a more comprehensive review of maternity services provision as part of the new Clinical Strategy that would take account of any recommendations in the report from the national review.

In response to Ms Adams, Professor McLean confirmed that the increased provision would serve the whole of Fife but would be based in West Fife to relieve pressure at Victoria Hospital. Dr Bisset added that it was important to acknowledge that the provision to augment the service is not just antenatal and postnatal care but is the whole range of non-intrapartum care.

The Board agreed in principle to support the completion of a proposal to increase antenatal and postnatal clinics in West Fife.

(b) Intrapartum Services for Fife

Whilst the outcome of the National Review is currently awaited to inform the local, regional and national configuration of maternity services, it is recognised that work needed to start to consider what the model of care should be for the future. It is proposed to develop a new model of care with public involvement and the recommendations produced as a result of this work would go out for a period of public consultation before a final recommendation is submitted to the Board.

Ms Adams considered that public consultation and engagement could be challenging and she suggested awaiting the outcome of the national review prior to undertaking any work. Professor McLean stated that there is no pre-destined decision; NHS Fife needed to improve its antenatal and postnatal provision and with regard to birthing, there is a need to know what is currently provided, examine best practice taking into account any recommendations from the national review and work with the public.

The Board agreed to support the development of this detailed work.

86/15 STATUTORY AND OTHER COMMITTEE MINUTES

The Board noted the below-noted Minutes.

(a) Audit & Risk Committee dated 26 June 2015 (unconfirmed)
(b) Clinical Governance Committee dated 10 June 2015
(c) Finance & Resources Committee – Part 1 dated 28 July 2015 (unconfirmed)
(d) Health & Safety Governance Committee dated 16 July 2015 (unconfirmed)
(e) Staff Governance Committee dated 1 July 2015 (unconfirmed)

(f) Acute Services Division Committee dated 22 July 2015 (unconfirmed)

Mrs Bowring confirmed that the unexpected hit of £700k is related to the phasing of theatre supplies.

(g) Area Clinical Forum dated 18 June 2015 (unconfirmed)

(h) Area Partnership Forum dated 26 June 2015 (unconfirmed)

(i) South East & Tayside Group dated 12 June 2015 (unconfirmed)

(j) Fife Health & Social Care Shadow Joint Board dated 18 June 2015 (unconfirmed)

(k) Fife Health & Wellbeing Alliance dated 17 June 2015 (unconfirmed)

(l) Fife Partnership Board dated 9 June 2015 (unconfirmed)

87/15 ANY OTHER BUSINESS

(a) General Practice Recruitment Issues

Dr Elliot spoke about the challenges being experienced in securing replacement GPs in practices when practitioners retire or leave not just in Fife but Scotland and the wider UK. For the first time one practice had requested that the Board take over responsibility for the provision of General Medical Services for its practice population as the remaining partner in the practice of three GPs had been working single-handedly for some time.

In order to try and understand more about practitioners in Fife work had been undertaken to give a breakdown of practice vacancies across Fife together with the age profile of practitioners. There is a concern that not only are GP numbers reducing but there is a significant shortage of locums. The GP Sub Committee had agreed to undertake some further work with Dr Elliot to survey practices to gain a better understanding of GPs and practice workforce taking into account how community teams are aligned with the integration of Health & Social Care.

Mr Little stated that the pressures on GPs are well established and he asked if the vacancies were prevalent in areas of increased deprivation. Dr Elliot confirmed that this was correct; the Integration Joint Board had seen early locality profiles which began to pick up these issues and there is a need to understand it in terms of primary care planning.

Dr Elliot reassured that Board that although this was of concern, a number of steps had already been put into action and communication with the practice team and its patients was underway with a stream of work to flow from this.

The Board noted the current position.
DATE OF NEXT MEETING:

Tuesday 27 October 2015 at 10.00 am in Committee Rooms 1 & 2, Fife House, Glenrothes

The Chair took the opportunity to advise that this would be Dr Coyle’s last Board meeting before he retired. Dr Coyle was highly thought of throughout Fife both within the NHS and Fife Council and it had been a real privilege to know and work with him. On behalf of the Board, the Chair thanked Dr Coyle for his contribution and wished him a long and happy retirement.