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Overview

The full 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: Chair and Committee Comments
- Finance, Performance & Resource: Chair and Committee Comments
- Staff Governance: Chair and Committee Comments

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.

Additionally, in months where the Standing Committees have met, the report contains comments and issues raised at these meetings, which require escalation to the Board.
## Performance Summary

### Standard | Quality Aim | Target for 2017/18 | Performance Data | National Comparison (with other 10 Mainland Boards) |
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<tr>
<td></td>
<td></td>
<td>Current Period</td>
<td>Current Performance</td>
<td>Previous Period</td>
</tr>
<tr>
<td><strong>HAI - C Diff</strong></td>
<td>Safe</td>
<td>0.32</td>
<td>12 months to Dec 2017</td>
<td>0.22</td>
</tr>
<tr>
<td><strong>Complaints (Stage 1 Completion)</strong></td>
<td>Person-centred</td>
<td>80.0%</td>
<td>Nov 2017</td>
<td>80.0%</td>
</tr>
<tr>
<td><strong>HAI - SABs</strong></td>
<td>Safe</td>
<td>0.24</td>
<td>12 months to Dec 2017</td>
<td>0.37</td>
</tr>
<tr>
<td><strong>Complaints (Stage 2 Completion)</strong></td>
<td>Person-centred</td>
<td>75.0%</td>
<td>Nov 2017</td>
<td>51.6%</td>
</tr>
<tr>
<td><strong>IVF Treatment Waiting Times</strong></td>
<td>Person-centred</td>
<td>90.0%</td>
<td>3 months to Mar 2017</td>
<td>89.9%</td>
</tr>
<tr>
<td><strong>Cancer 31-Day DTT</strong></td>
<td>Clinically Effective</td>
<td>95.0%</td>
<td>Dec 2017</td>
<td>99.0%</td>
</tr>
<tr>
<td><strong>Antenatal Access</strong></td>
<td>Clinically Effective</td>
<td>80.0%</td>
<td>3 months to Mar 2017</td>
<td>88.2%</td>
</tr>
<tr>
<td><strong>Outpatients Waiting Times</strong></td>
<td>Person-centred</td>
<td>95.0%</td>
<td>Dec 2017</td>
<td>93.3%</td>
</tr>
<tr>
<td><strong>Dementia Post-Diagnostic Support</strong></td>
<td>Person-centred</td>
<td>100.0%</td>
<td>2015/16</td>
<td>89.5%</td>
</tr>
<tr>
<td>**4-Hour Emergency Access * **</td>
<td>Clinically Effective</td>
<td>95.0%</td>
<td>12 months to Dec 2017</td>
<td>95.1%</td>
</tr>
<tr>
<td><strong>Diagnostics Waiting Times</strong></td>
<td>Clinically Effective</td>
<td>95.0%</td>
<td>Dec 2017</td>
<td>89.9%</td>
</tr>
<tr>
<td><strong>Detect Cancer Early</strong></td>
<td>Clinically Effective</td>
<td>90.0%</td>
<td>q/e Sep 2017</td>
<td>96.8%</td>
</tr>
<tr>
<td><strong>Delayed Discharge (Delays &gt; 2 Weeks)</strong></td>
<td>Person-centred</td>
<td>0</td>
<td>26th Dec Census</td>
<td>0</td>
</tr>
<tr>
<td><strong>Dementia Referrals</strong></td>
<td>Person-centred</td>
<td>1.289</td>
<td>6 months to Sep 2017</td>
<td>271</td>
</tr>
<tr>
<td><strong>Alcohol Brief Interventions</strong></td>
<td>Clinically Effective</td>
<td>4.187</td>
<td>q/e Sep 2017</td>
<td>1,180</td>
</tr>
<tr>
<td><strong>Smoking Cessation</strong></td>
<td>Clinically Effective</td>
<td>779</td>
<td>Sep 2017</td>
<td>188</td>
</tr>
<tr>
<td><strong>CAMHS Waiting Times</strong></td>
<td>Clinically Effective</td>
<td>90.0%</td>
<td>3 months to Dec 2017</td>
<td>63.8%</td>
</tr>
<tr>
<td><strong>Psychological Therapies Waiting Times</strong></td>
<td>Clinically Effective</td>
<td>90.0%</td>
<td>3 months to Dec 2017</td>
<td>71.9%</td>
</tr>
<tr>
<td><strong>Sickness Absence</strong></td>
<td>Clinically Effective</td>
<td>4.50%</td>
<td>12 months to Dec 2017</td>
<td>5.48%</td>
</tr>
</tbody>
</table>

* The 4-Hour Emergency Access performance in December alone was 90.8% (all A&E and MIU sites) and 88.4% (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 December, there were 10 Staphylococcus aureus Bacteraemias (SAB) across Fife, 2 being hospital-associated infections and 8 being community-associated infections. The number of cases in December was 3 more than in November and one more than in December 2016. The infection rate over the last 12-month period (taking account of all infection sources) remains above the Standard.

**Assessment:** Although the infection rate over the past 12 month period remains above the standard, the total number of SABs for the Calendar Year was below 100. This is the first time NHS Fife has managed to have two consecutive Calendar Years below 100 SABs. Even more pleasing is that NHS Fife achieved two of the local improvement targets (<5% MRSA SABs and <6 PVC related SABs). The third target, for vascular access device SABs to be ≤35% of hospital acquired SABs, was marginally missed. A more comprehensive report is provided following the drill-down.

Vascular Access Device (VAD) improvement work continues to be addressed via the SPSP Stakeholders Group, Quality and Safety Governance Group, Infection Control Committee, Acute Services Division Governance Committee and the NHS Fife Vascular Access Strategy Group. The HSCP is also involved via its Clinical and Care Governance Groups.

**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 rate for completion of Stage 1 complaints in November was 80.0%, meeting the local target. The rate for completion of Stage 2 complaints was 51.6% (93.5% acknowledged on time) - this was a fall in comparison to October.

**Assessment:** Performance against Stage 2 complaint handling was significantly below the 75% target during the first quarter of FY 2017/18, but improvements have generally been seen since August (although there was a fall in November).

In addition to staffing issues within Patient Relations, the principle reasons for failing to meet the 20-day completion target is a delay in the provision of statements from the Divisional Teams and delay in approval and sign off.

An Improvement Plan has been in place since May 2017, and IMPACT are supporting the development of a project plan which will focus on further improving the Stage 2 performance. A review of data for the 3-month period from September to November is now under way.
FINANCE, PERFORMANCE & RESOURCES

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.

The annually measured performance fell at the end of December, but remained slightly above the Standard. In December itself, 88.4% of the patients attending the VHK Emergency Department were treated, discharged or transferred within 4 hours of arrival, equating to 640 breaches out of 5,529 attendances. Attendance was significantly higher than in all previous December months since A&E services were reconfigured.

This along with significant capacity flow issues and concerns with high numbers of patients being admitted with flu and respiratory infection contributed to a fall in performance in Victoria Hospital.

Assessment: The position shows significant improvement in January, particularly evidenced in a reduced number of patients waiting for first assessment. Work continues with the A&E teams to review pathways and look for improvement. Staffing models are reviewed and agreed on a weekly basis.

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 December, performance was 88.2%, a slight fall in comparison to November. There were 8 breaches out of 68 patients who started treatment, 5 of which were in the Urology specialty.

Assessment: The 62 day Standard performance remains variable due to a number of areas of risk, particularly with Radiology and surgical capacity in NHS Fife and NHS Lothian, for Urology and Gynaecology. Changes in the Prostate pathway have affected our ability to meet the Standard. The Lung, Head & Neck and Upper GI pathways continue to be at risk due to complexity and number of steps involved. Whilst there has been improvement in Quarter 2 (94.4%) it is anticipated that performance will continue to be particularly challenging in Quarter 4 of 2017/18, due to the impact of the winter period.

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 December, 92.4% of patients were seen within 12 weeks, a small improvement on the performance in November. Trauma & Orthopaedics (30) and Urology (22) reported the highest number of breaches out of a total of 82.

Assessment: Additional activity to mitigate the demand/capacity gap and reduce the backlog continues to be delivered, although there were a number of cancellations in the final months of 2017 due to acute hospital pressures. There are renewed efforts to secure additional activity in particular outsourcing activity and to recruit to vacant posts. Three Consultant Anaesthetists have been recruited, and will take up post in February and March. It is anticipated that performance will be a significant challenge in Quarter 4 of 2017/18 due to the impact of continuing unscheduled care pressures over the winter period.

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 December, 77.2% of patients on the waiting list had waited less than 6 weeks for their test, a fall of nearly 9% compared to the position at the end of November. This was


driven by increased breaches in waits for MRI and Non-obstetric Ultrasound tests, with the former accounting for more than half of the overall breaches.

**Assessment:** Meeting the target for Non-obstetric Ultrasound and MRI continues to be a challenge. There are plans in place to manage both demand and provide additional capacity to meet the gap and to recruit to vacant posts. Additional capacity is being delivered through redesign of services and with support from regional partners, the regional reporting network and outsourcing MRI. It is anticipated that performance will begin to recover in February.

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

During December, 79.8% of patients started treatment within 18 weeks of referral, a small improvement on the performance in November.

**Assessment:** We anticipate that with the challenges with performance in TTG, Outpatients and Diagnostics, this Standard will continue to be a challenge in Quarter 4 of 2017/18. There should be some improvement towards the end of the FY, if the projected recovery for diagnostics and outpatients are achieved as planned.

**Health & Social Care Partnership**

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

The overall number of patients in delay at the 28th December Census (excluding Code 9 patients – Adults with Incapacity) was 35, the lowest on record, while the number of patients in delay for over 14 days (again excluding Code 9 patients) was 16, the lowest since March 2017.

**Assessment:** The partnership continues to rigorously monitor patient delays through a daily and weekly focus on transfers of care, flow and resources. Our improvements have been focused on improving earlier supported discharge and earlier transfers from our acute setting to community models of care. It continues to be a significant challenge to eradicate delays of greater than 14 days.

**Smoking Cessation** target: In FY 2016-17, we will deliver a minimum of 779 post 12 weeks smoking quits in the 40% most deprived areas of Fife.

Local management information shows that 224 people who attempted to stop smoking in the first six months of the 2017/18 had successfully quit at 12 weeks. This is slightly more than the quit number for the first six months of 2016/17.

**Assessment:** Actions are continuing to be taken to try and improve quit rates. The competency framework has been updated to ensure it is fit for purpose, and a newsletter has been created and disseminated across partners, communities and staff. There has also been a ‘Quit for Christmas’ promotion for staff on the Intranet, with links to the H&SCP website. Guidance on National Branding has been received, and we are currently planning how this can be used locally. A scoping exercise has been undertaken to establish residential care homes within the most deprived areas, for targeting purposes.

**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).

Performance against the CAMHS Standard in the final quarter of 2017 was 63.8%, the first improvement recorded since the start of 2017/18. However, the number of patients on the waiting list has continued to increase, and was almost 25% higher at the end of December than it was at the end of December 2016.
Assessment: Significant focus has been placed on providing appointments for the Children and Young People with the longest waits (approximately 30% of clinical activity).

Additional resources have been identified to focus specifically on the longest waits and to allow substantive staff to provide timely interventions to those with the greatest need. This will be fully operational by February.

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).

In the final quarter of 2017, the percentage of patients starting treatment within 18 weeks of referral was 71.9%, marking the best performance across the services since the May-July 2016 period. However, demand is continuing to challenge the available capacity to deliver first appointments within the target time.

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. We anticipate further significant progress towards the Standard during 2018 as the service redesign extends from primary to secondary care.

Capital Programme

The total anticipated Capital Resource Limit for 2017/18 is £7.935m. The capital expenditure position for the 10 months to 31 January 2018 reflects spend of £5.472m. It is projected that the Board will spend the Capital Resource Limit in full.

Financial Position

The revenue expenditure position for the 10 months to 31 January 2018 reflects an overspend of £2.054m. This overspend comprises an underspend of £3.517m attributable to Health Board; and £5.571m to the Integration Joint Board. The report provides further detail on the assumptions underpinning the forecast outturn; however it is reasonable to note the further improved position for the 10 month period to the end of January as a positive indication that a breakeven outturn will be achieved.

Specific points to note include:

- Financial flexibility of £8.606m has been reflected in the year to date position to mitigate, in part, slippage in savings delivery. This relates to financial plan commitments not required 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.

- A further £2m DEL funding (above the £2.5m assumed in the financial planning process) has been assumed as forthcoming in year. The total £4.5m comprises £4.1m of qualifying expenditure and £0.4m additional expenditure on the replacement of obsolete beds. Plans are underway to explore the extent to which the remaining £1.1m DEL funding may be used for the replacement of further obsolete beds across the system; and whilst this will not result in a corresponding reduction in the current forecast outturn, it will address a number of clinical priorities. If we cannot identify qualifying expenditure we may be required to return funds to SGHSCD.

- A national shortage in supply of some medicines has impacted adversely on costs in months 7 to 10. This is reflected in the position and sees a change to the positive trend on both the volume and cost per item in respect of GP prescribing to the half year.
Information received in early December is being scrutinised to determine the likely impact on the position to the year end.

- An updated assessment of the recurring delivery of savings has been established with an identified shortfall of £15.241m at month 10. Whilst the overall shortfall may be mitigated in year through non recurring measures, it will impact on the financial planning for 2018/19 and beyond. This includes £8.483m for the Health Board and £6.748m for the Integration Joint Board. In addition, there is a degree of legacy savings from prior years and these are also recognised through the work already undertaken on the financial outlook for future years.

- The reported position for the period to date reflects the impact of a risk sharing of the total IJB overspend with Fife Council, based on December forecasts. This approach has been taken due to the different reporting timeframes of the respective partners.

- The forecast year end outturn position ranges between break even and an overspend of £3.534m (prudent position). The forecasts comprise a mid range operational position as informed by individual Directors, adjusted for both a best case and prudent assessment of financial flexibility. This is consistent with the approach outlined to the Finance, Performance & Resources Committee in August and NHS Board in September. The current reported forecast reflects an underspend of £0.096m.

- The forecast outturn includes projected underspends on in-year allocations from Scottish Government; this is a key component of the financial flexibility described above. This position may be reviewed further as we explore the approach taken by other Boards across Scotland.

- Sections 7 and 8 of the full Finance Report within the IPR provide further details on the year end forecast and the next steps toward securing a balanced position. Members are invited to review the issues highlighted in these sections and to note the potential risks and benefits described.

**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)* (note: we measure performance on an annual basis to eliminate monthly/seasonal variations, however supporting text focuses on month to month performance).

The sickness absence rate in December was 6.33%. The sickness absence rate for the 2016/17 financial year was 5.02% and the SWISS average sickness absence rate for 2017/18 to date is 5.48%.

**Assessment:** The Acute Services Division trend has fluctuated over the last nine months, reducing to its lowest in February 2017 to 4.79% and increasing to its highest in December 2017 to 6.11%.

The Corporate Directorates trend has fluctuated over the last nine months, reducing to its lowest in June 2017 to 4.94% and increasing to its highest in December 2017 to 7.11%.

Within the Health & Social Care Partnership, the rate has also fluctuated over the last nine months reducing to its lowest in February 2017 to 4.69% and increasing to its highest in December 2017 to 6.24%.

The main focus going forward continues to be implementing the actions from the staff and managerial surveys which were run in June 2017.
iMatter Update
The iMatter implementation programme has completed phase 1, providing all staff with the opportunity to participate in the staff engagement monitoring process. All members of NHS Fife staff and the Fife Council Staff working in the Health and Social Care Partnership have now commenced iMatter. There are currently 815 teams established within the iMatter system representing in excess of 10,000 staff. The current Board report for 2017 is representative of the teams which have gone through their anniversary cycles this year to date and represents the views of 6,008 out of 9,552 staff.

KSF Update
KSF performance is regularly reported to EDG and APF and Staff Governance Committee. The completion figure for the 12-month period ending 31 January was 73%, a 10% improvement compared to the position at 31 December 2016.
<table>
<thead>
<tr>
<th>Key issues to be raised:</th>
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<tr>
<td>The Committee approved in principle an Initial Agreement document to replace the Orthopaedic Theatres and Ward in Phase 2 of the Victoria Hospital with an updated proposal to ensure future sustainability of joint surgery in Fife. This approval was on the basis of the clinical model and benefits to patients.</td>
</tr>
</tbody>
</table>
Key issues to be raised:

- The Finance, Performance and Resources Committee considered the Initial Agreement to replace the elective Orthopaedic Theatres and Ward in Phase 2 of the Victoria Hospital, and recommended approval by NHS Fife Board.
Key issues to be raised:

- Sickness Absence: The Committee noted an increase in the figures for all operational units of the Board. This is a normal pattern for that time of year. Discussion is continuing with regard to prioritisation of actions, consistency of application and use of flexibility within the policies.

- KSF: A plan has been developed in relation to the move to TURAS as a result of the loss of access to a system for 2 months. EDG will consider the impact of this and the plan “in year” required to attain a realistic recovery from this.

- Workforce Strategy: NHS Fife and IJB have developed revised internal workforce planning arrangements to support this process and link this to the revised service planning and financial planning arrangements.

- iMatter/Dignity at Work Survey: This report will be published on Friday 2nd March. A media response has been prepared, and the outcome will be built into the relevant Staff Governance Action Plans as appropriate.
Recommendation

The NHS Fife Board is asked to:

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

**PAUL HAWKINS**
Chief Executive
7th March 2018

Prepared by:
**JANN GARDNER**
Director of Planning and Strategic Partnerships