

NHS Fife

2016/17 Annual Audit Report



Prepared for the board of NHS Fife and the Auditor General for Scotland

27 June 2017

Who we are

The Auditor General, the Accounts Commission and Audit Scotland work together to deliver public audit in Scotland:

- The Auditor General is an independent crown appointment, made on the recommendation of the Scottish Parliament, to audit the Scottish Government, NHS and other bodies and report to Parliament on their financial health and performance.
- The Accounts Commission is an independent public body appointed by Scottish ministers to hold local government to account. The Controller of Audit is an independent post established by statute, with powers to report directly to the Commission on the audit of local government.
- Audit Scotland is governed by a board, consisting of the Auditor General, the chair of the Accounts Commission, a non-executive board chair, and two non-executive members appointed by the Scottish Commission for Public Audit, a commission of the Scottish Parliament.



About us

Our vision is to be a world-class audit organisation that improves the use of public money.

Through our work for the Auditor General and the Accounts Commission, we provide independent assurance to the people of Scotland that public money is spent properly and provides value. We aim to achieve this by:

- carrying out relevant and timely audits of the way the public sector manages and spends money
- reporting our findings and conclusions in public
- identifying risks, making clear and relevant recommendations.

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Key messages

2016/17 annual report and accounts

- 1 Our audit opinions were all unqualified. These covered the financial statements, regularity of transactions, remuneration and staff report, performance report and governance statement. There were some significant adjustments to the unaudited financial statements during the period of our annual accounts audit and the unadjusted errors include £0.8m where management adjustment affected the calculated holiday pay accrual.

Financial management and financial sustainability

- 2 NHS Fife met all of its financial targets for 2016/17 and achieved an underspend of £0.3 million against its revenue resource limit.
- 3 There are effective arrangements in place for managing its finances, with directors usually receiving good information on the financial position, but the turnaround in the year-end position during March was not formally reported to the board until May 2017. The year-end position for the Integration Joint Board was not fully resolved at the time NHS Fife reported to the Scottish Government.
- 4 NHS Fife managed to achieve the savings target of £30.8 million in 2016/17, but relied heavily on non-recurring savings to achieve financial balance. This puts additional pressure on future financial sustainability.
- 5 Longer term financial planning is not yet fully demonstrated in NHS Fife, but a limited three-year plan is reported as part of the Local Delivery Plan. For next year, 2017/18 the financial plan is again projecting a funding gap of £30 million.

Governance and transparency

- 6 NHS Fife has appropriate governance arrangements. Transparency could be improved by ensuring all public papers for board and committee meetings are on the website and standards of conduct improved by extending the registers of interests to a wider pool of staff.

Value for money

- 7 NHS Fife has an effective performance management framework in place which supports continuous improvement. However, the board continues to face challenges in meeting a number of key national performance targets.

Introduction

1. This report summarises the findings from our 2016/17 audit of Fife Health Board, commonly known as NHS Fife.

2. The scope of our audit was set out in our Annual Audit Plan presented to the December 2016 meeting of the Audit & Risk Committee. This report comprises:

- an audit of the annual report and accounts
- consideration of the wider dimensions set out in the [Code of Audit Practice \(2016\)](#) as illustrated in [Exhibit 1](#).

Exhibit 1

Audit dimensions



Source: Code of Audit Practice 2016

3. The main elements of our audit work in 2016/17 have been:

- an interim audit of the board's main financial systems and governance arrangements.
- an audit of the board's 2016/17 annual report and accounts including the issue of an independent auditor's report setting out our opinions.

4. NHS Fife is responsible for preparing the annual report and accounts. It must also put arrangements in place for governance, propriety and regularity that enable it to successfully deliver its objectives.

- 5.** Our responsibilities as independent auditor are established by the Public Finance and Accountability (Scotland) Act 2000 and the [Code of Audit Practice \(2016\)](#), and guided by the auditing profession's ethical guidance.
- 6.** As public sector auditors we give independent opinions on the annual report and accounts. We also review and report on the arrangements within the NHS Fife to manage its performance, regularity and use of resources such as money, staff and assets. In doing this, we aim to support improvement and accountability.
- 7.** Further details of the respective responsibilities of management and the auditor can be found in the [Code of Audit Practice \(2016\)](#).
- 8.** This report raises matters from the audit of the annual report and accounts, risks or control weaknesses. Communicating these does not absolve management from its responsibility to address the issues we raise, and to maintain adequate systems of control.
- 9.** Our annual audit report contains an action plan at [Appendix 1 \(page 25\)](#). It sets out specific recommendations, responsible officers and dates for implementation.
- 10.** As part of the requirement to provide fair and full disclosure of matters relating to our independence, we can confirm that we have not undertaken non-audit related services. The 2016/17 audit fee for the audit was set out in our Annual Audit Plan and as we did not carry out any work additional to our planned audit activity, the fee remains unchanged.
- 11.** This report is addressed to both the board and the Auditor General for Scotland and will be published on Audit Scotland's website www.audit-scotland.gov.uk.
- 12.** We would like to thank all management and staff who have been involved in our work for their cooperation and assistance during the audit.

Part 1

Audit of 2016/17 annual report and accounts



Main judgements

Unqualified audit opinions on the annual report and accounts.

There needs to be closer partnership working with the IJB to ensure consolidation figures are agreed by the required deadline.

There were some significant adjustments to the unaudited financial statements during the period of our annual accounts audit.

The unadjusted errors include £0.8m where management adjustment affected the calculated holiday pay accrual.

Unqualified audit opinions

13. The annual report and accounts for the year ended 31 March 2017 were approved by the board on 27 June 2017. We reported, within our independent auditor's report:

- an unqualified opinion on the financial statements
- an unqualified opinion on regularity of expenditure and income
- unqualified opinions on the remuneration and staff report, performance report and governance statement.

14. Additionally, we had nothing to report in respect of those matters which we are required by the Auditor General to report by exception.

Submission of annual report and accounts for audit

15. We received the unaudited annual report and accounts on 11 May 2017, almost two weeks later than our agreed audit timetable. In 2016/17, for the first time, NHS Fife's group accounts included the financial results of the Fife Health & Social Care Integration Joint Board (IJB). The consolidation figures have to be agreed with the IJB and delays in this process meant that £395 million was excluded from total income and expenditure until 7 June 2017.

16. The delays had a significant impact on the planned audit process, although we note that the working papers provided with the unaudited financial statements, including the consolidation spreadsheet, were of a good standard. We will re-consider our planned approach in 2017/18, as part of ongoing discussion with management.

The annual report and accounts are the principal means of accounting for the stewardship of resources and performance in the use of those resources.

Action Plan (Appendix 1, point 1)

17. There has been a significant drive within the accounting profession to remove clutter and streamline the information presented in the accounts in recent years and the Audit Scotland publication ['Improving the Quality of the NHS Annual Report and Accounts' \(December 2014\)](#) provides a number of good practice examples. Although some work had been done by NHS Fife to streamline the performance report included in the 2016/17, the unaudited accounts consisted of 104 pages. Further audit suggestions to removing unnecessary notes/lines were accepted and resulted in the number of pages reducing to 91. There is scope to streamline the contents of the annual accounts further, for example by using infographics to provide detailed information, such as performance.

Risks of material misstatement

18. [Appendix 2 \(page 28\)](#) provides a description of those assessed risks of material misstatement that were identified during the planning process which had the greatest effect on the overall audit strategy, the allocation of staff resources to the audit and directing the efforts of the audit team. Also, included within the appendix are wider dimension risks, how we addressed these and conclusions.

Materiality

19. Materiality defines the maximum error that we are prepared to accept and still conclude that our audit objective has been achieved. The assessment of what is material is a matter of professional judgement. It involves considering both the amount and nature of the misstatement.

20. Our initial assessment of materiality for the annual report and accounts was carried out during the planning phase of the audit. Specifically with regard to the annual report and accounts, we assess the materiality of uncorrected misstatements, both individually and collectively.

21. On receipt of the annual report and accounts we reviewed our materiality calculations and concluded that, on the basis of the gross expenditure in the unaudited accounts, the materiality levels should be increased, reflecting the transactions with the integrated joint board, as shown in [Exhibit 2](#) below.

Exhibit 2

Materiality values

Materiality level	Amount
Overall materiality – This is the calculated figure we use in assessing the overall impact of audit adjustments on the financial statements. It was set at 1% of gross expenditure for the year ended 31 March 2017 based on the unaudited accounts.	£12.2 million
Performance materiality – This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality, this would indicate that further audit procedures should be considered. Using our professional judgement we have calculated performance materiality at 60% of overall materiality.	£7.3 million
Reporting threshold (ie, clearly trivial) – We are required to report to those charged with governance on all unadjusted misstatements in excess of the reporting threshold amount. This has been calculated at 1% of planning materiality (rounded to a memorable numeric).	£100,000

Evaluation of misstatements

22. There were a number of significant and material adjustments to the unaudited financial statements during the period of our audit. This included:

- The inclusion of transactions with the integration joint board - £395 million. Increasing both HCH income and HCH expenditure) with no overall effect on net expenditure.
- Adjustment to clinical medical negligence transactions - £5.8 million. Reducing contributions from/ payments to CNORIS with no overall effect on net expenditure.
- Adjustment to endowment income - £1.4 million. Increasing net expenditure.
- Reclassification of balance sheet short term to long term provisions - £21.7 million with no impact on net assets.
- Reclassification of balance sheet long term to short term trade receivables - £1 million with no impact on net assets.

23. In total these adjustments exceeded our overall performance materiality of £7.3 million and we considered the need to undertake further audit testing. We consider that we have identified in full the adjustments to recognise IJB income and expenditure and our reclassification of provisions is based on a review of all significant clinical and medical negligence provisions. We have concluded that the errors are isolated and do not indicate further systematic errors within the account areas or more pervasively within the financial statements. We considered the impact of these misstatements on our audit approach and decided that further audit procedures were not required.

24. [Appendix 3 \(page 31\)](#) identifies unadjusted errors and their expected impact on the annual report and accounts.

25. It is our responsibility to request that all misstatements are corrected although the financial decision on this lies with those charged with governance taking into account advice from senior officers and materiality. Management do not propose to adjust for the item(s) in [Appendix 3](#) as the amounts are not considered material in the context of the financial statements.

Significant findings

26. International Standard on Auditing (UK and Ireland) 260 requires us to communicate significant findings from the audit to those charged with governance. These are summarised in [Exhibit 3](#). Where a finding has resulted in a recommendation to management, a cross reference to the Action Plan in [Appendix 1 \(page 25\)](#) has been included.

Exhibit 3

Significant findings from the audit of the financial statements

Issue	Resolution
<p>Revaluation of health centres and clinics</p> <p>27. The valuation of NHS Fife health centres and clinics this year changed from Depreciated Replacement Cost (DRC) to Existing Use Value (EUV). However, this accounting basis was only applied to a sample (9/28) of this class of asset. The District Valuer provided an estimate of the valuation of the other 19 centres and clinics and this indicates the accounts valuations is overstated by £2.5 million.</p>	<p>The remaining health centres/clinics will be revalued in 2017/18. We are satisfied that this was an isolated error and there were no other issued found with the revaluation exercise. This is an unadjusted error in the audited financial statements.</p> <p>Action Plan (Appendix 1, point 2)</p>
<p>Holiday pay accrual</p> <p>28. A revised method of calculating the holiday pay accrual was established this year based on manager assessment returns. This resulted in an initial estimate of £0.4 million. Following review by senior management this was increased to £1.2m on the basis that the initial estimate seemed low.</p>	<p>We considered the estimate included in the financial statements in accordance with ISA540. We conclude that we are unable to obtain sufficient appropriate audit evidence for management's increased accounting estimate and believe that the method of measurement used initially to determine the amount as £0.4 million is appropriate in the circumstances. This is an unadjusted error in the audited financial statements.</p> <p>Action Plan (Appendix 1, point 3)</p>
<p>Movement in prescribing prepayment</p> <p>29. The Statement of Changes in Taxpayers Equity and the Statement of Consolidated Net Expenditure (Note 2) includes a non cash cost for movements in the prescribing charge of £0.2 million. We reviewed a sample of other NHS Scotland financial statements (NHS Forth Valley, NHS Lothian, NHS Tayside) and didn't identify this transaction in other financial statements.</p>	<p>We have been unable to obtain a satisfactory explanation for this transaction and management have agreed to review the basis of this in 2017/18. This is an unadjusted error in the audited financial statements.</p> <p>Action Plan (Appendix 1, point 4)</p>
<p>Victoria hospital extension – utilities charge</p> <p>30. Phase 3 of Victoria Hospital is a PPP project and the original agreement from 2011 includes a cost sharing arrangement for any additional energy costs associated with the new build. This is typical of PPP/PFI projects. In addition, the original agreement allows for a "pass through" arrangement for the energy costs of the retained estate at the site. The financial statements include a significant accrual for Phase 3 energy on the basis that there is both a price and volume variance compared to the original agreement. The original agreement requires that the energy calculation for Phase 3 is recalculated no later than 5 years after the start of the contract. This renegotiation may result in a settlement which is lower than the existing accrual.</p>	<p>We considered the estimate included in the financial statements in accordance with ISA540 and have concluded that this estimate is reasonable on the basis of information available at this time and the uncertainty over the outcome of renegotiation. We have chosen to report this issue given the size and potential uncertainty over the accrual.</p>

Part 2

Financial management



Main judgements

NHS Fife operated within its resource limits achieving an underspend of £0.3 million (0.05%) against its core revenue resource limit of £666 million

There are effective arrangements in place for managing its finances, with directors usually receiving good information on the financial position, but the turnaround in the year-end position during March was not formally reported to the Board until May 2017. The year-end position for the Integration Joint Board was not fully resolved at the time NHS Fife reported to the Scottish Government.

The most significant factor in the year end turnaround was the £2 million additional income from Fife Council, which met part of the £8.5 million overspend on IJB health services; in accordance with the risk share arrangement set out in the Integration Scheme.

NHS Fife has relied heavily on non-recurring savings to achieve financial balance. This increased significantly in 2016/17 with more than two thirds of savings non-recurrent.

Financial performance in 2016/17

31. NHS Fife, as required by statute, has to work within the resource limits and cash requirements set by the Scottish Government Health and Social Care Directorates (SGHSCD) annually. As illustrated in [Exhibit 4](#), NHS Fife operated within all of its limits during 2016/17 achieving an underspend of £0.3 million (0.05%) against its core revenue resource limit of £666 million.

Exhibit 4

Performance against resource limits in 2016/17

Performance set by SGHSCD	Limit £m	Actual £m	Outturn £m
Core revenue resource limit	665.945	665.612	0.333
Non-core revenue resource limit	39.483	39.483	0
Total revenue resource limit	705.428	705.095	0.333
Core capital resource limit	10.218	10.216	0.002
Total capital resource limit	10.218	10.216	0.002

Performance set by SGHSCD	Limit £m	Actual £m	Outturn £m
Cash requirement	718.063	718.063	0

Source: NHSF accounts 2016/17

Financial management during 2016/17

32. Monthly financial reports to the SGHSCD throughout the year identify the projected income, expenditure and net outturn. This is shown in [Exhibit 5](#). The data includes core/ non core RRL expenditure and non-discretionary FHS expenditure (£36.6 million).

33. We reviewed NHS Fife's budgetary processes and budget monitoring arrangements. From our review of budget monitoring reports, review of committee papers and attendance at committees we confirmed that directors usually receive regular, timely and up to date financial information through the year on the financial position. There are minor differences due to timing/ rounding in reporting to SGHSCD and NHS Fife's committees, but we don't believe that the turnaround in the year-end position during March was adequately reported to the Board until May 2017. We note that in response, management have implemented a formal mechanism to ensure there is earlier agreement with the IJB in 2017/18.

Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

Exhibit 5

Financial reporting during 2016/17

	Forecast Outturn £Million	Annual Budget £Million	Variance £Million
Jun-16	734	724	(10.3)
Jul-16	734	725	(9.4)
Aug-16	735	725	(9.4)
Sep-16	733	726	(7.6)
Oct-16	728	722	(6.3)
Nov-16	730	723	(6.3)
Dec-16	729	724	(4.8)
Jan-17	729	724	(4.8)
Feb-17	730	730	0.0
Mar-17	727	727	0.3
A/cs	742	742	0.3

Source: Financial Performance Reports and 2016/17 financial statements – includes RRL and FHS non-discretionary

34. The report to the February Finance, Performance & Resources Committee (FPR) on 28 March 2017 highlighted that the year-to-date overspend had reduced from £6.4 million at the end of January to £4.2 million at the end of February. Unlike previous months, however, the report did not include a year end forecast but said "the Board could potentially see an improved position from the £4.8 million overspend reported last month". The £4.8 million related to the projected overspend at the end of January.

35. We note that non-executive directors were advised by email on 29 March 2017 that NHS Fife may no longer require brokerage (temporary financing by Scottish Government Health & Social Care Directorate) to achieve financial balance, but they were not provided with the financial details of how this turnaround had been achieved. This issue has been raised in our Governance Report presented to the May 2017 Audit & Risk Committee and changes to the reporting process are being put in place for 2017/18.

36. We concluded that NHS Fife's budget monitoring and control arrangements could be further strengthened.

Action Plan (Appendix 1, point 5)

Achievement of 2016/17 financial balance

37. The main factors resulting in the reduction from the projected overspend of £4.8 million based on the January 2017 position to the actual year end outturn were:

- £2 million additional income from the risk share agreement between the Health & Social Care Partners. In effect this resulted in Fife Council meeting part of the £8.5 million overspend on IJB health services. This had not been factored in to earlier outturn projections.
- £0.7 million benefit from a fall in prescribing net ingredient costs and a £0.3 million increase in the prescribing cost rebate due to the board.
- £0.6 million underspend in the Integrated Change Fund (ICF) and slippage in the Primary Care/Mental Health fund project spend.
- £0.7 million reduction in the premium due to CNORIS for clinical and medical negligence claims and £0.3 million income from CNORIS for legal costs received in March that had not been anticipated.

38. The Scottish Government made a commitment to the National Resource Allocation Committee (NRAC), that all boards would be within one per cent of their target funding allocations by 2016/17. NHS Fife received an additional £8.5 million in 2017/18 to bring it within one percent of parity under this funding formula.

Local Delivery Plan (LDP) and identified savings targets

39. The Local Delivery Plan (LDP), at the start of 2016/17, identified a total savings requirement of £30.8 million or 4.4%. Within the LDP there were identified savings of £21.4 million leaving £9.4 million (1.4%) savings gap. The identified planned savings included:

- cash releasing efficiency savings (CRES) £7.7million
- service change £5 million
- potential national initiatives £2 million
- effective prescribing £5 million and
- non recurring financial flexibility £1.7 million.

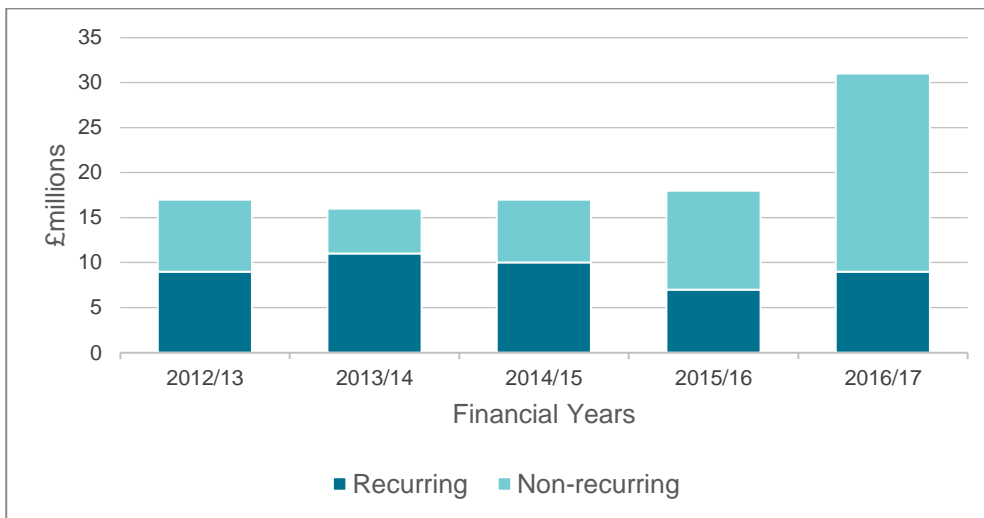
40. NHS Fife agreed a three-year recovery plan with the Scottish Government Health & Social Care Directorate in September 2016. This identified a further £1.8 million of savings which reduce the forecast overspend from £9.4 million to £7.6 million.

Non-recurring savings are one-off savings that apply to one financial year and do not result in ongoing savings in future years. Recurring savings are savings, that once achieved, recur year-on-year from that date.

41. Achieving a break-even position in the year is therefore a significant turnaround in the board's financial position although this has been delivered mainly through non-recurring savings. The LDP identified that all the savings would require to be recurring. In fact only £8.9 million recurrent savings were achieved, less than a third (29%) of the planned level for 2016/17 with the remaining £21.9 million on a non-recurring basis (71%). NHS Fife has a track record of delivering savings although it has relied heavily on non-recurring elements to achieve financial balance in recent years as illustrated in [Exhibit 6](#). The level of non-recurring savings this year was substantial and reliance on an increasing amount of in-year non-recurrent savings is not a sustainable position.

Exhibit 6

Savings – recurring and non-recurring



Source: Audit Scotland Annual Audit Reports

Part 3

Financial sustainability



Main judgements

Longer term financial planning is not yet fully demonstrated in NHS Fife, but a limited three-year plan is reported as part of the Local Delivery Plan.

NHS Fife's reliance on non-recurrent savings presents a significant risk to achieving medium-term financial sustainability

The scale, extent and pace of estate rationalisation is a key risk area

There is evidence of control over temporary staff costs, but workforce planning issues continue to present challenges to the sustainability of services over the long term.

Financial planning over the medium to long term

42. NHS Fife's LDP for the next three years (2017/18 to 2019/20) sets out how the financial, workforce and service plans will implement strategic priorities. The LDP was submitted to the Scottish Government in line with the required timescales. It was approved on 25 April 2017. There is no evidence of financial planning beyond this three-year horizon.

Action Plan (Appendix 1, point 6),

43. The three-year financial plan sets out how NHS Fife plans to achieve financial balance over the period and projects a breakeven position each year. This is predicated on delivering significant recurring savings of £29.2 million in year 1 (this is 4.3% of baseline RRL), £21.9 million in year 2 and £16.9 million in year 3. The plan recognises the significant cost pressures facing NHS Fife including staff pay costs; hospital costs, GP prescribing costs, the cost of using medical locums and demand for services. The plan includes a basic funding uplift for 2017/18 of 1.5% and 0.0% thereafter.

44. Efficiency savings will play a crucial role in bridging this gap next year and in future years. Less than a third (29%) of the planned savings were achieved in 2016/17 on a recurrent basis with the remaining £21.9 million non-recurring. NHS Fife's reliance on non-recurrent savings presents a significant risk to achieving medium-term financial sustainability.

45. To date there has been limited service reforms with the majority of the transformation programme focussing on efficient purchasing and prescribing and the use (and disposal) of its existing estate.

Asset management

46. NHS Fife's annual Property and Asset Management Strategy (PAMS) provides information on the condition of its estate (buildings). The tower block in Victoria Hospital Phase 2 is now over 50 years old and require extensive refurbishment.

Financial sustainability looks forward to the medium and long term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered.

The total risk-assessed backlog maintenance is £53 million at 31 March 2017, excluding backlog costs associated with properties that have been declared surplus. As the estate is rationalised the level of backlog maintenance will fall, however, this reduction can only be applied when the building or property is demolished or sold. This is a significant risk area for NHS Fife and it is taking action to address high risk areas first. We will consider whether we should review the scale, extent and pace of planned estate rationalisation as part of our revised strategic audit plan from 2017/18.

Workforce planning

47. In February 2017, the Auditor General for Scotland published a [data briefing on Scotland's NHS Workforce](#). It highlighted that NHS staff numbers are at their highest ever level, but there are key issues relating to the workforce. These include an ageing workforce, vacancy rates, increased spending on agency staff and sickness absence levels. NHS Fife is facing a number of workforce challenges. Currently 40% of the workforce is aged 50 or over, this includes significant staff groups such as Administration, Support Services and Nursing.

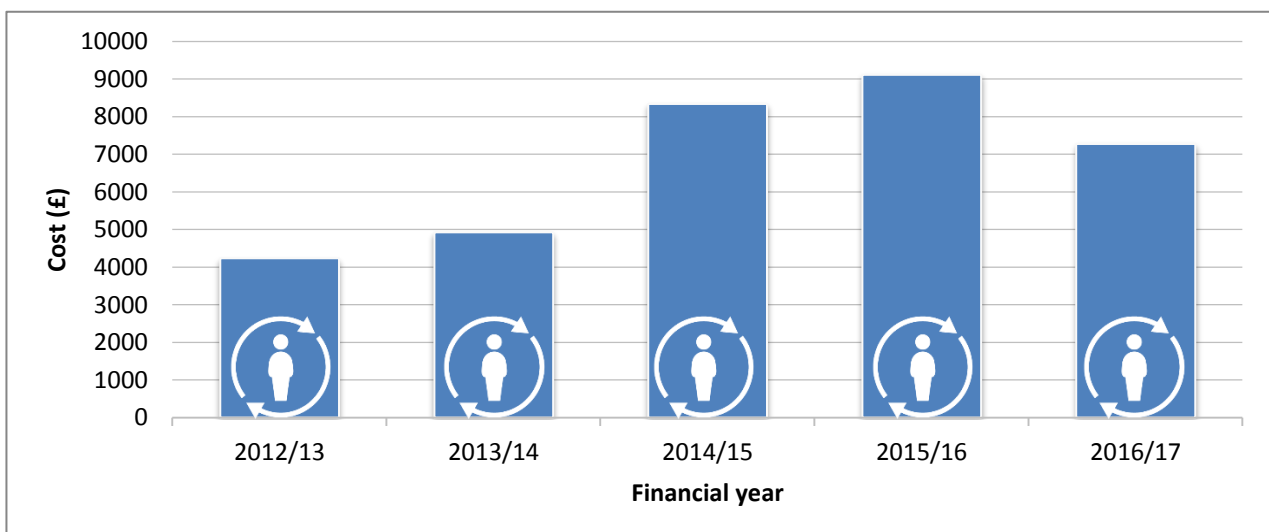
48. NHS Fife is also facing significant challenges in recruiting and retaining staff with turnover rates increasing. The main area of concern is Radiology with a high vacancy factor of 55%. NHS Fife is working in partnership with three other boards (NHS Lothian, Tayside and Borders) to develop a technical solution which will provide a virtual regional Radiology reporting service for South-East Scotland. This approach went live in April 2017 and will be evaluated after an initial six month period.

49. There has also been a small increase in the number of GP practices that NHS Fife manages directly (up from two to three in 2016/17). NHS Fife has now established a Practice Resilience Group to support practices before they fail.

50. Spending on temporary staff at NHS Fife had been increasing from 2012/13 to 2015/16, as a result of recruitment retention problems and pressures to meet waiting time targets, but in the last year these have reduced to £7.8 million. This is shown in [Exhibit 7](#) and follows successful permanent recruitment to medical posts and applying stricter controls on the authorisation process for agency nursing.

Exhibit 7

Temporary staff costs



Source:

51. NHS Fife continues to find it difficult to achieve the national performance standard of 4% for sickness absence despite measures to maximise attendance at work. The 2016/17 accounts highlighted that sickness absence (clinically effective) was 5.02% and this is consistent with the previous year

Health and Social Care Integration

52. Audit Scotland's publication *Health and Social Care Integration* published in December 2015 highlighted the significant risks which need to be addressed if integration is to fundamentally change the delivery of health and care services. NHS Fife and the IJB are in on-going discussions on how to redesign community services across Fife and address the higher than average prescribing costs in the catchment area. Delivering on these on-going challenges will be key to the success of integrated services.

53. Audit Scotland, as part of a series of reports, will be reporting on integration authorities' progress after the first year of IJBs being established.

Part 4

Governance and transparency



Main judgements

NHS Fife has an appropriate vision describing how health services will be delivered

Adequate arrangements exist for standards of conduct but we have recommended extending the registers of interests to include more staff.

NHS Fife conducts its business in an open and transparent manner but we believe this could be improved by ensuring public meeting papers are available on the website

NHS Fife has appropriate governance arrangements in place that support scrutiny of decisions made by the board.

NHS Fife's financial controls operated satisfactorily during 2016/17.

NHS Fife has good arrangements in place for fraud detection and prevention

2020 Vision

55. In 2011 the Scottish Government set out an ambitious vision for health and social care that by 2020 everyone is able to live longer, healthier lives at home or in a homely setting. NHS Fife has incorporated the 2020 vision aims within its Clinical Strategy – Transforming Healthcare in Fife 2016-2021 which was published in December 2016. This document outlines the future direction of health services and the way in which this will be delivered.

Standards of conduct and arrangements for the prevention and detection of bribery and corruption

56. NHS Fife has a range of activities in place designed to maintain standards of conduct including Codes of Conduct for members and officers. Also, there are established procedures for preventing and detecting bribery and corruption including an Anti Fraud, Theft and Corruption policy and response plan.

57. During 2016/17 we reviewed NHS Fife's register of interests and found it met basic requirements in most areas, however we found areas for improvement including one case where the details were incomplete and we found the register details on the website difficult to find. We also highlighted that the register currently only covers board members and could be further strengthened by requiring a wider pool of staff to complete returns. An action point was agreed in our Governance report (May 2017) to address these areas for improvement.

58. Based on our review of the evidence, we concluded that adequate arrangements are in place for standards of conduct and the prevention and detection of bribery and corruption.

Transparency

59. Transparency means that the public, in particular, local residents have access to understandable, relevant and timely information about how decisions are taken and how resources such as money, people and assets are being used.

60. There is evidence from a number of sources which demonstrate NHS Fife's commitment to transparency including the annual accountability review (where members of the public can attend) and board and committee meetings which are open to the public with sensitive or confidential items held in private session.

61. We have previously reported that the website is not kept up-to-date in a number of key areas including committee papers, register of interests and register of gifts & hospitality. Our Governance report this year highlighted that the complete papers for the December 2016 Board were not available on the website and the Finance, Performance & Resources Committee (FPR) papers have not been updated since September 2016. As a result, steps are being taken to improve the website and add missing papers.

62. The remuneration report in the Annual Report and Accounts includes senior employees remuneration. These are defined as "the management board (including advisory and non-executive members) having authority or responsibility for directing or controlling the major activities of the entity during the year. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or sections within the reporting entity". Currently only board members are included in the remuneration report and there may be other officers, for example, the Chief Operating Officer - Acute Services and the Director of Health & Social Care, with the power to influence the decisions of the entity (in an advisory capacity) and have recommended that NHS Fife review the disclosure in the remuneration report for 2017/18.

Action Plan (Appendix 1, point 7)

63. The Equality Act 2010 introduced a new public sector 'general duty' that encourages public bodies to mainstream equality, that is, ensure it is part of their core work. NHS Fife's new four year Equality Plan, 2017-2021 was published in April 2017 along with an Equality Outcomes Progress Report 2015-17. Both documents are available on the website. The updated plan sets out new equality outcomes and mainstreaming activity aimed at making NHS Fife services more fair and equitable for all communities.

64. Overall, we concluded that NHS Fife conducts its business in an open and transparent manner but we believe that there are some areas where it could improve current arrangements.

Governance arrangements

65. The Board commissioned the Good Governance Institute (GGI) to undertake a review of its governance arrangements during 2016 and the new Chair of the Board also reviewed the governance framework on taking up post in January 2017. A number of improvement actions arose from this and are being put in place from 2017/18 including:

- adopting a more formal and structured governance approach
- updating the code of corporate governance to link to the NHS Fife Strategic Framework

Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision-making and transparent reporting of financial and performance information.

- synchronising meeting cycles with greater emphasis placed on the committees scrutiny role
- on-going personal development for both executive and non executive board members focussing on issues of culture, strategy, impact and innovation.

66. The Fife Health and Social Care Integration Joint Board (IJB) became fully operational on 1 April 2016. Members of NHS Fife have a role on the IJB and its committees and therefore maintain an input and responsibility for their respective professional remits at all times. Minutes of the IJB are considered at the Clinical Governance Committee of the NHS Fife Board and an annual assurance statement is also shared with NHS Fife's Audit & Risk Committee to support the assurance process. NHS Fife's Integrated Performance Report encompasses all aspects of delegated services. This is being reviewed for 2017/18 to ensure there is clarity of roles and responsibilities, consistency of approach, no omissions and no unnecessary duplication.

Internal audit

67. Internal audit provides NHS Fife and the Accountable Officer with independent assurance on NHS Fife's overall risk management, internal control and corporate governance processes such as the roles and responsibilities of committees.

68. The internal audit function is carried out by FTF Internal Audit Services. We carried out a review of the adequacy of the internal audit function and concluded that it generally operates in accordance with the Public Sector Internal Audit Standards (PSIAS) and has sound documentation standards and reporting procedures in place. PSIAS requires an external review of the internal audit service to be done by March 2018 and every 5 years thereafter. The Chief Internal Auditor has confirmed a review will be undertaken during 2017/18.

Internal controls

69. As part of our audit we identify and inspect the key internal controls in those accounting systems which we regard as significant. Our objective is to gain assurance that NHS Fife has systems of recording and processing transactions which provide a sound basis for the preparation of the financial statements.

70. Our findings were included in our Governance report presented to the Audit & Risk Committee on 18 May 2017. We concluded that the financial controls put in place by management operated satisfactorily. We identified several control weaknesses and undertook additional audit procedures during our final accounts work to confirm that the internal control weaknesses identified did not result in a material misstatement in the financial statements.

Prevention and detection of fraud and irregularity

71. We have a responsibility for reviewing the board's arrangements for the prevention and detection of fraud. Our audit work, in this area, covered a number of areas such as whistleblowing and liaison with Counter Fraud Services.

72. We concluded that NHS Fife has good arrangements in place for fraud detection and prevention during 2016/17.

73. The National Fraud Initiative (NFI) in Scotland is a counter-fraud exercise coordinated by Audit Scotland. It uses computerised techniques to compare information about individuals held by different public bodies, and on different financial systems, to identify 'matches' that suggest the existence of fraud or error.

Exhibit 8

Total number of matches



4220

Number recommended for investigation



329

Completed/closed investigations



3948

Source: NFI system as at 31/5/17

74. NFI activity is summarised in [Exhibit 8](#) and shows that the board had investigated 89% of the total matches by May 2017. All recommended matches should be investigated and the remaining ones considered on a sample basis. We noted that around 15% of recommended matches had yet to be considered due to a delay, nationally, in providing payroll and procurement matches to organisations. This has also led to a delay in reporting the outcomes of the NFI process to committee which is normally done in May. It is expected that a report will go to either the July or August board meeting. So far in the 2016/17 exercise there have been no frauds identified through NFI matches at NHS Fife. This was also the case in the last two NFI exercises.

Part 5

Value for money



Main judgements

NHS Fife has an effective performance management framework in place.

Performance in 57% of the standards and targets reported by NHS Fife is unsatisfactory and action is being taken to address those areas which are not meeting the required standards and targets

Performance management

75. The Scottish Government monitors how NHS Fife performs against targets it set in its national performance framework. These include LDP standards and their trajectories (plans) such as waiting times for accessing treatment within 12 weeks otherwise known as the Treatment Time Guarantee.

76. Performance against targets is reported in the Integrated Performance Report (IPR). The format of the IPR was revised in February 2017 to enable the standing committees of NHS Fife to focus on the specific performance metrics within their remits. A summary version of the IPR is formally considered by the board, although we note that a full report is also made available to all board members and included within formal board papers.

77. There are currently 20 LDP standards set and agreed between the Scottish Government and NHS Boards. Data is not currently available for one of these standards and NHS Fife monitor a further three performance targets which results in a total of 22 standards/ targets being reported in the IPR. If performance drops significantly below the standard for three consecutive months, a drill-down process is instigated. This process involves providing a more in-depth report for the standard or target which includes an overall summary, a trend chart, a review of past performance and key actions being taken.

78. In 2017 a new patient administration system, TrakCare, is being introduced within NHS Fife, which will provide greater access to an integrated data network. In addition to enhancing the patient journey, this should improve the provision of data for operational performance reporting and monitoring, by providing greater access to extended data sources. NHSScotland intend rolling out this system to all NHS Boards in Scotland

79. Internal audit carried out a review of organisational performance management reporting during 2016/17. The scope of this review was to consider the overall organisational performance reporting arrangements and two standards were selected for more detailed review. Internal audit concluded that there is an adequate and effective system and no action points were identified.

80. We concluded that NHS Fife has an effective performance management framework in place.

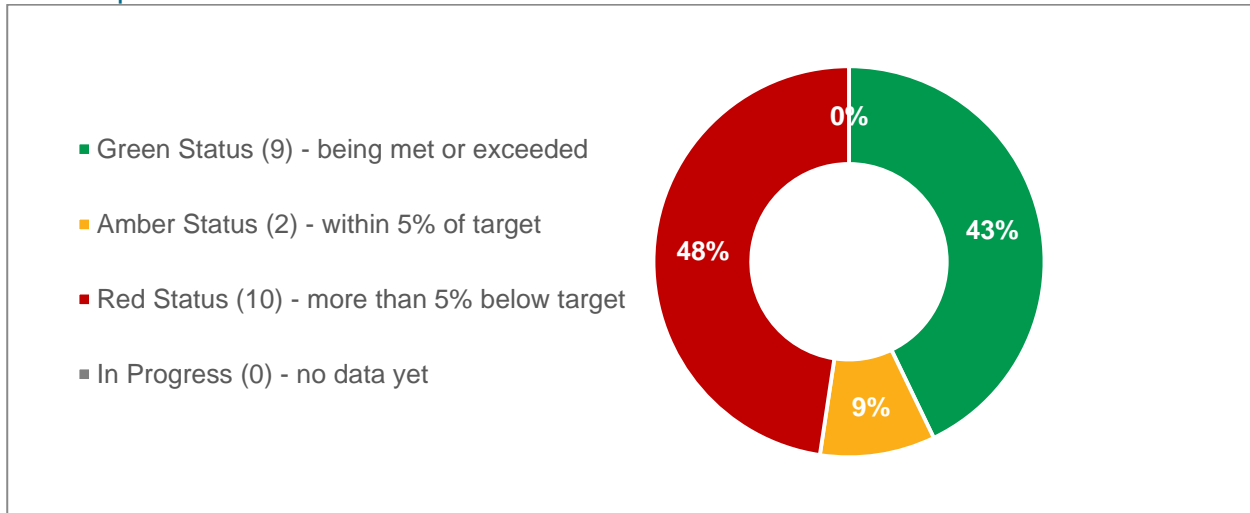
Value for money is concerned with using resources effectively and continually improving services.

Overview of service performance

81. NHS Fife has a balanced score card showing the 21 non-financial targets monitored during the year. The scorecard is based on information available at the end of March 2017 and summarised in [Exhibit 9](#).

Exhibit 9

Overall performance



Source: NHS Fife unaudited accounts 2016/17

82. Overall, NHS Fife is struggling to deliver performance measures with more than 50% categorised as red or amber. There are 10 targets that are outwith acceptable standards and more details on these are provided in [Exhibit 10](#).

Exhibit 10

Performance against key standards

Standard	Target	Performance at March 2017	Action being taken by NHS Fife
Treatment Time Guarantee (TTG) Patients that were seen within 12 weeks TTG	100%	● 95.0%	Additional staff are being sought and a surgical efficiency programme will be done to optimise elective capacity.
Cancer 62 day referral to treatment (RTT)	95%	● 85.7%	A virtual regional Radiology reporting service for South-East Scotland is underway and the prostate cancer pathway is to be re-reviewed.
Smoking cessation	779	● 307 (April 2016 to December 2016)	Alternative community engagement approaches are planned.
CAMHS Waiting Times	90%	● 83.7%	Recruitment of Primary Mental Health Care workers to reduce referrals.

Standard	Target	Performance at March 2017	Action being taken by NHS Fife
Psychological therapies waiting times	90%	● 68.0%	Recruitment of additional staff. Service development and redesign to increase access.
Sickness absence (clinically effective)	4.5%	● 5.02%	Review of the Staff Health and Well Being Action Plan and continuing Attendance Management action plans.
Healthcare Acquired Infection - SABs	0.24	● 0.32	Report on measures which support SAB reduction and take appropriate action for improvement.
Diagnostics waiting times	100%	● 89.3% (month of March 2017)	Continue to recruit to Radiology and Sonography. Additional capacity in place for Ultrasound.
Delayed discharge (delays > 2 weeks)	0	● 15 (month of March 2017)	Increase capacity for START (homecare). Implement online computer sharing system. Review of workforce in direct discharge planning to manage workload.
Complaints (complete within 20 days)	75%	● 57.0%	Additional resource for new complaint handling procedure. Responsibility for performance now with delivery units.

Source: NHS Fife unaudited Accounts 2016/17

83. Based on available evidence NHS Fife's plans seem reasonable and aim to drive further improvement in performance in relation to the 'red' risks. The IPR specifically states that it is anticipated that performance in some areas will continue to be a challenge in 2017/18.

National performance audit reports

84. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2016/17, we published a number of reports which are of direct interest to NHS Fife. These are outlined in [Appendix 4 ,page 32](#).

85. NHS Fife has developed a framework for considering Audit Scotland's national reports. All national reports are considered and action plans prepared where considered appropriate. Progress against the action plans is reported on a bi-annual basis to the Executive Directors' Group and a summary report is presented to the Audit and Risk Committee, most recently in May 2017.

Appendix 1

Action plan 2016/17

2016/17 recommendations for improvement

Para no.	Issue/risk	Recommendation	Agreed management action/timing
16	<p>1. IJB funding transaction</p> <p>NHS Fife did not provide a full set of financial statements, including the IJB funding transaction, until 9 June. This transaction increased Hospital and Community Health (HCH) Services income and expenditure by £394.9 million.</p> <p>Risk</p> <p>The Board fails to deliver a complete set of unaudited financial statements in accordance with the agreed timetable. This could delay completion of the final accounts audit.</p>	<p>NHS Fife and the IJB should agree a timetable for confirming balances which meets the planned date for preparing the unaudited NHS Fife financial statements. Both parties should ensure that this timetable is met.</p>	<p>Agreed</p> <p>Director of Finance and Chief Finance Officer IJB</p> <p>30 September 2017</p>
27	<p>2. Revaluation of health centres and clinics</p> <p>The valuation of NHS Fife health centres and clinics this year changed from Depreciated Replacement Cost (DRC) to Existing Use Value (EUV). However, this accounting basis was only applied to a sample (9/28) of this class of asset.</p> <p>Risk</p> <p>The valuation basis of classes of assets are materially inconsistent leading to a modified audit opinion on the financial statements.</p>	<p>The remaining health centres/clinics should be revalued in 2017/18 and the associated valuation in the financial statements corrected to reflect the new valuation basis.</p>	<p>Agreed</p> <p>Director of Finance</p> <p>31 March 2018</p>



Para
no.

Issue/risk

Recommendation

**Agreed
management
action/timing**

28	<p>3. Holiday pay accrual</p> <p>Senior management revised the results of the revised method for establishing the accrual estimate for outstanding holiday pay. This increased the accrual and expenditure by £0.8 million.</p> <p>Risk</p> <p>That expenditure is subject to material manipulation through management estimates.</p>	<p>Management should review the method for collecting the pay accrual information if they continue to believe that it isn't robust.</p>	<p>In the absence of a suitable digital solution to this issue, the methodology will be reviewed earlier in the new financial year. An assessment of the position will be undertaken as part of a formal mid year financial review</p> <p>Director of Finance</p> <p>31 March 2018</p>
29	<p>4. Movement in prescribing prepayment</p> <p>The Statement of Changes in Taxpayers Equity and the Statement of Consolidated Net Expenditure (Note 2) includes a movement in the prescribing charge of £0.2 million. Based on our experience of other NHS bodies this transaction is misclassified or incorrect.</p> <p>Risk</p> <p>A material movement in prescribing accrual may lead to the financial statements being materially misstated.</p>	<p>Management should review the basis for the transaction and consult with other NHS bodies to confirm how this transaction should be treated.</p>	<p>Agreed</p> <p>Director of Finance</p> <p>30 September 2017</p>
36	<p>5. Financial management - financial reporting</p> <p>The turnaround in the year-end financial position during March was not formally reported to directors until May 2017, but March reports to the Scottish Government identified the potential achievement of a breakeven position.</p> <p>Risk</p> <p>Information provided to non executive members is not sufficiently transparent or timely to enable them to effectively scrutinise the financial position.</p>	<p>We recommend that any significant change in the outturn financial position is reported and explained to the Board timeously and is consistent with reporting to the Scottish Government.</p>	<p>A detailed report was provided to the FPR at the end of May for due scrutiny and challenge. For 2017/18, the reporting process is being refined following a review by management, which is in accordance with Audit Scotland's</p>



Para
no.

Issue/risk

Recommendation

Agreed
management
action/timing

Governance
Report of May
2017

Director of
Finance

Quarter 1
reporting period
i.e. July 2017

**42 6. Medium/ long term financial
planning**

There is no evidence of financial planning beyond the three-year horizon included in NHS Fife's LDP for the next three years (2017/18 to 2019/20)

Risk

NHS Fife is not planning adequately over the medium to long term to manage or respond to significant financial risks.

We recommend that a long term financial strategy (5 years +) supported by clear and detailed financial plans (3 years +) is prepared. This is increasingly important as NHS Fife's reliance on non-recurrent savings is growing and fundamental service redesign over a longer time frame becomes necessary. Plans should set out scenario plans (best, worst, most likely).

Agreed; this is being taken forward within the context of the regional delivery plan discussions and will incorporate scenario planning.

Director of
Finance &
Director of
Planning &
Strategic
Partnerships

31 March 2018

62 7. Remuneration report disclosures

The remuneration report includes senior employees remuneration (including advisory and non-executive members). Though not board members, we believe the Chief Officer and Director of Acute Services and the Director of Health & Social Care may have the power to influence the decisions of the entity (in an advisory capacity)

Risk

NHS Fife is not making appropriate and transparent disclosures.

We recommended that NHS Fife review the disclosure in the remuneration report for 2017/18 and consider the status of the staff we have identified.

Agreed

Director of
Finance

30 September
2017

Appendix 2

Significant audit risks identified during planning

The table below sets out the audit risks we identified during our planning of the audit and how we addressed each risk in arriving at our conclusion. The risks are categorised between those where there is a risk of material misstatement in the annual report and accounts and those relating our wider responsibility under the [Code of Audit Practice 2016](#).

Audit risk	Assurance procedure	Results and conclusions
Risks of material misstatement in the financial statements		
<p>1 Risk of management override of controls/management bias</p> <p>ISA 240 requires that audit work is planned to consider the risk of fraud, which is presumed to be a significant risk in any audit. This includes consideration of the risk of management override of controls in order to change the position disclosed in the financial statements</p>	<ul style="list-style-type: none"> Detailed testing of journal entries. Review of significant management estimates and evaluation of the impact of any variability in key assumptions including provisions. Focused testing of accruals and prepayments including holiday pay accrual. Evaluation of significant transactions that are outside the normal course of business. Substantive testing of transactions after the year end to confirm expenditure and income has been accounted for in the correct financial year. 	<p>Results We identified that the holiday pay accrual was increased by senior management and this is reported as an unadjusted error.</p> <p>Conclusion We did not identify any issues as a result of our audit work that would indicate management override of controls that materially affect the year-end position.</p>
<p>2 Risk of fraud over income/expenditure</p> <p>NHS Fife receives approximately 8% of income from sources other than Scottish Government funding, for example, income from other health boards and from CNORIS. The extent and complexity of income means that, in accordance with ISA240, there is an inherent risk of fraud that requires an audit response.</p> <p>The Code of Audit Practice expands the ISA assumption on fraud over income to aspects of</p>	<ul style="list-style-type: none"> Audit work on the National Fraud Initiative matches. Obtain assurances from the NHS Scotland Counter Fraud Service. Detailed testing of year end balances with other health boards. 	<p>Results – We identified that RTA income does not have an adequate provision for bad debts.</p> <p>Conclusion We did not identify any fraud issues.</p>

Audit risk	Assurance procedure	Results and conclusions
expenditure.		
<p>3 Estimation and judgements</p> <p>There is a significant degree of subjectivity in the measurement and valuation of the material account areas of non current assets and provisions. This subjectivity represents an increased risk of misstatement in the financial statements.</p>	<ul style="list-style-type: none"> • Completion of 'review of the work of an expert' for the professional valuer. • Review of significant management estimates and evaluation of the impact of any variability in key assumptions including provisions. 	<p>Results Refer point 1 above. We also report the significant estimate that exists within the financial statements for Victoria hospital extension utilities charge, but confirmed that this was reasonable on the basis of information available at this time. We also identified an error in the consistency of valuation basis across health centres and have reported this as an unadjusted error.</p> <p>Conclusion We did not identify any material errors in estimates as a result of our audit.</p>
<p>4 Consolidation of Fife Health & Social Care Integration Joint Board (FIJB):</p> <p>FIJB will be consolidated into the accounts of NHS Fife for the first time in 2016/17.</p> <p>The timing of FIJB accounts may affect the production of the NHS Fife group accounts and as the adjustment is being made for the first time, there may be errors in accuracy and disclosure.</p>	<ul style="list-style-type: none"> • Consider whether the process for consolidation is in line with the integration scheme. • Agree the consolidation adjustment is accurate and correctly disclosed. • Confirm balances have been agreed by the partner bodies. 	<p>Results The process for consolidation was in line with the integration scheme, although there was a delay with a number of discussions between NHS Fife and the IJB to clarify the total amounts included in the accounts. The final figures were agreed by the partner bodies.</p> <p>Conclusion – We did not identify any material errors in accuracy or disclosure as a result of our audit.</p>
<p>5 Compliance with FReM requirements/Transparency</p> <p>Per the Financial Reporting Manual (FReM), the Performance Report - Overview should provide the lay user with enough information so that there is no requirement to look further into the rest of the annual report and accounts. There is a risk that there will be a lack of transparency in the narrative of the final Report.</p>	<ul style="list-style-type: none"> • Early discussions with board officers on the content of the performance report. • Detailed testing of the content of the performance report included in the 2016/17 accounts to ensure compliance with the FReM. 	<p>Results – We identified a number of improvements to the contents of the unaudited performance report and these were amended in the audited version.</p> <p>Conclusion – The audited performance report complies with the FReM.</p>
Risks identified from the auditor's wider responsibility under the Code of Audit Practice		
<p>6 Financial position</p> <p>The NHS Fife Local Delivery Plan 2016/17 identified a residual £9.4 million savings gap for 2016/17 from a total savings requirement of £30.8 million.</p> <p>Latest projections as at October</p>	<ul style="list-style-type: none"> • Undertake specific audit work on financial management including reviewing financial monitoring reports and delivery of savings plans. • This will include reviewing progress on 	<p>Results – We reported some issues in our Governance Report on the reporting of financial position. We considered how the board achieved its break even position turnaround position and concluded that overall financial management was appropriate, while noting that most savings</p>

Audit risk	Assurance procedure	Results and conclusions
<p>2016 show the residual gap has reduced. However there are still £16 million savings to be identified and a significant element of proposed savings (£10 million) are classed as having potential risk.</p> <p>There is a significant risk that the board is unable to deliver the savings needed to achieve its statutory break-even target.</p>	<p>delivery of the board's transformation programme.</p>	<p>were only achieved on a non recurring basis.</p> <p>Conclusion – The 2016/17 break-even target was achieved.</p>
<p>7 Financial sustainability</p> <p>The SGHSCD is providing a package of tailored support to help the board to return to financial balance over the next three year period to March 2019. In September 2016 the Finance, Performance & Resources Committee considered revised figures for savings requirements in 2017/18 and 2018/19. This showed an increase in the total level of savings required in both years to £35.6 million and £23.1 million respectively (previously £22.3 million and £11.8 million).</p> <p>There remains a significant risk that the board will be unable to deliver the savings required to achieve a balanced budget over the medium term.</p>	<ul style="list-style-type: none"> • Undertake specific audit work on financial planning and governance. This will include assessing the robustness of medium and long term financial planning and the appropriateness of arrangements in place to close the funding gap. • National study on secondary care clinical workforce (due to report end June 2017). 	<p>Results –NHS Fife does not have a long term financial plan although a limited medium term plan is produced through the LDP. We have flagged concerns about the increasing reliance on non recurring savings and the pressure this adds to the board's on-going financial sustainability.</p> <p>Conclusions – NHS Fife's financial sustainability continues to be a significant challenge and consideration will need to be given to redesigning services if financial balance is to be achieved on a recurring basis.</p>

Appendix 3

Summary of unadjusted errors

We report all uncorrected misstatements that are individually greater than our reporting threshold.





















The table below summarises uncorrected misstatements that were noted during our audit testing and were not corrected in the financial statements. Cumulatively these errors are below our performance materiality level as explained in Exhibit 3 ([page 10](#)).

Account areas	SOCNE		Consolidated Balance sheet	
	Dr £m	Cr £m	Dr £m	Cr £m
1 All health centres moved to consistent revaluation basis (valuer's estimate).				
Net gain on revaluation of PPE	2.5			
Property, Plant and Equipment				2.5
2 Over accrual of staff holiday pay.				
Trade and other payables			0.8	
Hospital and Community costs (mainly)		0.8		
3 Removing prescribing accrual movement in Note 3 as adjustment not fully justified				
Trade and other payables			0.2	
Family Health expenditure		0.2		
4 Reducing Road Traffic Accident income to reflect a national position on bad debts.				
Hospital and Community Income	0.4			
Trade and other receivables				0.4
Net impact – Net expenditure		0.6		
Net impact – Other comprehensive expenditure	2.5			
Net impact – Total taxpayers equity				1.9

Appendix 4

Summary of national performance reports 2016/17



Apr			
May		Common Agricultural Policy Futures programme: an update	
Jun		South Ayrshire Council: Best Value audit report	 The National Fraud Initiative in Scotland
Jul		Audit of higher education in Scottish universities	 Supporting Scotland's economic growth
Aug		Maintaining Scotland's roads: a follow-up report	 Superfast broadband for Scotland: a progress update
			 Scotland's colleges 2016
Sept		Social work in Scotland	 Scotland's new financial powers
Oct		Angus Council: Best Value audit report	 NHS in Scotland 2016
Nov		How councils work – Roles and working relationships in councils	 Local government in Scotland: Financial overview 2015/16
Dec		Falkirk Council: Best Value audit report	 East Dunbartonshire Council: Best Value audit report
Jan			
Feb		Scotland's NHS workforce	
Mar		Local government in Scotland: Performance and challenges 2017	 i6: a review
			 Managing new financial powers: an update

NHS relevant reports

[The National Fraud Initiative in Scotland](#) – June 2016

[NHS in Scotland 2016](#) – October 2016

[Social work in Scotland](#) – September 2016

[Scotland's NHS workforce](#) – February 2017

NHS Fife

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