

NHS Fife Finance, Performance & Resources Committee

Tue 12 March 2024, 09:30 - 11:30

MS Teams

Agenda

09:30 - 09:30 1. Apologies for Absence

0 min

Verbal

Alistair Morris

09:30 - 09:30 2. Declaration of Members' Interests

0 min

Verbal

Alistair Morris

09:30 - 09:35 3. Minutes of Previous Meeting held on Tuesday 16 January 2024

5 min

Enclosed

Alistair Morris

 Finance Performance Resources Committee Minutes (unconfirmed) 20240116.pdf (6 pages)

09:35 - 09:40 4. Matters Arising / Action List

5 min

Enclosed

Alistair Morris

 Finance, Performance & Resources Committee Action List.pdf (1 pages)

09:40 - 10:10 5. QUALITY / PERFORMANCE

30 min

5.1. Integrated Performance & Quality Report

Enclosed

Exec Leads

 Item 5.1 – SBAR Integrated Performance & Quality Report.pdf (4 pages)

 Item 5.1 – Integrated Performance & Quality Report.pdf (21 pages)

5.2. Financial Performance & Sustainability Report

Enclosed

Maxine Michie

 Item 5.2 - SBAR Financial Performance & Sustainability Report.pdf (8 pages)

5.3. Procurement Key Performance Indicators

Enclosed

Maxine Michie

 Item 5.3 – SBAR Procurement Key Performance Indicators.pdf (6 pages)

 Item 5.3 – Appendix 1 Procurement Key Performance Indicators.pdf (1 pages)

10:10 - 11:10 6. GOVERNANCE MATTERS

60 min

6.1. Finance, Performance & Resources Committee Self-Assessment Report 2023/24

Enclosed *Gillian MacIntosh*

📎 Item 6.1 - SBAR Finance, Performance & Resources Committee Self-Assessment Report 2023-24.pdf (11 pages)

6.2. Annual Review of Finance, Performance & Resources Committee Terms of Reference

Enclosed *Gillian MacIntosh*

📎 Item 6.2 - Annual Review of Finance, Performance & Resources Committee Terms of Reference.pdf (7 pages)

6.3. Corporate Risks Aligned to Finance, Performance & Resources Committee

Enclosed *Maxine Michie*

📎 Item 6.3 - SBAR Corporate Risks Aligned to Finance, Performance & Resources Committee.pdf (5 pages)

📎 Item 6.3 - Appendix 1 Corporate Risks Aligned to Finance, Performance & Resources Committee.pdf (8 pages)

📎 Item 6.3 - Appendix 2 Corporate Risks Aligned to Finance, Performance & Resources Committee.pdf (1 pages)

📎 Item 6.3 - Appendix 3 Corporate Risks Aligned to Finance, Performance & Resources Committee.pdf (2 pages)

6.4. Project Hydra

Enclosed *Neil McCormick*

📎 Item 6.4 - SBAR Project Hydra.pdf (5 pages)

6.5. Fife Specialist Palliative Care Services Update

Enclosed *Nicky Connor*

📎 Item 6.5 - SBAR Fife Specialist Palliative Care Services Update.pdf (7 pages)

6.6. Final Annual Workplan 2024/25

Enclosed *Gillian MacIntosh*

📎 Item 6.6 - Final Annual Workplan 2024-25.pdf (4 pages)

6.7. Delivery of Annual Workplan 2023/24

Enclosed *Gillian MacIntosh*

📎 Item 6.7 - Delivery of Annual Workplan 2023-24.pdf (6 pages)

11:10 - 11:15 7. LINKED COMMITTEE MINUTES

5 min

7.1. Fife Capital Investment Group held on 13 December 2023 (confirmed) & 8 February 2024 (unconfirmed)

Enclosed

📎 Item 7.1 - Fife Capital Investment Group held on 13 December 2023 (confirmed).pdf (4 pages)

📎 Item 7.1 - Fife Capital Investment Group held on 8 February 2024 (unconfirmed).pdf (5 pages)

7.2. IJB Finance, Performance & Scrutiny Committee held on 18 January 2024 (unconfirmed)

Enclosed

📎 Item 7.2 - IJB Finance, Performance & Scrutiny Committee held on 18 January 2024 (unconfirmed).pdf (9 pages)

7.3. Procurement Governance Board held on 28 February 2024 (unconfirmed)

Enclosed

📎 Item 7.3 - Procurement Governance Board held on 28 February 2024 (unconfirmed).pdf (4 pages)

11:15 - 11:20 **8. ESCALATION OF ISSUES TO NHS FIFE BOARD**

5 min

8.1. To the Board in the IPQR Summary

Verbal Alistair Morris

8.2. Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

Verbal Alistair Morris

11:20 - 11:30 **9. ANY OTHER BUSINESS**

10 min

Verbal

11:30 - 11:30 **10. Date of Next Meeting: Tuesday 7 May 2024 from 10am – 12.30pm via MS Teams**

0 min

Fife NHS Board

Unconfirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 16 JANUARY 2024 AT 9.30AM VIA MS TEAMS

Alistair Morris Chair

Present:

Alistair Morris, Non-Executive Director (Chair)	Margo McGurk, Director of Finance & Strategy
Alastair Grant, Non-Executive Director	Dr Chris McKenna, Medical Director
John Kemp, Non-Executive Director	Carol Potter, Chief Executive
Joy Tomlinson, Director of Public Health	Janette Keenan, Director of Nursing
Lynne Parsons, Employee Director	

In Attendance:

Ben Hannan, Director of Pharmacy & Medicines
Claire Dobson, Director of Acute Services
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Maxine Michie, Deputy Director of Finance
Nicky Connor, Director of Health & Social Care
Jocelyn Lyall, Chief Internal Auditor (*Item 6.2 only*)
Susan Fraser, Associate Director of Planning and Performance (*Item 7.2 only*)
Kerrie Donald, Executive Assistant (*Minutes*)

Chair's Opening Remarks

Members were advised that the meeting will be recorded via MS Teams for the purposes of the minute.

1. Apologies for Absence

Apologies were noted from member Aileen Lawrie, Area Clinical Forum Representative.

2. Declaration of Members' Interests

There were no members' interests to declare.

3. Minute of the last Meeting held on 14 November 2023

The Committee formally **approved** the minute of the last meeting.

4. Action List / Matters Arising

The Committee **noted** the updates on the Action List.

5. QUALITY / PERFORMANCE

5.1 Reform, Transform, Perform Framework

The Chief Executive presented on the emerging 'Reform, Transform, Perform' Framework to the Committee, which is being developed to support our response to the local and national financial challenges and outlook facing NHS Scotland.

The Chief Executive highlighted that the Executive Team and colleagues across NHS Fife have a wide set of skills and expertise to support a multi-professional approach to establishing our response and recovery plan. It was noted that a communication to all NHS Fife staff from the Chief Executive would be circulated to set out the extent of the financial challenge and next steps for NHS Fife.

The Chair thanked the Chief Executive for the presentation, noting his support for the pro-active approach being taken. The Chair further noted that the Chief Executive's message to NHS staff should also be communicated to MPs and MSPs.

There was full and lengthy discussion about the financial challenges to be addressed, common across all NHS territorial boards in Scotland. A Grant and J Kemp, Non-Executive Directors, acknowledged the difficult financial challenges facing NHS Fife, however praised the decision to use the current skills and expertise within NHS Fife to build and improve on the situation.

The Chief Executive highlighted that the Director of Pharmacy & Medicines would be working alongside senior NHS Fife staff to create a plan on how NHS Fife will move forward with this new Framework. In the discussion, a number of Executive Directors acknowledged the significant challenge for NHS Fife, but provided assurance that the organisation's values and commitment to delivery quality and safe care will always remain at the core of any approach.

The Committee took **assurance** from the approach outlined in the presentation.

5.2 Integrated Performance & Quality Report

The Director of Acute Services confirmed that the Flow Navigation Centre has now transitioned to the Acute Services Division from the Health and Social Care Partnership, with work ongoing to review methods through which flow and navigation can reduce demand at the front door, ensuring patients are seen at the right place, the right time and by the right person.

New outpatient referrals remain a challenge, with a small number of patients who have been waiting over two years; however, it is hoped this backlog will be cleared as soon as possible.

It was reported that challenges continue with 31 and 62 day cancer targets, noting a dip in performance on the 31 day target, with 10 breaches attributed to lack of surgical and

theatre capacity. Cancer 62 day targets have improved in performance, though demand and complexity remain a challenge.

The Director of Health & Social Care provided an overview of the Delayed Discharge section of the report, noting an increase in terms of the 5% target. This, however, remains within controlled limits. It was reported that a multidisciplinary approach continues, with predicted date of discharge and continued support with performance and flow of discharge. Challenges across the system have risen with closures of care homes and community hospitals due to Winter pressures.

The Chair praised the team for their continued efforts to work effectively against a background of constant demand and pressure within Acute and Health and Social Care.

The Committee took **assurance** from the report, discussing, examining and considering the NHS Fife performance as summarised in the IPQR.

5.3 Financial Performance Report at 30 November 2023

The Deputy Director of Finance provided an in-depth review of the current financial position, noting that, at the end of November 2023, NHS Fife are reporting an adverse variant of £19m.

Following a query from A Grant, Non-Executive Director, the Director of Finance & Strategy confirmed National Services Scotland (NSS) negotiate agency contract costs to ensure all NHS Boards are paying the same rate for framework agency staff.

The Committee took **assurance** from the report.

5.4 Funding for Critical Posts

The Chief Executive presented the paper, highlighting the request to support three new posts within the Paediatric Middle Grade Workforce, Clinical Risk Nurse/Midwife and Orthopaedic Advanced Nurse Practitioner, which present a significant clinical risk for NHS Fife if not supported. A final post, a proposed Whistleblowing Co-ordinator, is also reported to the Committee for awareness, however funding to progress with this is not requested at this time.

Following a query from J Kemp, Non-Executive Director, the Chief Executive advised that whilst permission from Scottish Government for funding of the new posts is not required, an open and transparent discussion regarding the cost pressures of the posts would be had with Scottish Government and would be reflected within the financial plan for 2024/25.

The Committee **approved** the following posts: Paediatric Middle Grade Workforce, Clinical Risk Nurse/Midwife and Orthopaedic Advanced Nurse Practitioner.

The Committee **acknowledged** the desirability of the additional post, the Whistleblowing Co-ordinator, but noted that funding is not available at this time.

5.5 Decarbonisation of NHS Fife Fleet

The Director of Property & Asset Management presented the paper, noting the proposed plan for compliance with the 2025 and 2030 target dates for the use of electronic vehicles for NHS fleet.

Following a query from A Grant, Non-Executive Director, it was confirmed all NHS fleet vehicles must be fully electric, not hybrid, by the target dates. The Director of Property & Asset Management further confirmed NHS Fife has applied for infrastructure funds from Transport Scotland and Switched on Fleet.

The Committee took **assurance** from the report.

6. GOVERNANCE MATTERS

6.1 Corporate Risks Aligned to Finance, Performance & Resources Committee, including Deep Dive: Prioritisation & Management of Capital Funding

The Director of Finance & Strategy presented the paper, noting a proposal to increase the risk score in relation to the current and future financial position for the next Committee, once discussed and approved with the Executive Team.

Action: Director of Finance & Strategy

It was reported that the Risk and Opportunities Group are working to further improve the deep dive process, highlighting that factors such as the creation of new risks, materially deteriorating risks or escalation of risks would trigger a deep dive.

The Chair thanked the Director of Finance & Strategy for the update and highlighted the importance of having valuable deep dive sessions.

The Director of Property & Asset Management provided an overview of the deep dive risk for this session, noting that whilst limited capital funding is available for 2024/25, measures are in place to ensure capital funding is used effectively.

Following a query from J Kemp, Non-Executive Director, it was agreed a corporate risk should be developed to reflect how services can be sustained without additional capital funding. The Director of Finance & Strategy agreed to develop the risk and present to the Executive Directors' Group before coming to the next Committee.

Action: Director of Finance & Strategy

The Committee took **assurance** from the report, noting that all actions, within the control of the organisation, are being taken to mitigate these risks.

6.2 Internal Control Evaluation Report 2023/24

The Chief Internal Auditor joined the meeting and provided an in-depth review of the report, noting the financial challenges that have been discussed at today's meeting are reflected within the report. The Committee noted the conclusions of the mid-year review of internal controls.

The Chair thanked the Chief Internal Auditor for discussing the report and noted the report would provide encouragement to teams across the organisation.

The Committee took **assurance** from the report.

6.3 Review of Draft Annual Workplan 2024/25

The Director of Finance & Strategy presented the draft annual workplan for 2024/25 noting the plan will continually be updated to reflect the ongoing work with the development of the Reform, Transform, Perform Framework.

The Committee **approved** the draft workplan.

6.4 Delivery of Annual Workplan 2023/24

The Committee **approved** the tracked workplan.

7. STRATEGY / PLANNING

7.1 Fife Capital Investment Group Reports 2023/24

The Deputy Director of Finance presented the report, highlighting work is ongoing to ensure all capital equipment is received and receipted before the end of the financial year.

The Committee took **assurance** from the Fife Capital Investment Group Report

7.2 Population Health & Wellbeing Strategy – 2023/24 Mid-Year Review

The Associate Director of Planning and Performance provided an overview of the paper, noting the progress made on the associated actions and the plans for the remainder of 2023/24. The paper further reports the planned approach for the development of an annual report and strategy delivery plan for 2024/25, which will be presented to the NHS Fife Board in May 2024.

The Committee took **assurance** from the paper.

7.3 Annual Delivery Plan 2024/25 & Medium Term Financial Plan 2024-27

The Director of Finance & Strategy presented the paper, indicating the timeline for submitting the Annual Delivery Plan and Medium Term Financial Plan.

The Committee took **assurance** from the report.

8. ANNUAL REPORTS / OTHER REPORTS

8.1 Annual Procurement Report 2022/23

The Director of Finance & Strategy presented the report, noting the requirement to publish the report under Procurement legislation. The Director of Finance & Strategy praised the Procurement team for their significant efforts over the last 18 months, highlighting that the enhanced capability within the team has significantly improved Procurement activity across the organisation.

The Committee **endorsed** the report for submission to NHS Fife Board for approval.

9. LINKED COMMITTEE / GROUP MINUTES

The Committee **noted** the linked committee minutes:

- 9.1 Fife Capital Investment Group held on 8 November 2023 (unconfirmed)
- 9.2 IJB Finance, Performance & Scrutiny Committee held on 10 November 2023 (unconfirmed)
- 9.3 Primary Medical Services Sub-Committee held on 5 December 2023 (unconfirmed)
- 9.4 Procurement Governance Board held on 1 December 2023 (unconfirmed)
- 9.5 Pharmacy Practices Committee held on 27 October 2023 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary.

10.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

The Committee agreed the discussion on the financial situation for NHS Fife should be escalated to the NHS Fife Board for awareness.

11. ANY OTHER BUSINESS

There was no other business.

12. DATE OF NEXT MEETING

The next meeting will be held on **Tuesday 12 March 2024** from 9.30am – 12pm via MS Teams.

KEY:	Deadline passed / urgent / priority
	In progress / on hold
	Closed

FINANCE, PERFORMANCE & RESOURCES COMMITTEE – ACTION LIST
Meeting Date: Tuesday 12 March 2024



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	14/11/2023	IPQR	Director of Acute Services to bring a paper regarding the prediction of waiting times to a future FP&R Committee.	CD	May 2024	2024/25 Planned Care Plan being developed and will be presented to a future FP&R Committee.	
2.	14/11/2023	ScotCOM Medical Education Programme	Medical Director to provide further updated on the development of the ScotCOM Medical Education Programme.	CMcK		Update to be provided in due course.	
3.	16/01/2024	Corporate Risks Aligned to FP&R Committee	Level of risk to increase due to the current and future financial position, once discussed and approved with the Executive Team.	MM	May 2024		
4.	16/01/2024	Capital Funding Risk	Corporate risk to be developed to reflect how services can be sustained without additional capital funding.	MM	May 2024		

Meeting:	Finance, Performance & Resources Committee
Meeting date:	12 March 2024
Title:	Integrated Performance & Quality Report – Finance, Performance & Resources
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Bryan Archibald, Planning & Performance Manager

1 Purpose

This is presented to the Finance, Performance & Resources Committee for:

- Assurance

This report relates to:

- Annual Delivery Plan

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

This report informs the Finance, Performance & Resources (FPR) Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is generally up to the end of December, although there are some measures with a significant time lag and a few which are available up to the end of January.

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board and is produced monthly.

We have now transitioned to the Annual Delivery Plan for 2023/24. Improvement actions have been included in the IPQR: statuses for these actions are being collated and will be included in the IPQR and redistributed prior to going to the Committees. This streamlines

local reporting for governance purposes with quarterly national reporting to the Scottish Government.

Following the Active Governance workshop held on 2 November 2021, a review of the IPQR started with the establishment of an IPQR review group. The key early changes requested by this group were the creation of a Public Health & Wellbeing section of the report and the inclusion of Statistical Process Control (SPC) charts for applicable indicators.

The list of indicators has been amended, with the most recent addition being for Adverse Events Actions Closure Rate, in the Clinical Governance section. A further addition relating to Establishment Gap (Staff Governance) is being considered.

A summary of the Corporate Risks has been included in this report. Risks are aligned to Strategic Priorities and linked to relevant indicators throughout the report. Risk level has been incorporated into Indicator Summary, Assessment section and relevant drill-downs if applicable.

The final key change identified was the production of different extracts of the IPQR for each Standing Committee. The split enables more efficient scrutiny of the performance areas relevant to each committee and was introduced in September 2022.

2.3 Assessment

Performance has been hugely affected during the pandemic. To support recovery, NHS Fife is progressing the targets and aims of the 2023/24 Annual Delivery Plan (ADP), which was submitted to the Scottish Government at the end of July 2023. New targets have been devised for 2023/24.

The FPR aspects of the report cover Operational Performance (in Acute Services/Corporate Services) and Finance. All measures have performance targets and/or standards, and a summary of these is provided in the tables below.

WT = Waiting Times

RTT = Referral-to-Treatment

TTG = Treatment Time Guarantee (measured on Patients Waiting, not Patients Treated)

DTT = Decision-to-Treat-to-Treatment

Operational Performance – Acute Services / Corporate Services

Measure	Update	Target	Current Status
IVF WT	Monthly	90%	Achieving
4-Hour Emergency Access	Monthly	95%	Not achieving
New Outpatients WT	Monthly	95%	Not achieving
Diagnostics WT	Monthly	100%	Not achieving
Patient TTG	Monthly	100%	Not achieving
Cancer 31-Day DTT	Monthly	95%	Almost achieving

Cancer 62-Day RTT	Monthly	95%	Not achieving
FOI Requests	Monthly	85%	Achieving
DD (Bed Days Lost)	Monthly	5%	Not achieving

Finance

Measure	Update	Forecast	Current Status
Revenue Resource Limit	Monthly	£12.9m	Improved forecast
Capital Resource Limit	Monthly	£11.3m	Capital expenditure progressing in line with the agreed plan.

2.3.1 Quality/ Patient Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

Financial aspects are covered by the appropriate section of the IPQR.

2.3.4 Risk Assessment/Management

A mapping of key Corporate Risks to measures within the IPQR is provided via a Risk Summary Table and the Executive Summary narratives.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

The NHS Fife Board Members and existing Standing Committees are aware of the approach to the production of the IPQR and the performance framework in which it resides.

The Finance, Performance & Resources extract of the Position at January IPQR will be available for discussion at the meeting on 12 March 2024.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 29 February 2024 and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

The report is being presented to the FPR Committee for:

- **Discussion** – Examine and consider the NHS Fife performance as summarised in the IPQR

3 List of appendices

None

Report Contact

Bryan Archibald

Planning and Performance Manager

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Fife Integrated Performance & Quality Report

FINANCE, PERFORMANCE & RESOURCES

**Position (where applicable) at January 2024
Produced in February 2024**

Introduction

The purpose of the Integrated Performance and Quality Report (IPQR) is to provide assurance on NHS Fife's performance relating to National Standards and local Key Performance Indicators (KPI).

Amendments have been made to the IPQR following the IPQR Review. This involves changes to the suit of key indicators, a re-design of the Indicator Summary, applying Statistical Process Control (SPC) where appropriate and mapping of key Corporate Risks.

At each meeting, the Standing Committees of the NHS Fife Board is presented with an extract of the overall report which is relevant to their area of Governance. The complete report is presented to the NHS Fife Board.

The IPQR comprises the following sections:

- a. Corporate Risk Summary**
Summarising key Corporate Risks and status.
- b. Indicatory Summary**
Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.
- c. Projected & Actual Activity**
Comparing projected Scheduled Care activity to actuals.
- d. Assessment**
Summary assessment for indicators of continual focus.
- e. Performance Exception Reports**
Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2023/24, relevant to indicators are incorporated accordingly.

Statistical Process Control (SPC) methodology can be used to highlight areas that would benefit from further investigation – known as 'special cause variation'. These techniques enable the user to identify variation within their process. The type of chart used within this report is known as an XmR chart which uses the moving range – absolute difference between consecutive data points – to calculate upper and lower control limits. There are a set of rules that can be applied to SPC charts which aid to interpret the data correctly. This report focuses on the 'outlier' rule identifying whether a data point exceeds the calculated upper or lower control limits.

MARGO MCGURK
Director of Finance & Strategy
12 February 2024

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

a. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	4	2	2	-	-	◀▶	High
To improve the quality of health and care services	6	5	1	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	18	13	5	0	0		

Risk Key	
High Risk	15 - 25
Moderate Risk	8 - 12
Low Risk	4 - 6
Very Low Risk	1 - 3

Movement Key	
▲	Improved - Risk Decreased
◀▶	No Change
▼	Deteriorated - Risk Increased

Summary Statement on Risk Profile

The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.

Mitigations are in place to support management of risk over time with elements of some risks requiring daily assessment.

Assessment of corporate risk performance and improvement trajectory remains in place.

b. Indicator Summary

Section	Indicator	Target 2023/24 2023/24 TBC		Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	-	Month	Dec-23	48	○	▲	▼	
	Major/Extreme Adverse Events - % Actions Closed on Time	50%		Month	Dec-23	50.0%	●	▲	▲	
	HSMR	N/A	-	Year Ending	Jun-23	0.96	●	—	—	
	Inpatient Falls	6.95	(L)	Month	Dec-23	7.10	○	▼	▲	
	Inpatient Falls with Harm	1.44	(L)	Month	Dec-23	1.42	○	▲	▲	
	Pressure Ulcers	0.89	(L)	Month	Dec-23	1.28	○	▼	▼	
	SAB - HAI/HCAI	18.8	(N)	Month	Dec-23	6.6	○	▲	▼	● QE Jun-23
	C Diff - HAI/HCAI	6.5	(N)	Month	Dec-23	3.3	○	▼	▲	● QE Jun-23
	ECB - HAI/HCAI	33.0	(N)	Month	Dec-23	29.7	○	▲	▼	● QE Jun-23
	S1 Complaints Closed in Month on Time	80%		Month	Dec-23	43.9%	●	▼	▼	● 2021/22
S2 Complaints Closed in Month on Time	33%		Month	Dec-23	8.0%	○	▼	▼	● 2021/22	
S2 Complaints Due in Month and Closed On Time	N/A	-	Month	Dec-23	5.9%	●	▼	▼		
Operational Performance	IVF Treatment Waiting Times	90%		Month	Sep-23	100.0%	●	◀▶	◀▶	
	4-Hour Emergency Access (A&E)	95%	(N)	Month	Jan-24	71.5%	○	▲	▲	● Dec-23
	4-Hour Emergency Access (ED)	82.5%	(L)	Month	Jan-24	64.6%	●	▲	▲	● Dec-23
	Patient TTG % <= 12 Weeks	100%		Month	Dec-23	37.5%	●	▼	▼	● Sep-23
	New Outpatients % <= 12 Weeks	95%		Month	Dec-23	38.2%	●	▼	▼	● Sep-23
	Diagnostics % <= 6 Weeks	100%		Month	Dec-23	43.9%	●	▼	▼	● Sep-23
	Cancer 31-Day DTT	95%		Month	Dec-23	92.5%	○	▼	▼	● QE Sep-23
	Cancer 62-Day RTT	95%		Month	Dec-23	71.2%	○	▲	▲	● QE Sep-23
	Freedom of Information Requests	85%		Month	Jan-24	91.7%	●	▲	▲	
	Delayed Discharge % Bed Days Lost (All)	N/A	-	Month	Jan-24	10.5%	●	▲	▼	● Dec-23
Delayed Discharge % Bed Days Lost (Standard)	5%		Month	Jan-24	5.9%	○	▲	▼	● Dec-23	
Antenatal Access	80%		Quarter	Sep-23	92.1%	●	▼	▼	● CY 2022	
Finance	Revenue Resource Limit Performance	(£12.9m)	-	Month	Jan-24	(£12.2m)	●	—	—	
	Capital Resource Limit Performance	£11.3m	-	Month	Jan-24	£7.2m	●	—	—	
Staff Governance	Sickness Absence	4.00%		Month	Dec-23	7.80%	○	▼	▲	● YE Sep-23
	Personal Development Plan & Review (PDPR)	80%	(L)	Month	Jan-24	41.6%	●	▲	▲	
	Vacancies - Medical & Dental	N/A		Quarter	Sep-23	9.4%	●	▼	▼	
	Vacancies - Nursing & Midwifery	N/A		Quarter	Sep-23	6.5%	●	▲	▼	
Vacancies - AHPs	N/A		Quarter	Sep-23	8.0%	●	▲	▲		
Public Health & Wellbeing	Smoking Cessation (FY 2023/24)	473	(N)	YTD	Sep-23	93	●	—	—	● YT Mar-23
	CAMHS Waiting Times	90%		Month	Dec-23	75.3%	○	▲	▲	● QE Sep-23
	Psychological Therapies Waiting Times	90%		Month	Dec-23	75.5%	○	▲	▲	● QE Sep-23
	Drugs & Alcohol Waiting Times	90%		Month	Oct-23	86.9%	●	▼	▼	● QE Sep-23
	Flu Vaccination (Winter, Age 65+)	85%		Month	Jan-24	79.9%	●	▲	—	
	COVID Vaccination (Winter, Age 65+)	85%		Month	Jan-24	79.3%	●	▲	—	
	Immunisation: 6-in-1 at Age 12 Months	95%		Quarter	Sep-23	94.2%	○	▲	▼	● QE Sep-23
Immunisation: MMR2 at 5 Years	92%		Quarter	Sep-23	88.8%	○	▼	▲	● QE Sep-23	

Performance Key

	on schedule to meet Standard/Delivery trajectory
	behind (but within 5% of) the Standard/Delivery trajectory
	more than 5% behind the Standard/Delivery trajectory

SPC Key

○	Within control limits
○	Special cause variation, out with control limits
●	No SPC applied

Change Key

▲	"Better" than comparator period
◀▶	No Change
▼	"Worse" than comparator period
—	Not Applicable

Benchmarking Key

●	Upper Quartile
●	Mid Range
●	Lower Quartile
●	Not Available

c. Projected & Actual Activity and Long Waits

			Quarter End	Quarter End	Month End			Quarter End	Quarter End
			Jun-23	Sep-23	Oct-23	Nov-23	Dec-23	Dec-23	Mar-24
Better than Projected Worse than Projected Better/Worse may be higher or lower, depending on context									
ED 4-hour Performance (VHK only)	Projected				70.0%	75.0%	75.0%		
	Actual				66.8%	66.6%	63.5%		
	Variance				-3.2%	-8.4%	-11.5%		
Elective Activity Diagnostics	Projected		15,363	15,363	5,121	5,121	5,121	15,363	15,363
	Actual		14,393	15,588	5,412	5,387	4,788	15,587	
	Variance		-970	225	291	266	-333	224	
Elective Activity New Outpatients	Projected		22,309	22,337	7,421	7,432	7,421	22,274	22,308
	Actual		21,225	21,580	7,090	7,985	6,046	21,121	
	Variance		-1,084	-757	-331	553	-1,375	-1,153	
Elective Activity TTG	Projected		3,416	3,433	1,162	1,162	1,163	3,487	3,492
	Actual		3,403	3,289	1,109	1,307	1,101	3,517	
	Variance		-13	-144	-53	145	-62	30	
Long Waits Diagnostics > 26 weeks	Projected		109	63	42	26	10	10	0
	Actual		171	165	160	150	204	204	
	Variance		62	102	118	124	194	194	
Long Waits New Outpatients > 104 weeks	Projected		0	74	120	166	212	212	352
	Actual		1	2	2	2	2	2	
	Variance		1	-72	-118	-164	-210	-210	
Long Waits New Outpatients > 78 weeks	Projected		150	339	509	679	849	849	1358
	Actual		85	255	301	336	336	336	
	Variance		-65	-84	-208	-343	-513	-513	
Long Waits TTG > 104 weeks	Projected		16	67	102	136	173	173	351
	Actual		20	17	25	40	32	32	
	Variance		4	-50	-77	-96	-141	-141	
Long Waits TTG > 78 weeks	Projected		159	305	388	465	547	547	893
	Actual		84	133	154	186	183	183	
	Variance		-75	-172	-234	-279	-364	-364	
Arthroplasty 4 joint sessions	Projected		25.0%	25.0%				25.0%	25.0%
	Actual		10.3%	16.9%	12.5%	10.9%	14.0%	12.4%	
	Variance		-14.7%	-8.1%				-12.6%	
Same Day Procedures Knee Arthroplasty	Projected		1.9%	1.9%				1.9%	1.9%
	Actual		4.1%						
	Variance		2.2%						
Same Day Procedures Hip Arthroplasty	Projected		4.3%	4.3%				4.3%	4.3%
	Actual		8.0%						
	Variance		3.7%						
Cancer Waiting Times 31-Day	Projected		93.8%	94.1%				94.3%	94.5%
	Actual		96.5%	92.5%	91.8%	95.0%	92.5%	93.1%	
	Variance		2.7%	-1.6%				-1.2%	
Cancer Waiting Times 62-Day	Projected		81.9%	82.8%				85.0%	85.4%
	Actual		77.5%	73.7%	86.6%	61.2%	71.2%	73.0%	
	Variance		-4.4%	-9.1%				-12.0%	
CAMHS 18 Weeks RTT	Projected				70.0%	70.0%	60.0%		
	Actual				67.9%	78.6%	73.8%		
	Variance				-2.1%	8.6%	13.8%		
CAMHS Waiting List <= 18 weeks	Projected		216	228	232	257	235	235	200
	Actual		224	197	184	187	180	180	
	Variance		8	-31	-48	-70	-55	-55	
CAMHS Waiting List > 18 weeks	Projected		116	98	77	86	42	42	0
	Actual		70	91	87	49	64	64	
	Variance		-46	-7	10	-37	22	22	
Psychological Therapies 18 Weeks RTT	Projected				69.3%	68.2%	71.0%		
	Actual				54.3%	56.5%	56.3%		
	Variance				-15.0%	-11.7%	-14.7%		
Psychological Therapies Waiting List <= 18 weeks	Projected		888	888	888	888	888	888	888
	Actual		1460	1480	1404	1412	1427		
	Variance		572	592	516	524	539		
Psychological Therapies Waiting List > 18 weeks	Projected		1660	1569	1609	1596	1680	1680	1604
	Actual		1173	1219	1184	1086	1109		
	Variance		-487	-350	-425	-510	-571		
Psychological Therapies Waiting List > 52 weeks	Projected		219	165	147	129	111	111	57
	Actual		273	251	278	276	263		
	Variance		54	86	131	147	152		

d. Assessment

OPERATIONAL PERFORMANCE



To improve the quality of health and care services

6



Moderate

		Target	Current
4-Hour Emergency Access	<i>National Standard: 95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	95.0%	71.5%
	<i>Local target by March 2024: 82.5% of ED patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	82.5%	64.6%

For A&E (all sites), performance in January increased to 71.5% which is below the 95% national target; below the 24-month average of 73.2%; but is higher than the performance seen in December (70.2%); and higher than year previous (69.6% in January 2022).

Unplanned attendances increased from 6931 in December to 7221 in January (+4.2%) and average per day increased to 233 (+9 compared to month previous; +33 compared to year previous). Planned attendances saw an increase from 378 in December to 403 in January.

There were 605 8-hour breaches recorded in January (34% more than was reported in December and 9.6% more than the year previous); and 168 12-hour breaches (double the number in December but 11% less than year previous).

Breaches overall were almost the same when compared to December. In terms of Breach reasons, 'Wait for Bed' increased by 2.1% (as a share of total breaches) and 'Wait for 1st Assessment' decreased by 1.4%.

For the Emergency Department at VHK, performance in January was 64.6% compared to 63.5% in December and this is below the current local trajectory of 75%. Unplanned attendances increased from 5657 in December to 5807 in January (+150 compared to month previous; +876 compared to year previous).

Planned attendances in January were 160 (+7 compared to December).

The most recent publication from Public Health Scotland, for month of December 2023, shows that NHS Fife continues to be in the mid-range of all Mainland Health Boards, for both A&E and ED.

Service Narrative

Attendance remained high throughout January, with an increase in 8-hour breaches. FNC has successfully transitioned from HSCP to Acute, ECD. We continue to review our staffing models within ED, ensuring senior clinical decision maker presence. The recent appointment of a dedicated ED CNM ensures appropriate leadership and support. Winter pressures remain and continue to impact.

Patient TTG (Waiting)	<i>All patients should be treated (inpatient or daycase setting) within 12 weeks of decision to treat</i>	100%	37.5%
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Monthly performance decreased from 39.1% in November to 37.5% in December, this is -12.8% on the same month in 2022.

Waiting list numbers for waits of 'over 12 week' continue to trend upwards rising by 146 to 4965 in December.

Waits 'over 26 weeks' continue to trend upward with a slight decrease in waits 'over 52 weeks' (617 - 603). The majority of over 52 weeks lie within Orthopaedic (300) and Urology (210).

Waits 'over 104 weeks' decreased to 32, however this remains well below projected figures. These are split General Surgery 4, Orthopaedic 14, Plastic Surgery 1, Urology 5 and Gynaecology 8.

The overall waiting list increased by <0.5 % from November to December.

Benchmarking for the quarter ending September 2023 shows NHS Fife to be Low Range of all mainland boards with a performance of 49.7%, below the Scotland average of 56.1%

Service Narrative

Overall for the first 3 quarters, activity is 92.7% of projected capacity and whilst overall demand is in line with what was projected there is variation between specialities and activity is not meeting demand with a gap of over 2800 procedures. The biggest gaps are in Cardiology, General Surgery, Ophthalmology, Orthopaedics, Plastics and Urology due to a combination of vacancies, sickness absence, an increased proportion of urgent cases and lower throughput in theatres. It is anticipated that there will be some improvement in sickness absence and vacancies which should have a positive impact on activity towards the end of Q4.

As anticipated there continues to be a deterioration in waiting times albeit at a slower pace with the numbers waiting over 52, 78 and 104 weeks continuing to be less than predicted at the end of March for all specialities apart from Orthopaedics. The increase in patients waiting over 104 weeks in orthopaedics is due to referrals received from

another health board for treatment in the National Treatment Centre. The main specialities of concern for long waits remain Orthopaedics, General Surgery, Urology, Gynaecology, Ophthalmology and Plastic Surgery. The focus continues to be on urgent and urgent suspicious of cancer patients with a renewed effort to reduce the number of long waiting patients particularly those waiting over 104 weeks. However, as routine waiting times increase there are proportionally more patients being assessed as urgent which is leading to increasing waits for routine patients. There has been a sustained improvement in maximising the use of capacity for day cases at Queen Margaret Hospital and efforts continue to look for productive opportunities to maximise throughput in theatres and to validate the waiting lists. There has been renewed engagement with the National Elective Coordination Unit to find a solution for specialist urogynaecological procedures and it is anticipated that there will be progress towards treating these long waiting patients by the end of March 2024.

New Outpatients	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	95%	38.2%
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Monthly performance decreased for the 9th month in a row to 38.2% in December, the lowest rate in the last 24 months. Waits for over 12, 26, 52 and 78 weeks all saw increases: 'over 78 weeks' increased by 40.8.6% to 473, though this remains below the projected figures. Waits 'over 104 weeks increased to 6.

ENT 'over 52 weeks saw the largest increase of 14.5% from 657 to 752.

The largest number of over 78 weeks waits are in Gastroenterology (157) & Neurology (218)

The overall waiting list increased by 0.7% from November to 31338 patients.

Benchmarking for the quarter ending September 2023 shows NHS Fife to be Mid-Range of all mainland boards with a performance of 43.3%, above the Scotland average of 42.4%

Service Narrative

Overall, for the first 3 quarters, activity is 95% of projected capacity and whilst overall demand is in line with what was projected there is variation between specialities and activity is not meeting demand with a gap of over 7000 appointments. The biggest gaps are in Cardiology, Dermatology, ENT, Gynaecology, Neurology and Vascular due to a combination of vacancies, sickness absence and an increased proportion of urgent referrals. It is anticipated that there will be some improvement in sickness absence and vacancies which should have a positive impact on activity towards the end of Q4.

As anticipated there continues to be a deterioration in waiting times in line with projections although the number waiting over 52 weeks continues to be greater than projected mainly in ENT. The specialities showing the greatest and/or fastest increases in numbers of longer waiting patients (>52 weeks) are Vascular, General Surgery, ENT, Urology, Cardiology, Gastroenterology, Endocrinology, Neurology, and Gynaecology. The focus continues to be on urgent and urgent suspicious of cancer patients as well as the long waiting patients, however, as routine waiting times increase there are proportionally more patients being assessed as urgent which is leading to increasing waits for routine patients.

There is a continued focus on productive opportunities to maximise use of capacity with increasing use of ACRT and PIR and validation of waiting lists as well as recruiting to vacant consultant posts. Further engagement with the National Elective Coordination Unit has taken place and options are being explored to support those specialities with the most challenging recruitment issues.

Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	43.9%
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Monthly performance decreased for the 2nd month in a row from 48.2% in November to 43.9% in December, the lowest recorded figure since Jun 2020.

Endoscopy saw an increase in performance (from 49% to 57.4% - the highest figure since December 2021). Imaging saw a decrease in performance (from 50% to 47.4%, the lowest figure recorded in the last 2 years).

In terms of waiting list numbers, Imaging has decreased for the 3rd successive month to 7653. MRI saw numbers decrease from 1488 in November to 1300 in December. CT saw a decrease to 779 the lowest figure since Oct 22 the seventh successive month of decrease; Ultrasound saw a decrease to 5574, the lowest since May 2023. Endoscopy waiting list increased to 725 in December from 662 in November. The diagnostic waiting list overall decreased from 8945 in November to 8378 in December the second successive month of decrease.

The number of those waiting over 6 weeks increased from 4636 in November to 4701 in December.

Service Narrative

In Radiology the available core capacity overall continues to be unable to meet the increasing demand. Over the first 3 quarters activity has been greater than projected particularly in CT due to the unexpected presence of CT van required for emergency capacity, additional evening list and recruitment of locums in Ultrasound. It is anticipated that this increase in activity will not be sustained in Q4 as staffing challenges in Ultrasound are predicted to worsen. The proportion of urgent outpatient referrals and demand for inpatient scans remains high and this is resulting in increased waiting times for routine outpatient imaging for all modalities. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been experiencing long waits in ultrasound. Clinical

validation of the waiting lists continues with action taken to expedite referrals as required. Efforts continue to recruit to the vacant ultrasound posts.

In Endoscopy demand for new tests has been slightly lower than expected. Over the first 3 quarters activity has been less than projected, however, the capacity figure includes all of the available endoscopy capacity which is used flexibly to manage emergency, Urgent, urgent suspicious of cancer, surveillance and new referrals. The numbers of patients waiting over 6 weeks is stable, however, there has not been the anticipated improvement in the numbers waiting over 26 and 52 weeks as the proportion of new urgent and urgent surveillance referrals has increased. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been experiencing long waits. Clinical validation of the waiting lists continues with action taken to expedite referrals as required.

Cancer 31-Day DTT	<i>95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment</i>	95%	92.5%
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Monthly performance in December 2023 decreased from 95% in November to 92.5% which is below target. The number of eligible referrals decreased from 119 in November to 93 in December, this is 14 less than the same month in 2022.

There were 8 breaches in December 2023, 5 attributable to Urology (4 for 'Prostate', 1 for 'Other'). The most recent quarterly publication from Public Health Scotland, covering the quarter ending Sept 2023, showed that NHS Fife was in the low-range of all Mainland Health Boards.

Service Narrative

9 breaches were surgical and dependant on theatre and surgeon capacity, and 1 breach was for Chemotherapy. Robotic surgery capacity remains an issue, however, additional theatre sessions are taking place and we can assess the impact of these additional sessions. Range 35 - 170 days with an on average breached by 73 days.

Cancer 62-Day RTT	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	95%	71.2%
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Monthly performance in December 2023 increased from 61.2% in November to 71.2% in December, this is 5.4% above the same month in 2023.

The number of eligible referrals decreased from 85 in November to 59 in December, this is the lowest number since January 2022.

There were 17 breaches in December 2023 with 12 of these (70.6%) attributable to Prostate. The other breaches were 4 'Lung', 1 'Head & Neck'.

The most recent quarterly publication from Public Health Scotland, covering the quarter ending Sept 2023, showed that NHS Fife was in the low-range of all Mainland Health Boards.

Service Narrative

Urgent suspected cancer referrals remain stubbornly high, particularly in breast, colorectal, Lung and urology. In terms of performance Urology remains our biggest challenge with 12 breaches seen. The main reasons attributing to breaches were delays between many steps throughout the pathway, with the exception of waits to 1st outpatient appointment. The CRUK nurse-led pathway pilot was initiated in August, to improve waits from referral to MDT, impact will be measured in due course.

The range of breaches for prostate 79 - 254 days, average 125 days.

There were further breaches seen, 1 H&N and 4 Lung. These breaches were due to lack of resources for appointments within ENT, extensive staging, investigations, administrative error and planning timescales for radiotherapy.

Range for all breaches 70 - 254 days, average 115 days.

Delayed Discharges

The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce

5.0%**5.9%**

The percentage of Bed Days lost to 'Standard' delays decreased to 5.9% in January 2024 (a reduction of 1.6 percentage points since November 2023). This is still above the 5% target but remains within control limits and is below the 24-month average of 6.4%.

The number of Bed Days lost to 'Standard' delays in January decreased by 13% to 1859 and this is on par with the 24-month average (1888).

The number of Bed Days lost to 'Code 9' delays in January increased by a further 119 to 1443 (27% increase since Oct-23) and this is higher than the 24-month average (1287) though as a percentage of Occupied Bed Days it is less than the year previous (4.6% in Jan-24; 5.1% in Jan-23).

Comparing year-on-year, the overall numbers in delay at census point were less for Jan-24 (107) than for Jan-23 (112).

Community saw 33% less 'Code 9' delays than the year previous (similar numbers of 'Standard' delays); and MH/LD saw similar 'Standard' delays and 6 more 'Code 9' delays (+50%).

The most recent monthly publication from Public Health Scotland, for data up to end of December 2023, showed that NHS Fife remains in the mid-range for Standard Delays at Census by Local Authority of Residence.

Service Narrative

Daily oversight and focussed planning for all people who are delayed in hospital remains a priority through whole system verifications. In part, this reflects the continued improvement of the multi-professional Discharge Hub's weekly performance which remains significantly higher than the previous year. The improved picture in standard delays can be attributed to the Integrated hubs that are fully embedded across all community hospitals and who work collaboratively ensuring Home First principles are applied to all discharge plans. Digital referral system has been rolled out and fully implemented in all areas within the acute hospital. The 24-hour service aims to support timely allocation and assessment. Suitable placement for increasing numbers of people with significant complex needs who are unable to return home continues to remain challenging.

FINANCE



To deliver value and sustainability

6



Forecast Current

Revenue Expenditure *Work within the revenue resource limits set by the SG Health & Social Care Directorates* **(£12.9m)** **(£12.2m)**

At the end of January, the Health Board is reporting a deficit position of £12.158m, a significant improvement on the position reported in December. Current projections indicate an overspend against budget at the end of the financial year of £12.881m which is £2.0m more than our 2023/24 planned deficit but significantly less than our previously reported forecast outturn of £23m. This improved forecast reflects receipt of funding from Scottish Government (SG) following confirmation of additional consequential funding provided by HM Treasury to the Department of Health and Social Care. The funding being provided to all boards is on a non-recurring basis and totals £10.279m for NHS Fife. Scottish Government have also confirmed that board contributions to CNORIS for 2023/24 will reduce by £35m in year with a positive financial impact for NHS Fife of £2.089m. Together these two factors bring a total financial benefit for 2023/24 to NHS Fife of £12.368m. Additionally, during January, we received communication from SG in relation to the Stracathro issue we have been pursuing. Consequently, we have reflected the impact of their confirmation that no allocation has been made available for NHS Fife for Stracathro in 2023/24 to our forecast position.

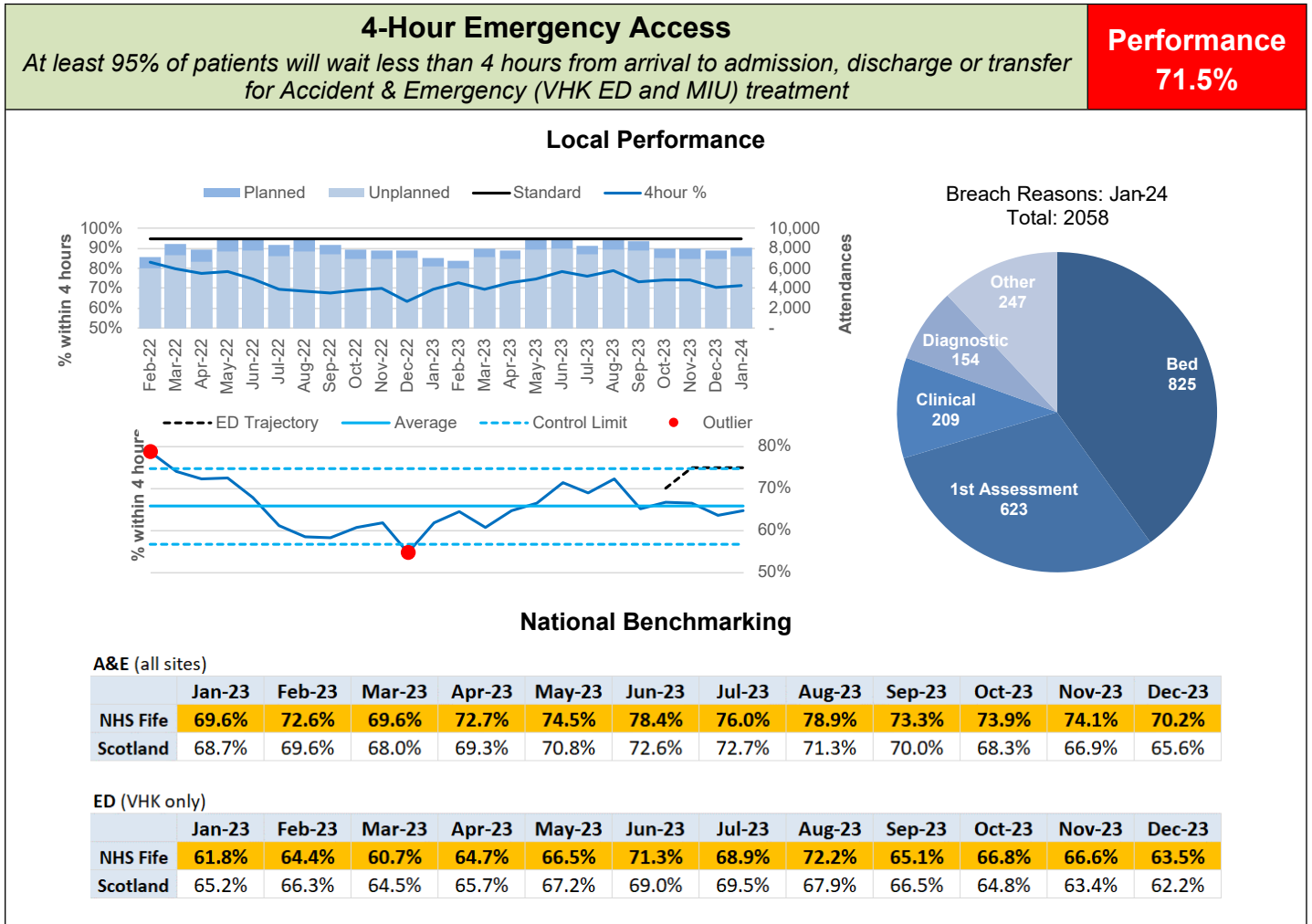
Capital Expenditure *Work within the capital resource limits set by the SG Health & Social Care Directorate* **£11.3m** **£7.2m**

The total anticipated capital budget for 2023/24 is £11.278m. Whilst spend of £7.2m has been incurred to the end of January, our forecast spend is in line with available budget. The trajectory of capital spending in any financial year is typically incurred in the final quarter of the financial year.

Additional Finance detail will be provided in a separate SBAR submitted by Finance Directorate

OPERATIONAL PERFORMANCE

e. Performance Exception Reports



Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Develop and scope ambulatory models of care supporting early supported discharge and admission prevention					Mar-24
Key Milestones	Relocation of Haematology Day Unit to VHK site and increase treatment capacity to provide a sustainable service meeting legislative guidelines and future-proof patient services for Haematology patients in Fife				Apr-23
	Outcome report and future demand/capacity planning based on results of the 22/23 Ambulatory Care SLWG				Apr-23
	Detail requirements by specialty and workforce requirements to support				Apr-23
	Scope option appraisals and submit for approval				Jun-23
	Approval				Mar-24
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach					Mar-24
Key Milestones	ED Staffing model proposal to EDG				Jan-24
	In collaboration with HSCP, develop an in reach model for people requiring mental health support UCAT. Develop an in reach model for people requiring addictions support for recovery and crises management				Mar-24
	In collaboration with HSCP, develop appropriate alternatives to attendance at A&E, minimise the need for admission, and reduce length of stay and increase options and processes for timely and appropriate discharge				Mar-24

OPERATIONAL PERFORMANCE

Improve Same Day Emergency Care and rapid assessment pathways		Jun-24
Key Milestones	Sustainable staffing model in RTU	Mar-24
	Develop and integrated pathway between RTU and OPAT/ECAS with seamless pathways from Primary Care	Sep-23
	Expansion of ECAS out of hours	Jun-24
	Increase to 7-day service OPAT	Jun-24
Develop a workforce and delivery model that is financially sustainable		Mar-24
Key Milestones	Establish a Finance and Workforce Group	Jun-23
	Conduct an options appraisal to determine a sustainable workforce model that will provide value for money: Review inward referral routes and scrutinise current model against role descriptions	Dec-23
	Develop options appraisal for submission to FNC SOG	Dec-23
	Identify upskilling opportunities for the FNC to strengthen confidence and build capacity of staff	Mar-24
	Delivery of the model agreed following appraisal and ratification at FNC SOG.	Mar-24
Improve existing pathways and develop new pathways that ensure patients receive the right care at the right time		Mar-24
Key Milestones	Establish a Pathways Group	Jun-23
	Establish a FNC Clinical Governance Group	Jun-23
	Improve and increase number of pathways FNC can access: Review existing pathways in and out of the Flow Navigation Centre (FNC) and identify new opportunities and areas for expansion	Jul-23
	Develop robust verification process to identify opportunities for pathway development/improvement	Jul-23
	Progress pathway development/improvement after ratification at FNC Clinical Governance Group	Sep-23
	Review list of identified pathways for development and present prioritisation for progression to the FNC Strategic Oversight Group (SOG) for ratification	Dec-23
	Develop internal communication plans to ensure people access are in the right place, at the right time	Oct-23
	Test, evaluate, and implement pathways using a data driven and QI approach	Mar-24
Develop data metrics and KPIs that assure and promote confidence in the effectiveness of the FNC		Mar-24
Key Milestones	Establish a Data and Digital Group	Mar-24
	Develop an improvement plan for data collection and reporting ensuring confidence and assurance in the data: Scrutinise the current methods of data collection and reporting and identify opportunities for improvement with Flow Navigation Centre and Planning and Performance teams	Jul-23
	Understand local and national sources for data collection	Aug-23
	Review business case submitted by FNC for implementation of Trak Care interface with Adastral to improve data collection	Dec-23
	Submit exploration conclusions and recommendations to Flow Navigation Centre (SOG for ratification)	Aug-23
	Work with FNC Clinical Care Governance and Assurance (CCGA) group on agreement of definitions for 'front door', 'redirection', and 'admission avoidance' to provide consistency and clarity for data	Jul-23
	Draft KPI's to be submitted to FNC SOG	Mar-24
	Develop KPI dashboard for FNC following approval	Mar-24

OPERATIONAL PERFORMANCE

Improve scheduling processes within FNC increasing the use of Near Me where appropriate and further utilise the Rapid Triage Unit (RTU) as a means of scheduling patients.		Mar-24
Key Milestones	Work with the FNC Pathways Group to identify opportunities for scheduling in line with pathways development	Mar-24
	Work with the FNC to ensure they are technically able to book appointments for patients in to MIU / ED	Sep-23
	Work with FNC Clinical Governance group to identify digital requirements within manual process for scheduling Hot Clinics	Mar-24
	Embrace use of digital technology for virtual consultations through increasing the use of Near Me: Review referral processes within FNC and identify opportunities for appropriate use of Near Me	Mar-24
	Provide training to refresh / upskill staff in use of Near Me	Mar-24

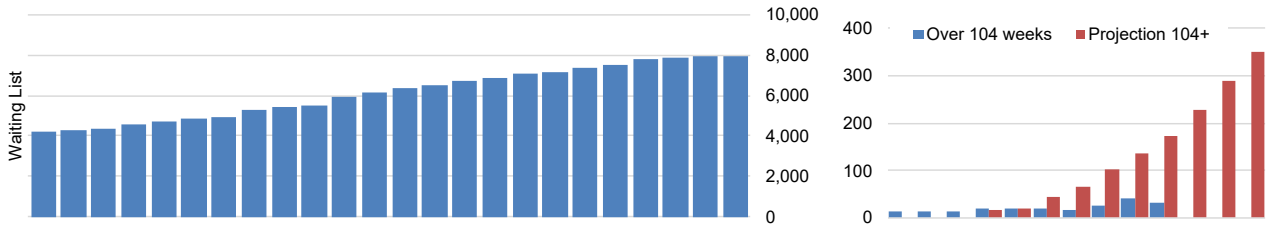
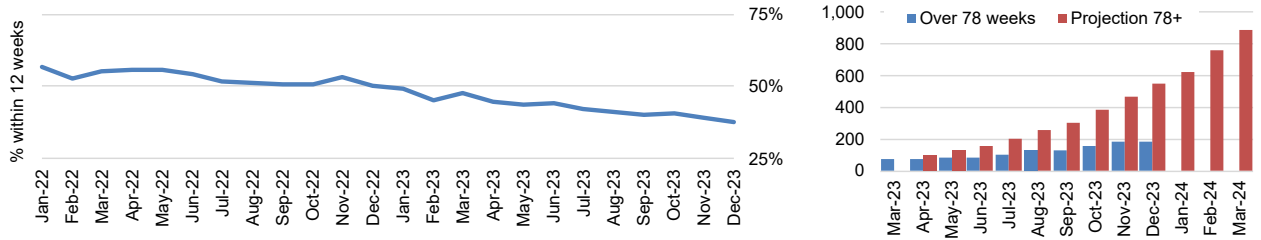
OPERATIONAL PERFORMANCE

Patient TTG

We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

Performance
37.5%

Local Performance



National Benchmarking

	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23
NHS Fife	52.0%	69.4%	69.3%	65.0%	57.1%	55.6%	52.2%	51.3%	47.8%	45.1%	40.3%
Scotland	35.6%	39.8%	38.4%	35.4%	34.7%	32.0%	32.2%	31.7%	32.3%	32.2%	31.8%

Key Deliverable		End Date
Off track	At risk	On track
Complete	Suspended	Proposed
Enhance Theatre efficiency		Mar-24
Key Milestones	Improve ERAS visibility and development of robust mechanisms for reporting	Mar-24
	Engagement with national drives toward standard high volume same procedure lists (Cataracts)	Mar-24
	Reduce unwarranted variation and adopt minimum standards per procedure across theatre productivity, day case activity and start and finish times	Mar-24
	Roll-out of Buddy Health digital platform in Orthopaedics for Preassessment	Feb-24
Develop, Enhance and re-invigorate Regional Networks		Mar-24
Key Milestones	Development of regional working with OMFS	Feb-24
	Regional Network with Tayside for Vascular	Feb-24
	Regional working with Tayside for Plastic Surgery	Feb-24
	Regional Working with Lothian for routine surgery of childhood	Mar-24
	Good links with Lothian and SE Networks for Cancer	Feb-24
	Regional working with Forth Valley for Breast Service	Mar-24
	Refresh small volume SLAs to streamline decision making	Mar-24

OPERATIONAL PERFORMANCE

Operationalise NTC		Mar-24
Key Milestones	Operationalise Lothian patients being treated in NTC	Nov-23
	Development of a regional network to help support image guided injection	Mar-24
	Identify high volume pathways for redesign	Mar-24
Maximising Scheduled Care capacity		Mar-24
Key Milestones	Explore re-allocation QMH to reduce high volume backlog in specialties	Mar-24
	Deliver actions within System Flow Improvement Plan to protect planned care capacity (SSSU)	Mar-24
	Identify and remove barriers to optimise BADS procedures within a day case setting in QMH	Mar-24
	Capital investment to create procedure room in QMH Day Surgery facility	Sep-23
Validation of waiting lists for patients waiting over 52 weeks including engagement with the National Elective Co-ordination Unit (NECU) to support validation		Jan-24
Key Milestones	Contact with NECU team	Apr-23
	Procure Electronic system for administrative Validation	Apr-23
	Agree implementation plan with Digital team	Oct-23
	Date set for NECU team to present to Senior Leaders in Acute Division	Sep-23
	Obtain NECU protocols	Sep-23
	Amend local systems and processes in line with NECU protocols	Oct-23
	Implement Digital solution	Jan-24
Embedding potential alternatives for treatment		Apr-24
Key Milestones	Meet with HSCP to look at waiting well options - using orthopaedics as test	Apr-23
	Test access to 'The Well ' for orthopaedics	May-23
	Evaluate data from initial test of Change for Orthopaedics to understand resource implications	Dec-23
	Develop a plan of how to scale up test of change	Feb-24
	Access to 'The well' for priority specialities	Mar-24

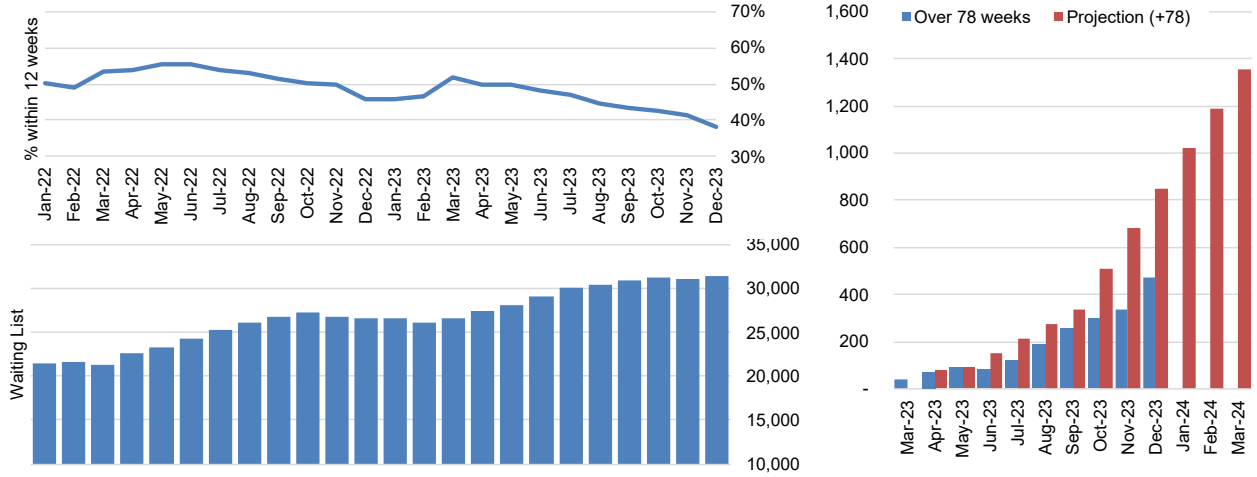
OPERATIONAL PERFORMANCE

New Outpatients

95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment

Performance
38.2%

Local Performance



National Benchmarking

	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23
NHS Fife	52.6%	62.2%	57.9%	53.5%	53.4%	54.8%	51.0%	45.6%	51.5%	48.1%	43.3%
Scotland	48.5%	53.8%	48.9%	47.1%	50.1%	49.5%	47.0%	44.1%	47.1%	45.5%	42.6%

Key Deliverable		End Date
<div style="display: flex; justify-content: space-around;"> Off track At risk On track Complete Suspended </div>		Proposed
Review and redesign Outpatient capacity to maximise capacity and timely access		Feb-24
Key Milesto	Engagement with national ENT Access QI project	Feb-24
	Review processes to optimise space and templates in line with Royal College recommendations	Oct-23
Implement robust ACRT processes		Mar-24
Key Milestones	Engage with services establish contacts and agree which sub-specialties are suitable	Apr-23
	Establish implementation group and prioritise services	May-23
	Work with 11 services to map patient pathways	Dec-23
	Commence review of outcomes and communications for 2 services (Dermatology, Urology), roll out in one service (Dermatology)	Mar-24
Implement robust PIR processes		Mar-24
Key Milestones	Engage with services establish contacts and agree which sub-specialties are suitable	Apr-23
	Establish implementation group and prioritise services	May-23
	Work with 11 services to map patient pathways	Dec-23
	Commence review of outcomes and communications for 2 services (Dermatology, Urology), roll out in one service (Dermatology)	Mar-24

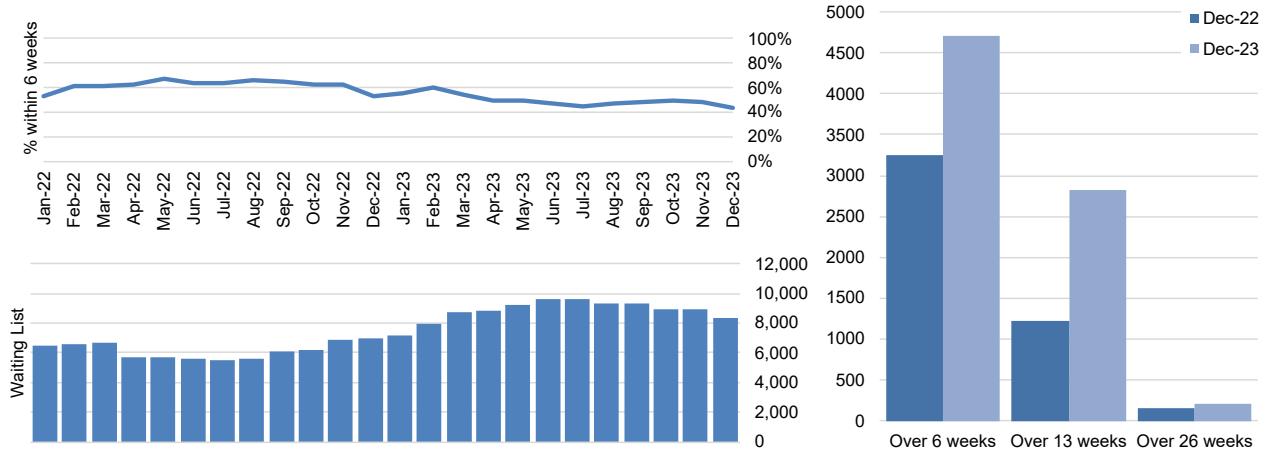
OPERATIONAL PERFORMANCE

Diagnostics Waiting Times

No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests appointment

Performance
43.9%

Local Performance



National Benchmarking

	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23
NHS Fife	80.7%	90.7%	75.8%	57.9%	61.7%	63.6%	64.7%	53.4%	54.7%	47.0%	48.9%
Scotland	61.4%	62.6%	57.8%	49.6%	49.6%	47.5%	47.9%	45.9%	52.1%	49.9%	49.8%

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Expanding Endoscopy capacity and workforce					Mar-24
Key Milestones	Develop MDT Improvement Project Team to identify areas for streamlining to national drivers as well as local needs				Mar-24
	Testing and delivery of improved booking processes				Mar-24
	Implementation of Nurse Cystoscopy pathway				Dec-23
	Recruitment of full-time education co-ordinator and introduction of monthly training session for all Endoscopy staff				Dec-23
	Development of existing RCDS pathways				Mar-24
	Review and re-vetting of Surveillance backlog				Mar-24
To achieve additional capacity to meet 6 week target for access to 3 key Radiology diagnostic tests (MR,CT&US)					Mar-25
Key Milestones	Confirm waiting times funding allocation for 2023/24				Dec-23
	Determine capacity gap for MR,CT,US based on WT funding for additional activity				Mar-24
	Access funding streams e.g. cancer waiting times funding to support the delivery of additional activity in CT				Mar-24
	Develop equipment and workforce plan				Mar-24

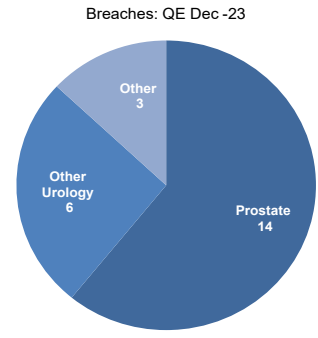
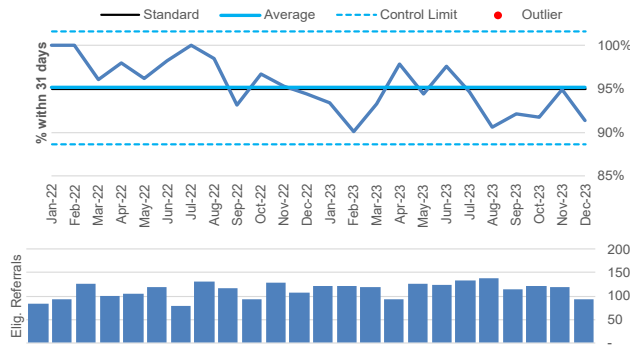
OPERATIONAL PERFORMANCE

Cancer

31-Day DTT
95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment

Performance
92.5%

Local Performance



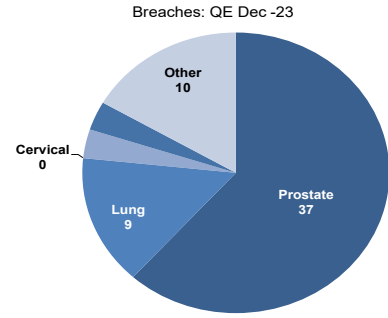
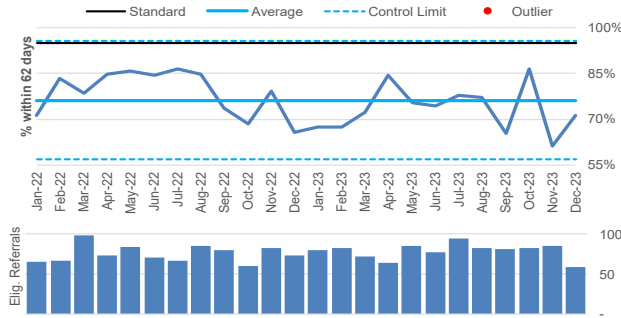
National Benchmarking

	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23
NHS Fife	99.0%	98.9%	99.0%	98.9%	100.0%	98.4%	97.6%	96.8%	94.8%	92.7%	96.7%	92.6%
Scotland	98.6%	97.9%	98.1%	96.7%	97.1%	96.3%	95.5%	94.4%	94.1%	94.0%	95.2%	94.9%

62-Day RTT
95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral

Performance
71.2%

Local Performance



National Benchmarking

	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23
NHS Fife	84.5%	81.4%	80.3%	89.3%	82.3%	78.4%	84.5%	81.4%	72.6%	69.4%	78.8%	74.9%
Scotland	86.2%	83.0%	84.1%	83.1%	79.1%	76.9%	76.3%	75.1%	71.7%	69.4%	73.7%	72.0%

OPERATIONAL PERFORMANCE

Key Deliverable		End Date
Off track	At risk	On track
Complete	Suspended	Proposed
Adoption of the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times		Mar-24
Key Milestones	Work toward implementation of the Effective Breach Analysis SOP	Mar-24
	Undertake a deep dive in relation to prostate performance and explore a nurse led model within the service	Oct-23
	To embed the Realistic Medicine Framework into Cancer Services	Mar-24
	Continue to review cancer pathways to reduce waits between steps in the pathway, including agreement of specific milestones to improve efficient escalation	Mar-24
	Review protocol and guidance for GP direct access to CT	Oct-24
	Scope the opportunity for community pharmacists to develop a referral pathway for lung and head & neck	Dec-23
	Audit GP referrals	Mar-24
	Introduce ACRT into cancer services	Mar-24
	Develop the Regrading Framework	Mar-24
	Ensure all MDT Terms of Reference are up to date	Mar-24
	Improved digital tracking solution	Mar-24
To ensure routine adherence to optimal diagnostic pathways		Mar-24
Key Milestones	Recruit to additional cancer lung posts	Dec-23
	Measure improvement	Mar-24
	Recruit to urology posts	Aug-23

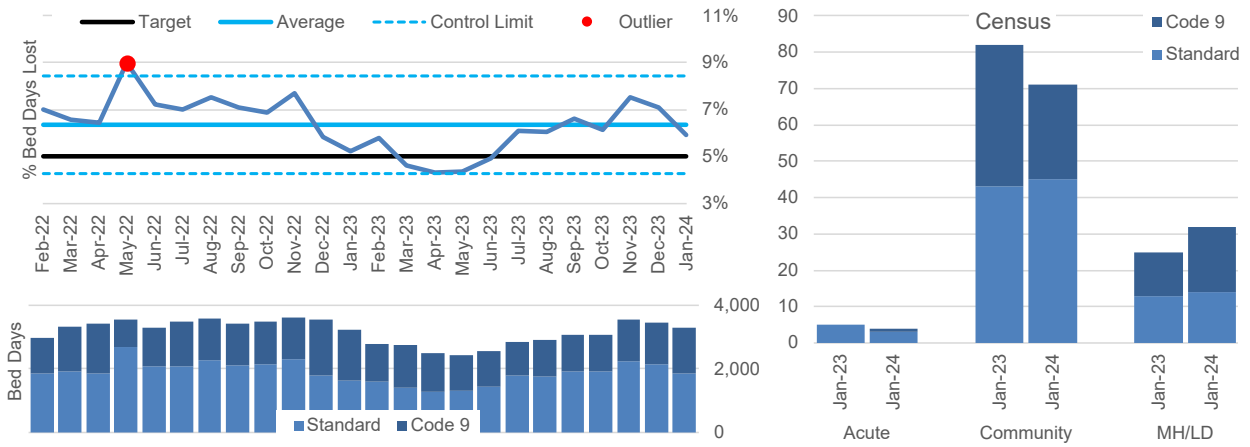
OPERATIONAL PERFORMANCE

Delayed Discharges (Bed Days Lost)

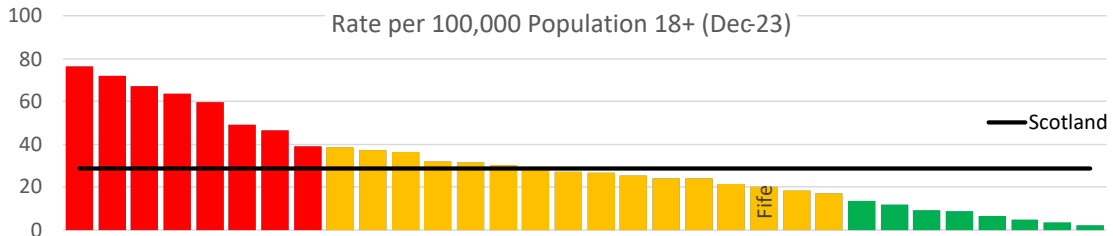
We will limit the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

**Performance
5.9%**

Local Performance



Standard Delays at Census by Local Authority of Residence



Key Deliverable		End Date
Off track	At risk	On track
Complete	Suspended	Proposed
Improve flow within the VHK site, reducing length of stay and number of patients boarding. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.		Mar-24
Key Milestones	Develop and evaluate weekend discharge support team to improve flow across 7 days including criteria led discharge capability	Mar-24
	Improved use of electronic systems to improve flow including electronic bed requests	Mar-24
	Effective use of PDD data to pre plan occupancy of discharge lounge	Mar-24
Early intervention: enhancing workforce skillsets to support new models of care ensuring early discharge and prevention of admission and local frameworks for frailty		Apr-24
Key Milestones	Enhance skills in Community Nursing to further support early discharge and prevention of admissions through administration of IV antibiotics	Mar-24
	Enhance outpatient parenteral antibiotic therapy service delivered by Hospital at Home	Apr-24
	To build the capacity of the existing MCN service to include an MCN for Frailty	Dec-23
	To increase direct referrals from Scottish Ambulance Service to the Community Respiratory Service for exacerbations of chronic respiratory conditions to reduce unnecessary admissions to acute hospitals	Apr-24
	Review and redesign of Assessment and Rehabilitation Centre model	Dec-24

OPERATIONAL PERFORMANCE

Discharge without Delay: PPD goals in community hospitals; transforming roles / skill mix		Apr-24
Key Milestones	Care at Home Assessment Practitioners, social workers and MHOs to be based within the Community Hospitals across Fife, working with the Patient Flow Co-ordinators, Physio's and OT's to identify and assess early those requiring support from Care at Home to return to their own home, ensuring PDD's are met	Oct-23
	Increase capacity of Fife Equipment Loan Store Service (FELS) to deliver and collect community equipment on behalf of Fife residents in a timely manner. This critical service will support timely hospital discharge and prevention of admission to hospital or long term care whilst meeting the current demands (Nov23) move to DWD on first driver	Mar-24
	Transformation of Community Nursing roles to meet the needs of the community: increase number of ANPs (role in identifying and treating frailty) and unregistered B4; fully utilising B2&3 and working closely with Care at Home to support where possible and reduce footfall	Dec-23
	Reduce delayed discharge by further embedding Planned Day of Discharge using a criteria led discharge approach	Apr-24
Bed Base: reduce the dependency on inpatient rehabilitation and deliver it at home or in a homely setting		Dec-24
Key Milest	Deliver enhanced care and rehabilitation community services to support the delivery of care within the right environments for the people of Fife	Dec-24
Home First: people of Fife will live long healthier lives at home or in a homely setting		Dec-24
Key Milestones	Continue to build the SPOA model within Specialist Palliative Care Services, working with the ambulance service to prevent unnecessary admission to hospital for end of life patients	Oct-23
	Enhance integration and collaboration with Hospital at Home and Acute Services to ensure early supported discharge of step down referrals are facilitated in a timely manner	Dec-23
	Implement measurement and reporting tool for the successful implementation of the Home First vision	Mar-24
	Look at frequent admission patients and explore reasons for failed admission to strengthens discharge planning	Dec-23
	Enable Prevention and Early Intervention through creation of new pathways and single point of access to coordinate care in the community	Dec-25

Meeting:	Finance, Performance & Resources Committee
Meeting date:	12 March 2024
Title:	Financial Performance & Sustainability Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Maxine Michie, Deputy Director of Finance

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- NHS Board / IJB Strategy or Direction / Plan for Fife

This report aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centre

2 Report summary

2.1 Situation

This paper provides a presentation of the financial performance and financial sustainability of the Board at the end of January 2024 measured against the key planning assumptions within the Medium-term Financial Plan approved at the NHS Board meeting on 28 March 2023. The MTFP sets out an underlying deficit of £25.9m partly mitigated by a £15m cost improvement plan, with a projected residual gap of £10.9m. The medium-term plan detailed how the board will work towards delivering the financial improvement and sustainability required across the medium-term. This included assessment of the areas of greatest risk which will challenge the delivery of the plan.

2.2 Background

The Board financial position is sitting beyond the agreed Board risk appetite in relation to delivering value and sustainability.

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate

A £12.158m revenue overspend is reported at the end of month 10 for Health Board retained Services. This position reflects the continuing impact of the historic and emerging financial pressures previously reported and reflects the limited progress to deliver against the agreed £15m cost improvement programme. The areas of greatest financial challenge including risk and uncertainty are detailed in the main body of the paper.

2.3 Assessment

At the end of January 2024, our forecast outturn indicates an overspend at March 2024 of £12.881mm which is £2m above the level of deficit identified in our approved 2023/24 financial plan in March 2023 and is a significant improvement on our previously reported overspend. We continue to meet regularly with our Scottish Government finance colleagues to discuss our position along with options to improve our position.

The process for developing the budget for 2024/25 and refreshing the Medium Term Financial Framework following the publication of the Scottish Government’s budget on 19 December informed our first draft and submission to Scottish Government was made at the end of January 2024. Financial projections will continue to be updated as new information becomes available and will be further updated for our next iteration due for submission on 11 March.

Significant work is ongoing in relation to our financial improvement and sustainability programme to mitigate the financial gap and deliver against SG’s expectations laid out above. However, this work requires to be expedited with further measures identified to mitigate the increasing financial gap.

2.3.1 Quality / Patient Care

Effective financial planning, allocation of resources and in-year management of costs supports the delivery of high-quality care to patients.

2.3.2 Workforce

Effective financial planning, allocation of resources and in-year management of costs supports staff health and wellbeing and is integral to delivering against the aims of the workforce plan.

2.3.3 Financial

Financial implications are detailed in the paper.

2.3.4 Risk Assessment / Management

Delivering a balanced financial position and financial sustainability in the medium-term continues to be reported as high risk in the NHS Board’s corporate risk register, out with the Board’s agreed risk appetite for value and sustainability. This reflects the ongoing financial

consequences of operational challenges and reduced and outstanding funding allocations. The financial position materially deteriorated in Q2 with very limited progress against the in-year cost reduction target. This position has been reviewed to determine actions which can be taken to reduce the level of forecast overspend. Despite ongoing attempts to reduce costs and a commitment to avoid any additional investment in our services, it is highly likely that the Board will require significant financial brokerage to break-even.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

An impact assessment has not been carried out as it is not relevant to the content of this paper.

2.3.6 Climate Emergency & Sustainability Impact

There are no direct implications arising from this report.

2.3.7 Communication, involvement, engagement and consultation

This paper has been prepared following completion of the financial month end process in consultation with senior finance colleagues and Directorate Management Teams.

2.3.8 Route to the Meeting

This paper was presented at EDG on 29 February 2024

2.4 Recommendation

- Assurance

3 List of appendices

Appendix 1 – Finance Report for January 2024

Report Contact

Maxine Michie

Deputy Director of Finance

Appendix 1

1. Financial Position January 2024

- 1.1 At the end of January the Health Board is reporting a deficit position of £12.158m, a significant improvement on the position reported in previously. Current projections indicate an overspend against budget at the end of the financial year of £12.881m which is £2.0m more than our 2023/24 planned deficit but significantly less than our previously reported forecast outturn of £23m. A summary of the financial position to January is summarised in the table below.

Revenue Financial Position as at January 2024

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
<u>Clinical Services</u>				
Acute Services	291,301	242,727	263,536	-20,809
IJB Non-Delegated	10,041	8,381	7,911	470
Non-Fife & Other Healthcare Providers	103,985	86,665	94,622	-7,957
<u>Non Clinical Services</u>				
Estates & Facilities	94,280	78,685	79,577	-892
Board Admin & Other Services	67614	51,872	51,829	43
<u>Other</u>				
Financial Flexibility & Allocations	29,843	23,359		23,359
Income	-7,615	-1,561	-1,895	334
23-24 Cost Improvement Target	-12,420	-10,350	-3,644	-6,706
Sub-total Core position	577,029	479,778	491,936	-12,158
Financial Gap	-10,865	-9,054		-9,054
SG Sustainability	10,865	9,054		9,054
TOTAL HEALTH BOARD RETAINED SERVICES	577,029	479,778	491,936	-12,158

- 1.2 This improved forecast reflects receipt of funding from Scottish Government (SG) following confirmation of additional consequential funding provided by HM Treasury to the Department of Health and Social Care. The funding being provided to all boards is on a non recurring basis and totals £10.279m for NHS Fife. Scottish Government have also confirmed that board contributions to CNORIS for 2023/24 will reduce by £35m in year with a positive financial impact for NHS Fife of £2.089m. Together these two factors bring a total financial benefit for 2023/24 to NHS Fife of £12.368m. Additionally, during January, we received communication from SG in relation to the Stracathro issue we have been pursuing. Consequently, we have reflected the impact of their confirmation that no allocation has been made available for NHS Fife for Stracathro in 2023/24 to our forecast position.

1.3 Scottish Government also confirmed any board deficits reported at the financial year end will be subject to repayable brokerage as the additional funding provided does not change the requirement to break even and Boards should continue to take action to move towards break even. The revised forecast outturn of £12.881m for NHS Fife means it is unlikely the board will be able to breakeven without brokerage support from the Scottish Government and significant improvement in the financial position between now and the financial year end. The forecast outturn reflects the continuing impact of the financial pressures previously reported including medical and nursing pay costs, expenditure on surgical sundries and instruments, drugs costs, non NHS Fife healthcare providers and the impact of high non pay inflation increases.

2. Health Board Retained Services

2.1 The financial position to 31 January continues to reflect financial pressures within our Acute Services Division and External Healthcare providers alongside challenges in progressing our cost improvement programme. The January expenditure run rate has remained in line with previous months with continuation of pressures on services driven by increased demand and high acuity during this usually demanding time of year.

2.2 The Acute Services Division reports an overspend to the end of January of £20.809m. This is mainly driven by cost pressures across both nursing and medical staffing budgets, significant overspends in surgical sundries and external SLAs for Laboratory services. Surge and Covid expenditure are also included within the Acute overspend with an ongoing focus on covid exit strategy to minimise the financial impact.

2.3 Included in the ASD position is an overspend on specialties defined as “large hospital services” which form part of IJB Set Aside budgets. At the end of January, set aside services are reporting an overspend of £10.141m which continues to be funded on a non-recurring basis by the board.

2.4 Service Level Agreements and contracts with external healthcare providers are £7.957m overspent. In the main this overspend is driven by several factors, increased costs from NHS Tayside which were previously funded directly by SG to NHS Tayside on behalf of NHS Fife along with high costs of SLAs and contracts with both NHS and independent providers for mental health services. NHS Lothian have implemented their new cost model which has been accepted by all boards affected and although Lothian colleagues are unable to provide detail to underpin the increase to NHS Fife we will continue to review and analyse cost reduction opportunities across this area of spend.

2.5 Corporate Directorates including Property and Infrastructure is in line with that reported last month. Rates relief on several properties has been secured during the month increasing Estates and Facilities contribution to the board’s cost improvement target. The main areas of concern continue to be the impact of inflation across PPP contracts, despite the major contract review, energy, property maintenance and confirmation of funding allocations. Work will continue to reduce spend in line with available resources.

3. Financial Improvement & Sustainability Programme

3.1 Key to delivering our financial plan forecast outturn is the delivery of our financial improvement and sustainability programme. Scottish Government expect all Boards to engage with the national Sustainability and Value (S&V) programme, reflecting this work at a local level to support delivery of a cost reduction target of 3% per annum and productivity and related improvements in line with the programme aims. In line with our financial plan a cost improvement target of £4.6m has been delegated to the partnership and £15m is the responsibility of Health Board retained services to deliver. At the end of January, progress to deliver on our cost improvement target continues to be challenged. Whilst a lot of actions have been taken forward to create the infrastructure required to support the delivery of cost efficiencies, we remain significantly behind plan pushing delivery into quarter 4 of the financial year.

3.2 The table below summaries efficiency savings confirmed to date measured against the financial plan, £7.547m to January, approximately 50% of the cost improvement target. The majority of savings delivered to date are non recurring and work is required to secure delivery of recurring savings.

	Target per Fin Plan	Confirmed M10	Projected	Confirmed Recurring
	£m	£m	£m	£m
Temporary Staff Net Reduction	10.000	0.352	0.352	0.352
Surge Capacity Reduction	5.000	0.000	0.000	0.000
Corporate Overheads	0.000	0.000	0.000	0.000
Medicines	0.000	1.723	2.000	1.147
Vacancy Factor (Corporate)	0.000	0.140	0.140	0.000
Public Health	0.000	0.006	0.006	0.000
Acute Services	0.000	0.598	0.598	0.389
Estate & Facilities	0.000	0.457	0.457	0.117
Major Contract Review	0.000	1.241	1.241	0.800
Balance Sheet Review	0.000	3.030	3.030	0.000
	15.000	7.547	7.824	2.805

Bank and Agency Staffing

3.3 Although the reduction in supplementary staffing has achieved small net savings to date (net of investment) we are beginning to see a reduction in the total spend on supplementary staffing. Several of the measures taken to reduce reliance on supplementary staffing have required investment in permanent posts which meant several months have elapsed until a reasonable reduction in the use of temporary staffing has been recorded. Cumulative spend on supplementary staffing to January is £1.2m less than the cumulative spend at January 2023.

Medicines Optimisation

3.4 Work continues to drive out cost improvements across other spend categories including medicines with the Medicines Optimisation Board working to a target of £1m. Plans in place to drive out cost improvements have delivered £1.7m at the end of January. As savings to date have exceeded the original cost improvement target, the target has been stretched to £2m to secure maximum impact.

Major Contract Review

- 3.5 The work on a major contract review to deliver recurring cost reductions was concluded on 1st December. The review has secured significant and more importantly, recurring cost reductions over the remaining term of the contract which is reflected in the table above.

Estates and Facilities

- 3.6 Despite being challenged with high energy costs, the directorate have delivered almost £0.5m of savings alongside concluding the major contract review. Savings include securing rates relief on a number of properties and income generation.

Acute Services

- 3.7 Although experiencing significant financial pressure the Acute Services team have secured savings to date totalling £0.598m covering reductions in consumables spend, travel costs, vacancy management and legacy covid costs.

Balance sheet Review

- 3.8 A review of the Balance sheet has confirmed financial flexibilities of £3.0m by the end of the financial year. It is important to note that, whilst helpful, this flexibility is non-recurring in nature.

4 Health & Social Care Partnership

- 4.1 Health services in scope for the Health and Social Care Partnership report are reporting a balanced budget at the end of January. Detailed financial reporting for the partnership sits with the IJB. We have been advised by the Chief Finance officer for the IJB that despite a challenging financial landscape, the IJB will deliver a balanced budget and therefore we should not anticipate any potential year-end IJB risk-share arrangements.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Health & Social Care Partnership				
Fife H & SCP	421,023	355,081	355,081	0
TOTAL HEALTH DELEGATED SERVICES	421,023	355,081	355,081	0

5 Financial Forecast - Risk Assessment

- 5.1 Current projections indicate a forecast overspend at March 2024 is £12.881m. This is a significant improvement on our previously reported forecast of £23m and the reasons for this improvement have been identified earlier in this report. The forecast is subject to a number of risks and key assumptions including the full impact of winter, receipt of all outstanding funding allocations and no year-end IJB risk-share arrangements.

6 Capital

- 6.1 The total anticipated capital budget for 2023/24 is £11.278m and is summarised in the table below. This reflects a Capital Resource Limit (CRL) of £7.764m as advised by the Scottish Government plus anticipated and received allocations for several specific projects. The

distribution of the formulary budget allocated by SG has been discussed in detail and agreed at FCIG meetings in April and May 2023. The most significant financial risk for the capital plan is the lack of funding to progress capital investment priorities including the development and improvement of our estate alongside our capital equipment stock. At the end of January all capital expenditure plans are progressing in line with plan and no significant risks are anticipated at this time.

CAPITAL PROGRAMME EXPENDITURE REPORT - January 2024

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2023/24 £'000
Statutory Compliance/Backlog Maintenance	3,612	2,841	3,612
Clinical Prioritisation	662	439	662
Capital Equipment	1,739	1,268	1,739
Digital Information	354	283	354
Kincardine Health Centre	6	6	6
Lochgelly Health Centre	6	6	6
Mental Health Review	155	148	155
QMH Upgrade	1,295	389	1,295
HEPMA	984	841	984
LIMS	967	559	967
Greenspace Project	150	5	150
Fleet Decarbonisation	486	-	486
Switch-on Fleet Funding	386	144	386
FCON & Laundry	555	162	555
Project Team	56	-	56
Cameron Medical Education Works	351	60	351
LIMS Milestone Payments	93	-	93
Capital to Revenue	(579)	-	(579)
Total Capital Expenditure 2023/24	11,278	7,150	11,278

6.2 Although a relatively low level of capital expenditure has been incurred for the period reported this is not unusual at this stage in the financial year with most of the capital expenditure generally occurring in the final quarter of the financial year due to supply chain lead in times and completion of projects.

7 Recommendation

The Committee is asked to discuss and take assurance on the information provided in relation to the:

- Health Board retained reported core overspend of £12.158m
- Progress with the Financial Improvement and Sustainability Programme
- HSCP balanced position
- Financial Forecast Risk Assessment
- Progress on the capital programme.

Meeting:	Finance Performance and Resources Committee
Meeting date:	12 March 2024
Title:	Procurement Key Performance Indicators
Responsible Executive:	Margo McGurk, Director of Finance and Strategy
Report Author:	Kevin Booth, Head of Financial Services & Procurement

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Operational Plan

This report aligns to the following NHSScotland quality ambition(s):

- Effective

2 Report summary

2.1 Situation

The suite of procurement Key Performance Indicators (KPI's) up to 31 January 2024 were presented to and reviewed by the Procurement Governance Board on 28 February 2024 and are presented to the committee for assurance.

2.2 Background

To ensure that the Procurement departments performance is visible to stakeholders across NHS Fife, a comprehensive set of KPI's were agreed as part of the Procurement Strategy 2019–2024.

2.3 Assessment

A general summary for each of the KPIs is detailed below, with further detailed breakdown shown in appendix 1.

Purchase Order Spend

The average monthly purchase order spend via Pecos is £10m, with a total spend of £99.5m. This is an increase in comparison to the same period last financial year (average monthly £9m, total £92.1m) and is due to the implementation of annual based orders, which are receipted and paid monthly, and is more efficient than the previous process of creating a new purchase order each month.

High Value Orders

Pecos purchase orders with a value greater than or equal to £50k are identified as high value. The average monthly value of these orders is £5.9m. To date there have been 104 high value orders with a total value of £58.5m. £39.8m of which relates to PFI provider spend. This is an increase in comparison to the same period last financial year (average monthly £4.9m, total £38.9m), and is due to the creation of annual based orders at the start of the financial year.

Low Value Orders

Pecos purchase orders with a value less than or equal to £50 are identified as low value. The average monthly number of these orders is 2,517 with a value of £54k. To date there have been 25,171 low value orders with a total value of £537k. This value is a very slight decrease on the same period last financial year (25,097 orders, value £564k). A high proportion of these orders are raised by Ward Product Management (Top-up) service via the National Distribution Services (NDS).

Efficiency Savings

The overall validated procurement saving for Health Board retained spend was £667k and comprises:

- £527k for direct cash releasing cost savings, £133k of which relates to implementation of the renewed national contract for; Mobile Voice & Data services (EE) as well as negotiation to remove additional COVID connections without the cancellation charges, £109k for Theatre Consumables, £83k for Audiological Devices and batteries, £39k for Wound Management Products and £36k for Printed Documents.
- £140k for cost avoidance, £93k of which relates to the capital purchase of Theatre equipment via national framework NP173 and £43k by switching contract supplier for national framework NP344 for Injection Equipment.

However, these savings are being offset by the significant cost pressures being experienced as a direct result of market changes across the economy. As of 31 January 2024, the cost pressure was ~~£447k~~ resulting in a net cost saving of £220k.

The main contract areas contributing to these cost pressures are:

- Catering Products £210k
- Paper Products £87k
- Continence Products £37k
- Waste Management £33k

Quick Quotes Published

The number of Quick Quotes awarded (Orders between £15,000 and £49,999) in Public Contracts Scotland (PCS) was 21. This is an increase in comparison to the same period last financial year (13), with projects ranging from Pharmacy Isolators, Printed Documents, Neonatal Cannulation Packs, Rheumatology Services, and Digital & Information projects to QMH Greenspace design projects.

Contract Awards Published

The number of Contracts (£50k and above) awarded in PCS was 16 at a value of £5m, including the following projects:

- £1,559,280 – Replacement Dental Chairs
- £733,265 – HEPMA
- £500,000 – GP Medical Services
- £353,533 – Enterprise User Licence
- £293,781 – EMIS Licence Renewal
- £261,655 – Clinisys LIMS (01/10/23-31/12/2023)
- £254,957 – Tiara 9 Support & Maintenance
- £201,229 – VMWare Remote Support
- £195,237 – Datix Licence
- £150,283 – Liberty Contact Centre and Subscription Service
- £104,913 – Microtech Maintenance
- £100,000 – Taxi Services
- £95,370 – Dictation & Winscribe Support
- £66,600 – Labgnostic Licence
- £62,395 – Clinisys Support & Maintenance (01/04/23-31/03/2024)
- £60,000 – Refinancing Services

Tender Waivers

There are no additional approved competitive tender waivers to report since the previous Procurement Governance Board meeting. There are currently two waivers which have been approved this financial year to the value of £1,056,730.

Payment Performance

The current cumulative payment performance is:

89% by Value and 81% by Volume are paid within 10 days a 6% and 20% improvement on the same period last financial year.

95% by Value and 92% by Volume are paid within 30 days a 2% and 6% improvement on the same period last financial year.

Catalogue Lines

The percentage of Pecos purchase order lines process, via preloaded catalogues, averages at 90% per month a 1% increase on the same period last year.

Contract Lines and Value

The percentage of lines processed via Pecos purchase orders, which have been contracted, averages at 62% and £1.3m per month. To date the cumulative value of contracted lines is £13m. This is similar in comparison to the same period last year, which averaged at 62% and £1.36m per month and a cumulative value of £13.6m.

National Distributed Services (NDS) Spend

The average monthly purchase order spend via the NDS is £892k, and to date is £8.9m.

Complaints/Customer Feedback

There have been no formal complaints raise in relation to Procurement services.

The Procurement Helpdesk, Customer Satisfaction report shows the following results based on feedback comments since the last report:

Feedback	Previous Report (Dec 2023)	Current Report
Excellent	75%	78% ↑ 3%
Good	15%	14%
Satisfactory	7%	5%
Poor	3%	3% ↔

The information above only relates to satisfaction rates and comments received, the poor responses relate to 15 tickets (0.2%) from a total of 7,144 helpdesk tickets completed since April 2023.

The information below provides details of the themes and reasons for the 4 poor responses received since the last report:

Theme	Detail	Comments
Response Time	Delays in responding to requests: <ul style="list-style-type: none"> • 10 days – sourcing envelopes. • 3 days – sourcing vacutainers 	There have been 2 poor responses since the last report.
System Usability	<ul style="list-style-type: none"> • System is not an efficient way to resolve issues. • Not able to ask further questions once ticket is closed. 	There have been 2 poor responses since the last report.

2.3.1 Quality, Patient and Value-Based Health & Care

The efficiency and effectiveness of the procurement function supports to deliver high quality patient care.

2.3.2 Workforce

The Procurement departments KPI performance are shared with the team, any significant issues or improvements are fed back through the Business Assurance group.

2.3.3 Financial

The performance against procurement KPI's support the Finance Directorate in the oversight of financial control.

2.3.4 Risk Assessment / Management

The monitoring of the Procurement Department KPI's is a key component of our controls assurance and assists in the mitigation of risk.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

The monitoring of the Payment Performance KPI aligns with the Boards ambitions of being an Anchor Institute ensuring the improved flow of funds to the local economy where possible.

2.3.6 Climate Emergency & Sustainability Impact

Effective procurement contributes towards the Board response to the climate emergency and improving system sustainability.

2.3.7 Communication, Involvement, Engagement and Consultation

The suite of KPI's is reviewed by the senior Procurement Management Team to ensure they remain fit for purpose and best provide assurance across key aspects of the procurement process.

2.3.8 Route to the Meeting

The monthly procurement KPI's were reviewed at the Procurement Governance Board and endorsed for distribution to the committee on 28 February 2024. Additionally, paper was also reviewed at EDG on 29 February 2024.

2.4 Recommendation

- Assurance

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – PGB Monthly KPIs 2023-2024

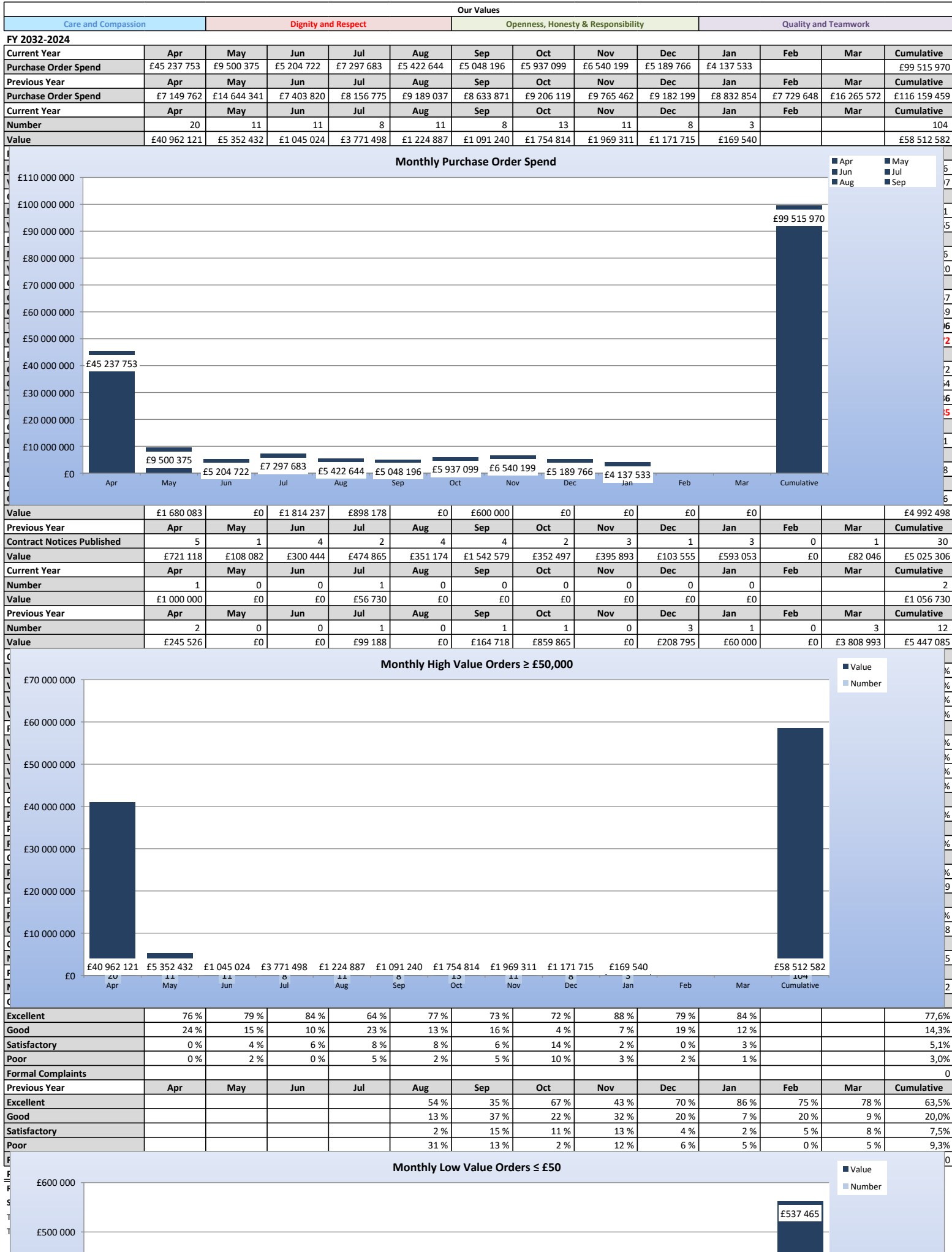


Report Contact

Kevin Booth

Head of Financial Services & Procurement

Email kevin.booth@nhs.scot



Meeting:	Finance, Performance & Resources Committee
Meeting date:	12 March 2024
Title:	Committee Self-Assessment Report 2023-24
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Gillian MacIntosh, Board Secretary

1 Purpose

This is presented to the Committee for:

- Discussion

This report relates to a:

- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Effective

2 Report summary

2.1 Situation

The purpose of this paper is to provide the outcome of this year's self-assessment exercise recently undertaken for the Finance, Performance & Resources Committee, which is a component part of the Committee's production of its annual year-end statement of assurance.

2.2 Background

As part of each Board Committee's assurance statement, each Committee must demonstrate that it is fulfilling its remit, implementing its agreed workplan and ensuring the timely presentation of its minutes to the Board. Each Committee must also identify any significant control weaknesses or issues at the year-end that it considers should be disclosed in the Governance Statement and should specifically record and provide confirmation that the Committee has carried out an annual self-assessment of its own effectiveness. Combined, these processes seek to provide assurance that a robust governance framework is in place across NHS Fife and that any potential improvements are identified and appropriate action taken.

A light-touch review of the standard question set was undertaken this year, taking account of members' feedback on the length and clarity of the previous iteration of the questionnaire. Board Committee Chairs each approved the set of questions for their respective committee.

To conform with the requirement for an annual review of their effectiveness, all Board Committees were invited to complete a self-assessment questionnaire in early February 2023. The survey was undertaken online, following overwhelmingly positive feedback on the move to a non-paper system of completion, and took the form of a Chair's Checklist (which sought to verify that the Committee is operating correctly as per its Terms of Reference) and a second questionnaire (to be completed by members and regular attendees) comprising a series of effectiveness-related questions, where a scaled 'Agree/Disagree' response to each question were sought. Textual comments were also encouraged, for respondents to provide direct feedback on their views of the Committee's effectiveness.

2.3 Assessment

As previously agreed, Committee chairs have received a full, anonymised extract of the survey responses for their respective committee. A summary report assessing the composite responses for the Finance, Performance & Resources Committee is given in this paper. The main findings from that exercise are as follows:

Chairs' Checklist (completed by Chair only)

It was agreed that the Committee was currently operating as per its Terms of Reference and no issues of deviation from the remit or non-compliance were identified.

Self-Assessment questionnaire (completed by members and attendees)

In total, seven (of eight) members (excluding the Chair) and four regular attendees completed the questionnaire. In general, the Committee's current mode of operation received a mixed assessment from its members and attendees who participated. The administration of the Committee was highlighted, minutes were felt to be of high quality and the action list follow-up process robust. Changes to the Corporate Risk Register presentation were also broadly welcomed, with initial improvements seen in this area over the past year, though some risks remained beyond the Board's appetite.

Some areas for improvement were also highlighted. Initial comments identified for further discussion include:

- the need to strengthen Non-Executive / Stakeholder membership on the Committee and ensure regular attendance and participation from this cohort of the Board, given their vital scrutiny role;
- mixed opinions on whether the scrutiny and challenge of financial performance and financial controls presently at the Committee is strong enough (this might be said to be linked to the previous point above);
- noting that since much of the financial information given to the Committee is retrospective in its reporting, given current financial challenges, consideration is

required on whether updates are required to be given to members by circulation, in-between the regular schedule of meetings;

- mixed views on the amount of data supplied to the Committee, with some comments that this is optimal versus others' opinions that it is excessive, with similar varied comment on meeting / agenda length; and
- related comments that more analysis and reflection from the Executive on the data within reports would be beneficial for members and aid discussion on action points going forward.

Some of the issues noted above are not unique to the Finance, Performance & Resources Committee and indeed are common across a number of Board committees, particularly those with larger agendas and meeting packs. Board-wide enhancements to agendas (to add timings for items and to list explicitly thereon whether the agenda item is for assurance, approval etc.) are presently being planned for introduction from the May cycle of meetings.

Members are invited to highlight any other findings they would wish to see addressed over the Committee's next year of operation.

2.3.1 Quality/ Patient Care

N/A

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

The use of a comprehensive self-assessment checklist for all Board committees ensures appropriate governance standards across all areas and that effective assurances are provided.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

This paper does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Consequently, an EQIA is not required.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Other impact

N/A

2.3.8 Communication, involvement, engagement and consultation

Invitation, and reminders, to complete the questionnaire were sent to all members, allowing for all the chance to submit feedback.

2.3.9 Route to the Meeting

This paper has been considered initially by the Committee Chair and Lead Executive Director.

2.4 Recommendation

This paper is provided for:

- **Discussion** – what actions members would wish to see implemented to address those areas identified for improvement.

2 List of appendices

The following appendices are included with this report:

- Appendix 1 – Outcome of Committee's self-assessment exercise

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

gillian.macintosh@nhs.scot

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
A. Committee membership and dynamics						
A1.	The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	3 (27%)	7 (63.5%)	1 (9%)	-	Often there was only me and the Chair for the Non-Executive side. This has improved. Committee is well attended, has established authority and is also very well supported by corporate administrative team.
A2.	The Committee's membership includes appropriate representatives from the organisation's key stakeholders.	3 (27%)	8 (73%)	-	-	-
A3.	Committee members are clear about their role and how their participation can best contribute to the Committee's overall effectiveness.	1 (9%)	9 (82%)	1 (9%)	-	I sense that committee members are not completely sure of their role in monitoring performance. We are supplied with good data, but seldom have very substantial discussions. Committee members understand the importance of scrutiny and actively participate in meetings. Could strengthen scrutiny on performance and financial control.
A4.	Committee members are able to express their opinions openly and constructively.	4 (36.26%)	7 (63.63%)	-	-	-

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
A5.	There is effective scrutiny and challenge of the Executive from all Committee members, including on matters that are critical or sensitive.	1 (9%)	9 (82%)	1 (9%)	-	As noted elsewhere, generally agree. But not sure we are as strong as we could be on scrutinising performance. Executive members can be dismissive of outside views and quite dominant at times despite best and reasonable efforts to suggest alternative interpretations. There is scrutiny and challenge within these meetings, and this does include all Committee members.
A6.	The Committee has received appropriate training / briefings in relation to the areas applicable to the Committee's areas of business.	2 (18%)	8 (73%)	1 (9%)	-	Have there been any in the past year? Members were able to get one-to-one guidance on any matters which caused confusion or where there was lack of understanding.
A7.	Members have a sufficient understanding and knowledge of the issues within its particular remit to identify any areas of concern.	-	11 (100%)	-	-	Committee members will ask if they need further clarification from any report authors.
B. Committee meetings, support and information						
B1.	The Committee receives timely information on performance concerns as appropriate.	1 (9.09%)	7 (63.64%)	3 (27.27%)	-	Retrospective information which makes action setting a challenge. When matters are escalating, and the forecasts are worsening it would be good to get updates outwith the regular sequence of meetings. IPQR / Finance data usually well behind. Whilst the IPQR is, understandably, historic data, there are opportunities for Directors to provide updated verbal comments on the most current position.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
B2.	The Committee receives timely exception reports about the work of external regulatory and inspection bodies, where appropriate.	3 (27%)	8 (73%)	-	-	-
B3.	The Committee receives adequate information and provides appropriate oversight of the implementation of relevant NHS Scotland strategies, policy directions or instructions.	2 (18%)	8 (73%)	-	1 (9%)	Excessive volume of papers. Updates are provided promptly unless there are unavoidable challenges with the timing of a new strategy or policy direction being issued.
B4.	Information and data included within the papers is sufficient and not too excessive, so as to allow members to reach an appropriate conclusion.	2 (18%)	7 (64%)	1 (9%)	1 (9%)	It would be good to see even more analysis from the executive of the very good data. Excessive volume. Papers contain excessive detail which can obscure key facts. Looking forward, it may be necessary to provide further information and data (in more detail than current IPQR/finance/risk reports) in relation to Reform, Transform, Performance framework (RTP) work. The papers for this committee generally are generally not too lengthy and balance necessary detail with a summary narrative.
B5.	Papers are provided in sufficient time prior to the meeting to allow members to effectively scrutinise and challenge the assurances given.	2 (18%)	7 (64%)	2 (18%)	-	Because of the volume of papers. Not always and excessive content makes efficient and effective scrutiny challenging at times. There is a robust cycle of agenda setting, notification of papers and circulation of papers.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
B6.	Committee meetings allow sufficient time for the discussion of substantive matters.	-	9 (82%)	2 (18%)	-	<p>Busy agendas but managed efficiently with priority placed on necessary items.</p> <p>Generally fine - but we sometimes run out of time.</p> <p>Meeting sometimes too long.</p> <p>Often not.</p>
B7.	Minutes are clear and accurate and are circulated promptly to the appropriate people, including all members of the Board.	5 (45%)	6 (55%)	-	-	Minutes are of a very high quality for Committee.
B8.	Action points clearly indicate who is to perform what and by when, and all outstanding actions are appropriately followed up in a timely manner until satisfactorily complete.	6 (55%)	5 (45%)	-	-	Actions are followed up and time scales agreed.
B9.	The Committee is able to provide appropriate assurance to the Board that NHS Fife's strategies, policies and procedures (relevant to the Committee's own Terms of Reference) are robust.	4 (36%)	7 (64%)	-	-	-
B10.	Committee members have confidence that the delegation of powers from the Board (and, where applicable, the Committee to any of its sub groups) is operating effectively as part of the overall governance framework.	3 (27%)	8 (73%)	-	-	-

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
C. The Role and Work of the Committee						
C1.	The Committee reports regularly to the Board verbally and through minutes, can escalate matters of significance directly and makes clear recommendations on areas under its remit when necessary.	6 (55%)	5 (45%)	-	-	-
C2.	In discharging its governance role, the focus of the Committee is at the correct level.	-	11 (100%)	-	-	The Committee have a clear understanding of their governance role.
C3.	The Committee's agenda is well managed and ensures that all topics with the Committee's overall Terms of Reference are appropriately covered	1 (9%)	10 (91%)	-	-	-
C4.	Key decisions are made in a structured manner and can be publicly evidenced.	3 (27%)	8 (73%)	-	-	Noting earlier comments regarding excessive content, time to read papers and dismissive reactions at times of executive members to Non-Executives.
C5.	What actions could be taken, and in what areas, to further improve the effectiveness of the Committee in respect of discharging its remit?	<p>Excessive volume of papers, perhaps specific topic for in depth discussion at certain meetings.</p> <p>Less administrative content in papers, more time for financial performance data consideration, understanding and reasoned debate.</p> <p>Given the financial challenges going into the next year, this committee is likely to be asked to consider some difficult proposals. These may benefit from additional discussion time and a standardised approach for divestment recommendations.</p> <p>Clarity on challenge in expectations of delivery/performance.</p>				

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
D. Finance, Performance & Resources Committee specific questions						
D1.	The Committee is provided with appropriate assurance that the corporate risks related to the specific governance areas under its remit are being managed to a tolerable level.	1 (9%)	10 (91%)	-	-	Regular deep dives. New methodology being applied improves with every iteration. A number of corporate risks are outwith Board risk appetite, however assurance is given in relation to actions to mitigate where this is possible.
D2	There is appropriate coverage of the key components of the Committee's remit in meeting agendas (i.e., as an example, for Clinical Governance, the full range of clinical governance activity, including Patient Safety, Quality of Care, Clinical Effectiveness and Patient Experience, is reviewed during the year - and similarly so for other committees).	4 (36%)	6 (55%)	1 (9%)	-	I do not believe so because of excessive content of non-key matters and time constraints which result.
D3.	The performance information and data presented to the Committee allows for easy identification of deviations from acceptable performance (both negative and positive).	1 (9%)	8 (73%)	2 (18%)	-	Due to volume of information focus can be difficult. Note previous comments of struggling to find key data caused by excessive detail and repetitive nature of reports content. There are challenges in seeing the impact of changes translate into improvements in performance and this is likely to be an area Committee will want to see strengthened in the coming year given the financial pressures.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
D4.	Where there is a negative deviation from acceptable performance, the Committee receives adequate information to provide assurance that appropriate action is being taken to address the issues.	1 (9%)	10 (91%)	-	-	When able to discuss in meeting not privately before and items stand out.

Meeting: Finance, Performance & Resources Committee
Meeting date: 12 March 2024
Title: Annual Review of Committee's Terms of Reference
Responsible Executive: Margo McGurk, Director of Finance & Strategy
Report Author: Gillian MacIntosh, Board Secretary

1 Purpose

This report is presented to the Committee for:

- Decision

This report relates to:

- Local policy

This report aligns to the following NHSScotland quality ambition(s):

- Effective

2 Report summary

2.1 Situation

All Committees are required to regularly review their Terms of Reference, and this is normally done in March of each year. Any changes are then reflected in the annual update to the NHS Fife Code of Corporate Governance, which is reviewed in full by the Audit & Risk Committee and then formally approved by the Board thereafter.

2.2 Background

The current Terms of Reference for the Committee were last reviewed in March 2023, as per the above cycle.

2.3 Assessment

An updated draft of the Committee's Terms of Reference is attached for members' consideration, with suggested changes tracked for ease. Proposed amendments largely relate to minor updating of text to improve clarity. A restriction within the remit, related to the appointment of the Chair of Audit & Risk as a member, has been removed, to make best use of the skills available within the current Non-Exec cohort. Internal Audit colleagues have confirmed there is no conflict created by this change.

Following review and approval by each Committee, an amended draft will be considered by the Audit & Risk Committee as part of a wider review of all Terms of Reference by each standing Committee and other aspects of the Code. Thereafter, the final version of the Code of Corporate Governance will be presented to the NHS Board for approval.

2.3.1 Quality / Patient Care

N/A

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

The regular review and update of Committee Terms of Reference will ensure appropriate governance across all areas and that effective assurances are provided to the Board.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

This paper does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Consequently, an EQIA is not required.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

This paper has been considered initially by the Committee Chair and Lead Executive Director.

2.4 Recommendation

This paper is provided for

- **Decision** – consider the attached remit, advise of any proposed changes and approve a final version for further consideration by the Board.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Finance, Performance & Resources Committee's Terms of Reference

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

gillian.macintosh@nhs.scot

FINANCE, PERFORMANCE AND RESOURCES COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ***

1. PURPOSE

- 1.1 The purpose of the Committee is to keep under review the financial position and performance against key non-financial targets of the Board, and to ensure that suitable arrangements are in place to secure economy, efficiency and effectiveness in the use of all resources, and that these arrangements are working effectively.
- 1.2 To consider, review and take assurance from agreed actions relevant to financial sustainability in the implementation of the ~~developing~~ Board's Population Health & Wellbeing Strategy, including assessing the financial and performance aspects of new and innovative ways of working.

2. COMPOSITION

- 2.1 The membership of the Finance, Performance and Resources Committee will be:

- Six Non-Executive or Stakeholder members of the Board (one of whom will be the Committee Chair). (A Stakeholder member is appointed to the Board from Fife Council or by virtue of holding the Chair of the Area Partnership Forum or the Area Clinical Forum)
- Chief Executive
- Director of Finance & Strategy
- Medical Director
- Director of Public Health
- Director of Nursing

~~2.2 The Chair of the Audit and Risk Committee will not be a member of the Finance, Performance and Resources Committee.~~

- 2.2 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

- Director of Acute Services
- Director of Property & Asset Management
- Director of Health & Social Care
- Director of Pharmacy & Medicines
- Board Secretary

2.3 The Director of Finance & Strategy shall serve as the Lead Executive Officer to the Committee.

3. QUORUM

3.1 No business shall be transacted at a meeting of the Committee unless at least three Non-Executive members or Stakeholder members are present. There may be occasions when due to the unavailability of the above Non-Executive members, the Chair will ask other Non-Executive members to act as members of the committee so that the quorum is achieved. This will be drawn to the attention of the Board.

4. MEETINGS

4.1 The Committee shall meet as necessary to fulfil its remit but not less than four times per year.

4.2 The Chair of Fife NHS Board shall appoint a Chair who shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, members shall elect from amongst themselves one of the other Committee members to chair the meeting.

4.3 The agenda and supporting papers will be sent out at least five clear days before the meeting.

5. REMIT

5.1 The Committee shall have accountability to the Board for ensuring that the financial position of the Board is soundly based, having regard to:

- compliance with statutory financial requirements and achievement of financial targets;
- such financial monitoring and reporting arrangements as may be specified from time-to-time by Scottish Government Health & Social Care Directorates and/or the Board;
- the impact of planned future policies and known or foreseeable future developments on the financial position;
- undertake an annual self-assessment of the Committee's work and effectiveness; and
- review regularly the sections of the NHS Fife Integrated Performance & Quality Report relevant to the Committee's responsibility.

Arrangements for Securing Value for Money

5.2 The Committee shall keep under review arrangements for securing economy, efficiency and effectiveness in the use of resources. These arrangements will include procedures for (a) planning, appraisal, control, accountability and evaluation of the use of resources, and for (b) reporting and reviewing performance and managing performance issues as they arise in a timely and

effective manner. In particular, the Committee will review action (proposed or underway) to ensure that the Board achieves financial balance in line with statutory requirements.

Allocation and Use of Resources

- 5.3 The Committee has key responsibilities for:
- reviewing the development of the Board's Financial Strategy in support of the Annual Delivery Plan, and recommending approval to the Board;
 - reviewing all resource allocation proposals outwith authority delegated by the Board and making recommendations to the Board thereon;
 - monitoring the use of all resources available to the Board; and
 - reviewing all matters relating to Best Value.
- 5.4 Specifically, the Committee is charged with recommending to the Board annual revenue and capital budgets and financial plans consistent with its statutory financial responsibilities. It shall also have responsibility for the oversight of the Board's Capital Programme (including individual Business Cases for Capital Investment) and the review of the Property and Asset Management Strategy (including the acquisition and disposal of property), and for making recommendations to the Board as appropriate on any issue within its terms of reference.
- 5.5 The Committee will receive minutes from the Pharmacy Practices Committee and the Primary Medical Services Committee. Issues arising from these Committees will be brought to the attention of the Chair of the Finance, Performance and Resources Committee for further consideration as required.
- 5.6 The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board, ~~via the Audit and Risk Committee~~. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June and the Board thereafter.
- 5.7 The Annual Report will include the Committee's assessment and conclusions on its effectiveness over the financial year in question.
- 5.8 The Committee shall draw up and approve, before the start of each financial year, an Annual Workplan for the Committee's planned work during the forthcoming year.
- 5.9 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements" and the Scottish Public Finance Manual.

6. AUTHORITY

- 6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.
- 6.2 In order to fulfil its remit, the Finance, Performance and Resources Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.
- 6.3 The authority of the Committee is included in the Board's Scheme of Delegation, as set out in the Purpose and Remit of the Committee.

7. REPORTING ARRANGEMENTS

- 7.1 The Finance, Performance and Resources Committee reports directly to Fife NHS Board on its work. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.
- 7.2 Each Committee of the Board will scrutinise the Corporate Risks aligned to the Committee on a bi-monthly basis.

Meeting:	Finance, Performance & Resources Committee
Meeting date:	12 March 2024
Title:	Corporate Risks Aligned to the Finance, Performance & Resources Committee
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Pauline Cumming, Risk Manager, NHS Fife

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Local policy
- NHS Board / IJB Strategy or Direction / Plan for Fife

This report aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper provides an update on the risks aligned to this Committee since the last report on 16 January 2024. Members are invited to:

- note details of the corporate risks as at 5 March 2024 at Appendix No. 1;
- review all information provided against the Assurance Principles at Appendix No. 2; and the Risk Matrix at Appendix No. 3;
- consider and be assured on the mitigating actions to improve the risk levels;
- conclude and comment on the assurance derived from the report

2.2 Background

The Corporate Risk Register aligns to the 4 strategic priorities. The format is intended to prompt scrutiny and discussion around the level of assurance provided on the risks and their management, including the effectiveness of mitigations in terms of:

- relevance
- proportionality

- reliability
- sufficiency

2.3 Assessment



The Strategic Risk Profile as at 31/01/24 is provided in Table 1 below.

Table 1: Strategic Risk Profile

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	4	2	2	-	-	◀▶	High
To improve the quality of health and care services	6	5	1	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	18	13	5	0	0		
Summary Statement on Risk Profile							
The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.							
Mitigations are in place to support management of risk over time with some risks requiring daily assessment.							
Assessment of corporate risk performance and improvement trajectory remains in place.							
Risk Key				Movement Key			
High Risk	15 - 25			▲	Improved - Risk Decreased		
Moderate Risk	8 - 12			◀▶	No Change		
Low Risk	4 - 6			▼	Deteriorated - Risk Increased		
Very Low Risk	1 - 3						

The risks aligned to this Committee are summarised in Table 2 below and at Appendix No.1.

Table 2: Risks Aligned to the Finance, Performance and Resources Committee

Strategic Priority	Overview of Risk Level	Risk Movement	Corporate Risks	Assessment Summary of Key Changes
 To improve the quality of health and care services	3 - - -	◀▶	<ul style="list-style-type: none"> 6 - Whole System Capacity 7 - Access to outpatient, diagnostic and treatment services 8 - Cancer Waiting Times 	Mitigations updated for risks 7, 8 13 and 14
 To deliver value and sustainability	2 1 - -	◀▶	<ul style="list-style-type: none"> 13 - Delivery of a balanced in-year financial position 14 - Delivery of recurring financial balance over the medium term 15 - Prioritisation and Management of Capital Funding 	

Since the last report on 16 January 2024, the risk profile is unchanged:

- Six risks continue to be aligned to the Committee.
- The risk level breakdown remains 5 High and 1 Moderate.

Risk Updates

Risk 13 - Delivery of a balanced in-year financial position

Further to discussion at the Committee on 16 January 2024, the risk has been reviewed. Mitigations have been reviewed and updated. The potential increase to the current risk rating and changes to the target rating and timescale still require to be discussed at the Executive Directors Group (EDG). Any developments will be presented to the next meeting of the Committee on 7 May 2024.

Risk 14 - Delivery of recurring financial balance over the medium term

As with Risk 13 above, the current and target risk ratings and target timescale require to be discussed at EDG. An update will be presented to the Committee in May 2024.

Potential New Corporate Risk - Capital Funding - Service Sustainability

Further to the last meeting of the Committee, members are advised that a risk is being developed. This will be progressed through the Financial Capital Investment Group (FCIG) and the EDG during March/April. This will allow EDG to consider if they are supportive of the new risk being included on the Corporate Risk Register, and if so, to which committee it is best aligned. An update will be provided to the Committee in May.

Deep Dive Reviews

Risk Deep Dive reviews remain a key element of our assurance arrangements.

The requirement for a 'deep dive' will continue to be determined through routes including the Executive Directors Group (EDG) and the Risks & Opportunities Group (ROG). Such decisions will be informed by intelligence within operational teams, as well as consideration of trigger factors such as the creation of a new corporate risk, materially

deteriorating risks, or the proposed de-escalation / closure of a corporate risk, as recommended in the update report to the January 2024 meeting of this Committee.

It is recognised that Committee Chairs may commission deep dive reviews for reasons other than the above. Such exceptions will be considered on a case by case basis.

The refreshed approach will be implemented during Quarter 2, 2024 - 2025.

The ROG continue to develop the content of deep dive reviews to enhance understanding, inform strategic thinking and help target and improve specific areas of risk.

Next Steps

The Corporate Risk Register and Deep Dive Reviews will continue to evolve in response to feedback from this Committee and other stakeholders, including via Internal Audit recommendations.

2.3.1 Quality, Patient and Value-Based Health & Care

Effective management of risks to quality and patient care will support delivery of our strategic priorities. It is expected that the application of realistic medicine principles will ensure a more co-ordinated and holistic focus on patients' needs, and the outcomes and experiences that matter to them, and their families and carers.

2.3.2 Workforce

Effective management of workforce risks will support delivery of our strategic priorities, to support staff health and wellbeing, and the quality of health and care services.

2.3.3 Financial

This paper does not raise, directly, financial impacts, but these do present significant elements of risk for NHS Fife to consider and manage in pursuit of our strategic priorities.

2.3.4 Risk Assessment / Management

The management of the corporate risks aligned to this Committee continues to be maintained, including through close monitoring of agenda and work-plans, with updates provided via established governance routes, and groups. This allows for transparency and due diligence to take place on the risks, which in turn informs decision making and contributes to good governance.

Risk Appetite

The Committee is asked to note the risk appetite status of its corporate risks.

Three risks align to *Strategic Priority 2: 'To improve the Quality of Health & Care Services.'* The Board has a Moderate appetite for risks in this domain.

- All three risks have a current high risk level and are above appetite.

Three risks align to *Strategic Priority 4: 'To Deliver Value and Sustainability.'*

The Board has a Moderate appetite for risks in this domain.

- One risk is within appetite.
- Two risks remain above appetite

The position overall reflects the ongoing level of demand across all services within the increasingly challenging financial environment described above.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

An Equality Impact Assessment (Stage 1) was carried out to identify if any items of significance need to be highlighted to EDG. The outcome of that assessment concluded that no further action was required.

2.3.6 Climate Emergency & Sustainability Impact

This paper does not raise, directly, issues relating to climate emergency and sustainability. These items do form elements of risk for NHS Fife to manage.

2.3.7 Communication, involvement, engagement and consultation

This paper reflects a range of communication and engagement with key stakeholders including EDG and non- executive directors.

2.3.8 Route to the Meeting

- Claire Dobson, Director of Acute Services on 16 February 2024
- Neil McCormick, Director of Property & Asset Management on 16 February 2024
- Maxine Michie, Deputy Director of Finance on 16 February 2024

2.4 Recommendation

- **Assurance** – For Members' information. This report provides the latest position in relation to the management of corporate risks linked to this Committee. Members are asked to take a "reasonable" level of assurance that, all actions, within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

3 List of appendices

The following appendices are included with this report:

- Appendix No.1, Summary of Corporate Risks Aligned to F,P&R Committee as at 5 March 2024
- Appendix No.2, Assurance Principles
- Appendix No.3, Risk Matrix


Report Contact


Pauline Cumming

Risk Manager


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**Summary of Corporate Risks Aligned to the Finance, Performance & Resources Committee
as at 5 March 2024**

 To improve the quality of health and care services									
No	Risk Description	Mitigation	Current Risk Level	Target Risk Level & Rating by dd/mm/yy	Current Risk Level Trend	Risk Appetite Moderate	Risk Owner	Primary Committee	
6	<p>Whole System Capacity</p> <p>There is a risk that significant and sustained admission activity to acute services, combined with challenges in achieving timely discharge to</p>	<p>The combination of application of our OPEL process on a daily basis and the improvement work through our Integrated Unscheduled Care and Planned Care programmes provides the operational and strategic response to the challenges posed through this risk.</p> <p>A Whole System Winter Plan 23/24 has been produced as well as a report from the Whole System Winter Planning Workshop held in Sept 2023. This will include a response to surge and demand for an increase in capacity and flow through Acute, Community and Social Care.</p> <p>The System Flow Operational Group meets weekly with senior operational managers to</p>	High 20	Mod 9 by 30/04/24	◀▶	Above	Director of Acute Services	Finance, Performance & Resources	

	<p>downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised.</p>	<p>review and plan capacity and flow across the Fife health and care system with escalation to the Integrated Unscheduled Care Board.</p> <p>Whole System Essential Flow Verification provides assurance that all patients identified as clinically fit or with a Planned Date of Discharge are reviewed daily.</p> <p>Weekly ASD Long Length of Stay (LoS) verification group to review and action LoS. Weekend verification group reviews the number of discharges and staffing ahead of weekend.</p> 						
7	<p>Access to outpatient, diagnostic and treatment services</p> <p>There is a risk that due to demand exceeding</p>	<p>Planning for 2023/24 has been completed in line with planning guidance letter received on 06/02/23.</p> <p>Confirmed funding 20% less than committed staff costs.</p> <p>Agreement by EDG to continue with original plan acknowledging the gap in funding.</p> <p>Planned capacity for Outpatient (OP) is 96%</p>	High 20	It is still not possible to provide a target risk and date given the uncertainty over level of funding	◀▶	Above	Director of Acute Services	Finance, Performance & Resources

	<p>capacity, compounded by unscheduled care pressures, NHS Fife will see deterioration in achieving waiting time standards. This time delay will impact clinical outcomes for the population of Fife.</p>	<p>and for Inpatient (IP) / Day Case (DC) is 99% of that delivered in 2019/20. Reduction is due in the main to clinical staff vacancies.</p> <p>Demand for OP and IP Imaging both is increasing year on year. Capacity is not meeting current demand for OP/IP/DC or Diagnostics.</p> <p>The Integrated Planned Care Programme Board is overseeing the productive opportunities work and this along with ongoing waiting list validation seeks to maximise available capacity.</p> <p>Speciality level plans in place outlining local actions to mitigate the most significant areas of risk. Focus remains on urgent and urgent suspicious of cancer patients however routine long waiting times will increase.</p> <p>The governance arrangements supporting this work continue to inform the level of risk associated with delivering against these key programmes and mitigate the level of risk over time.</p> <p>Discussions continue with Scottish Government around the need for additional funding to help reduce the waiting times for long waiting routine patients.</p> <p>Planning for 2024/25 is underway in line with planning guidance letter received on 24/01/24.</p> <p>Confirmed funding 1M less than committed staff costs.</p>						
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8	<p>Cancer Waiting Times</p> <p>There is a risk that due to increasing patient referrals and complex cancer pathways, NHS Fife will see further deterioration of Cancer Waiting Times 62-day performance, and 31 day performance resulting in poor patient experience, impact on clinical outcomes and failure to achieve the Cancer Waiting Times Standards.</p>	<p>The prostate project group continues with actions identified to improve steps in the pathway. The nurse-led model went live in August 23. 159 patients have been seen in this clinic to date. There will be a focus to look at the waits to TP biopsy and post MDT part of the pathway.</p> <p>Fortnightly meetings with Scottish Government (SG) and quarterly monitoring of the Effective Cancer Management Framework continue.</p> <p>An update against actions on the Framework for Effective Cancer Management Submitted to SG. As of December 2023, Effective Breach.</p> <p>Analysis guidance has been incorporated into the NHS Fife Wide Procedure for the Management of Patients Referred with a Suspicion or Diagnosed with Cancer was agreed at the NHS Fife policy group and widely circulated through StaffLink and to key stakeholders by email.</p> <p>Work has commenced to take forward the Regrading Framework which has now been published. Regrading is variable across services. A questionnaire sent to clinical teams is currently being reviewed.</p> <p>As of August 2023 Single Point of Contact Hub (SPOCH) has expanded their service to support initiation of the Optimal Lung Cancer Pathway and has integrated with the Rapid Cancer Diagnosis Service</p>	High 15	Mod 12 by 30/04/24		Above	Director of Acute Services	Finance, Performance & Resources

		<p>(RCDS) to support suspected cancer Colorectal referrals and the negative qFIT pathway.</p> <p>Evaluation of the (SPOCH) was completed in December 2023 and tabled at the Cancer Governance and Strategy Group in January.</p> <p>Work to support implementation of the Optimal Lung Cancer Pathway has seen a reduction in the wait for CT, CT reporting and to MDT.</p> <p>The Optimal Head & Neck Pathway has just been published. SG funding was agreed to support expedited CT/MRI and 24 hour turnaround reporting.</p> <p>The Cancer Framework and delivery plan has been launched and priorities for 2023 - 24 are being implemented.</p> <p>The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time.</p> <p>Cancer Waiting Times funding is expected to be provided on a recurring basis from 2024-25. Work is underway to prioritise bids to support improvement.</p> <p>ADP Actions for 2024/25 are under review.</p>						
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To deliver value
and sustainability

No	Risk Description	Mitigation	Risk Level	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Risk Appetite Moderate	Risk Owner	Primary Committee
13	<p>Delivery of a balanced in-year financial position</p> <p>There is a risk that due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally, the Board will not achieve its statutory financial revenue budget target in 2023/24 without</p>	<p>During February 2024, all Boards received from the Scottish Government, a portion of UK consequential funding to support a break even position.</p> <p>Despite this funding and the intensified measures and commitment to reduce costs and avoid any additional investment in our services, including implementation of the Reform, Transform, Perform (RTP) programme, a large deficit remains and it is highly likely that the Board will require significant financial brokerage from Scottish Government to break-even.</p>	High 16	Mod 12 by 31/03/24	◀▶	Above	Director of Finance & Strategy	Finance, Performance & Resources

	further planned brokerage from Scottish Government.							
14	<p>Delivery of recurring financial balance over the medium-term</p> <p>There is a risk that NHS Fife will not deliver the financial improvement and sustainability programme actions required to ensure sustainable financial balance over the medium-term.</p>	<p>Our financial improvement plan will be delivered through our Reform, Transform and Perform (RTP) Framework working collaboratively with our partners.</p> <p>Reform will necessitate immediate changes in our working practices across the organisation, Transform will focus on evolving our services, structures, and care delivery, and Perform will be pivotal in driving sustainable improvements throughout the organisation.</p> <p>We are currently refreshing our Medium-Term Financial Plan (MTFP) to reflect funding announcements presented in the Scottish Government's budget for 2024/25. The MTFP identifies significant cost savings across all years covered by the financial plan. Work is underway through the RTP programme to support the change required across the organisation to deliver financial balance</p> <p>The Board will maintain its focus on reaching the full National Resource Allocation (NRAC) allocation over the medium-term.</p>	High 16	Mod 12 by 31/03/24	◀▶	Above	Director of Finance & Strategy	Finance, Performance & Resources
15	Prioritisation & Management	Ongoing governance through FCIG with capital plan being submitted through FP&R and the Board.	Mod	Mod 8 (by 01/04/26)	◀▶	Within	Director of Property & Asset	Finance, Performance & Resources

	<p>of Capital funding</p> <p>There is a risk that lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to deliver the PAMS and to support the developing Population Health and Wellbeing Strategy.</p>	<p>Annual Property and Asset Management Strategy (PAMS) updates to provide strategic direction.</p> <p>Rolling 5-year equipment programme and implementation of medical devices database.</p> <p>Implementation of medical devices database.</p> <p>Rolling 5-year Digital & Information programme linked to D&I strategy.</p> <p>Ongoing management of estate risks using the Estate Asset Management System (EAMS).</p> <p>Use of Business Case template to present new schemes for consideration.</p> <p>Future consideration/development of prioritisation investment tool.</p> <p>Fleet and sustainability requests will be linked to plans/strategy and presented through SBARs to Fife Capital Investment Group (FCIG).</p> <p>A date for a Board Development Session to consider the risk profile associated with prioritisation of capital resources is currently being explored.</p>	12	at next SG funding review)			Management	
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Risk Movement Key

- ▲ Improved - Risk Decreased
- ◀▶ No Change
- ▼ Deteriorated - Risk Increased

Assurance Principles

General Questions:

- Does the risk description fully explain the nature and impact of the risk?
- Do the current controls match the stated risk?
- How weak or strong are the controls? Are they both well-designed and effective i.e., implemented properly?
- Will further actions bring the risk down to the planned/target level?
- Does the assurance you receive tell you how controls are performing?
- Are we investing in areas of high risk instead of those that are already well-controlled?
- Do Committee papers identify risk clearly and explicitly link the strategic priorities and objectives/corporate risk?

Specific Questions when analysing a risk delegated to the committee in detail:

- History of the risk (when was it opened) – has it moved towards target at any point?
- Is there a valid reason given for the current score?
- Is the target score:
 - In line with the organisation's defined risk appetite?
 - Realistic/achievable or does the risk require to be tolerated at a higher level?
 - Sensible/worthwhile?
- Is there an appropriate split between:
 - Controls – processes already in place which take the score down from its initial/inherent position to where it is now?
 - Actions – planned initiatives which should take it from its current to target?
 - Assurances – which monitor the application of controls/actions?
- Assessing Controls
 - Are the controls "Key" i.e., are they what actually reduces the risk to its current level (not an extensive list of processes which happen but don't actually have any substantive impact)?
 - Overall, do the controls look as if they are applying the level of risk mitigation stated?
 - Is their adequacy assessed by the risk owner? If so, is it reasonable based on the evidence provided?
- Assessing Actions – as controls but accepting that there is necessarily more uncertainty
 - Are they on track to be delivered?
 - Are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk?
 - Are they likely to be sufficient to bring the risk down to the target score?
- Assess Assurances:
 - Do they actually relate to the listed controls and actions (surprisingly often they don't)?
 - Do they provide relevant, reliable and sufficient evidence either individually or in composite?
 - Do the assurance sources listed actually provide a conclusion on whether:
 - the control is working
 - action is being implemented
 - the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level
 - What level of assurance can be given or can be concluded and how does this compare to the required level of defence (commensurate with the nature or scale of the risk):
 - 1st line – management/performance/data trends?
 - 2nd line – oversight / compliance / audits?
 - 3rd line – internal audit and/or external audit reports/external assessments?

Level of Assurance:

Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance

Risk Assurance Principles:

Board

- Ensuring efficient, effective and accountable governance

Standing Committees of the Board

- Detailed scrutiny
- Providing assurance to Board
- Escalating key issues to the Board

Committee Agenda

- Agenda Items should relate to risk (where relevant)

Seek Assurance of Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chairs Assurance Report

- Consider issues for disclosure
- Emergent risks or
- Scrutiny or risk delegated to Committee

Year End Report

- Highlight change in movement of risks aligned to the Committee, including areas where there is no change
- Conclude on assurance of mitigation of risks
- Consider relevant reports for the workplan in the year ahead related to risks and concerns

Risk Assessment Matrix

A risk is assessed as **Likelihood x Consequence**

Likelihood is assessed as Remote, Unlikely, Possible, Likely or Almost Certain

Figure 1 Likelihood Definitions

Descriptor	Remote	Unlikely	Possible	Likely	Almost Certain
Likelihood	Can't believe this event would happen – will only happen in exceptional circumstances (5-10 years)	Not expected to happen, but definite potential exists – unlikely to occur (2-5 years)	May occur occasionally, has happened before on occasions – reasonable chance of occurring (annually)	Strong possibility that this could occur – likely to occur (quarterly)	This is expected to occur frequently / in most circumstances – more likely to occur than not (daily / weekly / monthly)

Consequence is assessed as, Negligible, Minor, Moderate, Major or Extreme.

Risk Level is determined using the 5 x 5 matrix below based on the AUS/NZ Standard. The risk levels are:

- Very Low Risk (VLR)
- Low Risk (LR)
- Moderate Risk (MR)
- High Risk (HR)

Figure 2 Risk Matrix

<u>Likelihood</u>	<u>Consequence</u>				
	Negligible 1	Minor 2	Moderate 3	Major 4	Extreme 5
Almost certain 5	LR 5	MR 10	HR 15	HR 20	HR 25
Likely 4	LR 4	MR 8	MR 12	HR 16	HR 20
Possible 3	VLR 3	LR 6	MR 9	MR 12	HR 15
Unlikely 2	VLR 2	LR 4	LR 6	MR 8	MR 10
Remote 1	VLR 1	VLR 2	VLR 3	LR 4	LR 5

Risks once identified, must be categorised against the following consequence definitions

Figure 3 Consequence Definitions

Descriptor	Negligible	Minor	Moderate	Major	Extreme
Patient Experience	Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care.	Unsatisfactory patient experience / clinical outcome directly related to care provision – readily resolvable.	Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery <1wk.	Unsatisfactory patient experience / clinical outcome, long term effects – expect recovery >1wk.	Unsatisfactory patient experience / clinical outcome, continued ongoing long term effects.
Objectives / Project	Barely noticeable reduction in scope / quality / schedule.	Minor reduction in scope / quality / schedule.	Reduction in scope or quality, project objectives or schedule.	Significant project over-run.	Inability to meet project objectives, reputation of the organisation seriously damaged.
Injury (Physical and psychological) to patient / visitor / staff.	Adverse event leading to minor injury not requiring first aid.	Minor injury or illness, first aid treatment required.	Agency reportable, e.g. Police (violent and aggressive acts). Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Complaints / Claims	Locally resolved verbal complaint.	Justified written complaint peripheral to clinical care.	Below excess claim. Justified complaint involving lack of appropriate care.	Claim above excess level. Multiple justified complaints.	Multiple claims or single major claim/. Complex justified complaint
Service / Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service.	Short term disruption to service with minor impact on patient care.	Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service.	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility. Disruption to facility leading to significant “knock on” effect
Staffing and Competence	Short term low staffing level temporarily reduces service quality (less than 1 day). Short term low staffing level (>1 day), where there is no disruption to patient care.	Ongoing low staffing level reduces service quality. Minor error due to ineffective training / implementation of training.	Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training / implementation of training. Ongoing problems with staffing levels.	Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training / implementation of training.	Non-delivery of key objective / service due to lack of staff. Critical error due to ineffective training / implementation of training.
Financial (including damage / loss / fraud)	Negligible organisational / personal financial loss (£<10k)	Minor organisational / personal financial loss (£10k-100k)	Significant organisational / personal financial loss (£100k-250k)	Major organisational / personal financial loss (£250 k-1m)	Severe organisational / personal financial loss (£>1m)
Inspection / Audit	Small number of recommendations which focus on minor quality improvement issues.	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating Critical report.	Prosecution. Zero rating Severely critical report.
Adverse Publicity / Reputation	Rumours, no media coverage. Little effect on staff morale.	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale / public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation.	National media / adverse publicity, less than 3 days. Public confidence in the organisation undermined Use of services affected	National / International media / adverse publicity, more than 3 days. MSP / MP concern (Questions in Parliament). Court Enforcement Public Enquiry, FAI

Based on NHS Quality Improvement Scotland (February 2008) sourced AS/NZS 4360:2004: Making it Work: (2004) and Healthcare Improvement Scotland, Learning from Adverse Events: A national framework (4th Edition) (December 2019)

NHS Fife

Meeting:	Finance, Performance & Resources Committee
Meeting date:	12 March 2024
Title:	Project Hydra
Responsible Executive:	Neil McCormick, Director of Property & Asset Management
Report Author:	Julie Farr, Senior Project Manager, Corporate PMO

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to:

- A legal requirement

This aligns to the following NHS Scotland quality ambition(s):

- Safe

2 Report summary

2.1 Situation

Project Hydra is a construction project which will replace the medium temperature hot water pipes in phase 3 of the Victoria hospital. The project started in May 2023 and will continue until the beginning of March 2025. Balfour Beatty is responsible for delivering the project. FP&R are being asked to note this paper for assurance.

2.2 Background

Project Hydra involves the replacement of Medium Temperature Hot Water pipes (MTHW) in phase 3 of the Victoria Hospital and the installation of a new heat station. The original MTHW pipework was installed as part of the Private Finance Initiative (PFI) contract when phase 3 of the hospital was built, opening in 2012. It was identified a number of years ago that the MTHW pipework was faulty. Legal negotiations were concluded and contractual agreements signed in 2023 enabling the pipe replacement work to begin.

Overview of proposed MTHW Works

Scope of MTHW Work:

- Replacement of the MTHW pipework within the PFI Hospital.
- New pipework routed over the roof.
- New Heat Station 5 plant room.
- Installation of:
 - c4.5km pipework
 - 38 tonnes structural steelwork

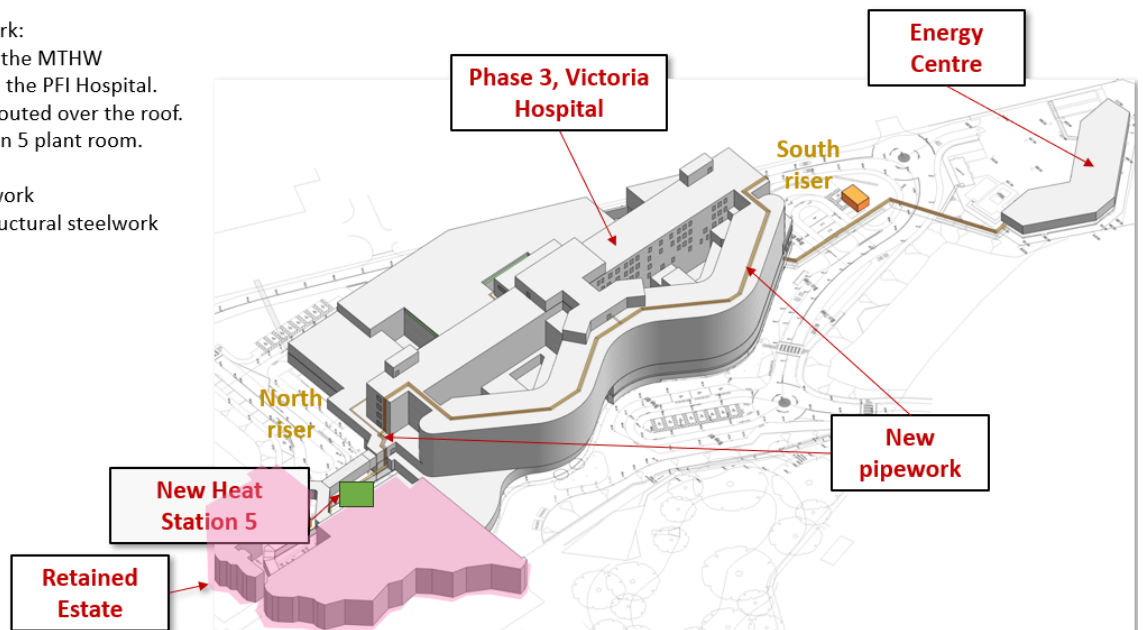


Diagram 1

The original MTHW pipework is in the basement of the hospital but is close to other services. In order to reduce risk and minimise the disruption to NHS Fife the new MTHW pipes will be installed on the roof of phase 3 of the Victoria Hospital, as detailed in diagram 1. A new heat station will be located at the old A&E entrance between the link bridge and phase 2 of the hospital. The new pipework will be connected to the heat station.

The contractual structure for Project Hydra is illustrated below in diagram 2. Taylor and Fraser (a specialist Mechanical & Electrical contractor) are subcontracted by Balfour Beatty for the performance of the MTHW works. However, Balfour Beatty remains responsible for the delivery of the MTHW works and is the primary point of contact for Consort (Fife) Limited. A formal Project Agreement is in place detailing the financial contract.

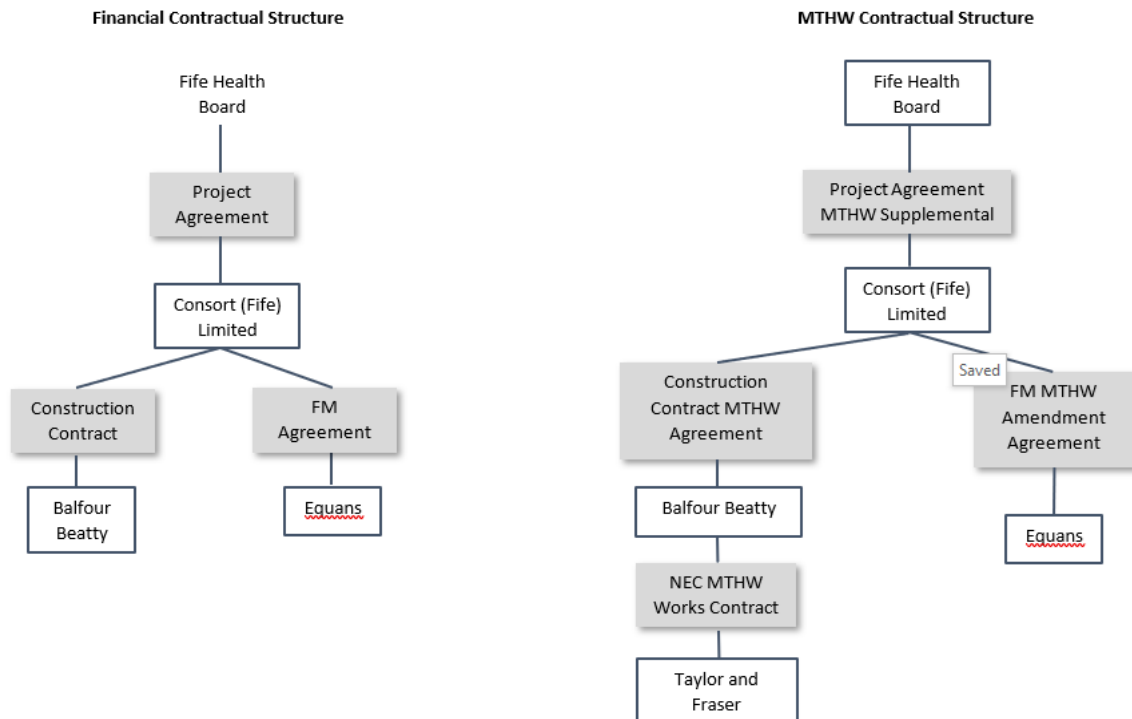


Diagram 2: PFI Contractual Structure

2.3 Assessment

The project started in May 2023 and is due to be completed by March 2025. Although significant work has gone into minimising the impact of the project on NHS Fife patients, visitors and staff there will still be a degree of interruption. There are 4 key interfaces where works will have an impact, these are:

- In car park D at the entrance to the renal department – work will take place over 7 months, tasks with greatest impact will take place at weekends;
- Between the link bridge and phase 2 retained estate – work will take place over 1 months, excavating concrete and laying foundations for the new heat station;
- Near the entrance to A&E and beside the link bridge – work will take place over 2.5 months with significant impact for 12 hours.
- At the corner outside the Rapid Triage Unit along from the entrance to AU1- work will take place over 8 months and impact on disabled parking spaces.

A number of Short Life Working Groups will be established to consult staff on the impact of the works and to consider and coordinate alternative controls.

As part of the legal agreement a Senior Project Manager from NHS Fife’s Corporate Project Management Office has been allocated to coordinate the project works with the day-to-day functions of the hospital, to minimise and communicate impact and report on the project. The Project Manager is working closely with Infection, Prevention and Control facilitating the completion of the necessary Healthcare Associated Infection Systems for Controlling Risk in the Built Environment (HAI-SCRIBE).

Work that has been completed to date includes:

- HAI-SCRIBES for the 4 key interfaces;
- Crane lift of pipework onto level 6 roof at car park D / entrance to renal dialysis;
- Communication plan for internal and external communications;
- Timeline for major works agreed to minimise impact on day to day NHS functions

The project is currently 13 weeks behind the original programme of works due to additional investigations being required, inclement weather and changes to the heat station design. This is viewed as not being of great concern to NHS Fife as the works with greatest disruption on hospital functions ie. crane lifts will now take place out with the Winter period when the impact on services will be less.

2.3.1 Quality / Patient Care

The impact on patients is being minimised through direct communication with the patients impacted such as renal dialysis patients and through temporary signage to direct patients to alternative access routes. Relevant external communications have been issued.

2.3.2 Workforce

The workforce is being consulted on the impact of the works and their feedback taken into consideration when scheduling and planning. They are being informed of works taking place through Staff Link and through temporary signage to direct them to alternative access routes.

2.3.3 Financial

Financial agreements for the project are detailed in the contractual documents with Consort and Balfour Beatty who are financially responsible for the project. The project delays have no financial penalties for the Health Board. NHS Fife receives a monthly payment from Consort for a Project Manager, Project Board costs and meeting costs.

2.3.4 Risk Assessment / Management

Risk Management of the construction works is the responsibility of the contractor and Balfour Beatty. A risks and issues log for the project in relation to the impact on NHS Fife's patients and staff is reviewed regularly by the project team.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

Equality and diversity implications of the control measures being put in place are being considered.

2.3.6 Climate Emergency & Sustainability Impact

The project will reduce NHS Fife's water and energy consumption as the new pipework will not allow medium temperature water to escape and be heated unnecessarily.

2.3.7 Communication, involvement, engagement and consultation

Internal stakeholders have been involved in meetings to discuss the impact of works at key interfaces. Their feedback is being taken into consideration when scheduling works to minimise disruption.

2.3.8 Route to the Meeting

This paper has not been considered by any previous groups.

2.4 Recommendation

The paper is provided for:

- Assurance – for Members' information about Project Hydra.

3 List of appendices

N/A

Report Contact:

Julie Farr
Senior Project Manager
Julie.farr2@nhs.scot

Meeting:	Finance, Performance & Resources Committee
Meeting date:	12 March 2024
Title:	Fife Specialist Palliative Care Service Update
Responsible Executive:	Nicky Connor, Director, Health & Social Care Partnership
Report Author:	Karen Wright, Clinical Services Manager Drs Bowden, Fenning, Boyce, Steel, Mullin & Clarke – Consultants in Palliative Medicine

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board / IJB Strategy or Direction / Plan for Fife

This report aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report is being presented to Committee to provide assurance on the positive impact following implementation of a Direction issued by the Integration Joint Board in May 2023, for the permanent re-provision of Palliative Care in Fife.

2.2 Background

As articulated within the Direction, this report provides an update on ongoing performance and monitoring arrangements for the Fife Specialist Palliative Care Service.

2.3 Assessment

The table below contains progress updates against performance measures described within the Direction issued to support the redesign on Palliative Care.

This confirms that the agreed improvements in access to specialist palliative care have been sustained.

Direction Metric	Progress
<p>Specialist Palliative Care advice is available 24/7 to all professionals delivering palliative care in Fife, as evidenced by audit of call times, nature of callers and agreed outcomes of each call</p>	<ul style="list-style-type: none"> ○ FSPCS Single Point of Access (SPOA), a dedicated 24/7 professional to professional helpline, receives around 2000 referrals a year from professionals (doctors, nurses, allied health professionals, the ambulance service, community hospital and care homes).
<p>The Specialist Palliative Care service will continue to offer expert advice to over 150 new patients each month via the single point of access.</p>	<p>Between May – October 2023:</p> <ul style="list-style-type: none"> ○ There were 1123 new patient referrals to SPOA, averaging 187 referrals per month. 39% required specialist advice only, 36% of which required in-patient assessment in the acute hospital and 24% which required a community assessment (including patients' own homes, community hospitals and care homes). 1% of calls led to referral to the service's in-patient hospice unit. ○ There were 8,858 patient/family contacts in community and hospital settings. 88% of these contacts were on weekdays and 12% at weekends. ○ FSPC community team held an average monthly caseload of 65 patients for whom an average of 765 patient contacts were made each month. ○ In addition to this, the essential care team (previously out-reach team) provided hands on care and support to around 28 patients and families each month, all over Fife. ○ The FSPCS acute hospital team held an average monthly caseload of 81 patients with a monthly average of 286 face to face reviews of patients.
<p>More patients receiving specialist palliative care will be supported to die in their usual place of residence.</p>	<ul style="list-style-type: none"> ○ Discussion about what and who is important to patients and families is fundamental to the care that FSPCS offers. ○ A review of healthcare records for 20 consecutive patients who died with FSPCS support in the community in November 2023 revealed: <ul style="list-style-type: none"> ➤ All patients recorded discussions about their preferred place of care and death.

	<ul style="list-style-type: none"> ➤ 2/20 patients were receiving their end of life care in a community hospital setting with FSPCS support, and this was their preferred place. ➤ 19/20 patients achieved their preferred place of death. ➤ One patient, with a previously expressed preference for end of life care at home, required admission in the last days of life because their needs had changed such that home was no longer feasible. This patient died in a community hospital setting, supported by FSPCS. ➤ In addition to current best practice, FSPCS is leading a quality improvement initiative to implement a ‘community palliative care bundle’ – bringing together the elements that we know support good end of life care in community settings (including records of Future Care Planning discussions, District Nurse Palliative Care Line access, injectable medications, Do Not Attempt Cardiopulmonary Resuscitation paperwork).
<p>Responsive “on the day” care will be accessed by patients and families with urgent needs</p>	<ul style="list-style-type: none"> ○ FSPCS does not operate a waiting list for patients in the community and acute hospital settings to be assessed. People with urgent “on the day” needs are prioritized and are visited accordingly by appropriately skilled members of the specialist team. ○ In a 3-day snapshot audit in week commencing 27th November 2023, FSPC SPOA received 52 separate calls requiring urgent action (examples detailed below), an average of 17 requests for urgent help per day: <ul style="list-style-type: none"> ➤ 21/52 (40%) clinical advice to colleagues within FSPC, 14/52 (27%) new referrals for clinical assessment (hospital or community), 13/52 (25%) clinical advice to professionals external to FSPC and 4/52 (8%) requests for admission to Victoria Hospice ➤ FSPC responded to 48/52 (92%) requests on the same working day. This included 8 ‘on the day’ clinical reviews of new patients in hospital, 3 ‘on the day’ admissions to Victoria Hospice, 3 ‘on the day’ interventions by Essential Care Team for new patients at home and 1 ‘on the

	<p>day' clinical review of a new patient at home (this visit was completed by a Consultant due to clinical complexity).</p> <ul style="list-style-type: none"> ➤ A further 3/52 (6%) requests were addressed on a planned basis the following day (in each case, this timing was agreed with the referrer as there was no clinical need for an immediate response) ➤ Only 1/52 request (an urgent referral for Essential Care support) could not be addressed 'on the day' due to issues with clinical capacity.
<p>Patients with non-cancer illnesses will be able to access the palliative care they need</p>	<ul style="list-style-type: none"> ○ Prior to FSPCS service changes, referrals for people with non-cancer conditions were around 9% of total referrals. In the community settings referrals remain relatively low at 11%, and in the acute hospital setting this is 21%. 5% of people admitted to the hospice during 2022 had a primary non-cancer illness. ○ FSPCS has an established programme of education around care for people with deteriorating health – aimed at professionals working in all care and residential settings across Fife, supporting patients with all illnesses. These courses have been accessed predominantly by clinicians working in non-cancer palliative care, and particularly by Advanced Nurse Practitioners in community settings including care homes. ○ FSPCS remains committed to working more closely with their colleagues in non-cancer services to ensure improved identification of people nearing the end of life to ensure that they can access the palliative care they need. ○ FSPCS are planning to undertake a survey of clinicians supporting people with non-cancer conditions in Fife to explore their understanding of palliative care services and to identify training needs, which FSPCS will support going forward.
<p>People dying in a community hospital setting across Fife will be supported by specialist palliative care where needed, 7 days a week</p>	<ul style="list-style-type: none"> ○ Between May to October 2023 there were 248 contacts for patients across every Community Hospital in Fife (Queen Margaret Hospital, n=208, Glenrothes Hospital, n=24, Adamson Hospital, n=8, Stratheden Hospital, n=83, Cameron Hospital, n=3, St Andrews Community Hospital, n=2). ○ Contacts were made 7 days a week, according to need.

	<ul style="list-style-type: none"> ○ Community hospitals in Fife offer inpatient general palliative care close to home for people all over Fife, with support from FSPCS as needed.
A reduction in hospice waiting times to less than 2 days will be sustained	<ul style="list-style-type: none"> ○ Prior to service changes, and when Fife had two inpatient hospice units, the average waiting time for admission to a hospice bed was 3.4 days. ○ For the period April to December 2023 there were 179 admissions to the Hospice. The average waiting time for those admissions was 1.2 days. ○ 128 of the 179 admissions (71%) were admitted on the same day or the day following referral
Patients waiting on admission to the hospice will receive specialist care and support by the outreach team	<ul style="list-style-type: none"> ○ FSPCS is consistently able to offer specialist support for anyone waiting for a hospice bed, from any care or residential setting.
Patients and carers will experience equitable access to palliative care across Fife	<ul style="list-style-type: none"> ○ Between May to October 2023, the 1123 new referrals made to SPOA related to people living in all Fife localities: <ul style="list-style-type: none"> ▪ Kirkcaldy 17% ▪ Glenrothes 17% ▪ North East Fife 15% ▪ Levenmouth 13% ▪ Dunfermline 13% ▪ Cowdenbeath 12% ▪ South West Fife 11% ○ An audit of all hospice admissions in 2022 revealed that the socioeconomic status of people admitted mirrored the socioeconomic status of the dying population. In other words, people from all socioeconomic backgrounds access hospice care in Fife equitably.

2.3.1 Quality, Patient and Value-Based Health & Care

This enhanced service model ensures that patients are cared for in their preferred setting, to better meet the evolving needs of patients and those of their families and carers.

There have been no complaints relating to specialist palliative care service over this time period. Patients, families, and carers continue to share their feedback on their care experience as evidenced within examples of recent feedback below.

From a parent – *“wanted to share that he felt all involved in x’s care went “beyond the call of duty, and couldn’t have asked for anything more.”*

Care Opinion posts

“The District Nurses and the Palliative care team ensured we were able to keep our relative at home and nothing was ever too much bother. NHS gets such bad press but we fulfilled our relative’s dying wish to remain at home and this was only possible with the help of these teams.”

“From the moment I encountered this dedicated team, it was clear that their commitment to their work goes far beyond just a job – it is a genuine calling. The care, compassion, and unwavering dedication they exhibit are truly remarkable. Each member of the team brings a unique blend of expertise, kindness and empathy, creating an environment of comfort and support for both patients and their families and friends.”

2.3.2 Workforce

Whilst recruitment and retention of the workforce across the HSCP is challenging, there is evidence that our clinical model is having a positive impact on our ability to attract and retain staff. The service is now fully recruited with 4 Advanced Nurse Practitioners. Part-time Band 4 Support Workers for Occupational Therapy and Physiotherapy are also included within the Team to support a multi-disciplinary model.

2.3.3 Financial

The new service model continues to be delivered within the existing revenue budget of the Fife Specialist Palliative Care Services and is aligned to local and national strategy aspirations.

2.3.4 Risk Assessment / Management

This report provides assurance that potential risks associated with the permanent implementation of the new model have been managed.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

An EQIA has been completed as part of the change of model and is available on the NHS Fife’s Equality and Human Rights web page.

The service is engaging with Fife Centre of Equalities (FCE), to raise awareness of accessibility to palliative care services across Fife. An example includes learning more from people within ethnic minority groups about their needs to support access to generalist and specialist palliative care services in Fife. In 2024 the service will work with colleagues in Public Health and the Health and Social Care Partnership to further enhance how we map our population demographics and explore equity of access to palliative care.

2.3.6 Climate Emergency & Sustainability Impact

There are no negative issues relating to environment or climate change.

The service is in the process of introducing leased electric cars to reduce the carbon footprint for the out-reach team who will be based across Fife.

The introduction of MORSE (electronic clinical system used in the community) within the service has significantly reduced the reliance on paper records.

2.3.7 Communication, involvement, engagement and consultation

The Service has a pro-active leadership group in place to support and oversee the ongoing delivery of palliative care in Fife. Many other aspects of this report including the Quality of Care, Equalities and Workforce sections demonstrate ongoing communication, involvement, engagement which is core to the values of the specialist palliative care service.

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- SLT - H&SCP
- EDG, NHS Fife
- PH&WB Committee, NHS Fife

2.4 Recommendation

This paper is provided to members for **assurance** that the direction issued in May 2023 has been delivered and that the delivery of the specialist palliative care service is now fully implemented and operating as business as usual.

Report Contact

Karen Wright

Clinical Services Manager

Email Karen.Wright@nhs.scot

PROPOSED FINANCE, PERFORMANCE AND RESOURCES COMMITTEE

ANNUAL WORKPLAN 2024/25

Governance – General							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Minutes of Previous Meeting	Chair	R	R	R	R	R	R
Action List	Chair	R	R	R	R	R	R
Escalation of Issues to NHS Board	Chair	R	R	R	R	R	R
Governance Matters							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Annual Assurance Statement 2023/24	Board Secretary	R					
Annual Internal Audit Report 2023/24	Director of Finance & Strategy		R				
Committee Self-Assessment	Board Secretary						R
Corporate Calendar / Committee Dates	Board Secretary			R			
Corporate Risks Aligned to Finance, Performance & Resources Committee (including Deep Dives)	Director of Finance & Strategy	R	R	R	R	R	R
Delivery of Annual Workplan 2024/25	Board Secretary	R	R	R	R	R	R
Internal Audit Review of Property Transaction Report 2023/24	Internal Audit	R					
PPP Performance Monitoring Report	Director of Property & Asset Management				R Private Session		R Private Session
Review of Annual Workplan 2025/26	Board Secretary					R Draft	R Approval
Review of General Policies & Procedures	Board Secretary	R			R		
Review of Terms of Reference	Board Secretary						R Approval

Strategy / Planning							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Annual Delivery Plan 2024/25 – Scottish Government Response	Director of Finance & Strategy	R					
Annual Delivery Plan Quarterly Performance Report 2024/25	Director of Finance & Strategy	R Q4	R Q1		R Q2		R Q3
Annual Budget Setting Process 2024/25	Director of Finance & Strategy	R					
Community Asset Transfer (CAT) - Lucky Ewe Appeal	Director of Property & Asset Management	R Private Session		R Private Session			
Corporate Objectives	Director of Finance & Strategy / Associate Director of Planning & Performance	R					
Decarbonisation of NHS Fife Fleet	Director of Property & Asset Management					R	
Fife Capital Investment Group Reports 2024/25	Director of Finance & Strategy / Director of Property & Asset Management	R		R	R	R	R
Financial Improvement and Sustainability Programme Progress Report	Director of Finance & Strategy	R	R	R	R	R	R
Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme	Director of Pharmacy & Medicine	R Private Session		R Private Session			
Orthopaedic Elective Project	Director of Nursing	R					
Planned Care Programme Report	Director of Acute Services & Medical Director			R			
Primary Care Strategy Progression	Director of Health & Social Care			R			
Property & Asset Management Strategy (PAMS)	Director of Property & Asset Management			R			

Strategy / Planning (cont.)							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Control of Entry Pharmaceutical List	Director of Pharmacy & Medicines / Director of Health & Social Care			R			
Project Hydra	Director of Property & Asset Management			R			R
Quality / Performance							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Financial Position – Mid-Year Review 2024/25	Director of Finance & Strategy			R			
Integrated Performance & Quality Report	Exec. Leads	R	R	R	R	R	R
Financial Performance & Sustainability Report	Director of Finance & Strategy		R	R	R	R	R
Labs Managed Service Contract (MSC) Performance Report	Director of Acute Services			R			
Procurement Key Performance Indicators	Head of Financial Services & Procurement	R			R		R
Tender Process for 2C GP Practices (<i>also goes to PHWC</i>)	Director of Health & Social Care	R Private Session		R Private Session			
Annual Reports							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Annual Procurement Report 2023/24	Head of Financial Services & Procurement					R	
Linked Committee Minutes							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Fife Capital Investment Group	Chair	R 17/04	R 29/05	R 10/07	R 21/08 & 02/10	R 13/11	R 18/12 & 05/02

Linked Committee Minutes (cont.)							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Procurement Governance Board	Chair		R 24/04	R 31/07		R 30/10	R 29/01
IJB Finance, Performance & Scrutiny Committee	Chair		R 15/05	R 03/07	R 11/09		R 15/01
Primary Medical Services Subcommittee	Chair	R 05/03	R 04/06		R 03/09	R 03/12	
Pharmacy Practice Committee	Chair	Ad-hoc Meetings					
Other Business							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Receipt of Business Cases		As required					
Asset Disposals		As required					
Mental Health Estates Initial Agreement	Medical Director					R	
Primary Care Premises Framework	Director of Property & Asset Management			R			
Ad-hoc Items							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Matters Arising							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Development Sessions							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25

FINANCE, PERFORMANCE AND RESOURCES COMMITTEE

ANNUAL WORKPLAN 2023/24

Governance - General							
	Lead	09/05/23	11/07/23	19/09/23	14/11/23	16/01/24	12/03/24
Minutes of Previous Meeting	Chair	R	R	R	R	R	R
Action List	Chair	R	R	R	R	R	R
Escalation of Issues to NHS Board	Chair	R	R	R	R	R	R
Governance Matters							
	Lead	09/05/23	11/07/23	19/09/23	14/11/23	16/01/24	12/03/24
Annual Assurance Statement 2022/23	Board Secretary	R					
Annual Internal Audit Report 2022/23	Director of Finance & Strategy		R				
Committee Self-Assessment	Board Secretary						R
Corporate Calendar / Committee Dates	Board Secretary			R			
Corporate Risks Aligned to Finance, Performance & Resources Committee - Deep Dives	Director of Finance & Strategy	R Bank & Agency Work	R Bank & Agency Spend	R No Deep Dive Reviewing Critical Pathways	R Cancer Waiting Times	R Prioritisation & Management of Capital funding	R No Deep Dive
Delivery of Annual Workplan 2023/24	Board Secretary	R	R	R	R	R	R
Internal Audit Review of Property Transaction Report 2022/23	Internal Audit	As required					
PPP Performance Monitoring Report	Director of Property & Asset Management				R Private Session		Removed
Review of Annual Workplan 2024/25	Board Secretary					R Draft	R Approval
Review of General Policies & Procedures	Board Secretary	R			R		
Review of Terms of Reference	Board Secretary						R

							Approval
Strategy / Planning							
	Lead	09/05/23	11/07/23	19/09/23	14/11/23	16/01/24	12/03/24
Annual Delivery Plan 2023/24	Director of Finance & Strategy		R	R	Removed		
ADP Quarterly Performance Report 2023/24	Director of Finance & Strategy				R Q2		Removed
Annual Budget Setting Process 2023/24	Director of Finance & Strategy	R					
Corporate Objectives	Director of Finance & Strategy / Associate Director of Planning & Performance	R					
Fife Capital Investment Group Reports 2023/24	Director of Finance & Strategy / Director of Property & Asset Management	R		R	R	R	Removed
Financial Improvement and Sustainability Programme Progress Report	Director of Finance & Strategy		R	Removed	R	Removed	Removed
Medium Term Financial Plan	Director of Finance & Strategy				Removed		Removed
Population Health & Wellbeing Strategy – 2023/24 Mid-Year Review	Director of Finance & Strategy				Removed	R	
Orthopaedic Elective Project	Director of Nursing	R		Removed		Removed	
Primary Care Strategy Progression	Director of Health & Social Care		Removed				
Property & Asset Management Strategy (PAMS)	Director of Property & Asset Management			R			
Strategic Planning & Resource Allocation Process 2024/25	Director of Finance & Strategy				Removed		Removed
Control of Entry Pharmaceutical List	Director of Pharmacy & Medicines / Director of Health & Social Care			R			
Project Hydra	Director of Property & Asset Management					Removed	R

Quality / Performance							
	Lead	09/05/23	11/07/23	19/09/23	14/11/23	16/01/24	12/03/24
Financial Position – Mid-Year Review 2023/24	Director of Finance & Strategy			Removed			
Integrated Performance & Quality Report	Exec. Leads	R	R	R	R	R	R
Financial Performance & Sustainability Report <i>(Added to workplan June 2023)</i>	Director of Finance & Strategy		R	Removed	R	R	R
Labs Managed Service Contract (MSC) Performance Report	Director of Acute Services		Deferred to next meeting	R			
Procurement Key Performance Indicators	Head of Financial Services & Procurement	R		Removed	R		R
Tender Process for 2C GP Practices <i>(also goes to PHWC)</i>	Director of Health & Social Care	R Private Session		R Private Session			
Annual Reports							
	Lead	09/05/23	11/07/23	19/09/23	14/11/23	16/01/24	12/03/24
Annual Procurement Report 2022/23	Head of Financial Services & Procurement				Deferred to next meeting	R	
Linked Committee Minutes							
	Lead	09/05/23	11/07/23	19/09/23	14/11/23	16/01/24	12/03/24
Fife Capital Investment Group	Chair	R 18/01 & 01/03	R 19/04 & 26/05	R 16/08	R 27/09	R 08/11	R 13/12 & 08/02
Procurement Governance Board	Chair	R 22/02	R 28/04	R 30/08		R 01/12	R 28/02
IJB Finance, Performance & Scrutiny Committee	Chair	R 20/01	R 17/03	R 12/05 & 06/07	R 15/09	R 10/11	R 18/01
Primary Medical Services Subcommittee	Chair	R 07/03	R 06/06		R 05/09	R 05/12	

Pharmacy Practice Committee	Chair	Ad-hoc Meetings					
Other / Adhoc							
	Lead	09/05/23	11/07/23	19/09/23	14/11/23	16/01/24	12/03/24
Receipt of Business Cases		As required					
Consideration of awards of tenders		As required					
Asset Disposals		As required					
Audit Report – Post Transaction Monitoring	Internal Audit			Deferred to next meeting	Removed		
Mental Health Estates Initial Agreement	Medical Director		Deferred on 11 July, 19 September & 14 November, due to financial constraints. Initial Agreement is part of a larger business plan for mental health.			Private Session	
Primary Care Premises Framework	Director of Property & Asset Management			Private Session			
Financial Performance Report	Director of Finance & Strategy			Private Session			
Internal Control Evaluation Report 2023/24	Director of Finance & Strategy					Private Session	
Reform, Transform, Perform Framework (Added 12.01.2024)	Chief Executive					Private Session	
Funding for Critical Posts (Added 12.01.2024)	Chief Executive					Private Session	
Re-form, Transform, Perform Update (Added 19.02.2024)	Director of Pharmacy & Medicine						Private Session
Draft Medium Term Financial Plan 2024-27 (Added 19.02.2024)	Director of Finance & Strategy						Private Session
Primary Care – Park Road Tender (Added 19.02.2024)	Director of Health & Social Care						Private Session
Fife Specialist Palliative Care Services Update	Director of Health & Social Care						Private Session

Draft Annual Delivery Plan	Director of Finance & Strategy							Private Session
Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)								
	Lead	09/05/23	11/07/23	19/09/23	14/11/23	16/01/24	12/03/24	
Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme	Director of Pharmacy & Medicine	Private Session		Private Session				
Community Asset Transfer (CAT) - Lucky Ewe Appeal	Director of Property & Asset Management	Private Session		Private Session				
Potential PFI Re-financing – VHK Phase 3	Director of Property & Asset Management		Deferred to next meeting	Private Session	Removed	Private Session		
Planned Care Programme Report <i>(Action from July Committee meeting)</i>	Director of Acute Services & Medical Director							
Bank & Agency Staffing - Phased Approach Report <i>(Action from July Committee meeting)</i>	Director of Workforce							
Automated Prescription Locker boxes	Director of Pharmacy & Medicine							
Decarbonisation of NHS Fife Fleet	Director of Property & Asset Management							
Annual Delivery Plan & Financial Plan 2024/25 – Progress Statement	Director of Finance & Strategy							
Urgent Care Services Fife (UCSF) – Urgent Care Transport Services Contract Renewal	Head of Primary and Preventative Care Services							Private

Development Sessions								
	Lead							
FPR Development Session	Director of Finance & Strategy							

<ul style="list-style-type: none">• Primary Care Premises Strategy and the findings of this review		c/f 30/03/23					
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FIFE CAPITAL INVESTMENT GROUP

Meeting on 13 December 2023

No issues were raised for escalation to the Finance, Performance & Resources Committee.

MINUTE OF FIFE CAPITAL INVESTMENT GROUP MEETING

**Wednesday 13 December 2023 at 11:00am
on MS Teams**

- Present:** Neil McCormick, Director of Property & Asset Management (NMCC)
(Chair)
Margo McGurk, Director of Finance & Strategy / Deputy Chief Executive (MMcG)
Paul Bishop, Head of Estates (PB)
Jim Rotheram, Head of Facilities (JRo)
Tracy Gardiner, Capital Accountant (TG)
Ben Johnston, Head of Capital Planning / Project Director (BJ)
Janette Keenan, Director of Nursing (JK)
Ben Hannan, Director of Pharmacy & Medicines (BH)
Maxine Michie, Deputy Director of Finance (MMi)
Claire Dobson, Director of Acute Services (CD)
Alistair Graham, Associate Director of Digital & Information (AG)
Chris McKenna, Medical Director (CM)
David Miller, Director of Workforce (DM)
Wilma Brown, Partnership Representative (WB)
Jimmy Ramsay, Head of Sustainability (JR)
- In Attendance:** Kerrie Donald, Executive Assistant to Director of Finance & Strategy (KD)
- Apologies:** Lisa Cooper, Head of Primary & Preventative Care Services
Nicky Connor, Director of Health & Social Care
Rose Robertson, Assistant Director of Finance

1.0	<p>WELCOME AND APOLOGIES</p> <p>Apologies were received from Lisa Cooper (Head of Primary & Preventative Care Services), Nicky Connor (Director of Health & Social Care) and Rose Robertson (Assistant Director of Finance).</p> <p>NMcC welcomed JR as a new member to FCIG.</p>	
2.0	<p>NOTES OF PREVIOUS MEETING</p> <p>The note of the previous meeting held on 8 November 2023, was approved, and agreed as an accurate record.</p>	
3.0	<p>ROLLING ACTION LIST / MATTERS ARISING</p>	

	The action log was updated accordingly.	
4.0	<p>MINUTES OF OTHER COMMITTEES</p> <p>4.1 Clinical Contingency Group The minute of the meeting held on 9 November 2023 was noted by the group. It was highlighted a balance of £30k remains however there are no outstanding requests.</p> <p>4.2 Capital Equipment Management Group The minute of the meeting held on 2 November 2023 was noted by the group. It was highlighted all CEMG funding has been allocated and the 5 year Capital Equipment Plan is currently being reviewed to ensure it is up to date and accurate.</p> <p>PB highlighted equipment requests for a Specialist Children’s Bed and x3 Thrive Machines were presented and discussed at CEMG for approval. Due to no capital budget remaining for CEMG, it was noted the equipment requests would be presented to FCIG for discussion.</p> <p>FCIG members advised equipment presented for approval should be presented with an SBAR to provide members with information regarding the requests. CD highlighted the request for the 3 Thrive Machines is no longer required and PB noted an SBAR for the Specialist Children’s Bed would be requested by the team and presented to FCIG in January.</p> <p>Following discussion, it was agreed a broader discussion on prioritisation of the remaining budget should be held before agreeing to approve any further equipment requests, and proposals on the allocation of the remaining budget should be brought back to the January FCIG meeting for further discussion and approval. KD to update FCIG workplan to reflect.</p>	<p>PB</p> <p>KD</p>
5.0	<p>PLANNING</p> <p>5.1 Mental Health Strategy Update BJ provided an update on the Mental Health Strategy noting a paper was presented to EDG on 7 December 2023 and will be presented to Committees, NHS Fife Board and IJB in January 2024. MM highlighted the budget is due to be announced on 19 December 2023 which may result in a change with the phasing of the programme.</p> <p>5.2 Project Hydra NMCC noted the project for the Medium Temperature Hot Water replacement work is on track for completion, praising the contractors and our project manager for completing the work with minimal disruption to services.</p> <p>5.3 Kincardine & Lochgelly Project Update BJ advised the team have been tidying up the project to ensure work can commence once funding becomes available. It was highlighted the Estates team have reviewed the decoration in the Kincardine practice, while the projects are on hold, and have painted the reception area, with the staff room and main corridor to also be painted.</p>	

6.0	<p>PERFORMANCE</p> <p>6.1 Capital Equipment Report TG noted the September position was reported at the November FCIG meeting so the October and November reports were included within the December FCIG meeting papers. It was highlighted the October position reports a £12m capital programme (which includes the £1.5m received as an allocation from Scottish Government) with a £3.5m expenditure. The November position reports a £12m capital programme and a £5m expenditure noting they key areas are; Ward 3 within Queen Margaret Hospital, substantial equipment received in November including the anaesthetic machines, and works starting within the radiology rooms.</p>	
7.0	<p>ISSUES TO BE ESCALATED TO EDG</p> <p>No issues to be escalated to EDG.</p>	
8.0	<p>AOCB</p> <p>No other business discussed.</p>	
9.0	<p>DATE OF NEXT MEETING</p> <p>Wednesday 24 January 2024, 9:30am - 11am, via MS Teams</p>	

FIFE CAPITAL INVESTMENT GROUP

Meeting on 8 February 2024

No issues were raised for escalation to the Finance, Performance & Resources Committee.

MINUTE OF FIFE CAPITAL INVESTMENT GROUP MEETING

**Thursday 8 February 2024 at 1:00pm
on MS Teams**

Present: Neil McCormick, Director of Property & Asset Management (NMCC)
(Chair)
Paul Bishop, Head of Estates (PB)
Jim Rotheram, Head of Facilities (JRo)
Tracy Gardiner, Capital Accountant (TG)
Ben Johnston, Head of Capital Planning / Project Director (BJ)
Janette Keenan, Director of Nursing (JK)
Maxine Michie, Deputy Director of Finance (MMi)
Claire Dobson, Director of Acute Services (CD)
Alistair Graham, Associate Director of Digital & Information (AG)
Rose Robertson, Assistant Director of Finance
Jimmy Ramsay, Head of Sustainability (JR)

In Attendance: Heather Bett, Senior Manager (HB)

Apologies: Ben Hannan, Director of Pharmacy & Medicines (BH)
Margo McGurk, Director of Finance & Strategy / Deputy Chief Executive (MMcG)
Chris McKenna, Medical Director (CM)
David Miller, Director of Workforce (DM)
Wilma Brown, Partnership Representative (WB)

1.0	<p>WELCOME AND APOLOGIES</p> <p>Apologies were received from Ben Hannan (Director of Pharmacy & Medicine), Margo McGurk (Director of Finance & Strategy / Deputy Chief Executive), Chris McKenna (Medical Director), David Miller (Director of Workforce) and Wilma Brown (Partnership Representative).</p> <p>NMcC advised the meeting would be recorded via MS Teams and typed back by K. Donald at a later date due to annual leave.</p>	
2.0	<p>NOTES OF PREVIOUS MEETING</p> <p>The note of the previous meeting held on 13 December 2023, was approved, and agreed as an accurate record.</p>	
3.0	<p>ROLLING ACTION LIST / MATTERS ARISING</p>	

	The action log was updated accordingly.	
4.0	<p>GOVERNANCE</p> <p>4.1 FCIG Meeting Dates & Workplan 2024/25 Following discussion, it was agreed the 'Kincardine & Lochgelly Project Update' and the 'Mental Health Strategy Update' should remain on the 2024/25 workplan however be amended to verbal updates being provided as required.</p> <p>It was also queried if the Five Year Programme's should remain on the 2024/25 workplan due to the difficult financial situation currently facing NHS Fife, however it was agreed for the items to remain on the workplan until further details on Whole System Planning have been released.</p> <p>The draft workplan and meeting dates for 2024/25 were approved noting the update to the 'Kincardine & Lochgelly Project Update' and the 'Mental Health Strategy Update' agenda items.</p>	
5.0	<p>MINUTES OF OTHER COMMITTEES</p> <p>5.1 Clinical Contingency Group The minute of the meeting held on 14 December 2023 was noted by the group.</p> <p>5.2 Capital Equipment Management Group The minute of the meeting held on 13 December 2023 was noted by the group.</p>	
6.0	<p>PLANNING</p> <p>6.1 Prioritisation of 2023/24 Remaining Budget MMi noted, based on current forecast spend, a slippage of £70k remains for 2023/24 however any orders placed with the slippage money must be received and receipted before the end of the financial year. JR highlighted a washing machine (approx. £10k + VAT) has been condemned and requires replacement. Following discussion, it was agreed any slippage would be allocated to the top priority items as along as they can be received and receipted before the end of the financial year.</p> <p>MMi highlighted after discussion with Alan Morrison, only formulary capital funding will be received in 2024/25 to NHS Fife. A revenue to capital transfer has been agreed with NSS to complete Medical Education works and additional support for HEPMA has been guaranteed however no further funding will be provided to NHS Fife in 2024/25.</p> <p>6.2 Prioritisation & Management of Capital Funding BJ provided an overview of the paper noting it provides reasonable assurance and highlights mitigating actions to ensure capital funding is delegated and spent in an appropriate manner. NMCC advised the paper was discussed in detail at the January Finance, Performance and Resources Committee, and following discussion it was agreed a new risk should be generated due to the limited capital funding received in 2023/24, expected for</p>	BJ

	<p>2024/25, as well as the volume of capital funding requests being received. BJ to begin creating a new corporate risk for review at a future FCIG meeting.</p> <p>6.3 Mental Health Strategy Update NMcC advised a paper outlining the decision by Scottish Government to halt the development of all capital projects was discussed at the NHS Fife Board meeting noting the initial agreement was not taken to the Board due to the decision by Scottish Government. It was noted while the business case can't be taken forward, the team are reviewing the service to evaluate what adjustments could be made. Following a query from HB regarding anti-ligature works, it was noted NHS Fife acknowledge the challenges faced within Mental Health and the challenges faced with the existing estate.</p> <p>6.4 Kincardine & Lochgelly Project Update NMcC highlighted as Scottish Government have halted the development of all capital projects, the Kincardine and Lochgelly projects have halted. It was noted while NHS Fife are unable to proceed with the project, active groups within the community are questioning Scottish Government and seeking responses as to why Scottish Government are unable to find resources to push these projects to completion.</p>	
7.0	<p>PERFORMANCE</p> <p>7.1 Capital Equipment Report TG provided an update on the December 2023 position highlighting a capital programme of £11.952m and a £5.8m expenditure. TG noted there is no anticipate slippage within the total spend.</p>	
8.0	<p>ISSUES TO BE ESCALATED TO EDG</p> <p>No issues to be escalated to EDG.</p>	
9.0	<p>AOCB</p> <p>Condemned Equipment – Dishwashing Equipment & Transvaginal Probe PB highlighted a request for condemned dishwashing equipment and a transvaginal probe were requested and discussed at CEMG noting both are critical to services. Following discussion, FCIG agreed to approve the replacement of condemned dishwashing equipment at Lynebank Hospital and the condemned transvaginal probe for Outpatients subject to funding.</p> <p>Solar Panel Funding JR noted an order for £270k will be raised on Pecos for the retention of the solar panels which will be received back from Scottish Government as revenue. It was noted the programme was for the installation of solar panels 2 years ago however the contract noted unless the panels could demonstrate that they would make savings, the contractors would not be paid their retention. NMcC noted there are grants available from Scottish Government, particularly relating to energy efficiency, that NHS Fife regularly for that allow new opportunities for NHS Fife without effecting the capital budget.</p>	

	<p>2024/25 Capital Plan MMi provided members with a first draft of the 2024/25 capital plan noting some money has already been allocated as per previous agreements. It was highlighted 2024/25 will be a challenging year however FCIG acknowledge the challenge and note work is required to utilise the money available to NHS Fife.</p> <p>Following discussion, it was agreed for members to review the draft 2024/25 capital plan, reconsider priorities and re-group on 1 March 2024 to collectively agree the 2024/25 capital plan. Mmi to issue invite and circulate 2024/25 draft capital plan round members for review.</p>	MMi
10.0	<p>DATE OF NEXT MEETING</p> <p>Extraordinary Meeting to Discuss and Approve 2024/25 Capital Plan Friday 1 March 2024, 1:30pm - 2:30pm, via MS Teams</p> <p>FCIG Wednesday 17 April 2024, 9:30am – 10:30am, via MS Teams</p>	

FINANCE, PERFORMANCE & SCRUTINY COMMITTEE

Meeting on 18 January 2024

No issues were raised for escalation to the Finance, Performance & Resources Committee.



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE THURSDAY 18TH 2024 AT 10.00 AM VIA MICROSOFT TEAMS

Present: Alastair Grant, NHS Non-Executive Board Member [Chair]
Colin Grieve NHS Non-Executive Board Member
John Kemp, NHS Non-Executive Board Member
Cllr Graeme Downie

Attending: Nicky Connor, Director of Health & Social Care
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Audrey Valente, Chief Finance Officer
Vanessa Salmond, Head of Corporate Services
Rona Laskowski, Head of Complex & Critical Care
Lisa Cooper, Head of Primary and Preventative Care Services

In attendance:

William Penrice, Service Manager, Performance Management & Quality Assurance
Avril Sweeney, Manager (Compliance)
Tracy Hogg, Finance Business Partner
Jane Sinclair, Interim Clinical Service Manager
Gillian Muir, Management Support Officer (Minutes)

Apologies for Absence: Ben Hannan, Director of Pharmacy and Medicines
Margo McGurk, Director of Finance
Helen Hellewell, Associate Medical Director
Cllr Dave Dempsey
Cllr David Alexander
Lynne Garvey, Head of Community Care Services
Lynn Barker, Associate Director of Nursing
Jennifer Rezendes, Professional Social Work Lead

No.	Item	ACTION
1.	<p>WELCOME AND APOLOGIES</p> <p>Alastair Grant welcomed everyone to the meeting.</p> <p>Apologies were noted as above and all were reminded of meeting protocols.</p> <p>Those present were asked that, in an effort to keep to timings, all questions and responses should be as succinct as possible.</p> <p>Members were advised that a recording pen would be in use during the meeting to assist with minute taking.</p>	

2.	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were noted.</p>	
3.	<p>MINUTE OF PREVIOUS MEETING – 10TH NOVEMBER 2023</p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p>	
4.	<p>MATTERS ARISING / ACTION LOG</p> <p>The action log was reviewed. All actions noted have been actioned and are complete.</p>	
5.	<p>TRANSFORMATION BUSINESS CASES</p>	
5.1	<p>Transformation of Overnight Care</p> <p>The Committee considered a report from Rona Laskowski, Head of Complex & Critical Care providing members with further information following the Combined Committee held on 21st November 2023, during which several comments and observations were asked to be addressed before the report is presented to the Integration Joint Board (IJB) in February 2024.</p> <p>Committee members were asked to take assurance that the issues raised at the last Finance, Performance & Scrutiny Committee and the subsequent Combined Committee had been addressed, discuss the updated proposal and support the recommendation of submission to the IJB as well as the strategic direction of the proposal and noting that the Senior Leadership Team continue to work with partners to operationalise the model.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included benchmarking undertaken, the number of service users using the service and the care arrangements, the range in value of packages, what have the views of the services users and their families been to the potential changes in their care package, do we have projections of what will happen in the future, how many people will the service be looking to support in the future and what that means for costings and the balance of care delivered between internal and external providers.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the content of the report. 2. Provided feedback. 3. Agreed paper progress to the IJB. 	

6.	FINANCE	
6.1	<p>Finance Update</p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer detailing the financial position (provisional outturn) of the delegated and managed services as at 30 November 2023. Noting the forecast for the Partnership is currently projecting a £4.1m overspend, a considerable movement from the previous report in September of £2.5m.</p> <p>Members noted that the adverse movement was due to three particular areas namely the pay award being higher than provided for, increasing costs of prescribing and the increase in costs of locums particularly within mental health services.</p> <p>Based on the current projected position members noted that the reserves that are now projected to be carried forward have significantly decreased. The report suggests that there will be a carry forward of just under £9m of uncommitted reserves, however, require to use reserves to fund the overspend if this does not reduce by the end of the year. Committee noted that just under £9m will become just under £5m which will be carried forward into the next financial year and will be below the policy minimum of 2%.</p> <p>Committee noted that it will now be required to use all earmarked reserves which is a change in position from previous report whereby it was projected the use of only £8m. Overall, seeing a worsening of the financial position.</p> <p>Committee noted that work continues to be undertaken with both partner organisations to work on the financial position and meetings have been held with Fife Council and NHS Fife EDG colleagues.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Considerable discussion was had around the reporting position of the report, the information provided by each partner organisation, the complexities of both partner organisations, the difficult decisions/conversations that will require to be made, and the usefulness for the Integration Joint Board to know the best and worst case scenario for the year end outturn.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Agreed an additional / special Finance, Performance & Scrutiny Committee meeting to be arranged ahead of March Committee to talk through the budget position prior to it being presented to March Committee. 2. Sought an up-to-date finance position from each partner organisation. 3. Took assurance that there is robust financial monitoring in place. 	

	<p>4. Agreed onward submission to the IJB for approval of the financial monitoring position as at November 2023.</p> <p>5. Agreed onward submission to the IJB for approval of the use of reserves and proposed recovery actions as at November 2023, though aggrieved that it is required to use the reserves but recognise no other option.</p>	
<p>6.2</p>	<p>Finance, Performance & Scrutiny Strategic Risk Register</p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer brought for discussion and sets out the IJB's strategic risks that may pose a threat to the partnership in achieving its objectives in relation to financial and performance management.</p> <p>The risk register was last presented to this Committee in March 2023 and is presented to Committee twice per annum with a deep dive risk review being undertaken on individual risks in the intervening Committee dates.</p> <p>The risks held on the risk register continue to be managed by the risk owners and are presented in order of residual risk score.</p> <p>Members noted that there are currently four risks with high residual risk score those being finance which was subject to a deep dive review on 12th May 2023, Primary Care Services which was subject to a deep dive on 15th September 2023. The deep dive risk review for demographics and changing landscapes risk is presented at this meeting and a further deep dive risk review is scheduled for the workforce in March this year.</p> <p>In addition to the risk register there are a number of financial and performance related risks at an operational level within the partners bodies risk systems. These are actively managed by service managers and regularly monitored at the Finance Governance Board and as part of the budget process.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included a query around reference 3 on the IJB risk register and whether wording was correct that there is a risk that the finance resources available to the IJB may not be sufficient to deliver the integrated services as set out in the strategic plan would it be more accurate to say will not be sufficient? Discussed the level of risk for reference 3 and the need to relook at level of risk given the current financial climate.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the risk register and comments and suggestions provided. 	

<p>6.3</p>	<p>Deep Dive risk Review – Demographics / Changing Landscapes Impacts</p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer for discussion and assurance as part of the IJB risk Management policy and strategy, noting shared ownership between Audrey Valente and Fiona McKay.</p> <p>The purpose of the deep dive risk review is for members to gain assurance that risks are being effectively managed within the IJB’s agreed risk appetite and at the appropriate tolerance levels.</p> <p>Committee noted that the deep dive review at Appendix 1 sets out the risk description, risk scoring and provides relevant assurances, performance measures, linked risks and also highlights the external and internal factors that may impact on the risk. Appendix 2 provides questions set to help members with their scrutiny of the risk and the review seeks to respond to these questions as far as possible.</p> <p>The key mitigations for this risk are the delivery of the transformational change programme and the implementation and roll out of the key enabling strategies that support delivery of the strategic plan.</p> <p>Committee noted that there are mechanisms in place to monitor progress with these mitigations through the Transformation Change Board and the Strategic Planning Group. The new performance framework will also provide additional assurances and control measures as well as information on performance and benefits being sought on both a qualitative and quantitative perspective.</p> <p>Members noted that Officers have confidence that there is a reasonable level of assurance in place to support management with this risk. Work is ongoing and close scrutiny is being applied to delivery actions and performance monitoring.</p> <p>Members also noted that it is acknowledged that there are a number of external factors out with the Partnerships control which can impact on this risk and these continue to be monitored closely.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included how the modelling of services are undertaken taking account of an aging population and demographics etc, this is a very broad risk that covers demography changes to health & social care system, finance etc should we be refining the risk a bit?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the report contents. 2. Provided comments and suggestions for improvement. 3. Took assurance of the level of assurance provided in the risks. 	
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7.	PERFORMANCE	
7.1	<p>Performance Report</p> <p>The Committee considered a report from Fiona McKay, Head of Strategic Planning, Performance & Commissioning providing an update on the refreshed Performance Framework, where the Partnership is at, and the work being taken forward.</p> <p>Committee noted the report had been simplified and work continues to change the formatting of the regular performance reports and to update the content, specifically the indicators reported. This is laid out in the revised Performance Framework which outlines an approach based on enhanced data and analytics capability which is currently under construction. Fiona McKay also highlighted that a performance scorecard had been included with the report for the first time looking at a 13 month trend.</p> <p>Committee noted that the workplan provides an update on where the Partnership thinks it can move from established to exemplary or from partly established to established and is evidenced within the report.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included the reduction in waiting times for care packages, if there was any correlation between the increasing emergency admissions from A&E subsequently putting more pressure on delayed discharges, assessment bed length of stay upon discharge although improving performance target still not there is that target unrealistic and the number of nursing home beds across Fife.</p> <p>There was also considerable discussion around the CAHMS waiting list which Nicky Connor and Rona Laskowski provided further detail and assurance on.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Took assurance from the work being undertaken. 2. Appreciated the inclusion of the performance scorecards and 13-month trends which was found to be very useful. 	
7.2	<p>Complaints & Compliments Update</p> <p>The Committee considered a report from Avril Sweeney, Manager Risk Compliance who provided an overview of the complaints closed by the Partnership during the period January – September 2023.</p> <p>Avril Sweeney highlighted that due to the close monitoring of complaint response dates the Partnership recognised a drop in its performance during 2022-23. Committee noted that an action plan and additional resource had been put in place to support improvement in complaints performance and is detailed in Appendix 2 of the report.</p>	

	<p>It was also highlighted that the Partnership has seen an improvement in the number of outstanding complaints each month which has reduced from 63 in January 2023 to 39 in September 2023.</p> <p>Committee noted that the report provides information on complaint themes and work is underway to understand and utilise the information to support learning and improvement going forward.</p> <p>Compliments continue to be received for services and work is underway towards integrating some of the stories received via Care Opinion into the reporting going forward.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included what learning can be taken from the themes coming through and the helpfulness of the inclusion of stories from Care Opinion.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the contents of the report. 2. Took assurance that complaints performance continues to be closely monitored and action plans are in place to support improvements. 	
<p>7.3</p>	<p>CAMHS Performance & Recruitment Update</p> <p>The Committee considered a report prepared by Rona Laskowski, Head of Complex & Critical Care submitted to provide members with assurance that from the ongoing improving and sustained performance of the delivery of CAMHS access times and the progression towards providing 90% or more children and young people with access to treatment within 18 weeks from the point of referral.</p> <p>Committee agreed as there had been considerable discussion on this item under the performance report and having noted the reports contents, no additional questions were raised.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Took assurance from the details provided in the report and from the meetings discussions. 	

8.	ITEMS FOR NOTING	
	<p>Chief Social Work Officer Report 2022-23</p> <p>The report was provided to Committee for noting.</p> <p>Following the reports submission and approval at Fife Council's People and Communities Scrutiny Committee on 16th November 2023 the report was submitted to the Scottish Government as part of the statutory responsibilities of the role of the Chief Social Work Officer. The report provides members with an overview of key aspects of social work provision in Fife.</p> <p>Committee noted the role and range of functions covered by the Chief Social Work Officer including social work and social care services provided by both the Local Authority and by the Health and Social Care Partnership.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Noted the contents of the report. 	
9.	<p>ITEMS FOR HIGHLIGHTING</p> <p>Alastair Grant confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board on 2nd February 2024.</p>	
10.	<p>AOCB</p> <p>No issues were raised under AOCB.</p>	
11.	<p>DATE OF NEXT MEETING</p> <p>Tuesday 12th March 2024 at 2.00 pm via MS Teams</p> <p>Additional Finance, Performance & Scrutiny Committee meeting to be arranged to look at the budget position ahead of the next Committee on 12th March.</p>	GM

PROCUREMENT GOVERNANCE BOARD

Meeting on 28 February 2024

No issues were raised for escalation to the Finance, Performance & Resources Committee.

MINUTE OF NHS FIFE PROCUREMENT GOVERNANCE BOARD (PGB)

**Wednesday 28 February 2024, 9am
Via MS Teams**

Present: **Ben Hanan (BH) (Chair), Director of Pharmacy & Medicine**
 Paul Bishop (PB), Head of Estates
 Kevin Booth (KB), Head of Financial Services & Procurement
 Paula Lee (PL), Head of Procurement
 Maxine Michie (MM), Deputy Director of Finance
 Lynne Parsons (LP), Employee Director
 Rose Robertson (RR), Assistant Director of Finance
 Michael Cambridge (MC), Associate Director of Procurement
 Alistair Graham, (AG) Associate Director of Digital & Information

In Attendance: Kerrie Donald, Executive Assistant

<p>1.0</p>	<p>WELCOME AND APOLOGIES</p> <p>Apologies were received from:</p> <ul style="list-style-type: none"> • M. McGurk, Director of Finance & Strategy / Deputy Chief Executive • C. Dobson, Director of Acute Services • R. Robertson, Assistant Director of Finance • A. Valente, HSCP Chief Finance Officer • S. Slayford, Principal Auditor • J. Keenan, Director of Nursing • C. McKenna, Medical Director 	
<p>2.0</p>	<p>NOTES OF PREVIOUS MEETING</p> <p>The note of the meeting held on 1 December 2023 was agreed as an accurate record.</p>	
<p>3.0</p>	<p>ACTION LOG</p> <p>All actions have been completed and closed as approved by members.</p>	
<p>4.0</p>	<p>CAPACITY AND CAPABILITY ACROSS THE ORGANISATION</p> <p>4.1 PROCUREMENT RISK REPORT</p> <p>KB introduced the paper to the group noting as at January 2024, Procurement retain 3 risks;</p> <p>Risk 2187 (low), in relation to the capacity within the Procurement function has improved due to several key posts being recruited with 2 remaining vacancies to be recruited to by the end of the financial year.</p>	

Risk 2189 (high) is in relation to the current economic climate resulting in significant cost pressures and an increased inability to achieve efficiencies. It was noted the team continue to take monitor the marketplace, engaging with service leads and suppliers to minimise cost pressure wherever possible. Procurement anticipate that this risk will remain at its current high level for the immediate future as a result of the volatile economic environment.

Risk 2372 (low) in relation to global supply issues resulting in increased timescales and the inability to meet previously achieved deadlines for capital purchases. The risk is widely known to services and is anticipated for the risk to become business as usual by the end of the financial year.

The Procurement Governance Board took assurance from the update.

4.2 WAVIER OF COMPETITIVE TENDERS

PL provided an overview of the paper highlighting there are no contracts subject to a wavier of competitive tender since the last quarter. Following a query from AG, it was confirmed no further wavier of competitive tenders are expected.

The Procurement Governance Board took assurance from the update.

4.3 PROCUREMENT KEY PERFORMANCE INDICATORS

PL provided an in-depth analysis of the Key Performance Indicators presented within the paper, highlighting the average monthly purchase order spend via Pecos as at January 2024 is £10m, and the total purchase order spend at £99.5m. It was further noted as of 31 January 2024, the validated procurement savings for Health Board retained totalled £667k whilst cost pressures totalled -£447k resulting in a net cost saving of £220k.

BH noted the significant impact the Procurement team has made to the organisation in regard to responsiveness, accessibility and collaboration with services. It was further noted the current Re-form, Transform and Perform work being carried out within the organisation will result in further conversations regarding Procurement controls as well as other elements.

The Procurement Governance Board endorsed the paper for onward submission to the Executive Directors Group and the Finance, Performance and Resources Committee.

5.0 SPEND PROFILING AND EFFICIENCY OPPORTUNITIES

5.1 NATIONAL PROCURMENT GAP REPORT

PL presented the paper noting the figures are from January 2024 as reported from National Procurement. It was noted the GAP relates to opportunities that NHS Fife need to review and validate from a local Procurement and services perspective. 4 frameworks are reported with a GAP noting the current efficiencies GAP at January 2024 is £93,608. PL highlighted there are few opportunities, in comparison to previous years, due to the current economic environment, resulting in substantial cost pressures.

Following a query from MM, PL advised the reported savings and Key Performance Indicator reports are based on Health Board retained however the National Procurement GAP Report and National Procurement Workplan is encompassed across the Board including Health and Social Care Partnership. Currently there are no GAP reported within the Health and Social Care Partnership.

	<p>The Procurement Governance Board took assurance from the update.</p> <p>5.2 NATIONAL PROCUREMENT WORKPLAN</p> <p>PL provided an overview of the National Procurement Workplan noting 149 frameworks have been identified which are based on current market intelligence and inflation. It was further noted the volume of frameworks has created a burden on Health Boards due to limited resources with National Procurement noting based on NRAC of 6.85%, the estimated cost pressure for NHS Fife from the implementation of the National Procurement Workplan in the coming year is currently -£826k.</p> <p>Following discussion regarding the Financial Plan for 2024/25, it was agreed for MM to contact CD to provide PL with the Acute financial plan to review if the plan is achievable, and if there are any further cost reductions that can be made or cost pressures that need to be included.</p> <p>The Procurement Governance Board took assurance from the update.</p>	MM
6.0	<p>GOVERNANCE</p> <p>6.1 2024/25 PROCUREMENT GOVERNANCE BOARD WORKPLAN</p> <p>The Procurement Governance Board approved the 2024/25 workplan subject to Re-form, Transform, Perform being added to the workplan as a standing item.</p>	
7.0	<p>AOCB</p> <p>No AOCB.</p>	
8.0	<p>DATE OF NEXT MEETING</p> <p>Wednesday 24 April 2024, 9am via MS Teams</p>	