

# NHS Fife Finance, Performance & Resources Committee

Tue 16 July 2024, 10:00 - 12:00

MS Teams

## Agenda

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### 10:00 - 10:10 **1. Apologies for Absence**

10 min

Verbal *Alistair Morris*

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### 10:10 - 10:10 **2. Declaration of Members' Interests**

0 min


Verbal *Alistair Morris*

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### 10:10 - 10:10 **3. Minutes of Previous Meeting held on Tuesday 7 May 2024**

0 min

Enclosed *Alistair Morris*

 Item 3.0 - Finance, Performance & Resources Committee Minutes (unconfirmed) 20240507.pdf (6 pages)

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### 10:10 - 10:10 **4. Matters Arising / Action List**

0 min

Enclosed *Alistair Morris*

 Item 4.0 - Finance, Performance & Resources Committee Action List.pdf (2 pages)

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### 10:10 - 10:40 **5. GOVERNANCE MATTERS**

30 min

#### **5.1. Annual Internal Audit Report 2023/24**

Enclosed *Jocelyn Lyall*


 Item 5.1 - SBAR Annual Internal Audit Report 2023-24.pdf (4 pages)

 Item 5.1 - Appendix 1 Annual Internal Audit Report 2023-24.pdf (44 pages)

#### **5.2. Corporate Risks Aligned to Finance, Performance & Resources Committee**

Enclosed *Margo McGurk*

 Item 5.2 - SBAR Corporate Risks Aligned to Finance, Performance & Resources Committee.pdf (6 pages)

 Item 5.2 - Appendix 1 Corporate Risks Aligned to Finance, Performance & Resources Committee.pdf (8 pages)

 Item 5.2 - Appendix 2 Corporate Risks Aligned to Finance, Performance & Resources Committee.pdf (1 pages)

 Item 5.2 - Appendix 3 Corporate Risks Aligned to Finance, Performance & Resources Committee.pdf (2 pages)

#### **5.3. Delivery of Annual Workplan 2024/25**

Enclosed *Margo McGurk*

 Item 5.3 - Delivery of Annual Workplan 2024-25.pdf (5 pages)

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### 10:40 - 11:30 **6. STRATEGY / PLANNING**

## 6.1. Corporate Objectives

Enclosed *Margo McGurk*

- Item 6.1 - SBAR Corporate Objectives.pdf (4 pages)
- Item 6.1 - Appendix 1 Corporate Objectives.pdf (1 pages)

## 6.2. Annual Delivery Plan 2024/25 – Scottish Government Response

Enclosed *Susan Fraser*

- Item 6.2 - SBAR NHS Fife Annual Delivery Plan Scottish Government Response.pdf (3 pages)
- Item 6.2 - Appendix 1 NHS Fife Annual Delivery Plan 2024-25.pdf (58 pages)
- Item 6.2 - Appendix 2 NHS Fife Delivery Plan 2024-25 Approval Letter.pdf (14 pages)

## 6.3. Annual Delivery Plan Performance Report Quarter 4 2023/24

Enclosed *Susan Fraser*

- Item 6.3 - SBAR Annual Delivery Plan Performance Report Quarter 4 2023-24.pdf (7 pages)
- Item 6.3 - Appendix 1 Annual Delivery Plan 202324 Q4 Update.pdf (28 pages)

## 6.4. Letter from the Scottish Government: Reforming Services and Reforming the Way We Work

Enclosed *Margo McGurk*

- Item 6.4 - Letter from the Scottish Government Reforming Services and Reforming the Way We Work.pdf (9 pages)

## 6.5. Scheduled Care 2024-25 Plan

Enclosed *Miriam Watts*

- Item 6.5 - SBAR Scheduled Care 202425 Plan.pdf (10 pages)

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## 11:30 - 11:50 7. QUALITY / PERFORMANCE

20 min

### 7.1. Integrated Performance & Quality Report

Enclosed *Exec Leads*

- Item 7.1 - SBAR Integrated Performance & Quality Report.pdf (6 pages)
- Item 7.1 - Appendix 1 Integrated Performance & Quality Report.pdf (12 pages)

### 7.2. Financial Performance Report

Enclosed *Margo McGurk*

- Item 7.2 - SBAR Financial Performance Report.pdf (15 pages)

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## 11:50 - 11:55 8. LINKED COMMITTEE MINUTES

5 min

### 8.1. Fife Capital Investment Group held on 29 May 2024 (unconfirmed)

Enclosed

- Item 8.1 - Fife Capital Investment Group held on 29 May 2024 (unconfirmed).pdf (4 pages)

### 8.2. Procurement Governance Board held on 24 April 2024 (unconfirmed)

Enclosed

📄 Item 8.2 - Procurement Governance Board held on 24 April 2024 (unconfirmed).pdf (5 pages)

### **8.3. IJB Finance, Performance & Scrutiny Committee held on 15 May 2024 (unconfirmed)**

*Enclosed*

📄 Item 8.3 - IJB Finance, Performance & Scrutiny Committee held on 15 May 2024 (unconfirmed).pdf (9 pages)

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## **11:55 - 12:00 9. ESCALATION OF ISSUES TO NHS FIFE BOARD** 5 min

### **9.1. To the Board in the IPQR Summary**

*Verbal Alistair Morris*

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

*Verbal Alistair Morris*

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## **12:00 - 12:00 10. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S 0 min ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 30 JULY 2024**

*Verbal Alistair Morris*

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## **12:00 - 12:00 11. ANY OTHER BUSINESS** 0 min

## **12:00 - 12:00 12. Date of Next Meeting: Tuesday 10 September 2024 from 10am – 12.30pm 0 min via MS Teams**

## Fife NHS Board

### Unconfirmed

## MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 7 MAY 2024 AT 10AM VIA MS TEAMS

### Alistair Morris Chair

#### Present:

Alistair Morris, Non-Executive Director (Chair)	Dr Chris McKenna, Medical Director
Alastair Grant, Non-Executive Director	Carol Potter, Chief Executive
John Kemp, Non-Executive Director	Aileen Lawrie, Area Clinical Forum Representative
Sinead Braiden, Non- Executive Director	Margo McGurk, Director of Finance and Strategy
Lynne Parsons, Employee Director	

#### In Attendance:

Ben Hannan, Director of Reform and Transformation  
Fiona Forrest, Acting Director of Pharmacy & Medicines  
Neil McCormick, Director of Property and Asset Management  
Maxine Michie, Deputy Director of Finance  
Nicky Connor, Director of Health and Social Care  
Claire Dobson, Director of Acute Services  
Lynn Barker, Director of Nursing, HSCP (*deputising for Janette Kennan*)  
Emma O'Keefe, Consultant in Dental Public Health (*deputising for Joy Tomlinson*)  
Jenni Jones, Associate Director of Culture, Development & Wellbeing (*observing*)  
Hazel Thomson, Board Committee Support Officer (*item 5.3*)  
Susan Fraser, Associate Director of Planning and Performance (*item 6.4*)  
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 Janette Keenan (Director of Nursing), Joy Tomlinson (Director of Public Health), and attendee Dr Gillian MacIntosh (Head of Corporate Governance and Board Secretary).

#### 2. Declaration of Members' Interests

There were no members' interests to declare.

### 3. Minute of the last Meeting held on 12 March 2024

The Committee formally **approved** the minute of the last meeting pending the following change to section 5.1 - Integrated Performance and Quality Report:

“It was noted NHS Fife are not accepting a large number of out of area referrals for any other procedures (*apart from NTC activity*), however any out of area referrals received are recharged to the referring board to ensure costs are covered”.

### 4. Action List / Matters Arising

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

### 5. GOVERNANCE MATTERS

#### 5.1 Draft Finance, Performance & Resources Committee Annual Statement of Assurance 2023/24

The Director of Finance and Strategy provided an in-depth review of the paper highlighting the key milestone reporting on the forecast financial position throughout the year.

The Chair thanked the Director of Finance and Strategy and the Head of Corporate Governance and Board Secretary for producing the report noting the challenging financial position and outturn for the year.

The Committee **approved** the Finance, Performance & Resources Annual Statement of Assurance 2023/24 for final sign off by the Chair and onward submission to the Audit & Risk Committee.

#### 5.2 Corporate Risks Aligned to Finance, Performance & Resources Committee

The Director of Finance and Strategy presented the corporate risk report highlighting work is ongoing to review the risk descriptions and mitigation in relation to both Finance risks during 2024/25. Increased granularity on the risks is likely to include specific reference to the RTP savings proposals. It was further noted a new corporate risk, regarding the availability of capital funding has been developed identifying the potential impact on service sustainability.

Following a query from S. Braiden, Non-Executive Director, the Director of Acute Service noted while the 31-day cancer target has been achieved, whereas the 62-day cancer target remains a challenge for all Boards in Scotland. The Director of Acute Services further noted, NHS Fife have been successful in receiving additional funding for Cancer Waiting Times and Diagnostics in 2024/25. It was noted the team are in the process of reworking planned care trajectories and once complete, a paper will be brought to the Committee for assurance.

Following a query from J. Kemp, Non-Executive Director, the Committee discussed the challenge in assessing the path to balancing the financial position on a recurring basis. This discussion included reflection on the recent Scottish Government letters in relation to the 2024/25 and medium-term financial plan submission. The Director of Finance and

Strategy highlighted NHS Fife must deliver a 3% efficiency savings as a minimum to meet the first milestone in reducing the projected deficit.

The Chair noted due to the brokerage cap now being confirmed, the wording around risk 13 should be updated.

**Action: Director of Finance and Strategy**

Following discussion, it was agreed the latest position on the corporate risks associated with the in-year and medium-term financial position should be escalated to the Board.

The committee were unable to take reasonable assurance from the information presented noting all actions, within the control of the organisation, were being taken to mitigate these risks as far as possible.

### **5.3 Review of General Policies & Procedures**

The Board Committee Support Officer presented the review of General Policies and Procedures noting an improved position since last reported to the Committee in November 2023.

It was noted due to the ongoing Reform, Transform, Perform Workstreams, work on updating policies has paused however, following a specific policy area query from A Lawrie, Area Clinical Forum Representative, it was agreed feedback would be sought to confirm a date for work re-commencing.

**Action: Board Committee Support Officer**

The Committee **approved** that the review of general policies and procedures be presented to the Committee on a yearly reporting schedule, with the next report due in March 2025.

### **5.4 Delivery of Annual Workplan 2024/25**

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

The Committee **approved** the tracked workplan.

## **6. STRATEGY / PLANNING**

### **6.1 2024/25 Financial Plan – Scottish Government Response**

The Director of Finance and Strategy presented the paper noting that the NHS Fife financial plan for 2024/25 has not been approved by Scottish Government.

The Director of Finance and Strategy noted, following discussion with Richard McCallum, Director of Health and Social Care, Finance, Digital and Governance, it was confirmed Scottish Government require NHS Fife to deliver an improved forecast position, as compared to the forecast outturn reported at the start of 2023/24, and

require a credible financial plan that will meet the brokerage cap as set by Scottish Government, which is 0.

The Director of Finance and Strategy raised a governance point with Richard McCallum; that the NHS Fife Board have approved the financial plan however this is yet to be approved by Scottish Government.

The Chief Executive highlighted that NHS Board across Scotland continue to be in dialogue regarding their financial plans.

The Committee took **assurance** that there is ongoing engagement with Scottish Government however were unable to take full assurance given the current unapproved status of the financial plan.

## **6.2 Annual Budget Setting Process 2024/25**

The Deputy Director of Finance presented the paper noting the alignment with the RTP framework this year. It was noted the financial grip and control sheets will be completed via MS Forms and will be issued to every staff member who receives a budget.

The Chair suggested the letter be updated to highlight the requirement for teams to go above and beyond to meet the 3% savings target.

The Committee took **assurance** from the annual budget setting process however were unable to take full assurance given the current unapproved status of the financial plan.

## **6.3 Draft Annual Delivery Plan 2024/25**

The Associate Director of Planning and Performance presented the draft Annual Delivery Plan noting the plan was discussed at the private session of the NHS Fife Board meeting on 26 March 2024, and was submitted to Scottish Government on 21 March 2024, with no feedback received at present.

Following discussion, it was agreed due to the financial position the risk profile should indicate the impact on performance of initiatives reducing or stopping due to limited or no funding.

The Committee were unable to take full assurance on delivery of all activity within the Annual Delivery Plan given the current unapproved status of the financial plan.

## **7. QUALITY / PERFORMANCE**

### **7.1 Integrated Performance & Quality Report**

The Director of Acute Services reported the 4-hour access target for March 2024 was below the national standard, however, was an improved position compared to the previous month. Unplanned attendances continue to increase with overall capacity challenges across the acute site impacting patient flow at the front door. The monthly performance of Treatment Time Guarantee activity increased in the last quarter; however, NHS Fife remain in a position where we are unable meet all demand within current capacity.

The Director of Acute Services further noted work is ongoing with the National Elective Coordination Unit on the validation of waiting lists to maximise the capacity available at Queen Margaret Hospital and Victoria Hospital. It was advised that additional diagnostic funding has been confirmed and NHS Fife anticipate by March 2025, 95% of patients will wait less than 6 weeks for a diagnostic test. The 31-day cancer performance was above the target at 96.4% and the 62 day cancer performance was improved however prostate remains the most challenging pathway.

Following comments from S. Braiden, Non-Executive Director, The Director of Acute services highlighted demand does exceed available capacity however work is ongoing to achieve the most effective balance between capacity, demand, finance and performance through the RTP.

Following a query from J. Kemp, Non-Executive Director, the Director of Acute Services noted 8-hour breaches are generally due to long waits for beds.

Following a query from A. Grant, Non-Executive Director, The Director of Acute Services noted regular review meetings are held to scrutinise performance, as well as track improvement activity.

The Director of Health and Social Care provided an overview of the delayed discharge section of the report, noting work continues with the acute team to keep delay within the acute setting as low as possible. Delayed discharge (bed days lost) decreased to 6.2% in March 2024 which is above the 5% target, however, is below the 24-month average, but remains within control limits.

The Director of Health and Social Care further highlighted an increase within complex delay recognising the challenges within this area and noted work has been commissioned through the IJB to review alternative pathways, with the Red Cross, to support patients returning home.

The Chair thanked the teams for their continued efforts noting the ongoing day to day pressures across the organisation.

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

## **7.2 Financial Performance Report – 2023/24 Year End**

The Director of Finance and Strategy presented the paper highlighting a change in the position from £11.099m to £11.013m as a result of a minor change which has affected all boards. It was further highlighted the deficit of £11m would have been £21m if NHS Fife had not received the additional consequential non-recurring allocation in February 2024. The Director of Finance and Strategy advised the year-end position transitions to a £33m opening gap for 2024/25.

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

## **7.3 Procurement Key Performance Indicators**

The Deputy Director of Finance provided an overview of the report noting the team should be commended on the continuous improvement and support provided across NHS Fife service areas.



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

## **8. LINKED COMMITTEE / GROUP MINUTES**

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

- 8.1 Fife Capital Investment Group held on 17 April 2024 (unconfirmed)
- 8.2 Primary Medical Services Subcommittee held on 5 Mach 2024 (unconfirmed)

## **9. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **9.1 To the Board in the IPQR Summary**

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

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

The latest position on the corporate risks associated with the in-year and medium-term financial position should be escalated to the Board for review and consideration as the committee were unable to take reasonable assurance from the information presented noting all actions, within the control of the organisation, were being taken to mitigate these risks as far as possible.

## **10. ANY OTHER BUSINESS**

There was no other business.

## **11. DATE OF NEXT MEETING**

The next meeting will be held on **Tuesday 16 July 2024** from 10am – 12.30pm via MS Teams

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

**FINANCE, PERFORMANCE & RESOURCES COMMITTEE – ACTION LIST**  
**Meeting Date:** Tuesday 16 July 2024



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
1.	14/11/2023	<b>IPQR</b>	Director of Acute Services to bring a paper regarding the prediction of waiting times to a future FP&R Committee.	<b>CD</b>	2024/25 Planned Care Plan being developed and will be presented to a future FP&R Committee.  Planned Care paper added to July agenda.	Closed
2.	14/11/2023	<b>ScotCOM Medical Education Programme</b>	Medical Director to provide further updated on the development of the ScotCOM Medical Education Programme.	<b>CMcK</b>	Update to be provided in due course.	
3.	16/01/2024	<b>Corporate Risks Aligned to FP&amp;R Committee</b>	Level of risk to increase due to the current and future financial position, once discussed and approved with the Executive Team.	<b>MM</b>	Proposed change to be discussed at EDG on 4 July 2024. Update to follow.  Updated Corporate Risks Aligned to FP&R Committee paper presented at July Committee.	Closed
4.	16/01/2024	<b>Capital Funding Risk</b>	Corporate risk to be developed to reflect how services can be sustained without additional capital funding.	<b>MM</b>	Risk developed.	Closed
5.	07/05/2024	<b>Corporate Risks Aligned to FP&amp;R Committee</b>	Wording around risk 13 should be updated due to the brokerage cap now being confirmed.	<b>MM</b>	Proposed change to risk description reflects this.	Closed
6.	07/05/2024	<b>Review of General Policies &amp; Procedures</b>	To confirm the timeline for resuming the new approach being trialled in the Estates department for some individual procedures to be combined into one overarching policy.  To advise on the timeline for updating the Use of Independent Advocacy Policy, which is significantly out-of-date.	<b>HT</b>	This is a significant piece of work with the requirement of some additional consultancy and IT system costs. It was agreed at EDG that this should be put on hold indefinitely / until further notice, to reflect the priorities of the RTP programme. It is expected that this will resume next financial year  This policy has been escalated to the Responsible Lead, who is following up with the appropriate colleagues to progress the review and get the policy through the approvals process	Closed

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE

<b>Meeting:</b>	<b>Finance, Performance and Resources Committee</b>
<b>Meeting date:</b>	<b>16 July 2024</b>
<b>Title:</b>	<b>Annual Internal Audit Report 2023/24</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance and Strategy</b>
<b>Report Author:</b>	<b>Jocelyn Lyall, Chief Internal Auditor</b>

## 1 Purpose

**This report is presented for:**

- Assurance

**This report relates to:**

- Government policy / directive
- Legal requirement
- NHS Board Strategic Priorities
  - To Improve Health & Wellbeing
  - To Improve Quality of Health & Care Services
  - To Improve Staff Experience & Wellbeing
  - To Deliver Value & Sustainability

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

- Effective

## 2 Report summary

### 2.1 Situation

The purpose of this report is to present the Annual Internal Audit Report 2023/24 to the NHS Fife Finance, Performance and Resources Committee. This report has been considered by the Audit and Risk Committee at its meeting on 20 June 2024 as part of the wider portfolio of year end governance assurances. This report is for the Finance, Performance and Resources Committee to consider and specifically note the narrative for financial governance and sustainability.

### 2.2 Background

The Audit and Risk Committee approved this report at its meeting on 20 June 2024, including the completed action plan, as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement.

This Annual Internal Audit Report provides details on the outcomes of the 2023/24 internal audit and the Chief Internal Auditor’s opinion on the Board’s internal control framework for the financial year 2023/24.

## 2.3 Assessment

Based on work undertaken throughout the year the Chief Internal Auditor has concluded that:

- The Board has adequate and effective internal controls in place.
- The 2023/24 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

In addition, the Chief Internal Auditor has not advised management of any concerns around the following:

- Consistency of the Governance Statement with information that we are aware of from our work.
- The description of the processes adopted in reviewing the effectiveness of the system of internal control and how these are reflected.
- The format and content of the Governance Statement in relation to the relevant guidance.
- The disclosure of all relevant issues.

Therefore, it is the opinion of the Chief Internal Auditor that:

- The Board has adequate and effective internal controls in place.
- The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.

Key themes are highlighted on pages 5 to 7 of the Annual Report and key developments are set out on page 8.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level	x			
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

### 2.3.1 Quality, Patient and Value-Based Health & Care

The Institute of Healthcare Improvement Triple Aim (Better population health, better quality of patient care, financially sustainable services) is a framework that describes an approach to optimising health system performance and is a core consideration in planning all internal audit reviews.

### 2.3.2 Workforce

Management responsibilities, skill sets and structures are a core consideration in planning all internal audit reviews.

### 2.3.3 Financial

Financial Governance is a key pillar of the Annual Internal Audit Plan and value for money is a core consideration in planning all internal audit reviews.

### 2.3.4 Risk Assessment / Management

The process to produce the Annual Internal Audit Plan considers inherent and control risk for all aspects of the Internal Audit Universe. Individual internal audit assignments identify the key risks at the planning stage and our work is designed to evaluate whether appropriate systems are in place and operating effectively to mitigate the risks identified. Legislative requirements are a core consideration in planning all internal audit reviews.

### 2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions

All internal audit reviews which involve review of policies and procedures examine the way in which equality and diversity is incorporated in Board documentation.

### 2.3.6 Climate Emergency & Sustainability Impact

N/A

### 2.3.7 Communication, involvement, engagement and consultation

All papers have been produced by Internal Audit and shared with the Director of Finance and Strategy.

### 2.3.8 Route to the Meeting

This paper has been produced by the Regional Audit Manager, reviewed by the Chief Internal Auditor and agreed by the Director of Finance and Strategy prior to being presented to the following Committees:

Audit and Risk Committee on 20 June 2024

Public Health & Wellbeing Committee on 1 July 2024

Staff Governance Committee on 9 July 2024

Clinical Governance Committee on 12 July 2024

## 2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a **Significant** Level of Assurance.
- **Discussion** – Consider the narrative for financial governance and sustainability.

### 3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Annual Internal Audit Report 2023/24

#### Report Contact

Jocelyn Lyall

Chief Internal Auditor

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# FTF Internal Audit Service

## Internal Audit Annual Report 2023/24

### Report No. B06/25

**Issued To:** Carol Potter, Chief Executive  
Margo McGurk, Director of Finance and Strategy  
NHS Fife Executive Directors Group

Gillian MacIntosh, Head of Corporate Governance and Board Secretary

Audit & Risk Committee  
External Audit



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Draft Report Issued	10 June 2024
Management Responses Received	13 June 2024
Target Audit & Risk Committee Date	20 June 2024
<b>Final Report Issued</b>	<b>14 June 2024</b>

## INTRODUCTION AND CONCLUSION

1. This annual report to the Audit & Risk Committee provides details on the outcomes of the 2023/24 internal audit and my opinion on the Board's internal control framework for the financial year 2023/24.
2. Based on work undertaken throughout the year we have concluded that:

- The Board has adequate and effective internal controls in place.
- The 2023/24 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

3. In addition, we have not advised management of any concerns around the following:

- Consistency of the Governance Statement with information that we are aware of from our work.
- The description of the processes adopted in reviewing the effectiveness of the system of internal control and how these are reflected.
- The format and content of the Governance Statement in relation to the relevant guidance.
- The disclosure of all relevant issues.

## ACTION

4. The Audit & Risk Committee is asked to **take assurance from** this report in evaluating the internal control environment and **report** accordingly to the Board.

## AUDIT SCOPE & OBJECTIVES

5. The Strategic and Annual Internal Audit Plans for 2023/24 incorporated the requirements of the NHSScotland Governance Statement and were based on a joint risk assessment by Internal Audit and the Director of Finance & Strategy. The plans were approved by the Executive Directors Group (EDG) and the Audit & Risk Committee. The resultant audits range from risk based reviews of individual systems and controls through to the strategic governance and control environment. The Internal Audit Plan for 2023/24 was amended and approved at the March 2024 Audit & Risk Committee.
6. The authority, role and objectives for Internal Audit are set out in Section 20 of the Board's Standing Financial Instructions and are consistent with Public Sector Internal Audit Standards (PSIAS).
7. Internal Audit is also required to provide the Audit & Risk Committee with an annual assurance statement on the adequacy and effectiveness of internal controls. The Audit & Assurance Committee Handbook states:

*The Audit & Risk Committee should support the Accountable Officer and the Board by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of the financial statements and the annual report. The scope of the Committee's work should encompass all the assurance needs of the Accountable Officer and the Board. Within this the Committee should have particular engagement with the work of Internal Audit, risk management, the External Auditor, and financial management and reporting issues.*

## INTERNAL CONTROL

### Previous recommendations

8. The Internal Control Evaluation (ICE), issued December 2023, was informed by detailed review of formal evidence sources including Board, Standing Committee, Executive Directors Group (EDG), and other papers. The ICE made recommendations to drive forward strategic change within an environment of financial and workforce challenges and concluded that NHS Fife's assurance structures were adequate and effective but did agree recommendations for implementation by management.
9. Internal Audit monitor progress with outstanding recommendations through the Audit Follow Up system and all management responses are validated. Progress with Annual Report and ICE recommendations is now reported to the Audit & Risk Committee at each meeting and to the EDG on a quarterly basis. NHS Fife has demonstrated steady progress towards completion of most of our previous recommendations, with some not yet due. There has been minor slippage on Risk Management and Information Governance recommendations. The remaining actions to address recommendations in our previous ICE and Annual Reports, along with an assessment of progress are included in Section 5.
10. The 2024/25 ICE will provide an update on the remaining actions as well as providing an opinion on the efficacy of implementation of all agreed actions.
11. As well as following up previously agreed actions, we have completed testing to identify any material changes to the control environment in the period from the issue of the ICE to the year-end. Areas for further development will be followed up in the 2024/25 ICE.

### Governance Statement

12. Throughout the year, our audits have provided assurance and made recommendations for improvements. Where applicable, our detailed findings have been included in the NHS Fife 2023/24 Governance Statement.
13. The Governance Statement format and guidance are included within the NHSScotland Annual Accounts Manual. The 2023/24 Accounts Manual states that the Governance Statement should explain the relationships (including the Health Board's responsibility for any operational aspects of activities) with any IJBs, and how the Board maintains governance oversight of its activities and receives assurance from the IJB on the development and delivery of its strategy and its overall governance. The Governance Statement guidance includes compliance with the principles of good governance set out in the NHS Scotland – Blueprint for Good Governance: second edition and sets out the essential features of the Risk Management section of the Governance Statement.
14. The Board has produced a Governance Statement which states that: *'During the 2023/24 Financial Year, there was one significant failure of internal control, related to a data breach / unauthorised release of patient-related information. The Information Commissioner's Office has issued a Reprimand to the Board for the incident, concluding that NHS Fife did not have appropriate security measures in place to secure personal information, as well as low staff training rates. Following this incident, the Board has introduced new measures to strengthen internal controls in the related areas. An update on all actions undertaken by the Board in response to the Reprimand is due to be submitted to the Information Commissioner in June 2024 and as such, at the time of writing, full assurance cannot be given that the Board's actions have fully addressed the original weaknesses in the control environment. Following the review and the action taken by the Information Commissioner's Office,*

*the Board assessed the incident matched the requirements for disclosure.'*

15. Our audit work has provided evidence of compliance with the requirements of the Accountable Officer Memorandum and this, combined with a sound corporate governance framework in place within the Board throughout 2023/24, provides assurance for the Chief Executive as Accountable Officer.
16. Therefore, **it is my opinion** that:
  - The Board has adequate and effective internal controls in place.
  - The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.
17. All Executive Directors and Senior Managers were required to provide a statement confirming that adequate and effective internal controls and risk management arrangements were in place throughout the year across all areas of responsibility and, this process has been further enhanced by guidance written by the Director of Finance and Strategy. These assurances have been reviewed and no breaches of Standing Orders / Standing Financial Instructions were identified.
18. The Governance Statement reflects the Board governance and operating arrangements. It includes details of the Board performance profile and risk management arrangements, and organisational and supporting strategies.

#### Key Themes

19. Detailed findings are shown later in the report. Key themes emerging from this review and other audit work during the year are detailed in the following paragraphs.
20. The Board has continued to improve its governance during the year and has completed the Blueprint for Good Governance (2<sup>nd</sup> edition) self-assessment. The resulting action plan identified actions including renewal of the Board's risk appetite statement, finalising a stakeholder engagement strategy, increasing the benchmarking information available to the Board, and facilitating more opportunities for Board members to engage with staff and stakeholder groups.
21. The Audit Scotland 'NHS in Scotland 2023' report, published in February 2024 stated that *'Significant service transformation is required to ensure the financial sustainability of Scotland's health service. Rising demand, operational challenges and increasing costs have added to the financial pressures on the NHS and, without reform, its longer-term affordability'*. Financial sustainability remains a significant and enduring risk for all Health Boards and for NHS Fife. The 2023/24 savings target of £15 million was not delivered, with £8.14 million achieved (54%), of which £2.97 (36%) was recurring. For 2023/24, NHS Fife achieved break even and stayed within the Revenue Resource Limit (RRL). This was achieved largely following receipt of unplanned funding from the Scottish Government and other non-recurring sources. Brokerage of £14 million was also required for the second consecutive year to deliver the RRL target of breakeven.
22. As reported by the Director of Finance and Strategy to the March 2024 Board, the financial sustainability challenge is significant and unprecedented, with an estimated financial gap before savings of £121 million over the next three years. Savings of £75 million have been identified with a residual gap of £46 million.
23. In future years NHS brokerage funding may not be guaranteed to the extent it has been in past and NHS Fife may need to prepare contingency plans accordingly. The impact from the known reductions in capital funding will be a key consideration.

24. NHS Fife has introduced 'Re-form, Transform, Perform' (RTP) which has four workstreams: Medicines, Service Design and Delivery, Infrastructure, and Workforce, with an executive lead for each and a Director of Reform and Transform appointed. These workstreams are *'designed to be agile and fluid, enhancing delivery without altering individual roles or accountabilities. Initial savings are allocated to these streams, enabling focused delivery, rapid progress, and effective monitoring, all under Executive oversight to align with strategic goals.'*
25. The Board's Population Health & Wellbeing Strategy remains the overall document of strategic direction for NHS Fife through to 2028, and RTP will serve as an operational plan to deliver these strategic aims, supported by annual planning requirements.
26. Financial sustainability must underpin all decisions taken by the NHS Board and all staff have a part to play in moving the organisation to a more sustainable footing. The approach is collaborative and prioritised and in line with the Population Health and Wellbeing Strategy, with the overall aim of delivering the required level of savings and a sustainable and recurring balanced financial position.
27. There have been a number of changes within the Non-Executive cohort, including the appointment of the Chair.
28. The Blueprint for Good Governance states that *'An organisation's culture comprises its shared values, norms, beliefs, emotions, and assumptions about how things are and should be done around here'*. These 'things' include how decisions are made, how people interact and how work is carried out. Maintaining an appropriate organisational culture continues to be important and more so in the current environment when taking account of the scale of the financial challenge for NHS Fife alongside increasing service pressures. Such pressures will require to be carefully managed and may require some very difficult decisions.
29. Risk management work continues and is summarised in the NHS Fife Risk Management Annual Report 2023/24. A Board Development Event on risk appetite was held in April 2024 and work continues on this. The Risk Management Framework is being updated and a Delivery Plan to support implementation is being finalised. Internal Audit provided feedback on the deep dive process and this will be considered by the Risk Opportunities Group over the summer.
30. Operational performance has been mixed over the past year, and it is likely that the challenge will continue in the short and medium term until strategic solutions can be found, working in partnership with the IJB.
31. In common with many Health Boards, NHS Fife is finding achievement of a range of national targets extremely challenging. In 2023/24, Treatment Times Guarantee measures, long waits within the Emergency Department, numbers of new referrals and diagnostic performance remained key areas of focus for improvement within Fife.
32. The style of the Integrated Performance & Quality Report (IPQR) continues to evolve with Annual Delivery Plan trajectories and benchmarking graphs included. The IPQR continues to identify where performance is below expectations and provide meaningful narrative on the underlying causes and barriers to achievement and proposed solutions. This will need to be accompanied by a culture of rigorous but supportive challenge.
33. In their 'NHS in Scotland 2023' report Audit Scotland stated that *'Investing in preventative measures and implementing service reforms will help to ensure services are sustainable in the future'*. This view has also been reported by Public Health Scotland as outlined in the January 2023 discussion paper 'Public health approach to prevention and the role of NHSScotland' which stated that *'there is a*

*growing body of economic evidence that supports the case for investing in public health interventions and prevention.'*

34. Reflecting on the Audit Scotland and Public Health Scotland conclusions, the Population Health and Wellbeing Strategy has public health as a central component of its strategy, with public health measures reported within the Strategy update to the Board in May 2024.
35. The Audit Scotland report 'NHS Scotland 2023' reported '*The NHS, and its workforce, is unable to meet the growing demand for health services. Activity in secondary care has increased in the last year but it remains below pre-pandemic levels and is outpaced by growing demand. This pressure is creating operational challenges throughout the whole system and is having a direct impact on patient safety and experience.*' Internal Audit will follow up action to address recommendations from our May 2024 report B17/23 – Workforce Planning, which provided Reasonable Assurance.
36. Whilst there are important staff wellbeing factors related to high levels of sickness absence, the level of absence also has a direct impact on the level of supplementary staff costs. At the end of March 2024, the total spend on supplementary staffing for Health Board retained services was £21.1m, a reduction of £2.4m from the previous financial year. The actions taken to increase controls on spend and investment in staffing models and permanent posts took several months to deliver and the anticipated supplementary staffing reduction only began to be realised in the last quarter of the financial year.
37. Due to the scale of the forecast deficit within NHS Fife and the significant movement from plan, NHS Fife was assessed as being at level two of the Scottish Government escalation framework.
38. The Staff Governance Committee (SGC) Annual Report for 2023/24 concluded positively that it has fulfilled its remit and there was full coverage of the strands of the Staff Governance Standard. Progress has been made in implementing actions to address recommendations made in our previous annual and ICE reports with actions related to the staff governance standards and whistleblowing having recently been implemented. Action to provide the Staff Governance Committee with assurance on action to address Scottish Government feedback on the Staff Governance Monitoring Return is on track to be addressed in 2024/25.
39. The Clinical Governance Committee has operated well during 2023/24 and improvements continue. Assurance reports are now presented to the Clinical Governance Committee following each meeting of the Clinical Governance Oversight Group and provision of assurance on clinical aspects of services delegated to the IJB has also improved in 2023/24. The quality of data used to assess performance in progressing adverse events reviews is being examined and overall performance in this area continues to be poor. There are no actions from our previous annual and ICE reports related to Clinical Governance remaining to be addressed.
40. NHS Fife has performed well in compliance with Network & Information Systems Regulations (NISR) with the competent authority auditor concluding that '*NHS Fife is a high-performing board with well-defined security policies and procedures in place*' The uptake of mandatory Information Governance training has remained a challenge and this was raised by the Information Commissioner's Office. Assurances have been provided through governance structures that action is being taken forward to address this in 2024/25.

**Key developments since the issue of the ICE included:**

- The development of the 'Reform, Transform and Perform' Framework to enable change and work towards a financially and operationally sustainable future.
  - Self-assessment against the Blueprint for Good Governance, and submission of an improvement plan to Scottish Government.
  - Risk Management arrangements continue to evolve, and the Board's Risk Appetite is being reviewed and revised.
  - Ongoing review of the effectiveness of the Risk and Opportunities Group and reporting arrangements.
  - Approval of Committee Chairs' Assurance Reports and levels of assurance for agenda papers by Fife NHS Board on 28 May 2024. The Chairs' reports will complement the minutes of each meeting by summarising the committee business undertaken with the intention of enhancing escalation of items to the Board and providing a level of assurance.
  - NHS Fife continues to work with key partners to progress implementation of the Population Health and Wellbeing Strategy.
  - The Clinical Governance Strategic Framework Delivery plan is being implemented with monitoring of this being reported to the Clinical Governance Oversight Group.
  - Excellent performance in maintaining Clinical Policies has again been achieved in 2023/24 with 99% of policies being within their target review date.
  - The three-year Financial Plan 2024/25 to 2026/27 was approved by the Board on 26 March 2024 but remains as yet unapproved by the Scottish Government. A formal quarter 1 financial performance review with NHS Fife and Scottish Government is planned.
  - Approval by the Finance, Performance & Resources Committee (FPRC) in December 2023 for critical posts not currently funded.
  - Workforce planning linked to RTP.
  - NHS Fife achieved the highest level of engagement in Scotland for the iMatters process.
  - Whistleblowing arrangements and compliance with the national standards continues to improve with all of the actions related to recommendations made in internal audit report, B13/23 – Whistleblowing, now having been implemented.
41. Overall, there has been good progress on recommendations from the ICE from last year and the Internal Audit Annual Report for 2022/23. Where action is still to be concluded, the Board has been informed of the planned approach and timescales, as well as associated improvement plans.

**Audit Output**

42. During 2023/24 we delivered 26 audit products with five currently work in progress. (3 for NHS Fife and 2 for Fife IJB).
43. Our 2023/24 audits of the various financial and business systems provided opinions on the adequacy of controls in these areas. Summarised findings or a full report for each review were presented to the Audit & Risk Committee throughout the year.

44. A number of our reports, including the ICE, have been wide ranging and complex and have relevance to a wide range of areas within NHS Fife. These should provide the basis for discussion around how NHS Fife can best build on the very good work already being done to improve and sustain service provision.
45. Board management continue to respond positively to our findings and action plans have been agreed to improve the systems of control.

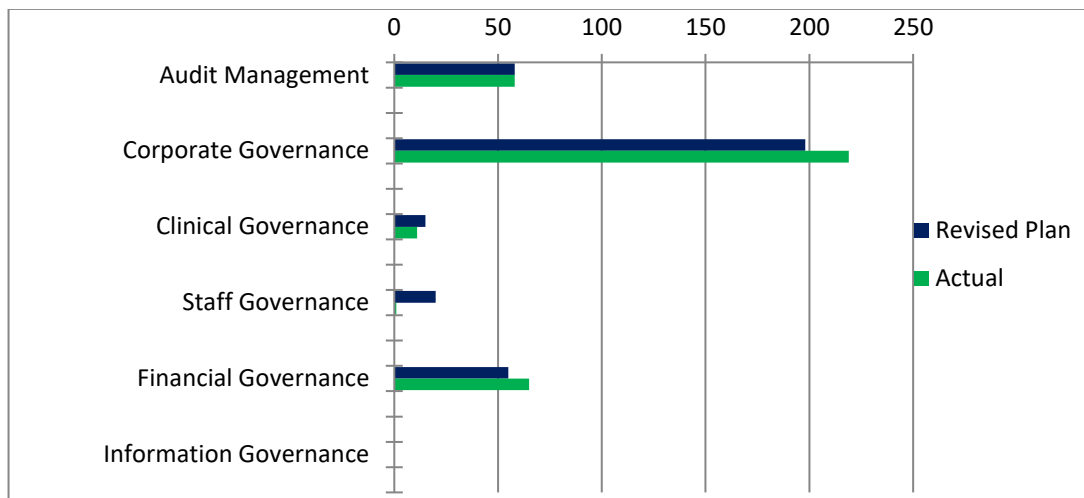
## ADDED VALUE

46. The Internal Audit Service has been responsive to the needs of the Board and has assisted the Board and added value by:
  - Examining a wide range of controls in place across the organisation.
  - Continuing as lead auditors for Fife IJB.
  - Providing internal input through Board Development Events and input to risk management developments.
  - The Chief Internal Auditor facilitates the Assurance Mapping Group, which coordinates consideration of assurance issues and updates, dissemination, and implementation of the Committee Assurance Principles across NHS Fife, Forth Valley, Tayside, and Lanarkshire.
  - Continuing to provide advice to Senior Management on the application of assurance mapping and risk management principles. The Regional Audit Manager has provided input and advice on the current deep dive reporting process.
  - Advising on amendments to the Fife IJB Risk Management Strategy.
  - Attending Information Governance and Security Steering Group and Digital & Information Board meetings and providing advice.
  - Providing opinion on and evidence in support of the Governance Statement at year-end and conducting an extensive ICE review which permitted remedial action to be taken in-year. This review made recommendations focused on enhancements to ensure NHS Fife has in place appropriate and proportionate governance, which supports and monitors the delivery of objectives and is commensurate with the challenging environment within which it is operating.
  - Providing Audit Follow Up reporting to the NHS Fife Audit & Risk Committee.
47. Internal Audit continue to reflect on our working practices to build on action taken in response to previous External Quality Reviews and in preparation for the External Quality Assessment in 2024/25.
48. The 2023/24 Annual Internal Audit Plan included provision for delivering audit services and providing the Chief Internal Auditor function to Fife's IJB, with Internal Audit Plans agreed. Internal Audit has continued to highlight the requirement for coherence between governance structures, performance management, risk management and, in particular, assurance to improve the ability of the IJB to monitor the achievement of operational and strategic objectives.



## INTERNAL AUDIT COVER

49. Figure 1: Internal Audit Cover 2023/24



50. Figure 1 summarises the 2023/24 coverage against the revised Internal Audit Plan, approved by the Audit & Risk Committee in March 2024. As at end of April 2024 we had delivered 354 days against the 346 revised planned days. There are three ongoing Health Board and two ongoing IJB reviews.
51. During 2023/24 we have regularly reported to the Audit & Risk Committee delays in finalising audits from the previous audit years, mainly due to staff absences. To account for time lost due to staff absence, the Regional Audit Managers, Chief Internal Auditor, and the Director of Finance and Strategy developed a revised audit plan for 2023/24. The plan reflected the detailed work undertaken in the 2023/24 ICE which covered in detail the five strands of governance. While Information Governance and Staff Governance did not have any formal reviews during 2023/24 work on the ICE and Annual Report and key reports from the prior year have provided the required level of coverage.
52. A summary of 2023/24 performance is shown in Section 3.

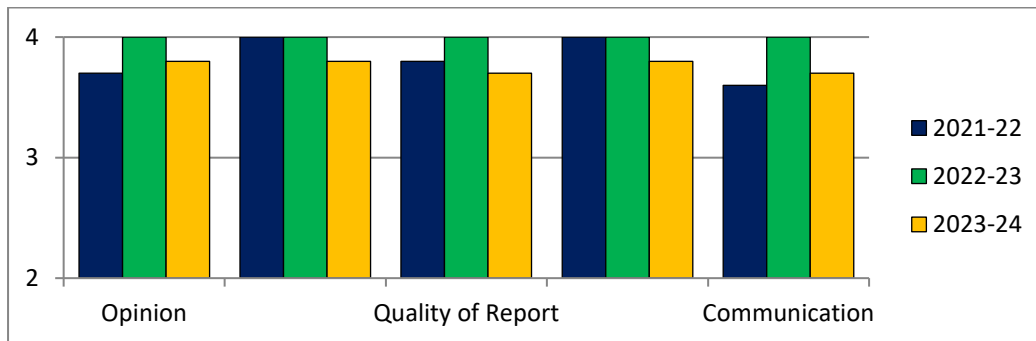
## PERFORMANCE AGAINST THE SERVICE SPECIFICATION AND PUBLIC SECTOR INTERNAL AUDIT STANDARDS (PSIAS)

53. The FTF Partnership Board met in May 2024 and the 2023/24 budget was approved. The Partnership Board is chaired by the NHS Tayside Director of Finance and the FTF Client Directors of Finance are members. The FTF Management Team members are attendees.
54. We have designed protocols for the proper conduct of the audit work at the Board to ensure compliance with the specification and the PSIAS.
55. Internal Audit is compliant with PSIAS, and has organisational independence as defined by PSIAS, except that, in common with many NHSScotland bodies, the Chief Internal Auditor reports through the Director of Finance and Strategy rather than the Accountable Officer. There are no impairments to independence or objectivity.

- 56. Internal and External Audit liaise closely to ensure that the audit work undertaken in the Board fulfils both regulatory and legislative requirements. Both sets of auditors are committed to avoiding duplication and securing the maximum value from the Board’s investment in audit.
- 57. PSIAS require an independent external assessment of internal audit functions once every five years. The most recent External Quality Assessment (EQA) of the NHS Fife Internal Audit Service in 2018/19 concluded that, *‘it is my opinion that the FTF Internal Audit service for Fife and Forth Valley generally conforms with the PSIAS.’* FTF updated its self-assessment during 2022/23 and a further EQA will take place in 2024/25.
- 58. A key measure of the quality and effectiveness of the audits is the Board responses to our client satisfaction surveys, which are sent to line managers following the issue of each audit report. Figure 2 shows that, overall, our audits have been perceived as good or very good by the report recipients.

**59. Figure 2: Summary of Client Satisfaction Surveys**

Scoring: 1 = poor, 2 = fair, 3= good, 4 = very good.



- 60. Other detailed performance statistics are shown in Section 3.

**STAFFING AND SKILL MIX**

- 61. In 2023/24 the Internal Audit Plan was delivered with a skill mix of 84%, which substantially exceeds the minimum service specification requirement of 50% and reflects the complexities of the work undertaken during the year.

**ACKNOWLEDGEMENT**

- 62. On behalf of the Internal Audit Service I would like to take this opportunity to thank all members of staff within the Board for the help and co-operation extended to Internal Audit, throughout my tenure as Chief Internal Auditor.
- 63. My team and I have greatly appreciated the positive support of the Chief Executive, Director of Finance and Strategy, the Head of Corporate Governance and Board Secretary and the Audit & Risk Committee.

**Jocelyn Lyall BAcc CPFA**  
**Chief Internal Auditor**

## Corporate Governance

### Corporate Risks:

**Risk 1 – Population Health and Wellbeing Strategy – Moderate (12); Target (12) Moderate by 31 March 2024**

#### Currently Below Risk Appetite

There is a risk that the ambitions and delivery of the new organisational strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.

**Risk 2 – Health Inequalities – High Risk (20); Target (15) High Risk by 31 May 2024**

#### Currently Within Risk Appetite

There is a risk that if NHS Fife does not develop and implement an effective strategic approach to contribute to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut short in the most deprived areas of Fife compared to the least deprived areas, representing huge disparities in health and wellbeing between Fife communities.

**Risk 4 – Environmental Management & Climate Change – Moderate (12); Target (10) Moderate by 1 April 2025**

#### Currently Below Risk Appetite

There is a risk that if we do not put in place robust management arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.'

**Risk 10 – Primary Care Services – High Risk (16); Target (12) Moderate by 31 March 2025**

#### Currently Above Risk Appetite

There is a risk that due to a combination of unmet need across health and social care as a result of the pandemic, increasing demand on services, workforce availability, funding challenges, adequate sufficient premises and overall resourcing of Primary Care services, it may not be possible to deliver sustainable quality services to the population of Fife for the short, medium and longer term.

## Reform, Transform, Perform

Reform, Transform, Perform (RTP) is NHS Fife's approach to improving services delivered to the population of Fife and addressing its financial challenges. RTP is a renewed strategic approach to creating the right conditions to evolve services, empower staff and to ensure a more sustainable future. This framework is firmly rooted in the ambitions laid out in the Population Health and Wellbeing Strategy. NHS Fife remains committed to this strategy and seeks to deliver the best quality health and care for the people of NHS Fife.

RTP has been widely communicated and there is a clear message from the Chief Executive and the senior team that everyone has a role to play in delivering RTP.

The Blueprint for Good Governance states that *"An organisation's culture comprises its shared values, norms, beliefs, emotions, and assumptions about "how things are and should be done around here"*. These 'things' include how decisions are made, how people interact and how work is carried out." A culture of rigorous but supportive culture will be key when taking account of the scale of the financial challenge for Fife alongside increasing service pressures. Such pressures will require to be carefully managed and may require some very difficult decisions.

### Strategy Development and Implementation

Fife NHS Board was presented with mid-year and year-end reports on the Population Health and Wellbeing Strategy (PHWS) delivery plan. The year-end report introduces a summary of 32 key metrics and provided a progress update against the strategy's key actions.

The report provided updates on each of the four strategic priorities outlining the ambitions associated with each and the key achievements in 2023-24, performance against key metrics and a progress update against specific actions included in the strategy. The plans for NHS Fife for 2024/25 and beyond are described in the NHS Fife Annual Delivery Plan, the RTP Framework and the Board's Corporate Objectives, and will be refreshed throughout the 5 year lifespan of the strategy. An update on the status of the strategies and programmes supporting the PHWS and how these relate to its four strategic ambitions was also included.

Internal Audit Report B14/23 Strategic Plan Development provided Reasonable Assurance on NHS Fife's arrangements for developing the Population Health and Wellbeing Strategy and made one 'merits attention' recommendation related to risk management.

### Governance Arrangements

The updated Code of Corporate Governance (CoCG) was recommended for approval by the Audit & Risk Committee on 16 May 2024 and approved by Fife NHS Board on 28 May 2024.

Standing committee annual assurance reports/statements confirmed that they have fulfilled their remits in 2023/24 and each committee undertook a self-assessment in 2023/24, with the results reported to each standing committee in March 2024.

All Standing Committees' draft annual reports/assurance statements are broadly in line with the FTF Committee Assurance Principles, cover all areas of their remits and include a conclusion on risk management relevant to the committee. These will be presented to the 20 June 2024 Audit & Risk Committee.

The introduction of Committee Chairs' Assurance Reports was approved by Fife NHS Board on 28 May 2024. These reports will complement the minutes of each meeting by summarising the committee business undertaken with the intention of enhancing escalation of items to the Board. The Board also agreed on proposed levels of assurance, based on those used by internal audit, to be included in reports so that members can consider what the suggested Level of Assurance means in respect of the subject matter, and focus their questioning and governance oversight on these aspects of the report.

The NHS Fife Chief Executive has completed the accountable officer memorandum which provides assurance that responsibilities of the accountable officer have been carried out and does not raise any issues regarding the discharge of these.

### Blueprint for Good Governance

Internal Audit Report B12/24 Blueprint for Good Governance provided Substantial Assurance on NHS Fife's compliance with the timeline for completing the Blueprint self-assessment confirmed We confirmed that Scottish Government guidance had been followed, evidence appropriately recorded, and an appropriate action plan produced to improve NHS Fife's Governance arrangements with actions timebound within financial year 2024/25.

A Board Development session was held to analyse and discuss the results and develop the improvement plan.

**Anchor Programme**

The draft Anchor Strategic Plan was presented to PHWC in September 2023 and submitted to Scottish Government in November 2023. An update was presented to the Board in March 2024.

Work has progressed within the national Anchors workstream to develop metrics to be used by all Boards to measure progress and impact of their strategic plans. Boards were required to complete a baseline assessment and submit this to Scottish Government by 31 March 2024.

**Public Participation and Community Engagement Strategy 2024/28**

Public participation and community engagement will play a crucial role in the implementation and delivery of the strategy along with RTP activity. The Public Participation and Community Engagement Strategy 2024/28 was discussed at the Board Development Session on 30 April 2024 and presented to the PHWC on 13 May 2024. The strategy reflects the aims and objectives of the NHS Fife Population Health and Wellbeing Strategy 2024/2028 and was considered by Fife NHS Board on 28 May 2024 and they requested that the strategy be brought back to a future meeting once it has been updated to reflect the feedback from the meeting.

**Operational Planning**

The draft Annual Delivery Plan 2023/24 was presented to the Board in July 2023 before submission to the Scottish Government and subsequent approval on 11 August 2023. A new approach to monitoring Delivery Plans is being developed by the Scottish Government, with the expectation that this will draw performance information from existing reporting sources and that Boards will prepare performance trajectories, in conjunction with the Scottish Government, and aligned to finance and workforce plans.

**Assurance Mapping**

Internal Audit continues to provide advice to Senior Management on the application of assurance mapping and risk management principles. The Regional Audit Manager has provided input and advice on the current deep dive risk reporting process.

The Chief Internal Auditor facilitates the Assurance Mapping Group, which coordinates consideration of assurance issues and updates, dissemination, and implementation of the Committee Assurance Principles across NHS Fife, Forth Valley, Tayside, and Lanarkshire.

The Chief Internal Auditor also contributed to a presentation on scrutiny and assurance to Non-Executive Directors in May 2024.

**Integration**

A Fife Integration Scheme is in place and will be due for review in 2027.

The Finance, Performance & Resources Committee (FPRC) and Clinical Governance Committee (CGC) receive minutes from the IJB equivalent committees.

The Fife IJB Annual Assurance Report/Statement will be presented to its Audit and Assurance Committee on 27 June 2024.

**Performance**

The Board, the FPRC, the SGC, the CGC and the PHWC received regular performance reports against a range of key measures (Scottish Government and local targets). Projected & Actual Activity for Patient Treatment Time Guarantee (TTG), New Outpatients and Diagnostics are also reported.

The format of the Fife Integrated Performance and Quality Report (IPQR) has been reviewed and proposed changes were presented to and discussed at the April 2024 Board Development Event. Internal Audit provided commentary on the report format.

In common with all of NHSScotland, performance against national targets is proving challenging. It is imperative that NHS Fife is able to set and deliver realistic targets, within the context of its new Strategic Framework, as soon as possible, so that performance can be measured meaningfully.

Particular areas of challenge are 4 hour emergency access, patient treatment time guarantee, new out-patients, diagnostics, cancer 31 and 62 day referral to treatment, CAMHS and Psychological Therapies.

### **Best Value**

Best value and effective allocation of resources is a key element of the Financial Improvement & Sustainability Programme (FISP) which contributes to *'a more effective triangulation of workforce, operational and financial planning, which supports the promotion and delivery of best value across all of our resource allocation.'* The FPRC received updates on the FISP in 2023/24 and this, along with the completion of the Best Value Framework as part of each Standing Committees' Annual Report, allows NHS Fife to demonstrate processes are in place to promote and deliver best value. The work of the FISP is now contained within the RPT framework arrangements.

### **Policies**

A General Policies and Procedures update was provided to the 7 May 2024 meeting of the FPRC. In April 2024, of the 54 General Policies, 10 (18%) remain beyond their due date. Review work is underway for one (2%) General Policy, and three (6%) of General Policies are under review. 40 (74%) of General Policies are up to date which is an improved position since the last report in November 2023.

### **Corporate Objectives**

The EDG considered the 2024/25 corporate objectives on 16 May 2024. The objectives are aligned with the existing strategic priorities within the PHWS and reflect the focus areas of RTP and the Annual Delivery Plan for 2024/25. The corporate objectives were discussed by the Remuneration Committee in May 2024 and an updated version is to be presented to the committee for approval on 24 June 2024. The corporate objectives have been mapped to one of the four NHS Fife agreed strategic priorities with delivery mapped to a responsible Executive Director and oversight to the relevant standing committee.

### **Board and Standing Committee Development Sessions**

Areas covered in Board Development Sessions since the issue of the ICE included Risk Appetite; Scrutiny & Assurance – Best Practice in Governance and the Role of Board Standing Committees; Integrated Performance & Quality Report Review; Public Participation and Community Engagement Strategy; Blueprint for Good Governance; Financial Challenge for 2024/25; RTP Next Steps; individual discussion topics focused on empowering change to support the path to balance; Medical Education - initiatives aimed at widening access for Medical staff and students; Spiritual Care - Values Based Reflective Practice and Working Well in Fife.

### **Audit Follow Up**

Internal Audit provided reports detailing the Audit Follow Up position to the Audit & Risk Committee on four occasions throughout 2023/24. Throughout the year, we liaised with officers to obtain meaningful updates on ongoing audit recommendations, obtained evidence to support the reported progress and completed validation checks to ensure the information provided to the Audit & Risk Committee was accurate.

The status of the actions related to previous Internal Audit Annual and ICE reports that remained to be addressed when we published our latest ICE report is recorded in the table at section 5 of this report. This shows that 3 of the 6 actions to address recommendations in our 2023/24 ICE Report (B08/24) are still to be fully implemented and 3 of the 11 actions to address recommendations in our 2022/23 Annual Report (B06/24) are still to be fully implemented. All other actions from previous ICE and Annual reports have been implemented or superseded and none of the remaining actions are more than 12 months old.

### Risk Management

The Annual Risk Management Report 2023/24 was considered for assurance by the Audit & Risk Committee on 16 May 2024 and concluded that there were adequate and effective risk management arrangements in place throughout the year. The report referred to the continuous improvement of the operational risk management approach citing the following developments:

- Completing the refresh of the Risk Management Framework incorporating the Risk Register/Risk Assessment Policy (GP/R7).
- Refining risk management processes.
- Reviewing and updating of the Board risk appetite statement.
- Updating risk key performance indicators.
- Improving the content and presentation of risk management reports.
- Supporting the continuing development of assurance reporting.
- Devising and delivering a risk management training programme.
- Reviewing the Board Strategic Risk Profile.

The report outlines further improvements including:

- Update of Corporate Risk Register to reflect changes in the internal and external environment and RTP.
- Further contribution from the Risk and Opportunities Group (ROG) to identify and assess emergent risks and opportunities and potential impact on the Board's Risk Appetite Position.

A delivery plan to support the Risk Management Framework has been developed and will be reported to the Audit & Risk Committee when risk appetite is completed.

The ROG provided a positive annual statement of assurance for 2023/24 to the Audit & Risk Committee on 16 May 2024. This summarised the business covered by the group and reports on the self-assessment undertaken by members.

The Regional Audit Manager provided advice to the ROG on improving the deep dive process so that it explicitly answers the questions included in the committee assurance principles.

Since publication of our 2023/24 ICE report, revised KPIs were presented to Audit & Risk Committee on 16 May 2024 and the Audit & Risk Committee was advised that these will continue to evolve.

We evidenced improvement in completion of the Risk Management section of cover papers presented to the Board and its Standing Committees. Previous internal audit recommendations relating to development of risk appetite being used by standing committee in relation to strategy, decision making, prioritisation, budget setting and organisational focus and updates to the Dep Dive Process to address the

*'specific questions when analysing a risk delegated to the committee in detail'* are ongoing and progress will be monitored via the Internal Audit Follow-up system.

### **Environmental Management & Climate Change**

The deep dive of the environmental management and climate change policy obligations risk reported to PHWC on 4 September 2023 provided 'Limited Assurance' that the Board will be able to manage the risk to its target level within the specified timescale. The paper explained that the root cause of the risk is that insufficient resource to meet the objectives of the NHS Scotland Climate Emergency Strategy 2022-26 and it outlines 20 actions to mitigate against this and their status. Six were assessed as completed, ten on track, one with a significant level of delivery challenge and three at risk of non-delivery.

The minutes of the meeting record that the main reason for 'Limited Assurance' is uncertainty and limitations around funding and competing priorities. The Board's Annual Delivery Plan includes a section on climate change and the related deliverables are to be monitored via that process. We welcome the appointments of a Non-Executive Sustainability Champion and Head of Sustainability.

### **Primary Care Services**

The deep dive report on the provision of sustainable quality primary care services risk reported to the PHWC on 15 May 2023 provided 'Reasonable Assurance'. The paper explained that the root causes of the risk are broad issues that impact across all of Primary Care including General Practice, Community Pharmacy, Dentistry, and Optometry.

The report outlined 16 actions to mitigate against this and their status. One was assessed as completed, one as not started, seven on track and seven with a significant level of delivery challenge.

The Primary Care Strategy 2023-26 was endorsed by PHWC and subsequently approved by Fife NHS Board in July 2023. Primary Care Oversight Board monitoring of delivery of the strategy will be key to ensuring the successful mitigation of the risk.



### Clinical Governance

#### Corporate Risks:

**Risk 5 – Optimal Clinical Outcomes - High Risk (15); Target (10) Moderate by 31 March 2025**

#### Currently Within Risk Appetite

There is a risk that recovering from the legacy impact of the ongoing pandemic, combined with the impact of the cost-of living crisis on citizens, will increase the level of challenge in meeting the health and care needs of the population both in the immediate and medium term.

**Risk 9 – Quality & Safety - Moderate (12); Target (6) Low by 31 March 2025**

#### Currently Within Risk Appetite

There is a risk that if our governance arrangements are ineffective, we may be unable to recognise a risk to the quality of services provided thereby being unable to provide adequate assurance and possible impact to the quality of care delivered to the population of Fife.

**Risk 16 – Off-Site Area Sterilisation and Disinfection Unit Service - Moderate Risk (12); Target (6) Low by 1 April 2026**

#### Currently Within Risk Appetite

There is a risk that by continuing to use a single offsite service Area Sterilisation Disinfection Unit (ASDU), our ability to control the supply and standard of equipment required to deliver a safe and effective service will deteriorate.

### Annual Statement of Assurance

The Clinical Governance Committee (CGC) annual statement of assurance provided a reflective and nuanced conclusion that the Committee had fulfilled its remit and that adequate and effective clinical governance arrangements were in place during the year and provided commentary on a range of key areas and assurance arrangements.

### Clinical Governance Strategic Framework

The Clinical Governance Strategic Framework and associated Annual Delivery Plan were approved by Fife NHS Board on 28 March 2023.

The year-end update on the 2023/24 delivery plan presented to Clinical Governance Oversight Group (CGOG) on 16 April 2024 recorded that from the 18 items on the plan 7 had been delivered, 9 are on track and 2 had not progressed as expected. The 2024/25 delivery plan was presented and includes 8 items carried forward from the 2023/24 plan and 4 new items. The items delivered in 2023/24 were:

- Review of Patient Representation on the Clinical Governance Committee - The addition of patient stories to the CGC agenda.
- A focus on Quality & Safety -Establishment of Care Assurance walkarounds and Infection Control walkarounds.
- Development of the Clinical Governance Strategic Framework Workplan 2023/24 – Delivery Plan developed and reporting on this to CGOG & CGC in 2023/24.
- Review of Adverse Events Policy & Procedure - Adverse Events Policy updated and supporting Management Resource Pack in development.

- Organisational Learning Communication Quality Improvement Project - Realistic Medicine Communications Plan developed and implementation started.
- Excellence in Care - Establishment of a Short Life Working Group to review tools and templates used with the aim of creating a consistent approach to providing care assurance from Ward to Board and also promoting the use of the Excellence in Care Dashboard.
- Clinical Governance Oversight Group – Workplan reviewed and regular assurance reporting to CGC now in place.

The CGOG April 2024 Assurance Summary provided CGC with assurance that the year-end position regarding the Delivery Plan had been reported to CGOG and that the workstreams included in the 2024/25 plan had been presented. This reporting would be enhanced if it included a high-level summary of delivery with reporting of the number of items delivered in target timescale and any issues with delivery.

All actions to address related recommendations from internal audit report B19/21 Clinical Governance Strategy and Assurance have been implemented and validated as part of the Audit Follow-Up process.

Progress towards implementation of actions to address recommendations from our report F06-22 Clinical and Care Governance is being monitored by the IJB follow-up protocol with 5 of the 16 actions having been validated as completed so far.

#### **CGC Governance and Assurance**

The Clinical Governance Strategic Framework outlines the governance framework and assurance reporting routes for clinical governance and includes services delegated to the IJB. The following annual assurance reports/statements and annual reports were received by CGC in 2023/24:

##### Annual Assurance Reports/Statements

- Clinical Governance Oversight Group
- Digital & Information Board
- Health & Safety Sub-Committee
- Information Governance & Security Steering Group
- Resilience Forum
- IJB Quality & Communities Committee

##### Annual Reports

- Adult Support & Protection Annual Report 2020-22
- Clinical Advisory Panel Annual Report 2022/23
- Controlled Drug Accountable Officer Annual Report 2023
- Director of Public Health Annual Report 2023
- Fife Child Protection Annual Report 2022/23
- Medical Education Annual Report 2022/23
- Medical Appraisal and Revalidation Annual Report 2022/23
- Occupational Health Annual Report 2022/23
- Organisational Duty of Candour Annual Report 2022/23

- Prevention & Control of Infection Annual Report 2022/23
- Radiation Protection Annual Report 2022/23
- Research, Innovation and Knowledge Annual Report 2022/23
- Volunteering Annual Report 2022/23

### Service Provision Impact Post Pandemic

The CGC Annual Statement of Assurance 2023/24 provided reflection on changes to the configuration of services, and on which services could be provided, during the pandemic and the recovery period. This recognised that some patients were adversely affected by these decisions particularly in respect of a backlog in treatment and delays for patients in accessing diagnostic tests and care and provided assurance regarding the management of the associated corporate risk (Risk 7 *'There is a risk that due to demand exceeding 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'* – which is aligned to FPRC). This section of the assurance statement concludes by referring to likely recommendations in reports from both the UK and Scottish Covid Inquiries, and that NHS Fife will aim to implement actions to address any recommendations made in full, to ensure both patient and staff safety.

### Risk Management

The CGC has considered the risks aligned to it throughout 2023/24 including consideration of deep dive reports into the risks associated with Quality and Safety, Off-site Area Sterilisation and Disinfection Unit Service, Digital & Information, Cyber Resilience, Optical Clinical Outcomes, and the closing of the corporate risk associated with Covid 19.

CGOG also considered the Corporate Risk Register at every meeting in 2023/24 and considered deep dives into the Digital & Information and Optical Clinical Outcomes corporate risks at its December 2023 and February 2024 meetings respectively. CGOG also considered the Adult Support/Child Protection risk report at its June 2023 meeting.

The IPQR continues to show relevant corporate risk information in all sections including Clinical Governance providing appropriate context for performance and risk management.

### External Review

External reviews are included in the NHS Fife Activity Tracker and the Health & Social Care Partnership (HSCP) Clinical Assurance updates presented to the CGOG. The regular CGOG Assurance Summary reports presented to CGC include a summary of the reports considered. The annual assurance report/statement for the CGC for 2023/24 references reports from external bodies considered during 2023/24 and provides assurance that action is being taken to address recommendations. The CGOG annual assurance report/statement for 2023/24 does not provide assurance on the action being taken to address recommendations from external reports.

CGC considered external reports on a fatal accident enquiry, a HIS infection control inspection and a report from the Scottish Public Sector Ombudsman on a December 2023 and were assured that action plans were being progressed to address issues recommendations made.

CGOG considered external reports on Mental Welfare Commission inspections at wards at Whyteman's Brae, Lynebank and Stratheden Hospitals and the HIS Unannounced Inspection at Victoria Hospital at its meetings in 2023/24 and were assured that action plans were being progressed to address issues recommendations made.

Core members of the Organisational Learning Group (OLG) assessed the group's activities in 2023 in light of the well-publicised Countess of Chester Hospital incidents and a refreshed approach to the group's approach was considered by CGOG on 16 April 2024. The refreshed approach includes updating the terms of reference of the group, including revision to membership, and a new workplan for the group for 2024/25. Triangulation is included as a principle of the group and is referred to in its revised workplan as an improvement activity as part of the development of a learning system framework. An EDG development session on the OLG is to be undertaken in July 2023 and EDG members will be asked to decide on where an update on this work will be presented.

### Significant Adverse Events

The IPQR presented to CGC on 3 May 2024 stated that reporting on the 'actions closed' aspect of Adverse Events was paused in December 2023. The data the KPI was based upon was unreliable and action is in progress to address this.

Adverse events KPIs are now reported to CGOG at each meeting with the following reported in April 2024, for February 2024:

- 43% of Significant Adverse Event Reviews (SAERs) for Major or Extreme Adverse Events were submitted and a decision made within 10 working days of reported date.
- 59% of adverse events with severity reported as 'no harm' were closed within 10 working days of reported date.
- 86% of adverse events with severity reported as 'Minor' or 'Moderate' were closed within 60 working days of reported date.
- 68% of adverse events with severity reported as 'major' or 'extreme' were closed within 90 working days of reported date.
- 50% of actions from Local Adverse Event Reviews (LAERs) and Significant Adverse Event Reviews (SAERs) were completed by their target dates.
- 72% of all actions from LAERs and SAERs reported since 1 April 2018 were closed.
- Overall analysis of incident categories does not highlight any significant trends.

The update to the Adverse Events Policy and associated procedures in 2023 has promoted a more streamlined and efficient management of major and extreme adverse events.

### Organisational Duty of Candour

The Annual Duty of Candour (DoC) report covering the 2022/23 financial year was presented to Fife NHS Board 26 March 2023 and reported that there were 33 adverse events reported where DoC applied.

The report also included assurance that NHS Fife had complied with DoC in all 33 cases and that lessons were learned.

As reported to the 1 March 2023 CGC, in 2023/24 to date there were 8 confirmed DoC incidents (3 falls, 1 each for paediatrics, patient info, personal accident, surgical complication and tissue viability) with 8 outcomes recorded (4 being an increase in treatment). It has been agreed that the full report for 2023/24 should be presented in January 2025.

### Clinical Policies and Procedures

CGOG was regularly updated on the review status of clinical policies and procedures in 2023/24 via the work of the Clinical Policies and Procedures Authorisation and Co-ordination Group. The CGOG Annual

Statement of Assurance reported that over the year a 99% compliance rate was achieved, which is an excellent outcome that has been consistent for a number of years.

### **Health and Safety**

The 2023/24 Health & Safety Sub-Committee Annual Statement of Assurance confirmed that there were no significant control weaknesses or issues at the year-end which it considered should be escalated to the CGC or disclosed in the Board's Governance Statement.

The 2023/24 CGC Annual Assurance Report/Statement provided assurance on actions to mitigate risks associated with Reinforced Autoclaved Aerated Concrete (RAAC) within the Estate and radon in excess of HSE limits at a Medical Practice.


There was no Health & Safety Executive enforcement during the year.

### **Resilience**

An annual statement of assurance for the Resilience Forum was presented to CGC on 3 May 2024 which provided moderate assurance, reflecting the work-in-progress to strengthen arrangements for resilience planning across NHS Fife and with its contracted partners.

The CGC Annual Assurance Report/Statement included assurance regarding business continuity arrangements put in place for potential industrial action and for the breakdown of CT scanners.

All actions to address recommendations from Internal Audit Report B23/22 on Resilience have been implemented and actions to address recommendations from Internal Audit Report B13/23 on Business Continuity Arrangements are progressing and are reported within Audit Follow Up reports to the Audit & Risk Committee.

Action Point Reference 1 – CGOG Annual Assurance Statement	
<b>Finding:</b>	
<p>The CGOG receives updates on inspections by external bodies such as Healthcare Improvement Scotland and the Mental Welfare Commission via the NHS Fife Activity Tracker and the HSCP Clinical Assurance Update reports that are presented at each of its meetings, but this assurance is not referred to in its Annual Assurance Statement.</p>	
<b>Audit Recommendation:</b>	
<p>The CGOG Annual Statement of Assurance for 2024/25 should include reference to the assurance it receives on inspections by external bodies such as Healthcare Improvement Scotland and the Mental Welfare Commission. This should include assurance on action being taken to address recommendations made in these.</p>	
<b>Assessment of Risk:</b>	
<p>Merits attention</p>	<div style="display: flex; align-items: center; gap: 10px;">  <p>There are generally areas of good practice. <b>Action may be advised to enhance control or improve operational efficiency.</b></p> </div>
<b>Management Response/Action:</b>	
<p>Management will include an appropriate reference to external assurance reporting in the next CGOG statement of assurance.</p>	
<b>Action by:</b>	<b>Date of Expected Completion</b>
<p><b>Medical Director</b></p>	<p><b>31 March 2025</b></p>

## Staff Governance

### Corporate Risks:

#### **11 Workforce Planning and Delivery - High Risk (16); Target (8) Moderate by March 2025**

##### **Currently Above Risk Appetite**

There is a risk that the current supply of a trained workforce is insufficient to meet the anticipated Whole System capacity challenges, or the aspirations set out within the Population Health & Wellbeing Strategy, which may impact on service delivery.

#### **12 Staff Health & Wellbeing - High Risk (16); Target (8) Moderate by March 2025**

##### **Currently Above Risk Appetite**

There is a risk that if due to a limited workforce supply and system pressure, we are unable to maintain the health and wellbeing of our existing staff, we will fail to retain and develop a skilled and sustainable workforce to deliver services now and in the future.

#### **19 Implementation of Health and Care Staffing (Scotland) Act 2019 - Moderate Risk (12); Target (9) Moderate by July 2024**

##### **Currently Within Risk Appetite**

Taking account of ongoing preparatory work, there is a risk that the current supply and availability of trained workforce nationally, will influence the level of compliance with HCSA requirements. While the consequences of not meeting full compliance have not been specified, this could result in additional Board monitoring/measures.

## **Workforce Planning**

Internal Audit Report B17/23 Workforce Planning reviewed NHS Fife's Workforce Plan and was provided to the Audit & Risk Committee and the Staff Governance Committee (SGC) in May 2024.

Our audit opinion was 'Reasonable Assurance' and we made three significant and three moderate recommendations related to risk management, workforce plan information to assess the capacity and capability to effectively deliver services, oversight & assurance over delegated functions, workforce action plan, SGC and the workforce plan and comprehensive information to committee and the Board. One of the recommendations was addressed at the time of report publication and actions to address the remaining five recommendations have been agreed with management with target implementation dates ranging from 31 October 2024 to 31 May 2025.

An update on workforce planning was presented to the SGC on 6 March 2024 and provided assurance that the national workforce modelling tool would be utilised as part of the wider RTP discussions and would allow fuller modelling of how workforce levels are likely to change over the next three years.

## **Workforce Risks**

The three corporate risks are set out as above. Both the Workforce Planning and Delivery Risk and the Staff and Wellbeing Risk are rated as High and are both above risk appetite. Both these risks and current ratings are reflective of the current environment including the intense levels of activity in health and social care and the pressures on staff.

During 2023/24 the SGC reviewed the corporate risks assigned to it including a new corporate risk for implementation of the Health and Care Staffing (Scotland) Act 2019 which comes into force in April 2024 and reflects the preparatory work required to meet the terms of the legislation. This risk was approved by the Board and has been reported to the SGC since January 2024. The risk score reflects the current

arrangements. Updates on preparation for implementation of Health and Care Staffing (Scotland) Act 2019 were presented to the September 2023 and May 2024 SGC and the May 2024 NHS Board and provided assurance on the plans for quarterly reporting and prioritisation of implementation of eRostering in clinical areas. The Scottish Government quarter 3 return provided reasonable assurance and no 'red' RAG status was noted for any element.

In addition to the summary presentation of the aligned risks, the SGC have received deep dive information on individual aspects of a corporate risks aligned to the SGC. In May 2023, the SGC were provided a deep dive into current levels of Bank & Agency utilisation and resultant financial spend, noting both the adverse impact on the Board's financial position and the possible quality and safety aspects from an overreliance on temporary staff. A further deep dive into Band and Agency programme of work was delivered to members in November 2023, noting that, despite the implementation of stricter controls and new initiatives, the financial impact of these had yet to be seen on the overall position. The SGC Annual Report for 2023/24 recognised that considerable work had been undertaken around the usage of bank and agency staff, and that it was likely that the financial impact will take longer to realise than originally intended. A further report to the Committee's March 2024 meeting noted that initiatives were continuing at pace however the real impact should be seen in 2024/25.

The March 2023 SGC was advised that future deep dives will be agreed by the Lead Officer in consultation with the Chair and Committee members. A Pharmacy workforce deep dive was planned for May 2024.

### **Staff Governance Committee**

The Staff Governance Self-Assessment report was to the March 2024 meeting and noted improvements in year, including focus on strategic rather than operational details. Improvements included continued focus on agenda management and feedback from clinical and operational leads to aid interpretation of performance data were noted.

Revised SGC Terms of Reference were agreed at the March 2024 meeting. Amendments included the addition of oversight of Workforce Planning and risk, and review of compliance with Whistleblowing Standards, in response to previous internal audit recommendations.

The SGC Annual Report for 2023/24 concluded positively that it has fulfilled its remit and there is evidence of the SGC addressing full coverage of the strands of the Staff Governance Standard.

### **Staff Governance Assurances**

Our 2023/24 ICE report recommended that the 2022/23 Staff Governance Monitoring Return presented to the 9 November 2023 SGC should be updated to reflect action taken to address Scottish Government Feedback. The feedback was reported to SGC on 14 May 2024 and SGC are to be updated on progress to address this feedback at a future meeting. Scottish Government has paused the requirement to complete the monitoring return and Boards have been asked to continue with their ongoing commitment to the Staff Governance Standards and that they will seek a statement of assurance on this from Boards later in 2024.

Each paper presented to the SGC in 2023/24 references the strand(s) of the Staff Governance Standard it relates to. The SGC's Annual Report/Assurance Statement was presented to SGC on 14 May 2024 and included reflection on how successfully and effectively the strands of the Staff Governance Standards have been implemented. Positive feedback on coverage was provided in the Staff Governance Committee Self-Assessment and is evident in SGC discussions.



### Remuneration Committee

The Remuneration Committee (RC) held regular meetings throughout 2023/24. It completed an annual self-assessment of its performance along with all standing committees in February 2024, with only a small number of minor changes to future performance being required. This is reflected within the RC annual Report for 2023/24 which overall provides positive confirmation on the activities of the RC for the year.

### Appropriately Trained & Developed

Both Personal Development Plan (PDP) and sickness absence statistics are now reported to the SGC as part of the IPQR.

41% of PDP reviews were complete at March 2024 (38% in March 2023), and Mandatory training completion was 56% at January 2024 (57% at April 2023). Both of these are well below the target of 80% and limited improvement has been made during the year, despite agreement of new management improvement actions. In March 2024 the SGC was provided as part of the Staff Governance focussed IPQR that for PDP performance *'action plans have been developed and this work will be taken forward in the first half of the 2024/25 financial year'* and on the existing actions to improving mandatory training uptake including agreeing performance trajectories with services and prioritising certain elements of core training, engaging with training owners, improving compliance reporting and reviewing and refining the core training offering to improve satisfying role specific training requirements. The Director of Acute Services offered assurance to the Committee by providing examples of the concerted efforts being employed to improve training compliance, particularly within Acute, despite extreme staff and service pressures ongoing.

The minutes of the meeting record that *'It was, however, noted that overall training attainment was disappointing and significant measures were needed to improve these metrics'*.

NHS Fife's Mandatory Core training compliance performance was reported to the March 2024 SGC for the period to 22 January 2024 and included assurance on associated recovery actions identified to improve completion levels into 2024/2025. The target for 31 March 2024 was 80%, however achievement was 56% up to January 2024, with actions identified to improve the performance.

The Medical Appraisal and Revalidation Annual Report for 2022/23 was considered at the January 2024 SGC. Primary Care GPs achieved 99.35%, Acute Consultants 91.27% and Speciality and Specialist Doctors (SAS) 59%. The report includes actions that will be undertaken in 2024/25 to improve performance.

### Attendance Management

Sickness absence at February 2024 was 7.64%, a significant increase over February 2023 (5.69%). Benchmarking for February 2024 shows NHS Fife to be in the lower range of all the mainland Boards. SGC considered a comprehensive update on attendance management on 6 March 2024 which highlighted the need for a change in emphasis to secure a longer term, sustainable improvement in absence rates, and outlined the attendance management actions to be taken forward in 2024/25. The SGC annual assurance report/statement for 2023/24 concluded that *'Actions continue to be undertaken to manage the challenging circumstances that lead to sickness absence, in particular that of a long-term nature, which can by its nature be extremely complicated to manage'*.

The results of the 2023/24 iMatter survey and the comparative national results were presented to the SGC in January 2024. NHS Fife has achieved increases in each KPI with NHS Fife's engagement and questionnaire rates the highest out of all 14 NHS Scotland territorial boards.

**Whistleblowing**

All actions to address recommendations made in Internal Audit report B18/23 – Whistleblowing have been implemented.

Quarterly update reports detailing action to comply with the National Whistleblowing standards and the number of concerns raised are presented to the SGC. The SGC annual assurance report/statement 2023/24 includes a statement from the Board's Non-Executive Whistleblowing Champion providing assurance that at Board level there is an environment of listening and openness whilst emphasising that further work is required and that this is more important during this period of reform and transformation.

The annual whistleblowing report for 2023/24 was presented to SGC and to Fife NHS Board in May 2024, an improvement in timing to align with year-end reporting and assurance processes. Planned arrangements for 2024/25 include establishment of a Whistleblowing Oversight Group, a decision making team and recruitment of a Speak-up Coordinator.

**Staff Wellbeing**

The SGC endorsed NHS Fife's Staff Health and Wellbeing Action Plan 2023-2025 for publication on 11 January 2024. The Head of Workforce Planning & Staff Wellbeing emphasised that the future focus would require to be on evaluation and metrics, to ensure the best use of available resources.

The SGC annual assurance report/statement for 2023/24 summarises the services available to help support staff during this time of continuing high levels of activity on all services.

## Financial Governance

### Corporate Risks

#### **6 - Whole System Capacity - High Risk (20); Target (9) Moderate by 30 April 2024**

##### **Currently Above Risk Appetite**

There is a risk that significant and sustained admission activity to acute services, combined with challenges in achieving timely discharge to downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised.

#### **7 - Access to Outpatient, Diagnostic and Treatment Services - High Risk (20); Target N/A**

##### **Currently Above Risk Appetite**

There is a risk that due to demand exceeding 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.

#### **8 – Cancer Waiting Times - High Risk (15); Target (12) Moderate by 30 April 2024**

##### **Currently Above Risk Appetite**

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.

#### **13 - Delivery of A Balanced In Year Financial Position - High Risk (16); Target (12) Moderate by 31 March 2024**

##### **Currently Above Risk Appetite**

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 further planned brokerage from Scottish Government.

#### **14 - Delivery of Recurring Financial Balance Over the Medium Term - High Risk (16); Target (12) Moderate by 31 March 2024**

##### **Currently Above Risk Appetite**

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.

#### **15 - Prioritisation & Management of Capital Funding - Moderate (12); Target (8) Moderate by 1 April 2026**

##### **Currently Within Risk Appetite**

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.

## **Financial Performance**

The Medium Term Financial Plan (MTFP) was endorsed by the FPRC (Reserved Business) on 14 March 2023 and approved by Board (Reserved Business) on 28 March 2023. It provided clarity on funding and expenditure assumptions with areas of greatest risk and uncertainty. It presented a range of potential scenarios which demonstrate the impact of changes to key parameters, with a £10.9m financial gap identified for 2023/24.

For 2023/24, NHS Fife achieved break even and stayed within the Revenue Resource Limit (RRL). Achievement of this was primarily due to the late receipt of share of *'funding of non-recurring additional UK Government consequentials'* (£10.3m) and a national reduction of CNORIS costs (£2.3 m). Brokerage was also required for the second consecutive year of £14.005 to deliver the RRL target of breakeven.

While the year-end financial position is line with the initial forecast, this has only been achieved by the use of non-recurring funding in year. Recurring cost improvements have not been achieved (see Savings section below).

The draft financial outturn position to 31 March 2024, subject to external audit review, is:

- A break-even position against the Revenue Resource Limit (RRL)
- A break-even position against the Capital Resources Limit (CRL)
- A break-even position against the cash requirement
- The 2023/24 savings target of £15 million was not delivered, with only £8.142 million achieved (54%), of which only £2.974 (36%) was recurring.

The Financial Performance Report 2023/24 paper to the May 2024 FPRC stated that the draft IJB outturn had increased to a £17m overspend from the £7m forecast deficit to end of January 2024, reported to FPRC in March 2024. The earlier reported deficit was to be managed through the application of £7m from IJB reserves. The movement was due to an increase in social care costs, supplementary staffing, GP prescribing and costs associated with providing out of area mental health services. General and earmarked reserves reduced the £17m overspend to £0.775m of which NHS Fife reported a £0.466m impact for the Health Board as part of the risk share.

The Director of Finance and Strategy for NHS Fife and the Director of Finance for Fife Council remained in dialogue with the IJB Chief Finance Officer (CFO) to determine the final position for the IJB, including the ability and agreement of partners to support reinstating aspects of the applied "ear marked" reserves in 2024/25. On 30 May 2024 the CFO received notification from the Scottish Government that several of the ear-marked reserves were required to be held by the IJB and therefore the £0.775m overspend increased to £5.578m which required to be covered through the risk-share arrangement. To cover the appropriate NHS Fife share, further repayable brokerage of £2.992m was requested from Scottish Government. This was a very late adjustment with final funding only confirmed on 11th June 2024.

The Chief Finance Officer is completing due diligence around the reasons for the significant move in the position at year end which will require further discussion with partners.

Financial reporting to the FPRC and Board remained consistent, and the position and challenges were clearly presented.

### **Savings Challenge**

A savings target of £15 million was identified for 2023/24, all on a recurring basis.

Despite having identified the main areas to target cost reduction in the original financial plan for 2023/24, 54% of the cost improvement target was delivered and 36% was achieved on a recurring basis. The consequence of not achieving savings on a recurring basis means that around 80% of the 2023/24 savings plan (£12m) will be carried forward for action into 2024/25.

### **Financial Planning 2024/25**

The Financial Plan 2024/25 – 2027/28 recognises that the scale of the financial challenge over the next 3 years is unprecedented and delivering financial balance across the 5-year timeframe will be extremely challenging. Due to the scale of the forecast deficit within NHS Fife and the significant movement from

plan, NHS Fife was assessed as being at level two of the Scottish Government escalation framework. FPRC noted that this did not represent formal escalation but did signal enhanced scrutiny at Scottish Government level.

The Internal Audit Annual Report for 2022/23 reported that the organisation must assure itself that it has both capacity and can affect cultural change sufficient to deliver the required level of savings in addition to business as usual. In 2023/24 NHS Fife have clearly communicated that it is everyone's responsibility to contribute towards achieving financial parity through Reform, Transform and Perform (RTP). RTP promotes a culture that empowers change by involving everyone, alongside clear instructions to budget holders to achieve savings within the grip and control programme.

On 13 December 2023 the Scottish Government advised NHS Fife that all NHS Boards had been assessed for financial performance against the revised NHS Scotland Support and Intervention Framework and confirmed NHS Fife would move from level 1 to level 2 due to the relative scale of deficit in 2023/24 and the variation from the original financial plan for the year.

The three-year Financial Plan 2024/25 to 2026/27 was approved by Board on 26 March 2024, with a summary of the revenue projections as follows:

	2024/25 £m	2025/26 £m	2026/27 £m
<b>Financial gap before savings</b>	(53,507)	(42,924)	(24,961)
<b>Savings plans / targets</b>	25,000	25,000	24,961
<b>Residual gap</b>	28,507	17,914	-

The 3-year plan carries a significant level of risk, particularly in relation to ongoing capacity and workforce pressures which continue to drive increased use of temporary staffing. The Financial Plan recognises that the scale of the financial challenge is unprecedented and delivering financial balance across the 3-year timeframe will be extremely challenging.

The Scottish Government did not approve the MTFP with its assessment set out in a letter on 4 April 2024 which stated the NHS Fife MTFP not fully met the following criteria:

- A clear programme of work and supporting actions to achieve the target of 3% recurring savings on baseline budgets.
- Deliver an improved forecast outturn position compared to the forecast outturn for 2024/25 reported at the start of 2023/24.
- Present a credible financial plan that would meet the brokerage cap set by Scottish Government.

The Scottish Government has not asked NHS Fife to resubmit its MFTP but, in the period to the formal Quarter 1 financial review with the Scottish Government, key actions identified by the Scottish Government will need to be progressed to improve the position of the MTFP. These actions include:

- Progress delivery of a minimum 3% recurring savings in 2024/25 and develop options to meet any unidentified or high-risk savings balances.
- Continue to progress with the areas of focus set out in the 15 box grid.

- Engage and take proactive involvement in supporting national programmes as they develop in 2024/25.
- Develop further measures to reduce the Board residual financial gap towards the brokerage cap set.
- Provide an update on the financial risks outlined within the financial plan to assess likelihood of these materialising and the impact these could have on the Board's outturn.

### Finance Risk Reporting Revenue

There are two corporate financial risks related to revenue, one for in year delivery of the financial plan and the second related to the longer term financial plan.

The update provided to the FPRC in May 2024 for Risk 13 - Delivery of a balanced in-year financial position noted the detailed discussions at the January and March 2024 FPRC meetings with the year figures being finalised for external audit review, and that the Director of Finance & Strategy will propose further clarification on the description of the risk for 2024/25 once the 2023/24 position is finalised.

The FPRC May 2024 update on Risk 14 Delivery of recurring financial balance over the medium term noted that the MTFP *'was approved by the NHS Fife Board in March 2024 however discussion remains ongoing with Scottish Government in relation to several key planning assumptions and is currently not approved. The plan indicates a 3-year period is required to enable delivery of sustainable cost reduction and service change to deliver recurring financial balance.'*

As expected, the risk scores for both these risks have remained High during 2023/24. The target risk scores due to be achieved by 31 March 2024 appear to be optimistic in the circumstances. We encourage review of both the target and actual risk scores, to ensure they fully reflect the deterioration in the financial position and the challenging environment.

### Property Asset Management, Net Zero and Capital Risk

The capital plan for 2023/24 was approved in March 2023 as part of the MTFP. Reporting of the capital plan to the FPRC is frequent, with the latest report on year-end performance to the May 2024 FPRC reflecting a balanced position for capital funding and achievement of the year end capital resource limit financial target.

The deep dive of the Prioritisation & Management of Capital funding risk (No. 15), in January 2024 provided reasonable assurance. The minute reflects the conclusion that *'given the limited capital funding available, and demand for investment, members recognised it is vitally important that funding is prioritised to mitigate operational risks, whilst delivering change to meet strategic objectives. Employing the correct governance, processes and procedures also helps to mitigate the risk that the Board may fail to maximise the benefit from the capital allocation it receives.'*

We commend the discussion on the risk 15 and the recognition that a separate but closely related risk concerning the amount of capital funding and how this will impact on NHS Fife plans needs to be developed. Consideration of a new Corporate Risk – Reduced Capital Funding was approved by the EDG on 4 May 2024.

In September 2023 NHS Fife Board approved the Whole System Property and Asset Management Strategy, developed from the previous Property Asset Management Strategy.

This Strategy details how NHS Fife expects to meet the challenge to reduce carbon emissions to net zero by 2040. Carbon zero 'road maps' for nine of the Board's sites have been created, with a further three in

progress. Previous decarbonisation scheme funding has allowed £1.8m of investment projects during 2022/23 and further applications are planned over the next three years.

We commend the reporting to the January 2024 FPRC around the decarbonisation of the NHS Fife fleet of vehicles. A change in legislation has resulted in the previous target to not buy/lease new fossil fuelled light vehicles from 2025 to not using any by 2025. Effectively this shortens the target by several years. The paper to the FPRC is clear on the actions NHS Fife needs to take to meet this challenging target.

### **Best Value**

Regular reporting of the Financial and Sustainability Programme to FPRC and the FPRC assessment of Best Value within its Annual Report for 2023/24 jointly demonstrate a commitment by NHS Fife to achieving best value across resource allocations.

### **Funding of Critical Posts**

In December 2023, the Director General Health & Social Care and Chief Executive NHS Scotland, wrote to all NHS Board Chairs stating that approval is sought from Scottish Government before committing expenditure that does not have a budget, in the context of the national financial challenge. A paper to the January 2024 FPRC requested approval of posts critical to NHS Fife, because the clinical risk of not undertaking the expenditure was deemed to outweigh the financial risk. These posts were approved by the FPRC subject to discussions with the Scottish Government around including these cost pressures in the 2024/25 Financial Plan.

### Digital and Information Governance

#### Corporate Risks:

**Risk 17 – Cyber Resilience - High Risk (16); Target (12) Moderate by September 2024**

#### Currently Above Risk Appetite

There is a risk that NHS Fife will be overcome by a targeted and sustained cyber attack that may impact the availability and / or integrity of digital and information required to operate a full health service.

**Risk 18 - Digital & Information (D&I) - High Risk (15); Target (8) Moderate by April 2025**

#### Currently Above Risk Appetite

There is a risk that the organisation maybe unable to sustain the financial investment necessary to deliver its D&I Strategy and as a result this will affect our ability to enable transformation across Health and Social Care and adversely impact on the availability of systems that support clinical services, in their treatment and management of patients.

### **Actions to Address Recommendations made in Previous ICE and Internal Audit Annual Reports**

The following action has been completed:

The Information Governance & Security (IG&S) Update report presented to CGC on 1 March 2024 included consideration of an escalation to CGC of one incident, which was included as a disclosure in the 2023/24 draft Governance Statement.

The following actions are in progress:

- The IG&S Accountability and Assurance Framework report has been updated but performance measures (for five of the 10 categories) and risk summaries (for all 10 categories) are not yet included. The target date of 30 April 2024 has been extended to 31 October 2024.
- Timely issue of Information Governance and Security Steering Group (IG&SSG) and Digital and Information Board (D&I Board) meeting papers is to be monitored and reported in their respective annual reports/assurance statements in 2024/25. The target date of 30 April 2024 has been extended to 30 April 2025.
- The D&I Strategy update to CGC on 3 November 2023 included a more explicit review of the deliverables achieved during the D&I strategic period 2019-2024 and will inform development of the next iteration of the Digital and Information Strategy which is to be supported by a financial framework. The timeframe for development of the revised D&I Strategy has been extended from 31 July 2024 to 31 January 2025.

### **Governance Arrangements and Assurance Reporting**

Reporting to the IG&SSG and the D&I Board has been adequate and effective throughout the year. Both groups provided regular update reports and Annual Assurance Reports/Statements to the CGC. The D&I Board meeting originally scheduled for April 2024 was rescheduled to 9 May 2024 and took place after the CGC meeting at which the D&I Board's Annual Assurance Statement/Report was considered (3 May 2024). The report was agreed by the D&I Board Chair (Medical Director), the Executive Lead for D&I (Associate Director for Digital & Information) and the Head of Corporate Governance/Board Secretary ahead of the CGC meeting and was subsequently presented to D&I Board.



The IG&SSG meeting scheduled for 31 January 2024 was cancelled meaning that the group met on three occasions in 2023/24 rather than the four required by its Terms of Reference. However, the conclusion in the IG&SSG Annual Assurance Report/Statement was that the remit of the group was fulfilled, and we concur with this as the papers intended for discussion at the meeting were distributed to members and appropriate assurance has been provided to CGC.

The IG&S Accountability and Assurance Framework report presented to each IG&SSG meeting provides assurance across 10 categories derived from the Network & Information Systems Regulations (NISR) and the ICO Accountability Framework. As reported above, further work to improve the report is required.

A Senior Information Risk Owner (SIRO) and a Data Protection Officer (DPO) are in place.

### **Digital and Information Strategy**

The deep dive into corporate risk 18 – Digital and Information Strategy reported to the CGC in November 2023, recorded the need to rewrite the Digital Strategy to match the revised Population Health and Wellbeing Strategy and align to the wider strategic landscape, and that creation of a future strategy allows for specific consideration of the financial plan.

Updates on the D&I Strategy have been provided in line with the CGC 2023/24 workplan. The latest update in November 2023 concluded that many of the deliverables are consistent with an overall maturing of the digital capabilities and can be expected to be included in multiple strategies as NHS Fife moves through the levels of maturity associated with digital capability. The Associate Director of D&I has informed Internal Audit that the timescale for revising the D&I Strategy (2019-2024), which expired on 31 March 2024 but remains fit for purpose, has been put back from 31 July 2024 to 31 January 2025, as reflected in the D&I Board Workplan for 2024/25.

### **Risk Management**

Risk reports were presented to the majority of IG&SSG and D&IB meetings in 2023/24 including visualisation of the risk profile.

During 2023/24, the IG&SSG and the D&IB received reports on relevant corporate and operational risks. Overall there was considerable movement in the risk profile, with several risks closed or with improved ratings and moved to a status of monitoring, although one risk rating did deteriorate.

Draft Risk Management Operational Guidance was presented to IG&SSG on 10 October 2023 and the Risk Tolerance Framework for D&I was presented to D&I Board on 19 April 2023.

The deep dive report on risk 17 – D&I Strategy, presented to CGC on 2 November 2023, concluded that there is reasonable assurance that the actions identified will be sufficient to reduce the risk score by April 2025, from its current High (15) level to the target level of Moderate (8), which is within the Board's risk appetite for this subject.

The deep dive report on risk 18 – Cyber Resilience concluded that there is reasonable assurance that the actions identified will be sufficient to reduce the risk score by September 2024 from its current High (16) level to the target level of Moderate (12), which is within the Board's risk appetite for this subject. More recently the D&I Board were provided with a verbal update on the hacking incident that impacted on NHS Dumfries and Galloway and received assurance that the exploit that had been effective in that Board would not have been effective in NHS Fife due to the controls in place.

### **NIS Regulations**

The compliance score from the Competent Authority's May 2023 audit of the NIS Regulations has improved from 76% to 87%, but inclusion of additional controls resulted in a new baseline of 77% for NHS

Fife, a positive outcome against the required 60%. A presentation on the NISR audit by the Competent Authority was scheduled to be presented to the cancelled January 2024 IG&SSG but the high level results were reported to IG&SSG at the 16 April 2024 meeting in its Annual Assurance Report/Statement.

### **Digital Maturity Assessment**

NHS Fife participated in the Scottish Government's Digital Maturity Assessment and received a comprehensive report on the outcomes. Assurance was taken that the consideration would be adopted into lifecycle and programme activities.


### **IG Incidents**


In 2023/24, 12 incidents were reported to the Information Commissioner's Office (ICO), compared to 14 incidents in 2022/23. 83% were reported within the 72-hour requirement. 10 of the 12 incidents did not require any further follow up and two remain to be confirmed.

The incident that led to a reprimand from the ICO is included as a disclosure in the draft Fife NHS Board Governance Statement that was presented to the Audit and Risk Committee on 16 May 2024.

### **Information Governance & Security and Digital & Information Policies**

The IG&S Accountability and Assurance Framework report presented to IG&SSG on 16 April 2024 reported on 8 IG&S policies and provided assurance that all were within their scheduled review dates. A report on General Policies to FPRC on 7 May 2024 included a further 8 D&I policies that had lapsed review dates and these were not included in the reporting to IG&SSG and were not reported to the D&I Board. The Associate Director of D&I explained that these policies are distinct from the IG&S arena and are therefore managed within the Digital & Information Senior Leadership Team Group.

Action Point Reference 2 – Digital and Information Strategy	
<b>Finding:</b>	
<p>The D&amp;I Strategy 2019-2024 remains fit for purpose but it has passed its original end date and the development of the next iteration has been put back from July 2024 to January 2025. CGC has been regularly updated on the delivery of the strategy but has not yet been informed of a clear timetable for its revision.</p>	
<b>Audit Recommendation:</b>	
<p>The update report to on the D&amp;I Strategy scheduled to be presented to CGC in July 2024 should include clear scheduling of the revision process including presentation to D&amp;I Board, CGC and ultimately to Fife NHS Board for approval.</p>	
<b>Assessment of Risk:</b>	
<p>Moderate</p>	<div style="display: flex; align-items: center;">  <p>Weaknesses in design or implementation of controls which contribute to risk mitigation.</p> <p><b>Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.</b></p> </div>
<b>Management Response/Action:</b>	
<p>Management accepts and will action this recommendation.</p>	
<b>Action by:</b>	<b>Date of expected completion:</b>
<p><b>Director Digital &amp; Information</b></p>	<p><b>31 July 2024</b></p>





Action Point Reference 3 – IG&S/D&I Policies	
<b>Finding:</b>	
<p>The IG&amp;S Accountability and Assurance Framework report presented to IG&amp;SSG on 16 April 2024 reported on 8 IG&amp;S policies and provided assurance that all were within their scheduled review dates. A report on General Policies to FPRC on 7 May 2024 included a further 8 D&amp;I policies that had lapsed review dates and these were not included in the reporting to IG&amp;SSG and were not reported to the D&amp;I Board. The Associate Director of Digital and Information explained that these policies are distinct from the IG&amp;S arena and are therefore managed within the Digital &amp; Information Senior Leadership Team Group.</p>	
<b>Audit Recommendation:</b>	
<p>Assurance regarding the review status of D&amp;I policies not included in the IG&amp;S Accountability and Assurance Framework report should be regularly provided to the D&amp;I Board.</p>	
<b>Assessment of Risk:</b>	
<p>Moderate</p>	<div style="display: flex; align-items: center;">  <p>Weaknesses in design or implementation of controls which contribute to risk mitigation.</p> <p><b>Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.</b></p> </div>
<b>Management Response/Action:</b>	
<p>Management will consider and report on this recommendation.</p>	
<b>Action by:</b>	<b>Date of expected completion:</b>
<p><b>Director Digital &amp; Information</b></p>	<p><b>30 September 2024</b></p>





## Key Performance Indicators



Planning	Target	2022/23	2023/24
Strategic/Annual Plan presented to Audit & Risk Committee by June.		Draft presented June 2023	Draft presented June 2024
Internal Audit Annual Report presented to Audit & Risk Committee by June	Yes	Presented Audit & Risk Committee – June 2023	Presented Audit & Risk Committee – June 2024
Audit assignment plans for planned audits issued to the responsible Director at least 2 weeks before commencement of audit	75%	100%	78%
<b>Efficiency</b>			
Draft reports issued by target date	75%	57%	46%
Responses received from client within timescale defined in reporting protocol	75%	80%	100%
Final reports presented to target Audit & Risk Committee	75%	57%	80%
Number of days delivered against plan	100% at year-end	90%	102%
Number of audits delivered to planned number of days (within 10%)	75%	79%	80%
Skill mix	50%	88%	84%
Staff provision by category	As per SSA/Spec	Pie chart	
<b>Effectiveness</b>			
Client satisfaction surveys	Average score of 3.5	Bar chart	

### Assessment of Risk




To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:



Fundamental		Non Compliance with key controls or evidence of material loss or error. <b>Action is imperative to ensure that the objectives for the area under review are met.</b>	<b>None</b>
Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. <b>Requires action to avoid exposure to significant risks to achieving the objectives for area under review.</b>	<b>None</b>
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. <b>Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.</b>	<b>Two</b>
Merits attention		There are generally areas of good practice. <b>Action may be advised to enhance control or improve operational efficiency.</b>	<b>One</b>

ICE Report 2023/24 (B08/24) - Update of Progress Against Actions		
Agreed Management Actions with Dates	Progress with agreed Management Actions	Assurance Against Progress
<b>1. Governance Statement Disclosures</b>		
<p>Process to highlight issues that may require to be included as disclosures in the Board's Governance Statement throughout the year.</p> <p><b>Action Owner: Head of Corporate Governance &amp; Board Secretary</b></p> <p><b>Original target implementation date N/A.</b></p>	<p>Management considered introducing a new process but decided that the current arrangements to allow members of standing committees to consider which issues warrant disclosure in the Board's Governance statement are sufficient.</p>	 <p>Completed</p>
<b>2. Performance Monitoring</b>		
<p>Report to the Clinical Governance Committee on remedial action to improve performance for - Adverse Events Improvement Actions (70% target) and Complaint Closed- Stage 1 (80% target). This was recommended as these are the only measures included as Quality Performance Indicators in the Clinical Governance Strategic Framework that were not routinely reported on to the Clinical Governance Committee.</p> <p><b>Action Owner: Director of Nursing / Planning &amp; Performance Team</b></p> <p><b>Original target implementation date 31 December 2023.</b></p>	<p>The IPQR now includes reporting on all of the Quality Performance Indicators included in the Clinical Governance Strategic Framework including evidence of review and remedial action.</p>	 <p>Completed</p>
<b>3. SG Annual Monitoring Return</b>		
<p>Update to SGC on the SG Annual Monitoring Return including an update on action taken to address Scottish Government feedback from previous years.</p> <p><b>Action Owner: Director of Workforce</b></p> <p><b>Original target implementation date 31 March 2024.</b></p>	<p>Scottish Government feedback related to the 2022/23 Annual Monitoring Return was reported to SGC on 14 May 2024 and a paper reporting on how the feedback has been acted upon is to be presented to SGC by the revised target implementation date of 30 Sep 2024.</p>	 <p>Minor slippage on agreed timelines</p>
<b>4. Assurance Reporting to IG&amp;SSG</b>		
<p>a. All sections of IGS Accountability and Assurance Framework Report (IGSA&amp;AR) to include performance measures and risk summary information.</p> <p>b. Monitoring of timing of distribution of IG&amp;SSG and D&amp;I Board Papers to comply with 5 days ahead of meeting date stipulation included in their Terms of Reference.</p> <p><b>Action Owner: Associate Director of Digital and Information</b></p> <p><b>Original target implementation date 30 April 2024.</b></p>	<p>a. The IG&amp;S Accountability and Assurance Framework report presented to IG&amp;SSG on 16 April 2024 did not fully address this recommendation and a revised target implementation date of 31 October 2024 has been agreed.</p> <p>b. Monitoring of the timing of issue of papers to of IG&amp;SSG and D&amp;I Board members was not undertaken in 2023/23. A revised target implementation date of 30 April 2025 to allow this to be monitored in</p>	 <p>Minor slippage on agreed timelines</p>

	2024/25 and reported on in the IG&SSG and D&I Board Annual Assurance Statements for 2024/25.	
<b>5. IG&amp;S Incident Management Assurance</b>		
<p>Incident Management reporting to direct IG&amp;SSG members to consider whether any incidents will likely warrant disclosure in the Board’s Governance Statement.</p> <p><b>Action Owner: Associate Director of Digital and Information</b></p> <p><b>Original target implementation date 30 April 2024.</b></p>	<p>Consideration of whether the ICO reprimand related incident warranted disclosure in the Board’s Governance statement was included in the IG&amp;SSG Annual Assurance Statement and was discussed at length at the IG&amp;SSG meeting held on 16 April 2024.</p>	 <p>Completed</p>
<b>Annual Report 2022/23 (B06/24) - Update of Progress Against Actions</b>		
<b>Agreed Management Actions with Dates</b>	<b>Progress with agreed Management Actions</b>	<b>Assurance Against Progress</b>
<b>1. Development of Risk Management</b>		
<p>a. Greater use of risk appetite including greater detail in risk reports presented to standing committees on how the risk appetite will affect strategy, decision-making prioritisation, budget setting and organisational focus.</p> <p>b. Deep Dive Reports to include:</p> <ul style="list-style-type: none"> <li>• Further assessment as to which key management actions will impact on the target score with success criteria stated.</li> <li>• A focus on key controls only, providing overt assurance and an overt conclusion on the effectiveness of implemented controls.</li> <li>• An assessment of the proportionality of proposed actions and whether they should be sufficient to achieve the target score.</li> </ul> <p>c. Revised Risk Management KPIs presented to the Audit and Risk Committee (ARC) that take account of previous internal audit recommendations and allow ARC members to assess the overall effectiveness of the system of Risk Management.</p> <p>d. Revised Risk Management Framework approved by the ARC providing a detailed description of joint Risk Management arrangements with the IJB including responsibility for operational risks, responsibility for sharing of information and responsibility for provision of assurance consistent with the IJB Risk Management Strategy.</p> <p><b>Action Owner: Director of Finance &amp; Strategy</b></p> <p><b>Original target implementation date 31 March 2024.</b></p>	<p>a. Corporate Risks papers presented to each standing committee state if risks are within or outwith risk appetite. Review of the Board’s risk appetite has not taken place yet.</p> <p>Risk reports to standing committees do not yet include greater detail on how the risk appetite will affect strategy, decision making prioritisation, budget setting and organisational focus and the minutes of their meetings do not record discussion on these topics referring to risk appetite. Target implementation date extended to 30 September 2024.</p> <p>b. The Deep Dives continue to evolve but they do not include the 3 components referred to in our recommendation which are derived from the ‘Specific questions when analysing a risk delegated to the committee in detail’ section of the Assurance Principles that are appended to the Risk Management papers presented to standing committees. Target implementation date extended to 30 September 2024.</p> <p>c. Revised KPIs which allow the A&amp;RC to oversee performance management of the risk management framework were presented to A&amp;RC on 16 May 2024</p>	 <p>Minor slippage on agreed timelines</p>



	<p>and A&amp;RC were advised that these will continue to evolve (Complete).</p> <p>d. The revised NHS Fife Risk Management Framework, including a description of RM arrangements with the IJB that satisfies our recommendation, was approved by Fife NHS Board on 26 September 2023 (Complete).</p>	
<p><b>2. Staff Governance Standards</b></p>		
<p>a. A year-end report to be presented to the Staff Governance Committee providing year-end feedback on:</p> <ul style="list-style-type: none"> <li>The action taken on each strand of the Staff Governance Standards during 2023/24.</li> <li>Reflection on how successfully and effectively these have been implemented.</li> <li>What actions are being taken forward into 2024/25, plus the further coverage planned for each strand during 2024/25.</li> </ul> <p>b. The Staff Governance Committee Annual Report and Statement of Assurance to include a conclusion on compliance with the different strands of the Staff Governance Standards based on the paper referred to in 2a above.</p> <p><b>Action Owner: Director of Workforce</b></p> <p><b>Original target implementation date 31 March 2024.</b></p>	<p>a. The conclusion in the SGC Annual Report/Assurance Statement presented to SGC on 14 May 2024 combined with the paper presented to the March 2024 SGC on the coverage of the strands at SGC meetings in 2023/24 satisfies our recommendation.</p> <p>b. As per 2a above</p>	 <p>Completed</p>
<p><b>3. Whistleblowing</b></p>		
<p>The Staff Governance Committee Annual Report and Statement of Assurance including a statement confirming the Whistleblowing Champion's opinion on the adequacy NHS Fife's whistleblowing arrangements.</p> <p><b>Action Owner: Director of Workforce</b></p> <p><b>Original target implementation date 31 March 2024.</b></p>	<p>The Whistleblowing Annual Report 2022/2023 was presented to the SGC on 9 November 2023 and subsequently to Fife NHS Board on 28 November 2023. This includes a statement from the Whistleblowing Champion on the adequacy of NHS Fife's Whistleblowing arrangements.</p> <p>The SGC Annual Assurance Report/Statement for 2023/24 presented to SGC on 14 May 2024 includes a statement from the Board's Non-Executive Whistleblowing Champion on the adequacy NHS Fife's whistleblowing arrangements at section 4.13.</p>	 <p>Completed</p>
<p><b>6. Digital &amp; Information Strategy</b></p>		
<p>a. Clinical Governance Committee (CGC) to be updated regarding the impact on strategic ambitions &amp; new</p>	<p>a. The D&amp;I Strategy update to CGC on 3 November 2023 included analysis of</p>	

<p>D&amp;I Strategy of elements from previous strategy not yet delivered.</p> <p>b. The new D&amp;I Strategy to include a resource &amp; financial assessment supporting the likelihood of the revised D&amp;I Strategy being delivered within the stated timescale.</p> <p><b>Action Owner: Associate Director of Digital &amp; Information</b></p> <p><b>Original target implementation date 31 July 2024.</b></p>	<p>the delivery of items from the 2020-24 D&amp;I Strategy and clearly shows items partially or not delivered. The update also identifies themes to be taken forward to the next iteration of the strategy (Complete).</p> <p>b. The D&amp;I Strategy update to CGC on 3 November 2023 confirmed that this will be supported by a financial framework. The development of the revised D&amp;I Strategy has been delayed. Target implementation date extended to 31 January 2025.</p>	<p>Minor slippage on agreed timelines</p>
<p><b>ICE Report 2022/23 (B08/23) - Update of Progress Against Actions</b></p>		
<p><b>Agreed Management Actions with Dates</b></p>	<p><b>Progress with agreed Management Actions</b></p>	<p><b>Assurance Against Progress</b></p>
<p><b>1. Committee Assurances</b></p>		
<p>a. The Board’s action list, which is currently maintained and followed up by the Corporate Governance &amp; Board Administration team, will be tabled for review at future Board meetings.</p> <p>b. Risk sections within the SBAR papers presented to the Standing Committees and the Board should fully articulate the risks associated with the report, the linkage to the relevant Corporate or Operational risk and any related consequences.</p> <p>c. SBARs on Policy Updates to include a risk assessment on each policy which has passed the renew date, highlighting the risks and possible consequences of the policy not being reviewed within the timescale and superseded policies will be removed from Stafflink.</p> <p><b>Action Owner: Head of Corporate Governance &amp; Board Secretary</b></p> <p><b>Original target implementation date 30 June 2023.</b></p>	<p>a. The Board’s Action List was included on the agenda for its meetings on 31 January and 28 March 2023 and a comparison of the two Action Lists shows that it is being updated between meetings (Complete).</p> <p>b. Improvements to the completion of the Risk Management section of SBARs presented to the Board and its Standing Committees was evident in a sample selected for meetings in December 2023, January 2024, and March 2024.</p> <p>c. Discussion on the policies that have lapsed review dates took place at EDG on 2 November 2023 and a risk-based approach to prioritise the review and update policies was agreed and relevant assurances regarding this were provided by the relevant responsible Executive Directors. FPRC were notified of this on 14 November 2023 (Complete).</p>	<p style="text-align: center;">                   Completed             </p>
<p><b>10. IG&amp;S Incident Reporting to CGC</b></p>		
<p>The IG&amp;S update report for the Clinical Governance Committee to be updated to include a section for IG Incident Management including:</p> <ul style="list-style-type: none"> <li>o Reasons for any instances of non-compliance with the 72-hour statutory timescale for</li> </ul>	<p>IG&amp;SSG Updates to CGC on 1 March 2024 includes assurance regarding compliance with the 72-hour timescale for reporting incidents to the ICO and consideration regarding whether or not any of the</p>	<p style="text-align: center;">                   Completed             </p>

<p>reporting to the ICO and what has been done to prevent this from happening in future.</p> <ul style="list-style-type: none"> <li>○ Sufficient information to allow an opinion on whether any of the incidents reported to date should be considered for disclosure within the Board’s Governance statement.</li> </ul> <p><b>Action Owner: Associate Director of Digital and Information</b></p> <p><b>Original target implementation date 31 May 2023.</b></p> <p><b>Extended to 29 February 2024 (TBC)</b></p>	<p>incidents will warrant disclosure in the Board’s Governance statement.</p>	
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**Meeting:** Finance, Performance & Resources Committee

**Meeting date:** 16 July 2024

**Title:** Corporate Risks Aligned to Finance, Performance & Resources Committee

**Responsible Executive:** Margo McGurk, Director of Finance & Strategy

**Report Author:** Dr Shirley-Anne Savage, Associate Director for Risk and Professional Standards

## 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
- NHS Fife Board Strategic Priorities
  - To Improve Quality of Health & Care Services
  - To Deliver Value and Sustainability

**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 17 May 2024. Members are invited to:

- note details of the corporate risks as at end of June 2024 at Appendix 1;
- review all information provided against the Assurance Principles at Appendix 2; and the Risk Matrix at Appendix 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 end of June 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	4	2	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	7	5	2	-	-	◀▶	Moderate
<b>Total</b>	<b>19</b>	<b>13</b>	<b>6</b>	<b>0</b>	<b>0</b>		
<b>Summary Statement on Risk Profile</b>							
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.							
<b>Risk Key</b>				<b>Movement Key</b>			
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 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"> <li>6 - Whole System Capacity</li> <li>7 - Access to outpatient, diagnostic and treatment services</li> <li>8 - Cancer Waiting Times</li> </ul>	Mitigations updated for risks 7, 8, 13 and 14
 To deliver value and sustainability	3 1 - -		<ul style="list-style-type: none"> <li>13 - Delivery of a balanced in-year financial position</li> <li>14 - Delivery of recurring financial balance over the medium term</li> <li>15 - Prioritisation and Management of Capital Funding</li> <li>20 – Reduced Capital Funding</li> </ul>	Risk 20 – new risk added to the Corporate Risk Register with accompanying current and target scores and mitigations.

Since the last report on 7 May 2024, the risk profile is unchanged:

- Six risks continue to be aligned to the Committee.
- One new risk has been added Reduced Capital Funding
- The risk level breakdown is 6 High and 1 Moderate.

## Risk Updates

### Risk 6 - Whole System Capacity

The Director of Acute Services advises that this risk is to be discussed at EDG, where consideration will be given as to whether it remains a risk or has materialised into an issue. The Committee will be advised on the outcome.

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

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

Both the finance risks have been refreshed to reflect the level of financial challenge across the NHS Fife system, this includes rescoring of both as now very high risks. The corporate risk register at Appendix 1 of the new risk descriptors and scoring was proposed and approved by EDG.

### New Corporate Risk - Capital Funding - Service Sustainability

The Head of Capital Planning & Project Director presented the case for the addition of a new risk outline below at EDG on 2 May 2024. EDG supported the addition of the new risk being included on the Corporate Risk Register aligned to FP&R committee.

*Reduced capital funding will affect our ability (scale and pace) to deliver against the priorities set out in our Population Health and Wellbeing Strategy. It may also lead to a deterioration of our asset base including our built estate, digital infrastructure, and medical equipment. There will be less opportunity to undertake change projects/programmes.*

### **Initial Risk Status**

Likelihood 5, Consequence 4, Risk Level 20 (High Risk)

### **Mitigations**

We can still deliver against our Population Health and Wellbeing Strategy; however, our approach requires to be flexible to reflect the resource available to us. It will be important to use the capital funding we do receive wisely with requirements being prioritised in a logical manner (there is a separate corporate risk which deals with this). It will also be important to maintain open communication channels with Scottish Government to facilitate alignment around planning.

### **Target Risk Status**

Likelihood 3, Consequence 4, Risk Level 12 (Moderate Risk),  
Target Timescale 31/03/26

It is important to recognise that this risk is difficult for NHS Fife to manage and mitigate given that we have no control over Scottish Government's capital budget.

### **Next Steps**

The Corporate Risk Register will continue to evolve in response to feedback from this Committee and other stakeholders, including via Internal Audit recommendations. The Register will require to reflect the current operating landscape, and our risk appetite in relation to changes in the internal and external environment including developments associated with the Reform, Transform, Perform Framework. The Board's Risk Appetite is currently under review.

The Risks and Opportunities Group (ROG) will seek to enhance its contribution to the identification and assessment of emergent risks and opportunities and make appropriate recommendations on the potential impact upon the Board's Risk Appetite position.

The Group will also contribute to the development of the process and content of Deep Dive Reviews as part of a broader consideration of the Board's assurance framework.

#### **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**

The financial sustainability of NHS Fife and the challenges in terms of delivering that over the medium term are described in the corporate risk register.

### **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.

The Board's Risk Appetite is currently under review.

### **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 1 July 2024
- Neil McCormick, Director of Property & Asset Management on 1 July 2024
- Margo McGurk, Director of Finance & Strategy on 1 July 2024
- EDG on 4 July 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 1, Summary of Corporate Risks Aligned to F,P&R Committee as at end of June 2024
- Appendix 2, Assurance Principles
- Appendix 3, Risk Matrix


### Report Contact


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**Summary of Corporate Risks Aligned to the Finance, Performance & Resources Committee  
as at 30 June 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	<b>Whole System Capacity</b>  There is a risk that significant and sustained admission activity to acute services, combined with challenges in achieving timely discharge to downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised.	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.  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.	High  20	Mod 9 by 30/04/24	◀▶	Above	Director of Acute Services	Finance, Performance & Resources

		<p>The System Flow Operational Group meets weekly with senior operational managers to 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><b>Access to outpatient, diagnostic and treatment services</b></p> <p>There is a risk that due to demand exceeding capacity, compounded by unscheduled care pressures, NHS Fife will</p>	<p><b>A paper is being presented to the July FP&amp;R meeting outlining the Planned Care Plan and the utilisation of funding.</b></p> <p>Planning for 2024/25 has been completed in line with planning guidance letter received on 24/01/24.</p>	High 20	target risk and date to be reviewed now that funding has been agreed	◀▶	Above	Director of Acute Services	Finance, Performance & Resources

	<p>see deterioration in achieving waiting time standards. This time delay will impact clinical outcomes for the population of Fife.</p>	<p>The issue of the confirmed funding being 1M less than the committed staff costs has now been resolved as the Scottish Government have confirmed a further 3.4M to maintain 2023/24 activity levels. The Board has also successfully secured non-recurring funding from the 30M available nationally to support elective waiting times.</p> <p>The Integrated Planned Care Programme Board continues to oversee 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>Weekly waiting times meetings to review and action long waits. Monthly meeting to review and develop longer term plans to improve waiting times.</p> <p>Monthly meetings with Scottish Government to monitor delivery against the annual plan.</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</p>						
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		funding to help reduce the waiting times for long waiting routine patients.						
8	<p><b>Cancer Waiting Times</b></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><b>A paper is being presented to the July FP&amp;R meeting outlining the Planned Care Plan and the utilisation of funding.</b></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. 240 patients have been seen in this clinic to date. There will be a focus to look at the waits to TP biopsy, post MDT part of the pathway and review robotic surgery capacity.</p> <p>Fortnightly meetings with Scottish Government (SG) and quarterly monitoring of the Effective Cancer Management Framework continue.</p> <p>Single Point of Contact Hub (SPOCH) continues to effectively support initiation of the Optimal Lung Cancer support the negative qFIT pathway. To remove patients from the lung pathway in a timely manner the Hub advises patients of 'good news'.</p> <p>The Cancer Framework and delivery plan has been launched and priorities for 2023 - 24 are being reconciled. Work is underway to develop actions for 2024-25.</p> <p>The governance arrangements supporting this work will inform the level of risk associated with delivering against these</p>	High 15	Mod 12 by 30/04/24	◀▶	Above	Director of Acute Services	Finance, Performance & Resources

		<p>key programmes and reduce the level of risk over time.</p> <p>Cancer Waiting Times funding will be provided on a recurring basis from 2024-25. Bids have been prioritised to support improvement</p> <p>ADP Actions for 2024/25 have been reviewed.</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><b>Delivery of a balanced in-year financial position 2024/25</b></p> <p>As a result of risks and uncertainties the projected outturn for financial year 2024/25 (Year 1), as outlined in the approved three-year NHS Fife Strategic Financial Plan</p>	<p>Our approach to financial recovery will be delivered by our new Re-form, Transform and Perform Framework (RPT).</p> <p>Successful delivery of our programme of work and supporting actions to achieve a target of 3% recurring savings on baseline budgets £25m in 2024/25.</p> <p>Development and approval (Board &amp; Scottish Government) and initial phase of delivery of transformation schemes</p>	Above	High 25	High 20 by 31/03/25	▼	Director of Finance & Strategy	Finance, Performance & Resources (F,P&RC)

	<p>2024/25 to 2026/27, a break-even position is not achieved resulting in NHS Fife not meeting the financial targets set by Scottish Government Health Finance, Corporate Governance and Value Directorate.</p>	<p>“Choices” to commence delivery against the additional 3.6% cost reduction £30m in 2024/25.</p> <p>Prepare contingency options to mitigate any delay or issues with delivery against both the 3% and 3.6% schemes.</p> <p>Both phases will align with the ‘Choices’ programme and Sg/NHS Board CE15 box grid.</p> <p>Given the financial challenging environment the IJB is also working within there is the potential for risk share in 2024/25, this will require close monitoring and working across the system to quantify and prepare mitigating actions to reduce.</p>						
14	<p>As a result of failure to develop and implement whole system actions in line with local and national directions, including managing operational performance within the level of resource available, NHS Fife does not achieve the required level of efficiency savings outlined in the three year Strategic Plan 2023/24 to 2025/26, resulting in statutory financial targets not being met.</p>	<p>Our approach to financial recovery will be delivered by our new Re-form, Transform and Perform Framework (RPT).</p> <p>Recurring and sustained delivery of our programme of work and supporting actions to achieve a target of 3% recurring savings on baseline budgets £25m in 2024/25 into future years.</p> <p>Full delivery of transformation schemes “Choices” against the additional 4% cost reduction £30m required across all years of the plan.</p> <p>Trigger delivery in-year of contingency options to mitigate any delay or issues with</p>	Above	High 25	High 16 by 31/03/27	▼	Director of Finance & Strategy	Finance, Performance & Resources (F,P&RC)

		delivery against both the 3% and 4% schemes.						
15	<p><b>Prioritisation &amp; Management of Capital funding</b></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>Ongoing governance through FCIG with capital plan being submitted through FP&amp;R and the Board.</p> <p>Annual Property and Asset Management Strategy (PAMS) updates to provide strategic direction now being replaced with the Whole System Initial Agreement development over the next 2 years.</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 &amp; Information programme linked to D&amp;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>	Mod 12	Mod 8 (by 01/04/26 at next SG funding review)	◀▶	Within	Director of Property & Asset Management	Finance, Performance & Resources

**Risk Movement Key**

- ▲ Improved - Risk Decreased
- ◀▶ No Change



▼ Deteriorated - Risk Increased

## Assurance Principles

### 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  Escalation
- 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





### 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):
    - 1<sup>st</sup> line – management/performance/data trends?
    - 2<sup>nd</sup> line – oversight / compliance / audits?
    - 3<sup>rd</sup> line – internal audit and/or external audit reports/external assessments?

### Level of Assurance:

Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance
			

## 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
<b>Almost certain 5</b>	LR 5	MR 10	HR 15	HR 20	HR 25
<b>Likely 4</b>	LR 4	MR 8	MR 12	HR 16	HR 20
<b>Possible 3</b>	VLR 3	LR 6	MR 9	MR 12	HR 15
<b>Unlikely 2</b>	VLR 2	LR 4	LR 6	MR 8	MR 10
<b>Remote 1</b>	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
<b>Patient Experience</b>	Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care.	Unsatisfactory patient experience / clinical outcome <b>directly related to care provision – readily resolvable.</b>	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.
<b>Objectives / Project</b>	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.
<b>Injury (Physical and psychological) to patient / visitor / staff.</b>	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.
<b>Complaints / Claims</b>	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
<b>Service / Business Interruption</b>	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
<b>Staffing and Competence</b>	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.  <b>Minor error due to ineffective training / implementation of training.</b>	Late delivery of key objective / service due to lack of staff. <b>Moderate error</b> due to ineffective training / implementation of training. Ongoing problems with staffing levels.	Uncertain delivery of key objective / service due to lack of staff.  <b>Major error</b> due to ineffective training / implementation of training.	Non-delivery of key objective / service due to lack of staff. Loss of key staff. <b>Critical error</b> due to ineffective training / implementation of training.
<b>Financial (including damage / loss / fraud)</b>	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)
<b>Inspection / Audit</b>	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.
<b>Adverse Publicity / Reputation</b>	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 (4<sup>th</sup> Edition) (December 2019)

**PROPOSED FINANCE, PERFORMANCE AND RESOURCES COMMITTEE**

**ANNUAL WORKPLAN 2024/25**

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

Strategy / Planning							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Reform, Transform, Perform Update	<b>Director of Reform &amp; Transformation</b>	R Private	R Private	R	R	R	R
Draft Annual Delivery Plan 2024/25	<b>Director of Finance &amp; Strategy</b>	R					
Annual Delivery Plan 2024/25 – Scottish Government Response	<b>Director of Finance &amp; Strategy</b>	Deferred	R				
Annual Delivery Plan Quarterly Performance Report 2024/25	<b>Director of Finance &amp; Strategy</b>	Q4 (23/24) Deferred	R Q4 (23/24)	R Q1	R Q2		R Q3
Annual Budget Setting Process 2024/25	<b>Director of Finance &amp; Strategy</b>	R					
Community Asset Transfer (CAT) - Lucky Ewe	<b>Director of Property &amp; Asset Management</b>	R Private Session		R Private Session			
Corporate Objectives	<b>Chief Executive</b>	Deferred	R				
Decarbonisation of NHS Fife Fleet	<b>Director of Property &amp; Asset Management</b>					R	
Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme	<b>Director of Pharmacy &amp; Medicine</b>	R Private Session		R Private Session			
Orthopaedic Elective Project <i>(Item removed from workplan)</i>	<b>Director of Nursing</b>	Removed					
Planned Care Programme Report	<b>Director of Acute Services &amp; Medical Director</b>			R			
Primary Care Strategy Progression	<b>Director of Health &amp; Social Care</b>			R			
Property & Asset Management Strategy (PAMS)	<b>Director of Property &amp; Asset Management</b>			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 Report	Director of Finance & Strategy	R 2023/24 Year End	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		R
Tender Process for 2C GP Practices ( <i>also goes to PHWC</i> )	Director of Health & Social Care	Removed		R Private Session			
Fife Capital Investment Group Reports 2024/25	Director of Finance & Strategy / Director of Property & Asset Management	(2023/24) Removed		R	R	R	R

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
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 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
2024/25 Financial Plan – Scottish Government Response	Director of Finance & Strategy	R					
Letter from the Scottish Government: Reforming Services and Reforming the Way We Work	Chief Executive		R				
Urgent Care Services Fife (UCSF) Transport Services Contract Renewal	Head of Primary & Preventative Care Services		R Private Session				
Planned Care Paper	Director of Acute Services		R				

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

**Meeting:** Finance Performance & Resources Committee  
**Meeting date:** 16 July 2024  
**Title:** NHS Fife Corporate Objectives (DRAFT) 2024/25  
**Responsible Executive:** Carol Potter, Chief Executive  
**Report Author:** Susan Fraser, Associate Director of Planning and Performance

## 1 Purpose

**This report is presented for:**

- Assurance
- Discussion

**This report relates to:**

- NHS Fife Population Health and Wellbeing Strategy
- Annual Delivery Plan
- Government policy/directive
- NHS Board Strategic Priorities
  - To Improve Health & Wellbeing
  - To Improve Quality of Health & Care Services
  - To Improve Staff Experience & Wellbeing
  - To Deliver Value & Sustainability

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

- Safe
- Effective
- Person Centred

## 2 Report Summary

### 2.1 Situation

The Committee is asked to consider the key corporate objectives for 2024/25. These objectives align with the NHS Fife Population Health and Wellbeing Strategy and the Re-form Transform and Perform Framework and will be taken formally to NHS Fife Board for approval.

## 2.2 Background

The Corporate Objectives details the priorities for NHS Fife for 2024/25 and beyond and aligns to the key strategic frameworks – the Population Health and Wellbeing Strategy and the Re-form, Transform and Perform Framework.

## 2.3 Assessment

The proposed Corporate Objectives were developed by the Executive Directors with support from the Associate Director of Culture, Development and Wellbeing. The Corporate Objectives are aligned with the existing strategic priorities within the Population Health and Wellbeing Strategy. They also reflect the focus areas of the Re-form, Transform, Perform Framework and the Annual Delivery Plan for 2024/25.

The Corporate Objectives aligned to the Improving Value and Sustainability Strategic Priority 4 are:

- We will Re-form, Transform and Perform our organisation to deliver a minimum of 3% recurring savings, and design, approve and commence plans to deliver break even for 2024/25, in support of medium to long term financial sustainability.
- We will develop a digital framework to underpin RTP including specific delivery plans: to modernise administration and business enabling functions; to enhance adoption of technologies; to implement Digital Medicines; and to ensure further innovative approaches to support clinical redesign.
- We will continue to implement actions to support the challenge of climate emergency including the reduction of energy, carbon, waste, and unnecessary travel together with improved use of our Greenspace; including the development of the whole system infrastructure plan.

Each Corporate Objective has a Lead Director assigned and the Corporate Objectives form an integral part of Executive Director's performance management. The Chief Executive will have monthly meetings with each director to provide assurance for delegated responsibilities including review of performance metrics and to discuss and monitor personal objectives.

In addition to individual discussions with the Chief Executive, a Corporate Objective Review Group (comprising the Executive Team and the Associate Director of Planning and Performance) will meet every 2 months to report on progress against the delivery of the Corporate Objectives and the lead director will take ownership for a brief written update for their Corporate Objective(s).

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level	X			
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

### 2.3.1 Quality, Patient and Value-Based Health & Care

NHS Fife corporate objectives underpin the delivery of high Quality of Health and Care Services.

### 2.3.2 Workforce

NHS Fife Corporate Objectives link directly to the strategic priority to “Improve Staff Experience and Wellbeing”.

### 2.3.3 Financial

NHS Fife Corporate Objectives link directly to the strategic priority to “Deliver Value and Sustainability”.

### 2.3.4 Risk Assessment / Management

Each Corporate Objective will be assessed against the corporate risk management framework.

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

Each corporate objective will complete an EQIA as appropriate.

### 2.3.6 Climate Emergency & Sustainability Impact

N/A

### 2.3.7 Communication, involvement, engagement and consultation

Developed through discussion with Executive Directors.

### 2.3.8 Route to the Meeting

This paper has been considered and agreed by the Executive Directors Group on 16 May 2024 and the Corporate Objectives have been approved in draft at the Remuneration Committee on 21 June 2024.

## 2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a Significant Level of Assurance. The Corporate Objectives 2024/25 capture the priority actions for NHS Fife aligned to the Population Health and Wellbeing Strategy and Reform, Transform and Perform Framework.

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1 - Corporate Objectives 2024/25

### Report Contact

Susan Fraser

Associate Director of Planning and Performance

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# Corporate Objectives 2024/25

## Executive Directors

## Committees

Medical Director	Director of Nursing	Director of Public Health	Director of Finance & Strat	Director of Acute Services	Director of Health & Social Care	Director of Workforce	Director of Property & Asset Mang	Director of Pharm and Medicines	Director of Reform & Trans	Director of Comms	Director of Digital & Information
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Clinical Governance	Staff Governance	Finance, Resource and Performance	Public Health and Wellbeing
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### Improve health and wellbeing

1	We will deliver pathways into employment in support of our Anchor ambitions through the development of innovative approaches to support priority groups to choose careers with NHS Fife.			L		✓	✓	L	✓			L	✓
2	We will finalise the prevention and early intervention strategy and action plan across the life course focusing on child health and working with partners to address the building blocks for health.			✓		✓	L						
3	We will provide tiered support for people who are waiting for planned care building on the established 'Well' initiative and embed new learning from pilot work to support people who are waiting for appointments, procedures, and other care.	✓	✓	L		L	L					✓	✓

		✓		✓
✓				✓
✓			✓	✓

### Improve quality of health and care services

4	We will establish a transformative and sustainable model for unscheduled care in Fife and implement sustainable changes that will lay a solid foundation for the reformation and continuous improvement of unscheduled care services, ensuring they are integrated, efficient, and responsive to the needs of our community.	✓	✓		✓	L	L	✓		✓	✓		✓
5	We will develop an Acute Services Clinical Framework and action plan that will guide the strategic direction and delivery of services throughout the lifespan of the strategy, ensuring a cohesive and integrated approach to healthcare provision that meets the evolving needs of our patient population.	L	L		✓	L	✓		✓	✓	✓		✓
6	We will develop an approach to clinically underpin Re-form, Perform and Transform initiatives enabling Realistic, Timely and Personalised Care through developing clear methodologies for implementation and measurement, and underlining the intrinsic link between this approach and the sustainability and value of healthcare services in Fife.	L	L		✓	✓	✓		✓	L	✓		

	✓			✓
✓				✓
✓				✓

### Improve staff experience and wellbeing

7	We will develop a workforce staffing model for in line with our Re-form, Perform, Transform objectives. This will include full review of establishments across NHS Fife, demand modelling, and a full review of our skills and expertise to maximise our opportunities and continued pursuit of teaching board status.	L	L	✓	✓	✓	✓	L	✓	✓	✓	✓	✓
8	We will deliver against key staff governance metrics for 24/25. This includes reducing sickness absence levels to at least 6.5% and maintaining 80% compliance with mandatory training and 60% uptake of PDRs.	✓	✓	✓	✓	✓	✓	L	✓	✓	✓	✓	✓
9	We will develop and launch a leadership framework focussed on compassionate leadership and an open, transparent, and nurturing culture, underpinned by strong staff engagement.	✓	✓	✓	✓	✓	✓	L	✓	✓	L	✓	✓

		✓		✓
		✓		
		✓		

### Improve value and sustainability

10	We will Re-form, Transform and Perform our organisation to deliver a minimum of 3% recurring savings, and design, approve and commence plans to deliver break even for 2024/25, in support of medium to long term financial sustainability.	✓	✓	✓	L	✓	✓	✓	✓	✓	L	✓	✓
11	We will develop a digital framework to underpin RTP including specific delivery plans: to modernise administration and business enabling functions; to enhance adoption of technologies; to implement Digital Medicines; and to ensure further innovative approaches to support clinical redesign.	✓	✓		✓	✓	✓			L	✓	✓	L
12	We will continue to implement actions to support the challenge of climate emergency including the reduction of energy, carbon, waste, and unnecessary travel together with improved use of our Greenspace; including the development of the whole system infrastructure plan.	✓	✓	✓	✓	✓	✓	✓	L	✓	✓	✓	✓

				✓
✓				✓
				✓

<b>Meeting:</b>	<b>Finance, Performance &amp; Resources Committee</b>
<b>Meeting date:</b>	<b>16 July 2024</b>
<b>Title:</b>	<b>Annual Delivery Plan Scottish Government Response 2024/25</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance &amp; Strategy</b>
<b>Report Author:</b>	<b>Susan Fraser, Associate Director of Planning &amp; Performance</b>

## 1 Purpose

**This report is presented for:**

- Assurance

**This report relates to:**

- Annual Delivery Plan 2024/25

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

- Safe
- Effective
- Person Centred
- NHS Board Strategic Priorities
  - To Improve Health & Wellbeing
  - To Improve Quality of Health & Care Services
  - To Improve Staff Experience & Wellbeing
  - To Deliver Value & Sustainability

## 2 Report summary

### 2.1 Situation

The guidance for Annual Delivery Plan (ADP) 2024/25 was distributed to territorial NHS Boards on 4 December 2023. The planning priorities set out in the guidance are intended to give clarity on the high-level priorities which Boards should deliver in 2024/25, whilst remaining flexible enough to allow Boards to appropriately plan and prioritise within their own financial context.

This paper presents the final Annual Delivery Plan 2024/25 and accompanying approval letter from the Scottish Government to the NHS Fife Board for final approval

## 2.2 Background

The Delivery Plan guidance was issued alongside the NHS Scotland Financial Plan 2024/25 Guidance and the two have been produced in conjunction.

The planning priorities set out in this guidance are intended to give clarity on the high-level priorities which Boards should deliver in 2024/25, whilst remaining flexible enough to allow Boards to appropriately plan and prioritise within their own financial context.

The ten ‘Drivers of Recovery’, which will be used to frame planning 2024/25, have remained broadly in line with those used in 2023/24. The changes from 2023/24 drivers are:

- Health Inequalities driver has been expanded to cover a wider range of population health planning
- Digital Services and Technology and Innovation Adoption have now been merged into a combined “Digital Services Innovation Adoption” driver.
- Women and Children’s Health driver has been added

## 2.3 Assessment

The Annual Delivery Plan 2024/25 was submitted on 21 March 2024. The feedback letter from the Scottish Government was received on 28 May 2024 approving the plan stating that the Scottish Government was satisfied that the ADP broadly meets the requirements and provides appropriate assurance under the current circumstances.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level			X	
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

### 2.3.1 Quality, Patient and Value-Based Health & Care

The main aim of ADP process is to continue to deliver high quality care to patients.

### 2.3.2 Workforce

Workforce planning is key to the ADP process.

### 2.3.3 Financial

Financial planning is key to the ADP process.



#### **2.3.4 Risk Assessment / Management**

Risk assessment is part of ADP process.

#### **2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions**

Equality and Diversity is integral to any redesign based on the ADP process.

#### **2.3.6 Climate Emergency & Sustainability Impact**

N/A

#### **2.3.7 Communication, involvement, engagement and consultation**

Appropriate communication, involvement, engagement and consultation within the organisation throughout the ADP process.

#### **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.

- Executive Directors Group 11 March 2024 (by email)
- NHS Fife Board 26 March 2024 (in private)
- NHS Fife Board 20 June 2024
- Public Health & Wellbeing Committee 1 July 2024
- EDG 4 July 2024
- Staff Governance Committee 9 July 2024
- Clinical Governance Committee 12 July 2024

### **2.4 Recommendation**

This paper is provided to members for:

- Assurance – This report provides a limited Level of Assurance.

### **3 List of appendices**

The following appendices are included with this report:

- Appendix No. 1, NHS Fife Annual Delivery Plan 2024/25
- Appendix No. 2, NHS Fife Delivery Plan 2024/25 Approval Letter

#### **Report Contact**

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# Annual Delivery Plan 2024/25

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# Planning Context

This Annual Delivery Plan 2024/25 has been developed within the context of the NHS Fife Population Health and Wellbeing Strategy 2023-28, “*Living Well, Working Well, and Flourishing in Fife*”, aligned to Scottish Government Recovery Drivers for 2024/25.

We recognise that our plans over the coming year and beyond, will remain subject to change as we adapt to the significant financial context, as set out in the letter from the Scottish Government, Director of Health & Social Care Finance on 19 December 2023: “*the financial pressures across health and social care, are, by far, the most challenging since devolution*”.

At present, many of our ambitions and plans do not fully take into consideration the risks of the evolving financial situation and the difficult decisions that may be required as we engage with the public and staff on a range of emerging cost reduction initiatives. It may be necessary to accept deviations from desired performance metrics in certain areas temporarily and the Board may need to make informed decisions to prioritise certain aspects of care, which might lead to short-term variances in performance metrics. These decisions are essential for achieving longer term balance and sustainability in our health and care system, ultimately leading to improvements in patient care and system efficiency.

Furthermore, it is inevitable that the shape of our workforce may need to evolve to deliver affordable health and care services. This evolution may result in a workforce that must either shrink, or at best, remain static.

Throughout this Delivery Plan, we have sought to highlight the connection to our overarching Reform, Transform, Perform Framework and assumptions set out in our Medium Term Financial Plan. Collectively, these documents describe the Board’s Tactical Plan for 2024/25, to deliver our Population Health and Wellbeing Strategy, and seek to maintain a balance across all pillars of governance.

# Population Health and Wellbeing Strategy

NHS Fife published its Population and Wellbeing Strategy in March 2023, which outlines the ways in which healthcare services in Fife will evolve to meet the developing needs of the local population over the course of the next five years.

**PRIORITY 1**  
**Improve health and wellbeing**  
We work to close the inequality gap ensuring that all people of Fife can flourish from cradle to grave.

**Ambitions\***  
A Fife where we:  
1 live in flourishing, healthy and safe places and communities.  
2 thrive in our early years.  
3 have good mental wellbeing.  
4 reduce the use of and harm from alcohol, tobacco, and other drugs.  
5 have a sustainable, inclusive economy with equality of outcomes for all.  
6 eat well, have a healthy weight and are physically active.

\*Based on Scotland's public health priorities.

**PRIORITY 2**  
**Improve the quality of health and care services**  
We provide the safest and best possible health and care services, from cradle to grave, for the people of Fife.

**Ambitions**  
For all healthcare services provided by NHS Fife, we will:  
1 Provide high quality person-centred care.  
2 Deliver services as close to home as possible.  
3 Reduce reliance on inpatient beds by providing alternatives to admission to hospital.  
4 Ensure timely access to services based on clinical need.  
5 Prevent and identify disease earlier.  
6 Support the delivery of seamless, integrated care and services across health and social care.

**PRIORITY 3**  
**Improve staff experience and wellbeing**  
We value and look after our staff.

**Ambitions**  
Our workforce:  
1 is inclusive and diverse, reflecting Fife's communities.  
2 is supported to develop new skills that help improve care for patients.  
3 is heard and at the heart of transforming services.  
4 works in partnership across health and social care, recognising interdependencies.  
5 experiences compassionate leadership in a culture that supports wellbeing.

**PRIORITY 4**  
**Deliver value and sustainability**  
We use our resources wisely to ensure our services are sustainable and meet our population's needs.

**Ambitions**  
1 Provide the right services in the right places with the right facilities.  
2 Ensure the best use of our buildings and land.  
3 Reduce energy usage and carbon emissions, working toward carbon neutral by 2040.  
4 Deliver our capital programmes for primary care, mental health, and acute services creating high quality environments for patients and staff.  
5 Deliver sustainable and effective resource allocation that supports value-based healthcare.

This strategy outlines the vision and ambitions to focus on health inequalities and support improvement in the health and wellbeing of Fife citizens and is based around the 4 strategic priorities. Achieving the vision will require to be supported by several enabling strategies which bring together different strands of the journey into a deliverable and cohesive approach. It remains the foundation for all of our plans and decision-making across NHS Fife, with the key difference for 2024/25 being the significant and unprecedented financial challenges facing the system.

## Medium term Financial Plan 2024-27

The Medium Term Financial Plan (MTFP) 2024-2027 is an important enabler to underpin the delivery of the Population Health and Wellbeing Strategy ambitions. There is no doubt that there are challenges not seen since devolution in the NHS in Scotland and the plan acknowledges the compounding pressures that the financial climate will bring. There are likely to be important choices ahead, ensuring that there is a focus on the

areas of service and support which drive the most health benefit to the people of Fife. Delivery of ADP actions are all dependent on the availability of funding and will be prioritised locally by NHS Fife Board.

## Re-form, Transform and Perform Framework

The Re-form, Transform and Perform (RTP) Framework has been developed at pace since January 2024, to bring a renewed and strategic approach to empower change, to drive improvement in clinical and corporate services, and to deliver greater efficiency, value and sustainability. Financial recovery will be delivered by our new Re-form, Transform and Perform Framework (RTP).



The first phase of our RTP framework, Re-form, will concentrate on immediate changes to how we work across the organisation with increased grip and control and principles to enable system wide leadership to improve our financial position. Our Re-form phase is designed to deliver the 3% savings target set out by Scottish Government. The Transform phase will focus on changes to our services, structures and care delivery.

The RTP framework was supported by NHS Fife Board in January with further development of options and detailed plans in progress and due to be commenced by April 2024. The Annual Delivery Plan will align to the RTP Framework and will be monitored and reported throughout the year.

## Regional planning

The three NHS Boards in the East Region are committed to collaborative regional planning and regional delivery of services where this will maintain or improve quality, reduce cost, and deliver excellent outcomes across the region but not at the expense of one Board over another.

In the context of individual NHS Board governance and responsibilities to both financially plan to break even and deliver the highest quality care to those in greatest need, we will develop a joint process for 2024/25 to assist in the identification and assessment of service areas and functions that may be delivered regionally to support greater efficiency and service sustainability. In developing this process, we will also link to the emerging national policy and approaches which aim to develop single national plans for identified fragile services. Through our East Region Programme Board, we will support the development of business cases for service redesign and change in areas of mutual benefit.

## Risk Management


The Corporate Risk Register contains the key risks for NHS Fife that have the potential to affect the whole organisation, or operational risks which have been escalated. The Board considered the level of risk it is prepared to tolerate under each of the four strategic priorities and agreed the risk appetite to aid strategic and operational decision-making. Recognising the current climate, the Board intends to review all aspects of risk appetite in early April. A deep dive of each risk takes place annually to consider the appropriateness of the mitigation and controls for each risk.



# Recovery Drivers

## 1 Primary and Community Care

*Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community.*

Recovery Driver	Indicator	National Standard		Latest		2025/26
Primary & Community Care 	GP Access	GPs to provide 48 hour access or advance booking to an appropriate member of the GP team for at least 90 per cent of patients	Positive responses for 48 hour access to an appropriate healthcare professional	2021/22	89%	Increase in positive response
			Positive response for booking an appointment with a GP >48 hours in advance	2021/22	48%	Increase in positive response

### 1.1 Delivery of core primary care services

Fife Health and Social Care Partnership (HSCP) have recently launched their Primary Care Strategy 2023 – 2026, which provides the strategic framework for improving delivery of and access to Primary Care Services with the key strategic priorities of the strategy being recovery, quality, and sustainability. This is one of 9 key enabling strategies which underpin delivery of Fife HSCP’s strategic plan through to 2026 and the Population Health and Wellbeing Strategy.

Focused work has been undertaken to improve the sustainability of General Practice, which includes taking forward proposals to transition the 4 Board Managed 2C practices to independent 17j status and to continue targeted and proportionate support to GP Practices, which includes the continuation of our Multi-disciplinary Resilience Team who support practices under the greatest sustainability pressures.

## **1.2 Ongoing development of Community Treatment and Care (CTAC) services, supporting more local access to a wider range of services**

In line with MOU2 (Memorandum of Understanding) as a key directive for delivery of the Primary Care Improvement Plan, there is a focused piece of work being carried out to develop our CTAC services to both create a level of consistency and continuity in service provision across all GP Practices, whilst allowing for the enhancement of services across Primary Care. This has already seen the commencement of the following initiatives:

- Working with Podiatry to bring all Low-Risk foot screening under the responsibility of CTAC Services
- Working with ENT and Audiology services to develop a joint Ear Care Strategy.
- Delivery of leg ulcer specialist clinics
- Development of an integrated workforce with our Community Immunisation Service, along with closer working across a wider Primary Care nursing team
- Understanding, planning, and implementing a co-ordinated approach to delivery of nationally directed Learning Disability Annual Health Checks in an integrated approach with Complex Care Services within the HSCP

Key focuses for 2024/25 are to continue the development of an integrated Primary Care nursing team, setting the foundations for the ongoing roll-out of CTAC hubs across Fife, to create increased resilience to service provision to support General Practice, whilst create the conditions for CTAC hubs which provide services which spans the whole of Health and Social Care. The focus remains to release capacity for GPs to work within the role of expert medical generalist, ensuring quality and continuity in care delivery of CTAC services and ensuring improved and equitable access to services both within CTAC and General Practice.

## **1.3 Ensuring there is a sustainable Out of Hours service, utilising multidisciplinary teams (MDT)**

Urgent Care Services Fife (UCSF) has a whole systems approach to support effective care delivery, in close collaboration with partners such as NHS24, Scottish Ambulance Service and across health and care services in Fife to ensure comprehensive and integrated care.

For 2024/25, the focus will be on the continued development of the MDT and a focus on dual nursing posts to develop and deliver a 24-hour approach to Urgent Care, which includes further enhancements to the capacity and accessibility to HSCP-led Minor Injury Units (MIU) and Urgent Care Centres. This will help pave the way for testing an Urgent Care Hub within Fife functioning over a 24-hour period to accept a high referral rate of urgent care referrals, with the aim of reducing same day urgent illness presentation within primary and emergency care.

Opportunities are being explored for further redesign across urgent care services, at pace, to drive efficiency whilst maintaining a focus on safety and quality. We are committed to further releasing capacity within General Practice and supporting access to care in line with the ambition of the Primary Care Strategy.

#### **1.4 Early detection and improved management of the key cardiovascular risk factor conditions, primarily diabetes, high blood pressure and high cholesterol.**

Fife HSCP will implement a Prevention and Early Intervention Strategy during 2024. The strategic priorities are to prevent, reduce and improve to enable people to live longer healthier lives. The strategic vision of the plan as a key enabling strategy of the HSCP Strategic Plan 2023 – 2026. Conditions and culture across Fife for Prevention and Early Intervention will be created so that people can remain well or limit the impact of health and social care problems.

Through the 7 locality plans testing approaches will continue to develop and contribute to increase opportunities for local communities to participate in activities to improve health and wellbeing and which support prevention and early intervention ensuring these are targeted to the needs of the localities and communities. This will prevent, reduce, and improve long term conditions and promote healthy lifestyles.

Within Primary and Preventative Care Services, a programme of work will be completed in 2024/25 to ensure a sustainable model of care which is outcomes focused and measurable for Type 2 diabetes prevention and reduction. which is delivered by the Nutrition and Dietetics Service.

#### **1.5 Delivery of sustained and improved equitable national access to NHS dentistry, setting out how they will assess and articulate local oral health needs, and engage with independent dental contractors and bodies corporates to ensure that patients receive the NHS oral health care they are entitled to**

Currently, there are no Dental Practices across Fife taking on new registrations for NHS patients, however, this situation does fluctuate.

Locally, in line with the priorities and deliverables of Fife's Primary Care Strategy 2023 – 2026, options are being explored to increase, improve, and sustain access to dental services despite the expected continued pressures on workforce going forward. Continued challenges in access to General Dental Practices for NHS patients has created sustained additional demand on HSCP-managed Public Dental Service and the Fife Dental Advice line hosted within the service for both registered and unregistered patients. Despite these challenges the Public Dental Service are ensuring that patients who are unregistered can still receive urgent dental care when they are experiencing dental pain.

Exception reporting arrangements are currently in place, particularly in relation to Dental Bodies Corporates (DBC's) with a focus on key areas regarding provision of NHS Dental Care including progress with National initiatives and alignment to the key deliverables of the Primary Care Strategy.

## **1.6 Increasing delivery of hospital-based eyecare into a primary care setting where appropriate**

The Glaucoma Shared Care scheme is well established in Fife, with approximately 950 patients across Fife under Shared Care arrangements, which sees Optometry supporting secondary care eye care. The national service will result in a more streamlined and seamless model of care to reduce pressure on the hospital eye service through the implementation of digital solution, OpenEyes, facilitating this model.

The service continues to operate effectively reducing the pressure of emergency eye patients needing to be seen within a hospital setting. In 2024/25, work will be ongoing to refine eye conditions and triage process to align better with the prospective national emergency eyecare service with a proposal to improve reporting/ clinical governance and auditing of the service.

An improvement plan is being progressed from the Primary Care Strategy aims at maintaining care within the community and prevention of attendance at secondary care supporting care in the right place at the right time.


## **1.7 Provision of non-emergency patient transport services, working with bodies which provide community transport services in the Board area**

A strategic 'health & transport' plan is being scoped out in Fife describing with potential next steps at a strategic and operational level. Health Promotion Service has worked with NHS Facilities to continue the promotion of NHS Fife Travel reimbursement entitlement across the public and third sector and to identify and promote the range of community patient transport opportunities available.

A concessionary bus fare scheme for North East Fife residents following identification of the cost of transport acting as a key barrier to accessing services is in place in its third year. The number of healthcare services holding vouchers has been expanded and will be monitored.

## 2 Urgent & Unscheduled Care

Access to urgent and unscheduled care, including scaling of integrated frailty services to reduce admissions to hospital.

Recovery Driver	Indicator	National Standard		Latest		By Mar-25
Urgent & Unscheduled Care 	SAS Handover Times	100% patients turnaround within 60 minutes		Feb-24	88.8%	100%
	Emergency Department Waiting Times	95% of patients to wait no longer than four hours from arrival to admission, discharge or transfer for treatment, to work towards 98%		Feb-24	63.9%	75%
		Patients wait less than 12 hours to admission, discharge or transfer		Feb-24	115	0
	Unplanned Care	Ensure that acute receiving occupancy is 95% or less		Feb-24	110%	95%
		Reduce estimated average length of stay for emergency admissions to acute hospitals		Feb-24	4.1	4.0
	Delayed Discharge	Reduce average number of beds occupied per day due to people delayed in Acute/Community hospital	Standard Delays	Feb-24	49	39
AWI Delays			13		19	

Ensuring patients receive the right care at the right place is a priority target for NHS Fife. Programmes of work are in place to ensure whole system planning, which is overseen by the Unscheduled Care Programme Board and had identified the following priorities:

- Consolidate and stabilise the ED medical and nursing workforce dependent on the availability financial resources.
- Continuation the integration of Flow Navigation Centre (FNC) into Emergency Care.
- Further develop and enhance the Care Home advice line
- Develop the Rapid Triage Unit (RTU) using existing resources
- Develop robust ambulatory pathways and models of care

## **2.1 Improve urgent care pathways in the community and links across primary and secondary care.**

There is an ambition to test an urgent care hub during in-hours, from 8 am to 6 pm, Mondays to Friday to create a community-based hub to support Primary and Secondary Care with access and care navigation to a multi-disciplinary team. These hubs would augment already established Urgent Care infrastructure, whilst providing a mixture of remote and face to face support to patients with an Urgent Care need.

The Urgent Care Services Fife (USCF) and Care Home Assurance Teams have initiated a test of change that allows Fife care homes direct access to UCSF through a single point of access. During 2024/25, UCSF will continue to onboard as many care homes as possible, with the goal of achieving 100% coverage by summer 2024 in collaboration with our care home partners.

## **2.2 Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need. Ensuring patients receive the right care in the right place by optimising Flow Navigation Centres, signposting and scheduling of appointments to A&E where possible and increasing the routes for professional-to-professional advice and guidance with a specific focus on frailty pathways and care home support.**

This continues to be a priority target for NHS Fife and the whole system programme of work is overseen by the Unscheduled Care Programme Board.

### **2.2.1 Optimising Flow Navigation Centre**

The Flow Navigation Centre transitioned to Acute Services from the Health and Social Care Partnership in December 2023. In 2024/25, the integration of Flow Navigation Centre (FNC) into Emergency Care will continue.

The projected impact will be to support an increased redirection from 5% to 10%, to enable a joint review and development of new pathways to alternative teams including mental health & addictions, discharge HUB / community hospital & social care, homelessness, Pharmacy First, community respiratory and surgical / planned care GP referrals; thus, reducing demand for inpatient admission.

### **2.2.2 Signposting and scheduling of appointments to A&E**

In 2024/25, scheduling of appointments will be maintained with redirection rates to Minor Injuries currently at 75%. Work will continue to improve the 4-hour access standard performance in line with agreed improvement trajectory.

### **2.2.3 Increasing the routes for professional-to-professional advice**

Plans are in place to further develop and enhance the Care Home advice line with ED/Geriatrician of Day (GOD) optimising redirection to H@H and Care Home ANPs to reduce admission rates for care home residents especially those within their last 100 days, to support realistic medicine outcomes including Anticipatory Care Plans (ACPs) and reduce bed days and costs.

#### **2.2.4 Focus on frailty pathways and care home support**

Work to support the reduction of unplanned attendances and admissions of residents from Care Homes will be driven forward by a multi-disciplinary/multi-partner Optimising Care Home Pathways Oversight Group. This work also aligns with the Prevention of Admission & Early Intervention and Anticipatory Care Planning work within Fife.

An integral component will be verification groups which will lead the review of Emergency Department attendances and front door admissions to understand if an alternative pathway would have been more appropriate for the resident to allow them to remain in their Care Home with appropriate care wrapped around them. Introduction of palliative care bundle for end-of-life patients in community to reduce inappropriate admission to hospital and ensure timely management of symptoms will also be progressed.

#### **2.2.5 Develop further ambulatory pathways**

Using existing resources in 2024/25, the Rapid Triage Unit (RTU) will be developed through reviewing further the integration of the ambulatory urgent care/same day non-admitted patients into one joint service (ECAS/DVT/OPAT/IV infusions). This will support shorter length of stay for non-admitted and admitted patients, provide timely triage and discharge for non-admitted patients, further improve Hospital avoidance and redirection rates and reduce costs of both units into one integrated unit.

Direct access pathways for GPs, Hospital at Home and front door ward areas are in place with a proposal for additional pathways into inpatient specialty wards and extension of opening hours to include out of hours.

Further work to reduce admissions to acute settings from the community include the inception of a primary care verification group that will review members of the population identified as having multiple attendances at A&E. Pilot work for this is ongoing with a group developed to target the population of the Levenmouth locality as data demonstrates that this area currently has the highest attendance rate at A&E in Fife. Early indicators demonstrate a decrease in both admission to hospital and attendance at A&E for the target population and this will be rolled out all localities in Fife.

### **2.3 Improving access to Hospital at Home services across a range of pathways including OPAT (Outpatient Antimicrobial Treatment), Respiratory, Older People, Paediatrics and Heart Failure.**

#### **2.3.1 Hospital at Home (Older People)**

The traditional model of Hospital at Home associated processes and pathways are being scrutinised to determine areas for improvement and to release clinician time. This work will facilitate improved access by increasing virtual capacity and reducing the number of times that maximum capacity closures are reached. A multifactorial review of the service is also being completed which will focus on identifying opportunities to streamline, automate or redirect processes and a full review of service criteria, pathways and documentation focussing on areas to release capacity.

Following the completion of the test of change, the plan is to recruit two permanent in-reach practitioners that will cover a 7-day service, but this will be dependent on funding.

### **2.3.2 OPAT (Outpatient Antimicrobial Treatment)**

Plans are in place to enhance the OPAT service and increase the consultant cover from Infectious Diseases, however, the skill mix and staffing model for the delivery of an increased capacity OPAT model requires further resource.

### **2.3.3 Respiratory**

Commencement of improvement work through the Virtual Capacity Workstream has allowed an Acute Respiratory Team to cover in-reach to admission areas with the development of a weekend team who support a 7-day early supported discharge profile. There are plans to further develop a fully integrated weekend team.

A respiratory HOT clinic model is also being developed with plans to increase further. The key benefit to the inpatient service is a reduction in readmissions.

In addition, the specialist Community Respiratory Service will reduce hospital front-door attendance through co-working with GPs, the Scottish Ambulance Service and Flow Navigation Centre, as well as improve the primary care diagnosis of COPD (Chronic Obstructive Pulmonary Disease) through staff training.

### **2.3.4 Paediatrics**

Work began in November 2023 to develop a Hospital at Home model within the Paediatric Diabetes service. As funding for this initiative was only granted until March 2024, it is not currently possible to plan for continuation or further development of this initiative beyond March 2024.

### **2.3.5 Heart Failure**

If funding can be secured from the Scottish Government Virtual Capacity workstream, the aim is to spread the learning from respiratory and to those with heart failure.

### **2.3.6 Long Term Conditions and Complex Care**

The integration of community service pathways is planned with the objective of increasing the capacity of services utilising a step-up and step-down model of care by reducing reliance on admissions to hospital and increasing the availability of comprehensive clinical care in a homely setting.

By increasing the skill set and staffing in specialist services, there will be an increase in the ability to expand clinical interventions available in the community and prevent admission to acute hospital.

Optimising assessment and care in Emergency Departments by improving access to 'same day' services, the use of early and effective triage, rapid decision-making and streaming to assessment areas will improve pathways.



### **2.3.7 Improving access to 'same day' services**

Work will continue to develop robust ambulatory pathways and models of care to include a number of speciality-led HOT Clinics with same day access. This will reduce overnight stays and bed-based care, provide more resilience for services with large inpatient models of care, reduce surge/boarding and reduce financial costs of overnight stays.

### **2.3.8 The use of early and effective triage**

An agreed area for improvement is ED minors' performance with the current average performance is 95% with trajectory performance agreed at 99%. To achieve this the following will be actioned:

- Review of staffing model with focus on skill mix and senior clinical decision-making oversight
- Implement robust redirection criteria and support for patients and staff
- Strong and effective communications to ensure population awareness of how to access alternative same day care including MIUs - QMH and St Andrews
- Internal pathway review to ensure patients who require gynaecology, orthopaedics, OMFS or ENT review can access within agreed KPIs.
- Redirection pathways to Rapid Triage Unit and ECAS/OPAT
- ED advice line to expand to take all care home calls and support SAS/community ANPs with clinical decision making to prevent inappropriate presentations

A revised business case will be the basis for the development of an enhanced ambulatory unit. This will be subject to Board decision making in respect of any financial investment required.

### **2.3.9 Rapid decision-making**

The ongoing work to consolidate and stabilise the ED medical and nursing workforce will be dependent on the availability of financial resources. This action aims to reduce ambulance turnaround times to meet agreed national targets and support clinical decision making to Call Before You Convey (CBYC) including reducing care home demand by taking all care home calls.

Work is also underway to enhance the frailty / ED model to care for the growing cohort of frail patients who require emergency level care, through a plan to roll out frailty practitioners / assessments. This is projected to reduce admission rate to 27% by reducing in patient demand but is also subject to availability of funding.

## **2.4 Reducing the time people need to spend in hospital, increasing 1–3-day admissions and reducing delays over 14 days, by promoting early and effective discharge planning and robust and responsive operational management.**

### **2.4.1 Increasing 1–3-day admissions**

Improvements within secondary care have been identified to reduce length of stay by increasing 1-to-3-day admissions, these include:

- Restructuring of hospital capacity and flow teams to integrate discharge pathways with downstream wards to optimise advance planning including early referral to HSCP discharge hub for community transfers, early identification of transport requirements and complete discharge documentation.
- Optimisation of pre noon discharges and implementation of a sustained continuous flow model to focus on early moves to make the hospital safe and avoid substantial bed moves in the out of hours period.
- Further develop partnership working with discharge hub and front door team(s) to optimise social work input at time of admission to support shorter length of stay.
- Improve timely completion of discharge documentation and work to ensure that patients transferred into surge beds have their IDL (integrated Discharge Letter) completed by the parent team. Explore alternative models of care for our surge beds, exploring AHP consultant led beds for patients who are awaiting onward rehab pathways, this can support change of pathways if therapy input is optimised.
- Optimise rapid access radiology outpatient slots to avoid unnecessary delay and prolonged admission.

#### 2.4.2 Reducing delays over 14 days

A whole system approach has already been adopted to reduce the number of patients in secondary care with length of stay over 14 days, actions include:

- Weekly length of stay verification for all patients over 10 days includes senior oversight and robust action plan
- Daily community verification
- Weekend planning meeting
- Moving On Policy in place to support complex conversations.

To reduce delays over 14 days, patients requiring coordination across Acute and Community are reviewed daily at whole system verification meetings that are chaired by the Head of Service or Service Manager within the Health and Social Care Partnership. This enables system wide discussions of all patients requiring support to return home or to a homely setting. Patients who have exceeded their PDD or for whom any potential barriers to discharge have been identified will be reviewed proactively to ensure the whole team work collectively to resolve.

#### 2.4.3 Supporting Discharges

There are a range of models being implemented to support discharges. Further progression of these models will be dependent on available funding in 2024/25.

*Fife Rehabilitation Model* – This model has a clear focus on home-based rehabilitation and will aid a reduction in time people spend in hospital by ensuring all patients first pathway for consideration is rehabilitation at home rather than a dependency on community hospital beds.

*Right Care for You Model* – this model is a person-centred assessment of an individual's moving and handling needs that supports ensuring that the person receives the right amount of care and treatment and that it is provided in the correct environment, reducing the number of people

required to undertake specific tasks, creating additional capacity across the whole system and utilising staff resources and time better. This will increase the availability of POC and reduce the length of time people are in hospital waiting on a double up POC.

*Adults with Incapacity* - transformational work is in progress to analyse this area of practice and to further reduce those delayed in hospital working with a Solicitor and Mental Health Officers who have a specific role to provide expert advice and support to social work staff undertaking assessments for people in hospital, who are deemed to lack capacity to consent to a support plan to enable their discharge.

#### **2.4.4 Promoting early and effective discharge planning**

To improve patient flow and further embed best practice of Planned Day of Discharge (PDD) all Integrated Discharge Teams will ensure discharge pathway planning and discussions begin from the point of admission and this will be achieved by further embedding representation for Social Work and Social Care at multi-disciplinary meetings (based on every hospital site) within planned and unplanned care to ensure timely holistic assessments are determined by the most appropriate professional to avoid unnecessary delay.

An audit will be conducted to track progress of PDD documentation and review completion, identifying areas of good practice or areas for improvement to ensure consistency across our inpatient wards. KPIs will be developed to measure performance and seek new routes for further improvements.

The Discharge to Assess Model will be enhanced and improved to ensure that wherever possible people are assessed for ongoing care within their own homes and not in an unfamiliar environment such as a hospital ward or assessment bed in a care home and when they are at their most vulnerable. This will facilitate an increased use of Discharge without Delay principles and the Planned Date of Discharge (PDD) bundle.

#### **2.4.5 Robust and responsive operational management**

A system-wide Operational Escalation Level (OPEL) Framework is embedded within NHS Fife and Fife HSCP with it continuing to support responsive decision making across all services throughout the day as well as facilitate improved patient flow.

## **2.5 Reduce unscheduled admissions and keep people care for closer to home through reconfiguring existing resource to accelerate rapid assessment and evolve to implement Frailty Units.**

### **2.5.1 Reduce unscheduled admissions**

Future care planning is a key area to support the reduction of admissions. A new ACP is in the process of being developed. A small group consisting of a GP, Practice Manager and Medical Consultant have met to develop an information sharing process where the information on the ACP is shared with the linked GP Practice to the care home and this information is transferred onto the Patient Electronic Key Information Summary (EKIS). This information will then be available for secondary care to view on the Patient Portal.

In addition to the evolving frailty model, plans are in place to further develop the frailty ambulatory model, working in partnership with the front door frailty practitioners who complete on average a minimum of 20 frailty assessments per day.

There are various onward pathways for these patients, including hospital admission or discharge home with HSCP services/supports. There is also an option to refer into the Frailty Ambulatory Unit (RADA – Rapid Assessment and Discharge Ambulatory Unit), this unit can administer infusions, transfusions, and hot clinic appointments to avoid hospital admission.

### **2.5.2 Accelerate rapid assessment**

The Integrated Community Teams proposal for community services frailty redesign will facilitate increased access to rapid assessments and follow up care across Fife. This will be achieved by moving from Assessment and Rehabilitation Centres (ARCs) to an Assessment and Rehabilitation Clinic model where Advanced Nurse Practitioners and Advanced Therapy Practitioners complete a comprehensive multidisciplinary assessment in a clinic setting. The clinics would be set up across Fife with the aim of having a clinic operating in each of the 7 localities. This would be achieved by merging the existing ARC and Intermediate Care Team (ICT) services together to become a 'Community Rehabilitation and Frailty Team' which will facilitate a consistent staffing model across Fife, enhance capacity within the overall service and therapy will be undertaken at home or as close to home as possible. This will be delivered with current resources.

### **2.5.3 Evolve to implement Frailty Units**

The Fife Frailty MCCN has just been re-established and refreshed and now includes stakeholders from health, social care, independent and third sector as well as public representation. The MCCN will meet quarterly with subgroups meeting between those times to take forward the priorities of the MCCN which will strive to develop an integrated coordinated approach to supporting people living with frailty across Fife.

The priorities identified at the recent stakeholder event included awareness raising around what frailty is and how professionals and individuals themselves can support those living with frailty, and rapid access to information and services. Examples include developing, knowledge, skills and confidence of staff and citizens. Future and proactive care planning, navigation of effective care pathways and joined up care with all services wrapped around the person living with frailty.


Frailty is a dynamic state and the MCCN recognises the importance of people being able to access responsive services at whatever stage of frailty they are at whether. The MCCN priorities align with ensuring people can live as healthy lives as possible in their own home or as close to home as possible.

Subgroups are being developed to focus on the priorities however there are already groups set up which will link with the MCCN including the ACP group and the Prevention of Admission and Early Intervention subgroups which are part of the Fife Home First and Transformation Strategy. Ageing Well and Community Falls group will be set up as part of this network and further subgroups will be developed as the MCCN matures. These groups will report back through the MCCN and the wider governance structures within the HSCP and Acute Services.

### **2.5.4 Frailty Skill Mix**

A review of the frailty workforce is underway with a focus on skill mix. The projections for Medicine of the Elderly Consultants are on a downward trend therefore there are plans being explored to develop advanced practice nursing and AHP staff/teams to support and integrate with clinical teams.

### 3 Mental Health

Recovery Driver	Indicator	National Standard		Latest		By Mar-25
 Mental Health	CAMHS	90% of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral		Jan-24	69.4%	90.0%
	Psychological Therapies Waiting Times	90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral		Jan-24	73.6%	73%
	Delayed Discharge	Reduce average number of beds occupied per day due to people delayed in Mental Health hospital	Standard Delays	Feb-24	19	10
	AWI Delays		8		12	

*Improving the delivery of mental health support and services, reflecting key priorities set out in the Mental health and wellbeing strategy.*

The planned improvement in the delivery of Mental Health services is dependent on the financial allocation and if this is insufficient to achieve the ambitions set out in the programme deliverables within agreed timescales, this could have an effect on service delivery and staff morale. There has been significant engagement with people to coproduce plans and they may feel their voices have not been heard. This could also lead to lack of long-term engagement in this process and the retention of staff.

To mitigate these risks, there will be open and transparent communications regarding priorities and funding to manage expectations.

#### 3.1 Improving Access to Mental Health services and building capacity to sustainably deliver and maintain the CAMHS and PT 18-week referral to treatment standard.

##### 3.1.1 CAMHS (Child & Adolescent Mental Health Services)

Fife CAMHS will continue to prioritise the development of services, to build capacity to achieve and sustain the national Referral to Treatment Target (RTT) as well as delivery of services as set out within the national CAMHS Service Specification.

Fife CAMHS will achieve this through the prioritisation of early intervention, engagement with service users, parents and carers, effective use of resources through the development of clinical pathways for complex mental health issues and ensuring that services are accessible to children and young people when they are most in need.

The demands on the CAMHS service remain high and additionally, national recruitment challenges present local challenges, thus impacting on progress in meeting the RTT target.

There is a risk to future service delivery due to insufficient workforce capacity if the funding provided through national sources (Recovery and Renewal Fund & Community Framework fund) is no longer available or reduced in any way.

There is a risk of not meeting RTT target if the service is unable to recruit or retain appropriately qualified clinicians to deliver complex care and treatment. A risk exists to staff wellbeing and morale if workforce numbers are reduced resulting in higher workloads and increased pressures.

### **3.1.2 Psychological Therapies**

Fife Psychology Service will increase capacity to improve access psychological interventions and evidence-based PTs, eliminate very long waits (over 52 weeks) as well as meet and maintain the 18-week referral to treatment (RTT) waiting times standard.

Demand for psychological therapy remains high, and DCAQ (Demand Capacity Activity Queue) analysis confirms that the service is not currently in balance, meaning that referrals currently exceed the number of treatments started that can be offered, limiting progress toward the RTT standard. The sustainability of service delivery is highly dependent on a resilient and effectively resourced workforce and any changes to the current national funding arrangements will impact on service delivery, and the ability to achieve targets and improvement plans.

There remains a national shortage of qualified clinical and counselling psychologists with the service currently 7.5 WTE short of clinical staff and 6.0 WTE of this are required to work with people with the most complex needs. It is expected that 4.5 WTE will be filled by July 2024. Recruitment difficulties and service pressures affecting other parts of the system may reduce capacity for psychological interventions to be delivered by others.

Funding pressures across the system may reduce alternative options, leading to reduced access to appropriate interventions and increased demand on Fife Psychology.

## **3.2 Tackling inequalities in relation to accessing Mental Health services, strengthening provision in Community Mental Health teams, and better supporting those with complex needs and delivering service Re-Forms aimed at supporting more people in the community.**

### **3.2.1 Development of Fife Mental Health Strategy**

The production of a draft Fife Mental Health Strategy will progress through local governance procedures in April 2024, with a view to receiving endorsement from the IJB (Integration Joint Board) in May 2024 and will be aligned to the national Mental Health Strategy and Fife HSCP Strategic Plan.

Consultation took place on four key priority areas to take forward through the strategy delivery plan, these priorities have received strong local support, and are clearly aligned to the priorities published in the National Mental Health and Wellbeing Strategy.

Local Priority	Linked national Mental Health and Wellbeing Strategy priorities
1. Talking about Mental Health We want to tackle stigma and discrimination and help to create a Fife where we can talk openly about our mental health, without fear or judgement, and where we are supported to seek help when we need it.	1
2. Prevention, early intervention & recovery We want to ensure all people in Fife, including people living with mental health conditions, have the resources they need to look after and nurture their own mental health and wellbeing.	2, 3, 5, 9, 10
3. Effective response to mental health distress & crisis We want to ensure that people experiencing mental health distress and crisis can access timely, compassionate support.	4
4. Recovery-oriented care, treatment, and support We want to ensure that people living with complex mental health conditions can access timely, high-quality support, care and treatment which is as local as possible and as specialist as necessary.	6, 7, 8, 9

The delivery plan will build on the existing Mental Health Services Redesign Programme by delivering projects: Alternatives to Admission and Mental Health in Primary Care and Community Settings and commits to continue to invest in working collaboratively with our third sector partners to achieve better outcomes for people, for example by piloting new models such as peer practitioners being embedded in Community Mental Health Teams (CMHTs).

It is expected that the delivery and implementation of the refreshed Mental Health Strategy will commence in 2025/26.

### **3.3 Developing and growing Primary Mental Health teams and integration of the primary care mental health workforce into wider primary care multi-disciplinary teams, community, and secondary care.**

The Mental Health and Wellbeing in Primary Care and Community Settings (MHWPCCS) project started in late 2022 and is expected to run for five years. There will be a transition in the final year to ensure initiatives and changes are embedded into business-as-usual and will identify where positive changes can happen.

If resources permit, then engagement activities will begin in the remaining four localities.

Core elements supporting coproduction are currently funded from Scottish Government project monies. This includes 3rd Sector partner employing people with lived experience, as well as project management, engagement, and equality roles. If this funding is lost, then coproduction activities will have to be scaled back significantly.

One of the objectives of the project was to deliver multi-disciplinary primary care teams and this is not sustainable in the absence of the planned funding. The immediate focus of the project will need to shift to 'quick wins' achievable within existing resources.

### **3.4 Delivering a coherent system of forensic mental health services, addressing issues raised by the independent review into such services.**

Forensic Mental Health Services (FMHS) will continue to work with partners to review and develop services that support individual's journeys and deliver sustainable services: enabling the right care at the right time.

The plan for 2024/25 will include the delivery of the recommendations including review and improve patient flow and delayed discharges, review of Forensic Community Mental Health Team and Inpatient Service' resources, implement improvement work to reduce health inequalities for individual with a mental health condition and the provision of inpatient General practice for Forensics inpatients

### **3.5 Improving support and developing the Mental Health workforce.**

Actions to support a sustainable workforce for Mental Health services include:

- Development of a recruitment strategy that is aligned to establishment budgets.
- Monitoring workforce demand and professional judgement tools utilising workforce systems and data.
- Transformation of roles by developing new roles including band 4, with defined band 2/3 pipelines.
- Staff health and wellbeing subgroup with a focus on mental health and wellbeing.
- Targeted reduction in use and expenditure on supplementary staffing.

### **3.6 Improving the mental health-built environment and patient safety.**

Fife Mental Health services have an established financial plan for the next 3 years to deliver significant improvements to the inpatient environment. The priority elements of the plan have been informed by multi-disciplinary analysis and application of risk assessment tools.

A refurbishment programme is underway which will deliver refurbished and fit for purpose admission wards for general adult and older adult psychiatric care. In addition, the assessment tool "Mental Health Built Environment" will be applied to the full inpatient estate to identify the next phase of priorities.


The planned refurbishment will address environmental ligature risks identified within the mental health wards. It will also enable the service to address the aesthetics, providing comfortable and well-appointed accommodation, including full consideration and delivery of dementia friendly environments where appropriate.

In 2024/25, 2 wards in the Queen Margaret Hospital site will be refurbished with the remaining 2 admission wards in Queen Margaret Hospital and Stratheden Hospital planned for refurbishment in 2025/26, subject to availability and prioritisation of capital funding.



## 4 Planned Care

*Recovering and improving delivery of planned care*

Recovery Driver	Indicator	National Standard	Latest		By Mar-25
Planned Care 	Treatment Time Guarantee	100% of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment	Jan-24	46%	44%
		Patients to wait no longer than 52 weeks from the patient agreeing treatment with the hospital to treatment	Jan-24	600	1900
	New Outpatients	95% of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment, to work towards 100%	Jan-24	37%	35%
		Patients to wait no longer than 52 weeks from referral (all sources) to a first outpatient appointment	Jan-24	3321	11698
	Diagnostics	100% of patients to wait no longer than 6 weeks from referral (all sources) to a diagnostic appointment	Jan-24	46%	30%
		Patients to wait no longer than 26 weeks from referral (all sources) to a diagnostic appointment	Jan-24	111	1936

### 4.1 Delivering year on year reductions in waiting times and tackling backlogs focusing on key specialities including cancer, orthopaedics, ophthalmology, and diagnostics.

It is not possible to deliver year on year reductions in waiting times and tackle backlogs within the funding available. Our priorities will be:

- Focus on Urgent Suspicion of Cancer (USC) and the longest waiting patients
- Manage waiting lists effectively
- Arthroplasty waits predicted to rise when capacity for NHS Lothian patients maximised
- Foot & Ankle long waits – recruitment to trauma post to enhance offering for this group. Waiting times will rise in wait times until new Consultant commences early September 2024. Patients referred to Golden Jubilee National Hospital for this sub speciality will cease as at end of March 2024.
- Within existing resources explore opportunities to optimise care for Orthopaedic patients on elective waiting lists and enhance preparation for surgery or other interventions.

- Pre-assessment: ensure service model allows for increased number of patients ready for surgery and short notice scheduling
- Introduction of Specialist Nurse Pathway for diagnosis of prostate cancer. Pathway being introduced concurrent with research funded by Cancer Research UK and ratified by Stirling University.
- Continued work ensuring efficient use of Endoscopy diagnostics aiding rapid diagnosis in USC.
- Within existing resources, introduction of pre-assessment pathway for Endoscopy.
- Consider use of Golden Jubilee National Hospital for Ophthalmology (Cataracts) subject to waiting times funding.

#### **4.2 Enabling a “hospital within a hospital” approach in order to protect the delivery of planned care.**

- Protected service delivery is offered at Queen Margaret Hospital for Day Cases and 23-hour stays in the National Treatment Centre (NTC) for planned Orthopaedic Surgery. The development of a multi-professional Orthopaedic Board will support implementation of the Orthopaedic Strategic plan.
- There is a Diagnostic Treatment Centre (DTC) for Urology at both Victoria and Queen Margaret hospital sites. These provide outpatient one stop clinic for patients with Queen Margaret housing the specialist Prostate Centre which provides treatment under local anaesthetic for benign prostate conditions.
- Children requiring inpatient planned care, including surgical interventions, are cared for within the Paediatric Department, thus removing the need for them to be accommodated within the general/adult Planned Care footprint. Capacity for planned procedures is largely protected, although there is some risk that bed capacity for planned care paediatric patients may be impacted at times of high acute and unscheduled activity.

#### **4.3 Maximising capacity to meet local demand trajectories.**

NHS Fife will endeavour to maximise capacity through existing funding available by

- Implementing endoscopy pre-assessment using of existing resource to ensure minimal downtime due to cancellation and patients unsuitable for scope on day of procedure.
- Moving appropriate benign prostate procedures to Queen Margaret Hospital Urology DTC. Procedure can be performed under local anaesthetic therefore freeing theatre space.
- Reviewing Day Case activity through NTC theatres and scheduling activity to ensure maximisation of NTC and Queen Margaret Hospital capacity
- Reviewing Hand Service theatre activity at Queen Margaret Hospital and scheduling appropriate activity to procedure room.
- Fully embedding Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR) in all specialties.

#### **4.4 Match outstanding demand with available capacity across Scotland through regional and national working including through the National Treatment Centres (NTCs).**

NHS Fife will work with Scottish Government to maximise offering to neighbouring NHS boards to maximise capacity in line with the NTC targets for joint replacement as well as investigating repatriation opportunities focussing on waiting times and cost benefit outcome.

NHS Fife will also engage with NECU (National Elective Coordination Unit) programme to manage long waiting times for selected patients.

#### **4.5 Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.**

NHS Fife has a well-established Day Surgery programme at Queen Margaret Hospital. In view of funding restrictions, it is unlikely that this will extend but capacity will be optimised in line with available funding.

There is an appetite from staff at Queen Margaret Hospital to cover a 6/7 day working service, but this would require additional funding (for Anaesthetics, Day Surgery Unit (DSU), pre assessment and theatre staff) and review of medical cover across 7 days therefore it is unlikely to proceed.

A new Procedure Room, opened in late 2023, within Queen Margaret Hospital has led to minimal local anaesthetic lists now taking place within the main suite due to a clash with other specialities. Other specialties including ENT, General Surgery and Vascular all looking to expand their local anaesthetic activity with a potential result of releasing theatre time.

There are currently plans to explore moving some IVT (Intravesical Therapy) lists to Procedure Room within Victoria Hospital to increase throughput. This will be delivered within existing resource.

#### **4.6 Implement outcomes of Specialist Delivery Groups including reducing variation.**

##### **4.6.1 High Volume**

NHS Fife is exploring ways to improve utilisation on high volume lists for cataract surgery and hernia surgery by changing practice for setting up trays in between cases.

##### **4.6.2 Transfer of lists**

NHS Fife is actively identifying Day Case procedures which are suitable for transfer to outpatient setting.

## **4.7 Undertake regular waiting list validation.**

Waiting times in NHS Fife are monitored through a structured review process involving monthly meetings of the Scheduled Care Group and weekly Waiting Times Group. Progress against trajectories and data quality are the focus of weekly meetings with review of all waiting lists, focussing on USC cases and long waits.

The Digital Patient Hub allows communication with long waited patients for both outpatient and hospital admission, in which NHS Fife have agreed 3 validation options and responses. The Hub allows patients to report worsening symptoms that will be triaged by clinical teams.

## **4.8 Wait Well**

NHS Fife will seek to optimise the potential of points of communication and contact to support people to Wait Well. This will include working with clinical teams to enhance awareness and optimise communication opportunities: prior to referral; at point of referral and while people are waiting for an appointment/treatment to enable access to holistic support available through Fife HSCP Wells to aid people to 'wait well'.

## **4.9 Delivery of CfSD / NECU waiting times initiatives and productive opportunities.**

### **4.9.1 ACRT/PIR**

ACRT and PIR are being implemented across the 9 national and 1 local prioritised specialty. Each service specific condition is considered for these tools once the methodology is learned locally. An additional 4 out of scope specialties have already been included in the programme plan and work will be undertaken to assess whether the scope of this can be increased further.

Specialty	ACRT	PIR
General Surgery	✓	✓
Urology	✓	✓
ENT	✓ 10 conditions	✓
Orthopaedics	✓ 12 conditions	✓
OMFS	✓ 5 conditions	✓
Breast	✓	✓
Gynaecology	✓	✓
Cardiology	✓	
Dermatology	✓	✓
Gastroenterology	✓	✓
Neurology	✓	✓
Rheumatology	✓	✓
Respiratory	✓	✓

#### 4.9.2 Enhanced Recovery after Surgery

ERAS (Enhanced Recovery after Surgery) is well embedded within NHS Fife with Day Surgery opportunities being reviewed specialty by specialty. Other productive opportunities to be considered are:

- Vascular pathways
- One Stop Clinics (Urology, Breast, Vascular)
- Ophthalmology increased throughput of Cataracts

#### 4.10 Optimise theatre utilisation and implement digital solutions.


NHS Fife have convened four Short Life Working Groups (SLWG) to working towards improving theatre productivity. Regular progress is fed back at national level via the Peri Operative Delivery Group.

- *The Theatre User Group*
- *Pre-Assessment SLWG* - re-prioritisation of the anaesthetic resource to support high risk cohort of patients
- *Theatre Utilisation SLWG* - ensures that any short notice cancellation slot is filled and identifies any unpopulated lists
- *Sustainability SLWG* – reviewing consumables used per speciality, per procedure

Currently evaluating a preoperative (pre op) digital app (Elsie) and whether the local D&I team could support an alternative digital solution that would meet the needs of all users.

## 5 Cancer Care

*Delivering the National Cancer Action Plan (Spring 2023-2026)*

Recovery Driver	Indicator	National Standard		Latest		By Mar-25
Cancer Care 	Cancer Waiting Times	95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat		Jan-24	94.9%	94.5%
		95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral		Jan-24	64.2%	85.4%
	Cancer Screening	Increase the uptake of cancer screening	Breast	2019-22	72.5%	Increase uptake and reduce inequalities
			Bowel (Female)	2020-22	68.8%	
			Bowel (Male)	2020-22	64.8%	

### 5.1 Improving cancer waiting times standards through ongoing delivery of the Framework for Effective Cancer Management, specifically highlighting key actions aimed at improving breast, colorectal and urology pathways.

#### 5.1.1 The Framework for Effective Cancer Management

The Framework for Effective Cancer Management is actively embedded in NHS Fife with actions agreed annually.

The NHS Fife wide policy for the management of patients referred with urgent suspected or diagnosed with cancer procedure has just been updated and widely circulated. NHS Fife will review PTL (Patient Tracking List) meetings to ensure consistent senior management participation and review requirements for management of regraded referrals.

#### 5.1.2 Breast Pathways

Within Breast, capacity requirements will be assessed at the start of the pathway in order to manage the 30% increase in referrals. Repatriation of breast screened patients will also be explored, ensuring consideration of nursing support, administrative and MDT Coordinator requirements.

### **5.1.3 Colorectal Pathways**

All USC patients for colorectal pathways are booked within 14 days of referral. Patients with a negative qFIT are managed through the Single Point of Contact Hub. Work is ongoing to determine if the Colorectal MDT Coordinator can support allocation of patients to consultants. There are continued efforts to skill mix roles when there is a vacancy to ensure streamlined pathways.

### **5.1.4 Urology Pathways**

There is a focus to improve the urology pathway, particularly prostate. There will be continued efforts to improve waits from MRI to biopsy and reduce waits from MDT to treatment, particularly where treatment is not surgery.

The prostate pathway will continue to be reviewed to manage the 46% increase in referrals and increasing number of diagnoses (36% converting to cancer) alongside a number of actions planned.

There will be a workforce review of specialist nursing to support pathway improvement and consideration given to new Systemic Anti-Cancer Therapy (SACT) delivery models in Fife to ensure waiting times performance is maintained (taking into consideration workforce, medical, nursing and pharmacy).

## **5.2 Increasing diagnostic capacity including endoscopy and its new alternatives, alongside assurances of the Board's plan to establish a Rapid Cancer Diagnostic Service (RCDS)**

### **5.2.1 Increasing Diagnostic Capacity**

A range of actions are being implemented to maximise diagnostic capacity including skill mix, single point of contact, allocated appointments and appointment reminders.

Actions have been established to support USC (Urgent Suspicion of Cancer) pathways however this is currently supported by non-recurring funding from cancer waiting times funding.

Additional capacity is currently provided by supplementary staffing or current workforce working additional hours, this is not a sustainable or affordable model and will require a review of services provided.

The current Radiology Strategic Plan includes plans for additional CT/MRI and US equipment and workforce requirement to ensure sustainability and ability to meet growth in demand for diagnostic imaging and ability to prioritise USC. Currently there is no identified funding source for this.

### **5.2.2 Increasing Endoscopy Capacity**

The East Region Endoscopy Unit is fully operational at Queen Margaret Hospital with appropriate capacity to meet current demand for USC and bowel screening by regular waiting list validation and management. Any additional capacity for USC will be at the expense of routine work unless additional funding is available.

In terms of new alternatives, Colon Capsule and Cytosponge services are fully embedded within NHS Fife.

### **5.2.3 Rapid Cancer Diagnostic Service**

Funding has been secured from Scottish Government until September 2024 with additional funding to be sourced until March 2025 in order to continue with Test of Change for those with vague symptoms and Upper GI.

Same/next day CT reporting diagnostic pathway has been optimised to 7 days, however, without funding this improvement will be lost and waiting times for acquisition and report will increase.

Colorectal RCDS will cease in March 2024 as no funding is available. Single Point of Contact Hub will continue to support the qFIT negative pathway to provide a single point of contact for patients referred urgent suspected cancer.

The University of Strathclyde has been commissioned to produce an Evaluation Report that will determine the future of RCDS but will have to be considered within the funding available.

## **5.3 Embedding optimal cancer diagnostic pathways and clinical management pathways**

NHS Fife will continue to explore improvements in the optimal lung cancer pathway including feasibility of continuing with same day chest X-ray, additional CT capacity and 24-hour turnaround beyond March 2024. The head and neck optimal pathway will also be reviewed in 2024/25. Any improvements to be considered will be cost neutral.

## **5.4 Delivering single point of contact services for cancer patients**

SPOCH (Single Point of Contact Hub) will continue to be delivered in 2024/25 with further actions identified including exploring whether it can be expanded to support other cancer services and ways to promote SPOCH in the 40% most deprived areas based on SIMD.

There will be further evaluation of the service to ensure efficiency of resources with continued staff training to ensure alignment with the Macmillan Competency Framework.

Other actions identified include improved communication with Primary Care, raising awareness of the service, and working with clinical teams to agree timely results for patients no longer suspected of cancer.

## **5.5 Configuring services in line with national guidance and frameworks on effective cancer management; Rehabilitation; and psychological therapies and support**

### **5.5.1 Prehabilitation**

The universal prehabilitation service in Maggie's Fife, to support all patients diagnosed with cancer, has been successfully implemented. The next step will be to undertake a scoping exercise to understand where the components of prehabilitation (nutrition, physical fitness, psychological support and/or alcohol/tobacco) are offered in NHS Fife.



Work is also ongoing to determine if the NHS Lothian lung prehabilitation model would be suitable in NHS Fife.

NHS Fife has representation on the Regional Prehabilitation Steering Group and will work with the Project Manager to support and facilitate individual projects in each of the Boards to deliver the objectives.

#### **5.5.2 Psychological Therapies**


NHS Fife will provide input into the Scotland-wide scoping project with Macmillan to help support individual boards to implement and embed the Psychological Therapies Support Framework (PTSF) into cancer services. An information event about the Framework is to be held.

### **5.6 Supporting the oncology transformation programme, including through sharing data and advice, and developing services and clinical practice in line with its nationally recommendations.**

Locally, Scottish Government funding as part of the Acute Oncology/SACT allocation will be prioritised to ensure continued delivery of services. NHS Fife will participate in the progressing of the priorities for 2024/25 including workforce development, optimal service Model demand management, strategic service review and recruitment.

## 6 Health Inequalities and Population Health

Enhance planning and delivery of the approach to health inequalities and improved population health

Recovery Driver	Indicator	National Standard	Latest		By Mar-25	
Health Inequalities 	Drugs and Alcohol	90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	QE Sep-23	82.9%	90.0%	
	Vaccinations	Delivery of the Winter Vaccination Programme	Covid (75+)	As of 3 Mar-24	84.8%	80.0%
			Flu (65+)		80.1%	75.0%
		Increase vaccination uptake for all groups year on year for RSV		Programme to be implemented		
		Increase vaccination uptake for all groups year on year for shingles		YE Aug-23	8.9%	40% (YE Aug-24)
		Ensure 90% of girls are fully vaccinated with HPV by the age of 15		School Year 2022/23	89.4%	90.0%
		Ensure 95% of children have completed all of the recommended vaccination programmes by 12 months		QE Sep-23	94.2%	95.0%
		Ensure 95% of children have completed all of the recommended vaccination programmes by 24 months	6-in-1	QE Sep-23	95.1%	95.0%
			MMR1, PCVB, MenB		92.5%	93.5%
	Ensure 95% of children have completed all of the recommended vaccination programmes by 5 years		QE Sep-23	88.8%	92.0%	
Smoking	Increase successful quits year on year, including during pregnancy, across Fife	Total	FY to Oct-23	188	500	
		40% Most Deprived		111	324	
Weight	Increased referrals for Tier 2 and Tier 3 weight management services year on year	Adults	YE Aug-23	1957	2300	
		C&YP	YE Feb-24	134	156	

### 6.1 Tackling local health inequalities (including racialised health inequalities) and reflecting population needs and local joint Strategic Needs Assessment

A Joint Strategic Needs Assessment (SNA) was prepared in 2022 and reviewed population trends, localisation of issues, demographics and identified likely future need to provide key information on health inequalities, including racialised health inequalities.

The refreshed Performance Framework for Fife HSCP identifies the need to further develop performance information to consider place and population demographics. This will require a greater emphasis on using collected demographic information, location of services and users, and population context information such as the Scottish Index of Multiple Deprivation (SIMD), the Population Census and other national datasets.

Focus will initially be placed on identifying the key local indicators of service delivery and demand, before developing the analytics capability to gain further insight into place and population. Projection of demand will become increasingly key to understanding the sustainability and location of services, especially in conjunction with a better understanding of the workforce and financial projections.

In 2024 the HSPC will bring forward a prevention and early intervention strategy which will consider the way forward in addressing inequalities across our localities linked to the Population Health and Wellbeing Strategy in NHS Fife.

## **6.2 Working with partners to support the National Mission on Drugs to reduce death and improve lives, including the implementation of MAT (Medication Assisted Treatment) Standards, delivery of the treatment target and increasing access to residential rehabilitation.**

### **6.2.1 Implementation of MAT standards**

Fife Alcohol and Drugs Partnership (A&DP), during its current strategic and commissioning cycle (2020 – 2023), has used the outcomes as strategic themes in the development of the new Fife A&DP strategy for 2024 – 2027.

### **6.2.2 Outcome 1 – Fewer people develop problem drug use.**

In partnership with Education and third sector, the A&DP will continue with the test of change pilot whereby education on drug and alcohol use delivered in schools is reflective of the community issues and the needs of the children and young people within each school. This individualised programme is developed from Education's Health and Wellbeing survey findings and analysis which provided data on a locality basis about young people's own use, their educational needs and concern about others' use.

The new service delivery model incorporates sustainability for drug and alcohol education into the national curriculum and throughout all ages and stages of school life by provided training and education for school-based staff. If the pilot evaluates well, it is planned this model will be mainstreamed across all schools in Fife over the next three years.

The A&DP will develop targeted adaptations to tackle barriers to access services for individuals and families affected by substance use thus enhancing inclusiveness of this care group. Within the next year, working in partnership with Children Services' Plan, there will be commissioning of a high intensity and early intervention service to support families to prevent crises, escalation of support and transition into community universal support.

### **6.2.3 Outcome 2 - Risk is reduced for people who take harmful drugs.**

The A&DP will refresh and build on the capacity of its harm reduction service in community pharmacy. This will increase the coverage of injecting equipment provision and take-home naloxone (THN) to meet the local target but also increase the percentage of it being held by people at risk. This will be targeting an increase of THN in pharmacies where footfall is highest for opiate replacement therapy and where the most harm occurs.

A needs assessment commissioned by NHS Fife Public Health and Scottish Drugs Forum indicated several improvement recommendations, one of which is review of the reach of the Alcohol Brief Interventions (ABI) Programme and workforce developments needed within A&DP and non-A&DP services to prevent harm and protect people using alcohol.

During the next year, Fife A&DP will redevelop ABI delivery in the area considering priority areas and reaching more people at risk of harm. During the commissioning cycle, a whole system substance use alert and early warning programme will be implemented for both the public and services. This will aim to prevent harm and protect people from risks associated with substance use and will be part of the A&DP's overall communication strategy currently in development with the communication and media team.

### **6.2.4 Outcomes 3 & 4 – People at most risk have access to treatment and recovery & people receive high quality treatment and recovery services.**

A robust performance monitoring framework and surveillance of monthly data from services and from people with lived and living experience will continue and inform improvement work and measure improvements. One-stop-shops will be considered for extension into other localities and provide a bespoke service for women affected by substance use who have indicated through lived and living experience evaluations to require focused discreet support.

In 2024/25, the A&DP and its partners will implement recommendations from the joint Healthcare Improvement Scotland and A&DP audit and assessment of residential rehabilitation access service model. This will focus on increasing opportunities for the number of people accessing services and building pathways to ensure there is equity of access for priority groups identified by the Scottish Government. This will also incorporate improving recovery communities and aftercare for those returning to Fife from rehabilitation units.

### **6.2.5 Outcome 5 – Quality of life is improved to address multiple disadvantages.**

The A&DP Fife Needs Assessment Synthesis 2023 indicates that overlapping needs require an integration of care and support, clearer and robust referral pathways and better coordination between services.

The A&DP will be focusing on these issues through the mechanism of its already established structure and subgroups including its workforce development programme within MAT 6 & 10 (psychological interventions and trauma informed approach) and integration of substance use services with mental health services (MAT 9) and primary care services (MAT 7).

Over 2024/25, the A&DP intends to build on the success of its third sector services commissioned in custody and prison to enhance individuals' early and successful access to health and social care and continuity of care following release from prison and custody. This will be a multi-agency approach focused on improving the sharing of information and partnership-working between relevant partners at the pre-release stage.

### **6.2.6 Outcome 6 – Children, families and communities affected by substance use are supported.**

Over 2024/25, in partnership with Education and Childrens Services, the A&DP intends to recommission its youth friendly services to outreach to young people offering support for those - affected by substance use - either their own use or within their family. This incorporates an 18-month transitional support programme provided to children and families affected by substance use as they move from primary into secondary school-based education. The A&DP is also closely monitoring all data including risk of overdose, substance use related death and other high-risk situations for young people and plans to establish a process for coordinating, improving, and integrating the quality of support and information provided to families, parents, children, and young people.

Through continued investment in its adult support and carer's service for people affected by a family members' use, the A&DP will develop a training programme for family inclusive practice across the A&DP services ensuring the voice of family members is integrated into the system of care. Furthermore, the A&DP will lead on collaboration, shared pathways and communication between this service and general services providing carers' support.

## **6.3 Supporting improved population health, with particular reference to smoking cessation and weight management.**

### **6.3.1 Develop and maintain Smoking Cessation Services**

The Fife Smoking Cessation Service are working to the overarching themes of People, Place and Product with the principles of Transparency, Sustainability and Accountability in planning activities, pathways and increasing opportunities to raise awareness of the service available to anyone living or working in Fife.

Our key target groups are those living in the most deprived areas, smoking in pregnancy, people experiencing mental ill health and inpatients due to a smoking-related illness.

The service has a Development and Communication Plan that includes specialist clinic provision, timetable of Very Brief Advice (VBA) information stands, use of the service mobile unit and maintaining positive connections with Fife Maternity Services.

### **6.3.2 Weight Management**

The Fife Weight Management Service is led by the Dietetic Department with strategic leadership being provided by Health Promotion. Work undertaken includes the development of a 3-day Food Champion training course to increase participants' confidence, knowledge and understanding of how to plan, deliver and evaluate practical food orientated initiatives and cooking workshops, HENRY core training was delivered to build the skills, confidence and knowledge of the early years' workforce to support families to lead healthy lifestyles by providing practical support on healthy eating, physical activity and parenting strategies around food and behaviour and core training, as part of a training for trainers (T4T) model, took place across Fife and was offered to the early years workforce including Third Sector agencies.

To date, there are 173 members of the early years workforce trained in this approach and have six accredited HENRY trainers. Core training will continue to be delivered to the early years' workforce through the Health Promotion training programme with an additional 2 trainers being trained in 2024 to ensure resilience and sustainability of the training.

### 6.3.3 Cancer Screening

NHS Fife will work with the three national cancer screening programmes for breast, cervical and bowel cancers to promote cancer screening across Fife. There are inequalities in participation across Fife with those living in areas most affected by deprivation being much less likely to participate in screening.

A Screening Inequalities Action Plan has been developed in line with the Scottish Equity in Screening Strategy and will be implemented to address inequalities in the uptake of cancer screening programmes as resource and capacity allows. The action plan sets out our approach to reduce inequalities in screening participation.

NHS Fife will work with groups within Fife to increase awareness of cancer screening, thereby improving uptake whilst maintaining the principle of informed decision making.

### 6.3.4 Vaccinations

A refreshed 3-year Fife Immunisation Strategic Framework is to be developed; this will include implementation of the new RSV programme. Realistic local delivery aims, based on previous performance as well as taking account of Scotland and UK wide immunisation trends, and will be focused on the most vulnerable groups. Local delivery aims will be set based on deprivation, where data available, and focus on reducing inequalities across all programmes.

As part of our strategic framework refresh, we will review our 2021-2024 strategic framework priority to *'support and empower a sustainable skilled workforce to deliver safe and effective immunisation services'* and the associated action plan in the context of current workforce structures and wider strategic workforce planning within Primary and Preventative Care.

## 6.4 How they will redirect wealth back into their local community to help address the wider determinants of health inequalities, through actions set out in their "Anchors Strategic Plan".

### 6.4.1 Anchor Ambitions

NHS Fife will progress with the Anchor ambitions for employability to offer fair meaningful jobs for all by paying the living wage, strengthening links with Opportunities Fife Partnership, influencing refreshed strategic priorities to help identify, understand and meet the needs of those with multiple barriers to employment. Different avenues will be explored to promote employment opportunities through engagement with third sector partners.

Procurement will be used to strengthen organisational and community partnerships through buying and spending locally; supporting other local businesses to do the same; investing locally and encouraging others to do the same. NHS land and assets will be used for the common good of the local community.

*Employability*

NHS Fife is looking to mitigate the risks of an ageing workforce and staffing / skills shortages by supporting planned Employability, Youth Employment and Apprenticeship activities aimed at achieving a sustainable and capable young workforce which can meet current and future service demands.

From 2024 onwards, the intention is to expand the apprenticeship offering for recruitment, staff development and progression into high-demand roles whilst also working with external partners to identify and create pathways for developing and employing local young people. This will be focussed on those considering careers in healthcare through strengthened links with the Developing the Young Workforce Fife Regional Board, the Fife Schools Co-ordinators and other underrepresented groups.

This will also be focussed on those with barriers to employment such as paid work experience programmes to progress participants into employment, which includes participation in the Fife Council-led recruitment initiative 'Progressive Life Chances'. As part of the Young Person's Guarantee, NHS Fife will seek to create and maximise opportunities for young people, for example, the EMERGE one-year programme with Fife College and Levenmouth Academy designed to offer school leavers a comprehensive experience in the healthcare sector.

NHS Fife will also continue to engage in local events to raise awareness of the range of careers and pathways to help promote the Board as an employer of choice and aligned to the Anchor Institution ambitions. Enhanced links with local educational providers to promote careers will also continue, for example, offering internship placements for Dundee University students across NHS Fife and Fife HSCP and consideration of Graduate Apprenticeship opportunities with Heriot Watt University.

## **6.5 Commitment and contributions (leadership, funds, staffing and other resources) to Community Planning Partnerships (CPPs) to improve local outcomes agreed in Local Outcome Improvement Plans and Locality Plans**

NHS Fife is committed to Community Planning and contributes a significant role to Fife Partnership Board. NHS Fife is represented on all the Fife Partnership Board delivery partnerships.

The Partnership have agreed to present an Annual Locality Report to the seven Fife Council Area Committees (Community Planning) providing an overview of locality priorities/actions and highlighting any joint areas of interest.

The Partnership's Locality Action Plans inform the development of the annual delivery plans for the Strategic Plan 2023 to 2026 and the delivery plans for the transformational and supporting strategies. This ensures a consistent and sustainable approach which is based on local priorities, informed by local population needs, and is financially viable, both now and in future years.

## 6.6 Improving custody healthcare through participation in the Executive Leads network and ensuring that the deaths in custody toolkit is implemented.

Healthcare Custody in Fife is delivered as part of the South East Region, which is a single service covering Lothian, Borders, Fife and Forth Valley.

The region has a single service, Southeast Scotland Police Custody Healthcare and Forensic Examination. Healthcare is provided by four nurses who cover all custody centres in the Borders, Lothian, Forth Valley and Fife area, and on call Forensic Physicians.

The South East region is made up of three clusters with the Fife cluster consisting of primary custody centres in Dunfermline and Kirkcaldy. It also has an ancillary centre at Levenmouth. Detainees at Levenmouth who require healthcare are sent to either Dunfermline or Kirkcaldy.

## 6.7 Establishment of a Medicines Safety Programme

A comprehensive medicines safety programme will be further developed, building on existing work in relation to high risk pain medicines. This will enhance safety of care across a range of settings.

### 6.7.1 High Risk Pain Medicines

The first priority within this, delivery of significant improvement in use of High Risk Pain Medicines, is already an established programme of change and strategic objective for the Board. The programme aims to understand why and ensure that when using them, it is part of a shared decision-making process with the patient and monitored regularly. The medicines safety programme will also deliver a focus and improvement on four further priority areas:

**Anticoagulant medicines** are effective at preventing and treating clots but can also be harmful if prescribed or administered incorrectly. Reducing errors associated with anticoagulants is important, because some have been reported in prescribing, supply and administrator error incidents that have caused death and serious harm. A detailed programme of improvement will be developed. Importantly, this will span clinical professions and care settings across Fife.

**Lithium** is an effective medicine, particularly in the maintenance treatment for bipolar disorder, recurrent depression, and with growing evidence of suicide-protective effects. Ultimately, the Board will be assured that patient care is at the appropriate standard for this vulnerable group.

**Insulin** - a Diabetes Safety Programme commenced in 2023 working with the Diabetes MCN, this work has already extended to considering oral medication in addition to Insulin. Work will be undertaken to quantify the problem, prevent issues where possible, and develop high quality guidance and education for use by staff.

**Sodium Valproate** is an effective antiepileptic medicine, which carries risks of developmental disorder in babies if the drug was taken by a parent. The existing audit programme will be enhanced alongside processes for regular clinical review, assurance on ongoing understanding from those treated, and pregnancy prevention as appropriate. An MDT group has been established to drive this work at pace.



## 7 Women and Children's Health

*Take forward the actions in the Women's Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life.*

### **7.1 Maternity and neonatal services, and in particular continuing delivery of 'Best Start' policy, with ongoing focus on delivery of continuity of carer and the new model of neonatal care, and that that all eligible families are offered child health reviews at 13-15 months, 27-30 months and 4-5 years.**

#### **7.1.1 Best Start**

In relation to Best Start, there are two outstanding recommendations within NHS Fife. Recommendation 2 – every woman has a clear birth plan is on track for completion by June 2024 whilst recommendation 14 – Continuity of Carer (CoC) remains a challenge for the Board and has been highlighted to Scottish Government.

The service is undertaking a staffing review to develop a test of change to trial CoC models that would be cost neutral to the service. Although outcomes for Fife patients, in terms of safety outcomes give assurance regarding the robustness of the current models of care that are in place, there are opportunities to improve further the safety outcomes and patients' experience in continuity of carer episodes.

#### **7.1.2 New Model of Neonatal Care**

NHS Fife was a pathway finder for Neonatal Care and have been involved with Scottish Government in identifying recommendations to assist other units.

Work is underway to implement the next phase of the model to become fully compliant. This is possible within the current resource and space with some reconfiguration.

Further development of the model for Transitional Care will require some reconfiguration within the footprint of the Neonatal Unit and will be dependent on capital funding availability.

Sustainability within continuity of carer model requires review.

#### **7.1.3 Child Health Reviews**

The Fife HSCP Health Visiting Service will continue to deliver all the agreed pathway visits and will prioritise those families who as most vulnerable ensure that the those who need additional support are offered that as part of their ongoing care. To support this, the Service will ensure there is a robust and sustainable staffing model that meets the needs of families.

In partnership with Public Health, improvement plans will be developed and will focus on early intervention and anticipatory care needs of families to ensure that children have the best start. This will involve close working with services who can support young people including Statutory and

3rd Sector, overseen by the multi-agency child health management team, where all services who work with children's and young people are able to scrutinise the data and share in the improvement plans.

The multi-agency Children's services plan also has a range of wellbeing indicators which will be scrutinised by the children in Fife group to look at multiagency response to the challenges children are facing.

## **7.2 Taking forward the relevant actions set out in the Women's Health Plan**

NHS Fife is committed to delivering the principles and aims of the national Woman's Health Plan (WHP). In support of this NHS Fife has agreed the Executive lead for the WHP is the Director of Acute Services, who will lead the work on:

- Utilising local access and outcome data to inform improvement activity
- Continuing to build capacity across services to support timely access to menopause support
- Expanding awareness amongst healthcare professionals of sex-related differences in presentation and management, initially with a focus on heart health

### **7.2.1 Access to TOP Service**

The plan is to provide improved geographical location of the termination of pregnancy (TOP) within the planned new Gynaecology Specialist Outpatient Centre improving privacy and dignity for the woman, taking the service out of a maternity area. Capacity to deliver counselling locally rather than nationally requires investment.

This is dependent on availability of capital funding.

### **7.2.2 Access to contraception**

A business case with option appraisal is required to support post-partum intrauterine contraception. There are risks associated with further pregnancy within 1 year of delivery that can be avoided with good contraceptive options and choice.

This is unlikely to be funded due to current financial forecast.

### **7.2.3 Access to support speedy diagnosis and best treatment for endometriosis**

A review of the gynaecology specialist nurse service is underway to identify possible capacity to support women undergoing surgery and surgically induced menopause.

It is planned to improve the links with Endo Fife, a local third sector support group, to provide resources and support for those still in their diagnostic journey and to ensure readiness to accept pain management advice and support. This would have to be cost neutral.

Sustainability will be managed within the current theatre capacity and skill mix of the surgical team with a risk that there will longer waiting times for endometriosis patients.

#### **7.2.4 Access to specialist menopause services for advice and support on the diagnosis and management of menopause**

Plans are in place for 2024/25 to raise awareness of the impact on health of medically and surgically induced menopause, collaboration with Community Pharmacy support to menopause as a whole, develop a Testosterone protocol and GP training and support will increase resilience and sustainability of menopause referrals and collaboration with community pharmacy for prescribing.

#### **7.2.5 Early pregnancy loss, recurrent miscarriage, late foetal loss**

There are plans to increase access to early pregnancy scanning out of hours and collaboration with Primary Care to develop a prescribing pathway for progesterone to be delivered within existing resource.

A review of gynaecology nursing workforce will take place utilising workforce tool to identify the workforce required to support increased access to early pregnancy scanning out of hours. Whilst this increase in workforce is unlikely to be funded given the financial constraints, an enhanced counselling service will be provided within existing resource.

### **7.3 Setting out how they will work with their local authorities to take forward the actions in their Local Child Poverty Action Report**

NHS Fife is a key partner for delivery of Best Start Bright Futures, and co-chairs both the Fife Tackling Poverty and Preventing Crisis group and Child Poverty Subgroup. Actions include contributing to publication of the annual Local Child Poverty Action Plan in accordance with the Child Poverty (Scotland) Act 2017. The subgroup reports to both the Children's Service Partnership and Tackling Poverty partnership.

NHS priorities are reviewing and developing income maximisation availability and monitoring within NHS services for children, training for staff and linking Anchor Institution work to child poverty, including priority groups. Actions for 2024/25 include workforce development, exploring and identifying sources of funding to continue the dedicated CARF service beyond 2024-25 and to expand the current referral pathway to a wider range of key healthcare frontline staff. The Public Health Deputy Director and the Health Promotion Service manager are actively involved in this work.

Key actions for 2024/25 include workforce development, exploring and identifying sources of funding to continue the dedicated Citizens Advice and Rights Fife (CARF) service beyond 2024-25 and to expand the current referral pathway to a wider range of key healthcare frontline staff.

### **7.4 Delivering high quality paediatric audiology services, taking into account the emerging actions arising from the Independent Review of Audiology and associated DG-HSC letter of 23 February 2023.**

NHS Fife Audiology will contribute to Newborn Hearing Screening IT procurement process to ensure high quality services and move to the new system as recommended, with oversight from the NHS Fife Pregnancy and Newborn Screening Committee. Work with local services including D&I, and relevant Finance colleagues regarding any funding implications will take place as needed.

#### **7.4.1 Staff Performance against standards**

There will continue to be a review of staff performance to ensure sustained adherence to best practice protocols, identified by British Academy of Audiology (BAA) & British Society of Audiology (BSA). The service has established competency review, appraisal and regular training updates.

Training budget allocation has been altered and external accredited training attended over last 12 months. Opportunities for local and national training will continue to be explored to ensure maintenance of skills and staff development.

#### **7.4.2 Engagement with National Implementation Group**

The team will engage with the newly appointed National Audiology Programme Manager and National Implementation Group when established and have been active participants in scoping and practice audit during independent review process. The team will continue to be key contributors to help develop policy and implement all recommendations from review.

#### **7.4.3 Embedding of Audiology Quality Standards**


Any defined national audit and peer review processes will be embedded when mandated by National Implementation Group. The service will be supported in local audit cycle review by Clinical Effectiveness colleagues in preparation for National Quality Standards Review/Audit.

An external peer review of diagnostic testing of newborns will be piloted by NHS Fife along with colleagues in NHS Tayside and NHS Lothian. If deemed suitable, this model may be adopted by all NHS Scotland services.

A Short Life Working Group (SLWG) around accommodation has been established to identify areas for improvement in reference to likely Audiology Quality Standards (Adults & Paediatrics) review. These will subject to availability of funding.

## 8 Workforce

### Implementation of the Workforce Strategy

Recovery Driver	Indicator	National Standard	Latest		By Mar-25
Workforce 	Sickness Absence	NHS Boards to achieve a reduction in sickness absence	Jan-24	8.3%	6.5%

#### 8.1 Achieve further reductions in agency staffing use and to optimise staff bank arrangements.

A Bank & Agency Programme Board was created in May 2023 with membership from Acute Services, Health & Social Care Partnership and Corporate Directorates as well as Staff Side Colleagues and this work will continue through 2024/25 as part of RTP. The RTP Workforce workstream will develop and deliver enhanced workforce planning across NHS Fife to support workforce redesign, optimal skills mix and reduced supplementary staffing dependency.

Action was taken from the national Task and Finish Group to ensure the cessation of new block bookings for HCSW (Healthcare Support Worker) roles from 1 January 2024 across the Board. From 1 April 2024 there will be no usage of agency HCSW, only in exceptional circumstances will be this be approved by the appropriate Executive Director.

Under the RTP Workforce workstream, the consolidation of all of NHS Fife's individual staff banks into one single staff bank is ongoing. The aim of this workstream is to consolidate and manage all resources under one team to eliminate administrative and service discrepancies, streamline operating procedures and to pool resources into one distinct area for NHS Fife, to optimise bank arrangements and support agency to bank conversion.

Risks have been identified including financial, capacity and engagement risks and are reviewed quarterly regarding the actions being taken to optimise staff bank arrangements.

#### 8.2 Achieve reductions in medical locum spend

Acute Services has established a Strategic Medical Workforce Group that will review locum usage building on the existing scrutiny of every locum monthly in 2024/25. A review of the sustainability of the medical workforce in the Acute Services will be undertaken, as early benchmarking data

obtained from CfSD (Centre for Sustainable Delivery) indicates that the numbers of medical staff in comparison to other Boards in Scotland requires attention.

There is ongoing recruitment within the Planned Care Directorate for medical staffing vacancies therefore it is not anticipated that there will be any further medical locum spend in this area.

The Women, Children's and Clinical Services Directorate are considering a structure redesign in Paediatric and Neonates around a sustainable solution to reduce locum usage, involving substantive Advanced Neonatal and Paediatric Nurse Practitioners, which is intended to significantly reduce the medical locum spend.

Fife HSCP continue to have a high usage of supplementary staffing across complex and critical care areas. A Medical Workforce group is being established with a focus on complex and critical care services to further drive forward the long-term actions needed to further address medical locum usage. There are a total of 21 consultant locums across the 3 portfolios and 19 speciality or junior doctors. Locum doctors are also used in 6 2 c practices and in the GP out of hours service.

In those specialities, where there is a national shortage of qualified medical staff trained in that speciality, it is necessary to use locum staff in order to continue to provide a safe service and to minimise clinical risk. Actions to sustain the Learning Disabilities and Mental Health Workforce and to consider alternative models of service delivery are being led via the Mental Health Workforce Sustainability Group, which has a number of work streams including Medical Workforce, Recruitment, Supplementary Staffing, Transforming Roles and Wellbeing.

### **8.2.1 Direct Engagement Model**

A workstream has been created to implement a Direct Engagement model and will oversee the implementation of this model for financial sustainability purposes. Work on Direct Engagement falls in line with Commitment 5: Sustainable Care of the Value Based Health and Care principles to manage efficient use of financial resources.

The aim is to implement a Direct Engagement model during 2024/25 with a target for a minimum of 80% compliance (£1.1m projected saving) during the lifecycle of this project, with any outliers to be targeted directly with services involved, alongside risk assessment strategies.

## **8.3 Deliver a clear reduction in sickness absence by end of 24/25**

### **8.3.1 Managing Absence**

The Attendance Management Group will stand back up from March 2024 to oversee a multi factorial review on absence issues, to take forward lessons learned, identify priority actions, and seek assurance on actions being implemented. The group will develop an action plan for 2024/25 to support improvement activities across the key themes identified, including best practice, professional development, and training.

The Workforce Directorate is developing absence data analytics, to consider bespoke initiatives and plans to support identified areas who are classified as 'high priority' based on aggregated absence rates in last three months, with a deeper dive of all root causes for absence and what would make a difference in terms of support for staff and managers in those areas.

This work will include targeted in reach support / interventions to areas identified as outliers, working with the relevant Executive leads and their leadership teams in a collaborative manner, along with our staff side colleagues, to agree the right measures to aid improvement in particular areas.

Alongside developing the workforce indicators matrix, in order to support improvement in absence rates generally, a number of managing absence initiatives will continue to be progressed including promotion of Attendance Management training programmes/TURAS Learn module, use of Promoting Attendance Panels and additional promoting attendance test of change initiatives. The OH Team will focus on musculoskeletal (MSK) absence and the support pathway to reduce MSK absence.

Fife HSPC will take forward lessons and learning identified and will develop an action plan to support improvement activities across the key themes identified, including best practice, professional development, and training.

Other support includes implementation of a Neurodiversity passport to support managers and neuro diverse staff in the workplace. To support staff to achieve a healthy work life balance, there will also be promotion and delivery of information sessions to managers and staff on Once for Scotland Supporting Work life balance policies.

### **8.3.2 Staff Health & Wellbeing**

NHS Fife will consolidate staff health and wellbeing actions including promotion and signposting staff to the in-house core support services such as counselling, occupational health, the staff listening service, peer support and psychology staff support service.

In addition, resources such as the Live Positive Tool Kit, the HSE (Health and Safety Executive) Stress Talking Toolkit and resources, Financial Health Support Guidance, Staff Wellbeing Handbook, the Access Therapies Fife, Mood Cafe, Mind to Mind websites and to the Workforce Specialist Services Scotland and PROMiS national hub will be promoted and shared to help support staff resilience and in line with the RTP Workforce workstream. Managers and staff can benefit from the Compassionate, Connected and Effective Teams Workshops, from existing Mindfulness video clips and TURAS Learn online resources on Compassionate Leadership, Resilience and Self Care.

NHS Fife will continue to review the offer of wellbeing support to ensure it can be maximised to make best use of the resources, accessed by and of benefit to the majority of staff, for example the launch in March 2024 of the new Cycle to Work Scheme, to support active travel and low carbon commuting, menopause staff support sessions and scoping how opportunities for staff to access Menopause support can be expanded out with Victoria and Queen Margaret Hospitals

## **8.4 An implementation plan for eRostering in 2024/25 with a view to implementing across all services and professions by 31st March 2026.**

### **8.4.1 eRostering**

eRostering has been implemented in NHS Fife since September 2022. However, the rate of delivery will be significantly impacted as a Business-as-Usual team is unable to be funded due to current financial pressures. By 2024/25, the team will have successfully delivered the system to 4 cohorts with over 2,000 staff onboarded.

There is an additional pressure in that the Digital Delivery team are only funded until November 2024, after which there is no agreed resource to move this programme forward. Alternative governance and escalations arrangements are being made to ensure compliance with the legislation.

### **8.4.2 Health and Care (Staffing) (Scotland) Act 2019, (HCSA),**

NHS Fife must provide information to the Scottish Ministers on the steps taken to comply with the legislation and the first Ministerial reports to Parliament are expected in April 2026. NHS Fife will need to demonstrate how the specific duties of the Act have been met. Preparations are underway to support Act implementation.

## **8.5 Local Workforce Planning**

While the current national workforce planning landscape is lacking clarity, a new three-year Integrated Fife Workforce Plan will be developed and published by April 2025. In the meantime, updates to the Board's 2022 to 2025 Workforce Plan are being provided via the Annual Delivery Planning process.

Work is on-going to generate collective data that includes the third and independent sectors to understand the workforce challenges across the whole integrated system and develop actions that benefit the whole partnership. All of the workforce actions are set through the lens of the 'Five Pillars' of workforce to ensure alignment to the national approach and collaboration on the local priorities in Fife.



## 9 Digital Services Innovation Adoption

*Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes.*

### 9.1 Adoption and implementation of the national digital programmes

In 2024/25, Digital and Information (D&I) continues to look towards national and regional programmes in which economies of scale can be realised. There is commitment to deliver the following programmes over the medium term: -

- **e-Rostering**  
NHS Fife continues its rollout of the National rostering system which supports staff to deliver services. A key reliance, for the delivery of benefits, is linked to the national delivery of appropriate interfacing. There is a funding risk to this programme after November 2024.
- **Hospital Electronic Prescribing and Medicines Administration (HEPMA)**  
NHS Fife will see significant progress being made with the HEPMA programme that will also include the implementation of a new Immediate Discharge Letter system.
- **GP IT**  
NHS Fife will progress the migration to the new GP IT system and seek to enhance the benefits derived by Primary Care and their multi-disciplinary teams through the local programme.
- **Child Health**  
This programme continues to develop the replacement for Child Health Systems and Phase 1 is due to be concluded in the delivery period. NHS Fife continues to finance and resource the team supporting the local implementation of this national programme.
- **Microsoft 365**  
Maximising benefits and evolving federation are key requirements for the delivery period. The platform continues to be underutilised and delays in resourcing national delivery teams is a risk to local plans.
- **Laboratory Information Management System (LIMS)**  
As one of the accelerated Boards within the programme, D&I will require to continue to support this programme through the delivery period as the national LIMS systems is adopted by other Boards in the consortium.

While these remain the committed programmes, other programmes are seen as key national programmes in support of future financial planning. NHS Fife continues to commit finance to running and operating local systems that provide capability for Digital Front Door and Unified Health and Social Care records, while waiting for the national delivery of this capability.

## **9.2 Improving cyber resilience and compliance with the Refreshed Public Sector Cyber Resilience Framework**

The approach within NHS Fife to improve the cyber resilience and compliance level is linked to one of risk management and mitigation planning. NHS Fife undergoes an annual audit under the NIS (Network & Information Systems) Directive, with the most recent report being made available in August 2023. This is the fourth annual audit report NHS Fife has received.

The assurance and monitoring of progress relating to the Scottish Public Sector Cyber Resilience Framework remains with the Information Governance and Security Steering Group, with many of the operational elements and initiatives reported via the Digital and Information Board. The NIS Audit report becomes the key route to considering the next set of action plans that are then incorporated into the NHS Fife Information Governance Accountability and Assurance Framework.

Progress on the Cyber Resilience Framework action plan is by providing regular updates to the Information Governance and Security Steering Group through reporting progress specific risk mitigation activity relating to manage, protect, detect, respond and deliver and legacy technologies.

## **9.3 Executive support and commitment to optimising use of digital & data technologies in the delivery of health services, and ongoing commitment to developing and maintaining digital skills across the whole workforce.**

### **9.3.1 Executive Support and Commitment**

The governance of digital activities and programmes is aligned to two key leadership groups, chaired by Executives.

The *Digital & Information Board* provides the assurance that D&I mechanisms and controls are in place and effective throughout the whole of Fife NHS Board's responsibilities. The Board is accountable to the Clinical Governance Committee but also provide assurance reporting or escalation to relevant committees or groups as appropriate.

A revised Digital & Information Strategy will be developed in 2024-25 that aligns to the Population Health and Wellbeing Strategy and other local strategies and seeks to leverage opportunities within Scottish Government's refreshed [Digital Health and Care Strategy](#).

The *Information Governance & Security Steering Group* (IG&S) provides whole system leadership, oversight and assurance to the organisation and ensure that all IG&S risks have effective and appropriate mitigations. The Steering Group is accountable to the Clinical Governance Committee but also provide assurance reporting or escalation to relevant committees or groups as appropriate.

## 9.4 Digital Skills

The plan for delivery includes both service users and those who utilise digital. There will also be focussed internally to continue to upskill in order to meet the demands of the workforce and ensure that leaders across health and care are equipped with the necessary skills. There is commitment to undertake training locally and also highlighting to leaders across the board when digital programmes are offered.

## 9.5 Working collaboratively with other organisations to scale and adopt innovation, with particular reference to the adoption of Innovation Design Authority (IDA) approved innovations as part of the Accelerated National Innovation Adoption (ANIA) pathway.

### 9.5.1 Working Collaboratively

NHS Fife is well connected to other organisations throughout the Scottish Innovation landscape. The recently established Innovation Project Review Group (IPRG) will provide a 'landing zone' for projects coming from Scotland Innovates and the Accelerated National Innovation Adoption (ANIA) Pathway, as well as reviewing, advising, and where applicable, approving locally led projects, Health Innovation South-East Scotland (HISES) Innovation projects and Scottish Government led innovations. The IPRG will report into the Research, Innovation and Knowledge (RIK) Oversight Group for final project endorsement and monitoring.

### 9.5.2 ANIA Innovations

To facilitate fast tracking high impact innovations and to develop a sustainable and data driven approach to implementation locally the NHS Fife Innovation team will act as point of contact for the ANIA pipeline.

It is anticipated that the NHS Fife IPRG and local service and clinical leads will make recommendations on the ANIA innovations including if the innovation should be implemented locally, and by which service/directorate. Implementation of ANIA projects will be the responsibility of the identified service and/or directorate with regular updates on ANIA innovations provided to the IPRG.

It is anticipated that this will allow for a clear pathway for any innovations coming to NHS Fife for implementation and ensures that these innovations (a) align to identified local strategic priorities, (b) align to identified regional priorities (HISES) and c) align to NHS Fife 3-year financial plan. The funding of delivery models for Innovation projects will be reviewed by the IPRG to ensure there is adequate funding for implementation of Innovations. If there are insufficient funding options available, this may result in Innovations not being supported locally for adoption and implementation.

NHS Fife Innovation will develop a pathway for locally led innovation projects to be endorsed to be elevated to the ANIA Pathway. Locally led Innovation projects will have been reviewed by the IPRG and endorsed by the RIK Oversight Group. It is anticipated that projects to be elevated to ANIA will have elevation approved by IPRG and RIK oversight, with final approval coming from the Executive Directors Group (EDG).

## 9.6 Local D&I programmes

### 9.6.1 *Electronic Health Record project*

The Electronic Health Record project remains a local priority for NHS Fife at the present time. The programme will focus on maximum utilisation of the key cornerstone systems, providing value to the NHS whilst also reducing the need for paper in delivery of clinical care. This focus will also be directly related to those system suppliers who have proven their ability to keep pace with the requirement for well design and rapid pace developments. This will support the clinical teams to deliver care, with information which is up to date at point of care, therefore improving clinical decision making, patient experience and outcomes.

This programme will also focus on interaction with patients to improve their experience through the continued use and introduction of digital technology.

### 9.6.2 *Upgrades and Lifecycle Plans*


The requirement for all digital technologies to undergo lifecycle evaluation remains a key priority for the 2024/25 period. A range of technologies are considered legacy and are likely to require upgrading, replacement or decommissioning.

Improved functionality and benefits can also be derived from a series of upgrades to new versions of products. Many of these enhancements include the ability for additional automation of processing and generally better alignment to security and technical compliance. Upgrades to TrakCare, WinVoiceWeb, Morse, Docman 10 and Patienttrack will provide this enhanced functionality for users.

Continued efficiency will be identified in 2024/25 through automating the availability of data items through MicroStrategy and Alteryx, and by processes being moved to digital systems. Some testing will be conducted on M365 platform in support of automation.

## 10 Climate

### Climate Emergency & Environment

Recovery Driver	Indicator	National Standard	Latest		Target
Climate 	Greenhouse emissions	Year on year reduction in total greenhouse emissions (including medicines) for those emissions sources which form part of the NHS Scotland 2040 net-zero target	2022/23	29237.7	year-on-year reduction to achieve net-zero by 2040

### 10.1 Greenhouse gas emissions reductions in line with national targets with particular focus on building energy use, inhaler propellant, transport and travel and nitrous oxide

#### 10.1.1 Building energy

This year, NHS Fife will create a Building Energy Transition Strategy that aligns with the Property and Asset Maintenance Strategy. This will help target the most inefficient buildings and ensure no investment in buildings that will not be part of the NHS Fife portfolio in the long term.

To become a net-zero health service by 2040, the completed road maps will be used to identify the measures to be undertaken that will allow delivery of a 75% reduction by 2030 compared to 1990.

An outline of the funding required to carry out these projects and curate a plan as to how they can be implemented as soon as possible. Funding applications for some of the projects that need to take place will be submitted with the aim to deliver those over the next 6 years between now and 2030. The implementation of these projects will be dependent on availability of funding.

#### 10.1.2 Inhaler propellant

As a member of the East Region Formulary, all applications around respiratory medicines, are expected to include an environmental consideration. The formulary uses dry powder inhalers as first line, which require no propellant, and clinicians are clear on the environmental reasons for this position.

The Fife Respiratory MCN is established and well-placed to drive progress and maintains an active role in reduction of the environmental impact of high-quality care.

### **10.1.3 Transport and travel**

NHS Fife have developed a plan for the decarbonisation of the fleet by 2025 for small vehicles and 2030 for larger industrial vehicles. Furthermore, progress is being made on the active and sustainable travel agenda to reduce greenhouse gas emissions. These efforts include the plans and funding routes detailed in 10.4.

### **10.1.4 Nitrous oxide**

As of October 2023, all nitrous oxide manifolds have been decommissioned in NHS Fife. In the coming year, NHS Fife will undertake a further review of cylinder use with the aim of reducing, where possible, whilst maintaining quality of care. Risk assessments surrounding exposure limits will be reviewed and revised, considering staff welfare across relevant clinical areas.

## **10.2 Adapting to the impacts of climate change, enhancing the resilience of the healthcare assets and services of NHS Boards**

NHS Fife is working with Fife Council to identify shared climate risks and come up with adaptation measures and solutions as part of a place-based approach.

A corporate-level dashboard has been launched and is used to proactively monitor the daily risk profile position of operational business continuity planning. There are further plans to develop the dashboard to allow proactive monitoring of business continuity incidents where thematic trends analysis may provide an indicator to sustainability improvements in recovery measures.

Over the next year, the aim is to make progress with the climate change risk assessment (CCRA) by creating a risk dashboard for climate risk that will align with the work being carried out within the resilience team.

## **10.3 The achievement of national waste targets, and local targets for clinical waste, and engagement with local procurement to progress Circular Economy programme within NHS Boards**

An Action Plan is being produced collaboratively with members of the Waste Management Steering Group to aid innovation and raise awareness of waste reductions.

Target		Progress
Targets already met	Reduce domestic waste by a minimum of 15% compared to 2012/13	NHS Fife had a target of 307 tonnes and achieved 720 tonnes reduction.
	Ensure that no more than 5% and less of all domestic waste is sent to landfill by 2025	Target of no more than 66 tonnes – working in partnership with current contract all domestic waste is sent to energy for waste. The ash from which is being piloted for use in the production of cement.
	Reduce food waste by 33%	NHS Fife introduced dewaterers to all sites and recently renewed all equipment and had a target of 80 tonnes for the 33% reduction but achieved a 181-ton reduction.
Target realised	Ensure that 70% of all domestic waste is recycled or composted	In 2022/23 NHS Fife had only achieved a 40% reduction (mainly as an aftermath to COVID). Already 2023/24 figures have showed an improvement with continual drives to improve recycling and increase awareness. Improvements hoped to be made in glass segregation will reduce contamination of this stream and allow full recycling.

Following clinical waste audits and guidelines, there has been a reduction in volume of bagged waste with a target of 10% set for 2023/24 and 2024/25.

Currently plans are in place to communicate with staff at roadshows, a focus waste quarter, and dedicated waste Porter for the Victoria Acute site and this will continue into 2024/25. This will be rolled out to all of NHS Fife premises where practical.

The general waste and recycled tender are to be renewed in April 2024 and NHS Fife is hopeful of reducing haulage charges by introducing more cardboard recycling and compactors across sites. Projects ongoing and yet-to-inform guidelines include the recycling of PPE and paper hand towels. A further installation of a suction system in theatres with a reduction in clinical waste, introducing more sustainable containers and expanding this in conjunction with contractors is planned.

## **10.4 The decarbonisation of the NHS fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest) and the implementation of the sustainable travel approach for business travel, commuting and patient and visitor travel, linking to other strategy areas such as greenspace and adaptation**

### **10.4.1 Decarbonisation of the NHS Fleet**

All NHS small and light commercial vehicles will be powered by renewable alternatives by 2025 and no longer buy or lease large fossil-fuelled vehicles by 2030. However, there is a reliance on larger vehicles, especially tail lift vehicles, becoming more financially viable. To support the transformation of the fleet, installation of electric vehicle charging points throughout the NHS estate will continue as well as collaboration across the public sector on charging infrastructure. All progress is based on funding from Transport Scotland.

As part of the fleet decarbonisation plan, by the end of 2024, there is a plan to replace 12 ICE (Internal Combustion Engine) vehicles to electric. A further 6 ICE vehicles will be reviewed for utilisation with the potential that they will also be removed from the fleet with no replacement. A further 4 ICE vehicles are being reviewed for duty purposes.

Additionally, there has been a submission for a 2024/25 critical infrastructure bid for the 'Switched-on Fleet' grant for £221,500 which will be crucial to making progress with fleet decarbonisation. If successful, this will allow us to increase the number of chargers in Fife by 33 across 4 sites. As this bid was based purely on critical infrastructure, there may be an opportunity to be offered additional funding to increase charging infrastructure however this is not guaranteed.

## **10.5 Sustainable travel approach for business travel, commuting and patient and visitor travel**

In 2024/25, the NHS Fife Active and Sustainable Travel Strategy for 2024 – 2030 is to be published, which has been produced in collaboration with travelknowhow Scotland. The Strategy provides the basis to implement the necessary behaviour change elements (Information, Engagement, Facilities and Policies) associated with supporting and encouraging active and sustainable travel choices which will ultimately lead to reduced emissions. Work will continue with MobilityWays to reduce commuter emissions and promote the NHS Fife LiftShare scheme, though subject to funding, and personalised travel plans for staff.

Funding is being sought through Cycling Scotland through the Cycling Friendly Employer (CFE) grant, to upgrade facilities at some of the main sites to encourage more active travel. In 2024, there are plans to implement a new cycle-to-work scheme which will be open year-round for staff.

## **10.6 Greenspace and adaptation**

This year, there are plans to carry out a landscaping project at Phase 1 of Queen Margaret Hospital. This project will involve creating a wildflower meadow area, a new gravel path, implementing new signage, trees and hedging, perch seating and solar stud lighting. Through this project, the aim is to increase biodiversity and enhance the greenspace whilst linking into adaptation measures such as tree planting. This project will also create active travel corridors which will link into the hospital site.

## **10.7 Environmental management, including increasing biodiversity and improving greenspace across the NHS Scotland estate.**

### **10.7.1 Environmental Management System**

In 2024/25, NHS Fife will continue to make progress in developing an environmental management system which will involve following the stages outlined within the implementation roadmap. A full environmental policy will be developed during 2024/25 that will define the boards environmental commitments and start the process of carrying out an aspects and impact assessment as well as a legal review for all sites. This progress will be facilitated by a full-time EMS lead within estates.



### **10.7.2 Greenspace and Biodiversity**

To improve greenspace and biodiversity across the NHS Fife estate, there is a plan to carry out biodiversity audits for all main sites. For each site, these audits will highlight the total land area, greenspace area, and predominant greenspace types. Following these audits, a Biodiversity Action Plan for NHS Fife will be created.

NHS Fife will continue to implement the 2030 Greenspace Strategy and aim to carry out a range of multi-beneficial greenspace projects across 2024/25. NHS Fife will be hosting a greenspace stakeholder engagement event this year to engage with individuals who have expertise on ways to use the land which directly links to the themes of the 2030 Greenspace Strategy.

NHS Fife with the local Fife community will be hosting an event through Fife Community Climate Action Network (FCCAN). This event will allow community groups to understand how they can carry out their own greenspace projects on NHS Fife estate. These projects will be led by community groups and supported by NHS Fife and all proposed projects must fit into at least one of the themes outlined in the 2030 Greenspace Strategy.

## **10.8 Reducing the environmental impact of healthcare through adopting the National Green Theatre Programme actions, supporting the implementation of the Quality Prescribing Guides and the adoption of the sustainability in quality improvement approach.**

### **10.8.1 National Green Theatre Programme**

In 2024/25, the National Green Theatre Programme will continue to be progressed by actioning the bundles supplied by the Centre for Sustainable Delivery (CfSD). The aim is to continue to progress future bundles and carbon saving actions throughout 2024/25. A 'sustainability tracker' for green theatres has been developed and is being used to monitor progress across the areas outlined in the 'bundles'. A timeline and plans for achieving the remaining targets will also be developed.

It is hoped that the Neptune system will be implemented at the main site, Victoria Hospital in 2024. This relates to fluid removal in theatres which will also greatly reduce waste.

### **10.8.2 Quality Prescribing guides and sustainability in quality improvement approach**

The National Quality Prescribing Guide for respiratory medicines is awaited by the Board, though based on discussion during the consultation period, the understanding is that it will recommend a significant reduction in use of Salbutamol inhalers. NHS Fife is well placed to meet this due to the quality of available data with an experienced and established team in place to support patients and make any technical adjustments.





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28 May 2024

Dear Carol

## NHS FIFE DELIVERY PLAN 2024/25

Many thanks for submitting your NHS Board Delivery Plan 2024/25. May I take this opportunity to thank you and your team for all the hard work that has gone into the preparation of this plan over recent months.

Whilst great progress has been made, our NHS continues to face significant challenges as we recover from the ongoing impacts of the Covid pandemic, coupled with a related period of ongoing financial challenge. We welcome the approach being taken by your Board to develop your service delivery and financial planning in an integrated way and to ensure that patient safety and front line services are appropriately prioritised whilst working within agreed budgets.

We fully recognise the significant and ongoing challenge this represents and acknowledge that planning is currently set within a landscape of uncertainty and risk. Most recently, the letter from the Scottish Government to all Chief Executives on 8 May regarding *NHS Boards Financial Position and Service Delivery* emphasised that the target for 3% recurring savings against baseline funding must be achieved, and the requirement to reach financial balance through further choices and actions.

In support of this, Boards have been asked to complete, by 31 May, a schedule of further Board level choices and decisions you have assessed to reduce financial deficit, but which require further discussion and clearance to move forward with due to the impact on performance or service delivery. This return will also help us understand the impact on your Delivery Plan.

Within this context, we are satisfied that your current Delivery Plan broadly meets our requirements and provides appropriate assurance under the current circumstances, and we are therefore content for you to proceed to seek final approval from your Board. However, even more so than in previous years, whilst these Delivery Plans provide an agreed way forward, they must also remain dynamic and responsive to the fluid situation in which we find ourselves.



To help support this continuous improvement, we have included a range of feedback arising from our review of your plan, which can be found in **Annex A**. This covers a small number of 'Priority Areas' where, as part of our ongoing engagement with your Board, we will be seeking assurance that actions are being undertaken to address. Alongside these, there are a wider range of "Development and Improvement Areas" which you and your colleagues will wish to reflect on in order to drive improvements in your future planning and delivery.

Our approval of the plan as a whole is contingent upon the understanding that your Board will continue to work closely with the Scottish Government around its delivery and implementation over the coming year. In particular, reducing planned care waiting lists remains a key Government priority, and we will continue to work with you to refine and deliver your Planned Care Plans, supported by the additional funding announced last month, to ensure that we can maximise performance within the available resource envelope.

Where elements of your plan may involve reforming the way in which services are delivered, we will wish to work closely with you to understand the nature of any changes and ensure it fits with the priorities of NHS Scotland as a whole.

Once again, many thanks to you and all your colleagues, and we look forward to continuing to work with you as we plan and deliver the highest possible quality of care for patients, improve the experience of our staff and ensure the best possible value for citizens. If you have any questions about this letter, please do not hesitate to get in touch.

Yours sincerely



**PAULA SPEIRS**  
NHS Scotland Deputy Chief Operating Officer

## Annex A – Scottish Government Feedback

<b>Recovery Driver</b>	Improved access to <b>primary and community care</b> to enable earlier intervention and more care to be delivered in the community
<b>Priority Areas</b>	
<ul style="list-style-type: none"> <li>• None</li> </ul>	
<b>Development and Improvement Feedback</b>	
<p>It is welcome that the Board’s plan shows their focus on the continuing development of multidisciplinary teams and dual nursing posts to ensure a sustainable OOHs service. This is encouraging and it will be helpful to hear details on the actions to develop these.</p> <p>The plan states that the Mental Health and Wellbeing in Primary Care and Community Settings project started in late 2022 and is expected to run for 5 years. It states that core elements supporting coproduction are currently funded from Scottish Government. The plan states that due to the absence of funding the immediate focus will be on “quick wins” and the objective of MDT primary care teams is not sustainable due to funding. Scottish Government Primary Care and Mental Health colleagues have had recent conversations with NHS Fife regarding the pause of Mental Health and Wellbeing in Primary Care Services (MHWPCS) funding, but it would be helpful to ensure that the above is being delivered within existing resources and to confirm again that MHWPCS funding has been paused.</p> <p>It would be helpful to see more content relating to General Ophthalmic Services, which is the core NHS service provided by optometrists.</p> <p>The plan briefly references the Board’s own locally funded and managed ‘Glaucoma Shared Care Scheme’ and then references “the national service” - which is the Community Glaucoma Service (CGS) - and the positive aspects this will deliver, including the use of the OpenEyes system to deliver the service. Scottish Government policy officials have been informed about the position that NHS Fife’s eHealth team have adopted regarding the OpenEyes system, which is to decline to engage with any discussions about its deployment due to a demand for additional funding.</p> <p>As Scottish Government policy officials have already advised the Health Board, this is an unacceptable position to adopt given both the current size of the hospital ophthalmology waiting lists and the legal position – Scottish Ministers have directed all Health Boards in Scotland to establish and operate the CGS in their areas, as per Paragraph 3 of The Optometry Enhanced Services (Glaucoma) (Scotland) Directions 2023. These issues will be picked up as the ongoing engagement between the Board and the relevant policy officials.</p> <p>It would be helpful for the document to set out plan for rolling out the CGS in NHS Fife in 2024/25, including a timescale and an outline of how many patients it envisages being registered under the CGS (and therefore discharged off hospital ophthalmology waiting lists).</p>	

<b>Recovery Driver</b>	<b>Urgent &amp; Unscheduled Care</b> - Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need
<b>Priority Areas</b>	
<ul style="list-style-type: none"> <li>• None specific to the plan itself; however the Board should continue to work closely with the Scottish Government <i>Unscheduled Care Policy and Performance Team</i> to drive improved performance.</li> </ul>	
<b>Development and Improvement Feedback</b>	
<p>The Board have outlined a clear set of trajectories which appear to be achievable. The plan provides a good level of detail on planned and current service development across the 5 portfolios of the Collaborative Program which will support performance improvement. The plan is also clear on the current financial position and highlights where service development may be affected by these challenges.</p> <p>The Board describes the plans to deliver a 24-hour approach to Urgent Care, including further enhancements to the capacity and accessibility to HSCP-led Minor Injury Units (MIU) and Urgent Care Centers. It will be good to hear what these enhancements will be, and timescales for these plans, in relation to OOHs, recognising that the Board will be engaging with the relevant Scottish Government teams during 24/25.</p>	

<b>Recovery Driver</b>	Improve the delivery of <b>mental health</b> support and services
<b>Priority Areas</b>	
<ul style="list-style-type: none"> <li>None immediately specific to the Delivery Plan; however the Board should work with the Scottish Government <i>Mental Health Team</i> to drive improved performance.</li> </ul>	
<b>Development and Improvement Feedback</b>	
<p>The plan doesn't raise any new concerns and is reflective to the ongoing engagement between the Scottish Government and NHS Fife on mental health services. Each priority has been clearly outlined within the plan, and links directly to key priorities published in the National Mental Health and Wellbeing Strategy.</p> <p>The following areas in particular will be the focus on ongoing engagement:</p> <p><b>CAMHS</b> - The demands on the CAMHS service remain high and additionally, national recruitment challenges present local challenges, thus impacting on progress in meeting the RTT target.</p> <p>There is risk to future service delivery due to insufficient workforce capacity if the funding provided through national sources (Recovery and Renewal Fund &amp; Community Framework fund) is no longer available or reduced in any way.</p> <p>There is risk of not meeting RTT target if the service is unable to recruit or retain appropriately qualified clinicians to deliver complex care and treatment. A risk exists to staff wellbeing and morale if workforce numbers are reduced resulting in higher workloads and increased pressures.</p> <p><b>Psychological Therapies</b> - Demand for psychological therapy remains high, analysis confirms that the service is not currently in balance, meaning that referrals currently exceed the number of treatments started that can be offered, limiting progress toward the RTT standard. The sustainability of service delivery is highly dependent on a resilient and effectively resourced workforce and any changes to the current national funding arrangements will impact on service delivery, and the ability to achieve targets and improvement plans.</p> <p>Recruitment difficulties and service pressures affecting other parts of the system may reduce capacity for psychological interventions to be delivered by others.</p> <p><b>Primary Care</b> - The Mental Health and Wellbeing in Primary Care and Community Settings (MHWPCS) project has a key objective, to deliver multi-disciplinary primary care teams and this is not sustainable in the absence of the planned funding. The immediate focus of the project will need to shift to 'quick wins' achievable within existing resources.</p>	



<b>Recovery Driver</b>	Recovering and improving the delivery of <b>planned care</b>
<b>Priority Areas</b>	
<ul style="list-style-type: none"> <li>None immediately specific to the Delivery Plan; however the Board should work with the Scottish Government <i>Planned Care Policy and Performance Team</i> on actions needed on their associated Planned Care Plan.</li> </ul>	
<b>Development and Improvement Feedback</b>	
<p>Due to the significant financial pressure that all Boards are facing, there may be a consequent impact on waiting times performance. The Scottish Government will work with Boards to maximise options that bring most return for minimal cost.</p>	

<b>Recovery Driver</b>	Delivering the National <b>Cancer</b> Action Plan (Spring 2023-2026)
<b>Priority Areas</b>	
	<ul style="list-style-type: none"> <li>None immediately specific to the Delivery Plan; however the Board should work with the Scottish Government <i>Cancer Access Team</i> to drive improved performance.</li> </ul>
<b>Development and Improvement Feedback</b>	
	<p>It is welcome that the plan clearly sets out the plans to improve Cancer Waiting Times for each challenged tumour group. Plan references Optimal Cancer Diagnostic Pathways for Lung and Head &amp; Neck which will be reviewed in 24/25 with any improvements being cost neutral.</p> <p>A Rapid Cancer Diagnostic Service pilot has been operational since June 2021 but is only funded until September 2024. The service has been running successfully, but NHS Fife will require additional funding to allow this service to continue after September 2024. The plan states that the service is at risk if no additional funding is secured.</p> <p>The radiology strategic plan is unfunded so a risk it will not deliver the additional imaging capacity required to support cancer pathways.</p> <p>SPoC, prehabilitation, the psychological therapies and support framework, and the oncology transformation programme are all referenced and assurances provided regarding involvement. This is welcomed, however additional references to CMPs would also be helpful.</p>

<b>Recovery Driver</b>	Enhance planning and delivery of the approach to <b>health inequalities</b> and improved population health
<b>Priority Areas</b>	
	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Development and Improvement Feedback</b>	
	<p>On Drugs and Alcohol Services, the plan makes reference to multiple services that should be delivered by delivery partners out with the Board. Whilst the references to the general ADP Strategic Plan and actions are extensive, they appear to be a straight lift from that plan, rather than an account of the specific actions the Board will pursue under that plan. It would be helpful to have more focus on the specific areas that the Board leads on.</p>

<b>Recovery Driver</b>	Take forward the actions in the Women's Health Plan and support good <b>child and maternal health</b> , so that all children in Scotland can have the best possible start in life.
<b>Priority Areas</b>	
<ul style="list-style-type: none"> <li>• None</li> </ul>	
<b>Development and Improvement Feedback</b>	
<p>Plan expresses some concerns around delivery of continuity of carer, and it would be helpful to include more detail on this.</p> <p>High level assurance is provided in relation to the delivery of child health reviews.</p> <p>It is welcome to see plans to increase access to early pregnancy scanning out of hours and collaboration with Primary Care to develop a prescribing pathway for progesterone to be delivered within existing resource.</p> <p>On the Women's Health Plan, the Board have identified a lead and a series of local priorities, though there are some concerns about whether these will be delivered upon due to financial challenges. It would be if the Women's Health Plan threaded through other areas of this plan such as the cardiovascular health section or health inequalities.</p>	

Recovery Driver	Implementation of the <b>Workforce</b> Strategy
<b>Priority Areas</b>	
<ul style="list-style-type: none"> <li>None immediately specific to the Delivery Plan; however the Board should continue to work with the Scottish Government to drive closer alignment between workforce and delivery planning.</li> </ul>	
<b>Development and Improvement Feedback</b>	
<p>Plan and actions laid out by NHS Fife appear achievable and realistic and the Board has appropriate governance and plans in place.</p> <p>NHS Fife's Delivery Plan provides sufficient high level assurance of activity in relation to the implementation of the Workforce Strategy.</p>	

<b>Recovery Driver</b>	Optimise use of <b>digital &amp; data technologies</b> in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven <b>innovations</b> which could have a transformative impact on efficiency and patient outcomes
<b>Priority Areas</b>	
<ul style="list-style-type: none"> <li>• None</li> </ul>	
<b>Development and Improvement Feedback</b>	
<p>Cyber resilience is a key area where the Board have updated against the cyber resilience framework as expected and remains of upmost importance. There is an on-going need to replace legacy systems across NHS Scotland and it is welcome to see that this is something highlighted as a key priority to ensure security and technical compliance.</p> <p>It is welcome that the Board has set out clear activity to ensure the workforce and Executive team are skilled and informed regarding digital developments. Aligning a revised Digital and Information Strategy to the existing population health and wellbeing strategy will be a positive step.</p> <p>It is helpful to see the key updates set out against national programmes including e-Rostering, HEPMA, GP IT, Child Health, Microsoft 365 and LIMS. The plan highlights a funding risk for e-rostering after November 2024. All other programmes appear to be on track and considerations underway for how they prepare for developments including Digital Front Door, which is welcome.</p> <p>Future iterations of plan should set out how the Board will implement the NHS Scotland Scan for Safety Programme by March 2026 as mandated in the Scottish Government’s Directors Letter (2024) 3</p>	



Recovery Driver	Climate Emergency and Environment
<b>Priority Areas</b>	
<ul style="list-style-type: none"> <li>• None</li> </ul>	
<b>Development and Improvement Feedback</b>	
<p>Overall, the plan is effective at meeting the climate emergency and environment planning priorities.</p> <p>Comprehensive response in relation to waste and resource management, showing a clear understanding of current performance and actions required. However, no Circular Economy detail is provided and it would be useful to include information on this.</p> <p>The Board provide and evidence how they are meeting the targets currently, have had gone beyond some of the initial targets set out, which is welcome. There is a system in place via WMSG at local level to be able to progress this work and have put resource into managing waste appropriately on site.</p> <p>The Board is undertaking a landscaping project at their Queen Margaret Hospital site, which includes both biodiversity and adaptive interventions. The Board has also outlined their intention to undertake biodiversity audits for all main sites which will include; total land area, greenspace area and indicate greenspace types. The finding of this audit will inform the development of a Biodiversity Action Plan. They will continue to undertake works identified in their 2030 Greenspace Strategy. These actions are in alignment with the national agenda for this workstream.</p> <p>The Board is taking a place-based approach to adaptation by collaborating with Fife Council to identify shared climate risks and adaptation measures. They also will be seeking to progress their CCRA through the creation of a risk dashboard that will align with their corporate level dashboard which has already been launched. They have also mentioned adaptive planting measures.</p> <p>The Board is adopting a sensible approach to both fleet decarbonisation and sustainable and active travel, the latter having a dedicated strategy to be published in due course. The Board’s fleet decarbonisation and replacement plans are well advanced, though as with all boards, it relies on central funding being made available.</p> <p>NHS Fife will create a Building Energy Transition Strategy that aligns with PAMS to strategy review and invest in buildings that will be in the Board’s longer term portfolio. Using the Jacobs Net Zero Routemaps, the Board will review decarbonisation measures outlined and create delivery plan and submit relevant funding applications while there are capital funding constraints.</p> <p>The Board will need to ensure that they have a plan for Entonox mitigation. . A clear program needs to be articulated including project lead, occupational exposure monitoring for midwifery teams in conjunction with health and Safety and medical Physics. Improvement planned preventative maintenance by estates teams and stock management between pharmacy and soft facilities.</p>	



<b>Supporting Theme</b>	<b>Finance &amp; sustainability</b>
<b>Priority Areas</b>	
<ul style="list-style-type: none"> <li>None immediately specific to the Delivery Plan; however, the Board should continue to work with the Scottish Government <i>Health Finance Team</i> on their Financial Plan and ensure that this is fully aligned with updates to the Delivery Plan.</li> </ul>	
<b>Development and Improvement Feedback</b>	
None.	



<b>Supporting Theme</b> Value Based Health & Care
<b>Priority Areas</b>
<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Development and Improvement Feedback</b>
<p>While the Delivery Plan mentions Realistic Medicine, there is no mention of how the Board intends to support delivery of the Value Based Health and Care Action Plan. Practising Realistic Medicine to deliver value based health and care should be viewed by Boards as a key enabler of the ten drivers of recovery and fundamental to achieving a more sustainable healthcare system.</p>

<b>Meeting:</b>	<b>Finance, Performance &amp; Resources Committee</b>
<b>Meeting date:</b>	<b>16 July 2024</b>
<b>Title:</b>	<b>Annual Delivery Plan Quarter 4 2023/24 Report</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance</b>
<b>Report Author:</b>	<b>Susan Fraser, Associate Director of Planning and Performance</b>

## 1 Purpose

**This is presented to the Committee for:**

- Assurance

**This report relates to:**

- Annual Delivery Plan
- NHS Board Strategic Priorities:
  - To Improve Health & Wellbeing
  - To Improve Quality of Health & Care Services
  - To Improve Staff Experience & Wellbeing
  - To Deliver Value & Sustainability

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

- Safe
- Effective
- Person Centred

## 2 Report Summary

### 2.1 Situation

The Annual Delivery Plan (ADP) 2023/24 was submitted in draft to the Scottish Government (SG) on 8 June 2023 and resubmitted on 26 June.

Formal sign off of the ADP from Scottish Government was received on 11 August 2023.

This paper is to update the committee on the progress against deliverables within the ADP as of March 2024. This update was submitted to the Scottish Government on 14 June 2024.

## 2.2 Background

The guidance for Annual Delivery Plan (ADP) 2023/24 and Medium-Term Plan (MTP) 2023/26 was received on 28 February 2023. This guidance was intended to support a more integrated and coherent approach to planning and delivery of health and care services, setting out prioritised high-level deliverables and intended outcomes to guide detailed local, regional and national planning, and inform improvement work.

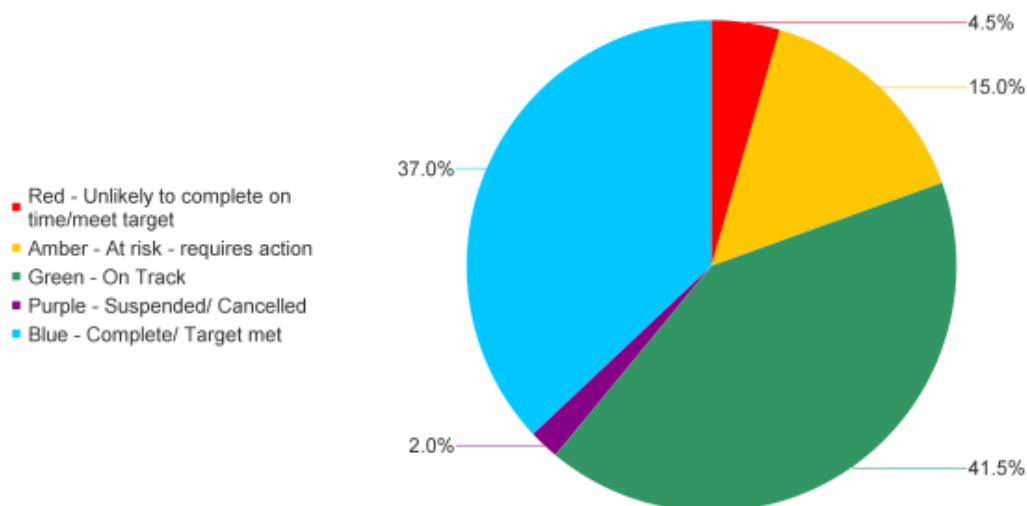
## 2.3 Assessment

Services have been providing updates to the ADP on a monthly basis with position as of Dec-23 (Q3) and Mar-24 (Q4) submitted to Scottish Government on 14 June. Detailed reports for each Directorate/Division up to Mar-24 (Q4) have also been circulated to Executive Directors.

The status of deliverables is based on progress against milestones as well as achievement of stated outcomes. This status is categorised as below:

- Purple** Suspended/Cancelled
- Blue** Complete/Target met
- Green** On Track
- Amber** At risk, requires action
- Red** Unlikely to complete on time/meet target

The ADP for Fife contains 200 deliverables with 37.0% (74) 'complete/target met' and 41.5% (83) 'on track' as of Mar-24 (Q4).



All deliverables ongoing will continue to be monitored as part of ADP for 2024/25.

Deliverables **suspended/cancelled (4)** at end of Mar-24 (Q4). Latter two are Digital deliverables, seen as duplication as also deliverables for Pharmacy:

- Translation and implementation of agreed Business case Options for Co-badged Clinical Trials Unit/Clinical Research Facility with University of St Andrews
- Kincardine and Lochgelly Health Centres
- Hospital Electronic Prescribing and Medicines Administration (HEPMA)
- Medicines Automation - Multi Phases

Deliverables that are **unlikely to complete on time (9)**:

- 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.
- Improve quality of cancer staging data
- To ensure routine adherence to Scottish Cancer Network Clinical Management Pathways
- Post successful implementation of the SE Payroll Consortium arrangement, work with the senior leadership of the consortium to ensure effective continuity of a payroll service for NHS Fife
- Hospital Pharmacy Redesign; Introduction of automation in hospital Pharmacy stores, dispensaries and clinical areas. Centralisation of Pharmacy stores.
- Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets
- Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences
- Implement IPC Workforce Strategy 2022-24
- Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings.

Deliverables currently **at risk (30)** of being delivered on time and requiring action:

- Develop and scope ambulatory models of care supporting early supported discharge and admission prevention
- Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach
- Improve Same Day Emergency Care and rapid assessment pathways
- Improved Fife-wide ADHD pathways for children & Young people
- Roll out of Digital Pathology
- Best Start
- To meet the recommendations of the Women's Health Plan by end Dec 2024
- Delivery of New Laboratory Information system (LIMS) as part of accelerated implementation followed by implementation of national roll out.
- National - Child Health Replacement
- National - eRostering
- Enhanced data availability and sharing
- IPQR Digitisation
- Develop and Implement the Corporate Communication Strategy
- Develop and Implement the Public Participation and Community Engagement Strategy
- Digital medicines management programme
- Deliver the child aspects of Fife Annual Poverty Plan with Fife Council and other partners
- Deliver a more effective BCG and TB programme
- Deliver a VAM Covid response in alignment with SG guidance and in collaboration with East of Scotland workforce with full investigatory and outbreak management and community testing functions.
- Work to address poverty, fuel poverty and inequality through ensuring the prioritisation of income, housing, education, and employment programmes as part of the Plan 4 Fife
- Ensure the delivery of an effective resilience function for NHS Fife
- Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation
- PPD Succession Planning
- Community Mental Health Teams for Adult and Older Adult services that are responsive to need and reduce admission by offering alternative pathways
- Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits (over 52 weeks) and meet & maintain the 18 week referral to treatment waiting times standard
- Increase mental health services spend to 10% of NHS frontline spend by 2026 and plans to increase the spend on the mental health of children and young people to 1%
- Increase capacity for providing in-hours routine and urgent dental care
- Fife will eliminate Hepatitis C as a public health concern. (Pre COVID target by 2024. Extension of date under consideration by SG)
- Implement preventative podiatry service in care homes
- Work with Secondary care to develop shared care initiatives to continue to reduce the requirement for patients to attend ED
- Early intervention: enhancing workforce skillsets to support new models of care ensuring early discharge and prevention of admission and local frameworks for frailty

Summary status as of Mar-24 (Q4) is detailed by Recovery Driver in table below.

**Annual Delivery Plan 2023/24 Progress - Summary**

Q4 Status	Red - Unlikely to complete on time/ meet target	Amber - At risk - requires action	Green - On Track	Purple - Suspended/ Cancelled	Blue - Complete/ Target met	TOTAL
1. Primary and Community Care	1	6	18	1	4	30
2. Urgent and Unscheduled Care	1	3	5		5	14
3. Mental Health		3	8		2	13
4. Planned Care		1	3		6	10
5. Cancer Care	2	1	6		6	15
6. Health Inequalities		1	9	1	5	16
7. Innovation Adoption					4	4
8. Workforce		1	10		7	18
9. Digital	1	5	6	2	7	21
10. Climate			2		7	9
Other	4	9	16		21	50
<b>TOTAL</b>	<b>9</b>	<b>30</b>	<b>83</b>	<b>4</b>	<b>74</b>	<b>200</b>

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		X		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

There is moderate assurance for the delivery due to 80% of deliverables being complete or on track at the end of Q4.

**2.3.1 Quality, Patient and Value-Based Health & Care**

Preparation and delivery of the ADP are key to ensuring high quality patient care.

### **2.3.2 Workforce**

Workforce planning is key to the ADP process.

### **2.3.3 Financial**

Financial planning is key to the ADP process.

### **2.3.4 Risk Assessment/Management**

Risk assessment is part of ADP process.

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

Equality and Diversity is integral to any redesign based on the ADP process.

### **2.3.6 Climate Emergency & Sustainability Impact**

N/A.

### **2.3.7 Communication, involvement, engagement and consultation**

Appropriate communication, involvement, engagement and consultation within the organisation throughout the ADP process.

### **2.3.8 Route to the Meeting**

ADP Q4 update reports were distributed to Executive Directors on 28 May and subsequently approved for submission by the Chief Executive.

## **2.4 Recommendation**

This paper is provided to members for:

- **Assurance** – the ADP Q4 update provides the status of ADP actions for the year 2023/24 and provides a moderate Level of Assurance.

## **List of appendices**

Appendix No. 1, Annual Delivery Plan 202324 Q4 Update

### **Report Contact**

Susan Fraser

Associate Director of Planning and Performance

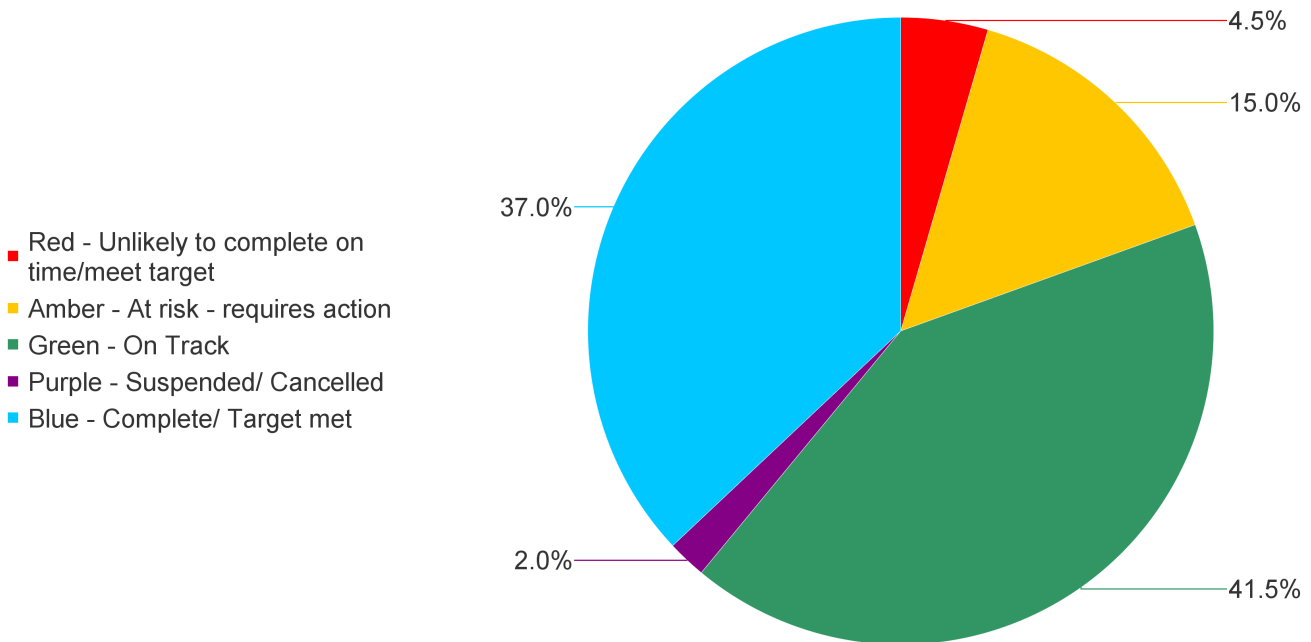
Email: [susan.fraser3@nhs.scot](mailto:susan.fraser3@nhs.scot)

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## Annual Delivery Plan 2023/24 Progress - Summary

Q4 Status	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Green - On Track	Purple - Suspended/ Cancelled	Blue - Complete/ Target met	TOTAL
1. Primary and Community Care	1	6	18	1	4	30
2. Urgent and Unscheduled Care	1	3	5		5	14
3. Mental Health		3	8		2	13
4. Planned Care		1	3		6	10
5. Cancer Care	2	1	6		6	15
6. Health Inequalities		1	9	1	5	16
7. Innovation Adoption					4	4
8. Workforce		1	10		7	18
9. Digital	1	5	6	2	7	21
10. Climate			2		7	9
Other	4	9	16		21	50
<b>TOTAL</b>	<b>9</b>	<b>30</b>	<b>83</b>	<b>4</b>	<b>74</b>	<b>200</b>



## Annual Delivery Plan 2023/24 Progress - Deliverable Summary - RAG

Red - Unlikely to complete on time/meet target

Deliverable - Q4 Update	NHS Strategic Priority	Recovery Driver	Dir/Div
<p>Implement IPC Workforce Strategy 2022-24</p> <p>Update: Due to the national deliverables not as yet been delivered, this has impacted local implementation. Resulting in milestones extended by 6 months.</p>	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Nursing Directorate
<p>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.</p> <p>Update: Significant work undertaken around reducing Length of Stay and improving flow, looking at MDT approach and rolling out EBR. SLWG established linking to RTP - Surge reduced by 10 beds.</p>	To Deliver Value & Sustainability	2. Urgent and Unscheduled Care	Emergency Care
<p>Improve quality of cancer staging data</p> <p>Update: Improvement seen in staging data in prostate and bladder.</p> <p>Improvement required in Renal and this will be measured through the QPI process.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>To ensure routine adherence to Scottish Cancer Network Clinical Management Pathways</p> <p>Update: CMGs are still being implemented nationally. NHS Fife (and SCAN) continue to use the regional CMPs.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>Hospital Pharmacy Redesign Introduction of automation in hospital Pharmacy stores, dispensaries and clinical areas. Centralisation of Pharmacy stores. * note, this is a joint project with capital planning and D&amp;I</p> <p>Update: Due to challenges with capital funding, this work is currently on hold. Consideration and planning around development of the physical space requirements for hospital pharmacy continue.</p>	To Deliver Value & Sustainability	9. Digital	Pharmacy & Medicines
<p>Post successful implementation of the SE Payroll Consortium arrangement, work with the senior leadership of the consortium to ensure effective continuity of a payroll service for NHS Fife</p> <p>Update: Work has continued throughout the quarter, however due to the continued pressure across the payroll teams, the workstreams have not been able to conclude by the year end and will therefore continue into 2024/25 until such times as the milestones are all achieved.</p>	To Deliver Value & Sustainability		Finance
<p>Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets</p> <p>Update: SBAR paper taken to QMag meeting March 2024 regarding HSCP monthly meetings to discuss CHP and improvements. QMAG in agreement. Meetings need to be arranged. Complaint Complexity Categorisation Tool shared with Directorates for comment. Tool updated. Needs to be shared with Clinical Governance for final approval. Further work has taken place with Escalation tool and will be shared with PET colleagues for input and review before sharing with Services for comment. Further discussion regarding MDT approach needs to happen with Services and how this process will look. This will be discussed at monthly complaint meetings with Acute and H&amp;SCP.</p>	To Improve the Quality of Health and Care Services		Nursing Directorate
<p>Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings.</p> <p>Update: Dependency on D&amp;I to progress eCatheter insertion &amp; maintenance bundles, has resulted in an extension to the planned milestones</p>	To Improve the Quality of Health and Care Services		Nursing Directorate

<p>Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences</p> <p>Update: Have now received complaint data from other Scottish Health Boards to assist with workforce review.</p>	<p>To Improve the Quality of Health and Care Services</p>		<p>Nursing Directorate</p>
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**Amber - At risk - requires action**

Deliverable - Q4 Update	NHS Strategic Priority	Recovery Driver	Dir/Div
<p>Early intervention: enhancing workforce skillsets to support new models of care ensuring early discharge and prevention of admission and local frameworks for frailty</p> <p>Update: Pharmacy colleagues are determining antibiotic compatibility and drug costs for 24-hour IV antibiotic pumps. This and the established criteria for the pumps may negate the benefit but this is being fully scoped.</p> <p>Respiratory team still building expertise and capacity</p> <p>An SBAR for SLT is being prepared with a slightly different proposal to previous.</p>	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Community Care
<p>Fife will eliminate Hepatitis C as a public health concern. (Pre COVID target by 2024. Extension of date under consideration by SG)</p> <p>Update: Initial target of elimination for Hep C by 2024 set by Scottish Government pre-covid. As local and national BBV services were redeployed to pandemic response, targets for 2022 and 2023 were paused.</p> <p>The national Rest and Rebuild document (2021) set out priorities for regaining momentum towards this target. The current SH &amp; BBV framework was published in November 2023.</p> <p>Locally testing activity has continued. Performance for 2023/24 is below the SG target of 124 set. Financial constraints - HCV drug budget was set on basis of treating 70 patients. Primarily as team of 4 BBV nurses responding to significant rise in HIV pts transferring to Fife and challenges in HCV case finding.</p> <p>Service capacity to develop HCV plans reduced - limited back fill to BBV MCN managers and lead Nurse roles - postholders are seconded/acting up to other roles.</p> <p>Lookback project - re-engage patients who had positive test but no recorded treatment. If successfully implemented - yield over 200 treatment initiations over two years - meet criteria for HCV Elimination by 2025 subject to drug budget set at level to accommodate in 24/25 and 25/26. This would be in line with the timeline in most other board areas of a similar size to NHS Fife.</p>	To Improve Health and Wellbeing	1. Primary and Community Care	Primary & Preventative Care
<p>Implement preventative podiatry service in care homes</p> <p>Update: We had significant recruitment challenges which will impact on the implementation of the model. It is currently very challenging to recruit band 7 and band 6 podiatrists nationally.</p>	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Primary & Preventative Care
<p>Increase capacity for providing in-hours routine and urgent dental care</p> <p>Update: The PDS has continued to be the safety net for un/de registered patients throughout Fife, this has proved extremely challenging to ensure we are meeting the needs of our core service as well as providing emergency and targeted care.</p>	To Improve Health and Wellbeing	1. Primary and Community Care	Primary & Preventative Care
<p>Work with Secondary care to develop shared care initiatives to continue to reduce the requirement for patients to attend ED</p> <p>Update: The FICOS scheme is running well with an audit and review currently underway aiming for completion at the end of Summer 2024. Glaucoma shared care scheme is not progressing as funding issues for required EPR (openeyes system). E-health have said no further progress can be made until the funding issue is resolved.</p>	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Primary & Preventative Care

<p>Improved Fife-wide ADHD pathways for children &amp; Young people Improve patient experience and reduce waiting times in Community Paediatrics service. Release capacity through rationalisation of Community Paediatric service and re-modelling service provision relating to children/young people with suspected/diagnosed ADHD</p> <p>Update: Fife-wide review of ADHD services ongoing. Slow progress but some achieved, although no changes to pathways as yet and no impact on reduction of waiting times within Community Paediatrics. Implementation of NHS Fife Neuro-developmental pathway now planned for summer 2024 and this will support improvement in ADHD services.</p>	To Improve Health and Wellbeing	1. Primary and Community Care	Women, Children & Clinical Services
<p>Develop and scope ambulatory models of care supporting early supported discharge and admission prevention</p> <p>Update: Visits to other Boards to review SDEC/front door models, to inform review of our ambulatory services.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Emergency Care
<p>Improve Same Day Emergency Care and rapid assessment pathways</p> <p>Update: Working towards SDEC model central to discussions. Recognition that significant review and redesign required. Workshop 25th April to progress SDEC and agree key metrics.</p>	To Deliver Value & Sustainability	2. Urgent and Unscheduled Care	Emergency Care
<p>Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach</p> <p>Update: Continuing to promote Right Care Right Place, engaging with key stakeholders. Progress being made, demonstrated by the slight increase in redirection from ED. SLWG established to review triage.</p>	To Deliver Value & Sustainability	2. Urgent and Unscheduled Care	Emergency Care
<p>Community Mental Health Teams for Adult and Older Adult services that are responsive to need and reduce admission by offering alternative pathways</p> <p>Update: Delay due to service pressures in roll out of Test of Change regards documentation/standards. Requirement due to financial pressures to pause longer term development to look at immediate service redesign.</p>	To Improve the Quality of Health and Care Services	3. Mental Health	Complex & Critical Care
<p>Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits (over 52 weeks) and meet &amp; maintain the 18 week referral to treatment waiting times standard</p> <p>Update: 11a - Progress made in recruiting to new and replacement posts, however not yet reached the number of staff required to meet the PT target and due to the financial situation it will not be possible to recruit the number originally identified as required by trajectory modelling. Recruitment to date has contributed to progress in reducing the number of long and very long waits. 11b - Service development and redesign implemented on schedule; further redesign will be required in next reporting year due to financial pressures. 11c - Training and CPD activities to increase capacity completed. 11d - Demand-capacity monitoring in place across all services.</p>	To Improve the Quality of Health and Care Services	3. Mental Health	Complex & Critical Care
<p>Increase mental health services spend to 10% of NHS frontline spend by 2026 and plans to increase the spend on the mental health of children and young people to 1%</p> <p>Update: Current provision across all Mental Health services is under review as part of the Fife HSCP financial planning process which requires Mental Health service to achieve £6million reduction in spend.</p>	To Deliver Value & Sustainability	3. Mental Health	Complex & Critical Care
<p>Best Start</p> <ol style="list-style-type: none"> <li>1. Full implementation of Continuity of Carer by 2026</li> <li>2. Minimising separation of late preterm and term babies from birth</li> <li>3. Recommencement of full Antenatal Education</li> <li>4. Expand Service User Feedback</li> <li>5. Expand and embed Psychological services</li> </ol> <p>Update: Ongoing work re: continuity of carer with report to be submitted to SG by AL. Community continuity of carer completed and in place.</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Women, Children & Clinical Services

<p>Roll out of Digital Pathology</p> <p>Update: On hold in Q4 due to implementation of new lab information system.</p>	To Deliver Value & Sustainability	5. Cancer Care	Women, Children & Clinical Services
<p>To meet the recommendations of the WHP by end Dec 2024</p> <ul style="list-style-type: none"> <li>-Endometriosis nurse specialist to support women through their journey and improve the care and advice they receive</li> <li>-Increased menopause capacity to meet demand, including training delivered to GPs</li> </ul> <p>Foetal loss expansion in EPC to provide additional scanning appointments</p> <ul style="list-style-type: none"> <li>-To increase the access to a bereavement nurse</li> <li>-Provision of post natal contraception post TOP, including post partum intrauterine contraceptive for vaginal deliveries.</li> </ul> <p>Update:</p> <p>EPC discussions with team ongoing re: scanning slots.</p> <p>Post TOP contraception is in place with Nexplanon, injection or oral contraception. Midwifery training is ongoing.</p> <p>Sonographer role is not within band 6 remit, therefore further review of options to be considered over time.</p>	To Improve the Quality of Health and Care Services	6. Health Inequalities	Women, Children & Clinical Services
<p>Attracting &amp; Recruiting Staff to deliver Population Health &amp; Wellbeing Strategy; Bank Governance – Enhanced Management &amp; Staff Bank Consolidation</p> <p>Update: Financial challenges have continued to place the bank consolidation project at risk, Due to the current financial constraints there is no funding to support the model for a full bank consolidation at this time. We have undertaken an option appraisal that will be considered by EDG on 21st March for a part consolidation within existing budget / resources in the interim which is approved will commence in May 2024.</p>	To Deliver Value & Sustainability	8. Workforce	Workforce
<p>Enhanced data availability and sharing</p> <p>Update: Delays with enabling GP IT ongoing. Performance of integration the main area of concern</p>	To Improve the Quality of Health and Care Services	9. Digital	Digital & Information
<p>National - Child Health Replacement</p> <p>Update: The national Child Health System Programme is reported as Amber due to delays in delivery being experienced.</p>	To Improve Health and Wellbeing	9. Digital	Digital & Information
<p>National - eRostering</p> <p>Update: No national interfacing delivered between Health Roster and other workforce and finance systems.</p> <p>No establishment of a system ownership model within NHS Fife</p>	To Improve Staff Experience and Wellbeing	9. Digital	Digital & Information
<p>Digital medicines management programme</p> <p>Implementation of Hospital Electronic prescribing system (HEPMA) to all inpatient and outpatient services alongside review and upgrade of stock control system and electronic discharge/ meds rec solution</p> <p>Update: Awaiting schedule of works for both stock control and HEPMA. Collaborative working with NHS Lothian will support drug file for stock control allowing for the build to commence.</p> <p>Orion user acceptance testing raised a number of issues - there is ongoing engagement with the supplier.</p>	To Deliver Value & Sustainability	9. Digital	Pharmacy & Medicines
<p>Delivery of New Laboratory Information system (LIMS) as part of accelerated implementation followed by implementation of national roll out.</p> <p>Update: Accelerated product live in Feb 24, work continues to resolve issues post go live. Plans for implementation of national product being developed in conjunction with national team.</p>	To Deliver Value & Sustainability	9. Digital	Women, Children & Clinical Services
<p>Develop and Implement the Corporate Communication Strategy</p> <p>Update: Going to EDG in May for approval following revisions to reflect RTP communications</p>			Comms

<p>Develop and Implement the Public Participation and Community Engagement Strategy</p> <p>Update: Going to NHS Fife Board on 26th May 2024 n- resources and funding still to be establish to allow the new strategy to be implemented</p>			Comms
<p>PPD Succession Planning</p> <p>Update: During the last quarter, significant work has been undertaken to redesign the resuscitation training programme resulting in a 56% increase in training capacity with no additional staffing. The addition of a 1.0WTE secondee from ASD has increased capacity further. Further work to secure a B6 WTE within service budget is unlikely due to RTP constraints so alternatives are being considered during the next quarter.</p>	To Improve Staff Experience and Wellbeing		Nursing Directorate
<p>IPQR Digitisation</p> <p>Update: Review of metrics will be ongoing but initial feedback on refreshed presentation has been well received so far. Discussions to take place with Board Chair and Committee Chairs.</p> <p>Advised that local BI tool is not option for dashboard, required to explore PowerBI. Lack of local knowledge might be an issue.</p>	To Deliver Value & Sustainability		Planning & Performance
<p>Deliver a more effective BCG and TB programme Public Health Priority 1 and 2</p> <p>Update: Transition to ERHPT has required an operational focus. Out of scope work has been at risk during this time. Workplan discussions underway to incorporate out of scope work.</p> <p>Some delays in risk assessing patients with TB due to current workload and capacity. This will be included in the above workplan.</p>	To Improve Health and Wellbeing		Public Health
<p>Deliver a VAM Covid response in alignment with SG guidance and in collaboration with East of Scotland workforce with full investigatory and outbreak management and community testing functions.</p> <p>Update: Future VAM expectations uncertain, and limited capacity to support form existing resources</p>	To Improve the Quality of Health and Care Services		Public Health
<p>Deliver the child aspects of Fife Annual Poverty Plan with Fife Council and other partners</p> <p>Update: A multi-agency meeting was held in January to discuss expansion. Due to no additional capacity of the CARF Money Advisor posts, the programme cannot be expanded beyond MW, HV, FNP, this is funding options to be explored. In the meantime, rollout of the poverty awareness training and Fife Benefit Checkers Toolkit.</p>	To Improve Health and Wellbeing		Public Health
<p>Ensure the delivery of an effective resilience function for NHS Fife</p> <p>Update: FH-PH-16 a: Incident framework documents for NHS Fife are in their final stages of approvals.</p> <p style="text-align: center;">FIF-PH-16b: Business continuity management systems SOP was ratified 18/1/24 &amp; risk profile in Datix with visual dashboard overview.</p> <p>FIF-PH-16c - Emergency Planning risk profiling has commenced with an initial presentation &amp; consultation at risk and opportunities group 2/4/24 for way forward to emergency planning risks being coordinated across NHS fife with the risk owners - a SLWG is being enabled to further progress where milestone date is changed to March 2025</p>	To Improve the Quality of Health and Care Services		Public Health
<p>Work to address poverty, fuel poverty and inequality through ensuring the prioritisation of income, housing, education, and employment programmes as part of the Plan 4 Fife</p> <p>Update: Housing - declaration of housing emergency in Fife, publication of SG New Housing Bill. There is a need to review and consider a local action plan. A workshop is planned at end of April with Fife Housing Partnership.</p>	To Improve Health and Wellbeing		Public Health

Deliverable - Q4 Update	NHS Strategic Priority	Recovery Driver	Dir/Div
<p>Mental Health and Wellbeing in Primary Care and Community Settings - development and delivery of service provision in line with Scottish Government reports and planning guidance relating to the remobilisation and redesign of MH services in the context of the COVID-19 pandemic.</p> <p>Update: FIF-CCCS-13d - A project manager has now been assigned to this project and project planning is underway.</p> <p>FIF-CCCS-13e - Coproduction is in 4 phases. Phases 1 and 2 are complete. Planning for phases 3 and 4 is underway.</p>	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Complex & Critical Care
<p>Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population</p> <p>Update: 7a - Immunisation inclusion steering group met 26/03/24. Outreach model now incorporated into delivery plan template for each immunisation programme as it is developed and reviewed by the immunisation operational group. Review of progress against equality objectives and action plan within the Fife 2021-2024 Immunisation Strategic Framework is in progress. Reaching a final version of the EQIA action plan has been delayed but will also feed into strategy development for 2024 - 2027 which is planned for May &amp; June 2024.</p> <p>7b - This is now part of daily business.</p>	To Improve Health and Wellbeing	1. Primary and Community Care	Primary & Preventative Care
<p>Child and Adult weight management programmes: Develop a sustainable workforce within the resources available via regional funding award</p> <p>Update: An SBAR has been taken to EDG. A member of SEStran will be carrying out a mapping exercise which will involve reviewing the data.</p> <p>A delivery model was developed and agreed by partnership, we are moving towards the implementation stage</p>	To Improve Health and Wellbeing	1. Primary and Community Care	Primary & Preventative Care
<p>Children's speech, language and communication development Plan</p> <p>Update: Meeting with colleagues in Public Health, Health Promotion and Children's Services to establish representation on CIF Groups to raise awareness. Meeting held with RESLL Link. Raising awareness of whole systems approach required.</p>	To Improve Health and Wellbeing	1. Primary and Community Care	Primary & Preventative Care
<p>Develop and Enhance Children's Services</p> <p>Update: 6a - Guidance implemented, milestone achieved</p> <p>6b - Ongoing, with no challenges forecast</p> <p>6c - ongoing, full incorporation of law by 16th July, working group established with action plan in place.</p> <p>6d - Ongoing work, working group created to drive forward principles of The Promise.</p>	To Improve Health and Wellbeing	1. Primary and Community Care	Primary & Preventative Care
<p>Develop an immunisation workforce model in conjunction with wider Primary Care Nursing structure which is sustainable and flexible to respond an ever evolving immunisation need</p> <p>Update: Workforce forecasting across Immunisation Service and CTAC has taken place, with recruitment ongoing and staffing plans in place for 12 months of the year.</p>	To Improve Staff Experience and Wellbeing	1. Primary and Community Care	Primary & Preventative Care



<p>Developing a system wide Prevention and Early intervention strategy which will underpin delivery of the HSCP strategic plan and the NHS Fife Population Health and Wellbeing Strategy</p> <p>Update: Further consultation on draft strategy to be completed by 24th March. Strategy has been discussed at ELT and SPG in March, feedback will be considered and reflected in next iteration. Draft delivery plan has been discussed at the Strategy Development Group with further discussions and amendments to be made during March and April. Draft Strategy will now be presented to IJB in July.</p>	<p>To Deliver Value &amp; Sustainability</p>	<p>1. Primary and Community Care</p>	<p>Primary &amp; Preventative Care</p>
<p>Develop plans to make sure CIS delivers on key operational priorities</p> <p>Update: 10a - Maternity continues to deliver all pregnancy vaccinations. National maternity working group has commenced to focus on the delivery of RSV to either pregnant mothers or neonates- Likely to be August 2024.</p> <p>10b - National Timescales have moved with no confirmed change date agreed.</p> <p>10c - Not for implementation until 2026.</p> <p>10d - Immunisation Strategy being refreshed this will be considered as part of this focus.</p>	<p>To Deliver Value &amp; Sustainability</p>	<p>1. Primary and Community Care</p>	<p>Primary &amp; Preventative Care</p>
<p>Expand on current system wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models</p> <p>Update: The scope of the Urgent Care Oversight Group will be in line with an SBAR and options appraisal regarding in-hours urgent care hubs, which would incorporate or affect those under PCIP in line with National and Strategic PCIP direction for: *Vaccination Transformation Programme (VTP); *Pharmacotherapy; *Community Treatment and Care Services (CTAC); *Urgent Care; *Musculoskeletal Physiotherapists; *Community Mental Health</p> <p>The aim will be to establish one or more in-hours Urgent Care Hubs in collaboration with well established out of hours urgent care centres to provide the Fife Public with access to 24 hours Urgent Care.</p> <p>PA - Fixed Term contract with Urgent Care until 11.09.24.</p> <p>24 hour MDT role development is in combination with the development of in-hours Urgent Care Hubs. The 24 hour nursing roles would then be incorporated into the delivery of Urgent Care 24 hours a day.</p> <p>Urgent Care North East Fife Minor Injury Unit Development Group has been established to develop urgent access for minor injury care in the north east of Fife. This includes; current nursing role review to incorporate minor injury and illness examination, extension to radiology access and increased operating hours for Minor Injury Unit access in the NE</p> <p>Urgent Care Strategic Oversight Group will review the workforce model across all Urgent care Centres within Fife to ensure there is appropriate access to Urgent care in the out-of-hours period. There has been significant improvement on the floor senior clinical decision making and visible leadership within the MDT since the development and employment of the Senior ANP role.</p>	<p>To Improve the Quality of Health and Care Services</p>	<p>1. Primary and Community Care</p>	<p>Primary &amp; Preventative Care</p>
<p>Implement new referral management and electronic patient records system (TrakCare/morse) within P&amp;PC Physiotherapy service.</p> <p>Update: Continuing to work with digital services to achieve solutions to current problems which will allow migration across to Trak/MORSE systems by summer 2024.</p>	<p>To Improve the Quality of Health and Care Services</p>	<p>1. Primary and Community Care</p>	<p>Primary &amp; Preventative Care</p>

<p>Improve sustainability of Primary Care</p> <p>Update: The scope of the Urgent Care Oversight Group to be in line with an SBAR and options appraisal regarding in-hours urgent care hubs, which would incorporate or affect those under PCIP in line with National and Strategic PCIP direction for: *Vaccination Transformation Programme (VTP); *Pharmacotherapy; *Community Treatment and Care Services (CTAC); *Urgent Care; *Musculoskeletal Physiotherapists; *Community Mental Health The aim will be to establish one or more in-hours Urgent Care Hubs in collaboration with well established out of hours urgent care centres to provide the Fife Public with access to 24 hours Urgent Care.</p> <p>ANP in-hours Urgent Care workforce continues to be developed with 18 WTE ANPs in post across Primary Care under PCIP. Out-of-hours Urgent Care continues to develop a Salaried GP model aiming for 70% salaried GP cover per annum - currently 55% with permanent salaried GPs employed.</p> <p>Current 2c practice being transferred to 17J - anticipated transfer date of 1st July 2024.</p> <p>Work is progressing but further action is required around the interpretation of the sustainability questionnaire responses.</p>	<p>To Deliver Value &amp; Sustainability</p>	<p>1. Primary and Community Care</p>	<p>Primary &amp; Preventative Care</p>
<p>Local Enhanced Services Review</p> <p>Update: We have established the membership of the review Group, with a Terms of Reference being progressed. Next steps will be to progress with defining the scope of the Enhanced Service review and agree actions to be taken forward. We are in the processes of recruiting a Project Manager to the team for a 12-month period to support the review from the outset to conclusion.</p>	<p>To Improve the Quality of Health and Care Services</p>	<p>1. Primary and Community Care</p>	<p>Primary &amp; Preventative Care</p>
<p>Refresh of the Primary Care Improvement Plan</p> <p>Update: There is a detailed communications plan in place to provide general practice updates on delivery of PCIP, including regular discussions with individual practices and Clusters by service leads.</p>	<p>To Deliver Value &amp; Sustainability</p>	<p>1. Primary and Community Care</p>	<p>Primary &amp; Preventative Care</p>
<p>Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2023-24</p> <p>Update: The service has increased from 18 clinics (April 2023) to 39 clinics (March 2024) across Fife weekly. To maximise the reach of the service, these are a mix of GP and community venues.</p> <p>Working in collaboration with Fife Maternity Services, we have developed effective pathways including an on site drop in for all pregnant women at first point of contact.</p> <p>Promotion of the service remains as a cyclical roster into the most deprived areas of Fife. These areas present engagement challenges and require ongoing visibility and accessibility. We endeavour to continue using the mobile unit to provide outreach.</p> <p>Development of the text messaging reminder service has produced a DNA rate of 12.8%.</p> <p>The specialist advisors for the maternity Quit Your Way Service now includes as standard a referral pathway into appropriate income maximisation support services. The advisors have all received training to carry out brief interventions prior to referral on. This will continue as best practice for the client group.</p>	<p>To Improve Health and Wellbeing</p>	<p>1. Primary and Community Care</p>	<p>Primary &amp; Preventative Care</p>
<p>Review existing arrangements which support children with neurodevelopmental differences.</p> <p>Update: New Model developed and in the process of being implemented. Focus groups/questionnaire completed. Using data to support training required.</p>	<p>To Deliver Value &amp; Sustainability</p>	<p>1. Primary and Community Care</p>	<p>Primary &amp; Preventative Care</p>

<p>Rheumatology workforce model redesign</p> <p>Update: The redesign plan is progressing and workforce plans have been approved and are in post or in the recruitment process. I think we need to extend the milestones for next steps due to ongoing discussions re future of service.</p>	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Primary & Preventative Care
<p>Targeted actions to improve the quality of our Immunisation services</p> <p>Update: Restructuring of the CIS Programme Board and the CIS Operational group will set the direction of travel for the QI work in relation to Childrens Immunisations.</p>	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Primary & Preventative Care
<p>Transfer our referral system and EPR from Tiara to Morse and TrakCare within the Podiatry service</p> <p>Update: Involvement of staff in the development of tool was key, we were able to balance service planning demands and clinical demands.</p>	To Deliver Value & Sustainability	1. Primary and Community Care	Primary & Preventative Care
<p>Delivery of Care at Home /Commissioning: Maximise capacity and commission and deliver care at home to meet locality needs</p> <p>Update: Singled Handed Care working group continues.</p> <p>New processes in place for new financial year to monitor going forward</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Community Care
<p>Digital / Scheduling: create a centre of excellence for scheduling across community services</p> <p>Update: Scheduling oversight group progressing digital solution.</p> <p>New processes in place for new financial year to monitor going forward.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Community Care
<p>Digital / Scheduling: Digital systems will be enhanced to realise full potential of integration across health and social care</p> <p>Update: ToC Review concluded Jan 2024 and SBAR submitted to CCS QMAG set new direction of travel. Learning gained from Midlothian LA has enabled a refocus from the group.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Community Care
<p>Discharge without Delay: PPD goals in community hospitals; transforming roles / skill mix</p> <p>Update: Planned Day of Discharge Roadshows are in progress and on target for completion in April. Criteria-led discharge commenced as TOC in Community as part of Transformation workstream.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Community Care
<p>Home First: people of Fife will live long healthier lives at home or in a homely setting</p> <p>Update: Dashboard in progress for Home First reporting.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Community Care
<p>CAMHS will achieve full compliance with CAMHS and Psychological Therapies National data set and enhance systems to achieve compliance.</p> <p>Update: This work is continuing.</p>	To Improve the Quality of Health and Care Services	3. Mental Health	Complex & Critical Care
<p>CAMHS will build capacity in order to deliver improved services underpinned by these agreed standards and specifications for service delivery.</p> <p>Update: Currently the advertisement of vacancies is taking longer and therefore we are unable to reach full capacity.</p>	To Improve Health and Wellbeing	3. Mental Health	Complex & Critical Care
<p>CAMHS will build capacity to eliminate very long waits (over 52 weeks) and implement actions to meet and maintain the 18- week referral to treatment waiting times standard.</p> <p>Update: Caseload Management has been implemented in full. The Early Intervention Service continues to work to ensure children and young people achieve timely access to the right support. Currently advertisement of vacancies is taking longer therefore we are unable to reach full capacity.</p>	To Improve Health and Wellbeing	3. Mental Health	Complex & Critical Care

<p>Improve compliance with CAPTND dataset</p> <p>Update: 12a - Implementation date adjusted due to supplier being unable to deliver new system to meet original target date. Working closely with supplier to monitor progress towards revised date. 12b - EPR implemented.</p>	To Improve the Quality of Health and Care Services	3. Mental Health	Complex & Critical Care
<p>Mental Health Services will have a robust data gathering and analysis system to allow for service planning and development</p> <p>Update: Digital &amp; Improvement project is ongoing. MicroStrategy dashboard established for Inpatient bed usage to demonstrate real time demand and capacity. KPI's being developed across each service area. Work ongoing to identify the source data for the MHQIs, future work on MHQIs will reflect outcomes of national review of these measures. MH Core standards will be incorporated into the D&amp;I programme.</p>	To Deliver Value & Sustainability	3. Mental Health	Complex & Critical Care
<p>Partners within Fife HSCP will continue to build capacity across services in order to achieve the standards set within the National Neurodevelopmental Specification for children and young people</p> <p>Update: This work is ongoing although taking time to embed learning from test of change and further changes throughout the service.</p>	To Improve Health and Wellbeing	3. Mental Health	Complex & Critical Care
<p>Refreshed Mental Health Strategy for Fife for 2023 - 2027</p> <p>Update: The Mental Health Strategic Implementation Group (MHSIG) concluded the Participation and Engagement Phase of the strategy development plan with the production of the Mental Health Strategy Participation and Engagement Report. This follows an extensive engagement period in which over 1000 people took time to give their views to help us to shape the strategy. The Participation and Engagement Team used a range of methods to remove barriers to engagement and reach as many people as possible, including people from marginalised and often under-represented groups. Analysis has shown strong support for the strategic direction proposed. Minor changes will be made to the vision, mission and value statements to improve readability. The priorities received extremely high levels of support with between 92% and 96% of respondents agreeing with each of the four priorities. Thematic analysis of this feedback has enabled us to understand local challenges and opportunities, and paved the way for further discussion at the MHSIG around the actions we should take to meet local needs. This is now being taken forward by creating a delivery plan to support the strategy.</p>	To Improve Health and Wellbeing	3. Mental Health	Complex & Critical Care
<p>Reprovision of unscheduled care/crisis care provision for patients presenting out of hours with a mental health crisis</p> <p>Update: Benchmarking family engagement in progress; service partner evaluation exercise now launched; patient evaluation tool being formatted for issue to last 100 patients using the service; second phase of KPI development now commencing; service redesign workshops planned.</p>	To Improve the Quality of Health and Care Services	3. Mental Health	Complex & Critical Care
<p>Develop, Enhance and re-invigorate Regional Networks</p> <p>Update: OMFS Weekend cover across network arrangement in place with rota between NHS Tayside and NHS Fife.</p> <p>CANCER Service demands in NHS Lothian have required removing specialty doctor from Fife oncology. This puts our service at risk and discussions continue as to how service can be supported. Likely to be resolved on recruitment in summer.</p> <p>VASCULAR Full regional working in place with NHS Fife consultants supporting Tayside on call rota. Locum post in NHS Fife - in talks with Tayside to support a job plan for advertising substantive post. In place since January 2024 with no adverse events recorded.</p> <p>BREAST Waiting times continuing to fund regional work to minimise waits for patients - Funding confirmed for 2024/25</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Planned Care

<p>Enhance Theatre efficiency</p> <p>Update: ERAS programme continues to be successful within selected specialties, including elective orthopaedics and GI. Cataract waiting times being managed with high volume dedicated lists. Ongoing monitoring of theatre utilisation and flexible use of any early finishes to support CEPOD demand.</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Planned Care
<p>Maximising Scheduled Care capacity</p> <p>Update: SURGICAL BACKLOG Being monitored through waiting times and Scheduled Care meetings. Paper to SG highlighting deteriorating list number in 24/25</p> <p>BADS Increasing utilisation of QMH with successful relocation of some ENT work</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Planned Care
<p>Expanding Endoscopy capacity and workforce</p> <p>Update: RCDS Implementing test of change for colorectal</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Planned Care
<p>Adoption of the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times</p> <p>Update: Review of cancer pathways continues as ongoing BAU.</p> <p>GP audit of referrals carried out on prostate patients.</p> <p>ACRT and PIR continues to be rolled out across NHS Fife where USC referrals are not a suspected cancer.</p> <p>MDT TORs, where appropriate have been updated.</p> <p>Funding requires to be sought for a replacement digital tracking solution.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>Cancer patients will be signposted to third sector cancer services and embedded in cancer pathways</p> <p>Update: Cancer patients are signposted to Maggie's and Macmillan ICJ.</p> <p>Meetings ongoing with eHNA team. 75% of all referrals into ICJ come from our CNSs and RCDS. This will continue into 2024-25.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>Implementation of cancer priorities and development of the delivery plan as outlined in the Cancer Framework to support delivery of Recovery and Redesign: An Action Plan for Cancer Services.</p> <p>Update: Progress Report done for 2023-24. To circulate around governance groups. Now reviewing actions for 2024-25 which will be reflected in updated ADP for 2024-25.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>Scope the Psychological Therapies Support Framework into cancer services</p> <p>Update: The SCAN regional group has been established. A psychological self assessment form is now open - for distribution. Work on this will continue into 2024-25.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>To achieve additional capacity to meet 6 week target for access to 3 key Radiology diagnostic tests (MR,CT&amp;US)</p> <p>Update: Key achievements include: Delivery of additional CT activity to maintain 2 week urgent/USOC waiting time target and to reduce the number of patients waiting longer than 6 weeks for CT imaging. Collaborative work resulting in optimisation of cancer pathways. Focussed work on longest waits for Ultrasound. Focussed work on DNA to avoid waste.</p> <p>Challenges: Increasing demand for in-patient and ED CT imaging resulting in limited additional OP CT activity. Increase in demand for complex CT imaging and CT guided biopsy requiring longer appointment times. National approach to CT and MRI equipment development/procurement, await outcomes from national procurement to guide NHS Fife plan.</p>	To Deliver Value & Sustainability	5. Cancer Care	Women, Children & Clinical Services

<p>Carers will have access to information where and when they want, that helps them to manage their caring role.</p> <p>Update: A dedicated worker has been funded to enhance the awareness raising programme this is currently being advertised.</p> <p>A dedicated carers page has been created within the new H&amp;SCP website and also funding has been allocated to FVA to support a wider dedicated site.</p> <p>The carers experience survey was created and went live in March 2024 and will close for submissions at the end of April 2024. Initial reporting will be made in June 2024.</p>		6. Health Inequalities	Business Enabling
<p>Carers will have support to coordinate their caring role, including help to navigate the health and social care systems as they start their caring role.</p> <p>Update: All elements are either completed or on-track. Several are not due until 2026.</p>		6. Health Inequalities	Business Enabling
<p>Developing the skills of practitioners and professionals to identify and support carers at the earliest possible point in time</p> <p>Update: FIF-BUSE-07a and FIF-BUSE-07g are being reviewed as part of prioritisation across the Partnership and therefore there is a risk that these milestones will be delayed.</p> <p>The skills gaps (FIF-BUSE-07c) have been identified and options to mitigate these have been put in place. Social Work Assistants will be undertaking Good Conversation training during the spring of 2024 and subsequently Adult Carer Support Planning training. Once these skills development opportunities have been completed we expect the team will take a proactive approach to identifying unpaid carers.</p> <p>The review of the eligibility criteria (FIF-BUSE-07h) for carers will be undertake as part of the wider review by the Principal Social Worker.</p>		6. Health Inequalities	Business Enabling
<p>Ensuring young carers in Fife feel they have the right support at the right time in the right place to balance their life as a child/teenager alongside their caring role</p> <p>Update: Outcome FIF-BUSE-08e has been delayed until later in the plan and subject to additional resources being available.</p>		6. Health Inequalities	Business Enabling
<p>We will help carers to take a break from caring when, where and how they want to, so they are rested and able to continue in their caring role</p> <p>Update: The Short Breaks Service Statement will be published later in 2024 and only following engagement of unpaid carers and commissioned carer services providers.</p>		6. Health Inequalities	Business Enabling
<p>Fife Mental Health Service will work alongside partners in acute services, primary care services and third sector agencies to ensure robust and equitable pathways of care are in place for those in police custody and for those transferring into the community from prison.</p> <p>Update: 14c Reviewed - Systems not compatible for integration.</p> <p>14d Meeting date in planning stage led by Sheriff.</p> <p>14e Sessions commenced - last session delivery planned for 2 May 2024</p>	To Improve the Quality of Health and Care Services	6. Health Inequalities	Complex & Critical Care
<p>Medicines Efficiency. Design and support delivery of medicines efficiency work to ensure optimal use of medicines budgets</p> <p>Update: Planning for 24/25 delivery in both the board and HSCP is a crucial component of the Reform, Perform, Transform agenda delivering financial balance in the board. Planning is on track and will be closely monitored with significant support and oversight across the organisation</p>	To Deliver Value & Sustainability	6. Health Inequalities	Pharmacy & Medicines

<p>Improve access for patients and carers through improved communication regarding transport options</p> <p>Update:</p> <p>An SBAR has been taken to EDG. A member of SEStran will be carrying out a mapping exercise which will involve reviewing the data.</p>	<p>To Improve Health and Wellbeing</p>	<p>6. Health Inequalities</p>	<p>Primary &amp; Preventative Care</p>
<p>Work with the Chief Executive of NHS Fife to establish NHS Fife as an Anchor Institution in order to use our influence, spend, employment practices to address inequalities.</p> <p>Update:</p> <p>Anchor Institution Strategic Framework was submitted to SG early November in draft form to allow for internal assurance processes. It was approved by NHS Fife Board Jan 2024.</p> <p>Anchor work continues to align with relevant corporate objectives and with NHS Fife Population Health and Wellbeing Strategy.</p> <p>Anchor work has aligned with MTP and recovery drivers, updates have been provided.</p> <p>Baseline Anchor metrics have been requested and submitted to SG 29/03/2024. Anchor Institution Programme Board reviewed the metrics prior to submission. Internal assurance processes will follow.</p> <p>Anchor links continue to be developed and strengthened with partners and third sector agencies.</p>	<p>To Improve Health and Wellbeing</p>	<p>6. Health Inequalities</p>	<p>Public Health</p>
<p>Develop a Nursing and Midwifery Strategic Framework 2023 - 25; establishment of shared governance model Framework based on CNO and NHS Fife priorities, Recover to Rebuild, Courage of Compassion, Three Horizon Model</p> <p>Update:</p> <p>Shared Governance model developed; First meeting of Professional Leadership Council (PLC) on 29/04/24. Paper will be taken to EDG and SLTs after this meeting when PLC will have agreed implementation plan. 4 Councils will feed into PLC: Quality; Patient and Staff Experience; Newly Qualified Practitioner and Advanced and Specialist Practice Councils.</p> <p>Draft of framework being updated to reference Re-Form, Transform, Perform Programme and demand modelling.</p>	<p>To Improve the Quality of Health and Care Services</p>	<p>8. Workforce</p>	<p>Nursing Directorate</p>
<p>7 Day Pharmacy Provision. This will focus on provision of clinical and supply services across hospital care settings, reviewing the current position and additional need</p> <p>Update:</p> <p>Implementation date revised to June 2024. Engagement with staff continues with adjustments made to model reflecting change in working week from Apr 24 and the views expressed by staff during consultation</p>	<p>To Improve the Quality of Health and Care Services</p>	<p>8. Workforce</p>	<p>Pharmacy &amp; Medicines</p>

<p>Education reform for Pharmacy</p> <p>Facilitate local implementation and delivery of revised NES programmes, and more broadly support the development of Pharmacy staff to deliver a modern, patient focussed pharmacy service, across NHS Fife.</p> <p>Pharmacists - this includes foundation training programmes and embedding the advanced practice framework</p> <p>Developing Pharmacy and Support workers through accredited courses and modules.</p> <p>Collaborative working across the East Region to support simulation training for post graduate foundation trainees</p> <p>Support for undergraduate experiential learning is also being developed to enhance the quality of education at that level</p> <p>Work is also ongoing to develop clinical skills and leadership across all roles and increase research capability across the professions</p> <p>Update: E&amp;T team have a draft delivery plan, and awaiting confirmation of links with revised directorate strategic plan before commencing engagement.</p> <p>Board now has sufficient work based assessors to meet educational requirements.</p> <p>Survey of those who have engaged with the core advanced framework - seven known to be collating evidence currently with one to submit. Directors of Pharmacy have released a statement clarifying endorsement of the curriculum - local work will focus on supporting pharmacists to develop in line with the four pillars of practice.</p> <p>DPPs identified for those starting IPs at this time. Plan to grow group will be developed - currently seven in the system</p>	<p>To Improve Staff Experience and Wellbeing</p>	<p>8. Workforce</p>	<p>Pharmacy &amp; Medicines</p>
<p>Pre Registration Trainee Pharmacy Technicians (PTPT)</p> <p>The development of a pipeline of Pharmacy Technicians is crucial to the sustainability of Pharmacy services and in providing optimal care. Scottish Government funding for this pipeline was withdrawn in Autumn 2022, meaning a local solution is required to cover intakes from April 2023 onwards</p> <p>Update: Recruitment plan was agreed, with an exercise undertaken in March 2024. Plans have been amended in light of financial position to ensure pipeline posts are available.</p>	<p>To Improve Staff Experience and Wellbeing</p>	<p>8. Workforce</p>	<p>Pharmacy &amp; Medicines</p>
<p>Delivering Anchor Institution workforce aims - Promoting employability priorities</p> <p>Update: EDG paper in respect of Work-03e has been prepared, probably later in April before finalised and submitted.</p>	<p>To Improve Staff Experience and Wellbeing</p>	<p>8. Workforce</p>	<p>Workforce</p>
<p>Delivery of Staff Health &amp; Wellbeing Framework aims for 2023 to 2025</p> <p>Update: Some metrics and evaluation measures in place and sickness absence trajectory for 2024/2025 to achieve 6.5% by 31/03/2025 has been agreed.</p>	<p>To Improve Staff Experience and Wellbeing</p>	<p>8. Workforce</p>	<p>Workforce</p>
<p>Delivery of the eRostering Implementation Programme in conjunction with Digital &amp; Information.</p> <p>Update: Given current status of programme I think this being green is generous.</p>	<p>To Improve Staff Experience and Wellbeing</p>	<p>8. Workforce</p>	<p>Workforce</p>
<p>Development and implementation of the NHS Fife Workforce Plan for 2022-2025</p> <p>Update: No national update on Workforce Projections for 2024/2025 as yet.</p>	<p>To Improve Staff Experience and Wellbeing</p>	<p>8. Workforce</p>	<p>Workforce</p>
<p>Further developing agile working and use of digital solutions in Directorate through investment in Workforce Analytics provision to support series of org. priorities, including Safe Staffing and eRostering Programmes</p> <p>Update: Linked to service transformation activity. Modelling and support being provided for RTP Programme.</p>	<p>To Deliver Value &amp; Sustainability</p>	<p>8. Workforce</p>	<p>Workforce</p>



<p>Growth of OH services and establishment of resources to assure function sustainability meets the changing needs of the organisation and supports the delivery of care goals through a variety of services including mental health / wellbeing / fatigue management support</p> <p>Update: OH transformation activity will commence after initial Workforce Directorate redesign has been progressed further.</p>	To Improve Health and Wellbeing	8. Workforce	Workforce
<p>Complete NHS Fife's Phase 2 M365 Programme</p> <p>Update: Local Phase 2 now complete. National work continues in securing the tenancy and thus being able to adopt wider M365 products.</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information
<p>Continued development of digital front door for patients</p> <p>Update: Many items complete. NHS Fife has ceased the use of the Pre-Op tool and alternatives being progressed. Limited movement on the Digital Front Door National Programme</p>	To Improve the Quality of Health and Care Services	9. Digital	Digital & Information
<p>Delivery of ICO and NISD Audit Improvement Plans Architecture and Resilience Developments</p> <p>Update: Work continues with the implementation of ICO and NISD audits</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information
<p>Local - Implement Paperlite / Electronic Patient Record</p> <p>Update: E.H.R. being reprofiled as part of RTP consideration.</p>	To Improve the Quality of Health and Care Services	9. Digital	Digital & Information
<p>Local - Records Management Plan Implementation</p> <p>Update: Establishment of plan and approach complete. Implementation will continue through 2024-25</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information
<p>National - GP IT Reprovisioning - GP Sustainability</p> <p>Update: Completion of the RFP Process is complete. The National Programme is reporting as Red, due to delays in ability to migrate data to new system</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information
<p>Set out approach to implement the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant</p> <p>Update: Preparatory work is in place including formulary review. Board awaiting publication of Scot Gov guideline</p>	To Improve the Quality of Health and Care Services	10. Climate	Pharmacy & Medicines
<p>Work with partners to increase efforts to reduce the impact of climate change on our population</p> <p>Update: Discussions on place and wellbeing indicators and evidence review to monitor and evaluate LDP progress.</p> <p>To take plans forward a review has been initiated.</p>	To Improve Health and Wellbeing	10. Climate	Public Health
<p>Bed Base: reduce the dependency on inpatient rehabilitation and deliver it at home or in a homely setting</p> <p>Update: Approval has been obtained from IJB to progress with bed base remodel . Project go live commenced .</p>	To Improve the Quality of Health and Care Services		Community Care
<p>Continue to develop focus on Business Partner Model to improve business performance and decision making support</p> <p>Update: Recruitment is currently active and there are plans to recruit to a number of posts in coming months. Financial Reporting continues to develop and evolve particularly in the current financial climate with the need for new and detailed data emerging. This improvement work is ongoing and will respond to the needs of the organisation. Learning and development continues to be encouraged with regular team briefings, opportunities are being provided to staff to become involved in varying pieces of work and take on new responsibilities where appropriate.</p>	To Deliver Value & Sustainability		Finance

<p>Review Opportunities to contribute to the success of the SPRA process and FIS board to secure value and sustainability</p> <p>Update: Medium Term financial plan for 2024/25 complete in Quarter 1. Forecasting techniques continue to be developed although there continues to be work to be taken forward. The RPT framework has superseded a number of the deliverables in this category with finance staff being involved with numerous pieces of work to support the programme.</p>	To Deliver Value & Sustainability		Finance
<p>Delivery of year one of the QI Network</p> <p>Update: Impact report presented to Clinical Governance and Oversight Group. Training review will commence Spring 2024.Plans for QI event may be linked to development of the Organisational Learning Network.</p>	To Improve the Quality of Health and Care Services		Planning & Performance
<p>Supporting implementation of the Population Health &amp; Wellbeing Strategy</p> <p>Update: The annual report is being developed. It is likely that this will be presented to the July Board for sign off (rather than the May Board).</p>	ALL		Planning & Performance
<p>Ensuring the most effective and appropriate use of Medical Devices</p> <p>Update: A lead manager has been identified for medical devices and discussions ongoing with NHS FV about professional support and advice. Milestone extended to reflect programme of work required to deliver equipment maintenance improvements.</p>	To Deliver Value & Sustainability		Property & Asset Management
<p>Contribute to NHS Fife's High Risk Pain Medicines Patient Safety Programme to support appropriate prescribing and use of High-Risk Pain Medicines and ensuring interventions take into consideration the needs of patients who are at risk of using or diverting High Risk Pain Medicines</p> <p>Update: Continue to support HRPM Patient Safety Programme from PH and evaluation perspective. Programme scope has changed due to organisational financial challenges - awaiting feedback on potential implications for involvement in Programme going forward.</p>	To Improve Health and Wellbeing		Public Health
<p>Deliver an effective health protection function, including in and out of hours duty cover to prevent and respond to communicable disease prevention.</p> <p>Update: Regional HPT service established and working</p>	To Improve the Quality of Health and Care Services		Public Health
<p>Ensure effective coordination and governance for adult screening programmes in Fife</p> <p>Update: 1. Leadership of screening programmes is on track through: chairing of committee and governance meetings where the delivery of screening programmes are reviewed and key performance indicators scrutinised. 2. Work is ongoing on this milestone. 3. All Adult Screening Programmes have recovered from the Covid-19 backlog. 4. This would be integrated into the screening inequalities action plan. 5. NHS Fife Screening Inequalities Action Plan was approved in December 2023 and will be delivered in phases over the next five years. 6. The Public Health Screening Team continues to investigate screening incidents, sometimes alongside the National Screening Team. The National Cervical Exclusion Audit in Fife commenced in April 2023. Almost all general practices have commenced the evidence retrieval and upload. The Board Audit Team is in place and the clinical review of records has commenced.</p>	To Improve Health and Wellbeing		Public Health
<p>Pandemic Preparedness: Critical to major incident levels</p> <p>Update: NHS Fife's Incident Management Frameworks (IMF) planning includes Public Health Incident escalation/incident levels and action cards for incident management (including biohazard) - IMF this was ratified in June 2023. However pandemic planning SLWG in NHS Fife is awaiting revised national pandemic guidance from SG to aid review of existing plans. SLWG &amp; TOR agreed - this is ongoing so will change milestone to March 25.</p>	To Improve the Quality of Health and Care Services		Public Health

<p>Support the implementation of the Food 4 Fife Strategy and associated action plan as part of ambition to make Fife a sustainable food place</p> <p>Update: Food 4 Fife Strategy should be approved by Fife Council in April 2024. Action Plans to be agreed in May 2024. PHP6 event held in September 2023, since then working group to develop action plans for PHP6 meeting regularly.</p>	To Improve Health and Wellbeing		Public Health
<p>Delivery of Clinical Governance Strategic Framework - Risk Management Framework</p> <p>Update: The key achievement between Oct 2023 and end of Mar 2024, has been the implementation of our updated Risk Management Framework, supporting the continuing development of our risk management approach to enable us to deliver on our strategic priorities, and further strengthening our organisational risk maturity.</p> <p>A Board Development Session took place on the 8th April 2024 to review the Risk Appetite.</p>	To Improve the Quality of Health and Care Services		Quality & Care Governance
<p>Development of a delivery plan to embed and deliver the Realistic Medicine Programme in NHS Fife</p> <p>Update: The communications plan has been developed and shared which details activities that include the shared decision-making model on Turas. There is also a Sway version available. Continuing to work closely with the Communications Team to refresh the Communications plan and looking at a desktop campaign to signpost to the intranet site and provide the link to Turas.</p> <p>Also working on a survey for patients to find out what they understand about Realistic Medicine, what more information do they require. This will feed into a focus group discussion with patients.</p> <p>Working with the Health and Social Care Partnership (HSCP) and taking to the SLT, Senior Leadership Team, for their support to roll out Realistic Medicine within the HSCP. Workshops are being planned with the Extended Leadership Team (ELT) of around sixty people. Work being done to embed QR code with BRAN Questions (Questions that matter) to patient letters. Supporting local teams at the Planned Care Programme Board to embed Realistic Medicine in pathways. A Governance workshop was organised with representation from Scottish Government, Health and Social Care Partnership and Senior Leadership at NHS Fife in which benefits of Atlas of Variation was highlighted and discussed.</p>	To Deliver Value & Sustainability		Quality & Care Governance
<p>Development of Medical Education Strategic Framework</p> <p>Update: Key achievement between October 2023 - March 2024 is that the estate work is underway on the Cameron site. This will be an education hub for the current University of St Andrews students on the BSc course and will see the students from the upcoming ScotCOM programme attend. The project should be complete for academic year 2024-2025.</p>	To Improve the Quality of Health and Care Services		Quality & Care Governance
<p>Development of the strategic plan to deliver teaching Health Board Status in partnership with the University of St Andrews</p> <p>Update: This continues to progress with input from NHS Fife's Board Secretary and the School of Medicine Manager.</p>	To Improve Staff Experience and Wellbeing		Quality & Care Governance
<p>Medical Workforce Recruitment and Retention Strategic Framework</p> <p>Update: Scoping work underway.</p>	To Improve Staff Experience and Wellbeing		Quality & Care Governance

Purple - Suspended/ Cancelled

Deliverable - Q4 Update	NHS Strategic Priority	Recovery Driver	Dir/Div
<p>Kincardine and Lochgelly Health Centres</p> <p>Update: Capital spend suspended .</p>	<p>To Improve the Quality of Health and Care Services</p>	<p>1. Primary and Community Care</p>	<p>Public Health</p>
<p>Translation and implementation of agreed Business case Options for Co-badged Clinical Trials Unit/Clinical Research Facility with University of St Andrews</p> <p>Update: FIF-RIK-03 was still suspended in Q4 although there is movement now. The landscape changed for this deliverable and was dependent on receiving information from other sources, which were rate-limiting.</p>	<p>To Improve the Quality of Health and Care Services</p>	<p>6. Health Inequalities</p>	<p>Research Innovation &amp; Knowledge</p>
<p>Local - Medicines Automation - Multi Phases (Query if contained in Pharmacy SPRA?)</p> <p>Update: Pharmacy Milestone</p>	<p>To Deliver Value &amp; Sustainability</p>	<p>9. Digital</p>	<p>Digital &amp; Information</p>
<p>National &amp; Local Priority - Hospital Electronic Prescribing and Medicines Administration (HEPMA)</p> <p>Update: Pharmacy Milestone</p>	<p>To Improve the Quality of Health and Care Services</p>	<p>9. Digital</p>	<p>Digital &amp; Information</p>

Deliverable - Q4 Update	NHS Strategic Priority	Recovery Driver	Dir/Div
<p>Implementation of the Pharmacotherapy Service, a component of the GMS Contract and a core part of Pharmacy Service development.</p> <p>Update: Recruitment plans are in place, following close partnership working with colleagues in the HSCP and finance. The team continue to deliver the service to all practices and developmental plans are in place through established BAU structures.</p>	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Pharmacy & Medicines
<p>Serial Prescribing Increasing the level of serial prescribing, as a component of the Medicines Care and Review service</p> <p>Update: The board has made significant progress on serial prescribing uptake and is in a strong position. BAU structures are in place.</p>	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Pharmacy & Medicines
<p>Development of staff working within the orthopaedics NTC</p> <p>Update: Funding to support training and development is key.</p>	To Deliver Value & Sustainability	1. Primary and Community Care	Primary & Preventative Care
<p>Develop Strategic vision across all of Primary Care</p> <p>Update: The Primary Care Strategy has been fully completed and all the work has been signed off by IJB.</p>	To Deliver Value & Sustainability	1. Primary and Community Care	Primary & Preventative Care
<p>Enhance integration and collaboration with Hospital at Home and Community Nursing Services</p> <p>Update: Pathways of referral between H@H, Community Nursing and specialist services have been reviewed to improve timely referrals and remove the requirement for GP referral. This has allowed direct referrals to be made amongst services which has demonstrated improved care for patients in the community and prevented admissions. In addition, weekly huddles involving representation from H@H, Community Nursing, and Specialist Services take place to discuss patients of concern to ensure the relevant services can review quickly and prevent unnecessary or delayed care. Training for Community Nursing has started to be rolled out across all seven Fife localities, utilising a train-the-trainer approach following a successful Test of Change in the South West Locality. This has resulted in Community Nursing staff now taking referrals for IV Abx from H@H to help prevent H@H reaching capacity. This will continue to grow as more staff are trained across Fife.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Community Care
<p>Develop a workforce and delivery model that is financially sustainable</p> <p>Update: Management of service transitioned to Acute Services Division in January. Following successful transition the team have embedded within the service. Future plans of service improvement to be scoped.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Urgent & Unscheduled Care
<p>Develop data metrics and KPIs that assure and promote confidence in the effectiveness of the FNC</p> <p>Update: Management of service transitioned to Acute Services Division in January. Following successful transition the team have embedded within the service. Future plans of service improvement to be scoped.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Urgent & Unscheduled Care
<p>Improve existing pathways and develop new pathways that ensure patients receive the right care at the right time</p> <p>Update: Management of service transitioned to Acute Services Division in January. Following successful transition the team have embedded within the service. Future plans of service improvement to be scoped.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Urgent & Unscheduled Care
<p>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.</p> <p>Update: Management of service transitioned to Acute Services Division in January. Following successful transition the team have embedded within the service. Future plans of service improvement to be scoped.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Urgent & Unscheduled Care

<p>Development and Implementation of an Adult Neurodevelopmental Pathway with clear links to CYP NDD Pathway.</p> <p>Update: Review of service need / business case completed and escalated via QMAG March/April.</p>	To Improve the Quality of Health and Care Services	3. Mental Health	Complex & Critical Care
<p>Mental Health strategy (Medical Director)</p> <p>Update: Completed during Q3 with update</p>	To Improve Health and Wellbeing	3. Mental Health	Property & Asset Management
<p>Operationalise NTC</p> <p>Update: This has not been discussed and would require input from Radiology services Orthopaedic strategy for 2024-2026 will be reviewing all Orthopaedic pathways. Some aspects of the knee and hip pathways were identified at the recent Orthopaedic peer review</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Planned Care
<p>Review and redesign Outpatient capacity to maximise capacity and timely access</p> <p>Update: ENT Access QI project delivered and team from NHS Fife presented to national group as part of the completion.</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Planned Care
<p>Embedding potential alternatives for treatment</p> <p>Update: TOC spread paper to go to IPCB next meeting requesting that all specialities embed learning from Ortho. We will continue to monitor data and explore the potential of proactive outreach with HSCP colleagues in CLS however this is dependent on resource availability.</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Scheduled Care
<p>Implement robust ACRT processes</p> <p>Update: FIF-SCHED-01C original 11 services mapped, 5 additional services now included in scope and process mapping also complete for these.  FIF-SCHED-01d review of outcomes and communications undertaken and ACRT rolled out in 7 prioritised specialties with work in final stages for remaining 4. Review of other condition specific pathways being encouraged for all specialties. Engagement with one prioritised specialty still challenged although some consensus has been reached on which conditions to develop.</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Scheduled Care
<p>Implement robust PIR processes</p> <p>Update: FIF-SCHED-02C initial 11 prioritised services mapped. 5 new services included with scoping near completion.  FIF-SCHED-02d PIR implemented for condition specific pathways in dermatology, general surgery, rheumatology, ENT, urology and orthopaedics.</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Scheduled Care
<p>Validation of waiting lists for patients waiting over 52 weeks including engagement with the National Elective Co-ordination Unit (NECU) to support validation</p> <p>Update: All Actions complete for this year</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Scheduled Care
<p>Continued roll out of RCDSs</p> <p>Update: Adopted by NHS Fife as Business as Usual.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>Embed referral, where clinically appropriate, to Maggie's rehabilitation service and use of national prehabilitation website in cancer pathways</p> <p>Update: Completed in Q1</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>Engagement and support in the National Oncology Transformation Programme</p> <p>Update: Associate Director of Risk and Professional Standards attends national meetings and takes forward any actions identified.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance

<p>Implementation of a Single Point of Contact Service for cancer patients</p> <p>Update: SBAR and report taken to Cancer Governance and Strategy Group on 11/01/14.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>Implementation of Cancer Framework in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services.</p> <p>Update: Cancer Framework launched.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>To ensure routine adherence to optimal diagnostic pathways</p> <p>Update: Baseline measures compared to assess improvement in the optimal lung cancer pathway.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>A sustained lived/living experience panel (including family members) with coproduction approaches in place for the development of ADP strategy, policy and service development. Representation of those with alcohol and drug lived and living experience in other forums beyond alcohol and drug strategic groups and services</p> <p>Update: The Lived Experience Panel project has completed four of its milestones within the year. The panel continued to meet and has a sustained membership contributing to the MAT Standards Implementation plan and the review of residential rehabilitation. Members of the LEP have also been successful in its application for carers' chest funding. An initial review has been done and the formal review of progress of the panel's supported service SRC is due at the end of April in line with all the contracted and commissioned services.</p>		6. Health Inequalities	Business Enabling
<p>More 'one stop shop' drop-ins in the heart of communities where the prevalence/need is high and access to support and treatment is low</p> <p>A visible one stop shops/approach in Cowdenbeath and Kirkcaldy</p> <p>Update: The One Stop Shop (KY Clubs) have been established in Cowdenbeath and Kirkcaldy locality and have regular attendance from people in the community experiencing substance use. The SLWG responsible for the establishments of the groups have continued a support and oversight role and have met regularly to adapt the delivery and the model as required by lived/living experience and/or stakeholders. The one stop shops will be maintained but additional similar models will be explored within these localities and into other localities where there is a clear and supported need from the community and from the evidence.</p>		6. Health Inequalities	Business Enabling
<p>The Medication Assisted Treatment Standards fully implemented in the ADP system of care as measured by processes, numerical and experiential measures. National Treatment in Target Measure met and sustained</p> <p>Update: The MAT Standard Implementation Plan for 2023/24 is now completed with all milestones achieved on time within the year. Fife ADP has submitted all evidence needed by PHS to demonstrate their progress and RAGB scores and assessed progress will be forwarded on 1st May 2024. The MAT Standards Implementation Plan for 2024/25 is now in development using numerical and experiential evidence as its basis.</p>		6. Health Inequalities	Business Enabling
<p>High-Risk Pain Medicines Programme Establish a whole system approach to address the issue of High-Risk Medicines prescribing (as an element of Drug related deaths) across Fife</p> <p>Update: Outputs for year 2 have been completed. Planning for 24/25 approach has been revised and gone through governance groups. The programme will develop its governance into a medicines stewardship group, in a BAU function, reporting via medicines safety and policy routes, linking with work on prevention and early intervention in the HSCP</p>	To Improve Health and Wellbeing	6. Health Inequalities	Pharmacy & Medicines

<p>Public Health Priority 4: National Drugs Mission Priorities; MAT treatment standards; Fife NFO strategy; Fife ADP strategy</p> <p>Update: An action plan has been developed with ADP colleagues to implement changes associated with learning from multi-disciplinary drug death and drug related death report. A needs assessment was completed and shared with ADP colleagues. Information on alcohol related harm and availability was presented to Licensing Board and included in response to Licensing Consultation. The review of alcohol-specific deaths was completed, and findings disseminated. Throughout year public health have supported ADP with expert advice and have continued to advocate for prevention and early intervention.</p>	To Improve Health and Wellbeing	6. Health Inequalities	Public Health
<p>Palliative care redesign More people in Fife will have the choice of where to die and receive specialist care</p> <p>Update: The Director of Health and Social care issued a Direction to NHS Fife on 26th May 2023 to permanently implement the re-provision of Palliative Care in Fife.</p> <p>The enhanced outreach model has resulted in greatly improved service performance and corresponding improvement in patient and carer experience, particularly in the community. Fife's model is regularly held up as an exemplar of innovative practice across Scotland and beyond.</p>	To Improve the Quality of Health and Care Services	7. Innovation Adoption	Community Care
<p>Approach to work with Accelerated National Innovation Adoption (ANIA) partners (coordinated by Centre for Sustainable Delivery (CfSD)) to adopt and scale all approved innovations coming through the ANIA pipeline.</p> <p>Update: IDA meeting papers and information received from HISES Member, Professor Tim Walsh. Meetings with CfSD about pipeline work have been attended and noted.</p>	To Deliver Value & Sustainability	7. Innovation Adoption	Research Innovation & Knowledge
<p>Collaboration with a range of national organisations aiming to reduce the barriers to national innovation adoption.</p> <p>Update: CSO Innovation meetings have changed frequency to once every 2 months. HISES, CfSD and CSO Innovation meetings have all been attended by members of Fife Innovation.</p>	To Deliver Value & Sustainability	7. Innovation Adoption	Research Innovation & Knowledge
<p>Increase NHS Fife Innovation Test Bed activity</p> <p>Update: Projects for progression to Phase 2 have been evaluated by the Evaluation Panel. A moderation meeting has been held to discuss scoring and determine the best projects to take forward. Phase 2 projects due to commence after contracting in June 2024.</p>	To Improve the Quality of Health and Care Services	7. Innovation Adoption	Research Innovation & Knowledge
<p>Implement Safe Staffing legislation; Preparation of the board to meet requirements of Health Care Staff enactment by April 2024</p> <p>Update: Funding was secured to support workforce for next financial year which will enable a 0.2 WTE in PPD to undertake a reduced programme of joint EIC and Healthcare Staffing Development sessions.</p>	To Improve the Quality of Health and Care Services	8. Workforce	Nursing Directorate
<p>Infection Prevention and Control support for Care Homes Annual Winter Preparedness training sessions SICPS training</p> <p>Referrals for IPC support via the HPT and Care Home Hub. Support have been given specifically with highlighted areas of improvement from recent Care Inspectorate inspections, and where requested by the care home managers.</p> <p>Update: All Actions complete for this year</p>	To Improve the Quality of Health and Care Services	8. Workforce	Nursing Directorate
<p>Support for Doctoral Training Program (DTP) Fellows</p> <p>Update: Completed during Q3 with update</p>	To Improve the Quality of Health and Care Services	8. Workforce	Research Innovation & Knowledge



<p>Attracting &amp; Recruiting Staff to deliver Population Health &amp; Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation &amp; enhanced International Recruitment service</p> <p>Update: NHS Fife have recruited 94 nurses and 5 radiographers over the course of two financial years 22 / 23 and 23 / 24 with a further 5 to start on 26th March taking the total to 104 recruits, this has been an extremely successful campaign. There is no external or internal funded expected for any campaign in 2025 / 2026.</p>	To Deliver Value & Sustainability	8. Workforce	Workforce
<p>Create and Nurture a Culture of Person Centred Care</p> <p>Update: The very recent appointment of the Associate Director of Culture, Development &amp; Wellbeing will bring a fresh perspective and the opportunity to review and revise the work to achieve the desired objectives.</p>	To Improve Staff Experience and Wellbeing	8. Workforce	Workforce
<p>Development of improved digital processes i.e. online pre-employment and management referrals programmes</p> <p>Update: This module is working well for all staff groups and gives clear visibility in terms of the candidate's journey on the OH clearance pathway. The exception is volunteers, given service concerns about IT use, so they are still using paper processes at the present.</p>	To Improve Health and Wellbeing	8. Workforce	Workforce
<p>Transformation of HR transactional activity enhancing the HR Operational delivery model through case management and manager support building on manager/employee self service</p> <p>Update: Engagement has taken place with staff side colleagues, key stakeholders and the teams directly affected and their feedback has informed the new structure. Delays have come into play due to the banding of two new posts critical for the new structure which are due to be banded and advertised in April 2024. The teams affected are transitioning into the new model from 1st April 2024 over the 2024 / 2025 financial year.</p>	To Deliver Value & Sustainability	8. Workforce	Workforce
<p>Core Infrastructure Replacements as per Capital Plans revised and submitted to FCIG</p> <p>Update: Completed in Q2</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information
<p>Digital Enablement Workplan for patients and staff ITIL 4 Improvement</p> <p>Update: Items complete allowing ongoing implementation.</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information
<p>Local - Accelerated support to capacity, flow and discharge planning activities</p> <p>Update: Initial Phase 1 actions complete</p>	To Improve Staff Experience and Wellbeing	9. Digital	Digital & Information
<p>National - CHI</p> <p>Update: All items completed, project complete</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information
<p>National - LIMS Implementation</p> <p>Update: Phase 1 complete with remedial actions ongoing.</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information
<p>To secure recurring baseline funding to cover the current additional Pay costs associated with operating the new capabilities and comply with increased levels of regulation and compliance</p> <p>Update: Completed in Q1</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information
<p>To secure recurring baseline funding to cover the current operating Non Pay costs associated with NHS Fife's application support and maintenance funding.</p> <p>Update: Completed in Q2</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information

<p>Set out a plan to reduce medical gas emissions through implementation of national guidance</p> <p>Update: Work to deliver a plan on Nitrous Oxide mitigation was completed in late 2024. This followed previous work to decommission manifolds and return remaining cylinders as part of a national initiative.</p>	To Improve the Quality of Health and Care Services	10. Climate	Pharmacy & Medicines
<p>Achievement of Waste Targets as set out in DL(2021) 38</p> <p>Update: Completed during Q3 with update</p>	To Deliver Value & Sustainability	10. Climate	Property & Asset Management
<p>Action plan for the National Green Theatres Programme</p> <p>Update: Completed during Q3 with update</p>	To Deliver Value & Sustainability	10. Climate	Property & Asset Management
<p>Decarbonisation of Fleet in line with Targets</p> <p>Update: Completed during Q3 with update</p>	To Deliver Value & Sustainability	10. Climate	Property & Asset Management
<p>Outline plans to implement an approved Environmental Management System.</p> <p>Update: Policy has been created following internal and external consultation. Policy group have had initial sight and review and sent back for amendments.</p>	To Deliver Value & Sustainability	10. Climate	Property & Asset Management
<p>Reduction of Medical Gas Emissions through implementation of national guidance</p> <p>Update: Good progress with Medical gasses with all Nitrous Oxide Minifolds decommissioned, Desflourane removed from regular use and the Board approved the Annual Climate Emergency Report in January 2024.</p>	To Deliver Value & Sustainability	10. Climate	Property & Asset Management
<p>Set out approach to develop and begin implementation of a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources.</p> <p>Update: We have started to develop a series of quick wins and a programme of works. As part of the 2024/25 ADP, we will develop this further into a full programme which demonstrates alignment and commitment to 2030 emissions targets. We employed an energy manager who started in Feb 2024 and will be key in shaping this programme and emissions reduction targets.</p>	To Deliver Value & Sustainability	10. Climate	Property & Asset Management
<p>Develop and delivery annual Winter Comms Campaign</p> <p>Update: Winter communication campaign completed using a combination of national toolkits and material personalised for the population of Fife and to respond to localised ask or pressures. Campaign evaluation underway to help inform planning for winter 24/25.</p>			Comms
<p>Increase capacity within the team to deliver service improvement and meet growing service demand</p> <p>Update: The recruitment to a key vacancy was challenging but was ultimately successfully completed. In addition despite the recruitment concluding in Q3, workstreams were all progressed to support improvements within Financial Services processes.</p>	To Deliver Value & Sustainability		Finance
<p>Secure the appropriate capacity and capability across the team</p> <p>Update: The Procurement Department has achieved significant developments in the year, successfully filling all vacancies identified at the start of the year and developing a training programme to support the development across the team. This has then in turn improved the capabilities of the department to support the service needs to a higher level. Whilst effective reporting of the department has continued to be made through the Procurement Governance Board and to the Scottish Government.</p>	To Deliver Value & Sustainability		Finance
<p>Continue to deliver the Medical Certification of the Cause of Death (MCCD) service</p> <p>Update: Completed during Q2</p>	To Improve the Quality of Health and Care Services		Nursing Directorate

<p>Digital Solution for reporting Live Patient Experience (Complaint) data</p> <p>Update: Additional screens have been created for PET on the MicroStrategy page for complaints.</p> <p>Further education and training has been provided to Clinical and Nursing staff by HoPE and PET Leads. A training planner has been created to record and plan this training. Drop in sessions have also been planned over the next 3 months to deliver on the spot training to staff. All PET training material is being reviewed and updated. and initial discussion with PPDU have taken place regarding how best to plan and implement regular complaint training sessions.</p>	To Improve the Quality of Health and Care Services		Nursing Directorate
<p>Implement IPC Interim Strategy 2023-25</p> <p>Update: Completed during Q2</p>	To Improve the Quality of Health and Care Services		Nursing Directorate
<p>Implement national Excellence in Care (EIC) objectives within NHS Fife in line with 3 Year strategy, embed in Fife by 2025.</p> <p>Update: All Actions complete for this year</p>	To Improve the Quality of Health and Care Services		Nursing Directorate
<p>Legal Services Department (LSD) role within the Board is to manage all clinical negligence, employers and public liability claims intimated against NHS Fife; Fatal Accident Inquiries in which NHS Fife is an involved and interested party and all other legal intimations and challenges which involve the organisation</p> <p>Update: All Actions complete for this year</p>	To Improve the Quality of Health and Care Services		Nursing Directorate
<p>Continue to develop and improve the Corporate Programme Management Office (PMO) to support service change across NHS Fife</p> <p>Update: All activities for 23/24 are complete. However there will be ongoing review of templates / documentation particularly as the team transition to support RTP.</p>	To Deliver Value & Sustainability		Planning & Performance
<p>Support delivery of SPRA (Strategic Planning and Resource Allocation) process aligning with the different levels of the strategic planning landscape in Fife</p> <p>Update: ADP was submitted to SG in March. Initial meeting with SG on 25 March but formal sign off has not yet been received.</p> <p>SPRA24/25 did not take place.</p> <p>ADP2 no longer required by SG therefore digital solution no longer required.</p>	To Deliver Value & Sustainability		Planning & Performance
<p>Development of a Minor Works capability</p> <p>Update: A full time Estates Officer is now in place undertaking Minor Works which has been very successful in reducing costs. Resource has been identified to carry out design work internally to improve efficiency.</p>	To Deliver Value & Sustainability		Property & Asset Management
<p>Ensuring a robust Primary Care Premises Strategy is in place</p> <p>Update: Completed during Q2</p>	To Deliver Value & Sustainability		Property & Asset Management
<p>Ensuring the necessary Health &amp; Safety Resources are in place together with robust arrangements for mandatory training</p> <p>Update: Completed during Q2</p>	To Improve Staff Experience and Wellbeing		Property & Asset Management
<p>Reviewing the use of taxi contracts across the organisation</p> <p>Update: Completed during Q2</p>	To Deliver Value & Sustainability		Property & Asset Management
<p>Review of Staffing Profiles and Banding to ensure improved Recruitment &amp; Retention and the creation appropriate Work Placements</p> <p>Update: Successful banding changes for catering staff and craftsmen which are being implemented within existing resources.</p>	To Deliver Value & Sustainability		Property & Asset Management

<p>Deliver an effective public health intelligence function to provide multifaceted high-quality intelligence that supports the portfolios of work within Public Health and supports the strategic development, policymaking, planning, delivery, and evaluation of services within NHS Fife and its partners.</p> <p>Update: Work was completed was in line with the objectives within the PH department workplan. Work was undertaken across all PH Priorities in 23/24 and used to highlight key issues and to inform decisions within NHS Fife and across partnership organisations.</p>	To Deliver Value & Sustainability		Public Health
<p>Ensure effective direction and governance for the delivery of immunisation programmes in Fife and provide assurance that the Fife population is protected from vaccine preventable disease</p> <p>Update: Area Immunisation Steering Group (AISG) met in December 2023 with focus on annual uptake data for teenage vaccination programmes (MenACWY, DTP, HPV), and in February 2024 with focus on selective vaccination programmes as per AISG workplan. Public Health led strategic review of childhood immunisation delivery in Fife was completed and presented to the Community Immunisation Service programme board in October 23. Ongoing public health support for the Immunisation Quality Matters Assurance Group chaired by HSCP. Public health led lessons learned event held in February 24 regarding implementation of the Winter 23 Flu &amp; COVID vaccination programme.</p>	To Improve Health and Wellbeing		Public Health
<p>Joint work with NHS Lothian, Forth Valley and Borders to implement an East Regional Health Protection service.</p> <p>Update: East Region Health Protection Team went live December 2023, with all leadership roles in place. This follows development of service models, and with ongoing tabletop exercises/CPD to ensure all aspects are working well. Systems are in place for ongoing service evaluation and development now the regional service is live.</p>	To Improve the Quality of Health and Care Services		Public Health
<p>Updating of Business Continuity plans since the COVID response, with staffing playing a key role and incorporating a scenario planning exercise.</p> <p>Update: FIF-PH-17a : BC plan testing is now agreed as a rolling programme across NHS Fife &amp; quality improvement actions are recorded into datix with plan owners. Every plan will be tested as set out in BCMS SOP which was ratified 18/1/24 by EDG. Further work is being undertaken following internal audit b13/23 feedback to embed new BC assurance systems &amp; proactive systems reports are being send to general /service managers monthly and plan owners to give advanced notice &amp; time needed for BC plans to be updated.</p>	To Improve the Quality of Health and Care Services		Public Health
<p>Delivery of Clinical Governance Strategic Framework - Adverse Events</p> <p>Update: Review of action module will resume on completion of improvement work on aspects of review process.</p>	To Improve the Quality of Health and Care Services		Quality & Care Governance
<p>Delivery of Clinical Governance Strategic Framework</p> <p>Update: 2023/24 workplan complete.</p>	To Improve the Quality of Health and Care Services		Quality & Care Governance

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NHS Chief Executives  
NHS Chairs  
IJB Chief Officers

Date: 5 June 2024

Dear Colleagues

## **REFORMING SERVICES AND REFORMING THE WAY WE WORK**

You are all very aware of the critical need for reform to support improved wellbeing of people across Scotland, improved access to treatment and care and to secure the sustainability of our services, in the short term, and into the future. You will also have heard the parliamentary debate yesterday where the Cabinet Secretary set out the Government's vision for reform of our NHS and social care system. This letter sets out some further information for you, particularly on how we will need to work together to deliver the Vision.

When it was established 76 years ago, NHS Scotland was visionary, bold, and radical. It transformed health services for millions of people and brought certainty and security, it made sure that services reached the same national standards for everyone, everywhere, according to need and not the ability to pay.

Scotland has changed significantly since then: we now live longer, medicine can do much more, technology is transforming the way we live, lifestyles and expectations have changed. We also know that renewed focus on improving the health of our population, addressing inequalities, prevention and early intervention is required to ensure that we can provide services that will be able to meet the forecasted demand.

These are significant challenges and there will be difficult decisions for us to collectively navigate. There are also non-negotiables for this Government. The founding principles of Scotland's NHS will not change and we remain committed to access to healthcare based on clinical need and free at the point of need. It is also critical that our reform delivers improvements in health outcomes, reduction of health inequalities that persist in our communities, and reduction in unwarranted variation across our services.

The programme of reform, as set out by the Cabinet Secretary during the parliamentary debate, seeks to deliver a health service that is fit for the 21<sup>st</sup> century. In setting out his proposals, the Cabinet Secretary restated our vision for health and social care in Scotland - *A Scotland where people live longer, healthier and fulfilling lives*. This builds on the strategic foundations developed over the past decade or so, including the 2010 Quality Strategy, the 2016 National Clinical Strategy, 2016 Realistic Medicine and the 2022 NHS Scotland climate emergency and sustainability strategy.

The vision that will drive this reform, to enable people to live longer, healthier and more fulfilling lives, is underpinned by the four key areas of place based population health improvement; early intervention and prevention; improved access; and high quality service provision; all with people at the heart of our decision making.

Now is the time to drive forward the reform activity that will ensure that we deliver this vision. It has never been more urgent and requires concentrated action across our system and wider government to maximise efforts across portfolios. It is also vital that this period of reform and improvement proceeds on a national basis and with a strong spirit of collaboration, which builds on existing long standing responsibilities for NHS Boards to work together across boundaries.

I have set out additional context and detail in Annex A. This will be supplemented by further information on the reform programme and development of the National Clinical Framework over the next month or so. We are also working with Board Communication Leads and with HIS Community Engagement to ensure coherence and consistency of messaging across NHS Boards, our workforce and population.

I have no doubt that we will face a number of challenges as we progress on our journey of reform, however, with your support and leadership, I am optimistic that together we can build forward and deliver services and outcomes that meet the needs of our population today and into the future.

Yours sincerely



**Caroline Lamb**

Director General Health & Social Care, Chief Executive of NHS Scotland

## FURTHER DETAIL ON REFORMING SERVICES AND REFORMING THE WAY WE WORK

### REFORMING SERVICES

#### Overview

Our intention to reform health and social care is now well established. The vision that will drive this reform, to enable people to live longer, healthier and more fulfilling lives, is underpinned by the four key areas of place based population health improvement; early intervention and prevention; improved access; and high quality services; always with people at its heart.

The case for change has never been more urgent and it will require concentrated action across government to maximise efforts across portfolios. This will include education, housing and communities, transport, and economic development. It is clear that we need to work not only across government, but across NHS Boards, IJBs, HSCPs, Local Government, community planning, education, and business and industry.

Our vision is focussed on change and improvement within current NHS structures, maximising current assets, and delivering a population-based approach to the planning of acute services that will transcend traditional boundaries. This task will crucially need to harness the potential of proven technological and scientific innovations, whilst also maintaining focus on the outcomes that really matter to people. Rapid national adoption of innovation will be critical to ensure that health services in Scotland are more sustainable, address health inequalities and deliver improved patient outcomes.

#### Key elements of reform

In this initial update, we focus on the proposals emerging from the development of the *National Clinical Framework*, for population-level planning for acute services, and delivering more in community settings, alongside specialist centres of excellence. We will work with HIS-Community Engagement to determine how we ensure meaningful engagement with communities is undertaken of any changes.

As we have already set out for Board Chairs and Board Chief Executives Groups, there are a number of components to reform of services. These include the development of a Population Health Framework, being led by Public Health Scotland and Directors of Public Health, changes to our primary care and community health sector in the context of wider preventative reform (aligned to the development of the National Care Service) and reform being delivered through the recent Mental Health Strategy, and developing our National Clinical Strategy into a National Clinical Framework to inform the redesign of acute services. In summary, the reform of our acute services will:

- Drive person-centred values through connected care
- Drive further integration with primary care, community health and social care, delivering holistic care in the community
- Improve quality and safety
- Create centres of excellence which will attract and retain the best talent
- Strengthen the 'NHS Scotland' planning approach, maximising the collective power of delivering *once for Scotland* whilst increasing agility in responding to local population need

- Feed innovation hubs that will not only serve Scotland but develop economic opportunities for Scottish enterprise
- Drive common approaches to digital technologies and innovation.

### Phasing of reform

- In the **immediate term** we must ensure that our services are delivered in a way that optimises our current arrangements, continue to improve standards and make significant headway in waiting times and productivity improvement.

Engagement with NHS Boards over the last year identified a number of areas in which services are persistently fragile and/or at imminent risk of collapsing as a result of an unsustainable workforce and/or service model. The first phase of work relates to planning and delivery of vascular, oncology, diagnostics and remote, rural and island healthcare. The aim is that they should serve as a catalyst for action at an NHS Scotland level about the way services are delivered now and in the future.

- In the **medium term** we need to reform how acute services are planned, organised, and delivered in order to optimise resources and transform how we work together across services. This will involve more national and cross-boundary provision where specialities can be delivered with greater consistency and an ongoing commitment to quality.
- In the **longer term** we need to fundamentally change how our acute system is structured to respond to the changing needs of the population; concurrently, we must reduce demand and not simply improve services. We will drive further investment in prevention and early intervention, and not just treatment.

In delivering on the reform, we will drive new models of care, and improve productivity through innovation, technological advancements, and workforce models that directly respond to the challenges in our system. In the future this may require structural changes, but the immediate focus must be transformation of services within the existing structure and maximising current assets; delivering a population-based approach to healthcare that crosses traditional boundaries and parameters.

### Delivering on the National Clinical Strategy

As highlighted by the Cabinet Secretary, our reform programme is not about development of a new strategy. We already have that in the 2016 *National Clinical Strategy*, which sets out the need to move to plan at a population level, supported by care closer to home, and greater adoption of digital innovation. The focus now has to be on transformation delivery building on the foundations of our current system.

We have been working, over the past few months, with clinical advisers, to review the National Clinical Strategy, and to translate this into an action focussed National Clinical Framework. The National Clinical Framework is at the centre of reforming our services and sets out the clinical direction of travel. Our initial assessment with clinicians outlines that a great deal of acute activity can be undertaken in the community and/or remotely. This increases access, can reduce additional costs, and positions NHS Scotland as a country-wide network of clinicians rather than place-bound care.



The National Clinical Framework will act as an enabling framework against which other core components will be reframed as we consider:

- Volume and safety
- Population based planning
- Clinical operating models

With the core principles of Value Based Healthcare and Healthcare Quality at its core, the National Clinical Framework aims to ensure any service provided by our NHS remains safe, effective and person-centred.

The National Clinical Framework will set out operating models at a service level, rather than the current geographical planning of acute services. In practice, this will build upon the national planning approach that we already undertake successfully for specialist services. We will plan our acute services at a Scotland population level that takes into consideration high volume/low complex procedures through to low volume/high complex procedures. The framework will be responsive to the changing needs of the population; it is not a fixed destination point, rather a framework to guide year-on-year planning of services.

*Further information will be provided over the next few weeks in terms of engagement and implementation of the National Clinical Framework.*

In parallel to the clinical operating models we will develop an overall 'ecosystem' model for *how and where* services are delivered. This will provide the planning guidance for Boards at local and national levels, e.g. the delivery of diagnostics will show a year-on-year move to community settings.

This transformation of acute services places greater emphasis on a *NHS Scotland* approach; in order to achieve this we will require stronger digital infrastructure to support the revised way of working, alongside harnessing the productivity benefits that streamlining our infrastructure will yield. Reducing lost time from skilled clinicians and staff who are having to navigate analogue systems will be fundamental to our digital approach.

The clinical operating models will be underpinned by data and modelling to ensure continual right sizing of our services, while factoring in local variation to ensure we are targeting health inequalities. Equality impact assessments will be undertaken to ensure the sum total of our revised service model continues to provide equity and fairness.

Alongside the development of the National Clinical Framework, Boards will continue the extensive work being undertaken in improving processes and productivity of acute services. Through the support of the Centre for Sustainable Delivery, work will continue to standardise processes where it is appropriate and redesign processes where required.

These changes are complex and will require consideration of workforce, inter-relationships between specialties, pathways from acute back into community settings, finance and impact on wider systems, such as transport. It will also require careful conversations with our population. Failure, however, to change will limit improvement of outcomes and limit the potential to strengthen world-class standards of care.

## Engagement Framework

An important part of taking forward reform will be a robust and meaningful engagement approach. We will engage at an early stage and provide ongoing opportunities with a wide range of stakeholders, community interest groups and the people of Scotland on reform plans. The scope of the national engagement will be our population health, primary and community care reform, and changes to acute services.

This programme of national engagement was launched by the Cabinet Secretary for Health and Social Care during the debate in parliament on NHS reform. A comprehensive engagement plan is now under development, with the support of Board Communications and Engagement Leads, to ensure that our programme of transformation is discussed widely and benefits from a wide range of voices: workforce and service leaders, royal colleges, third sector groups, and people in Scotland more broadly.

The engagement framework will set out the approach we will take across the health social care sector and non-health public services, as well as with the public. We seek to utilise established engagement pathways; this enables reach to a broad range of stakeholders without placing further burden on agencies and bodies that at times struggle to engage with the full range of consultations from Government. We will partner with agencies that have extensive networks to gain insight across different groups. This framework will outline key audiences, outlining how they have been identified and reached.

We are also committed to working *with* our workforce: hearing the voices of experience of those who have been treating and caring for people in Scotland is paramount. This will include the insight from clinicians on responding to health demand, professionals who support how our system operates, through to innovators and digital colleagues. We are currently working through development of staff engagement with Boards.

The engagement strategy will outline the identification and approach for hard to reach and marginalised voices; engagement with Social Justice officials will support the development of engagement plan.

In partnership with Public Sector Reform colleagues, we will also look to work with agencies and bodies outside of the health and social care ecosystem, such as transport, local authorities and education. As an example, a workshop took place earlier this month with Transport Scotland and Regional Transport Partnership (RTP) colleagues to explore how we strengthen our collaboration across transport to health planning. This also supports the Government's intentions on broad public service reform.

A parallel communications strategy will be developed, including the use of social media to start telling the story of the reform work; this will build understanding and confidence with public and the service.

The engagement approach sets out the opportunity for us to be clear about the evidence for change, some of the difficult choices we will have to make, and the improved outcomes we are working toward, whilst at the same time offering hope and renewed enthusiasm to those working within our systems.

The key elements are:

**a) Expert reference group**

To provide challenge and ensure we benefit from the experience of similar systems outwith Scotland. This will have CMO leadership and draw from CMO's existing Advisory Group.

**b) Stakeholder advisory group**

Convening a multi-stakeholder advisory group which the Cabinet Secretary will chair. This group will be similar to the Mobilisation Recovery Group used during COVID-19 response, which was welcomed across the system.

**c) Professional advisory groups**

Confidence with our clinicians and professional groups will be critical to success. We will strengthen our engagement across our advisory groups to engage proactively with clinical experts, including the Royal Colleges, CMO Medical and Public Health advisory forum, and CNO groups.

**d) Staff side engagement**

Staff side engagement will be essential for insight into strategy, in addition to advise on tactical implementation of change. We will build this based on established engagement through the Scottish Partnership Forum (SPF) and associated Board Area Partnership Forums.

The SPF has been operating for over 20 years and provides a forum to work together on strategic issues affecting Health and Social Care. SPF also provides the strategic link with other Partnership Groups, such as the Scottish Terms and Conditions Committee (STAC), and discussions are shared with Board local Area Partnership Forums (APFs) to improve awareness of National Level discussions.

**e) Wider staff engagement**

We are working with Board Communications and Engagement Leads to develop a co-ordinated programme of engagement with all levels of staff across all Boards and to ensure the national and local narratives are consistent.

This will also build on the extensive direct engagement with NHS staff most recently through the work of the Listening Project linked to the Nursing and Midwifery Taskforce which I chair. The Listening Project has engaged with nursing and midwifery workforce through survey work and focus groups held in every territorial health board in Scotland and its methodology could be utilised for wider engagement with staff beyond those professions. Findings indicate significant concern felt by staff that the wellbeing of staff and patient outcomes are not considered equally along with organisational and fiscal priorities and a lack of trust that the system is able to improve under current systems. This provides a further sense of urgency to the reform now required.

**f) Citizen engagement**

Citizen engagement will be in two phases. Early engagement will be focused on the wide themes of NHS reform. In the first instance, we are working with HIS and The ALLIANCE to further analyse the extensive engagement they have already undertaken with the public on their needs for health and care services. We will also draw on other engagement work, such as that undertaken by YoungScot with young

people on delivery of future health and care services. In addition, we have commissioned HIS to undertake a Citizens' Panel on NHS reform. Following this initial work, we will consider what additional public engagement is needed on key questions within the plans for NHS reform.

The second phase of citizen engagement will take place on specific service changes that result from NHS reform. This engagement will be developed and undertaken on a service by service basis, and will comprise both national and local engagement. We will work with HIS and Participation and Engagement teams in NHS Boards to develop engagement activities. This will be in accordance with the recently updated *Planning with People* guidance which provides greater clarity on engagement on nationally determined service change and on ensuring proportionate public engagement on service change.

**g) System Leaders' Engagement**

Similar to the Winter Planning Summit that was convened in August 2023, we will bring together system leaders to focus on the vision for reform delivery and the changes needed to secure sustainability of services.

**h) Ministerial roundtables**

Ministerial roundtables on specific topics, with clinicians, professionals, unions and staff representatives and people who use services.

**i) Cross-party engagement**

In recognition of the need to build cross-party engagement in the development of a future sustainable and person-centred model of health services, quarterly events will take place, starting after summer recess. This will be supported by local engagement already undertaken by Boards with their respective political representatives.

We are already engaging key stakeholders including Public Health Scotland and COSLA on the development of a 10-year population health plan. In doing so, we will look to reset the relationship between the people of Scotland and the state around health, and to promote a discussion about how we collectively take responsibility for a healthier Scotland. This builds upon a renewed focus on improving the physical and mental health of the population, recognising that despite the progress we have made, and the many influences contributing to health harming behaviours, too many of us still smoke, drink too much alcohol, do not exercise enough and are overweight.

Engagement will continue on the development of National Care Service alongside the engagement underway in primary care and community health. An external Steering Group for Primary and Community Health has been established to provide advice into this, and wider health and social care reform programmes.

NHS Boards have a statutory duty to involve people and communities in the planning and development of services, and in decisions that will significantly affect how services are run. Where service change will be occurring at a local level, the Board will be responsible for consultation on how the change will be applied locally.

## **REFORMING THE WAY WE WORK**

Delivering sustainable, resilient, accessible and efficient services for the population of Scotland can only be achieved by a significant change in the way we plan, organise, deliver

and fund services. We have begun over the past few months to reset and reform our ways of working, for example:

- Established the NHS Scotland Planning and Delivery Board and associated Strategic Planning Board and National Programmes Sub Group
- Development of single NHS Scotland plan for fragile services with national, regional and local service and planning teams working collaboratively. The first phase is developing single plans for oncology, vascular, diagnostics services. A Remote, Rural and Islands Task and Finish Group has also been established to determine a sustainable model of care for these communities
- Agreed new construct for our networks, aligned to portfolios of care.

We will also need to consider our ways of working and organisational change in a number of areas. Critically, cross boundary approaches will become a more substantive and important part of what we need to do and will challenge some aspects of the way we currently do business.

In doing so, Boards will be expected to engage closely with this endeavour and establish ways of working which will see significant progress on cross boundary working in the short and medium term, reflecting this work in Annual Delivery and Medium-Term Plans. In support of this, a Directors Letter (DL) setting out a Single Planning Framework will be issued to Boards in July. This will also consider how we move from discrete to more collaborative commissioning between National Board Sponsors, with enhanced co-ordination of commissioning to ensure a coherent set of delivery plans that support the drivers for change across NHS Scotland.

In considering how we plan for our population of Scotland, we will also identify the conditions for success and key enablers as we determine what is best planned and/or delivered collaboratively. As a core component of this, we will look to identify what more we need to do to achieve more coherent working between national, regional and local levels of planning and delivery. This would include the role in reform of regional transport partnerships, regional innovation hubs and community planning partnerships.

#### Collaboration across partners and wider public services

There are many interdependencies across the health and social care system, therefore many strands of transformation are required to run in parallel. Initial planning is progressing in the following areas, with further detail to follow:

- Renewed cross-government and cross-sector efforts to improve population health
- Population level planning for acute services
- New models of care that support more people to be treated as close to home as possible
- Improvements to planned care, mental health, prevention, primary, community and social care, aligned with the work being taken forward to establish the National Care Service, and wider reform outlined in this paper
- Ongoing work on delayed discharges
- A step change in innovation and the use of digital technologies
- Alignment of other enablers of change such as workforce and finance to support the transformation programme
- A framework for focussed national engagement.

**Meeting:** Finance, Performance and Resources Committee

**Meeting date:** 16<sup>th</sup> July 2024

**Title:** Scheduled Care – 2024/25 Plan

**Responsible Executive:** Claire Dobson, Director of Acute Services

**Report Author:** Claire Dobson Director of Acute Services  
Sandra Anderson, Waiting Times and Access Manager  
Mimms Watts, General Manager, Surgical Directorate

## 1 Purpose

**This report is presented for:**

- Assurance
- Discussion

**This report relates to:**

- Annual Delivery Plan
- NHS Board Strategic Priorities
  - 1. To Improve Health and Well Being
  - 2. To Improve the Quality of Health and Care Services
  - 4. To Deliver Value and Sustainability

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

This report presents the NHS Fife Scheduled Care Plan for 2024/25 and it is brought to the committee for Assurance and Discussion

Planning scheduled care activity for this year has taken several months due to a number of factors including unanticipated, albeit welcome, funding allocations from Scottish Government to sustain planned care activity levels; Reform Transform and Perform plans; and the requirement to address significant cost pressures within scheduled care in NHS Fife.

## 2.2 Background

Scottish Government Planned Care Planning Guidance for 2024/25 and associated funding was issued to Boards in January 2024. Recognising the requirement to reduce the scale of the deficit to bring the system closer towards financial balance, it was emphasised that Boards maximise all productive opportunities and efficiencies to create capacity, increase activity and implement minimum standards to support recovery.

NHS Fife's initial allocated budget for delivery of the planned care plan was £7.83 million. In April 2024 an additional £50 million was allocated to Territorial Boards on a recurring basis to be targeted at protecting planned care and maintaining levels of planned care activity to at least 2023-24 levels. NHS Fife's NRAC share of this is £3.43 million. A further £30 million non-recurring funding has been made available nationally to support Diagnostics, Cancer Waiting Times and increased capacity in National Treatment Centres.

Boards were asked to submit initial plans to the Scottish Government in March 2024. Following confirmation of the additional funding revised plans were to be submitted by mid April 2024.

## 2.3 Assessment

### Waiting times plan for 2024/25

The plan prepared for submission to the Scottish Government will deliver increased capacity and an improvement in waiting times for long waiting patients within the total recurring waiting times funding allocated to NHS Fife for 2024/25 which is £11.26 million (£7.83m + £3.43m). Governance processes are in place to ensure that this activity will be delivered within the recurring financial allocation.

Additional money has also been allocated to Radiology from the £30 million non-recurring funding to increase capacity and improve waiting times for the 4 key imaging diagnostic tests. In addition NHS Fife will receive an allocation of £1.4m from the £30 million non-recurring funding to increase capacity at the National Treatment Centre, Fife Orthopaedics for Arthroplasty procedures.

It is projected that this funding along with continued measures to increase productivity and efficiency will deliver the following activity, waiting times and waiting list size during 2024/25. The overall position has improved from the initial trajectories submitted as part of the Annual Delivery Plan.

## New Out-Patients (New OP)

Projected New Out-Patient activity and waiting times for 2024/25 are detailed below:

NEW OP	MARCH 2024 POSITION	New OP Projected activity and waiting list size for end of each quarter 2024/25			
		Q1	Q2	Q3	Q4
<b>Funded Capacity</b>	22,572	23,699	24,007	24,288	24,262
<b>No &gt; 104 weeks</b>	32	9	0	0	0
<b>No &gt; 78 weeks</b>	905	945	860	1024	1303
<b>No &gt; 52 weeks</b>	4174	4857	5533	5869	6334
<b>Waiting list size</b>	<b>32385</b>	<b>33037</b>	<b>33532</b>	<b>33910</b>	<b>34225</b>

The overall projected New OP capacity is approximately 10% greater than 2023/2024; this supports the SG requirement to ensure capacity remains at no less than 2023/24 levels.

Overall demand is projected to increase slightly compared to 2023/24 with an average of 8036 referrals accepted each month compared to 7956.

Overall the increase in capacity is projected to meet the demand; however, there will be variation between specialities due to workforce challenges. Consequently the new out-patient waiting list size is projected to increase slightly during 2024/25. If we do not increase capacity as outlined above and hold it at 2023/24 levels, we would see an increased detrimental impact on the size of the waiting list and potentially long waits.

To support New OP activity the following additional support has been commissioned:

- Additional out-patient clinics
- Enhanced vetting sessions
- ENT Specialty Doctor post funded
- 1.0 WTE Consultant Gynaecologist funded
- 1.0 WTE Consultant Neurologist funded
- 1.0 WTE Consultant Urologist funded

The impact of additional activity, the existing backlog and gaps in capacity in some specialities will be as follows:

- There will be no specialities breaching 104 weeks by March 2025
- The 18 month target will be sustained for most specialities except from Cardiology, Gastroenterology, Urology, Neurology and Haematology
- NHS Fife will meet and sustain the target of zero one year waits for a new out-patient appointment in General Surgery, Vascular, Breast, Ophthalmology, Orthodontics, Medicine of the Elderly, Renal, Infectious Diseases, Paediatrics, Plastic Surgery, Respiratory Medicine and Trauma and Orthopaedics
- There will be patients waiting more than one year for an outpatient appointment in 11 specialities - Cardiology, Dermatology, Endocrinology, ENT, Gastroenterology, Gynaecology, Haematology, Neurology, Oral Maxillofacial, Rheumatology and Urology.



## **New OP Productive Opportunities**

We are working in line with guidance from the Centre for Sustainable Delivery (CfSD) reflecting current best practice across NHS Scotland. There are consistent processes in place for the regular validation of waiting lists. NHS Fife is actively engaging with the National Elective Coordination Unit and CfSD to implement a range of productive opportunities including Active Clinical Referral Triage and Patient Initiated Review. Both ACRT and PIR support the effective management of new referrals as well as the number of review patients. New OP requests sent back to the referral source as they were inappropriate are also monitored (11,950 May 2023 to May 2024).

The NHS Fife current “Did Not Attend” rate for new out-patients from June 2023 to June 2024 is 7%. This data is monitored at an operational level with escalation through the General Managers and the Waiting Times and Access Manager, to the Director of Acute Services where there is an area of concern or challenge.

## **In-patient and Day Case (IP/DC) Patient TTG**

Projected In-Patient and Day Case activity and waiting times for 2024/25 are detailed below:

IP/DC	MARCH 2024 POSITION	IP/DC Projected activity and waiting list size for end of each quarter 2024/25			
		Q1	Q2	Q3	Q4
<b>Capacity</b>	2823	3745	4057	4085	4111
<b>No &gt; 104 weeks</b>	34	32	22	20	20
<b>No &gt; 78 weeks</b>	170	153	127	100	110
<b>No &gt; 52 weeks</b>	623	656	621	645	669
<b>Waiting list size</b>	7775	8180	8460	8742	9038

Theatre sessions in NHS Fife are delivered across the NTC, Victoria Hospital Kirkcaldy (VHK) and Queen Margaret Hospital (QMH) with day case procedures increasingly concentrated at QMH.

NHS Fife Theatre utilisation from May 2023 to May 2024 is on average 91.5% against a target of 85%. Theatre cancellations are on average 6.6% against target of 7.5% (PHS report that the National monthly average for Scotland at 31/05/2024 was 8.3%)

The overall projected IP/DC capacity is 24% greater than 2023/2024 figures. Demand is projected to increase with an average 1441 additions each month to the IP/DC waiting list compared to 1360 in 2023/24.

Overall the increase in capacity is projected to be greater than demand with an anticipated surplus of 98 procedures per month. However, there will be variation between specialities and the IP/DC waiting list size is projected to increase during 2024/25 although there will be an improvement in long waiting times.

The focus continues to be on treating patients based on clinical prioritisation and reducing the number of long waiting patients.

To support IP/DC activity the following additional support has been commissioned:

- Additional theatre sessions
- Use of the Golden Jubilee Hospital for 264 Cataract procedures
- ENT Specialty Doctor post funded (as per New OP)
- 1.0 WTE Consultant Gynaecologist funded (as per New OP)
- 1.0 WTE Consultant Neurologist funded (as per New OP)
- 1.0 WTE Consultant Urologist funded (as per New OP)

The impact of the additional activity, existing backlog and gaps in capacity in some specialities will be as follows:

- The number of TTG patients waiting more than 2 years for an IP/DC procedure will fall from 34 in April 2024 to 20 in March 2025.
- Those waiting over 2 years will be mainly waiting for an Orthopaedic procedure, the majority being referrals to the National Treatment Centre from NHS Lothian
- It is projected that the number of TTG patients waiting more than 18 months for an IP/DC procedure will fall from 170 in April 2024 to 110 by March 2025 (NTC referrals)
- The number of TTG patients who were waiting more than 1 year for an IP/DC procedure is projected to increase in Orthopaedics and Urology.
- Discussions continue with neighbouring boards to implement a plan to treat long waiting Gynaecology patients.

### **Productive Opportunities IP/DC**

As part of an ongoing improvement plan NHS Fife is actively looking at opportunities to increase productivity in theatres and pre-assessment as well as implementing improvements to increase throughput in the Cataract and Orthopaedic theatres.

NHS Fife continues to maximise the use of day case capacity at QMH and capacity in the NTC both of which are protected, dedicated planned care facilities. A review of performance against national benchmarks such as BADS rates will be undertaken through the Re-Imagining Acute Services programme within the overall Transformation Portfolio of RTP, to identify any further scope to increase day surgery beyond the improvements already introduced over a period of years.

A separate plan to provide increased capacity within the NTC this year against the non-recurring £30 million central allocation was also approved by Scottish Government. The cost for this is in the region of £1.4m and is based on the established costing and clinical model for the NTC. This will support an additional 205 Arthroplasty procedures.

### **Key Diagnostic tests**

Projected activity and waiting times for 2024/25 are detailed below.

## Endoscopy

Endoscopy	MARCH 2024 POSITION	Projected activity and waiting list size for end of each quarter 2024/25			
		Q1	Q2	Q3	Q4
Capacity	2601	2601	2601	2601	2601
No > 52 weeks (by end of quarter)	4	0	0	0	0
No > 26 weeks (by end of quarter)	42	24	6	0	0
No > 6 weeks (by end of quarter)	246	136	85	34	10
Waiting list size (by end of quarter)	653	716	690	662	633

Endoscopy services are provided at VHK and QMH (Regional Endoscopy Unit)

The projected capacity for 2024/25 has remained similar to last year and demand has reduced slightly although it is projected that the level of urgent and urgent suspicion of cancer referrals will remain high. The projected capacity is slightly more than current demand and therefore it is anticipated that there will be a continued reduction in the waiting list size. NHS Fife has sustained a Nurse Endoscopist workforce which is one of key priorities in creating a future sustainable workforce.

The impact of Endoscopy activity on the waiting list size and waiting times will be as follows:

- There will be no patients waiting over 52 or 26 weeks for endoscopy by March 2025
- The number of patients waiting over 6 weeks will decrease and 95% of patients referred for endoscopy will be seen within 6 weeks

Delivery of this is dependent on successful recruitment to vacant posts and no loss of bed capacity due to unscheduled care pressures.

### Productive Opportunities Endoscopy

In line with last year, the plan for 2024/25 includes the continuation of productive opportunities, namely the Cystosponge Service, Q Fit and waiting list validation. Following a review and evaluation of the Colon Capsule service a decision was made to discontinue. The Service is actively looking at opportunities to increase productivity in booking processes and pre-assessment processes and to implement improvements to increase throughput on lists where appropriate.

## Radiology

Projected Radiology activity and waiting times for 2024/25 are detailed below:

Radiology (MRI, CT, Ultrasound)	MARCH 2024 POSITION	Radiology Projected activity and waiting list size for end of each quarter 2024/25			
		Q1	Q2	Q3	Q4
Capacity	12,666	15,849	15,849	15,849	15,849
No > 52 weeks	0	0	0	0	0
No > 26 weeks	85	0	0	0	0
No > 6 weeks	3916	2808	998	126	168
Waiting list size	7812	5682	4813	3031	2890

The projected core capacity for Radiology is 22% greater than projected in 2023/24 due to additional non-recurring Radiology funding and mobile capacity from the SG allocation. This will enable Radiology to meet the demand and reduce the backlog in patients waiting for routine imaging. It is unclear if a similar level of additional funding and activity will be available in 2025/26.

Referrals are projected to remain similar to last year in all three modalities with an overall average of 4613 per month compared to 4759 in 2023/24. It is anticipated that the increased demand for in-patient imaging and urgent out-patient referrals will continue in 2024/25 and there will continue to be a focus on supporting hospital flow and urgent and urgent suspicion of cancer referrals. It is projected that there will a surplus in activity of around 500 per month in 2024/25 and consequently the waiting list size will decrease during the year.

The additional funding has supported:

- Additional MRI capacity
- Additional Ultrasound capacity
- Additional CT Capacity

The impact of the additional activity:

- There will be no patients waiting over 52 or 26 weeks for imaging by March 2025.
- The number of patients waiting over 6 weeks will decrease in all of the imaging modalities and 95% of patients referred for diagnostic imaging will be seen and images reported within 6 weeks.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		X		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

### 2.3.1 Quality, Patient and Value-Based Health & Care

As highlighted above the improved position in capacity compared to demand projected for 2024/25 in most services will lead to an improvement in the length of wait and the quality of care for routine patients in most specialities. However, we note that the impact of increased demand does result in an increase to the size of the waiting list for outpatient, day cases and inpatients overall.

The focus continues to be on treating patients based on clinical prioritisation, validating waiting lists and reprioritising patients where indicated and reducing the number of long waiting patients.

In addition the Waiting Well initiative across Fife will be developed to offer tiered support for people who are waiting for Planned Care building on the established 'Well' initiative and embed new learning from pilot work to support people who are waiting for appointments, procedures, and other care.

### 2.3.2 Workforce

The delivery of the plan outlined relies heavily upon the availability of the workforce and in some cases their ability and willingness to support additional clinical activity. Staff health and wellbeing cannot be compromised to deliver the Scheduled Care Plan.

Within the plan the requirement to support several posts substantively has been identified. This will support additional capacity in ENT, Neurology, Gynaecology and Urology.

### 2.3.3 Financial

The Scheduled Care plan will be delivered within the allocated £11.26 million available by Scottish Government. Governance processes are in place to ensure that there will be no overspend.

The previous identified cost pressure within planned care has been mitigated by the receipt of additional the recurring NRAC £3.43m elective care funding. The new funding has also been able to support the additional costs of Robotic surgery previously unfunded. It is expected that the RTP Planned Care scheme will deliver an increased amount of £2.2m this year.

### **2.3.4 Risk Assessment / Management**

There are a number of risks that may affect the delivery of the activity described as well as the trajectories given:

- Loss of posts and reduction in supplementary staffing due to financial pressures
- Loss of capacity provided as part of agreements with neighbouring boards due to their financial pressures and decisions on funding of posts
- Continued increase in referrals, particularly urgent and urgent suspicion of cancer referrals significantly above levels anticipated for 2024/25
- Unscheduled care pressures requiring use of planned care capacity and an increase in on call commitments for Medical Directorate Consultants leading to a reduction in clinical capacity, theatre capacity and the cancellation of theatre procedures
- Staff absence impacting on ability to deliver capacity
- Difficulty in appointing to vacant clinical posts in key speciality areas reducing capacity
- Reduction in working hours for AFC staff from 1st April 2024 and the potential to reduce capacity or increase costs

This paper relates to Corporate Risk 7. Access to Out-patient, Diagnostic, and Treatment Services. The overall risk is assessed as Medium with a target this year of achieving moderate; this will require continued monitoring and revision as necessary.

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

Every effort has been made to ensure that as far as possible the needs of all patients are met and that there is equity of access during the delivery of the Planned Care Plan. The Integrated Planned care programme Board has commissioned and completed an EQIA in relation to its work.

In conjunction with Public Health the Integrated Planned Care programme Board has carried out a significant analysis of patients referred to secondary care. Younger men aged 18-34 years are at higher risk of not attending appointments compared to other age groups, and this pattern continues across all SIMD quintiles; Near Me appointments experience the highest proportion of DNAs by working men compared to any other mode of attendance. This is currently being explored in more detail with actions to follow.

### **2.3.6 Climate Emergency & Sustainability Impact**

This plan aims to ensure that people are seen in the right place and by the right person. Where at all possible travel is minimised. Productive opportunities are in place to minimise waste. NHS Fife has an active Green theatres project.

### **2.3.7 Communication, involvement, engagement and consultation**

- Weekly Scheduled Care Meetings
- Integrated Planned Care programme board

### **2.3.8 Route to the Meeting**

- EDG 05/07/24 (shared electronically for consideration and comment)

## 2.4 Recommendation

This paper is provided to members for:

- **Assurance**

There is sufficient assurance that the Scheduled Care Plan for 204/25 will protect and deliver New OP, IP/DC and Diagnostic capacity. There remains a moderate amount of residual risk mainly due to unanticipated demand and workforce challenges.

- **Discussion**

Examine the proposed plan and trajectories for elective outpatient, TTG and Diagnostic services and the impact of funding allocations received in 2024/25.

## 3 List of appendices

N/A

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**Sandra Anderson**  
Waiting Times and Access Manager

**Mimms Watts**  
General Manager, Surgical Directorate

<b>Meeting:</b>	<b>Finance, Performance &amp; Resources Committee</b>
<b>Meeting date:</b>	<b>16 July 2024</b>
<b>Title:</b>	<b>Integrated Performance &amp; Quality Report</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance &amp; Strategy</b>
<b>Report Author:</b>	<b>Susan Fraser, Associate Director of Planning and Performance</b>

## 1 Purpose

### **This report is presented for:**

- Assurance

### **This report relates to:**

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred
- NHS Board Strategic Priorities:
  - To Improve Health & Wellbeing
  - To Improve Quality of Health & Care Services
  - To Improve Staff Experience & Wellbeing
  - To Deliver Value & Sustainability

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:

- Well informed
- Appropriately trained & developed
- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community



## 2 Report summary

### 2.1 Situation

This report informs the Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key health and wellbeing measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is generally up to the end of April 2024, although there is one measure which is reporting Quarter End March 2024 and some which are available up to the end of May 2024.

The purpose of the IPQR is to support the overall assurance information system of the Board (reference section C of the Blueprint for Good Governance) in respect of performance management against targets and statutory measures. Data for improvement will not be considered within the IPQR and will form part of the emerging transformation portfolio in support of RTP and reported accordingly.

### 2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board and is produced monthly. This is the first report in approved new format with content to be reviewed continually throughout 2024/25.

Production of different extracts of the IPQR for each Governance Committee will continue. The split enables more efficient scrutiny of the performance areas relevant to each committee and service commentary will continue to be collated bi-monthly during 2024/25, to align with report produced for Committees. Services will be asked to highlight achievements and ongoing actions relating to RTP/ADP, evaluating impact on stated outcomes, as well as any associated risks and challenges.

Reports which are not prepared for Governance Committees are data only and contain neither data analysis nor service commentary. This report is distributed to NHS Board following approval from EDG.

A summary of the Corporate Risks has been included in this report. Risks are aligned to Strategic Priorities with risk level incorporated into the Assessment section.

Statistical Process Control (SPC) charts continue to be used for applicable indicators.

A separate report on ADP progress will therefore be produced at the end of each quarter and will include progress against trajectories submitted as part of the Plan. At the end of Q1 and Q3, PPT will request an update to RAG progress status as well as reviewing milestones for previous and forthcoming quarter. At the end of Q2 and Q4, in addition to

RAG progress status and review of milestones, an additional progress statement will be required.

## 2.3 Assessment

The IPQR provides a full description of the performance, achievements and challenges relating to key measures in the report. In addition, there has been a further review of the IPQR metrics contained within the IPQR.

### Review of IPQR metrics

There has been an ask to include additional metrics for the following areas:

- Mental Health
- Public Health
- Primary Care
- Productive Opportunities

#### *Mental Health*

New measures have been included this month and onwards are related to Mental Health and are included across the sections of the IPQR.

#### Quality and Safety

- Ligation incidents
- Incidents of Restraint
- Incidents of Physical Violence
- Incident of Self Harm

#### Operational Performance

- Delay Discharges for Mental Health/Learning Disability (usually presented as one metric with acute and community delayed discharges)

#### Public Health and Wellbeing

- Alcohol Brief Interventions (added back in after COVID)
- Mental Health Readmissions within 28 days

Work will continue throughout 2024/25 in relation to inclusion of Primary Care and Public Health (including Climate Emergency) metrics. These are in development and it is anticipated these will begin to be included in the IPQR for September Governance Committees.

It is proposed that Public Health metrics will be framed around the 6 Public Health priorities denoted below:

1. Live in flourishing, healthy and safe places and communities.
2. Thrive in our early years

3. Have good mental wellbeing.
4. Reduce the use of and harm from alcohol, tobacco, and other drugs.
5. Have a sustainable, inclusive economy with equality of outcomes for all
6. Eat well, have a healthy weight and are physically active

Productive Opportunities including Theatre Utilisation, DNAs and Day Surgery have been discussed and sits within the remit of the Integrated Planned Care Board (IPCB) chaired by the Director of Acute Services. It is proposed to develop a detailed report that includes productive opportunities and this will be presented to the governance committees and NHS Fife Board.

### Highlights of June 2024 IPQR

A summary of the status of the Operational Performance metrics is shown in the table below.

Measure	Update	Target	Current Trajectory	Current Performance	Current Status
4-Hour Emergency Access (A&E)	May-24	95%	-	75.6%	Not Achieving Target
4-Hour Emergency Access (ED)	May-24	75%	70%	67.6%	Not Achieving Trajectory
Delayed Discharges (Acute/Comm)	May-24	39	43	56	Not Achieving Trajectory
Delayed Discharges (MH/LD)	May-24	10	10	6	Achieving Trajectory
Antenatal Access	Mar-24	80%	-	91.8%	Achieving Target
Cancer 31-Day DTT	Apr-24	95%	94%	96.0%	Achieving Trajectory
Cancer 62-Day RTT	Apr-24	95%	82%	72.9%	Not Achieving Trajectory
Patient TTG % <= 12 weeks	Apr-24	100%	44%	49.7%	Achieving Trajectory
Patient TTG waits > 52 weeks	Apr-24	-	636	622	Achieving Trajectory
New Outpatients % <= 12 weeks	Apr-24	95%	35%	39.7%	Achieving Trajectory
New Outpatients waits > 52 weeks	Apr-24	-	4774	4602	Achieving Trajectory
Diagnostics % <= 6 weeks	Apr-24	100%	30%	51.8%	Achieving Trajectory
Diagnostics > 26 weeks	Apr-24	-	129	81	Achieving Trajectory

FOI Requests	May-24	85%	-	85.9%	Achieving Target
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This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		x		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

### 2.3.1 Quality, Patient and Value-Based Health & 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 May IPQR will be available for discussion at the meeting on 16 July 2024.

### 2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 19 June 2024 and approved for release by the Director of Finance & Strategy.

## 2.4 Recommendation

This paper is provided to the committee for:

- **Assurance** – This report provides a Moderate Level of Assurance.
- **Discussion** – Examine and consider the NHS Fife performance as summarised in the IPQR

## 3 List of appendices

The following appendices are included with this report:

- IPQR Position at May 2024 FPR

### Report Contact

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Planning and Performance Manager

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# Fife Integrated Performance & Quality Report (IPQR)

Position (where applicable) at May 2024  
Produced in June 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). At each meeting, the Governance 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**

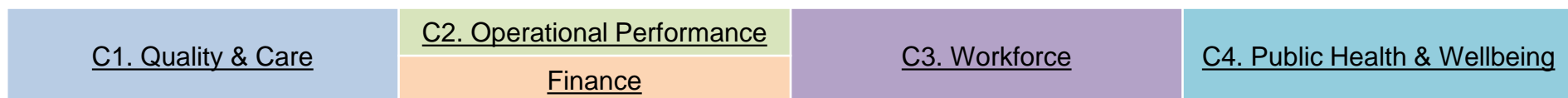
Summarising key Corporate Risks and status.

**B. Indicator Summary**

Summarising performance against full list of National Standards and local KPIs. These are listed showing current performance against target/trajectories with comparison with 'previous' performance.

**C. Assessment & Performance Exception Reports**

More detailed Indicator Summary for each area of Governance including (where appropriate) benchmarking, 'sparkline' trend and comparison with 'previous year' performance. There is also a column indicating 'special cause variation' based on SPC methodology. Also incorporated into this section is an assessment for indicators of continual focus or concern. Content includes data analysis, service narrative and additional data presented in charts, incorporating SPC methodology, where applicable. All charts with SPC applied will be formatted consistently based on the following;



**MARGO MCGURK**  
Director of Finance & Strategy  
17 June 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	4	2	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
<b>Total</b>	<b>18</b>	<b>12</b>	<b>6</b>	<b>0</b>	<b>0</b>		

**Risk Key**

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

**Movement Key**

▲	Improved - Risk Decreases
◀▶	No Change
▼	Deteriorated - Risk Increases

## 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

Quality & Care				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change
	LAER/SAER	% Actions Closed on Time		29.6%	56.9%	▼		Inpatient Falls		7.35	6.92	▼		Pressure Ulcers		1.08	0.92	▼	<div style="background-color: green; width: 100%; height: 20px; margin-bottom: 5px;"></div> meeting trajectory/target <div style="background-color: yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> within 5% of trajectory/target <div style="background-color: red; width: 100%; height: 20px;"></div> out with 5% of trajectory/target	
	Ligature Incidents (Mental Health)			0.00	3.44	▲		Incidents of Restraint (Mental Health)		12.6	15.6	▲		Incidents of Physical Violence (Mental Health)		11.10	9.46	▼		
	Incidents of Self Harm (Mental Health)			0.83	1.72	▲		SAB HAI		20.5	13.1	▼		C Diff HAI		13.7	0.0	▼		
	ECB HAI			47.9	22.8	▼		S1 Complaints Closed in Month on Time		50.0%	34.0%	▲		S2 Complaints Closed in Month on Time		26.7%	19.4%	▲		
Operational Performance				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change
	Emergency Access	A&E		75.6%	73.6%	▲		Delayed Discharges (Standard)	Acute/Comm		56	59	▲		Cancer	31-day DTT		96.1%	96.0%	▲
		ED		67.6%	66.2%	▲			MH/LD		6	8	▲			62-Day RTT		73.6%	72.9%	▲
	Patient TTG	% <=12weeks		49.7%	47.3%	▲		New Outpatients	% <=12weeks		39.7%	39.5%	◆		Diagnostics	% <=6weeks		51.8%	51.2%	▲
		>52 weeks		622	623	◆			>52 weeks		4602	4174	▼			>26 weeks		81	127	▲
Finance				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change
£	Revenue Resource Limit Performance - Health Board			£7.1m	1st Report In-year	-	£	Capital Resource Limit Performance			£0.2m	1st Report In-year		Financial Improvement & Sustainability Plans Reported through RTP/Finance Report & HSCP						
£	Revenue Resource Limit Performance - Health Delegated HSCP			£3.7m	1st Report In-year	-	£	N/A												
Workforce				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change
	Sickness Absence			7.35%	6.61%	▼		Personal Development Plan & Review			43.7%	44.1%	◆		Vacancies	Medical & Dental		7.5%	9.4%	▲
															Nursing & Midwifery		4.6%	6.5%	▲	
															AHPs		4.7%	8.0%	▲	
Public Health & Wellbeing				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change
	Smoking Cessation	40% Most Deprived		218	192	◆		Alcohol Brief Interventions			119.7%	120.0%	◆		Mental Health Readmissions within 28 days		6.2%	1.7%	▼	
	CAMHS			78.0%	76.8%	▲		Psychological Therapies			67.9%	74.3%	▼		Drugs & Alcohol		84.5%	80.9%	▲	
	Childhood Immunisation	6-in-1 @ 12 months		95.1%	94.9%	◆		Childhood Immunisation	6-in-1 @ 24 months		93.8%	96.4%	▼		Childhood Immunisation	MMR2 @ 5 years		85.7%	89.6%	▼

# C2. Operational Performance

To improve the quality of health and care services

6 4 2 - -

Moderate

Indicator	Target National/Local	Current Trajectory	Reporting Period	Value	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
4-Hour Emergency Access (A&E)	N 95%		Month May-24	75.6%	○	▲	▲		● Jan-24
4-Hour Emergency Access (ED)	L 75%	70%	Month May-24	67.6%	●	▲	▲		● Jan-24
Delayed Discharges (Standard) Acute/Comm	L 39	43	Month May-24	56	○	▲	▼		● Jan-24
Delayed Discharges (Standard) MH/LD	L 10	10	Month May-24	6	●	▲	▲		● Jan-24
Antenatal Access	N 80%		Quarter Mar-24	91.8%	●	▲	▲		● CY 2022
Cancer 31-Day DTT	N 95%	94%	Month May-24	96.0%	○	▲	▲		● QE Dec-23
Cancer 62-Day RTT	N 95%	82%	Month May-24	72.9%	○	▲	▼		● QE Dec-23
Patient TTG % <= 12 Weeks	N 100%	44%	Month Apr-24	49.7%	●	▲	▼		● Mar-24
Patient TTG waits > 52 weeks	L	636	Month Apr-24	622	●	◆	▼		●
New Outpatients % <= 12 Weeks	N 95%	35%	Month Apr-24	39.7%	●	◆	▼		● Mar-24
New Outpatients waits > 52 Weeks	L	4774	Month Apr-24	4602	●	▼	▼		●
Diagnostics % <= 6 Weeks	N 100%	30%	Month Apr-24	51.8%	●	▲	▲		● Mar-24
Diagnostics > 26 Weeks	L	129	Month Apr-24	81	●	▲	▲		●
Freedom of Information Requests	L 85%		Month May-24	85.9%	●	▲	▲		●

# Finance

To deliver value and sustainability

6 4 2 - -

Moderate

Revenue Resource Limit Performance	Month May-24	(£10.767m)	●	—	—	●
Capital Resource Limit Performance	Month May-24	£0.169m	●	—	—	●

**Performance Key**

- meeting trajectory/target
- within 5% of trajectory/target
- out with 5% of trajectory/target

**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

**Benchmarking Key**

- Upper Quartile
- Mid Range
- Lower Quartile



# Emergency Access

**National Standard:** 95% of patients to wait less than 4 hours in A&E (Emergency Department or Minor Injuries Unit) from arrival to admission, discharge or transfer

**Local Target:** 75% of Emergency Department patients to wait less than 4 hours from arrival to admission, discharge or transfer by March 2025

75.6%

1,670 ↑

within 4 hours to achieve Standard

67.6%

158 ↑

within 4 hours to achieve trajectory

## Data Analysis

For A&E (Emergency Department and Minor Injury Units), performance in May-24 was 75.6%, below National Standard, but a slight increase from month prior and corresponding month year previous. Emergency Department performance increased to 67.6% but is below the local ME trajectory of 70.0%.

There were 8,586 unplanned attendances in May-24, equivalent to 277 per day (first time >8000 since Sep-23): this is an increase on the 259 per day on month prior; a 24% increase since Dec-23; and 9% more than in May-23. There were also 502 planned attendances with 59% of these occurring at MIUs.

There were 419 8-hour breaches recorded in May-24 and 56 with a wait longer than 12 hours: both measures have increased from month prior.

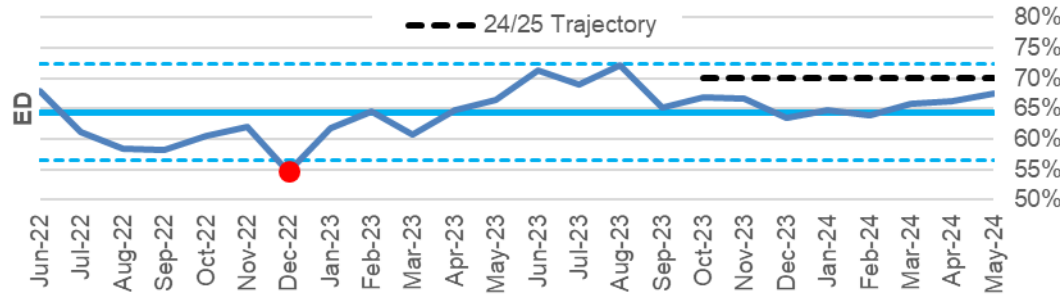
Breach reasons 'Wait for Bed' and 'Wait for 1st Assessment' accounted for 64% of all breaches.

The most recent publication from Public Health Scotland, for month of Apr-24, shows that NHS Fife continues to be in the mid-range of all Mainland Health Boards and above the Scottish average for both A&E (+6%) and Emergency Departments (+2.1%).

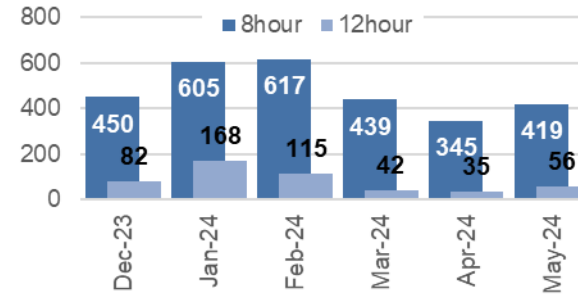
## Achievements & Challenges

Attendance has remained high and was increased during May to over 8000, resulting in an increase in both 8 & 12-hour breaches from the previous month. Flow & Navigation Centre (FNC) has successfully transitioned from HSCP to Acute Services, Medical Directorate. Staffing models continue to be reviewed within ED, ensuring senior clinical decision maker presence; additionally, the recent appointment of a dedicated ED CNM ensures appropriate leadership and support. Currently reviewing our front door assessment areas with a plan to full implementation of Same Day Emergency Care (SDEC) model by September.

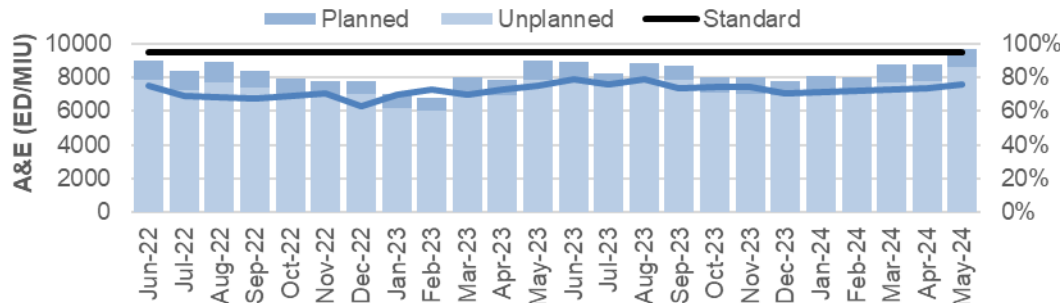
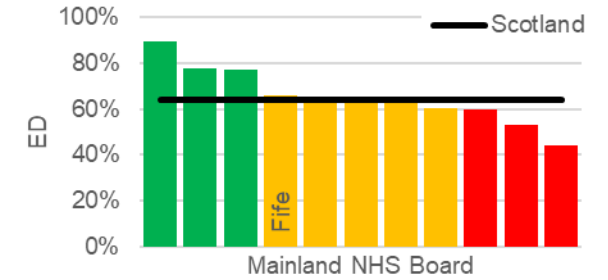
### Emergency Access 4-hour Performance



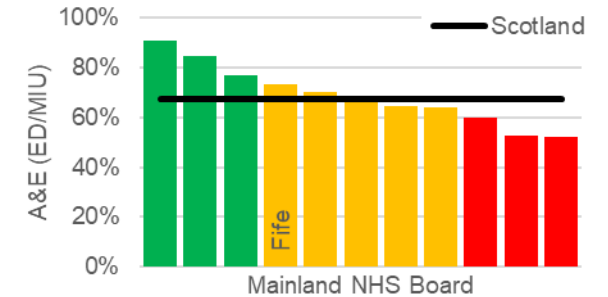
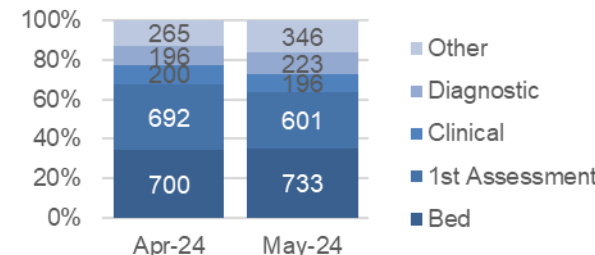
### Breaches



### Benchmarking | Apr-24



### Breach Reasons

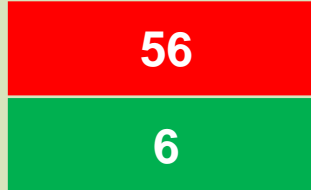




# Delayed Discharges

Reduce average number of Bed Days Lost (BDL) per day due to people in delay (excluding Code 9) within **Acute and Community** settings to 39 by March 2025

Reduce average number of Bed Days Lost (BDL) per day due to people in delay (excluding Code 9) within **Mental Health** settings to 10 by March 2025



Bed Days lost to **'Standard' delays** in Acute & Community, the average daily number decreased to 56 in May-24 (from 59 in Apr-24) with 95% of these delays being attributable to Community. This is above the monthly trajectory of 43 though remains within control limits. For **'Code 9' delays**, the average daily number increased to 30 (from 27 in Apr-24) and this equates to 4.6% of Total Occupied Bed Days - slightly above the 4.1% seen in Apr-24.

Process around timely referrals and assessments for all people requiring support on discharge remains a priority. Our Enhanced Intermediate Care Test Of Change enables us to plan for the modernisation of our rehabilitation services in the community, we are testing an enhanced intermediate care team in the Dunfermline locality. Where possible the team will provide support and rehabilitation in your own home instead of you having to remain in hospital. This will enable you to regain independence where possible or seek the extra support you may need to stay in your own home.

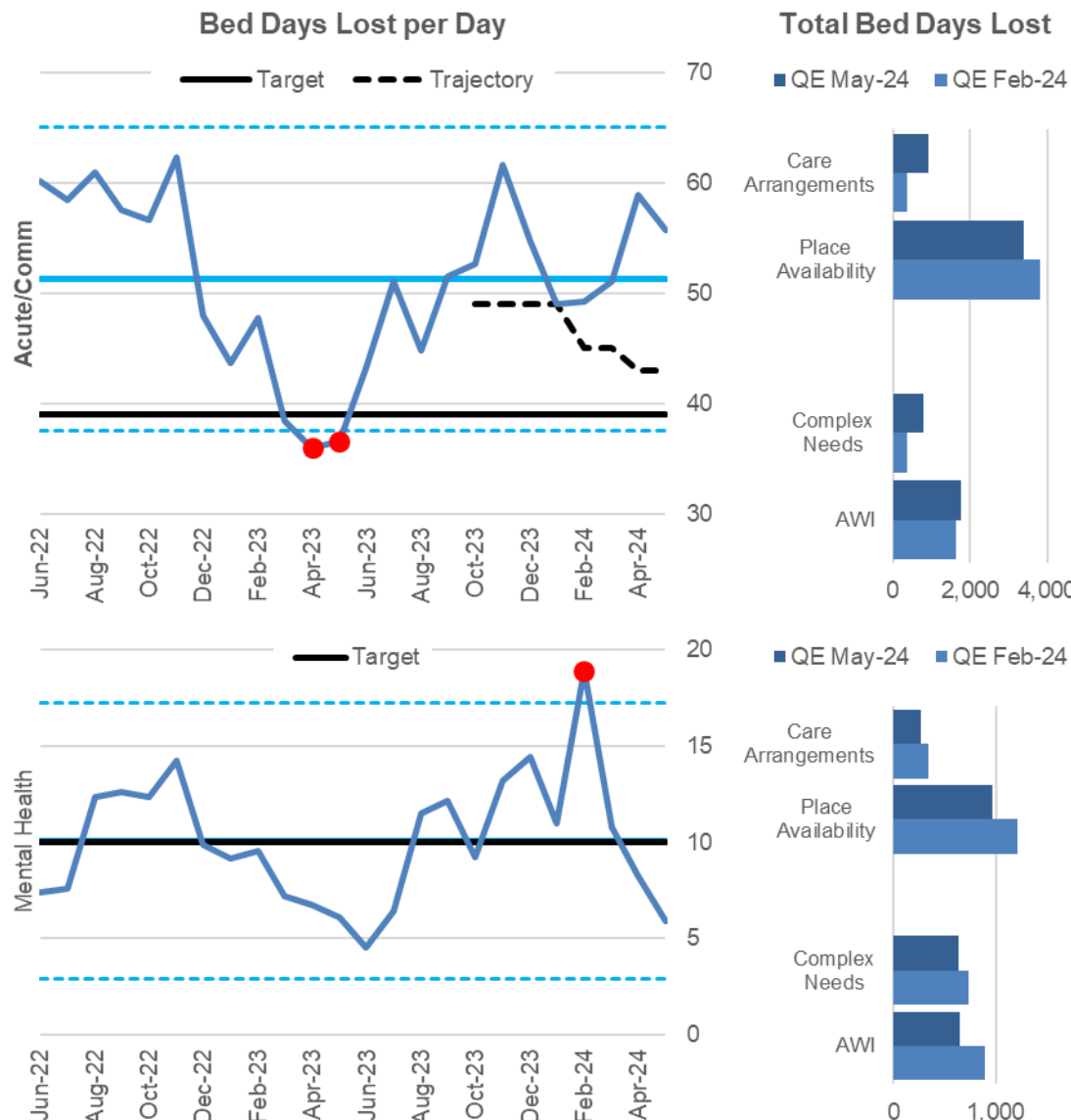
The Red Cross Test Of Change is a specialist service that enables people, following a stay in hospital, to be supported and assessed in their own home to determine the type and frequency of any care and support they might need to stay at home and to live as independently as possible. Support is delivered through an enablement approach, including support with personal care and medication, with personalised home assessments allowing for a more accurate understanding of someone's support needs and enhancing the effectiveness of healthcare interventions. Both Initiatives aim to support the continued challenging picture in standard delays and keep the demands on the services to a sustainable level.

Bed Days lost to 'Standard' delays in MH/LD, the average decreased to 6 in May-24 (from 8 in Apr-24). Standard delays have halved since Dec-23. This is below the monthly target of 10 and performance target has been achieved for the 2nd month in a row. For **'Code 9 delays'**, the average daily number increased from 13 in Apr-24 to 15 in May-24.

Daily engagement is promoted between the MH/LD Discharge Coordinator (DC) and senior ward staff to identify individual barriers to discharge and plan accordingly to meet needs. The DC provides assistance and advice on how to proceed with discharge planning and facilitates communication between health and social care. Monthly review groups are in place to consider Complex Delays and Dynamic Support Register (DSR) alongside weekly multidisciplinary, solution focused, verification/ flow meetings, including one specifically for oversight of the Guardianship process. This process allows the DC to cultivate an increasing network of contacts within the partnership to expedite the discharge process and escalate identified barriers to discharge to the relevant senior manager for resolution in a timely manner. There is Increase of assessment to utilise Section 13ZA of the Adults with Incapacity Act reducing the need for delay in hospital while waiting for Guardianship orders.

The complexity of needs for individuals within MH/LD services can create delay despite early discharge planning. There is also an increasing need for social supports in Adult MH services, including housing, long term support and long-term care, with limited resources

The most recent monthly publication from Public Health Scotland, data for Apr-24, shows that NHS Fife remains in the top 50% for All Standard Delays at Census by Local Authority of Residence (per 100,000 Population aged 18+) with 21 delays for Fife against a Scottish average of 31. Split by setting is not routinely available.





# Treatment Time Guarantee

In 2024/25, 44% of patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat (**National Standard 100%**)

Reduce the number of patients waiting 52 weeks or more for first outpatient appointment

<b>49.7%</b>
<b>622</b>

Trajectory achieved as of Apr-24

Trajectory achieved as of Apr-24

### Data Analysis

Monthly performance increased from 47.3% in Mar-24 to 49.7% in Apr-24, with 39.9% of ongoing waits within 12 weeks. This is the highest figure since Nov-23.

Waiting list numbers for waits of 'over 12 week' increased to 4814 in Apr-24. Waits 'over 26 weeks' decreased to 2817, waits 'over 52 weeks' decreased to 622. The majority of over 52 weeks lie within Orthopaedic (258) and Urology (280).

Waits 'over 104 weeks' increased to 43 well below projected figures, most are within Urology (20).

Benchmarking for the QE Mar-24 shows NHS Fife to be in the lower-range of all mainland boards for completed waits, below Scotland average, but in upper-range for ongoing waits, above Scottish average.

### Achievements & Challenges

Against projections for 2024/25, in April we delivered 100% of projected capacity, however there continues to be a gap between capacity and demand of approximately 400 procedures per month. The waiting list size as a result continues to rise with the biggest gaps being in Cardiology, ENT, General Surgery, Ophthalmology, Orthopaedics and Plastic surgery. The demand for April is greater than projected. Although there continues to be an overall deterioration in waiting times, numbers waiting over 26 weeks, 52 weeks and 78 weeks has slightly improved since March 2024.

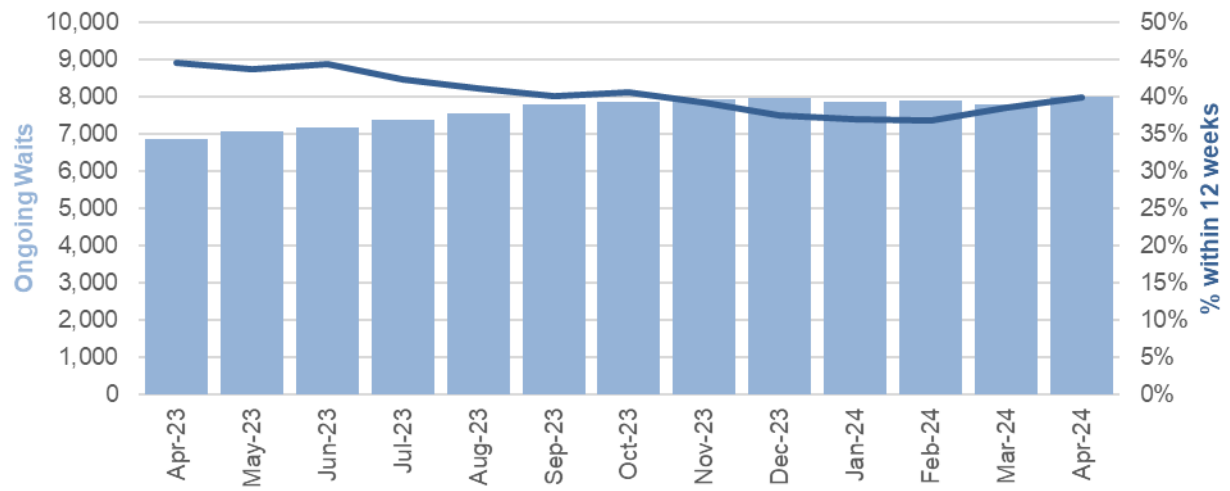
The main specialities of concern include Orthopaedics, General Surgery, Urology, Gynaecology, Ophthalmology and Plastic Surgery. The focus continues to be on urgent and urgent suspicion of cancer patients with renewed effort to reduce the number of long waiting patients particularly those waiting over 104 weeks. However, as routine waiting times increase there are proportionally more patients being upgraded to urgent which is leading to increasing waits for routine patients.

Scottish Government funding has been made available to reduce waiting times and maintain and improve planned care performance. The plan to deliver additional activity is still under discussion. A sustained improvement in maximising the use of capacity for day cases at Queen Margaret Hospital has been evidenced and efforts continue to identify productive opportunities to maximise throughput in theatres particularly in Orthopaedics and Ophthalmology and the continuation of waiting list validation.

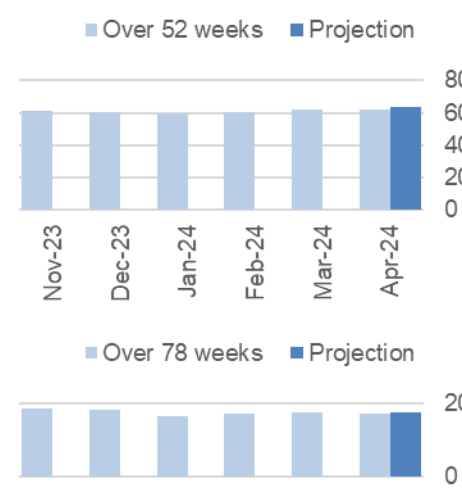
Discussions have concluded with National Elective Co-ordination Unit (NECU) with no solution identified for specialist Urogynaecological procedures, however discussions are underway to identify a local solution between Urology and Gynaecology specialities.

C2. Operational Performance

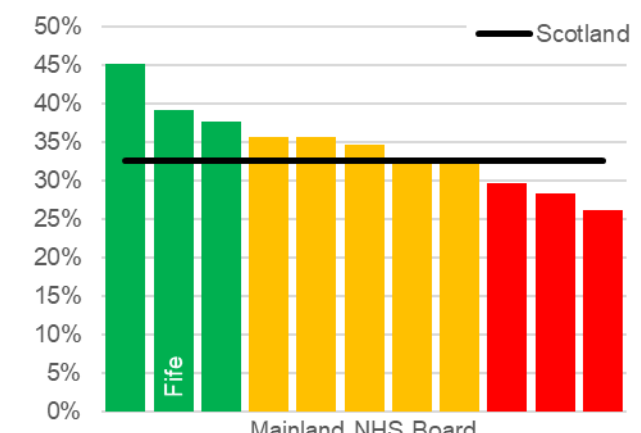
#### TTG Waiting Times



#### TTG Long Waits



#### Benchmarking TTG Ongoing Waits





# New Outpatients

In 2024/25, 35% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment (**National Standard 95%**)

Reduce the number of patients waiting 52 weeks or more for first outpatient appointment

39.7%

4,602

Trajectory achieved as of Apr-24

Trajectory achieved as of Apr-24

### Data Analysis

Monthly performance increased to 39.7% in Apr-24. Waits for over 12 weeks increased to 19,613. Waits for 26, 52, 78 and 104 weeks all saw increases: 'over 78 weeks' increased by 11% to 1005, this remains below the projected figures. Waits 'over 104 weeks' increased from 32 to 41.

Urology 'over 52 weeks' saw the largest increase of 57.4% from 195 to 307. The largest number of over 78 weeks waits are in Gynaecology (290) & Neurology (329).

The overall waiting list increased to 32538 patients in Apr-24.

Benchmarking for the QE Mar-24 shows NHS Fife to be mid-range of all mainland boards with a performance of 40.0%, below the Scotland average of 42.8%

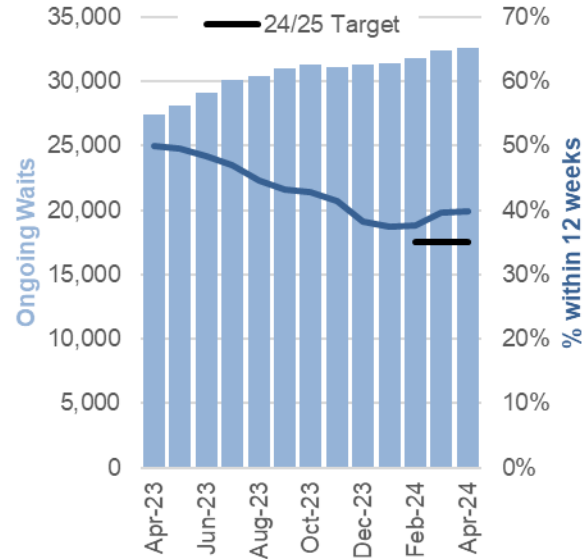
### Achievements & Challenges

Against the projections for 2024/25, in April we delivered 97% of projected capacity. Demand was as expected, however there remains a gap between capacity and demand as projected with a gap of approximately 700 appointments for April. The biggest gaps continue to be in Dermatology, ENT, Gynaecology, Neurology, Urology and Vascular due to a combination of vacancies, sickness absence and an increased proportion of urgent referrals. As a result, long waiting times for routine patients continue to increase in several specialities and the waiting list size is increasing, although these are in line with projections.

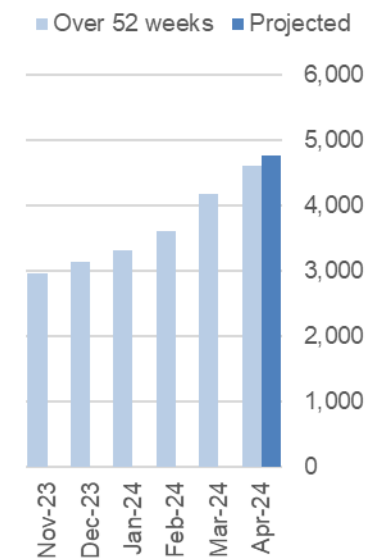
The specialities showing the greatest and/or fastest increases in numbers of longer waiting patients (>52 weeks) are Cardiology, Dermatology, Endocrinology, ENT, Vascular, Gynaecology, Neurology, Haematology and Urology. The focus continues to be on urgent suspicion of cancer and urgent patients as well as our long waiting routine patients.

Scottish Government funding has been made available to reduce waiting times and maintain and improve planned care performance. The plan to deliver additional activity is still under discussion. We will continue to focus on reducing long waits and embedding productive opportunities and efficiencies into business-as-usual practice as part of the core allocation such as maximising capacity by continuing to increase the use of ACRT and PIR and continual validation of waiting lists.

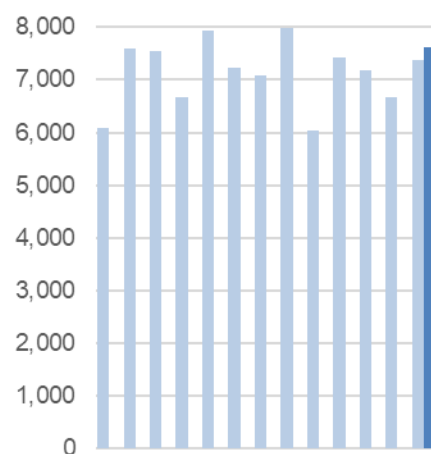
#### New Outpatient Waiting Times



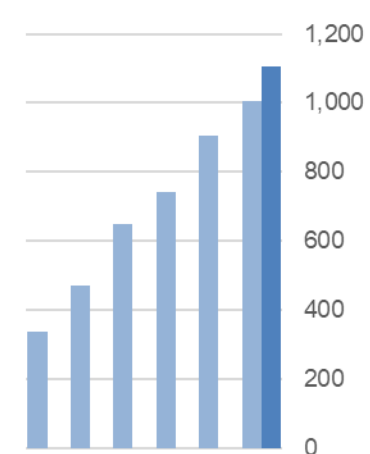
#### New OP Long Waits



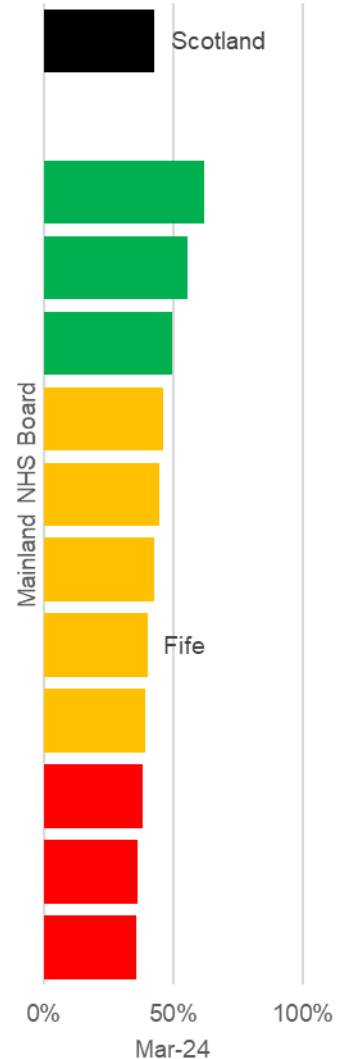
#### Actual Activity vs Projected Activity



#### Over 78 weeks vs Projection



#### Benchmarking



C2. Operational Performance



# Diagnostics

By Mar-25, 30% of patients to wait no longer than 6 weeks from referral to key diagnostic test (**National Standard** 100%)

Reduce the number of patients waiting 26 weeks or more for diagnostic appointment

51.8%

81

Trajectory achieved as of Apr-24

Trajectory achieved as of Apr-24

## Data Analysis

Monthly performance increased from 51.2% in Mar-24 to 51.8% in Apr-24, remaining above trajectory of 38%. Scope performance increased from 67.9% in Mar-24 to 70.3% in Apr-24 with Imaging increasing from 49.8% to 50.2%.

In terms of waiting list numbers, this decreased to below 8,000 for first time since Feb-23 with most of the decrease attributed to Ultrasound (5714 to 5212). Scope list increased slightly from 602 to 618.

The number waiting over 6 weeks decreased to 3843, below projection of 5277 with over 26 weeks reducing to 81, again below projection. Of which, 5 patients are over 52 weeks waiting on a scope due to patient-initiated delays, which continues to be monitored.

Benchmarking for the QE Mar-24 shows NHS Fife to be in the mid-range of all mainland boards with a performance of 51.2%, below the Scotland average of 52.7%.

## Achievements & Challenges

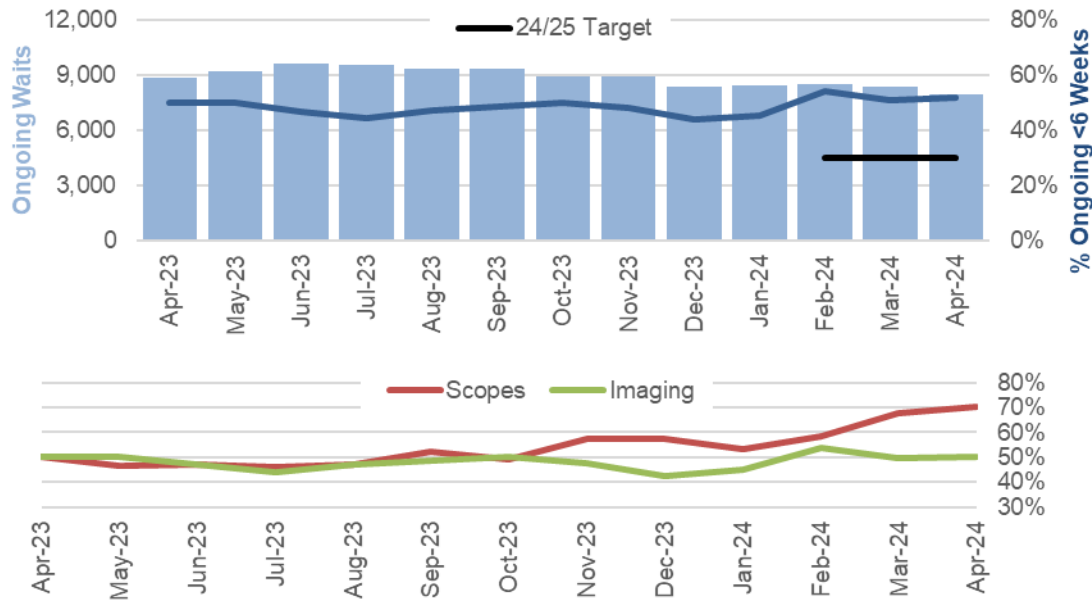
The focus for Imaging on urgent referrals remains in place, and all 3 modalities continue to turnaround within target, despite the high proportion of urgent referrals. Plans were in place for anticipated first quarter SG waiting times funding and we are seeing increased activity in ultrasound that is driving a reduction in routine waiting times from 26 weeks to 21 weeks. This has involved locum recruitment and increased scanner footprint.

CT have also implemented additional funding plans, and in house additional activity. It should be noted that CT have been impacted by equipment failure, with the loss of activity. MRI continue to be supported by SG funded mobile scanner. MRI have also reported a successful "deep resolve" trial and are negotiating the purchase of licenses.

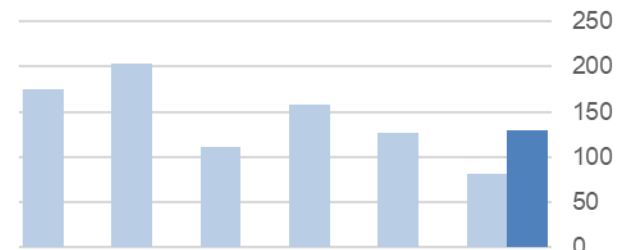
For Scopes, the capacity figure includes all capacity which is used to accommodate all sources of referrals. There is a continued focus on urgent, urgent suspicion of cancer and long waits. Clinical validation of the waiting lists continues with action taken to expedite referrals as required.

Pre assessment has been introduced to the Colonoscopy/Sigmoidoscopy group, which is hoped will help reduce DNA/CNA rate, whilst Surveillance/Repeat waiting list for patients beyond their planned recall date continues to reduce month on month.

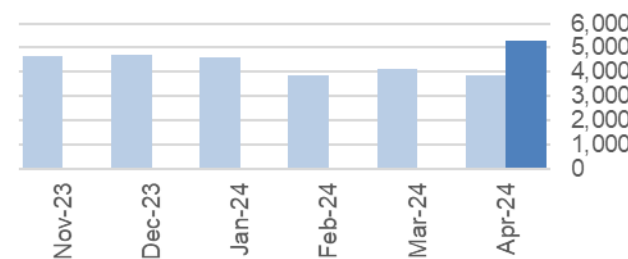
### Diagnostic Waiting Times



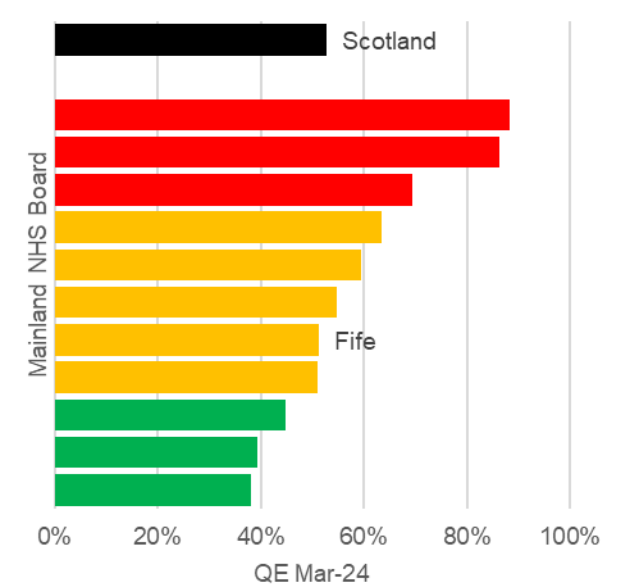
### Over 26 weeks / Projection



### Over 6 weeks / Projection



### Benchmarking





# Cancer Waiting Times

**National Standard:** 95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment

By Mar-25, 85.4% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral (**National Standard 95%**)

96.0%

72.9%

Standard achieved as of Apr-24

21 ↑

Waits to meet Standard

## Data Analysis

For 31-day standard, monthly performance in Apr-24 increased from 95.2% in Mar to 96.0%, above both national standard and local trajectory. The number of eligible referrals increased from 105 in Mar-24 to 124 in Apr-24. There were 5 breaches in Apr-24, all attributable to Urology, 4 of which prostate.

For 62-day standard, monthly performance increased in Apr-24 from 69.1% to 72.9%, 9.1% below the local trajectory of 81.9%. The number of eligible referrals increased from 55 in Mar-24 to 96 in Apr-24, the highest level since Jul-23. There were 26 breaches in Apr-24 with 16 of these (61.5%) attributable to Prostate.

The most recent quarterly publication from Public Health Scotland, covering the QE Dec-23, showed that NHS Fife was in the lower-range of all Mainland Health Boards.

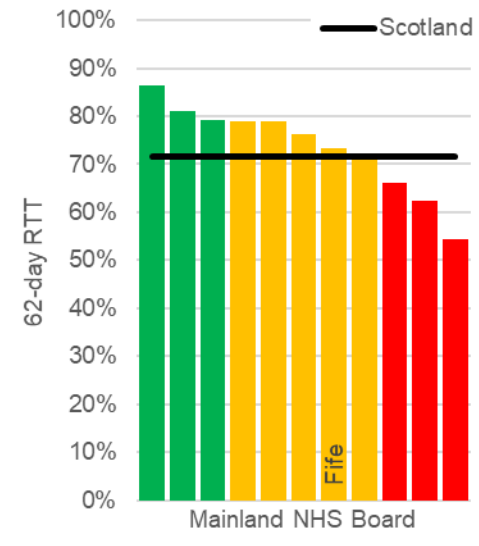
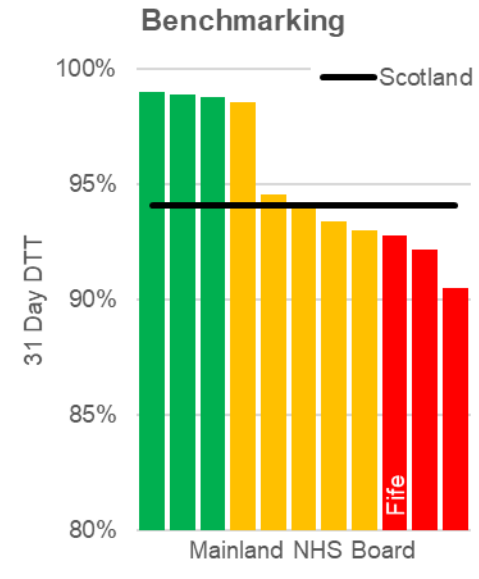
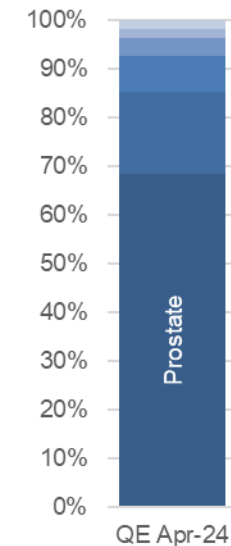
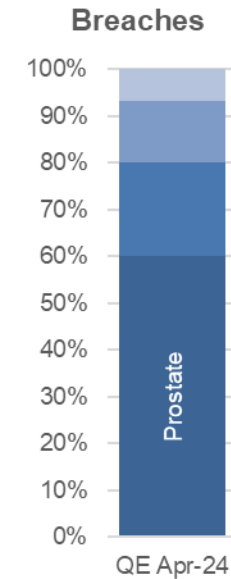
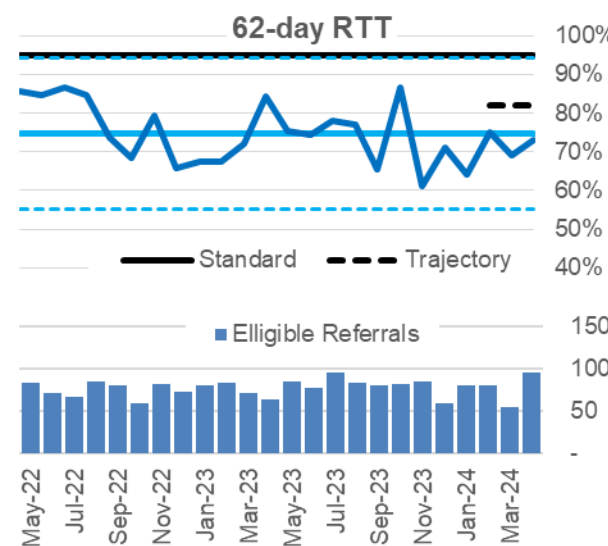
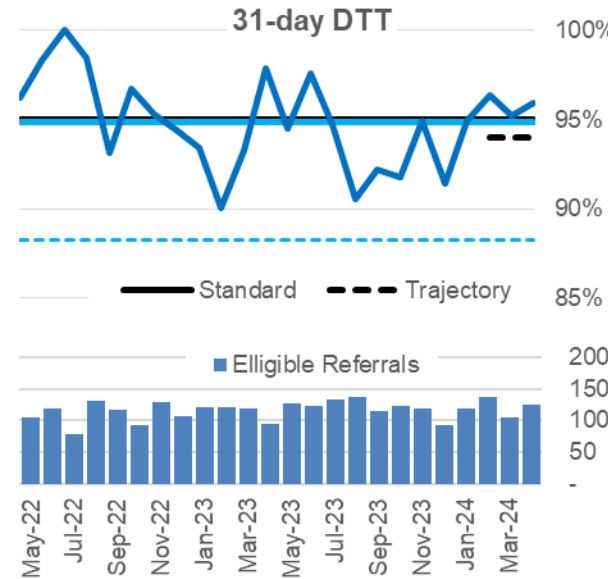
## Achievements & Challenges

All breaches of 31-day pathway were for surgical reasons and dependant on theatre and surgeon capacity. Robotic surgery capacity remains an issue: however, additional theatre sessions are taking place, and we can assess the impact of these additional sessions.

Urgent suspected cancer referrals remain stubbornly high, particularly in Breast, Colorectal, Lung and Urology. In terms of performance against 62-day pathway, Urology remains our biggest challenge. The main reasons attributing to breaches were delays between many steps throughout the pathway, with the exception of waits to 1st outpatient appointment.

All lung breaches were affected by PET/Guided Biopsy capacity issues, the remaining breaches were due to lack of resources for MDT and staffing issues within another Board.

There is an identified risk on the Cancer Services Risk Register relating to deterioration in Cancer Waiting Times performance. To help reduce this risk: a Lung Nurse Led clinic is being trialled for patients who are for Best Supportive Care which will release consultant resource; the Nurse Led Rapid Access diagnostic clinic continues, albeit with reduced sessions due to lead nurse vacancy; and additional non-recurring resource has been secured to support Breast clinics, Urology surgery and post-MDT outpatient appointments.







# Expenditure

**Revenue:** Work within the revenue resource limits set by the SG Health & Social Care Directorates

**(£10.767m)**

Position at May-24

**Capital:** Work within the capital resource limits set by the SG Health & Social Care Directorates

**£0.169m**

Position at May-24

Revenue Budget 2024/25	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<b>NHS Services (incl Set Aside)</b>				
<b>Clinical Services</b>				
Acute Services	276,919	48,379	53,639	-5,260
IJB Non-Delegated	9,912	1,652	1,516	136
Non-Fife & Other Healthcare Providers	98,448	16,462	17,376	-914
<b>Non Clinical Services</b>				
Estates & Facilities	92,957	15,305	16,489	-1,184
Board Admin & Other Services	80579	14441	14,637	-196
<b>Other</b>				
Financial Flexibility	43,247	223		223
Income	-30,196	-5,202	-5,320	118
<b>TOTAL HEALTH BOARD RETAINED SERVICES</b>	<b>571,866</b>	<b>91,260</b>	<b>98,337</b>	<b>-7,077</b>
<b>Health &amp; Social Care Partnership</b>				
Fife H & SCP	419,030	69,373	73,063	-3,690
<b>TOTAL HEALTH DELEGATED SERVICES</b>	<b>419,030</b>	<b>69,373</b>	<b>73,063</b>	<b>-3,690</b>
<b>TOTAL</b>	<b>990,896</b>	<b>160,633</b>	<b>171,400</b>	<b>-10,767</b>

## Review of Financial Performance & Reporting

### Revenue Budget

The financial plan presented to the board in March 2024 identified the impact of recurring cost pressures, unachieved savings targets brought forward from the previous financial year, alongside additional national and local cost pressures anticipated in 2024/25 confirming an initial funding gap of £55m for 2024/25 (6.6% of our baseline budget). A range of cost improvement schemes and efficiency initiatives have been developed to mitigate the £25m of this funding gap, the remaining £30m will require to be addressed through further service change initiatives all of which will be delivered by our Re-form, Transform and Perform framework. The Re-form phase of our framework is designed to deliver the 3% minimum savings target set out by Scottish Government with the broader Transform phase focusing on changes to our services, structures and care delivery to deliver the remainder of our financial gap, 3.6%.

At the end of May we are reporting an overspend against revenue budget £10.767m as detailed in table to left. This position includes an overspend for Health Board retained services of £7.077m and £3.690m for the Health and Social Care Partnership (HSCP). The overspend for Health board retained is tracking beyond the financial plan trajectory for the period and further action is required to reduce the board's spending levels and deliver on the specific actions required by the Scottish Government for the first quarter of the financial year.

The reported overspend on the HSCP of £3.690m is also of concern given our financial plan does not make any assumptions at this stage in relation to cost pressures associated with Fife Integration Joint Board. This matter is being discussed with the HSCP.

### Capital Budget

Capital expenditure is limited for the period due to phasing of schemes with costs to date of £0.169m reflecting in the table below. The Capital Resource Limit (CRL) is £7.764m as adjusted for 2 anticipated allocations (HEPMA and Medical Education) of £1.023m resulting in a total budget of £8.787m.

***The Financial Performance Report to end of May 2024 sets out the financial position in more detail and is considered separately by the EDG, Finance, Performance & Resources Committee and the NHS Fife Board.***

Capital Budget 2024/25	Capital Resource Funding £'000	Expenditure to Date £'000	Capital Programme 2024/25 £'000
Statutory Compliance	2,500	7	2,500
RTP/Clinical Prioritisation Contingency	750	9	750
Capital Equipment	1,074	0	1,074
Digital & Information	1,898	97	1,898
Mental Health Estate	1,000	0	1,000
Capital Staffing Costs	342	56	342
Capital Repayment	200	0	200
<b>Total confirmed CRL</b>	<b>7,764</b>		
Anticipated Funding - HEPMA	723	0	723
Anticipated Funding - Medical Education	300	0	300
<b>Total</b>	<b>8,787</b>	<b>169</b>	<b>8,787</b>

Finance

<b>Meeting:</b>	<b>Finance, Performance &amp; Resources Committee</b>
<b>Meeting date:</b>	<b>16 July 2024</b>
<b>Title:</b>	<b>Financial Performance Report</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance &amp; Strategy</b>
<b>Report Author:</b>	<b>Maxine Michie, Deputy Director of Finance</b>

## 1 Purpose

**This report is presented for:**

- Assurance

**This report relates to:**

- Annual Delivery Plan
- Financial Sustainability
- NHS Board Strategic Priorities
  - To Deliver Value & Sustainability

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

- Safe
- Effective
- Person Centre

## 2 Report summary

### 2.1 Situation

This report details the financial position for NHS Fife for the period to May 2024. The financial plan presented to the board in March 2024 identified the impact of recurring cost pressures and unachieved savings targets brought forward from the previous financial year. These alongside additional national and local cost pressures anticipated in 2024/25 have resulted in a funding gap of £55m for 2024/25 (6.6% of our baseline budget).

### 2.2 Background

A range of cost improvement schemes and efficiency initiatives have been developed to mitigate £25m of this funding gap, the remaining £30m will require to be addressed through further service change initiatives all of which will be delivered by our Re-form, Transform and Perform framework. The Re-form phase of our framework is designed to deliver the 3% minimum savings target set out by Scottish Government with the broader Transform phase

focusing on changes to our services, structures and care delivery to deliver the remainder of our financial gap, 3.6%.

## 2.3 Assessment

At the end of May we are reporting an overspend against revenue budget £10.767m. This position comprises an overspend for Health Board retained services of £7.077m and £3.690m for the Health and Social Care Partnership (HSCP).

The overspend for Health board retained is tracking beyond the financial plan trajectory for the period and further action is required to reduce spending levels and deliver on the specific actions required by the Scottish Government for the first quarter of the financial year. The overspend to the end of May 2024 is £7.077m and includes a continuation of the underlying and new cost pressures described in the financial plan. At the end of May 2024, the Health Board retained budget is approximately £2m overspent more than anticipated, this position is after taking account of the cost reduction achieved in the first 2 months in relation to RTP workstreams.

The reported overspend on the HSCP of £3.690m is also of major concern given the financial plan does not make any assumptions at this stage in relation to cost pressures associated with Fife Integration Joint Board.

Taking all of the issues noted in the report, the level of assurance at this stage is “limited” with all efforts continuing to support an improvement in the position which will include decisions by the NHS Fife Board following the quarter 1 financial position report.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level			X	
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

### 2.3.1 Quality, Patient and Value-Based Health & 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, outwith the Board's agreed risk appetite for value and sustainability. An assessment of the major financial risks is contained in the Medium-Term Financial Plan.

### **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. All initiatives progressed through RTP will however be subject to the appropriate level of assessment.

### **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 month end process in consultation with senior finance colleagues, Directorate Management Teams and monthly financial reporting to the Scottish Government.

### **2.3.8 Route to the Meeting**

EDG – 4 July 2024.

## **2.4 Recommendation**

This paper is provided to members for:

- **Assurance** - This report provides a limited Level of Assurance

## **3 List of appendices**

Appendix 1 – Finance Report for May 2024

### **Report Contact**

Maxine Michie

Deputy Director of Finance

[Maxine.michie@nhs.scot](mailto:Maxine.michie@nhs.scot)

## Appendix 1

### 1. Financial Position May 2024

- 1.1 The financial plan presented to the board in March 2024 identified the impact of recurring cost pressures, unachieved savings targets brought forward from the previous financial year, alongside additional national and local cost pressures anticipated in 2024/25 confirming an initial funding gap of £55m for 2024/25 (6.6% of our baseline budget). A range of cost improvement schemes and efficiency initiatives have been developed to mitigate £25m of this funding gap, the remaining £30m will require to be addressed through further service change initiatives all of which will be delivered by the Re-form, Transform and Perform framework. The Re-form phase of our framework is designed to deliver the 3% minimum savings target set out by Scottish Government with the broader Transform phase focusing on changes to services, structures and care delivery to deliver the remainder of the financial gap, 3.6%.
- 1.2 The Scottish Government has acknowledged the financial plan for 2024/25 however it remains unapproved by them at this stage and dialogue is ongoing. The Scottish Government has set out the following specific actions to be met in the first quarter of the financial year.
- Progress delivery of a minimum 3% recurring savings in 2024-25 and develop options to meet any unidentified or higher risk savings balance.
  - Continue to progress with the areas of focus set out in the '15 box grid' of national savings priorities.
  - Engage and take proactive involvement in supporting national programmes as they develop in 2024/25.
  - Develop further measures to reduce the Board's residual financial gap;
  - Provide an update at quarter one on the financial risks to assess likelihood of these materialising and the impact these could have on the Board's outturn.
- 1.3 The governance and performance management arrangements to monitor delivery of the savings plans is facilitated through the RTP Executive Group with regular and timely reporting to the Executive Director's Group, Governance Committees and the full NHS Fife Board.
- 1.4 At the end of May we are reporting an overspend against the revenue budget of £10.767m as detailed in table 1 below. This position includes an overspend for Health Board retained services of £7.077m and £3.690m for the Health and Social Care Partnership (HSCP). The overspend for Health board retained is tracking beyond the financial plan trajectory for the period and further action is required to reduce spending levels and deliver on the specific actions required by the Scottish Government for the first quarter of the financial year.

## Revenue Financial Position as at May 2024

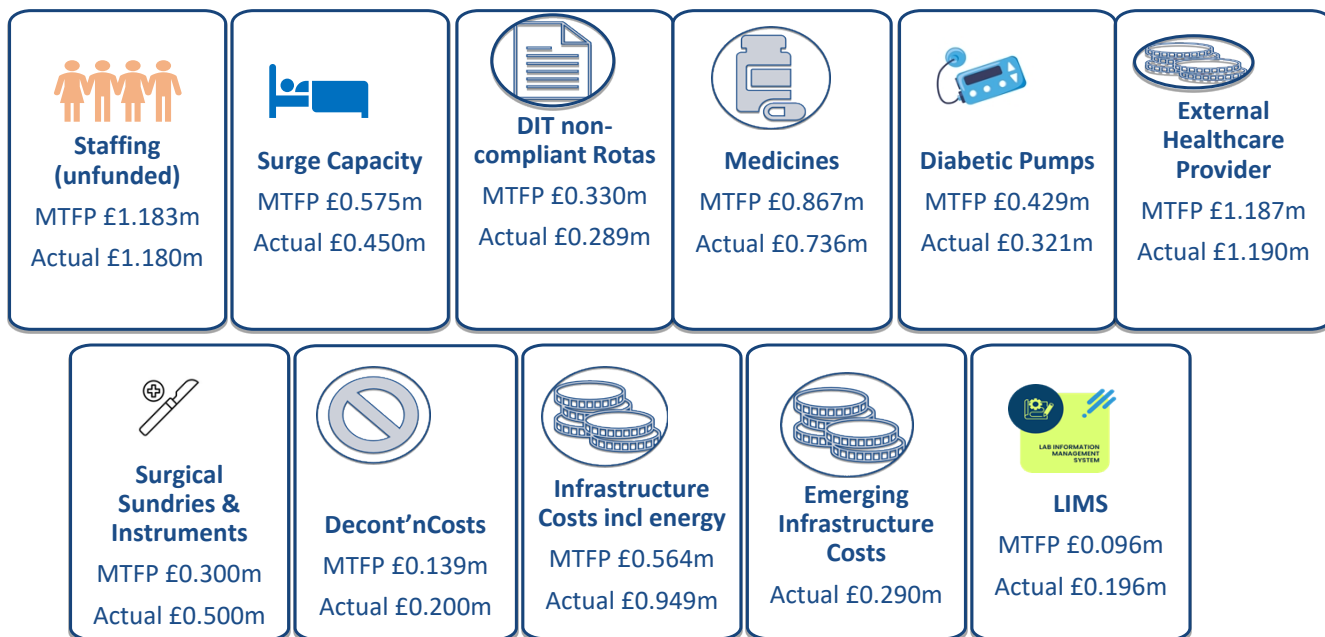
<b>TABLE 1</b>	<b>Annual Budget</b>	<b>YTD Budget</b>	<b>YTD Spend</b>	<b>YTD Variance</b>
<b>Budget Area</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
<b>NHS Services (incl Set Aside)</b>				
<b><u>Clinical Services</u></b>				
Acute Services	276,919	48,379	53,639	-5,260
IJB Non-Delegated	9,912	1,652	1,516	136
Non-Fife & Other Healthcare Providers	98,448	16,462	17,376	-914
<b><u>Non Clinical Services</u></b>				
Estates & Facilities	92,957	15,305	16,489	-1,184
Board Admin & Other Services	80,579	14,441	14,637	-196
<b><u>Other</u></b>				
Financial Flexibility & Allocations	43,247	223		223
Income	-30,196	-5,202	-5,320	118
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Fife H & SCP	419,030	69,373	73,063	-3,690
<b>TOTAL HEALTH DELEGATED SERVICES</b>	<b>419,030</b>	<b>69,373</b>	<b>73,063</b>	<b>-3,690</b>
<b>TOTAL</b>	<b>990,896</b>	<b>160,633</b>	<b>171,400</b>	<b>-10,767</b>

- 1.5 The reported overspend on the HSCP health delegated budget of £3.690m is also of major concern given our financial plan does not make any assumptions at this stage in relation to cost pressures associated with Fife Integration Joint Board.
- 1.6 In December 2023 NHS Fife was set a brokerage cap for 2024/25 of £5m. This changed following an additional allocation of £6.9m funding for new medicines notified on 12 February when we were advised by Scottish Government (SG) that the cap would be reduced to zero as this allocation exceeded the brokerage cap previously communicated. The letter received from SG on 12 February also stated, *“As set out in the Director General letter of 29 November, the Board does not have the authority to commit expenditure beyond the level of this cap and formal approval requires to be sought from Scottish Government before committing expenditure that does not have a budget”*.

## 2 Health Board Retained Services

- 2.1 In order to determine how the financial position is tracking in relation to the key assumptions within the plan where the total savings challenge is £55m; we can assume a pro-rata share of the £30m saving target after delivery of the initial 3% £25m would form the basis of the outturn position for the period. That would suggest an overspend to the end of May of c£5m. It is also important to note that the 3%, £25m saving is not linear in terms of delivery for all schemes with some forecast to deliver in the second part of the financial year.

2.2 The overspend to the end of May 2024 is £7.077m and includes a continuation of the underlying and new cost pressures described in the financial plan. The following graphic identifies that these specific cost pressures are driving £6.3m of the overall overspend £7.077m position for the period. Additionally overall pay costs for Nursing and Medical costs are in an overspend position beyond the cost pressure areas noted above, which is after the reduction (year on year) on supplementary staffing costs. Whilst at this point in time there are some cost pressure areas that are better than expected some have deteriorated beyond the planning assumptions. At the end of May 2024, Health Board retained budgets is approximately £2m overspent more than anticipated.



- 2.3 In arriving at the reported financial position, several assumptions have been made in relation to allocations still to be allocated by Scottish Government. A key assumption is in relation to the increase in employer's superannuation contributions which is anticipated to be fully funded.
- 2.4 Negotiations have not yet concluded in relation to the 2024/25 pay awards but the assumption is that any agreed pay award will be fully funded. Other allocations have been assumed based on confirmation letters and prior year commitments.
- 2.5 The funding for Agenda for Change non pay reforms (ie protected learning time, the 30-minute reduction in the working week and the review of band 5 nursing roles) has been confirmed at £200m nationally. The NHS Fife share of this funding is £13.7m and costs must be contained within this the available funding. Work continues to confirm the anticipated costs with most associated costs incurred since April still to be reflected in the financial position.
- 2.6 The Acute Services Division is reporting an overspend at the end of May of £5.260m. This is mainly driven by the cost pressures noted above. The cost of employer's increased superannuation commitments are also reflected in the overspend at c£0.2m but are offset by funding assumed within Financial Flexibility as we await final confirmation of available funding from Scottish Government.
- 2.7 The £5.260m overspend in Acute Services is across both pay budgets at £2.443m and non-pay budgets at £2.817m. The total pay overspend of £2.443m includes the costs on

unfunded posts, surge and junior doctor rota compliance which totals £1.919m, the remainder represents further movement in pay costs in-year after the reduction in supplementary staffing. The overspend level on unregistered nursing staff was £0.748m and registered staff of £0.126m. Senior medical staffing was overspent by £0.348m and junior medical staffing was also overspent at £0.915m. This position is under review to determine any further remedial action possible beyond the current savings plans in place, this will be through both the Re-form and Transform aspects of RTP.

Table 2 below identifies the reported Acute Services overspend by Directorate. The Medical Directorate overspend reflects the largest share of the cost pressures identified in the financial plan.

<b>TABLE 2</b>	<b>Annual Budget</b>	<b>YTD Budget</b>	<b>YTD Spend</b>	<b>YTD Variance</b>
<b>Budget Area</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
<b>Acute Services Division</b>				
- Surgical Directorate	95,841	16,238	17,784	-1,546
- Medical Directorate	105,537	19,323	22,608	-3,285
- Women, Children & Clinical Services	73,424	12,459	12,825	-366
- Acute Nursing	1,006	166	142	24
- Other	1,111	193	280	-87
<b>Total</b>	<b>276,919</b>	<b>48,379</b>	<b>53,639</b>	<b>-5,260</b>

- 2.8 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 May, set aside services reported an overspend of £1.883m which accounts for 22% of the Acute Services total overspend. The main factors driving this overspend are agency consultants covering vacancies and sickness, surge ward capacity, unfunded medical staffing, junior medical bandings for non-compliant rotas, agreed cost pressures for additional consultants and safe staffing workforce costs in line with workforce tool implementation. This budget is not formally delegated to the HSCP as the services are managed by NHS Fife.
- 2.9 Service Level Agreements and contracts with external healthcare providers are £0.914m overspent. This overspend is driven by several factors included as cost pressures with the financial plan. They include increased costs from NHS Tayside as a result of the withdrawal of historical funding of £1.5m for specific services linked to Stracathro, high costs generally of SLAs and contracts with both NHS and independent providers for mental health services and the implementation of a new cost model for services provided by NHS Lothian. The overspend reported at May is in line with the financial plan and a workstream has been established to agree and prioritise actions to mitigate the level of overspend as described by the RTP Framework.
- 2.10 Corporate Directorates, including Estates and Facilities, are overspent by £1.380m in total. The overspends in the Workforce and Digital Directorates reflect cost pressures identified in the financial plan, included unfunded posts, cost of disclosure checks, telecoms, and annual charges for digital systems. Estates and Facilities Directorate costs are tracking significantly higher than plan with 50% attributable to increasing energy costs which are much higher than anticipated, with some increases also on pay costs and the costs of provisions. These areas are currently being reviewed to identify the drivers behind the increased cost including appropriate mitigating actions where possible.



<b>TABLE 3</b>	<b>Annual Budget</b>	<b>YTD Budget</b>	<b>YTD Spend</b>	<b>YTD Variance</b>
<b>Budget Area</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Nhs Fife Chief Executive	742	128	145	-17
Nhs Fife Finance Director	7,597	1,284	1,250	34
Nhs Fife Medical Director	5,878	1,313	1,317	-3
Nhs Fife Nurse Director	4,305	756	755	1
Nhs Fife Public Health	2,873	528	532	-4
Nhs Fife Workforce Directorate	3,636	631	719	-88
Pharmacy Services	14,975	2,567	2,565	2
Digital + Information	14,873	2,479	2,625	-146
Other Board Functions	25,700	4,755	4,729	26
	<b>80,579</b>	<b>14,440</b>	<b>14,637</b>	<b>-196</b>
Estates & Facilities	92,957	15,305	16,489	-1,184
<b>Total Corporate Functions</b>	<b>173,536</b>	<b>29,745</b>	<b>31,126</b>	<b>-1,380</b>

### 3 Financial Flexibility

3.1 Financial Flexibility refers to funding allocations held centrally before being allocated to budget areas including:

- Allocation to cover the non-pay implications of the AfC 2023-24 pay award £13.4m
- Balance remaining on the additional funding for NRAC 2024/25 £7.2m
- Additional recurring waiting times allocation £3.4m
- Anticipated estimate for additional employers Superannuation costs £9.3m
- New Medicine Funding £10m.

At this stage the only allocation where there could be flexibility relates to the NRAC funding of £7.2m. This is being held at least until the Quarter 1 financial position has been reported, following which we will have greater certainty on the delivery against the RTP savings workstreams and the overall impact on the financial position. Whilst there has been some positive cost reduction particularly in relation to supplementary staffing, we are yet to see that reducing overall pay costs in line with the financial planning assumptions. The quarter 1 position will be reported to the Board in August to allow the Board to make any decisions in relation to the allocation of any financial flexibility.

### 4 Income

4.1 Income for the period is in line with financial planning assumptions and detailed in the tables below.

<b>HB retained income</b>	<b>£'000</b>
SLA	6,345
ACT	2,537
Healthcare to LA	2,399
Dining room income	1,037
Laundry income	1,279
Recovery from GPs in HC	1,268
NES Medical in training income	11,365
RTA	686
Other	3,280
<b>Total HB retained income budget</b>	<b>30,196</b>

## 5 Health & Social Care Partnership

- 5.1 Health services in scope for the Health and Social Care Partnership report an overspend of £3.694m. The overspend predominately relates to high usage/cost associated with medical locums within Mental Health services and nurse bank/agency usage across the partnership to cover vacancies, sickness and increased patient supervision requirements. The new Direct Engagement arrangement is due to launch in NHS Fife on 15 July, for Locums and AHP's within Acute & HSCP which will generate a VAT efficiency saving.

There has also been the full realignment of both budget (£5.537m) and expenditure from Health Board retained for SLA's relating to Mental Health services for which there is a year to date overspend of £0.430m. GP prescribing spend at month 2 is in line with the adjusted directions budget.

Whilst the IJB directions reflect a budget transfer of £4.1m from health delegated to social care, the month 2 position indicates a level of overspend which is challenging this transfer. Concerns around this issue have been raised by the Director of Finance & Strategy with the Chief Finance Officer and the Director of Finance, Fife Council. This position is under review, close monitoring is underway and we hope to mutually resolve this as soon as possible.

NHS Fife also awaits the lessons learned report on the reasons for the late notification of the 2023/24 deterioration in the IJB financial position and the assessment of the impact of this change on financial planning assumptions for 2024/25.

## 6 Financial Improvement & Sustainability

- 6.1 Delivering Value and Sustainability is one of our 4 strategic priorities, our financial improvement plan is being delivered through our Re-form, Transform and Perform (RTP) Framework, working collaboratively across the system. Financial performance against the 3% savings schemes identified in our financial plan at the end of May is described below.
- 6.2 The planned level of savings reflects the timing of scheme implementation and when they are expected to begin delivering cost reduction. At the end of May a £2.497m saving was anticipated across the 13 schemes with £3.288m confirmed as delivered.

Scheme	Assurance Level	May 2024 Planned YTD	May 2024 Delivery YTD	Target Saving	<b>Target Saving (FY):</b> £24,450,000  <b>Planned Saving (YTD):</b> £2,496,970  <b>Linear target (YTD):</b> £4,075,000 (for 3% schemes only)  <b>YTD Saving:</b> £3,288,159
1. Medicines Optimisation	Moderate	£145,455	£147,000	£2,000,000	
2. Unscheduled Care Bundle	Significant	£116,667	£128,000	£700,000	
3. PFI Contract	Significant	£200,000	£200,000	£400,000	
4. Estates Rationalisation	Limited	£0	£0	£2,000,000	
5. Non-Compliant Rotas	Limited	£0	£0	£1,000,000	
6. Legacy Covid Costs	Limited	£168,682	£46,000	£1,000,000	
7. Supplementary Staffing	Limited	£833,333	£1,726,457	£5,000,000	
8. Procurement	Limited	£83,333	£7,202	£500,000	
9. Corporate Directorates	Significant	£250,000	£250,000	£1,400,000	
10. Business Transformation	Limited	£0	£37,500	£2,400,000	
11. Surge Reduction	Limited	£168,182	£46,000	£1,850,000	
12. Planned Care	Significant	£200,000	£366,667	£1,200,000	
13. SLA & External Activity	Limited	£333,333	£333,333	£5,000,000	
<b>Key</b>					
As or ahead of plan	Total YTD – for 3% savings schemes (M2 financial position and impact TBC)	£2,496,970	£3,288,159		
Behind plan					

## Supplementary Staffing

- 6.3 At the end of May 2024, the total spend on supplementary staffing for Health Board retained services was £1.514m excluding surge capacity spend, representing a reduction of £1.726m at the same time in the previous financial year. Whilst this is a significant achievement, the overall pay costs for Nursing and Medical costs are in an overspend position beyond the cost pressure level anticipated in the financial plan. This is after the in-year reduction on supplementary staffing costs, para 2.7 gives more detail on this point. A formal assessment of the reasons why this is the case, including review of any increases in WTE across these pay budgets is underway and will be reported more fully as part of the quarter 1 review of the financial position.

Supplementary Staffing			
	Monthly Average 2023/24	Monthly Actual 2024/25	Reduction Compared to Monthly Ave in Previous Year 2024/25
Health Board Retained	£'000	£'000	£'000
April	1,620	742	878
May	1,620	772	848
<b>Total</b>	<b>3,240</b>	<b>1,514</b>	<b>1,726</b>

## Medicines Optimisation

- 6.4 Medicines Optimisation workstream have delivered slightly ahead of target at the end of May.

## Unscheduled Care bundle review

- 6.5 Whilst this scheme is slightly ahead of target, included in the service delivery model are several vacant posts contributing to the cost reductions offsetting other spend categories which are incurring more cost than anticipated. The increased cost categories will require action to bring this back in line as a priority.

## **Estates Rationalisation**

- 6.6 Cost reductions are expected to commence delivery from June. Whilst Hayfield House closed at the end of April there is still a requirement to maintain utilities as the building is decommissioned. Updates are awaited from the District Valuer in relation to the anticipated rates reduction. Workforce savings are currently being validated and are expected to be validated for June reporting.

## **Surge Bed Reduction**

- 6.7 A lot of work has been taken forward to reduce and hold the level of unfunded surge capacity. Whilst some progress has been made, challenges with flow across the acute site have resulted in savings not being achieved in line with the planned reduction. The service are reviewing the workforce model and a revised financial plan is expected. However, any reduction to this cost improvement plan will require to be replaced with an alternative scheme.

## **Non-Compliant Junior Doctor Rotas**

- 6.8 A range of actions have been taken to progress this issue. Additional investment required to help safeguard rota compliance has been identified and funding has been sourced within available resources. Compliance cannot be confirmed until rotas are monitored later in the calendar year.

## **Unfunded Covid Costs**

- 6.9 Remaining unfunded legacy costs are primarily staff costs and work continues to identify appropriate timely exit strategies.

## **Planned Care**

- 6.10 The previous identified cost pressure within planned care has been mitigated by the receipt of additional recurring elective care funding. The new funding has also been able to support the additional costs of Robotic surgery previously unfunded. It is expected this scheme will deliver an increased amount of £2.2m this year.

## **External Care Providers**

- 6.11 Approximately £2m of this cost pressure has been confirmed through realignment of budget for external providers for services to the IJB as agreed as part of the financial planning process. The remainder of the target is in relation to SLAs predominately with Other Scottish Health Boards. Letters have been issued to both NHS Lothian and NHS Tayside setting out our planning assumption of nil uplift for 2024/25 and an expectation to secure from these boards a 3% reduction. Replies have been received from both boards which indicate the Boards involved do not currently agree our proposal. Additionally significant review of activity referred from NHS Fife to these 2 bordering boards is currently being assessed by clinicians to ensure appropriateness of referral and opportunities to repatriate activity back to NHS Fife where that is safe and financially sustainable to do so.

## Procurement

6.12 Procurement savings are currently behind plan. Savings delivered reflect reductions secured across theatres procurement budgets. Whilst work is being taken forward to identify additional potential savings these have yet to deliver. An initial high-level review of discretionary spend across various budgets suggests further actions is required to adjust spending in a number of areas. For example, increase the concept of paperlite at pace, recycling and an awareness of price variability for non-pay expenditure.

## Business Transformation

6.13 This savings scheme considers a range of different activities which affect the way we support and deliver clinical service. The savings to date relates to a reduction in the use of mobile phones, telephone lines and price reductions in digital equipment ahead of plan. The business case to support progressing higher levels of cost reduction throughout 2024/25 and beyond is being finalised.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Fife Health & Social Care Partnership	419,030	69,373	73,063	-3,690
<b>TOTAL HEALTH DELEGATED SERVICES</b>	<b>419,030</b>	<b>69,373</b>	<b>73,063</b>	<b>-3,690</b>

## 7 Capital

7.1 Capital expenditure is limited for the period due to phasing of schemes with costs to date of £0.169m reflecting in the table below. The Capital Resource Limit (CRL) is £7.764m as adjusted for 2 anticipated allocations (HEPMA and Medical Education) of £1.023m resulting in a total budget of £8.787m.

Capital Budget 2024/25	Capital Resource Funding £'000	Expenditure to Date £'000	Capital Programme 2024/25 £'000
Statutory Compliance	2,500	7	2,500
RTP/Clinical Prioritisation Contingency	750	9	750
Capital Equipment	1,074	0	1,074
Digital & Information	1,898	97	1,898
Mental Health Estate	1,000	0	1,000
Capital Staffing Costs	342	56	342
Capital Repayment	200	0	200
<b>Total confirmed CRL</b>	<b>7,764</b>		
Anticipated Funding - HEPMA	723	0	723
Anticipated Funding - Medical Education	300	0	300
<b>Total</b>	<b>8,787</b>	<b>169</b>	<b>8,787</b>

## 8 NHS Support and Intervention Framework – Financial Considerations 2024-25

- 8.1 A guidance document was issued to NHS Board Directors of Finance on 28 June 2024 by the Interim Deputy Director – NHS, Integration and Social Care Finance Health Finance, Corporate Governance and Value. The guidance reflects the NHS Support and Intervention Framework and sets out a range of criteria and information which will be assessed in relation to NHS Boards financial positions. One of these criteria is financial performance, which is assessed at the SG National Planning and Performance Oversight Group (NPPOG). The document provides more information on how the level for finance will be assessed and the process this will follow.

### **Assessment of Boards against the framework for finance**

- 8.2 A number of areas are considered when assessing escalation level for finance. In previous years this was more straight forward with a key trigger for escalation for finance being a brokerage requirement. With an increasing number of Boards needing brokerage, this is no longer appropriate as a single measure and a two-stage assessment process now takes place as set out below.

#### Stage One: Assessment of the financial position

The first step is to assess the in-year and cumulative level of brokerage required by each Board as a proportion of Resource Revenue Limit RRL, as decision would not be made solely on these values. In 2024-25, the month 12 RRL from 2023-24 was used for assessment.

#### Stage Two: Qualitative Assessment

Prior to recommending escalating / de-escalating a Board, a wider assessment will be undertaken quarterly of the Board's governance, financial management and internal controls. This assessment will be undertaken either by a member of the Scottish Government Finance Delivery Unit or independent party, most likely an external consulting firm. This assessment will take account of, but not be limited to, the following factors:

- assessed strength of financial management by current finance Board team,
- recommendations and progress against internal audit recommendations around financial governance, controls and management
- review of most recent external audit report for view on financial governance and sustainability
- historical financial performance and confidence in system to deliver
- forecast financial position and extent of development of a realistic plan to reduce the financial deficit or reach brokerage caps
- achievement of prior year savings plan and balance of recurrent and non-recurrent savings delivered
- impact of IJB performance and risk share as a contribution to the requirement for brokerage
- understanding and mitigating drivers of brokerage requirement, e.g. to maintain patient safety or performance levels
- time at current escalation level

- the success of support already provided to the Board under the terms of the framework
- progress towards 3% recurring savings plan against baseline budget, and
- type and extent of support required to drive improvements, and the Board's engagement in using this support to develop its own internal recovery plan.

### **Brokerage caps**

- 8.3 Where a Board is not able to operate within its agreed brokerage cap, the Board will require to prepare and agree with the Director for Health and Social Care Finance a credible finance recovery plan and will require to seek advance approval for any new service developments (unless such developments reduce the cost of existing models of delivery, or are national priorities such as CAR-T, TAVI etc).

The recovery plan will require to set out:

- A three-year finance plan and a trajectory to reduce the financial gap to the agreed brokerage cap (as minimum) within this time period. The plan should prioritise recurring savings as a path towards balance.
- The actions that will deliver the required reduction in expenditure and confirmation that these actions are supported by implementation plans and have executive responsibility assigned.
- The arrangements implemented within the Board to scrutinise performance against the recovery plan and take mitigating actions as required.

The recovery plan will require to be agreed by the Board and submitted to Scottish Government for review and approval. This will be discussed with Board support leads in the first instance.

### **Brokerage repayment**

- 8.4 Outstanding brokerage must be repaid when the NHS Board returns to financial balance. Guidance has been issued that all NHS Boards must report cumulative outstanding brokerage in their Board finance reporting. The cumulative repayable brokerage for NHS Fife is £23.7m, made up of £9.7m in 2022/23 and £14m in 2023/24.

A full assessment of the guidance including actions and evidence required in relation to the Stage 2 Qualitative Assessment will be prepared by the Director of Finance & Strategy and considered by EDG, the Finance, Performance and Resources Committee and the NHS Fife Board in July 2024.

## **9 Recommendation**

FP&R Committee is asked to take a limited level of assurance from this report and to specifically consider and discuss:

- The reported revenue overspend position of £7.077m for Health Board retained services, the factors driving that position including any further potential mitigation plans, noting that this position is a £2m overspend in excess of where the Board anticipated the position to be at month 2.
- Delivery against the in-year RTP savings targets and the impact of that on the overall consolidated financial position.
- The reported overspend for the HSCP of £3.690m, the increasing level of risk in relation to this and the consequent potential for a risk-share situation in-year, the particular issue under review in relation to IJB budget transfer direction and the

awaited lessons learned report in relation to the late deterioration of the IJB overall financial position.

- The year to date spend against the Capital Resource Limit.
- The very recent guidance received from Scottish Government in relation to the NHS Support and Intervention Framework – Financial Considerations 2024-25 and the review underway to support an appropriate response by the Director of Finance & Strategy.



**FIFE CAPITAL INVESTMENT GROUP**

**(Meeting on 29 May 2024)**

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

**MINUTE OF FIFE CAPITAL INVESTMENT GROUP MEETING**

**Wednesday 29 May 2024 at 8:30am  
via MS Teams**

**Present:** Neil McCormick, Director of Property & Asset Management (NMcC) (**Chair**)  
 Margo McGurk, Director of Finance & Strategy  
 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 (RR)  
 Jimmy Ramsay, Head of Sustainability (JR)  
 Paul Bishop, Associate Director of Estates (PB)

**Apologies:** David Miller, Director of Workforce (DM)  
 Nicky Connor, Director of Health and Social Care (NC)  
 Fiona Forrest, Acting Director of Pharmacy & Medicines (FF)  
 Dr Chris McKenna, Medical Director (CM)  
 Ben Hannan, Director of Reform and Transformation (BH)

<b>1.0</b>	<p><b>WELCOME AND APOLOGIES</b></p> <p>Apologies were received from David Miller (Director of Workforce), Nicky Connor (Director of Health and Social Care), Fiona Forrest (Acting Director of Pharmacy &amp; Medicines), Dr Chris McKenna (Medical Director) and Ben Hannan (Director of Reform and Transformation).</p> <p>NMcC advised the meeting would be recorded via MS Teams and typed back by K. Donald at a later date.</p>	
<b>2.0</b>	<p><b>NOTES OF PREVIOUS MEETING</b></p> <p>The note of the previous meetings held on 17 April 2024 was agreed as an accurate record.</p>	
<b>3.0</b>	<p><b>ROLLING ACTION LIST / MATTERS ARISING</b></p> <p>The action log was updated accordingly.</p>	

<p><b>4.0</b></p>	<p><b>MINUTES OF OTHER COMMITTEES</b></p> <p><b>4.1 Clinical Contingency Group</b> The minutes of the meetings held on 11 April 2024 and 9 May 2024 were noted by the group. PB highlighted £33.5k has been allocated to date noting £250k has been reserved for the RTP process with governance in place to evidence RTP funding available for each directorate.</p> <p><b>4.2 Capital Equipment Management Group</b> The minute of the meeting held on 4 April 2024 was noted by the group.</p>	
<p><b>5.0</b></p>	<p><b>PLANNING</b></p> <p><b>5.1 Five Year Digital Programme</b> AG presented the five year digital programme to members noting the paper contains the capital plan in its entirety and highlights the priority areas and allocation for 2024/25.</p> <p>Following a query from NMcC, AG highlighted work is ongoing to ensure devices are in the right place to support our working methods, and ensuring teams are not retaining devices no longer required.</p> <p><b>5.2 Whole System Planning</b> BJ provided an overview of the paper noting Scottish Government are looking for each health board to submit a Programme Initial Agreement by January 2026 which will set out a deliverable whole-system service and infrastructure plan for the next 20-30 years. BJ further noted in recognition to the scale of the task, Scottish Government have requested an interim Business Continuity Investment Plan to be submitted by January 2025 which will be overseen by FCIG and developed by Estates, Facilities and Capital Planning colleagues, with input from Digital colleagues.</p> <p>Following discussion, it was agreed the Business Continuity Investment Plan should be presented to the Finance, Performance &amp; Resources Committee prior to submitting to Scottish Government in January 2025 to ensure the Committee have sight and endorse the plan. It was also agreed the Whole System Planning item should be a substantive item on the FCIG agenda – KD to update FCIG workplan to reflect.</p> <p><b>5.3 Project Hydra</b> NMcC advised the project for the Medium Temperature Hot Water replacement work is due to be completed before the end of the financial year and has no cost to FCIG. PB noted the carpark near Renal will be utilised to complete the works with an expected completion date of September 2024.</p> <p><b>5.4 Medical Education</b> BJ noted the project is expected to be handed over in June 2024 and work is ongoing to develop pre-construction proposals for student accommodation at Whyteman’s Brae, in the event additional funding becomes available.</p> <p><b>5.5 RTP Infrastructure Update</b> BJ presented a summary on the RTP Infrastructure programme noting £1.5m savings have been predicted by the closure of Hayfield House and upcoming closure of</p>	<p><b>BJ</b></p> <p><b>KD</b></p>

	<p>Cameron House and Haig House. BJ further noted hot desks have been made available at Lynebank Hospital and Queen Margaret Hospital for the staff affected by building closures. Joint working with Fife Council is also underway to provide hot desks at Fife House in Glenrothes for NHS staff.</p> <p>Following discussion, it was agreed while working on the initial 3% savings, work needs to be ongoing to show the plan for progressing with the remaining 4% savings to meet Scottish Government demands.</p>	
<b>6.0</b>	<p><b>PERFORMANCE</b></p> <p><b>6.1 Capital Equipment Report</b>  TG presented the month one position noting it comprises the formulary allocation and 2 additional allocations for HFMA and Medical Education.</p>	
<b>7.0</b>	<p><b>ISSUES TO BE ESCALATED TO EDG</b></p> <p>N/A</p>	
<b>8.0</b>	<p><b>AOCB</b></p> <p>N/A</p>	
<b>9.0</b>	<p><b>DATE OF NEXT MEETING</b></p> <p>Wednesday 10 July 2024, 9:00am – 10:30am, via MS Teams</p>	

**PROCUREMENT GOVERNANCE BOARD**

**(Meeting on 24 April 2024)**

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

**MINUTE OF NHS FIFE PROCUREMENT GOVERNANCE BOARD (PGB)**

**Wednesday 24 April 2024, 9am  
Via MS Teams**

**Present:** Maxine Michie (MM) (**Chair**), Deputy Director of Finance  
 Paul Bishop (PB), Associate Director of Estates  
 Kevin Booth (KB), Head of Financial Services & Procurement  
 Paula Lee (PL), Head of Procurement  
 Lynne Parsons (LP), Employee Director  
 Michael Cambridge (MC), Associate Director of Procurement  
 Janette Kennan (JK), Director of Nursing  
 Claire Dobson (CD), Director of Acute Services

**In Attendance:** Kerrie Donald, Executive Assistant

<p><b>1.0</b></p>	<p><b>WELCOME AND APOLOGIES</b></p> <p>Apologies were received from:</p> <ul style="list-style-type: none"> <li>• M. McGurk, Director of Finance &amp; Strategy / Deputy Chief Executive</li> <li>• R. Robertson, Assistant Director of Finance</li> <li>• A. Valente, HSCP Chief Finance Officer</li> <li>• C. McKenna, Medical Director</li> <li>• B. Hannan, Director of Reform and Transformation</li> <li>• F. Forrest, Interim Director of Pharmacy &amp; Medicines</li> <li>• A. Graham, Associate Director of Digital &amp; Information</li> </ul>	
<p><b>2.0</b></p>	<p><b>NOTES OF PREVIOUS MEETING</b></p> <p>The note of the meeting held on 28 February 2024 was agreed as an accurate record.</p>	
<p><b>3.0</b></p>	<p><b>ACTION LOG</b></p> <p>All actions have been completed and closed as approved by members.</p>	
<p><b>4.0</b></p>	<p><b>TERMS OF REFERENCE</b></p> <p>Members approved the track changes on the terms of reference pending the following change:</p> <p>“4.2 If the Chair is absent from any meeting, the Chair will nominate an <del>Executive Director</del> <i>appropriate deputy</i> to chair the meeting in their absence.”</p>	
<p><b>5.0</b></p>	<p><b>CAPACITY AND CAPABILITY ACROSS THE ORGANISATION</b></p>	

## **5.1 PROCUREMENT RISK REPORT**

KB introduced the paper to the group noting as at March 2024, Procurement have closed 2 risks (2187 and 2372), 1 risk remains active (2189) and 2 risks were identified during the March review (2945 and 2946).

Risk 2189 in relation to the current economic climate resulting in significant cost pressures and an increased inability to achieve efficiencies remains high. This risk remains high due to the continued effects of the current inflation rate and the level of price increases being implemented by suppliers. The team are continuing to monitor the marketplace and are engaging with service leads and suppliers to minimise cost pressure wherever possible.

Risk 2945 was identified as a new, high risk due to the year-on-year decrease in the number of national procurement frameworks. The continued reduction in frameworks available will significantly reduce the opportunities for NHS Fife to implement any potential efficiencies or mitigate cost pressures in the timeframes previously delivered. It was further noted due to a number of frameworks requiring additional activity from procurement teams, this results in additional resource burden on NHS Fife's local procurement team, which unfortunately does not possess the resource of National Procurement.

Risk 2946 was identified as a new, high risk due to the recruitment of a significant number of new staff to the procurement team, there is a need to develop their skills, knowledge and experience to align with the current business requirements of NHS Fife. Progress of the team will be monitored through the TURAS system and Procurement Training Register however it is expected to take several years to fully develop the team's knowledge and skills to fully meet the needs across NHS Fife.

Following a query from MMI, it was expected the risk level for risk 2946 would be reduced by the end of the 2025/26 financial year depending on the progress of staff development.

The Procurement Governance Board took assurance from the update.

## **5.2 WAVIER OF COMPETITIVE TENDERS**

PL provided an overview of the paper noting there were no contracts subject to wavier of competitive tender during the period January – March 2024. In 2023/24 there were 2 tenders waivers totalling £1,056,730. This was noted as a significant reduction compared to the 12 that were applied in 2022/23.

The Procurement Governance Board took assurance from the update.

## **5.3 PROCUREMENT KEY PERFORMANCE INDICATORS**

PL advised that the PGB now has overseen two financial years of KPI metrics and is now able to draw informed conclusions on the current performance trends. 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 March 2024 is £9.6m, with a total spend of £115.2m. It was noted the level of spend is as expected and in line with the last financial year. Current year cost savings were confirmed at £807k, whilst cost pressures were confirmed at -£559k, giving a net position of £248k, this was an improvement on the £49k position from the previous year (£479k savings less £430k cost pressure). PL further highlighted that the customer service KPI has shown continued improvement throughout the year and there have been no formal complaints raised in relation to Procurement services.

	<p>The Procurement Governance Board endorsed the paper for onward submission to the Executive Directors Group and the Finance, Performance and Resources Committee.</p>	
<b>6.0</b>	<p><b>SPEND PROFILING AND EFFICIENCY OPPORTUNITIES</b></p> <p><b>6.1 NATIONAL PROCURMENT GAP REPORT</b></p> <p>PL presented the paper noting the figures are from April 2024 as reported from National Procurement. It was noted there are few opportunities, in comparison to previous years, due to the current economic environment, however 5 frameworks are outstanding (3 in Medical Equipment, 1 in Medical Surgical and 1 in Paramedical) totaling £101,829.</p> <p>Following a query, PL advised the National Procurement Gap Report and National Procurement Workplan is encompassed across the Board including Health and Social Care Partnership.</p> <p>The Procurement Governance Board took assurance from the update.</p> <p><b>6.2 REFORM, TRANSFORM PERFORM UPDATE</b></p> <p>MMi noted there are 13 schemes in progress and the first update on the RTP programme will be presented at the May Committees for assurance. CD noted work is ongoing within Acute services in relation to the procurement workstream to ensure the toiletries offered to patients are only given in exceptional circumstances and are more sustainable. A discussion was held regarding bed hire contracts querying if there is a potential for maintenance to be brought in house. CD noted a SOP is available for bed contracts and would be circulated round members for information. It was highlighted work is underway to review how NHS Fife dispose of waste as well as a review of the stationary available to staff to ensure only essential stationary is available to reduce the cost of unnecessary purchases.</p> <p>The Procurement Governance Board took assurance from the update.</p>	<b>CD</b>
<b>7.0</b>	<p><b>NATIONAL REPORTING ON PROCESS OF PROCUREMENT</b></p> <p><b>7.1 EAST AND NORTH REGIONAL PROCUREMENT PROJECT</b></p> <p>MC advised 3 recommendations were made to the Project Board; Agree to pause the East and North Regional Procurement Project pending clarification of any impact that may be brought to the shared services programme, Heads of Procurement are to meet monthly (currently meeting weekly) ensuring networking opportunities continue, and existing links between neighboring boards are to continue. It was further highlighted there is a key focus on shared services and a Terms of Reference are currently being developed by a national steering group on what shared services should mean.</p> <p>The Procurement Governance Board took assurance from the update.</p>	
<b>8.0</b>	<p><b>AOCB</b></p> <p>PL noted the procurement team are currently facing a significant increase in the volume of requests for procurement support and ultimately have a limited number of staff available to</p>	



	support, which is over and above the regular procurement workstreams. It was requested that directorates carefully prioritise their procurement requests to ensure the most cost effective opportunities were being taken forward. In addition, any requests to produce significant reports need to be carefully considered as this work is likely to take resource away from contract implementation.	
<b>9.0</b>	<b>DATE OF NEXT MEETING</b> Wednesday 31 July 2024, 9am – 10:30am, via MS Teams	

**IJB FINANCE, PERFORMANCE & RESOURCES COMMITTEE**

**(Meeting on 15 May 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 WEDNESDAY 15<sup>TH</sup> MAY 2024 AT 10.00 AM VIA MICROSOFT TEAMS

**Present:** Alastair Grant, NHS Non-Executive Board Member (Chair)  
John Kemp, NHS Non-Executive Board Member  
Cllr Dave Dempsey  
Cllr Graeme Downie

**Attending:** Nicky Connor, Director of Health & Social Care  
Fiona McKay, Head of Strategic Planning, Performance & Commissioning  
Audrey Valente, Chief Finance Officer  
Lynne Garvey, Head of Community Care Services  
Vanessa Salmond, Head of Corporate Services  
Jennifer Rezendes, Professional Social Work Lead

*In attendance:*

Roy Lawrence, Principal Lead for Organisational Development & Culture  
Tracy Hogg, Finance Business Partner  
Avril Sweeney, Manager, Compliance  
Rachel Heagney, Head of Improvement, Transformation & PMO  
Dafydd McIntosh, Organisational Development & Culture Specialist  
Gillian Muir, Management Support Officer (Minutes)

**Apologies for Absence:** Colin Grieve NHS Non-Executive Board Member  
Cllr David Alexander  
Helen Hellewell, Associate Medical Director  
Lisa Cooper, Head of Primary and Preventative Care Services  
Rona Laskowski, Head of Complex & Critical Care  
Lynn Barker, Director of Nursing

No.	Item	ACTION
1.	<b>WELCOME AND APOLOGIES</b> Alastair Grant welcomed everyone to the meeting.  Apologies were noted as above and all were reminded of meeting protocols.	

	<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>	
<b>2.</b>	<p><b>DECLARATIONS OF INTEREST</b></p> <p>No declarations of interest were noted.</p>	
<b>3.</b>	<p><b>MINUTE OF PREVIOUS MEETING – 12<sup>TH</sup> MARCH 2024</b></p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p>	
<b>4.</b>	<p><b>MATTERS ARISING / ACTION LOG</b></p> <p>The action log was reviewed. All actions noted have been actioned and are either complete or in progress.</p>	
<b>5.</b>	<p><b>FINANCE</b></p>	
<b>5.1</b>	<p><b>Finance Update</b></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 31<sup>st</sup> March 2024 noting these were still subject to audit and remain provisional until the audit concludes at the end of September 2024.</p> <p>Committee noted that the delegated services outturned at £16.851m of an overspend, an adverse movement from the position reported at January. The movement is mainly due to the increased use of locums and increased packages of care in both nursing and residential, home care and adult placements. Based on the current provisional outturn position the remaining balance of reserves, currently just over £16m will be required to be utilised to ensure compliance with the Integration Scheme. This leaves a £0 balance to carry forward into 2024/25 and as a £0 balance is below the Partnerships policy minimum. To utilise reserves in totality leaves the Partnership with a couple of risks which require consideration. Audrey Valente highlighted the risks which Committee noted.</p> <p>Audrey Valente also commented that the position reported will no doubt have an impact on the budget position next year and to ensure that the Partnership meets financial balance, an assessment is currently underway. Early indications suggest that the Partnership will be required to come forward with a further £6m savings in addition to the £39m approved as part of the budget process in March. Committee noted that SLT are working on the detail and will be tabled for discussion at the next meeting of this Committee.</p>	

	<p>Audrey Valente gave assurance that the Partnership continues to ensure there is robust scrutiny of all spend throughout the duration of 2024/25 but it was noted that this will be a very challenging year.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report.</p>	
	<p>Items raised for discussion included the scrutiny of the finances what does that mean, should we be looking deeper into these due to the large movements being reported, are we confident that both partner organisations have learnt the same lessons as we have and that we won't be in the same position as last year, what is the effect on next year's budget, is there an explanation regarding the bad debt provision increasing by £700k?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Took assurance that there is robust financial monitoring in place.</li> <li>2. Agreed onward submission to the IJB for approval of the financial monitoring position as at March 2024.</li> <li>3. Agreed onward submission to the IJB for approval of the use of reserves and proposed recovery actions as at March 2024.</li> </ol>	
<p><b>5.2</b></p>	<p><b>Finance, Performance &amp; Scrutiny Strategic Risk Register</b></p> <p>The Committee considered a report from Avril Sweeney, Manager Compliance detailing 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>Committee noted that the risk register was last presented to Committee in January 2023 and is scheduled to come to Committee twice per year with a deep dive risk review being undertaken on the individual risks four times per year.</p> <p>Committee also noted the risks held on the risk register continue to be managed by the risk owners and were most recently reviewed in March of this year. The risks are presented in order of residual risk score and this is the score taking into account the management actions that are currently in place.</p> <p>Avril Sweeney highlighted a change to the presentation of the risk register which was requested by the Audit &amp; Assurance Committee to highlight the timescales and progress with SMART actions.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report. Items raised for</p>	

	<p>discussion included a query with regards to deadlines for some of the risks which had now passed and a change to target dates.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Discussed and noted the risk register.</li> <li>2. Considered whether any further information was required.</li> </ol>	
<b>6.</b>	<b>PERFORMANCE</b>	
<b>6.1</b>	<p><b>IJB Performance Report April 2024</b></p> <p>The Committee considered a report from Fiona McKay, Head of Strategic Planning, Performance &amp; Commissioning to provide an overview of progress and performance in relation to the:</p> <ul style="list-style-type: none"> <li>• National Health and Social Care Outcomes</li> <li>• Health and Social Care – Local Management Information</li> <li>• Health and Social Care – Management Information.</li> </ul> <p>Fiona McKay drew Committee’s attention to some areas within the report and provided further explanation behind the analysis, noting that going forward cognisance of any budget implications on areas will require to be taken into consideration and what that means for the performance report and the services.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report. Items raised for discussion included discussion around CAMH’s and a drop in performance in some areas – will the additional budget savings have more of an impact on this if being asked to work within a tighter budget for next year?</p> <p>Nicky Connor provided an update on CAMH’s and further explanation around the CAMH’s performance and the challenges faced within the service.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Discussed the Performance Report.</li> <li>2. Took assurance around the work being undertaken.</li> <li>3. Agreed the report be progressed to the IJB.</li> </ol>	

<p><b>6.2</b></p>	<p><b>Directions Annual Report 2023-24</b></p> <p>The Committee considered a report from Vanessa Salmond, Head of Corporate Services to provide Committee with a summary of the Directions issued by the IJB to NHS Fife and Fife Council for the period April 2023 to March 2024 and to seek members support for the implementation of a revised Directions Policy, providing clarity around the process for formulating, approving, issuing, monitoring and reviewing Directions.</p> <p>Committee noted the draft directions policy included within the paper and discussion was opened up to members to provide their comments and feedback.</p> <p>Questions raised included how will these be tracked and with regards to the policy itself which states ...‘a direction to a constituent authority to carry out each function’... - is that one direction per function, if so do we have a handle on what we mean by function? Committee also remarked that these were a positive development and that it would be helpful to know what happened after a direction was issued.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Noted the current status of Directions for 2023-24.</li> <li>2. Discussed the draft Revised Directions Policy.</li> <li>3. Agreed the draft Revised Directions Policy progress to the Audit &amp; Assurance Committee.</li> </ol>	
<p><b>7.</b></p>	<p><b>TRANSFORMATION</b></p>	
<p><b>7.1</b></p>	<p><b>Transformation &amp; PMO – Presentation</b></p> <p>A verbal update and presentation was provided to Committee to provide an overview of the work undertaken and progress to date.</p> <p>Rachel Heagney gave an overview of the work of the PMO highlighting the transformation programmes which are being progressed, those linked to savings and their status of achievement.</p> <p>Tracy Hogg provided an overview of the early indications around the savings that were approved highlighting their status of achievement.</p> <p>Audrey Valente provided a recap of the year end position and the next steps being taken.</p>	

	<p>The discussion was opened to members who provided their comments and feedback.</p> <p>Committee thanked officers for a useful and detailed presentation.</p>	
<b>8.</b>	<b>STRATEGIES</b>	
<b>8.1</b>	<p><b>Workforce Strategy - Action Plan Year 2 – Update 1</b></p> <p>The Committee considered a report from Roy Lawrence, Principal Lead for OD &amp; Culture to provide the first update of the Partnership’s Workforce Year 2 Action Plan and to provide assurance that the Partnership’s performance is delivering progress in a range of areas related to its ability to Plan for, Attract, Employ, Train and Nurture the existing and future workforce.</p> <p>Committee noted that the Workforce Strategy and Plan had been subject to a Fife IJB Workforce Plan Internal Audit in 2023 of which it was recommended that a mid-year update be brought to an IJB standing committee. All recommendations made by Audit have been imbedded with the final one being workforce data which will be presented later in the year.</p> <p>Committee also noted that the Plan sets out how the Partnership will work towards the priorities defined in the Partnership’s Workforce Strategy &amp; Plan 2022–25 with the update report providing assurance that the Year 2 Workforce Action Plan and actions are aligned to the Partnership’s Medium-Term Financial Strategy and reflect the transformation priorities set out by operational and professional services.</p> <p>Roy Lawrence advised that some actions had been reviewed or extended to accommodate changes to priorities that had taken place since the Plan was developed in 2023, including the challenges around the most recent savings opportunities agreed as part the Partnership’s in-year financial challenge for 2024-25.</p> <p>The discussion was opened to Committee members who noted that this was a very comprehensive report, were very content to see all the good work being undertaken and looked forward to the next update. No further questions were raised.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Took assurance that the work underway to deliver the Year 2 Action Plan was reactive to change, innovative, varied and being delivered at pace to ensure the Plan achieves its ambition to Plan, Attract, Employ, Train, and Nurture our existing and future workforce.</li> </ol>	



<p><b>8.2</b></p>	<p><b>Digital Strategy</b></p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer to provide assurance regarding the development and progress of the first ever Fife HSCP Digital Strategy.</p> <p>Committee noted that in 2022, the Partnership took the decision to develop a Digital Strategy aligning to the outcomes of the Strategic Plan and focussing on the needs of the people of Fife and is one of the few Partnerships to develop its own digital strategy.</p> <p>Committee also noted that developing the strategy had enabled the Partnership to engage and consult with staff, the independent sector, and the people of Fife to ensure they are focussing on delivering what is important.</p> <p>Rachel Heagney, Head of Improvement, Transformation &amp; PMO provided the Committee with an overview on the progress and feedback received to date which has helped inform and develop the strategy.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report noting that the strategy was a really good document and looked like a strategy. Items raised for discussion included the implementation of the strategy across the Partnership particularly in areas that are not necessarily within the Partnership’s control.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Considered the draft Digital Strategy.</li> <li>2. Recommended that the strategy is endorsed.</li> <li>3. Approved the submission to the IJB for final approval on 31st May.</li> </ol>	
<p><b>9.</b></p>	<p><b>ITEMS FOR NOTING</b></p>	
<p><b>9.1</b></p>	<p><b>Annual Statement / Workplan</b></p> <p>The Committee considered a report from Vanessa Salmond providing the Annual Assurance Statement as required as per the Integration Joint Boards annual governance process.</p> <p>Committee noted that the statement was structured around the principles of the blueprint for good governance and the Integration</p>	

	<p>Joint Boards principles around how an annual statement should be structured, provides context around in-depth business concluded within the past year in the Committee and how this relates to the terms of reference.</p> <p>Vanessa Salmond advised that it had been agreed through Audit &amp; Assurance Committee to adopt Committee Assurance Principles to strengthen the current governance arrangements, noting that as part of these assurance principles there will be the introduction of a chair's assurance report following each meeting. The purpose of which will be to provide a succinct synopsis of business within the meeting and describe any risk to be escalated or any business that was conducted that should be highlighted to the Integration Joint Board.</p> <p>Committee also noted that the Annual Statement had been agreed by the chair and were given the opportunity to provide their comments prior to submission to the Audit &amp; Assurance Committee. No further comments were provided.</p> <p><u>Workplan</u></p> <p>Fiona McKay highlighted the workplan included in the papers for members perusal. Any item members wish to add to the Workplan to contact Fiona McKay for discussion.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Reviewed the Annual Statement.</li> <li>2. Agreed the statement provided sufficient assurance and was content for this to be submitted to the Audit &amp; Assurance Committee for consideration.</li> </ol>	
<p><b>10.</b></p>	<p><b>ITEMS FOR HIGHLIGHTING</b></p> <p>Alastair Grant confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board on 31<sup>st</sup> May 2024.</p>	
<p><b>11.</b></p>	<p><b>AOCB</b></p> <p>No issues were raised under AOCB.</p>	
<p><b>12.</b></p>	<p><b>DATE OF NEXT MEETING</b></p> <ul style="list-style-type: none"> <li>• Wednesday 3<sup>rd</sup> July 2024 at 10.00 am via MS Teams</li> </ul>	