

NHS Fife Finance, Performance & Resources Committee

Tue 12 November 2024, 10:00 - 12:10

Via MS Teams

Agenda

10:00 - 10:05 **1. Apologies for Absence**

5 min

Verbal *Alistair Morris*

10:05 - 10:05 **2. Declaration of Members' Interests**

0 min

Verbal *Alistair Morris*

10:05 - 10:05 **3. Minutes of Previous Meeting held on Tuesday 10 September 2024**

0 min

Enclosed *Alistair Morris*

 Item 3.0 - Finance, Performance & Resources Committee Minutes (unconfirmed) 20240910.pdf (9 pages)

10:05 - 10:10 **4. Chair's Assurance Report Presented to NHS Fife Board on 25 September 2024**

5 min

Enclosed *Alistair Morris*

 Item 4.0 - Chair's Assurance Report Presented to NHS Fife Board on 25 September 2024.pdf (2 pages)

10:10 - 10:20 **5. Matters Arising / Action List**


10 min

Enclosed *Alistair Morris*

 Item 5.0 - Action List.pdf (2 pages)

5.1. Bed Modelling: Clinical & Financial Implications and Consultancy Work Update

Enclosed *Ben Hannan*

 Item 5.1 - SBAR Bed Modelling Clinical & Financial Implications and Consultancy Work Update.pdf (6 pages)

 Item 5.1 - Appendix 1 Bed Modelling Clinical & Financial Implications and Consultancy Work Update.pdf (12 pages)


10:20 - 10:30 **6. GOVERNANCE MATTERS**

10 min

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

Enclosed *Margo McGurk*

 Item 6.1 - SBAR Corporate Risks Aligned to Finance, Performance & Resources Committee.pdf (7 pages)

 Item 6.1 - Appendix 1 Corporate Risks Aligned to Finance, Performance & Resources Committee.pdf (8 pages)

 Item 6.1 - Appendix 2 Corporate Risks Aligned to Finance, Performance & Resources Committee.pdf (1 pages)

 Item 6.1 - Appendix 3 Corporate Risks Aligned to Finance, Performance & Resources Committee.pdf (2 pages)

6.2. Delivery of Annual Workplan 2024/25

Enclosed *Margo McGurk*

 Item 6.2 - Delivery of Annual Workplan 2024-25.pdf (6 pages)

10:30 - 11:00 7. STRATEGY / PLANNING

30 min

7.1. Annual Delivery Plan 2024/25 Quarter 2 Update

Enclosed *Margo McGurk*

 Item 7.1 - SBAR Annual Delivery Plan 2024-25 Quarter 2 Update.pdf (5 pages)

 Item 7.1 - Appendix 1 - NHS Fife ADP 2024-25 Quarterly Report Q2 Summary v1.2.pdf (38 pages)

7.2. Control of Entry Pharmaceutical List (Primary Care Team)

Enclosed *Lynne Garvey*

 Item 7.2 - SBAR Control of Entry Pharmaceutical List Final.pdf (7 pages)

 Item 7.2 - Appendix 1 PPC Flowchart.pdf (1 pages)

 Item 7.2 - Appendix 2 PCC Recovery Plan.pdf (3 pages)

11:00 - 12:00 8. QUALITY / PERFORMANCE

60 min

8.1. Integrated Performance & Quality Report

Enclosed *Exec Leads*

 Item 8.1 - SBAR Integrated Performance & Quality Report.pdf (5 pages)

 Item 8.1 - Appendix 1 Integrated Performance & Quality Report.pdf (12 pages)

8.2. Proposed Allocation of NRAC 2024/25

Enclosed *Margo McGurk*

 Item 8.2 - SBAR Proposed Allocation of NRAC 2024-25 + appendices.pdf (21 pages)

8.3. Financial Performance Report

Enclosed *Margo McGurk*

 Item 8.3 - SBAR Financial Performance Report.pdf (22 pages)

8.4. Labs Managed Service Contract Performance Report

Enclosed *Claire Dobson*

 Item 8.4 - SBAR Labs Managed Service Contract Performance Report.pdf (6 pages)

8.5. Procurement Key Performance Indicators

Enclosed *Kevin Booth*

 Item 8.5 - SBAR Procurement Key Performance Indicators.pdf (6 pages)

 Item 8.5 - Appendix 1 Procurement Key Performance Indicators.pdf (5 pages)

8.6. Reform, Transform, Perform Update

Enclosed *Ben Hannan*


 Item 8.6 - SBAR Reform, Transform, Perform Update.pdf (6 pages)

 Item 8.6 - Appendix 1 Reform, Transform, Perform Update.pdf (33 pages)

12:00 - 12:10 **9. LINKED COMMITTEE MINUTES**
10 min


9.1. Fife Capital Investment Group held on 2 October 2024 (unconfirmed)

Enclosed

 Item 9.1 - Fife Capital Investment Group Minutes held on 2 October 2024 (unconfirmed).pdf (4 pages)

9.2. IJB Finance, Performance & Scrutiny Committee held on 11 September 2024 (unconfirmed)

Enclosed

 Item 9.2 - IJB Finance, Performance & Scrutiny Committee Minutes held on 11 September 2024 (unconfirmed).pdf (11 pages)

12:10 - 12:10 **10. ESCALATION OF ISSUES TO NHS FIFE BOARD**
0 min

10.1. To the Board in the IPQR Summary

Verbal *Alistair Morris*

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

Verbal *Alistair Morris*

12:10 - 12:10 **11. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 26 NOVEMBER 2024**
0 min

Verbal *Alistair Morris*

12:10 - 12:10 **12. ANY OTHER BUSINESS**
0 min

Verbal

12:10 - 12:10 **13. Date of Next Meeting: Tuesday 14 January 2024 from 10am – 12.30pm via MS Teams**
0 min

Fife NHS Board

Unconfirmed

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

Present:

Alistair Morris, Non-Executive Director (Chair)
Jo Bennett, Non-Executive Member
Sinead Braiden, Non-Executive Director
John Kemp, Non-Executive Director
Alistair Grant, Non-Executive Director
Janette Keenan, Director of Nursing
Aileen Lawrie, Area Clinical Forum Representative
Margo McGurk, Director of Finance & Strategy
Lynne Parsons, Employee Director
Carol Potter, Chief Executive

In Attendance:

Patricia Kilpatrick, Board Chair
Ben Hannan, Director of Reform & Transformation
Fiona Forrest, Acting Director of Pharmacy & Medicines
Claire Dobson, Director of Acute Services
Alistair Graham, Director of Digital & Information
Neil McCormick, Director of Property & Asset Management
Maxine Michie, Deputy Director of Finance
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Lisa Cooper, Head of Primary and Preventative Care Services (*deputising for Fiona McKay*)
Susan Fraser, Associate Director of Planning & Performance (*item 7.1 only*)
Ben Johnston, Head of Capital Planning & Project Director
Jillian Torrance, Head of Complex & Critical Care (*item 8.1 only*)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting, and extended a warm welcome to Jo Bennett, Non-Executive Director, who has joined the Committee as a new member.

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 members Chris McKenna (Medical Director), Joy Tomlinson (Director of Public Health), and routine attendee Fiona McKay (Interim Director of Health & Social Care).

2. Declaration of Members' Interests

There were no members' interests to declare.

3. **Minute of Previous Meeting held on 16 July 2024**

The minute from the previous meeting was **agreed** as an accurate record.

4. **Chair's Assurance Report Presented to NHS Fife Board on 30 July 2024**

The Chair's Assurance Report is presented to the Committee for information only.

5. **Action List / Matters Arising**

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

The Director of Acute Services reported that there is a significant overlap around the clinical outcomes risk and whole system capacity risk, and that both risks are being reviewed in terms of the articulation of the risk descriptor in relation to the pressures within the system and the potential harm or detriment to patients.

In terms of the action in relation to local targets within the Integrated Performance & Quality Report, it was agreed that this action can now be closed.

The action plan will be updated accordingly.

6. **GOVERNANCE MATTERS**

6.1 **Corporate Risks Aligned to Finance, Performance & Resources Committee**

The Director of Finance & Strategy highlighted a proposal to split the level of assurances within the corporate risk register and explained that the majority of the corporate risks are at a target level of moderate, and that actions are being taken forward. It was noted that the risk assurance level for the financial risks would only be limited. The Committee agreed to the proposal.

It was highlighted that the target level for the whole system capacity risk has moved from moderate to high, to reflect the current challenges across the system. It was also reported that the access to outpatients' diagnostics and treatment services target level has moved to high, following confirmation of funding.

It was advised that, following the financial position being presented to the NHS Fife Board, the financial risks will be updated for the next iteration of the report, to reflect the reduced overall gap in the financial position as a result of the most recent new medicines fund allocation.

The Committee took a **"reasonable" level of assurance** from the information presented, noting that all actions, within the control of the organisation, were being taken to mitigate these risks as far as possible.

6.2 **Corporate Calendar – Proposed Finance, Performance & Resources Committee Dates 2025/26**

The Committee **agreed** the proposed Public Health & Wellbeing Committee dates for 2025/26, for onward approval of the Corporate Calendar at the NHS Board meeting in September 2024.

6.3 Delivery of Annual Workplan 2024/25

The Director of Finance & Strategy advised that a review of the Scottish budget position (which will be announced on 4 December 2024), and the financial plan for 2025/26, will be added to the workplan for January 2025 and March 2025, respectively.

Action: Board Committee Support Officer

The Committee **approved** the tracked workplan.

7. STRATEGY / PLANNING

7.1 Annual Delivery Plan 2024/25 SG Feedback Response & Quarter 1 Update

The Associate Director of Planning & Performance joined the meeting and advised that the paper presents the response from NHS Fife to the Scottish Government feedback to our acceptance letter of the Annual Delivery Plan and the Quarter 1 update on progress Report.

It was reported that there are 194 actions within the Quarter 1 Report in terms of the Annual Delivery Plan and agreement has been made with the Scottish Government that 36 actions are part of strategic priority to improve health & wellbeing. It was further reported that eight actions were marked as red, which are unlikely to be completed on time or meet the target within the reportable year. These include five that relates to the Finance, Performance & Resources Committee, namely: surge capacity around the delivery of the laboratory system, LIMS system, business transformation programme, hospital pharmacy redesign and the SLA external activity. It was noted that the Reform, Transform, Perform programme of work actions will be included in the next iteration of the Annual Delivery Plan and response to the Scottish Government.

It was highlighted that the majority of objectives are set by the Scottish Government's recovery drivers, and that the local and national targets are also included with the Annual Delivery Plan, to provide an overall position.

A comment was made in relation to the risk around the radiology plan and the impact on quality & performance. In response, it was advised that the performance activity for radiology is more positive than expected, due to the additional investment from the Scottish Government. It was also advised that due to having more capacity, particularly in ultrasound and mobile vans, this has supported our waiting times.

The Committee took a **"moderate" level of assurance** from the report.

7.2 Integrated Planned Care Programme Report

The Director of Acute Services advised that the report provides a comprehensive overview of the programme of work of the Integrated Planned Care Programme. The key points from the report were highlighted, and it was advised that significant progress has been made across a number of specialities, in relation to ACRT and PIR high impact tools, and that there is further work required to complete pathways, before moving to

business-as-usual in 2025. Theatre optimisation was highlighted, and it was reported that there have been improvements in terms of our capacity and pre-assessment. The work carried out through the Health & Social Care Partnership, in terms of health inequalities, was outlined.

Following a query in relation to advanced clinical referral triage and patient-initiated review, in terms of outpatients, it was advised that the report outlines the specialities in terms of the use of ACRT and PIR tools. It was noted that there have been early adopters in relation to engaging with the ACRT, and other specialities that have been reluctant. It was advised that the Planned Care Programme are focussing on getting as many conditions and different specialities into the programme, as possible. It was explained that PIR has been positive for patients.

The Director of Acute Services explained the issues with the patient flow from NHS Lothian to the National Treatment Centre, and the solutions that are being worked through to improve the situation. It was noted that our waiting times include Lothian patients, and that there are more patients waiting over two years for treatment, than was anticipated.

A presentation on planned care performance was provided. Assurance was provided that trajectories are moving forward for endoscopy targets, however, had been affected by the requirement to review return patients. Comments were made in relation to including return patients in the activity data which are not currently included to provide an overall view of the position, and the Director of Acute Services agreed to consider this for the next report.

Action: Director of Acute Services

The Committee took a **“significant” level of assurance** from the report.

7.3 Primary Care Strategy – Annual Report 2023/24

The Head of Primary and Preventative Care Services presented the Primary Care Strategy Year 1 Report 2023/24 and reported that a significant amount of work has been progressed very positively. The key points from the report were highlighted, and it was advised that there was a strategic focus on recovery, quality and sustainability.

The challenges around primary care services in terms of demand and resources to deliver effective sustainable services, was highlighted. An overview on the Primary Care Improvement Plan was provided, and it was advised that there are financial risks in relation to resources to deliver the plan, and that innovation is continually sought.

It was reported that a communication plan has been developed and ratified at the Primary Care Governance Strategic Group and will be implemented within year two of the strategy.

The Director of Property & Asset Management provided an update on premises for primary care, noting that small improvement works have been carried out over the previous years. It was advised that Scottish Government approval of capital investments for new premises within Kincardine and Lochgelly is awaited, and that some upgrades have been done to those premises, meantime.

The challenges around delivering public service dentistry were discussed, and it was advised that work is ongoing to improve supporting the position in this area, including working within the resources available and being innovative in delivering targeted treatments within budget, and from a financial perspective, there is no risk. It was advised that opportunities to influence locally, in line with regulations, is being explored. Following a query, it was advised that access to dental services sits within the primacy care risk register, and that a separate corporate risk for dentistry, is being explored.

The Committee took a **“moderate” level of assurance** from the report.

7.4 Project Hydra

The Director of Property & Assessment Management reported that the project is being carried out with a Private Finance Initiative (PFI) provider, and at no cost to the Board. Assurance was provided that the project is progressing well, with it noted that monthly meetings take place with contractors, and that there have been no major issues, to date. In terms of the interface within the Acute Service team, around the accident & emergency entrance, it was reported that there had been little, to no impact on clinical services.

The Committee took a **“significant” level of assurance** from the paper.

7.5 Whole System Infrastructure Planning

The Head of Capital Planning & Project Director highlighted the points addressed within the executive summary of the paper. An overview was provided on potential capital that may be available from April 2025, which could come from the submission of an interim Business Continuity maintenance only investment plan which Scottish Government have directed NHS Fife to submit in January 2025, which is now a current focus to ensure NHS Fife is in a good position to mobilise should funding become available.

Extensive discussion took place, and an explanation was provided on the regional co-ordination for long term capital projects, which will form part of the service planning through a Scottish Government platform and is being considered for all NHS Scotland Boards. It was reported that plans will be agile and reviewed in terms of being able to accommodate future changes and will include seeking out opportunities to move beyond backlog maintenance.

The importance of the clinical strategy and under pinning frameworks were highlighted, and it was noted that investment in digital infrastructure will be an important aspect in terms of changing the way in which people interact with the NHS.

It was reported that plans for January 2025 around maintenance of existing estate, will address some of the backlog issues, and that significant improvements could be made, if funding were to be available. It was noted that a whole system programme initial agreement will form the second part of the planning, from January 2026.

The Chair congratulated the Director of Property & Asset Management and Head of Capital Planning & Project Director for all their hard work.

The Committee took a **significant level of assurance** from the update.

7.6 NHS Fife Procurement Strategy 2024 – 2029

The Deputy Director of Finance highlighted the key areas covered within the strategy and advised that the strategy is linked with the annual report, which was discussed further under agenda item 9.1. It was noted that once the strategy has been approved, it will be shared across NHS Fife.

An overview was provided on the work that is ongoing alongside the Anchor Institute, who are leading on some aspects, and it was reported that there has been a significant improvement in the alignment of this work.

The Committee took a **significant level of assurance** from the report, and “**endorsed**” recommendation to NHS Fife for approval and publication.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Director of Acute Services provided an update on emergency access and delayed discharge and noted that there continues to be significant pressure on the system and that work is ongoing. It was reported that there continues to be a gap between demand and capacity, and that the priorities are with urgent referrals and urgent suspicion of cancer. The additional activity of funding from the Scottish Government was underway in June 2024, and it was advised that the focus is on longest waits, and work to drive out productive opportunities was ongoing.

Jillian Torrens, Head of Complex & Critical Care, was welcomed to the meeting, and provided an update on psychological therapies performance. It was reported that there are ongoing issues in terms of demand outweighing the capacity that is available within the system, and that engagement continues nationally, with support from the Scottish Government’s Mental Health Director.

Following questions, it was advised that there is a strong link with education through the Child & Adult Mental Health Services (CAHMS) and the Psychological Therapy Services. The Head of Complex & Critical Care agreed to provide the data for the waiting list numbers for CAHMS, and following a request, also agreed to provide further detail on the quality of care and incidents of physical violence. It was noted that performance in these areas sit within the Public Health & Wellbeing Committee.

Action: Head of Complex & Critical Care

The Head of Primary and Preventative Care Services provided an update on the performance for immunisation, reporting that there is a specific programme of quality improvement work to manage performance for the 6 in 1 and MR2 vaccines.

Concern was raised for areas that are underperforming against our planned trajectories. In response, it was advised that the national targets for planned care, are not in line with our local targets, due to the backlog as a result of Covid-19, and that trajectories will be adjusted, subject to funding.

The Committee took a “**moderate**” level of assurance from the IPQR.

8.2 Financial Performance Report

The Director of Finance & Strategy provided an in-depth review of the report and highlighted that the financial position of NHS Scotland and NHS Fife for 2024/25 represents the highest level of challenge since devolution.

A query was raised in relation to the directions issued by the Fife Integrated Joint Board (IJB) to NHS Fife to transfer funding of £4.1m to Fife Council for Social Care Services. It was explained that the financial planning assumptions underpinning the directions were set at a point in time and have now materially changed. It was confirmed that NHS Fife are financially challenged by the directions, given the significant overspend within the Health delegated budget. The Director of Finance and Strategy highlighted to transfer funding would overstate the overspend in health delegated budgets and understate the overspend in social care budgets adversely affecting the level of transparency to the overspends across the IJB.

Following robust discussion on the directions issue, and it was noted that appropriate challenge and support has been put forward in relation to the overspend within the Health & Social Care Partnership. There was further discussion on joined up working between NHS Fife and the local authority to reduce costs and adopt a whole system approach. It was noted that a single transformation plan is being developed and is currently in discussion through various groups. The Head of Prevention & Preventative Care provided assurance that there is an ambition from the Fife Health & Social Care Partnership for joined up working with NHS Fife, including the development of the single transformation plan, and the Director of Finance & Strategy provided assurance from a transparency and disclosure perspective that the level of overspend will be collectively managed.

The Chief Executive supported the approach described, for joined up working on the totality of the £21m financial challenge, that is shared between NHS Fife and the local authority.

An overview was provided on reducing supplementary staffing, noting that there was a national direction to stop all agency work before October 2024, and that a response has been submitted from every Health Board in Scotland to advise that this would not be possible due to the current staffing position. Assurance was provided that a large amount of work is underway to reduce supplementary staffing spend.

The Committee took a **“limited” level of assurance** from the report.

8.3 Reform, Transform, Perform (RTP) Performance Report September 2024

The Director of Reform & Transformation highlighted the key points from the report and confirmed that there has been considerable progress to date, including further assurance on delivery to agreed plans for individual schemes. It was also advised that five deliverables have significant assurance, five have moderate assurance, and three have limited assurance. For those cases where schemes are not delivering, contingencies have been identified and reported via financial reporting mechanisms. It was reported that the NHS Fife Board continues to meet asks from the Scottish Government on consideration and incorporation of nationally proposed workstreams, and that there is assurance that the local programme is operating with appropriate breadth and scope.

It was reported that there is a lot of work being carried out in terms of the transformation aspects, and that each of the four elements of the portfolio are being taken through the relevant committees, with an amalgamated update going forward to the NHS Fife Board at their September 2024 meeting.

The Chair praised the efforts of everyone involved in the Reform, Transform, Performance programme of work, and thanked everyone for all their hard work.

The Committee took a **“moderate” level of assurance** from the report.

8.4 Reform, Transform, Perform (RTP) – Infrastructure & Change Update

The Head of Capital Planning & Project Director provided an update on the infrastructure & change aspects of the RTP programme of work and advised that an Infrastructure and Change Programme Board has been formed to provide oversight in terms of the governance around the various projects for estates, bed modelling and sustainability, along with providing support to the other RTP workstreams, as required. An overview was provided on progress of the workstreams, and the site option appraisal work that is ongoing for Cameron and Stratheden Hospitals, as detailed within the paper. Assurance was provided that joined up working is being carried out with Primary Care, Community Hospitals, Mental Health Services and the local authority.

It was reported that the Infrastructure & Change Programme has identified £1.8m of £2m potential savings, to date, and an overview was provided on progress.

The clinical and financial implications for bed modelling, were highlighted, and a request was made for further detail, to include a high level of detail around the consultancy work. It was agreed to add bed modelling to the workplan for the November 2024 meeting.

Action: Head of Capital Planning & Project Director / Board Committee Support Officer

The Committee took a **“moderate” level of assurance** from the paper.

8.5 Procurement Key Performance Indicators

The Deputy Director of Finance advised that the report continues to demonstrate improvements within our procurement function over the previous years, and their role as key business partners across the whole system.

The Committee took a **“significant” level of assurance** from the paper.

9. ANNUAL REPORTS

9.1 Annual Procurement Report 2023

The Deputy Director of Finance presented the report and advised that the report was reviewed by the Procurement Governance Board in July 2024, and recommended the report for approval, and for distribution to the Finance, Performance & Resources Committee.

It was advised that the purpose of the report is to meet the regulatory requirements of the Procurement Reform (Scotland) Act 2014, and that the content and presentation of the report aligns with the requirements prescribed by the legislation.. An overview was

provided on the contents of the report, and it was highlighted that procurement spend is a fundamental financial control.

The Committee took a “**significant**” level of assurance on the Procurement function in line with Public Procurement legislation and NHS Fife strategic priorities and **endorsed** the report for NHS Fife Board approval.

10. LINKED COMMITTEE / GROUP MINUTES

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

10.1 Fife Capital Investment Group held on 21 August 2024 (unconfirmed)

10.2 Procurement Governance Board held on 31 July 2024 (unconfirmed)

10.3 IJB Finance, Performance & Scrutiny Committee held on 3 July 2024 (unconfirmed)

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1 To the Board in the IPQR Summary

There were no performance related issues to escalate to the Board.

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

There were no issues to escalate to NHS Fife Board.

12. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR’S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 SEPTEMBER 2024

The reflections from the meeting and agreement of matters will be considered by the Chair for onward submission to NHS Fife Board. The report will be provided to the following Committee meeting for information.

13. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Tuesday 12 November 2024 from 10am – 12.30pm via MS Teams.

Meeting: Finance, Performance & Resources Committee

Meeting date: 10 September 2024

Title: Committee Chair's Assurance Report

1. Committee's Performance against Annual Workplan

1.1 The Committee reviewed the workplan for the financial year 2024/25.

Deferred:

- Community Asset Transfer (CAT) - Lucky Ewe (to November 2024 Private Session)
- Control of Entry Pharmaceutical List (Primary Care Team) (to November 2024)
- Labs Managed Service Contract (MSC) Performance Report (to November 2024)

Added:

- Scottish budget position (which will be announced on 4 December 2024)
- Financial plan for 2025/26

Removed:

- Financial Position – Mid-Year Review 2024/25
- Tender Process for 2C GP Practices
- Primary Care Premises Framework

2. The Committee considered the following items of business:

2.1 The Committee took a “moderate” level of assurance from the Annual Delivery Plan 2024/25 SG Feedback Response & Quarter 1 Update.

2.2 The Committee took a “moderate” level of assurance from the Primary Care Strategy – Annual Report 2023/24. Noted there are financial risks in relation to resources to deliver the Primary Care Improvement Plan. Also noted a communication plan has been developed and will be implemented within year two of the strategy.

2.3.1 The Committee took a “limited” level of assurance from the Financial Performance Report. Noted NHS Fife are financially challenged by the directions, given the significant overspend within the Health & Social Care Partnership delegated budget, and that a single transformation plan is being developed. Assurance was provided that a large amount of work is underway to reduce supplementary staffing spend.

2.4 The Committee took a “moderate” level of assurance from the Reform, Transform, Perform (RTP) – Infrastructure & Change Update. An Infrastructure and Change Programme Board has been formed to provide

oversight in terms of the governance around the various projects for estates.

3. Delegated Decisions taken by the Committee

None.

4. Update on Performance Metrics

4.1 The Committee took a “moderate” level of assurance from the IPQR.

- Continues to be significant pressure on emergency access and delayed discharge – focus on longest waits.
- Engagement continues nationally for the ongoing issues in terms of demand outweighing the capacity for psychological therapies.
- A specific programme of quality improvement work is in place to manage performance for the 6 in 1 and MR2 vaccines.
- Trajectories will be adjusted for areas that are underperforming against our planned trajectories, which are due to backlogs/Covid.

5. Update on Risk Management

5.1 The Committee took a “reasonable” level of assurance from the corporate risk register, noting that all actions, within the control of the organisation, were being taken to mitigate these risks as far as possible. A proposal to split the level of assurances within the corporate risk register was agreed by the Committee.

6. Any other Issues to highlight to the Board:

None.

Alistair Morris
Chair
Finance, Performance & Resources Committee

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

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



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
1.	10/09/24	Integrated Planned Care Programme Report	To consider for the next report, including return patients in the activity data which are not currently included to provide an overall view of the position.	CD		November 2024
2.	10/09/24		To provide the data for the waiting list numbers for CAHMS, and to provide further detail on the quality of care and incidents of physical violence, within the Public Health & Wellbeing section of the report.	Jillian Torrance		November 2024
3.	10/09/24	Reform, Transform, Perform - Infrastructure & Change Update	Further detail to be provided in relation to the clinical and financial implications for bed modelling, and to include a high level of detail around the consultancy work.	BJ	Added to workplan.	November 2024
4.	14/11/2023	ScotCOM Medical Education Programme	To provide further updated on the development of the ScotCOM Medical Education Programme.	CMcK	Update to be provided in due course.	On hold
5.	10/09/24	Delivery of Annual Workplan 2024/25	The Scottish budget position, and the financial plan for 2025/26, to be added to the workplan for January 2025 and March 2025, respectively.	HT	Complete.	September 2024
6.	16/07/2024	Integrated Performance & Quality Report	To review local targets within IPQR and provide an update at the September 2024 Committee.	MM	Complete.	September 2024

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
7.	16/07/2024	Corporate Risks Aligned to Finance, Performance & Resources Committee	To provide a refreshed position on whole-system capacity risk at the September 2024 Committee.	MM	Complete.	September 2024
8.	16/07/2024	Scheduled Care 2024/25 Plan	To provide an updated Scheduled Care paper at end of quarter 2 to evidence if trajectories are on target.	CD	Presentation provided at the September 2024 meeting.	November 2024

Meeting: Finance Performance and Resources
Committee

Meeting date: 12 November 2024

Title: Bed Modelling - Update

Responsible Executive: Ben Hannan, Director of Reform and Transformation
Neil McCormick, Director of Property and Asset
Management

Report Author: Ben Hannan, Director of Reform and Transformation

Executive Summary:

- This paper provides assurance on work delivered to date on bed modelling, in partnership with Buchan Associates
- The committee should take significant assurance on progress and note that work is due to be completed by year end.
- The modelling suggests a range of opportunities to reduce the required bed base from the current baseline, while acknowledging and informing plans for future change in local demographics and clinical requirements

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- NHS Board Strategic Priority

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper provides an interim update the committee regarding progress on work commissioned with Buchan & Associates on whole system bed modelling. The analysis has involved close working with Fife Council and demonstrates the impact on acute hospitals (phase one), community hospitals (phase two) and care homes (phase three). At this time, phase two is nearing completion. A more visual explanation of the modelling can be seen in Appendix One. The work is due to complete in Q4 of this financial year.

2.2 Background

Phase one of the work involved analysis of Victoria Hospital Kirkcaldy (VHK). It looked closely at inpatient beds and hospital at home, with exclusions on children's ward and SCBU, mental health, and the Hospice.

Phase two crossed the range of Community Hospital sites: Queen Margaret Hospital (QMH); Adamson Hospital; Cameron Hospital; Glenrothes Hospital; St Andrews Community Hospital. Mental health sites were also included: Stratheden Hospital; Whyteman's Brae Hospital; Lynebank Hospital; Queen Margaret Hospital.

Phase three will investigate all care home provision, and this is being undertaken with Fife Council in partnership through our Health and Social Care Partnership: this includes 71 homes, 61 of which are privately operated, eight council operated and two are voluntary operated.

The approach to modelling is a multi-stage process:

- Collection and acquisition of data – in this case, data from 2023 was identified.
- Generation of a baseline and population of a model database

- The addition of demographic and epidemiological changes
- Definition of change assumptions within the system
- Finalisation of model assumptions
- Delivery of output projections and interpretation

Ultimately, this produces a baseline model based on an agreed occupancy rate and provides a bottom-line figure for how many beds are needed. Once the baseline is established, this allows for assumptions and projections to be built in, and consideration of various clinical models and pathways of care over a 20-year period. The end result will be a planning tool which can be utilised by NHS Fife, to run alongside finance, service, workforce and infrastructure plans to develop scenarios, and ultimately support creation of Target Operating Models.

2.3 Assessment

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

Detail of the model and its assumptions to date is provided below. It will be critical to ensure the Board and IJB plan and act in an integrated manner in delivery. Care homes and mental health recommendations will be incorporated over the coming weeks.

2.3.1 Quality, Patient and Value-Based Health & Care

Six scenarios have been considered to date during this work, however further work on building future scenarios is required to maximise outputs from this exercise.

Demographic change

Utilising national records of Scotland data, the projected change in Fife population in five yearly intervals to 2043 is considered. While this shows a small overall reduction in total population, the proportionate growth of the age groups from 66 and older requires due consideration and adjustment in the local bed model. This leads to a requirement to increase by 60 beds in both acute and community settings from the baseline, over the period considered.

It is notable that burden of disease across Scotland is estimated to change significantly through 2043 and exploration regarding how best to represent this is currently underway.

Attendance avoidance

Through increased redirection of care from Flow Navigation Centre and increased use of Hospital at Home and/or community-based pathways, the model considers a reduction in attendances to reduce the Fife rate per 100,000 to the Scottish average rate.

Acute admission avoidance

The model proposes expansion of RACU/ SDEC to the full range of pathways across all sites over the next ten years, patients with three or fewer days stay shifting to ambulatory care, and by increasing OPAT services to reduce medical bed days.

Additionally, the work considers the role of community hospitals and the potential for direct discharge from acute to home for some community hospital admissions. Following analysis, the model assumes that up to 60% of community hospital admissions for frailty rehab could go directly home.

Assessment model

The assessment phase was modelled with specified maximum stays in assessment for two groups, and a target figure for direct discharge. All ED attendances were assumed to flow to the assessment area with the exception of cancer and stroke pathways.

Timely discharge – removal of delays

Delayed discharge information identified a small number of reportable delays on the VHK site; these have been moved to the appropriate settings within the model.

The same data identified delays within community hospitals around place availability, legal issues, process issues and others. The model provides resolutions for these issues. Finally, health delays are also resolved within the model. Further enhancements to flow around stroke and related conditions are also considered.

Potential system reconfiguration opportunities

There may be opportunities for system-wide reconfiguration, which could change services delivered across NHS Fife and the potential for different regional models.

Examples within acute include elective/ emergency split; wider service reconfiguration, wider redesign within the community hospitals, reconfiguration of frailty rehab, stroke and neurology rehab, and GP admissions/ step-down of specialist rehab in the Northeast, should be considered. At this point, these have not yet been modelled for impact on bed requirements.

2.3.2 Workforce

In the context of wider RTP development, priority has been placed on a partnership approach to planning with robust engagement with Area Partnership Forum and staff side colleagues in place. Acknowledging the inevitable impact of the Reform, Transform, Perform (RTP) programme on staff, the importance of constructive discussions regarding the effects and corresponding mitigations is continually reiterated. Robust engagement with the Area Partnership Forum and Staff Side colleagues will continue to be fundamental in implementing the programmes of change.

Workforce planning will naturally be a cornerstone in development of the bed model for NHS Fife across all services, including those managed in partnership with Fife Council.

2.3.3 Financial

The financial impact of changes proposed will be developed in detail as work progresses. The expectation is on maximising the financial benefit to the organisation while protecting the quality of patient care.

2.3.4 Risk Assessment / Management

The Board will be regularly informed, consulted, and appraised, and support will be sought to balance the key pillars of governance of quality, performance, finance and workforce, in the context of the Board's risk appetite.

This work is being overseen by the RTP Infrastructure and Change Board. A risk log for each RTP workstream and scheme is currently kept, with risk profiles continually reviewed via the Corporate Programme Management Office. The risk log for this area of work will be developed and reported through established channels.

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

The Fairer Scotland Duty requires that NHS Fife carry out assessments of what we can do to reduce inequalities of outcomes caused by socio-economic disadvantage when strategic decisions are made. As this tool does not mandate change, an EQIA is not currently required. However, as work progresses and implementation considered, an EQIA will be developed as appropriate.

2.3.6 Climate Emergency & Sustainability Impact

There is acknowledgement that our responsibilities and priorities to manage the impact of our actions on climate and sustainability Infrastructure has been identified as a key theme within the RTP.

2.3.7 Communication, involvement, engagement and consultation

The overarching communications approach ensures that staff are consulted and kept well informed, thereby upholding our commitment to meeting staff governance standards. A bespoke communications and engagement plan (both internal and external) has been developed for RTP; this will be continually refreshed as a live document in response to the ongoing approach.

In addition, it is acknowledged engagement with the public is of key significance. An operational engagement plan was presented to the Board in July 2024.

Bespoke communications on changes to the bed model within Fife will be considered as an implementation plan develops.

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.

Board Development Session – 29th October 2024

RTP Executive – 31st October 2024

2.4 Recommendation

The committee are asked to take a **significant level of assurance** regarding the progress in development and delivery of this planning tool to date.

3 List of appendices

The following appendices are included with this report:

- Appendix One – Bed Modelling Update

Report Contact

Ben Hannan

Director of Reform and Transformation

Email benjamin.hannan2@nhs.scot

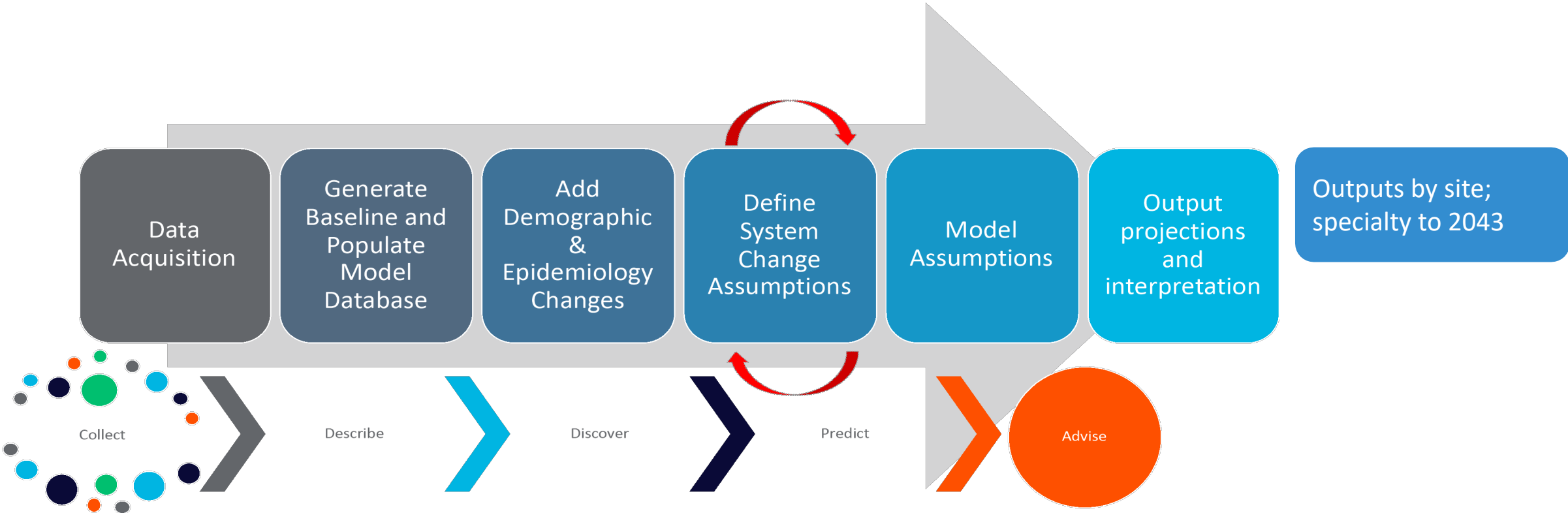
RE-FORM TRANSFORM PERFORM

Empowering **change**

Bed Modelling Update

Neil McCormick & Ben Hannan

Approach



Scope of each phase

Phase 1 (complete August 2024)

Victoria Hospital, Kirkcaldy

- Inpatient beds only
- Hospital at home
- Exclusions:
 - Children's ward & SCBU
 - Mental Health (phase 2)
 - Hospice (phase 2)

Phase 2 (due to complete November 2024)

a) Community sites

- Queen Margaret Hospital
- Adamson Hospital
- Cameron Hospital
- Glenrothes Hospital
- St Andrews Community Hospital

b) Mental Health sites

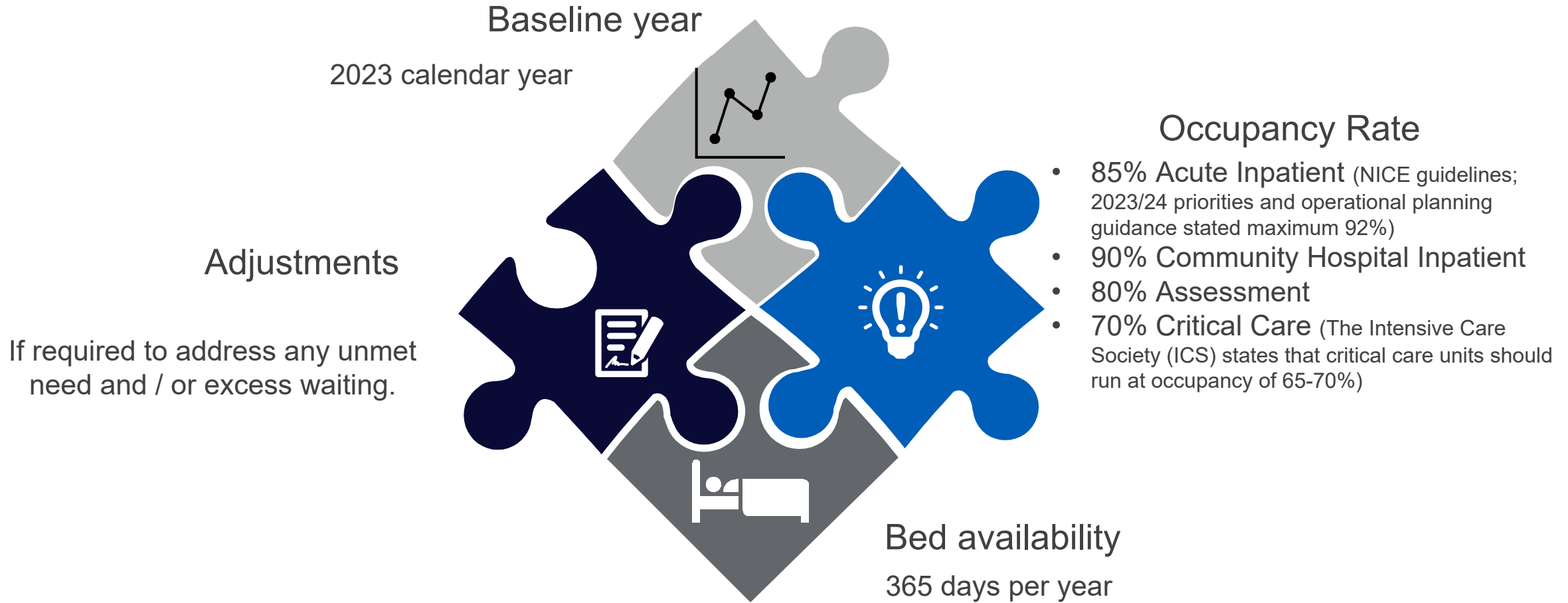
- Stratheden Hospital
- Whyteman's Brae Hospital
- Lynebank Hospital
- Queen Margaret Hospital

Phase 3 (TBC, data provision complete)

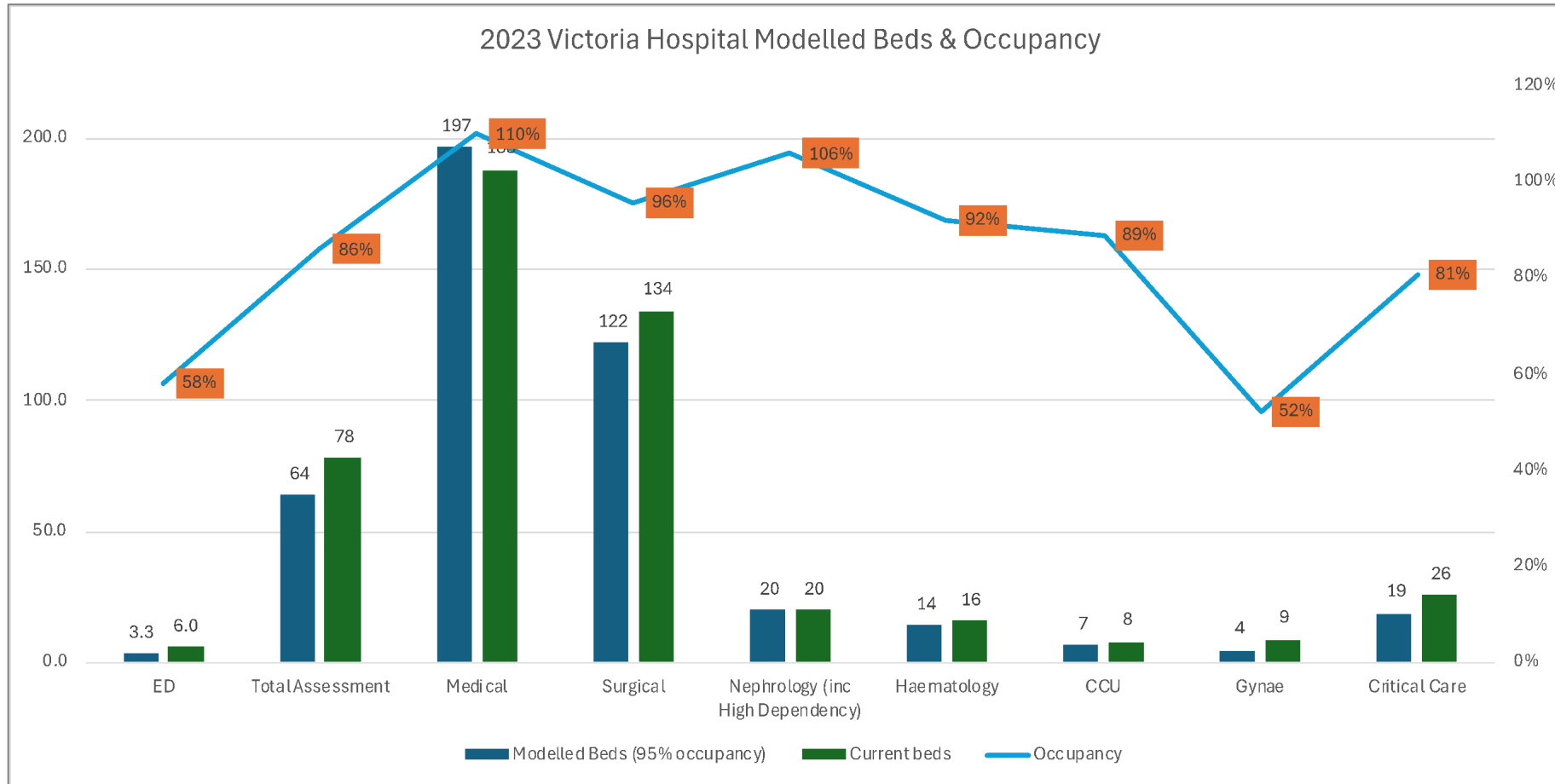
Care Homes

- All Care Home provision across Fife Council
- 71 Care Homes, 61 of which are private, 8 Council and 2 voluntary/not for-profit

Assumptions

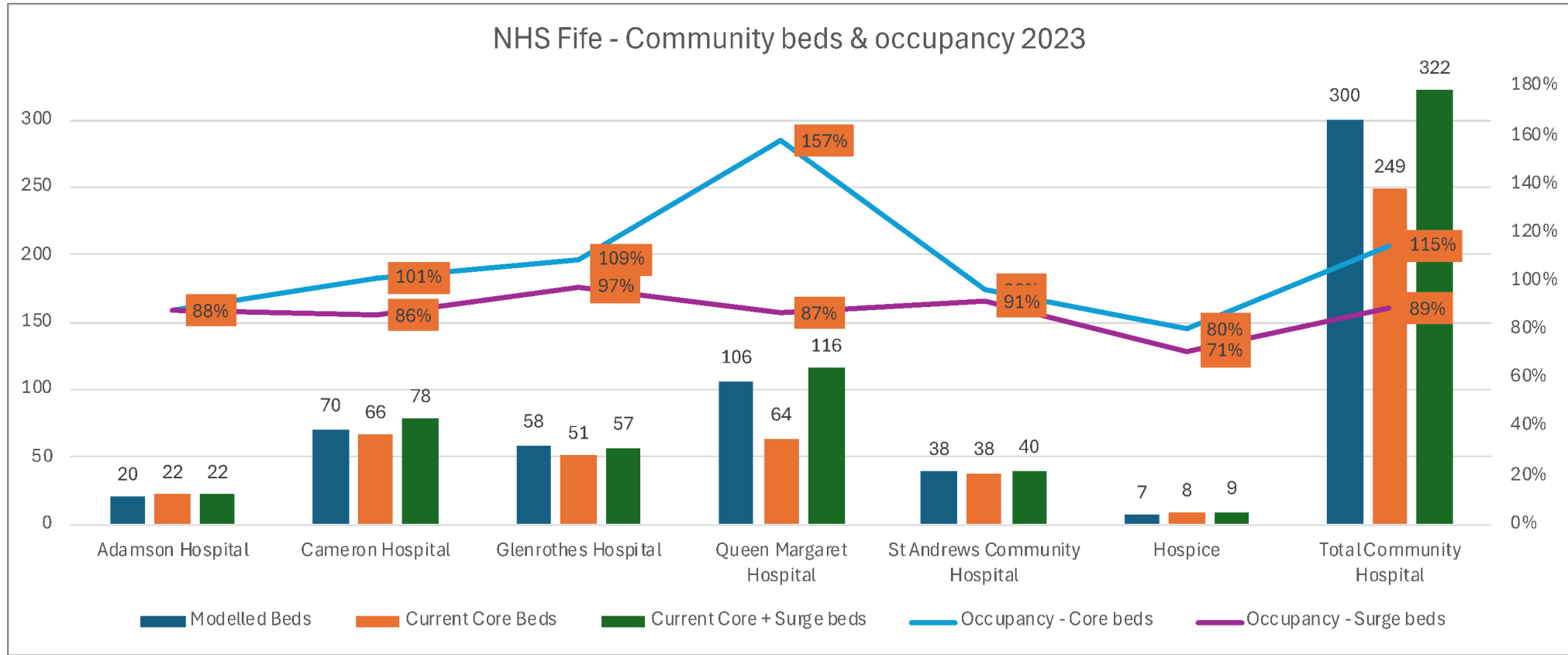


Victoria Hospital Kirkcaldy

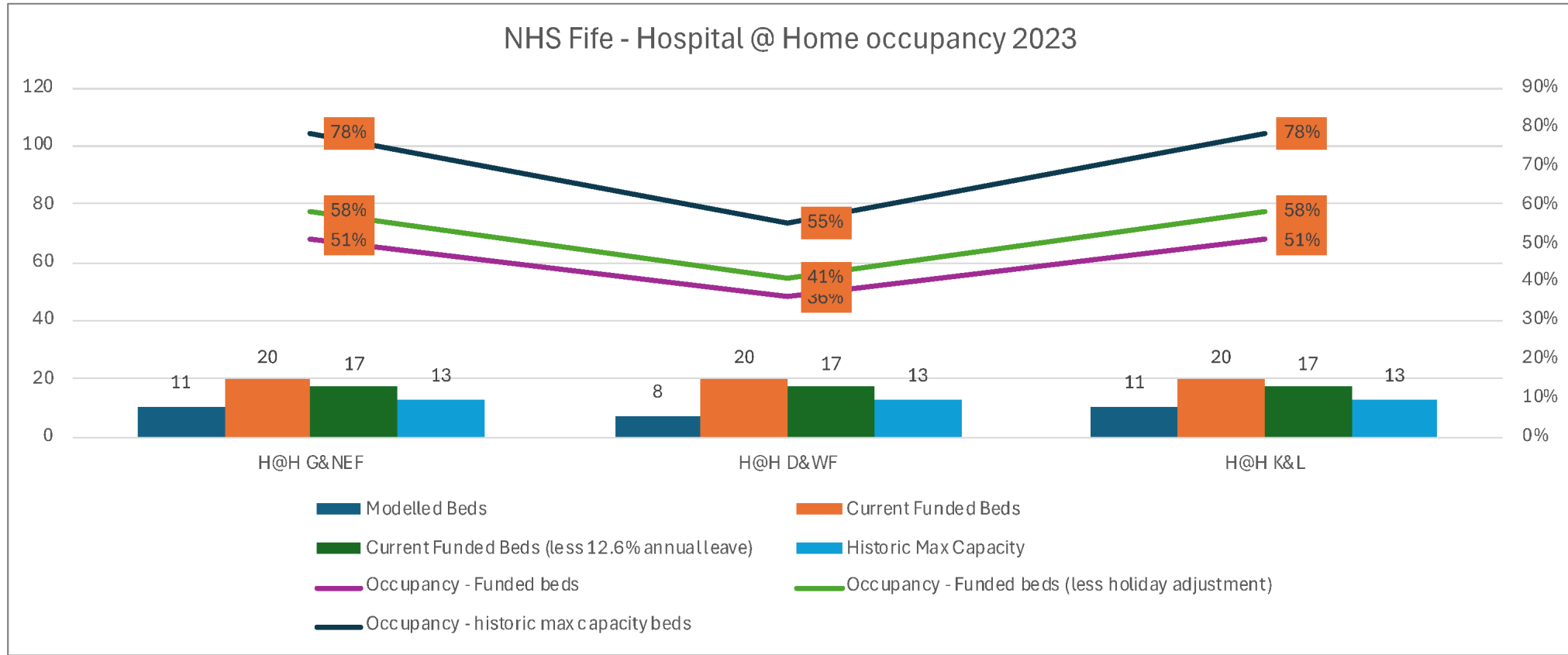


- Overall site at 99% occupancy; assessment beds overall 90% (includes GP assessment areas); medical ward >100%

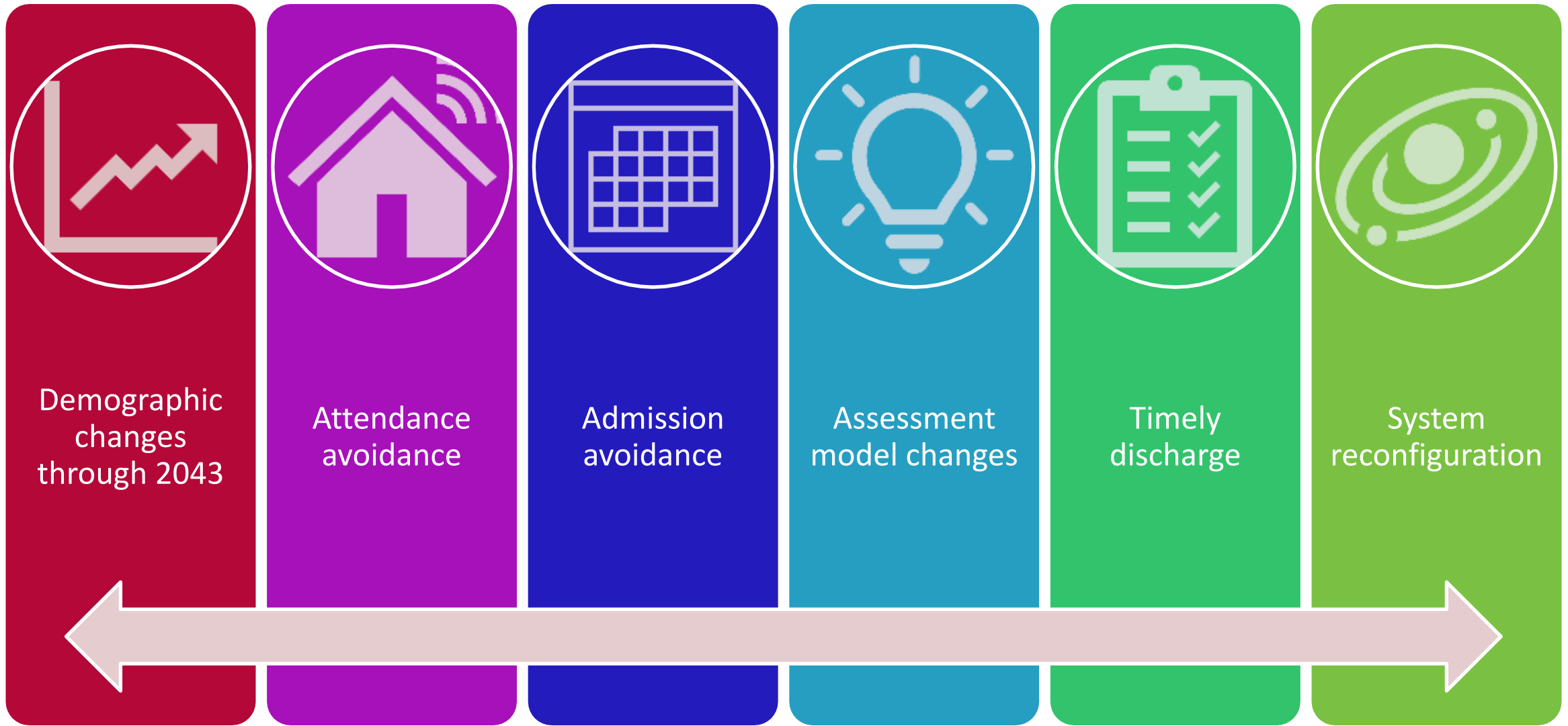
Community Hospital sites



Hospital @ Home



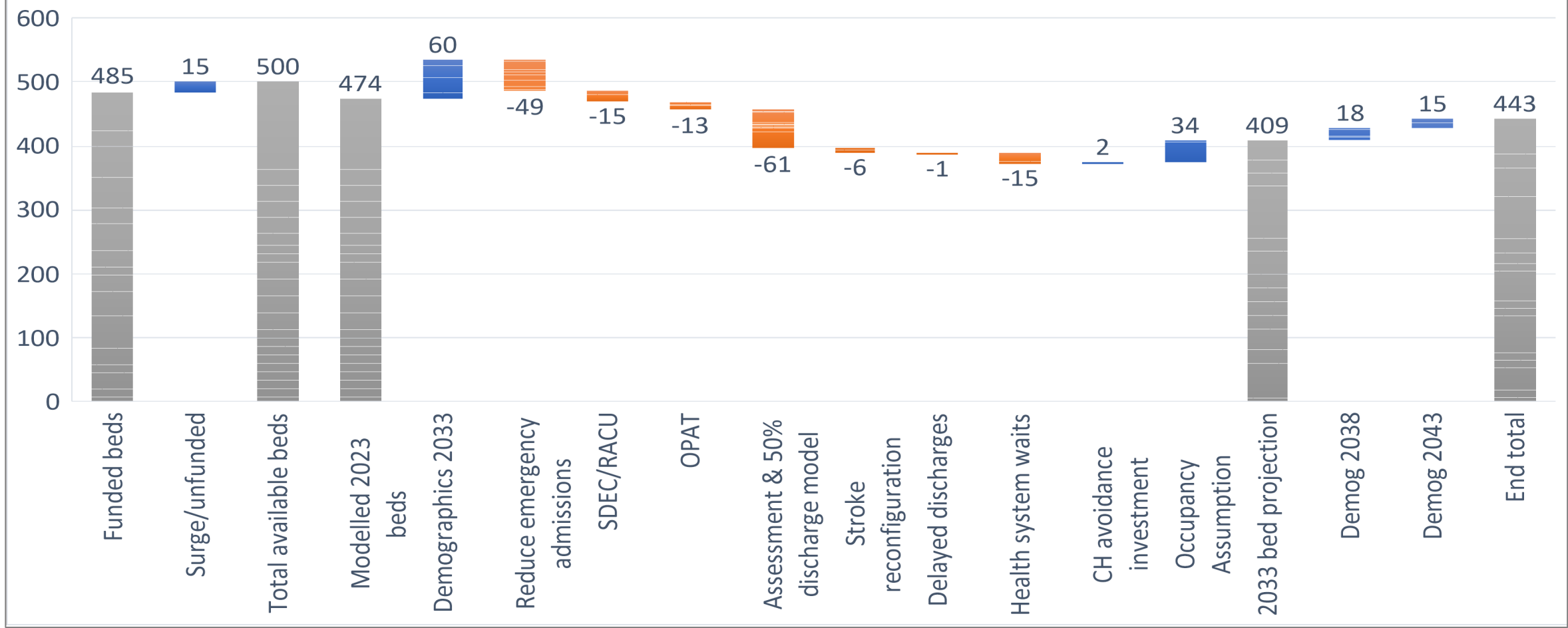
Scenarios being modelled...



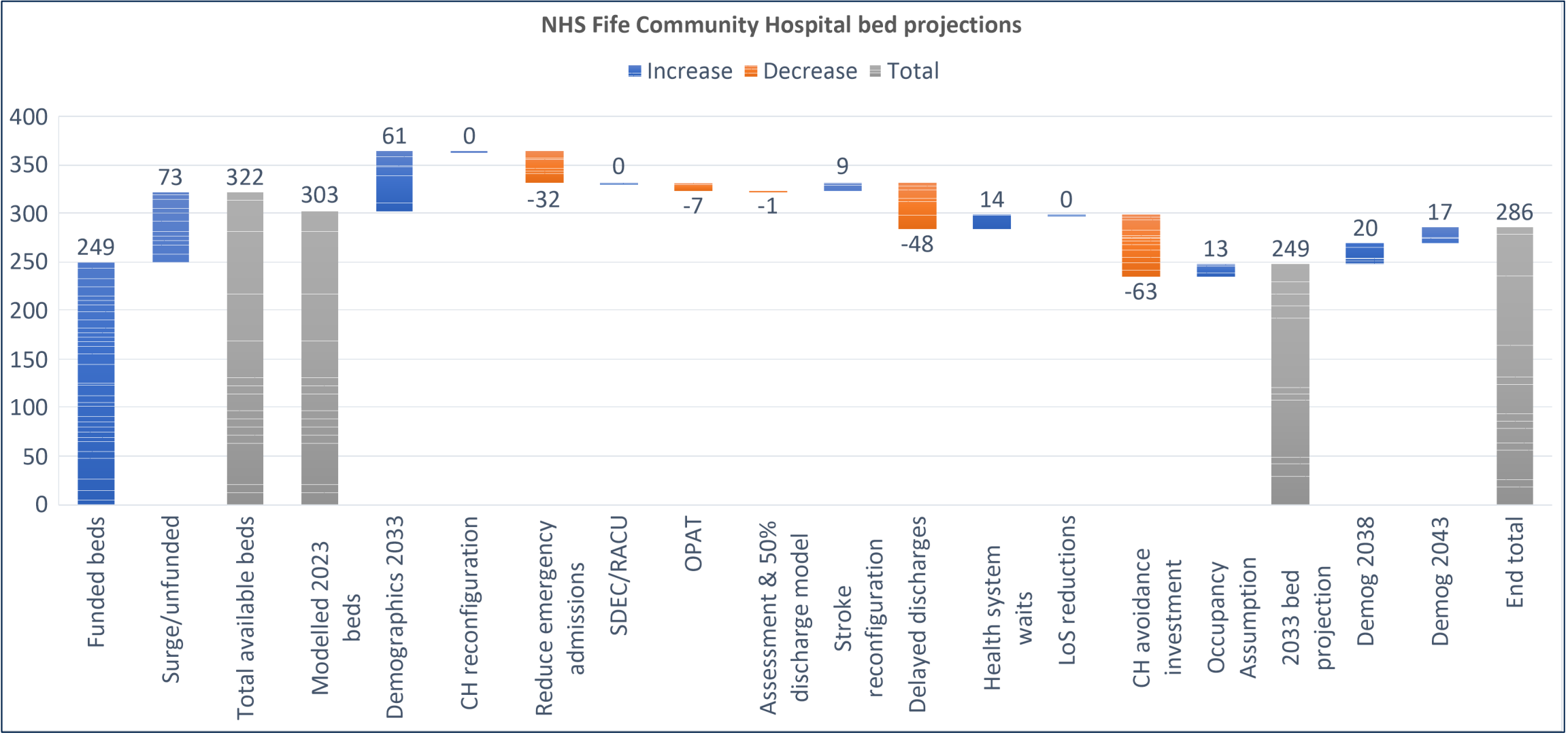
VHK Bed Impact

VHK assessment, inpatient and critical care beds - impact of scenarios modelled

■ Increase ■ Decrease ■ Total



Summary Community Hospital Bed Impact



Next steps

- Model refinement
 - Additional scenarios and data where available
- Completion of Phase 2 and Phase 3
- Handover as planning tool to NHS Fife and Fife Council
- Utilisation in system assumption, wider masterplan development.
 - Linkages across all dimensions of planning; workforce, finance, estate etc.

Meeting:	Finance, Performance & Resources Committee
Meeting date:	12 November 2024
Title:	Corporate Risks Aligned to the 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

Executive Summary

- The report highlights a number of updates to existing risks aligned to this committee. A combination of service demand/capacity and the financial context means that the overall risk levels in a number of areas remain high.
- Members are asked to take a “moderate” level of assurance (with the exception of the financial position which is Limited) that, all actions, within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

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 10 September 2024. Members are invited to:

- note details of the corporate risks as at 18 October 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	5	3	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	6	1	-	-	◀▶	Moderate
Total	20	15	5	0	0		
Summary Statement on Risk Profile							
The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.							
Mitigations are in place to support management of risk over time with some risks requiring daily assessment.							
Assessment of corporate risk performance and improvement trajectory remains in place.							
Risk Key				Movement Key			
High Risk	15 - 25			▲	Improved - Risk Decreased		
Moderate Risk	8 - 12			◀▶	No Change		
Low Risk	4 - 6			▼	Deteriorated - Risk Increased		
Very Low Risk	1 - 3						

The risks aligned to this Committee are summarised in Table 2 below and at Appendix 1.

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

Strategic Priority	Overview of Risk Level	Risk Movement	Corporate Risks	Assessment Summary of Key Changes
 To improve the quality of health and care services	3 - - -	◀▶	<ul style="list-style-type: none"> 6 - Whole System Capacity 7 - Access to outpatient, diagnostic and treatment services 8 - Cancer Waiting Times 	Mitigations updated for Risk, 6, 7, 8, 13 and 14.
 To deliver value and sustainability	3 1 - -	◀▶	<ul style="list-style-type: none"> 13 - Delivery of a balanced in-year financial position 14 - Delivery of recurring financial balance over the medium term 15 - Prioritisation and Management of Capital Funding 20 – Reduced Capital Funding 	

Since the last report on 10 September 2024, the risk profile is unchanged:

- Seven risks are aligned to the Committee.
- The risk level breakdown is 6 High and 1 Moderate.

Risk Updates

Risk 6 - Whole System Capacity

There are still discussions around this risk where consideration is being given as to whether it remains a risk or has materialised into an issue. There are also ongoing discussions on how this risk links to the Optimal Clinical Outcomes risk. The Committee will be advised on the outcome of discussions.

Risk 7 – Access to Outpatients, Diagnostics and Treatment Services

There has been confirmation from the Scottish Government that no additional funding will be received this financial year. This will adversely affect performance particularly within radiology. Outpatient and inpatient/daycase services will continue to work within trajectories submitted to the July FP&R as these were based against the additional monies that were allocated for full financial year.

Priority continues to focus on our urgent and urgent suspicion of cancer patients as well as treating patients based on clinical prioritisation, validating waiting lists and reprioritising patients where indicated and reducing the number of long waiting patients.

Risk 8 - Cancer Waiting Times

As per Risk 7, no additional funding has been received for Cancer waiting Times.

Single Point of Contact Hub (SPOCH) continues to effectively support initiation of the Optimal Lung Cancer and support the negative qFIT pathway. To remove patients from the lung pathway in a timely manner the Hub advises patients of 'good news' albeit the service has had both sickness and vacancy challenges. Support from Health Records has helped timely appointments for patients referred urgent suspected cancer.

The Cancer Framework is currently under review to ensure alignment with the Scottish Cancer Strategy. The Actions for 2024-25 are being agreed. A report highlighting the successes in year 1 and year 2 has been completed and taken to the Cancer Governance and Strategy Group and is due to be tabled at Clinical Governance Committee.

Risk 13 Delivery of a Balanced In-year Financial Position

There is ongoing work with the IJB and HSCP officers to develop and agree a Recovery Plan to support the IJB position, this will be considered by the IJB on 25 October.

Risk 14 Delivery of Recurring Financial Balance over the Medium-term

Work is ongoing at pace to enable Choices schemes to be planned during the latter half of 2024/25 to ensure they impact on the 2025/26 position.

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.

This report provides a Moderate level of assurance with the exception of the financial position which is Limited.

	Significant	Moderate	Limited	None
Level		X		
Descriptor	There is robust assurance that the system of control	There is sufficient assurance that controls upon which	There is some assurance from the systems of control in	No assurance can be taken from the information that has

	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.	the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	been provided. There remains a significant amount of residual risk
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The level of assurance in relation to the financial position is Limited.

	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 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.

Four 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.
- Three 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 25 October 2024
- Neil McCormick, Director of Property & Asset Management on 25 October 2024
- Margo McGurk, Director of Finance & Strategy on 25 October 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 "moderate" level of assurance (with the exception of the financial position which is Limited) 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
- Appendix 2, Assurance Principles

- Appendix 3, Risk Matrix


Report Contact



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Associate Director for Risk and Professional Standards


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NHS Fife Corporate Risk Register - Risks Aligned to FP&R as at 18/10/24



No	Strategic Priority and Risk Appetite	Risk Title and Description	Mitigation	Risk Appetite Status	Current Risk Level/ Rating	Target Risk level & rating by dd/mm/yy	Current Risk Level Trend	Risk Owner	Primary Committee
6	 <p>MODERATE</p>	<p>Whole System Capacity</p> <p>There is a risk that significant and sustained admission activity to acute services, combined with challenges in achieving timely discharge to downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised.</p>	<p>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.</p> <p>Work on bed modelling and redesign of the front door is underway.</p> <p>The combination of application of our OPEL process on a daily basis and the improvement work through our Integrated Unscheduled Care and Planned Care programmes provides the operational and strategic response to the challenges posed through this risk.</p> <p>A Whole System Winter Plan will be reviewed for 24/25. This will include a response to surge and demand for an increase in capacity and flow through Acute, Community and Social Care.</p> <p>The System Flow Operational Group meets weekly with senior operational managers to 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>	Above	High 20	Mod 16 by 31/03/25	◀▶	Director of Acute Services	Finance, Performance & Resources (F,P&RC)

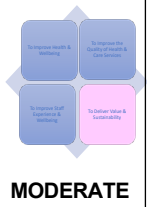
									
7	 <p>MODERATE</p>	<p>Access to outpatient, diagnostic and treatment services</p> <p>There is a risk that due to demand exceeding capacity, compounded by unscheduled care pressures, NHS Fife will see deterioration in achieving waiting time standards. This time delay will impact clinical outcomes for the population of Fife.</p>	<p>A paper was presented to the July FP&R meeting outlining the Planned Care Plan and the utilisation of funding.</p> <p>Planning for 2024/25 has been completed in line with planning guidance letter received on 24/01/24.</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 Planned Care Plan was approved by the FP&R Committee at the July meeting. This includes additional clinics, enhanced vetting and increased theatre capacity as well as funding additional medical posts (urology, neurology, gynaecology and ENT).</p> <p>The Integrated Planned Care Programme Board continues to oversee the</p>	Above	High 20	High 16 by 31/03/25	◀▶	Director of Acute Services	Finance, Performance & Resources (F,P&RC)


			<p>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 funding to help reduce the waiting times for long waiting routine patients.</p> <p>September 2024</p> <p>Confirmation from Scottish Government that no further additional funding will be received for this financial year.</p> <p>The anticipated Q2, Q3 and Q4 funding for Radiology with the exception of mobile imaging monies submitted against bids for 30m non-recurring funding has ceased. This will adversely affect performance in the latter part of the year particularly impacting ultrasound waiting times where there has been significant</p>						
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			<p>improvement in Q1. Projected 90% of patients waiting less than 6 weeks will not be met.</p> <p>Outpatient and IPDC services will continue to work within trajectories submitted at July FP&R as these were based against the additional monies that were allocated for full financial year.</p> <p>Priority continues to focus on our urgent and urgent suspicion of cancer patients as well as treating patients based on clinical prioritisation, validating waiting lists and reprioritising patients where indicated and reducing the number of long waiting patients.</p>						
8	 <p>MODERATE</p>	<p>Cancer Waiting Times (CWT)</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>A paper was presented to the July FP&R meeting outlining the Planned Care Plan and the utilisation of funding.</p> <p>The prostate project group continues with actions identified to improve steps in the pathway with a review of the group to ensure appropriate buy in.</p> <p>The Nurse-led model went live in August 2023 however there has been reduced activity due to training of a replacement staff member.</p> <p>There was a focus to look at the waits to TP biopsy, post MDT part of the pathway and review robotic surgery capacity. TP biopsy waits have improved however the Post MDT part of the pathway (OPA and Oncology) together with robotic capacity remains challenging.</p> <p>Fortnightly meetings with Scottish Government (SG) and quarterly monitoring of the Effective Cancer Management Framework is currently under review.</p>	Above	High 15	Mod 12 by 31/03/25	◀▶	Director of Acute Services	Finance, Performance & Resources (F,P&RC)

			<p>Single Point of Contact Hub (SPOCH) continues to effectively support initiation of the Optimal Lung Cancer and support the negative qFIT pathway. To remove patients from the lung pathway in a timely manner the Hub advises patients of 'good news' albeit the service has had both sickness and vacancy challenges. Support from Health Records has helped timely appointments for patients referred urgent suspected cancer.</p> <p>The Cancer Framework is currently under review to ensure alignment with the Scottish Cancer Strategy. The Actions for 2024-25 are being agreed. A report highlighting the successes in year 1 and year 2 has been done and taken to the Cancer Governance and Strategy Group and is due to be tabled at Clinical Governance Committee</p> <p>The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time.</p> <p>Cancer Waiting Times funding will be provided on a recurring basis from 2024-25. Bids have been prioritised to support improvement.</p> <p>Submitted bids against the 30M non-recurring funding have been successful for Q1 and Q2 and has now ceased. No further funding has been agreed. The focus of this funding was on diagnostics, treatment and backlog clearance.</p> <p>ADP Actions for 2024/25 have been reviewed.</p>					
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13	 <p>MODERATE</p>	<p>Delivery of a balanced in-year financial position</p> <p>There is a risk that due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally, the Board will not achieve its statutory financial revenue budget target in 2024/25 without further planned brokerage from Scottish Government.</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 & Scottish Government) and initial phase of delivery of transformation schemes “Choices” to commence delivery against the additional 4% cost reduction £30m in 2024/25.</p> <p>Prepare contingency options to mitigate any delay or issues with delivery against both the 3% and 4% 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, it is highly likely that there will be a requirement 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> <p>There is ongoing work with the IJB to develop and agree a Recovery Plan to support the IJB position, this will be considered by the IJB on 25 October.</p>	Above	High 25	Mod 16 by 31/03/25	◀▶	Director of Finance & Strategy	Finance, Performance & Resources (F,P&RC)
14	 <p>MODERATE</p>	<p>Delivery of recurring financial balance over the medium-term</p> <p>There is a risk that NHS Fife will not deliver the financial improvement and sustainability programme actions required to ensure sustainable financial balance over the medium-term.</p>	<p>Our 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>	Above	High 25	Mod 16 by 31/03/27	◀▶	Director of Finance & Strategy	Finance, Performance & Resources (F,P&RC)

			<p>Full delivery of transformation schemes “Choices” against the additional 3.4% cost reduction required across all years of the plan.</p> <p>Trigger delivery in-year of contingency options to mitigate any delay or issues with delivery against both the 3% and 3.4% schemes.</p> <p>Work is ongoing at pace to enable Choices schemes to be planned during the latter half of 2024/25 to ensure they impact on the 2025/26 position.</p>						
15	 <p>MODERATE</p>	<p>Prioritisation & Management of Capital funding</p> <p>There is a risk that lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to deliver the PAMS and to support the developing Population Health and Wellbeing Strategy.</p>	<p>Ongoing governance through FCIG with capital plan being submitted through FP&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 & Information programme linked to D&I strategy. 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. Future consideration/development of prioritisation investment tool.</p> <p>Fleet and sustainability requests will be linked to plans/strategy and presented</p>	Within	Mod 12	Mod 8 (by 01/04/26 at next SG funding review)	◀▶	Director of Property & Asset Management	Finance, Performance & Resources (F,P&RC)

			through SBARs to Fife Capital Investment Group (FCIG).						
20	 <p>MODERATE</p>	<p>Reduced Capital Funding</p> <p>There is a risk that 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.</p>	<p>Use the capital funding we do receive wisely with requirements being prioritised in a logical manner (see Risk 15).</p> <p>Maintain open communication channels with Scottish Government to facilitate alignment around planning.</p>	Within	High 20	Mod 12 by 30/03/26	◀▶	Director of Property & Asset Management	Finance, Performance & Resources (F,P&RC)

Risk Movement Key

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

Assurance Principles





General Questions:

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

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

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

Level of Assurance:

Significant Assurance	Moderate Assurance	Limited Assurance	No Assurance
			

Risk Assurance Principles:

Board

- Ensuring efficient, effective and accountable governance

Standing Committees of the Board

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


Committee Agenda

- Agenda Items should relate to risk (where relevant)

Seek Assurance of Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chairs Assurance Report

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

Year End Report

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

Risk Assessment Matrix

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

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

Figure 1 Likelihood Definitions

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

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

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

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

Figure 2 Risk Matrix

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

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

Figure 3 Consequence Definitions

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

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

PROPOSED FINANCE, PERFORMANCE AND RESOURCES COMMITTEE

ANNUAL WORKPLAN 2024/25

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

Strategy / Planning							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Draft Annual Delivery Plan 2024/25	Director of Finance & Strategy	✓					
Annual Delivery Plan 2024/25 – Scottish Government Response	Director of Finance & Strategy	Deferred	✓				
Annual Delivery Plan Quarterly Performance Report 2024/25	Director of Finance & Strategy	Q4 (23/24) Deferred	✓ Q4 (23/24)	✓ Q1 & SG Feedback	✓ Q2		✓ Q3
Annual Budget Setting Process 2024/25	Director of Finance & Strategy	✓					
Community Asset Transfer (CAT) - Lucky Ewe	Director of Property & Asset Management	✓ Private Session		Deferred	✓ Private Session		
Corporate Objectives	Chief Executive	Deferred	✓				
Decarbonisation of NHS Fife Fleet	Director of Property & Asset Management					✓	
Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme Digital Medicines Programme	Director of Digital & Information	✓ Private Session		✓ Private Session			
Orthopaedic Elective Project <i>(Item removed from workplan)</i>	Director of Nursing	Removed					
Integrated Planned Care Programme Report	Director of Acute Services & Medical Director			✓			
Primary Care Strategy – Annual Report 2023/24	Director of Health & Social Care			✓			
Property & Asset Management Strategy (PAMS)	Director of Property & Asset Management			Removed			

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 (Primary Care Team)	Director of Pharmacy & Medicines / Director of Health & Social Care			Deferred	✓		
Project Hydra	Director of Property & Asset Management			✓			✓
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			Removed			
Integrated Performance & Quality Report	Exec. Leads	✓	✓	✓	✓	✓	✓
Financial Performance Report	Director of Finance & Strategy	✓ 2023/24 Year End	✓	✓	✓	✓	✓
Labs Managed Service Contract (MSC) Performance Report	Director of Acute Services			Deferred	✓		
Procurement Key Performance Indicators	Head of Financial Services & Procurement	✓		✓	✓		✓
Tender Process for 2C GP Practices	Director of Health & Social Care	Removed		Removed			
Fife Capital Investment Group Reports 2024/25 <i>(Removed and merged with Financial Performance Report)</i>	Director of Finance & Strategy / Director of Property & Asset Management	(2023/24) Removed		Removed	Removed	Removed	Removed
Reform, Transform, Perform Update	Director of Reform & Transformation	✓ Private	✓ Private	✓	✓	✓	✓

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			✓		Removed	
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	✓ 17/04	✓ 29/05	✓ 21/08	✓ 02/10	✓ 13/11	✓ 18/12 & 05/02
Procurement Governance Board	Chair		✓ 24/04	✓ 31/07		✓ 30/10	✓ 29/01
IJB Finance, Performance & Scrutiny Committee	Chair		✓ 15/05	✓ 03/07	✓ 11/09		✓ 15/01
Primary Medical Services Subcommittee	Chair	✓ 05/03			Removed	✓ 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					✓	
Primary Care Premises Framework	Director of Property & Asset Management			Removed			

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	✓					
Letter from the Scottish Government: Reforming Services and Reforming the Way We Work	Chief Executive		✓				
Urgent Care Services Fife (UCSF) Transport Services Contract Renewal	Head of Primary & Preventative Care Services		✓ Private Session				
Planned Scheduled Care 2024/25 Plan	Director of Acute Services		✓		Removed		
NHS Scotland Support and Intervention Framework	Director of Finance & Strategy			✓ Private Session			
2C Board Managed General Practices – Tender Process Update	Interim Director of Health and Social Care/Chief Officer			✓ Private Session			
NHS Fife Procurement Strategy 2024 - 2029	Head of Financial Services & Procurement			✓			
Whole System Infrastructure Planning	Director of Property & Asset Management			✓			
NHS Fife Quarter 1 Finance Review	Director of Finance & Strategy			✓ Private Session			
NRAC Allocation Proposal	Director of Finance & Strategy			✓ Private Session			
Reform, Transform, Perform Update – Infrastructure & Change Update	Director of Reform & Transformation Director of Property & Asset Management			✓			

Ad-hoc Items (cont.)							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Scottish Budget Position	Director of Finance & Strategy					✓	
Financial Plan for 2025/26	Director of Finance & Strategy						✓
Proposed Allocation of NRAC 2024/25	Director of Finance & Strategy				✓		

Matters Arising							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Bed Modelling: Clinical & Financial Implications and Consultancy Work Update	Director of Reform & Transformation Director of Property & Asset Management				✓		

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: 12 November 2024
Title: Annual Delivery Plan 2024/25 Q2 update
Responsible Executive: Margo McGurk, Director of Finance & Strategy
Report Author: Susan Fraser, Associate Director of Planning & Performance

Executive Summary

This report contains quarter 2 update on progress for Annual Delivery Plan (ADP) 2024/25.

There are 60 deliverables aligned to Deliver Value and Sustainability Strategic Priority. As of the end of Sep-24 (quarter 2 of 2024/25), there are two that are **'complete'** with majority of deliverables (66.7%/40) being **'on track'**. Additionally, there are 12 deliverables that are **'at risk'** and six that are **'unlikely to complete on time/meet target'**.

Summary of status of all deliverables in ADP displayed below, Total includes deliverables that cover multiple Strategic Priorities.

Strategic Priority	Unlikely to complete on time	At risk	On track	Complete	Suspended /Cancelled	Total
Improve Health and Wellbeing	2	9	22	1	1	35
Improve Quality of Health and Care Services	1	24	58	4	-	87
Improve Staff Experience and Wellbeing	-	5	16	-	-	21
Deliver Value and Sustainability	6	12	40	2	-	60
Total	9	50	138	7	1	205

This report provides Moderate Level of Assurance.

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

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:

- Well informed
- Appropriately trained & developed
- Involved in decisions
- Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued
- 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 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 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.

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.

2.3 Assessment

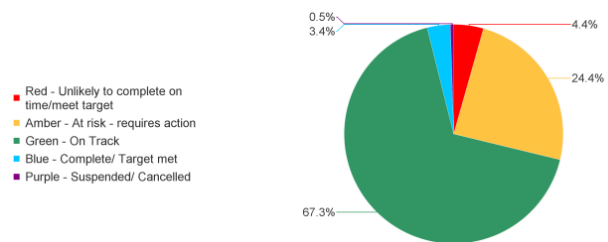
2024/25 Quarter 2 Update

There are now 205 deliverables incorporated in ADP for 2024/25 across both NHS Fife and Fife HSCP. There are a number of deliverables carried over from 2023/24 as well as those relating to RTP. Additionally, there are 43 deliverables that are not aligned to a Recovery Driver.

Recovery Driver	n=163
1. Primary and Community Care	23
2. Urgent and Unscheduled Care	15
3. Mental Health	18
4. Planned Care	9
5. Cancer Care	6
6. Health Inequalities	27
7. Women & Children Health	13
8. Workforce	18
9. Digital & Innovation	21
10. Climate	13

Strategic Priority	n=205
All	2
Improve Health and Wellbeing	35
Improve the Quality of Health and Care Services	87
Improve Staff Experience and Wellbeing	21
Deliver Value and Sustainability	60

As of end of Sep-24 (Quarter 2 of 2024/25), there are seven deliverables that are **'complete'** with most (67.3%/138) **'on track'**. There are nine deliverables that are **'unlikely to complete on time/meet target'**. There is also one deliverable that has been **'suspended/ cancelled'**.



There are 60 deliverables aligned to Deliver Value and Sustainability Strategic Priority. Details for deliverable that is **'unlikely to complete on time/meet target'** is below.

Deliverable	Comment
Business Transformation	Bridging actions identified. Mid-Year review being completed
Hospital Pharmacy Redesign Introduction of automation in hospital Pharmacy stores, dispensaries, and clinical areas. Centralisation of Pharmacy stores	Preparatory work continues, however funding has not yet been secured to progress the full ambition around automation. Discussions are ongoing
SLA and External Activity	Whilst there is ongoing review of the data to establish opportunities, there is national discussion on SLA potential uplifts through FLG, CFN and DOFs. There is likely to be a separate DOF session to further discuss with a view to achieving resolution.
Surge Capacity - Improve flow within the VHK site	Supported Discharge Units implemented in July however due to continued increased demand occupancy has remained at over 100% of agreed 30 beds. Locum surge Consultant remains after a review with Clinical leads. Gateway Dr's & JCF's supporting 6&9 and surge model.
Roll out of Digital Pathology	No progress due to difficulties with LIMS, Vantage and Digital Pathology integration, meetings are being held to find resolution.
Implement Same Day Emergency Care (SDEC) and rapid assessment pathways	Development of final re-design elements prior to re submission of final plan prior to implementation. Flow improved across Front Door with Ambulance Turnaround Times achieving trajectory.

Listed below are the deliverables **'at risk'** at quarter 2 than were **'on track'** at quarter 1, as well as those that were **'complete'** or **'suspended/ cancelled'** during quarter 2.

Deliverable	
At risk – requires action	
	Digital & Information Projects
	Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets
	To achieve additional capacity to meet 6 week target for access to 3 key Radiology diagnostic tests (MR,CT and US)

This report provides the following Level of Assurance: (add an 'x' to the appropriate box)

	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 17 October 2024
- Clinical Governance Committee 1 November 2024
- Staff Governance Committee 5 November 2024
- Public Health and Wellbeing Committee 11 November 2024

2.4 Recommendation

This Committee are asked to:

- **Assurance** – this report provides a moderate level of assurance.
- **Endorse**– Endorse the ADP Q2 return for endorsement at the committees and formal approval at Board and for submission to Scottish Government.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, NHS Fife ADP 202425 Quarterly Report Q2

Report Contact

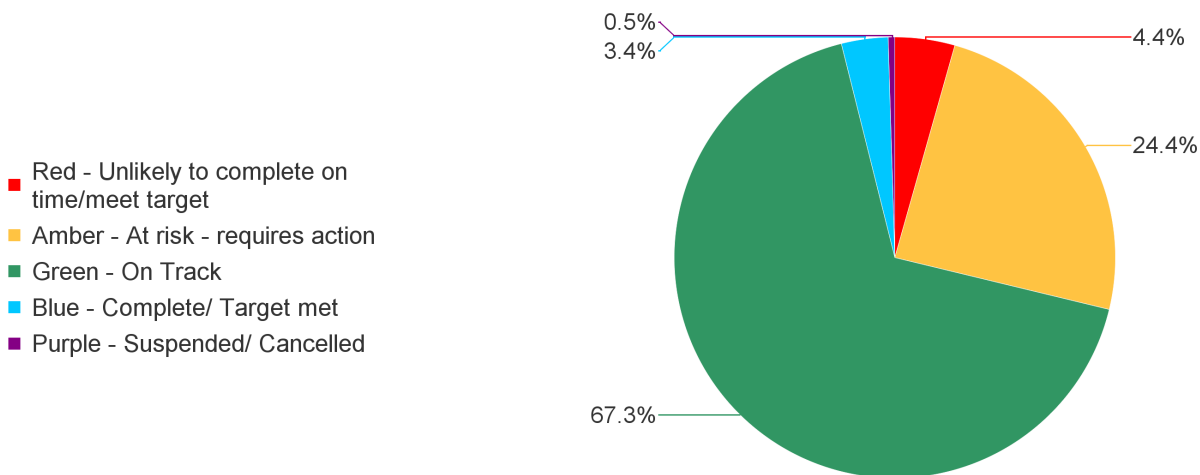
Bryan Archibald

Planning and Performance Manager

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Annual Delivery Plan 2024/25 - Q2 Progress Summary

Q2 Status	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met	Purple - Suspended/ Cancelled	Total
1. Primary and Community Care	1	8	13	1		23
2. Urgent and Unscheduled Care	2	6	7			15
3. Mental Health		5	11	2		18
4. Planned Care			9			9
5. Cancer Care	1	1	4			6
6. Health Inequalities		7	18	1	1	27
7. Women & Children Health	2	5	5	1		13
8. Workforce		2	16			18
9. Digital & Innovation	1	8	12			21
10. Climate		2	11			13
Other	2	6	32	2		42
To Improve Health and Wellbeing	2	9	22	1	1	35
To Improve the Quality of Health and Care Services	1	24	58	4		87
To Improve Staff Experience and Wellbeing		5	16			21
To Deliver Value & Sustainability	6	12	40	2		60
ALL			2			2
Total	9	50	138	7	1	205



Annual Delivery Plan 2024/25 - Q2 Progress Summary

RTP - Re-form, Transform, Perform

Deliverable	Directorate	2024/25 Q2 Comment	2024/25 Q2 Milestones	NHS Five Strategic Priority	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Business Transformation	Digital	Bridging actions identified Mid Year review being completed	PID Approved Agreement of workforce mechanisms to support transformation Further development of digital solutions planning Establishment of programme to support project delivery (co-ordination of digital enablers and delivery of direct impact projects, including work on a new model for 'administration services')	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
SLA and External Activity	Finance & Strategy	Whilst there is ongoing review of the data to establish opportunities, there is national discussion on SLA potential uplifts through FLG, CFN and DOFs. There is likely to be a separate DOF session to further discuss with a view to achieving resolution.	Ongoing review of data to help establish opportunities for repatriation and identify reasons for inappropriate referrals to other boards Ongoing development of Performance Management group and subsequent arrangements with NHS Lothian and NHS Tayside	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Surge Capacity - Improve flow within the VHK site, reducing length of stay and number of patients boarding to ensure patients are looked after in the most appropriate setting. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.	Acute Medical	Supported Discharge Units implemented in July however due to continued increased demand occupancy has remained at over 100% of agreed 30 beds. Locum surge Consultant remains after a review with Clinical leads. Gateway Dr's & JCF's supporting 6&9 and surge model.	Reduction of Ward 9 to 11 beds and associated maintenance of new footprint Launch of Supported Discharge Units Awareness Raising Programme of Discharge Planning & Surge Review of Locum Surge Consultant post	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation	Workforce	We continue to onboard staffing groups beyond nursing as we move to a staff bank however we do not have the financial envelope to consolidate all local banks as this time. There fore there is a risk this is not delivered by March 2027.	Continue implementation of Direct Engagement under RTP and then transition of medical locums into Staff Bank	To Deliver Value & Sustainability	Amber - At risk - requires action	Amber - At risk - requires action
Digital & Information Projects	Digital	Ongoing	Assess Benefits for Quarter	To Deliver Value & Sustainability	Green - On Track	Amber - At risk - requires action
Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets	Pharmacy & Medicines	The Board is ahead of previous years in delivery of medicines efficiencies work. However, the scale of targets this year is high and there are challenges in securing full delivery. Significant engagement work across sectors and MDT is ongoing. The medicines waste campaign has been launched	Formal launch of medicines waste campaign for the public and staff, to reduce medicines waste and volume of prescribing. Ongoing delivery of Medicines efficiencies plans across Acute services and HSCP, aligned to 15 box grid.	To Deliver Value & Sustainability	Green - On Track	Amber - At risk - requires action

Deliverable	Directorate	2024/25 Q2 Comment	2024/25 Q2 Milestones	NHS Fife Strategic Priority	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Estates Rationalisation	Property & Asset Management	<p>Work has progressed with the closure of HH and Cameron House and Haig House. Staff have moved into Fife Council (Fife House and Bankhead)</p> <p>Cameron phased decants are underway as planned and on track.</p> <p>Site plans for Stratheden and discussions with Fife Council are underway and on track</p>	<p>VHK E&F/L8 bookable desks works</p> <p>Identify further hot desk hubs</p> <p>Cameron alternative clinical area identified for displaced team</p> <p>Fife Council solutions in place (Fife House & Bankhead) including IT</p> <p>Cameron phased decants</p> <p>Site consolidation/disposal plans further developed</p>	To Deliver Value & Sustainability	Green - On Track	Green - On Track
Infrastructure - Workforce	Digital	Completed work for Cameron	<p>Decommission Cameron</p> <p>Establish other hotdesking locations</p>	To Deliver Value & Sustainability	Green - On Track	Green - On Track
Non-compliant Rotas	Medical Directorate	<p>Assurance remains as moderate due to controls put in place at service level to encourage rota compliance.</p> <p>Rota monitoring began in September 2024. A second stage of monitoring will be completed from February 2025 with final savings being reported at the end of the financial year.</p>	<p>Approve SOPs/escalation process</p> <p>Approve and distribute new induction packs and implementation</p> <p>Approval of Wellbeing comms</p> <p>Potential Doctors mess redesign</p> <p>Rotas go live, monitoring to commence</p> <p>Communications strategy for new DDiT & Gateway EU live</p> <p>Rota monitoring begins</p>	To Improve the Quality of Health and Care Services	Green - On Track	Green - On Track
Procurement Savings within Acute Services	Acute Services	<p>21 schemes in progress, In year on track for 79%/ FYE will be 88% of target:</p> <ul style="list-style-type: none"> -2 cost avoidance (not included in target savings) -9 underway -4 due to commence Sept. -2 awaiting approval -4 having logistics worked up <p>11 other schemes in initial development. The aim is that these 11 will close the gap in the current in year impact forecast. Continued risk that objective will not be reached but continued activity to identify opportunities to mitigate this risk. Assurance is moderate.</p>	Ongoing reviews of expenditure and savings opportunities.	To Deliver Value & Sustainability	Amber - At risk - requires action	Green - On Track

Annual Delivery Plan 2024/25 - Q2 Progress Summary

To Improve Health and Wellbeing

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Increase capacity for providing in-hours routine and urgent dental care	1.5	<p>The PDS cannot influence Dental registration in Fife, however we continue to provide targeted and emergency treatment appointments for patients.</p> <p>We work closely with the Scottish Government to have a collaborative approach to Dental body corporates.</p> <p>Ensure SDAI grants are available to GDP's in the areas of greatest need.</p>		1. Primary and Community Care	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Children's speech, language and communication development Plan		<p>Work with Health Promotion has not been a focused priority due to other pressures in both services.</p> <p>Although relevant strategic strands have been identified, SLT colleagues have not yet been informed of the forums that exist and how to start to engage with others to develop a plan.</p>		7. Women & Children Health	Green - On Track	Red - Unlikely to complete on time/meet target
Deliver a more effective BCG and TB programme. Public Health Priority 1 and 2		National discussions ongoing to scope Public Health response	No further progress from Q1		Amber - At risk - requires action	Amber - At risk - requires action
Fife will eliminate Hepatitis C as a public health concern. (Pre COVID target by 2024. Extension of date under consideration by SG)		<p>A delivery plan for Fife has been developed, due to be reviewed and agreed by End of October.</p> <p>Task Group for HCV elimination in Fife has not yet been reestablished due to operational/workforce pressures. SG expectation is for elimination by March 2025.</p> <p>Finance & resource dependencies being considered as available budget insufficient to meet in year target.</p>		1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action
Improved Fife-wide ADHD pathways for children & Young people	7.1	Due to a change in Children's Service Manager in the H&SCP and also the lead for the ADHD review, there has been no further progress or update provided. It is hoped this will recommence as soon as possible.		7. Women & Children Health	Amber - At risk - requires action	Amber - At risk - requires action
National - Child Health Replacement	9.1	Await delivery via National Teams		9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
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.	6.4	Initial application decision expected 03.10.2024 with final decision 03.11.2024.	Contributing to Fife housing partnership ending homelessness together priority group pathways. Contributing to opportunities Fife partnership priorities. Contribute to Fife Partnership Board review of Fife strategic assessment and opportunities for collaborative working and using the Marmott principles. Application submitted for the Institute of Health Equity and Public Health Scotland Collaboration Programme using the Marmott Principles.	6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action
Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population	1.2	Proposed new 'transformation oversight group' structure approved within 2024 - 2027 Immunisation Strategic Framework submitted to Public Health & Wellbeing Committee 01/07/24. This will bring together inclusion and quality improvement work and report into CIS programme board. Improvement activity groups for childhood, teenage & adult programmes to sit under this oversight group. Limited capacity from service nursing leads to engage over Autumn /Winter programme may delay progress. Paper brought to CIS programme Board on 01/10/24 outlining position.		1. Primary and Community Care	Green - On Track	Amber - At risk - requires action
Refreshed Mental Health and Wellbeing Strategy for Fife for 2023 - 2027	3.2	The aim is to take the strategy to IJB within 3rd quarter and will align with the national strategy. The working group has been established and work is ongoing.	Work on the draft strategy will continue, this will include a review of the draft strategic priorities to ensure alignment with identified issues and challenges.	3. Mental Health	Green - On Track	Amber - At risk - requires action
Review existing wellbeing indicator collection data to develop multi-agency response in line with GIRFEC framework.	7.1	The refreshed National CP Guidance has meant that all processes within multi agencies have had to be reviewed and streamlined. This is transformational change and has required extensive work to put in place. we envisage all pathways to be completed and full guidance implementation by Dec 24.		7. Women & Children Health	Green - On Track	Amber - At risk - requires action
Specialist clinic provision to increase by 25% in our most deprived areas with a view to achieving 473 quits in FY 20024-25 Increase targeted Very Brief Advice (VBA) information sessions by 25% Fife wide to include mental health in patient sites. Establish a drop in and bookable clinic within maternity units to receive as early as possible referrals for maternity clients. Create referral pathway for in patient discharge on an opt out basis		Clinic provision running at 45 clinics per week. Q1 data 85% of LDP Standard. We have progressed this work on target with provision of stands as planned.	Weekly Outreach work in identified localities of deprivation and need. Work continues to develop a robust referral pathway to the service from across the FHSCP, acute & primary services. Referrals from maternity services for pregnant smokers has remained steady, there are currently 42 active caseloads for pregnant smokers, weekly clinics in the VHK maternity unit.	1. Primary and Community Care	Green - On Track	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Deliver the child aspects of Fife Annual Poverty Plan with Fife Council and other partners.	7.3	Confirmation of successful bid to Child Poverty Accelerator Fund which will enable expansion of income max referral pathway across child health services with a focus on children with a disability. This work is being progressed by short life working group.	Identify funding source to continue NHS actions including income maximisation for pregnant women and parents of under 5s beyond Sept 2024; explore expansion to community child health services, bid submitted. Influence NHS Fife Anchor Strategy to focus ambitions relevant to child poverty	7. Women & Children Health	Amber - At risk - requires action	Green - On Track
CAMHS will build capacity in order to deliver improved services underpinned by these agreed standards and specifications for service delivery.	3.1	Work continues on the development of Clinical Pathways and achieving the National CAMHS spec.		3. Mental Health	Green - On Track	Green - On Track
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.	3.1	Ongoing recruitment continues to ensure the service is fully staffed. The Early Intervention Service continues to ensure children and young people receive the right intervention at the right time and by the right people. The focus groups continue to be developed and will be rolled out in due course. The service has recently reviewed its RTT trajectory and introduced improvements to ensure it meets and sustains RTT by February 2025.	Maintaining early intervention services to ensure young people who require specialist CAMHS can achieve timely access Ongoing recruitment to ensure workforce is at full capacity Fife CAMHS Early Intervention Service will develop a Parent and Carer Focus Group to identify areas of improvement to better meet the needs of families in Fife prior to referrals being made.	3. Mental Health	Green - On Track	Green - On Track
Child and Adult weight management programmes: Develop a sustainable workforce within the resources available via regional funding award	6.3	Work remains on track to achieve our milestones outlined in Q4 for 2024/25		6. Health Inequalities	Green - On Track	Green - On Track
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.	6.7	Contributed to End of Yr 2/Programme End Report which was received favourably at governance groups. Attended 2nd meeting of new HRPM Safety Group, contributed to discussions re dissemination of Programme End Report, ongoing EQIA requirements for HRPM work and prioritisation of future areas of work of group, including ways to demonstrate impact	Provide public health perspective on HRPM Safety Group Advise and support evaluation aspects of HRPM work	6. Health Inequalities	Green - On Track	Green - On Track
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 and the planning, delivery, and evaluation of services within NHS Fife and its partners.		The Public Health Intelligence Team has continued to undertake work across all priorities including work on children and young peoples health and wellbeing, infant feeding and alcohol and drug related hospital admissions.	Lead or collaborate on work across all six Public Health priorities and ensure outputs from this work are produced to agreed timescales and standards and disseminated in a range of formats as appropriate.	6. Health Inequalities	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Design and delivery of a comprehensive medicines safety programme for NHS Fife, enhancing the safety of care and ensuring the Board meets its obligations to Scottish Government direction	6.7	The safety programme is progressing as planned, with key groups and engagement in place. The annual report is currently going through governance committees.	<p>Continuing to ensure safety groups have focussed delivery of agreed objectives.</p> <p>Establishment of owners within MDT to broaden buy-in and drive.</p> <p>Continued development of engagement report</p> <p>Board development session on meds safety to be delivered</p> <p>Annual report progressing through governance committees for review</p>	6. Health Inequalities	Green - On Track	Green - On Track
Develop and Enhance Children's Services		<p>Phase 2 IRD health operating model pilot PDSA completed, final phase commenced.</p> <p>Project team established to progress phased approach to health raised IRDs. Multi agency GIRFEC Guidance Training through PDS (Funded through WFWF).</p> <p>Child Wellbeing Pathway Implementation Group established to lead on the CWP refresh which aligns to the GIRFC refresh. UNCRC Incorporation Act becomes law in July 2024.</p> <p>Merging of health care and care experience community group with the Promise SLWG to progress the Promise work in NHS/HSCP Fife. Promise Plan 24-30 published by SG and being discussed at HC & The Promise merged group.</p>	Continue Roll out of multiagency training (GIRFEC)	7. Women & Children Health	Green - On Track	Green - On Track
Development of improved digital processes i.e. online pre-employment and management referral programmes.		COHORT upgrade in progress.	Consideration and development of options for OH system procurement in line with current system contract expiry.	8. Workforce	Green - On Track	Green - On Track
Ensure effective coordination and governance for adult screening programmes in Fife		The Cervical Exclusion Audit - review of all 10,409 records is complete and all participants have received letters about the audit outcome. Follow up clinics at Primary Care and Gynaecology are still ongoing. Ongoing work to recruit staff to deliver the Inequalities Action Plan and the Bridging the Gap Project.	Investigation and management of screening programme incidents and adverse events, including the National Cervical Exclusion Audit.	6. Health Inequalities	Green - On Track	Green - On Track
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>Review of vaccine preventable disease and uptake data as per annual workplan at Area Immunisation Steering Group (AISG) meeting on 03/06/24. AISG Annual Assurance statement submitted to Public Health Assurance Committee at meeting 12/06/24.</p> <p>Annual Immunisation Report submitted and presented at Public Health & Wellbeing Committee on 01/07/24 along side refreshed Immunisation Strategic Framework 2024 - 2027.</p>	<p>Submission of Annual Immunisation Report.</p> <p>Refreshed 2024-2027 Immunisation Strategic Framework.</p> <p>Submission of AISG annual assurance report to Public Health Assurance Committee.</p>	6. Health Inequalities	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
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	8.3	EDG paper prepared on future OH Service delivery.	<p>Review and retention of bank and admin fixed term contracts</p> <p>Review of OH provision as part of Directorate service change proposals completed, taking account of succession planning, service resilience and diversification of service provision to support staff health and wellbeing within NHS Fife</p> <p>Examine the effects of diversification of service provision and implications on OH Team resources</p> <p>Consultation on model of OH Service delivery ongoing</p>	8. Workforce	Green - On Track	Green - On Track
Home First: people of Fife will live long healthier lives at home or in a homely setting	2.6	Home First Strategy Delivery Plan 2024-2025 has received Committee(s) approval; delivery plan also includes progress against 2023 deliverables. First Annual Report for the Home First Programme was submitted to Committee(s) in summer 2024.		2. Urgent and Unscheduled Care	Green - On Track	Green - On Track
Improve access for patients and carers through improved communication regarding transport options	1.7	A new NHS Fife/HSCP community transport leaflet has been produced. A refresh of the NHS Fife/HSCP travel expenses leaflet has been completed. Both leaflets are being promoted and distributed through a range of networks and are on NHS Fife and HSCP webpages. Progressing work on gathering data on travel claims.	Transport information and resources available and a system in place to measure uptake .	1. Primary and Community Care	Green - On Track	Green - On Track
Localities exist to help ensure that the benefits of better integration improve health and wellbeing outcomes by providing a forum for professionals, communities and individuals to inform service redesign and improvement.	6.5	<p>During Q2 Locality Planning Groups and short life work groups continue to manage and execute the 7 locality delivery plans. Below highlights projects that started/finished in Q2.</p> <ul style="list-style-type: none"> •Ongoing monitoring and evaluation of the KY Clubs – supporting people affected by alcohol and drug harm (Kirkcaldy and Cowdenbeath) •Home First – weekly verification to review patients with 2+ admissions or 3+ attendance to A&E in the previous 12 weeks (Levenmouth). The data collection for the ToC end 24th Sept. •Mental Health Response Car – test of change commenced in the Levenmouth Locality on 7th June for 6 months. •Local Development Officers continue to monitor the projects awarded funding from the Unpaid Carers Community Chest fund (Fife wide). •Falls Prevention initiative in partnership with Mobile Emergency Care Service and Community Safety completed test of change (Dunfermline) – recommendation to extend the pathway Fife wide. 	<p>Establish short life working groups to manage and execute the 7 locality delivery plans. Monitor and evaluate the round 1 of the community chest applications (fund for unpaid carers). Co-ordinate and facilitate the 7 locality meetings in September - review and update delivery plans.</p>	6. Health Inequalities	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
New risks identified through this surveillance by urgently convening incident meetings to evaluate the risks and agreeing shared actions. The results of these meetings can be quickly cascaded to networks of people who are able to intervene – frontline workers, peer networks and individual people who use drugs can be provided with information on the risks and advice on how to keep as safe as possible	6.2	On Track Group has been established and approved by the ADP Committee. TOR in place, chair appointed, process tested and approved in line with PHS guidance	Establish stand up ADP subgroup with TOR and reporting governance to ADP Committee Monitor process for efficiencies Manage action planning and implementation group	6. Health Inequalities	Green - On Track	Green - On Track
Public Health Priority 4: National Drugs Mission Priorities; MAT treatment standards; Fife NFO strategy; Fife ADP strategy	6.2	Public Health continues to provide support to the ADP on alcohol and drugs issues including in the implementation of the ADP Annual Delivery Plan, mapping the provision of alcohol services in Fife and the redesign of pathways into, through and out of residential rehabilitation. The purpose of the multi-agency exercise was to ensure system resilience in the event of an emergency involving unknown potent substances in the community.	Provide public health advice on alcohol and drugs to support Fife ADP and other colleagues. Contribute to the implementation of the National Drug Mission Priorities, MAT treatment standards and the ADP 2024-2027 strategy and delivery plan as required. Continue to advocate for prevention and early intervention. A multi-agency suspected drug related mass casualties incident exercise was held in late August 2024.	6. Health Inequalities	Green - On Track	Green - On Track
Support the implementation of the Food 4 Fife Strategy and associated action plan as part of ambition to make Fife a sustainable food place	6.4	Working groups of Food4Fife partnership have developed action plans and are implementing them. Partnership awarded Silver Sustainable Food Places Award for the Food4Fife Strategy. Community Planning partners met with Public Health Scotland and agreed systems approach to physical activity to be adopted in Fife.	Priority actions from the food strategy delivery plan to be agreed. Partnership approach to physical activity being developed with public health Scotland	6. Health Inequalities	Green - On Track	Green - On Track
To embed a working business continuity management systems process that is measurable and able to be easily monitored.		BCMS dashboard is monitored by resilience team. A resilience co-ordinator job recruitment is confirmed as now approved, this will support the resilience BCMS & reporting needs.	Compliance and performance metrics is reported quarterly through the Resilience Forum	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track
Work with local authorities to take forward the actions in their local child poverty action report	7.3	Confirmation of successful bid to Child Poverty Accelerator Fund which will enable expansion of income max referral pathway across child health services with a focus on children with a disability. This work is being progressed by short life working group. Monitoring of income maximisation pathway - MW, HV, FNP, CARF		7. Women & Children Health	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Work with partners to increase efforts to reduce the impact of climate change on our population.		<p>Invitations have been issued for interest in Sustainability Ambassador forum. Until interest is expressed and reviewed, this element will not progress. Early actions have been taken this quarter.</p> <p>Continuing to support our planning colleagues to review and submit health elements of the LDP evidence report. The evidence report is required to progress with "The place matters call".</p>	<p>Green Health Partnership funding application has been submitted with an expected outcome November 2024.</p> <p>Local development plans for spatial planning meeting arranged to contribute to the "The place matters" call for sights and ideas, within the local development plan.</p> <p>Continue to contribute to LDP project delivery group following the review of LDP governance and delivery arrangements.</p>	10. Climate	Green - On Track	Green - On Track
Work with the Chief Executive of NHS Fife to establish NHS Fife as an Anchor Institution in order to use our influence, spend and employment practices to address inequalities.	6.4	<p>Achievement of Disability Confident level 3 status</p> <p>Work ongoing to progress with employability programmes - making focus on developing the young workforce and exploring links to scope engagement making a focus on child poverty and the priority groups and areas of multiple deprivation</p> <p>Employability engagement sessions planned for September 2024 and Feb/March 2025 targeting high school pupils</p> <p>Continue working in collaboration with Fife College to progress EMERGE initiative.</p> <p>Explore routes and links to promote Community Benefits Portal</p> <p>NHS has partnered with MCR Pathways to support care experienced and vulnerable young people to realise full potential through education</p> <p>Roll out Life Chances initiative with Fife Council, develop Armed Forces Talent Programme</p>	<p>Continue to scope out opportunities whilst working through NHS Anchor strategic objectives to build upon our AI workplan.</p> <p>Continue to work with partners to scope opportunities and engagement relating to child poverty and the priority areas.</p> <p>Employability engagement sessions and future programmes are being developed.</p> <p>Continue to explore opportunities and promote Community Benefits Portal to attract bids.</p> <p>Employability and Community Wealth Building workshop is in early planning stage to strengthen our partnership working and also with third sector agencies and community planning groups, this event is likely to be into 2025</p>	6. Health Inequalities	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
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	3.1	The Fife ND service has recently rolled out a new service design. This is not yet fully operational as requiring to respond and adapt to initial issues.	<p>Co-produce and deliver pre and post diagnostic support to children, siblings and families</p> <p>Fully operationalise Triage model aligned to National ND Specification</p> <p>Implement neurodevelopmental pathway, combining existing Neurodevelopmental teams to embed a single point of access for NDD</p> <p>Fife CAMHS and partner agencies will work towards achieving the standards set out within the National Neuro-developmental Specification. This will be achieved through the reallocation of and streamlining existing assessment pathways and the implementation of learning from partnership test of change to co-produce delivery of pre and post diagnostic support to children, young people and their families.</p>	3. Mental Health	Green - On Track	Blue - Complete/ Target met
Develop and maintain an integrated community drop-in model provided by specialist Alcohol and Drug Teams and community services and partners. Focus on locality data, voices of local communities and services to repeat the process of locality-based service development	6.2	Due to funding restrictions this deliverable cannot be achieved. However additional one stop shop in Kirkcaldy launched and has evaluated well. This will continue and has been sustained by a grassroots organisation	<p>Set up SLWG to focus on locality based approaches for alcohol and drug use in the Glenrothes area with support from locality and community workers, lived experience and ADP commissioned services</p> <p>Project plan development for KY Glenrothes</p> <p>Assessment of additional Kirkcaldy locality one stop shop to be conducted and hand over to grassroots organisation to continue delivery</p>	6. Health Inequalities	Green - On Track	Purple - Suspended/ Cancelled

To Improve the Quality of Health and Care Services

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Development of a new OP specialist Gynaecology Unit	7.2	All capital projects are on hold.		7. Women & Children Health	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets - Stage 1		<p>There are a number of delayed Stage 1's within in the system Concentrated focus on reducing all Stage 1's that are over 10 days.</p> <p>New system to ensure all Stage 1's without consent are closed on day 11.</p> <p>Concentrated focus on ensuring there is a greater uptake from Services to close Stage 1's through local resolution.</p>			Red - Unlikely to complete on time/meet target	Amber - At risk - requires action
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets - Stage 2		<p>PET and services have agreed to temporarily pause weekly complaint meetings to focus on more timely updates and escalation of Stage 2 complaints.</p> <p>Commence data collection within PET to review the length of time taken to draft a response letter and to focus on improvement work. This should be completed within 5 working days.</p>			Red - Unlikely to complete on time/meet target	Amber - At risk - requires action
Continue to deliver the Community Listening Service.		Discussions ongoing within Directorate as to possible solutions to ensure service is maintained	Review impact of withdrawing service in light of financial constraints of continuing coordinator role. Review possible avenues how any possible gap can be filled	8. Workforce	Amber - At risk - requires action	Amber - At risk - requires action
Contribute Public Health perspective and evaluation support to Fife's Mental Health Strategy Implementation Group.		Work on finalising the Mental Health & Wellbeing Strategy has re-started and contributions from PH perspective have been incorporated into draft Strategy and accompanying EQIA. Mental Health SIG still to be re-established and PH representation on this and advisory role into the evaluation framework will recommence once this group starts to meet again and Mental Health & Wellbeing Strategy is approved.	<p>Attended meetings of Mental Health & Wellbeing Strategy Working Group</p> <p>Provided PH perspective on draft Mental Health & Wellbeing Strategy</p> <p>Provided PH perspective on EQIA for strategy</p>	3. Mental Health	Amber - At risk - requires action	Amber - At risk - requires action
Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences		Awaiting a meeting to discuss and plan a lived experience group.			Amber - At risk - requires action	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Digital / Scheduling: Digital systems will be enhanced to realise full potential of integration across health and social care	2.1	Life Curve App to be further rolled out across Fife. Perusing ReSPECT. Scottish Government removing funding and currently arranging a meeting with SG to look at options. Ongoing discussions with digital colleagues in regards to potential solution (To support SPOA). Feasibility study almost complete and this will inform next steps.		2. Urgent and Unscheduled Care	Amber - At risk - requires action	Amber - At risk - requires action
Expand on current system wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models	2.1	Advanced plans to test Urgent care hub within a Cluster, plans to be agreed at end of Quarter 4. Initial plans presented and endorsed by GMS implementation Group Sept 2024.	Clearly agree scope and ambitions from this work; identify potential test initiatives	2. Urgent and Unscheduled Care	Amber - At risk - requires action	Amber - At risk - requires action
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	3.1	Test of 'waiting well' approach commenced in AMH Psychology	Begin testing a 'waiting well' approach to improve the experience of people who have to wait for PT. Review supervision and support for other services and agencies to increase access to high-quality interventions. Scope options for 3rd and Independent Sector commissioning to support delivery.	3. Mental Health	Amber - At risk - requires action	Amber - At risk - requires action
Implement IP Workforce Strategy 2022-24		Working Together engagement event re-arranged for October 2024. Ongoing collaborative working for a whole system approach to infection prevention continues through LISDP. Progress of delivering strategy must be considered in line with RTP and available resources.	Continue bi-monthly LISDP Steering Group meetings HAJ-Executive, ICM and ICD to attend CNOD "Working Together" engagement event	1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action
Implement new referral management and electronic patient records system (TrakCare/morse) within P&PC Physiotherapy service.		Transition to new systems are now in the preparatory phase with forms being streamlined and templates being created, however at this stage D&I have not yet been able to give a definitive transition and 'go live' date. Q2 milestones moved forward to Q4 instead.		1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action
Implement preventative podiatry service in care homes		We have recruitment challenges in Podiatry, limiting our workforce to deliver on this milestone.		1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Review of Specialty Paediatric Nursing workforce/services (including Diabetes, Epilepsy, Rheumatology, Endocrinology, Respiratory, Cystic Fibrosis) in line with safer staffing legislation and Working Paper 8 "Review of Clinical Nurse Specialist roles within Scotland" of the Scottish Governments Transforming Roles Program.	7.1	Ongoing review of roles, especially epilepsy in view of the difficulty recruiting to the B6 post. Job evaluation is required.	Ongoing review of specialist services required. Epilepsy B6 out for recruitment, but may require an amended JD to go through job evaluation for consideration at B7.	7. Women & Children Health	Amber - At risk - requires action	Amber - At risk - requires action
Support the creation of Person Centred Care Planning Principles		Challenges due to clinical pressures			Amber - At risk - requires action	Amber - At risk - requires action
Community Rehab & Care: To develop a modernised bed base model in Fife that is fit for the future	2.6	Progress has slowed in order to align with Acute Services.		2. Urgent and Unscheduled Care	Green - On Track	Amber - At risk - requires action
Develop and scope an SDEC model of care to support same day assessment and increase our ambulatory models of care.	2.2	Awaiting approval by EDG and NHS Fife Board- not approved at first submission. From August new model redesigned and remains in development. Acute Medical Recruitment unsuccessful for new consultant post. Work progressing to schedule unscheduled care.		2. Urgent and Unscheduled Care	Green - On Track	Amber - At risk - requires action
Develop mechanism for Health Visiting data analysis to assist partnership working with associated agencies, ensuring early intervention measures and anticipatory care needs are identified expeditiously.	7.1	Children's Services is developing a data dashboard to ensure visibility of all relevant multi-agency data, which will be used to inform KPIs and measure progress.		7. Women & Children Health	Green - On Track	Amber - At risk - requires action
Digital / Scheduling: create a centre of excellence for scheduling across community services	2.6	Ongoing discussions with digital colleagues in regards to potential solution. Feasibility study almost complete and this will inform next steps.		2. Urgent and Unscheduled Care	Green - On Track	Amber - At risk - requires action
Forensic Mental Health services are reviewed and restructured to ensure appropriate pathways that enable patient flow and maximise rehabilitation and recovery.	3.4	Specification shared with MDT. Meeting requires to be held with MD which will inform workforce. Competing demands have delayed same. Will recover in Q3	MDT to Scope clinical demand to review / refine service specification to inform workforce. Pathways meeting to be held with MDT	3. Mental Health	Green - On Track	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
MAT based outcomes embedded in all ADP service level agreements. The standards implemented and fully maintained and PHS assessment supports this	6.2	MAT 3 could not be reviewed and other provision responding high risk events has not been included due to a failure of the referral pathway for NFO caused by an IT upgrade within SAS with a new process trialled by SAS. This has delayed until November.	New SLAs developed Phase 2 for MAT 7 and MAT 9 commenced Developing better mechanisms for capturing numerical and experiential data Experiential Plan developed with Lived Experience Panel to include feedback to ADP subgroups delivering plan Mapping of MAT Standards across other commissioned service and to include Justice Services	6. Health Inequalities	Green - On Track	Amber - At risk - requires action
Rheumatology workforce model redesign		An options appraisal is underway for the workforce model that can deliver the service needs. Baseline work underway to understand the capacity of the resource and the demand for service - this involves review of overdue review patients, review of referrals process and review of internal processes		1. Primary and Community Care	Green - On Track	Amber - At risk - requires action
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	10.82	Guide has been circulated across clinical groups and will be considered in detail in the coming months, including delivery of targeted patient reviews	Circulation of guide to key stakeholders within the Board	10. Climate	Green - On Track	Amber - At risk - requires action
Targeted actions to improve the quality of our Immunisation services	1.2	Limited progress on proposals within 2023 Strategic Review of Childhood Immunisation Programme. Proposed new 'transformation oversight group' structure approved within 2024 - 2027 Immunisation Strategic Framework submitted to Public Health & Wellbeing Committee 01/07/24. This will bring together inclusion and quality improvement work and report into CIS programme board. Improvement activity groups for childhood, teenage & adult programmes to sit under this oversight group. Limited capacity from service nursing leads to engage over Autumn /Winter programme may delay progress. Paper brought to CIS programme Board on 01/10/24 outlining position.	QI work programme	1. Primary and Community Care	Green - On Track	Amber - At risk - requires action
Translation and implementation of agreed Business case Options for Co-badged Clinical Trials Unit/ Clinical Research Facility with University of St Andrews		St Andrews staff changes and appointment of new Dean in 4Q 24/25. Meetings with new Director of Research at St Andrews. Focus of discussions has become about Sponsorship, meeting planned with leadership from St Andrews in Oct/November		6. Health Inequalities	Green - On Track	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Improving effective governance and monitoring systems for IPC to ensure there is a co-ordinated and rapid response to reduce the risk of infections and to drive continuous quality improvement		All milestones completed; awaiting further information on the implementation timeline of InPhase in NHS Scotland. ICM to join NHS Fife InPhase project team Lead IPCN contributed to the national task and finish group to establish requirements for a once for Scotland eSurveillance system for IPCTs	MEG- completion of initial scoping exercise and quote for IPC Audits across NHS Fife. InPhase - Introductory meeting with NHS Fife D&I and Clinical Governance teams Completion of first Task and Finish Group for once for Scotland eSurveillance system			Amber - At risk - requires action
Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings.		The IPCT have launched the new IPC Link Practitioner Framework across NHS Fife in September 2024, after a successful pilot at QMH. IPCT welcome the opportunity to facilitate a hub and spoke model with 1 day placements for student nurse's. Furthermore, NHS Fife IPCT were invited to deliver bespoke IPC training to over 100 second year student nurse's at University of Dundee School of Nursing Fife campus. NHS Fife IPCT are engaging with the consultation process for new LDP standards with ARHAI Scotland. Changes to the NIPCM and TBPs - postponed by ARHAI Scotland to Spring 2025.	Explore opportunities for implementing IPC Link Practitioner Framework Further develop student nurse placements with the IPCT Engagement with ARHAI Scotland for new LDP standards for CDI, ECB and SAB		Amber - At risk - requires action	Green - On Track
Begin preparation to review the 2022-25 Cancer Framework in NHS Fife to ensure still relevant and up to date	5.1	Work started on the refresh of the Cancer Framework. A comparison between the Cancer Strategy for Scotland and Population, Health and Wellbeing Strategy has been carried out to identify gaps. A refreshed Framework has been created in draft format. Meetings are in the process of being arranged to review commitments		5. Cancer Care	Green - On Track	Green - On Track
Best Start 1. Full implementation of Continuity of Carer by 2026 2. Minimising separation of late preterm and term babies from birth 3. Re commencement of full Antenatal Education 4. Expand Service User Feedback 5. Review need and gaps for, and embed Psychological services	7.1	Continuity of carer streams have commenced in inpatient areas, week commencing 9 Sep. Full Implementation will be rolled out Apr-25 with new annual leave allocation. Pause on antenatal audits as implementation of RSV. Antenatal Education, positive reviews from service users.	Continuity of carer: Implementation plan has an extended date of June 26. Recruitment has taken place and vacant posts appointed to. Full implementation is expected within the timeframe. Antenatal education programme is in place and being reviewed on a regular basis Neonatal redesign - continued engagement with Regional planning team to review modelling and escalate concerns.	7. Women & Children Health	Green - On Track	Green - On Track
CAMHS will achieve full compliance with CAMHS and Psychological Therapies National data set and enhance systems to achieve compliance.	3.3	This work continues in order that the service can achieve full compliance.	Work with system supplier to embed supplementary questionnaire within TrakCare as part of current clinical workflow to allow recording Work with NHS Fife Information Services to ensure reporting of items from supplementary questionnaire	3. Mental Health	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Community Mental Health Teams for Adult and Older Adult services that are responsive to need and reduce admission by offering alternative pathways	3.2	<p>Process maps finalised - management team will arrange sessions with the 3 localities to go through the new processes and will be embedded by end October 2024.</p> <p>New OA CMHT SOP near completion and will be ready to be shared at the policy and procedure group at the end of the year.</p> <p>New Transition of care between adult and older adult services SOP has been ratified at the policy and procedures group 18/09/2024 and will be circulated thereafter.</p> <p>3 localities - East, West and Central are all now co-located - some remedial works have just been completed in Central.</p>	<p>Continue progression of CMHT development now encompassed within scope of the Reform, Transform and Perform Framework.</p> <p>CMHTs in Fife require further development - review of current provision and requirements to support improved service delivery</p> <p>Consistency across CMHTs in process and procedures achieved Longer term engagement with Alternatives to Admission pathway throughout 2024/5</p> <p>Integration of SW/Third Sector as part of CMHTs</p>	3. Mental Health	Green - On Track	Green - On Track
Comply with the requirements of the COVID enquiry and Operation Koper, Crown Office.		Ongoing requests for information, provided as requested for the different COVID-19 inquiries	Provide information as requested to aid the COVID-19 inquiries		Green - On Track	Green - On Track
Continued development of digital front door for patients	9.62	Waiting List Validation work completed. Digital Letters testing ongoing	Extension of Waiting List Validation	9. Digital & Innovation	Green - On Track	Green - On Track
Continue to ensure EIC is represented in all improvement and fundamentals of care delivery groups		Ongoing	Link practitioner event for falls in September, CAIR used to show data		Green - On Track	Green - On Track
Deliver an effective health protection function, including in- and out-of-hours duty cover to prevent and respond to communicable disease prevention.		Regional service in hours, and local service out of hours.		1. Primary and Community Care	Green - On Track	Green - On Track
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.		VAM guidance and funding unchanged. Additional recruitment to East Region Health Protection Service completed, which will support early stages of investigation and response. Community testing functions would require to be stood-up again, and being explored as part of HCID pathways.	Have additional workforce in post to support any VAM response. Draw on findings of inquiries.	1. Primary and Community Care	Green - On Track	Green - On Track
Delivering year on year reductions in waiting times and tackling backlogs focusing on key specialities including cancer, orthopaedics, ophthalmology, and diagnostics.	4.1	On trajectory. Orthopaedic waiting times reducing with no Fife patients over 102 weeks. Ophthalmology numbers remain high and focus on theatre efficiency to increase throughput. Cancer and diagnostics monitored through weekly meetings.	New OP waiting list at end Sept 31,783 against proposed figure of 33,532	4. Planned Care	Green - On Track	Green - On Track
Delivery of Care at Home / Commissioning: Maximise capacity, and commission and deliver care at home to meet locality needs	2.3	Team to commence reviews of packages first week in October	Review of packages to comment in next quarter regarding change of equipment provided. Reducing the unit cost on target also - increase in hours provided inhouse reducing the unit cost	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track
Delivery of Clinical Governance Strategic Framework		Overall on track to deliver; update scheduled for CGC in November 24	Delivery of work plan		Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Delivery of Clinical Governance Strategic Framework - Adverse Events		Adverse event lead is working collaboratively with 2 other boards as an expert advisor to devise and deliver 'Safety Learning Reviewer' foundation programme. The programme is the first step in Scotland's Health and Social Care, to provide education on human factors and a training package to assist boards to embed human factors approaches to adverse event reviews consistently.	Development of human factors approach to support Adverse Events management and proactive quality planning.		Green - On Track	Green - On Track
Delivery of the objectives set within the Pharmacy and Medicines Strategic Framework for 2024-2026		Strategic framework objectives have been agreed within Pharmacy and are progressing with agreed leadership	Deliverables within each workstream agreed and outline plans in place	8. Workforce	Green - On Track	Green - On Track
Delivery of the Risk Management Framework		Awaiting outcome of the work on risk appetite and on track for completion.			Green - On Track	Green - On Track
Develop a Nursing and Midwifery Strategic Framework 2023 - 25; establishment of shared governance model Framework based on CNO and NHS Five priorities, Recover to Rebuild, Courage of Compassion, Three Horizon Model		Framework at final draft stage. Shared governance model agreed, to be launched and implemented.		8. Workforce	Green - On Track	Green - On Track
Develop, Enhance and re-invigorate Regional Networks	4.4	Regional working across a range of specialties continues. Progression made with bariatric services and reciprocal hernia surgery with NHS Lothian.	Aim to complete recruitment for long term vascular vacancy achieved.	4. Planned Care	Green - On Track	Green - On Track
Development and Implementation of an Adult Neurodevelopmental Pathway with clear links to CYP NDD Pathway.	3.1	Service recommendations presented to CCCS QMAQ and awaiting feedback.	Service recommendations to be presented via C&CCS QMAG initially for consideration. Cost neutral recommendations to be considered.	3. Mental Health	Green - On Track	Green - On Track
Development of Medical Education Strategic Framework		Through various methods local teams have been encouraged to consider current and future atlas of variations RM work now incorporated into the RTP Programme.	Review of draft framework with wider engagement to develop further		Green - On Track	Green - On Track
Enabling a "hospital within a hospital" approach in order to protect the delivery of planned care.	4.2	Continue to focus day surgery within QMH and scheduling of VHK day surgery kept to a minimum. No cancellations of lists within Q2 due to bed pressures		4. Planned Care	Green - On Track	Green - On Track
Engage with Higher Education Institutions locally and regionally to develop collaborative way of working	9.5	Regular meetings with Academic Liaison Group set up. Collaborative working opportunities can be identified via this group. Connections made with University of St Andrews funding specialists for potential collaborations.	Attend meetings of the HISES Academic Liaison Group of 5 regional Universities plus 3 regional NHS Boards.	9. Digital & Innovation	Green - On Track	Green - On Track

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Enhance Theatre efficiency	4.1	Theatre efficiency on average 85%. Continue to monitor activity through Theatre Action Group monthly and minimise elective cancellation on the day. Continue to explore opportunities to increase trauma operating capacity. Actively contacting patients to ensure DNA rates remain low. Backfill of unused sessions being utilised with waiting times monies to increase cost efficiency whilst managing waiting times.	All targets for Green Theatre Project have been met. Target of reducing spend by £100K by end Q2 delivered (actual £130K).	4. Planned Care	Green - On Track	Green - On Track
Ensure people have clear information and are sign posted to the HSCP Wells to enable tailored access to support via a 'good conversation', while awaiting a secondary care appointment / treatment.	4.8	Waiting Well workshop planned for October 2024 to promote existing work.	SLWG to convene to assess pathways and minimise duplication of work across Acute and Community.	4. Planned Care	Green - On Track	Green - On Track
Ensuring there is a sustainable Out of Hours service, utilising multi-disciplinary teams.	1.3	This work remains ongoing and on track to achieve milestones.	Trial additional MDT roles within UCSF, including Pharmacy and Mental Health roles	1. Primary and Community Care	Green - On Track	Green - On Track
Expanding Endoscopy capacity and workforce	5.2	Continue to have low waiting times compared to Scotland average. Surveillance numbers of cancer monitoring at lowest number for some time. Telephone pre-assessment has improved patient experience and reduced unnecessary cancellations	Test and implementation of telephone pre-assessment for endoscopy patients	5. Cancer Care	Green - On Track	Green - On Track
Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.	4.5	Increasing utilisation of block room continues	Training of anaesthetists for block usage and development of SOP to support new pathways	4. Planned Care	Green - On Track	Green - On Track
Implement outcomes of Specialist Delivery Groups including reducing variation.	4.6	All areas performing and feedback on heat map to SG shows engagement across all specialties.		4. Planned Care	Green - On Track	Green - On Track
Improve compliance with CAPTND dataset	3.1	Fife Psychology Service continuing work on Trak implementation - IT advising will be implemented 16/12/24		3. Mental Health	Green - On Track	Green - On Track
Improve the mental health services build environment and improve patient safety	3.6	Programme of works established with revised dates for phase 1 (Ward 1 to Ward 3) completed	Revise programme of work to move Ward 1 first to Ward 3 followed by Ravenscraig to ward 1. Dates established for move due to delay in redesign and works completion: March 2025	3. Mental Health	Green - On Track	Green - On Track
Increase NHS Fife Innovation Test Bed activity		Terms of reference for Steering Group confirmed and monthly meetings confirmed. Monthly review by Steering Group to confirm governance routes, or identify efficiencies for the group.	Confirm Terms of Reference for Group. Review governance routes to identify any efficiencies and improvements	9. Digital & Innovation	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Increase redirection rate utilising flow and navigation (NHS 24 78%, GP 19%).	2.2	CBC calls continue to increase. FNC data submitted monthly to National team in line with data definitions.	Schedule of patients TOC High priority placed on alternative pathways and support given to ANPs with GP discussion	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track
Increase the number of SCN utilising the CAIR dashboard to inform improvements whilst creating a culture of learning and sharing between areas		EiC lead shares progress of CAIR users with HON across Acute and HSCP	Numbers reported to SG		Green - On Track	Green - On Track
Infection Prevention and Control support for Care Homes Continue to support Fife Care Homes to have a workforce with the necessary knowledge and skills in infection prevention and control to ensure they can practise safely, preventing and minimising the risks of HCAI to their residents, visitors, their co-workers and themselves.		High uptake of SICPs training sessions across Fife Care Homes Care Home IPCT over 70% of care Homes have partaken in annual IPC Assurance walkarounds	Promote SICPs training sessions to all care homes in Fife Promotion of yearly IPC assurance walkabouts to all Homes	8. Workforce	Green - On Track	Green - On Track
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		Continue to work with Clinical Governance to improve service and try to reduce amount of legal claims	Ongoing. Raise awareness of claims - similar claims and implement new procedures to avoid future claims		Green - On Track	Green - On Track
Local Enhanced Services Review		There is a risk that by carrying out this review, in light of wider sustainability pressures, practices stop some LES, impacting on HSCP service delivery. Working closely with practices, LMC and GP Sub-Group to conduct a full review, ensuring recommendations and action planning are fully scrutinised prior to implementation.		1. Primary and Community Care	Green - On Track	Green - On Track
Local - Implement Paperlite / Electronic Patient Record	9.61	Plan agreed by Steering Group	Complete Waiting List Validation work	9. Digital & Innovation	Green - On Track	Green - On Track
Maximising Scheduled Care capacity	4.3	Overall waiting times on track with the submitted trajectories presented to FP&R in July. Backfill and additional theatre lists throughout Q2 and increase on OP activity.		4. Planned Care	Green - On Track	Green - On Track

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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.	3.3	Coproduction work continuing, focused on identifying potential opportunities within existing funding.		3. Mental Health	Green - On Track	Green - On Track
Non-compliant Rotas		Assurance remains as moderate due to controls put in place at service level to encourage rota compliance. Rota monitoring began in September 2024. A second stage of monitoring will be completed from February 2025 with final savings being reported at the end of the financial year.	Approve SOPs/escalation process Approve and distribute new induction packs and implementation Approval of Wellbeing comms Potential Doctors mess redesign Rotas go live, monitoring to commence Communications strategy for new DDiT & Gateway EU live Rota monitoring begins		Green - On Track	Green - On Track
Ongoing development of Community Treatment and care (CTACT) services, supporting more local access to a wider range of services.	1.2	Initial hubs commence middle of October 2024, with initial focus on ear care clinics Continued development of HUBS to support MOU2 .		1. Primary and Community Care	Green - On Track	Green - On Track
Pandemic Preparedness: Critical to major incident levels.		NHS Fife Pandemic Framework document draft in progress	COVID -19 Public Enquiry module 1 recommendations to be published		Green - On Track	Green - On Track
Preventing alcohol specific and drug related harm and death affecting children and young people	6.2	On Track Rapid Action Group established more fully. All actions have commenced and are overseen by a senior leadership meeting on a monthly basis. Links to CPC supported. Continual monitoring of harm has continued. CPC training focused on risk in development and to be delivered next quarter. Changes to hospital liaison pathway agreed including use of third sector QR code and education provision changes to be rolled out	Actions within action plan to commence Regular monthly meetings of rapid action group to continue YP and children alcohol and drug use training plan for workforce to begin Thorough monitoring of data including hospitalisation rates, ED attendance and non fatal overdoses to continue	6. Health Inequalities	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Prevention & Early Intervention: new models of care ensuring early discharge and prevention of admission, and local frameworks for frailty	2.6	South West Fife Locality currently trained and on patient 5 out of 6 on Test of Change. Dunfermline also now have trained staff that can undertake IV Abs. Additional staff across Fife are now also undertaking training. DN ANP's are now undertaking Frailty assessments and preventing hospital admissions and re-admissions. Discussions are being held as to how this work can be increased.		2. Urgent and Unscheduled Care	Green - On Track	Green - On Track
Reducing the time people need to spend in hospital by promoting early and effective discharge planning and robust and responsive operational management	2.5	Assessment practitioners based within hospital settings to facilitate discharge as soon as fit to leave Delayed discharges have remained at low level in 2 years DN ANP's are now undertaking Frailty assessments and preventing hospital admissions and re-admissions (FELS) - Increased capacity achieved. Drivers to technician Change management process advancing to completion.		2. Urgent and Unscheduled Care	Green - On Track	Green - On Track
Reprovision of unscheduled care/ crisis care provision for patients presenting out of hours with a mental health crisis	3.1	Undertake MHUUC Project Board directed activities to develop evidence base to support development of change and improvement ideas for MH urgent care	Progress delivery of Mental Health Urgent & Unscheduled Care (MHUUC) Project to benchmark and develop options appraisal for service improvement	3. Mental Health	Green - On Track	Green - On Track
Review of actions outlined in the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times	5.3	Ongoing review of the Optimal Lung Cancer Pathway with improvements made and actions identified Review of the Prostate Improvement Group to revise purpose and remit.		5. Cancer Care	Green - On Track	Green - On Track
Scoping further areas to support Public Health/ NHS Fife priorities for evaluation and research.		Continue to scope and contribute to areas which would benefit from Public Health research/evaluation input including inequities in palliative care, evaluating impact of green health initiative and considering ways to demonstrate impact of inclusion health framework	Contribute to discussions around evaluating impact of different areas of work being taken forward across Fife to improve the health of the Fife population	6. Health Inequalities	Green - On Track	Green - On Track
Support for Doctoral Training Program (DTP) Fellows		Budget review submitted with some discussion re: duplication and accurate reporting from Finance Dept at University of St Andrews. Meetings with potential Cohort 4 candidates took place, 6 selected for interview	Budget reviews for Cohort 1 and Cohort 2 to submit to Wellcome Trust/DTP. Cohort 4 interviews and selection.	8. Workforce	Green - On Track	Green - On Track
To develop the resilience risk profiling for Emergency Planning for NHS Fife.		Emergency planning metrics are currently being assessed for EPRR report metrics with Datix administrators	Meeting with risk and governance Director July 24 to agree risk profiling metrics /reporting procedure for NHS Fife	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
To meet the recommendations of the WHP by end Dec 2024	7.2	<p>Nurse led appointments have reduced menopause waiting times from 54 weeks to 15 weeks with increased nurse and consultant cover.</p> <p>Menopause educational activities in place in secondary care.</p> <p>Discussions ongoing with GPs re: new BMS on line training.</p> <p>Unable to expand EPC scanning with current clinical geography and band of EPC staff. Significant investment required to workforce. Currently good access to bereavement nurse for all pregnancy loss patients at all gestations</p> <p>All TOP patients get offered post TOP contraception. TOPS rates rising nationally.</p>	Endometriosis is now covered within the existing gynaecology OP nurse team as noted in Q1 with a specific focus on signposting to existing services for pain management to prepare for surgical journey if this is the chosen pathway.	7. Women & Children Health	Green - On Track	Green - On Track
To support preparations within NHS Fife for the implementation of the HCSA Act (ongoing during 2023/24), which comes into force from 1 April 2024.		HCSA Quarter 1 Report submitted to Fife NHS Board meeting on 25 September 2024. Initial HIS Board Engagement meeting held 9/09/2025.	Continued review of SG HCSA feedback, submission of HCSA quarterly returns in line with agreed reporting mechanisms and governance cycles. Board actions progressed.	8. Workforce	Green - On Track	Green - On Track
Undertake regular waiting list validation.	4.7	Use of patient hub to contact patients to assess ongoing need for surgery.	Implementation of weekly validation report to medical secretaries.	4. Planned Care	Green - On Track	Green - On Track
Update cancer priorities and develop associated delivery plan as outlined in the Cancer Framework and support delivery of the 10 year Cancer Strategy	5.1	<p>Work started on the refresh of the Cancer Framework.</p> <p>A comparison between the Cancer Strategy for Scotland and Population, Health and Wellbeing Strategy has been carried out to identify gaps.</p> <p>A refreshed Framework has been created in draft format.</p> <p>Meetings are in the process of being arranged to review commitments</p>		5. Cancer Care	Green - On Track	Green - On Track
Work with Secondary care to develop shared care initiatives to continue to reduce the requirement for patients to attend ED	1.6	Shared care remains in place, however unable to fund deliver Open Eyes locally, which has reduced our ability to fully deliver Glaucoma shared care scheme	Review and assess the role and impact of FICOS on supporting secondary and secondary care models	1. Primary and Community Care	Green - On Track	Green - On Track
Delivery of Research Innovation and Knowledge Strategy		Draft RIK Strategic priorities identified from Development Day Workshop session, reviewed and comments from RIK leadership team incorporated. Survey developed for input/comments from RIK Dept staff.	Draft RIK Strategic Priorities generated and available for review by RIK leadership team	9. Digital & Innovation		Green - On Track
Embed Quality of Care Review Guidance (QoC) within all adult inpatient and community areas		Launch of national guidance Sept 2024, EIC lead meeting with HON and lead nurses	Testing guidance			Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Embed the National Leading Excellence In Care Education and Development Framework into existing and new education programmes		Ongoing	Ongoing review			Green - On Track
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.	3.4	MDO protocol meeting held 29/8/24. Next review of MDO protocol due Aug 2025. Procedure for ensuring follow up on release from prison remains in date and appropriate (next review due Aug 2026)	Training sessions on MDO protocol delivered on 27/3/24, 8/4/24, 29/3/24, 2/5/24. Multiagency MDO protocol review meeting has been arranged for 29/8/24.	3. Mental Health	Green - On Track	Blue - Complete/ Target met
Implement national Excellence in Care (EIC) objectives within NHS Fife In line with 3 Year strategy, embed in Fife by 2025.		New objectives written	New objectives written		Green - On Track	Blue - Complete/ Target met
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					Blue - Complete/ Target met	Blue - Complete/ Target met
Ensure the delivery of an effective resilience function for NHS Fife.		EPRR Framework documents are now published. Emergency planning and exercising ongoing. Business Continuity support to services ongoing.		6. Health Inequalities	Blue - Complete/ Target met	Blue - Complete/ Target met

To Improve Staff Experience and Wellbeing

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Carers will have access to information where and when they want, that helps them to manage their caring role.	6.1	The investment for additional staff to lead on the production and delivery of awareness raising campaigns has been cut from 3 staff to just 1, with the expectation that this will increase back to 3 staff next financial year. The recruitment of a Project Worker to lead on this work was not successful in recruiting a suitable candidate. The role will be readvertised in Q3. As a result the action is behind schedule.	Plan and begin delivery of improvements resulting from Carers Experience Survey.	6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action
Develop a Health Visiting workforce model in alignment to the wider Primary Care Nursing with a focus on sustainable and flexible responses to agreed Health Visiting pathways and prioritisation for vulnerable families.	7.1	Analysis on an ongoing basis of the existing staffing model to ensure HV pathway is being delivered.		7. Women & Children Health	Amber - At risk - requires action	Amber - At risk - requires action
Developing the skills of practitioners and professionals to identify and support carers at the earliest possible point in time	6.1	a review of the eligibility criteria is being led by the Principal Social Work Officer. This work is in the early stages to which we have contributed information about eligibility regarding unpaid carers and other authorities approach to eligibility criteria for unpaid carers' access to additional support.	We will review the local eligibility criteria to ensure it meets best and common practice with a view to increasing opportunities for earlier intervention that is also fully aligned to national carers strategy and national care service	6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action
National - eRoosting	9.1	Rosters to be rebuilt to support RWW and Finance Establishment corrections		9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action
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.	6.1	A planned review of the Social Work Assistants (Carers) has started but not completed yet. The results of the satisfaction survey are being worked on and further work will take place during Q3 to progress the review of the model.		6. Health Inequalities	Green - On Track	Amber - At risk - requires action
PPD Succession Planning		In collaboration with Services, ~180 NQP recruited to B5 vacancies. Cohort 3 Assistant Practitioner now complete. 3 Return to Practice staff now in post (1 x Acute, 2 x Partnership). 5 HCSW recruited to the Open University programme (4 x Adult, 1 x Mental Health). 11 HCSW recruited to hence programme (9 x Adult, 2 x Mental Health, 1 x Learning Disability).	Review current training programme and commence regular meetings with Fife College and partner HEIs.		Amber - At risk - requires action	Green - On Track
Pre Registration Trainee Pharmacy Technicians (PTPT) 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		Most recent cohort have been retained into operational roles per plans - this ensures development of the skill mix within Pharmacy	Planning for recruitment and exploring options to create local pipeline via Modern Apprenticeships Retention of current cohort into operational roles		Amber - At risk - requires action	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Continue to deliver and enlarge on Staff Support/VBRP Project.		Ongoing collaborative work with a number of aligned services to support delivery of this project	In order to evaluate the programme, IPQR measures (e.g. Scottish Spiritual Care Patient Reported Outcome Measure) in place for Spiritual Care along with staff feedback will be used to: Establish how, through the provision of dedicated resources, the continued delivery of project has supported the development and delivery of VBRP® within NHS Fife; Evaluate the value of VBRP® to staff well being, Demonstrate how learning from and development of VBRP® was shared across the organisation, Explore how reflective practice is essential if we are to learn from what happened to develop and improve not only our future practice, but our personal and professional wellbeing too, reconnecting with the values that brought us into healthcare; Evaluation of how the implementation of offering a dedicated reflective space supports recovery and supports resilience amongst staff and; Communicate with all staff ensuring those staff groups which have not previously engaged in Phase 1 are targeted. This includes offering VBRP® on a variety of sites and days / times. Identify any barriers which may prevent certain staff teams / groups engage with VBRP® and work with Heads of Departments and service managers to overcome such barriers	8. Workforce	Green - On Track	Green - On Track
Delivering Anchor Institution workforce aims - Promoting employability priorities	6.4	EMERGE programme commenced August 2024 in collaboration with Fife College. Life Chances programme launched in September 2024.	Implementation of Employability Action Plan in line with Anchor ambitions, ADP and Workforce Planning priorities.	6. Health Inequalities	Green - On Track	Green - On Track
Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025	8.3	Identification of an accreditation framework underway.	Consideration of impact of outputs of activities on absence and other agreed measures and review.	8. Workforce	Green - On Track	Green - On Track
Delivery of the eRostering (eR) Implementation Programme in conjunction with Digital & Information.		Rollout of SafeCare within 7 HSCP wards. Review of Acute activity necessitates rebuild of some rosters and re-alignment to finances. Pause in Acute activity until corrections completed.	BAU Team established and in place.	8. Workforce	Green - On Track	Green - On Track
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	1.2	Work continues to be taken forward to both increase staffing across CIS and CTAC as an integrated Service and advances around Locality based teams	Workforce education strategy & training programme.	1. Primary and Community Care	Green - On Track	Green - On Track
Development and implementation of the NHS Fife Workforce Plan for 2022-2025	8.5	Exploring linkage between RTP and future shape / size of workforce, exploring some analytics with D&I. Revised SG Workforce Planning guidance with timescales for publication of 2025-2028 Workforce Plan publication anticipated to be issued within near future.	Review and continued development of Service level Workforce Plans.	8. Workforce	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Development of workforce planning for Pharmacy and Medicines, including readiness for pharmacist graduate prescribers from 2026, education and training of staff groups and development of the Pharmacy Technician pipeline.		On track. Board continues to increase DPP numbers as a key enabler of future prescribers	PGFTPs commence on revised rotational programme Further Legacy staff commence IP course. First cohort of PSWs complete MA. Revised rotational programme for B6 and B7 Pharmacists agreed DPPs increased to 11 Increase peer review for staff on programmes.	8. Workforce	Green - On Track	Green - On Track
Education reform for Pharmacy -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. -Foundation training programmes and embedding the advanced practice framework for Pharmacists -Developing Pharmacy and Support workers through accredited courses and modules. -Collaborative working across the East Region to support simulation training for post graduate foundation trainees -Support for undergraduate experiential learning is also being developed to enhance the quality of education at that level -Work is also ongoing to develop clinical skills and leadership across all roles and increase research capability across the professions		FTY pharmacists started with cohorts also completing in November. Development of internal approaches following review is ongoing. Simulation planning also ongoing. .	Foundation year trainee pharmacists start. Further completion of cohorts at end November. This new cohort will have a revised approach to prescribing education, developing towards graduate prescribers from 2025/26, around a six week block in one clinical area Board considering role of simulation in Fife		Green - On Track	Green - On Track
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	6.1	The work remains ongoing in partnership with our commissioned third sector partners. The additional internal role for participation and engagement has been vacated. This, together with the unsuccessful recruitment noted in reference HBE2425-01, may have an impact on the delivery of this specific action which itself is secondary to the other support offered in schools to support unpaid young carers.		6. Health Inequalities	Green - On Track	Green - On Track
Improving support and developing the Mental Health workforce	3.5	Service redesign proposals in order to achieve financial efficiencies have been submitted for approval to SLT. Workforce tools due to be run for inpatient services in October however application of outcomes will need to reflect outcome of proposals	Establish Workforce projections and skill mix required, informed by workforce tools. Develop workforce plan, aligned to national MH workforce delivery plan and local strategy	3. Mental Health	Green - On Track	Green - On Track
Medical Workforce Recruitment and Retention Strategic Framework		Medical Workforce review underway in the Acute Division to provide baseline data			Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Progression with ScotCOM in collaboration with the University of St Andrews		Student numbers reached to go live with programme as planned. Work continues to secure full GMC approval. Recruitment for clinical educators and support staff started.	Staff recruitment to support ScotCOM programme. Collaborative working with NHS Forth Valley and Borders.		Green - On Track	Green - On Track
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	6.1	the review of the Short Breaks Service Statement has commenced. Additional investment in short breaks has been commissioned although only a third of the available investments has been commissioned due to our partners' risk assessment of deliverability with the resources available and significant sector wide recruitment challenges. We aim to secure further commitments as staff members are recruited. This is a systemic and longer term sector wide issue.	Commence a complete a review and update our short breaks service statement (SBSS).	6. Health Inequalities	Green - On Track	Green - On Track
We will launch and develop a leadership framework – Our Leadership Way in Fife.		The volunteer group have met twice (July & Sept) and have begun to build further insights into the core leadership behaviours that matter the most. Plans are emerging to set up focus groups in Nov-Jan, and to extend efforts to reach the broad network of the volunteer group.	The collaborative volunteer group will look to build on the SLG initial exploration of Our Leadership Way by; Exploring ways to gather further perspectives on the leadership behaviours that matter, matter the most; develop and take forward the initial ideas for action to form a programme of work that will underpin the leadership framework.	8. Workforce	Green - On Track	Green - On Track

To Deliver Value & Sustainability

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Business Transformation		Bridging actions identified Mid Year review being completed	PID Approved Agreement of workforce mechanisms to support transformation Further development of digital solutions planning Establishment of programme to support project delivery (co-ordination of digital enablers and delivery of direct impact projects, including work on a new model for 'administration services')	9. Digital & Innovation	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Hospital Pharmacy Redesign Introduction of automation in hospital Pharmacy stores, dispensaries and clinical areas. Centralisation of Pharmacy stores.		Preparatory work continues, however funding has not yet been secured to progress the full ambition around automation. Discussions are ongoing	Progress on centralisation of procurement to VHK, including establishment of workplan and agreed dates		Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
SLA and External Activity		Whilst there is ongoing review of the data to establish opportunities, there is national discussion on SLA potential uplifts through FLG, CFN and DOFs. There is likely to be a separate DOF session to further discuss with a view to achieving resolution.	Ongoing review of data to help establish opportunities for repatriation and identify reasons for inappropriate referrals to other boards Ongoing development of Performance Management group and subsequent arrangements with NHS Lothian and NHS Tayside		Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Surge Capacity - Improve flow within the VHK site, reducing length of stay and number of patients boarding to ensure patients are looked after in the most appropriate setting. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.	2.5	Supported Discharge Units implemented in July however due to continued increased demand occupancy has remained at over 100% of agreed 30 beds. Locum surge Consultant remains after a review with Clinical leads. Gateway Dr's & JCF's supporting 6&9 and surge model.	Reduction of Ward 9 to 11 beds and associated maintenance of new footprint Launch of Supported Discharge Units Awareness Raising Programme of Discharge Planning & Surge Review of Locum Surge Consultant post	2. Urgent and Unscheduled Care	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Roll out of Digital Pathology	5.1	No progress due to difficulties with LIMS, Vantage and Digital Pathology integration, meetings are being held to find resolution.		5. Cancer Care	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target
Implement Same Day Emergency Care (SDEC) and rapid assessment pathways	2.2	Development of final re-design elements prior to re submission of final plan prior to implementation. Flow improved across Front Door with Ambulance Turnaround Times achieving trajectory.	Redesign TOC SDEC commenced	2. Urgent and Unscheduled Care	Green - On Track	Red - Unlikely to complete on time/meet target
Delivery of New Laboratory Information system (LIMS) as part of accelerated implementation followed by implementation of national roll out.	9.1	Local implementation (phase one) continues with significant numbers of issues still to be resolved. National timeline remains unclear.		9. Digital & Innovation	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation	8.1	We continue to onboard staffing groups beyond nursing as we move to a staff bank however we do not have the financial envelope to consolidate all local banks as this time. There fore there is a risk this is not delivered by March 2027.	Continue implementation of Direct Engagement under RTP and then transition of medical locums into Staff Bank	8. Workforce	Amber - At risk - requires action	Amber - At risk - requires action
Delivery of digital medicines programme, including the roll out of HEPMA and progressing commitments to implement automation within the hospital dispensary function		Significant focus both in Pharmacy, Digital and wider MDT on delivery of stock control system and meds rec system, from September through to Spring 2025 particularly. Timelines are challenging but plans for delivery are in place.	UAT on meds rec system following change controls Further build and train of pharmacy stock control - primary file control complete Preliminary start of HEPMA build. Project plan finalised.	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action
Enhanced data availability and sharing		Work continues with Finance and Workforce on data availability - items being built	Work commence with availability of corporate data	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action
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%	3.4	Work is on going to review the combined monitor (NHS & FC) spend on Mental Health. Once confirmed, this will allow us to gain greater understanding of the totality of spend against frontline services and the ability to deliver by March 2026 (noting the SG target - 10% of the boards income is given to MH services). Q3 and Q4 milestones may need to be reviewed in due course.		3. Mental Health	Amber - At risk - requires action	Amber - At risk - requires action
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach	2.4	MIU re-directions improved to 80%. Breaches have reduced by 50% compared to same time previous year	Review of overnight provision ensuring patients go attend right place New skill-mix staffing model to support minors triage and reduce waits implemented	2. Urgent and Unscheduled Care	Amber - At risk - requires action	Amber - At risk - requires action
National - GP IT Reprovisioning - GP Sustainability	9.1	Business Case moves through Primary Care Governance Delays to Docman Upgrade	Have agreed implementation plan	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action
National - LIMS Implementation	9.1	Await delivery via National Teams		9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action
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.		We will continue to develop the programme of works. SG have confirmed the LCITP funding route is closed. Previously stated milestones relating to this funding will not be completed.	Full development of programme of works showing alignment to 2030 emissions targets	10. Climate	Amber - At risk - requires action	Amber - At risk - requires action
Digital & Information Projects	9.31	Ongoing	Assess Benefits for Quarter	9. Digital & Innovation	Green - On Track	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets		The Board is ahead of previous years in delivery of medicines efficiencies work. However, the scale of targets this year is high and there are challenges in securing full delivery. Significant engagement work across sectors and MDT is ongoing. The medicines waste campaign has been launched	<p>Formal launch of medicines waste campaign for the public and staff, to reduce medicines waste and volume of prescribing.</p> <p>Ongoing delivery of Medicines efficiencies plans across Acute services and HSCP, aligned to 15 box grid.</p>	6. Health Inequalities	Green - On Track	Amber - At risk - requires action
To achieve additional capacity to meet 6 week target for access to 3 key Radiology diagnostic tests (MR,CT and US)	5.2	<p>SG Funding to support additional CT MR and US activity has resulted in significant improvement of waiting times with 65% of patients being seen within the 6 week target in Aug-24, up from 45% in Mar-24.</p> <p>Withdrawal of US funding from end of quarter 2 will, without locum activity, reduce department's capacity. Monthly demand exceeds core capacity by 132 patients (2,168 - 2,036). By 31 Mar-25 longest waiting time will likely exceed 15 weeks.</p>	<p>Ongoing monitoring of DCAQ, processes in place to monitor cancellations ,short notice cancellation processes in place to maximise capacity, booking guidance SOP's updated and staff training programme development.</p> <p>Collaborative work with service leads to monitor diagnostic turnaround times and assess options for optimising pathways Review of Radiology out of hours service to maximise efficiency to support hospital flow particularly in light of new models of care in medical and surgical directorates.</p> <p>Radiology OOH service currently adopts an on-call model, this requires financial investment to expand to a shift system with increased workforce to meet the out of hours demand for imaging.</p>	5. Cancer Care	Green - On Track	Amber - At risk - requires action
Develop and Implement the Corporate Communication Strategy		The Corporate Communications Strategy was approved by EDG in August 2024. The Communications team will now work to implement this inline with NHS Fife's Population Health and Wellbeing Strategy and Re-form, Transform and Perform objectives over the coming months and years. Supported by project communications plan and quarterly communications activity reports and evaluation.	Corporate Communications Strategy and Framework at EDG for approval on 1 Aug-24		Amber - At risk - requires action	Green - On Track
Develop and Implement the Public Participation and Community Engagement Strategy		The Public Participation and Community Engagement Strategy and Operational Plan were approved by the Board in July 2024. Now working to implement in support of projects associated with Re-form, Transform and Perform and coordinate activity with the HSCP Engagement Team as appropriate.	<p>Community Engagement and Public Participation Strategy and Operational plan presented to Board on 30 Jul-24</p> <p>Public Engagement Campaign launched in Sep-24 to help educate and inform the people of Fife of the pressures on the health care budget, changes that will need to be made to ensure and break-even position and opportunities around how they can help inform some of the more difficult decisions or changes to services being explored</p>		Amber - At risk - requires action	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Develop Strategic vision across all of Primary Care	1.2	Progress to BAU status ongoing; current SLA with being explored for best value, with possible move to formal tender by end of financial year. Phase 3 PCIP Comms Plan commenced and progressing. CTAC and CIS continue to grow connections between the services; evaluation and final implementation plans progressing. PCIP update report presented across governing bodies July-Sept.	Progress Community Link Workers workstream to a state of business as usual. Commence phase three of the PCIP Communication Plan (public facing phase). Evaluate the effectiveness of the integration between CTAC and the Community Immunisation Service.	1. Primary and Community Care	Amber - At risk - requires action	Green - On Track
Procurement Savings within Acute Services		21 schemes in progress, In year on track for 79%/ FYE will be 88% of target: -2 cost avoidance (not included in target savings) -9 underway -4 due to commence Sept. -2 awaiting approval -4 having logistics worked up 11 other schemes in initial development. The aim is that these 11 will close the gap in the current in year impact forecast. Continued risk that objective will not be reached but continued activity to identify opportunities to mitigate this risk. Assurance is moderate.	Ongoing reviews of expenditure and savings opportunities.		Amber - At risk - requires action	Green - On Track
Support delivery of Re-form, Transform, Perform (RTP) through supporting service change		Standard RTP reporting established with reporting calendar. Portfolio approach agreed and further work will be delivered in Q3 Programmes now established with PIDs approved by NHS Fife Board. Programme Boards now meeting fortnightly.	Monthly performance reporting established Portfolio approach agreed 4 key Programmes established with Boards		Amber - At risk - requires action	Green - On Track
Achievement of Waste Targets as set out in DL(2021) 38	10.3	Waste initiatives progressed so far: Exploring funding for new bins and a trial within a ward is going ahead, a blueprint will then be created for all other wards with improved recycling processes. Glass recycling is in place. Updated posters and bin labelling has been applied.		10. Climate	Green - On Track	Green - On Track
Action plan for the National Green Theatres Programme		We are on target with the CfSD bundles. The most recent bundle included rub not scrub which NHS Fife has already adopted.	Continue to make progress with implementation bundles supplied by CfSD	10. Climate	Green - On Track	Green - On Track
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation & enhanced International Recruitment service		International recruitment saw 105 applicants join NHS Fife however due to finances this activity is paused for 24/25. Work continue on the ERRS model to introduce further phases of the model.	Continue to review of ERRS model to gain wider service benefits across the model	8. Workforce	Green - On Track	Green - On Track
Complete NHS Fife's Phase 2 M365 Programme		MCAS deployed	Complete implementation of additional security controls	9. Digital & Innovation	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Decarbonisation of Fleet in line with Targets	10.41	Infrastructure Update NHS Fife secured funding via Transport Scotland of £386,115.30. This supported infrastructure installs across 7 sites within NHS Fife. We also introduced an EV charging Hub at VHK site (located at the laundry area) This will facilitate charging of our 3.5t Luton vehicles for our 2030 decarbonisation objective.	Set out plans to increase charging infrastructure using 'switched on fleet' grant	10. Climate	Green - On Track	Green - On Track
Delivery of ICO and NISD Audit Improvement Plans Architecture and Resilience Developments	9.2	NISD Audit complete August 2024	Cyber Resilience Audit	9. Digital & Innovation	Green - On Track	Green - On Track
Delivery of integrated drug and alcohol education age and stage appropriate throughout the full school life by school-based staff and specialist support from ADP commissioned services	6.2	On Track - Evaluation complete and outcomes for staff and students are good. Workforce development commenced and school nurses have been trained in ABI and DBI to improve delivery and response to children and young people affected by alcohol and drug use.	Evaluate process and outcomes comparable to previous year and/or to other schools on staff confidence/knowledge and student knowledge Establish workforce development network alliance for school nursing, and third sector services delivering education, support and counselling to children and young people of school age	6. Health Inequalities	Green - On Track	Green - On Track
Delivery of Property and Asset Management Strategy		PAMS Strategy has been suspended by SG in favour of the Whole System Infrastructure Plan	Papers taken to FCIG, FP&R and the Board outlining the process for submission of part 1 to SG in January 2025	10. Climate	Green - On Track	Green - On Track
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	1.4	The strategy was positively received and supported at IJB on the 27th of September.	Draft Strategy will be presented to NHS Fife Board and IJB for approval via committees Commence 1st phase of 3 year delivery plan	1. Primary and Community Care	Green - On Track	Green - On Track
Development and initiation of NHS Fife Innovation Project Review Group (IPRG)	9.5	NHS Fife Innovation Project Review Group Terms of Reference confirmed and meetings being set for every second month.	Confirm Terms of Reference for Group. Review governance routes to identify any efficiencies and improvements	9. Digital & Innovation	Green - On Track	Green - On Track
Development of a delivery plan to embed and deliver the Realistic Medicine Programme in NHS Fife		Through various methods local teams have been encouraged to consider current and future atlas of variations RM work now incorporated into the RTP Programme.	To encourage local teams consider current and future atlas of variations		Green - On Track	Green - On Track
Develop plans to make sure CIS delivers on key operational priorities	1.2	Clear governance process, with all scheduling plans overseen via the CIS Programme Board. This sees a review of individual plans and overarching, in terms of workforce, logistics and communication. Midwifery supporting flu and covid vaccinations		1. Primary and Community Care	Green - On Track	Green - On Track
Digital Enablement Workplan for patients and staff ITIL 4 Improvement	9.4	Ongoing	Key Process Review Implemented	9. Digital & Innovation	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Enhance the capacity and capability across the team		All procurement vacancies successfully filled. There is an ongoing development plan in place to improve knowledge and capability.			Green - On Track	Green - On Track
Estates Rationalisation		<p>Work has progressed with the closure of HH and Cameron House and Haig House. Staff have moved into Fife Council (Fife House and Bankhead)</p> <p>Cameron phased decants are underway as planned and on track.</p> <p>Site plans for Stratheden and discussions with Fife Council are underway and on track</p>	<p>VHK E&F/L8 bookable desks works</p> <p>Identify further hot desk hubs</p> <p>Cameron alternative clinical area identified for displaced team</p> <p>Fife Council solutions in place (Fife House & Bankhead) including IT</p> <p>Cameron phased decants</p> <p>Site consolidation/disposal plans further developed</p>		Green - On Track	Green - On Track
Further developing agile working and use of digital solutions in Directorate through investment in Workforce Analytics provision to support series of org. priorities, including Health and Care Staffing Act and eRostering Programme.		Focus on RTP led workforce growth analysis and refining HCSA reporting to satisfy future SG requirements and High Cost Agency legislative reporting. These align to eRostering, SafeCare and Workforce Planning actions.	<p>Creation of on line Workforce information overview accessible within NHS Fife</p> <p>Review of Workforce Analytics as part of Directorate service change proposals completed</p> <p>Ongoing production and analysis of workforce information to support workforce planning and service delivery, including HCSA reporting requirements.</p>	8. Workforce	Green - On Track	Green - On Track
Further strengthen our business partnering model, supported by a strong management accounting team, to improve business performance and decision making support.		Staffing turnover within the Financial Management Team has been a challenge, and it has been difficult to recruit to posts at all AFC bandings. At the commencement of Q2 we had 26% vacancies however at the end of Q2 we have identified 4 preferred candidates to 4 posts. The remaining 3 vacancies will be addressed as a priority but within vacancy panel conditions.			Green - On Track	Green - On Track
Implementation of environmental prescribing improvements per the Scottish Government Quality Prescribing for Respiratory guide 2024		We are undertaking targeted reviews of the use of dry powder inhalers in place of those containing propellants such as CFC, particularly for reliever inhalers, currently prescribed as metered dose inhalers (MDI). We are also exploring the potential reduction in the number of reliever MDI inhalers prescribed which are often disposed of unused/ partially used.		10. Climate	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Improve sustainability of Primary Care	1.1	<p>Test an urgent Care hub within a cluster area (targeting cluster(s) with high referral rates into unscheduled Care) (On track to test in West of Fife)</p> <p>Test Urgent Care Hub close to Acute site to determine potential increased redirection rate (Consider this test post west of Fife test)</p> <p>Develop hub to establish MDT approach, across Primary care and community services (Consider this test post outcome of West of Fife Test)</p> <p>Develop workforce across in/out of hours (Consider SANP role in hours. Out of Hours testing Pharmacist resource in PHs and with quantify effectiveness of the role post October PH)</p> <p>Establish and test an Urgent Care Hub functioning over a 24-hour period to accept a high referral rate of urgent care referral to reduce same day urgent illness presentations within primary and secondary care. (In collaboration with UCSF) (As above west of Fife TOC)</p>	<p>Test an urgent Care hub within a cluster area (targeting cluster(s) with high referral rates into unscheduled Care)</p> <p>Test Urgent Care Hub close to Acute site to determine potential increased redirection rate</p> <p>Develop hub to establish MDT approach, across Primary care and community services</p> <p>Develop workforce across in/out of hours</p> <p>Establish and test an Urgent Care Hub functioning over a 24-hour period to accept a high referral rate of urgent care referral to reduce same day urgent illness presentations within primary and secondary care. (In collaboration with UCSF)</p>	1. Primary and Community Care	Green - On Track	Green - On Track
Increase capability within the team to deliver service improvement and meet growing service demand		Development of the financial services team is ongoing. As of August 2024 the Direct Engagement process has gone live and the financial process has been robustly implemented.			Green - On Track	Green - On Track
Infrastructure - Workforce	9.31	Completed work for Cameron	Decommission Cameron Establish other hotdesking locations	9. Digital & Innovation	Green - On Track	Green - On Track
IPQR Review		<p>Monthly reports continue to be produced and distributed to relevant groups. Population Health metrics relating to Screening and Child Health/ Development have now been incorporated.</p> <p>Quarterly review of trajectories complete, will be ongoing. Service updates are now collated on MSTeams, no issues reported.</p> <p>Team are currently exploring use of PowerBI, undertaking a 4-week course run by KIND network.</p>	<p>Embed new process for Service Updates</p> <p>Quarterly review of trajectories/targets</p> <p>Monthly reports produced and distributed accordingly</p> <p>Incorporate agreed metrics relating to Population Health</p> <p>Agree BI tool to use</p>		Green - On Track	Green - On Track
Local - Records Management Plan Implementation	9.2	Ongoing		9. Digital & Innovation	Green - On Track	Green - On Track
Mental Health Services will have a robust data gathering and analysis system to allow for service planning and development	3.3	Mental health data group established as business as usual. Dashboard available and demand and capacity information in development	<p>Dashboard with core dataset available to access</p> <p>Demand and Capacity data available for all specialities</p> <p>All Mental Health Quality Indicators will all be reported on monthly basis</p>	3. Mental Health	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Outline plans to implement an approved Environmental Management System.		We have finalised our environmental policy and it has been approved by the board. It is not publicly available on our website	Have a full environmental policy approved by the board	10. Climate	Green - On Track	Green - On Track
Outline plans to implement a sustainable travel approach for business, commuter, patient and visitor travel		We have launched a year round cycle to work scheme with Halfords which is already had high staff uptake	Put in place a new cycle to work scheme for staff	10. Climate	Green - On Track	Green - On Track
Outline plans to increase biodiversity and improve greenspace across our estate		We hosted an online event alongside FCCAN which outlined greenspace opportunities to community groups. The event was successful and we have had many follow up discussions with community groups since.	Host a greenspace event to outline opportunities available to community groups	10. Climate	Green - On Track	Green - On Track
Post successful transition to the SE Payroll Consortium arrangement, work with the senior leadership of the consortium to ensure effective continuity of a payroll service for NHS Fife and contribute to service redesign to ensure NHS Fife's needs are addressed.		Two NHS Fife vacancies successfully filled. Dialogue continues with the consortium re further development. NHS Fife are a proactive member of the consortium board.			Green - On Track	Green - On Track
Reduction of Medical Gas Emissions through implementation of national guidance		Work is still ongoing and we are tracking usage. We are projecting the lowest use of nitrous this year since reporting began and we are tracking usage. We are introducing an alternative to Entonox in ED.	Review the use of cylinder use for Nitrous oxide and aim to reduce where possible	10. Climate	Green - On Track	Green - On Track
Refreshed Performance Reporting	6.1	These will be signed off on 4th October at the HSCP Performance Board	Finalise and agree KPI Metrics	6. Health Inequalities	Green - On Track	Green - On Track
Set out our approach to adapting to the impacts of climate change and enhancing the resilience of our healthcare assets and services	10.2	Collaborative work with the resilience team and forum has been ongoing. A connection with SEPA was recently made to address the flooding at Cameron Hospital		10. Climate	Green - On Track	Green - On Track
Support Delivery Strategic Planning function		ADP Q1 report was produced. Report was approved and tabled at EDG, Committees and Board. Submitted to SG, awaiting feedback. Adaptations were made to template to link to Corporate Objectives and relevant Strategies (where progress is reported through the PHWS progress report). Planning/Review process for System Flow was approved by Operational Group. Event held in August on MSTeams with attendees across the NHS and HSCP, write up is in progress.	Finalise Corporate Objectives for 24/25 and first CO review meeting Agree Planning/Review process for 24/25 Organise Planning/Review Event (Aug-24) ADP24/25 Q1 to be produced Ensure relevant NHS/HSCP Strategy updates are included within ADP24/25 to include in PHWS mid-year report		Green - On Track	Green - On Track
Transfer our referral system and EPR from Tiara to Morse and TrakCare within the Podiatry service		Transfer to trakcare is pending but we began planning with Digital around this .	Transfer successfully to Morse	1. Primary and Community Care	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Transformation of HR transactional activity enhancing the HR Operational delivery model through case management and manager support building on manager/ employee self-service		Work continues to identify funding for new posts, systems development and a transformation of the Workforce Directorate as a whole.	Appoint new Team Leaders, develop SOP's and service now.	8. Workforce	Green - On Track	Green - On Track
Delivery of Digital and Information Framework		Agreement to process via D&I Board		9. Digital & Innovation		Green - On Track
Refresh of the Primary Care Improvement Plan	1.1	In line National PCIP version 6; carry out extensive engagement with General Practice to delivery PCIP in line with specific needs of each Practice and cluster.		1. Primary and Community Care	Blue - Complete/ Target met	Blue - Complete/ Target met
Review existing arrangements which support children with neurodevelopmental differences.				7. Women & Children Health	Blue - Complete/ Target met	Blue - Complete/ Target met

ALL

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Develop the NHS Fife Organisational Change Model to support delivery of change.		Change model engagement work completed and begun drafting framework.	Complete engagement work and begin drafting framework.		Green - On Track	Green - On Track
Supporting implementation of the Population Health & Wellbeing Strategy		Work to develop framework for monitoring the Population Health and Wellbeing Strategy has been completed and write up of the Mid-Year Report has commenced. This will be presented to Board in Q3.	Finalise delivery framework for 2024-25 for the strategy		Green - On Track	Green - On Track

Meeting: Finance, Performance and Resources
Committee

Meeting date: 12 November 2024

Title: Control of Entry – Pharmaceutical List

Responsible Executive: Lynne Garvey, Director of Health and Social Care
Partnership

Report Author: Lisa Cooper, Head of Primary and Preventative Care

Chris Conroy, Senior Portfolio Manager, Primary and
Preventative Care Services

Executive Summary:

- The Primary Care Contracting Team (PCCT), Primary and Preventative Care Services, are currently taking forward a recovery plan to progress the backlog of applications for new pharmacy contracts.
- Despite challenges faced across all Health Board's in Scotland, as part of Fife's recovery plan, over the last 12 months the number of live applications has reduced by 40%. This includes one Pharmacy Contract application being granted, which will see a new Pharmacy opening in Saline within the next 6-9 months
- The recovery plan will continue to be under constant review by Pharmacy team and Primary Care Contracting Team to determine, in line with NHS Fife's Pharmaceutical Care Services Plan, if there are any future gaps in provision which would necessitate reprioritization of applications, however currently there is no identified unmet need. Progress against applications will continue to be shared to the public via NHS Fife website (see Community Pharmacy).

1 Purpose

For the content of this SBAR to be discussed by Finance, Performance and Resources Committee

This report is presented for:

- **Assurance** regarding the recovery plan being progressed in terms of process of applications for new pharmacy contracts across Fife, whilst also articulating the challenges with supporting this process which have informed the need for the recovery plan.

This report relates to:

- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- Health and social care services contribute to reducing health inequalities.
- Resources are used effectively and efficiently in the provision of health and social care services.

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

- Sustainable
- Outcomes

2 Report summary

2.1 Situation

This paper is presented to provide moderate assurance regarding the current position and progress of Fife's recovery plan to support process of applications for new pharmacy contracts across Fife. Despite a paper being presented in June 2021 from NHS Lothian to Board Chief Executives (BCEs) outlining challenges with the current process and subsequently Scottish Government (SG) agreeing that the legislation supporting this process required reform, NHS Fife are still required to work within the constraints of current regulations.

Compounded by multiple factors, not least the Covid-19 Pandemic, a recovery plan was developed in October 2023 to move to a more manageable and sustainable position in regards to the progress of applications for additions to Fife's Pharmaceutical list, with 25 applications live at that time.

2.2 Background

As outlined within NHS Fife's Pharmaceutical Care Services plan 2022¹, there are 86 contracted community pharmacies in Fife. These are well distributed across the region and meet the access needs of the vast majority of the population, with no large gaps being identified. In addition the report has not identified unmet need for new community pharmacies across Fife. Whilst there is no standard as to the number of population that should be served by a pharmacy, however population per Community Pharmacy in Fife is similar to other boards, and is lower than the national average. The distribution of community pharmacies across Fife allows wide access to their many services. The Pharmaceutical Care Services Plan for 2023, which is going through the Public Health and Wellbeing committee to NHS Fife Board, has also identified that there is no unmet need for pharmaceutical services across Fife.

The NHS (Pharmaceutical Services) (Scotland) Regulations 2009², as amended, defines the process NHS Boards must follow when receiving applications for new pharmacy contracts across Fife. Expressions of interest (EOIs) from potential applicants are unsolicited and not necessarily reflective of Community Pharmacy need across Fife. The process is very prescriptive and must be delivered as set out in the appropriate Regulations, whilst also requiring a significant resource to take forward EOIs through Pharmacy Practices Committee (PPC) Hearing stage (not withstanding if the outcome of PPC hearing is appealed).

Such are the challenges surrounding this process, NHS Lothian wrote to BCEs in June 2021 to highlight challenges with the process which affects all Health Boards and put forward recommendations, namely in regard to the requirement for regulatory reform. The Scottish Government (SG) have subsequently agreed that this is under review, however there is no indicative timescales to deliver this.

Reflecting challenges faced by Health Boards across Scotland, within the constraints of current regulations, NHS Fife/Fife HSCP has faced the following challenges in taking forward applications:

- During the Covid-19 Pandemic it was not possible to progress applications for new pharmacy contracts as the process was officially paused for a considerable period of time, this has therefore resulted in a backlog.
- Challenges in convening a quorate PPC. In line with regulatory requirement, the PPC is constituted of a Chair (non-executive director) and a minimum of two Lay Members and two Pharmacy Representatives. The Chair of the committee is appointed by the NHS Board, the two pharmacy representatives are appointed by the Area Pharmaceutical Committee, with the two lay members nominated via the public partnership forms. Whilst now in place, there were challenges in sourcing a chair and lay members, resulting in a lay member being co-opted from another Health Board area. An advert is currently out for a new Lay Member.
- Delay in appeals being considered by the National Appeals Panel (NAP). This national group was unable to convene due to the absence of a chair

¹ [June 2022 Pharmaceutical Care Services in NHS Fife 2021/22 \(scot.nhs.uk\)](https://www.scot.nhs.uk)

² [The National Health Service \(Pharmaceutical Services\) \(Scotland\) Regulations 2009 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

Below outlines the key steps in the applications process (see Appendix.1 for flow-chart of process), outlining the number of applicants pending as of October 2023:

1. Pre-application – 20
2. Joint Consultation – 0
3. Produce Consultation Analysis (CAR) report/ Application – 1
4. Pharmacy Practices Committee Hearings – 2
5. National Appeals Panel - 2

Total applications: 25

2.3 Assessment

The PPCT is currently taking forward a recovery plan, as outlined within Appendix 2, which is founded on the following principles:

- Progress as a priority those applications whereby the application is due to be heard at a PPC – this is on track to be concluded by end of calendar year 2024.
- Make contact with all interested parties who have submitted an Expression of Interest (EOI) to ensure they still wish to progress with the application process and where premises had been secured.
- For those who meet the criteria and have confirmed they wish to progress their application, process to commence in line with the process outlined within **Appendix 1**, being explicit with applicant about timescales of progressing process.
- In line with above and detailed within **Appendix.2**, in recognition of the resource required to take applications forward, the PCCT implemented a plan that is manageable and sustainable based on current capacity of the PCCT and PPC. Indicatively, based on current EOIs, this would see some applications not being taken forward until Autumn/Winter 2024, which will be explained to interested parties during pre-application meetings.

The recovery plan is reflective of the considerable work required to progress current live applications, whereby the PCC team may be administrating as many as 14 different applications at different stages at one time, with a small-time frame to progress the work. It is also important to highlight that NAP timelines cannot be influenced by an NHS Board, therefore may impact on the timescales in taking forward applications.

Progress

Below is a summary of current position all live applications, with ten less live applications compared to 2023:

1. Pre-application – 12.
2. Joint Consultation – 0. No pre-applications have been held in order to progress to joint consultation.
3. Produce Consultation Analysis (CAR) report/Application – 1.
4. Pharmacy Practices Committee Hearings – 1.
5. National Appeals Panel - 1

Total Applications - 15

Key activity over last 12 months:

- In line with the recovery plan all interested parties were contacted to determine whether they wanted to progress with their EOI. A number of parties who were contacted advised that they no longer wished to proceed. Details of the numbers are noted below in the summary.
- Following the instruction from NAP, the PPC reconvened and considered the two applications which were reverted back to NHS Fife for reconsideration. Both decisions were appealed and submitted to NAP.
- The NAP convened to consider one of the applications and concluded that the appeals be dismissed resulting in a new pharmacy contract being awarded. An outcome for the other application is awaited.
- Following an appeals PPC hearing, one Pharmacy Contract application has been granted, which will see a new Pharmacy opening in Saline within the next 6-9 months

Progress through the plan continues in accordance with the projected timelines and will be continually monitored to ensure targets are met. The recovery plan will be under constant review by Pharmacy and the PCCT to determine, in line with NHS Fife's future Pharmaceutical Care Services plan, any future gaps in provision which would necessitate the requirement to reprioritise applications. Progress against applications will continue to be shared to the public via NHS Fife website (see Community Pharmacy).

In line with process other NHS Boards adhere to and to help progress through the Fife PPC recovery plan, the PCCT will no longer accept EOIs from Interested Parties if Pharmacy premises have not been identified and secured.

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

Whilst applications for new pharmacy contracts being granted may increase customer choice, access to and provision of service across Fife, there is no current provision gap across Fife.

Each PPC requires a public consultation which last 90 days and similarly for the remainder of the process further prescriptive timescales are set.

2.3.2 Workforce

Adequate PCCT staffing is required to support the overall process of managing each PPC as well as the post meeting work required. As NHS Fife only has one Pharmacy Practices Committee there are limitations to the number of meetings that can be held as well as co-ordination of suitable dates where all parties are available which proves challenging on many occasions.

There are at minimum six steps in the application process. The prescriptive timescales laid out in the aforementioned Regulations allow for the process to span over at least nine months which is considerable in terms of the start to the end of the process.

2.3.3 Financial

No financial impact to NHS Fife but could potentially be for those pharmacy contractors seeking to progress through the process (see 3.3.4).

2.3.4 Risk Assessment / Management

Due to the regularity requirements for this process including the right to appeal and the availability of the NAP, there is a risk regarding public and elected member's expectation regarding access to a new and/or local pharmacy.

The PCCT have kept the interested parties informed of progress with apologies for any perceived delays.

There is a risk for interested parties who have either started the process or waiting to begin the process could potentially be in possession of premises which could incur a fee.

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

Community Pharmacy has a clear role in supporting access to care in the right place, right time and reducing health inequalities across Fife.

2.3.6 Climate Emergency & Sustainability Impact

There are no perceived environmental impacts. It can be suggested that increased access to pharmacies could reduce environment impact if less requirement to travel.

2.3.7 Communication, involvement, engagement and consultation

A clear communication plan will be aligned to this recovery plan, including public communications via public facing website and elected members briefings regarding progress.

2.3.8 Route to the Meeting

This 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.

- This paper has been produced in partnership between NHS Fife Pharmacy Team and Fife HSCP Primary and Preventative Care Senior Management team.
- Updated paper presented and supported by HSCP SLT on Monday 28th November

2.4 Recommendation

This paper is provided to members for:

- **Note** the complexities within the process of taking forward applications for new pharmacy contracts across Fife and be **moderately assured** on delivery of the recovery plan, within the context of ongoing constraints.

3 List of appendices

The following appendices are included with this report:

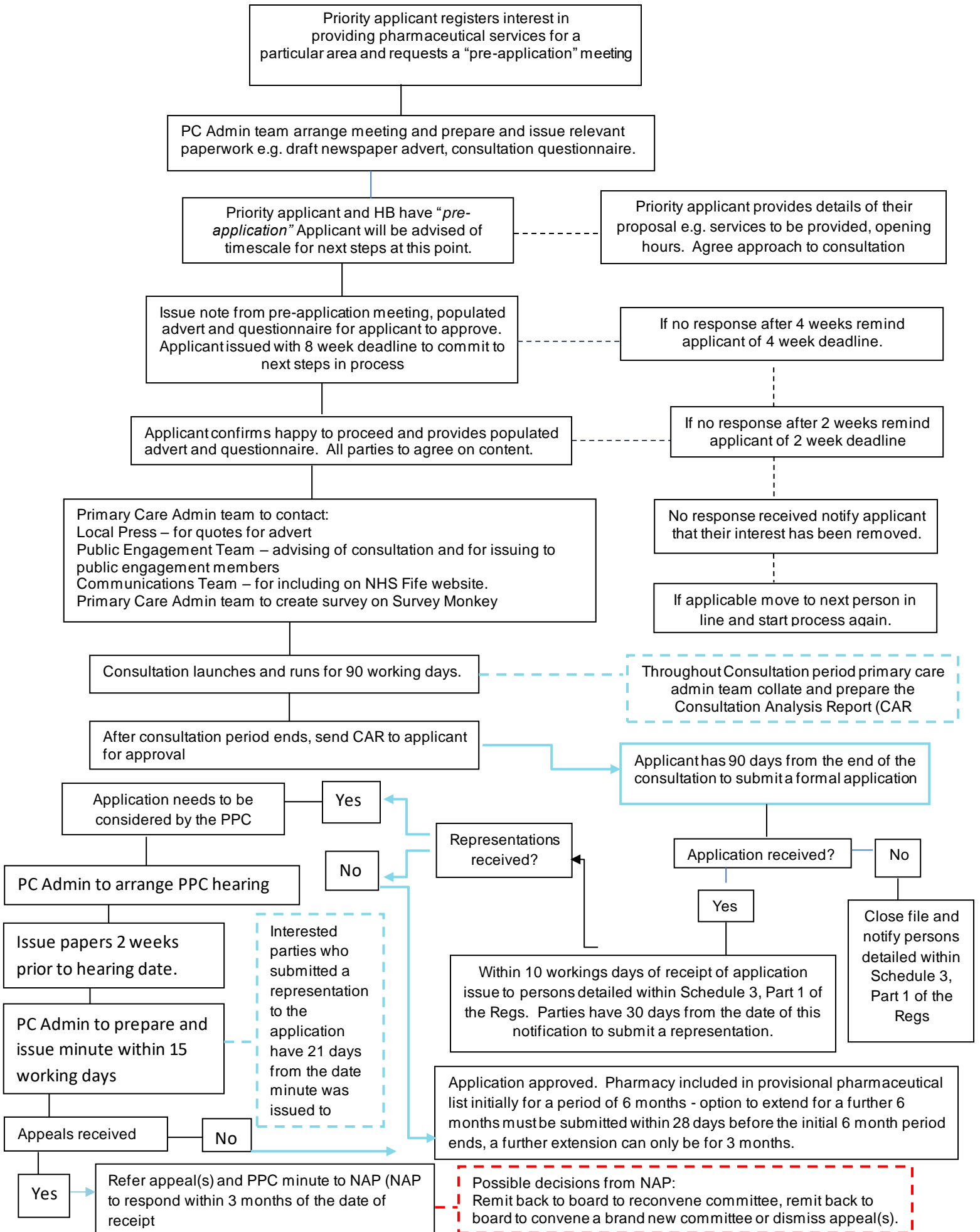
- Appendix 1: Process Flowchart
- Appendix 2: Recovery Work plan

Report Contact

Chris Conroy

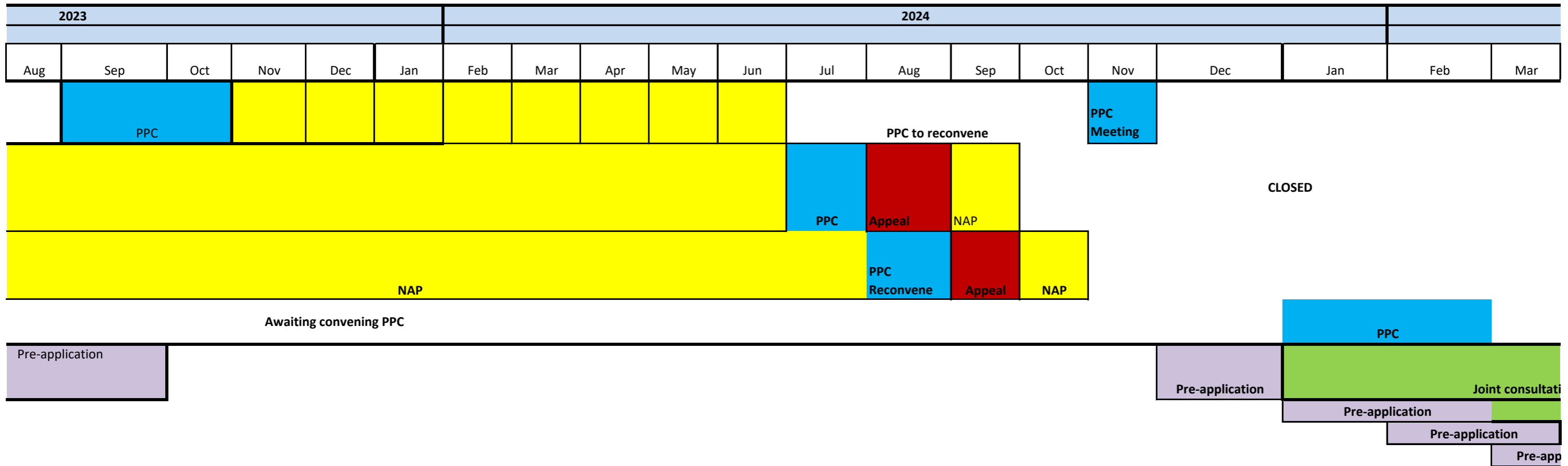
Senior Portfolio Manager, PPC

nicola.taylor3@nhs.scot

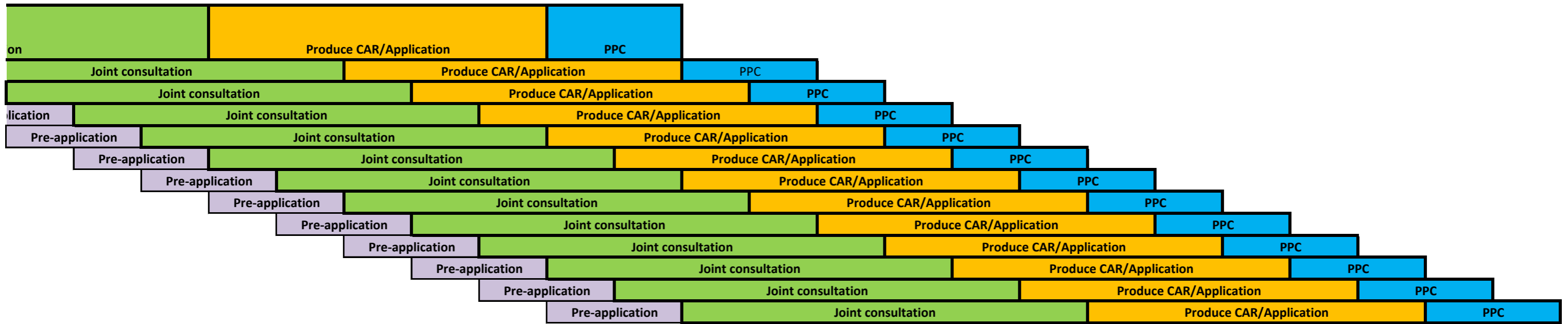


KEY	
Pre-application	
Joint consultation	
Produce CAR/Application	
PPC	
Appeal	
NAP	

			2022																		
Number	Date Expression of Interest Recieved	Current Status	Pre App Meet	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
				1	01/03/2017	PPC	Mar-18				PPC		Appeal	NAP	To Reconvene with new committee						
2	10/10/2017	Contract Awarded - inclusion on the provisional list for 6 months	May-18	NAP		PPC to Reconvene		PPC Reconvene	Appeal	NAP											
3	22/05/2018	NAP	Nov-18		PPC	Appeal	NAP	To be re-heard with new committee										PPC	Appeal		
4	02/11/2018	PPC	Aug-21		Produce CAR - Submit formal application		Representation Period														
5		Pre-application	Oct-21																		
6	01/01/2018	Pre-application																			
7	01/02/2019	Pre-application																			
8	01/06/2020	Pre-application																			
9	01/10/2020	Pre-application																			
10	01/09/2020	Pre-application																			
11	01/10/2021	Pre-application																			
12	01/02/2022	Pre-application																			
13	01/02/2022	Pre-application																			
14	01/02/2022	Pre-application																			
15	01/03/2022	Pre-application																			
16	01/03/2022	Pre-application																			
17	01/05/2022	Pre-application																			



2025										2026										
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec



Meeting:	Finance, Performance & Resources Committee
Meeting date:	12 November 2024
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Susan Fraser, Associate Director of Planning and Performance

Executive Summary

There are 14 metrics reported via the IPQR relating to Operational Performance.

- VHK 4-hour performance in Sep-24 did not achieve trajectory/national target but remains within control limits and just above 24-month average.
- Trajectories/Targets for Delayed Discharges (Acute/Community and MH/LD) were not achieved in Sep-24, though remains within control limits.
- 31-day Cancer performance achieved trajectory in Aug-24, just below target of 95%. 62-day Cancer performance decreased, not achieving trajectory/target for Aug-24, remains within control limits but below 24-month average.
- As at the end of Aug-24, performance for Acute Waiting Times did not achieve national targets but did achieve local trajectories, except for: TTG waits >52 weeks; and Diagnostics waits >26 weeks. Trajectories against national targets are being reviewed.

This report provides Moderate Level of Assurance.

1 Purpose

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

- Assurance

This report relates to:

- Annual Delivery Plan

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

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 Aug-24, although some are available up to the end of Sep-24.

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board and is produced monthly. Each Governance Committee will receive separate extracts of the IPQR to scrutinise the performance areas relevant to each Committee. Reports which are not prepared for Governance Committees are data only and contain neither data analysis nor service commentary.

NHS Fife were required to provide trajectories for a range of metrics as part of ADP process for 2024/25. This requirement was extended to all applicable metrics included within IPQR with trajectories agreed with Services up to Mar-25. The IPQR will monitor achievement against 2024/25 trajectories and Mar-25 target.

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.

2.3 Assessment

The IPQR provides a full description of the performance, achievements and challenges relating to key measures in the report. There are no changes to measures or planned trajectories to report relating to Operational Performance.

In relation to Quality & Care section, following review, 'LAER/SAER actions closed on time' measure has been replaced with 'SAERs closed within 90 days'. The SAER median working days to close will be reported going forward.

New measures included this month are within Public Health & Wellbeing section and relate to the uptake of winter Flu and Covid Vaccinations. Measure will be included up to end of Mar-25.

Highlights of September 2024 IPQR

A summary of the status of the Operational Performance metrics is shown in the table below. Performance RAG highlighted in Assessment & Performance Exception Reports is based on, if applicable, agreed trajectories for 2024/25, otherwise against National/Local target.

Measure	Current Position	Reporting Period	Performance Status	
			Planned Trajectory	Target
4-Hour Emergency Access (A&E)	75.4%	Sep-24	-	95%
4-Hour Emergency Access (ED)	67.6%	Sep-24	72%	75%
Delayed Discharges (Acute/Comm)	52.3	Sep-24	43	39
Delayed Discharges (MH/LD)	12.1	Sep-24	10	10
Antenatal Access	92.9%	QE Jun-24	-	80%
Cancer 31-Day DTT	94.2%	Aug-24	94%	95%
Cancer 62-Day RTT	67.5%	Aug-24	83%	95%
Patient TTG % <= 12 weeks	49.5%	Aug-24	44%	100%
Patient TTG waits > 52 weeks	712	Aug-24	621	0
New Outpatients % <= 12 weeks	40.1%	Aug-24	35%	95%
New Outpatients waits > 52 weeks	5033	Aug-24	5326	0
Diagnostics % <= 6 weeks	71.0%	Aug-24	30%	100%
Diagnostics > 26 weeks	58	Aug-24	12	0
FOI Requests	89.4%	Sep-24	-	85%

meeting trajectory/target
within 5% of trajectory/target
out with 5% of trajectory/target

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 reporting is covered in the specific 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 Governance 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 July IPQR has been made available for discussion at the meeting on 12 November 2024.

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 17 October 2024

2.4 Recommendation

This paper is provided to Finance, Performance & Resources Committee members for:

- **Assurance** – This report provides a Moderate Level of Assurance.
- **Endorse** – Endorse the Quality and Care section of the IPQR.

3 List of appendices

The following appendices are included with this report:

- IPQR Position at September 2024 FPR v1.0

Report Contact

Bryan Archibald

Planning and Performance Manager

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Fife Integrated Performance & Quality Report (IPQR)

Position (where applicable) at September 2024
Produced in October 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. Indicatory Summary

Summarising performance against full list of National Standards and local KPI's. 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, comparison with 'previous year' performance. There is also a column indicating performance 'special cause variation' based on SPC methodology. All charts with SPC applied will be formatted consistently based on the following;



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

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.

C1. Quality & Care

**C2. Operational
Performance & Finance**

C3. Workforce

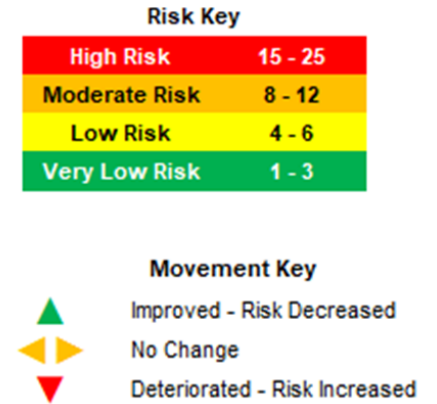
**C4. Public Health &
Wellbeing**

MARGO MCGURK
Director of Finance & Strategy
14 October 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	5	3	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	6	1	-	-	◀▶	Moderate
Total	20	15	5	0	0		



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.

There have been two new risks added and one removed from the Corporate Risk register as below:

Risk 20 - New Corporate Risk - Capital Funding - Service Sustainability

A new risk was supported by EDG and 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.

Risk 21 - New Risk Pandemic Risk

A new risk was supported by EDG and aligned to the PHWC.

A novel pandemic with widely disseminated transmission and significant morbidity and mortality may cause significant harm to those infected and cause widespread disruption to healthcare, supply chains, and social functioning.

Risk 16 - Off-Site Area Sterilisation and Disinfection Unit Service

Recommendation made to CGC (and on to the NHS Fife Board as appropriate), to move the 'Off-Site Area Sterilisation and Disinfection Unit Service' risk from the Corporate Risk Register to an operational risk held by Acute Services and the Director of Property & Asset Management.

B. Indicator Summary

Quality & Care			Current	Previous	Change				Current	Previous	Change				Current	Previous	Change
	SAER	Median days to close	255		—		Inpatient Falls	6.80	6.80	◆		Pressure Ulcers	1.30	1.57	▲		
	Ligature Incidents (Mental Health)		1.34	0.17	▼		Incidents of Restraint (Mental Health)	12.03	7.93	▼		Incidents of Physical Violence (Mental Health)	9.53	7.93	▼		
	Incidents of Self Harm (Mental Health)		1.67	1.03	▼		SAB HAI	0.0	6.8	▲		C Diff HAI	13.6	17.1	▲		
	ECB HAI		10.2	6.8	◆		S1 Complaints Closed in Month on Time	48.7%	50.0%	◆		S2 Complaints Closed in Month on Time	25.9%	16.7%	▲		
Operational Performance			Current	Previous	Change				Current	Previous	Change				Current	Previous	Change
	Emergency Access	A&E	75.4%	73.8%	▲		Delayed Discharges (Standard)	Acute/Comm	52.3	51.1	◆		Cancer	31-day DTT	94.2%	98.2%	▼
		ED	67.6%	65.4%	▲			MH/LD	12.1	9.3	▼			62-Day RTT	67.5%	78.2%	▼
	Patient TTG	% <=12weeks	49.5%	49.4%	◆		New Outpatients	% <=12weeks	40.1%	41.3%	▼		Diagnostics	% <=6weeks	71.0%	63.2%	▲
		>52 weeks	712	659	▼			>52 weeks	5033	4891	▼			>26 weeks	58	48	◆
Finance			Current	Change					Current	Change							
	Revenue Resource Limit Performance		(£23.555m)				Capital Resource Limit Performance		£1.990m								
Workforce			Current	Previous	Change				Current	Previous	Change				Current	Previous	Change
	Sickness Absence		6.51%	7.47%	▲		Personal Development Plan & Review		42.9%	44.5%	▼		Vacancies	Medical & Dental	2.8%	6.2%	▲
										Nursing & Midwifery	3.5%			3.8%	◆		
										AHPs	5.0%			3.7%	▼		
Public Health & Wellbeing			Current	Previous	Change				Current	Previous	Change				Current	Previous	Change
	Smoking Cessation	40% Most Deprived	285	255	—		Alcohol Brief Interventions	103%	96%	—		Drugs & Alcohol	94.5%	93.1%	◆		
	CAMHS		94.3%	83.5%	▲		Psychological Therapies	72.8%	69.8%	▲		Mental Health Readmissions within 28 days	5.6%	5.9%	◆		
	Breast Screening		73.4%		—		Bowel Screening	66.2%		—		AAA Screening	87.3%	86.8%	▲		
	Childhood Immunisation	6-in-1 @ 12 months	94.5%	95.1%	▼		Infant Feeding		36.4%	29.4%	▲		Winter Vaccination	Influenza	40.6%		—
		MMR2 @ 5 years	85.7%	85.7%	◆			Child Development	19.4%	18.5%	▲			Covid	39.2%		—

Key

- ▲ Improved performance from previous month
- ◆ No significant change from previous month
- ▼ Reduction in performance from previous month

C2. Operational Performance

To improve the quality of health and care services

6 4 2 - -

Moderate

Indicator	Current Position	Reporting Period	Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
4-Hour Emergency Access (A&E)	75.4%	Month Sep-24		95%	○	▲	▲		● Aug-24
4-Hour Emergency Access (ED)	67.6%	Month Sep-24	72%	75%	○	▲	▲		● Aug-24
Delayed Discharges (Standard) Acute/Comm	52.3	Month Sep-24	43	39	○	◆	◆		● Aug-24
Delayed Discharges (Standard) MH/LD	12.1	Month Sep-24	10	10	○	▼	◆		● Aug-24
Antenatal Access	92.9%	Quarter Jun-24		80%	●	▲	◆		● CY 2022
Cancer 31-Day DTT	94.2%	Month Aug-24	94%	95%	○	▼	▲		● QE Jun-24
Cancer 62-Day RTT	67.5%	Month Aug-24	83%	95%	○	▼	▼		● QE Jun-24
Patient TTG % <= 12 Weeks	49.5%	Month Aug-24	44%	100%	●	◆	▲		● Jun-24
Patient TTG waits > 52 weeks	712	Month Aug-24	621	0	●	▼	▼		●
New Outpatients % <= 12 Weeks	40.1%	Month Aug-24	35%	95%	●	▼	▼		● Jun-24
New Outpatients waits > 52 Weeks	5033	Month Aug-24	5326	0	●	▼	▼		●
Diagnostics % <= 6 Weeks	71.0%	Month Aug-24	30%	100%	●	▲	▲		● Jun-24
Diagnostics > 26 Weeks	58	Month Aug-24	12	0	●	◆	▲		●
Freedom of Information Requests	89.4%	Month Sep-24		85%	●	▼	▲		●

Finance

To deliver value and sustainability

7 6 1 - -

Moderate

Revenue Resource Limit Performance	(£23.555m)	Month Sep-24			●	—	—		●
Capital Resource Limit Performance	£1.990m	Month Sep-24			●	—	—		●

<p>Performance Key</p> <ul style="list-style-type: none"> meeting trajectory/target within 5% of trajectory/target out with 5% of trajectory/target 	<p>SPC Key</p> <ul style="list-style-type: none"> ○ Within control limits ○ Special cause variation, out with control limits ● No SPC applied 	<p>Change Key</p> <ul style="list-style-type: none"> ▲ "Better" than comparator period ◆ No Change ▼ "Worse" than comparator period 	<p>Benchmarking Key</p> <ul style="list-style-type: none"> ● Upper Quartile ● Mid Range ● Lower Quartile
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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: 72% of Emergency Department patients to wait less than 4 hours from arrival to admission, discharge or transfer by March 2025

75.4%

1,576



within 4 hours to achieve Standard

67.6%

269



within 4 hours to achieve trajectory

Data Analysis

For A&E (Emergency Department and Minor Injury Units), performance in Sep-24 was 75.4%, below National Standard, but an increase from month prior and an increase on year previous (73.4%). Emergency Department performance increased to 67.6% but is below the local ME trajectory of 72%.

There were 8,026 unplanned attendances in Sep-24, equivalent to 268 per day: this is an increase on the 255 per day in month prior; and 2.7% more than year prior. There were also 485 planned attendances, with 57% of these occurring at MIUs. There were 419 8-hour breaches recorded in Sep-24 (slightly more than month prior) and 54 with a wait longer than 12 hours (43% decrease in two months).

Breach reasons 'Wait for Bed' accounted for 33% of all breaches (increase of 5% on month prior).

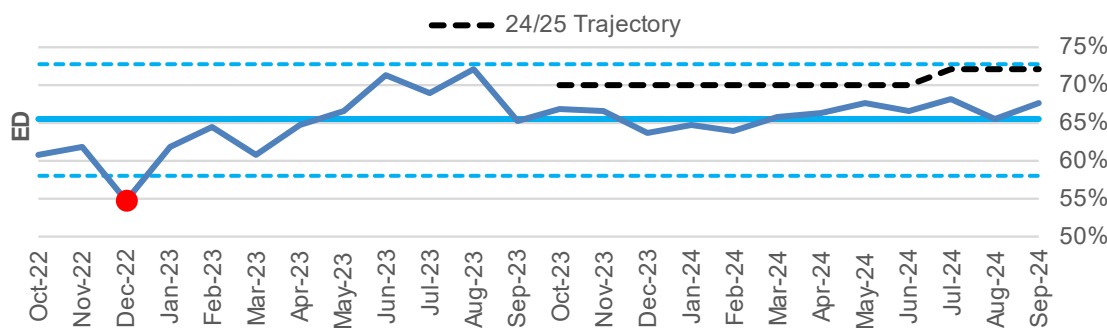
The most recent publication from Public Health Scotland, for month of Aug-24, shows that NHS Fife continues to be in the mid-range of all Mainland Health Boards and above the Scottish average for A&E (+4.4%) though just below Scottish average for ED (-0.4%)

Achievements & Challenges

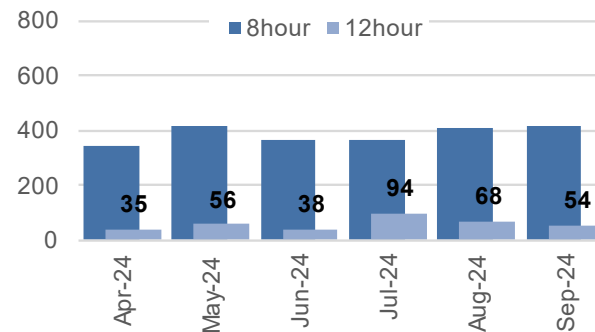
Successful FNC transition from HSCP to Acute, Medical Directorate. Staffing models reviewed within ED, ensuring senior clinical decision maker presence; successful appointment of a dedicated ED CNM continues to ensure appropriate leadership and support. Continued focus on right care, right place, as we approach the challenges of Winter .

Review of front door assessment areas is ongoing, with a view to implementation of an SDEC model as part of the wider VHK reimagining work within RTP.

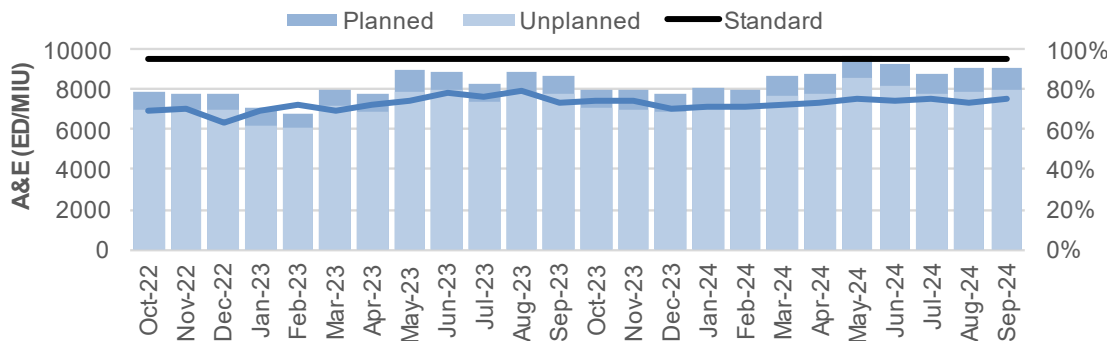
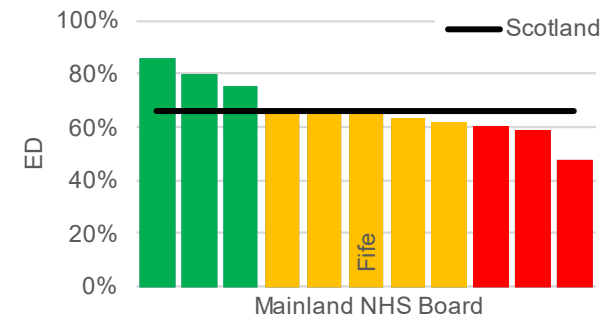
Emergency Access 4-hour Performance



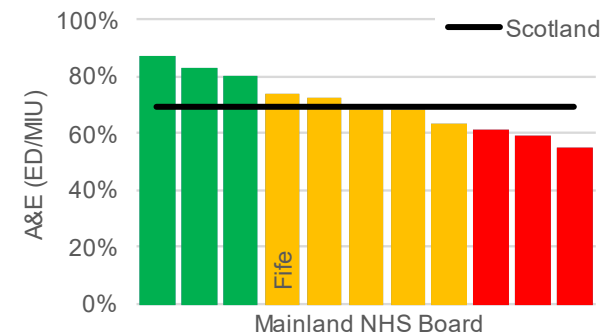
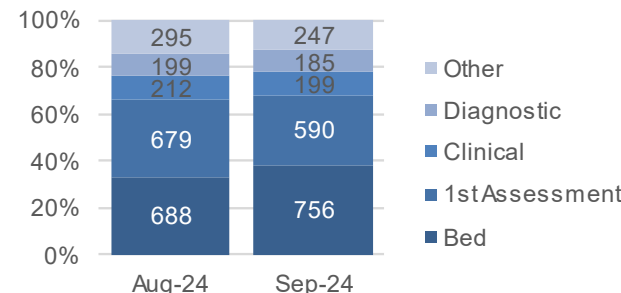
Breaches



Benchmarking | Aug-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

52.3

9.3 ↓ beds occupied to achieve trajectory

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

12.1

2 ↓ beds occupied to achieve trajectory

Data Analysis

Bed Days lost to **'Standard' delays**: in Acute & Community, the average daily number increased to 52 in Sep-24 (from 46 in Jul-24) with 95% of these in Community setting. This is above the monthly target of 43 though remains within control limits. In MH/LD services, the average daily number increased to 12 in Sep-24 (from 7 in Jul-24). This is above the monthly target of 10 but again remains within control limits.

Bed Days lost to **'Code 9' delays**: in Acute & Community, the average daily number decreased to 31 (from 38 in Jul-24). For MH/LD services, the average daily number in Sep-24 was 11, the same as month prior.

The most recent monthly publication from Public Health Scotland, for data up to end of Aug-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 a rate of 24 for Fife compared to 33 for Scotland.

Achievements & Challenges

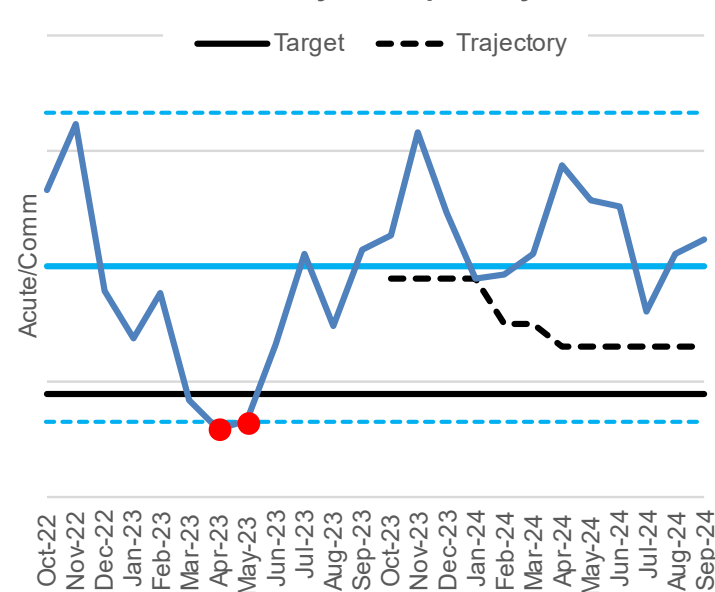
The combination of person-centred discharge planning and timely assessments in line with Home First remains a priority for patients within **Acute & Community** settings.

Our Enhanced Intermediate Care Test Of Change that enables us to plan for the modernisation of our rehabilitation services in the community commenced its second PDSA cycle on Monday the 9th of September. Where possible the team will provide support and rehabilitation in the persons own home instead of having to remain in hospital.

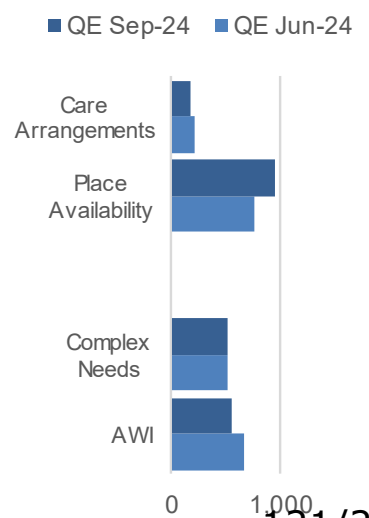
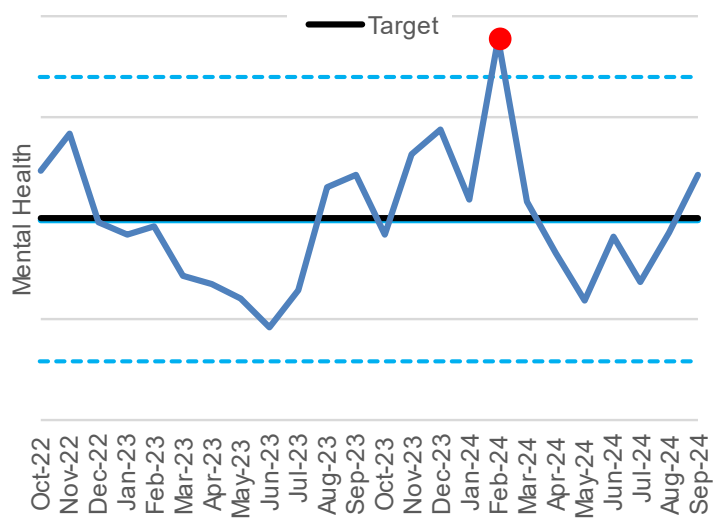
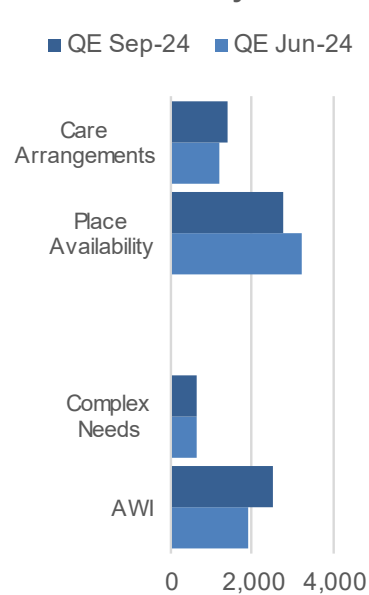
The Red Cross Test Of Change continues. This is a specialist service that enables people, following a stay in hospital, to be supported and assessed in their own home to determine the type and frequency of any care and support they might need. Support is delivered through an enablement approach, including 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. There has been 12 patients currently come through this pathway and all 12 patients have remained in their own home. The qualitative feedback has shown individuals and their families who have used this service feel the benefit of being given the opportunity to return home before making any life altering decisions.

Both Initiatives will continue to support both complexed patient and system level factors that are contributing to the challenging picture in standard delays and keep the demands on the services to a sustainable level, the variable picture in hospital ward closures due to respiratory outbreaks continues to be a challenge on flow. Challenges continue to exist within **Mental Health and Learning Disabilities** in sourcing appropriate packages of care and environments to support discharge due to the complexity of needs for individuals across the mental health and learning disabilities services and the limited financial resources. In order to understand individual needs and barriers to discharge, daily engagement is coordinated between the MH/LD Discharge Coordinator (DC) and senior ward staff. The DC provides assistance, oversight and networking to support discharge planning and facilitate communication between health and social care partners. Monthly multi-agency review groups are in place to consider Complex Delays, DSR and the Guardianship process alongside weekly multi-disciplinary, solution focused, verification/flow meetings. The multi-agency approach ensures that the network of partners are engaged in order to expedite the discharge process and escalate identified barriers to discharge to the relevant senior manager for resolution in a timely manner.

Bed Days Lost per Day



Total Bed Days Lost





Cancer Waiting Times

In 2024/25 94.5% of all patients should wait no more than 31 days from decision to treat to first cancer treatment (**National Standard 95%**)

94.2%

Trajectory achieved as of Aug-24

In 2024/25 85.4% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral (**National Standard 95%**)

67.5%

12 ↑

Treated to meet Standard

Data Analysis

31-day monthly performance decreased from 98.2% in Jul-24 to 94.2% in Aug-24, remaining above trajectory of 94%. Eligible referrals increased from 109 to 121. There were 7 breaches, 5 within Urology (4 of which prostate) and 2 Breast.

Benchmarking QE Jun-24 showed that Fife was in the mid-range of all NHS Boards at 95.9% above Scotland rate of 95.5%.

62-day monthly performance decreased from 78.2% in Jul-24 to 67.5% in Aug-24 this remains below local trajectory of 81.9%. Eligible referrals decreased from 78 to 77. There were 25 breaches, 20 of which were within Urology (all prostate).

Benchmarking QE Jun-24 showed that Fife was in the mid-range of all NHS Boards at 73.1% below Scotland rate of 73.2%.

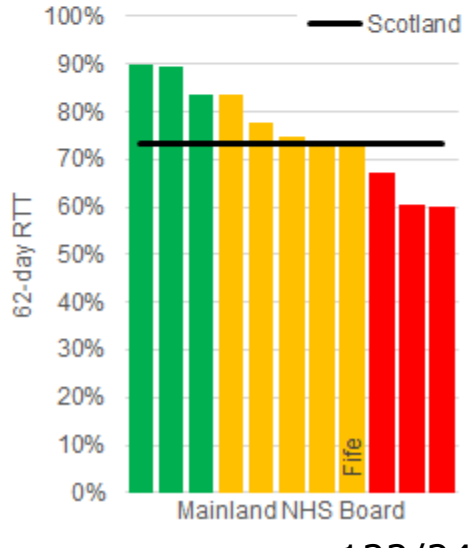
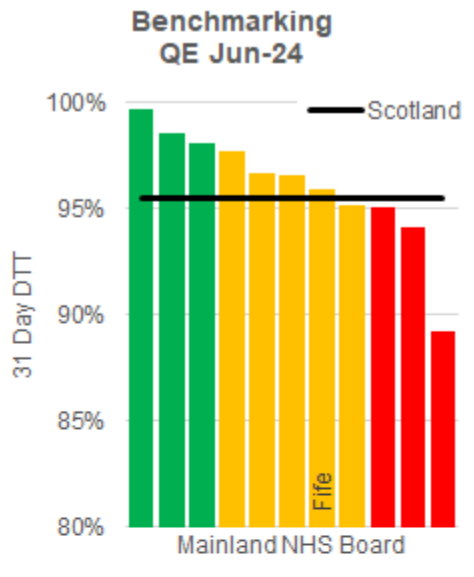
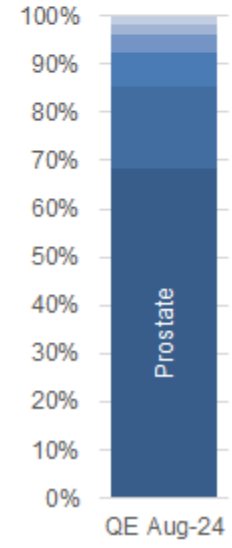
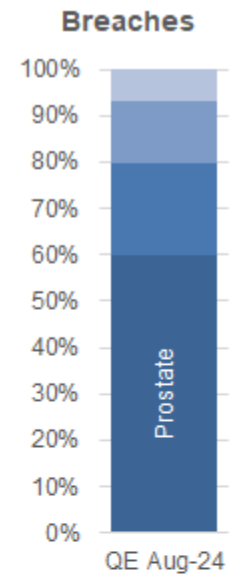
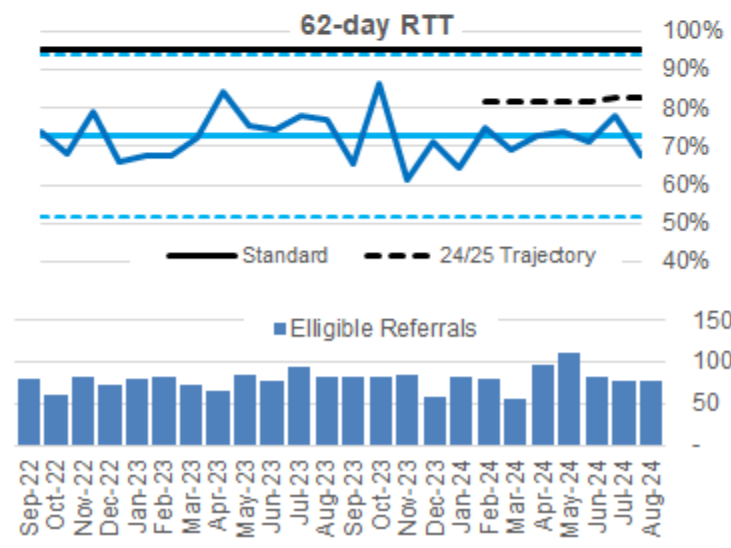
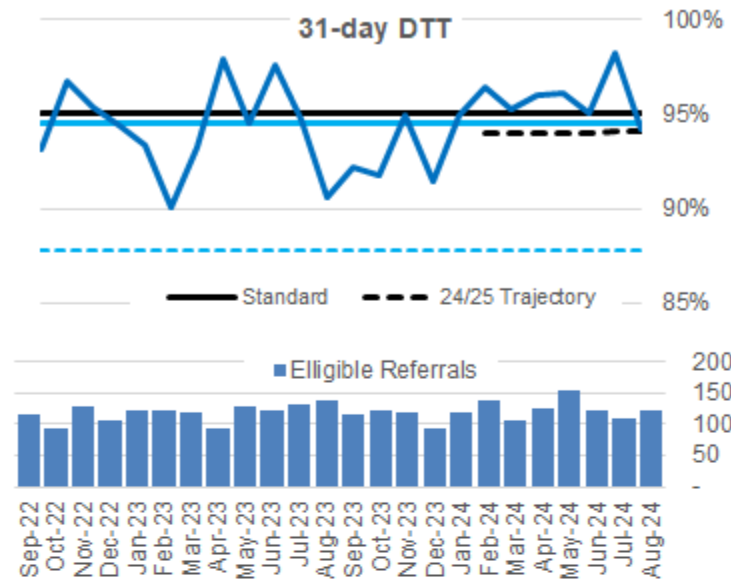
Achievements & Challenges

All 7 breaches for **31-day DTT** were surgical and dependant on theatre and surgeon capacity. Robotic surgery capacity remains an issue. Range for breaches 1 - 79 days with an average of 38 days (a significant increase from 16 days in Jul-24 but remains a decrease from 54 days in May-24).

For **62-day RTT**, urgent suspected cancer referrals remain stubbornly high, particularly in breast, colorectal, lung and urology. Urology remains our biggest performance challenge with 20 prostate breaches. Lack of capacity for transperineal biopsy and post MDT appointments for both Urology and Oncology are causing significant delays throughout the pathway. To reduce the backlog, additional sessions were scheduled for TRUS biopsy. Prostate breach ranges between 10 and 167 days, on average 55 days, an increase from 45 days in May.

Breast and colorectal were affected by staffing issues over the summer period, with head and neck and cervical breaches due to lack of resources for synchronous chemoradiotherapy and diagnostic biopsy respectively.

Range for all breaches between 8 and 167 days, on average 48 days, an increase from 35 days in May-24 but still a significant reduction from 115 days in Dec-24.



C2. Operational Performance



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

49.5%

712

Trajectory achieved as of Aug-24

91 ↑

Waits to meet Standard

Data Analysis

Monthly performance remained static at 45.9% in Aug-24, with 40.2% of ongoing waits within 12 weeks, lower than previous month (41.7%). Waiting list numbers for waits of 'over 12 week' increased to 4863 in Aug-24. Waits 'over 26 weeks' increased to 2805, waits 'over 52 weeks' increased to 712. The majority of over 52 weeks lie within Orthopaedic (366), Urology (169) and Ophthalmology (134).

Waits 'over 104 weeks' decreased to 25 above projected figure (22), most are within Orthopaedic (11).

Benchmarking for the QE Jun-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

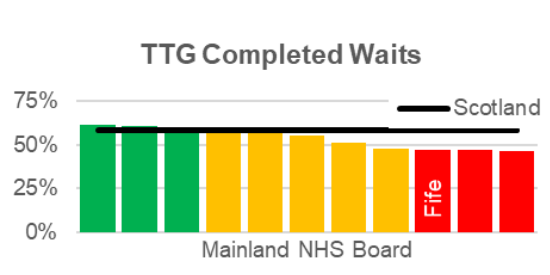
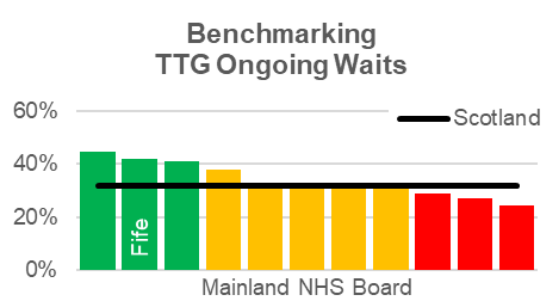
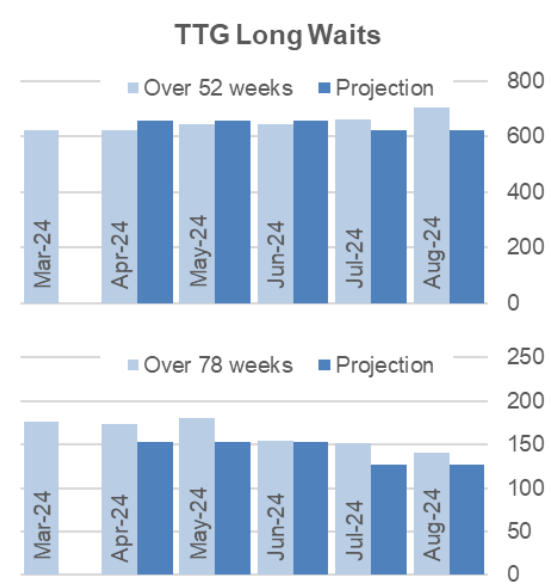
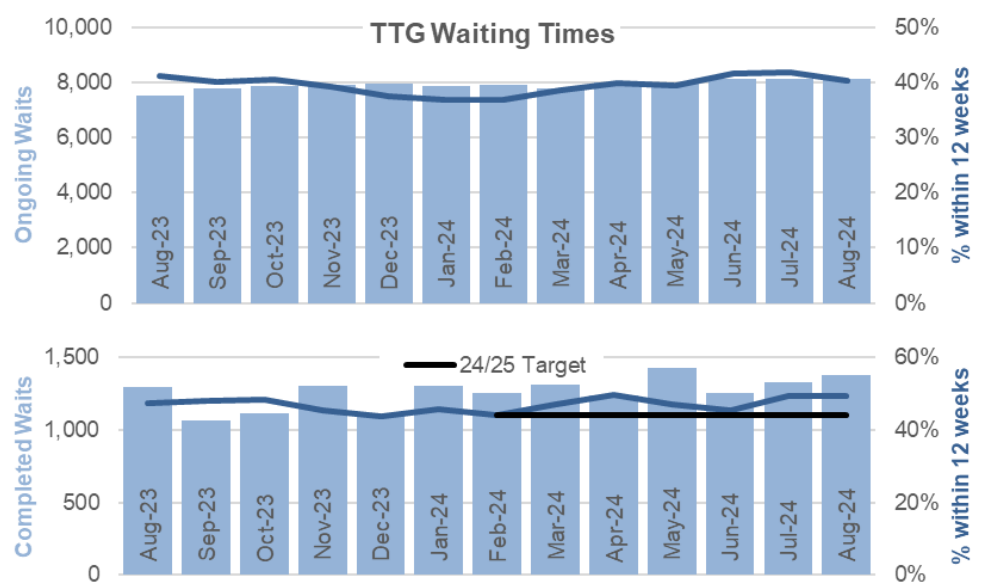
Against projections for 2024/25, in August we delivered 98% of projected capacity: however, there continues to be a gap between capacity and demand of approximately 280 procedures per month. The waiting list size as a result continues to rise with the biggest gaps being in ENT, General Surgery, Gynaecology, Orthopaedics and Urology. However, since March 2024, the number of patients waiting over 26 weeks, 78 weeks and 104 weeks has improved.

The main specialities of concern in relation to long waiting patients, continue to be General Surgery, Gynaecology, Ophthalmology, Orthopaedics, Plastic Surgery and Urology. The focus continues to be on urgent and urgent suspicion of cancer patients with renewed effort to reduce the number of long waiting patients using additional activity funded by Scottish Government, particularly those waiting over 78 and 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.

Progress has been made in identifying a local solution between Urology and Gynaecology for specialist urogynaecological procedures as well as a further local solution to treat long waiting General Surgery patients. A reduction in the number of long waiting patients within each of these specialties is expected within the coming months.

Scottish Government funding was made available to reduce waiting times and maintain and improve planned care performance. The revised plan to deliver additional activity was agreed with revised trajectories in place. We continue to actively look at opportunities to increase productivity in theatres and pre-assessment and implementing improvements to increase throughput in Cataract and Orthopaedic theatres. We also continue to maximise the use of day case capacity at QMH and capacity in the NTC as well as the continuation of regular waiting list validation and reprioritisation.

C2. Operational Performance





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

40.1%

5033

Trajectory achieved as of Aug-24

Trajectory achieved as of Aug-24

Data Analysis

Monthly performance decreased to 401% in Aug-24. Waits for over 12 weeks increased to 19,616. Waits for 26, 52, 78 and 104 weeks all increased (11,881, 5033, 827, 99).

Waits 'over 78 weeks increased from 658 to 827.

Neurology 'over 78 weeks saw the largest increase of 35.6% from 185 to 255.

The largest number of over 78 weeks waits are in Cardiology (145) & Neurology (255).

The overall waiting list increased to 32746 patients in Aug-24.

Benchmarking for the QE Jun-24 shows NHS Fife to be mid-range of all mainland boards with a performance of 41.8%, above the Scotland average of 40.9%

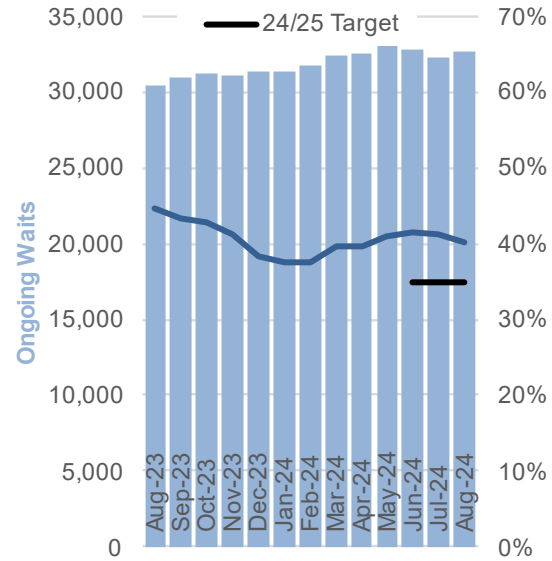
Achievements & Challenges

Against the projections for 2024/25, in August we delivered 98.6% of projected capacity. Demand was as expected, however there still remains a gap between capacity and demand of approximately 1000 appointments for August. The biggest gaps being in Dermatology, ENT, Ophthalmology and Orthopaedics. This is due to a combination of increased demand, reduced capacity due to annual leave, difficulties in delivering additional activity 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, ENT, Gastroenterology, General Surgery, Haematology, Neurology, Ophthalmology, Urology and Vascular.

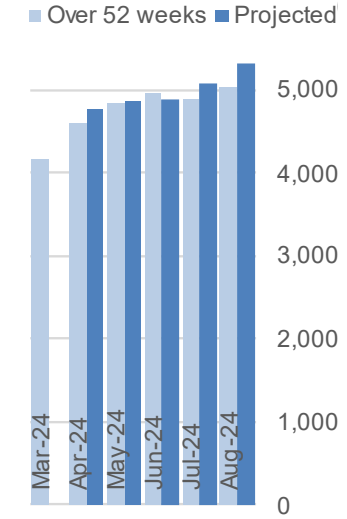
Scottish Government funding was made available to reduce waiting times and maintain and improve planned care performance. The revised plan to deliver additional activity was agreed with revised trajectories in place. Focus continues to be on urgent suspicion of cancer and urgent patients as well as reducing our long waiting routine patients and delivery of additional activity.

A consistent process is in place for regular waiting list validation and reprioritisation, actively engaging with National Elective Co-ordination Unit (NECU) and CfSD to implement any additional improvements to manage referrals and the number of review patients including Active Clinical Referral Triage, Patient Initiated Review and national pathways.

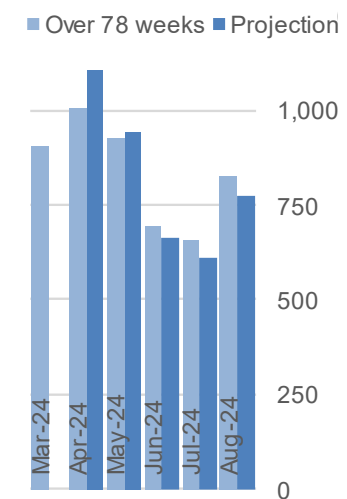
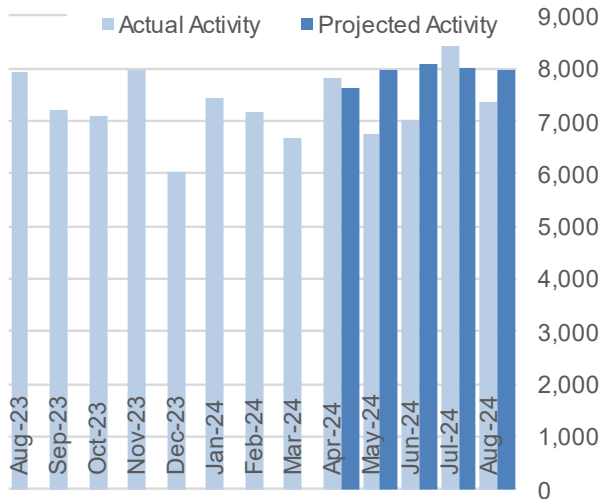
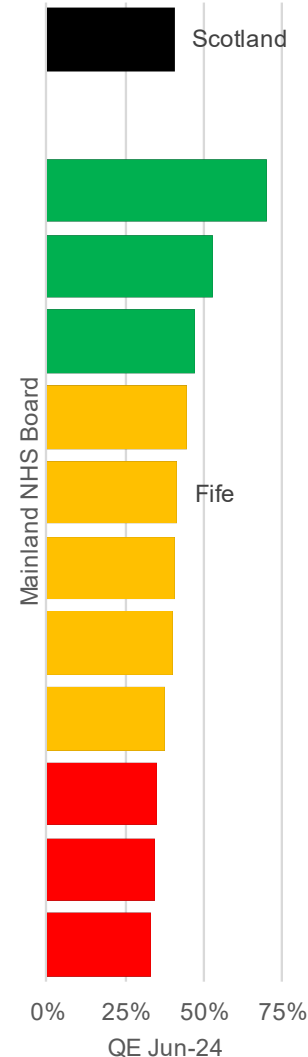
New Outpatient Waiting Times



New OP Long Waits



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

71.0%

58

Trajectory achieved as of Aug-24

46 ↓ Waiting over 26 weeks to achieve trajectory

Data Analysis

Monthly performance increased from 63.2% in Jul-24 to 71.0% in Aug-24, remaining above local trajectory of 30%.

Scope performance decreased from 60.3% in Jul-24 to 59.1% in Aug-24 with Imaging increasing from 63.5% to 72.5%.

In terms of waiting list numbers, this decreased to below 5,500 for first time since Sep-22 with most of the decrease attributed to Ultrasound (3,859 to 3,187).

Scope list decreased from 655 to 641.

The number waiting over 6 weeks decreased to 1,594, below projection of 1,644, there was increase in waits over 26 weeks (48 - 58). There are no patients waiting over 52 weeks.

Benchmarking for the QE Jun-24 shows NHS Fife to be in the mid-range of all mainland boards with a performance of 62.8%, above the Scotland average of 50.0%.

Achievements & Challenges

Radiology: Focus on urgent referrals remains strong, all three imaging modalities consistently meeting targets despite a high volume of urgent cases. Although additional waiting times funding was delayed it allowed additional activity to proceed, meeting projections. Waiting times have. Currently, no patients are waiting over 12 weeks, with the longest radiology wait at 11 weeks. Additionally, 80% of requests are now completed within six weeks.

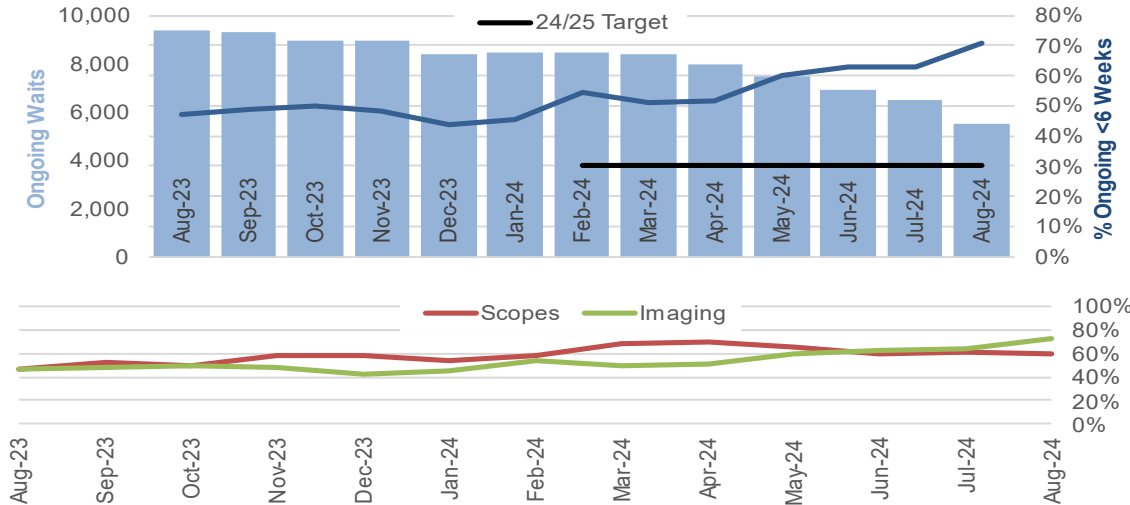
Ultrasound: Ultrasound continues to represent the largest portion of the waiting list. However, routine waiting times have decreased to 11 weeks (April 26 weeks), and the number of patients waiting has halved. Currently, 69% of patients are seen within six weeks. Contributing factors include locum activity, an increased scanner footprint, and improvements in the booking process. Despite the anticipated second quarter funding not being confirmed until late September, we expect waiting list performance to decline in the next quarter.

CT: In-house additional activity, supplemented by quarterly mobile scanner visits, has maintained CT waiting times within target, with 100% of requests completed within six weeks. Additional SG-funded activity has been informally confirmed for the rest of the year.

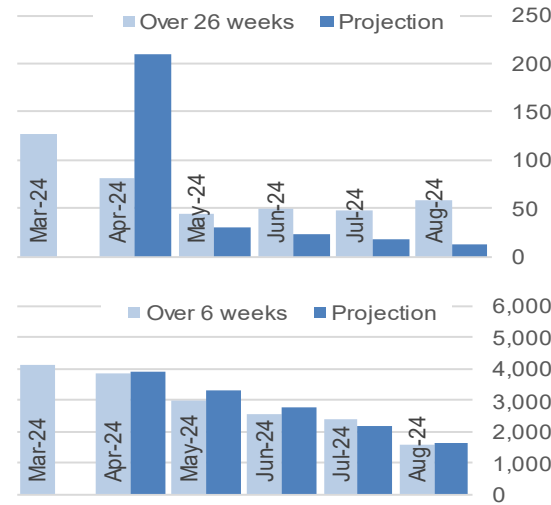
MRI: MRI services continue to be supported by SG-funded mobile scanners, achieving 100% of requests completed within six weeks. Although SG funding for additional in-house activity has been withdrawn, mobile scanner support will continue. Funding is being sought for "deep resolve" software improvements, which should reduce reliance on expensive mobile scanners.

Endoscopy Service has achieved an improvement in the surveillance/repeat waiting list, with <60 patients waiting beyond the planned recall date. The next focus will be to reduce the number of new routine outpatient waits. Clinical validation remains in place to ensure the longer waiting patients do not come to harm. 50% of the new routine waiting list (without an appointment date) is Upper GI Endoscopy. Pre assessment has been introduced to the Colonoscopy/Sigmoidoscopy group, which is hoped will help reduce DNA/CNA rate. Plans to expand this to Upper GI Endoscopy is underway.

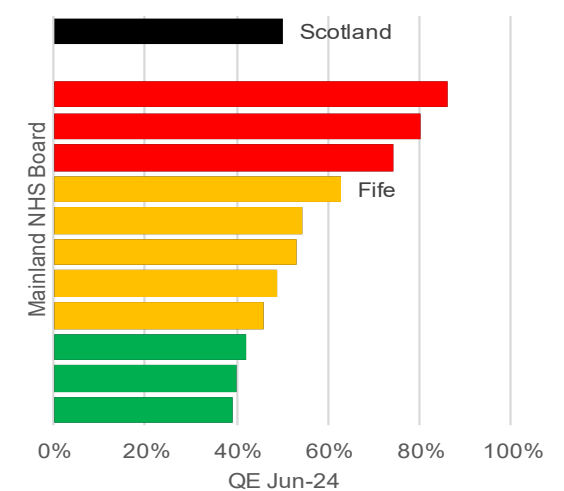
Diagnostic Waiting Times



Diagnostic Long Waits



Benchmarking



C2. Operational Performance



Expenditure

Revenue: Work within the revenue resource limits set by the SG Health & Social Care Directorates

(£23.555m)

Capital: Work within the capital resource limits set by the SG Health & Social Care Directorates

£1.990m

Finance

TABLE 1 Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
Clinical Services				
Acute Services	291,183	150,239	159,464	-9,225
IJB Non-Delegated	10,003	5,001	4,657	344
Non-Fife & Other Healthcare Providers	99,406	49,986	52,984	-2,998
Non Clinical Services				
Estates & Facilities	95,899	46,802	46,460	342
Board Admin & Other Services	93,424	48,343	48,291	52
Other				
Financial Flexibility	30,479			0
Income	-37,981	-19,676	-20,026	350
TOTAL HEALTH BOARD RETAINED SERVICES	582,413	280,695	291,830	-11,135
Health & Social Care Partnership				
Fife H & SCP	427,171	207,682	220,102	-12,420
TOTAL HEALTH DELEGATED SERVICES	427,171	207,682	220,102	-12,420
TOTAL	1,009,584	488,377	511,932	-23,555

Capital Budget 2024/25	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2024/25 £'000
Statutory Compliance	2,500	766	2,500
RTP/Clinical Prioritisation			
Contingency	750	278	750
Capital Equipment	1,074	131	1,074
Digital & Information	1,898	326	1,898
Mental Health Estate	1,000		1,000
Capital Staffing Costs	342	177	342
Capital Repayment	200		200
Anticipated Funding - HEPMA	723		723
Anticipated Funding - Medical Education	944	311	944
Total confirmed CRL	9,431	1,990	9,431

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 £54.750m 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 gap 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. Early in July, we were advised by Scottish Government further non recurring New Medicines Funding totalling £50m would be allocated on an NRAC basis to territorial boards, with NHS Fife receiving £3.4m. This reduces the financial gap in year from £54.750m to £51.350m.

At the end of September, we are reporting an overspend against the revenue budget of £23.555m as detailed in Table 1. This position includes an overspend for health board retained services of £11.135m and £12.420m for the Health and Social Care Partnership (HSCP). The reported overspend for health board retained is tracking £0.6m ahead of the updated financial plan trajectory due to a number of non-recurring benefits in-month, whilst health board delegated are tracking beyond their respective financial plan trajectories for the first 6 months of the financial year. Urgent action is required to reduce spending levels and deliver on the specific actions requested by the Scottish Government.

The reported overspend on the HSCP health delegated budget of £12.420m is of significant concern given our financial plan did not make any assumptions in relation to cost pressures associated with Fife IJB as a balanced budget was presented and approved by the IJB in March 2024. A recovery plan developed by the IJB Chief Finance Officer was presented to the September IJB Board. Whilst the recovery plan 'direction of travel' was supported in principle, further detailed work and impact assessments will be undertaken and presented to a special IJB Board meeting later in October.

Our forecast outturn at March 2025 is an overspend of £36.763m and reflects a risk share of £13.4m with the IJB and £5m of additional cost for SLAs as a result of a potential increase from other Scottish Health Boards.

Capital Budget

Capital expenditure is limited for the first half of the financial year due to phasing of schemes with costs to date of £1.990m reflected in the table below. The Capital Resource Limit (CRL) is £7.764m as adjusted for two anticipated allocations for HEPMA and Medical Education totalling £1.667m resulting in a total budget of £9.431m.

The Financial Performance Report to end of September 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.

Meeting: Finance, Performance & Resources Committee
Meeting date: 12 November 2024
Title: Proposed Allocation of NRAC 2024/25
Responsible Executive: Margo McGurk, Director of Finance & Strategy
Report Author: Margo McGurk, Director of Finance & Strategy

Executive Summary:

- The proposal was developed following a review of the main cost pressures driving the current financial position and assessment of areas where we could provide enabling finance to commence some aspects of transformation.
- Assessment criteria established to support the recommendation within the proposal are noted below.

Level 1	Effectiveness of Mitigation / Opening vs Residual Cost Pressure Level
Level 2	Outcome/Impact/Risk
Level 3	Appropriate for NRAC?
Level 4	National Negotiation
Level 5	Whole System Impact/Flat Cash Settlement

- The proposal details those areas where the assessment is that NRAC allocation is deemed to be of greatest benefit, both in terms of mitigating areas of cost pressure and introducing a number of cost reduction enabling investments.
- The areas contained reflect aspects of the initial proposal on NRAC allocation with some changes to the cost levels following the Q2 financial review. There are however 2 additions; core digital services and IJB pay pressures.
- In addition, this revised assessment presents a higher level of non-recurring support to some areas (to be revisited as part of the 2025/26 financial planning process) which facilitates greater flexibility in the utilisation of this funding in 2025/26.

1 Purpose

This report is presented for:

- Endorsement

This report relates to:

- Annual Delivery Plan
- Emerging issue
- Government policy / directive

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

- Safe
- Effective
- Person Centred

2 Report summary

Situation

- 2.1 Within the reported financial position for 2024/25 the NRAC Allocation of £7.2m is currently reducing the overall year-end forecast but is held in a reserve rather than being allocated to specific cost areas. This paper proposes how this resource may be allocated.

Background

- 2.2 The National Resource Allocation Formula (NRAC) was originally developed in 2005 to ensure that resources required are distributed fairly across NHS Scotland NHS Boards. The formula calculates target shares for each Board area based on weighted capitation. The main driver of the calculation is the size of resident population, it also considers age, sex, morbidity, and other life circumstances (including deprivation) and unavoidable excess costs associated for example with rurality.
- 2.3 Approximately 70% of the NHS Budget in Scotland is informed by the NRAC formula and intended to cover the range of costs associated with the provision of hospital and community health services and well as GP prescribing.
- 2.4 Each territorial Board has a target share, some Boards are below their target share and Scottish Government attempts to mitigate this in the annual budget setting process with an additional NRAC parity adjustment. The application of this mechanism in 2024/25 generated the in-year additional allocation of £7.2m.
- 2.5 No Board should be no more than 0.6% from their NRAC baseline allocation. NHS Fife is one of those Boards which has yet to reach parity and sits at 0.6%, the cumulative impact of which has resulted in NHS Fife being c£100m short of full NRAC parity over the last 12 years.
- 2.6 Population projections produced by National Records of Scotland (NRS) are a major component of the formula. These have yet to be updated for the 2022 Census, therefore NRAC is currently based on 2018 mid-year population estimates. Public Health Scotland who are responsible for the production of NRAC also acknowledge that because of the

Pandemic when datasets were deprioritised trend data is incomplete and as recovery continues the Formula may not be fully reflective or predictive of future patterns.

<p>It is important to be clear that the 2024/25 NRAC allocation of £7.2m is currently sitting as a corporate reserve and being included as a reducing factor in calculating the overall financial forecast position for the Board. To illustrate this, the September (month 6 reported position) is a forecast overspend of £36.8m, that is after taking account of the £7.2m NRAC allocation which is part of the Financial Flexibility line in the table below of £10.7m. In the event that NRAC is prioritised to “new” expenditure i.e., that not currently included in the overall financial position, then the forecast overspend would increase, unless the investment option releases costs elsewhere in the system.</p>	<table border="1"> <thead> <tr> <th>Forecast Budget Area</th> <th>September Forecast £'000</th> </tr> </thead> <tbody> <tr> <td colspan="2">NHS Services (incl Set Aside)</td> </tr> <tr> <td colspan="2"><u>Clinical Services</u></td> </tr> <tr> <td>Acute Services</td> <td>-20,467</td> </tr> <tr> <td>IJB Non-Delegated</td> <td>270</td> </tr> <tr> <td>Non-Fife & Other Healthcare Providers</td> <td>-6,556</td> </tr> <tr> <td colspan="2"><u>Non Clinical Services</u></td> </tr> <tr> <td>Estates & Facilities</td> <td>-707</td> </tr> <tr> <td>Board Admin & Other Services</td> <td>-403</td> </tr> <tr> <td colspan="2"><u>Other</u></td> </tr> <tr> <td>Income</td> <td>500</td> </tr> <tr> <td>Financial Flexibility including full delivery of 3% savings</td> <td>10,712</td> </tr> <tr> <td>Savings still not identified</td> <td>-1,738</td> </tr> <tr> <td>TOTAL HEALTH BOARD RETAINED SERVICES</td> <td>-18,389</td> </tr> <tr> <td colspan="2"><u>Other Financial Risks</u></td> </tr> <tr> <td>Fife IJB</td> <td>-13,374</td> </tr> <tr> <td>SLAs - potential nationally agreed uplift</td> <td>-5000</td> </tr> <tr> <td>TOTAL HEALTH BOARD FORECAST OVERSPEND</td> <td>-36,763</td> </tr> </tbody> </table>	Forecast Budget Area	September Forecast £'000	NHS Services (incl Set Aside)		<u>Clinical Services</u>		Acute Services	-20,467	IJB Non-Delegated	270	Non-Fife & Other Healthcare Providers	-6,556	<u>Non Clinical Services</u>		Estates & Facilities	-707	Board Admin & Other Services	-403	<u>Other</u>		Income	500	Financial Flexibility including full delivery of 3% savings	10,712	Savings still not identified	-1,738	TOTAL HEALTH BOARD RETAINED SERVICES	-18,389	<u>Other Financial Risks</u>		Fife IJB	-13,374	SLAs - potential nationally agreed uplift	-5000	TOTAL HEALTH BOARD FORECAST OVERSPEND	-36,763
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3 Assessment

3.1 The Quarter 2 position is now known and delivery of the 3% planned saving is clearer with a reasonable level of confidence that we will achieve at least £23.3m and a commitment to confirm the remaining £1.7m by the end of November.

The proposal was developed following a review of the main cost pressures driving the current financial position and assessment of areas where we could provide enabling finance to commence some aspects of transformation.

This paper sets out a proposal to utilise this important resource to deliver a combination of reducing areas of recurring cost pressure and enabling re-form schemes. The proposal is largely geared towards reducing recurring and unavoidable areas of cost pressure, which is generally how this resource has been applied historically given our NRAC parity position. NHS Fife has had an underlying deficit for the past 5 years which means there has been little choice in how we utilise this funding as we must first cover unavoidable and existing service costs.

3.3 Table 1 below sets out an assessment against the opening financial plan and indicates how the financial planning assumptions in relation to the known areas of cost pressure have tracked to the end of Q2 and projects a forecast year-end position for each one. The assessment also now includes the in-year IJB position pre recovery plan. In relation to the latter the expectation is that over the remaining 2 quarters that the recovery plan will reduce the IJB deficit position significantly. It is however prudent to present the current position in this assessment. It is very likely that we will require to cover a level of IJB risk share this year given the recovery plan does not mitigate the full IJB forecast deficit position, for that reason we have included that new cost pressure in our financial forecasts for both Q1 and Q2.

Table 1

		Opening Cost Pressure Level £m	RTP 3% Scheme in place ?	RTP 3% Scheme on Target?	Residual Cost Pressure (Reflects Increased Allocations & Assumes full RTP 3% Delivery)@Q2	Cost Area Appropriate for NRAC for Prioritisation (area is supported already by NRAC funding and/or releases existing RRL budgets for re-provision across the system)	Cost Area £residual total Appropriate for NRAC
1	Non-pay inflation	6.3	√	√	6.3	√	6.3
2	Surge Capacity	3.5	√	x	2.5	√	2.5
3	Planned Care	1	√	√	0	√	0
4	Junior Doctor Rota Compliance	2	√	√	1	√	1
5	Health Board Retained Recurring Pay Pressures	7.2	x		5.9	√	5.9
6	Medicines	4.8	√	√	0	√	0
7	Diabetic Pumps	2.6	x		2.6	√	2.6
8	SLA Activity (£6.5m run rate plus £5m Uplift)	13.5	√	X	11.5	√	11.5
9	Surgical Sundries	1.9	√	√	1.4	√	1.4
10	Decontamination	0.6	x		0.6	√	0.6
11	Energy	0.8	√	√	0.8	√	0.8
12	Core Digital	1.3	√	x	1.3	√	1.3
13	Unscheduled Care	1	√	√	0	√	0
14	Supplementary Staffing (after vacancy factor)	5	√	√	0	√	0
15	National Systems	1.5	x		1.5	√	1.5
16	CNORIS	2	x		2	x	0
17	IJB Health Board Delegated (including Recurring Pay Pressures of £0.7m)	0	x		13.4	√	13.4
	<i>Business Transformation RTP (Costs are across most services)</i>		√	X		√	0
18	Digital Enablement - Patient Record Management System					√	0.1
19	Digital Enablement - Digital Dictation/Extended Speech Recognition					√	0.1
20	Digital Enablement - System Reception/Scanning Capability					√	0.1
21	Voluntary Severance					√	0.2
		55			50.8		49.3
	Reserves (Inc. NRAC) & Corporate Underspends				-14		
					<u>36.8</u>	-	
	September Finance Report Y/E Forecast Position				<u>36.8</u>		

3.4 Towards the end of the assessment table above, the cost pressure movement in-year is shown; post full delivery of the RTP 3% saving and accounting for additional in-year allocations and changes in spend profile. This is then mapped to the most recent Q2 forecast year-end position for completeness. From the table we could allocate the NRAC allocation to a range of areas with the cost pressure level well in excess of the funding available.

4 Assessment Criteria

4.1 In approaching the assessment for prioritisation of NRAC funding it is important to highlight that all of the cost areas driving our financial position require to be mitigated through efficiencies and thereafter supported in a sustainable way. Additionally there are no areas of discretionary spend in these pressures, all have been subject to rigorous review and plans developed where possible to mitigate any areas within our direct control.

4.2 Transformation of our service provision and scope of delivery will be key to delivering a clinically and financial system for the future and our work in the RTP - Transform space is routed in that ambition. To that end determining which areas to support with NRAC is challenging but we must make decisions that secure, where possible, recurring solutions to aspects of our recurring cost pressure areas.

4.3 The following assessment criteria has been used in informing this paper.

Level 1	Effectiveness of Mitigation / Opening vs Residual Cost Pressure Level
Level 2	Outcome/Impact/Risk
Level 3	Appropriate for NRAC?
Level 4	National Negotiation
Level 5	Whole System Impact/Flat Cash Settlement

4.4 Level 1

Effectiveness of Existing Mitigation

Opening vs Residual Cost Pressure Level

The assessment table shows the opening level of cost pressure as detailed in the financial plan for 2024/25 and the residual pressure at Q2 to determine scale and considers whether;

- An RTP Re-form 3% savings scheme is partly or wholly mitigating the cost pressure?

Most cost areas where an RTP scheme is in place are experiencing a reduction in spend and therefore a lower level of residual cost is forecast to the year end. To that end these areas have been de-prioritised, with the SLA cost area being considered at assessment level 4 and then de-prioritised given the ongoing national discussion on this matter.

4.5 **Level 2 Assessment**

Outcome/Impact/Risk

- Is the cost area unavoidable and if not supported would materially impact on the quality of clinical care and/or staff wellbeing?
- Would *not supporting* have the potential to cause reputational damage across the system? and conversely;
- Would *supporting* have the potential to cause reputational damage across the system?

With the exception of Voluntary Severance, all cost areas have been assessed as having the potential to answer “yes” to the first 2 criteria and “no” to the latter. Considering voluntary severance specifically, the Board has previously approved and included this as a potential “Choices” area in a recent submission to Scottish Government who have indicated this would be a Board level decision made by the Chief Executive. We have also referenced this as a possibility in recent Q1 discussions with the Director Finance, Scottish Government Health Finance Directorate. It is recognised however that any VS scheme would require careful communication and management to avoid any potential reputational damage or misrepresentation.

4.6 **Level 3 Assessment**

Appropriate for NRAC?

Is the cost area appropriate for NRAC funding , does it:

- support core services already funded through core funding and/or
- does allocating to the cost area release existing budget for re-provision across the system?

The assessment is that all costs included, with the exception of CNORIS, are relevant to NRAC and meet the above test in relation to point 1. Cost areas 1-17 meet the first criteria and 18-21 meet the latter.

4.7 **Level 4 Assessment**

National Negotiation

- Are other regional/national negotiations seeking to reduce the cost, e.g., SLAs?

The answer to the above is “yes” in relation to SLAs and therefore the cost area has been de-prioritised.

4.8 **Level 5 Assessment**

Whole System Impact – Flat Cash Settlement

Is the cost pressure a national issue and solely the result of the flat cash settlement and is of a magnitude that it would take most of the NRAC allocation to mitigate, e.g., non-pay general inflation?

The answer to the above in relation to non-pay general inflation is “yes” and consequently this cost area has been de-prioritised.

5 Prioritised Allocation Proposal

- 5.1 Table 2 presents those areas of cost where the assessment is that NRAC is deemed to be of greatest benefit, both in terms of mitigating areas of clinical cost pressure and investing in a number of cost reduction enabling initiatives.
- 5.2 The areas contained reflect aspects of the initial proposal on NRAC allocation with some changes to the cost levels following the Q2 financial review. There are however 2 additions; core digital services and IJB pay pressures. In addition, this revised assessment presents a higher level of non-recurring support to some areas (to be revisited as part of the 2025/26 financial planning process) which facilitates greater flexibility in the utilisation of this funding in 2025/26.

Table 2

		Opening Cost Pressure Level £m	Residual Cost Pressure (Reflects Increased Allocations & Assumes full RTP 3% Delivery)@Q2	Cost Area £residual total Appropriate for NRAC	Moderated Proposal against NRAC Allocation 2024/25	Moderated Proposal against NRAC Allocation 2025/26
5	Health Board Retained Recurring Pay Pressures	7.2	5.9	5.9	3.1	3.1
7	Diabetic Pumps	2.6	2.6	2.6	1	1
11	Energy	0.8	0.8	0.8	0.8	0
12	Core Digital	1.3	1.3	1.3	1.1	0
17	IJB Health Board Delegated Recurring Pay Pressures	0	13.4	13.4	0.7	0
18	Digital Enablement - Patient Record Management System			0.1	0.1	0.1
19	Digital Enablement - Digital Dictation/Extended Speech Recognition			0.1	0.1	0.1
20	Digital Enablement - System Reception/Scanning Capability			0.1	0.1	0.1
21	Voluntary Severance			0.2	0.2	0.3
		11.9	24	24.5	7.2	4.7

Each cost area was considered against the assessment criteria with further rational set out as follows.

Recurring Pay Pressures

- 5.3 Over a period of several years, stretching back to 2016 and in some instances before then, posts have been recruited mainly within the Acute Services, although a small number also in Workforce, without approved recurring funding resulting in a significant level of cost pressure.

From 2022/23 there is evidence that due process through EDG has been followed however there remains a legacy situation which requires to be addressed. The financial plan for 2024/25 quantified the level of cost pressure as £7.2m. Since that time the total has reduced to £5.9m through utilisation of in-year additional allocations and redeployment of staff to funded areas.

It is important to highlight that the total cost pressure arising in Acute Services relates to posts that were introduced to manage clinical risk, staff wellbeing risks and to improve clinical service performance. The Workforce directorate posts have EDG approval however no funding is in place to cover the costs on a recurrent basis. The latter all relate to Occupational Health services and require to be continued to support the health and wellbeing of our staff.

Whilst all Acute Services posts are required to ensure safe and effective patient care, an initial cohort, deemed to be critical in nature, has been recommended for a recurring funding totalling £3.1m. A detailed assessment is attached at Annex 1. If these posts are not supported through this route the recurring cost pressure will continue into future years which is not a sustainable position.

What is clear however is that we need to develop a recovery plan for the remaining unfunded posts to mitigate this significant cost pressure where possible in 2024/25 and 2025/26. To that end all funding allocations received for the remainder of this financial year and for 2025/26 require to factor into that assessment. There is a pressing need to ensure we have a recurring funding solution for all clinical posts deemed to be critical to supporting service delivery.

Diabetic Pumps

- 5.4 Closed loop insulin pump therapy is an innovative technology and has been delivered by Adult and Paediatric diabetic services since it was made available in Scotland in summer 2021. Prior to this innovation patients were fitted with insulin pumps and separate glucose monitors such. During the last 3 years most patients on pump therapy have transitioned to a closed loop system. Their use in the NHS is restricted to those patients with type 1 diabetes.

As a system we are viewed as “outlier” in a positive sense as have sought to deliver this new technology to the appropriate patients in Fife whereas some NHS Board areas have created waiting lists. When the technology was introduced, there was additional funding provided by Scottish Government however this ceased in 2023/24 which has compounded the level of cost pressure arising.

The impact of the use of insulin pumps and closed loop system cannot be underestimated and while there are obvious short-term benefits to glucose control the most significant benefits are those of the medium and longer term. The movement from pump and sensor to a closed loop system brings even further benefits.

Both the Paediatric and Adult Diabetes teams recognise the high cost of this effective technology and have worked to improve contract procedures, optimising the use of consumables and addressed a number of housekeeping issues relate to invoicing.

Scottish Government have confirmed that NHS Fife will receive additional recurring funding for 116 insulin pumps with all associated consumables for 2024-2025 which will contribute to future reductions in costs. Closed loop systems provide better quality of life for patients and their families. There are significant short and long-term clinical benefits. The support for the ongoing use of closed loop systems for diabetic patients aligns with the principles of the NHS Fife Health and Wellbeing strategy as well as the HSCP Prevention and Early Intervention strategy.

A recurring allocation of £1m is proposed.

Energy

- 5.5 There is a significant inflationary cost pressure in this area which is expected to continue throughout the year. Energy prices are agreed in advance by NSS on behalf of all Boards. Whilst there are some invest to save actions underway across our estate in relation to energy utilisation, the inflationary increases outweigh anything we can deliver locally in term of unit cost increases.

A non-recurring NRAC allocation of £0.8m is proposed given the level of cost pressure and the need to ensure all our clinical areas are appropriately serviced. The work being done to rationalise aspects of the estate and the invest to save initiatives on energy reduction are evidence that this is an area where everything that can be done locally is being done, albeit with some enabling capital we could accelerate aspects of the estate rationalisation programme and reduce costs further. Funding for 2025/26 to be reviewed as part of the financial planning process.

Core Digital

- 5.6 Costs for core digital services have increased beyond the original financial planning assumptions in a range of areas. These including increased system costs for Datix, Patient Hub, Patientrack and Stafflink in addition to rising costs for both local and national systems and infrastructure.

This investment is critical to supporting our clinical services and ensuring NHS Fife complies with Cyber and IG legislation, therefore will require to be addressed on a recurring basis. Aspects of our business systems are being reviewed as part of the RTP Business Transformation scheme but will not all be delivered this financial year.

A non-recurring NRAC allocation of £1.1m is proposed to support these critical digital systems to be delivered and monitored in line with the emerging broader enabling digital systems activity. This will ensure these systems and costs are covered in the short-term, this to be revisited once plans are clearer and approved on the medium-term enabling proposals.

IJB

- 5.7 A significant in-year overspend position has been confirmed in relation to the IJB budget. In relation to the health delegated budget aspects, this predominately relates to high costs associated with medical locums within Mental Health services and nurse bank and agency usage across the partnership to cover vacancies, sickness and increased patient supervision requirements. Significant work is underway within the IJB with key involvement of the Medical Director to reduce reliance on medical locums in future years.

A non-recurring NRAC Allocation could be justified to support a number of pay pressures within the health delegated budget given the current level of system pressure and also in light of the significant recovery plan which requires to be delivered.

NHS Fife could consider supporting the pay cost pressure for health delegated posts specifically covering Primary & Preventative Care, Complex & Critical Care and Community Care which has been estimated at £0.7m. Annex 2 details the posts included.

Business Transformation Digital

- 5.8 3 initiatives are proposed as key enablers in this area, each would require a recurring £0.1m to support, therefore a total recurring allocation of £0.3m is proposed.

Developing a Patient Health Record Management System/Patient Services Review/Patient Hub would ensure efficient processes are adopted to support patient pathway management. A main focus will be to extend the capability of patient hub, beyond waiting list management, to enable patients to receive letters and assessments digitally and to contact NHS Fife via digital routes. This work would also provide print and post services to other systems and individuals sending letters thus reducing the costs associated with mailing.

Develop and roll-out Digital Dictation/Extended Speech Recognition/Full Speech Deployment. This would include reviewing use of the existing Digital Dictation system and further introduction of speech recognition would seek to reduce the clinical and administrative time associated with preparing clinical documentation and allow them to focus on patient care activities and/or reductions in WTE administrative staff.

Development of a Reception/Scanning Pool to provide a unified scanning approach across NHS Fife & HSCP to manage patient and corporate records.

Voluntary Severance

- 5.9 NHS Fife manages workforce changes through redeployment and natural turnover, and where necessary displaced staff are supported through redeployment into new posts with relevant training and development. However, there are situations where redeployment may not be possible due to the particular skill set of the individual, where a reduction in staffing could assist service redesign and the achievement of financial savings plans.

Currently the central redeployment register has 5 staff members identified as meeting the criteria making them potentially eligible to make an application to NHS Fife's Voluntary Severance Policy. The 5 staff members have been seeking suitable alternative employment opportunities for varying timeframes, with the shortest being 4 months and the longest being two years. During this time period the staff have continued to be considered for all approved vacancies within NHS Fife however due to a number of reasons including the particular skill set of the staff and the staff's home location, a suitable skills match has failed to be identified.

Despite support being offered by both managers and human resources, seeking suitable alternative employment for a significant period of time can negatively impact the employee experience. Lengthy periods of uncertainty can leave staff feeling undervalued, lacking in motivation and disillusioned with their employment experience. Providing the option of a voluntary severance scheme will ensure that a member of staff is supported with sufficient funds until they find gainful employment or another source of income, such as pension payments.

If all 5 staff proceed the total cost would be in the region of £0.2m. If approved, a target communication brief will take place with the managers and individuals identified to highlight the policy and confirm the financial package on offer. If applications proceed and are approved, it is anticipated that the process could take up to a maximum of 12 weeks to completion. Individuals would receive packages in this financial year. It is intended that the balance of £0.3m is then targeted in 2025/26 at services undertaking current and future service redesign, including the administration review, with a focus on staff members eligible to make an application. One of the main criteria is that the post will not be replaced hence reducing headcount in the Board.

Non-recurring allocations of £0.2m in 2024/25 and £0.3m in 2025/26 are proposed.

Additional Areas for Potential Allocation

- 5.10 Additional areas which could be considered for NRAC funding and where the benefits in terms of mitigating areas of clinical cost pressure or enabling cost reduction are also evident are as follows. A number of these areas however do not require to be considered for NRAC funding this year as a result of; costs reducing, additional allocations, and/or RTP savings mitigating impact.

Non-Pay Inflation

- 5.11 All non-pay budgets including PFI Unitary charge and general supplies are incurring inflationary increases estimated at £6.3m. The flat cash settlement in 2024/25 effectively means this is a cost pressure area where we have little control and few options in terms of mitigation.

NRAC Allocation could be justified given the current level of system pressure however there would be limited recurring return on investment.

Surge Capacity

- 5.12 Whilst there is an RTP saving scheme to reduce surge capacity from 44 to 30 beds, there remains a significant cost pressure of c£2.5m in this area.

Surge activity and cost reduction has been impacted by high continuing levels of emergency admissions, with acute services operating at pressures higher than the preceding 2 winters. Plans are progressing around improved system flow and discharge planning, supporting Five's National below average length of stay. However average occupancy has been consistently above 95%. Engagement is underway to explore surge medical staffing model options. Several actions and changes are in place or in development to redesign services to reduce the reliance on surge capacity.

NRAC Allocation could be justified given the current level of system pressure however there would be limited recurring return on investment.

Planned Care

- 5.13 Additional funding allocations for planned care have removed the in-year and recurring cost pressure based on agreed trajectories. Careful management of the flexibility arising from the additional recurring in-year allocation is supporting cost pressures elsewhere in planned care services, e.g., Robotic Assisted Surgery staff and consumables.

NRAC Allocation not required in 2024/25.

Junior Doctors Rota Compliance

- 5.14 Significant work and redesign of rotas has been positive and in-year costs are reducing, with all 4 junior doctor rotas declared compliant in November 2024. This requires careful monitoring and planning for the next rota change in the new year.

NRAC Allocation could be justified given the current level of system pressure however there would be limited recurring return on investment.

Medicines

- 5.15 Additional funding was received in-year for the New Medicines Fund which significantly mitigates the cost pressure in this area. Additionally the Medicines Optimisation workstream have delivered ahead of target at the end of September 2024.

The Medicines Optimisation Board has agreed to stretch the savings target to £3m and work is underway to identify additional opportunities. Almost half of the savings delivered to date are due to the receipt of rebates rather than drugs switches. It is imperative the work required to deliver on the potential drug switches identified in the medicines' optimisation plan is delivered at pace to ensure full delivery against this work stream.

There is a risk however as the New Medicines Funding is non-recurring and therefore further support in this area could be required in future years.

NRAC Allocation not required in 2024/25.

Service Level Agreement (SLA) Activity plus National Uplift

- 5.16 The cost pressure identified in the financial plan for SLA activity was £6.5m. This resulted from increases in activity/cost and specifically the implementation of PLICs by NHS Lothian in 2023/24. Additionally there is a cost pressure to cover national inflationary uplift of £5m. The latter remains in negotiation across all Boards.

There is an established RTP workstream considering activity levels for referral outflow for continuing appropriateness and potential repatriation opportunities. This work is likely to take most of 2024/25 to conclude however a new performance management arrangement has been developed which it is hoped we will launch with partner Boards in Q3.

The uplift issue is one where NHS Fife has made significant representation to partner Boards and Scottish Government however the issue remains unresolved. The RTP target saving of £5m is unlikely to be delivered in full. A saving of £2m in relation to IJB MH services has been delivered albeit it will factor into the IJB overall financial position.

NRAC Allocation could be justified given the current level of system pressure however there would be limited recurring return on investment.

Surgical Sundries

- 5.17 The financial plan includes a cost pressure of £1.8m for surgical sundries to support core clinical activity. There is an RTP procurement saving scheme for £0.5m in this area which is progressing however a significant level of pressure remains within the system in this area.

NRAC Allocation could be justified given the current level of system pressure however there would be limited recurring return on investment.

Decontamination

- 5.18 This relates to a specific contractual cost pressure with NHS Tayside which we require to address but which we are also including in the SLA general performance management discussion.

NRAC Allocation could be justified given the current level of system pressure however there would be limited recurring return on investment.

Unscheduled Care

- 5.19 The financial plan set out a cost pressure in relation to delivering aspects of unscheduled care. An RTP savings target of £0.7m is in place and is on track to be delivered in full.

NRAC Allocation not required in 2024/25.

Supplementary Staffing

- 5.20 The financial plan set out a cost pressure of £5m in relation to the anticipated spend in this area after utilisation of budget vacancy factor. Supplementary staffing has reduced significantly from previous years albeit there remains a pressure on core staffing budgets. There is moderate assurance that the RTP saving in this area of £5m will be delivered in-year.

NRAC Allocation not required in 2024/25.

National Systems

- 5.21 We are required to implement a number of national systems including LIMs for which there are related unfunded cost pressures.

NRAC Allocation could be justified given the current level of system pressure however there would be limited recurring return on investment.

CNORIS

- 5.22 This is a nationally determined cost with no scope to reduce at Board level. Additionally this is an area which experiences volatility in relation mainly to the settlement of high-cost claims in-year.

NRAC Allocation not deemed appropriate.

6 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	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	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

	amount of residual risk or none at all.	moderate amount of residual risk.		
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Quality, Patient and Value-Based Health & Care

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

Workforce

- 6.2 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.

Financial

- 6.3 Financial implications are detailed in the paper.

Risk Assessment / Management

- 6.4 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.

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

- 6.5 An impact assessment has not been carried out as it is not relevant to the content of this paper. All areas covered in the paper are however subject to the appropriate service level assessments.

Climate Emergency & Sustainability Impact

- 6.6 There are no direct implications arising from this report.

Communication, involvement, engagement and consultation

- 6.7 This proposal has been developed through engagement across the organisation and updates the previous proposal considered and endorsed by the EDG and the Finance, Performance and Resources Committee in July 2024.

Route to the Meeting

- 6.8 EDG 7 November 2024.

Recommendation

- 6.9 The Committee is asked to:

- to **note** the recurring cost pressures set out in the report
- to **consider** the methodology used to assess the allocation of funding to support these pressures
- to **discuss** the proposed allocation of funding set out in table 2

- to **note** the delegated authority of the Chief Executive to approve individual expenditure commitments up to £2m
- to **endorse** the proposed allocation of funding for 2024/25 and 2025/26.

List of appendices

- Annex 1 Recurring Pay Pressures Assessment – Acute Services
- Annex 2 Recurring Pay Pressures Assessment – IJB

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Recurring Pay Pressures Prioritisation – Acute Services

Acute Services

In order to prioritise the funding available the Director of Acute Services, members of Acute Services SLT and finance colleagues met to discuss each area of pressure in detail. The meeting considered the clinical, financial and organisational risk attributed to each of the cost pressure posts. The prioritised assessment is summarised here and detailed in the tables below.

Women's, Children's and Clinical Services

The total cost pressure within WCCS is £0.689m.

The areas proposed for funding are:

COST PRESSURE	BACKGROUND	DESCRIPTION	FUNDING REQUIRED
Consultant Community Paediatricians	2 new WTE Community Paediatrics Consultant posts were agreed by EDG in response to a business case presented in 2021/22.	<p>The Community Paediatric Service was under established from a consultant perspective. Demand for services was and remains high with extended waiting times.</p> <p>Should the unfunded posts be removed or any other arising vacancy remain unfilled, the impact would be significant on both patients and the remaining consultant workforce who already face high levels of work-related stress with the potential for burnout. Further increasing consultant caseloads and patient waiting times by reducing the Consultant establishment would also have an impact on future staff retention and subsequent recruitment to what would become highly undesirable posts.</p> <p>The recent accession of the UNCRC (United Nations Charter on the Rights of the Child) into Scottish Law means that more than ever boards will be under scrutiny regarding the delivery of Paediatric care and with a high focus on care relating to mental health and wellbeing, including ADHD services. Reducing the Community Paediatric workforce would result in both clinical and political risk.</p>	£0.191m
Gynae oncology Service with NHS Lothian	Historical cost pressure NHS Fife relies upon NHS Lothian to provide the Gynae oncology service.	<p>A Gynae oncology service must be maintained for the women of Fife at its current level.</p> <p>NHS Lothian support is critical to this.</p> <p>The cost of this support has increased but the funding available has not.</p> <p>A meeting to discuss the Gynae oncology Service Level Agreement with NHS Lothian has been arranged November.</p>	£0.148m
Gynaecology In-Patients (Ward 24) 1.5 WTE Band 5	Historical cost pressure from when Gynaecology was within the Surgical Directorate. There was a reduction in Band 5 posts	<p>The Gynaecology ward requires 2 WTE registrants on shift at all times.</p> <p>Supporting this cost pressure brings stability to the staffing compliment.</p>	£0.070m

	as part of a cost saving exercise, the funding was removed but the posts were not removed.	Reducing the WTE establishment to remove the cost pressure would result in unsafe staffing levels. This is linked to SAERs that identified the requirement for appropriate Gynaecology nurse care for patients post operatively.	
			£0.409m

Medical Directorate

The cost pressure within Medical Directorate is £3.789m.

The areas proposed for funding are:

COST PRESSURE	BACKGROUND	DESCRIPTION	FUNDING REQUIRED
1.5 WTE Consultants in MOE and 2.5 WTE Consultants in Respiratory	<p>Work was undertaken in 2019/20 to understand the levels of the Consultant workforce in both MOE and Respiratory.</p> <p>A proposal for investment was submitted to EDG at the end of 2020.</p>	<p>The MOE and Respiratory Consultant workforce were under established.</p> <p>EDG supported a proposal to increase the number of consultants in both specialties.</p> <p>Removing these posts would result in increased pressure at the front door, clinical risk and a further deterioration in waiting times.</p>	£0.580m
Emergency Department	<p>Historical ED workforce shortfalls across medical in all grades.</p> <p>A comprehensive medical workforce review completed 2022/23 and was agreed by EDG. (5.5 Consultant 0.8 Spec Dr, 1.7 SCF, 17/18 JCF & 0.7 GPSti)</p>	<p>Medical Workforce review identified significant gaps EDG supported a proposal to increase medical workforce from JCF to Consultant.</p> <p>Removing these posts would raise significant risks to the core function of ED and result in poorer performance, staff burnout, and patient safety issues in an area which already holds significant risks</p>	£1.117m
Nursing posts in response to Workforce Tools	EDG approved Balance to Workforce Tool (safer staffing 21/22)	The Medical Directorate ran the workforce tools, increase in staffing were supported by EDG but not fully funded.	£0.096m
			£1.793m

Surgical Directorate

The cost pressure within Surgical Directorate is £1.217m.

The areas proposed for funding are:

COST PRESSURE	BACKGROUND	DESCRIPTION	FUNDING REQUIRED
Junior Drs in OMFS, General Surgery and Urology	Historical cost pressure that has arisen where NES hasn't supplied trainee DRs. NHS Fife therefore has employed Junior DRs directly in order to ensure	Without these three posts NHS Fife would be required to engage locums in order to maintain in and out of hours rotas at safe staffing levels and manage clinical activity as well as risk.	£0.353m

	rota coverage within OMFS, General Surgery and Urology.	Each time a vacancy arises within each of the clinical areas with such a post there is a risk of delays to recruitment and posts remaining unfilled due to the absence of funding. There is no alternative to this than to engage supplementary staffing which is more expensive than substantive posts.	
Orthopaedic Theatres	Historical cost pressure incurred to run additional orthopaedic trauma theatre sessions	Over the past 5 years. NHS Fife has failed to meet the Scottish Target for hip fracture patients having surgery within 36 hours. The additional 2 theatre sessions were introduced in 2019 to improve performance. These are now embedded and despite the additional operating capacity NHS Fife remains an outlier in Scotland for time to surgery. Removal of these sessions would have a significant impact on current performance, which is under PHS scrutiny.	£0.165m
ODP posts	Theatre staff commenced their ODP training and were in post on Annexe 21 B5 posts	These ODP staff have now completed their training and are and integrated into theatre rotas. They are required to staff the rotas to ensure theatre utilisation is maximised. The posts are key to support the risks around the RWW for the ODP staff group.	£0.150m
			£0.668m

Workforce Directorate

COST PRESSURE	BACKGROUND	DESCRIPTION	FUNDING ALLOCATION
Occupational Health		3 Band 6 Occupational Health Nurses required on an ongoing basis to support the service.	£0.165m
			£0.165m

Directorate	Proposed Allocation
WCCS	£0.409m
Medical	£1.793m
Surgical	£0.668m
Workforce	£0.165m
TOTAL	£3.035m

Report Contacts

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Director of Workforce

Recurring Pay Pressures Prioritisation – IJB

All posts are deemed to be critical and are either patient facing or provide direct support to patient facing roles. Important to note that the Business Manager* posts provide direct day-to-day support to Clinical Services Managers in the operational management and strategic development of their service. They support directorates with c2500 staff in the delivery of front-line services. These roles release time to care from those clinical and non-clinical staff delivering patient care. In the event that these posts cannot be supported there would be a direct impact on the patient facing staff as the latter would require to release time to deliver the operational management support currently delivered by these posts.

Primary & Preventative Care

The cost pressure within Primary & Preventative Care is £191,775.

The areas proposed for funding are:

COST PRESSURE	BACKGROUND	DESCRIPTION	FUNDING REQUIRED
0.51 WTE	Posts previously funded from reserves, recurring funding solution required for 2025/26.	GP Resilience Team – Pharmacy	£45,000
1 WTE		GP Resilience Team – Physio	£85,000
1 WTE		Business Manager*	£61,775
			£191,775

Complex & Critical Care

The cost pressure within Complex & Critical Care is £159,775.

The areas proposed for funding are:

COST PRESSURE	BACKGROUND	DESCRIPTION	FUNDING REQUIRED
2.00 WTE	Previously funded through SG Mental Health Allocation which reduced in 2024/25 as a result of SG funding constraints.	Mental Health & Wellbeing Practitioners. These posts involve engaging with patients, carers and families in mental health services as part of statutory requirements to inform clinical practice and service delivery.	£98,000
1 WTE	Post previously funded from reserves, recurring funding solution required.	Business Manager*	£61,775
			£159,775

Community Care

The cost pressure within Community Care is £175,924.

The areas proposed for funding are:

COST PRESSURE	BACKGROUND	DESCRIPTION	FUNDING REQUIRED
0.80 WTE	Posts previously funded from reserves, recurring funding solution required for 2025/26.	Business manager*	£49,420
1.8 WTE	Posts funded previously through nonrecurring Scottish Government funding.	Hospital at Home, 2 Advanced Nurse Practitioners supporting In-reach VHK activity. Healthcare Improvement Scotland evaluated these posts as essential to the service.	£126,504
			£175,924

Professional and Business Enabling

The cost pressure within Professional and Business Enabling is £148,483.

The areas proposed for funding are:

COST PRESSURE	BACKGROUND	DESCRIPTION	FUNDING REQUIRED
2.00 WTE	Posts previously funded through Scottish Government Technology Enabled Care (TEC) allocation which is not available in 2024/25, recurring funding solution required.	Digital posts working at locality level supporting the development of the Patient Record Management and Hub system. previously funded by TEC funding which SG stopped.	£148,483
			£148,483

Directorate	Proposed Allocation
Primary & Preventative Care	£191,775
Complex & Critical Care	£159,775
Community Care	£175,924
Professional and Business Enabling	£148,483
TOTAL	£675,957

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

Executive Summary

- The financial position of NHS Scotland and NHS Fife for 2024/25 represents the highest level of challenge since devolution.
- The overall financial gap has reduced from £54.750m to £51.350m in July 2024 as a consequence of allocation increases notified since the financial plan was approved by the NHS Fife Board in March 2024.
- There is a reasonable level of confidence we will achieve £23.3m of the 3% efficiency target and a further push is now on to bridge the £1.7m gap in projected delivery in quarter 3.
- At the end of September 2024, the level of overspend on health board retained budgets is £0.6m less than anticipated, after taking account of the cost reduction achieved in the first 6 months in relation to RTP workstreams. Whilst the run rate overspend has improved in month 6 as a result of one-off benefits, further sustained improvement is necessary in the latter half of the financial year.
- The IJB health delegated position has deteriorated significantly and is a major cause of concern. We continue to discuss this significant risk and variation from plan with the IJB and Fife Council. A recovery plan developed by the IJB Chief Finance Officer was presented to the September IJB Board. Whilst the recovery plan 'direction of travel' was supported in principle, further detailed work and impact assessments will be undertaken and presented to a special IJB Board meeting later in October.
- Feedback from the 'Choices' exercise has informed the design of our Strategic Transformation Portfolio and reflect the priority areas across our four transformation programme.

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 NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centre

2 Report summary

2.1 Situation

This report details the financial position for NHS Fife for the 6 months to September 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 resulted in a funding gap of £54.750m for 2024/25 (6.6% of our baseline budget). As previously reported, an additional allocation for New Medicines Funding was advised in July which reduces the gap to £51.350m.

2.2 Background

A range of cost improvement schemes and efficiency initiatives have been developed to mitigate £25m of this funding gap, the remaining gap 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 sustainably over the next 1-2 years.

2.3 Assessment

Early in July Scottish Government advised an additional £50m for New Medicines Funding (non-recurring) would be allocated to Boards. This takes the total funding for new medicines to £230m nationally. NHS Fife's share of the new funding on an NRAC basis is £3.4m. This latest allocation will reduce the financial gap for 2024/25 to £51.350m.

At the end of September, we are reporting an overspend against revenue budget of £23.555m. This position comprises an overspend for Health Board retained services of £11.135m and £12.420m for the Health and Social Care Partnership (HSCP). The monthly overspend for September decreased by circa £0.970m when compared with the July and August monthly overspend run rates which signposts an improving position, albeit a number of non-recurring one-off benefits in month within Health Board retained (lower drugs expenditure in acute services, the receipt of energy credits, release of accruals, and the receipt of funding allocations and their appropriate inclusion in budgets at the midpoint of the financial year). Within Health delegated there has been a reduction in GP prescribing costs in September. Notwithstanding the aforementioned, the spend behaviour for the latter half of the year requires increased grip and control if minimum savings of 3% are to be achieved as well as delivering in line with our revised financial plan and forecast outturn.

At month 6 the overspend for Health board retained is in line with the financial plan trajectory due to a number of non-recurring benefits, therefore further action is required to reduce spending levels and deliver on the specific actions required by the Scottish Government for the remainder of the financial year. The overspend for the health board retained budget to the end of September 2024 is £11.135m and includes a continuation of the underlying and new cost pressures described in the financial plan. At the end of September 2024, this position reflects a cumulative overspend of c£0.6m less than anticipated, after taking account of the cost reduction achieved in the first 6 months in relation to RTP workstreams. It is important to note at the halfway point in the financial year, savings trajectories are higher in the second half of the financial year than in the first half confirming that an increased focus on grip and control to ensure delivery of the minimum 3% planned cost reductions is required.

The reported overspend on the HSCP of £12.420m is also of significant concern given the financial plan did not make any assumptions in relation to cost pressures associated with Fife Integration Joint Board. This was in line with the IJB financial plan which was projecting break-even after savings at that time. We are discussing this significant risk and variation from plan with the IJB and Fife Council.

Taking all the issues noted in the report, the level of assurance at this stage remains “limited” with all efforts continuing to support an improvement in the position.

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 financial year 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

This paper was presented and discussed at EDG on 17 October.

2.4 Recommendation

Members are asked to **take assurance** on the information provided in relation to:

- The reported revenue overspend position of £11.135m for health board retained services, the factors driving that position including any further potential mitigation plans, noting that this position is c£0.6m less than the anticipated overspend position at the half year.
 - 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 £12.420m, the increasing level of risk in relation to this and the consequent potential for a risk-share situation in-year.
 - The year to date spend against the Capital Resource Limit.
-
- **Assurance** - This report provides a limited Level of Assurance.

3 List of appendices

Appendix 1 – Finance Report for September 2024

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Appendix 1

1. Financial Position September 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 £54.750m 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 gap 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. Early in July, we were advised by Scottish Government further non recurring New Medicines Funding totalling £50m would be allocated on an NRAC basis to territorial boards, with NHS Fife receiving £3.4m. This reduces the financial gap in year from £54.750m to £51.350m.
- 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. Early in August we met with Scottish Government Colleagues to discuss the Q1 financial position and forecast outturn. Key risks and potential further actions, including progress with the 15 box Grid and our strategic transformation portfolio, which could be taken to improve the financial position were also discussed. We have received their formal response which includes a number of actions they require to be taken forward by the board by Quarter 2. These include:
- *“an update on work with the IJB to provide system-wide solutions to address the overspends in adult social care;*
 - *further details of the property exit plans, including an assessment on the return on investment that these would achieve; and*
 - *review of longer-term savings plans that can be brought forward through the NHS Board’s Re-Form, Transform and Perform programme to help support 2024-25.”*

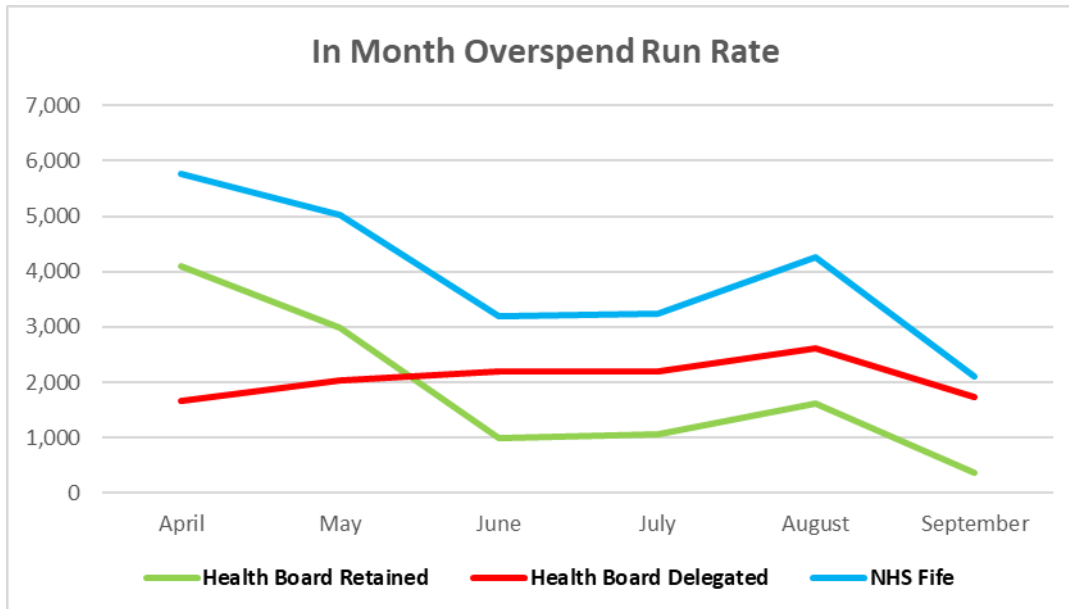
Scottish Government also confirmed the Quarter 2 review planned in early November, will also include a re-assessment against the Scottish Government Support & Intervention Framework.

- 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 September we are reporting an overspend against the revenue budget of £23.555m as detailed in table 1 below. This position includes an overspend for health board retained services of £11.135m and £12.420m for the Health and Social Care Partnership

(HSCP). The reported overspend for both health board retained is tracking £0.6m ahead of the updated financial plan trajectory due to a number of non-recurring benefits in-month, whilst health board delegated are tracking beyond their respective financial plan trajectories for the first 6 months of the financial year. Urgent action is required to reduce spending levels and deliver on the specific actions requested by the Scottish Government.

TABLE 1	Annual Budget	YTD Budget	YTD Spend	YTD Variance
Budget Area	£'000	£'000	£'000	£'000
NHS Services (incl Set Aside)				
<u>Clinical Services</u>				
Acute Services	291,183	150,239	159,464	-9,225
IJB Non-Delegated	10,003	5,001	4,657	344
Non-Fife & Other Healthcare Providers	99,406	49,986	52,984	-2,998
<u>Non Clinical Services</u>				
Estates & Facilities	95,899	46,802	46,460	342
Board Admin & Other Services	93,424	48,343	48,291	52
<u>Other</u>				
Financial Flexibility	30,479			0
Income	-37,981	-19,676	-20,026	350
TOTAL HEALTH BOARD RETAINED SERVICES	582,413	280,695	291,830	-11,135
<u>Health & Social Care Partnership</u>				
Fife H & SCP	427,171	207,682	220,102	-12,420
TOTAL HEALTH DELEGATED SERVICES	427,171	207,682	220,102	-12,420
TOTAL	1,009,584	488,377	511,932	-23,555

- 1.5 The reported overspend on the HSCP health delegated budget of £12.420m is of significant concern given our financial plan did not make any assumptions in relation to cost pressures associated with Fife IJB as a balanced budget was presented and approved by the IJB in March 2024. A recovery plan developed by the IJB Chief Finance Officer was presented to the September IJB Board. Whilst the recovery plan 'direction of travel' was supported in principle, further detailed work and impact assessments will be undertaken and presented to a special IJB Board meeting later in October.
- 1.6 We require to sustain the level of work completed to date and take forward all achievable options to restore financial balance as far as possible if we are to maintain or improve our position on the NHS Scotland Support and Intervention Framework. We are currently at stage 2 on the framework in relation to financial performance. The chart below tracks our financial performance since the beginning of the financial year.



The chart indicates for health board retained that the run rate peaked in April then began to reduce during May due mainly to additional allocations presenting in the first 2 months of the year (e.g., Planned Care). In June, the run rate significantly reduced through a combination of additional funding and also the RTP 3% savings beginning to be realised. In July, the in-month position flat-lined with that of June. However in August spend across several areas increased beyond spend patterns in the previous 4 months reflecting some seasonality, for example 5 week pay month.

The monthly overspend for September decreased by circa £0.970m when compared with the July and August monthly overspend run rates which signposts an improving position, albeit a number of non-recurring one-off benefits occurred in month within Health Board retained (lower drugs expenditure in acute services, the receipt of energy credits, release of accruals, and the receipt of funding allocations and their appropriate inclusion in budgets at the midpoint of the financial year). Notwithstanding the aforementioned, the spend behaviour for the latter half of the year requires increased grip and control if minimum savings of 3% are to be achieved as well as delivering in line with our revised financial plan and forecast outturn.

Our current forecast outturn assumes a minimum of 3% savings will be delivered and therefore it is essential that we increase the pace of savings delivery and do not fall behind in planned trajectories.

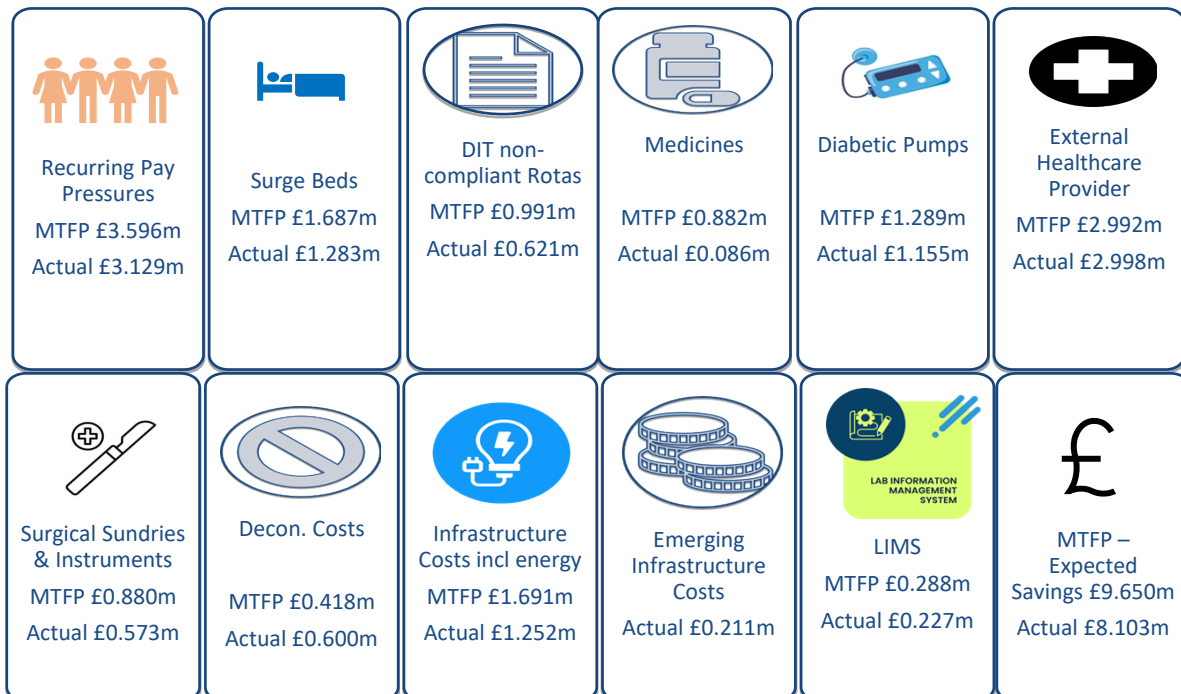
In relation to health board delegated budgets there was a steady trend upwards in the position which although flat-lined in July increased in August mainly due to increased costs in GP prescribing. In September the monthly overspend decreased due to GP prescribing which highlights the monthly fluctuations and volatility. There is a significant level of risk associated with this position which requires to be addressed through both the delivery of planned savings in place and also the emerging recovery plan as referenced earlier in this paper.

- 1.7 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. A further letter issued to Boards on 17 May stated "*Boards at level 2 or 3 of the NHS Scotland Support and Intervention Framework have been given a brokerage cap which cannot be*

exceeded, or an overspend will show in the financial statements. This does not change the statutory responsibility to break even.” Additionally, 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 revised savings challenge is £51.350m; we can assume a pro-rata share of the remaining £26.35m saving target after delivery of the initial 3%, £25m, would form the basis of the outturn position for the period. That financial plan trajectory indicates an overspend to the end of September of c£11.8m should be expected. However, it is also important to note that the £25m saving and aspects of the financial plan cost pressures are not linear with some forecast for the second part of the financial year.
- 2.2 The overspend to the end of September 2024 is £11.135m 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 all of the overall overspend £11.135m position for the period. Whilst there are some cost pressure areas that are better than expected some have deteriorated beyond the planning assumptions. A significant financial improvement in the year to date is in relation to drugs costs following notification of the additional new medicines funding. At the end of September 2024, Health Board retained budgets are approximately £0.6m less than the anticipated overspend.



- 2.3 In arriving at the reported financial position, assumptions have been made in relation to allocations still to be allocated by Scottish Government. Until all anticipated allocations are confirmed there is a level of risk associated with this assumption.
- 2.4 Negotiations have concluded in relation to the AFC 2024/25 pay awards with the assumption that the 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 available funding. An initial high level indicative cost associated with the implementation of the reforms has been calculated but will require continuous updating throughout the financial year as information becomes available. To date not all associated costs incurred since April have been reflected in the financial position due to timing of implementation across services but cost c£0.166m have been recorded in the reported overspend across the Health Board and the HSCP to date.
- 2.6 The Acute Services Division is reporting an overspend at the end of September of £9.225m. This is mainly driven by the cost pressures noted in the graphic at para 2.2. The position reported at the end of September confirms a decrease in the rate of overspend against budget in month mainly due to lower drugs costs. The average monthly overspend for the first quarter of the financial year was £1.868m which decreased to an average monthly overspend of £1.538m in the second quarter.
- 2.7 The £9.225m overspend in Acute Services is across both pay budgets at £4.823m and non-pay budgets at £4.402m. The total pay overspend of £4.823m includes the costs on recurring pay pressures, surge and junior doctor rota compliance which total £4.902m partially offset by the reduction in supplementary staffing, most notably in nursing. The overspend level on unregistered nursing staff was £2.057m with an underspend in registered staff of £0.824m giving a total overspend on nursing of £1.233m. Senior medical staffing was overspent by £0.703m and junior medical staffing was also overspent at £2.489m. This position continues to be under review to determine any further remedial action possible beyond the current savings plans in place, this will be through both the Reform 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.

Table 2 Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services Division				
Surgical Directorate	99,894	50,798	53,420	-2,622
Medical Directorate	113,404	60,034	66,005	-5,971
Women, Children & Clinical Services	75,625	38,286	38,920	-634
Acute Nursing	1,017	504	425	79
Other	1,243	617	694	-77
Total	291,183	150,239	159,464	-9225

- 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 September, set aside services reported an overspend of £4.740m which accounts for 51.4% 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, 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 but is reflected in the IJB’s financial plan.
- 2.9 Service Level Agreements and contracts with external healthcare providers are £2.998m overspent. This overspend is driven by several factors included as cost pressures with the financial plan. The overspend reported at September is tracking in line with the financial plan with the majority of the financial challenge within the SLAs with NHS Lothian and NHS Tayside. Detail is provided in Table 3 below.

Table 3	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	111	55	55	0
Borders	51	26	32	-6
Dumfries & Galloway	29	14	32	-18
Forth Valley	3,091	1,545	1,863	-318
Grampian	405	204	155	49
Greater Glasgow & Clyde	1,880	940	937	3
Highland	156	78	114	-36
Lanarkshire	134	67	121	-54
Lothian	32,415	16,207	18,030	-1,823
Scottish Ambulance Service	114	57	59	-2
Tayside	44,133	22,068	24,767	-2,699
	82,519	41,261	46,165	-4,904
UNPACS				
Health Boards	15,542	8,020	6,076	1,944
Private Sector			34	-34
	15,542	8,020	6,110	1,910
OATS	1,280	640	640	0
Grants	65	65	69	-4
Total	99,406	49,986	52,984	-2,998

- 2.10 Corporate Directorates are underspent by £0.052m in total which is an improvement on the position reported in August. The overspend in the Workforce and Digital and Information continue to reflect the pressures identified in previous months. Digital and Information continues to be the area of Corporate Services with the highest financial risk, and discussions are ongoing with D&I Colleagues looking at all aspects of grip & control including vacancy management.

Table 4	Annual Budget	YTD Budget	YTD Spend	YTD Variance
Budget Area	£'000	£'000	£'000	£'000
Chief Executive	235	120	125	-5
Communications	516	258	308	-50
Finance Director	7,703	3,882	3,718	164
Medical Director	9,394	4,278	4,010	268
Nurse Director	4,504	2,316	2,288	28
Public Health	3,466	1,868	1,791	77
Workforce Directorate	3,830	1,932	2,035	-103
Pharmacy Services	16,062	7,870	7,648	222
Digital + Information	17,553	9,488	10,207	-719
Other Board Functions	30,159	16,331	16,161	170
Total	93,422	48,343	48,291	52

2.11 In September there has been an improvement in the Estates & Facilities in month position as result of credits, for example received on Energy due to meter readings. There is ongoing work being done by the Energy Manager on all energy costs and water rates which has been reaping one off benefits.

Table 5	Annual Budget	YTD Budget	YTD Spend	YTD Variance
Estates & Facilities	£'000	£'000	£'000	£'000
Energy	10,695	4,556	4,680	-124
PPP	28,637	13,948	13,937	11
Equipment Maintenance	3,023	1,511	1,839	-328
Pays	35,600	17,561	17,641	-80
Other Non Pays	17,944	9,226	8,363	863
Total	95,899	46,802	46,460	342

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 £13.7m.
- Balance remaining on the additional funding for NRAC 2024/25 £7.2m.
- Additional recurring waiting times allocation £1.7m.
- Employers Superannuation costs £3.35m.
- New Medicine Funding £8.01m.

At the half year, the only allocation where there could be flexibility relates to the NRAC funding of £7.2m. Work is underway to inform the use and release of this funding as we move in to quarter 3 when 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.

4 Income

4.1 Budgeted income for the period is in line with financial planning assumptions and detailed in the tables below.

HB retained income	£'000
SLA	9,059
ACT	3,837
Healthcare to LA	2,455
Dining room income	1,037
Laundry income	1,279
Recovery from GPs in HC	1,268
NES Medical in training income	12,079
RTA	686
Other	6,281
Total HB retained income budget	37,981

5 Health & Social Care Partnership

5.1 Health services in scope for the Health and Social Care Partnership report an overspend of £12.420m. The overspend predominately relates to high usage/costs 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 launched in NHS Fife in early August, for Locums and AHP's within Acute & HSCP will generate a VAT efficiency saving and consequently reduce costs.

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 £1.398m. GP prescribing spend improved in month 6 reporting an overspend of £1.949m against the adjusted directions budget.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Fife Health & Social Care Partnership	427,171	207,682	220,102	-12,420
TOTAL HEALTH DELEGATED SERVICES	427,171	207,682	220,102	-12,420

Whilst the IJB directions reflect a budget transfer of £4.1m from health delegated to social care, the month 6 position continues to indicate 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.

Moreover, the IJB Chief Finance Officer has shared the projected overspend for the IJB at March 2025 (based on month 4 forecast) as £21m an improvement of £3m on the projected outturn based on month 2. This is a result of a projected £11m overspend on health delegated services and a £10m overspend on social care services (both after assuming the £4.1m budget transfer from health). NHS Fife's share of the full HSCP overspend at this level would be £13.374m. A recovery plan is anticipated to be received from the Chief Finance Officer in October as this level of overspend cannot be absorbed by NHS Fife. Given the extremely high level of risk this has been reflected in the forecast outturn to ensure transparency however every effort must be made to ensure the recovery plan mitigates this risk. Further detailed work and impact assessments will be undertaken and presented to a special IJB Board meeting later in October.

6 Financial Improvement & Sustainability

- 6.1 Delivering Value and Sustainability is one of our four 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 September 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 September, a £9.650m saving was anticipated across the 13 schemes with £8.103m confirmed as delivered, a shortfall on plan of £1.547m. Several schemes are delivering but are behind target at this time and will require further focus to deliver on target. At this point in the financial year both the SLA and Business Transformation schemes continue to present as high-risk areas in terms of non-delivery savings in line with target. Further work and discussion are also required to support the Surge beds scheme. The £25m target is non-negotiable in relation to both NHS Fife Board and SG expectations and work must continue at pace to develop contingency plans to ensure this target is delivered as a minimum. The implementation of Direct Engagement in August, increased grip and control across all schemes along with robust vacancy management processes should enable the levels of savings delivered across the schemes to be increased in future months. In quarter 2 EDG agreed a proposal to stretch and improve delivery on a number of the agreed 3% targets which increased forecast delivery to £23.3m leaving £1.7m to be identified to ensure the full £25m savings target is achieved. Work will continue to push for full delivery as we progress throughout the year.

Scheme	Target Saving	September 2024 Planned YTD	September 2024 Delivery YTD	Forecast Saving	Target Saving (FY): £25,000,000 Planned Saving (YTD): £9,650,182 Linear target (YTD): £12,500,000 (for 3% schemes only) YTD Saving: £8,103,007
1. Medicines Optimisation	£2,000,000	£727,273	£950,482	£3,000,000	
2. Unscheduled Care Bundle	£700,000	£350,000	£393,112	£750,000	
3. PFI Contract	£400,000	£600,000	£600,000	£600,000	
4. Estates Rationalisation	£2,000,000	£482,000	£566,000	£2,000,000	
5. Non-Compliant Rotas	£1,000,000	£250,000	£370,000	£1,000,000	
6. Legacy Covid Costs	£1,000,000	£500,000	£284,206	£843,631	
7. Supplementary Staffing	£5,000,000	£2,500,000	£1,430,066	£4,814,577	
8. Procurement	£500,000	£250,000	£178,513	£500,000	
9. Corporate Directorates	£1,500,000	£750,000	£750,000	£1,500,000	
10. Business Transformation	£2,400,000	£800,000	£77,009	£1,402,869	
11. Surge Reduction	£1,850,000	£840,909	£403,620	£950,000	
12. Planned Care	£1,200,000	£600,000	£1,100,000	£2,200,000	
13. SLA & External Activity	£5,000,000	£1,000,000	£1,000,000	£2,200,000	
14. Bal. Sheet & Severance				£1,500,000	
Key					
Significant shortfall on Target of plan	Total YTD – for 3% savings schemes	£9,650,182	£8,103,007	£23,261,076	
Delivering target but not in full					

Supplementary Staffing

6.3 At the end of September 2024 total spend on supplementary staffing for Health Board retained services is described below. A total reduction of £3.791m on the average monthly spend rate for the same time in the previous financial year has been confirmed. Whilst this is a significant achievement, the overall pay costs for Nursing and Medical costs remain in an overspend position. The numbers below exclude the supplementary staffing within the Surge reduction programme to prevent double counting of savings.

HBR	Monthly Average 2023/24	Monthly Actual 2024/25	Reduction
April	1,620,399	742,084	878,316
May	1,620,399	874,296	746,104
June	1,620,399	1,108,458	511,941
July	1,620,399	1,097,949	522,451
August	1,620,399	1,065,710	554,690
September	1,620,399	1,043,273	577,126
Total	9,722,397	5,931,770	3,790,627

The £5m target for supplementary staffing reduction was identified after taking account of vacancy factor during 2023/24. The total spend on supplementary staffing can be seen in Appendix A. The impact of the reduction in supplementary staffing offset by investment in permanent posts is described in the table below. Supplementary staffing has significantly reduced, £3.791m per table below, particularly for the nursing workforce. However, core workforce costs have increased to reflect the investment in permanent posts, £2.361m per table below. The net impact is an improvement to the financial position of £1.430m. This improvement has mostly affected nursing budgets as the investment in core nursing staffing

has been less than the reduction in nursing supplementary staffing. This has not been the case for medical staffing with no underlying saving evident from the reduction in medical supplementary staffing costs. The table below describes the impact on both budget and costs for the first half of the financial year.

September YTD	Supp Staffing Reduction	Core Staffing Increases	Net Movement
Jnr Medical	156,710	(640,662)	(483,952)
Snr Medical	396,116	(472,413)	(76,297)
Reg Nursing	2,104,117	(1,315,720)	788,398
Unreg Nursing	1,133,684	68,234	1,201,917
Total	3,790,627	(2,360,561)	1,430,066

It is anticipated that the benefit calculated for the half year will continue for the remainder of the year supplemented with further savings from the implementation of Direct Engagement. Other RTP programmes which also impact staffing costs, for example, Unscheduled care Bundle, Surge, Doctors in Training rota compliance, have been considered when reporting the financial data in the table above, to avoid double counting.

Medicines Optimisation

- 6.4 Medicines Optimisation workstream have delivered ahead of target at the end of September. Additionally, the Medicines Optimisation Board has agreed to stretch the savings target to £3m and work is underway to identify additional opportunities. Almost half of the savings delivered to date are due to the receipt of rebates rather than drugs switches. It is imperative the work required to deliver on the potential drug switches identified in the medicines optimisation plan is delivered at pace to ensure full delivery against this work stream.

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. If spend on transport costs is minimised there is potential opportunity to deliver further savings of circa £0.050m and consequently the forecast saving was stretched to £0.750m in August.

Estates Rationalisation

- 6.6 Cost reductions commenced delivery during June. Work conducted to date informs there is reasonable confidence of delivery of the full £2m target. A significant level of savings was confirmed in July and August including PFI insurance rebates.

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 continues to review the workforce model, and a revised financial plan is expected which would require investment in permanent staff.

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. On paper rotas remain compliant and consequently savings on junior doctors payments are ahead of plan.

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 £2.2m 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 two 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. Note that SLA uplifts with other NHS board areas have still to be agreed and confirmed for 2024/25 at this stage although several options have been identified and discussed at national finance groups in recent weeks.

Procurement

- 6.12 Procurement savings continue to be behind plan. Savings delivered reflect reductions secured across theatres procurement budgets and other non-pay budgets across the acute services directorate. Whilst work is being taken forward to identify additional potential savings these have yet to deliver.

Business Transformation

- 6.13 This savings scheme considers a range of different activities which affect the way we support and deliver clinical and non-clinical services. The savings to date relate 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.

7 Forecast Outturn

- 7.1 Included in the medium-term plan submitted to Scottish Government were a number of risks which could impact of the board's outturn at the end of the financial year. In line with Scottish

Government's expected actions for quarter 1 we reviewed those risks and identified the potential impact on our forecast outturn.

Agenda for Change Reform

As advised by Scottish Government we did not include any costs in relation to AFC reforms in our financial plan. Based on available information and adoption of national modelling assumptions in relation to Band 5-6 job evaluation we anticipate an additional cost could be as high as £13m in excess of the allocation provided on a non-recurring basis by Scottish Government. This calculation has been built on very high-level assumptions which assume a high uptake in terms of jobs reviewed and a high success rate in terms of re-banding to B6. There is however limited data available to support the calculation currently either locally or nationally. At the end of the first quarter, we identified this as high risk however have not reflected this in the forecast outturn until more information is known. This was discussed with SG and is consistent with other NHS Boards treatment of this risk at this point in time.

SLAs with Other Scottish Health Boards

Our financial plan assumes no uplift will be applied to SLAs with other Scottish Health Boards.

Based on current intelligence of proposals presented to the Corporate Finance Network and national Directors of Finance meetings we have identified the potential increase could be as much as 5% which would be £5m for NHS Fife if this SLA uplift is accepted nationally.

Fife Integration Joint Board risk share

Our financial plan did not make any assumptions in relation to the risk share arrangements. Based on financial data to July 2024 and all known available information we have been advised by the Fife IJB Chief Finance Officer that the current forecast overspend for the IJB is £21m (based on month 4 forecast), an improvement of £3m on the previously notified forecast of £24m based on month 2 forecast. NHS Fife's share of the forecast outturn in line with the IJB integration scheme is £13.374m. This remains an extremely high risk to the Board and, until a formal recovery plan is agreed by the IJB and partners, this requires to be added to the forecast year-end position. This was discussed with SG who advised inclusion was appropriate at this time and a reflection that a number of IJB financial positions across the country are deteriorating from agreed plans. It is critical that the recovery plan initially tabled at IJB Board meeting in September is further developed and impact assessed to allow agreement to actions at the IJB meeting in October.

Delivery of 3% minimum Savings Targets

We continue to assume we will deliver the 3% minimum savings expected by Scottish Government, circa £25m.

The table below identifies a forecast outturn at March 2025 of £36.763m, which is the same forecast outturn as last month. Whilst we have seen an improvement in the September position, we still have to identify savings plans totalling £1.728m and this now poses a risk to the delivery of the full £25m. This forecast includes the potential IJB risk share of £13.374m, however we are aware of an overspend of circa £0.715m on SLAs not being included in the IJB forecast by the CFO and we await further discussion with the CFO to resolve the issue on this matter; along with a likely increase in costs of any nationally agreed SLA uplift. We anticipate receiving a recovery plan from the IJB later in October to mitigate the current unaffordable projected IJB outturn but require to include in the forecast to ensure full transparency as it remains a significant financial risk until the recovery plan is agreed and delivered. In relation to the nationally agreed SLA uplift, discussions have

taken place at the national Corporate Finance Network, and Director of Finance meetings however no agreement has been reached at this point.

Forecast Budget Area	September Forecast £'000
NHS Services (incl Set Aside)	
<u>Clinical Services</u>	
Acute Services	-20,467
IJB Non-Delegated	270
Non-Fife & Other Healthcare Providers	-6,556
<u>Non Clinical Services</u>	
Estates & Facilities	-707
Board Admin & Other Services	-403
<u>Other</u>	
Income	500
Financial Flexibility including full delivery of 3% savings	10,712
Savings still not identified	-1,738
TOTAL HEALTH BOARD RETAINED SERVICES	-18,389
<u>Other Financial Risks</u>	
Fife IJB	-13,374
SLAs - potential nationally agreed uplift	-5000
TOTAL HEALTH BOARD FORECAST OVERSPEND	-36,763

8 Capital

- 8.1 Capital expenditure is limited for the first half of the financial year due to phasing of schemes with costs to date of £1.990m reflected in the table below. The Capital Resource Limit (CRL) is £7.764m as adjusted for two anticipated allocations for HEPMA and Medical Education totalling £1.667m resulting in a total budget of £9.431m. The majority of spend to date relates to the refurbishment works for ward 6 at VHK along with the former short stay surgical unit, HEPMA and the Medical Education works.

Capital Budget 2024/25	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2024/25 £'000
Statutory Compliance RTP/Clinical Prioritisation	2,500	766	2,500
Contingency	750	278	750
Capital Equipment	1,074	131	1,074
Digital & Information	1,898	326	1,898
Mental Health Estate	1,000		1,000
Capital Staffing Costs	342	177	342
Capital Repayment	200		200
Anticipated Funding - HEPMA	723		723
Anticipated Funding - Medical Education	944	311	944
Total confirmed CRL	9,431	1,990	9,431

Brokerage repayment

- 8.2 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.

9 Recommendation

Members are asked to **take assurance on** the content of the report in relation to:

- The reported revenue overspend position of £11.135m for health board retained services, the factors driving that position including any further potential mitigation plans, noting that this position is c£0.6m better than where the Board anticipated the position to be at the half year.
- 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 £12.420m, the very high level of risk in relation to this and the consequent potential for a risk-share situation in-year.
- The year to date spend against the Capital Resource Limit.
- The indicative forecast outturn following an update of the risks identified in the Board's financial plan for 2024-25.

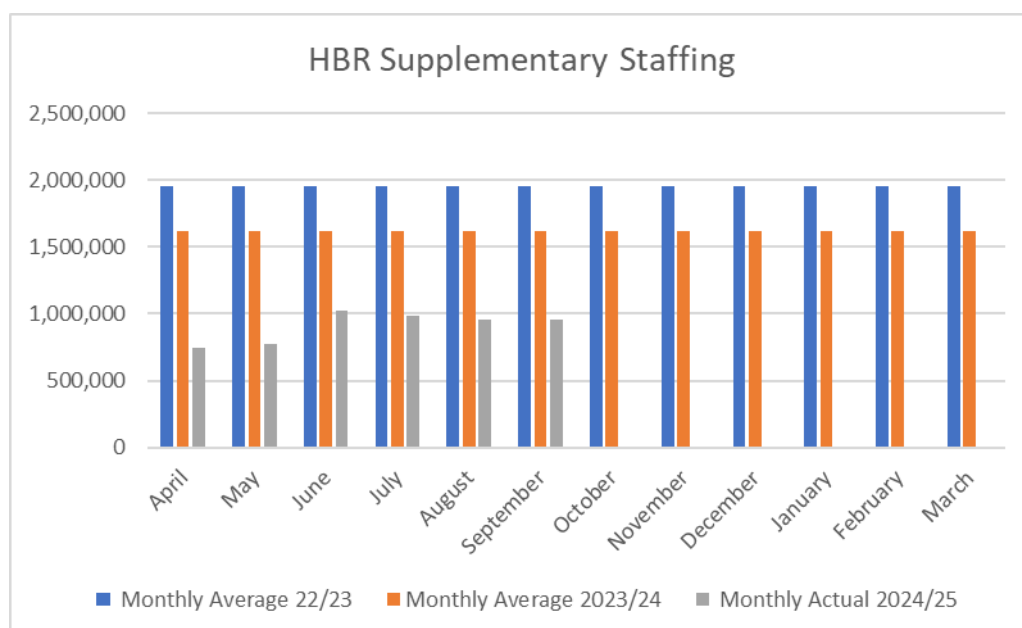
10 List of appendices

Appendix A – Supplementary Staffing
Appendix B – Subjective Analysis

Appendix A – Supplementary Staffing

Bank and Agency Spend to September 2024

	AGENCY SPEND			BANK SPEND			Grand Total	Full Year 2023/24
	Medical	Nursing	Total	Medical NHS	Nursing	Total		
	Locums £	£	£	Locums £	£	£		
Emergency Care & Medicine	1,366,338	295,067	1,661,404	787,874	1,541,027	2,328,901	3,990,306	14,153,478
Planned Care & Surgery	24,393	44,382	68,775	210,210	467,089	677,299	746,074	4,544,101
Women, Children + Clinical Ser	373,019	-594	372,425	570,115	391,183	961,298	1,333,723	2,276,820
Corporate Services	0	0	0	8,648	38,052	46,700	46,700	107,997
Health Board retained	1,763,750	338,854	2,102,604	1,576,848	2,437,351	4,014,199	6,116,803	21,082,396
Community Care Services	327,031	494,698	821,730	152,398	3,076,416	3,228,814	4,050,544	9,656,422
Complex And Critical Services	5,494,464	1,235,610	6,730,074	181,237	2,865,973	3,047,209	9,777,284	18,764,582
Primary Care + Prevention Serv	303,599	0	303,599	711,499	313,064	1,024,563	1,328,162	3,292,161
Professional/business Enabling	0	954	954	0	0	0	954	14,405
H&SCP	6,125,094	1,731,263	7,856,357	1,045,134	6,255,453	7,300,587	15,156,944	31,727,570
Grand Total	7,888,844	2,070,117	9,958,961	2,621,981	8,692,804	11,314,786	21,273,747	52,809,966



Bank and Agency Spend to September 2024

	Agency AHP £	Bank AHP £	Total £
Emergency Care & Medicine	0	0	0
Planned Care & Surgery	2,300	1,340	3,640
Women, Children + Clinical Ser	499,231	0	499,231
Corporate Services	0	0	0
Health Board retained	501,531	1,340	502,871
Community Care Services	22,532	0	22,532
Complex And Critical Services	0	0	0
Primary Care + Prevention Serv	0	0	0
Professional/business Enabling	0	0	0
H&SCP	22,532	0	22,532
Grand Total	524,062	1,340	525,402

Appendix B – Subjective Analysis

Health Board Retained
September 2024

Cost Type	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000	Staff Est	Ave WTE	Current Month
Admin & Clerical	44,473	22,473	21,383	1,090	958.48	957.48	928.38
Allied Health Professionals	15,094	7,743	7,124	619	239.87	237.30	236.48
Budget Reserves -pay	-2,248	-1,120	0	-1,120		0.17	
Healthcare Sciences	10,358	5,210	5,146	64	175.14	173.56	173.14
Medical & Dental	78,986	40,392	43,241	-2,849	590.86	594.39	617.64
Medical Dental Support	2,754	1,391	1,525	-134	53.65	59.40	46.41
Nursing & Midwifery	119,442	60,223	61,466	-1,243	2,189.40	2,262.64	2,288.65
Other Therapeutic	15,253	7,460	7,123	337	274.74	252.46	251.45
Personal Social Care	723	382	546	-164	7.94	13.55	13.41
Senior Managers	1,828	910	875	35	25.00	20.90	21.00
Support Services	32,829	16,236	16,508	-272	878.44	827.61	845.26
Total Pay	319,491	161,300	164,937	-3,637	5,393.52	5,399.46	5,421.82
Budget Reserves Non Pay	4,003	678	-46	724			
Financial Flexibility	30,479			0			
Cssd/diagnostic Supplies	5,433	2,723	3,351	-628			
Drugs	32,590	19,626	19,705	-79			
Equipment	7,356	3,642	4,663	-1,021			
Heating Fuel And Power	10,738	4,599	4,723	-124			
Hotel Services	6,159	3,159	3,813	-654			
Other Admin Supplies	9,873	4,943	5,386	-443			
Other Supplies	4,981	3,369	3,351	18			
Other Therapeutic Supplies	2,244	1,111	855	256			
Property	10,597	5,180	4,971	209			
Surgical Sundries	17,753	9,238	11,084	-1,846			
Total Non Pay	142,206	58,268	61,856	-3,588			
Purchase Of Healthcare	132,699	67,165	70,759	-3,594			
Total Purchase of Healthcare	132,699	67,165	70,759	-3,594			
Board Administration	0	0	0	1			
Family Health Services	6,363	3,181	3,106	75			
Total Family Health Services	6,363	3,181	3,106	76			
Other (inc Depreciation)	22,131	11,198	11,198	0			
Savings	-2,497	-741	0	-741			
Total Other	19,634	10,457	11,198	-741			
Social Work Healthcare	0	0	0	0			
Social Work Healthcare	0	0	0	0			
Total Expenditure	620,394	300,371	311,856	-11,484	5,393.52	5,399.46	5,421.82
Income	-37,981	-19,676	-20,026	350			
Total Net Expenditure	582,413	280,695	291,830	-11,135	5,393.52	5,399.46	5,421.82

Appendix B Continued

Delegated
September 2024

Cost Type	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000	Staff Est	Ave WTE	Current Month
Admin & Clerical	18,284	9,212	9,476	-264	426.25	449.29	451.22
Allied Health Professionals	29,270	14,796	13,800	996	549.61	482.60	489.08
Budget Reserves -pay	115	58	0	58			
Healthcare Sciences	218	109	137	-28	4.68	5.71	5.50
Medical & Dental	24,961	12,428	15,909	-3,481	150.64	123.42	126.67
Medical Dental Support	2,716	1,358	1,240	118	69.37	57.14	56.89
Nursing & Midwifery	114,879	57,154	57,894	-740	2,108.92	2,160.71	2,151.85
Other Therapeutic	10,422	5,682	5,433	249	134.14	154.77	150.62
Personal Social Care	2,185	1,093	970	123	41.18	35.73	34.76
Senior Managers	161	81	46	35	1.00	0.62	0.00
Support Services	642	317	575	-258	1.81	17.76	13.99
Total Pay	203,854	102,288	105,480	-3,192	3,487.60	3,487.75	3,480.58
Allocations Awaiting Distribution	10,870	0	0	0			
Cssd/diagnostic Supplies	249	124	203	-79			
Drugs	9,238	5,589	6,112	-523			
Equipment	1,557	778	1,336	-558			
Heating Fuel And Power	85	42	53	-11			
Hotel Services	293	180	412	-232			
Other Admin Supplies	5,222	2,544	2,555	-11			
Other Supplies	509	255	223	32			
Other Therapeutic Supplies	372	186	79	107			
Property	85	285	436	-151			
Surgical Sundries	4,164	2,087	2,225	-138			
Total Non Pay	32,644	12,070	13,634	-1,564			
Purchase Of Healthcare	45,111	21,798	23,614	-1,816			
Resource Transfer	21,404	10,648	10,641	7			
Total Purchase of Healthcare	66,515	32,446	34,255	-1,809			
Board Administration	0	0	-1	1			
Gds	28,159	14,080	14,080	0			
Gms	61,113	30,654	29,680	974			
Gos	8,562	4,281	4,281	0			
Gps	101,502	50,411	52,320	-1,909			
Total Family Health Services	199,336	99,426	100,360	-934			
Other (inc Depreciation)	48	24	24	0			
Savings	-9,815	-4,919	0	-4,919			
Total Other	-9,767	-4,895	24	-4,919			
Social Work Healthcare	7	3	4	-1			
Social Work Healthcare	7	3	4	-1			
Total Expenditure	492,588	241,337	253,757	-12,420	3,487.60	3,487.75	3,480.58
Income	-65417	-33655	-33655	0			
Total Net Expenditure	427,171	207,682	220,102	-12,420	3,487.60	3,487.75	3,480.58

Meeting: Finance Performance and Resources
Committee

Meeting date: 12th November 2024

Title: Laboratories Managed Service Contract 2023/24

Responsible Executive: Claire Dobson, Director of Acute Services

Report Author: Robyn Gunn, Head of Laboratory Services

Executive Summary:

- This annual report fulfils a recommendation made in an audit report which was presented in August 2019 by the FTF Internal Audit Service on Service Contract Expenditure – Managed Service Agreement for Laboratory Services Report No. B29/19
- The value of the contract in 2023/24 was £2.6m with VAT saving standing at £523k.
- 13 out of 16 KPIS for the MSC were met.
- This report provides a Significant Level of Assurance.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- NHS Board Strategic Priority/ies
 - To Improve Quality of Health & Care Services
 - To Deliver Value & Sustainability.

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

- Effective

2 Report summary

2.1 Situation

This report provides a significant level of assurance in relation to the Laboratories Managed Service Contract (MSC) and outlines the operational governance and financial monitoring for 2023/2024.

2.2 Background

This annual report SBAR fulfils a recommendation made in an audit report which was presented in August 2019 by the FTF Internal Audit Service on Service Contract Expenditure – Managed Service Agreement for Laboratory Services Report No. B29/19. The scope of the audit was to evaluate and report on controls established to manage the risks relating to the operational governance and financial monitoring of this contract.

A Managed Service Agreement for Laboratory Services between NHS Fife and Roche Diagnostics was signed in May 2014 with an agreed commencement date of 1st April 2015 for a contract term of seven years, ending in March 2022. NHS Fife laboratories participated in a regional Managed Service Contract Tender with NHS Lothian and NHS Borders which was awarded to Roche Diagnostics in November 2020 and NHS Fife Laboratories transitioned to this new contract 1st April 2022.

2.3 Assessment

The MSC Q4 report for 2023/24 has demonstrated that out of 16 KPIs, 13 were met.

The three KPIs that were not met are as follows:

Supplier	KPI Name	Pass Score	Actual Score	Comments
QIAGEN LTD	Consumable Availability	99%	95%	Slight delay in receiving kit
Roche Diagnostics Ltd	Engineering Response Times	100%	81.25%	3 of 16 engineering response times failed the KPI. However, the highest risk reasons for call out performed at 100%
Roche Diagnostics Ltd	Delivery of goods	97%	96.8%	Various short-term stock outs due to increased demand

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 contract is managed to both meet and evidence the requirements of laboratory accreditation to ISO 15189 as assessed by UKAS. There are no quality issues or concerns to highlight

2.3.2 Workforce

The Roche MSC includes a £10k training budget to support staff training and development.

2.3.3 Financial

The value of the contract in 2023/24 was £2.6m with the VAT saving standing at £523k.

Monthly financial statements are issued by Roche. These are reviewed by the Head of Laboratory Services and the Finance Business Partner and are discussed with the Roche Commercial Finance Business partner and Customer Account Manager at a monthly finance

meeting. The Quarterly Business Review also includes a financial performance and budget statement overview which is distributed and discussed with the wider Laboratory Team and representatives from finance and procurement.

A biannual Regional Strategic meeting is also held to carry out a high level overview of the entire regional contract.

Authorised Variations

See below for a full list of in year variations totalling £16,440.47.

CCN No	CCN Title or Addition Subject	CCN Status	CCN Signature Date	Total Cost p.a.	VAT Savings
22	Changes to Sysmex Equipment for NHS Fife	Complete	29/06/2023	£3,870.65	£774.13
24	Addition of Sarstedt Tubes for NHS Fife	Complete	06/10/2023	£783.80	£156.76
25	Addition of Alpha Reagent for NHS Fife	Complete	06/10/2023	£3,110.00	£622.00
30	Addition of Quotient Reagent for NHS Fife	Complete	20/11/2023	£5,269.54	£1,053.91
34	Addition of Hologic Consumable for NHS Fife	Complete	05/02/2024	£10.78	£2.16
35	Addition of RIDA QUICK Items for Fife	Complete	08/03/2024	£3,395.70	£679.14

KPI Refunds (Service Deductions)

KPI credits in the reporting year totalled £6,747.51.

2.3.4 Risk Assessment / Management

There is no specific risk recorded on the risk register in relation to this contract. However a risk assessment has been carried out and describes the following risks and controls:

Risk	Who/what might be harmed?	Current Controls	Risk Score
That the contract will not deliver on the original criteria upon which it was agreed	Laboratory services – Haematology, Blood Transfusion, Microbiology and Cellular Pathology – will not be provided as per the contract agreed. This will impact on patient care.	Roche provides a comprehensive quarterly Business Service Report which includes contract scope and additions, unitary charge, contract change notices, statement overview, summary of year to date expenditure against forecast, KPI report and action tracker. There is a quarterly review meeting and a clear process for Dispute Resolution within the contract	Remote (1) x Major (4) =4
That contract monitoring arrangements will not identify all delivery failures resulting in financial claw back.	Claw back payments may be incorrect which will affect revenue for NHS Fife	Service failures are recorded on QPulse and this process is robust and in line with the ISO 15189 accreditation held by all of the laboratories. A breakdown of claw back	Unlikely (2) x Minor (2) = 4

		payments is included in the quarterly business report.	
That variations to the contract are appropriately identified, agreed and costed.	Inappropriately authorised variations will be in breach of Standing Financial Instructions.	A process has been agreed with the Director of Finance around variations to the contract that includes appropriate authorisation in line with SFIs	Possible (3) x Moderate (3) = 6
That the contract will not perform efficiently	Planned level of service will not be achieved and there may be a financial impact	There are processes in place to ensure that the contract is managed efficiently; quarterly review meetings, planned v actual service breakdown and a monthly meeting between the NHS Fife Finance Business Partner and the Roche Management Accountant representative.	Possible (3) x Moderate (3) = 9
That the contract will over perform against yearly forecast.	Adverse financial impact as costs rise.	The quarterly Business Service Report identifies over and underperforming consumables which allows laboratory managers to identify potential rising costs. In addition to this, all areas of the laboratory apply robust demand optimisation principles to testing of patient specimens.	Possible (3) x Minor (2) = 6

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

An impact assessment has not been completed. The contract relates to the provision of equipment, reagents and consumables.

2.3.6 Climate Emergency & Sustainability Impact

Both Roche and NHS Fife procurement have sustainability programmes. These are reviewed at the Biannual Strategic Business review of the contract. NHS Fife Laboratories are actively engaging with the Roche in relation to sustainability projects.

2.3.7 Communication, involvement, engagement and consultation

- Quarterly meetings with Roche
- NHS Fife Laboratory Committee
- Acute SLT

2.3.8 Route to the Meeting

This paper has been prepared in conjunction with the Laboratory Finance Business Partner and Roche Customer Account Manager and will be tabled at the Laboratory Committee meeting for information.

2.4 Recommendation

This paper is provided to members for:

Assurance

This report provides a significant level of assurance in relation to the Laboratories Managed Service Contract (MSC) and outlines the operational governance and financial monitoring for 2023/2024.

3 List of appendices

The following appendices are included with this report:

None

Report Contact

Robyn Gunn

NHS Fife Head of Laboratory Services

Email robyn.gunn@nhs.scot

Meeting:	Finance, Performance & Resources Committee
Meeting date:	12 November 2024
Title:	Procurement Key Performance Indicators 2024/25
Responsible Executive:	Margo McGurk, Director of Finance and Strategy
Report Author:	Kevin Booth, Head of Financial Services & Procurement

Executive Summary

- This paper presents the current procurement KPIs to provide the FP&R committee with visibility of the Procurement Departments performance in line with the NHS Fife Procurement Strategy.
- There are no material changes to the KPI's following quarter two (2024/25)
- The KPI's were reviewed at length at the Procurement Governance Board, and they present a positive, progressing position as at the end of quarter one.
- This report provides a significant level of assurance on the positive performance of the Procurement function, with a continued focus on quality and service improvement.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- NHS Board Strategic Priority to Deliver Value & Sustainability

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

- Effective

2 Report summary

2.1 Situation

As per the Procurement Governance Board workplan, the suite of Procurement Department Key Performance Indicators (KPI's) to 30 September 2024 are presented to the FP&R committee for assurance.

2.2 Background

To ensure that the Procurement departments performance is visible to stakeholders across NHS Fife, a comprehensive set of KPI's were agreed as part of the Procurement Strategy. The KPI's are an integral component of the oversight of management information and will be presented quarterly to the Procurement Governance Board in advance of being provided to the Finance Performance & Resource committee.

2.3 Assessment

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

Purchase Order Spend

The average monthly purchase order spend via Pecos is £15.4m, with a total spend of £92.6m. This is an increase in comparison with the same period last financial year (average monthly £12.8m, total £77.1m). This increase is due to goods and services which were previously dealt with as invoices via e-Authoriser, now being raised as Pecos orders, which in turn provides enhanced transparency to total non-pay spend.

As per NHS Fife Standing Financial Instructions, this will ensure that orders are raised and approved in Pecos, for all goods/services in advance of them being requested/received from the supplier and facilitates the appropriate authorisation level.

High Value Orders

Pecos purchase orders with a value greater than or equal to £50k are identified as high value. The average monthly value of these orders is £11m. To date there have been 98 high value orders with a total value of £66.5m. £42.2m of which relates to PFI provider spend. This is an increase in comparison the same period last financial year (69 orders, at £52.8m). This increase can be attributed to goods and services which were previously dealt with as invoices via e-Authoriser, now being raised as Pecos orders.

Low Value Orders

Pecos purchase orders with a value less than or equal to £50 are identified as low value. The average monthly number of these orders is 2,238 with a value of £53k. To date there have been 13,425 low value orders with a total value of £318k. This is a slight decrease in comparison with the same period last financial year (15,614 and £326k).

Efficiency Savings

The overall forecast procurement saving for FY 2024/25 to date is £416k, this includes the forecast RTP Acute procurement schemes forecast delivery of c£250k and comprises:

- £373k for direct cash releasing cost savings, £113k of which relates to Theatre Equipment & Consumables (Ureteroscopes, Staplers, Reloaders, NTC Equipping, and Annual Da Vinci Robot Maintenance), £102k for Digital & Information Cost Improvement Projects, £40k for Wound Management Products, £39k for Medical Consumables, £30k for Urology Consumables and £22k for Lift Maintenance. The remaining circa £27k, comprises implementation of various National and Local contracts and projects.
- £43k for cost avoidance, which relates to the £31k for the 4-year contract extension for NP688 Orthopaedic Hips & Knees with an increased discount for the period April 2024 and £12k for Urology PDD Camera system.

However, these savings are being offset by the significant cost pressures being experienced as a direct result of the impact of the higher inflation rate across the marketplace. As of 30 September 2024, the cost pressure was **-£118k** resulting in a net cost saving of £298k.

The main contract areas contributing to these cost pressures are:

- Catering Products £84k
- Waste Management £16k
- Medical Consumables £15k

Quick Quotes Published

The number of Quick Quotes awarded (Orders between £15,000 and £49,999) in Public Contracts Scotland (PCS) to date for 2024/25 is 12, all of which relate to printing of clinical documentation.

Contract Awards Published

The number of Contracts (£50k and above) awarded in PCS to date for 2024/25 is 3, at a value of £2.4m, £162k for Oncotype DX Breast Recurrence Score Testing, £692k for GMS Services and £1.6m for Urgent Care Out of Hours Transport Requirements.

Tender Waivers

During the period July 2024 – September 2024 there was one contract subject to a waiver of competitive tender for the CRIS Radiology Information System at a value of £96,240.

Payment Performance

The cumulative supplier payment performance to date for this financial year is:

Invoice Payment	Previous FY Report	Current FY Report
Within 10 days by Value	88%	87% ↓ 1%
Within 10 days by Volume	81%	82% ↑ 1%
Within 30 days by Value	94%	93% ↓ 1%
Within 30 days by Volume	92%	92% ↔ same

Catalogue Lines

The percentage of Pecos purchase order lines process, via preloaded catalogues, averages at 91% per month a 1% increase on the same period last year.

Contract Lines and Value

The percentage of lines processed via Pecos purchase orders, which have been contracted:

	Average Monthly %	Average Monthly Value	Cumulative Value
Previous FY	63%	£1.3m	£7.6m
Current FY	60%	£1.3m	£8.1m
	↓ 3%	↔ same	↑ £0.5m

National Distributed Services (NDS) Spend

The average monthly purchase order spend via the NDS is £879k, and a total spend of £5.2m to date for 2024/25. This is in line with the same period last financial year (£874k monthly average and £5.2m total spend).

Complaints/Customer Feedback

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

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

Feedback	Previous FY Report	Current FY Report
Excellent	76%	88% ↑ 13%
Good	17%	8% ↓ 9%
Satisfactory	5%	3% ↓ 2%
Poor	2%	1% ↓ 1%

The information above only relates to satisfaction rates and comments received, the poor responses relate to 2 tickets (0.05%) from a total of 3890 helpdesk tickets completed to date for 2024/25.

There was no poor response received since the last report. The information below provides details of the themes and reasons for all poor responses received this financial year:

Theme	Detail	Comments
Incorrect/Insufficient Details/Support	<ul style="list-style-type: none"> Pecos is not user friendly, and Procurement need to support more by doing the changes for the services. 	There has been 1 poor response since the last report.
System Usability	<ul style="list-style-type: none"> Not able to ask further questions once ticket is closed. 	There have been 1 poor response since the last 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

Failure to effectively monitor and improve service provision could impact the ability to deliver quality patient care.

2.3.2 Workforce

The Procurement departments KPI performance are shared with the team, any arising circumstances that may lead to significant improvements are fed back through the Business Assurance group.

2.3.3 Financial

The Procurement Department KPI's support the Finance Directorate in the oversight of Financial Control.

2.3.4 Risk Assessment / Management

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

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

The monitoring of the Payment Performance KPI aligns with the Boards ambitions of being an Anchor Institute ensuring the improved flow of funds to the local economy where possible. Relevant procurements relating to service provision also include reference to the United Nations Convention on the Rights of Children (UNCRC) (Scotland) Act 2024 in the Equality Impact Assessments (EQIAs).

2.3.6 Climate Emergency & Sustainability Impact

The Climate Emergency and Sustainability are a key consideration for NHS Fife and the consequences from any Procurement activity are evaluated during the procurement process.

2.3.7 Communication, Involvement, Engagement and Consultation

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

2.3.8 Route to the Meeting

The monthly Procurement department KPI's are presented to the Procurement Governance Board for scrutiny and approval before presentation to the FP&R committee.

2.4 Recommendation

- **Assurance** – This report provides a “**significant**” level of assurance for the FP&R committee on the performance of the Procurement function.

3 List of appendices

- Appendix 1 – PGB Monthly KPIs 2024/2025

Report Contact

Kevin Booth

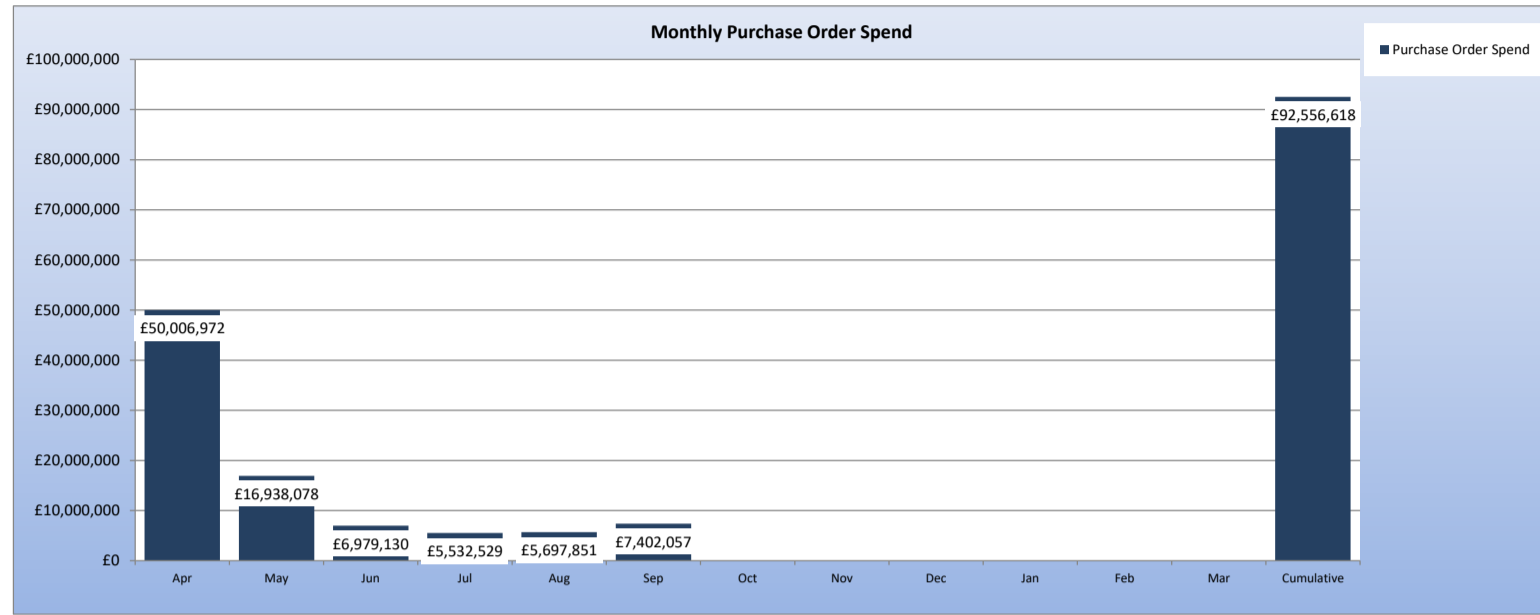
Head of Financial Services & Procurement. Email kevin.booth@nhs.scot

Care and Compassion	Dignity and Respect	Openness, Honesty & Responsibility	Quality and Teamwork
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FY 2024-2025

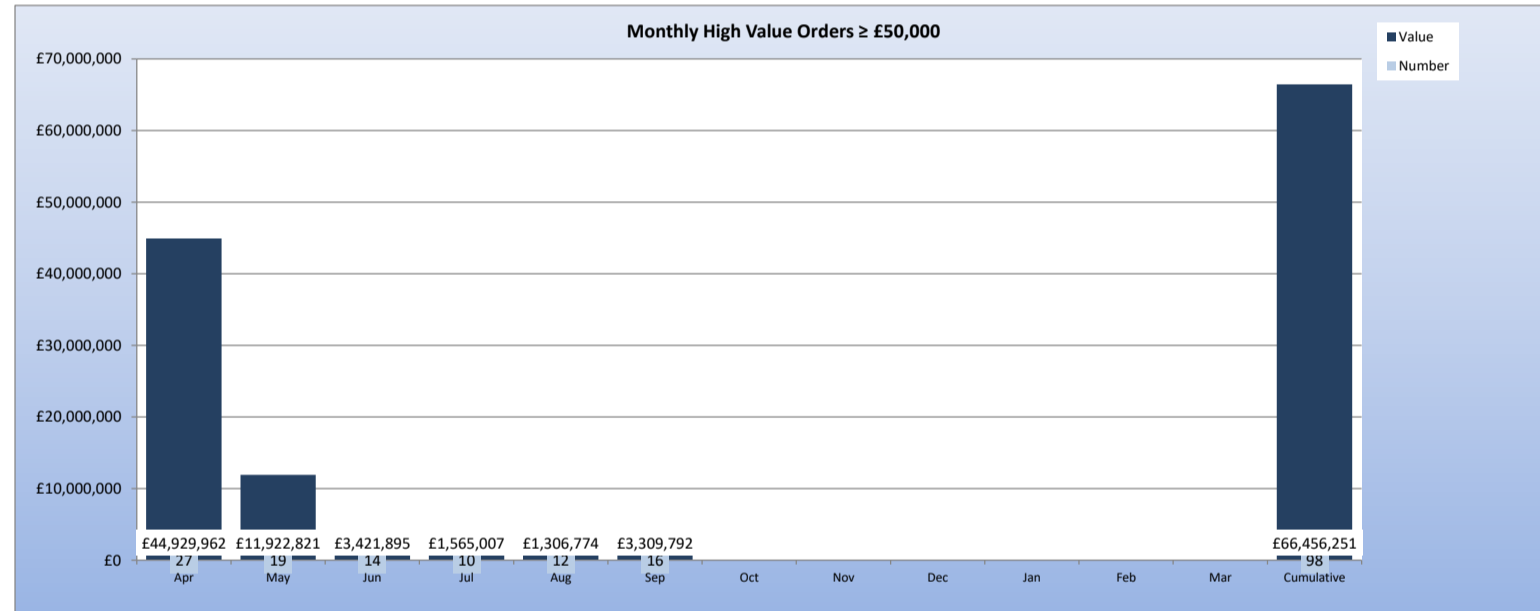
Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Purchase Order Spend	£50,006,972	£16,938,078	£6,979,130	£5,532,529	£5,697,851	£7,402,057							£92,556,618

Previous Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Purchase Order Spend	£44,531,690	£9,535,909	£5,203,582	£7,339,168	£5,441,971	£5,059,762	£5,977,543	£6,559,273	£5,605,705	£4,634,476	£4,510,075	£10,806,855	£115,206,010



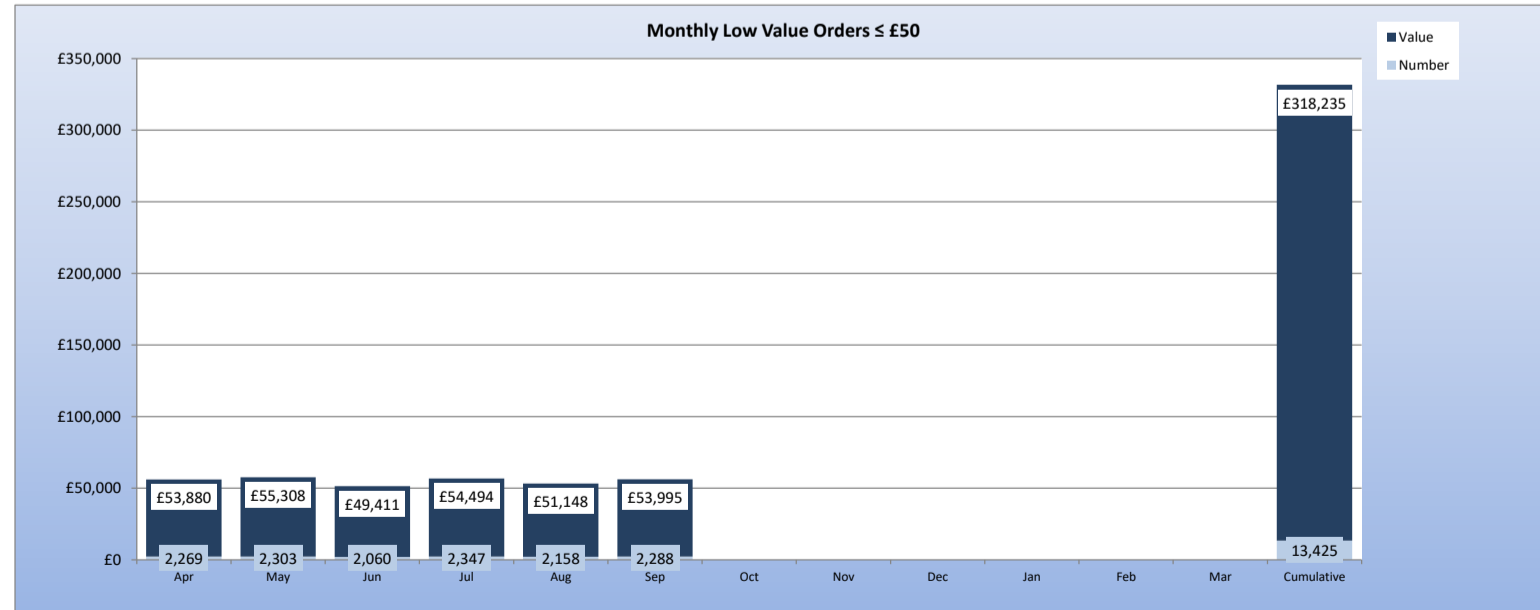
Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Number	27	19	14	10	12	16							98
Value	£44,929,962	£11,922,821	£3,421,895	£1,565,007	£1,306,774	£3,309,792							£66,456,251

Previous Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Number	20	11	11	8	11	8	13	11	10	3	7	22	135
Value	£40,240,460	£5,384,873	£1,046,874	£3,812,272	£1,224,887	£1,106,240	£1,816,475	£1,978,200	£1,660,344	£169,540	£542,127	£6,376,022	£65,358,314



Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Number	2,269	2,303	2,060	2,347	2,158	2,288							13,425
Value	£53,880	£55,308	£49,411	£54,494	£51,148	£53,995							£318,235

Previous Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Number	2,555	2,815	2,600	2,475	2,740	2,429	2,502	2,732	2,026	2,514	2,372	2,275	30,035
Value	£52,333	£58,141	£53,072	£52,495	£57,787	£51,856	£53,831	£60,833	£43,835	£52,532	£52,723	£50,091	£639,529

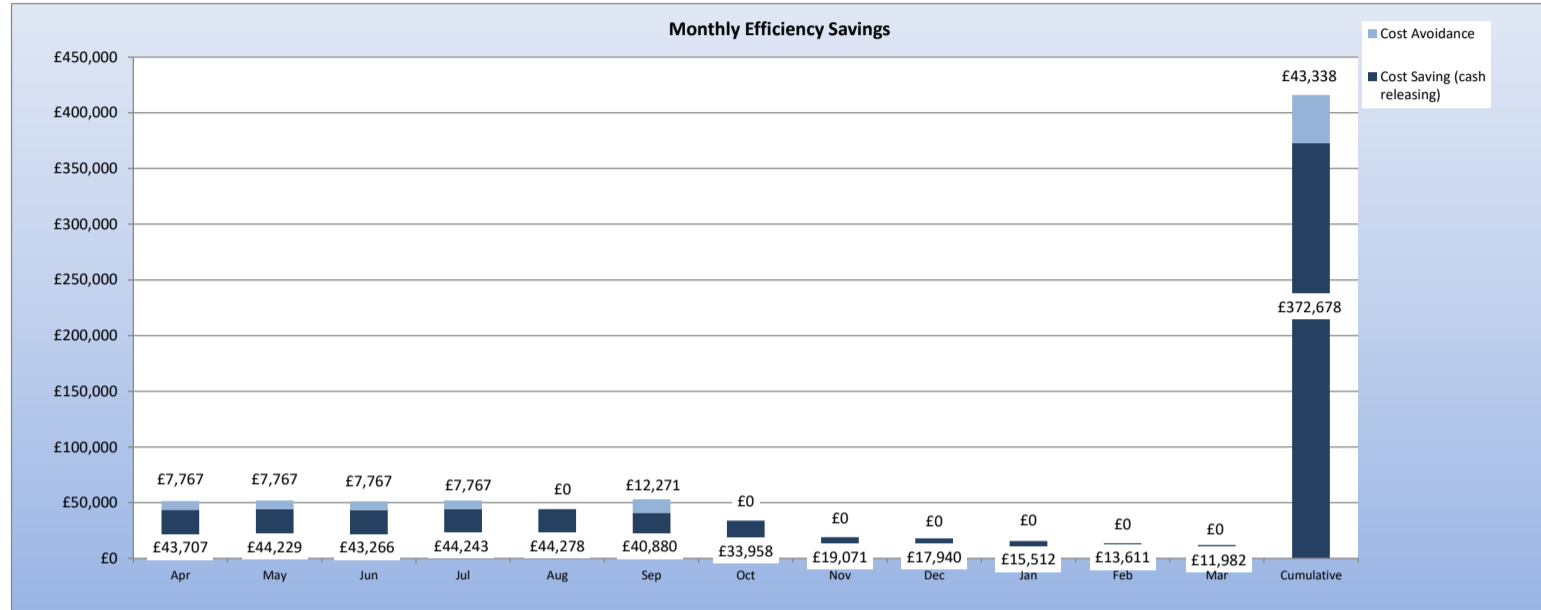


Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Cost Saving (cash releasing)	£43,707	£44,229	£43,266	£44,243	£44,278	£40,880	£33,958	£19,071	£17,940	£15,512	£13,611	£11,982	£372,678
Cost Avoidance	£7,767	£7,767	£7,767	£7,767	£0	£12,271	£0	£0	£0	£0	£0	£0	£43,338
Total Saving	£51,474	£51,995	£51,033	£52,010	£44,278	£53,151	£33,958	£19,071	£17,940	£15,512	£13,611	£11,982	£416,016

Cost Pressure	-£14,196	-£12,064	-£13,138	-£11,686	-£11,560	-£11,329	-£8,723	-£7,336	-£6,970	-£6,922	-£6,922	-£6,922	-£117,767
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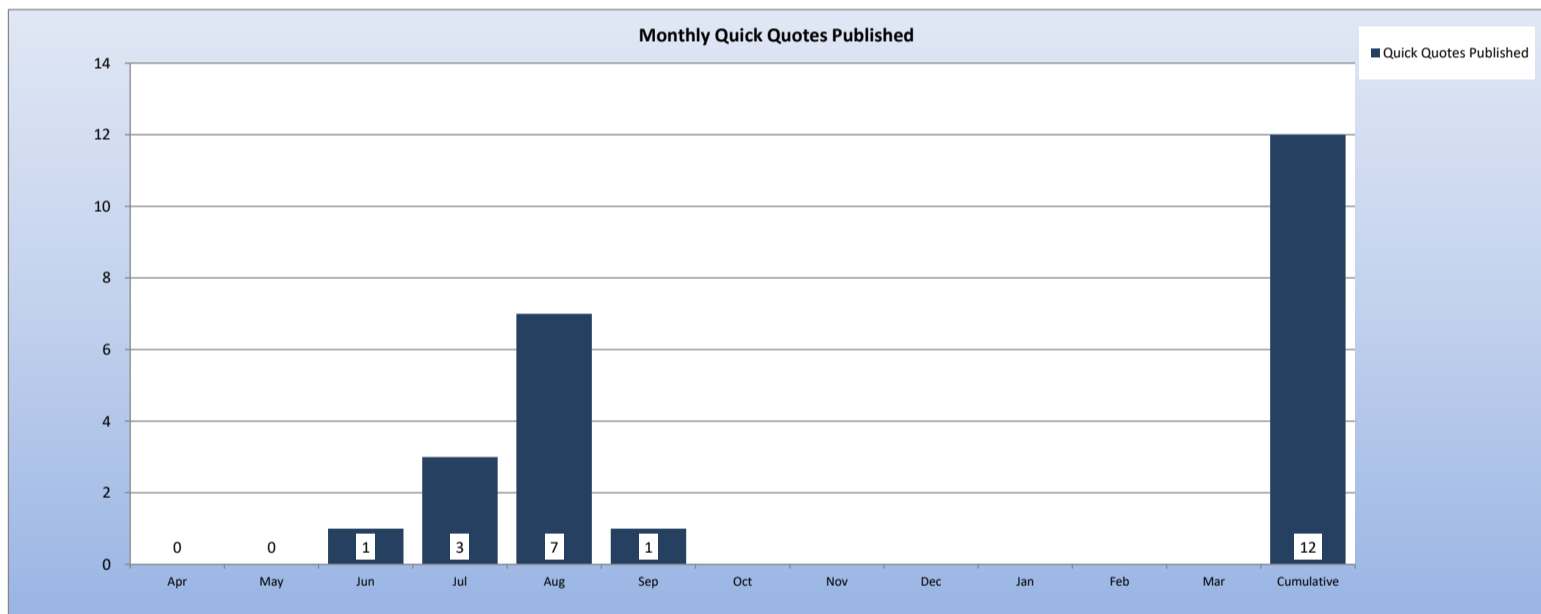
Previous Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Cost Saving (cash releasing)	£29,246	£84,148	£65,917	£51,077	£32,391	£108,820	£41,417	£70,068	£47,855	£47,629	£45,509	£42,542	£666,618
Cost Avoidance	£3,892	£3,892	£96,584	£3,892	£3,892	£3,892	£3,892	£8,840	£3,892	£3,892	£3,892	£0	£140,449
Total Saving	£33,138	£88,040	£162,501	£54,968	£36,283	£112,711	£45,308	£78,908	£51,747	£51,521	£49,401	£42,542	£807,067

Cost Pressure	-£76,979	-£73,405	-£73,707	-£69,192	-£66,377	-£63,340	-£45,431	-£28,249	-£20,630	-£14,685	-£14,659	-£12,544	-£559,197
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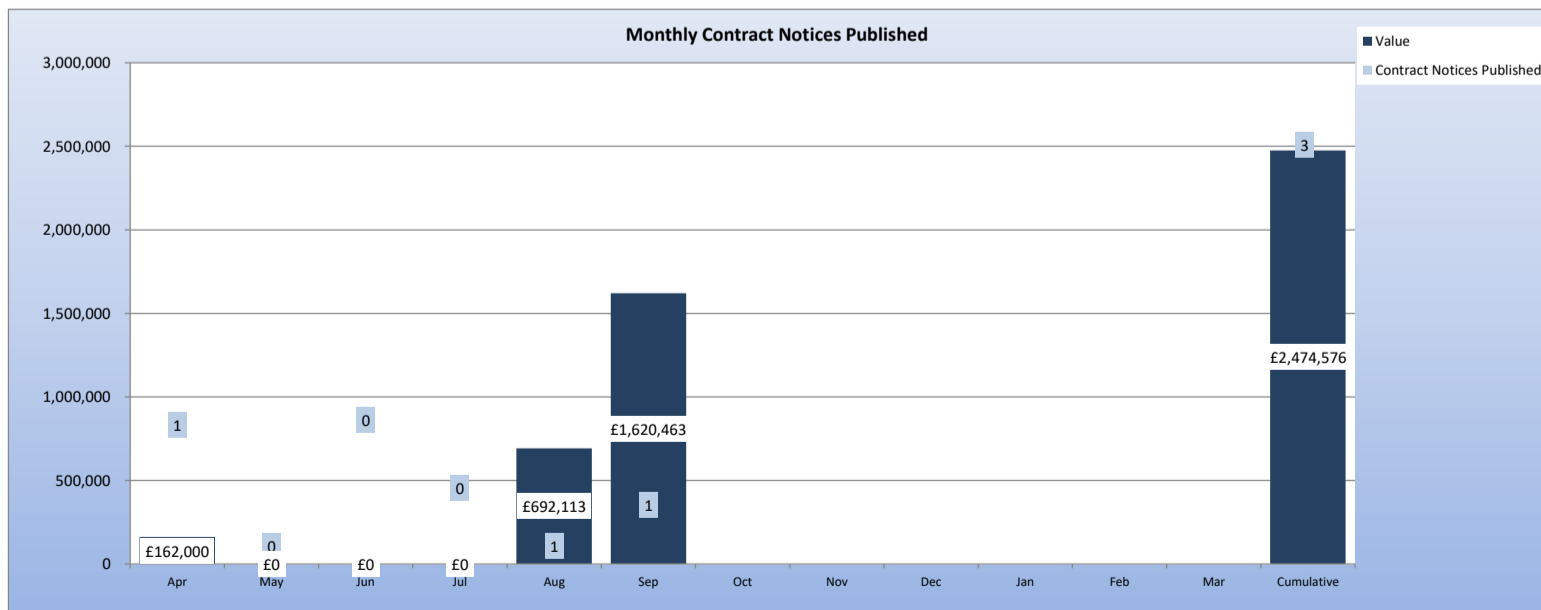
Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Quick Quotes Published	0	0	1	3	7	1							12

Previous Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Quick Quotes Published	5	0	0	3	1	1	0	6	2	3	4	3	28



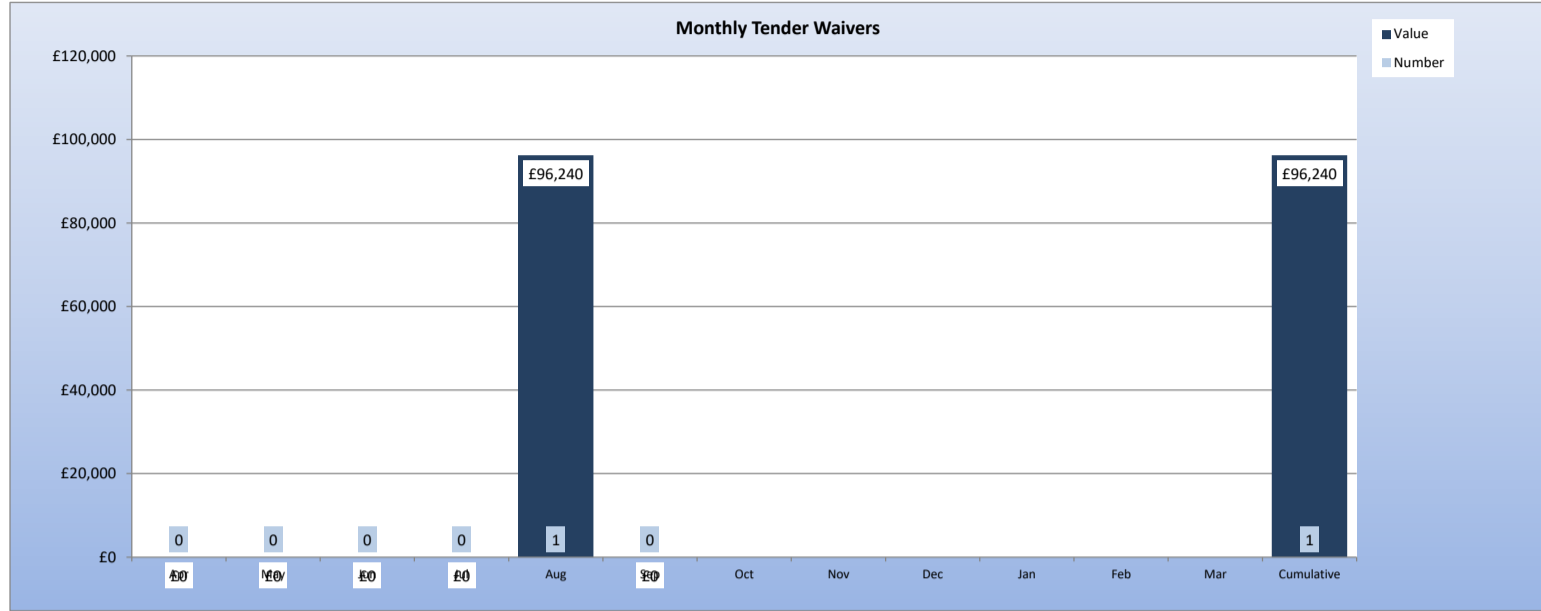
Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Contract Notices Published	1	0	0	0	1	1							3
Value	£162,000	£0	£0	£0	£692,113	£1,620,463							£2,474,576

Previous Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Contract Notices Published	9	0	2	3	0	2	0	0	0	0	3	0	19
Value	£1,680,083	£0	£1,814,237	£898,178	£0	£600,000	£0	£0	£0	£0	£610,941	£0	£5,603,439



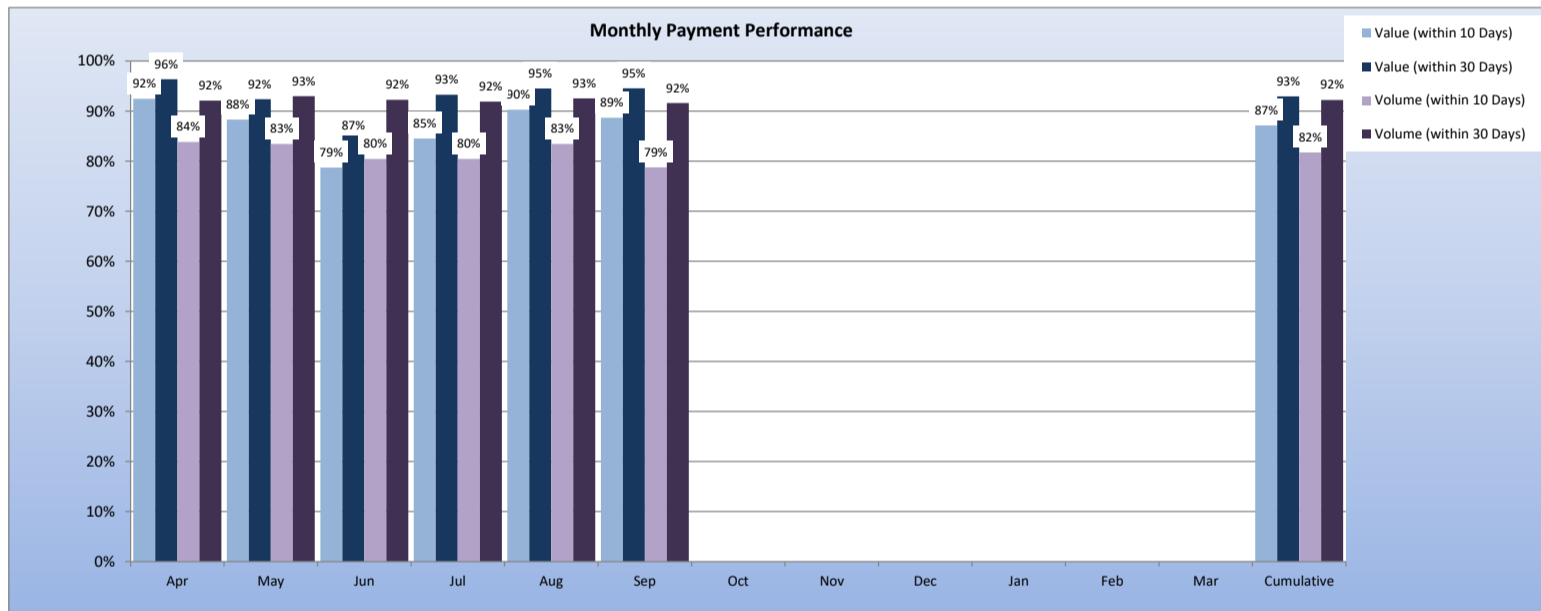
Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Number	0	0	0	0	1	0							1
Value	£0	£0	£0	£0	£96,240	£0							£96,240

Previous Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Number	1	0	0	1	0	0	0	0	0	0	0	0	2
Value	£1,000,000	£0	£0	£56,730	£0	£0	£0	£0	£0	£0	£0	£0	£1,056,730



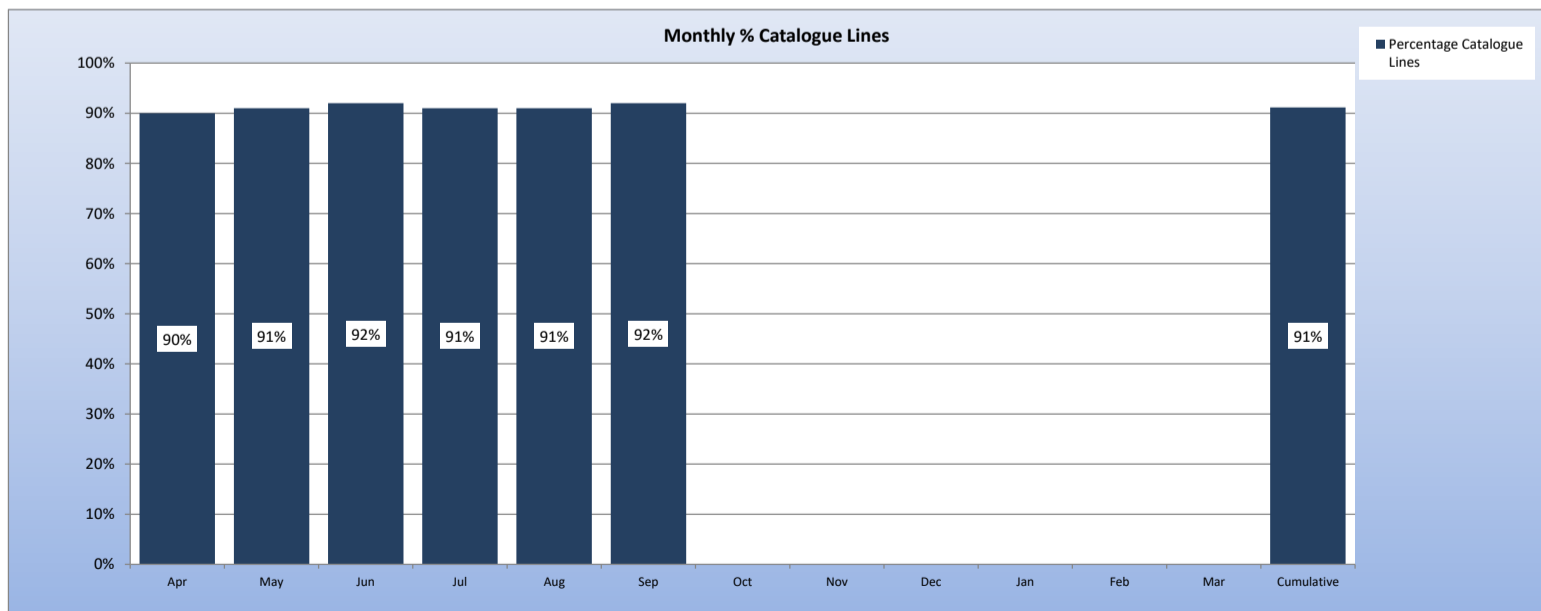
Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Value (within 10 Days)	92%	88%	79%	85%	90%	89%							87%
Value (within 30 Days)	96%	92%	87%	93%	95%	95%							93%
Volume (within 10 Days)	84%	83%	80%	80%	83%	79%							82%
Volume (within 30 Days)	92%	93%	92%	92%	93%	92%							92%

Previous Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Value (within 10 Days)	90%	88%	84%	88%	88%	89%	92%	91%	90%	87%	91%	90%	89%
Value (within 30 Days)	97%	95%	90%	93%	94%	96%	97%	97%	96%	95%	97%	95%	95%
Volume (within 10 Days)	82%	79%	84%	82%	81%	80%	81%	83%	83%	79%	82%	80%	81%
Volume (within 30 Days)	91%	92%	94%	92%	90%	92%	93%	93%	94%	91%	93%	91%	92%



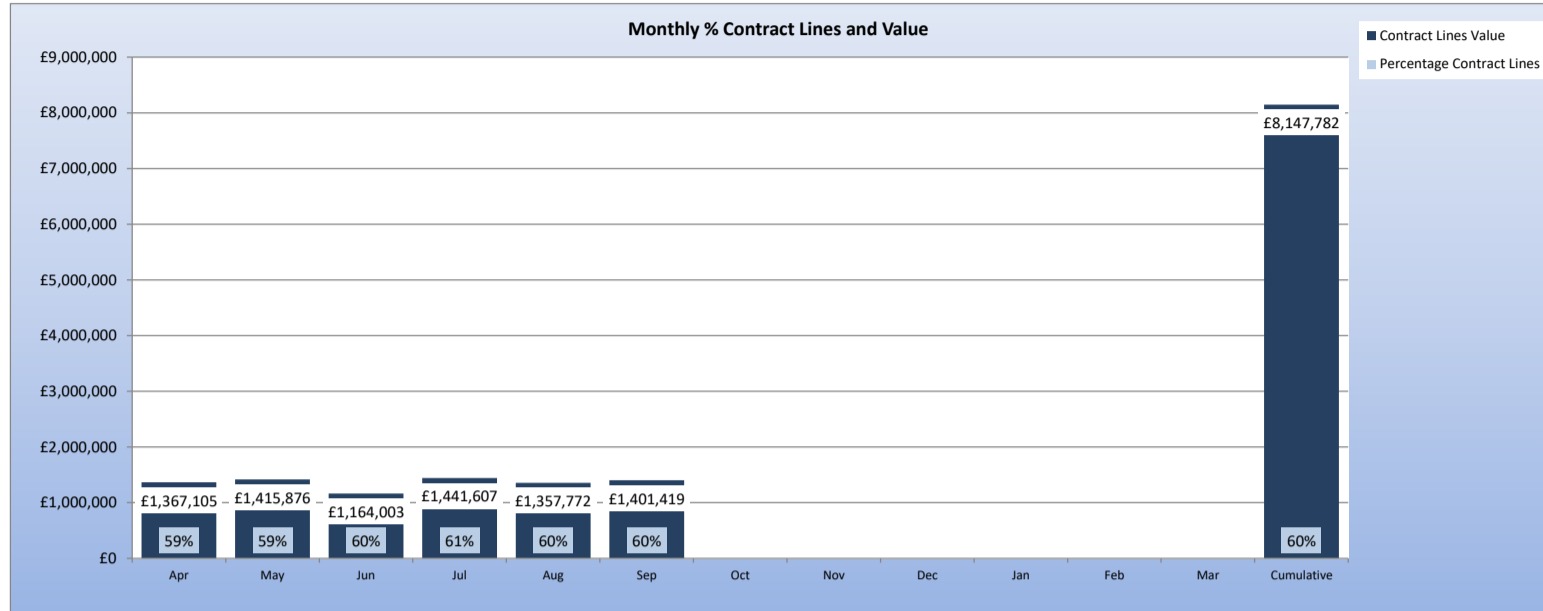
Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Percentage Catalogue Lines	90%	91%	92%	91%	91%	92%							91%

Previous Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Percentage Catalogue Lines	89%	91%	90%	90%	91%	91%	89%	90%	91%	91%	91%	91%	90%



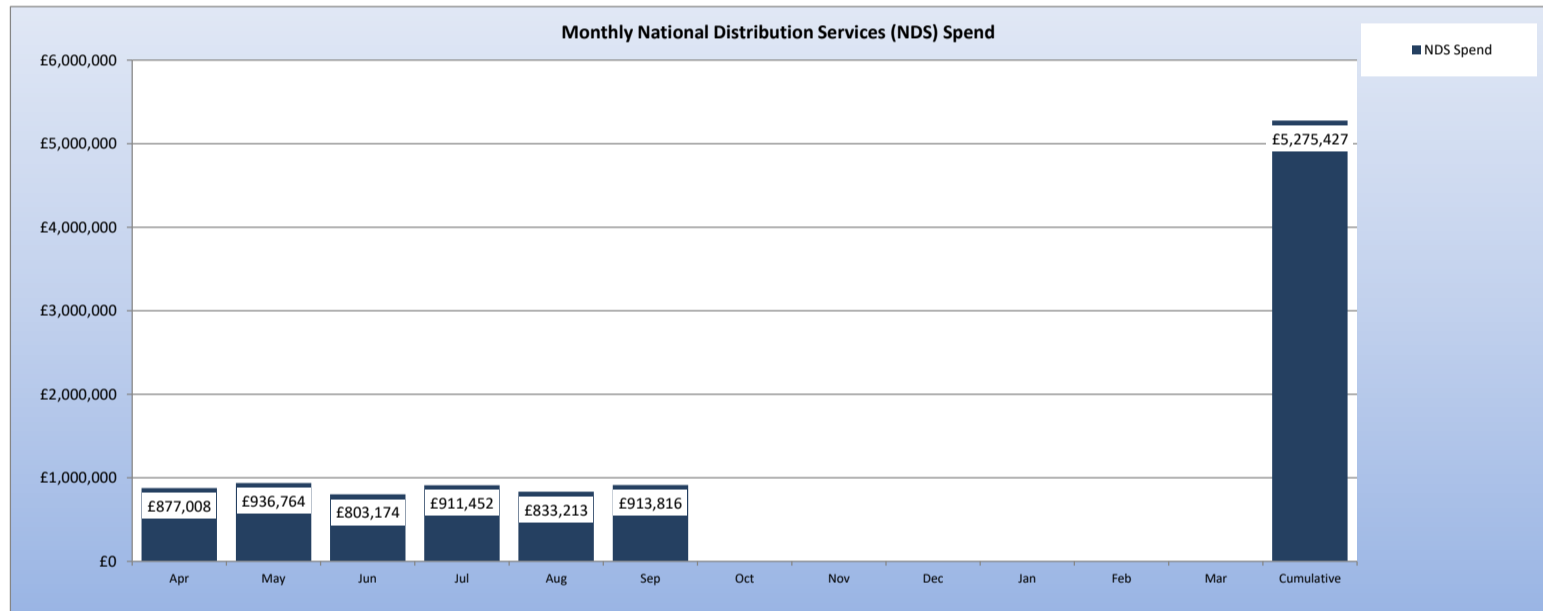
Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Percentage Contract Lines	59%	59%	60%	61%	60%	60%							60%
Contract Lines Value	£1,367,105	£1,415,876	£1,164,003	£1,441,607	£1,357,772	£1,401,419							£8,147,782

Previous Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Percentage Contract Lines	62%	63%	63%	63%	62%	62%	62%	61%	62%	61%	62%	63%	62%
Contract Lines Value	£1,109,992	£1,276,927	£1,398,608	£1,159,586	£1,368,040	£1,290,807	£1,305,284	£1,576,252	£1,399,058	£1,304,346	£1,331,088	£1,338,395	£15,858,383



Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
NDS Spend	£877,008	£936,764	£803,174	£911,452	£833,213	£913,816							£5,275,427

Previous Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
NDS Spend	£799,455	£925,125	£916,621	£798,530	£897,140	£907,919	£924,397	£1,018,756	£969,065	£846,341	£858,445	£866,404	£10,728,198

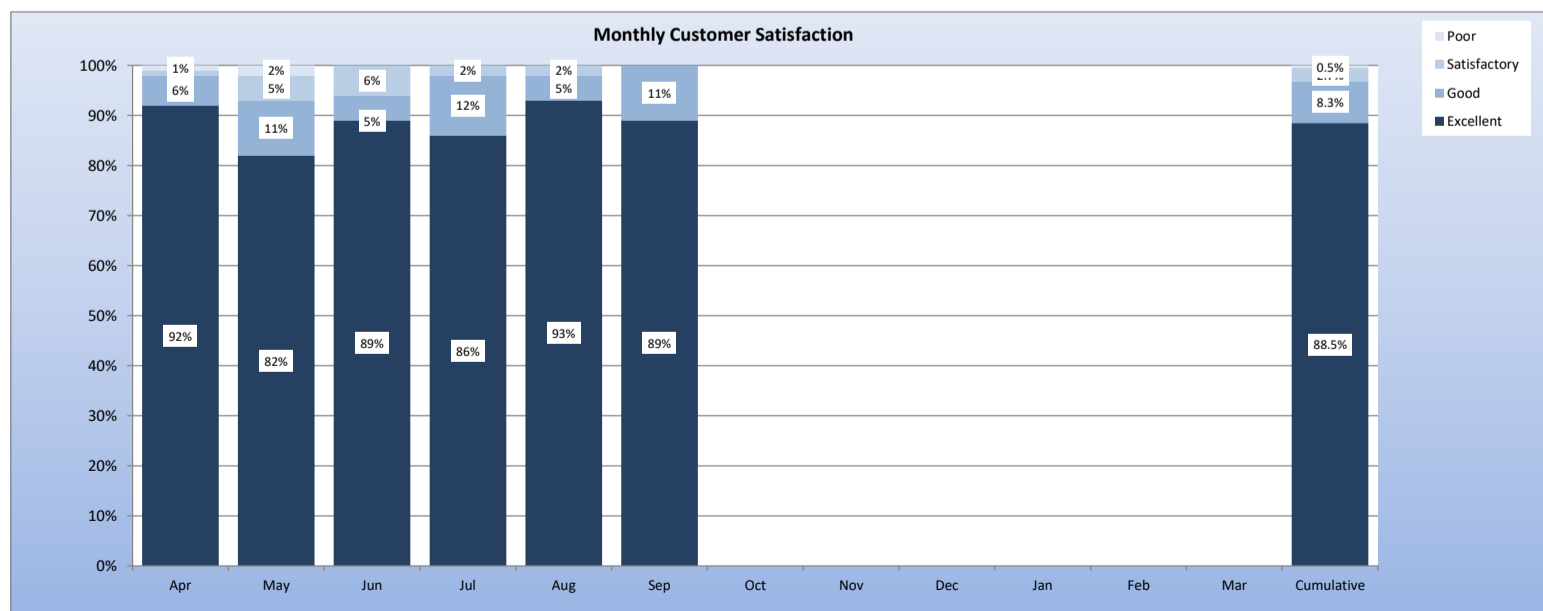


Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Excellent	92%	82%	89%	86%	93%	89%							88.5%
Good	6%	11%	5%	12%	5%	11%							8.3%
Satisfactory	1%	5%	6%	2%	2%								2.7%
Poor	1%	2%											0.5%

Formal Complaints	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Formal Complaints	0	0	0	0	0	0							0

Previous Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Excellent	76%	79%	84%	64%	77%	73%	72%	88%	79%	84%	85%	86%	78.9%
Good	24%	15%	10%	23%	13%	16%	4%	7%	19%	12%	13%	5%	13.4%
Satisfactory	0%	4%	6%	8%	8%	6%	14%	2%	0%	3%	2%	3%	4.7%
Poor	0%	2%	0%	5%	2%	5%	10%	3%	2%	1%	0%	6%	3.0%

Formal Complaints	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Formal Complaints	0	0	0	0	0	0							0



Poor Response - Themes (Since Last Report)

There have been no poor responses since the last report

Total of 2 Poor Responses (0.05% of all tickets completed)
Total Helpdesk Tickets completed FY to Date = 3890

Meeting: Finance, Performance and Resources
Committee

Meeting date: 12 November 2024

Title: Reform, Transform, Perform Performance Report
September 2024

Responsible Executive: Ben Hannan, Director of Reform and Transformation

Report Author: Fiona McLaren, Head of Corporate PMO

Executive Summary:

- This paper provides an update covering quarter two performance of the 13 complimentary schemes of work which have been put in place to produce the required improvement in performance.
- The assurance level for the RTP portfolio (Reform element) is overall moderate for delivery at this time.
- The Q2 report finance position is £8,103,007 (YTD saving) versus a planned YTD saving of £9,650,182 (shortfall variance of £1,547,175).
- The total savings forecast for 3% schemes is £23,261,076 versus a target of £25M (shortfall variance of £1,738,924).
- Further analysis and detail on impact is presented through the Q2 finance report.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- NHS Board Strategic Priorities

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Delivery of the Re-form Transform Perform (RTP) Framework is critical to the sustainability and strategic development of NHS Fife, particularly in meeting the current fiscal challenges.

This paper provides an update covering quarter two performance of the 13 complimentary schemes of work which have been put in place to produce the required improvement in performance.

2.2 Background

The Reform Transform Perform (RTP) Framework was discussed and agreed at the NHS Fife Board in March 2024 and this signalled the establishment of a formal portfolio of work through 13 initial schemes, with interdependence through delivery across the Executive Team.

Our planning approach for 2024/25 is described through a suite of interconnected and interdependent documents:

- Reform, Transform, Perform Framework

This provides an outward facing document for staff and stakeholders, which describes our approach to empower change and to deliver a sustainable and viable future.

- Medium Term Financial Plan

This is a key element of the Board's overall responsibility for financial governance and sets out the proposed budget in line with the Scottish Government's expectations of NHS Boards, and within the context of the Board's statutory requirement to make the best use of public funds and to deliver services within the set annual resource limits.

- Annual Delivery Plan

In parallel with the MTFP, this sets out the Board’s specific plans for the coming year in relation to the delivery of key service priorities from a local, regional and national perspective. It is also a key element of the Board’s governance and accountability to Scottish Government.

2.3 Assessment

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

Performance management arrangements which monitor the delivery of the RTP framework are in place through the attached performance report. This provides the committee with an update on progress within the 13 currently identified schemes. The report provides background and leadership on each scheme, deliverables, progress to date and risks to delivery. An assurance rating system is also in place to aid focus of discussion and review.

At this time, five deliverables have significant assurance, five have moderate assurance, and three have limited assurance. Due consideration of this position and an overarching view taken by the established RTP governance structure, have led to the above *Moderate* assurance level being stated for overall delivery at this time. A priority focus will be to review the moderate and limited assurance schemes to identify opportunities to accelerate performance for the remainder of the year.

2.3.1 Quality, Patient and Value-Based Health & Care

Maintaining the quality of care is a consistent principle for delivery and detail of any impact on quality of care from schemes will be reported by exception through committees. Quality, safety, and patient experience aspects of the 13 schemes will continue as part of business-as-usual activities. Any impacts from these schemes will be reported through the Integrated Performance & Quality Report, which will evolve with the ongoing transformational changes.

2.3.2 Workforce

Priority has been placed on a partnership approach to planning with robust engagement with Area Partnership Forum and staff side colleagues in place. Acknowledging the inevitable impact of the Reform, Transform, Perform (RTP) programme on staff, the importance of constructive discussions regarding the effects and corresponding mitigations is continually reiterated. Robust engagement with the Area Partnership Forum and Staff Side colleagues has been fundamental in implementing the programmes of change.

Regarding staff participation, there have been high levels of staff engagement through a newly established mailbox, suggestion forms, and associated groups.

Extensive discussion with committees has further highlighted the need to continue the conversation with staff regarding the transformative impact RTP will have on all employees, and that these impacts will be kept under continuous review. This will be incorporated into the change management model developed for the organisation.

A number of the workstreams in progress are directly related to the size and shape of the workforce in the Board, particularly around non-compliant rotas, legacy COVID costs, and supplementary staffing. The importance of engagement and partnership working in these areas is at the forefront of planning.

2.3.3 Financial

Current forecast for delivery of savings is £23,261,076, which does present a shortfall of £1,738,924 from the target of £25million. Further detail on the analysis of this, effect on overall position and remedial actions and bridging/contingency actions can be found in the Q2 finance report. The Board's finance team have provided full financial context in this report.

Financial reporting is incorporated into the monthly performance reports by finance colleagues upon finalisation of monthly positions, to provide appropriate forecasting of delivery, and associated assurances.

Through established mechanisms, financial contingency for the Board is being sought at present, as presented in the financial performance report. Corporate flexibility is also being given close consideration and planning.

2.3.4 Risk Assessment / Management

The Board will be regularly informed, consulted, and appraised, and support will be sought to balance the key pillars of governance of quality, performance, finance and workforce, in the context of the Board's risk appetite.

A risk register for each workstream and scheme is currently kept, with risk profiles continually reviewed via the Corporate Programme Management Office, these have been incorporated into the Q2 performance report for information.

The attached report summarises the level of assurance currently in place regarding delivery of RTP workstreams.

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

The Fairer Scotland Duty requires that NHS Fife carry out assessments of what we can do to reduce inequalities of outcomes caused by socio-economic disadvantage when strategic decisions are made. However, given the scale of the challenge, it is recognised that proposals must move at pace to ensure effectiveness. Under the advice of the NHS Fife Equality it has been recommended as minimum for decision-makers to undertake ‘high level’ EQIAs for RTP proposals as they progress, with the intention to complete a full and thorough EQIA when most appropriate. Full detail of this proposal was shared with the Public Health and Wellbeing Committee in May 2024.

To date, an EQIA has been completed for our infrastructure work, noting the impact of changes to configuration of services through changes to our infrastructure. Further EQIAs will be completed in line with the position as described above, at the earliest opportunities where appropriate.

2.3.6 Climate Emergency & Sustainability Impact

There is acknowledgement that our responsibilities and priorities to manage the impact of our actions on climate and sustainability Infrastructure has been identified as a key theme within the RTP.

2.3.7 Communication, involvement, engagement and consultation

The overarching communications approach ensures that staff are consulted and kept well informed, thereby upholding our commitment to meeting staff governance standards. A bespoke communications and engagement plan (both internal and external) has been developed for RTP, this will be continually refreshed as a live document in response to the ongoing approach.

Part of this is a regular newsletter shared with all staff – this is primarily aimed at driving ongoing engagement with the ethos of the programme, and the need for all staff to support identification and delivery of savings at all levels. The team have received over 260 ideas from staff and each of these is reviewed and considered – they fit broadly into five themes: improving process; reducing cost; using resources better; enhancing patient care; and being more sustainable.

In addition, it is acknowledged engagement with the public is of key significance. An operational engagement plan was presented to the Board in July 2024.

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.

RTP Executive – 24th October 2024

2.4 Recommendation

This paper is provided to members for assurance – this report provides a moderate Level of Assurance regarding delivery of RTP, cognisant of the timing in year and further work to be developed regarding bridging actions.

3 List of appendices

The following appendices are included with this report:

- Appendix One - RTP Performance Report – Quarter 2

Report Contact

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RTP Performance Report

Q2: July – September 2024

Ben Hannan

Director of Reform and Transformation

22 October 2024 nhsfife.org

Introduction

The purpose of this pack is to provide an update position on the Q2 (July – September 2024) position of 3% savings schemes identified by NHS Fife. An update is provided on each scheme in terms of current Assurance rating as well as an update on financial position.

Each section summarises the planned deliverables, progress to date and planned activity for the following schemes:

Scheme	Executive Lead(s)
1. Medicines Optimisation	Dr Joy Tomlinson/ Dr Chris McKenna/ Fiona Forrest
2. Unscheduled Care Bundle	Claire Dobson
3. PFI Contract	Neil McCormick
4. Estates Rationalisation	Neil McCormick
5. Non-Compliant Rotas	Dr Chris McKenna
6. Legacy Covid Costs	Claire Dobson/Alistair Graham/David Miller
7. Supplementary Staffing	Janette Keenan/David Miller
8. Procurement	Claire Dobson
9. Corporate Directorates	Margo McGurk
10. Business Transformation	Alistair Graham
11. Surge Reduction	Claire Dobson
12. Planned Care	Claire Dobson
13. SLA & External Activity	Margo McGurk

Scheme		Target Saving	September 2024 Planned YTD	September 2024 Delivery YTD	Forecast Saving	Target Saving (FY): £25,000,000 Planned Saving (YTD): £9,650,182 Linear target (YTD): £12,500,000 (for 3% schemes only) YTD Saving: £8,103,007
1. Medicines Optimisation		£2,000,000	£727,273	£950,482	£3,000,000	
2. Unscheduled Care Bundle		£700,000	£350,000	£393,112	£750,000	
3. PFI Contract		£400,000	£600,000	£600,000	£600,000	
4. Estates Rationalisation		£2,000,000	£482,000	£566,000	£2,000,000	
5. Non-Compliant Rotas		£1,000,000	£250,000	£370,000	£1,000,000	
6. Legacy Covid Costs		£1,000,000	£500,000	£284,206	£843,631	
7. Supplementary Staffing		£5,000,000	£2,500,000	£1,430,066	£4,814,577	
8. Procurement		£500,000	£250,000	£178,513	£500,000	
9. Corporate Directorates		£1,500,000	£750,000	£750,000	£1,500,000	
10. Business Transformation		£2,400,000	£800,000	£77,009	£1,402,869	
11. Surge Reduction		£1,850,000	£840,909	£403,620	£950,000	
12. Planned Care		£1,200,000	£600,000	£1,100,000	£2,200,000	
13. SLA & External Activity		£5,000,000	£1,000,000	£1,000,000	£2,200,000	
14. Bal. Sheet & Severance					£1,500,000	
Key	Total YTD – for 3% savings schemes		£9,650,182	£8,103,007	£23,261,076	
Significant shortfall on Target of plan						
3/33 Delivering target but not in						

Assurance Levels

Assurance Level	Definition
Significant assurance	The Board or Committee can take reasonable 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.
Moderate assurance	The Board or Committee can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.
Limited assurance	The Board or Committee can take 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 action to be taken.
No assurance	The Board or Committee cannot take any assurance from the information that has been provided. There remains a significant amount of residual risk.

The table explains how we report on the status of projects within the RTP programme. This allows leaders to focus on successes and challenges at a glance.

Summary of assurance levels

Scheme	Leads	Assurance Level	Change from baseline (Apr 24)	Target Saving	Forecast Saving as of 30/09/24
1. Medicines Optimisation	Dr Joy Tomlinson / Dr Chris McKenna/Fiona Forrest	Significant	Improvement	£2,000,000	£3,000,000
2. Unscheduled Care Bundle	Claire Dobson	Significant	-	£700,000	£750,000
3. PFI Contract	Neil McCormick	Significant	-	£400,000	£600,000
4. Estates Rationalisation	Neil McCormick	Moderate	Improvement	£2,000,000	£2,000,000
5. Non-Compliant Rotas	Dr Chris McKenna	Moderate	Improvement	£1,000,000	£1,000,000
6. Legacy Covid Costs	Claire Dobson/Alistair Graham/David Miller	Moderate	Improvement	£1,000,000	£843,631
7. Supplementary Staffing	Janette Keenan/David Miller	Moderate	Improvement	£5,000,000	£4,814,577
8. Procurement	Claire Dobson	Moderate	Improvement	£500,000	£500,000
9. Corporate Directorates	Margo McGurk	Significant	-	£1,500,000	£1,500,000
10. Business Transformation	Alistair Graham	Limited	-	£2,400,000	£1,402,869
11. Surge Reduction	Claire Dobson	Limited	-	£1,850,000	£950,000
12. Planned Care	Claire Dobson	Significant	Improvement	£1,200,000	£2,200,000
13. SLA & External Activity	Margo McGurk	Limited	-	£5,000,000	£2,200,000

RTP – Q2 Look back

Whilst there has been significant progress across individual schemes and the RTP programme, there are a number of areas which require to accelerate progress.

Of greatest impact is the challenge in releasing savings from **supplementary staffing**. The spend on agency and bank continues to reduce but is not quite near the planned saving. Work is underway to identify further opportunities in this area.

Addressing **non-compliant rotas** through Gateway medical recruitment is on track. The first round of rota monitoring began in September with outcomes expected by October.

Work is underway to **rationalise our estate**. Haig House, Hayfield House and Cameron House are now closed, with savings now being achieved. Work has commenced to look at additional opportunities around Cameron and Stratheden sites.

Complex negotiation with partners is required to deliver planned savings in **SLA activity** – concerns have been raised by external partners, which places a level of risk on delivery and discussions are ongoing at a national level regarding this.

Directors have raised no concerns in delivery of corporate directorates' savings targets, and financial tracking suggests these will be delivered.

RTP – Q2 Look back

Medicines optimisation work has progressed in line with plans. The volume and range of medicines shortages being seen currently (this is a global issue) causes a level of concern in the medium term and may impact the delivery of the stretch target, although mitigations are in place.

Procurement savings require further drive. A range of projects are in place, engagement is supporting behaviour change, with projects leading to broader impact. Multi agency development work continues to secure further projects to ensure forecasting to achieve 100%

Delivery of **business transformation** is under way. A small amount of savings have been secured through digital opportunities and further opportunities to provide savings in relation to vacancy management will commence from 1 October.

Surge reduction savings have been impacted by high continuing levels of emergency admissions, with acute services operating at pressures higher than the preceding 2 winters. Plans are progressing around improved system flow and discharge planning, supporting Fife's National below average length of stay.

Unscheduled care, corporate directorates, PFI contract and planned care work are all delivering on track with no issues to escalate

Legacy COVID costs work will require action across a small number of directorates with legacy posts, but there is assurance this will deliver.

RTP – An Organisational Portfolio of Change

The Board has provided Scottish Government with a required return considering additional options for cash releasing savings. The return ran to 24 items, graded into difficulty of delivery.

We are expecting feedback from Scottish Government imminently, some of which can be progressed locally, others will require regional and national engagement, and potentially ministerial approval.

All actions within the 15-box grid at 'level A' are being pursued, at pace, where possible.

The return included several further property proposals, remodelling of clinical pathways and re-imagining the Victoria Hospital, challenging decisions on medicines optimisation, and approaches to reduce the scale of the workforce.

Linked to this, is work reviewing independent improvement suggestions provided by KPMG, which will form an additional check on local planning.

	Innovation and VBHC	Workforce Optimisation	Service Optimisation
NHS Boards/ IJBs	1. Medicines of low clinical value 2. Procedures of low clinical value 3. Medicines wastage 4. Polypharmacy reviews 5. Medicines switches	6. Nurse Agency reduction 7. Medical locums reduction 8. Sickness absence reduction 9. Non-compliant rotas review 10. Central functions job family review	11. Theatres optimisation 12. Remote outpatient appointments 13. PLICS roll out 14. Length of stay reductions 15. Energy efficiency schemes
NHSSP&D Board/ BCEs/ COs <small>Examples shown are to aid understanding but do not show a complete range of the work being undertaken.</small>	Transition to regional formularies Digital prescribing acceleration CAR-T discussion Diagnostics network	Skills mix and models of care Vacancy controls Right sizing the workforce	Acute service sustainability Vascular / oncology services Regional and national approaches Remote / rural review
Policy and Ministerial	New innovations must deliver (1) reduced cost (2) deliver better outcomes (3) require less workforce. Investment in new interventions must be offset by parallel disinvest (applies to new medicines, vaccines, therapies and technology)	Options to manage pay bill within affordable levels.	Services sustainable and affordable. Reduction in square metre of physical buildings.

2. Unscheduled Care Bundle Executive Lead – Claire Dobson	Assurance Rating	Significant
	Target Saving	£700,000
	Savings YTD	£393,112
3. PFI Contract Executive Lead – Neil McCormick	Assurance Rating	Significant
	Target Saving	£600,000
	Savings YTD	£600,000
9. Corporate Directorates Executive Lead – Margo McGurk	Assurance Rating	Significant
	Target Saving	£1,500,000
	Savings YTD	£750,000
12. Planned Care Executive Lead – Claire Dobson	Assurance Rating	Significant
	Target Saving	£2,200,000
	Savings YTD	£1,100,000

Status Update

- These schemes are on track to deliver, and in all but one (Corporate Directorates) are projected to deliver beyond the savings forecast.
- Therefore there are significant assurances on delivery.

Planned Activity:

9/33 Ongoing monitoring monthly and maintenance of delivery.

1. Medicines Optimisation

Executive Leads – Joy
Tomlinson/Dr Chris
McKenna/Fiona Forrest

Assurance Level	Moderate
Target Saving FY	£2,000,000
Forecast Saving FY	£3,000,000
Savings YTD	£950,482

Status Update:

- The target saving is on track, but the stretch target may be difficult to achieve due to external factors relating to availability of medicines.

Progress to date:

- Revised Acute Medicines Optimisation Plan in progress.

Planned Activity:

- Monthly monitoring of the Medicines Optimisation plan and continued identification of opportunities.
- Identification of /and quantification of efficiencies to meet an extended £3M target is ongoing.
- Medicines Waste messages being updated.
- Review of current prescribing guidelines across a number of specialties to more clearly define treatment pathways and access to medicines.
- Reporting structure being reviewed and updated to show scheme finance position accurately.

Challenges / Opportunities:

- The availability of resources required to make the required changes in clinical practice is challenging.
- Monitoring and identifying areas of financial pressure and addressing these with the individual specialties.
- Apixiban shortage which has led to price increase and £0.5M risk to financial savings forecast; Acute services- delay in availability of Aflibercept biosimilar which has led to £0.8M risk in financial savings forecast. Mitigations for both of these risks are being actively explored.

4. Estates Rationalisation

Executive Leads – Neil McCormick

Assurance Rating	Moderate
Target Saving FY	£2,000,000
Forecast Saving FY	£2,000,000
Savings YTD	£566,000

Status Update:

- Assurance maintained at moderate due to confidence in forecast for delivery.

Progress to date:

- Hayfield House, Cameron House and Haig House closed.
- Site consolidation workstream ongoing, looking at Cameron and Stratheden hospitals in particular and opportunities around income generation.
- Property advisor instructed to provide property valuations for several sites.
- Bed modelling workstream ongoing, due for completion January 2025.
- Sustainability targets generally all on track.

Planned Activity:

- Complete Cameron site consolidation (alternate space for Addictions team and Public Dental Service).
- Commence Mental Health review.
- Receive property valuations.
- Bed Modelling board development session end October and outputs from scoping workshops confirmed November.
- Continue to monitor and manage energy use across the estate including looking at ways to monitor energy at a granular level, by installing more energy meters.
- Quantify likely energy savings based on interventions made in FY23/24 and planned interventions for FY24/25.

Opportunities/Threats

- £200k of savings still to be identified. £2m to be achieved over FY24/25.
- Site opportunities may be constrained by ongoing clinical requirements.
- Potential lease/sale opportunities arising for key sites – to be explored further.
- Joint working with Public Health to identify local transport challenges with potential opportunities to modernise existing groups.
- Energy inflation may affect savings made elsewhere.

4. Estates Rationalisation

Executive Lead – Neil McCormick

Milestone Plan

Oct -Dec 24

- Review Staff feedback/lessons from office consolidation project
- Complete Cameron site consolidation
- Receive site valuations
- Explore potential lease/sale opportunities for key sites
- Complete bed modelling work
- Board development session for bed modelling
- Initiate Mental Health project
- Develop Metering strategy

Jan-Mar 25

- Complete report on bed modelling work
- Mental Health project workstreams ongoing.
- Ongoing site appraisal and disposal review
- Achieve £2m savings target.

4. Estates Rationalisation

Executive Lead – Neil McCormick

Milestone Plan

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk that timescales may not be adhered to due to remodelling and/or identification of space resulting in the inability to achieve desired savings targets.	Engagement via Senior Leadership Groups and wider management forums to ensure principles are understood and accepted. So Delivery team engagement can then be focused more on 'how best to...' not the principle 'should we do and when'.	3	4	12 – Moderate Risk

5. Non-Compliant Rotas

Executive Lead – Dr Chris McKenna

Assurance Rating	Moderate
Target Saving FY	£1,000,000
Forecast Saving FY	£1,000,000
Savings YTD	£370,000

Status Update:

- Assurance remains as moderate due to controls put in place at service level to encourage rota compliance.
- Rota monitoring began in September 2024. A second stage of monitoring will be completed from February 2025 with final savings being reported at the end of the financial year.

Progress to date:

- DDIT mess refreshed in September 2024.
- First rounds of rota monitoring completed in some areas, with others following from October 2024.
- Final SOP awaiting sign off after collaboration with CD's on appropriate escalation and controls.

Planned Activity:

- Results of first rounds of rota monitoring to be delivered in Q3.
- Staff Link pages going live October 2024.

Opportunities/Threats:

- None identified until results received and reviewed.

5. Non-compliant Rotas

Executive Lead – Dr Chris McKenna

Milestone Plan

Oct 24

- Staff Link pages going live
- Rota monitoring continues
- Some results may be available

Nov 24

- Remainder of rota monitoring results available

Dec 24

- Qualitative feedback review on Fife resources for DDiT & Gateway EU

5. Non-compliant Rotas

Executive Lead – Dr Chris McKenna

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk that the redesigned rotas will not pass monitoring and result in sustaining the overspend.	Service Managers and Senior Clinical staff in regular communication with DDiT to ensure awareness for monitoring. Controls in place to support uninterrupted breaks.	3	4	12 – Moderate risk
There is a risk that lack of engagement from DDiT could result in insufficient returns and rotas will return to band 3.	Medical Education and DDiT have been consulted and involved in developing the documentation to support DDiT to ensure capturing all information required. Risk cannot be reassessed until monitoring results received to determine if fit for purpose.	3	4	12 -Moderate risk

6. Legacy Covid Costs

Executive Leads – Claire
Dobson/David Miller/Alistair
Graham

Assurance Rating	Moderate
Target Saving FY	£1,000,000
Forecast Saving FY	£843,631
Savings YTD	£284,206

Status Update:

- Action required in digital and workforce directorate to mainstream legacy costs and realise savings.
- D&I Identified £412k of additional annual spend agreed during COVID.

Progress to date:

- Limited assurance at this time as full savings identified not delivered.
- Workforce exit plan identified but subject to approval by Board in November 2024.
- Viability of an exit plan for D&I Items being assessed.

Planned Activity:

- Workforce exit plan is subject to a wider organisational decision on unfunded posts which is planned for review in November 2024.
- D&I exit plan will be presented to RTP Executive in November 2024

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk due to impact on workforce that delivery may not be feasible at the pace required for the organisation.	Any changes to workforce because of mainstreaming COVID costs will be managed in partnership and supported by staffside colleagues, offset through our vacancy management processes.	4	4	16 - High Risk

7. Supplementary Staffing

Executive Leads –
Janette Keenan/David Miller

Assurance Rating	Moderate
Target Saving FY	£5,000,000
Forecast Saving FY	£4,814,577
Savings YTD	£1,430,066

Status Update:

- Assurance level remains at moderate, due to cost reduction being achieved and performance from direct engagement implementation.

Progress to date:

- Direct engagement introduced on 5th August achieving savings of circa £70K in first two months.
- Supplementary staffing costs reduced significantly on previous years.

Planned Activity:

- Continue programme of deep dives to review supplementary staff use across Acute Services Division and Health & Social Care Partnership.
- Focused work on medical locum spend in Haematology to be completed by January 2025.
- Work continues to increase compliance rates for direct engagement.

Opportunities/Threats:

- No registered agency usage in NHS Scotland by 1st October 2024: escalated at national nurse director's forum and views are that all Boards will have challenges adhering to this.
- Continued high use of locums within HSCP to support mental health services and resulting impact on savings.
- Missed opportunities on savings from standard placement locums instead of through direct engagement is in the region of £166K from implementation to 30 September.

7. Supplementary Staffing

Executive Leads – Janette Keenan/David Miller

Milestone Plan

Oct 24

- Continue programme of deep dives in medical and HSCP directorates
- No registered agency usage in medical directorate by 1 October



Nov 24

- Review and update Blink content on Nurse Bank and relaunch for all staff groups
- Existing locums transition to direct engagement model
- Direct engagement lessons learned



Jan 25

- Focused improvement work in haematology



7. Supplementary Staffing

Executive Leads – Janette Keenan/David Miller

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk of continued use of agency staff within certain known areas due to national skill shortage will result in continued reliance on supplementary staff to support core service functions.	Additional NQPs recruited, although less than anticipated now joining. Focussed work on key areas of difficulty is under way in mental health and haematology.	5	4	20 – High Risk
There is a risk that the continued use of supplementary staff within certain known areas due to national skill shortages will result in a continued high spend in these areas.	Locums will be encouraged to sign up for Direct Engagement to mitigate VAT spend on rates, work of supplementary staff group continues. Risk accepted.	5	3	15 – High Risk

8. Procurement

Executive Lead – Claire Dobson

Assurance Rating	Moderate
Target Saving FY	£500,000
Forecast Saving FY	£500,000
Savings YTD	£178,513

Status Update

- Assurance continues at moderate.
- Early projects are demonstrating impact which is supporting wider engagement.
- Some bulk buying to secure better value was seen in month (Sept).
- Theatres item by item review continues to support cost reduction.

Progress to date:

- Implementation progressing, with 20 projects underway (1 paused in light of SLA discussions) and 12 in varying stages of development.
- Test of change underway with wards 6 and 9 regarding held levels of stock (including pharmacy, counted within med. eff. prog).

Planned Activity:

- Handwipe test of change experience missed- but awaiting costs from NDC to implement.
- Positive engagement on retrieving linen following discharge, details being developed.
- Continue to explore opportunities, track expenditure and engage with teams to identify additional opportunities.

Challenges / Opportunities:

- A number of schemes are supporting a reduction in landfill/clinical waste.
- National shortage of plastic medicine cups heralded may lead to more stock held as paper pots will be required alongside- previous exploration indicated no cost saving, however national procurement of paper pots may yield a small reduction.

8. Procurement

Executive Leads – Claire Dobson

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
Cultural change for staff and potential new ways of working or using different equipment.	Staff will be consulted on any proposed changes and will have the opportunity to voice any concerns.	4	3	12
Time is invested in exploring opportunities which yield little or no savings with the consequence that staff engagement is diminished	Realistic review of ideas before resources are expended working up schemes.	4	3	12

10. Business Transformation

Executive Lead – Alistair Graham

Assurance Rating

Limited

Target Saving FY

£2,400,000

Forecast Saving FY

£1,402,869

Savings YTD

£77,009

Status Update:

- Savings being delivered through Digital opportunities. However, limited assurance remains due to the time taken to reach a decision on approving the programme (approved in August 24) and establishing a formalised programme response (occurred September 24).

Progress to date:

- Engagement framework drafted for Leadership Group and well received, will be adopted to support Admin. Functions Review work.
- Opportunities indicatively quantified in relation to a 13 week recruitment pause for the Admin. Services Job Family and PA ratio bridging actions, supported at Leadership Group/Board in September. 13 week pause implemented and wider project established to communicate process changes, embed changes, quantify/assess the impact and automate as far as possible the VMF process via JobTrain.
- Mapping of management support ratios to individual managers is underway to help understand variance and lead to defining a consistent standard across NHS Fife/H&SCP.
- Co-ordination with H&SCP around digital dictation, PA ratios and other internal business admin. standards, to unify approach.

Planned Activity:

- Mapping of teams associated with priority areas to target for reviews. An initial area of focus is around health record management/patient services function.
- Agree potential Admin. Services 'centres of expertise' in common with H&SCP and explore opportunities to establish projects to commence required analysis and develop proposed new models.
- Develop a proposal to help understand the plan for and manage fixed-term posts in the Admin. Services Job Family as an additional bridging action.

Challenges / Opportunities:

- Programme has not progressed as anticipated due to the complexity of planning required to date and time needed to agree approval on principles.
- Different approach required than originally intended due to pre-requisites identified in PID not being in place.
- Require specific teams to focus on, regards developing a programme of reviews and associated project stage plans.

10. Business Transformation

Executive Lead – Alistair Graham

Milestone Plan

Oct 24

- Identify the teams in scope for initial admin functions review (related to health record/patient services)
- Engagement products developed aligned to approved framework
- Engagement plan developed for digital opportunity/awareness and education sessions
- 13 week recruitment pause, process communicated and embedded
- Mapping of management support ratios to individual managers complete

Nov- Dec 24

- Agree potential Admin. Services 'centres of expertise' in common with H&SCP.
- Define and initiate agreed Admin. Function review projects.
- Progress implementation of the VMF process Jobtrain automation work.
- Progress implementation of general engagement and education around digital opportunities

10. Business Transformation

Executive Lead – Alistair Graham

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk of double/multiple counting of benefits associated with administrative staff aspects, because of Directorates/Services counting a reduction in these roles within their own proposals/reductions being counted in proposals related to RTP Corporate Directorates, which may result in savings not being delivered to desired target values.	Direct impact digital opportunities feeding into Finance. Work in progress on establishing several dashboards to show impact across WTE change in the system.	3	4	12 – Moderate Risk
There is a risk that the savings opportunities are not as large in scale or as achievable as first imagined, because of the reliance on staff savings through consensual means, which may result in savings not being delivered to desired target values.	As directly above.	3	4	12 – Moderate Risk
There is a risk savings cannot be realised aligned to desired timescales, because of the complex change work to enable them having to occur and embed first, which may result in failing to deliver savings targets within optimum timescales.	As above.	3	4	12 – Moderate Risk
There is a risk business change enablement is not given adequate time to complete prior to savings being released, because of an emphasis/focus on achieving financial savings targets, which may result in poorly delivered change and additional operational service pressures.	Staff engagement, operational staff collaboration and a stage boundary approach to project plans will be undertaken. Work also to be undertaken aligned with Unison Charter for change principles.	2	4	8 – Moderate Risk

11. Surge Reduction

Executive Lead – Claire Dobson

Assurance Rating	Limited
Target Saving FY	£1,850,000
Forecast Saving FY	£950,000
Savings YTD	£403,620

Status Update:

Surge reduction savings have been impacted by high continuing levels of emergency admissions, with acute services operating at pressures higher than the preceding 2 winters. Plans are progressing around improved system flow and discharge planning, supporting Fife's National below average LOS. However average occupancy has been consistently above 95%. Engagement underway to explore surge medical staffing model options.

Progress to date:

- Ward 6 & 9 - creation of supported discharge units with new dedicated Gateway Dr's staffing model from August.
- Implementation of ward access targets.
- Training delivered to additional 18 discharge co-ordinators.
- Maintenance of reduction of 11 beds across surge footprint.
- Reduction of AVG. 30 patients boarding into surgical.
- Scaling up of effective MDT discharge process (Enhanced ICT, Red Cross, & ARP).
- Clinical leads/ SLT discussion on surge model – clinical teams unable to manage surge patients daily until they are at full establishment - x5 teams currently at least 1 Consultant short.
- Enhanced ICT pilot commenced 17/9 – review completed on 17/9 showed **50%** of ward 6 pts & **65%** of ward 9 pts were waiting for HSCP resource led exits –it is hoped the enhanced ICT pilot led by HSCP will support an increased number of pt's discharging into this pathway thereby reducing surge numbers.

Planned Activity:

- Scoping of medical workforce model including governance of bed holding & cost/benefits analysis of role in Fife. SBAR to be developed by SLWG.

Challenges & Opportunities:

- High levels of emergency admissions continue – (mean 208 daily), are operating at winter-level pressures continuously.
- If investment is not available to recruit to substantive nursing and consultant posts to manage surge beds, then this scheme will not achieve the savings outlined.

11. Surge Reduction

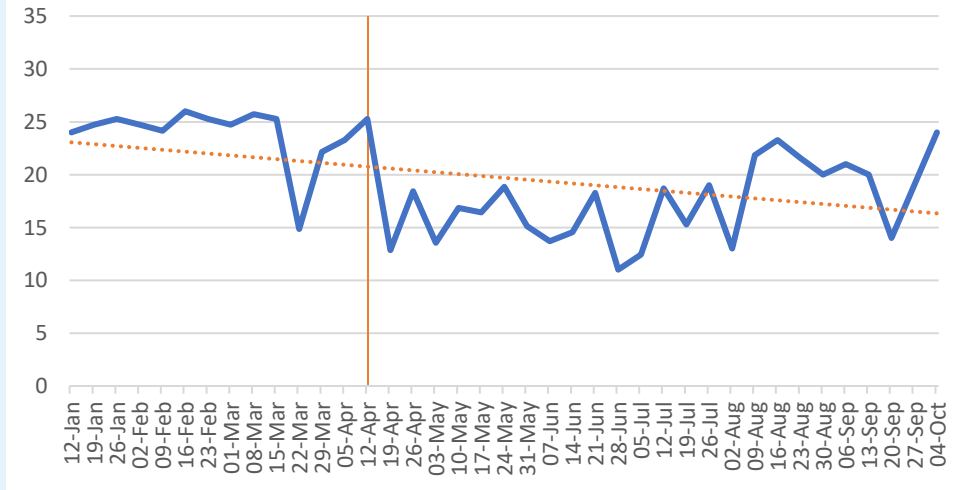
Executive Lead – Claire Dobson

Assurance Rating	Limited
Target Saving FY	£1,850,000
Forecast Saving FY	?
Savings YTD	?

Data Informatics:

- Acute are experiencing continuous high-levels of emergency admissions and operating at winter-level pressures throughout the year.
- There has been a sustained reduction of 11 beds across the surge footprint.
- Within Ward 6 the average bed occupancy has reduced from 24 between January and April to 17 between April and October.

Ward 6 Average Weekly Bed Occupancy



11. Surge Reduction

Executive Lead – Claire Dobson

Assurance Rating

Limited

Target Saving FY

£1,850,000

Forecast Saving FY

?

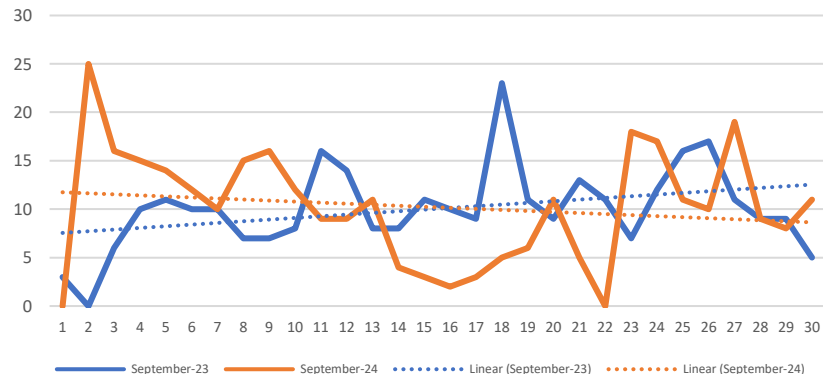
Savings YTD

?

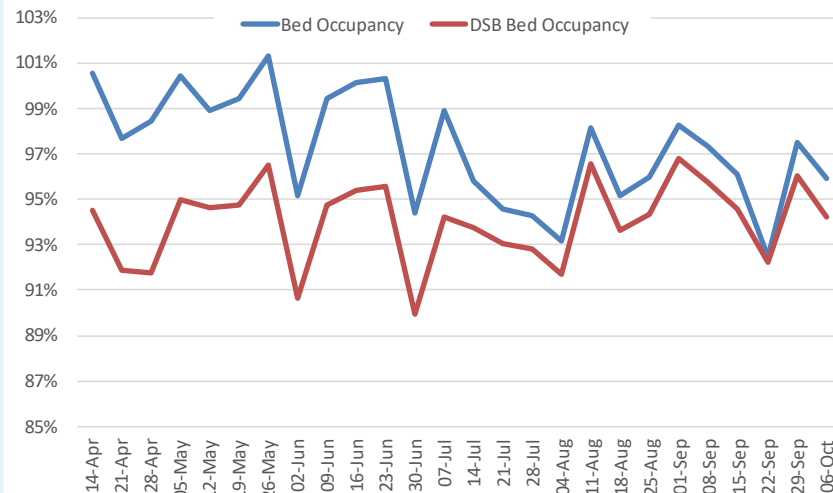
Balancing Measures

- Number of patients awaiting a transfer of care on the Discharge Hub waiting list is an average of 22 patients daily.
- Median Daily Hospital Occupancy is 97.6%.
- Median VHK Back Door Ward Occupancy is 94.4%, which provides challenges in moving patients on to their next area for care.
- Median Community Hospital Occupancy is 107.5%.

September 23 vs September 24 Surge outwith W6 & W9



VHK Bed Occupancy



11. Surge Reduction

Executive Lead – Claire Dobson

Milestone Plan

Nov 24 – March 25

- Scoping of medical workforce model including governance of bed holding & cost/benefits analysis of role in Fife
- Removal of Locum Surge Consultant post

11. Surge Reduction

Executive Lead – Claire Dobson

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk that if we do not invest in recruitment of substantive nursing and consultant posts within this financial year then we will not reach the savings outlined within this scheme.	Workforce tools run to understand nursing requirement for discharge unit beds. Ongoing discussions and scoping of AHP Consultant model to understand role and governance within Fife and financial proposals.	3	3	9 – Moderate Risk
There is a risk that occupancy cannot be reduced by 10 beds resulting on boarding patients into PCD which could lead to cancellations.	The risks above have been mitigated by establishment of 4pm Daily Huddles with MDT to raise awareness of demands and link to capacity planning to escalate concerns in timely manner. MDT approach taken to ensure clinical buy in to support timely progress of work.	5	3	15 – High Risk
There is a risk that unscheduled care demand cannot be managed resulting on an increase in need for beds.		5	3	15 – High Risk
There is a risk that there are not enough available community beds and patients to have to remain in VHK.		5	3	15 – High Risk

13. SLA and External Activity

Executive Lead – Margo McGurk

Assurance Rating

Limited

Target Saving

£5,000,000

Forecast Saving

£2,200,000

Savings YTD

£1,000,000

Status Update:

The group continue to meet monthly to discuss opportunities for repatriation and to consider actions and consequences of any changes. Agreement is being sought on how and who might instigate Performance Management meetings between NHS Fife with NHS Lothian and NHS Tayside, with the inaugural date slipping to October. Several SBARs were produced over the period and presented to RTP Executive Board for consideration and agreement on next steps. The potential to generate savings through change of sterile services provider requires further discussion to mitigate the possibility of repercussions to the current provider.

Progress to date:

- NE Fife GP cluster questionnaire completed to establish reason for referrals to NHS Tayside.
- Ongoing exploration of historic SLAs-challenges in unearthing original documentation.
- SLA Finance Log developed to establish current position.
- SLA review actions within ASD, and Sterile Services – Change of Provider, SBARs presented to RTP Executive Board.

Planned Activity:

- Performance Management Group initiated supported by evidence of current state. Agreement to be sought in Leadership of group.
- Next steps to be agreed in the progression of repatriation opportunities.
- Consideration to be given to Sterile Services SLA with NHS Tayside.

Challenges & Opportunities:

- Ongoing discussions with NHS Lothian on implications of the introduction of PLICS.
- Possible opportunities at ScotGov level to discuss SLA future process to make more equitable for Boards such as NHSF.
- Challenges in unearthing original SLA documentation.

13. SLA and External Activity

Executive Lead – Margo McGurk

Milestone Plan

Oct 24

- Ongoing development of Performance Management Group and subsequent arrangements with NHS Lothian and NHS Tayside

Nov -Dec 24

- Embedding Performance Management Group approach
- Ongoing discussions regarding next steps for repatriation

13. SLA and External Activity

Executive Lead – Margo McGurk

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk that NHS Lothian and NHS Tayside will not accept the financial planning assumptions and/or that a national challenge will ensue.	Initial meetings being held amongst boards. Current status with NHS Lothian has dictated a rise in likelihood to Almost Certain. Further meetings are planned to try and establish some compromise.	5	4	20 - High Risk

FIFE CAPITAL INVESTMENT GROUP

(Meeting on 2 October 2024)

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

MINUTE OF FIFE CAPITAL INVESTMENT GROUP MEETING

**Wednesday 2 October 2024 at 9am
via MS Teams**

Present: Neil McCormick, Director of Property & Asset Management (NMcC) (**Chair**)
 Jim Rotheram, Head of Facilities (JRo)
 Tracy Gardiner, Capital Accountant (TG)
 Ben Johnston, Head of Capital Planning / Project Director (BJ)
 Paul Bishop, Associate Director of Estates (PB)
 Maxine Michie, Deputy Director of Finance (MMi)
 Claire Dobson, Director of Acute Services (CD)
 Alistair Graham, Associate Director of Digital & Information (AG)
 Jimmy Ramsay, Head of Sustainability (JR)
 Rose Robertson, Assistant Director of Finance (RR)
 Margo McGurk, Director of Finance & Strategy (MMcG)
 Lisa Cooper, Head of Primary and Preventative Care Services (LC)
 Ben Hannan, Director of Reform and Transformation (BH)

Apologies: David Miller, Director of Workforce (DM)
 Fiona Forrest, Acting Director of Pharmacy & Medicines (FF)
 Dr Chris McKenna, Medical Director (CM)
 Janette Keenan, Director of Nursing (JK)
 Fiona McKay, Interim Director of Health & Social Care (FM)

1.0	<p>WELCOME AND APOLOGIES</p> <p>Apologies were received from David Miller (Director of Workforce), Fiona Forrest (Acting Director of Pharmacy & Medicines), Dr Chris McKenna (Medical Director), Janette Keenan (Director of Nursing) and Fiona McKay (Interim Director of Health & Social Care).</p>	
2.0	<p>NOTES OF PREVIOUS MEETING</p> <p>Members approved the note of the previous meeting held on 21 August 2024 as an accurate record.</p>	
3.0	<p>ROLLING ACTION LIST / MATTERS ARISING</p> <p>The action log was updated accordingly.</p>	
4.0	<p>MINUTES OF OTHER COMMITTEES</p> <p>4.1 Clinical Contingency Group The minutes of the meetings held on 8 August 2024 and 12 September 2024 were noted by the group. PB highlighted £281k remains unspent however this is due to work being completed under RTP that would, under normal business, go through clinical contingency funding. It was highlighted £750k was allocated to clinical contingency for 2024/25 with £250k ringfenced for RTP. However, following discussion, it was agreed a capital expenditure summary report</p>	

	<p>should be presented at the next Infrastructure and Change Board, and Executive RTP meeting to allow members to take assurance.</p> <p>4.2 Capital Equipment Management Group The minute of the meeting held on 5 September 2024 were noted by the group. RR highlighted items continue to be purchased through revenue instead of capital and requested for members to reiterate the requirements of capital and revenue funding to their services. Following discussion, it was agreed the Financial Governance paper distinguishing between capital and revenue funding should be issued onto Blink to ensure all staff are aware of the requirements prior to purchasing.</p>	RR
5.0	<p>PLANNING</p> <p>5.1 2024/25 Remaining Capital Spend TG advised at the end of August 2024, £1.5m remains unallocated, which comprises:</p> <p>Statutory compliance - £383k Clinical prioritisation - £281k RTP - £158k Capital equipment - £501k Digital - £220k</p> <p>Following discussion, it was agreed for TG, RR, BH and AG to create a proposal outlining how the remaining funding will be allocated for 2024/25, and present back to FCIG at the next meeting.</p> <p>Following a query from MMcG regarding a draft paper on enabling capital to support mental health, it was agreed for the paper to be split into 2 with the first paper containing the information currently available on anti-ligature and the interim work, and the second paper to focus on the enabling capital from RTP and the broader infrastructure work. BJ and NMcC to progress the first paper with Alan Morrison and provide an update to FCIG as required.</p> <p>5.2 Whole System Planning BJ noted the paper was presented to the Board highlighting the approach being taken and what work will be taking place. It was advised Scottish Government have provided guidance on how to generate the cost for different projects, which will be collated into an SBAR and presented to the Finance, Performance and Resources Committee as well as the Board, before submitting a draft copy to Scottish Government in January 2025. BJ further noted the paper will primarily relate to backlog maintenance projects, and how NHS Fife can maintain existing estate instead of investing in new estate. It was further noted there is an opportunity to potentially include some small projects such as the Queen Margaret theatre refurbishment.</p> <p>5.3 NIB – 5 Year Capital Equipment Plan RR noted due to outstanding queries with 5 year capital plan submissions from teams, a final plan is not available to present to FCIG for final sign off. RR highlighted the final plan must be submitted to the National Infrastructure Board on 18 October and proposed giving CEMG members a deadline for submitting final plans by 8 October highlighting teams must work with Grant McDonald and Tracy Gardiner to ensure no further queries are raised, and all plans must be signed off by the appropriate director.</p> <p>FCIG members agreed to the CEMG extension of 8 October noting the final 5 year capital equipment plan submitted to the National Infrastructure Board must also be circulated to FCIG members.</p>	<p>TG/RR BH/AG</p> <p>BJ/ NMcC</p>

	<p>5.4 Project Hydra NMCC advised the replacement of medium temperature hot water pipe work remains ongoing noting some disruptions has been caused at the renal entrance however regular discussions between CD and PB to minimise disruption are taking place.</p> <p>5.5 Medical Education BJ noted work at Ward 7 within Cameron has been complete and handed over. It is hopeful that confirmation of funding from Scottish Government will be received by the end of the week which will allow progress with the refurbishment of Cedar House. BJ further noted it is hopeful that external funding will also be received for the refurbishment of the old ward 10 on level 4 of the tower block to accommodate medical education accommodation.</p> <p>5.6 RTP Infrastructure & Change Update BJ presented the paper highlighting it had previously been to the Infrastructure and Change Programme Board as well as the Finance, Performance and Resources Committee for information. It was noted the finance section within the paper would be updated to record the capital spend.</p>	
6.0	<p>PERFORMANCE</p> <p>6.1 Capital Expenditure Report TG raised concern regarding the Laboratory Information Management System (LIMS) project noting £731k has been top sliced from the capital allocation however no work has commenced. AG noted discussions with Laboratory colleagues would take place and an update would be provided to TG.</p>	
7.0	<p>GOVERNANCE</p> <p>7.1 Mid-Year Review Workshop Following discussion, it was agreed the November FCIG meeting would be cancelled, and an FCIG Workshop would be arranged for the end of October to allocate the remaining 2024/25 spend on projects, and to discuss what the 2025/26 funding allocations will look like.</p>	
8.0	<p>ISSUES TO BE ESCALATED TO EDG</p> <p>N/A</p>	
9.0	<p>AOCB</p> <p>RR advised CEMG are looking to review the Terms of Reference and would be seeking support from FCIG members to reduce CEMG membership numbers due to an unmanageable attendance.</p> <p>RR emphasised the importance of team's submitting orders promptly once they have been approved at CEMG noting all orders must arrive and be receipted before the end of the financial year.</p> <p>Following a query regarding monies for mental health, NMCC confirmed the money will be spent within the financial year noting a large proportion of the money is for one contractor that has been appointed.</p>	
10.0	<p>DATE OF NEXT MEETING</p> <p>FCIG Workshop: Wednesday 30 October 2024, 11:00am – 12:30am, via MS Teams FCIG: Wednesday 18 December 2024, 9:00am – 10:30am, vis MS Teams</p>	

IJB FINANCE, PERFORMANCE & SCRUTINY COMMITTEE

(Meeting on 11 September 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 11TH SEPTEMBER 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 David Alexander

Attending: Audrey Valente, Chief Finance Officer
Lynne Garvey, Head of Community Care Services
Vanessa Salmond, Head of Corporate Services
Lisa Cooper, Head of Primary and Preventative Care Services

In attendance:

Tracy Hogg, Finance Manager HSCP
Avril Sweeney, Manager Risk Compliance
Roy Lawrence, Principal Lead, OD & Culture
Jennifer Rezendes, Professional Social Work Lead
Lesley Gauld, Team Manager – Strategic Planning
Donna Mathieson, Principal Information Analyst
Gemma Reid, Fife HSCP & IJB Co-ordinator
Gillian Muir, Management Support Officer (Minutes)

Apologies for Absence: Fiona McKay, Interim Director of Health & Social Care
Colin Grieve NHS Non-Executive Board Member
Lynn Barker, Director of Nursing
Helen Hellewell, Associate Medical Director
Jillian Torrens, Head of Complex & Critical Care

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

	Alastair Grant also extended the Committee’s congratulations to Lynne Garvey on her recent appointment to Director of Health & Social Care.	
2.	DECLARATIONS OF INTEREST No declarations of interest were noted.	
3.	MINUTE OF PREVIOUS MEETING – 15TH MAY 2024 The minutes of the last meeting were agreed as an accurate record of discussion.	
4.	MATTERS ARISING / ACTION LOG The action log was reviewed. All actions noted have been actioned and are either complete or in progress. An update was requested with regards to the fuller deep dive being undertaken into the Homecare Services overspend and when findings would be presented to Committee. Officers provided assurance that this would be included in November’s Committee papers. Noted correction to date required in the progress notes of this action.	AV GM
5.	FINANCE	
5.1	Finance Update and Recovery Plan Audrey Valente highlighted there were a few items within the papers which were noted as to follow, these had not yet been received, but was hoped the information would be available in advance of the IJB and would be shared when received. The Committee considered a report from Audrey Valente, Chief Finance Officer detailing the current financial position (actuals to July 2024) and noting the financial position for the rest of the financial year remains very challenging. Audrey Valente highlighted the current projection of £21.5m of an overspend was an improved position from that reported in May, an improvement of £2.8m, relating to the delivery of savings. Committee noted that the Partnership have set a stretched target, and it will continue to do all it can to deliver these savings during this financial year. Audey Valente also highlighted of the £39m approved savings in this financial year, the current position suggests that £28m will be delivered, a 72% delivery success rate. With regards to reserves Committee noted £4m were committed and earmarked for specific national and local priorities such as community living fund and the move from analogue to digital which will allow the Partnership to continue to deliver its services. Committee noted following previous discussions and concerns raised regarding the reporting of the RAG status of each of the savings,	

particularly those showing amber, these have been looked at again and amended to reflect the fact that some won't be delivered in year. The updated RAG status was shared with Committee and Audrey Valente sought Committee's approval to take onto the IJB.

The discussion was opened to Committee members and considerable discussion was had around the updated document and members thoughts and comments were provided. Committee also asked to see the RAG status reflected for future years not just in year. Discussion was also had around the purpose of the Committee and its limited ability in what it could do.

Officers asked Committee to focus on moving forward the current position and what the Partnership was going to do to bring the budget in line.

Recovery Plan

A recovery plan was presented to Committee totalling just under £11m. Committee noted the confidential nature of the document at this time. Audrey Valente updated members on discussions had with both partners who have advised the Partnership require to come forward with a full £21m recovery plan. Committee noted further work to be carried out on the recovery plan being presented and the difficult decisions that will require to be made.

Officers took Committee through the proposals and provided an overview on each. Committee also provided their views.

Reprovision of Assessment and Rehabilitation Centres to community-based model (ARCs)

No further questions raised. Committee agreed to progress.

Skill mix front door with care at home assessor rather than social worker

Questions raised.

Noted ½ year saving this year and full year affect next year.

Committee agreed to progress.

Ongoing transformation of urgent care services (Primary Care Out of hours and Minor Injury Services) across Fife

Questions raised.

Committee agreed to progress.

OT Amnesty

No further questions. Committee agreed to progress.

	<p><u>Managed Clinical Networks review</u></p> <p>No further questions. Committee agreed to progress.</p> <p><u>Temporary delay in Recruitment in Targeted Services</u></p> <p>Questions raised.</p> <p>Committee also commented if this was going to be pushed further as had been suggested and stop some services, there was not enough detail for them to make a considered decision could fuller detail be given to allow discussion?</p> <p>Agreed further detail to be worked up to allow further discussion and decision.</p> <p><u>Eligibility Criteria Review</u></p> <p>Questions raised.</p> <p>Committee commented that the narrative around the saving needed to contain further explanation on what the saving is and comparisons with other parts of Scotland.</p> <p>Agreed further detail around narrative would be included.</p> <p>Committee were broadly supportive, although noted difficult decision to do.</p> <p><u>Additional SG Funding (Pensions, Winter)</u></p> <p>Questions raised.</p> <p>Committee wholly supportive.</p> <p><u>Review of Social Care Packages</u></p> <p>Committee noted the difficult nature of this proposal.</p> <p>Questions raised.</p> <p>Committee agreed it was in support of the saving stating it was a necessary thing to do but noted this was a difficult thing to do which needs to be managed very carefully.</p> <p>Agreed an Extraordinary Finance, Performance & Scrutiny Committee to be arranged for members to further discuss in more detail the</p>	<p>AV</p> <p>AV</p> <p>VS/GM</p>
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	<p>proposed recovery plan to allow Committee sign off and progress to IJB for final approval.</p> <p>Vanessa Salmond queried whether Committee wished to escalate anything in relation to this item to the IJB at its meeting in September or was it happy that discussions were taken as actions at this moment in time? Committee confirmed it was content to take as actions and have further discussions at the planned Extraordinary Finance, Performance & Scrutiny Committee.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Noted the content of the report including the overall projected financial position for delegated services for 2024-25 financial year as at 31 July 2024 as outlined in Appendices 1-4 of the report. 2. Noted steps continue to be taken by Officers to consider options and opportunities to improve the financial position during the remainder of 2024-25 as part of the Financial Recovery Plan process, as outlined in section 8 of the Finance Update Appendix1, detailed plan at Appendix 5. 3. Agreed onward submission to IJB for approval of the financial monitoring position as at July 2024. 4. Agreed an Extraordinary Finance, Performance & Scrutiny to be arranged to allow fuller discussion on the recovery plan. 	
<p>5.2</p>	<p>Finance Risk Register Deep Dive Review Report – Strategic Plan</p> <p>The Committee considered a report presented by Avril Sweeny Compliance Manager provided for discussion and assurance that risks are being effectively managed within the IJB’s agreed risk appetite and at the appropriate tolerance levels. Committee noted this particular risk was assigned to Finance, Performance & Scrutiny Committee only</p> <p>Avril Sweeney drew Committee’s attention to appendix 1 which sets out the risk description and risk scoring, noting the review also highlights the external and internal factors that may impact on this risk. The deep dive also provides relevant assurances, performance measures, benefits and linked risk where possible.</p> <p>Committee noted the key mitigations for this risk which include the delivery of the strategic plan and the supporting strategies particularly workforce strategy and the medium-term financial strategy.</p>	

	<p>Committee also noted that the new performance framework provides additional assurances of control measures and also information on performance and benefits being sought from both a qualitative and quantitative perspective.</p> <p>Avril Sweeney advised that there is confidence that there is a reasonable level of assurance in place to support management of this risk and close scrutiny is being applied to delivery actions and monitoring of performance.</p> <p>Committee noted that an internal audit on the development of the strategic plan also highlighted a reasonable level of assurance in terms of this area of work and two moderate recommendations for improvement. However, it is recognised that there are a number of external factors impacting on this risk which are out with the Partnership's control.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report. Committee made cognisance of the financial pressures as previously discussed which may have an impact on the Partnership achieving its strategic plan.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the deep dive review and provided comments and suggestions for improvement. 2. Were assured with the reasonable level of assurance but are aware of many external pressures which may change that going forward. 	
6.	PERFORMANCE	
6.1	<p>Performance Report</p> <p>Committee considered a report presented by Lesley Gauld, Team Manager, Strategic Planning highlighting updates from the Partnerships key performance indicators and targets in relation to:</p> <ul style="list-style-type: none"> • National Health and Social Care Outcomes • Health and Social Care – Local Management Information • Health and Social Care – Management Information <p>Committee noted the intent to further change the formatting of the regular performance reports and to update the content, specifically the indicators reported and also noted activity to construct data flows and analytics required to underpin the new approach are ongoing.</p>	

	<p>The discussion was opened to Committee members who provided their comments and feedback on the report. Items raised for discussion included queries regarding smoking cessation; absence levels across NHS and H&SC, low level uptake on telecare and how something can be the best it has been but still be below target?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed and provided suggested changes. 2. Took assurance report progresses to the Integration Joint Board. 	
<p>6.2</p>	<p>Primary Care Improvement Plan</p> <p>The Committee considered a report from Lisa Cooper, Head of Service, Primary & Preventive Care providing an annual progress update on the Primary Care Improvement Plan through 2023/2024.</p> <p>Committee noted that the Primary Care Improvement Plan underpins the General Medical Services component of the Primary Care Strategy and is in alignment with the Memorandum of Understanding 2 (MoU2), together with local key priorities and next steps for delivery of the Primary Care Improvement Plan in Fife.</p> <p>Lisa Cooper provided workstream updates and highlighted the risks around delivery of the Primary Care Improvement Plan which are noted as a corporate risk at IJB level around resources to deliver this predominately finance and the workforce that is needed.</p> <p>Committee were asked to take assurance from the actions being progressed to achieve implementation of the plan and that this is being driven in a collaborative, equitable and beneficial manner to deliver the best possible outcomes for the population of Fife.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report. No further questions were raised.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Took assurance of the current position and the commitment to continue to strive to meet the intention of the GMS Contract via the Primary Care Improvement Plan in 2024-2025. 	
<p>6.3</p>	<p>Equality, Diversity & Inclusion Action Plan</p> <p>The Committee considered a report from Roy Lawrence, Principal Lead for OD & Culture for discussion and endorsement of the action plan as a positive approach to the Partnership's work on Equality, Diversity and Inclusion.</p>	

	<p>Committee noted that the Partnership’s Strategic Plan aims to promote dignity, equality, and independence for the people of Fife and this commitment includes collaborating with local communities and partners to address inequality and discrimination, fostering equality of opportunity. Achieving this requires a shift in workplace culture to effectively align equality policies and practice with employee’s experience of working within the Partnership.</p> <p>Creating a culture of belonging that celebrates workforce diversity is essential, and an Equality, Diversity, and Inclusion Steering Group has been established to support these goals by implementing the Interim Workplan Sep 2023 - June 2024, and was the first step towards a comprehensive action plan for equality, diversity, and inclusion.</p> <p>Fife Centre for Equalities was commissioned as the subject matter expert to guide this work, providing expertise to fill knowledge gaps and help develop a manager's toolkit.</p> <p>Committee noted that a full list of appendices is available on request.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report.</p> <p>Committee acknowledged the amount of work which had gone into the development of the action plan and praised its format with it being very clear on what is going to happen, the various phases and actions needed to be done.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the proposal and programme set out to agree that it meets the needs of the Partnership. 2. Endorsed the Action Plan as a positive approach to the Partnership’s work on Equality, Diversity & Inclusion. 	
7.	TRANSFORMATION	
7.1	<p>Transformation & PMO Report</p> <p>Due to time constraints the Committee agreed to defer this item for further discussion at the planned Extraordinary Finance, Performance & Scrutiny Committee.</p> <p>Committee requested more detail within Appendix 1 of the report to include subsequent years savings, not just focussing in year to provide an understanding if savings are not going to deliver in year when these would be delivered.</p>	
8	STRATEGIES	

<p>8.1</p>	<p>Prevention & Early Intervention Strategy</p> <p>The Committee considered a report from Lisa Cooper, Head of Service, Primary & Preventive Care for assurance that this has been developed in accordance with identified requirements and stakeholder expectations, for review and advice of any changes.</p> <p>Committee noted that the Prevention and Early Intervention Strategy is identified as one of the nine transformational strategies of the Partnership’s Strategic Plan 2023 to 2026 and is also a NHS Corporate Objective and one of the Scottish Governments six key principles for public health reform.</p> <p>Committee also noted that the Partnership’s ambition is to design and deliver a Prevention and Early Intervention Strategy that will establish a clear framework and rationale to support a shift to embedding prevention and early intervention approaches into all strategies and actions aimed at averting health and social care problems at their earliest stages and embedding approaches as routine practice in the services they deliver and commission.</p> <p>Lisa Cooper drew Committee’s attention to Appendix 2 – Delivery Plan which sets out high level deliverables of which there are ten specific priority outcomes the Partnership is seeking to achieve through delivery of this.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report. A query was raised in regards to the targeted readership of the document.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Took assurance that the Partnership’s draft Prevention and Early Intervention Strategy has been developed in accordance with identified requirements and stakeholder expectations. 2. Discussed, reviewed and provided feedback on the draft Strategy and supporting documents. 	
<p>8.</p>	<p>ITEMS FOR HIGHLIGHTING</p> <p>Alastair Grant confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board on 27th September 2024.</p>	
<p>9.</p>	<p>AOCB</p> <p>No issues were raised under AOCB.</p>	

10.

DATE OF NEXT MEETING

- Tuesday 12th November 2024 at 2.00 pm via MS Teams

An Extraordinary Finance, Performance & Scrutiny Committee to be arranged to look at the savings proposals in more detail.