

AGENDA

A MEETING OF THE NHS FIFE FINANCE, PERFORMANCE & RESOURCES COMMITTEE WILL BE HELD ON TUESDAY 11 MARCH 2025 FROM 10AM TO 12.30PM VIA MS TEAMS

Note: There will be a pre meeting of Non-Executive Members only at 9.30am

Alistair Morris

Chair

		<i>Purpose</i>	
10:00	1.	Apologies for Absence (AM)	
	2.	Declaration of Members' Interests (AM)	
	3.	Minutes of Previous Meeting held on Tuesday 14 January 2025 (AM)	(Approval) (enc)
	4.	Chair's Assurance Report Presented to NHS Fife Board on 30 January 2025 (AM)	(Information) (enc)
	5.	Matters Arising / Action List (AM)	(Assurance) (enc)
10:05	6.	GOVERNANCE MATTERS	
	6.1	Finance, Performance & Resources Committee Self-Assessment Report 2024/25 (GM)	(Discussion) (enc)
	6.2	Annual Review of Finance, Performance & Resources Committee Terms of Reference (GM)	(Decision) (enc)
	6.3	Corporate Risks Aligned to Finance, Performance & Resources Committee (MM)	(Assurance) (enc)
	6.4	Review of Annual Workplan 2025/26 (MM)	(Approval) (enc)
	6.5	Delivery of Annual Workplan 2024/25 (MM)	(Approval) (enc)
10:20	7.	STRATEGY / PLANNING	
	7.1	Annual Delivery Plan 2024/25 Quarter 3 Report (SF)	(Assurance) (enc)
	7.2	Decarbonisation of NHS Fife Fleet (NM)	(Assurance) (enc)
11:20	8.	QUALITY / PERFORMANCE	
	8.1	Integrated Performance & Quality Report (Exec. Leads)	(Assurance) (enc)
	8.2	Financial Performance Report (MM)	(Assurance) (enc)
	8.3	Procurement Key Performance Indicators (PL)	(Assurance) (enc)
	8.4	Procurement & Commercial Improvement Programme (PL)	(Assurance) (enc)
	8.5	Reform, Transform, Perform Q3 Performance Report (BH)	(Assurance) (enc)

- 11:50 **9. LINKED COMMITTEE MINUTES**
- 9.1 Fife Capital Investment Group held on 5 February 2025 (unconfirmed) (enc)
 - 9.2 Procurement Governance Board held on 29 January 2025 (unconfirmed) (enc)
 - 9.3 IJB Finance, Performance & Scrutiny Committee held on 15 January 2025 (unconfirmed) (enc)
- 10. ESCALATION OF ISSUES TO NHS FIFE BOARD**
- 10.1 To the Board in the IPQR Summary (verbal)
 - 10.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board (verbal)
- 11. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 MARCH 2025**
- 12. ANY OTHER BUSINESS**
- 12:00 **PRIVATE SESSION**
- 13. Apologies for Absence **(AM)**
 - 14. Declaration of Members' Interests **(AM)**
 - 15. Minutes of Previous Meeting held on Tuesday 14 January 2025 **(AM)** **(Approval)** (enc)
 - 16. Matters Arising **(AM)** (verbal)
 - 17. Draft Medium Term Financial Plan 2025 - 2028 **(MM)** **(Endorsement)** (enc)
 - 18. Annual Budget Setting Process 2025/26 **(MM)** **(Endorsement)** (enc)
 - 19. Draft Annual Delivery Plan 2025/26 **(BH)** **(Discussion)** (enc)
 - 20. Any Other Business

Date of Next Meeting: **Thursday 8 May 2025 from 10am – 12.30pm** via MS Teams

Fife NHS Board

Unconfirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 14 JANUARY 2025 AT 10AM VIA MS TEAMS

Present:

Alistair Morris, Non-Executive Director (Chair)
Jo Bennett, Non-Executive Director
Sinead Braiden, Non-Executive Director
Alistair Grant, Non-Executive Director
Janette Keenan, Director of Nursing
John Kemp, Non-Executive Director
Aileen Lawrie, Area Clinical Forum Representative (*Joined 10:45am*)
Margo McGurk, Director of Finance and Strategy / Deputy Chief Executive
Dr Chris McKenna, Medical Director
Lynne Parsons, Employee Director
Carol Potter, Chief Executive
Joy Tomlinson, Director of Public Health

In Attendance:

Fiona Forrest, Acting Director of Pharmacy and Medicines
Lynne Garvey, Director of Health and Social Care
Alistair Graham, Director of Digital and Information
Ben Hannan, Director of Reform and Transformation
Dr Gillian MacIntosh, Head of Corporate Governance and Board Secretary
Neil McCormick, Director of Property and Asset Management
Maxine Michie, Deputy Director of Finance
Belinda Morgan, Emergency Care General Manager
Kerrie Donald, Executive Assistant (*minutes*)
Jocelyn Lyall, Chief Internal Auditor (*Item 6.2*)
Ben Johnston, Head of Capital Planning and Project Director (*Item 7.1*)

1. Apologies for Absence

Apologies were noted from member Mary Lockhart (Non-Executive Director) and attendee Claire Dobson (Director of Acute Services).

2. Declaration of Members' Interests

There were no members' interests to declare.

3. Minute of Previous Meeting held on 12 November 2024

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

4. Chair's Assurance Report Presented to NHS Fife Board on 26 November 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.

Following a query from the Chair, the Director of Property and Asset Management confirmed actions relating to the bed modelling model have been completed, and work is currently underway with Directors to review scenarios, to ensure the impact of bed modelling will be visible within 2025/26.

The action plan will be updated accordingly.

6. GOVERNANCE MATTERS

6.1 Corporate Risks Aligned to Finance, Performance and Resources Committee

The Director of Finance and Strategy presented the corporate risk paper, noting the level of financial risk remains high due to the combination of high pressures on services, demand and capacity. The target level has been increased given the certain position that it will be difficult for NHS Fife to meet or improve on the forecast deficit of £30m, as projected in the original financial plan. The Director of Finance and Strategy advised that, in response to a letter to Caroline Lamb from NHS Fife Chief Executive Carol Potter, NHS Fife have been permitted brokerage up to £37m for this financial year.

The Medical Director highlighted that the wording of clinical risks within the paper have also been updated to align operational performance issues and the clinical risks these create.

Following a query from the Chair regarding the wording of the whole system capacity risk, it was agreed the wording should remain, as the risk currently sits within the Victoria Hospital site specifically.

The Committee took a **moderate level of assurance** (with the exception of the financial position which provides a **limited level of assurance**) that all actions within the control of the organisation are being taken to mitigate these risks as far as is possible to do so.

6.2 Internal Control Evaluation (ICE) Report 2024/25

The Chief Internal Auditor joined the meeting and provided an in-depth review of the ICE report, noting the recommendations made within the report highlight the extreme circumstances NHS boards are facing.

Following discussion regarding integration across IJB and NHS Fife, the Chief Executive highlighted there is commitment to ensure close alignment across the Health and Social Care system within Fife.

Following a query from the Chair, the Chief Internal Auditor highlighted all Boards are experiencing similar challenging positions, however NHS Fife have a robust strategy in place with transparent financial and performance reporting, which provides effective assurance in governance terms going forward.

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

6.3 Proposed Annual Workplan 2025/26

The Director of Finance and Strategy presented the proposed 2025/26 annual workplan. The Chief Executive highlighted that, due to realignment across different Directors' portfolios and changes to job titles, the proposed workplan will be revised and presented at the next Committee.

Action: Head of Corporate Governance & Board Secretary

6.4 Delivery of Annual Workplan 2024/25

The Director of Finance and Strategy presented the tracked 2024/25 annual workplan.

The Committee **approved** the tracked workplan.

7. STRATEGY / PLANNING

7.1 Business Continuity and Essential Investment Infrastructure Plan

The Director of Property and Asset Management introduced the plan, noting it outlines the business continuity element of the whole system infrastructure plan. The Head of Capital Planning and Project Director provided an in-depth review of the plan, highlighting it has been supported by the Finance and Capital Investment Group, as well as the Executive Directors' Group.

Following a query from A. Grant, Non-Executive Director, the Head of Capital Planning and Project Director advised that NHS Fife will continue to work with Scottish Government to secure any additional capital formula over and above what has already been identified. The Director of Property and Asset Management noted that the next step within the infrastructure plan is to complete work required imminently, such as replacement of windows within phase 2 of Vitoria Hospital.

The Director of Property and Asset Management noted the Business Continuity and Essential Investment Infrastructure Plan has been a whole system team effort, and thanked Rose Robertson and Lynne Garvey for their significant efforts regarding medical equipment and primary care.

Following a query from the Chair, the Director of Property and Asset Management noted the team continue to reduce all risks within NHS Fife.

The Committee **endorsed** the plan for onward submission to the NHS Fife Board and Scottish Government.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Emergency Care General Manager provided an update on emergency access and delayed discharge, noting the 4 hour access performance has stabilised and is above the Scottish average, despite showing a slight decline from the previous month. It was

further highlighted the team have maintained their scheduled clinical position, with very few clinical appointments being cancelled.

The Director of Health and Social Care provided an in-depth review of Health and Social Care Partnership performance, highlighting an improvement in bed days lost due to standard delay.

Following a query from the Chair, the Emergency Care General Manager confirmed that whilst Urology delays are an issue nationally, work to reduce the delay figures are ongoing regionally. It was further noted the results from the evaluation of the nurse led model at Stirling University have not yet been received.

Following a query from J. Kemp, Non-Executive Director, regarding the potential purchase of additional mobile scanners, the Emergency Care General Manager confirmed that where additional funding is identified from Scottish Government, could help to reduce waiting lists accordingly.

The Committee took a **moderate level of assurance** from the IPQR and **endorsed** the Quality and Care section of the IPQR.

8.2 Financial Performance Report

The Director of Finance and Strategy provided an in-depth review of the report, highlighting the finance team continue to work alongside colleagues to review every opportunity to reduce the financial gap. It was also advised that NHS Fife is on track to deliver £25m in savings this financial year, with £15m being on a recurring basis.

The Chair praised the report from the Director of Finance and Strategy, noting the paper illustrates the robust governance, transparency and clarity of the financial position for Committees.

Following discussion, the Director of Finance and Strategy noted that NHS Fife are working very closely with Fife Council to review the IJB financial position, along with other services within NHS Fife, to ensure the best financial position is achievable

Following a query from J. Kemp, Non-Executive Director, regarding SLA uplifts, the Director of Finance and Strategy confirmed that the recently announced pay uplift for 2025/26 will partly cover the inflationary uplift on SLAs. The Chief Executive noted discussions on how NHS Fife collaborates, and brings in activity to NHS Fife from other neighbouring Boards, will begin to take place to ensure patient care and patient outcomes take priority within the conversation.

The Committee took a **limited level of assurance** from the report and **discussed** the content noted within the paper.

8.3 Reform, Transform, Perform (RTP) Performance Update

The Director of Reform and Transformation provided an overview of the report, noting that while a number of schemes have moved to a 'significant' level of assurance, the overall level of assurance remains at 'moderate'.

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

9. LINKED COMMITTEE / GROUP MINUTES

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

- 9.1** Fife Capital Investment Group held on 18 December 2024 (unconfirmed)
- 9.2** Procurement Governance Board held on 30 October 2024 (unconfirmed)
- 9.3** Primary Medical Services Subcommittee held on 3 December 2024 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

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

10.2 Chair's Comments on the Minutes / Any Other Matters for Escalation to NHS Fife Board

There were no issues to escalate to the Board.

11. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 28 JANUARY 2025

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.

12. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting; Tuesday 11 March 2025 from 10am – 12.30pm via MS Teams.

Meeting: Finance, Performance & Resources Committee

Meeting date: 14 January 2025

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.

Added:

- Business Continuity & Essential Investment Infrastructure Plan (January 2025)

Removed:

- Scottish Budget Position (January 2025)

Deferred:

- Financial Plan for 2025/26 (March 2025)
- Decarbonisation of NHS Fife Fleet (March 2025)

2. The Committee considered the following items of business:

2.1 The Committee took a moderate level of assurance from the 2024/25 Internal Control Evaluation (ICE) Report.

2.2 The Committee endorsed the Business Continuity and Essential Investment Infrastructure Plan for onward submission to Scottish Government.

2.3 The Committee took a limited level of assurance from the Financial Performance Report.

2.4 The Committee took a moderate level of assurance from the Reform, Transform, Perform (RTP) Performance Report.

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 and endorsed the Quality and Care Section of the IPQR

5. Update on Risk Management

5.1 The Committee took a moderate level of assurance (with the exception of the

financial position which provides a limited level of assurance) that all actions within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

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: 11 March 2025



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
1.	10/09/2024	Integrated Planned Care Programme Report	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
2.	14/11/2024	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
3.	14/11/2024	Annual Delivery Plan Q2 Update	NHS Fife Chairperson and the Chief Executive to write to Scottish Government highlighting concerns around NHS dentistry provision in Fife with a view to having a plan to improve the position for the benefit of the people of Fife.	PK / CP		In progress
4.	14/01/2025	2025/26 Proposed Annual Workplan	Proposed workplan to be updated to reflect the realignment across different Directors and changes in titles.	GM	Workplan Updated	Closed

Meeting:	Finance, Performance & Resources Committee
Meeting date:	11 March 2025
Title:	Committee Self-Assessment Report 2024-25
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Gillian MacIntosh, Board Secretary

Executive Summary:

- This paper details the outcome of the recent self-assessment exercise of the Finance, Performance & Resources Committee's effectiveness. A summary of the findings is given in the SBAR, with the full responses and free text comments included in the appendix.
- A moderate level of assurance is suggested, indicating the successful completion of the exercise and the identification of a number of learning points to be taken into the year ahead.

1 Purpose

This is presented for:

- Discussion

This report relates to a:

- Local policy

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

- Effective

2 Report summary

2.1 Situation

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

2.2 Background

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

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

To conform with the requirement for an annual review of their effectiveness, all Board Committees were invited to complete a self-assessment questionnaire in January 2025. The survey was undertaken online and took the form of a Chair's Checklist (which sought to verify that the Committee is operating correctly as per its Terms of Reference) and a second questionnaire (to be completed by members and regular attendees) comprising a series of effectiveness-related questions, where a scaled 'Agree/Disagree' response to each question were sought. Textual comments were also encouraged, for respondents to provide direct feedback on their views of the Committee's effectiveness.

2.3 Assessment

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

Chairs' Checklist (completed by Chair only)

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

Self-Assessment questionnaire (completed by members and attendees)

Excluding the Committee Chair, in total, eight (of 10) members and three regular attendees completed the questionnaire. In general, the Committee's current mode of operation received a largely positive response from its members and attendees who participated, with the administration of the Committee being highlighted as a positive and a move to more current financial performance reporting being welcomed.

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

- the need for the Committee to ensure its focus is always on strategic rather than operational detail, to reflect the key purpose of this Board-level governance committee;
- mixed opinions on whether the scrutiny and challenge of the Committee is strong enough, noting varying responses around the behaviours evidenced at meetings;
- noting that since much of the financial and performance information given to the Committee is retrospective in its reporting, given current financial challenges, consideration is required on whether more could be done to supply 'real-time data';
- comment that, as the Board's 'performance' committee, review should be undertaken of the IPQR metrics the Committee has responsibility for;
- mixed views on the length of papers and amount of data supplied to the Committee, with some comments that this is optimal versus others' opinions that it is excessive, with similar varied comment on meeting / agenda length; and
- a need to reduce the number of late papers being circulated.

Some of the issues noted above, particularly around size of meeting packs and overly detailed papers, are not unique to the Finance, Performance & Resources Committee and indeed are common comments across a number of Board committees, particularly those with wide-ranging remits. Board-wide enhancements to agendas and paper format are currently being discussed with all Committee Chairs.

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

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 Care

N/A

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Other impact

N/A

2.3.8 Communication, involvement, engagement and consultation

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

2.3.9 Route to the Meeting

The Committee is the first group to receive this paper. This paper has, however, been considered initially by the Committee Chair and Lead Executive Director.

2.4 Recommendation

This paper is provided for:

- **Assurance** – This report provides a moderate level of assurance
- **Discussion** – what actions members would wish to see implemented to address those areas identified for improvement

2 List of appendices

The following appendices are included with this report:

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

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

gillian.macintosh@nhs.scot

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
A. Committee membership and dynamics						
A1.	The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	3 (27%)	8 (73%)	-	-	
A2.	The Committee's membership includes appropriate representatives from the organisation's key stakeholders.	3 (27%)	8 (73%)	-	-	
A3.	Committee members are clear about their role and how their participation can best contribute to the Committee's overall effectiveness.	-	10 (91%)	1 (9%)	-	But, as with some other committees, members can sometimes stray into the operational. Committee members are broadly clear about their role, sometimes there is a blurring of assurance role with operational detail which can take up time within meetings. Focus on performance needs to be clearer.
A4.	Committee members are able to express their opinions openly and constructively.	4 (36%)	7 (64%)	-	-	Committee members actively contribute to discussion in meetings.
A5.	There is effective scrutiny and challenge of the Executive from all Committee members, including on matters that are critical or sensitive.	2 (18%)	8 (73%)	1 (9%)	-	There is challenge of the Executive from all committee members, with scrutiny of sensitive matters as well as the main agenda items. There are anxieties about the current financial position of the Board, which can cause pressure on the authors of papers, and this in turn may reduce the ability of the Committee to scrutinise effectively. Defensiveness from Executive results in shyness of challenge.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
A6.	The Committee has received appropriate training / briefings in relation to the areas applicable to the Committee's areas of business.	1 (9%)	8 (73%)	2 (18%)	-	I have stated disagree, however, caveat that there has now been finance updates / education provided for members. Positive to see a move to real-time data.
A7.	Members have a sufficient understanding and knowledge of the issues within its particular remit to identify any areas of concern.	-	10 (91%)	1 (9%)	-	Most have. There is understanding across the membership of the Board about the issues that it is facing.
B. Committee meetings, support and information						
B1.	The Committee receives timely information on performance concerns as appropriate.	2 (18%)	7 (64%)	2 (18%)	-	Papers can be late and not always complete, there are some lags in the data presented at times. Due to the retrospective nature of data presentation this is a challenge to be focused on the real time situation. The deterioration in the IJB position was unexpected and a lessons learned exercise has been carried out as a result. Again, positive to see a shift to real-time data although this is still a work in progress. There are challenges in providing timely information on performance, which rely on systems that rely on manual workarounds. Within that context, the Committee receives information as quickly as possible on performance concerns.
B2.	The Committee receives timely exception reports about the work of external regulatory and inspection bodies, where appropriate.	3 (27%)	8 (73%)	-	-	-

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
B3.	The Committee receives adequate information and provides appropriate oversight of the implementation of relevant NHS Scotland strategies, policy directions or instructions.	4 (36%)	7 (64%)	-	-	Agree overall, noting that sometimes the timing of Committee meetings may mean that there is a lag in providing updates on new policy directions or instructions.
B4.	Information and data included within the papers is sufficient and not too excessive, so as to allow members to reach an appropriate conclusion.	-	9 (82%)	2 (18%)	-	Agree. But clearer introductions and recommendations in papers and more concise papers would assist in this. Would prefer more data over time including finance data. As with other Committees the volume of paperwork is excessive, caveat that there are discussions/practice ongoing of providing Executive Summary. This is difficult to get right, overall papers get the balance but this is an area which will probably always have room for improvement. Some papers too long with multiple appendices.
B5.	Papers are provided in sufficient time prior to the meeting to allow members to effectively scrutinise and challenge the assurances given.	2 (18%)	9 (82%)	-	-	Although papers are provided one week before meeting, the length of papers can be excessive, particularly if papers received for a number of committees within a few days of each other. Can be late. Corporate Services provide excellent support and timely circulation of papers.
B6.	Committee meetings allow sufficient time for the discussion of substantive matters.	-	10 (91%)	1 (9%)	-	Not with the current volume of info to get through Agree, though this can vary.
B7.	Minutes are clear and accurate and are circulated promptly to the appropriate people, including all members of the Board.	6 (55%)	5 (45%)	-	-	Corporate Services provide minutes which are clear and accurate and are circulated promptly.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
B8.	Action points clearly indicate who is to perform what and by when, and all outstanding actions are appropriately followed up in a timely manner until satisfactorily complete.	5 (45%)	6 (55%)	-	-	These work well.
B9.	The Committee is able to provide appropriate assurance to the Board that NHS Fife's strategies, policies and procedures (relevant to the Committee's own Terms of Reference) are robust.	2 (18%)	9 (82%)	-	-	-
B10.	Committee members have confidence that the delegation of powers from the Board (and, where applicable, the Committee to any of its sub groups) is operating effectively as part of the overall governance framework.	1 (9%)	10 (91%)	-	-	There has been active discussion about the delegation of powers and I have confidence this is working effectively.
C. The Role and Work of the Committee						
C1.	The Committee reports regularly to the Board verbally and through minutes, can escalate matters of significance directly and makes clear recommendations on areas under its remit when necessary.	3 (27%)	8 (73%)	-	-	

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
C2.	In discharging its governance role, the focus of the Committee is at the correct level.	-	10 (91%)	1 (9%)	-	Occasionally very operationally focussed. Generally, yes. But we sometimes verge on the operational. Sometimes there is debate about the detail of operational matters and the Committee moves away from assurance towards management. As with other Committees, it would be worth members keeping the five primary functions of good governance at the forefront during discussions and when seeking information.
C3.	The Committee's agenda is well managed and ensures that all topics with the Committee's overall Terms of Reference are appropriately covered	2 (18%)	9 (82%)	-	-	-
C4.	Key decisions are made in a structured manner and can be publicly evidenced.	1 (9%)	10 (91%)	-	-	The SBAR template assists with the decision-making process. Sometimes there are challenges when responsibilities for decisions are split across different Committee remits.
C5.	What actions could be taken, and in what areas, to further improve the effectiveness of the Committee in respect of discharging its remit?	<p>Reduction in volume of papers.</p> <p>Consider reviewing five primary functions of governance from perspective of this particular committee. The Blueprint for Good Governance workshop for the whole of Board was very useful, potentially next step could be to look at application at Committee level?</p> <p>Tone and manner of challenge and scrutiny is worth careful consideration. Values and behaviours are important enablers to respectful discussions.</p> <p>There is often confusion between this Committee and others on which aspects of performance (in the IPQR) are considered. It is worth re-considering which sections of the IPQR are covered by other committees and bringing more back into FP&R.</p> <p>Change to financial reporting - more focus on subjective analysis and actions as opposed to areas of organisation.</p>				

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
D. Finance, Performance & Resources Committee specific questions						
D1.	The Committee is provided with appropriate assurance that the corporate risks related to the specific governance areas under its remit are being managed to a tolerable level.	2 (18%)	9 (82%)	-	-	The risks may not be managed for a range of reasons, the key is that this situation is visible, and risks that are within the scope of the Board are managed to a tolerable level. This is scrutinised and discussed within Committee. There will always be opportunities to improve but the level of detail and assurance is appropriate.
D2	There is appropriate coverage of the key components of the Committee's remit in meeting agendas (i.e., as an example, for Clinical Governance, the full range of clinical governance activity, including Patient Safety, Quality of Care, Clinical Effectiveness and Patient Experience, is reviewed during the year - and similarly so for other committees).	2 (18%)	9 (82%)	-	-	-
D3.	The performance information and data presented to the Committee allows for easy identification of deviations from acceptable performance (both negative and positive).	-	10 (91%)	1 (9%)	-	Yes generally. But I would debate whether it is always 'easy identification'. Time lags in the data is not always helpful. Not always due to retrospective data and volume of papers.
D4.	Where there is a negative deviation from acceptable performance, the Committee receives adequate information to provide assurance that appropriate action is being taken to address the issues.	1 (9%)	10 (91%)	-	-	

Meeting: Finance, Performance & Resources
Committee

Meeting date: 11 March 2025

Title: Annual Review of Committee's Terms of Reference

Responsible Executive: Margo McGurk, Director of Finance & Strategy

Report Author: Gillian MacIntosh, Board Secretary

Executive Summary:

- The Committee's Terms of Reference is presented for endorsement, before onward submission to the NHS Fife Board for approval.
- The review is carried out on annual basis, as part of the overall annual governance process, and reflected in the annual update to the NHS Fife Code of Corporate Governance, submitted to the Board in May.
- Proposed changes are tracked within the enclosed document, for visibility.

1. Purpose

This report is presented for:

- Discussion

This report relates to:

- Local policy

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

- Effective

2 Report summary

2.1 Situation

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

2.2 Background

The current Terms of Reference for the Committee were last reviewed in March 2024, as per the above cycle.

2.3 Assessment

An updated draft of the Committee's Terms of Reference is attached for members' consideration, with suggested changes tracked for ease.

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

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

N/A

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

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

2.4 Recommendation

This paper is provided to members for:

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

3 List of appendices

The following appendices are included with this report:

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

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

gillian.macintosh@nhs.scot

FINANCE, PERFORMANCE AND RESOURCES COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ~~28 May 2024~~[TBC](#)

1. PURPOSE

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

2. COMPOSITION

- 2.1 The membership of the Finance, Performance and Resources Committee will be:
 - Six Non-Executive or Stakeholder members of the Board (one of whom will be the Committee Chair). (A Stakeholder member is appointed to the Board from Fife Council or by virtue of holding the Chair of the Area Partnership Forum or the Area Clinical Forum)
 - Chief Executive
 - Director of Finance & ~~Strategy~~
 - Medical Director
 - Director of Public Health
 - Director of Nursing
- 2.2 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:
 - Director of Acute Services
 - Director of Property & Asset Management
 - Director of Health & Social Care
 - Director of Pharmacy & Medicines
 - Director of Planning & Transformation
 - Board Secretary

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

3. QUORUM

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

4. MEETINGS

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

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

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

5. REMIT

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

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

Arrangements for Securing Value for Money

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

underway) to ensure that the Board achieves financial balance in line with statutory requirements.

Allocation and Use of Resources

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

6. AUTHORITY

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

7. REPORTING ARRANGEMENTS

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

Meeting: Finance, Performance & Resources Committee

Meeting date: 11 March 2025

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 provides an update on the corporate risks aligned to this committee.
- The committee are asked to consider and be assured of the mitigating actions to improve the risk levels and note the risk appetite status of the corporate risks against the new risk appetite agreed by the Board in November.
- Members are asked to take a “moderate” level of assurance that, all actions, within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

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 14 January 2025.

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.

2.3 Assessment

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

Table 1: Risks Aligned to the FP&R Committee

Since the last report on 14 January 2025, the risk profile is unchanged:

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

Risk Title	Target Score	Current Score	Dec 2024	Oct 2024	Aug 2024	June 2024	April 2024	Risk Appetite
6. Whole System Capacity	16	20	20	20	20	20	20	Above
7. Access to outpatients, diagnostic and treatment services	16	20	20	20	20	20	20	Above
8. Cancer Waiting Times	12	15	15	15	15	15	15	Within
13. Delivery of a balanced in year financial position	25	25	25	25	25	25	16	Above
14. Delivery of recurring financial balance over the medium-term	20	25	25	25	25	25	16	Above
15. Prioritisation and management of capital funding	8	12	12	12	12	12	12	Within
20. Reduced Capital Funding	12	20	20	20	20	N/A	N/A	Above

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

- Risk 6 and 7 have a current level of high 20 and are above appetite.
- Risk 8 has a current risk level of high 15 and is within appetite.

Four risks align to *Strategic Priority 4: 'To Deliver Value and Sustainability.'* The Board has an open appetite for risks in this domain.

- Risk 15 has a current risk level of moderate 12 and is within appetite.
- Risk 13 has a current risk level of high 25 and Risk 14 and 20 have a current level of high 20. All are above appetite.

The updated Risk Appetite is attached in Appendix 2.

Key Risk Updates

Risk 6 - Whole System Capacity

The updated wording of the risk reflects the ongoing 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.

Management data from winter demonstrates re-direction via FNC and NHS 24 is having an impact in reducing demand month on month and our work to embed Discharge Without Delay (DWW) and Home First continues to provide improvements and learning. A system wide lessons learnt & planning workshop was held on 26/2/25 which identified further system wide improvements.

Risk 7 – Access to Outpatients, Diagnostics and Treatment Services

Further to planning guidance received from SG on 20th December 24, NHS Fife has submitted first draft of trajectories for 25-26. This includes RAG status against the likelihood of delivering planned care targets for TTG and OPs – no waits over 52 weeks by March 26 and for delivering standards for diagnostics and cancer. Discussions with SG are ongoing. Priority continues to focus on treating our urgent and urgent suspicion of cancer patients as well as reducing the number of long waiting patients.

Risk 8 - Cancer Waiting Times

Operational risks around Pharmacy and SACT nursing capacity has been escalated. A review of the SACT Unit and nursing workforce is underway. Two ANPs and a Pathway Navigator has been recruited.

There has been a Specialty Doctor recruited in Haematology and the consultant vacancy is supported by agency locums.

There has been the introduction of consultant lead specific to cancer services in Urology. 1 session per month, with a cancer meeting bi-monthly.

There will be an increased focus on challenged cancer pathways within the speciality, focussing on the prostate pathway and MRI/TP biopsy delays. A Urology surgeon is training in Prostate modality to increase RALP capacity.

There will be an increased focus on renal and bladder pathways. The team are looking at the potential to carry out bladder cancer in QMH increasing capacity and reducing waiting lists.

Forth Valley supports mutual aid breast clinics to ensure performance is maintained. Radiology are aiming to recruit a general radiologist with a breast sub speciality. The team are collaborating with radiology to expedite hormone results to ensure timely treatment.

The Upper GI pathway has been challenged due to vacancies, however, final interview for specialist nurses in February 2025 with opportunities for improvement being continually sought

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 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

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.

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 27 February 2025
- Neil McCormick, Director of Property & Asset Management on 27 February 2025
- Margo McGurk, Director of Finance & Strategy on 27 February 2025
- Chris McKenna, Medical Director on 27 February 2025

2.4 Recommendation

- **Assurance**

Members are asked to:

- note details of the corporate risks aligned to this committee as at 20 February 2025
- note the risk appetite status of the risks against the new risk appetite
- consider and be assured of the mitigating actions to improve the risk levels and take a “moderate” level of assurance

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Summary of Corporate Risks Aligned to F,P&R Committee as at 20 February 2025
- Appendix 2, Risk Appetite Statement


Report Contact


Dr Shirley-Anne Savage

Associate Director for Risk and Professional Standards


Email shirley-anne.savage@nhs.scot

NHS Fife Corporate Risk Register as at 20/02/25


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>OPEN</p>	<p>Whole System Capacity</p> <p>There is a risk that NHS Fife may be unable able to provide safe and effective care to the population of Fife as a result of workforce capacity, significant and sustained unscheduled care and planned admission activity to the Victoria Hospital, as well as challenges in achieving timely discharge to downstream wards and provision of social care packages.</p>	<p>The risk descriptor has been updated. The updated wording of the risk reflects the ongoing 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>Management data from winter demonstrates re-direction via FNC and NHS 24 is having an impact in reducing demand month on month and our work to embed Discharge Without Delay (DWW) and Home First continues to provide improvements and learning. A system wide lessons learnt & planning workshop was held on 26/2/25 which identified further system wide improvements.</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>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</p>	Above	High 20	High 16 by 31/03/25	◀▶	Director of Acute Services	Finance, Performance & Resources (F,P&RC)


			identified as clinically fit or with a Planned Date of Discharge are reviewed daily. 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.						
7	 <p>OPEN</p>	<p>Access to outpatient, diagnostic and treatment services</p> <p>There is a risk that patient outcomes may be adversely impacted by NHS Fife's challenge in delivering the waiting times standards due to ongoing unscheduled care pressures and demand exceeding current capacity.</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 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</p>	Above	High 20	High 16 by 31/03/25	◀▶	Director of Acute Services	Finance, Performance & Resources (F,P&RC)



			<p>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>Confirmation was received from Scottish Government in September that no further additional funding will be received for this financial year.</p> <p>December 24</p> <p>Outpatient and IPDC services continue to work within trajectories however risk of cancellations during winter pressures could adversely impact performance against previously submitted plans.</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 improvement in Q1. Projected 90% of patients waiting less than 6 weeks will not be sustained.</p> <p>Priority continues to focus on our urgent and urgent suspicion of cancer patients as well as treating patients based on</p>						
--	--	--	---	--	--	--	--	--	--

			<p>clinical prioritisation, validating waiting lists and reprioritising patients where indicated and reducing the number of long waiting patients.</p> <p>February 25</p> <p>Further to planning guidance received from SG on 20th December 24, NHS Fife has submitted first draft of trajectories for 25-26. This includes RAG status against the likelihood of delivering planned care targets for TTG and OPs – no waits over 52 weeks by March 26 and for delivering standards for diagnostics and cancer. Discussions with SG are ongoing. Priority continues to focus on treating our urgent and urgent suspicion of cancer patients as well as reducing the number of long waiting patients.</p>						
8	 <p>Cancer Waiting Times (CWT)</p> <p>There is a risk that patient outcomes may be adversely impacted by NHS Fife's ongoing challenge in meeting the cancer waiting times standards due to increasing patient referrals, complex cancer pathways and service capacity.</p>	<p>Operational risks around Pharmacy and SACT nursing capacity has been escalated. A review of the SACT Unit and nursing workforce is underway. Two ANPs and a Pathway Navigator has been recruited.</p> <p>There has been a Specialty Doctor recruited in Haematology and the consultant vacancy is supported by agency locums.</p> <p>The prostate project group is under review to incorporate learning from the Lanarkshire Model. The Nurse-led model went live in August 2023 however there has been reduced activity due to training of a replacement staff member. The Evaluation of this project currently being undertaken with an update from University of Stirling expected.</p>	Within	High 15	Mod 12 by 31/03/25	◀▶	Director of Acute Services	Finance, Performance & Resources (F,P&RC)	

			<p>Introduction of consultant lead specific to cancer services in Urology. 1 session per month, with a cancer meeting bi-monthly. There will be an increased focus on challenged cancer pathways within the speciality, focussing on the prostate pathway and MRI/TP biopsy delays. A Urology surgeon is being trained training in Prostate modality to increase RALP capacity. There will be an increased focus on renal and bladder pathways. The team are looking at the potential to carry out bladder cancer in QMH increasing capacity and reducing waiting lists.</p> <p>Funding for channelled endoscopes has been supported to improve waits in the head and neck pathway.</p> <p>Forth Valley supports mutual aid breast clinics to ensure performance is maintained. Radiology are aiming to recruit a general radiologist with a breast sub specialty. The team are collaborating with radiology to expedite hormone results to ensure timely treatment.</p> <p>Upper GI pathway has been challenged due to vacancies, however, final interview for specialist nurses in February 2025 with opportunities for improvement being continually sought</p> <p>Fortnightly meetings with Scottish Government (SG) and quarterly monitoring of the Effective Cancer Management Framework is currently under review.</p> <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</p>					
--	--	--	---	--	--	--	--	--

			<p>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 under review to ensure alignment with the Scottish Cancer Strategy. The Actions for 2025-26 are being agreed.</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. A review of funding will take place for 2025-26</p> <p>ADP Actions for 2025/26 have been drafted.</p>						
13	 <p>Delivery of a balanced in-year financial position</p> <p>There is a risk that due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally, the Board will not achieve its statutory financial revenue budget target in 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>The overall opening financial gap 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.</p> <p>There is a reasonable level of confidence we will achieve £23.5m of the 3% efficiency target and a further push is now on to bridge the £1.5m gap in projected delivery in the final months of the year. At the end of November 2024, the level of overspend on health board retained is tracking in line with the original planned residual deficit. This improvement is</p>	Above	High 25	High 25 by 31/03/25	◀▶	Director of Finance & Strategy	Finance, Performance & Resources (F,P&RC)	

			<p>however limited to the health board retained budget position.</p> <p>The increasing deterioration in the IJB position will make it very difficult for the overall Board position to meet or improve on the forecast deficit reported in the financial plan in March 2024.</p> <p>As requested in the Scottish Government feedback letter on the Q2 review, the Chief Executive has prepared a formal notification to Scottish Government of the potential in-year brokerage required to facilitate delivery of a break-even position for 2024/25.</p>						
14		<p>Delivery of recurring financial balance over the medium-term</p> <p>There is a risk that NHS Fife will not deliver the financial improvement and sustainability programme actions required to ensure sustainable financial balance over the medium-term.</p>	<p>Our approach to financial recovery will be delivered by our new Re-form, Transform and Perform Framework (RPT).</p> <p>Recurring and sustained delivery of our programme of work and supporting actions to achieve a target of 3% recurring savings on baseline budgets £25m in 2024/25 into future years.</p> <p>Full delivery of transformation schemes “Choices” against the additional 4% cost reduction £30m required across all years of the plan.</p> <p>Work is ongoing at pace to enable Choices schemes to be agreed and planned during the latter half of 2024/25 to ensure they impact on the 2025/26 position.</p> <p>The Board has been updated on the impact of the 2025/26 Scottish Government Budget Announcement and detailed work is underway to prepare the initial 2025/26 Financial Plan, this will be</p>	Above	High 25	High 20 by 31/03/27	◀▶	Director of Finance & Strategy	Finance, Performance & Resources (F,P&RC)

			presented to the Board for consideration and review in Q4.						
15	 <p>OPEN</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 manage and mitigate risk and to support the developing Population Health and Wellbeing Strategy.</p>	<p>presented to the Board for consideration and review in Q4.</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 through SBARs to Fife Capital Investment Group (FCIG).</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)
20	 <p>OPEN</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</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>	Above	High 20	Mod 12 by 30/03/26	◀▶	Director of Property & Asset Management	Finance, Performance & Resources (F,P&RC)

		infrastructure, and medical equipment. There will be less opportunity to undertake change projects/programmes.	Submit our Business Continuity & Essential Investment Infrastructure Plan to Scottish Government in January 2025.						
--	--	--	---	--	--	--	--	--	--

Risk Movement Key

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

NHS Fife Risk Appetite Statement

November 2024

NHS Fife's Population Health and Wellbeing Strategy (2022-2027) sets an organisational vision that the people of Fife live long and healthy lives. This strategic framework, developed by our staff and built on our vision and values details how our priorities will link to National Care Programmes, underpinned by system enablers. It is also important that the risk appetite is aligned to our Reform, Transform and Perform (RTP) Programme.

The Board recognises that it is not possible to eliminate all the risks which are inherent in the delivery of health and care and is willing to accept a certain degree of risk when it is in the best interests of the organisation, and ultimately, the population of Fife and people we serve. The Board has therefore considered the level of risk that it is proposed to accept for key aspects of the delivery of health and care, and these are described in line with our four organisational aims.

Therefore, the Board and the relevant Board committees will not accept risks with an assurance level of less than moderate (no appetite for none or limited assurance). A higher level of scrutiny will be applied to risks and associated mitigation plans where the level of assurance is none or limited, until a minimum of moderate assurance is agreed. (Tolerate moderate assurance).

To ensure a common understanding of 'levels' of risk appetite, the following definitions have been adopted by the NHS Fife Board.

- Averse – Avoidance of risk and uncertainty is a key organisational objective.
- Cautious – Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
- Open - Willing to consider all potential delivery options and chose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).
- Hungry – Eager to be innovative and chose options offering potentially higher business rewards, despite greater inherent risk.

The risk appetite aligns to the strategic priorities within our four-point model as outlined below:

Hungry	Eager to be innovative and chose options offering potentially higher business rewards, despite greater inherent risk.	Improving health and wellbeing
Open	Willing to consider all potential delivery options and chose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).	Improving the quality of health and care services Improving staff experience and wellbeing Delivering value and sustainability
Cautious	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.	
Averse	Avoidance of risk and uncertainty is a key organisational objective.	

The diagram below demonstrates where each of the corporate risks would fall in terms of this model:

Hungry	Eager to be innovative and chose options offering potentially higher business rewards, despite greater inherent risk.	Improving health and wellbeing		
		1) Population Health and Wellbeing Strategy 2) Health Inequalities 4) Policy obligations in relation to environmental management and climate change 5) Optimal Clinical Outcomes 21) Pandemic Risk		
Open	Willing to consider all potential delivery options and chose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).	Improving the quality of health and care services	Improving staff experience and wellbeing	Delivering value and sustainability
		6) Whole System Capacity 7) Access to outpatient, diagnostic and treatment services 8) Cancer Waiting Times 9) Quality and Safety 10) Primary Care Services 19) Implementation of Health and Care (Staffing) (Scotland) Act 2019	11) Workforce Planning and Delivery 12) Staff Health and Wellbeing	13) Delivery of balanced in year financial position 14) Delivery of recurring financial balance over the medium-term 15) Prioritisation & Management of Capital funding 17) Cyber Resilience 18) Digital and Information 20) Reduced Capital Funding

FINANCE, PERFORMANCE AND RESOURCES COMMITTEE

DRAFT ANNUAL WORKPLAN 2025/26

Governance – General							
	Lead	08/05/25	15/07/25	16/09/25	11/11/25	13/01/26	10/03/26
Minutes of Previous Meeting	Chair	R	R	R	R	R	R
Action List	Chair	R	R	R	R	R	R
Escalation of Issues to NHS Board	Chair	R	R	R	R	R	R
Governance Matters							
	Lead	08/05/25	15/07/25	16/09/25	11/11/25	13/01/26	10/03/26
Annual Assurance Statement 2024/25	Board Secretary	R					
Annual Internal Audit Report 2024/25	Director of Finance		R				
Committee Self-Assessment	Board Secretary						R
Corporate Calendar / Committee Dates	Board Secretary			R			
Corporate Risks Aligned to Finance, Performance & Resources Committee (including Deep Dives)	Director of Finance	R	R	R	R	R	R
Delivery of Annual Workplan 2025/26	Board Secretary	R	R	R	R	R	R
Internal Audit Review of Property Transaction Report 2024/25	Internal Audit				R		
Internal Controls Evaluation Report 2024/25	Chief Internal Auditor					R	
PPP Performance Monitoring Report	Director of Property & Asset Management				R Private Session		
Review of Annual Workplan 2026/27	Board Secretary					R Draft	R Approval
Review of General Policies & Procedures	Board Secretary	R					
Review of Terms of Reference	Board Secretary						R Approval

Strategy / Planning							
	Lead	08/05/25	15/07/25	16/09/25	11/11/25	13/01/26	10/03/26
Draft Annual Delivery Plan 2025/26	Director of Planning & Transformation						R
Annual Delivery Plan 2025/26 – Scottish Government Response	Director of Planning & Transformation	R					
Annual Delivery Plan Quarterly Performance Report 2024/25	Director of Planning & Transformation	R Q4		R Q1 & SG Feedback	R Q2		R Q3
Medium Term Financial Plan 2026 – 2028	Director of Finance					R Draft	R Final
Annual Budget Setting Process 2025/26	Director of Finance						R
Corporate Objectives	Chief Executive	R					
Decarbonisation of NHS Fife Fleet	Director of Property & Asset Management					R	
Digital Medicines Programme	Director of Digital & Information		R Private Session			R Private Session	
Integrated Planned Care Programme Report	Director of Acute Services & Medical Director		R				
Primary Care Strategy – Annual Report 2024/25	Director of Health & Social Care			R			
Control of Entry Pharmaceutical List (Primary Care Team)	Director of Pharmacy & Medicines / Director of Health & Social Care			R			
Project Hydra	Director of Property & Asset Management			R Final Report			

Quality & Performance							
	Lead	08/05/25	15/07/25	16/09/25	11/11/25	13/01/26	10/03/26
Integrated Performance & Quality Report	Exec. Leads	R	R	R	R	R	R
Financial Performance Report	Director of Finance	R	R	R	R	R	R
Labs Managed Service Contract (MSC) Performance Report	Director of Acute Services			R			
Procurement Key Performance Indicators	Head of Financial Services & Procurement	R		R	R		R
Reform, Transform, Perform Update	Director of Planning & Transformation	R Private	R Private	R	R	R	R
Linked Committee Minutes							
	Lead	08/05/25	15/07/25	16/09/25	11/11/25	13/01/26	10/03/26
Fife Capital Investment Group	Chair						
Procurement Governance Board	Chair						
IJB Finance, Performance & Scrutiny Committee	Chair						
Primary Medical Services Subcommittee	Chair						
Pharmacy Practice Committee	Chair						
Other Business							
	Lead	08/05/25	15/07/25	16/09/25	11/11/25	13/01/26	10/03/26
Receipt of Business Cases		As required					
Asset Disposals		As required					
Mental Health Estates Initial Agreement	Medical Director						
Ad-hoc Items							
	Lead	08/05/25	15/07/25	16/09/25	11/11/25	13/01/26	10/03/26
Whole System Infrastructure Planning	Director of Property & Asset Management			R			

Matters Arising							
	Lead	08/05/25	15/07/25	16/09/25	11/11/25	13/01/26	10/03/26
Development Sessions							
	Lead	08/05/25	15/07/25	16/09/25	11/11/25	13/01/26	10/03/26

PROPOSED FINANCE, PERFORMANCE AND RESOURCES COMMITTEE

ANNUAL WORKPLAN 2024/25

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

Strategy / Planning							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Draft Annual Delivery Plan 2024/25	Director of Finance & Strategy / Director of Reform & Transformation	R					R 2025/26 (Private)
Annual Delivery Plan 2024/25 – Scottish Government Response	Director of Finance & Strategy	Deferred	R				
Annual Delivery Plan Quarterly Performance Report 2024/25	Director of Finance & Strategy	Q4 (23/24) Deferred	R Q4 (23/24)	R Q1 & SG Feedback	R Q2		R Q3
Annual Budget Setting Process 2024/25	Director of Finance & Strategy	R (2024/25)					R (2025/26) (Private)
Community Asset Transfer (CAT) - Lucky Ewe	Director of Property & Asset Management	R Private Session		Deferred	R Private Session		
Corporate Objectives	Chief Executive	Deferred	R				
Decarbonisation of NHS Fife Fleet	Director of Property & Asset Management					Deferred	R
Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme Digital Medicines Programme	Director of Digital & Information	R Private Session		R 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			R			
Primary Care Strategy – Annual Report 2023/24	Director of Health & Social Care			R			
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	R		
Project Hydra	Director of Property & Asset Management			R			Removed
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	R	R	R	R	R	R
Financial Performance Report	Director of Finance & Strategy	R 2023/24 Year End	R	R	R	R	R
Labs Managed Service Contract (MSC) Performance Report	Director of Acute Services			Deferred	R		
Procurement Key Performance Indicators	Head of Financial Services & Procurement	R		R	R		R
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	R Private	R Private	R	R	R	R

Annual Reports							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Annual Procurement Report 2023/24	Head of Financial Services & Procurement			R		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	R 17/04	R 29/05	R 21/08	R 02/10	R 18/12	R 05/02
Procurement Governance Board	Chair		R 24/04	R 31/07		R 30/10	R 29/01
IJB Finance, Performance & Scrutiny Committee	Chair		R 15/05	R 03/07	R 11/09		R 15/01
Primary Medical Services Subcommittee	Chair	R 05/03			Removed	R 03/12	
Pharmacy Practice Committee	Chair	Ad-hoc Meetings					
Other Business							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Receipt of Business Cases		As required					
Asset Disposals		As required					
Mental Health Estates Initial Agreement	Medical Director					Removed	
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	R					
Letter from the Scottish Government: Reforming Services and Reforming the Way We Work	Chief Executive		R				
Urgent Care Services Fife (UCSF) Transport Services Contract Renewal	Head of Primary & Preventative Care Services		R Private Session				
Planned Scheduled Care 2024/25 Plan	Director of Acute Services		R		Removed		
NHS Scotland Support and Intervention Framework	Director of Finance & Strategy			R Private Session			
2C Board Managed General Practices – Tender Process Update	Interim Director of Health and Social Care/Chief Officer			R Private Session			
NHS Fife Procurement Strategy 2024 - 2029	Head of Financial Services & Procurement			R			
Whole System Infrastructure Planning (Jan - Business Continuity & Essential Investment Infrastructure Plan)	Director of Property & Asset Management			R		R	
NHS Fife Quarter 1 Finance Review	Director of Finance & Strategy			R Private Session			
NRAC Allocation Proposal	Director of Finance & Strategy			R Private Session			

Reform, Transform, Perform Update – Infrastructure & Change Update	Director of Reform & Transformation Director of Property & Asset Management			R			
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					Removed	
Financial Plan for 2025/26	Director of Finance & Strategy					Removed (Draft) Private Session	R (Private)
Proposed Allocation of NRAC 2024/25	Director of Finance & Strategy				R		
Tender Process for Board Managed 2c Practice: Kennoway & Methilhaven Practice	Director of Health and Social Care					R Private Session	
Business Continuity & Essential Investment Infrastructure Plan	Director of Property & Asset Management					R	
Internal Control Evaluation Report 2024/25	Chief Internal Auditor					R	
Procurement & Commercial Improvement Programme	Head of Financial Services & Procurement						R

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				R		

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 Governance Committee
Meeting date: 11 March 2025
Title: Annual Delivery Plan 2024/25 Q3 Report
Responsible Executive: Margo McGurk, Director of Finance & Strategy
Report Author: Susan Fraser, Associate Director of Planning & Performance

Executive Summary

This report contains quarter 3 update on progress for Annual Delivery Plan (ADP) 2024/25.

There are 60 deliverables within ADP 2024/25 aligned to 'Deliver Value and Sustainability' Strategic Priority. As of the end of Dec-24 (quarter 3 of 2024/25), there is four deliverables that are '**complete**' with majority of deliverables (65.0 %/39) being '**on track**'. Additionally, there are 14 deliverables at '**at risk**' and three that are '**unlikely to complete on time/meet target**'.

Summary of status of all deliverables in ADP, by Strategic Priority, 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	1	5	27	1	1	35
Improve Quality of Health and Care Services	3	13	63	5	3	87
Improve Staff Experience and Wellbeing	-	5	16	-	-	21
Deliver Value and Sustainability	3	14	39	4	-	60
Total	7	37	147	10	4	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

2 Report summary

2.1 Situation

This paper presents the Q3 update to deliverables incorporated in the NHS Fife Annual Delivery Plan for 2024/25, specifically relating to 'Improving Staff Experience and Wellbeing' Strategic Priority.

2.2 Background

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

The ten Drivers of Recovery were used to frame planning 2024/25, have remained broadly in line with those used in 2023/24.

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

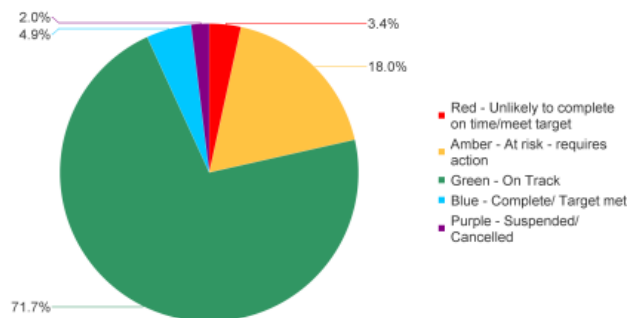
2024/25 Quarter 3 Update

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 **42** 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 Dec-24 (Quarter 3 of 2024/25), there are **ten** deliverables that are **'complete'** with most **(71.7%/147)** **'on track'**. There are **seven** deliverables that are **'unlikely to complete on time/meet target'**. There are also **four** deliverables that have been **'suspended/ cancelled'**.



There are 60 deliverables aligned to 'Deliver Value and Sustainability' Strategic Priority. Details for deliverables that are **'unlikely to complete on time/meet target'** are below, as well as those that were **'complete'** during quarter 3.

Deliver Value and Sustainability	
Unlikely to complete on time/meet target	
Deliverable	Comment
Hospital Pharmacy Redesign Introduction of automation in hospital Pharmacy stores, dispensaries, and clinical areas. Centralisation of Pharmacy stores	Due to focus on operational demands and the capacity required for of implementation of the new IDL system and new stock control system, preparatory work on centralisation of medicine procurement function (an initial enabler) has been delayed. There are longer term challenges known with securing the significant funding required for the wider centralisation and automation programme.
SLA and External Activity	Assurance remains limited while discussions with external partners are pending. There is an opportunity to potentially deliver £400k recurring savings from 2025/26 by moving decontamination services to a new supplier The 3% Cash Release Efficiency Saving (CRES) to SLAs, will not be delivered following the national settlement on uplift.
Roll out of Digital Pathology	Unable to complete due to delays to integration with new LIMS
Complete	
Complete NHS Fife's Phase 2 M365 Programme	Complete
Infrastructure - Workforce	Activities now complete for sites. Support provided from BAU services.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

Workforce planning is key to the ADP process.

2.3.3 Financial

Financial planning is key to the ADP process.

2.3.4 Risk Assessment / Management

Risk assessment is part of ADP process.

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

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

- Executive Directors Group - 27 February 2025
- Public Health and Wellbeing Committee - 3 March 2025
- Staff Governance Committee - 4 March 2025
- Clinical Governance Committee - 11 March 2025

2.4 Recommendation

This Committee are asked to:

- **Assurance** – this report provides a moderate level of assurance.
- **Endorse** – Endorse the ADP Q3 return for 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 Q3

Report Contact

Bryan Archibald

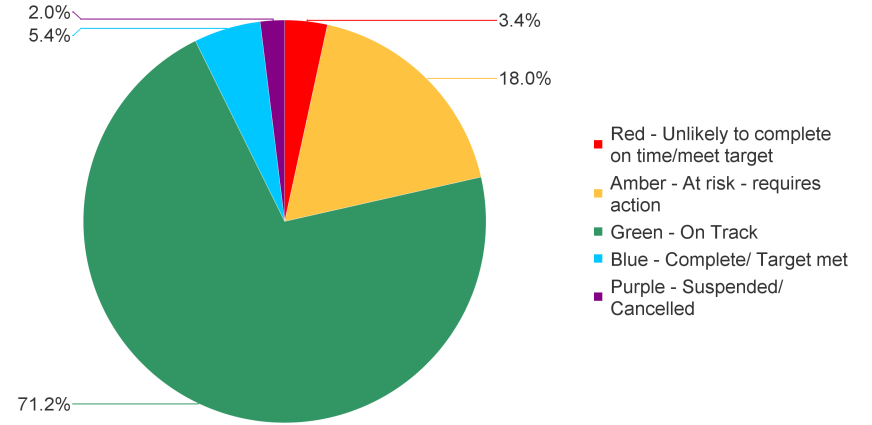
Planning and Performance Manager

Email: bryan.archibald@nhs.scot

Annual Delivery Plan 2024/25 - Q3 Progress Summary

Q3 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	3	16	2		22
2. Urgent and Unscheduled Care	1	5	8		1	15
3. Mental Health		3	13	2		18
4. Planned Care			9			9
5. Cancer Care	1	1	4			6
6. Health Inequalities		4	21	1	2	28
7. Women & Children Health	2	2	8	1		13
8. Workforce		4	13	1		18
9. Digital & Innovation		9	10	2		21
10. Climate		1	11		1	13
Other	2	5	33	2		42
To Improve Health and Wellbeing	1	5	27	1	1	35
To Improve the Quality of Health and Care Services	3	13	63	5	3	87
To Improve Staff Experience and Wellbeing		5	15	1		21
To Deliver Value & Sustainability	3	14	39	4		60
ALL			2			2
Total	7	37	146	11	4	205

Q3 RAG Status



Q2 V	Q3 >	Total
Red	5	9
Amber	2	50
Green	5	138
Blue		7
Purple		1
Total	7	205

Annual Delivery Plan 2024/25 - Q3 Progress Summary

RTP - Re-form, Transform, Perform

Deliverable	Directorate	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	NHS Five Strategic Priority	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
SLA and External Activity	Finance & Strategy	<p>Assurance remains limited while discussions with external partners are pending</p> <p>There is an opportunity to potentially deliver £400k recurring savings from 2025/26 by moving decontamination services to a new supplier</p> <p>The 3% Cash Release Efficiency Saving (CRES) to SLAs, will not be delivered following the national settlement on uplift</p>	<p>Agreement to start discussion on the potential withdrawal process from current decontamination provider</p> <p>Confirmation that GP referrals from North East Five practices to Acute Services in NHS Five are influenced by patient preference, waiting times and clinical performance</p> <p>Scottish Government have confirmed SLA uplift levels for 2024/25, with funding allocated to partly cover this, resulting in a reduction of original cost pressure £5M to £2M</p>	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Business Transformation	Digital	Programme behind its financial recovery target. Case for change being developed for presentation to RTP Exec Group		To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action
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	<p>Length of stay meetings continue to support a collaborative approach to reducing length of stay and delays.</p> <p>Overall surge numbers have increased, if including wards 6 and 9.</p> <p>Paper going to SLT on 02/02/25.</p>	<p>Reduction of Ward 9 to 11 to 30 beds and associated maintenance of new footprint</p> <p>Continue to monitor Locum Surge Consultant post</p>	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation	Workforce	Work continues to progress a consolidated bank within existing fiscal position. Medical Locums and Health Records will transfer over in Q4.	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	Amber - At risk - requires action
Digital & Information Projects	Digital	Programme behind its financial recovery target.	Assess Benefits for Quarter	To Deliver Value & Sustainability	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action
Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets	Pharmacy & Medicines	<p>The target saving is on track, but the stretch target may be difficult to achieve due to external factors relating to availability of medicines.</p> <p>Revised Acute Medicines Optimisation Plan in progress</p> <p>The availability of resources required to make the required changes in clinical practice is challenging.</p>	<p>Reporting structure reviewed and updated to show scheme finance position accurately</p> <p>Medicines Waste campaign launched</p>	To Deliver Value & Sustainability	Green - On Track	Amber - At risk - requires action	Green - On Track
Procurement Savings within Acute Services	Acute Services	Schemes in play are on track to deliver 90% of goal. A range of other schemes are in development with the goal of achieving more than 100%.	Ongoing reviews of expenditure and savings opportunities.	To Deliver Value & Sustainability	Amber - At risk - requires action	Green - On Track	Green - On Track

Deliverable	Directorate	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	NHS Fife Strategic Priority	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Estates Rationalisation	Property & Asset Management	Hayfield house, Cameron house and Haig house have all been decanted and are in the process of being decommissioned fully. We have begun site consolidations and have started the process of site consolidations and disposal plans	Staff interviews to gain insights in to impact of change Plan decom Hayfield House Plan decom Cam + Haig Commence site consolidation/disposal plans	To Deliver Value & Sustainability	Green - On Track	Green - On Track	Green - On Track
Non-compliant Rotas	Medical Directorate	Assurance remains as moderate due to controls put in place at service level to encourage rota compliance which require to be sustained continuously.	Staff Link pages going live Results of Rota monitoring Qualitative feedback review on Fife resources for DDIT & Gateway EU	To Improve the Quality of Health and Care Services	Green - On Track	Green - On Track	Green - On Track
Infrastructure - Workforce	Digital	Activities now complete for sites. Support provided from BAU services	Decommission Sites Establish other hotdesking locations	To Deliver Value & Sustainability	Green - On Track	Green - On Track	Blue - Complete/ Target met

Annual Delivery Plan 2024/25 - Q3 Progress Summary

To Improve Health and Wellbeing

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Increase capacity for providing in-hours routine and urgent dental care	1.5	<p>GDS: Primary Care have received several expressions of interest for the Scottish Dental Access initiative with one formal application being progressed.</p> <p>Continue to provide for un/de-registered population of Fife with urgent and emergency care.</p> <p>Offer short courses of targeted care throughout Fife.</p> <p>PDS and Primary Care working together.</p> <p>Monthly meeting with SG on access to registration in Fife and how we can improve situation, increase in targeted approach with Dental Body Corporates (DBC). Weekly reporting on GDP cover in DBC practices.</p> <p>Progressing with local interest in Scottish Dental Access Initiative Grant (SDAI) grants provided by SG. Work with the NHS Comms team progressing to consider options to increase GDP workforce to the NHS dental services in Fife and further promote SDAI locally for the 3 areas agreed by SG.</p> <p>NDIP is a way we ensure to capture children who may be unregistered and require dental treatment. The PDS are responsible for all unregistered children in Fife</p>		1. Primary and Community Care	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Deliver a more effective BCG and TB programme. Public Health Priority 1 and 2		No progression	No progression, remains at risk as is out of scope work.		Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Improved Fife-wide ADHD pathways for children & Young people	7.1	<p>Work has been ongoing in regard to the nursing cover for the Levenmouth area, though this remains problematic.</p> <p>The wider ADHD pathway review is still ongoing and therefore there is no change within the service capabilities whilst this is pending.</p> <p>Milestones are led by the H&SCP, therefore there is limited ability in the Community Paeds service to influence this.</p>		7. Women & Children Health	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
National - Child Health Replacement	9.1	National Programme continues to report as Amber status		9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Development of improved digital processes i.e. online pre-employment and management referral programmes.		Business Analyst recommended extension of current provider but system is now decommissioned and required major change project, at pace, to implement suppliers new digital platform. System not yet fully operational and business risk remains with significant impact on service delivery.	Options provided for decision on future system procurement or extension of current provider.	8. Workforce	Green - On Track	Green - On Track	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 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	OH Service review identified 3 levels of service provision options with recommended resource implications required, to be included in Workforce Directorate transformation update paper to EDG Jan 2025. Outcome and actions awaited.	Consultation on model of OH Service delivery on-going.	8. Workforce	Green - On Track	Green - On Track	Amber - At risk - requires action
Children's speech, language and communication development Plan		Due to service pressures, there has been no active work with Health Promotion, however there has been increased momentum in the national work regarding this, so we are also planning to build on this at a local level. We have been working with our key partners i.e. education and health visiting to progress the local conversations about the plan, within the WFBW strand. SLTs are the connector between local and national work. Good engagement with key partners regarding the national plan. On-going work taking place in early years settings.	Work with colleagues from Health Promotion to identify key messages and activities for promotion within the partnership Having identified the relevant strategic strands within the Children's Services plan start to implement a speech, language and communication development plan. Promote information and learning from the national plan with colleagues.	7. Women & Children Health	Green - On Track	Red - Unlikely to complete on time/meet target	Green - On Track
Fife will eliminate Hepatitis C as a public health concern. (Pre COVID target by 2024. Extension of date under consideration by SG)		Progress is being made in increasing treatment trajectory as effect of Fife participation in the PHS RECAST look back exercise. This is still likely to be below the Scottish Government target due to resources (financial and staff) available to test and find the number of target patients . Green RAG status as this years performance will contribute to the overall elimination goal		1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
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	All Public Health contributions are ongoing. Opportunities Fife work may overlap with Employability team.	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. Hosted an Inclusion Health workshop to explore development of an Inclusion Health Network.	6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population	1.2	QI work in relation to inequalities and deprivation. Work with Localities to address areas of low uptake across all programmes	Formation of Transformation Oversight Group and improvement activity groups for children, teenage & adult programmes. Outreach model and Strategy	1. Primary and Community Care	Green - On Track	Amber - At risk - requires action	Green - On Track
Refreshed Mental Health and Wellbeing Strategy for Fife for 2023 - 2027	3.2	The Mental Health and Wellbeing Strategy Working Group has been established and met on 3 occasions (6/9/23,24/10/24 and 7/11/24). The draft strategy is being finalised by the group and work is ongoing to develop the year one delivery plan. The group have made significant progress during quarter 3 and are on target for final approval by the IJB in March 2025.	Establish Working Group. Draft local strategy and agree priorities for supporting delivery plan.	3. Mental Health	Green - On Track	Amber - At risk - requires action	Green - On Track
Review existing wellbeing indicator collection data to develop multi-agency response in line with GIRFEC framework.	7.1	The changes in processes aligned with the implementation of the new Child Protection Guidance 2021 have now been fully integrated. This work aligns with GIRFEC indicators, The Promise, and the principles of the UNCRC. Work is being progressed to develop data gathering and analysis processes to strengthen this work	Ensure existing collation processes are sufficient.	7. Women & Children Health	Green - On Track	Amber - At risk - requires action	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
<p>Specialist clinic provision to increase by 25% in our most deprived areas with a view to achieving 473 quits in FY 20024-25</p> <p>Increase targeted Very Brief Advice (VBA) information sessions by 25% Fife wide to include mental health in patient sites.</p> <p>Establish a drop in and bookable clinic within maternity units to receive as early as possible referrals for maternity clients.</p> <p>Create referral pathway for in patient discharge on an opt out basis</p>	6.3	<p>Up to 31 October, appointments offered are at 2,986 which keeps us on track.</p> <p>The service is currently offering 12 sessions weekly using the mobile unit being utilised across all localities .</p> <p>We have weekly onsite clinics at QMH and VHK maternity units.</p>	<p>Following needs analysis, outreach work rolled out in Glenrothes and Dunfermline localities. Updated e-referral pathway has been circulated across the FHSCP, acute & primary services.</p> <p>Referrals from maternity services for pregnant smokers has shown a slight decline, there are currently 27 successful quits and 28 active caseloads for pregnant smokers, weekly clinics in the VHK and QMH maternity units. Collaborative work planned for January 2025 to support workforce development for early referral to service.</p>	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Green - On Track
<p>Deliver the child aspects of Fife Annual Poverty Plan with Fife Council and other partners.</p>	7.3	<p>Funding has been confirmed from the Child Poverty Practice Accelerator Fund to sustain the income maximisation worker to support maternity services for 2024/25.</p>	<p>Establish income maximisation referral pathways for CAMHS, AHPs, Child Clinical Psychology Service</p>	7. Women & Children Health	Amber - At risk - requires action	Green - On Track	Green - On Track
<p>CAMHS will build capacity in order to deliver improved services underpinned by these agreed standards and specifications for service delivery.</p>	3.1	<p>CAMHS continues to work on the development of Clinical Pathways, which is near completion.</p> <p>CAMHS continues to develop strategies to improve communication and promote participation and engagement through, for example, the introduction of Patient/Carer Focus Groups</p> <p>Medical Consultation Pilot with Looked After CAMHS Services is completed and the evaluation findings will be incorporated in service delivery, as appropriate, to ensure mental health support is available for those who are most vulnerable.</p> <p>A review of Tier 4 services has commenced to align with the CAMHS National Specification and the recently published Eating Disorders National Specification. This will include an appraisal of out of hours/extended working.</p>		3. Mental Health	Green - On Track	Green - On Track	Green - On Track
<p>CAMHS will build capacity to eliminate very long waits (over 52 weeks) and implement actions to meet and maintain the 18- week referral to treatment waiting times standard.</p>	3.1	<p>The service has reviewed and implemented additional strategies to enable them to continue to meet and sustain the national waiting times standard.</p> <p>CAMHS continue to maintain Early Intervention services to ensure children and young people receive timely access to specialist services.</p> <p>Ongoing recruitment continues to ensure workforce is at full capacity.</p> <p>CAMHS will continue to develop Parent/Carer focus groups ensuring their participation and engagement underpins service developments and their needs are met.</p>		3. Mental Health	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Child and Adult weight management programmes: Develop a sustainable workforce within the resources available via regional funding award	6.3	Ongoing progress - requires further support and discussions via a steering group to build clear governance structures.	VMF submission to convert fixed term contracts to substantive	6. Health Inequalities	Green - On Track	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	Provided PH input to HRPD Safety Group Agreed how to progress work around drug related deaths relating to HRPD		6. Health Inequalities	Green - On Track	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.		Investigation and management of screening programme incidents and adverse events.		6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
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	Workstreams have progressed, with enhanced focus on teratogenic medicines (including valproate) in light of national directives. Revisions to HRPD approach delivered and there has been a range of communication activities put in place	Continued focus on valproate additional safety measures focussed on men following national clinical safety alerts Work to embed topiramate advice received - the programme will drive this work	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
Develop and Enhance Children's Services		Child Wellbeing Pathway Implementation Group continuing to lead specific training and awareness sessions related to CWP alongside releasing related 7 minute briefings. Implementation of health raised IRD process for named person and paediatricians. UNCRC - SBAR to EDG & SLT from previous CHC outlining the need for an implementation group. Awaiting a response to guide next steps The promise - Plan 24-30 being reviewed by Healthcare & the Promise group. Ongoing work identified and actions created.	Child Wellbeing Pathway Implementation Group to further lead specific training and awareness sessions related to CWP alongside releasing related 7 minute briefings. Implementation of health raised IRD process for named person and paediatricians. Full implementation of CPPM via IRD process. 16-17 year olds progressing via IRD. progress single agency information sharing guidance. UNCRC - SBAR to EDG & SLT from previous CHC outlining the need for an implementation group to oversee the incorporation of the act moving forward. The promise - identify clear actions from the Plan 24-30 for the HC & Promise group to work through towards implementing the foundations of the Promise across the workforce.	7. Women & Children Health	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Ensure effective coordination and governance for adult screening programmes in Fife	6.3	Screening Milestones are reoccurring.	<p>Investigation and management of screening programme incidents and adverse events, including the National Cervical Exclusion Audit. Lead the coordination, governance and quality assurance of adult screening programmes including monitoring uptake and performance</p> <p>Produce the annual NHS Fife Integrated Screening Report</p> <p>Work to understand reasons for non-attendance and explore methods to address these</p> <p>Continue work to understand and address inequalities in the uptake of screening among Fife residents including the Bridging the Gap Project and implement the Screening Inequalities Action Plan</p> <p>Investigation and management of screening programme incidents and adverse events.</p>	6. Health Inequalities	Green - On Track	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.	6.3	<p>Area Immunisation Steering Group meeting took place 03/12/24 as planned.</p> <p>Invites with draft TOR and draft annual workplan issued for first meeting of Immunisation Transformation Oversight Group for first meeting scheduled 16/01/24.</p> <p>Approval of Immunisation 2024-27 Framework at IJB delayed due to change of personnel.</p>	<p>Review of annual teenage data at Dec 24 meeting of Area Immunisation Steering Group.</p> <p>Establish new Immunisation Transformation Group to provide oversight of inclusion and quality improvement work.</p>	6. Health Inequalities	Green - On Track	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	<p>Actions from Home First Delivery Plan have mainly been achieved - particularly in the development of DN ANP roles; digital solutions; enhanced referral pathways for paramedics/ANPs; call before convey; anticipatory care planning. Further delivery plan developed for 24/25 to progress further home first actions</p> <p>Integrated Discharge Services have been redesigned and pathways developed that are in line with the Home First Strategy and avoid any unnecessary duplication of assessment, this is done collaboratively with Health, Social Work and Social Care and our Voluntary Sector.</p> <p>There is a robust verification process, gives assurance that people go back to their home or community environment as soon as possible. This approach for 24-25 will be business as usual.</p>		2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track
Improve access for patients and carers through improved communication regarding transport options	1.7	The new revised NHS transport claims leaflet has been approved and will be available in electronic and hard copy format and promoted January 2025. A new NHS community transport leaflet has been completed and will be available in electronic and hard copy and disseminated and promoted in January 2025.	Communication and information will have been distributed across NHS Fife and Fife HSCP as well as key external partners.	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
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>Community Chest Fund SBAR well received by SLT and Quality & Communities Committee - ongoing monitoring and evaluation of projects.</p> <p>The locality event proved to be a huge success with over 115 delegates attending. The positive feedback via MENTI and emails to the team after the event reinforced that the stakeholders had an increased understanding of locality planning and agreed the event was very worthwhile.</p> <p>The 7 Nov/Dec locality meetings are complete. A presentation was delivered to group members to raise awareness of "alcohol harm" at a locality level and delivery plans for 24/25 were reviewed.</p> <p>SBAR regarding the impact of Community Chest funding was presented to SLT in October.</p>		6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
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	<p>Review completed and improvements made to process guided by PHS NDIMMT advice including harm reduction. Subgroup established based on RADAR alerts and quarterly reports.</p>	<p>Conduct full start to finish review to identify any improvements that could be made and implemented to drug alert process Establish ADP subgroup with relevant partners to identify risks across Scotland and prepare for potential impact on Fife</p>	6. Health Inequalities	Green - On Track	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	<p>Multi-agency resilience event was held in August 2024 to address the Fife response to the potential of mass casualties due to new potent illicit substances mixed into the drug supply. Several scenarios were exercised and a recommendation was made to SG and PHS to convene a national exercise as it was considered likely that such an incident would involve a number of boards</p> <p>A short life working group has been convened to review and develop the pathway to Residential Rehabilitation.</p> <p>A short life working group has been convened to review and make recommendations for the existing processes to review drugs deaths in Fife. It is anticipated that both these groups will report late March/early April. The assessment of this work is still on track.</p> <p>Contribute to NHS Fife's High Risk Pain Medicines Patient Safety Programme to support appropriate prescribing and use of High-Risk Pain Medicines and ensuring interventions take into consideration the needs of patients who are at risk of using or diverting High Risk Pain Medicines.</p> <p>Public Health continues to contribute to the work of HRPM group and with colleagues from ADP have engaged the Scottish Drugs Forum to gain further insights into the needs of Lived Experience individuals</p>	<p>Multi-agency resilience event was held in August 2024 to address the Fife response to the potential of mass casualties due to new potent illicit substances mixed into the drug supply. Several scenarios were exercised and a recommendation was made to SG and PHS to convene a national exercise as it was considered likely that such an incident would involve a number of boards</p> <p>A short life working group has been convened to review and develop the pathway to Residential Rehabilitation.</p> <p>A short life working group has been convened to review and make recommendations for the existing processes to review drugs deaths in Fife. It is anticipated that both these groups will report late March/early April. The assessment of this work is still on track.</p> <p>Contribute to NHS Fife's High Risk Pain Medicines Patient Safety Programme to support appropriate prescribing and use of High-Risk Pain Medicines and ensuring interventions take into consideration the needs of patients who are at risk of using or diverting High Risk Pain Medicines.</p> <p>Public Health continues to contribute to the work of HRPM group and with colleagues from ADP have engaged the Scottish Drugs Forum to gain further insights into the needs of Lived Experience individuals</p>	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
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 for healthy food for all and community food, procurement and food economy have identified priorities for the next year and working on these action plans.	good ongoing work of partnership and working groups.	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
To embed a working business continuity management systems process that is measurable and able to be easily monitored.		Resilience Coordinator joined the team in quarter 3 this role is to assist with monitoring of Business Continuity planning and the facilitation of reports for managers. Following B13/23 internal audit feedback and action plan was enabled. Business continuity policy for NHS Fife is in its final stages of approvals and stakeholders engagement.	Compliance and performance metrics is reported quarterly through the Resilience Forum	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track
Work with local authorities to take forward the actions in their local child poverty action report	7.3	Work continues on track with the income maximisation referral pathway with Midwives, Health Visitors and FNP. The new income maximisation pathway for families with a child with a disability is progressing, working group has been established, the lead has participated in the national peer support network. A meeting with the external evaluators support team has been scheduled for January 2025. The funding agreement paperwork has been completed with Scottish Government	Funding to expand income maximisation pathway. Establish working group and workplan September/ October Update from CARF on Q2 referrals.	7. Women & Children Health	Green - On Track	Green - On Track	Green - On Track
Work with partners to increase efforts to reduce the impact of climate change on our population.		Following review of sustainability Ambassador interest. Progress and actions will be explored and developed, this will include the development of a training plan.	LDP required evidence review for readiness for resubmission to Scottish Government.	10. Climate	Green - On Track	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	2023-2024 Anchor Metrics are being collated ahead of the required submission date to SG. These metrics are aimed to demonstrate how as a Board we are building and progressing from our previously submitted baseline metrics. A further request for future objectives have been issued and are being worked through.	As employability initiatives develop and progress, capture successes and learn lessons for future intakes. Firm up plans for Employability and Community Wealth Building workshop Review all Anchor activity and measure through Progression Framework ahead of reporting to Anchor Programme Board	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
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	Fife CAMHS and partner agencies will work towards achieving the standards set out within the National Neurodevelopmental 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. This work continues through embedding this new model across Fife to ensure the National Specification is met.		3. Mental Health	Green - On Track	Blue - Complete/ Target met	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		Review of one stop shop in Cowdenbeath locality to have completed and one stop shop to have moved. Review of first one stop shop In Kirkcaldy to commence	6. Health Inequalities	Green - On Track	Purple - Suspended/ Cancelled	Purple - Suspended/ Cancelled

To Improve the Quality of Health and Care Services

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Development of a new OP specialist Gynaecology Unit	7.2	A revised business case is required with a focus on RTP for further submission due to current financial climate.		7. Women & Children Health	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
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	Due to changes in service management during this quarter it has not been possible to take forward the review of the specialty nursing workforce. The Epilepsy Specialty Nurse role is under review.	Diabetes: Business case written	7. Women & Children Health	Amber - At risk - requires action	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target
Community Rehab & Care: To develop a modernised bed base model in Fife that is fit for the future	2.6	Project is at ESTABLISH phase Project on hold due to the ongoing review of Buchan Associate (commissioned by NHS Fife RTP Programme - Infrastructure workstream) HIS/ PE engagement is on hold until January 2025		2. Urgent and Unscheduled Care	Green - On Track	Amber - At risk - requires action	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		Weekly report of Stage 1 data to Services including compliance with 80% timeframes.			Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets - Stage 2		Request for service to provide process mapping regarding gathering of complaint factual accounts and approval/sign off. This will help highlight good practice and areas for improvement with a comparison of areas across NHS Fife.			Red - Unlikely to complete on time/meet target	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.		Mental Health SIG has not met hence Amber status Mental Health & Wellbeing Strategy and Yr 1 Delivery Plan still in development as at January 2025 Evaluation Framework work requires Strategy and Delivery Plan to be finalised/agreed	Contributed PH perspective to Draft Mental Health & Wellbeing Strategy and Yr 1 Delivery Plan	3. Mental Health	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences		3 x PET Feedback Volunteers going through the recruitment process. Implementation across NHS Fife of new and tested Complaint Factual Account Document (previously statement memo / investigation template) which is easier to complete. Meeting still to be arranged to discuss and plan a lived experience group. Streamline education and training resources for PET.			Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Digital / Scheduling: Digital systems will be enhanced to realise full potential of integration across health and social care	2.1	Scottish Government are removing funding for 'ReSPECT' - developing a new 'Future Care Plan' pathway which will not be on stream for at least another 2 years; workstream now revisiting existing options and exploring new opportunities		2. Urgent and Unscheduled Care	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
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	PT activity has been higher in 2024 than 2023; longest waits have decreased and the improved target trajectory seen in Q2 has continued into Q3. Referral rate for highly specialist PTs however continues to rise. The Psychology Service as a whole is not yet in balance and is still focused upon longest waits, therefore performance is anticipated to fluctuate.	Enhance digital offer and increase support to help people engage with this.	3. Mental Health	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Implement IP Workforce Strategy 2022-24		HAI-Executive, ICM and ICD to attend CNOD "Working Together" engagement event. Business case for additional resources and funding to be developed for consideration		1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Implement preventative podiatry service in care homes		Due to recruitment challenges work has not progressed at the pace initially projected.	Development of educational solutions in Care Homes and Data collection. Review of evaluation work	1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action	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	Test of change commenced 15/01/25 to schedule GP patients in the out of hours period to prevent admission. Reviewing admin documentation with a view to commence new documentation 01/02/25 within assessment areas of AU1. Learning will be taken forward into SDEC. Reviewing use of ECAS for IV infusions with an aim to remove them from the Unit.	Paper to be signed by RTP & EDG with a fully costed and deliverable SDEC	2. Urgent and Unscheduled Care	Green - On Track	Amber - At risk - requires action	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 over due review patients, review of referrals process . 90 day improvement plan now commissioned by Head of Service and oversight group convened. - Transformation oversight group has now met 3 times since the last reporting period and has an action tracker in place - progress with consultant recruitment with one preferred candidate - workforce plans underway for nursing, physio and OT supported by the professional service leads - performance data being captured and reported to the oversight group A transformation oversight group is in place to maintain oversight of progress and mitigate any risk. Some challenges remain notably with reduction of locum spend, outstanding backlog of reviews and medicines overspend.	Create Rheumatology Transformation Oversight Group to review and support delivery of progress	1. Primary and Community Care	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Translation and implementation of agreed Business case Options for Co-badged Clinical Trials Unit/Clinical Research Facility with University of St Andrews		Investment that will come through to NHS Fife from participation as Spoke/partner to NHS Tayside Commercial Clinical Trials Delivery Centre (in 27/28) has changed focus of initiative. Meetings with Dean SOM, Director of Research SoM and Executive Director Research Governance and Integrity University of St Andrews to plan for alignment of potential staff resource via VP Research, Innovation and Collections at University of St Andrews with VPAG staff resources investment and possible infrastructure	Business options template to be developed (subject to availability of briefing document from SBS) and submitted to VP Research, Innovations and Collections.	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action
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		ICM to join NHS Fife InPhase Project team. Meetings paused in December by Clinical Governance Team. Lead IPCN and ICD (Surveillance Lead) to join the national working groups being established: System Requirements working group IPC Business Processes working group				Amber - At risk - requires action	Amber - At risk - requires action
To meet the recommendations of the WHP by end Dec 2024	7.2	The gynaecology service has identified some nurse support to endometriosis. However, consultant lead absence, which will impact some waiting times. Endometriosis was a service delivered in the tertiary centres and is still delivered by tertiary centres in most health boards. Some consideration to the sustainability of this service in NHS Fife, that was set up without any additional funding from the tertiary unit pre 2018, needs to be considered. The number of referrals for menopause has continued to increase. It is well managed by the clinicians within the service, but waiting times have grown slightly. Testosterone prescribing is now possible but can't be fully met this financial year as it is unachievable in the current climate and with the current resources. It will be reviewed and revised for 2025/26.		7. Women & Children Health	Green - On Track	Green - On Track	Amber - At risk - requires action
Continue to deliver the Community Listening Service.		Work is currently ongoing with Directorate finance contact to scope whether opportunities exist to cross charge CCL volunteer expenses to GP Practices where volunteers are placed. Correspondence has been shared with Practice managers to explore possible options. The need for admin support around this service is also being looked at from within Directorate		8. Workforce	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
Expand on current system wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models	2.1	There has been progression in both Q3 milestones and plans to take forward participation and engagement in support.		2. Urgent and Unscheduled Care	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
Implement new referral management and electronic patient records system (TrakCare/morse) within P&PC Physiotherapy service.		preparatory work ongoing. work packages and diary templates being created and confirmed currently. Go live date intended to be Feb / March 2025	Preparatory work partially completed and working towards transition over to TrakCare and MORSE digital systems	1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
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 are developing a quality data dashboard to systematically review and analyse both qualitative and quantitative data. This initiative aims to inform quality improvement efforts, ensuring the sustainable and most effective use of resources in the delivery of care.	Establish SLWG with associated agencies to establish improvement plan scope for multi agency information sharing and chronology	7. Women & Children Health	Green - On Track	Amber - At risk - requires action	Green - On Track
Forensic Mental Health services are reviewed and restructured to ensure appropriate pathways that enable patient flow and maximise rehabilitation and recovery.	3.4	Forensic Mental Health Services review and benchmark across the Forensic Network in relation to appropriate pathways. There has been good progress of patients from Medium Secure being supported straight into the community and there has been patient flow with inpatients but room for improvement. Rehab resource (chestnut lodge) will be fully functioning again to create more bed capacity and maximise rehabilitation and recovery. 3rd Party ToC also active in the ward area to support progression of patients into community. FCMHT reviewed assessment tools and outcomes monitored with no impact of removal of BEST.	Develop LSU facility improvement plan. MWC action plan Develop FCMHT improvement plan	3. Mental Health	Green - On Track	Amber - At risk - requires action	Green - On Track
MAT based outcomes embedded in all ADP service level agreements. The standards implemented and fully maintained and PHS assessment supports this	6.2	Numerical evidence indicates improved delivery but some issues remain with recording compliance and occasional performance caused by small numbers on MAT 1 and MAT 5. These can be rectified before the reporting period next quarter. MAT 6 recording has improved but clarifications are needed on eligibility of staff to be trained across the full ADP workforce including third sector. Again this is a small issue and can be recovered for next quarter. Experiential data compliance is excellent with over 40 service users, staff and family members interviewed so far. Marked differences in experiences and satisfaction with the services and system from previous year.	Plan redeveloping in year based on numerical and experiential information and feedback from governance structure Process information developed for MAT 6 to 10	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Green - On Track
Targeted actions to improve the quality of our Immunisation services	1.2	Formation of Transformation Oversight Group and improvement activity groups for children, teenage & adult programmes.	Formation of Transformation Oversight Group and improvement activity groups for children, teenage & adult programmes.	1. Primary and Community Care	Green - On Track	Amber - At risk - requires action	Green - On Track
Support the creation of Person Centred Care Planning Principles		Principles have been agreed				Amber - At risk - requires action	Green - On Track
Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings.		Continue to work nationally by supporting work with ARHAI Scotland on the development of changes to the NIPCM and TBPs Deliver - Winter preparedness programme			Amber - At risk - requires action	Green - On Track	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	Meetings held with stakeholders in Public Health, Research, Information and Knowledge and Property and Estates. Discussion with the Acute Cancer Services Delivery Group are ongoing. Public Health has reviewed and updated the cancer data.	Meetings with Stakeholders Discussions with Acute Services Cancer data reviewed and updated	5. Cancer Care	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Best Start 1. Full implementation of Continuity of Carer by 2026 2. Minimising separation of late preterm and term babies from birth 3. Recommencement of full Antenatal Education 4. Expand Service User Feedback 5. Review need and gaps for, and embed Psychological services	7.1	Looking to identify keeping mums and babies together, with babies who are experiencing Neonatal Abstinence Syndrome (NAS), pathways being developed. Antenatal Education now implemented. Guideline to be developed for babies going home on tube feeds. Service User group is being formed with Best Start midwife		7. Women & Children Health	Green - On Track	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	Work continues with system supplier to embed supplementary questionnaire in Trakcare as part of the current clinical workflow to allow recording. Work continues with NHS Fife information services to ensure reporting of items from the supplementary questionnaire. Work continues on both these aspects so full compliance can be achieved.		3. Mental Health	Green - On Track	Green - On Track	Green - On Track
Community Mental Health Teams for Adult and Older Adult services that are responsive to need and reduce admission by offering alternative pathways	3.2	OA Services have an established SLWG in place to develop new OA CMHT SOP - this is near completion and target date is end Feb 25. Pathways are now being rolled out across OA CMHT'S to provide consistent systems and processes across the 3 localities.	Define optimal model of CMHT design as output of Reform, Transform and Perform Framework actions	3. Mental Health	Green - On Track	Green - On Track	Green - On Track
Comply with the requirements of the COVID enquiry and Operation Koper, Crown Office.		Provide information and expert advice as required			Green - On Track	Green - On Track	Green - On Track
Continued development of digital front door for patients	9.5	Programme continues to progress against its plan. Initial service to commence February 2025	Extension of Waiting List Validation	9. Digital & Innovation	Green - On Track	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.		East Region HP service established, with agreed Standard Operating procedures, cross-Board digital solutions in place and shared training opportunities.		1. Primary and Community Care	Green - On Track	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.		Full HPT workforce complement recruited across the East Region. Ongoing training. Significant pressures from other respiratory infections.	Good ongoing service capacity and competency.	1. Primary and Community Care	Green - On Track	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. Overall list sizes below planned numbers submitted to SG for 20/25. Continue to focus on longest waits within financial envelope. Cancer and diagnostics monitored through weekly meetings.	New OP waiting list size decreased by 5% from end Q2	4. Planned Care	Green - On Track	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	Internal CAH hours have increased. Reviews of all existing double up packages is on track and producing savings	Reduce the needs for double up packages of care whilst utilising a variety of techniques and different equipment; ICASS collaboration ToC (Single Handed Care) To reduce the unit cost of a Care at Home service: commissioning	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Delivery of Clinical Governance Strategic Framework		New trigger list and adverse event process in place from 6th January 25. New governance structure for deteriorating patient being implemented from January 2025. Policy and Procedure Framework returning to CGOG for endorsement in February 2025.	Date agreed for first organisational learning event-learning from Clinical Experience Collaborative in April 2025 Adverse Event Staff support pathway agreed by CGOG in August 24 (work underway to progress roll out) Deteriorating Patient work ongoing early indication of a decrease in cardiac arrests for 2023 with a new governance structure to be implemented from Jan 2025. Adverse Event Trigger list agreed and will launch January 2025 Work to assess Datix replacement ongoing NHS Fife Policy and Procedures Framework presented in first draft at CGOG in Dec 2024		Green - On Track	Green - On Track	Green - On Track
Delivery of Clinical Governance Strategic Framework - Adverse Events					Green - On Track	Green - On Track	Green - On Track
Delivery of the objectives set within the Pharmacy and Medicines Strategic Framework for 2024-2026		Deliverables were prioritised in the medium term to take account of delivery of digital medicines programme and winter pressures. Delivery continues and reporting is through Pharmacy SLT.	Continue progress and establish reporting cycles	8. Workforce	Green - On Track	Green - On Track	Green - On Track
Delivery of the Risk Management Framework		Risk appetite now agreed by the Board and the Risk Management Framework has been updated and gone through EDG and the Audit and Risk Committee. Due to the Board in January 2025.	Completion of risk appetite work.		Green - On Track	Green - On Track	Green - On Track
Develop, Enhance and re-invigorate Regional Networks	4.4	Regional working with NHS Lothian for reciprocal hernia/ bariatric continues. Recruitment for substantive vascular consultant completed which will support the existing network and national discussions regarding vascular services.	Vascular consultant in post	4. Planned Care	Green - On Track	Green - On Track	Green - On Track
Development and Implementation of an Adult Neurodevelopmental Pathway with clear links to CYP NDD Pathway.	3.1	Options paper - including no cost option - for Adult NDD Pathway and required resources presented to CCCS QMAG. Paper being revised following this, for further discussion at QMAG.	Presentation of options paper to CCCS QMAG.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track
Development of Medical Education Strategic Framework		Medical Education Leadership Team strategic planning event being held on 21 Jan 25 to develop the strategic framework further.			Green - On Track	Green - On Track	Green - On Track
Enabling a "hospital within a hospital" approach in order to protect the delivery of planned care.	4.2	No bed pressure cancellations within QMH over Q3. Introduction of telephone confirmation of attendance for surgery to minimise DNA rates within the hospital	New monthly report focussed on DNA rates to monitor trends and opportunities for improvement	4. Planned Care	Green - On Track	Green - On Track	Green - On Track
Engage with Higher Education Institutions locally and regionally to develop collaborative way of working	9.5	Joint funding opportunities being discussed as they arise with regional NHS and HEI partners via the South East Academic Liaison Group	Scope and identify funding opportunities for joint funding applications on priority areas for NHS Fife.	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
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	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 undertaken to ensure Fife-wide awareness of resources to support long waiting patients	National resource sharing of best practice available to key staff. Extension of pre-assessment window for patients will give early flags for patients requiring support to be fit for surgery.	4. Planned Care	Green - On Track	Green - On Track	Green - On Track
Ensuring there is a sustainable Out of Hours service, utilising multi-disciplinary teams.	1.3	Work progressing and ENP roles are being reviewed.	Review the role and scope of practice of ENPs Review new dual roles across Injury and Illness clinical skill sets	1. Primary and Community Care	Green - On Track	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	Pre-assessment embedded as BAU	5. Cancer Care	Green - On Track	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	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. Engagement in new Critical Care SDG		4. Planned Care	Green - On Track	Green - On Track	Green - On Track
Improve compliance with CAPTND dataset	3.1	Work on-going re build of TrakCare within Psychology Service to support compliance with CAPTND reporting requirements. TrakCare 'super users' from Psychology Admin Team trained; training for all clinicians planned for Q4.	Introduction of new electronic appointment management and recording system Fife CAMHS will fully comply with CAPTND and will embed supplementary questionnaire within TrakCare as part of clinical workflow to allow recording and will liaise with NHS Fife Information Services to ensure reporting of items from this questionnaire.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track
Improve the mental health services build environment and improve patient safety	3.6	Programme of work was revised: Ward 1 will move to ward 3 instead of Ravenscraig. Ravenscraig will move to ward 1. Work underway to develop Ward 3 to provide safe & therapeutic environment for older adult MH population currently cared for in ward 1. Completion date estimated April 2025. Work will then commence on Ward 1 to create safe environment for Ravenscraig population. Completion date to be confirmed, estimated July 2025.	Commence programme of decant to Ravenscraig site and commence ligature works and upgrades Application of the MH Built Environment (MHBE) assessment tool across the full MH estate.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Increase NHS Fife Innovation Test Bed activity		Phase 2 milestones met for all projects in Reducing Drug Death SBRI. Contract variations being drafted/submitted to alter future milestones based on feedback from stakeholders. NHS Fife continues to manage the Steering Group and update on milestone achievement and variations,	Ensure Phase 2 project milestones met, with reports submitted and reviewed, with appropriate payments made for 2 projects. Feedback from Steering Group to applicants. Support Mental Health Phase 2 projects and contribute to delivery within HISES Boards.	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track
Increase redirection rate utilising flow and navigation (NHS 24 78%, GP 19%).	2.2	Call before you convey continues to support redirection, and care home redirections have been included within call before you convey from 27/01/25. ANP model remains in place with support from an Acute Medical Consultant as the senior clinical decision maker in times of high demand.	Fully embed Scheduling of GP patients	2. Urgent and Unscheduled Care	Green - On Track	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.		Promote winter preparedness training sessions to care homes in Fife		8. Workforce	Green - On Track	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		Ongoing. Raise awareness of claims - similar claims and implement new procedures to avoid future claims			Green - On Track	Green - On Track	Green - On Track
Local Enhanced Services Review		Work continues to identify hi/low values within activity levels across NHS Fife GP practices with a RAG status to highlight any issues within LES.	Engagement and data collection from GP Practices Develop clear plan for Fife	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track
Local - Implement Paperlite / Electronic Patient Record	9.5	Programme continues to progress against its plan.	Implementation of OP Note Extended use of Digital Hub eObs Benefits Review	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track
Maximising Scheduled Care capacity	4.3	Overall waiting times on track and continue to be monitored weekly against trajectories. Winter planning for surgical activity has maximised use of QMH. Backfill and additional theatre lists throughout Q2 and increase on OP activity.	All trajectories for OP and TTG ahead of SG submission for overall numbers.	4. Planned Care	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
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 mental health & wellbeing services and supports in primary care and community settings.	3.3	In Quarter 3, the MHWPCCS coproduction feedback was analysed and change ideas were prioritised. A proposal for a six-month TOC in NEF was submitted to and approved by the 13/11/24 meeting of the MHWPCCS project board. The TOC will bring together a range of stakeholders to achieve the following objectives: to review and improve integration of mental health & wellbeing services & supports locally; to improve relationships, knowledge and understanding of services available and how these can be accessed; to provide clear, accessible pathways into mental health & wellbeing services and supports; and to increase people's sense of trust, safety and support with the system. TOC to commence in Jan 2025.	Complete phases 1-3 of coproduction activity (discover, define, develop) Complete analysis of coproduction feedback and prioritise change ideas Identify and submit TOC proposal to the 13/11/24 MHWPCCS project board (approved) Develop plan (incl evaluation plan) for TOC, bringing together a range of stakeholders, with a view to improving access to mental health & wellbeing services and supports locally. TOC to commence in Jan 2025 (for 6 months).	3. Mental Health	Green - On Track	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 which require to be sustained continuously.	Staff Link pages going live Results of Rota monitoring Qualitative feedback review on Fife resources for DDIT & Gateway EU		Green - On Track	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	This will be fully implemented by March 2025	Understanding, planning and implementing a co-ordinated approach to delivery of nationally directed Learning Disability Annual Health Checks in an integrated approach with Complex Care Services within the HSCP.	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track
Pandemic Preparedness: Critical to major incident levels.		Stakeholders met to discuss revising local pandemic response planning			Green - On Track	Green - On Track	Green - On Track
Preventing alcohol specific and drug related harm and death affecting children and young people	6.2	New hospital & ED pathway in place for children and YP with a QR code directly to community based third sector support. This is aligned with the new CP IRD process. First monitoring meeting is set for February 2025. Soft launch of public campaign at end of Q3 to coincide with high risk seasonal period.	Development of new hospital liaison pathway for children and young people affected by their own substance use to be completed and to include stronger linkage to community based support post discharge. This to be monitored by representations at ED and in hospital wards Public campaign of harms and risks to CYP from drug use to be launched	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
Prevention & Early Intervention: new models of care ensuring early discharge and prevention of admission, and local frameworks for frailty	2.6	Redesign of community frailty services progressing and new model anticipated to be implemented by 31/03/2025 Heart Failure planning has paused and we will revisit in 2025, with a robust way of implementing Diuretic IV training. District Nursing continue with the Test of Change and no issues identified.	ARC staff aware of new model. Organisational change process fully established. The process, systems and pathway group is working at pace to support the redesign. For Test of Change to progress within Heart Failure Services who begin IV Diuretic training. To ensure this Test of Change is rolled out across Fife.	2. Urgent and Unscheduled Care	Green - On Track	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	Phase 3 of the Enhanced ICT test of change is being progressed which will commence Jan 2025. This is to support the Fife Rehab Model and Bed Base Model. The Fife Rehab Model is dependent on the transformation of the Bed Base Model and can't progress fully until that is known. FELS work is now complete Ongoing collaboration with Red Cross as part of a Discharge to Assess model and to reduce the use of assessment beds, will continue to November 2025.	Fife Rehab Model/D2A Model Complete stakeholder engagement Implement appropriate D2A pathways Fife Rehab Model Develop implementation plan and undertake potential TOC.	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Reprovision of unscheduled care/crisis care provision for patients presenting out of hours with a mental health crisis	3.1	Draft Options Paper has been tabled with Senior Manager and is now in final review stage for scrutiny and comment; meeting held with Project Chair, Programme Lead and Change & Improvement Manager on 05.12.24. Programme Manager seeking review with Head of Service on feedback for finalisation of Options Appraisal Paper.		3. Mental Health	Green - On Track	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	Acute Cancer Services Delivery Group reconvened and revision of Terms of Reference. Review of Haematology Day Unit Underway. Framework for Effective Cancer Management discussed at Government fortnightly meetings. Review of PTL meeting underway.	Acute Cancer Services Delivery Group reconvened. Review of PTL meeting underway	5. Cancer Care	Green - On Track	Green - On Track	Green - On Track
Support for Doctoral Training Program (DTP) Fellows		Cohort 4 Fellows (2) meetings with Supervisor Panel members and agreed oversight of first 6 months (Feb '25-August '25) at 0.2FTE, leading to 0.8FTE from Aug '25. NHS Fife staff as members of Supervisor Panels and one candidate to conduct project and program of work with NHS Fife Emergency Department	Cohort 3 Fellows commenced at 0.8WTE. Cohort 1 12 month reviews and Cohort 2 9 month reviews. Cohort 4 Fellows appointed	8. Workforce	Green - On Track	Green - On Track	Green - On Track
To develop the resilience risk profiling for Emergency Planning for NHS Fife.		PHAC Risk 518 now closed and new risks for business continuity planning and emergency response are enabled as frameworks planning is in place it now needs time to be embedded & tested locally	Business continuity management framework facilitated and dashboard insights now available for monitoring purposes. Incident management framework is now also in final stages of review.	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track
To support preparations within NHS Fife for the implementation of the HCSA Act (on-going during 2023/24), which comes into force from 1 April 2024.	8.4	Third quarterly High Cost Agency report being prepared for submission to SG in January 2025 and 2nd quarterly HCSA report proceeding via governance. HCSA data capture refined for 3rd/4th quarter reporting and to facilitate identification of RAG status path to green.	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	Green - On Track
Undertake regular waiting list validation.	4.7	Use of patient hub to contact patients to assess ongoing need for surgery. Weekly validation of lists through medical secretaries now in place.	Inclusion of medical secretaries in weekly Waiting Times Group. Enhanced monitoring of adherence to waiting times guidance for patient booking.	4. Planned Care	Green - On Track	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	Draft Cancer Framework Annual Delivery plan created.	Reviewed Cancer Framework Annual Delivery Plan for 2024/25	5. Cancer Care	Green - On Track	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	Invoicing sheet has positive feedback from the trail with full roll out completed in early 2025. This should allow for better future audit of this service in the future. Glaucoma shared care service is running well in all 4 locations with 3 still accepting new referrals however national scheme is still stalled due to EPR (openeyes) issues	Invoicing sheet has been updated to speed up completion time for optoms and refine information collected for future audits. This has been trialled by a select group and will be rolled out in Jan 2025 for all participating practices	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track
Continue to ensure Eic is represented in all improvement and fundamentals of care delivery groups		ongoing evidence through SG reports				Green - On Track	Green - On Track
Delivery of Research Innovation and Knowledge Strategy		Draft Strategic themes shared and circulated to internal RIK staff, internal stakeholders and external stakeholders for feedback and comment. Feedback reviewed and four strategic themes confirmed. Objectives to be developed and confirmed by first RIK Oversight Group of 2025 (1Q 25/26)	RIK/Partner Stakeholder version developed for circulation and feedback. Draft RIK Strategy available for submission to RIK Oversight Committee (Nov 14th)	9. Digital & Innovation		Green - On Track	Green - On Track
Embed Quality of Care Review Guidance (QoC) within all adult inpatient and community areas		Acute are embedding alongside existing care assurance processes				Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Embed the National Leading Excellence In Care Education and Development Framework into existing and new education programmes		Meeting with workforce development to support collaborative approach to leadership education across the organisation	SLWG to commence in November to embed the framework within Leadership programme			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		Support nurse in post until March 2025 will be focusing on CAIR users				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 Fife priorities, Recover to Rebuild, Courage of Compassion, Three Horizon Model		Shared Governance Model established with over-arching Professional Leadership Council and 5 sub councils. Review of band 7 and band 8 N&M staff commenced as part of workforce planning and framework development		8. Workforce	Green - On Track	Green - On Track	Blue - Complete/ Target met
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	we have an established pathway for prison release to either sector team/FCMHT depending on legal status and GP registration		3. Mental Health	Green - On Track	Blue - Complete/ Target met	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.					Green - On Track	Blue - Complete/ Target met	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	Blue - Complete/ Target met
Ensure the delivery of an effective resilience function for NHS Fife.				6. Health Inequalities	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
Digital / Scheduling: create a centre of excellence for scheduling across community services	2.6	SBAR paper presented to SLT in November 2024 and it was agreed in the current financial climate the spend to implement this is cost-prohibitive		2. Urgent and Unscheduled Care	Green - On Track	Amber - At risk - requires action	Purple - Suspended/ Cancelled
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	10.6	To be reported via PAM Sustainability Team, Pharmacy will contribute to return.		10. Climate	Green - On Track	Amber - At risk - requires action	Purple - Suspended/ Cancelled
Scoping further areas to support Public Health/ NHS Fife priorities for evaluation and research.		Remains ongoing, areas identified through scoping exercises will be explored as they arise. Focussed pieces of work will be added to ADP when applicable.		6. Health Inequalities	Green - On Track	Green - On Track	Purple - Suspended/ Cancelled

To Improve Staff Experience and Wellbeing

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Carers will have access to information where and when they want, that helps them to manage their caring role.	6.1	<p>We were unable to recruit to the Project Officer post established to take forward this work. The HSCP Recovery Plan has now paused recruitment of new posts for 2024-25 and will review at the beginning of 2025-26, which will limit our ability to achieve this outcome in the short-term.</p> <p>The carer's experience survey was completed, and valuable insights were gained from the 237 respondents. Of those numbers only 22% of carers said they have access to high quality information at a time and place of their choosing. We will review this data and set out the actions required to improve this response.</p> <p>The review of the model of delivery for Social Work Assistants, led by a Service Manager and a SLWG, has not yet completed and will be carried into Q4.</p>		6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
National - eRostering	9.1	National Programme continues to report as Amber status. No interface development with Payroll systems completed. Local redesign and validation of roster build to be completed		9. Digital & Innovation	Amber - At risk - requires action	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	<p>Work is underway with the recently recruited Social Work Assistants to work with carers through the Adult Carers Support Plan (ACSP).</p> <p>A review is ongoing to analyse the collaborative working with internal and external partners to improve connectivity with unpaid carers. This will involve reviewing existing Service Level Agreements (SLA) and how to further develop these in support of unpaid carers.</p> <p>This objective involves collaboration with Citizens Advice & Rights Fife (CARF) who were commissioned to deliver an income maximisation project in The Wells. CARF have been unable to recruit to the posts to deliver this project to date. We continue to work with CARF and internal colleagues to take this forward.</p>		6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action
Delivery of the eRostering (eR) Implementation Programme in conjunction with Digital & Information.	8.4	Following discussions with the Director of Finance and Director of Nursing, eRostering implementation is currently paused whilst Deep Dive roster reviews within existing areas are being carried out. The roster reviews are moving at pace and will ensure rosters are accurate and additional support / training is provided. Once any corrections and revised templates are in place, this will support the implementation of SafeCare in these existing areas and help inform an effective and robust process for on-boarding new services when implementation resumes.	Revised eR rollout plan to be finalised for clinical areas, alongside SafeCare.	8. Workforce	Green - On Track	Green - On Track	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
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	Externally commissioned partners were invited to apply to deliver the range of short breaks required. These are now established: The new 'Short Break Crisis Prevention Service' will be delivered by Crossroads who will provide 20 hours to each of 100 unpaid carers. The 'Respite' short breaks is being delivered by Fife Voluntary Action and is beginning to grow the number of breaks on offer.		6. Health Inequalities	Green - On Track	Green - On Track	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	Workforce review carried out and qualitative and quantitative data analysis underway	Support sufficient HV trainees to ensure adequate staffing trained staff available. Define a clear staffing model vision and identify strategies and actions to ensure sustainability can be assured.	7. Women & Children Health	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
Developing the skills of practitioners and professionals to identify and support carers at the earliest possible point in time	6.1	Initiatives to enhance the skills of practitioners and professionals in identifying and supporting carers at the earliest possible stage are ongoing. Continuous professional development opportunities remain a priority, with a collaborative workshop scheduled this quarter to strengthen partnerships and improve coordinated support for carers. In addition, a range of specialist support services continue to be commissioned, including hospital-based initiatives designed to proactively identify carers as early as possible. These measures aim to ensure that carers receive timely and appropriate support tailored to their needs.		6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
PPD Succession Planning		Level 2 BLS and AED training places offered during Q3 exceeded demand. On track to deliver ~7000 training places. Clinical skills refresher training delivered to support mobilisation of staff within Partnership.	4 Return to Practice Nursing candidates recruited (2 x Acute, 2 x Partnership)		Amber - At risk - requires action	Green - On Track	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		Staff have continued to progress through the PTPT programme, with successful appointments to posts in Fife following qualification	Resolution of role within hospital setting		Amber - At risk - requires action	Green - On Track	Green - On Track
Continue to deliver and enlarge on Staff Support/VBRP Project.		Further admin support has been scoped which will help Strategic Lead with collation of data to report on this project		8. Workforce	Green - On Track	Green - On Track	Green - On Track
Delivering Anchor Institution workforce aims - Promoting employability priorities	6.4	Development of Employability Strategy underway.	Review of MA numbers in line with key stakeholders. EMERGE taster sessions planned for January and February 2025.	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025	8.3	Recommendations identified from benchmarking on the handling of absence management in this quarter. Work will progress into Q4 to implement recommendations. New Staff Care brand launched.	Consideration of impact of outputs of activities on absence and other agreed measures and review.	8. Workforce	Green - On Track	Green - On Track	Green - On Track
Development and implementation of the NHS Fife Workforce Plan for 2022-2025	8.5	Revised workforce planning guidance received in December 2024 (DL 2024/33) and arrangements in hand for template submission to be developed, considered via governance routes and submitted to SG by 17 March 2025.	Preparation for development of draft NHS Fife Workforce Plan 2025-2026 (national direction now received).	8. Workforce	Green - On Track	Green - On Track	Green - On Track
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.		The team continue to progress towards a the required number of Designated Prescribing Practitioners (DPPs), to ensure support of new prescribers. The scope of practice and available support for newly qualified prescribers is being reviewed ahead of implementation	Revised end of placement meetings in place for all EL Pharmacy Students Progress on scope of practice and available support for DPPs	8. Workforce	Green - On Track	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 sim training has been delivered for the current cohort, with positive feedback. EL based on inter-professional approach, involving medics and nursing, has been undertaken, also receiving positive feedback. Foundation training programme staff continue to progress, and work is ongoing to deliver the next cohort Staff have progressed through NES clinical skills development, to the benefit of local patient groups. There have been developments allowing for local delivery of this training approach The board has champions identified as per NES SLA and a small number starting the RPS Core Advanced curriculum.	Continued work on simulation planning. Preparation November trainees starting (2 staff) Governance of FTY programmes to finalised		Green - On Track	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	Study Support Services are to be delivered by Education Directorate within Fife Council but has been subject to delays due to staffing issues. This will be reviewed with Education colleagues and a Plan developed for 2025-26 onwards. All other outcomes are now in progress through externally commissioned services and the quality and impact of these will continue to be reviewed.		6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
Improving support and developing the Mental Health workforce	3.5	MH Redesign and workforce mobilisation programme has required a review of staffing which will help inform future service models and ensure sustainable services		3. Mental Health	Green - On Track	Green - On Track	Green - On Track
Medical Workforce Recruitment and Retention Strategic Framework		Drafting of the Framework underway and information requested from each of the services.	Draft Framework		Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Progression with ScotCOM in collaboration with the University of St Andrews		Recruitment Hub 1 Lead is underway with advert now 21st Jan 25. Comms plan under development to count down to go live with first students arriving on their clinical placements on 27th Jan 26	<p>Completion of Cameron Education Hub (large space in Cameron with teaching rooms x4, sim house, sim GP consulting room and 4 trolley sim area) and appointment of Hub Manager</p> <p>Successful recruitment to short term curriculum development posts</p> <p>Work on patient participation</p> <p>Ongoing involvement with NES and University of St Andrews (USTAN) re widening participation with Fife schools and their pupils. Carousel events organised at Cameron (5/12) & QMH (4/12) with high school pupils</p>		Green - On Track	Green - On Track	Green - On Track
We will launch and develop a leadership framework – Our Leadership Way in Fife.		259 colleagues from across NHS Fife & FHSC have actively continued to the inquiry phase so far (17 December 24) with more opportunities across January and February 2025 to further build insights and develop the underpinning activities to create alignment across the employee journey.	Core leadership behaviours - have been developed further, by leaders at all levels in Fife. The significant elements of a leadership framework (i.e. set of activities) are understood and shaped further, aimed at embedding our leadership ethos in practice.	8. Workforce	Green - On Track	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	Action complete- to be removed	Integration of Primary Care Nursing and Admin teams	1. Primary and Community Care	Green - On Track	Green - On Track	Blue - Complete/ Target met

To Deliver Value & Sustainability

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Hospital Pharmacy Redesign Introduction of automation in hospital Pharmacy stores, dispensaries and clinical areas. Centralisation of Pharmacy stores and dispensaries		Due to focus on operational demands and the capacity required for of implementation of the new IDL system and new stock control system, preparatory work on centralisation of medicine procurement function (an initial enabler) has been delayed. There are longer term challenges known with securing the significant funding required for the wider centralisation and automation programme	-		Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
SLA and External Activity		Assurance remains limited while discussions with external partners are pending There is an opportunity to potentially deliver £400k recurring savings from 2025/26 by moving decontamination services to a new supplier The 3% Cash Release Efficiency Saving (CRES) to SLAs, will not be delivered following the national settlement on uplift	Agreement to start discussion on the potential withdrawal process from current decontamination provider Confirmation that GP referrals from North East Fife practices to Acute Services in NHS Fife are influenced by patient preference, waiting times and clinical performance Scottish Government have confirmed SLA uplift levels for 2024/25, with funding allocated to partly cover this, resulting in a reduction of original cost pressure £5M to £2M		Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Roll out of Digital Pathology	5.1	Unable to complete due to delays to integration with new LIMS		5. Cancer Care	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Business Transformation		Programme behind its financial recovery target. Case for change being developed for presentation to RTP Exec Group		9. Digital & Innovation	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action
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	Length of stay meetings continue to support a collaborative approach to reducing length of stay and delays. Overall surge numbers have increased, if including wards 6 and 9. Paper going to SLT on 02/02/25.	Reduction of Ward 9 to 11 to 30 beds and associated maintenance of new footprint Continue to monitor 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	Amber - At risk - requires action
Implement Same Day Emergency Care (SDEC) and rapid assessment pathways	2.2	Plans in place to transform current AU1 nursing staffing model into A and B teams to form the basis of an SDEC staffing model. Medical model still under review.	Abbreviated IDL has to be in place Same day assessment admission documentation has to be in place	2. Urgent and Unscheduled Care	Green - On Track	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action
Delivery of New Laboratory Information system (LIMS) as part of accelerated implementation followed by implementation of national roll out.	9.1	No specific deliverables for the national build this quarter however phase one (local delivery) is still to fully complete.		9. Digital & Innovation	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation	8.1	Work continues to progress a consolidated bank within existing fiscal position. Medical Locums and Health Records will transfer over in Q4.	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	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Delivery of digital medicines programme, including the roll out of HEPMA and progressing commitments to implement automation within the hospital dispensary function		The new IDL system has gone live, a very significant change for clinical teams across the health board. Support work is ongoing. Implementation of stock control system continues with preparatory work at a late stage and UAT starting early 2025	Go live of Pharmacy stock control system delayed due to system supplier delays Secondary file control build for stock control. Development and implementation of detailed project plans for electronic discharge document and Pharmacy Stock Control, to enable successful delivery. Completion of UAT on meds rec system Project plan for HEPMA to be progressed (agreed in Q2) Automation of dispensaries paused due to current financial constraints	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Enhanced data availability and sharing		Continue to progress the Primary Care data sharing activities.		9. Digital & Innovation	Amber - At risk - requires action	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	Scottish Government Budget allocations have been cut by circa £0.760m so commitments and plans will need to be reviewed in line with reduced budget envelope. Finance colleagues have been providing support to identify all MH current spend to support financial planning.	Finance colleagues have provided financial data and continue to provide support to enable the services to review.	3. Mental Health	Amber - At risk - requires action	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	Increased number of patients redirected to QMH MIU. 4 hour breaches have increased due to longer waits for beds due to longer length of stay, increasing from 4 days to 6 days for emergency admissions. ED performance remains below trajectory.		2. Urgent and Unscheduled Care	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
National - GP IT Reprovisioning - GP Sustainability	9.1	GP IT Supplier placed into Administration. Await formal programme impact assessment	Agreed Business Case for GP IT Replacement	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
National - LIMS Implementation	9.1	National Programme will not conclude a National LIMS Build till January 2026		9. Digital & Innovation	Amber - At risk - requires action	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.	10.1	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.		10. Climate	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Digital & Information Projects	9.5	Programme behind its financial recovery target.	Assess Benefits for Quarter	9. Digital & Innovation	Green - On Track	Amber - At risk - requires action	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	Identify opportunities within budget to increase activity and maximise capacity		5. Cancer Care	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action
Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets		The target saving is on track, but the stretch target may be difficult to achieve due to external factors relating to availability of medicines. Revised Acute Medicines Optimisation Plan in progress The availability of resources required to make the required changes in clinical practice is challenging.	Reporting structure reviewed and updated to show scheme finance position accurately Medicines Waste campaign launched	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Develop and Implement the Corporate Communication Strategy		To complement the Corporate Communications Strategy and following our first all staff internal communications survey in December 2024. A new Internal Communications plan is being developed and due to be published from 1st April 2025 to reflect feedback from the survey and ensure internal communications and opportunities for staff engagement are in place to support RTP and to enable change management across the organisation.	Strategy to be used to inform a range of bespoke Communications plans to support a wide range of Re-form, Transform and Perform (RTP) projects across NHS Fife including Unscheduled Care Redesign and internally our People and Change work		Amber - At risk - requires action	Green - On Track	Green - On Track
Develop and Implement the Public Participation and Community Engagement Strategy		Public Participation and Community Engagement Strategy 2024-28 The Public Participation and Community Engagement Strategy 2024-28 was discussed at the Board Development Session on 30 April 2024 and presented to PHWC on 13 May 2024, where the ambitions of the Strategy were approved in principle. The Board requested that the Strategy be brought back to a future meeting once it has been updated to reflect their feedback to include an operational plan on how the principles will be used in a programme of consultation and engagement, particularly related to RTP workstreams. An overview of the Community Engagement and Public Participation Operating Model for 2024-2026 was presented to the July 2024 Board in private session. Members commented on the improved document and which was more focussed around Fife and what work will be undertaken locally.	Our Public Engagement and Community Engagement Strategy and operational plan will help to inform and shape our engagement work in support of RTP and in partnership with Fife Health and Social Care Partnership Engagement Team.		Amber - At risk - requires action	Green - On Track	Green - On Track
Develop Strategic vision across all of Primary Care	1.2	CTAC services now progressed to 95% implementation. Plans to full implementation and business as usual by end of financial year 2024/25 CTAC and Imms workforce fully integrated	Progress CTAC to a state of business as usual. In line with National Direction, evaluate the effectiveness of the level of Pharmacotherapy in place.	1. Primary and Community Care	Amber - At risk - requires action	Green - On Track	Green - On Track
Procurement Savings within Acute Services		Schemes in play are on track to deliver 90% of goal. A range of other schemes are in development with the goal of achieving more than 100%.	Ongoing reviews of expenditure and savings opportunities.		Amber - At risk - requires action	Green - On Track	Green - On Track
Support delivery of Re-form, Transform, Perform (RTP) through supporting service change		Monthly RTP reporting continues, plans being developed for the 3% schemes and next steps at the end of 2024/25 financial year. 2025/26 plans are being developed for the 4 RTP programmes.			Amber - At risk - requires action	Green - On Track	Green - On Track
Achievement of Waste Targets as set out in DL(2021) 38	10.3	Overall we are doing well, working hard to hit our targets and working with all relevant parties to help achieve this. We haven't reached the 70% of all domestic waste recycled or composted however we still have a few more months to try and achieve this target. We did meet the target to reduce the domestic waste by a minimum of 15%. We are now in the middle of a trial to help with the correct segregation of waste and hoping this will help us reach our final figures.		10. Climate	Green - On Track	Green - On Track	Green - On Track
Action plan for the National Green Theatres Programme	10.6	We are still waiting for Stryker to commission the Neptune system in phase 3. This has been an ongoing battle but we are getting there.	Have Neptune system put in place at Victoria Hospital	10. Climate	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Attracting & Recruiting staff to deliver Population Health & Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation & enhanced International Recruitment service		International recruitment activity paused for 24/25 fiscal year. Shared Service Agreement for ERRS under review to be completed by end of December 2024.	Continue to review of ERRS model to gain wider service benefits across the model.	8. Workforce	Green - On Track	Green - On Track	Green - On Track
Decarbonisation of Fleet in line with Targets	10.4	Out of 12 to be converted to electric, 5 are leased and will take place by September this year. Timeframe of the rest are Dec 2025		10. Climate	Green - On Track	Green - On Track	Green - On Track
Delivery of ICO and NISD Audit Improvement Plans Architecture and Resilience Developments	9.2	Programme continues to progress against its plan.	Cyber Assurance Action Plan Agreed	9. Digital & Innovation	Green - On Track	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	Education pilot mainstreamed phase continues. Capacity created has been used to provide targeted education and prevention in pupil support services and health and wellbeing programmes. School nursing and third sector alliance has developed into a training/workforce development approach	Decision to be made if pilot is to continue within project board and ADP Joint Commissioning Group Dependent on decision further training plans will be developed for pilot schools dependent on identified need from students and school community School nursing and third sector alliance to commence	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
Delivery of Property and Asset Management Strategy		Phase 1 completed and this will be submitted to SG by the end of January.	Complete Phase 1 submission (Business Continuity) of the Whole Systems Infrastructure Plan	10. Climate	Green - On Track	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 Five Population Health and Wellbeing Strategy	1.4	Approved Prevention and Early Intervention Strategy is shared across HSCP and our Partner agencies.. In addition an Easy Read version will be created. Establish an oversight group with delivery subgroups	Approved Prevention and Early Intervention Strategy is shared across HSCP and our Partner agencies.. In addition an Easy Read version will be created. Establish an oversight group with delivery subgroups	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track
Development and initiation of NHS Five Innovation Project Review Group (IPRG)	9.5	Review of IPRG underway to separate out elements of the Governance Pathway to allow for stage gate approval process and refined governance pathway.	Review membership and document set for IPRG to identify any alternations to membership or if the IPRG documentation could be improved	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track
Development of a delivery plan to embed and deliver the Realistic Medicine Programme in NHS Five		Work underway in various specialties on ACRT, PIRT and EQUIP pathways.	To support local teams work with centre for sustainable delivery roll out ACRT, PIRT and EQUIP pathways		Green - On Track	Green - On Track	Green - On Track
Develop plans to make sure CIS delivers on key operational priorities	1.2	we have completed the integration of workforce between CTAC and Immunisations with the 10/2 model , where Band 3 staff support CTAC for 10 months of the year with long term screening and low level foot screening, they then return to Immunisation to support he Winter Programme	S3 to S2 changes Communications Strategy to Stakeholders	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track
Digital Enablement Workplan for patients and staff ITIL 4 Improvement	9.3	Programme continues to progress against its plan.		9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track
Enhance the capacity and capability across the team		The progress of the Procurement Team's development and the department's ability to provide enhanced support across the organisation continues in Q3.			Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Estates Rationalisation		Hayfield house, Cameron house and Haig house have all been decanted and are in the process of being decommissioned fully. We have begun site consolidations and have started the process of site consolidations and disposal plans	Staff interviews to gain insights in to impact of change Plan decom Hayfield House Plan decom Cam + Haig Commence site consolidation/disposal plans		Green - On Track	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.		Workforce planning activity has intensified in line with RTP requirements. HCSA data capture refined to meet SG and HIS reporting expectations.	On-going production and analysis of workforce information to support workforce planning and service delivery, including HCSA reporting requirements.	8. Workforce	Green - On Track	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.		The Financial Management Team (FMT) is fully integrated across services providing business partnering and management accounting support in all areas of financial management with clear focus on RTP; and HSCP savings programmes.			Green - On Track	Green - On Track	Green - On Track
Implementation of environmental prescribing improvements per the Scottish Government Quality Prescribing for Respiratory guide 2024 while delivering patient level reviews and appropriate clinical guidance to drive high quality clinical care.	10.6	Following local engagement with a national realistic medicines leader around respiratory prescribing earlier in 2024, the primary care pharmacy approach to review has continued to develop, incorporation of components within extant polypharmacy review approach. Within the east region formulary, steps are in place to encourage appropriate prescribing. The local approach is MDT focussed and incorporates a number of communication initiatives to reach across groups.	Development of a local plan for implementation. Delivery of patient reviews to ensure appropriate inhaler use to reduce emissions from inhaler propellant.	10. Climate	Green - On Track	Green - On Track	Green - On Track
Improve sustainability of Primary Care	1.1	Test an urgent Care hub within a cluster area (targeting cluster(s) with high referral rates into unscheduled Care) - Current proposal is to test a hub model in the West of Fife between Jan - March 2025. Test Urgent Care Hub close to Acute site to determine potential increased redirection rate - potentially at risk as no current suitable facility to house a hub model close to the VHK. Current in-hours resources have been allocated within KDY Cluster and removal of this resource to support a hub would be detrimental to PCIP service delivery Develop hub to establish MDT approach, across Primary care and community services - ongoing discussions with GMS regarding PCIP MDT hub model approach, however, at risk, due to current allocated resources to ANP, MH, & MSK is not sufficient enough Fife Wide to attempt such hub model Develop workforce across in/out of hours - this has been delivered 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 the current proposal is to test this hub in the west of Fife		1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Increase capability within the team to deliver service improvement and meet growing service demand		The financial processing requirements of Direct engagement are now embedded and the Finance Directorate continue to support Workforce, ASD and the H&SCP with the optimum service implementation aspects.			Green - On Track	Green - On Track	Green - On Track
IPQR Review		Monthly reports distributed accordingly with inclusion of Stroke Bundle compliance at request of Medical Director. Review took place of all metrics with changes made where applicable. Team training on PowerBI completed. Testing taking place on data collations.	Mid-year review of trajectories/targets Include Stroke Bundle Monthly reports produced and distributed accordingly Start dashboard build		Green - On Track	Green - On Track	Green - On Track
Local - Records Management Plan Implementation	9.2	Programme continues to progress against its plan.		9. Digital & Innovation	Green - On Track	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	MH DCAQ and Inpatient Dashboards established. Functionality and content continues to be developed and reviewed to ensure data is accurate. KPI's in place and MHQI data suite is held within D&I Data & Insight hub	Dashboards established and functional for DCAQ & Inpatient. KPI's across all services identified and collation process underway MHQI suite of information accessible and sources of data identified and accessible.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track
Outline plans to implement an approved Environmental Management System.	10.5	NHS Fife is undertaking environmental impact assessments of departments of interest such as laundry and laboratories to assess any significant environmental risks. Following these assessments, adaptations or recommendations are provided to encourage action to reduce environmental impact where possible. NHS Fife has a full EMS policy, legal register, and is beginning to create the main procedural documents to establish how the EMS will function to work towards a full EMS system across the organisation.	Have made progress with our aspects and impact register	10. Climate	Green - On Track	Green - On Track	Green - On Track
Outline plans to implement a sustainable travel approach for business, commuter, patient and visitor travel	10.4	We have carried out an analysis of our current changing and showering facilities across NHS Fife. We are currently utilising funding from Cycling Scotland to upgrade storage facilities at Victoria Hospital.	Analyse facilities across NHS Fife sites to ensure they support active travel requirements	10. Climate	Green - On Track	Green - On Track	Green - On Track
Outline plans to increase biodiversity and improve greenspace across our estate	10.5	AU2 garden not yet complete, looking to be complete early 2025	Have completed AU2 staff garden project.	10. Climate	Green - On Track	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.		Work continues on the service redesign, with NHSF actively participating in this process through engagement at the Consortium Quality Board meetings.			Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Reduction of Medical Gas Emissions through implementation of national guidance	10.1	<p>Work on Entonox/nitrous paused in November 2024 as we are awaiting an external occupational hygiene assessment of maternity (identified as an exposure risk to staff). All other areas using nitrous/Entonox assessed as low risk and no further action required. Work is ongoing (BAU) reviewing usage of nitrous/Entonox.</p> <p>There is nothing further to add at this stage. It is expected that the group set up to specifically review the Technical Update for Entonox mitigation will conclude by the end of March with the Medical Gas Committee assuming responsibility for ongoing oversight</p>	Review risk assessments surrounding exposure limits of Nitrous oxide	10. Climate	Green - On Track	Green - On Track	Green - On Track
Refreshed Performance Reporting	6.1	Data is currently being collated into databases, there is continuing work ongoing to build on the initial data request as further reporting requirements are requested. An SBAR for a test of performance automation for the IJB report has been submitted to committees and the IJB Board, with a proposal for the first automated report to be produced in the new financial year, which will take place in 25/26 Q1. Further automation for other reports will be completed after the IJB report is complete and approved.	Collate data into databases and develop proof of concept of automation	6. Health Inequalities	Green - On Track	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	NHS Fife is currently reviewing risks through public sector collaborations and establishing a path forward for monitoring, evaluation and making recommendations for climate adaptations to be undertaken within the organisation based on current priorities and future predictions of climate scenarios. Our main adaptations will focus on retrofit and nature-based solutions to flooding and overheating. These adaptations will not only help the board become more resilient and prevent service disruption but also enhance biodiversity and provide greenspaces for patients and staff.	Work with the resilience team on flood management plans and identify key sites that are at risk	10. Climate	Green - On Track	Green - On Track	Green - On Track
Support Delivery Strategic Planning function		<p>Winter Preparedness Plan 24/25 was on agenda of EDG 20/12 and approved to be shared with CGC at EDG on 09/01.</p> <p>Plan comprised of information from SG Winter Preparedness Checklist (submitted mid-Oct) as well as feedback collated at Planning Event.</p> <p>ADP 24/25 Q2 report was compiled before being endorsed by EDG, Committees and Board for submission to SG.</p>	<p>Feedback from Planning/Review Event to be presented at IUCPB</p> <p>Produce Winter Plan and complete Winter Preparedness Checklist for SG</p> <p>ADP24/25 Q2 to be produced</p> <p>Guidance for ADP25/26 received</p>		Green - On Track	Green - On Track	Green - On Track
Transfer our referral system and EPR from Tiara to Morse and TrakCare within the Podiatry service		<p>Transferred to Morse is complete, however, some areas required further input from digital colleagues.</p> <p>Trak Care slight delays - further work required by digital to accommodate opt in option. Person-centred booking.</p>	ERP transferred from Tiara to MORSE (complete)	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track
Transformation of HR transactional activity enhancing the HR Operational delivery model through case management and manager support building on manager/employee self-service		Workforce Directorate transformation update paper to EDG on 20 December 2024 with PMO support to move the recommendations into actions in Q4.	Embed new service delivery model.	8. Workforce	Green - On Track	Green - On Track	Green - On Track
Delivery of Digital and Information Framework		On track	Closure report to NHS Fife Board	9. Digital & Innovation		Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Complete NHS Fife's Phase 2 M365 Programme		Complete	Assess future options for maximisation of M365 products in line with current licence	9. Digital & Innovation	Green - On Track	Green - On Track	Blue - Complete/ Target met
Infrastructure - Workforce	9.3	Activities now complete for sites. Support provided from BAU services	Decommission Sites Establish other hotdesking locations	9. Digital & Innovation	Green - On Track	Green - On Track	Blue - Complete/ Target met
Refresh of the Primary Care Improvement Plan	1.1			1. Primary and Community Care	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
Review existing arrangements which support children with neurodevelopmental differences.			Review evaluation available	7. Women & Children Health	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met

ALL

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Develop the NHS Fife Organisational Change Model to support delivery of change.		Developed summary report outlining the NHS Fife Change Model and submitted to EDG in January 2025	Develop Change Model overview.		Green - On Track	Green - On Track	Green - On Track
Supporting implementation of the Population Health & Wellbeing Strategy		Mid Year Report signed off by NHS Fife Board in November 2024. Now published on NHS Fife webpages at https://www.nhsfife.org/strategy/	Deliver the 2024-25 Mid-Year Report to the November Board.		Green - On Track	Green - On Track	Green - On Track

Meeting:	Finance, Performance and Resources Committee
Meeting date:	11 March 2025
Title:	Decarbonisation of NHS Fife Fleet
Responsible Executive:	Neil McCormick, Director of Property & Asset Management
Report Author:	Jim Rotheram, Head of Facilities

Executive Summary:

The purpose of this report is to present an update on progress on the decarbonisation plan which mandates compliance by December 2025, ie: no use of small & light commercial vehicles powered by fossil fuels.

Effective from 28 November 2024:

- 12 Internal Combustion Engine (ICE) vehicles have been replaced with EVs, as planned.
- 10 ICE vehicles have been removed from service. as planned.
- This gives a current actual compliance of 79%.

Towards December 2025, of the remaining ICE vehicles:

- 4 are allocated to PDS and D&I Departments and agreed replacement dates are in place.
- 4 are allocated to the Transport Department with funding arrangements actively being considered.
- One vehicle requires confirmed EV leases to be in place to allow it to be removed from the fleet.
- The above actions predict a compliance rate of 100% by December 2025.

Over the longer-term, revenue costs should be largely neutral after initial priming of lease costs. The December 2025 position will be managed within existing directorate resources

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Government policy / directive

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

- Safe
- Effective

2 Report summary

2.1 Situation

NHS Scotland Climate Emergency and Sustainability Strategy 2022-2026 describes actions required to address the Scottish Government's (SG) overall climate ambitions. Specifically, it succinctly captures the ambitions around decarbonisation of the fleet (and business travel) as described below:

We aim to remove all fossil-fuelled small and light commercial vehicles in the NHS fleet. We will also ensure all NHS small and light commercial vehicles are powered by renewable alternatives by 2025 and no longer buy or lease large fossil-fuelled vehicles by 2030.

This strategy document changed the previous target (described in DL(2021)38) from not **buying/leasing** new fossil fuelled light vehicles from 2025 to not **using** any by 2025, Effectively shortening the target by several years.

2.2 Background

The main points within the plan were:

Small & Light Commercial Category of Vehicle

November 2023

- NHS Fife had 79 operational vehicles within the small and light commercial category, with an additional 5 Electric Vehicles (EVs) on order awaiting delivery.
- 10 Internal combustion engine (ICE) vehicles were to be removed from service.
- 41 vehicles were existing EVs.
- This showed a compliance rate of 63% as at November 2023.

December 2024

- 12 vehicles had planned replacement dates before the end of 2024.
- This predicted a compliance rate of 79% by the end of December 2024.

December 2025

- 15 vehicles had planned replacement dates before the end of December 2025.
- This predicted a compliance rate of 99% by the end of December 2025.
- One vehicle had a longer lease in place and 100% compliance would only be gained by removing this lease, however, this vehicle is now considered a large vehicle.

2.3 Assessment

Effective from 28 November 2024:

- 12 ICE vehicles have been replaced with EVs, as planned.
- 10 ICE vehicles have been removed from service. as planned.
- This gives a current actual compliance of 79%.

Towards December 2025, of the remaining ICE vehicles:

- 4 are allocated to PDS and D&I Departments and agreed replacement dates are in place.
- 4 are allocated to the Transport Department with funding arrangements actively being considered.
- One vehicle requires confirmed EV leases to be in place to allow it to be removed from the fleet.
- The above actions predict a compliance rate of 100% by December 2025.

Additional Points to Note

Charging Infrastructure

The investment in EVs has been supported by a complimentary Transport Scotland funded investment in charging infrastructure.

The following table summarises the current infrastructure as of November 2024 (many points are double outlets).

Location	Number	Type
Queen Margaret Hospital	8	4 @ 7 Kw, 2 @ 22 Kw, 2 @ 40 Kw
Lynebank Hospital	9	8 @ 7 Kw, 1 @ 40 Kw rapid
Victoria Hospital	14	10 @ 7 Kw, 2 @ 22 Kw, 2 @ 40 Kw
Whyteman's Brae Hospital	8	4 @ 3.6 Kw, 4 @ 7 Kw
Glenrothes Hospital	2	2 @ 7 Kw
Cameron Hospital	10	8 @ 3.6 Kw, 2 @ 40 Kw
Randolph Wemyss Memorial Hospital	0	
Adamson Hospital	3	1 @ 3.6 Kw, 2 @ 7 Kw
Stratheden Hospital	7	4 @ 3.6 Kw, 3 @ 7 Kw
St Andrews Community Hospital	4	4 @ 7 Kw
Small sites	4	4 @ 7 Kw
Total	69	

Heavy Commercial Vehicles

The working definition of a heavy commercial vehicle within NHS Scotland is now any vehicle 3.5 tonnes and above.

NHS Fife currently has 20 vehicles in this category.

There are currently limited affordable EV alternatives for NHS heavy commercial vehicles. Given the limited availability of suitable heavy commercial vehicles, decarbonisation of heavy vehicles will be based on leasing such vehicles when they become available. This is seen as prudent given what may still be a relatively new technology in 2030. This approach may change, dependant on advances in heavy EV technology and availability of capital or revenue funds. The plan estimates the revenue costs of leasing.

Currently 10% of NHS Fife's heavy fleet are EVs¹. Significant additional revenue funds will be required from 2025 onwards to ensure compliance with the 2030 target for these vehicles.

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

This report relates to the sustainability of transport which is essential to ensure continued quality in the delivery of care.

2.3.2 Workforce

The workforce would benefit from the over improvement in sustainability.

2.3.3 Financial

Over the longer-term, revenue costs should be largely neutral after initial priming of lease costs. The December 2025 position will be managed within existing directorate resources.

2.3.4 Risk Assessment / Management

The key risks with respect to Decarbonisation of the Fleet are:

- Continuing access to grant funding for significant expenditure will be required.
- A change in the spending profile between capital and revenue will be required as the advantages and benefits of purchase or lease change.

¹ 2 small agricultural vehicles included within this definition

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

An impact assessment has not yet been completed but may be required to examine the wider benefits of NHS provision of public charging points.

2.3.6 Climate Emergency & Sustainability Impact

This work aims to meet the needs of the Climate Emergency & Sustainability agenda.

2.3.7 Communication, involvement, engagement and consultation

N/A.

2.3.8 Route to the Meeting

This paper is being 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 Infrastructure & Change Programme Board on 2 December 2024
- Fife Capital Investment Group on 5 February 2025
- Executive Director Group on 20 February 2025
- Finance Performance & Resources Committee on 11 March 2025

2.4 Recommendation

This paper is provided to members for:

- **Assurance** - This report provides a significant Level of Assurance.

3 List of appendices

N/A.

Report Contact

Neil McCormick

Director of Property & Asset Management

Email neil.mccormick@nhs.scot

Meeting:	Finance, Performance & Resources Committee
Meeting date:	11 March 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 Jan-25 did not achieve trajectory/national target but is back within control limits.
- Trajectory for Delayed Discharges was achieved in Jan-25 for Acute/ Community with target not met for Mental Health (though performance does remain within control limits).
- Cancer 31-day achieved national standard for Dec-24 the 2nd month in succession.
- Diagnostic waits for >26 weeks continue to decrease towards target. New Outpatient waits of >52 weeks are below trajectory whilst TTG waits >52 weeks are just above trajectory.

There are 2 metrics reported via the IPQR relating to Finance. Position as at Jan-25 for Revenue and Capital is presented.

This report provides a Limited Level of Assurance.

1 Purpose

This report is presented to Staff Governance 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 Oct-24, although some are available up to the end of Nov-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.

The revised Emergency Access Standard (to include New Planned attendances) was implemented on 1 Dec-24 with first Public Health Scotland publication on revised standard released on 4 Feb. NHS Fife have had to change recording practices to comply with new standard therefore leading to discontinuity in the data. We will therefore continue to report on Unplanned performance only. Plans are in place to resolve issue with reporting on revised standard to be in place for 2025/26. The change in standard will increase performance by around 1% across all sites and 0.5% for Emergency Department Victoria Hospital.

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.

A new measure has been included this month within the Quality & Care section relating to the Stroke Care Bundle.

Highlights of January 2025 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	Planned Trajectory	Target	meeting trajectory/target
					within 5% of trajectory/target
4-Hour Emergency Access (A&E)	72.0%	Jan-25			
4-Hour Emergency Access (ED)	63.4%	Jan-25			
Delayed Discharges (Acute/Comm)	44.4	Jan-25	45		
Delayed Discharges (MH/LD)	12.9	Jan-25	10	10	
Antenatal Access	94.3%	QE Dec-24			
Cancer 31-Day DTT	96.4%	Dec-24			
Cancer 62-Day RTT	76.9%	Dec-24			
Patient TTG % <= 12 weeks	45.1%	Dec-24			
Patient TTG waits > 52 weeks	648	Dec-24			
New Outpatients % <= 12 weeks	37.8%	Dec-24			
New Outpatients waits > 52 weeks	5181	Dec-24			
Diagnostics % <= 6 weeks	87.1%	Dec-24			
Diagnostics > 26 weeks	44	Dec-24			
FOI Requests	98.5%	Jan-25			

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 Human Rights, including children's rights, 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 November IPQR has been made available for discussion at the meeting on 11 March 2025.

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**, 20 February 2025
- **Public Health and Wellbeing Committee**, 03 March 2025
- **Staff Governance Committee**, 04 March 2025
- **Clinical Governance Committee**, 07 March 2025

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a Limited Level of Assurance.
- **Endorse** – Endorse the Operational Performance section of the IPQR.

3 List of appendices

The following appendices are included with this report:

- IPQR Position at January 2025 FPR v1.0

Report Contact

Bryan Archibald

Planning and Performance Manager

Email bryan.archibald@nhs.scot



Fife Integrated Performance & Quality Report (IPQR)

Position (where applicable) at January 2025
Produced in February 2025

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
17 February 2024

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

A. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	3	2	-	-	▼	Hungry
To improve the quality of health and care services	7	5	2	-	-	▼	Open
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Open
To deliver value and sustainability	6	5	1	-	-	◀▶	Open
Total	20	15	5	0	0		

Risk Key

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

Movement Key

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

This update reflects the new risk appetite which aligns to the strategic priorities within the four-point model.

There are currently 20 risks on the Corporate Risk Register. Two new risks have been agreed and added: **Drug Related Morbidity and Mortality** and **Hospital Acquired Harm**. 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 for all risks to support management of risk over time.

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

Risk Appetite	Description
Hungry	Eager to be innovative and choose options offering potentially higher business rewards, despite greater inherent risk.
Open	Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).
Cautious	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
Averse	Avoidance of risk and uncertainty is a key organisational objective.

B. Indicator Summary

Quality & Care		Current	Previous	Change			Current	Previous	Change			Current	Previous	Change	
	SAER - Median Working Days to Report Approved	254	238	▼		HSMR	0.96	0.96	—		Stroke Care Bundle	70.1%	67.7%	◆	
	Inpatient Falls	9.08	9.03	◆		Pressure Ulcers	1.02	1.39	▲		Ligature Incidents (Mental Health)	0.90	0.37	▼	
	Incidents of Restraint (Mental Health)	9.89	11.64	▲		Incidents of Physical Violence (Mental Health)	10.43	7.57	▼		Incidents of Self Harm (Mental Health)	1.98	1.29	▼	
	SAB HAI	20.2	28.1	▲		C Diff HAI	3.4	17.5	▲		ECB HAI	13.4	45.6	▲	
	S1 Complaints Closed in Month on Time	70.8%	50.0%	▲		S2 Complaints Closed in Month on Time	36.4%	14.7%	▲						
Operational Performance		Current	Previous	Change			Current	Previous	Change			Current	Previous	Change	
	A&E	72.0%	67.6%	▲		Acute/Comm	44.4	47.9	▲		31-day DTT	96.4%	97.4%	◆	
	ED	63.4%	58.7%	▲		MH/LD	12.9	10.5	▼		62-Day RTT	76.9%	74.0%	◆	
	% <=12weeks	45.1%	45.7%	◆		% <=12weeks	37.8%	39.3%	▼		% <=6weeks	87.1%	88.9%	◆	
	>52 weeks	648	681	▲		>52 weeks	5181	5181	◆		>26 weeks	44	55	◆	
Finance		Current	Change			Current	Change								
	Revenue Resource Limit Performance	(£32.021m)			Capital Resource Limit Performance	£5.115m									
Workforce		Current	Previous	Change			Current	Previous	Change			Current	Previous	Change	
	Sickness Absence	7.80%	6.91%	▼		Personal Development Plan & Review	44.3%	44.3%	◆		Medical & Dental	3.3%	2.8%	◆	
											Nursing & Midwifery	2.7%	3.5%	◆	
											AHPs	4.0%	5.0%	▲	
Public Health & Wellbeing		Current	Previous	Change			Current	Previous	Change			Current	Previous	Change	
	Smoking Cessation	40% Most Deprived	156	144	—		Alcohol Brief Interventions	103%	96%	—		Drugs & Alcohol	92.3%	94.5%	▼
	CAMHS		100.0%	95.1%	▲		Psychological Therapies	84.9%	75.4%	▲		Mental Health Readmissions within 28 days	5.9%	6.1%	◆
	Breast Screening		73.4%	—		Bowel Screening	66.2%	—	—		AAA Screening	87.3%	86.8%	▲	
	Infant Feeding		35.6%	29.1%	▲		6-in-1 @ 12 months	94.0%	94.5%	▼		Influenza	40.6%	—	—
	Child Development		17.2%	19.6%	▲		MMR2 @ 5 years	85.7%	85.7%	◆		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

7 **5** 2 - - **Open**

Indicator	Current Position	Reporting Period	Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
4-Hour Emergency Access (A&E)	72.0%	Month	Jan-25	95%					Dec-24
4-Hour Emergency Access (ED)	63.4%	Month	Jan-25	72%					Dec-24
Delayed Discharges (Standard) Acute/Comm	44.4	Month	Jan-25	45					Dec-24
Delayed Discharges (Standard) MH/LD	12.9	Month	Jan-25	10					Dec-24
Antenatal Access	94.3%	Quarter	Dec-24	80%					CY 2023
Cancer 31-Day DTT	96.4%	Month	Dec-24	94%					QE Sep-24
Cancer 62-Day RTT	76.9%	Month	Dec-24	85%					QE Sep-24
Patient TTG % <= 12 Weeks	45.1%	Month	Dec-24	44%					QE Sep-24
Patient TTG waits > 52 weeks	648	Month	Dec-24	645					
New Outpatients % <= 12 Weeks	37.8%	Month	Dec-24	35%					QE Sep-24
New Outpatients waits > 52 Weeks	5181	Month	Dec-24	5869					
Diagnostics % <= 6 Weeks	87.1%	Month	Dec-24	30%					QE Sep-24
Diagnostics > 26 Weeks	44	Month	Dec-24	0					
Freedom of Information Requests	98.5%	Month	Jan-25	85%					

Finance

To deliver value and sustainability

6 **5** 1 - - **Open**

Revenue Resource Limit Performance	(£32.021m)	Month	Jan-25						
Capital Resource Limit Performance	£5.115m	Month	Jan-25						

Performance Key

meeting trajectory/target

within 5% of trajectory/target

out with 5% of trajectory/target

SPC Key

Within control limits

Special cause variation, out with control limits

No SPC applied

Change Key

"Better" than comparator period

No Change

"Worse" than comparator period

Benchmarking Key

Upper Quartile

Mid Range

Lower Quartile



Emergency Access

National Standard: 95% of patients to wait less than 4 hours in A&E (Emergency Department or Minor Injuries Unit) from arrival to admission, discharge or transfer

Local Target: 72% of Emergency Department patients to wait less than 4 hours from arrival to admission, discharge or transfer by March 2025

72.0%

1,557 within 4 hours to achieve Standard

63.4%

443 within 4 hours to achieve trajectory

Data Analysis

For A&E (Emergency Department and Minor Injury Units), performance in Jan-25 was 72.0%, below National Standard, an increase from month prior and an increase on year previous (71.5%). ED performance increased to 63.4%, below the local ME trajectory of 72% but back within control limits.

There were 6,770 unplanned attendances in Jan-25, equivalent to 218 per day: this is the lowest daily figure since Feb-23. There were 601 8-hour breaches recorded in Jan-25 (similar to year prior) and 230 with a wait longer than 12 hours (+37% on year prior). Breach reasons 'Wait for Bed' accounted for 40% of all breaches and 'Wait for 1st Assessment' accounted for 30% (both decreases on month prior).

Nationally, performance reporting has changed to the Emergency Access Standard (which now includes Planned Returns): however, we will continue to report on Unplanned Attendances until the end of the 24/25 financial year, to allow for re-coding of backdated information.

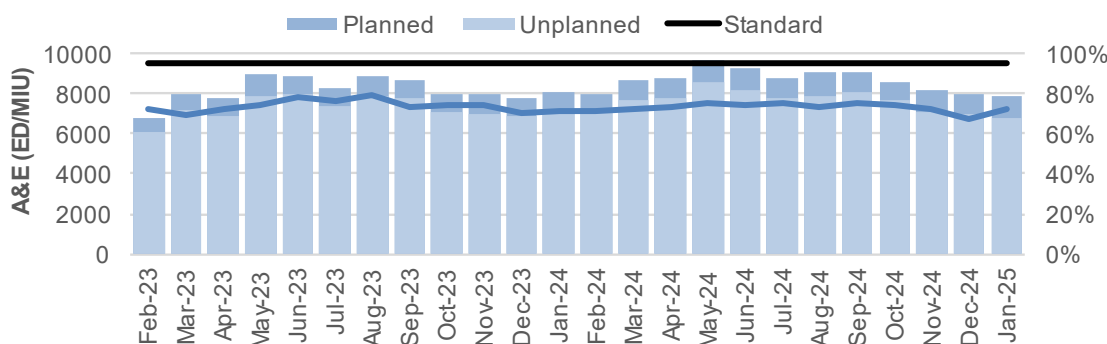
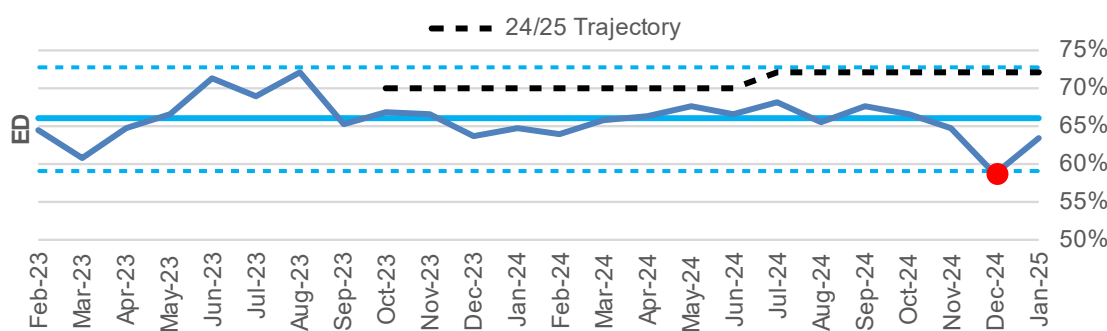
The most recent publication from Public Health Scotland, for month of Dec-24, shows that NHS Fife continues to be in the mid-range of all Mainland Health Boards: above Scottish average for A&E (+5.2%) and just above Scottish Average for ED (+0.1%).

Achievements & Challenges

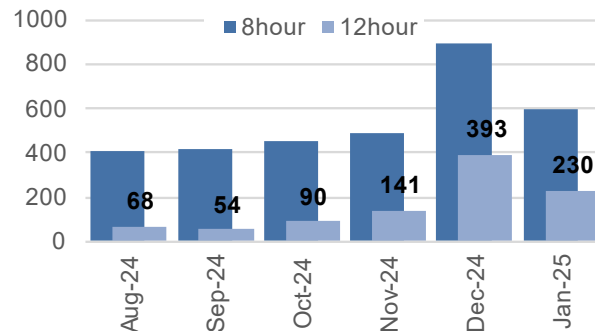
Attendance has overall remained high with 6953 unplanned attendances in December and 6770 in January, although decreased from the peak over May-June in excess of 8000 (highest unplanned attendance rates recorded). 8-hour breaches increased at 601 in January and 12-hour breaches were also increased at 230 in January, reflective of site pressures.

Staffing models have been reviewed within ED, ensuring continued 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 manage Winter challenges, and we see an increased number of patients redirected to QMH MIU. 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. We are utilising Call Before you Convey and have additional Consultant cover to support ANP decision making in Flow & Navigation during afternoons when GP demand is higher and to support flow. RTU opening early to aid flow also.

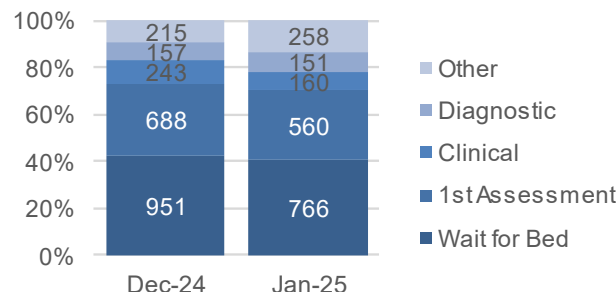
Emergency Access 4-hour Performance



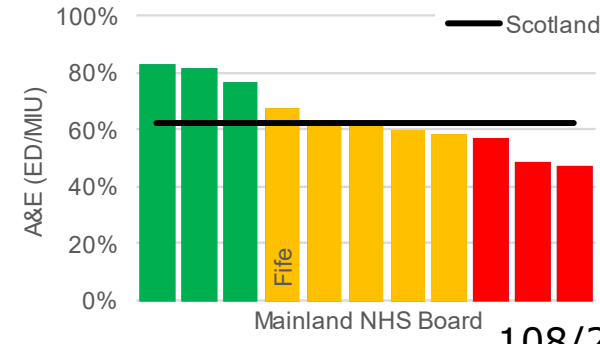
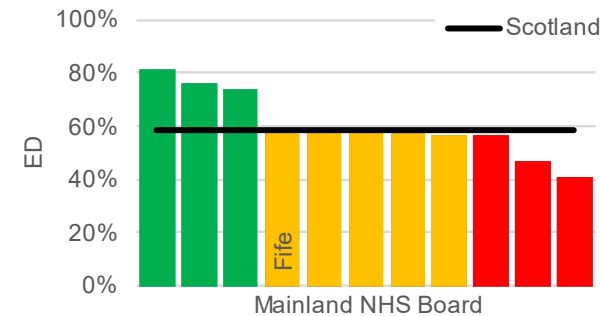
Breaches



Breach Reasons



Benchmarking | Dec-24





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

44.4

Trajectory achieved as of Jan-25

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

12.9

2.9 ↓ beds occupied to achieve trajectory

Data Analysis

Bed Days lost to **'Standard' delays**: in Acute & Community, the average daily number decreased to 44.4 in Jan-25 (from 47.9 in Dec-24) with 91% of these delays being attributable to Community. This is below the local trajectory of 45. In MH/LD services, the average daily number increased to 12.9 in Jan-25 (from 10.5 in Dec-24). This is above the monthly target of 10 but remains within control limits.

Bed Days lost to **'Code 9' delays**: in Acute & Community, the average daily number decreased to 36.2 in Jan-25 (from 40.2 in Dec-24).

At Jan-25 Census, there were 84 patients in delay (41 Standard delays; 43 Code 9 delays), the same as was seen in Dec-24. In MH/LD services, the average daily number decreased to 12.1 in Jan-25 (from 19.4 in Dec-24).

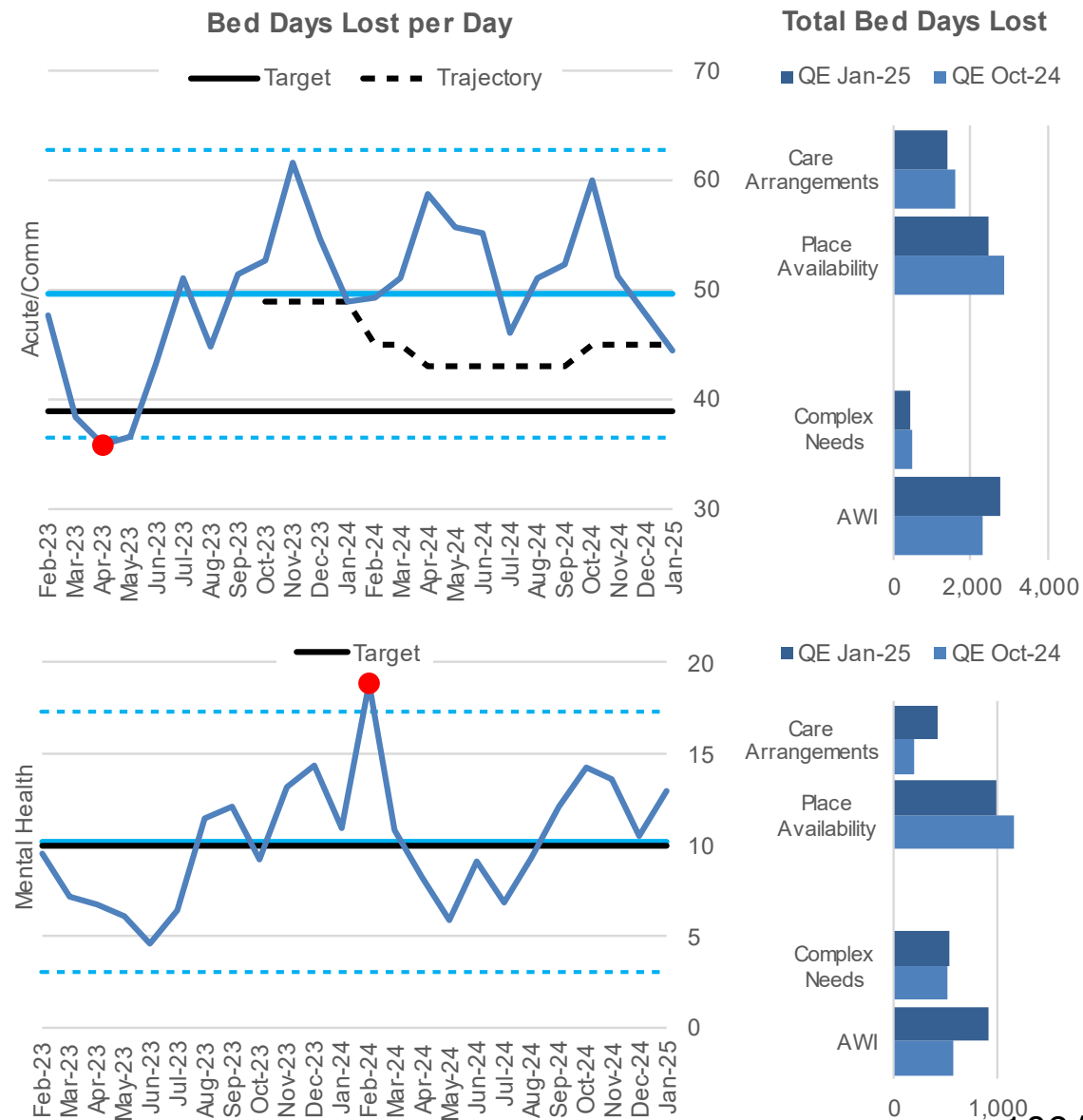
The most recent monthly publication from Public Health Scotland, for data up to end of Nov-24, shows that NHS Fife remains in the top 50% for All Standard Delays at Census by Local Authority of Residence (per 100k Population aged 18+) with 22 delays for Fife against a Scottish average of 33.

Achievements & Challenges

Challenges persist regarding the availability of care home placements for individuals with complex care needs. Ongoing Collaboration with Red Cross continues which enables home assessments for people allowing them to make informed decisions about long term care in their familiar environment. Acute and partnership colleagues have recently completed a self-assessment as part of the Discharge without Delay National Group, aimed at Identifying key improvements areas across four integrated work streams: Frailty at the Front Door, Discharge to Assess / Homefirst, Planned day of Discharge/ Integrated Discharge Hubs, as well as Community Hospitals and step-down rehabilitation.

The collaborative efforts focus on enhancing the discharge process and whole system impact rather than small marginal gains.

Challenges continue to exist in sourcing appropriate packages of care and environments across the mental health and learning disabilities services and the limited financial resources. Daily engagement is coordinated between the MH/LD Discharge Coordinator (DC) and senior ward staff. Monthly multi-agency review groups are in place to consider Complex delays, DSR and guardianship process alongside weekly multi-disciplinary, solution focused, verification/flow meetings. The service is currently revising the function and processes of the discharge coordinator with a focus on a dynamic approach to enable steady decrease in delays. The data collated from the Day of Care Audit which was undertaken in Quarter 2 is scheduled to be analysed and concluded by Quarter 3 end.





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%**)

96.4%

Trajectory achieved as of Dec-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%**)

76.9%

5

Treated to meet Standard

Data Analysis

31 day - Monthly performance decreased from 97.4% in Nov-24 to 96.4% in Dec-24, remaining above trajectory of 94%. Eligible referrals decreased from 115 to 110. There were 4 breaches 3 within Urology and 1 within colorectal.

Benchmarking QE Sep-24 showed that Fife was in the mid-range of all NHS Boards at 95.7% above Scotland rate of 94.3%.

62 day - Monthly performance increased from 74.0% in Nov to 76.9% in Dec-24 this remains below local trajectory of 85.0%. Eligible referrals decreased from 77 to 65. There were 15 breaches 8 of which were within Urology (7 Prostate) the other breaches were 2 Lung, 2 Colorectal and 3 Cervical.

Benchmarking QE Sep-24 showed that Fife was in the mid-range of all NHS Boards at 73.1% above Scotland rate of 72.1%.

Achievements & Challenges

31 day - All 4 breaches were surgical and dependant on theatre and surgeon capacity. Robotic surgery capacity remains an issue.

Range for breaches 2 – 68 days with an average of 21 days (a decrease from 45 days in October).

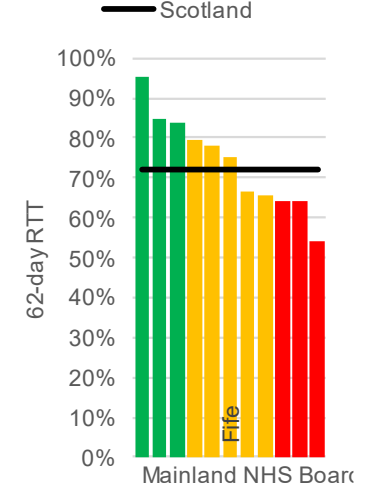
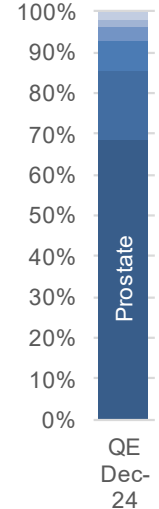
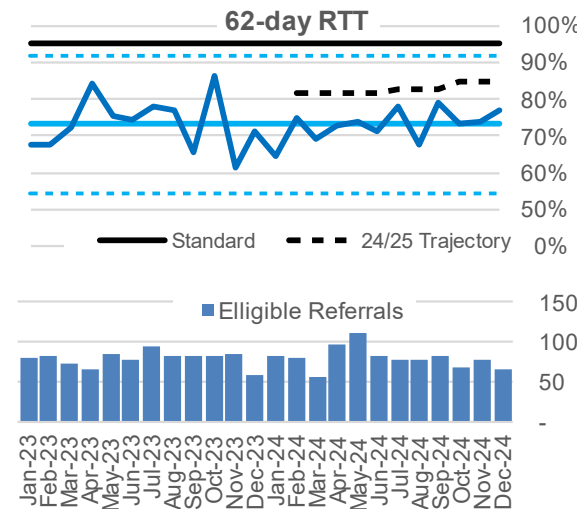
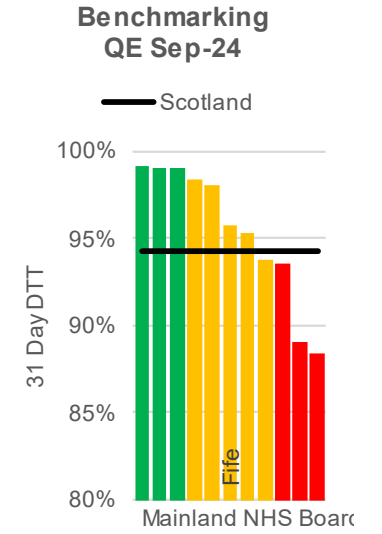
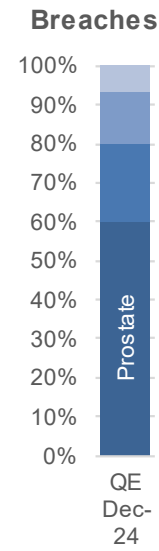
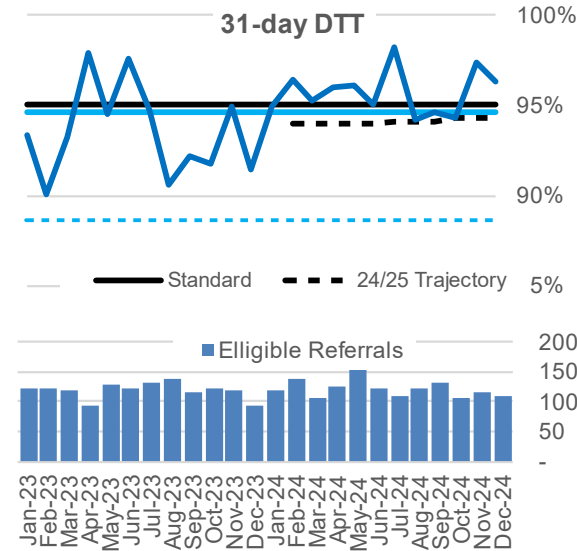
62 day - Urgent suspected cancer referrals remain stubbornly high, particularly in breast, colorectal, Lung and urology. Urology remains our biggest performance challenge with 7 prostate breaches. Lack of capacity for transperineal biopsy and post MDT appointments for both Urology and Oncology are causing significant delays throughout the pathway. Work is ongoing Nationally to look at Board capacity for Robotic Prostatectomy to attempt to reduce waits.

Prostate breach range: 1 – 58 days, average 24 days (a significant decrease from 75days in October).

A further 8 breaches were seen; 3 Cervical, 2 Colorectal, 2 Lung, 1 Urology Other. Delays to colonoscopy for bowel screening patients attributed to the colorectal breaches, increased waits for PMB appointments affected the cervical pathway and lack of theatre resources impacted on Lung and Urology other. Range for all breaches: 1 – 118 days, average of 32days (a decrease from 53 days in October).

New channelled endoscopes plan to aid the H&N pathway and improve waits for cancer patients.

Urology pathway reviews are underway to streamline processes and reduce delays between steps.





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 treatment.

45.1%

68

Trajectory achieved as of Dec-24



Waits to meet Standard

Data Analysis

Monthly performance decreased to 45.1% in Dec-24, with 40.5% of ongoing waits within 12 weeks, which is the same as previous month. Waiting list numbers for waits of 'over 12 week' increased to 4932 in Dec-24. Waits 'over 26 weeks' increased to 270, waits 'over 52 weeks' decreased to 648. The majority of over 52 weeks lie within Orthopaedics (262), Urology (97) and Ophthalmology (260) the latter having increased from 250 month previous.

Waits 'over 104 weeks' decreased to 15 below projected figure (20), most are within Orthopaedic (10).

Benchmarking for the QE Sep-24 shows NHS Fife to be in the mid-range of all mainland boards for completed waits, below Scotland average, but in upper-range for ongoing waits, above Scottish average.

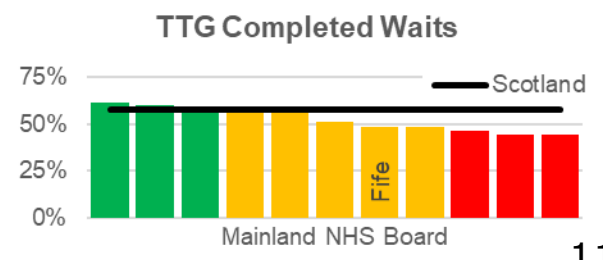
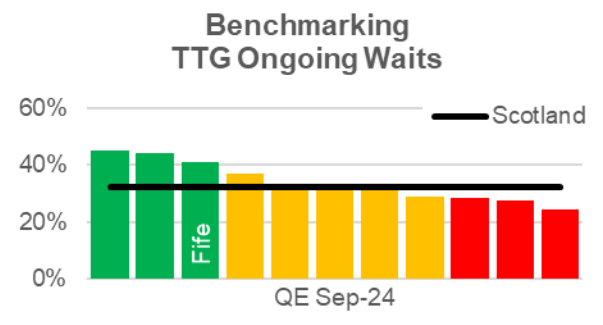
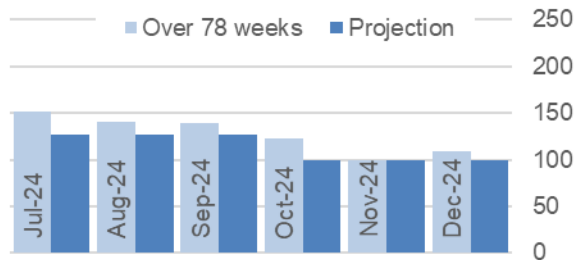
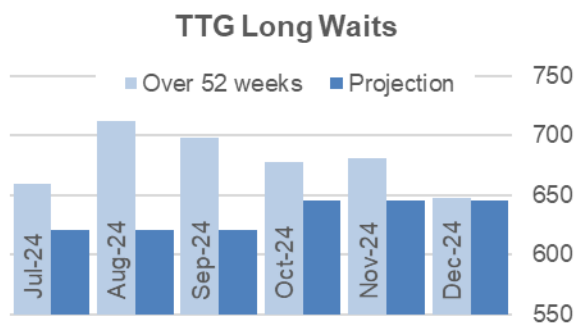
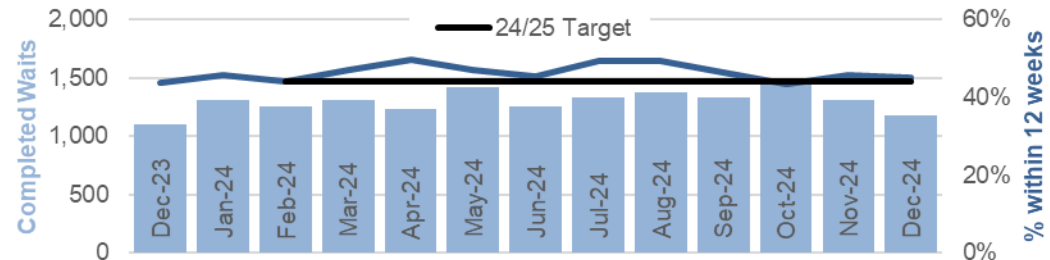
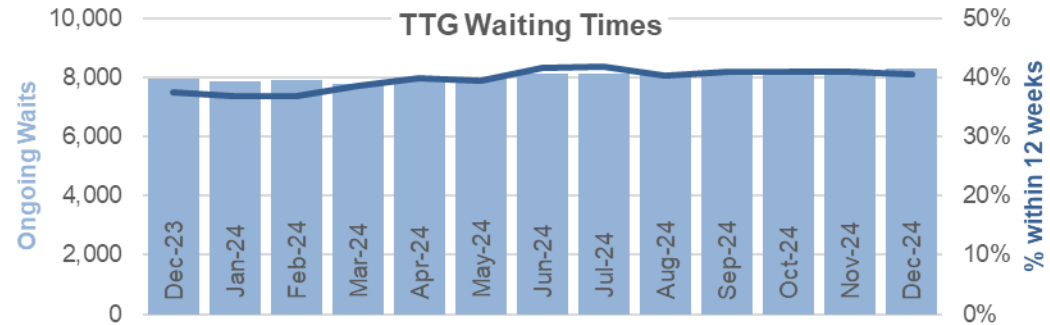
Achievements & Challenges

Against projections for 2024/25, in December we delivered 96.4% of projected capacity, however a gap remains between capacity and demand of approximately 290 procedures. In December, the specialties demonstrating the biggest gaps are ENT, General Surgery and Urology.

Overall waiting list size is ahead of trajectory as well as those patients waiting >104 weeks, those waiting >52 weeks and >78 weeks are slightly below the projected figure for December. The main specialities of concern in relation to long waiting patients, continue to be General Surgery, Gynaecology, Ophthalmology, Orthopaedics, Plastic Surgery and Urology. However, the focus continues to be on urgent and urgent suspicion of cancer patients with continued effort to reduce the number of long waiting patients using additional activity funded by Scottish Government.

Urology have seen a 65% improvement for those patients waiting >52 weeks since April 24 due to service redesign and optimisation of current provision. Cataracts within Ophthalmology continues to remain challenging however work continues with the specialty to maximise capacity and increase throughput in theatres. Long waiting patients in Orthopaedics are predominately from NHS Lothian, however specialty are ahead of trajectory for all waits at the end of December 24.

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

37.8%

5181

Trajectory achieved as of Dec-24

Trajectory achieved as of Dec-24

Data Analysis

Monthly performance decreased for the 6 month in a row to 37.8% in Dec-24 however remains above local trajectory of 35%. Waits for over 12 weeks increased to 19425.

Waits for 26, 78 and 104 weeks all increased (12141, 1632,149).and are all above trajectory.

The largest number of over 52 weeks waits are in ENT (1866) & Urology (724).

ENT 'over 78 weeks saw the largest increase of 43% from 423 to 605.

The overall waiting list decreased to 31247 patients in Dec-24.

Actual activity was 7143 against a projection of 8097.

Benchmarking for the QE Sep-24 shows NHS Fife to be mid-range of all mainland boards with a performance of 39.4%, above the Scotland average of 39.0%

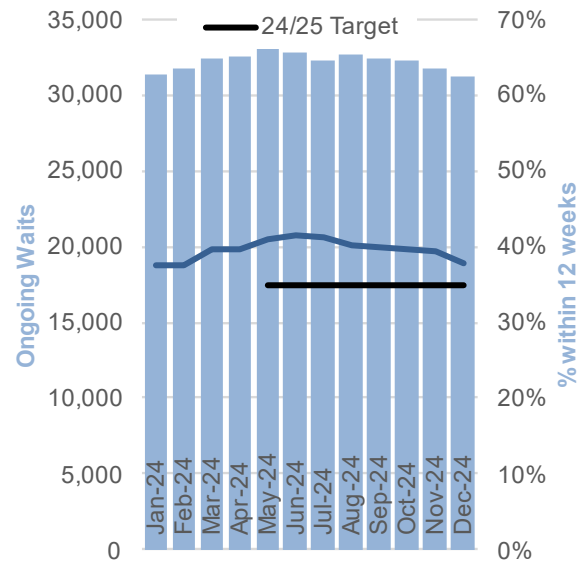
Achievements & Challenges

Against the projections for 2024/25, in December we delivered 97.5% of projected capacity. Demand was as expected, however there remains a gap between capacity and demand of approximately 79 appointments. In December, the specialties demonstrating the biggest gaps are Gynae, Ophthalmology and Rheumatology. This is due to a combination of increased demand, difficulties in delivering additional activity and an increased proportion of urgent referrals. Rheumatology in particular paused new patient activity in November and December 2024 to allow them to focus on their review patient backlog.

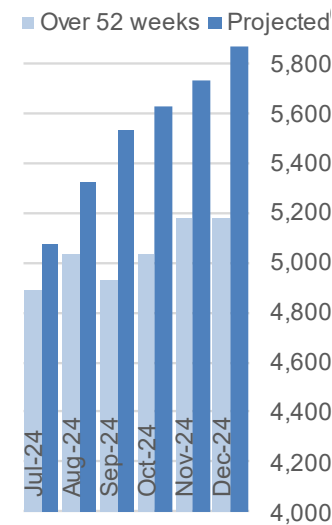
Overall waiting list size is ahead of trajectory with 5181 patients waiting over 52 weeks, however ahead of trajectory for December. 62% of referrals are waiting over 12 weeks. The specialties showing the greatest and/or fastest increases in numbers of longer waiting patients (>52 weeks) are Cardiology, ENT, Haematology, Neurology, Ophthalmology, and Vascular.

Waiting times are monitored weekly with continued focus on urgent suspicion of cancer, urgent and long waiting patients. A consistent process is in place for regular waiting list validation and engagement continues with National Elective Co-ordination Unit (NECU) and CfSD to implement any additional improvements to manage referrals.

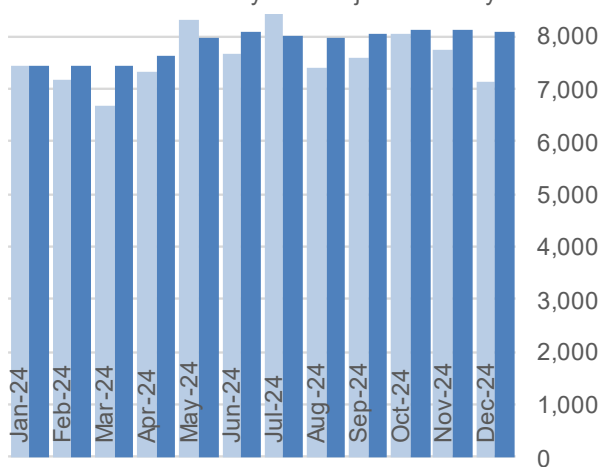
New Outpatient Waiting Times



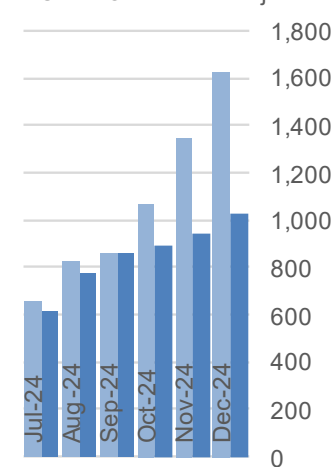
New OP Long Waits



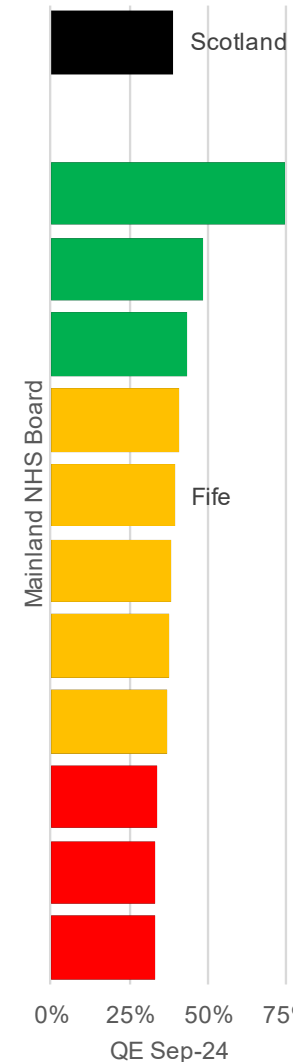
Actual Activity vs Projected Activity



Over 78 weeks vs Projection



Benchmarking



C2. Operational Performance



Diagnostics

By Mar-25, 30% of patients to wait no longer than 6 weeks from referral to key diagnostic test (**National Standard** 100%)

Reduce the number of patients waiting 26 weeks or more for diagnostic appointment

87.1%

44

Trajectory achieved as of Dec-24

44 ↓ Waiting over 26 weeks to achieve trajectory

Data Analysis

Monthly performance increased to 88.9% in Nov-24 from 87.1% in Oct-24, remaining above local trajectory of 30%.

Scope performance increased from 61.0% in Nov-24 to 70.6% in Dec-24 with Imaging decreasing from 92.6% to 89.4%.

In terms of waiting list numbers, this decreased to 4324. The scope list size decreased from 592 to 538.

The number of patients waiting over 6 weeks decreased to 556, which is above the projection of 160, waits over 26 weeks decreased (55 - 44). There are no patients waiting over 52 weeks.

Benchmarking for the QE Sep-24 shows NHS Fife to be in the upper mid-range of all mainland boards with a performance of 79%, above the Scotland average of 50.0%.

Achievements & Challenges

Radiology

CT have continued to maintain on target performance by making efficient use of Scottish Government waiting times(SG WT) funding. Unplanned downtime of scanners and increased unscheduled care demand have impacted scheduled care performance.

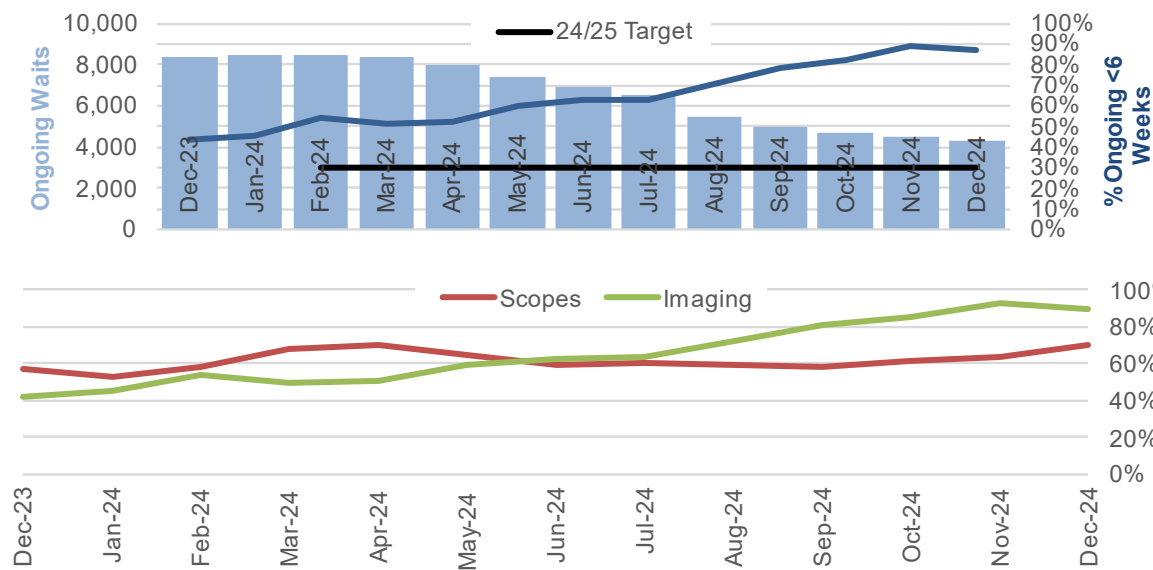
MRI also have maintained on target performance. Successful trials for “Deep Resolve” software have been successful, and the software will be implemented in Q4. This will reduce the requirement for SG funded mobile scanners in the next financial year.

US waiting lists reduced significantly (from 26 weeks to 10 weeks) in Q1 and Q2 using SG WT funding. Following the withdrawal of funding, activity has reduced and further improvements to routine waiting times is unachievable.

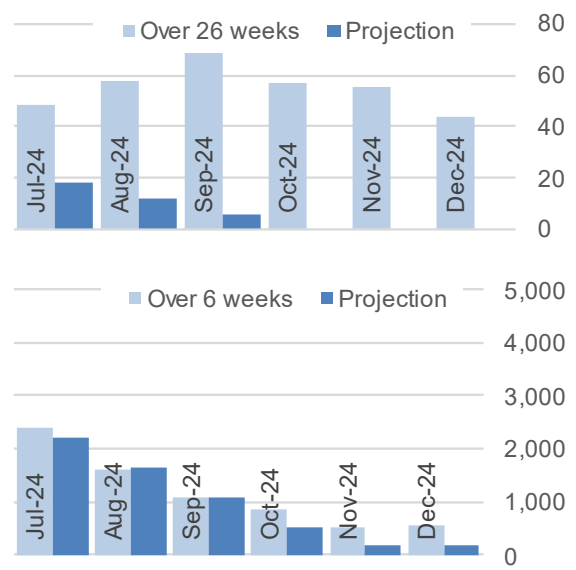
Endoscopy

Overall new patient list size has decreased and is at its lowest level since November 2023. Upper Endoscopy waits have improved significantly over the past month with all other diagnostics maintaining their position. Clinical validation remains a regular task to ensure the longer waiting patients do not come to harm. Pre assessment continues and DNA rate has reduced to 1%.

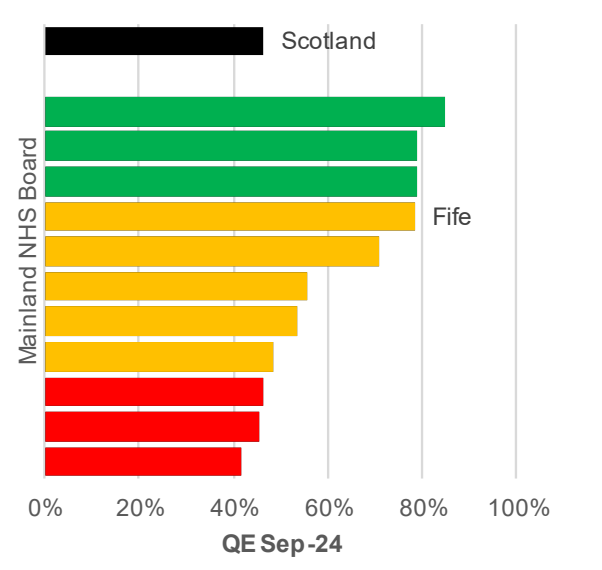
Diagnostic Waiting Times



Diagnostic Long Waits



Benchmarking



C2. Operational Performance

£ Expenditure

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

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

£32.021m

overspend at M10

£5.115m

actual spend to M10

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
Clinical Services				
Acute Services	318,885	267,189	280,106	-12,917
IJB Non-Delegated	10,141	8,802	8,234	568
Non-Fife & Other Healthcare Providers	105,505	87,861	92,951	-5,090
Non Clinical Services				
Estates & Facilities	98,789	80,819	80,811	8
Board Admin & Other Services	100,479	84,298	84,068	230
Other				
Financial Flexibility	21,162		-765	765
Income	-42,558	-35,666	-36,326	660
TOTAL HEALTH BOARD RETAINED SERVICES	612,403	493,303	509,079	-15,776
Health & Social Care Partnership				
Fife H & SCP	446,916	370,043	386,288	-16,245
TOTAL HEALTH DELEGATED SERVICES	446,916	370,043	386,288	-16,245
TOTAL NHS FIFE	1,059,319	863,346	895,367	-32,021

Capital Budget 2024/25	CRL Funding £'000	Total to Date £'000	Projected 2024/25 £'000
Statutory Compliance	3,116	1,819	3,116
RTP/Clinical Prioritisation Contingency	591	551	591
Capital Equipment	4,193	652	4,193
Digital & Information	1,981	1,059	1,981
Mental Health Estate			
Mental Health Estate	2,263	111	2,263
Capital Staffing Costs	220	157	220
Capital Repayment			
Contingency to be allocated	3		3
Anticipated Funding - HEPMA	723	151	723
Anticipated Funding - Medical Education	791	615	791
Greenspace Projects	35		35
Capital to Revenue Transfer	(450)		(450)
Total Confirmed CRL	13,465	5,115	13,465

Review of Financial Performance & Reporting

Revenue Budget

The overall opening financial gap 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 the full £25m 3% efficiency target.

At the end of January 2025, the level of overspend on health board retained is improving when compared with the original planned residual deficit. This is supported by our forecast outturn and indicates we are on target to deliver an improved position on the forecast outturn identified in our 2024/25 financial plan. This improvement is however limited to the health board retained budget position.

The IJB health delegated position has deteriorated further with their current forecast outturn (December reported position) indicating a projected deficit of £37.718m. This situation will make it exceedingly difficult for the overall Board financial position to meet or improve on the forecast deficit reported in the financial plan in March 2024.

The forecast position reported is £29.472m overspend and is an improvement on the previous forecast reported in December of £2.233m. The improvement is a result of the notification of a significant reduction in our CNORIS contributions for 2024/25 as well as a further allocation from Scottish Government to support AFC reform offset by an increase in the risk share for the IJB.

At the beginning of January 2025, we received confirmation from Scottish Government they would provide a maximum amount of repayable brokerage up to £37m for 2024/25. The letter received from Caroline Lamb, Director General Health and Social Care, Scottish Government, notes the Board's efforts to improve the financial position in year and acknowledges the key area of challenge driving the worsened forecast, compared to our financial plan, is due to the IJB financial position for which steps are being taken to minimise the increasing cost pressure in year.

Capital Budget

Capital expenditure for the 10 months of the financial year due is £5.115m. The Capital Resource Limit (CRL) has been increased to reflect our recent success in securing additional capital funding of circa £4.4m. Included in the additional funding received is £0.500m for investment in our mental health estate, which when added to the existing budget ringfenced in 2024/25 for mental health alongside slippage in other capital projects also directed to mental health infrastructure, will ensure completion of the refurbishment works in ward 3 at QMH in the current financial year. The additional funding received also supports £1.3m investment in imaging equipment, £0.750m in digital with the balance allocated to numerous prioritised capital projects across both health board retained and health board delegated services. As we move through the final months of the financial year, capital spend will increase significantly and at this time no risks are anticipated to delivery of the capital resource limit.

The Financial Performance Report to end of January 2025 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: 11 March 2025

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 at the end of month 10 continues to reflect the ongoing financial challenges across the health and social care system in Fife.
- At the end of January 2025, we are reporting an overspend against revenue budgets of £32.021m. This position comprises an overspend for health board retained services of £15.776m and £16.245m for the health delegated budget (IJB).
- The overspend for the health board retained budget to the end of January of £15.776m includes a continuation of the underlying and current cost pressures described in the financial plan. At the end of January, the projected overspend for health board retained is much improved when compared with the original planned residual deficit.
- This is supported by our forecast outturn and indicates we are on target to deliver an improved position on the forecast outturn identified in our 2024/25 financial plan. This improvement is however limited to the health board retained budget position.
- There is a reasonable level of confidence we will achieve the full £25m 3% efficiency target.
- The IJB position has deteriorated further with their current forecast outturn (December reported position) indicating a projected deficit of £37.718m. This situation will make it exceedingly difficult for the overall Board financial position to meet or improve on the forecast deficit reported in the financial plan in March 2024.
- Scottish Government have confirmed a maximum amount of repayable brokerage will be available to NHS Fife for 2024-25 of up to £37m but have requested we continue to collaborate with partners to reduce this requirement as far as possible throughout the remainder of the financial year. Their letter notes the board's efforts to improve the NHS Fife health board retained position in-year. The key area of challenge driving the forecast overspend when compared to the financial plan, is the deteriorating IJB position.

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 10 months to January 2025. 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 advised in July 2024 reduced 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 financial 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

At the end of January, we are reporting an overspend against revenue budgets of £32.021m. This position comprises an overspend for health board retained services of £15.776m and £16.245m for the health delegated budget (IJB).

The overspend for the health board retained budget to the end of January 2025 of £15.776m includes a continuation of the underlying and new cost pressures described in the financial plan. At the end of January 2025, projected overspend for health board retained is much improved when compared with the original planned residual deficit. It is important to note that whilst savings trajectories are now higher in the remaining 3 months of the year, there

is a reasonable level of assurance the increasing focus on grip and control will ensure delivery of the minimum 3% planned cost reductions required in full.

The reported overspend on the health delegated budget of £16.245m remains a significant concern. At the end of September, the IJB reported a forecast outturn of £21.571m which increased to £29.067m by the end of October. Despite a recovery plan totalling £13.5m approved by the IJB at an extraordinary meeting of the IJB in October 2024, the forecast outturn has deteriorated further at the end of December to £37.718m. The latest reported position of the IJB (December) is indicating that the recovery plan actions are unlikely to be delivered and consequently the overall forecast overspend position for NHS Fife is currently reflecting this position. Everything that can be done to mitigate this risk will be done and the IJB, NHS Fife and Fife Council are monitoring this closely.

In early January Scottish Government confirmed they will provide a maximum amount of repayable brokerage up to £37m for 2024/25 and notes the Board’s efforts to improve the financial position in year and acknowledges the key area of challenge driving the worsened forecast, compared to our financial plan, is the IJB financial position for which steps are being taken to minimise the increasing cost pressure in year. We have received formal feedback following our recent Quarter 3 and draft Financial Plan review meeting with Scottish Government colleagues held on 4 February.

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 corporate risk register. An assessment of the major financial risks is contained in the Medium-Term Financial Plan. The target level of “moderate” for the in-year position has now been increased to “high.”

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 monthly review process in consultation with senior finance colleagues, Directorate Management Teams across both NHS Fife and the IJB and monthly financial reporting to the Scottish Government.

2.3.8 Route to the Meeting

This is the first time this paper is presented.

2.4 Recommendation

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

- The reported revenue overspend position of £15.776m for health board retained services which is an improving position when compared with the original planned residual deficit.
- Delivery against the in-year RTP savings targets and the impact of that on the overall consolidated financial position.
- The reported overspend for the health delegated services (IJB) of £16.245m, the increasing level of risk in relation to this and the consequence of the risk-share situation in-year.
- The forecast year-end outturn following an update of the risks identified in the Board’s financial plan for 2024-25.
- 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 January 2025

Report Contact

Margo McGurk

Director of Finance

Margo.mcgurk@nhs.scot

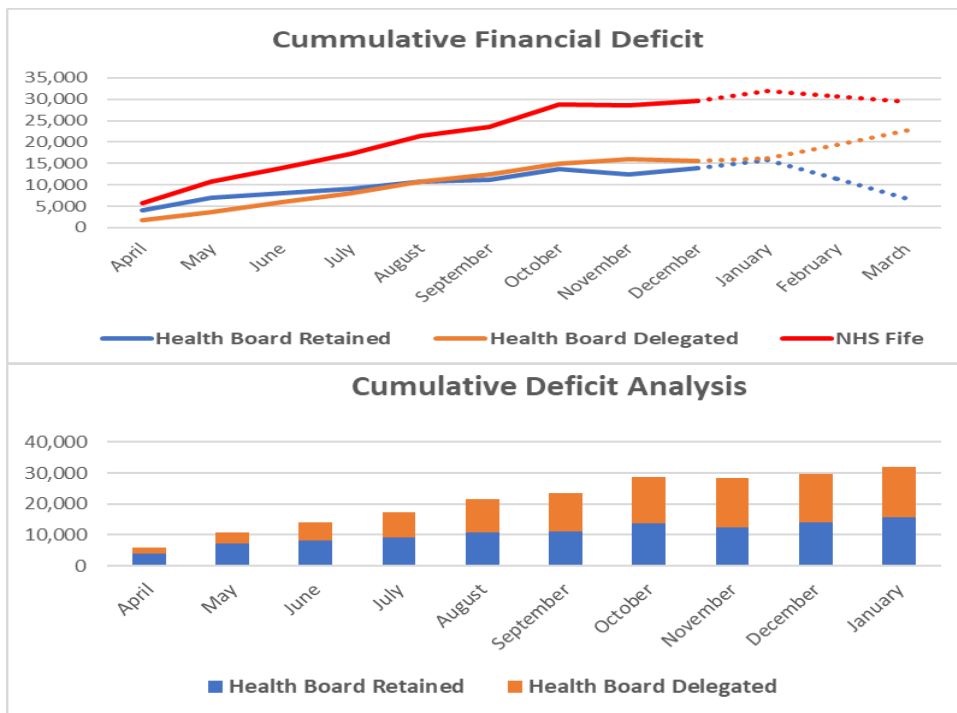
Appendix 1

1. Financial Position January 2025

- 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 and confirmed a funding gap of £54.750m for 2024/25 (6.6% of our baseline budget). A range of cost improvement schemes and efficiency initiatives were developed to mitigate £25m of this funding gap, leaving a residual deficit of £30m to be addressed by the Re-form, Transform and Perform framework. In July 2024, we were advised by Scottish Government of further non-recurring New Medicines Funding totalling £50m to be allocated on an NRAC basis to territorial boards, with NHS Fife receiving £3.4m. This reduced the financial gap in-year from £54.750m to £51.350m.
- 1.2 Scottish Government have previously advised that whilst NHS Fife is not forecast to meet financial balance in year, the Board must continue to work towards achieving this. In early January Scottish Government confirmed they will provide a maximum amount of repayable brokerage up to £37m for 2024/25 and requested we continue to collaborate with partners to reduce this requirement as far as possible throughout the remainder of this year. Based on current forecasts this level of brokerage will enable delivery of a breakeven position at the financial year end subject to the deficit projected for the IJB not exceeding circa £40m.
- 1.3 At the end of January, we are reporting an overspend against revenue budgets of £32.021m as detailed in Table 1 below. This position comprises an overspend for health board retained services of £15.776m and £16.245m for the health delegated budget (IJB). The health board retained overspend reflects the residual deficit identified in our financial plan which has been improved in part by the allocation of NRAC monies in November and other non recurring opportunities.

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	318,885	267,189	280,106	-12,917
IJB Non-Delegated	10,141	8,802	8,234	568
Non-Fife & Other Healthcare Providers	105,505	87,861	92,951	-5,090
<u>Non Clinical Services</u>				
Estates & Facilities	98,789	80,819	80,811	8
Board Admin & Other Services	100,479	84,298	84,068	230
<u>Other</u>				
Financial Flexibility	21,162		-765	765
Income	-42,558	-35,666	-36,326	660
TOTAL HEALTH BOARD RETAINED SERVICES	612,403	493,303	509,079	-15,776
<u>Health & Social Care Partnership</u>				
Fife H & SCP	446,916	370,043	386,288	-16,245
TOTAL HEALTH DELEGATED SERVICES	446,916	370,043	386,288	-16,245
TOTAL NHS FIFE	1,059,319	863,346	895,367	-32,021

- 1.4 The reported overspend on the health delegated budget of £16.245m continues to be of significant concern as we approach the final months of the financial year. The reported position for January has deteriorated on the December position as has the forecast outturn for health delegated budgets. The latest reported position for the IJB is indicating that the recovery plan actions have yet to deliver any significant cost reduction and are unlikely to be delivered. Consequently, the overall forecast overspend position for NHS Fife reflects this position. Everything that can be done to mitigate this risk will be done and the IJB, NHS Fife and Fife Council are monitoring this closely.
- 1.5 We require to sustain the level of work completed to date and take forward all achievable options to further improve the forecast position 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 charts below track our financial performance since the beginning of the financial year.



The chart above reflecting the cumulative deficit to date highlights the indicative forecast outturn for both health board retained and health board delegated. The current forecast outturn for health board retained assumes a minimum of 3% savings will be delivered and therefore it is essential that we do not fall behind in planned trajectories. Additionally, the flexibility afforded by anticipated slippage in the AFC funding allocation and a decrease in the required CNORIS contribution for 2024/25 indicates the forecast outturn for NHS Fife based on all known current financial data will be £29.472m.

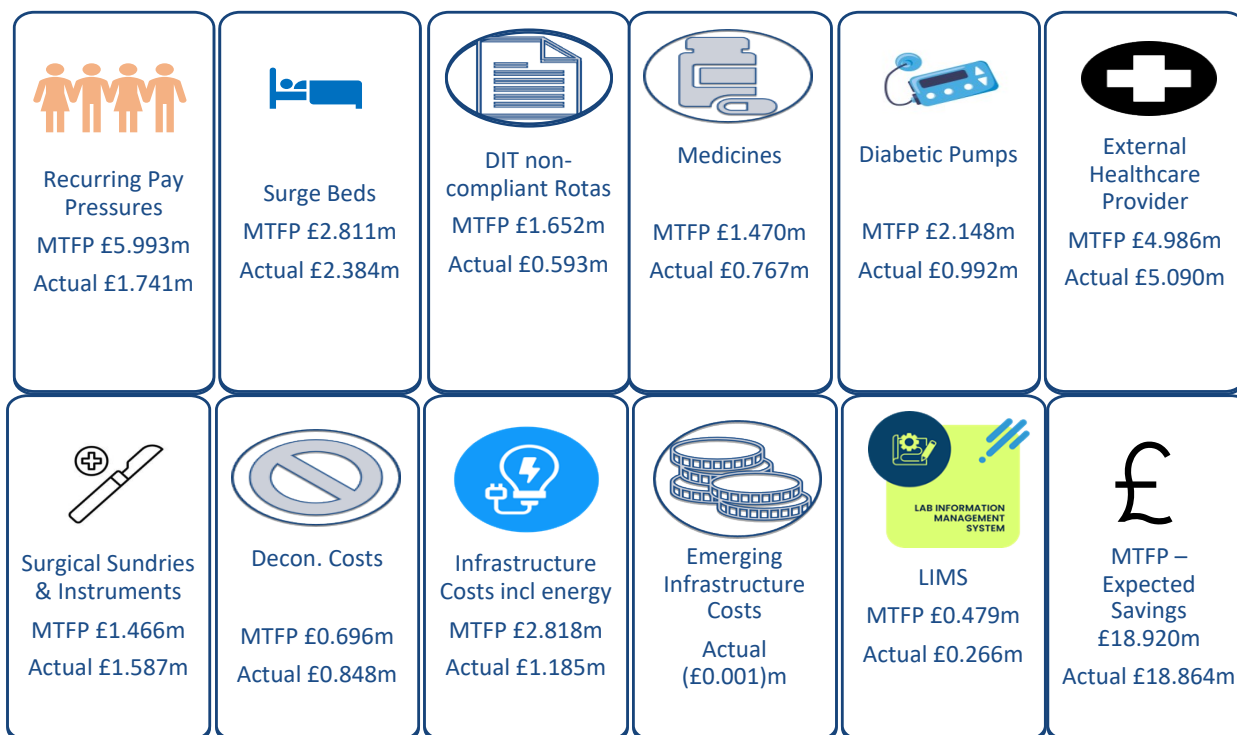
There remains a significant level of risk associated with the health delegated budget position which requires to be addressed through both the delivery of planned savings and the recovery plan as referenced in this paper.

2 Health Board Retained Services

- 2.1 At the end of January 2025, the level of overspend on health board retained indicates we are on target to deliver a significant improved position on the forecast outturn identified in

our 2024/25 financial plan. This improvement is however limited to the health board retained budget position.

2.2 The overspend to the end of January 2025 is £15.776m and includes a continuation of the underlying and new cost pressures described in the financial plan, albeit some have reduced following the allocation of the additional NRAC funding. The following graphic identifies that these specific cost pressures are driving the overall overspend £15.776m position for the period. Whilst there are some cost pressure areas that are better than expected some have deteriorated beyond the planning assumptions.



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 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) was confirmed at £200m nationally. The NHS Fife share is £13.7m and costs must be contained within this amount. Expenditure incurred to January has been relatively low due to the timing of implementation across services with only £0.270m recorded in the reported overspend across the Health Board and the IJB. Work is ongoing locally and nationally to determine the level of potential in-year flexibility from this allocation as a result of the time it will take to fully assess and implement these reforms.

2.5 The Acute Services Division is reporting an overspend at the end of January of £12.917m. This is driven mainly by the cost pressures noted in the graphic at para 2.2. The average monthly overspend for the first half of the financial year was £1.5m which has decreased to an average in month overspend of £1.2m in January. This improvement is largely due to the allocation of NRAC funding in November but also the impact of several of the savings programmes.

2.6 The £12.917m overspend in Acute Services is across both pay budgets at £4.983m and non-pay budgets at £7.934m. The total pay overspend of £4.983m includes the costs of recurring pay pressures, surge and junior doctor rota compliance partially offset by the reduction in supplementary staffing. The overspend level on unregistered nursing staff was £3.340m with an underspend in registered staff of £1.266m giving a total overspend on nursing of £2.074m. Senior medical staffing was underspent by £0.032m and junior medical staffing was overspent at £2.528m, a total overspend on medical staffing of £2.496m. This position continues to be under review to determine any further remedial action possible beyond the current savings plans in place.

Table 2 identifies the 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	108,447	90,219	94,543	-4,324
Medical Directorate	126,464	107,043	114,929	-7,886
Women, Children & Clinical Services	81,517	67,984	68,648	-664
Acute Nursing	1,064	884	779	105
Other	1,393	1,059	1,207	-148
Total	318,885	267,189	280,106	-12,917

2.7 Included in the Acute Services position is an overspend on specialties defined as “large hospital services” which form part of IJB Set Aside budgets. At the end of December, set aside services reported an overspend of £5.847m which accounts for 45.26% of the Acute Services total overspend. The main factors driving this overspend are agency consultants covering vacancies and sickness, surge ward capacity, residual 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 IJB as the services are managed by NHS Fife but is reflected in the IJB financial plan.

2.8 Service Level Agreements and contracts with external healthcare providers are £5.090m overspent. This overspend is driven by several factors included as cost pressures with the financial plan. The overspend reported at December is tracking in line with the financial plan with most 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	117	98	97	1
Borders	54	46	61	-15
Dumfries & Galloway	33	28	57	-29
Forth Valley	3,311	2,759	3,297	-538
Grampian	423	353	274	79
Greater Glasgow & Clyde	1,991	1,659	1,659	0
Highland	170	141	203	-62
Lanarkshire	148	124	215	-91
Lothian	34,544	28,786	31,917	-3,131
Scottish Ambulance Service	122	101	104	-3
Tayside	47,141	39,284	43,841	-4,557
	88,054	73,379	81,725	-8,346
UNPACS				
Health Boards	16,221	13,517	10,257	3,260
	16,221	13,517	10,257	3,260
OATS	1,165	900	900	0
Grants	65	65	69	-4
Total	105,505	87,861	92,951	-5,090

Scottish Government has confirmed that the cross-boundary uplift will be set at 6.21% including consultant uplift with a further amendment to reflect pay awards for junior medical staff once they are known and any other funding allocated to Health Boards on an NRAC basis this year which are acknowledged to meet inflationary pressures. This recommended model based on funding increases uses the same methodology that has been applied in previous years. However, the 2024/25 pay award funding allocated to Boards in October includes an amount to support Boards with the pay aspect of the SLA uplift and consequently has reduced the anticipated overspend on SLA agreements included in our forecast.

- 2.9 Corporate Directorates are underspent by £0.145m in total which is a deterioration on the position reported in December. The overspend in Digital and Information has increased on the previous month following the payment of costs relating to 2023/24 which had not been previously notified. Additionally, we have received confirmation of our CNORIS contribution for 2024/25 which we have accounted for in corporate budgets. Whilst this remains an overspend against budget the contribution notified to us is £1.2m less than initially planned for. Digital and Information continues to be the area of Corporate Services with the highest level of financial risk, and discussions are ongoing with colleagues looking at all aspects of grip & control including vacancy management.

Table 4 Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Chief Executive	248	207	219	-12
Communications	550	458	539	-81
Finance Director	8,041	6,717	6,565	152
Medical Director	10,328	8,248	7,761	487
Nurse Director	4,661	3,920	3,815	105
Public Health	3,838	3,235	3,106	129
Workforce Directorate	4,362	3,659	3,662	-3
Pharmacy Services	16,772	13,939	13,491	448
Digital + Information	19,298	16,306	16,702	-396
Other Board Functions	32,381	27,609	28,208	-599
Total	100,479	84,298	84,068	230

- 2.10 The Estates & Facilities in month position remains in line with that reported in December. Positive work continues by the Energy Manager reviewing all energy costs and water rates which has been delivering one-off cost reductions. The single largest area of cost pressure is equipment maintenance.

Table 5 Estates & Facilities	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Energy	11,275	8,383	8,420	-37
PPP	28,637	23,741	23,720	21
Equipment Maintenance	3,023	2,519	3,034	-515
Pays	37,590	31,164	31,048	116
Other Non Pays	18,264	15,012	14,589	423
Total	98,789	80,819	80,811	8

3 Financial Flexibility

- 3.1 Financial Flexibility refers to funding allocations held centrally before being allocated to budget areas. The allocation covering the non-pay aspects of the 2023/24 pay award £13.7m remains the only significant allocation still held in reserves. This allocation is being reviewed across all Boards to determine potential in-year flexibility and at January based on current information on requests to review Band 5 nursing posts, indicative slippage for NHS Fife of £7m has been reflected in the forecast outturn.

All other allocations within reserves will be required to cover existing commitments within the financial plan.

4 Income

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

HB retained income	£'000
SLA	9,837
ACT	3,868
Healthcare to LA	3,155
Dining room income	1,137
Laundry income	1,279
Recovery from GPs in HC	1,268
NES Medical in training income	13,606
RTA	986
Other	7,422
Total HB retained income budget	42,558

5 IJB Health Delegated Budget

5.1 The health delegated budget is reporting an overspend of £16.245m to the end of January. 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 August, for Locums and AHPs will generate a VAT efficiency saving and consequently reduce costs, however transition has been slower than anticipated.

GP prescribing spend deteriorated in month, circa £0.788m, reporting an overspend of £4.494m. The current projected overspend is £4.5m and it is currently anticipated this will not be exceeded.

Complex and Critical Care Services which include Mental Health Services continued to move adversely reporting £8.246m overspent in January from £8.094m at the end of January. The closure of Cairnie ward in January has enable planned savings to be achieved.

The full realignment of both budget (£5.537m) and expenditure from Health Board retained for SLA's relating to IJB delegated services is reporting a year to date overspend of £2.496m.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Fife Health & Social Care Partnership	446,916	370,043	386,288	-16,245
TOTAL HEALTH DELEGATED SERVICES	446,916	370,043	386,288	-16,245

The financial position of the IJB has steadily deteriorated throughout the year with the Month 9 (December) forecast reaching £37.718m. The overspends in each of the funding partner budgets are unaffordable and unsustainable at this level.

Any overspend arising in the IJB requires to be supported by agreed risk-shares from both NHS Fife and Fife Council; this is essentially a c60% share to NHS Fife and c40% to Fife Council.

The IJB forecast overspend position is the highest in-year change to the opening financial plan and is being monitored closely by the IJB, NHS Fife and Fife Council.

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 December is described below.

6.2 At the end of month ten of the financial year we are reporting a significant level of success against our planned trajectories. Savings of £18.864m have been delivered and we are tracking just slightly behind plan at this time in the financial year. Current financial assessment of all RTP programmes indicate a reasonable level of confidence £25m of savings should be delivered by the end of the financial year. Several plans within the individual RTP programmes are expected to deliver an increasing level of savings in the few months of the financial year. Work continues to identify opportunities to increase the level of recurrent savings that can be delivered in year to reduce the level of non recurring savings carried forward into 2025/26. Savings identified to date as recurring are per the table below and total circa £16.3m. This assumes all savings delivered in 2024/25 will be maintained in 2025/26.

Scheme	Target Saving	January 2025 Planned YTD	January 2025 Delivery YTD	Forecast Saving	Recurring Saving	Target Saving (FY): £25,000,000 Planned Saving (YTD): £18,920,061 Linear target (YTD): £20,833,712 (for 3% schemes only) YTD Saving: £18,464,435 Total Gap: £NIL
1. Medicines Optimisation	£2,000,000	£1,309,091	£1,613,739	£2,000,000	£978,183	
2. Unscheduled Care Bundle	£700,000	£583,333	£573,465	£687,431	£600,000	
3. PFI Contract	£400,000	£600,000	£600,000	£600,000	£0	
4. Estates Rationalisation	£2,000,000	£964,000	£908,200	£2,000,000	£500,000	
5. Non-Compliant Rotas	£1,000,000	£750,000	£1,331,667	£1,739,000	£1,982,000	
6. Legacy Covid Costs	£1,000,000	£833,333	£676,502	£821,644	£537,894	
7. Supplementary Staffing	£5,000,000	£4,166,667	£4,878,687	£5,680,000	£5,000,000	
8. Procurement	£500,000	£416,667	£329,993	£400,000	£400,000	
9. Corporate Directorates	£1,500,000	£1,250,000	£1,250,000	£1,500,000	£1,500,000	
10. Business Transformation	£2,400,000	£1,866,667	£1,190,725	£1,318,766	£168,245	
11. Surge Reduction	£1,850,000	£1,513,636	£426,067	£450,000	£450,000	
12. Planned Care	£1,200,000	£1,000,000	£2,257,099	£2,709,000	£2,200,000	
13. SLA & External Activity	£5,000,000	£3,666,667	£1,666,667	£2,000,000	£2,000,000	
14. Bal. Sheet			£1,161,624	£3,094,624	£0	
Total YTD – for 3% savings schemes		£18,920,061	£18,864,435	£25,000,466	£16,316,322	
Key						
Significant shortfall on Target of plan						
Delivering target but not in full						

Supplementary Staffing

6.3 At the end of January 2025 total spend on supplementary staffing for Health Board retained services is described below. A total reduction of £5.877m 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 continue in an overspend position.

Year to Date January 2025

	AGENCY SPEND			BANK SPEND			Grand Total	YTD Actual Jan 2024	YTD Average Spend Jan 2024	Full year 2023/24
	Medical	Nursing	Total	Medical NHS	Nursing	Total				
	Locums £	£	£	Locums £	£	£				
Medical Directorate	2,107,136	456,758	2,563,894	1,304,506	3,006,373	4,310,879	6,874,773	12,122,220	11,794,570	14,153,478
Surgical Directorate	79,678	69,536	149,213	373,579	854,863	1,228,442	1,377,655	4,099,764	3,786,751	4,544,101
Women, Children + Clinical Serv.	649,942	-51	649,891	1,009,207	708,581	1,717,788	2,367,678	1,852,736	1,897,350	2,276,820
Corporate Services	0	0	0	12,998	60,901	73,900	73,900	265,735	89,998	107,997
Health Board retained	2,836,756	526,243	3,362,998	2,700,291	4,630,717	7,331,008	10,694,006	18,340,455	17,568,668	21,082,396
Community Care Services	529,553	563,987	1,093,540	191,353	4,830,373	5,021,726	6,115,267	7,707,540	8,047,018	9,656,422
Complex And Critical Services	8,488,465	1,378,726	9,867,191	324,151	5,173,538	5,497,689	15,364,880	15,699,370	15,637,152	18,764,582
Primary Care + Prevention Serv	510,535	0	510,535	1,071,398	519,820	1,591,217	2,101,753	2,813,011	2,743,468	3,292,161
Professional/business Enabling	0	954	954	0	9,815	9,815	10,768	7,517	12,004	14,405
H&SCP	9,528,554	1,943,667	11,472,221	1,586,901	10,533,545	12,120,446	23,592,667	26,227,438	26,439,642	31,727,570
Grand Total	12,365,309	2,469,910	14,835,219	4,287,192	15,164,262	19,451,454	34,286,673	44,567,893	44,008,310	52,809,966
Reduction excl investment impact								7,646,449	6,874,662	
Adjustments for other RTP Programmes which include Supplementary Staffing to avoid Double count									997,860	
										5,876,803

The £5m target for supplementary staffing reduction was identified after taking account of the appropriate vacancy factor. The total spend on supplementary staffing can be seen in Appendix A. The impact of the reduction is offset by investment in permanent posts as described in the table below. Supplementary staffing has significantly reduced particularly for the nursing workforce, however, establishment costs have increased to reflect impact of investment in permanent posts, £0.998m per table below. The net impact at the end of January is an improvement to the financial position of £4.878m (excluding reductions included in other RTP programmes). The current trend of saving indicates supplementary staffing will exceed the £5m target.

The improvement across medical supplementary staffing is a consequence of both pay award and NRAC funding. Within nursing budgets, we continue to deliver significant traction towards the overall supplementary staffing savings target.

January YTD	Supp Staffing M10 to Report	Core Staffing M10 to Report	Net Movement
Jnr Medical	111,920	(14,216)	97,704
Snr Medical	752,092	345,909	1,098,001
Reg Nursing	3,414,268	(1,973,325)	1,440,943
Unreg Nursing	1,598,523	643,516	2,242,039
Total	5,876,803	(998,117)	4,878,687

It is anticipated that the supplementary staffing reduction 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 has delivered ahead of target at the end of January. However, the stretch target of £3m is no longer considered achievable due to delays in the availability of certain medicines, however the original target of £2m is anticipated to be delivered. Work is underway to scope out opportunities for 2025/26.

Unscheduled Care bundle review

- 6.5 This scheme is slightly behind target and the indicative level of savings which could be delivered has been revised downwards. This position reflects the financial impact of the challenging winter environment the acute hospital is currently operating within.

Estates Rationalisation

- 6.6 Cost reductions commenced delivery during June and there is a reasonable level of confidence we will deliver the full £2m target. A significant level of saving was confirmed in July, August and September including PFI insurance rebates. The remaining savings are anticipated to be delivered in the few months of the financial year with £0.250m recognised in January 2025.

Surge Bed Reduction

- 6.7 Despite the significant effort to reduce and hold the level of unfunded surge capacity challenges with flow across the acute site have resulted in savings not being achieved in line with the planned reduction. The indicative forecast has been revised downward to reflect the ongoing challenges and the likelihood of limited savings being achieved. 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 Rotas continue to be compliant, and a higher level of savings than initially assessed is expected to be delivered. However, it is essential to ensure work continues to maintain this position and currently there is potential risk that increased banding supplements may be incurred with a small number of clinical fellows.

Unfunded Covid Costs

- 6.9 The use of NRAC funding has significantly reduced the level of unfunded legacy costs. Remaining costs are primarily staff costs and work continues to identify appropriate and timely exit strategies.

Planned Care

- 6.10 The previously identified cost pressure within planned care has been mitigated by the receipt of additional recurring elective care funding. The new funding has also supported the operational costs of delivering robotic assisted surgery which was previously unfunded. Further savings of £0.507m have been identified in quarter three to support existing non-pay cost pressures across acute services. It is expected this scheme will deliver £2.7m this year.

External Care Providers

- 6.11 Approximately £2m of this cost pressure has been confirmed through realignment of budget for external providers for services to the IJB as agreed as part of the financial planning process. The remainder of the target, £3m, is in relation to SLAs predominately with other Scottish Health Boards. A national agreement has been reached on SLA uplifts for 2024/25 which confirms the SLAs with other health boards will not attract a CRES saving and therefore this element of the target will not be delivered.

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. Work to date has identified savings of c£0.329m and whilst every effort continues to deliver this target, the target has been revised downwards to reflect the most likely position.

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. Several digital savings opportunities alongside vacancy management controls have secured savings to the end of January of £1.191m. Most of the savings secured are non recurring to support the ongoing work of the business transformation programme which aims to deliver sustainable efficiencies in the subsequent financial year.

7 Forecast Outturn

- 7.1 Included in the medium-term financial plan submitted to Scottish Government were several risks which could impact on the financial outturn. In line with Scottish Government's expectations, we continually review those risks and their combined impact on the forecast outturn.

Agenda for Change Reform

The current national position of the implementation of these reforms indicates there is the potential for a significant underspend against this allocation in-year. The Scottish Government has signalled to all boards any slippage this financial year in this allocation is available to boards to reduce the overall year-end financial forecast. Current activity within the national portal set up to request a review of band 5 nursing posts indicates slippage in the allocation to NHS Fife of circa £7m. In line with requests from Scottish Government to all boards, we have revised our forecast outturn at March to reflect an improvement of £7m as a result of the indicative slippage available. This position will be reviewed monthly as we await national guidance to reflect the potential costs of AFC reform in our 2024/25 annual accounts.

Fife Integration Joint Board risk share

At the end of December, the IJB is reporting an overspend of £37.7m representing a further deterioration of £3m on the previously notified forecast for November of £34.9m. The NHS Fife share of the forecast outturn in line with the IJB integration scheme is £22.6m. The IJB approved a recovery plan in October totalling £13.5m as a response to the deteriorating position. The latest reported position of the IJB continues to indicate that the recovery plan actions have yet to deliver any significant cost reduction and are unlikely to be delivered. Consequently, the overall forecast deficit outturn for NHS Fife reflects this position. Everything that can be done to mitigate this risk will be done and the IJB, NHS Fife and Fife Council are monitoring this closely.

Forecast Outturn Position at January 2025

Forecast Budget Area	January Forecast £'000	January Forecast £'000	January Forecast £'000	January Forecast £'000
		Scenario 1 - IJB Outturn £38.368m	Scenario 2 - IJB Outturn £40m	Scenario 3 - IJB Outturn £42m
NHS Services (incl Set Aside)				
<u>Clinical Services</u>				
Acute Services	-15,318	-15,318	-15,318	-15,318
IJB Non-Delegated	650	650	650	650
Non-Fife & Other Healthcare Providers	-6,556	-6,556	-6,556	-6,556
<u>Non Clinical Services</u>				
Estates & Facilities	9	9	9	9
Board Admin & Other Services	145	145	145	145
<u>Other</u>				
Income	700	700	700	700
Financial Flexibility including full delivery of 3% savings	4,465	4,465	4,465	4,465
Agenda For Change Reform	9,063	9,063	9,063	9,063
TOTAL HEALTH BOARD RETAINED SERVICES	-6,842	-6,842	-6,842	-6,842
<u>Other Financial Risks</u>				
Fife IJB (November Position £37.718m) SLAs -as per paper now included above	-22,631	-23,021	-24,000	-25,200
TOTAL HEALTH BOARD FORECAST OVERSPEND	-29,472	-29,862	-30,842	-32,042
Deficit anticipated per 2024/25 Financial Plan	-29,750	-29,750	-29,750	-29,750
Maximum Brokerage Cap 2024/25 confirmed by SG	37,000	37,000	37,000	37,000

The forecast position reported is £29.472m overspend and is an improvement on the previous forecast reported in December of £2.233m. The improvement is a result of the notification of a significant reduction in our CNORIS contributions for 2024/25 as well as a further allocation from Scottish Government to support AFC reform offset by an increase in the risk share for the IJB. The level of IJB overspend is of significant concern given the pace at which it continues to deteriorate, and the table above presents three scenarios identifying the impact on the forecast outturn for NHS Fife should the current IJB forecast deteriorate further.

- Scenario 1 represents the impact should the worse case scenario as provided by the IJB materialise.
- Scenarios 2 and 3 highlight the impact to NHS Fife's outturn should the IJB move to £40m and £42m deficit.

At the beginning of January 2025, we received confirmation from Scottish Government they would provide a maximum amount of repayable brokerage up to £37m for 2024/25. Whilst the scenarios detailed in the table above would indicate that the maximum brokerage cap of £37m will be sufficient to enable the board to break even at the end of the financial year, the scenarios also provide detail of the potential scale of brokerage required which is repayable alongside the total brokerage from previous financial years.

8 Capital

- 8.1 Capital expenditure for the 10 months of the financial year due to phasing of schemes with costs to date is £5.115m reflected in the table below. The Capital Resource Limit (CRL) has been increased to reflect our recent success in securing additional capital funding of circa £4.4m. Included in the additional funding received is £0.500m for investment in our mental health estate, which when added to the existing budget ringfenced in 2024/25 for mental health alongside slippage in other capital projects also directed to mental health infrastructure, will ensure completion of the refurbishment works in ward 3 at QMH in the current financial year. The additional funding received also supports £1.3m investment in imaging equipment, £0.750m in digital with the balance allocated to numerous prioritised capital projects across both health board retained and health board delegated services. As we move through the remainder of the financial year, capital spend will increase significantly and at this time no risks are anticipated to delivery of the capital resource limit. All capital equipment has been ordered and expected to be delivered by the year end and all projects are expected to be complete in line with plans.

	CRL Funding £'000	Total to Date £'000	Projected 2024/25 £'000
Statutory Compliance	3,116	1,819	3,116
RTP/Clinical Prioritisation Contingency	591	551	591
Capital Equipment	4,193	652	4,193
Digital & Information	1,981	1,059	1,981
Mental Health Estate			
Mental Health Estate	2,263	111	2,263
Capital Staffing Costs	220	157	220
Capital Repayment			
Contingency to be allocated	3		3
Anticipated Funding - HEPMA	723	151	723
Anticipated Funding - Medical Education	791	615	791
Greenspace Projects	35		35
Capital to Revenue Transfer	(450)		(450)
Total Confirmed CRL	13,465	5,115	13,465

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, comprising £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 £15.776m for health board retained services which is an improved position when compared with our original residual deficit identified in our financial plan.

- The 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 £16.245m, the very high level of risk in relation to this and the requirement for a risk-share situation in-year.
- The forecast year-end outturn following an update of the risks identified in the Board's financial plan for 2024-25.
- The year to date spend against the Capital Resource Limit

10

List of appendices

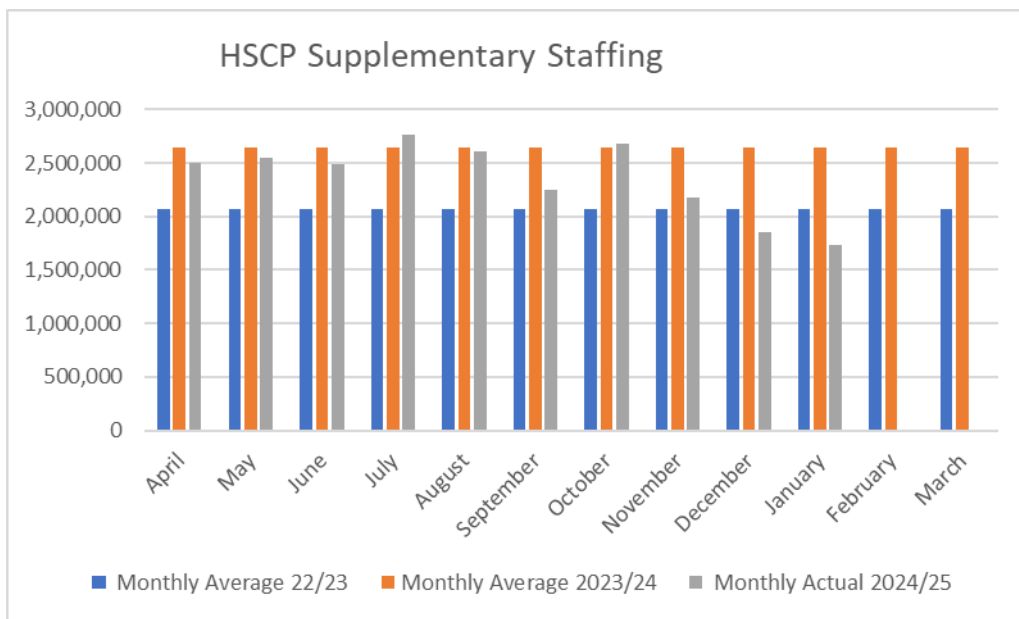
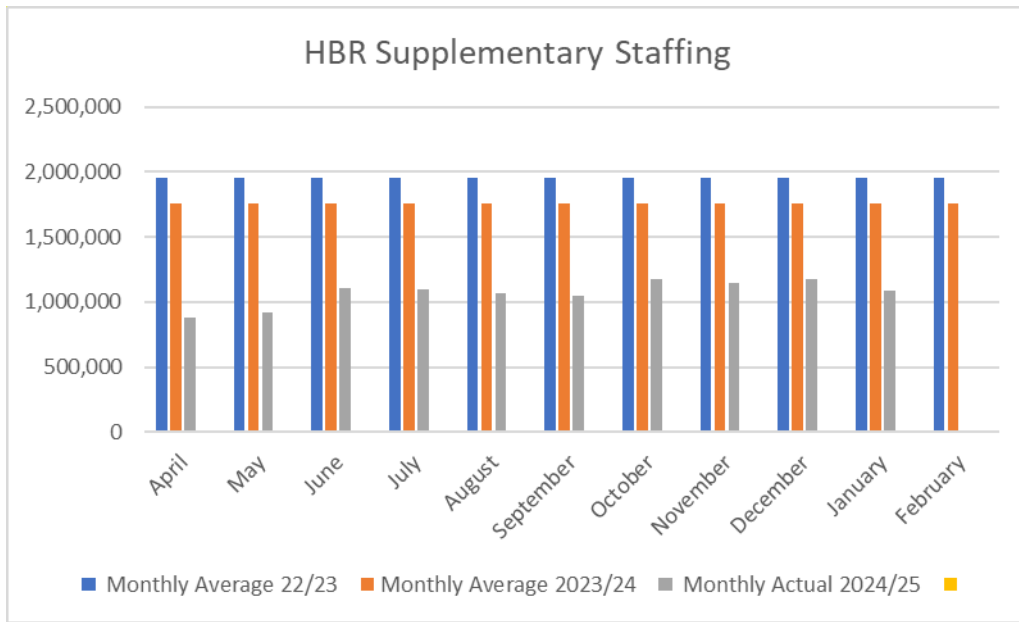
Appendix A – Supplementary Staffing

Appendix B – Subjective Analysis

Appendix A – Supplementary Staffing

Supplementary Staffing April to January 2025

													2024/25	2023/24	2022/23
		April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Total	Average per Month	Average per Month	Average per Month incl C-19
Health Board Retained	Medical NHS Locum	167,687	241,265	272,346	306,962	297,953	290,634	246,298	309,609	238,428	329,108	2,700,291	270,029	226,061	209,307
	Medical Agency	250,222	283,273	379,682	261,800	323,327	265,445	270,704	257,563	294,940	249,798	2,836,756	283,676	447,248	557,773
	Nurse Agency	163,400	29,917	53,835	13,978	39,763	37,962	51,818	13,230	63,359	58,982	526,243	52,624	519,260	632,325
	Nurse Bank	299,121	366,528	402,595	515,209	404,666	449,232	607,823	562,177	576,005	447,361	4,630,717	463,072	564,298	558,170
	Sub Total HBR	880,430	920,983	1,108,458	1,097,949	1,065,710	1,043,273	1,176,642	1,142,579	1,172,733	1,085,250	10,694,006	1,069,401	1,756,867	1,957,575
Health Delegated (H&SCP)	Medical NHS Locum	203,432	199,228	181,472	189,705	150,799	120,497	158,361	115,917	119,329	148,160	1,586,901	158,690	245,321	208,792
	Medical Agency	921,999	989,750	1,109,614	1,066,421	1,158,034	879,276	1,175,085	769,237	732,683	726,454	9,528,554	952,855	913,579	452,483
	Nurse Agency	441,085	336,583	220,756	242,605	265,659	224,574	124,256	9,903	38,367	39,879	1,943,667	194,367	505,706	602,075
	Nurse Bank	932,889	1,021,584	977,873	1,263,081	1,038,393	1,021,635	1,217,412	1,277,575	960,747	822,358	10,533,545	1,053,355	979,358	809,198
	Sub Total H&SCP	2,499,405	2,547,145	2,489,714	2,761,812	2,612,885	2,245,982	2,675,114	2,172,632	1,851,127	1,736,851	23,592,667	2,359,267	2,643,964	2,072,547
Total	3,379,835	3,468,128	3,598,173	3,859,761	3,678,595	3,289,255	3,851,756	3,315,210	3,023,859	2,822,100	34,286,673	3,428,667	4,400,831	4,030,122	



Appendix A Supplementary staffing contd.

Year to Date January 2025

	Bank	Agency	
	AHP	AHP	Grand Total
Medical Directorate	0	0	0
Surgical Directorate	10,320	4,150	14,470
Women, Children + Clinical Serv.	0	582,740	582,740
Corporate Services	0	0	0
Health Board retained	10,320	586,890	597,210
Community Care Services	0	191,660	191,660
Complex And Critical Services	0	0	0
Primary Care + Prevention Serv	0	0	0
Professional/business Enabling	0	0	0
H&SCP	0	191,660	191,660
Grand Total	10,320	778,549	788,869

Appendix B – Subjective Analysis

Health Board Retained

January 2025

Cost Type	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000	Staff Est	Ave WTE	Current Month
Admin & Clerical	47,455	39,697	37,485	2,212	962.49	948.31	925.94
Allied Health Professionals	16,023	13,450	12,347	1,103	244.99	238.93	250.33
Budget Reserves -pay	-2,412	-2,074	2	-2,076		0.10	
Healthcare Sciences	11,011	9,180	9,004	176	175.03	173.26	171.36
Medical & Dental	91,191	75,835	77,708	-1,873	626.11	606.50	624.82
Medical Dental Support	3,088	2,558	2,678	-120	56.77	59.01	58.17
Nursing & Midwifery	127,831	106,752	108,666	-1,914	2,200.06	2,271.34	2,268.27
Other Therapeutic	15,909	13,219	12,609	610	280.52	253.91	254.37
Personal Social Care	852	726	1,007	-281	6.94	14.18	15.18
Senior Managers	1,978	1,647	1,593	54	25.00	21.14	21.00
Support Services	34,647	28,822	29,122	-300	882.01	833.21	873.89
Total Pay	347,573	289,812	292,221	-2,409	5,459.92	5,419.89	5,463.33
Budget Reserves Non Pay	2,570	1,406	-46	1,452			
Financial Flexibility	21,162		-765	765			
Cssd/diagnostic Supplies	5,613	4,705	5,834	-1,129			
Drugs	36,825	32,410	33,177	-767			
Equipment	8,165	6,678	7,792	-1,114			
Heating Fuel And Power	11,356	8,465	8,499	-34			
Hotel Services	6,458	5,375	6,335	-960			
Other Admin Supplies	10,379	8,584	10,238	-1,654			
Other Supplies	7,488	6,514	6,732	-218			
Other Therapeutic Supplies	2,229	1,837	1,512	325			
Property	10,612	8,676	8,946	-270			
Surgical Sundries	19,322	16,251	19,024	-2,773			
Total Non Pay	142,179	100,901	107,278	-6,377			
Purchase Of Healthcare	139,184	116,131	122,187	-6,056			
Total Purchase of Healthcare	139,184	116,131	122,187	-6,056			
Board Administration	0	0	0	1			
Family Health Services	6,363	5,654	5,602	52			
Total Family Health Services	6,363	5,654	5,602	53			
Other (inc Depreciation)	21,868	18,117	18,117	0			
Savings	-2,205	-1,646	0	-1,646			
Total Other	19,663	16,471	18,117	-1,646			
Social Work Healthcare	0	0	0	0			
Social Work Healthcare	0	0	0	0			
Total Expenditure	654,961	528,969	545,405	-16,435	5,459.92	5,419.89	5,463.33
Income	-42,558	-35,666	-36,326	660			
Total Net Expenditure	612,403	493,303	509,079	-15,776	5,459.92	5,419.89	5,463.33

Appendix B contd– Subjective Analysis

Health Board Delegated

January 2025

Cost Type	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000	Staff Est	Ave WTE	Current Month
Admin & Clerical	19,736	16,416	16,392	24	432.40	442.00	425.09
Allied Health Professionals	31,221	26,046	24,200	1,846	548.38	481.69	480.74
Budget Reserves -pay	115	96	0	96			
Healthcare Sciences	230	192	225	-33	4.68	5.23	4.48
Medical & Dental	27,005	22,348	26,804	-4,456	152.34	123.79	125.60
Medical Dental Support	2,864	2,414	2,197	217	69.37	57.54	59.50
Nursing & Midwifery	121,976	101,489	101,128	361	2,156.36	2,156.52	2,126.91
Other Therapeutic	10,959	9,249	9,525	-276	132.84	152.61	149.92
Personal Social Care	2,320	1,927	1,656	271	41.18	34.59	33.82
Senior Managers	170	142	87	55	1.00	0.67	1.00
Support Services	678	564	988	-424	1.81	17.59	16.64
Total Pay	217,274	180,883	183,202	-2,319	3,540.36	3,472.23	3,423.70
Allocations Awaiting Distribution	7,290	2,375	0	2,375			
Cssd/diagnostic Supplies	249	207	341	-134			
Drugs	9,238	10,554	11,322	-768			
Equipment	1,557	1,293	2,039	-746			
Heating Fuel And Power	85	72	92	-20			
Hotel Services	349	291	681	-390			
Other Admin Supplies	5,314	4,285	4,386	-101			
Other Supplies	509	379	380	-1			
Other Therapeutic Supplies	372	310	131	179			
Property	380	339	589	-250			
Surgical Sundries	4,186	3,541	3,602	-61			
Total Non Pay	29,529	23,646	23,563	83			
Purchase Of Healthcare	50,600	41,765	45,071	-3,306			
Resource Transfer	21,448	17,858	17,839	19			
Total Purchase of Healthcare	72,048	59,623	62,910	-3,287			
Board Administration	0	0	0	0			
Gds	28,166	23,471	23,471	0			
Gms	66,248	54,623	53,013	1,610			
Gos	8,380	6,984	6,984	0			
Gps	102,635	85,559	89,973	-4,414			
Total Family Health Services	205,429	170,637	173,441	-2,804			
Other (inc Depreciation)	48	40	40	0			
Savings	-9,451	-7,920	0	-7,920			
Total Other	-9,403	-7,880	40	-7,920			
Social Work Healthcare	7	5	7	-2			
Social Work Healthcare	7	5	7	-2			
Total Expenditure	514,885	426,913	443,163	-16,250	3,540.36	3,472.23	3,423.70
Income	-67969	-56870	-56875	5			
Total Net Expenditure	446,916	370,043	386,288	-16,245	3,540.36	3,472.23	3,423.70

Meeting: Finance, Performance & Resources Committee
Meeting date: 11 March 2025
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.
- The KPI's were reviewed at length at the Procurement Governance Board and the general trend of the majority of KPIs presents a positive and consistent position. Attention is drawn to the following specific KPIs which have markedly changed since the previous quarter:
 - Efficiency Savings – £793k comprising £624k direct cash releasing and £169k cost avoidance. However, this is offset by a significant cost pressure of **-£120k** resulting in a net cost saving of £673k. These efficiencies are reconciled with the Acute Directorate projected full 12 months savings for 2024/25 and all applicable schemes have been dually recorded.
 - Tender Waivers – 2 waivers of competitive tender were applied in the last quarter, taking the total to three to date for FY 2024/25 at a value of £527k.
- 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 NHSScotland 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 31 December 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 £12.5m, with a total spend of £112m. This is an increase in comparison with the same period last financial year (average monthly £10.5m, total £95.3m). 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 £8m. To date there have been 142 high value orders with a total value of £73.6m. £42.2m of which relates to PFI provider

spend. This is an increase in comparison the same period last financial year (103 orders, at £58.3m). 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 2,208 with a value of £52k. To date there have been 19,868 low value orders with a total value of £470k. This is a decrease in comparison with the same period last financial year (22,874 and £484k).

Efficiency Savings

The overall validated procurement saving for FY 2024/25 to date is £793k and comprises:

- £624k for direct cash releasing cost savings, £151k of which relates to Theatre Equipment & Consumables (including Ureteroscopes, Staplers, Reloaders, NTC Equipping, and Annual Da Vinci Robot Maintenance), £135k for Digital & Information Cost Improvement Projects (including contract terminations and Voice Technologies price reduction), £46k for Urology Consumables, £45k for Medical Consumables, £44k for Wound Management Products, and £22k for Lift Maintenance. The remaining circa £181k, comprises implementation of various National and Local contracts and projects.
- £169k for cost avoidance, which relates to £126k for FOC Theatre equipment purchased via NP688 Orthopaedic Hips & Knees 'Value Vouchers', as well as £31k for the discount applied April to July 2024 for the contract extension, 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 31 December 2024, the cost pressure was **-£120k** resulting in a net cost saving of £673k.

The main contract areas contributing to these cost pressures are:

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

These 2024/25 procurement savings have been reconciled to the Acute Directorate projected full 12 months savings for 2024/25 and all applicable schemes have been dually recorded.

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 22, including additional physiotherapy services, generator pump and printing services for 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 October 2024 – December 2024 there were two contracts subject to a waiver of competitive tender for Oral Nutritional Supplements at a value of £353k and consumable agreement to purchase Urology Thulium Fiber Laser at a value of £78k. There has been a total of three waivers to date for FY 2024/25 at a value of £527k.

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	89%	88% ↓ 1%
Within 10 days by Volume	95%	94% ↓ 1%
Within 30 days by Value	82%	78% ↓ 4%
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	62%	£1.3m	£11.9m
Current FY	60%	£1.4m	£12.6m
	↓ 2%	↑ £0.1m	↑ £0.7m

National Distributed Services (NDS) Spend

The average monthly purchase order spend via the NDS is £886k, and a total spend of £7.9m to date for 2024/25. This is a slight decrease on the same period last financial year (£906k monthly average and £8.2m 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	77%	91% ↑ 14%
Good	15%	7% ↓ 8%
Satisfactory	6%	2% ↓ 4%
Poor	3%	0% ↓ 3%

The information above only relates to satisfaction rates and comments received, the poor responses relate to 2 tickets (0.04%) from a total of 5269 helpdesk tickets completed to date for 2024/25.

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

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 during 2024/25.
System Usability	<ul style="list-style-type: none"> Not able to ask further questions once ticket is closed. 	There has been 1 poor response during 2024/25.

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	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant	No assurance can be taken from the information that has been provided. There remains a significant

	deliver. There may be an insignificant amount of residual risk or none at all.	and effectively applied. There remains a moderate amount of residual risk.	amount of residual risk, which requires further action to be taken.	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's 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 FP&R committee on the performance of the Procurement function.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – PGB Monthly KPIs 2024/2025 (Dec 2024)

Report Contact

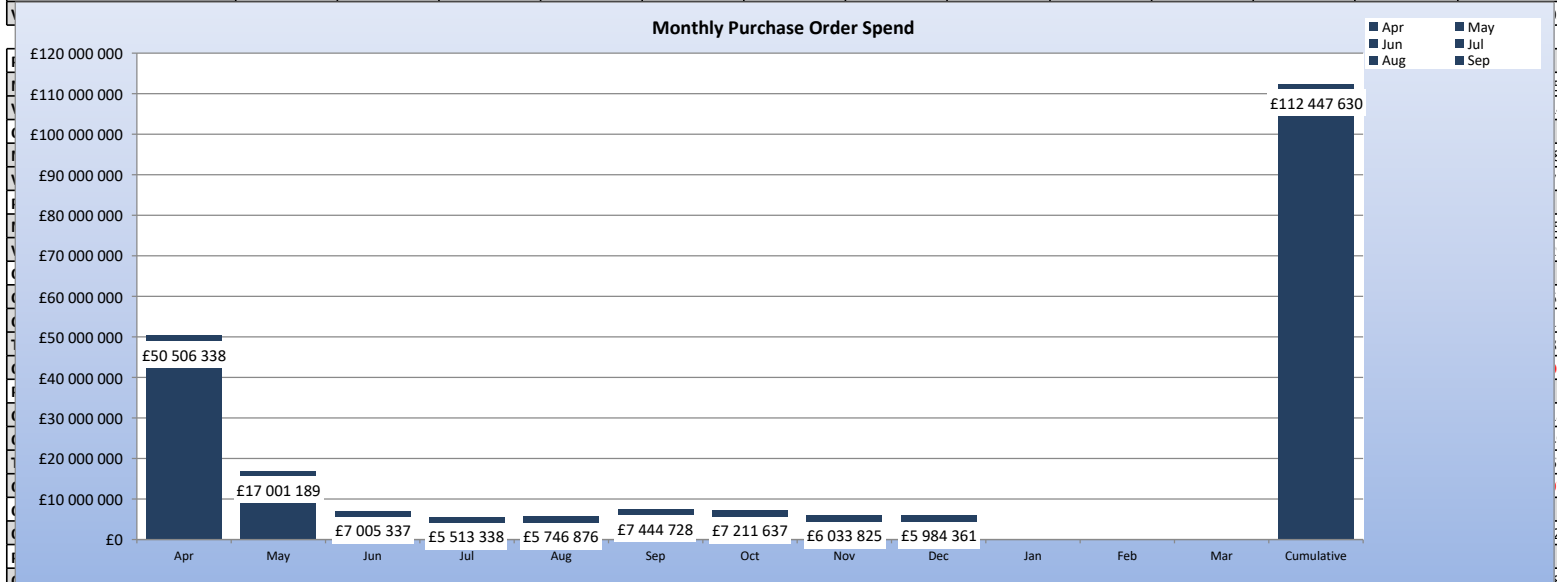
Kevin Booth

Head of Financial Services & Procurement

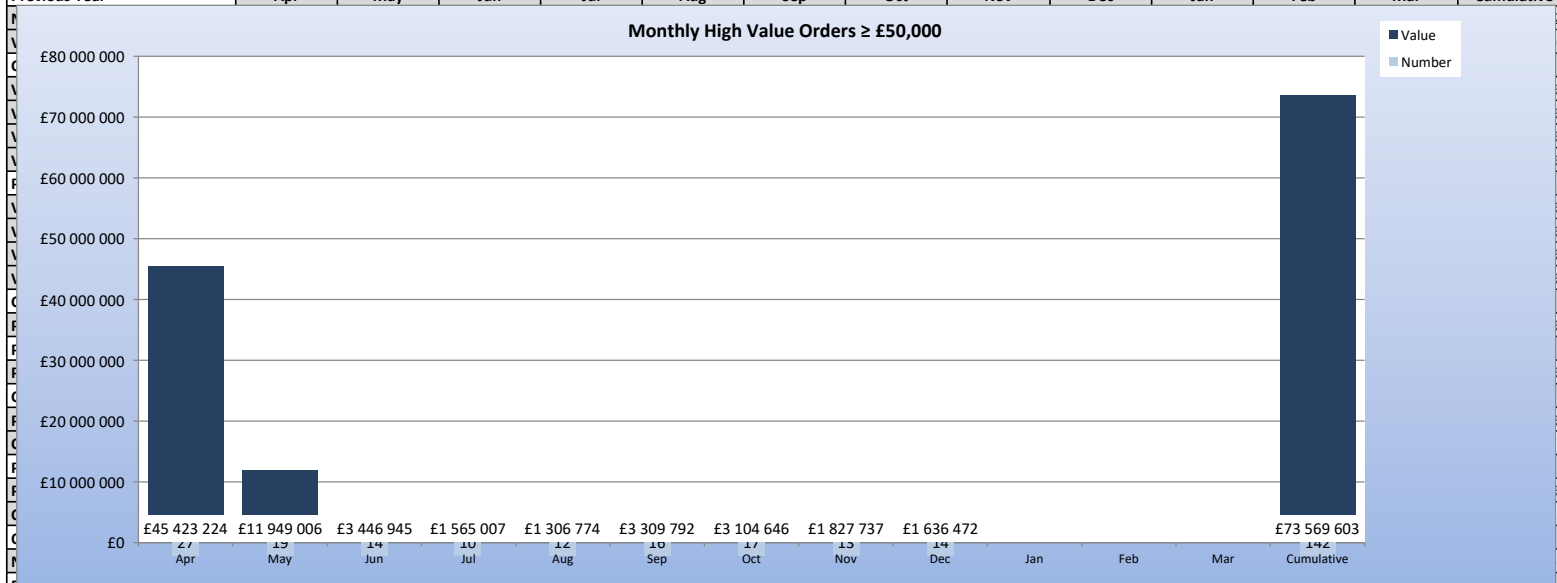
Email kevin.booth@nhs.scot

Our Values													
Care and Compassion	Dignity and Respect				Openness, Honesty & Responsibility				Quality and Teamwork				
FY 2024-2025													
Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Purchase Order Spend	£50 506 338	£17 001 189	£7 005 337	£5 513 338	£5 746 876	£7 444 728	£7 211 637	£6 033 825	£5 984 361				£112 447 630

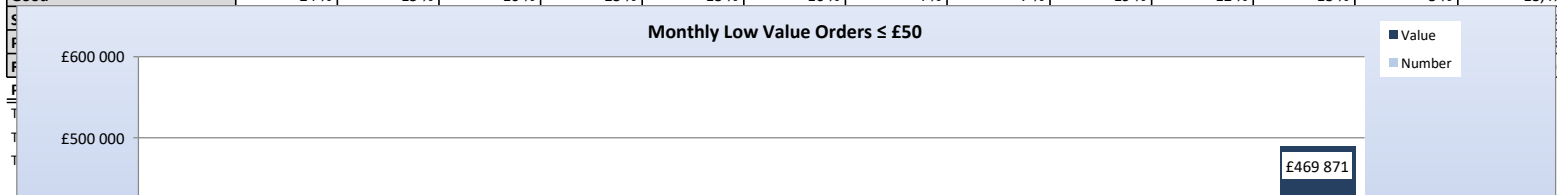
Previous Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Purchase Order Spend	£44 531 690	£9 535 909	£5 203 582	£7 339 168	£5 441 971	£5 059 762	£5 977 543	£6 559 273	£5 605 705	£4 634 476	£4 510 075	£10 806 855	£115 206 010
Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Number	27	19	14	10	12	16	17	13	14				142



Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Contract Notices Published	1	0	0	0	1	1	0	0	0				3
Value	£162 000	£0	£0	£0	£692 113	£1 620 463	£0	£0	£0				£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	0	2	0				3
Value	£0	£0	£0	£0	£96 240	£0	£0	£431 000	£0				£527 240
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%	89%	98%	98%				90,7%
Good	6%	11%	5%	12%	5%	11%	8%	2%	2%				6,9%
Satisfactory	1%	5%	6%	2%	2%		3%						2,1%
Poor	1%	2%											0,3%
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%



Meeting:	Finance, Performance & Resources Committee
Meeting date:	11 March 2025
Title:	Procurement & Commercial Improvement Programme Report 2024
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Kevin Booth, Head of Financial Services & Procurement

Executive Summary

- As per the requirement of Scottish Government, the NHS Fife Procurement Team have successfully concluded the 2024 Procurement & Commercial Improvement Programme (PCIP) assessment.
- The self-assessment carried out following collaboration with partner boards placed the NHS Fife Procurement Function predominantly across the Advanced and Good rankings.
- As the ranking was carried out through a self-assessment process, a moderate level of assurance is provided.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

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

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

- Safe
- Effective

2 Report summary

2.1 Situation

The attached Procurement & Commercial Improvement Programme (PCIP) report has been provided to NHS Fife and other participating Health Boards, following the completion of the 2024 self-assessment exercise to demonstrate the progress towards continuous improvement of procurement and commercial practices.

2.2 Background

PCIP commenced across the public sector in Scotland in 2015 with the aim to assess participating bodies procurement performance every three years. The process was paused in recent years and the 2024 assessment was the first following recovery from the Covid-19 pandemic.

The programme is designed to support continuous improvement within procurement practice, including the standardising of processes, identifying areas of best practice and highlighting areas of potential improvement.

For the 2024 assessment, considering the continued challenge for resources across Boards it was agreed across the members of the Procurement Services Senior Management Team that the most practical approach was for boards to undertake a self-assessment. across several agreed mandatory and optional questions, providing answers with a determined ranking for comparisons between partnering boards.

2.3 Assessment

To support the self-assessment process NSS held several workshops for Boards to review the questions and discuss potential supporting evidence before the self-assessments were completed and dually returned to NSS for overview. The NHS Fife Senior Procurement Team worked collaboratively with a few Boards from the East and North procurement consortium to complete the assessment and to ensure that a consistent approach was taken to answering the questions.

Of the eleven questions answered by NHSF Fife, the performance towards eight was ranked as advanced, two were ranked as good and one was ranked as improving.

This collaborative approach allowed a constructive review of the evidence gathered and the individual rankings to the questions prior to the final individual agreement and the subsequent submission to NSS. The approach supported the identification of best practice and provided assurance to the rankings selected.

The attached report was subsequently provided by NSS which illustrates that NHS Fife’s rankings were alongside the better performing Health Boards. In addition, actions were detailed as to how the NHS Scotland best practice group, led by NSS will look to share best practice and drive improvements ahead of the next 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

2.3.1 Quality, Patient and Value-Based Health & Care

The continuous improvement to the Boards Procurement Function supports the delivery of best value which in turn supports quality, patient and value-based health and care.

2.3.2 Workforce

The evaluation of the skills and knowledge across the Procurement team, along with the development plans currently in place form a key part of the PCIP assessment.

2.3.3 Financial

There are no direct costs associated with the PCIP assessment, although it is acknowledged that significant time was committed across the Senior Procurement team to ensure the assessment was adequately supported.

2.3.4 Risk Assessment / Management

The Procurement Teams approach to risk management and contingency planning was documented as part of the PCIP assessment.

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

The Procurement Teams role in supporting the Boards Anchor Institution ambitions were considered as part of the PCIP assessment.

2.3.6 Climate Emergency & Sustainability Impact

The Procurement Departments actions and influence over the Boards response to the climate emergency were considered as part of the PCIP assessment.

2.3.7 Communication, involvement, engagement and consultation

The evidence to support the NHS Fife PCIP assessment was contributed by members across the procurement team and reviewed by the senior management team before agreement between the Head of Procurement and Head of Financial Services.

2.3.8 Route to the Meeting

This paper was presented to the Procurement Governance Board on 29 January 2025 before submission to the FP&R committee.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a moderate Level of Assurance.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, NHS Scotland PCIP Report (Fife) 2024

Report Contact

Kevin Booth

Head of Financial Services & Procurement

kevin.booth@nhs.scot



*Designed to
support and
encourage
the
continuous
improvement
of
procurement
and
commercial
practices.*

NHS Scotland

**Procurement & Commercial
Improvement Programme (PCIP)**

Report

Leanne Lyons
National Procurement Planning Manager

Contents

- 1. OVERVIEW.....2**
- 2. BACKGROUND.....2**
- 3. OBJECTIVES3**
- 4. KEY STAKEHOLDERS.....3**
- 5. CHALLENGES AND ISSUES4**
- 6. FUTURE PCIP PROCESS RECOMMENDATION4**
- Appendix 1 – Mandatory Questions – HB % Assessment Area5**
- Appendix 2 – Improvement Recommendations.....6**
- Appendix 3 – Health Board Self-Assessment Summary10**

1. OVERVIEW

The Procurement & Commercial Improvement Programme (PCIP) has now been running since 2015 and assessments occur approximately every three years for each public procurement sector in Scotland.

The programme is designed to support and encourage the continuous improvement of procurement and commercial practices. The justification of a self-assessment model for the health sector in this cycle is provided.

Health board assessments are summarised in Appendix 1 and the efforts of the PCIP Leads to identify improvement areas and standardise processes is detailed in Appendix 2. The new approach to include the PCIP activity under the remit of the Procurement Best Practice Group should help maintain focus and embed continuous improvement.

The self-assessment summary for your health board in Appendix 3 will provide valuable insights for areas of improvement.

2. BACKGROUND

The self-assessment model agreed upon by the Procurement Services Senior Management Team (PS-SMT) for this cycle is a strategic response to the challenges posed by the Covid-19 pandemic. It was agreed this was a practical approach to reduce the resource requirement during the recovery period.

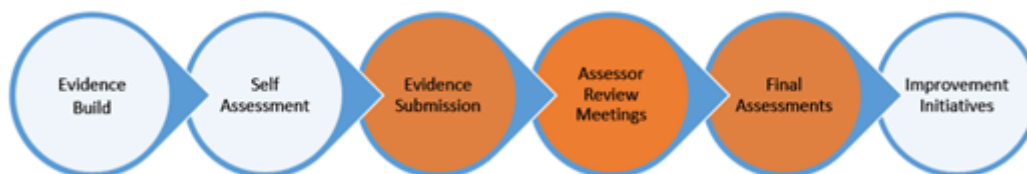
Health boards would answer all mandatory questions and where possible answer optional questions in agreed order, a ranking exercise was completed by the PCIP Leads.

The plan was to follow self-assessments with workshops to consider findings, identify gaps in capacity and skills, and jointly develop improvement initiatives.

Working together as one procurement community to develop improvement plans enables a more collaborative and effective improvement process.

Diagram 1 below provides an oversight of the agreed self-assessment approach.

Diagram 1
Previous Approach



Self-Assessment Approach



3. OBJECTIVES

The objectives of the Procurement & Commercial Improvement Programme are listed below.

- Agree ranking to optional questions.
- HBs to carry out self-assessments with evidence submitted.
- Workshops to review assessment data and agree improvement initiatives
- Gather feedback on self -assessment model
- Agree future process to embed a collaborative approach to continuous improvement across NHS Scotland.

4. KEY STAKEHOLDERS

The nomination of PCIP Leads for each health board, detailed in table 1 below, and the creation of a dedicated PCIP team in Microsoft Teams have been effective in organising and managing the self-assessment process. Having a structured folder system for storing evidence and designated channels for communication helped keep everything organised and accessible for review and discussion during the workshops.

The collaborative approach taken by some health boards in carrying out the self-assessments and working through evidence-based responses was deemed helpful. This likely enhances the quality of the assessments and fosters a sense of teamwork and shared responsibility.

Table 1

HB	PCIP Lead	HB	PCIP Lead	HB	PCIP Lead
A&A	Zoe Fance	GRA	Jonathan Mann	NSS / SHE / PHS	Kris Lindsay
BOR	Shona Milne	HIG	Becky Myles	NWTC	Graham Stewart
D&G	Lesley Wilson	LAN	Euan Erskine	TSH	Stuart Paterson
FIF	Paula Lee	LOT	Andy Hay	SAS /NHS24/ HIS	Alex Little
FVY	David Logie	TAY	Andy Hay	NES	Greg Player
GGC	Kelly Rodgers	ORK	Kirsty Francis	WES	Debbie Bozkurt

5. CHALLENGES AND ISSUES

Not all health boards were able to complete the self-assessment within the initial agreed timescales. There were challenges around resource and capacity due to operational priorities and the recovery environment from the effects of the COVID-19 pandemic. An extended period was agreed for assessment completion.

6. FUTURE PCIP PROCESS RECOMMENDATION

Recommendations are to include improvement initiatives from PCIP under the remit of the NHSS Procurement Best Practice Group who are accountable to the PS-SMT.

This will provide the opportunity to engage the wider Procurement community through Short Life Working Groups (SLWGs), improve collaboration, relationships, partnership working and achieve standardised processes. **Standardisation is a key theme across the improvement initiatives.**

Additionally, capturing procurement resource requirements and aiding forward planning of improvement projects in line with capacity will help embed Quality Improvement (QI) as part of the culture while developing the skillset across Procurement which directly supports workforce planning. An action for the Best Practice Group will be to produce a QI Workplan.

This strategic approach should enable a more collaborative environment across NHS Scotland Procurement community in line with the [NHSScotland Procurement Strategy 2024-2028](#) and contributes to achieving our vision of putting procurement at the heart of a sustainable health service to maximise value and benefit for the patients, staff and communities of NHSScotland.

We look forward to continuing our efforts to drive further enhancements and thanks go to everyone involved for their time and input to this project.

Appendix 1 – Mandatory Questions – HB % Assessment Area

The table below summarises health boards assessment responses with percentage of boards in Advanced or Good area and percentage of boards in Improving or Developing area. The NHSS Procurement Best Practice Group will use this data-driven approach to help prioritise and allocate resources effectively. It will also provide a benchmark to measure progress over time.

Section	Question	HB % Advanced / Good	HB % Improving /Developing
(1.1) Procurement Influence	<ul style="list-style-type: none"> What level of influence does the procurement function have over routine and major procurement activity? What does the procurement function deliver to the organisation 	63%	37%
(1.2) Procurement Strategy	<ul style="list-style-type: none"> In what ways is the organisation's procurement strategy linked to the organisation's corporate strategy? Where applicable is this procurement strategy delivering the sector's strategic objectives? 	68%	32%
(1.3) Learning & Skills: Capability	<ul style="list-style-type: none"> What does the organisation do to develop existing procurement individuals and future talent? 	63%	37%
(1.4) Risk Management	<ul style="list-style-type: none"> What is the organisation's approach to managing risk and contingency planning within procurement activity? 	58%	42%
(1.5) Commercial Awareness & Acumen	<ul style="list-style-type: none"> What does the organisation do to promote commercial competence and ensure it is embedded within its organisation and culture? 	47%	53%
(1.6) Continuous Improvement of Procurement Activity	<ul style="list-style-type: none"> What does the organisation do to drive continuous improvement in its procurement activity? 	58%	42%
(1.7) Climate Change	<ul style="list-style-type: none"> Does the organisation embed climate and circular economy considerations into the corporate procurement strategy and delivery? Does the Senior Management actively measure and recognise the positive environmental impact that procurement can make in a planned, organisational approach? Are progress and achievements included in the organisation's annual procurement reports? 	47%	53%
(2.1) Implementation & Exit Strategies, Life Cycle Planning	<ul style="list-style-type: none"> How does the organisation use implementation plans and exit strategies efficiently? 	32%	68%
(3.1) Contract & Supplier Management	<ul style="list-style-type: none"> What does the organisation do to manage contracts and suppliers? 	26%	74%
(3.2) Contractual Obligations & Additional Benefits	<ul style="list-style-type: none"> What does the organisation do to work with suppliers throughout the life of a contract? How do these activities: - ensure contractual obligations are met? -identify and deliver additional benefits to both parties? 	32%	68%
(3.3) Lessons Learned	<ul style="list-style-type: none"> What benefits have been delivered through reviewing lessons learned from procurement exercises? 	16%	84%

Appendix 2 – Improvement Recommendations

Mandatory Questions - Developing / Improving – more than 50% of Health Boards in Developing/Improving area

The table below summarises actions to drive improvement initiatives identified and the benefits across NHS Scotland Procurement. The NHSS Procurement Best Practice Group will review to assign resource, agree priorities and timescales to deliver.

Question	Question Guidance	Benefits	Duration	Action
(1.5) Commercial Awareness & Acumen	<ul style="list-style-type: none"> • What does the organisation do to promote commercial competence and ensure it is embedded within its organisation and culture? 	Standardisation of commercial acumen training across NHSS Procurement Benefits Learning & Skills: Capability and Continuous Improvement	0-3 mths	SLWG to review NSS Commercial Acumen Training and propose standard format to roll out across all HBs. -Consideration to be given to add to Turas as formal Training for all procurement staff. -Consideration to be given to feasibility of dedicated Commercial resource. -Consideration to be given to Cost & Commercial Steering Groups within each HB led by Finance
(1.7) Climate Change	<ul style="list-style-type: none"> • Does the organisation embed climate and circular economy considerations into the corporate procurement strategy and delivery? • Does the Senior Management actively measure and recognise the positive environmental impact that procurement can make in a planned, organisational approach? • Are progress and achievements included in the organisation's annual procurement reports? 	Standardisation of sustainability aspects in strategy template, consistent documentation for inclusion in every procurement	6-12 mths	SLWG to review HB Strategy templates in use. Sustainability group to propose standard sustainability pointers and scorable models for sustainability questions in ITT
(2.1) Implementation & Exit Strategies, Life Cycle Planning	<ul style="list-style-type: none"> • How does the organisation use implementation plans and exit strategies efficiently? 	Standardisation of exit and implementation plans in HB strategy template, consistent documentation	0-3 mths	SLWG to review current templates in use for exit and implementation plans to propose standard template for use across NHSS HBs. - to be incorporated into standard strategy template.

<p>(3.1) Contract & Supplier Management</p>	<ul style="list-style-type: none"> • What does the organisation do to manage contracts and suppliers? 	<p>Standardised approach, consistency for suppliers and HBs. May enable performance benchmarking across NHSS. Help identify problem areas/suppliers. Reduces resource required to develop SM approaches for HBs who do not current have one. Improved visibility of reporting tangible benefits</p>	<p>3-6 mths</p>	<p>SLWG to review approaches already utilised by advanced practice boards (LOT/TAY). Consider procedure, BSC, health checks, segmentation. -Consider contract lifetime approach, tangible benefit, community benefits delivery. -Propose standardised approach to supplier management across NHSS (Consider categorisation and reporting of tangible benefits under PCIP question (3.2) Contractual Obligations & Additional Benefits)</p>
<p>(3.3) Lessons Learned</p>	<ul style="list-style-type: none"> • What benefits have been delivered through reviewing lessons learned from procurement exercises? 	<p>Improved Future Procurement Tendering Practice. Potential Efficiencies in Procurement Engagement Process. Mitigation of Anticipated/Potential Risks (Regarding Lessons Learned). Improved Knowledge Sharing (e.g. Shared Resource Library).</p>	<p>3-6 mths</p>	<p>SLWG to review Existing SOPs and Templates. Develop Standard Templates in a Central Shared Location. Continuous Monitoring and Sharing of Lessons Learned (across Health Boards). Engage in Independent Post Project Reviews, with Key Stakeholders.</p>

Mandatory Questions - Good / Advanced – more than 50% of Health Boards in Good / Advanced area

The table below summarises actions to drive improvement initiatives identified and the benefits across NHS Scotland Procurement. The NHSS Procurement Best Practice Group will review to assign resource, agree priorities and timescales to deliver.

Question	Question Guidance	Benefits	Duration	Action
<p>(1.1) Procurement Influence</p>	<ul style="list-style-type: none"> • What level of influence does the procurement function have over routine and major procurement activity? • What does the procurement function deliver to the organisation 	<p>Control spend, mitigate cost pressures, reduce risk. Procurement manage/control a higher % of the spend directly and show higher contract vs. Non-contract spend ratios</p>	<p>0-3 mths 3-6 mths 6-12 mths</p>	<p>SLWG to review Existing procurement representation Terms of Reference. SBAR and Business case templates to be reviewed and the addition of procurement review/approval gates included. Continuous Monitoring and Sharing of Lessons Learned (across Health Boards).</p>

(1.2) Procurement Strategy	<ul style="list-style-type: none"> • In what ways is the organisation's procurement strategy linked to the organisation's corporate strategy? • Where applicable is this procurement strategy delivering the sector's strategic objectives? 	Standardisation of HB strategy template, consistent documentation	0-3 mths	Review HB Strategy templates in use to propose standard template to map various objectives to the Procurement Objectives
(1.3) Learning & Skills: Capability	<ul style="list-style-type: none"> • What does the organisation do to develop existing procurement individuals and future talent? 	Standardisation of training for each grade/band across the Boards	3-6 mths	SLWG to review and standardise Turas procurement training modules and create a standardised Training Checklist
(1.4) Risk Management	<ul style="list-style-type: none"> • What is the organisation's approach to managing risk and contingency planning within procurement activity? 	Reduce risk of SOC in public procurement	3-6 mths	SLWG to review and standardise best practice across all boards with a view to create a standardised risk management Checklist
(1.6) Continuous Improvement of Procurement Activity	<ul style="list-style-type: none"> • What does the organisation do to drive continuous improvement in its procurement activity? 	Improved performance visibility and clear target areas. Improved stakeholder engagement and buy-in for the procurement function. Improved consistent approach with best practice shared. Improved procurement knowledge and skills. Prioritisation of improvement initiatives/opportunities and resource planning. Improved governance processes and oversight.	6-12 mths	KPIs Linked with Balanced Scorecards (standardise where appropriate) Procurement Steering Group – Internal Governance Collaborative PCIP Approach (Peer Review) Customer Feedback/Procurement Survey Post Project Reviews/Lessons Learned Staff Development/PDPs/TURAS

Option Questions - Good / Advanced – all Health Boards who responded were assessed in Good / Advanced area

The table below summarises actions to drive improvement initiatives identified and the benefits across NHS Scotland Procurement. The NHSS Procurement Best Practice Group will review to assign resource, agree priorities and timescales to deliver.

Question	Question Guidance	Benefits	Duration	Action
(4.1) Procurement Representation	<ul style="list-style-type: none"> What is the procurement representation across the organisation? 	Enables more effective procurement strategies, supplier management and savings identification through a dedicated list of Groups	0-3 mths	Register of all HB's representation at external steering groups and SLWG's. Can be driven through Best Practice Group
(4.2) Fraud Awareness & Prevention	<ul style="list-style-type: none"> What steps has the organisation taken to counteract fraud? 	Reduces the risks of Fraud and the associated impacts	6-12 mths	SLWG to review HB Counter Fraud Policy & Action Plans in use with Advanced HB's. With a proposal to share standard template to all HBs Review requirements for Contract Fraud Risk Assessments and a register (Share 0-3 mths/Imp 6-12 mths)
(4.3) Spend Analysis	<ul style="list-style-type: none"> What does procurement do to understand organisational spend and spend profile to drive best value and collaboration? 	Enables more effective procurement strategies, supplier management and savings identification.	6-12 mths +	This must be led by Tech Services
(4.4) Strategy Development	<ul style="list-style-type: none"> In what ways are procurement commodity strategies developed using best practice? How do these procurement commodity strategies deliver benefits and strategic objectives? 	Enhanced research information where specialist knowledge of procurement team may be lacking	3-6 mths	SLWG to look at the opportunity to create a central platform to allow visibility of market research previously collated by boards
(4.5) Specification	<ul style="list-style-type: none"> How are mini competition and Cat C procurement exercises developed to maximise organisation and customer value? 	Increase market readiness, sustainable procurement performance, benefit from innovative supplier solutions, statutory compliance, increased efficiency.	0-3 mths 3-6 mths 6-12 mths	SLWG to look at the opportunity to create a network/platform to allow visibility of best practice by advanced level boards
(4.6) Demand Management	<ul style="list-style-type: none"> What benefits have been delivered through demand management to ensure supply chain efficiencies and effectiveness, and to reduce emissions? 	Reduce waste and inefficiencies. Reduce stock holding and cost Achieve Net Zero (packaging, emissions etc.) Reporting quality & transparency Consolidation for economies of scale Work planning and forecasting visibility	0-3 mths 3-6 mths 6-12 mths	SLWG to discuss if viable to have a Procurement Governance/Planning Group for stock management on anything that can't be centralised.

(4.7) Goods Receipt and Payment Process	<ul style="list-style-type: none"> • What is the organisation's goods/ services/minor works receipt process? • How are payments authorised to meet payment targets and increase efficiencies? 	Increased efficiency in workflow and reduction in errors and duplication	0-3 mths	SLWG to review Existing SOPs and Templates. Develop Standard Templates in a Central Shared Location. Continuous Monitoring and Sharing of Lessons Learned (across Health Boards).
(4.8) Stock Management	<ul style="list-style-type: none"> • What logistics and stock management processes are used by the organisation to meet its business needs and objectives? 	Managed stock levels and values, reduction in waste and unnecessary spend	3-6 mths	SLWG to review Existing SOPs and Templates. Develop Standard Templates in a Central Shared Location. Continuous Monitoring and Sharing of Lessons Learned (across Health Boards).
(4.9) Procurement Process Automation	<ul style="list-style-type: none"> • Has the organisation assessed its: - procurement processes for automation - information requirements? • Has an ICT strategy been created to meet these requirements? • What implementation stage is the ICT strategy at? 	Standardisation of Procurement processes throughout NHSS HB`s	3-6 mths	SLWG to review Existing Procurement processes. Develop Standardisation Continuous Monitoring and Sharing of Lessons Learned (across Health Boards).

Appendix 3 – Health Board Self-Assessment Summary

Question	Question Guidance	1. Advanced	2. Good	3. Improving	4. Developing
(1.1) Procurement Influence	<ul style="list-style-type: none"> • What level of influence does the procurement function have over routine and major procurement activity? • What does the procurement function deliver to the organisation 				
(1.2) Procurement Strategy	<ul style="list-style-type: none"> • In what ways is the organisation's procurement strategy linked to the organisation's corporate strategy? • Where applicable is this procurement strategy delivering the sector's strategic objectives? 				

(1.3) Learning & Skills: Capability	<ul style="list-style-type: none"> • What does the organisation do to develop existing procurement individuals and future talent? 	Green			
(1.4) Risk Management	<ul style="list-style-type: none"> • What is the organisation's approach to managing risk and contingency planning within procurement activity? 	Green			
(1.5) Commercial Awareness & Acumen	<ul style="list-style-type: none"> • What does the organisation do to promote commercial competence and ensure it is embedded within its organisation and culture? 	Green			
(1.6) Continuous Improvement of Procurement Activity	<ul style="list-style-type: none"> • What does the organisation do to drive continuous improvement in its procurement activity? 	Green			
(1.7) Climate Change	<ul style="list-style-type: none"> • Does the organisation embed climate and circular economy considerations into the corporate procurement strategy and delivery? • Does the Senior Management actively measure and recognise the positive environmental impact that procurement can make in a planned, organisational approach? • Are progress and achievements included in the organisation's annual procurement reports? 		Blue		
(2.1) Implementation & Exit Strategies, Life Cycle Planning	<ul style="list-style-type: none"> • How does the organisation use implementation plans and exit strategies efficiently? 		Blue		
(3.1) Contract & Supplier Management	<ul style="list-style-type: none"> • What does the organisation do to manage contracts and suppliers? 			Yellow	
(3.2) Contractual Obligations & Additional Benefits	<ul style="list-style-type: none"> • What does the organisation do to work with suppliers throughout the life of a contract? • How do these activities: - ensure contractual obligations are met? -identify and deliver additional benefits to both parties? 	Green			
(3.3) Lessons Learned	<ul style="list-style-type: none"> • What benefits have been delivered through reviewing lessons learned from procurement exercises? 	Green			

Meeting: Finance, Performance & Resources
Committee

Meeting date: 11 March 2025

Title: Reform, Transform, Perform Q3 Performance Report

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 performance up to the end of January 2025 for the 13 complimentary schemes of work which have been put in place to produce the required improvement in performance.
- The overall assurance level is moderate for delivery but there is now confidence the savings target of £25m will be achieved.
- The January finance position is £18,864,435 (YTD saving) versus a planned YTD saving of £18,920,061 (shortfall variance of £55,626).
- The total savings forecast for 3% schemes is £25,000,466 versus a target of £25M (shortfall variance of £Nil).

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 performance of the 13 complimentary schemes up to end of Quarter 3.

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.

Assurance levels has changed across the 13 schemes; seven deliverables have significant assurance, 2 have moderate assurance, and 4 have limited assurance.

The *Moderate* assurance level continues for overall delivery at this time, although noting that there is significant confidence based on current trajectories that we will deliver £25m savings. Priority focus on the moderate and limited assurance schemes will continue to identify opportunities to accelerate performance for the remainder of the year although recognising the challenging operational landscape for services.

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 regular RTP staff briefings and staff can contribute suggestions through the RTP mailbox and suggestion form.

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 £25,000,466, which present a shortfall of £Nil from the target of £25m. The January position has seen an improvement in performance with total savings only £55,626 short of the projected savings target. There is now confidence that we will deliver £25m savings for the financial year.

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 in place, with risk profiles continually reviewed via the Corporate Programme Management Office, these are incorporated into the monthly 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.

Executive Director Group – Thursday 20 February 2025.

2.4 Recommendation

This paper is provided to members for assurance – this report provides a moderate level of Assurance regarding delivery of RTP, but noting there is significant confidence of being close to delivering £25m savings.

3 List of appendices

The following appendices are included with this report:

- Appendix One - RTP Performance Report – January 2025.

Report Contact

Fiona McLaren

Head of Corporate PMO

Email fiona.mclaren2@nhs.scot

RTP Performance Report

January 2025

Ben Hannan

Director of Planning and Transformation

17 February 2025 nhsfife.org

Introduction

The purpose of this pack is to provide an update on the 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	January 2025 Planned YTD	January 2025 Delivery YTD	Forecast Saving	Target Saving (FY): £25,000,000 Planned Saving (YTD): £18,920,061 Linear target (YTD): £20,833,712 (for 3% schemes only) YTD Saving: £18,464,435 Total Gap: £NIL 170/216
1. Medicines Optimisation	£2,000,000	£1,309,091	£1,613,739	£2,000,000	
2. Unscheduled Care Bundle	£700,000	£583,333	£573,456	£687,431	
3. PFI Contract	£400,000	£600,000	£600,000	£600,000	
4. Estates Rationalisation	£2,000,000	£964,000	£908,200	£2,000,000	
5. Non-Compliant Rotas	£1,000,000	£750,000	£1,331,667	£1,739,000	
6. Legacy Covid Costs	£1,000,000	£833,333	£676,502	£821,644	
7. Supplementary Staffing	£5,000,000	£4,166,667	£4,878,687	£5,680,000	
8. Procurement	£500,000	£416,667	£329,993	£400,000	
9. Corporate Directorates	£1,500,000	£1,250,000	£1,250,000	£1,500,000	
10. Business Transformation	£2,400,000	£1,866,667	£1,190,725	£1,318,766	
11. Surge Reduction	£1,850,000	£1,513,636	£426,067	£450,000	
12. Planned Care	£1,200,000	£1,000,000	£2,257,099	£2,709,000	
13. SLA & External Activity	£5,000,000	£3,666,667	£1,666,667	£2,000,000	
14. Bal. Sheet			£1,161,624	£3,094,624	
Key	Total YTD – for 3% savings schemes		£18,920,061	£18,864,435	£25,000,466
Significant shortfall on Target of plan					
3/33 Delivering target but not in					

Assurance Levels

Assurance Level	Definition
Significant assurance	<p>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.</p> <p>There may be an insignificant amount of residual risk or none at all.</p>
Moderate assurance	<p>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.</p>
Limited assurance	<p>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.</p>
No assurance	<p>The Board or Committee cannot take any assurance from the information that has been provided.</p> <p>There remains a significant amount of residual risk.</p>

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 31/01/2025
1. Medicines Optimisation	Dr Joy Tomlinson / Dr Chris McKenna/Fiona Forrest	Significant	-	£2,000,000	£2,000,000
2. Unscheduled Care Bundle	Claire Dobson	Significant	-	£700,000	£687,431
3. PFI Contract	Neil McCormick	Significant	-	£400,000	£600,000
4. Estates Rationalisation	Neil McCormick	Moderate	-	£2,000,000	£2,000,000
5. Non-Compliant Rotas	Dr Chris McKenna	Significant	Improvement	£1,000,000	£1,739,000
6. Legacy Covid Costs	Claire Dobson/Alistair Graham/David Miller	Limited	-	£1,000,000	£821,644
7. Supplementary Staffing	Janette Keenan/David Miller	Significant	Improvement	£5,000,000	£5,680,000
8. Procurement	Claire Dobson	Moderate		£500,000	£400,000
9. Corporate Directorates	Margo McGurk	Significant	-	£1,500,000	£1,500,000
10. Business Transformation	Alistair Graham	Limited	-	£2,400,000	£1,318,766
11. Surge Reduction	Claire Dobson	Limited	-	£1,850,000	£450,000
12. Planned Care	Claire Dobson	Significant	Improvement	£1,200,000	£2,709,000
13. SLA & External Activity	Margo McGurk	Limited	-	£5,000,000	£2,000,000

RTP – January 2025 Look Back

January 2025 figures have shown an improvement in performance with total savings only £55,626 short of the projected savings target. There are still areas which require continued focus until the end of the financial year.

Supplementary staffing has seen an improvement in savings achieved, savings are now starting to be realised through direct engagement work. Further work is underway to increase compliance for direct engagement by the end of the financial year.

Procurement there is confidence that the savings target will be achieved as the number of schemes continues to develop and savings are being quantified.

Business transformation the effect of direct impact digital projects as well as the bridging actions to date around vacancy management have seen an improvement in savings achieved. Further plans are being developed to deliver savings in other areas of the organisation.

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.

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.

RTP – January 2025 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.

Work is underway to **rationalise our estate**. Work has commenced to look at additional opportunities around rationalising the Cameron and Stratheden estates. A full estate appraisal is currently underway.

Addressing **non-compliant rotas** is on track. The first round of monitoring began in September with all rotas passing this current round. Savings achieved to date are higher than expected.

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

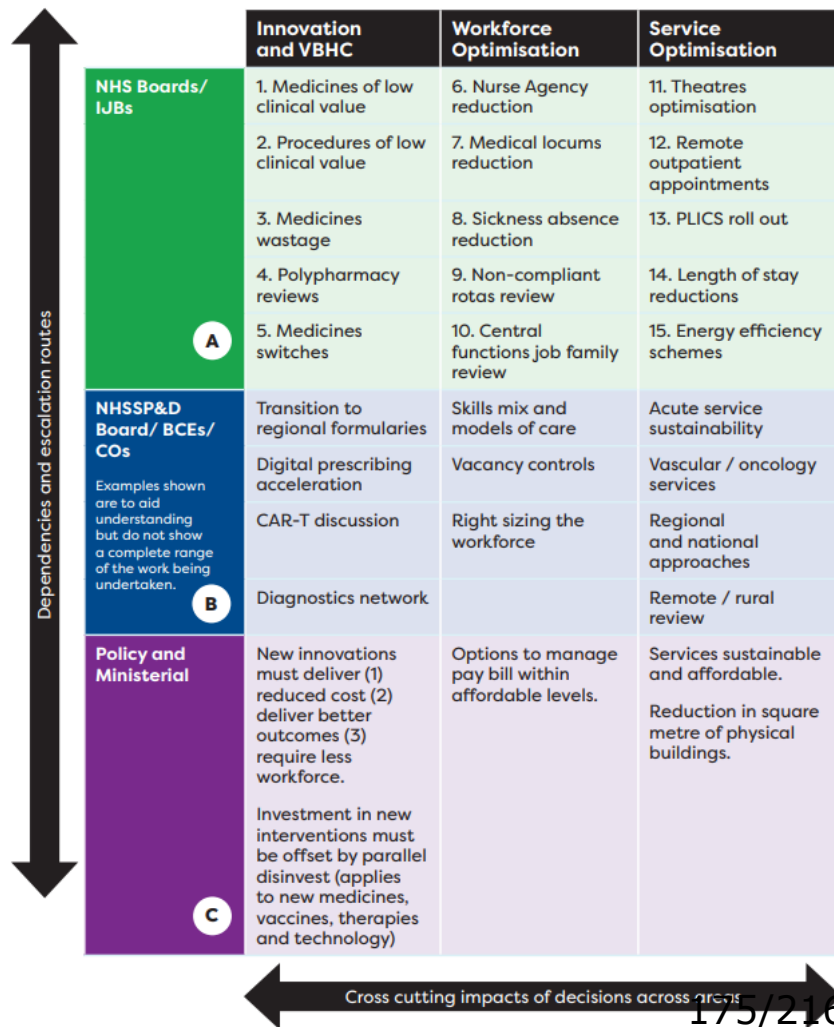
The Board has provided Scottish Government with a required return considering additional options for cash releasing savings. The return ran to 24 items, graded into difficulty of delivery.

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.



2. Unscheduled Care Bundle Executive Lead – Claire Dobson	Assurance Rating	Significant
	Target Saving	£687,431
	Savings YTD	£573,465
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	£1,250,000
	Savings YTD	£1,500,000
12. Planned Care Executive Lead – Claire Dobson	Assurance Rating	Significant
	Target Saving	£2,709,000
	Savings YTD	£2,257,099

Status Update

- These schemes are on track to deliver, Corporate Directorates and Planned Care are projected to deliver beyond the savings forecast.
- There is significant assurance on delivery.

Planned Activity:

Ongoing monitoring monthly and maintenance of delivery.

1. Medicines Optimisation

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

Assurance Level

Significant

Target Saving FY

£2,000,000

Forecast Saving FY

£2,000,000

Savings YTD

£1,613,739

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
- Reporting structure reviewed and updated to show scheme finance position accurately
- Medicines Waste campaign launched

Planned Activity:

- Monthly monitoring of the Medicines Optimisation plan and continued identification of opportunities.
- Review of current prescribing guidelines across a number of specialties to more clearly define treatment pathways and access to medicines
- Comms and engagement plan with all staff.
- Reducing medicines waste in hospital.

Challenges / Opportunities:

- Launch of aflibercept 8mg with 25% reduction in contract price; awaiting confirmation of addition to ERF
- Patent dispute has delayed the launch of biosimilar omalizumab; this was projected to deliver £29k in 2024/25; now unlikely to deliver any benefits this financial year
- Oxaliplatin interim pricing agreement agreed by National procurement prior to new contract in February
- Approximately £140K cost pressure arising due to IV fluid contract extension
- Supply problem for Acetylcholine; unlicensed product being purchased at significant cost pressure

4. Estates Rationalisation

Executive Leads – Neil McCormick

Assurance Rating	Moderate
Target Saving FY	£2,000,000
Forecast Saving FY	£2,000,000
Savings YTD	£908,200

Status Update:

- Assurance maintained at moderate due to confidence in forecast for delivery. Budget allocation weighted towards the end of the year which should enable savings to be banked towards the year end.

Progress to date:

- Closure of underutilised administration buildings complete with all staff relocated within existing estate/Fife Council sites.
- Office accommodation optimised within existing estate.
- Bed modelling works complete, planning around next steps and governance.
- Site appraisal works initiated and updated property valuations awaited.
- Mental Health Estate Steering Group established to drive change in this key area.
- Saving targets confirmed for 25/26 (£2m).

Planned Activity:

- Complete Cameron site consolidation (alternate space for Addictions team). Additional capital required to implement changes.
- Confirm mental health requirements service and estate requirements (what/where/when).
- Draft property rationalisation plan developed. Awaiting property valuations.
- 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.
- Identify energy programme of initiatives for 25-26.

Opportunities/Threats

- £2m savings now identified and expected to be realised by end of financial year.
- Potential lease/sale opportunities arising for key sites – to be explored further.
- Site opportunities may be constrained by ongoing clinical commitments and pace of change.
- Energy inflation and new sustainability regulations may affect savings made elsewhere.

4. Estates Rationalisation

Executive Lead – Neil McCormick

Milestone Plan

Feb 25

- Receive updated site valuations
- Develop target saving items for 25/26
- Develop metering strategy for estate

Mar 25

- Agree outline plan for mental health estate
- Achieve £2m savings target for FY24/25
- Agree scope and cost to enable residual Cameron consolidation
- Set energy saving programme /initiatives for 25/26

4. Estates Rationalisation

Executive Lead – Neil McCormick

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk that site opportunities may be constrained by ongoing clinical requirements resulting in the inability to achieve desired savings targets.	<p>Closely managing expenditure through Senior MT and aiming to identify any additional savings.</p> <p>Work closely with mental health service to improve their model of care whilst reducing estate risk and footprint.</p>	3	3	9 – Moderate Risk
There is a risk that other SG policy drivers could impact our budget position (e.g. sustainability team and vehicle electrification all funded from existing budget position).	Find other saving opportunities within existing budget allocation to help off-set.	3	3	9 – Moderate Risk

5. Non-Compliant Rotas

Executive Lead – Dr Chris McKenna

Assurance Rating

Significant

Target Saving FY

£1,000,000

Forecast Saving FY

£1,739,000

Savings YTD

£1,331,667

Status Update:

- Assurance remains as moderate due to controls put in place at service level to encourage rota compliance which require to be sustained continuously.
- Rota monitoring began in September 2024 with results from the first round completed in November and all rotas are compliant.
- A second stage of monitoring underway with final savings being reported at the end of the financial year.

Progress to date:

- Second stage of monitoring has begun in some areas with others to begin in the next few weeks.

Planned Activity:

- Second stage of monitoring results to begin being received in March 2025.
- Information being collated from survey results and will be shared for information purposes.

Opportunities/Threats:

- None identified until results received and reviewed.

5. Non-compliant Rotas

Executive Lead – Dr Chris McKenna

Milestone Plan

Feb 25

- Second stage of monitoring to begin

Mar 25

- Rota monitoring continues and results begin to be available.

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.	The current communication and management of monitoring expectations by Service Managers and Senior Clinical Staff has been effective and resulted in sufficient returns and all monitoring passed. The risk remains moderate due to the requirement to sustain this.	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.	Rotas have passed first stage of monitoring which proves they can be fit for purpose. Some returns were challenged by Senior Staff within the Medical Directorate due to refusal to take breaks and claiming non-compliance. This has been addressed however risk remains the same as it is required to be sustained messaging and ongoing review as returns are being submitted.	3	4	12 -Moderate risk

6. Legacy Covid Costs

**Executive Leads – Claire
Dobson/David Miller/Alistair
Graham**

Assurance Rating	Limited
Target Saving FY	£1,000,000
Forecast Saving FY	£821,644
Savings YTD	£676,502

Status Update:

- Limited assurance at this time as full savings identified not delivered, although there has been improvement in performance due to NRAC monies being used to remove cost pressures in Workforce and D&I.

Progress to date:

- A paper outlining plans to reduce the workforce covid costs approved by Board.
- Viability of an exit plan for D&I Items being assessed.

Planned Activity:

- NRAC funds to be used to remove the cost pressure.

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 staff side colleagues, offset through our vacancy management processes.	4	4	16 - High Risk

7. Supplementary Staffing

Executive Leads – Janette Keenan/David Miller

Assurance Rating	Significant
Target Saving FY	£5,000,000
Forecast Saving FY	£5,680,000
Savings YTD	£4,878,687

Status Update:

- Assurance level moderate, savings have improved due to the reallocation of NRAC funding. There is confidence the savings target will be achieved.

Progress to date:

- Direct engagement model introduced on 5th August and to January has generated £451,656 in savings. Compliance rate currently around 79%.
- Direct engagement project handed over to Workforce to manage as business-as-usual model.
- Review of existing rosters on eRostering system undertaken to ensure staffing levels are appropriate.

Planned Activity:

- Continue to work to improve direct engagement compliance rates and sustain.
- Scoping improvement work in haematology continues - opportunities for process efficiencies identified.
- Scoping additional savings opportunities in overtime rates paid to bank staff.
- Scoping introduction of pay rate caps for agency staff.
- Introduction of AHP Reduction Plan from March 2025.
- NQP recruitment cycle underway.

Opportunities/Threats:

- Anticipated impact of year 2 reduction in working week on requirement for backfill through supplementary staffing.

7. Supplementary Staffing

Executive Leads – Janette Keenan/David Miller

Milestone Plan

Feb 25

- Continue to improve direct engagement compliance rates through Compliance User Group.
- Review locum rates and recommendation on whether rate cap should be introduced.
- Review overtime payments to bank staff and recommendation on whether this should be ceased.
- NQP recruitment cycle started.

Mar 25

- Introduce SSTFG guidance for AHP staff
- Completion of haematology service review.

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.	4	4	16 – High Risk
There is a risk that the external drivers such as reduction in working week and RTP WTE reduction may impact on our ability to reduce usage of supplementary staffing.	Service redesign to be considered as part of WTE reduction and RWW. Limited funding available for backfill of posts for RWW on a non-recurring basis.	4	4	16 – High Risk

8. Procurement

Executive Lead – Claire Dobson

Assurance Rating	Moderate
Target Saving FY	£500,000
Forecast Saving FY	£400,000
Savings YTD	£329,993

Status Update

- Assurance level continues at moderate, there is confidence that the savings target will be achieved as the number of schemes continues to develop and savings are being quantified.

Progress to date:

- Plus sized/bariatric equipment on order (anticipate reduction rental costs as soon as installed).
- Ongoing testing with teams on optimal approaches/process/strategies to minimise waste and stock levels.
- Idea generation and scheme development continues.

Planned Activity:

- Glove stock levels to be reviewed, reflecting on the impact of 'Gloves Off' campaign.
- Finalise revised Bariatric / plus size equipment process changes to optimise savings.
- Continue to explore ideas, test practice changes, track expenditure and engage with teams to identify additional opportunities.
- Galvanise focus to secure end of year target.

Challenges / Opportunities:

- Data is cumbersome to extract to support scheme identification, development and to quantify impact.
- Limited returns of linen to date.
- A number of schemes are supporting a reduction in landfill/clinical waste.

8. Procurement

Executive Lead – 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 and develop the schemes.	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	£1,318,766
Savings YTD	£1,190,725

Status Update:

- Assurance level remains as limited. However, through the effect of direct impact digital projects as well as the bridging actions to date around vacancy management, around £1.1M of savings have been verified to date.

Progress to date:

- Approach developed around consolidation work proposed in Corporate function areas (such as Change/Performance & Planning, Health Records and an Organisational Assurance theme).
- Initial project meeting held with Workforce related to Corporate function transactions and to move such routine enquiry over to a new service desk model.
- More focused reviews in the areas of Management Support and Digital Dictation in planning phases to understand current systems and ways of working.
- 3 VMF process digital training sessions completed with a process testing phase to commence end of February.
- Bridging action related to exit strategy for fixed-term posts within administration job family being progressed with all relevant Directorates.
- Programme Blueprint shared and endorsed via Business Transformation Leadership Group. Discussions being picked up via EDG.

Planned Activity:

- Further staff data analysis to determine those likely in scope/impacted for consolidation and review projects.
- Decision required on consolidation approach and priority order. Following this engagement with senior management on staff lists to verify, as data is unreliable.
- Pilot test of digital VMF process.
- Discovery work related to understanding HR/Workforce transactions that are suitable for a shared desk model.

Challenges / Opportunities:

- Organisational appetite for change of this scale appears limited.
- Different approach required than originally intended due to pre-requisites identified in PID not being in place.

Immature management information set-up means discovery phases later in starting thereby delaying projects, as data and evidence base needs to be built and established by programme.

10. Business Transformation

Executive Lead – Alistair Graham

Milestone Plan

Feb 25

- Testing of the VMF process/ Jobtrain automation work.
- Progress understanding the current systems and ways of working within Digital Dictation & Management Support areas.
- Agree approach to corporate function consolidation and priority order.

Mar 25

- Outline target operating model endorsed at Senior levels – Decision required to inform future plans / milestones.

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. Savings accredited to programme related to workforce reductions for Admin.Serv. Job Family have been done so after removing other prior approved savings detailed in CIP schemes/formalised Service proposals.	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.	Programme undertaking a midyear review with Finance colleagues. The rationale and validation of original programme targets is being reviewed as part of that process, along with any underpinning assumptions.	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 directly 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	£450,000
Savings YTD	£426,067

Status Update:

Assurance levels remain limited as surge reduction savings have been impacted by high continuing levels of emergency admissions across winter period, 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 Doctor'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.
- Development of Supported Discharge Improvement Group for operational improvements.

Planned Activity:

- Scoping of substantive workforce (Medical, Nursing, and AHP) – SBAR to be presented to RTP Executive Leadership for supported discharge workforce.

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

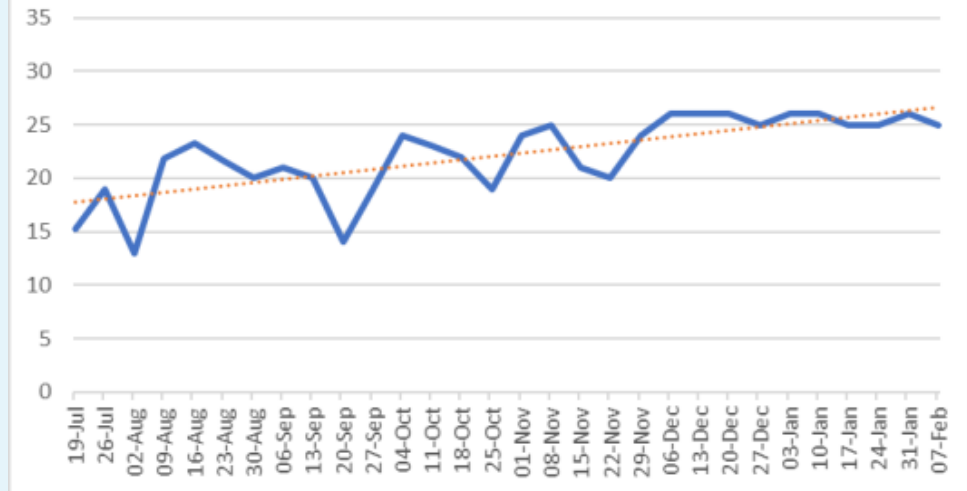
Executive Lead – Claire Dobson

Assurance Rating	Limited
Target Saving FY	£1,850,000
Forecast Saving FY	£450,000
Savings YTD	£426,067

Data Informatics:

- Acute are experiencing continuous high-levels of emergency admissions and operating at winter-level pressures throughout the year.
- Year on year reduction in number of patients boarded into surgical wards - December average of 23 patients.
- Within Ward 6 the current 18-week average bed occupancy is 23.

Ward 6 Average Weekly Bed Occupancy



11. Surge Reduction

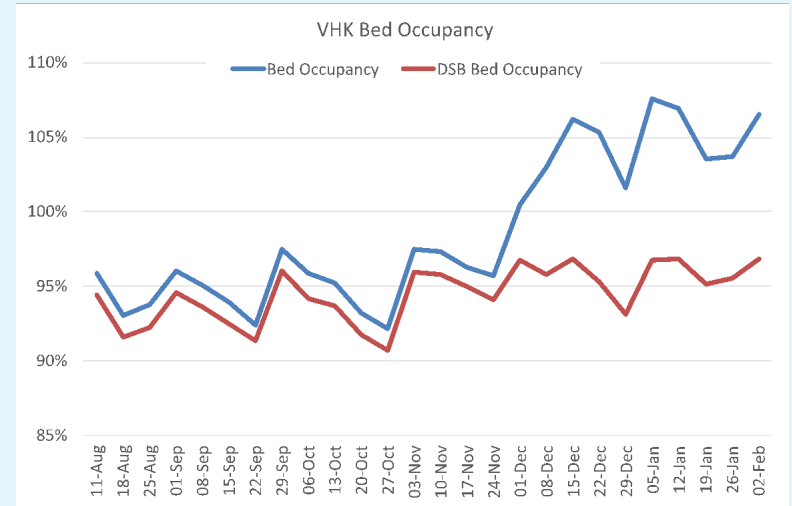
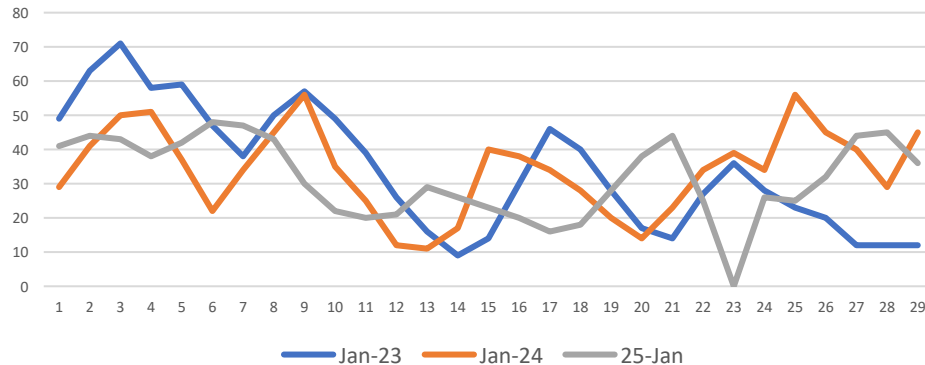
Executive Lead – Claire Dobson

Assurance Rating	Limited
Target Saving FY	£1,850,000
Forecast Saving FY	£450,000
Savings YTD	£426,067

Balancing Measures

- Number of patients awaiting a transfer of care on the Discharge Hub waiting list is an average of 27 patients daily.
- Median Daily Hospital Occupancy is 96.8%.
- Median VHK Back Door Ward Occupancy is 94.8%, which provides challenges in moving patients on to their next area for care.
- Median Community Hospital Occupancy is 104.3%.

Surgical Directorate Boarding January 2025



11. Surge Reduction

Executive Lead – Claire Dobson

Milestone Plan

Feb 25

- Scoping of substantive workforce (Medical, Nursing and AHP) – SBAR to be presented to RTP Executive Leadership.
- Development of Supported Discharge Improvement Group for operational improvements.
 - Review criteria for Wards 6 & 9.
 - Review escalation processes.

Mar 25

- Scoping of substantive workforce (Medical, Nursing and AHP) – SBAR to be presented to RTP Executive Leadership.
- Development of Supported Discharge Improvement Group for operational improvements.
 - Review criteria for Wards 6 & 9.
 - Review escalation processes.

11. Surge Reduction

Executive Lead – Claire Dobson

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
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
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

13. SLA and External Activity

Executive Lead – Margo McGurk

Assurance Rating	Limited
Target Saving	£5,000,000
Forecast Saving	£2,000,000
Savings YTD	£1,666,667

Status Update: Assurance remains limited while discussions with external partners continue

Progress to date:

- 2 meetings have been held with NHS Tayside to discuss the current decontamination service. NHS Tayside recognise issues relating to quality and seek an opportunity to improve. The costs associated with this SLA will be considered following NHS Tayside’s review of the offer being made by an external provider. Plans are in place to share this information by mid-February. Service level discussions will continue thereafter.

Planned Activity:

- Ongoing development of Performance Management dashboard
- Ongoing discussions with other Boards Chief Executives relating to transition into more formal Performance Management arrangements by 1 April 2025
- RTP/SLA Moving towards a business-as-usual model in 2025/26 - Closing report to be developed

Opportunities & Threats:

- The 3% Cash Release Efficiency Saving (CRES) to SLAs, will not be delivered following the national settlement on uplift

13. SLA and External Activity

Executive Lead – Margo McGurk

Milestone Plan

Feb 25

- Development of an activity dashboard to support Performance Management group meetings

Mar 25

- Move towards business as usual model

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.	Cost pressure has been reduced from £5M to £2M due to ScotGov uplift for 2024/25. Discussions are ongoing with external partners as financial planning assumptions have not been accepted. Performance Management group planned for 2025/26 period to reduce the risks associated with current and future challenges	5	4	20 - High Risk

FIFE CAPITAL INVESTMENT GROUP

(Meeting on 5 February 2025)

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

MINUTE OF FIFE CAPITAL INVESTMENT GROUP MEETING

**Wednesday 5 February 2025 at 1pm
via MS Teams**

Present: Neil McCormick, Director of Property & Asset Management (NMcC) (**Chair**)
 Margo McGurk, Director of Finance (MMcG)
 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)
 Rose Robertson, Assistant Director of Finance (RR)
 Lisa Cooper, Head of Primary and Preventative Care Services (LC)
 Maxine Michie, Deputy Director of Finance (MMi)
 Claire Dobson, Director of Acute Services (CD)

In Attendance: Jillian Torrance, Head of Complex and Critical Care (JT)

Apologies: Janette Keenan, Director of Nursing (JK)
 Dr Chris McKenna, Medical Director (CM)
 Alistair Graham, Associate Director of Digital & Information (AG)
 Fiona Forrest, Acting Director of Pharmacy & Medicines (FF)
 Jimmy Ramsay, Head of Sustainability (JR)

1.0	<p>WELCOME AND APOLOGIES</p> <p>Apologies were received from Janette Keenan (Director of Nursing), Dr Chris McKenna (Medical Director), Alistair Graham (Associate Director of Digital & Information), Fiona Forrest (Acting Director of Pharmacy & Medicines) and Jimmy Ramsay (Head of Sustainability).</p>	
2.0	<p>NOTES OF PREVIOUS MEETING</p> <p>Members approved the note of the previous meeting held on 18 December 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 9 January 2025 were noted by the group.</p> <p>4.2 Capital Equipment Management Group The minute of the meetings held on 5 December 2024 were noted by the group. RR highlighted the additional £4.1m capital funding received was split between capital equipment (£2.5m), D&I and property works (£1.6m). An additional £342k was further received for capital</p>	

	<p>equipment at the end of 2024. CEMG members have been asked to expedite outstanding ERFs to ensure equipment is deliverable before 31 March 2025.</p> <p>RR highlighted there are no outstanding items on the SLT approved lists for consideration as all equipment requests have been approved through formulary or additional capital equipment funding.</p> <p>RR advised the next CEMG meeting on 6 February will be the first meeting with the streamlined CEMG membership, and members will be requested to review and submit an updated SLT approved 2025/26 prioritised capital equipment list and a 5 year capital plan from HSCP, Acute Services and Estates & Facilities.</p>	
<p>5.0</p>	<p>PLANNING</p> <p>5.1 Proposed Capital Plan 2025/26 Following discussion, it was agreed for the 2025/26 proposed capital plan to be brought to the next FCIG meeting for discussion.</p> <p>5.2 Business Continuity & Essential Investment Infrastructure Plan BJ highlighted, following approval from the Finance, Performance & Resources Committee and NHS Fife Board, the plan was submitted to Scottish Government in January 2025. Feedback has been received from Scottish Government including a request to provide further narrative on mental health plans to ensure they are robust.</p> <p>NMcC advised a meeting with himself, JT and Steven Gallagher (Director of Mental Health, Scottish Government) has been scheduled for 13 February to view NHS Fife sites to gain an understanding of the challenges NHS Fife are facing.</p> <p>5.3 Project Hydra NMcC advised the replacement of medium temperature hot water pipe work is progressing well and noted the SPV will be providing the final payment as part of the March 2025 invoicing.</p> <p>5.4 Medical Education Update BJ noted the team are in the process of completing Cedar House before the end of the financial year. It was noted medical education may move into level 4 of the tower block at VHK in 25/26 if further space is required and additional funding is available to reconfigure the space.</p> <p>5.5 RTP Infrastructure Update BJ noted 2024/25 RTP capital funding has been allocated and spent. 2025/26 plans include completing works at Cameron Hospital to move accommodation to Randolph Wemyss Memorial Hospital, as well as completing mental health works at Stratheden Hospital.</p> <p>NMcC noted discussions on the utilisation and potential disposal of NHS buildings will be key in 2025/26.</p> <p>5.6 Decarbonisation of NHS Fife Fleet NMcC provided an overview of the paper noting work to replace and reduce the number of vehicles is underway with progress currently at 79%. JRo highlighted discussions are ongoing with services to ensure NHS Fife will be 100% compliant by December 2025.</p> <p>FCIG members approved the paper for onward submission to the Finance, Performance & Resources Committee.</p>	

<p>6.0</p>	<p>PERFORMANCE</p> <p>6.1 Capital Expenditure Report TG provided an overview of the capital expenditure report noting the total capital allocation for 2024/25 is £13m, which includes the additional £4m funding received.</p> <p>TG highlighted the £194k slippage on capital equipment is due to a number of items no longer required by services, and a double count of Radiology equipment. It was also noted £50k has been allocated to repair the roof at Linburn Health Centre</p> <p>Following a query from MMcG regarding the low expenditure of capital equipment, TG confirmed the figure is low due to holding half the allocation till September 2024 to spend, however the bulk of allocation has been spent and teams are now awaiting orders for receipt. It was further confirmed that all orders placed have been assured delivery prior to the end of the financial year.</p> <p>RR requested FCIG approval (on behalf of CEMG) to purchase a Platlet Incubator at £18k with the remaining slippage money. FCIG approved the request for proceeding to ERF.</p>	<p>RR</p>
<p>7.0</p>	<p>ISSUES TO BE ESCALATED TO EDG</p> <p>N/A</p>	
<p>8.0</p>	<p>AOCB</p> <p>8.1 2025/26 Annual Workplan & Meeting Dates Members were asked to advise KD of any updated required to the 2025/26 workplan.</p> <p>8.2 Additional FCIG Meeting – Draft 2025/26 Capital Plan Following discussion, it was agreed for NMcC and BJ to meet with relevant members to discuss priorities based on the five year capital equipment plan and whole system infrastructure plan, to create a draft 2025/26 capital plan. A single item agenda FCIG meeting will be scheduled for 3 March 2025 to consider the draft 2025/26 capital plan.</p>	<p>NMcC / BJ</p>
<p>6.0</p>	<p>DATE OF NEXT MEETING</p> <p>Monday 3 March 2025, 9am – 9:30am, vis MS Teams Wednesday 19 March 2025, 9am – 10:30am, via MS Teams</p>	

PROCUREMENT GOVERNANCE BOARD

(Meeting on 29 January 2025)

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



MINUTE OF NHS FIFE PROCUREMENT GOVERNANCE BOARD (PGB)

**Wednesday 29 January 2025, 9am
Via MS Teams**

Present: Margo McGurk (MMcG) (**Chair**), Director of Finance & Strategy
 Michael Cambridge (MC), Associate Director of Procurement
 Alistair Graham (AG), Associate Director of Digital & Information
 Janette Kennan (JK), Director of Nursing
 Paula Lee (PL), Head of Procurement
 Maxine Michie (MMi), Deputy Director of Finance
 Rose Robertson (RR), Assistant Director of Finance

In Attendance: Kerrie Donald (KD), Executive Assistant (*minutes*)

1.0	<p>WELCOME AND APOLOGIES</p> <p>Apologies were received from:</p> <ul style="list-style-type: none"> • Paul Bishop, Associate Director of Estates • Kevin Booth, Head of Financial Services & Procurement • Claire Dobson, Director of Acute Services • Fiona Forrest, Interim Director of Pharmacy & Medicines • Ben Hannan, Director of Reform and Transformation • Chris McKenna, Medical Director • David Miller, Director of Workforce • Audrey Valente, HSCP Chief Finance Officer • Jo-Anne Valentine, Public Health Manager • Lynne Parsons, Employee Director • Shirley-Anne Savage, Associate Director for Risk and Professional Standards 	
2.0	<p>NOTES OF PREVIOUS MEETING</p> <p>The note of the meeting held on 30 October 2024 was agreed as an accurate record.</p>	
3.0	<p>ACTION LOG</p> <p>Open action to be updated for the next meeting.</p>	
4.0	<p>DRAFT 2025/26 ANNUAL WORKPLAN</p> <p>Procurement Governance Board members approved the draft 2025/26 annual workplan.</p>	
5.0	<p>CAPACITY AND CAPABILITY ACROSS THE ORGANISATION</p> <p>5.1 PROCUREMENT RISK REPORT</p>	

PL provided an overview of the paper noting there are currently 3 ongoing Procurement risks; 2 high and 1 moderate.

Risk 2189 in relation to the current economic climate resulting in significant cost pressures and an increased inability to achieve efficiencies remains high due to current financial outlook, significantly reducing the likelihood of delivering the desired savings targets of the board through contract cost efficiencies. The procurement team continue to monitor the marketplace and are engaging with service leads and suppliers to progress all opportunities and minimise cost pressure wherever possible.

Risk 2945 in relation to the decrease in the number of national procurement frameworks resulting in an additional resource burden on NHS Fife's local procurement team remains high. This risk remains high level and will be reviewed in line with the publication of the 2025/26 draft National Workplan, expected by March 2025.

AG highlighted a Digital Procurement Group has been created to review digital frameworks noting any updates will be provided to the Procurement Governance Board as required.

Risk 3076 in regard to the unsuitable Ward Produce Management (WPM) workspace at the service yard, VHK remains moderate risk noting the NHS Fife Procurement and Facilities team have already implemented some practical alterations however the need for alternative office accommodation has been highlighted to the Head of Facilities for consideration in the overall site rationalisation programme. The Deputy Director of Finance is liaising with the RTP Infrastructure workstream to explore and identify possible solutions.

Risk 2946 in relation to the recruitment of a significant number of new staff to the procurement team and the need to develop their skills, knowledge, and experience to align with the current business requirements of NHS Fife. Following discussion, it was agreed the risk should be significantly reduced or closed, the rational being the Procurement team are currently delivering a level of performance with high levels of customer satisfaction received from feedback forms.

The Procurement Governance Board took a moderate level of assurance from the update pending an updated paper to be re-circulated with the removal of risk 2946 from the risk register.

5.2 WAVIER OF COMPETITIVE TENDERS – QUARTER 3

PL provided an overview of the paper noting during quarter 3 of 2024/25 there were 2 wavier of competitive tenders; Oral Nutritional Supplements (£353k) and Urology Thulium Fiber Laser Consumable Agreement (£78k).

The Procurement Governance Board took a significant level of assurance from the update.

5.3 PROCUREMENT KEY PERFORMANCE INDICATORS

PL provided an in-depth analysis of the Key Performance Indicators presented within the paper, highlighting the average monthly purchase order spend via Pecos at 31 December 2024 was £12.5m, with a total spend of £112m. It was noted this is an increase in comparison with the same period last financial year and is due to goods and services being raised through Pecos orders, which were previously processed as invoices via e-Authoriser. It was further noted the customer service KPI illustrates no formal complaints raised in relation to procurement services.

PL

JK praised the Procurement team on the positive feedback received from services.
The Procurement Governance Board took a significant level of assurance from the update.

6.0 SPEND PROFILING AND EFFICIENCY OPPORTUNITIES

6.1 NATIONAL PROCURMENT GAP REPORT

PL presented the paper noting figures are as reported by National Procurement. It was highlighted there are 6 outstanding and 2 new National Procurement Frameworks with a potential savings opportunity of £177k identified for NHS Fife:

Category (Commodity Type)	Number of Frameworks	Reported Gap	Comment
Estates & Facilities	1	£37,567	New £37,567 • NP65524 Waste Bags
Medical Equipment	2	£55,543	New £10,812 • NP10124 Oxygen Therapy Remaining £43,731 • NP31723 Insulin Pumps, Glucose Monitoring Systems and Consumables
Medical Surgical	1	£39,086	Remaining £39,086 • NP61323 Enteral Syringes, Tubing and Accessories
Non-Medical	1	£45,068	Remaining £45,068 • NP79424 Photocopiers & MFDs
Paramedical	1	£716	Remaining £716 • NP66724 Bone Conduction Implantable Hearing Aids
Total	6	£176,980	Previous report £140,533

Following a query from MMi, it was noted D&I Procurement are working with services to ensure Ricoh printers are being re-located and removed where appropriate to reduce the fleet.

The Procurement Governance Board took a moderate level of assurance from the update.

6.2 REFORM, TRANSFORM PERFORM UPDATE

AG highlighted the business transformation workstream will begin moving at pace within 2025/26 noting discussions on digitalising medical records will take place imminently.

JK further noted work is ongoing within Legal Services to implement more digital solutions and reduce the level of printing.

7.0 AOCB

7.1 PROCUREMENT & COMMERCIAL IMPROVEMENT PROGRAMME (PCIP)

PL provided an overview of the report noting the PCIP is a self-assessment carried out following collaboration with partner boards placed the NHS Fife Procurement Function predominantly across the Advanced and Good rankings. It was further highlighted, of the eleven questions answered by NHSF Fife, the performance towards eight was ranked as advanced, two were ranked as good and one was ranked as improving.

	<p>The Procurement Governance Board took a moderate level of assurance from the update and agreed for the paper to be presented at the next Finance, Performance & Resources Committee.</p> <p>7.2 PROCUREMENT GOVERNANCE BOARD MEETING DATES 2025/26</p> <p>PL highlighted the 2025/26 meeting dates are in-line with the Finance, Performance and Resources Committee to ensure papers are presented to the Committee with minimal delays.</p> <p>The Procurement Governance Board approved the 2025/26 meeting dates.</p> <p>7.3 Reflections</p> <p>MMcG thanked members for all their work within the Procurement Governance Board noting the significant improvement within the Procurement Team and the procurement governance structure of the Board.</p> <p>PL thanked MMcG for her contributions to the team and the ongoing support to improve services and governance within NHS Fife Procurement.</p> <p>7.4 NHS Supply Disruption</p> <p>Following discussion regarding the disruption to NHS Fife supply over the festive period, and during storm Eowyn, it was agreed for NHS Fife to respond to the supplier noting while services were kept safe throughout the disruption, NHS Fife are required to escalate the issue.</p>	
8.0	<p>DATE OF NEXT MEETING</p> <p>Wednesday 23 April 2025, 9am – 10:30am, via MS Teams</p>	

FINANCE, PERFORMANCE & SCRUTINY COMMITTEE

(Meeting on 15 January 2025)

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

DRAFT



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE WEDNESDAY 15TH JANUARY 2025 AT 10.00 AM VIA MICROSOFT TEAMS

Present: Alastair Grant, NHS Non-Executive Board Member (Chair)
John Kemp, NHS Non-Executive Board Member
Colin Grieve NHS Non-Executive Board Member
Cllr Dave Dempsey
Cllr David Alexander

Attending: Lynne Garvey, Director of Health & Social Care
Audrey Valente, Chief Finance Officer
Lisa Cooper, Head of Primary & Preventative Care
Jillian Torrens, Head of Complex & Critical Care
Chris Conroy, Head of Community Care
Vanessa Salmond, Head of Corporate Services

In attendance:

Tracy Hogg, Finance Manager HSCP
Avril Sweeney, Manager Risk Compliance
William Penrice, Service Manager, Performance Management & Quality Assurance
Rachel Heagney, Head of Improvement, Transformation & PMO
Gillian Muir, Management Support Officer (Minutes)

Apologies for Absence: Lynn Barker, Director of Nursing
Helen Hellewell, Associate Medical Director

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

2.	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were noted.</p>	
3.	<p>MINUTE OF PREVIOUS MEETING – 12TH NOVEMBER 2024</p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p>	
4.	<p>MATTERS ARISING / ACTION LOG</p> <p>The action log was reviewed. All actions noted have been actioned and are either complete or in progress.</p>	
5.	<p>FINANCE</p>	
5.1	<p>Finance Update</p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer detailing the current financial position (actuals to November 2024) highlighting a projected overspend of £34.8m and noting this was an adverse movement of £8m from the September position.</p> <p>Audrey Valente provided Committee with further detail on the principal areas contributing to the adverse movement noting these to be GP Prescribing, National Care Home Contract Rate, Psychology, Additional Packages, Service Level Agreements, Pay Shortfall and Non-Achieved Savings.</p> <p>Committee also noted the Partnership had withdrawn two planned savings due to these not being able to achieve the in- year savings expected. (Reduction in Care Home Beds and Community Services).</p> <p>Committee noted in relation to the savings position the Partnership was now reporting at November to deliver 59% of savings, a value of £23m against the £39m approved in March 2024.</p> <p>Audrey Valente noted the financial position remained challenging and not an improved position.</p> <p>The discussion was opened to Committee members and considerable discussion was had around the projected position and the areas contributing to the adverse movement. Members provided their thoughts and comments. Questions raised included what level of certainty do we have that what we are projecting at the moment is likely to be the outcome of the financial year; what is it that has stopped us achieving the digital sensor technology transforming overnight care and where are we with that particular saving and is it going to deliver next year?</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 30th November 2024 as outlined in Appendices 1-3 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. 3. Noted the onward submission to the IJB of the financial monitoring position as at November 2024. 	
<p>5.2</p>	<p>FP&S Risk Register – Deep Dive Transformation</p> <p>The Committee considered a report from Avril Sweeney, Compliance Manager for discussion and assurance that risks are being effectively managed within the IJB’s agreed risk appetite and at the appropriate tolerance levels as well as noting as part of the IJB’s risk reporting framework the risk was assigned to both Governance Committees.</p> <p>Avril Sweeney drew Committee’s attention to appendix 1 highlighting it sets out the risk description, risk scoring and highlights internal and external factors that may impact on the risk as well as providing relevant assurances, performance measures, benefits, and linked risks as appropriate.</p> <p>Committee noted key mitigations for the risk included the Transformation Change Programme aligned to the Strategic Plan, the Medium-term Financial Strategy, and the Workforce Strategy.</p> <p>Committee also noted that regular monitoring and review of the programme takes place through the Programme Management Office Oversight Board and was also reviewed at Senior Leadership Team Strategic Meetings.</p> <p>Avril Sweeney highlighted this was an overarching strategic risk but in addition to the management actions for the whole programme, individual projects would also report into the various Partnership Programme Boards where additional scrutiny would apply and any concerns would be raised and addressed.</p> <p>Committee noted there was confidence that there was a reasonable level of assurance that work was ongoing to support management on the risk and close scrutiny was being applied to delivery actions and monitoring of performance.</p> <p>Committee also noted that it is acknowledged that there are a number of external factors out with the Partnership’s sphere of influence and control, but that it was trying to keep these closely monitored.</p>	

	<p>Avril Sweeney highlighted that some of the programmes are still at the planning stage and may require consideration as part of the refresh of the Strategic Plan for 2026 onwards and it maybe that risks and this risk itself may require review or possible merge with other risks as the Strategic plan refresh develops which may impact on the target date and target score going forwards.</p> <p>The discussion was opened to Committee members where considerable discussion was had around the deep dive review and risks. Members provided their comments and feedback on the report. Questions raised included whether the risk score for digital sensors should be higher than that noted in the report and should we be thinking of widening the wording of that risk – are we being ambitious enough in our transformation programme that we do have something that could get us on a sustainable footing? A query was also raised with regards to the Gantt chart presented within the report.</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. Noted the level of assurance provided on this risk. 	
<p>6.</p>	<p>PERFORMANCE</p>	
<p>6.1</p>	<p>Performance Report</p> <p>The Committee considered a report presented by William Penrice, Service Manager, Performance Management & Quality Assurance for assurance and discussion providing an update and overview of progress and performance in relation to the:</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 that along with the regular report, the document contained some updates on efforts to improve the performance approach including a proposal for a new graphic to look at indicators and an outline of how automation would also be built in.</p> <p>Committee also noted the Partnership’s intent to deliver the new format report with improved indicator scope in its report of the first period of the new financial year.</p> <p>The discussion was opened to Committee members who thanked officers for their comprehensive report. Members had considerable discussion around the proposed new format and provided their comments and feedback. Questions raised included the data around absence rates – was there a core of long-term sickness or was this regular individual sickness, was there a long-term trend and could anything be done to alleviate the sickness absence. A query was also</p>	

	<p>raised with regards to the uptake of technology enabled care and the eligibility criteria as set by the Scottish Government.</p> <p>Committee noted that in depth reports from HR colleagues within the partner agencies are provided to the Local Partnership Forum covering areas such as causes for absence, absence rates per service, demographic and split between long-term and short-term. HR colleagues are supporting the Partnership in its monitoring of this.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the report and provided comment on the new format. 2. Took assurance of the contents. 3. Approved for onward submission to the Integration Joint Board. 	
7.	SCRUTINY	
7.1	<p>Mainstreaming the Equalities Duty & Equality Outcomes Progress Report</p> <p>The Committee considered a report presented by Avril Sweeney, Compliance Manager for assurance, discussion, and decision for onward submission to the Integration Joint Board for final approval.</p> <p>Committee noted that in April 2023, the Integration Joint Board approved and published its Mainstreaming the Equalities Duty and Equality Outcomes Progress Report in accordance with the Equalities Act 2010 when it also set out new equality outcomes as part of the Strategic Plan 2023-2026.</p> <p>Avril Sweeney drew Committee's attention to appendix 1 of the report noting this provided the latest information on Mainstreaming the Equality Duty as well as a progress update on the five equality outcomes agreed and published in 2023.</p> <p>Committee noted that the Partnership had integrated its approach to the development of the new set of outcomes with the work to develop the Strategic Plan 2023 to 2026 and together with support from the Equality and Human Rights Commission and through the IJB Equality Peer Support Network it was working to ensure continued compliance in this area going forward.</p> <p>Avril Sweeney also drew Committee's attention to the action plan contained within appendix 2 of the report. Committee noted during 2023 and 2024 the Partnership worked to develop and strengthen processes and raise awareness in this area and work through the Strategic Planning Group and the Performance Reporting Framework has helped to ensure the implementation of the equality outcomes.</p> <p>The discussion was opened to Committee members who thanked officers for the comprehensive report. No additional questions were raised.</p>	

	<p>The discussion was opened to Committee members who thanked officers for the comprehensive report. No additional questions were raised.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Took assurance from the work undertaken to mainstream equalities into the exercise of functions and provide an update on progress with achieving the Equality Outcomes set by the IJB in April 2023. 2. Discussed the report. 3. Recommended the report be presented to the Integration Joint Board for final review and approval. 	
8	ITEMS FOR NOTING	
8.1	<p>Chief Social Work Officer Report 2023-24</p> <p>The report was provided to Committee for noting.</p> <p>Committee noted that following the reports submission and approval at Fife Council's People and Communities Scrutiny Committee on 14th November 2024 the report was submitted to the Scottish Government as part of the statutory responsibilities of the role of the Chief Social Work Officer.</p> <p>Committee noted the report provides an overview of key aspects of social work provision in Fife and the role and range of functions covered by the Chief Social Work Officer including social work and social care services provided by both the Local Authority and by the Health and Social Care Partnership.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Noted the contents of the report. 	
9.	<p>ITEMS FOR HIGHLIGHTING</p> <p>Alastair Grant confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board on 29th January 2025.</p>	
10.	<p>AOCB</p> <p>No issues were raised under AOCB.</p>	
11.	<p>DATE OF NEXT MEETING</p> <ul style="list-style-type: none"> • Additional Finance, Performance & Scrutiny Committee Wednesday 12th February 2025 at 10.00 am via MS Teams • Wednesday 12th March 2025 at 10.00 am via MS Teams 	