

NHS Fife Finance, Performance & Resources Committee

Tue 07 May 2024, 10:00 - 12:00

MS Teams

Agenda

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

0 min

Verbal

Alistair Morris

10:00 - 10:00 **2. Declaration of Members' Interests**

0 min

Verbal


Alistair Morris

10:00 - 10:00 **3. Minutes of Previous Meeting held on Tuesday 12 March 2024**

0 min

Enclosed

Alistair Morris

 Item 3.0 - Finance, Performance & Resources Committee Minutes (unconfirmed) 20240312.pdf (6 pages)

10:00 - 10:00 **4. Matters Arising / Action List**

0 min

Enclosed

Alistair Morris

 Item 4.0 - Finance, Performance & Resources Committee Action List.pdf (1 pages)


10:00 - 10:10 **5. GOVERNANCE MATTERS**

10 min

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

Enclosed

Margo McGurk

 Item 5.1 - SBAR Finance, Performance & Resources Committee Annual Statement of Assurance 2023-24.pdf (3 pages)


 Item 5.1 - Finance, Performance & Resources Committee Annual Statement of Assurance 2023-24.pdf (27 pages)


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


Enclosed

Margo McGurk

 Item 5.2 - SBAR Corporate Risks Aligned to Finance, Performance & Resources Committee.pdf (5 pages)

 Item 5.2 - Appendix 1 Corporate Risks Aligned to Finance, Performance & Resources Committee.pdf (7 pages)

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

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

5.3. Review of General Policies & Procedures

Enclosed

Hazel Thomson

 Item 5.3 - SBAR Review of General Policies and Procedures.pdf (4 pages)

5.4. Delivery of Annual Workplan 2024/25

Enclosed

Margo McGurk

📎 Item 5.4 - Delivery of Annual Workplan 2024-25.pdf (5 pages)

10:10 - 10:40
30 min

6. STRATEGY / PLANNING

6.1. 2024/25 Financial Plan – Scottish Government Response

Enclosed

Margo McGurk

- 📎 Item 6.1 - SBAR 2024-25 Financial Plan – Scottish Government Response.pdf (5 pages)
- 📎 Item 6.1 - Appendix 1 2024-25 Financial Plan – Scottish Government Response.pdf (3 pages)
- 📎 Item 6.1 - Appendix 2 2024-25 Financial Plan – Scottish Government Response.pdf (2 pages)

6.2. Annual Budget Setting Process 2024/25

Enclosed

Maxine Michie

- 📎 Item 6.2 - SBAR Annual Budget Setting Process 2024-25.pdf (12 pages)

6.3. Draft Annual Delivery Plan 2024/25

Enclosed

Susan Fraser

- 📎 Item 6.3 - SBAR Draft Annual Delivery Plan 2024-25.pdf (5 pages)
 - 📎 Item 6.3 - Appendix 1 Draft Annual Delivery Plan 2024-25.pdf (58 pages)
-

10:40 - 11:30
50 min

7. QUALITY / PERFORMANCE

7.1. Integrated Performance & Quality Report

Enclosed

Exec Leads

- 📎 Item 7.1 - SBAR Integrated Performance & Quality Report.pdf (4 pages)
- 📎 Item 7.1 - Integrated Performance & Quality Report.pdf (20 pages)

7.2. Financial Performance Report – 2023/24 Year End

Enclosed

Margo McGurk

- 📎 Item 7.2 - SBAR Financial Performance Report 202324 Year End.pdf (11 pages)

7.3. Procurement Key Performance Indicators

Enclosed

Maxine Michie

- 📎 Item 7.3 - SBAR Procurement Key Performance Indicators.pdf (6 pages)
 - 📎 Item 7.3 - Appendix 1 Procurement Key Performance Indicators.pdf (1 pages)
-

11:30 - 11:50
20 min

8. LINKED COMMITTEE MINUTES

8.1. Fife Capital Investment Group held on 17 April 2024 (unconfirmed)

Enclosed

- 📎 Item 8.1 - Fife Capital Investment Group held on 17 April 2024 (unconfirmed).pdf (3 pages)

8.2. Primary Medical Services Subcommittee held on 5 March 2024 (unconfirmed)

Enclosed

11:50 - 11:55 9. ESCALATION OF ISSUES TO NHS FIFE BOARD

5 min

9.1. To the Board in the IPQR Summary

Verbal Alistair Morris

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

Verbal Alistair Morris

11:55 - 11:55 10. ANY OTHER BUSINESS

0 min

Verbal

11:55 - 11:55 11. Date of Next Meeting: Tuesday 16 July 2024 from 10am – 12.30pm via MS Teams

0 min

Fife NHS Board

Unconfirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 12 MARCH 2024 AT 9.30AM VIA MS TEAMS

Alistair Morris Chair

Present:

Alistair Morris, Non-Executive Director (Chair)	Dr Chris McKenna, Medical Director
Alastair Grant, Non-Executive Director	Carol Potter, Chief Executive
John Kemp, Non-Executive Director	Janette Keenan, Director of Nursing
Joy Tomlinson, Director of Public Health	Aileen Lawrie, Area Clinical Forum Representative
Lynne Parsons, Employee Director	

In Attendance:

Ben Hannan, Executive Director of Pharmacy and Medicines
Miriam Watts, Emergency Care General Manager (*item 5.1 only*)
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Maxine Michie, Deputy Director of Finance
Nicky Connor, Director of Health & Social Care
Patricia Kilpatrick, NHS Fife Chairperson
Kerrie Donald, Executive Assistant (*Minutes*)

Chair's Opening Remarks

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

1. Apologies for Absence

Apologies were noted from member Margo McGurk, Director of Finance & Strategy, and attendee Claire Dobson, Director of Acute Services.

2. Declaration of Members' Interests

There were no members' interests to declare.

3. Minute of the last Meeting held on 16 January 2024

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

4. Action List / Matters Arising

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

5. QUALITY / PERFORMANCE

5.1 Integrated Performance & Quality Report

The Director of Health & Social Care provided an overview of the Delayed Discharge section of the report, noting an increase in the percentage of bed days lost to 5.9% in January 2024, noting, however, this is a reduction of 1.6% since November 2023. It was further noted work is ongoing to improve the flow and pathway into care homes for patients who have more complex needs.

The Director of Health & Social Care further reported a 13% delay in the number of bed days lost to standard delay, noting the percentage is in line with the 24 month average. It was highlighted this area remains very challenged and is a high priority for the system with work ongoing to support the prevention of admission and discharge.

The Emergency Care General Manager reported a 64.6% compliance with the 4 hour emergency access performance target, also noting a year-on-year increase in patients. The flow & navigation centre was confirmed to have transitioned over to the Acute Services Division enabling the team to remodel areas of the front door to reduce pressure at A&E through various GP pathways. It was further noted teams are reviewing waiting lists through the Advance Clinical Referral Triage system to ensure patients who no longer require to be seen are removed from the list and advised via the digital hub and text messaging.

Following a query from A Grant, Non-Executive Director, it was advised NHS Fife has a service level agreement (SLA) for the National Treatment Centre (NTC) for elective orthopaedics with NHS Lothian. It was noted NHS Fife are not accepting a large number of out of area referrals for any other procedures, however any out of area referrals received are recharged to the referring board to ensure costs are covered.

Following a query from J Kemp, Non-Executive Director, the Emergency Care General Manager noted the MRI and CT vans that come to NHS Fife are provided by Scottish Government and transit between the Boards with the highest demand. A profile review is provided to Scottish Government on a monthly basis, to ensure they are aware of NHS Fife's activity demands.

The Chief Executive noted several members of staff from NHS Fife visited Ninewells Hospital on 11 March 2024 and met with the clinical and management leadership team where a presentation on urgent and unscheduled care models was given. Several opportunities for NHS Fife to learn from Ninewells' models of care were identified and an update will be brought back from the Acute Services team to a future committee. The NHS Fife Chairperson highlighted the benefits of learning from other Boards, noting new models and approaches can be implemented by NHS Fife.

Following a query from the NHS Fife Chairperson, the Emergency Care General Manager noted the 62 day breach on cancer targets is often breached by as little as 3 or 4 days due to the timings of the multidisciplinary team meetings and appointments. It was highlighted opportunities to mitigate this issue have been identified at the start of

the pathway and when implemented should result in a reduced number of 62 day breaches.

The NHS Fife Chairperson congratulated the Board for their work on improving the cancer target, noting that this was a considerable achievement when compared to the Scottish position.

Following a query from the Chair, the Emergency Care General Manager noted that while NHS Fife have the ability to increase theatre capacity, NHS Fife are unable to staff this increase. If staffing was not a factor, then NHS Fife would require a review on how to manage procedures and operate theatres more efficiently.

The Chair further queried if the availability and space within nursing homes has stabilised and what impact that has on delayed discharge. The Director of Health & Social Care noted care homes are working collaboratively and noted work is also taking place to support patients being discharged home to have wraparound 24 hour care to enable patients to make choices in their own home.

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

5.2 Financial Performance & Sustainability Report

The Deputy Director of Finance provided an in-depth review of the financial position, as at the end of January 2024, noting an improved position due to funding from Scottish Government following confirmation of additional consequential funding and a reduction in CNORIS contributions for 2023/24.

Following a query from A Grant, Non-Executive Director, the Chief Executive highlighted going forward into 2024/25 there will be a greater connection between the Acute leadership team and other NHS Boards in terms of understanding the SLA values and what NHS Fife receive for their payment to other Boards. It was further highlighted that NHS Fife are discussing a 3% reduction in the SLA values from NHS Lothian and NHS Tayside as of 1 April 2024.

Following discussion, it was agreed clearer communication on the benefits of ensuring NHS Fife patients are treated within Fife should be established and communicated to patients and staff. The Chief Executive noted this would fit into the Re-form, Transform, Perform plan and will be included in the plan for onward submission to the Board.

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

5.3 Procurement Key Performance Indicators

The Deputy Director of Finance provided an overview of the report highlighting the significant work the Procurement Team has made in a short space of time.

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

6. GOVERNANCE MATTERS

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

The Head of Corporate Governance and Board Secretary provided an overview of the report, noting the concerns expressed regarding the strength of the Non-Executive / Stakeholder voice on the committee. It was noted the results of the self-assessment are for the Committee to review and address over the next year.

Following discussion of the report results, the Chair noted the Committee would benefit from having more Non-Executive members, which is likely to be addressed in the Chairperson's committee membership review. He noted that, in reference to performance monitoring, the IPQR would be more beneficial as a guide to see where NHS Fife are projected to be rather than looking backwards at previous data.

Following a query from J Kemp, Non-Executive Director around the Committee's actual input into budgeting, the Chief Executive advised that, going forward, the Finance Team would undertake a detailed look into the granularity of detail within the financial plan, what NHS Fife are getting for their money and provide more detailed specific narrative within the plan, to provide the Board with a greater sense of ownership of the decision making.

The Committee took **assurance** from the report, noting the Head of Corporate Governance and Board Secretary would take forward the suggestions into the broader Board Blueprint action plan.

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

The Head of Corporate Governance and Board Secretary noted the changes made to the updated terms of reference. Following discussion, it was agreed a reference to the transformative change programmes should be included within the terms of reference to ensure the Committee are capturing the reporting of RTP workstreams.

The Committee **approved** the updated terms of reference, pending an additional reference to the reporting from RTP workstreams.

6.3 Corporate Risks Aligned to Finance, Performance & Resources Committee

The Deputy Director of Finance presented the paper, noting that, due to timescales, the additional corporate risk has not been developed. However, this will be brought to the May committee.

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

6.4 Project Hydra

The Director of Property and Asset Management provided an overview of the paper, noting the project should be completed by March 2025.

The Chief Executive praised the ongoing work by the team, noting the complex work relating to the PFI.

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

6.5 Fife Specialist Palliative Care Services Update

The Director of Health & Social Care presented the paper, highlighting that the IJB's direction issued in May 2023 has been delivered and the delivery of the specialist palliative care service is now fully implemented and operating business as usual.

The Chair praised the work completed by the team noting despite the resilience at the beginning, the project has made a positive difference and should be used as an exemplar for other changes going forward.

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

6.6 Final Annual Workplan 2024/25

The Head of Corporate Governance and Board Secretary presented the annual workplan for 2024/25, noting the plan will continually be updated to reflect the ongoing work with the development of the Re-form, Transform, Perform Framework.

The Committee **approved** the workplan.

6.7 Delivery of Annual Workplan 2023/24

The Committee **approved** the tracked workplan.

7. LINKED COMMITTEE / GROUP MINUTES

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

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

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

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

8. ESCALATION OF ISSUES TO NHS FIFE BOARD

8.1 To the Board in the IPQR Summary

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

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

Following discussion regarding information provided in the Fife Capital Investment Group minutes regarding the halt of the Kincardine and Lochgelly Project, members of

the Committee agreed that the Chairperson's onsite visit to the current estate, accompanied by the Director of Property & Asset Management, would be helpful in reassuring staff and also beneficial to understand what improvements can be made to enhance the current working and patient environments.

9. ANY OTHER BUSINESS

There was no other business.

10. DATE OF NEXT MEETING

The next meeting will be held on **Tuesday 7 May 2024** from 10am – 12:30pm via MS Teams.

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

FINANCE, PERFORMANCE & RESOURCES COMMITTEE – ACTION LIST
Meeting Date: Tuesday 7 May 2024



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

Meeting:	Finance, Performance & Resources Committee
Meeting date:	7 May 2024
Title:	Draft Finance, Performance & Resources Committee Annual Statement of Assurance 2023-24
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Gillian MacIntosh, Board Secretary

1 Purpose

This is presented for:

- Approval

This report relates to a:

- Legal requirement
- Local policy

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

- Effective

2 Report summary

2.1 Situation

All formal Committees of the NHS Board are required to provide an Annual Statement of Assurance for the NHS Board, which is considered initially by the Audit & Risk Committee. The requirement for these statements is set out in the Code of Corporate Governance. The Finance, Performance & Resources Committee is invited to review the draft of the enclosed report for 2023-24 and comment on its content, with a view to approving a final paper for onward submission.

2.2 Background

Each Committee must consider its proposed Annual Statement at the first Committee meeting of the new financial year, as per the Committee's workplan. The current draft takes account of initial comments received from the Committee Chair and Director of Finance & Strategy.

2.3 Assessment

In addition to recording practical details such as membership and rates of attendance, the format of the report includes a more reflective and detailed section (Section 4) on agenda business covered in the course of 2023-24, with a view to improving the level of assurance given to the NHS Board.

2.3.1 Quality/ Patient Care

Delivering robust governance across the organisation is supportive of enhanced patient care and quality standards.

2.3.2 Workforce

N/A.

2.3.3 Financial

The production and review of year-end assurance statements are a key part of the financial year-end process.

2.3.4 Risk Assessment/Management

Details on the Committee's discussions on risks aligned to its remit is detailed within the report.

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. Details on the Committee's review of business concerning health inequalities and Anchor Institution related work is captured within the report.

2.3.6 Climate Emergency & Sustainability Impact

This is covered within the assurance report, as per the Committee's reflections on related business during the year covered.

2.3.7 Communication, involvement, engagement and consultation

N/A.

2.3.8 Route to the Meeting

This paper has been considered in draft by the Committee Chair and Executive Lead. The Committee is the first group to formally consider the report's content.

2.4 Recommendation

The paper is provided for:

- **Approval** – subject to members' comments regarding any amendments necessary, for final sign-off by the Chair and submission to the Audit & Risk Committee.

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

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ANNUAL STATEMENT OF ASSURANCE FOR THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE 2023/24

1. Purpose of Committee

- 1.1 The purpose of the Committee is to keep under review the financial position and performance against key non-financial targets of the Board, and to ensure that suitable arrangements are in place to secure economy, efficiency and effectiveness in the use of all resources, and that these arrangements are working effectively.

2. Membership of Committee

- 2.1 During the financial year to 31 March 2024, membership of the Finance, Performance & Resources Committee comprised:

Alistair Morris	Chair / Non-Executive Member
Wilma Brown	Non-Executive Stakeholder Member (to October 2023)
Cllr David Graham	Non-Executive Stakeholder Member (to August 2023)
Alastair Grant	Non-Executive Member
Aileen Lawrie	Non-Executive Stakeholder Member
John Kemp	Non-Executive Member
Margo McGurk	Director of Finance & Strategy
Dr Chris McKenna	Medical Director
Janette Keenan	Director of Nursing
Carol Potter	Chief Executive
Dr Joy Tomlinson	Director of Public Health

- 2.2 The Committee may invite individuals to attend the Committee meetings for particular agenda items, but the Director of Acute Services, Director of Health & Social Care, Director of Property & Asset Management, Director of Pharmacy & Medicines, Deputy Director of Finance and Board Secretary will normally be in attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.

3. Meetings

- 3.1 The Committee met on six occasions during the financial year to 31 March 2024, on the undernoted dates:

- Tuesday 9 May 2023
- Tuesday 11 July 2023
- Tuesday 12 September 2023
- Tuesday 14 November 2023
- Tuesday 16 January 2024
- Tuesday 12 March 2024

- 3.2 The attendance schedule is attached at Appendix 1.

4. Business

- 4.1 At each meeting the Finance, Performance & Resources Committee considers the most up-to-date financial position for the year, for both revenue and capital expenditure. This function

is of central importance, as the Committee provides detailed scrutiny of the ongoing financial position and on aspects of operational performance across NHS Fife activities, including those delegated to the Integration Joint Board. Considerable time was spent in meetings discussing and reviewing the significant financial pressures facing the Board, noting the need for £9.7m of brokerage for 2022/23 and ongoing financial challenges for 2023/24. The non-delivery of in-year savings against plan (in 2022/23, the Board achieved only £3m recurring of the £11.7m savings target), and consideration of the enduring financial consequences of the pandemic period, which continued to impact on achieving financial sustainability over the medium term, has been a large focus of discussion. The risk score for delivery of a balanced in-year financial position has remained high throughout the year, with the matter under regular review at an operational level by the Financial Improvement & Sustainability Programme Board.

- 4.2 The Medium-Term Financial Plan approved at the NHS Fife Board meeting on 28 March 2023 set out an underlying deficit of £25.9m, partly mitigated by a £15m cost improvement plan, with a projected residual gap of £10.9m. At the end of March 2023, the Scottish Government acknowledged the challenging position outlined in the Plan and advised the Board to undertake the following actions by 30 June 2023:
- provide an update on progress against actions set out in the financial recovery plan, including the work carried out in collaboration with the Integration Joint Board and regional partners;
 - develop a plan to deliver 3% recurring savings in 2023/24 and develop options to meet any unidentified or high-risk savings balance;
 - development of other measures to be taken to further reduce the financial gap;
 - review of key underlying drivers of the deficit and specific risks as presented within the Financial Plan; and
 - focus on addressing Covid-19 legacy costs, including additional bed capacity.
- 4.3 At their May 2023 meeting, members considered the approach taken to confirm the opening 2023/24 revenue budgets to budget holders, noting also the Grip & Control information provided to managers.
- 4.4 In September 2023 the Director of Finance & Strategy provided a detailed risk assessment and recovery options associated with the financial performance and financial sustainability of the Board based on the year-to-date spend at the end of July 2023. It was noted that the financial plan projected a year-end overspend position of £10.9m, however the paper confirmed that the overspend recorded at the end of July 2023 had already reached £10.9m, which was clearly a matter of some concern. Significant cost pressures, particularly around supplementary staffing, and the main cost areas driving the deteriorating position were outlined. It was noted that the Scottish Government have been updated following the Quarter 1 review and recognised the significant challenges. The level of risk in relation to delivering the planned year-end position was reported as very high, with the Executive Directors' Group in August 2023 exploring a series of actions to deliver potential recovery options. The Director of Finance & Strategy highlighted the current very limited progress with delivery against the Financial Improvement & Sustainability Programme. The main areas of cost reduction planned were significantly behind trajectory for delivery and the reasons why were discussed in some detail. The Chair noted his concern in relation to the deliverability of the planned year-end position given the level of risk described in the paper and the discussion at the meeting. The Committee agreed that assurance could be taken that EDG were continuing to pursue the current identified areas of cost reduction and exploring all options available to deliver additional cost reduction but acknowledged the level of challenge and risk around deliverability.
- 4.5 The main cost areas driving the deteriorating position continued throughout the financial year culminating in the year-end forecast being reported in November 2023 at an increased level of £23m overspend. This reflected continuing financial pressures within the Acute Services

Directorate and external healthcare providers, alongside limited progress across the cost improvement programme. Discussions were then ongoing with Scottish Government in relation to likely brokerage requirements.

- 4.6 In January 2024 the Committee were advised that the forecast outturn of £23m, which was £12.1m above the level of deficit identified in the approved 2023/24 financial plan in March 2023, remained the quantified position. Following the quarter two financial performance review in November 2023 the Committee was also advised that the Scottish Government has advised of their concern about the deteriorating position, particularly after receipt of additional NRAC sustainability and new medicine funding and indicated that a Board-wide effort was required to reduce and manage the deficit. A number of actions were agreed following both the quarter 1 and 2 reviews, which Scottish Government followed up in the quarter 3 review in February 2024. The Director of Finance & Strategy also advised that she had requested support from the national Finance Delivery Unit (FDU) to support us take forward these actions and provide comparable data to enable us to benchmark against other boards. A meeting took place of the Scottish Government National Planning and Performance and Oversight Group on the 15 November 2023 to discuss NHS Board financial positions on the recently published NHS Scotland Support and Intervention Framework. Due to the scale of the forecast deficit within NHS Fife and the significant movement from plan, NHS Fife was assessed as being at level two of the framework. The Committee noted that this did not represent formal escalation but did signal enhanced scrutiny at Scottish Government level.
- 4.7 In January 2024, as part of increased grip and control, the Committee reviewed the detail of four proposed new staff posts, supporting only the recruitment to the clinical positions (Paediatric Middle Grade post, Clinical Risk Nurse/Midwife and Orthopaedic Advanced Nurse Practitioner), due to their criticality for the safe running of the respective services.
- 4.8 The forecast financial position did improve in February 2024 as a consequence of very late Scottish Government additional funding to all territorial Boards. Members noted the improved forecast outturn position at the March 2024 meeting (the year-end deficit then estimated to be £12.8m, some £2m more than the planned deficit forecast in the original Financial Plan). This improved forecast, however, was based on external developments and reflected receipt of funding following confirmation of additional consequential funding provided by HM Treasury to the Department of Health & Social Care. The additional funding which for NHS Fife was £10.3m, was provided to all territorial health boards on a non-recurring basis. A reduction in the Board's CNORIS contribution was also confirmed, of £2.1m. A total financial benefit for 2023/24 to NHS Fife was noted of £12.4m.
- 4.9 The three-year Medium-Term Financial Plan for 2024/27, and the high level assumptions within, was also scrutinised in March 2024, prior to approval by the Board, with the Committee noting that the financial challenge over the next three years is unprecedented, requiring a focused whole system response to achieve financial sustainability. Some 7% of savings is required to reach a sustainable position of financial balance and the plan, in conjunction with the 'Re-form, Transform, Perform' Framework, sets out initial workstreams to achieve that. The Committee endorsed the Medium-Term Financial Plan for Board approval, noting that further discussion with Scottish Government would continue on the achievability of the targets within. Further updates have been given to the Board directly, both at formal meetings and at Board Development Sessions, as financial plans have been considered and then formally approved.
- 4.10 The Financial Improvement & Sustainability Programme Board, which reported during part of 2023/24 into the Committee, is not solely focussed on saving opportunities, but is also working closely with colleagues to increase productivity and capacity, reviewing on a frequent basis the ability to deliver the financial grip and control targets. In July 2023, members considered a detailed update from the Programme Board, outlining the delivery progress of cost

improvement plans and the challenges experienced in these achieving the predicted targets (estimated at the start of the year at being £19.5m savings per annum, for the next five years). Key areas of pressure at that mid-year point included reduction in surge capacity, spend on supplementary staffing and the vacancy factor, further details on which have also been considered in-year by the Staff Governance Committee. Saving opportunities highlighted included further work around medicines optimisation and refinancing one of the Board's major PFI contract. The cost of living crisis affecting the whole economy, plus the removal of Covid-related financial support to health boards, have created additional challenges, particularly in the area of procurement. The situation has generally been reflective of the activity pressures experienced throughout the year and the resultant workload on staff. Further updates on the trajectory of performance were received at the Committee's meeting in November 2023, with the target to reduce spend, particularly on supplementary staffing, showing significant slippage. There were also several funding changes, specifically in relation to the service level agreement for out-of-area treatment at Stracathro Hospital, Planned Care activity and diabetic pumps, which added significantly to the overall challenge. Whilst a recent funding allocation for new medicines has been welcomed, the Acute prescribing costs has been continuing to increase beyond the level of funding available.

- 4.11 In order to address the substantial financial challenges facing the Board and NHS Scotland in general, in January 2024 members discussed the creation and implementation of a 'Re-form, Transform, Perform' (RTP) Framework, detailed in a presentation given by the Chief Executive. It was recognised that the Executive Team and colleagues across NHS Fife have a wide set of skills and expertise to support a multi-professional approach to delivering a response and recovery plan, the core purpose of which is to deliver a sustainable financial position. Ben Hannan has been seconded from his post as Director of Pharmacy & Medicines into the position of Director of Reform & Transformation, to help support the development of the Framework at pace. The importance of retaining the organisation's values and commitment to delivery of quality and safe care as the core of the approach was acknowledged. An update was delivered to members in March 2024, with focus on the first tranche (3%) of savings to be delivered. Members' comments and feedback were given, informing the presentation delivered to the Board later in March 2024.
- 4.12 The Committee has had input into the Board's Annual Delivery Plan for 2023/24, which has been aligned to the strategic priorities within the Board's own Population Health & Wellbeing Strategy, whilst also addressing the specific requirements of the Scottish Government guidance. Members were pleased to endorse the plan to the Board at their meeting in July 2023. In September 2023, the Committee took assurance from the fact that the Scottish Government's review process had concluded and the Plan had been formally approved. A separate financial review process would continue in tandem. A performance report on the delivery of the various improvement actions aligned to the Annual Delivery Plan was considered at the Committee's November 2023 meeting, utilising the Red Amber Green (RAG) status of reporting methodology prescribed by the Scottish Government template, noting the linkages to the regular IPQR performance metrics and the Population Health & Wellbeing Strategy delivery reporting. Members were pleased to note that, at September 2023, 69% of actions were marked as being on track for delivery by their stated deadline. Scrutiny took place on those actions which had either fallen behind schedule or were at risk of non-delivery. Following thereon, at their meeting in January 2024, the Committee received a mid-year report on the delivery of the Population Health & Wellbeing Strategy, noting the work that had been completed during the first six months of the Strategy's implementation period and the priorities for the year ahead. An annual report covering the first year of the Strategy's lifespan is to follow in May 2024. The linkages between reporting progress against the Board's organisational strategy and the Annual Delivery Plan was highlighted, to avoid duplication of effort.

- 4.13 The draft Corporate Objectives 2023/24 were presented to the Committee in May 2023, after initial consideration in March 2023. The objectives as a whole describe what NHS Fife aims to achieve in-year, and are linked also to the Chief Executive's own objectives and those of each Executive Director. Assurance was provided that there was appropriate linkage to the Board's Population Health & Wellbeing Strategy and to the Health & Social Care Partnership's strategic priorities. The objectives are framed under the four key strategic priorities of the Board, as aligned to national programmes, and reference the strategy delivery work undertaken in this reporting year. Each Board Committee has had a role in reviewing the objective from their own specific perspective. Following review, the Committee were pleased to endorse the Corporate Objectives for onward submission to the Board for formal approval.
- 4.14 The Committee scrutinised operational performance at each meeting through review of the Integrated Performance & Quality Report (IPQR), specifically those measures that fall within its own remit (related to financial reporting and waiting times targets). Linkages to the Annual Delivery Plan trajectories have also been included. The enduring impact of the Covid pandemic on traditional key performance measures monitored by the Committee remains significant, particularly in relation to Treatment Times Guarantee measures, long waits within the Emergency Department, numbers of new referrals and diagnostic performance. In general, efforts to tackle the resultant backlog from the pause of services during the height of the pandemic remains a significant focus of the Committee going forward. In year, members have welcomed improvements in the percentage of bed days lost to standard delays, with the introduction of Care Home coordinators supporting the timely transfer of individuals from the hospital setting to the care sector. A new day surgery treatment centre at Queen Margaret Hospital, which formally opened in November 2023, has created additional capacity in the system, releasing a surgical theatre for use.
- 4.15 Demand for unscheduled care services has continued to exceed expectation for much of the year, leading to significant pressures, particularly at the front-door of the Emergency Department. As detailed to members in May 2023, further improvement work to maximise the use of the rapid triage unit in support of Admissions Unit 1 has been undertaken, in addition to the establishment of a single admission pathway designed to support flow and improve the four-hour access target. Complementary work in the Partnership, reducing the percentage of bed days lost to delay, has been welcomed, though this has come under pressure once again during the Winter period, due to illness-related closure of care homes. In January 2024, it was confirmed that the Flow & Navigation Centre has now transitioned to the Acute Services Directorate from the Health & Social Care Partnership, with work ongoing to review methods through which flow and navigation can reduce demand at the front door, ensuring patients are seen at the right place, the right time and by the right person.
- 4.16 In addition to the reporting within the IPQR, a separate Financial Performance & Sustainability Report has been produced, to allow for detailed scrutiny into the monthly financial position throughout the year. In July 2023, discussion focused on the additional £8.3m NRAC funding received (increasing the Board's total allocation to £9.3m) and how this could be best applied to areas that could bring a positive impact for patients or to improve overall performance. In September 2023, members discussed the concerning situation of the predicted £10.9m overspend, noting the main cost area driving the deteriorating position was supplementary staffing. At that point in the year, there had been limited progress in achieving the targets of the Financial Improvement & Sustainability Programme, pushing potential delivery pressures into the latter half of 2023/24. Noting the challenges, the Committee were supportive of a concentrated focus on the saving areas detailed in the Financial Plan, plus the rapid development of pipeline schemes to bring overall resilience to the cost improvement plans.
- 4.17 The Committee has considered a bi-annual update (in May and November 2023) around the status of General Policies & Procedures, noting that considerable work has been undertaken during the reporting year to improve the follow-up processes (including escalation to EDG for

persistently outstanding reviews) and to enhance the guidance available to staff, which is now readily accessible on StaffLink. The format and content of the policy status report to the Committee has also been enhanced, to provide clearer detail and assurance around areas that require further follow-up work and to highlight risks of key policies remaining overdue for review. Members have previously been supportive of efforts to move to a more streamlined review process, utilising electronic software solutions where appropriate, though a decision remains to be made on the best way to take forward procurement of any software solution. However, dedicated staff resource secured to assist with the general administration and review of General Policies has helped to improve compliance and an improved position is now being reported.

- 4.18 The Committee has considered updates on the Capital Programme for 2023/24, noting also the final Capital Expenditure Outturn for 2022/23 (of £30.709m, expended across a range of capital projects). The Committee has also considered progress in relation to the following capital schemes:
- National Treatment Centre Fife Orthopaedics (delivered in line with budget and formally opened March 2023, as detailed in a final post-project briefing paper discussed with members at the May 2023 meeting);
 - Kincardine & Lochgelly Health Centres (positive feedback received on Outline Business Cases but currently paused due to a lack of central capital funding);
 - Laboratory Information Management System (LIMS) (milestone payments carried forward from 2022/23 into 2023/24).
 - Hospital Electronic Prescribing & Medicines Administration (HEPMA) (contractual progress made in current year); and
 - Statutory Compliance / Backlog Maintenance (c.£5m spend, including therein energy efficiency projects).

A significantly reduced level of capital funding (of £7.764m formula capital only) has been made available for 2023/24, and details of the schemes to be funded was discussed at the May 2023 meeting. As reported to the Committee in September 2023, the total anticipated capital budget for 2023/24 is £11.165m, reflecting a Capital Resource Limit as advised by the Scottish Government plus anticipated allocations for a number of specific capital projects.

- 4.19 At the Committee's May 2023 meeting, members endorsed the proposal to proceed to Board approval for signing the HEPMA contract. A further update was given in September 2023, noting that, following lengthy negotiations and significant engagement from CLO, the HEPMA contract was then in the final stages of drafting and would shortly be presented to National Services Scotland Contract Approval Board for signature on behalf of NHS Fife. Development of design and build solutions for Integrated Discharge Letters and Medicines Reconciliation have been progressing meantime, and the Committee were pleased to take an improved level of assurance from the work then underway to implement the new contract.
- 4.20 Given the challenging financial situation, and reflecting especially the reduction in capital funding available across NHS Scotland, a new corporate risk is in the process of being created through Fife Capital Investment Group and Executive Directors' Group. This will reflect the situation whereby the planned Mental Health Estates project (which planned to consolidate all mental health services onto the one physical site) requires to be paused, following a recent instruction from Scottish Government to Boards to immediately stop any project development work on all Capital Business Cases that have not already been approved. This instruction reflects the extremely constrained capital settlement announced in the Scottish Government financial budget in December 2023. As reported to the Committee at its January 2024 meeting, an interim programme of improvement to service areas, which commenced during the current financial year, will continue in a reduced manner, to take forward enhancements to the existing estate to improve its safety and condition, within existing budgets. The Committee supported

the development of a new risk on the Corporate Risk Register, to ensure that the mitigating actions receive regular scrutiny at Board level.

- 4.21 Regular reports on the work of the Fife Capital Investment Group have been considered at Committee meetings, with the paper reviewed in September 2023 detailing the anticipated allocations in addition to core funding. These largely relate to several Digital & Information Projects, including HEPMA, Laboratory Information Management System replacement and other ongoing projects. Additional monies were also secured, including £0.504m for equipment following successful bids to the National Infrastructure and Equipping Board over the summer period, £0.150m for a Greenspace project, and £0.486m to support decarbonising our commercial fleet (further details on the latter were considered at the Committee's January 2024 meeting). In November 2023, funding awarded from NHS Education for Scotland, to support the ScotCOM medical degree programme in partnership with the University of St Andrews, was welcomed, with the majority to be received in 2024/25. In January 2024, members received assurance that processes were underway to ensure that all capital equipment purchases were in train and would be receipted by the end of the financial year.
- 4.22 The Committee has previously been supportive of a proposal for the senior debt re-financing of the PFI Phase 3 Victoria Hospital project, with members noting in March 2023 the options under consideration by the Board. An update was provided at the September 2023 meeting, where the Board's specialist advisers attended and explained the proposed contractual changes. Noting the potential for savings initially in the range of c.£1m (and £600k recurrently), the Committee endorsed the refinancing proposal for subsequent Board approval. Confirmation of the successful refinancing was received at the Committee's January 2024 meeting. Related to the PFI estate, the annual Public Private Partnership Monitoring Report for 2022/23, covering the sites of St Andrews Community Hospital and Phase 3 of the Victoria Hospital in Kirkcaldy, was considered by the Committee in November 2023, with members also gaining assurance from the positive content detailed therein. Also in reference to Phase 3 of the Victoria, an update on progress in delivering Project Hydra (involving the replacement of Medium Temperature Hot Water pipes at the site) was given to members in March 2024, noting the trajectory of completing the work by March 2025.
- 4.23 Members reviewed a refreshed Whole System Property & Asset Management Strategy (PAMS) for 2023/24 at its September 2023 meeting, to address the annual requirement to provide a data response for the State of the NHS Scotland Assets & Facilities Report. Submission of the data allows NHS Scotland Assure to establish a position regarding the NHS estate across Scotland. The data also allows individual Boards to understand the position regarding their own estate, which in turn allows a plan to be developed in the form of a PAMS. The refresh of the document allows for it to be fully aligned and embedded as an integral part of the organisational Population Health & Wellbeing Strategy, describing how the NHS Fife estate will help deliver and support strategic ambitions. The document also provides the strategic context in which to develop the Board's Whole System Initial Agreement for our estates infrastructure, which is likely to be instructed by Scottish Government soon.
- 4.24 Covered within the updated document is reference to work to support the Board's Anchor Institution ambitions and working closer to share office-related accommodation with our partners, particularly Fife Council, to address the challenges of an ageing estate, balanced against a challenging capital funding backdrop. Also included within the Strategy are detailed plans on how the Board expects to meet the challenge to reduce our carbon emissions to net zero by 2040. Carbon zero 'road maps' for nine of the Board's sites have been created, with a further three in progress at the time of writing. In addition, decarbonisation scheme funding has been won to complete £1.8m of investment projects in FY2022/23 and it is planned that we will make further significant applications over the next three years. Members greatly welcomed the detail of the new document, noting its strategic focus across the wider organisation has direct relevance to the work underway in delivering the ambitions of the

organisational strategy. It also provides a context for the review of future infrastructure investment proposals / business cases, to ensure strategic intent in the development of estates-related initiatives. Members were pleased to endorse the Strategy to the Board for formal approval.

- 4.25 The Committee has in previous years considered a number of reports around the Primary Care estate, including the Transfer of Third-Party Leases from GP practices and an ongoing Primary Care Premises review, the purpose of which are to help support GP sustainability and are an important cornerstone of the work being undertaken to review the NHS Fife property / asset needs and requirements over the longer term. In May 2023, an update report on the conclusions of a tender process for three 2C Board-managed GP practices in Fife was considered by members. An external procurement process had recently concluded, with notes of interest being assessed before the formal decision-making process was undertaken. The Committee was pleased to endorse the award of the contract to the successful bidder, taking assurance from the procurement process undertaken and the scoring of the successful tender bid. In September 2023, members considered the final report from the recent Primary Care Premises Review, which aims to help practically achieve the national ambition for GPs to cease owning their own premises and to transfer the physical asset, or their lease, to the Health Board. Detail on the number of GP sustainability loans applied for was detailed, along with improvement works undertaken at premises thus far. The Committee were supportive of the transfer of third-party leases to the Board and also endorsed the conclusions of the Review report, to be utilised as an enabler for the overall Property & Asset Management Strategy. A paper in Private Session at the September 2023 meeting also provided an update on the planning for long-term solutions to two GP practices transferring to the Board, as a result of recent retirements of GP partner and termination of the respective GMS contracts (a further proposal related to one of these practices was considered in March 2024). The Primary Medical Services Committee and Primary Care team in general continue to consider all options for sustainable service delivery, to ensure continuity of service for the patient lists of relevant practices.
- 4.26 At its May 2023 meeting, the Committee received an update on a Community Asset Transfer request, submitted under the Community Empowerment Act 2015, by a charity body seeking a long-term lease of mainly agricultural land adjacent to the Stratheden Hospital site. An appeal against the Board's earlier refusal of the application subsequently concluded in favour of the charity body, overruling the Board's previous decision, as described in a briefing to the Committee in May 2023. The formal negotiations for a lease of the requested land has taken place over 2023/24. In September 2023, a briefing updated members on the current position, noting that two leases had been drafted by the Board's legal advisers (one covering the agricultural land and another for the disused mortuary building) and that, following Board approval, these would be issued to the charity body along with the updated Decision Notice in October, following Board approval thereof. Negotiations for concluding these leases have taken place over the last six months and are still continuing at the time of writing, with an update due to the Committee in May 2024.
- 4.27 A briefing on the provision of automated prescription locker boxes within Fife, and the possibility of legal challenge to the Board, was previously given to members at the November 2022 meeting, noting the possibly financial implications of a likely judicial review. The case was concluded in September 2023, with the Court of Session ruling in favour of the Board, as detailed in a report to the Committee's November 2023 meeting. Legal costs were also awarded in favour of the Board, to be borne by the petitioner.
- 4.28 In May 2023, the Committee considered a series of twelve Key Performance Indicators for the Procurement service, agreed as part of the extant Procurement Strategy, in order to assess the service's performance against its key strategic ambitions and aid oversight of financial controls. As of 31 March 2023, the overall validated procurement saving for Health Board

retained spend was £479k, comprising £405k for direct cash-releasing cost savings and £74k for cost avoidance. It was noted that these savings were, however, offset by the significant cost pressures being experienced as a direct result of market changes across the economy, resulting in a net cost pressure of £25k. In-Year monitoring of Procurement performance is undertaken by the Procurement Governance Board, and work is ongoing to review all opportunities to deliver a financial cost reduction in our procurement spend. A further update on Procurement KPI performance was given in November 2023 and March 2024, with members taking a robust level from assurance from the positive performance reported. Members have also taken account of the Annual Procurement Report for 2022/23, considered at the Committee's January 2024 meeting, taking significant assurance from enhanced capability within the team overall, delivering a significantly improved position on procurement activity compared to the previous year.

- 4.29 After initial consideration by the Board's Audit & Risk Committee, at their meeting in July 2023, the Committee considered the findings of the Annual Internal Audit report, with particular reference to the section on Financial Governance matters and the national challenges across NHS Scotland Boards in deliverability of financial and performance targets. Progress and improvements in the Board's internal governance processes were welcomed by members, noting the largely positive opinion of the Chief Internal Auditor on the Board's internal control framework, including those controls around quality of care, corporate governance and management of risk. The Committee also had sight of the Internal Control Evaluation report from Internal Audit, providing information on the mid-year position, at their January 2024 meeting. The report contained a full review of all areas of governance, including coverage of financial sustainability, and sought to provide early warning of any issues that might impact the Board's governance statement and would need to be addressed by year-end. The financial challenges facing NHS Scotland overall were fully highlighted within the report.
- 4.30 In September 2023, the Committee received the annual report on the Laboratories Managed Service Contract, focused on performance, noting the successful transition to a new contract and that increased demand for some laboratory tests was being closely monitored through demand management processes.
- 4.31 The Finance, Performance & Resources Committee is the standing governance committee that has oversight of the Board's performance in delivering any Directions formally issued by the Fife Integration Joint Board (IJB). In March 2024, the Committee received robust assurance that the IJB Direction issued to the Health Board in May 2023, to implement changes for the permanent re-provision of palliative care services in Fife, has been successfully delivered, within the existing service budget. The enhanced service model ensures that patients are cared for in their preferred setting, to better meet the evolving needs of patients and those of their families and carers. Members were pleased to note that there have been no complaints relating to specialist palliative care service over this time period the new model has been running. Patients, families and carers continue to share their very positive feedback on their individual care experience via Care Opinion and other such services, which provides robust and independent assurance to the Committee that the changes have been patient-centred and effective.
- 4.32 In September 2023, members considered a paper providing assurance that there was a recovery plan to support the process of applications for new pharmacy contracts across Fife, to deal with a backlog of applications then in train (25 in number, largely as a result of the pause in the process during Covid). Regulatory reform of the application process has been agreed by Scottish Government, but there is no timescale as yet for this to be acted upon. Members agreed the process to manage the current volume of applications at present, noting the challenges upon the Primary Care team in working through the backlog.

- 4.33 Minutes of Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives a verbal update at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings. The format of the action log has been enhanced, to provide greater clarity on priority actions and their due dates. The Committee's workplan is presented to each meeting, detailing any delays to agenda items and providing information on delivery dates, to increase the visibility over the completion of each Committee's annual schedule of business.

5 Best Value

- 5.1 The Financial Improvement & Sustainability Programme in operation 2023/24 builds on the aims of the previous organisational Best Value Framework (2018). Their combined impact facilitates a more effective triangulation of workforce, operational and financial planning, which supports the promotion and delivery of best value across all of our resource allocation. The Committee supported both these initiatives and throughout 2023/24 received progress reports and plans for consideration. The Committee were able to take ongoing assurance that the organisation had the plans and processes in place to promote and deliver best value.
- 5.2 Appendix 2 provides evidence of where and when the Committee considered the relevant best value characteristics during 2023/24.

6 Risk Management

- 6.1 In line with the Board's agreed risk management arrangements, the Committee has considered risk through a range of reports and scrutiny activity, including oversight on the detail of the Corporate Risk Register covering the delegated risks to the Committee in the areas of: Delivery of a Balanced In-Year Financial Position; Delivery of Recurring Financial Balance over the Medium-Term; Prioritisation & Management of Capital Funding; Whole System Capacity; Access to Outpatient, Diagnostic and Treatment Services; and Cancer Waiting Times Progress, and appropriate actions were noted. Some minor changes to the risk descriptors and mitigating actions have been agreed during the year, with the risk on Delivery of a Balanced In-Year Financial Position updated to reflect the increasing level of challenge during the reporting year. The finance-related risks have remained rated as 'high' throughout the year, with no in-year movement. Linkages to the Board's overall risk appetite have been discussed with members, noting that for those individual metrics currently facing a risk profile in excess of the Board's agreed appetite, a degree of tolerance has been agreed, given the scale of external challenges at this time.
- 6.2 In addition to the summary presentation of the aligned risks at all meetings during the reporting year, members have received deep-dive information on their assigned risks. Deep dives allow for greater scrutiny of the root causes of risks and discussion on the effectiveness of management actions in place to reduce risk levels. Deep dives have previously been undertaken on the medium-term financial position (January 2023) and the access to outpatient, diagnostic and treatment services risk (March 2023). A deep dive into Bank & Agency Programme, which is routinely monitored by the Staff Governance Committee, was also considered by members at the May 2023 meeting, given the significance of the spend in this area and overall impact on the financial position, in addition to the potential negative impact on the quality of patient care and patient safety arising from an over reliance on bank and agency staff. A further update was given to the July 2023 meeting (which was also shared with the Staff Governance Committee), detailing the ongoing work of the Programme Board and the likelihood of delivery of savings in this area during FY2023/24. Members have recognised that the move to framework agencies, supported by an overall reduction in agency

staffing, will take some time to impact upon the financial position, and that savings are not likely to be fully realised until FY2024/25.

- 6.3 There has been significant activity by services in responding to the Scottish Government's directions on the use of agency staffing. In parallel with the work to reduce reliance on agency staffing, several initiatives to increase our substantive nursing staff levels have taken place. These include the work of the International Recruitment Oversight Group, the Healthcare Support Worker and Assistant Practitioner (Band 2-4) Career Development Framework Group, and a block recruitment event, supporting the unregistered staff pools that have been created within the Planned Care and Emergency Care directorates to support underlying long-term vacancies. In November 2023, a briefing to the Committee noted the work underway to reduce usage, recognising that whilst medical staffing had reduced (for both locum doctors and junior doctor rota compliance), nursing rotas continue to be challenged. Concern was expressed that limited progress in meeting the planned savings target would negatively impact the year-end position.
- 6.4 In September 2023, further detail on the Planned Care Programme Plan sought to give members assurance that there were a range of activities underway to address diagnostic waiting times, given a deterioration in the risk level in-year. Key priorities were explained, including work to address long waits; protecting diagnostic capacity, to support urgent suspicion of cancer referrals; and productive opportunities to transform services, utilising waiting list monies to address activity targets across Outpatients, Inpatient and Day Case procedures and working with the Centre for Sustainable Delivery to maximise the use of local capacity. Nevertheless, the risk of not being able to deliver the full waiting times activity remained high at the time of reporting, and members carefully scrutinised the reasons for that.
- 6.5 A deep-dive on cancer waiting times was undertaken at the Committee's November 2023 meeting, which sought to provide a reasonable level of assurance to the Board via the progress and activities outlined in the management actions. A deterioration in cancer waiting times for 62 day and 31 day performance was discussed, noting an increase in patient referrals and increasing complexity around cancer treatment pathways, as a result of stratified models of care. There are an increasing number of patients living with a cancer diagnosis, with care more akin to long-term disease management, which places a strain on the capacity required for ongoing and follow-up care (outpatient, inpatient and diagnostic capacity). Activity is focused around optimising current capacity (including surgical and theatre capacity) and pathways to tackle the levels of demand, noting the importance of the Board's overall organisational strategy in seeking to improve the overall population health, to address the c.40% of cancer cases that are avoidable through better lifestyle choices.
- 6.6 In January 2024, members undertook a deep dive on Prioritisation and Management of Capital Funding, noting that reasonable assurance could be provided, due to the controls then in place and those under development. Given the limited capital funding available, and demand for investment, members recognised it is vitally important that funding is prioritised to mitigate operational risks, whilst delivering change to meet strategic objectives. Employing the correct governance, processes and procedures also helps to mitigate the risk that the Board may fail to maximise the benefit from the capital allocation it receives.

7 Self-Assessment

- 7.1 The Committee has undertaken a self-assessment of its own effectiveness, utilising a questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2024 meeting, and action points are being taken forward at both Committee and Board level.

8. Conclusion

- 8.1 As Chair of the Finance, Performance and Resources Committee, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate financial planning, monitoring and governance arrangements were in place throughout NHS Fife during the year, including scrutiny of aspects of non-financial performance metrics. The challenging financial position will remain under close scrutiny by the Committee as the new financial year gets underway.
- 8.2 I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee.

Signed: 

Date: ** May 2024

Alistair Morris, Chair

On behalf of the Finance, Performance & Resources Committee

Appendix 1 – Attendance Schedule

Appendix 2 – Best Value

**FINANCE, PERFORMANCE & RESOURCES COMMITTEE
ATTENDANCE SCHEDULE 2023/24**

	09.05.23	11.07.23	19.09.23	14.11.23	16.01.24	12.03.24
Members						
A Morris , Non-Executive Member (Chair)	✓	✓	✓	✓	✓	✓
W Brown , Non-Executive Stakeholder Member	✓	x	✓			
Cllr D Graham , Non-Executive Stakeholder Member	✓	✓				
A Grant , Non-Executive Member	✓	x	x	✓	✓	✓
J Kemp , Non-Executive Member	✓	✓	✓	✓	✓	✓
A Lawrie , Area Clinical Forum Representative	x	✓	x	✓	x	✓
M McGurk , Director of Finance & Strategy (Exec Lead)	✓	x	✓	✓	✓	x
C McKenna , Medical Director	✓	✓	✓	✓	✓	✓
J Keenan , Director of Nursing	✓	✓	x	x	✓	✓
L Parsons , Non-Executive Stakeholder Member				x	✓	✓
C Potter , Chief Executive	✓	✓	✓	✓	✓	✓
J Tomlinson , Director of Public Health	✓	✓	x	✓	✓	✓
In attendance						
K Booth , Head of Financial Services & Procurement	✓ Item 7.2			✓ Item 5.5		
N Connor , Director of H&SC	✓	✓	x	✓	✓	✓
H Close , Head of Pharmacy			✓ Deputising			
P Cumming , Risk Manager		✓ Item 5.2				
C Dobson , Director of Acute Services	✓	x	✓	✓	✓	x
F Forrest , Deputy Director of Pharmacy				✓ observing		
S Fraser , Associate Director of Planning & Performance					✓	
B Hannan , Director of Pharmacy & Medicines	✓	✓	x	✓	✓	✓
J Lyall , Chief Internal Auditor					✓ Item 6.2	
P Kilpatrick , Board Chair						✓ observing
G MacIntosh , Head of Corporate Governance & Board Secretary	✓	✓	✓	✓	✓	✓
N McCormick , Director of Property & Asset Management	✓	x	✓	✓	✓	✓

	09.05.23	11.07.23	19.09.23	14.11.23	16.01.24	12.03.24
Members						
M Michie , Deputy Director of Finance	✓	✓	✓	✓	✓	✓
D Miller , Director of Workforce	✓ Item 5.2.1			✓ Item 5.1		
K Reith , Deputy Director of Workforce		✓ Item 5.2.1				
H Thomson , Board Committee Support Officer	✓ Item 5.3					
M Watts , Emergency Care General Manager						✓ Item 5.1

BEST VALUE FRAMEWORK

Vision and Leadership

A Best Value organisation will have in place a clear vision and strategic direction for what it will do to contribute to the delivery of improved outcomes for Scotland’s people, making Scotland a better place to live and a more prosperous and successful country. The strategy will display a clear sense of purpose and place and be effectively communicated to all staff and stakeholders. The strategy will show a clear direction of travel and will be led by Senior Staff in an open and inclusive leadership approach, underpinned by clear plans and strategies (aligned to resources) which reflect a commitment to continuous improvement.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Resources required to achieve the strategic plan and operational plans e.g. finance, staff, asset base are identified and additional / changed resource requirements identified.	Financial Plan	FINANCE, PERFORMANCE & RESOURCES COMMITTEE	Annual	Annual Delivery Plan
	Workforce Plan	STAFF GOVERNANCE COMMITTEE	Annual	Financial Plan
	Property & Asset Management Strategy	BOARD	Annual	Workforce Plan
			Bi-annual	Property & Asset Management Strategy
			Bi-monthly	Integrated Performance & Quality Report
The strategic plan is translated into annual operational plans with meaningful, achievable actions and outcomes and clear responsibility for action.	Annual Delivery Plan	FINANCE, PERFORMANCE & RESOURCES COMMITTEE	Annual	Annual Delivery Plan
		CLINICAL GOVERNANCE COMMITTEE	Bi-monthly	Minutes of Committees
		BOARD	Bi-monthly	Integrated Performance & Quality Report

GOVERNANCE AND ACCOUNTABILITY

The “Governance and Accountability” theme focuses on how a Best Value organisation achieves effective governance arrangements, which help support Executive and Non-Executive leadership decision-making, provide suitable assurances to stakeholders on how all available resources are being used in delivering outcomes and give accessible explanation of the activities of the organisation and the outcomes delivered.

A Best Value organisation will be able to demonstrate structures, policies and leadership behaviours which support the application of good standards of governance and accountability in how the organisation is improving efficiency, focusing on priorities and achieving value for money in delivering its outcomes. These good standards will be reflected in clear roles, responsibilities and relationships within the organisation. Good governance arrangements will provide the supporting framework for the overall delivery of Best Value and will ensure open-ness and transparency. Public reporting should show the impact of the organisation’s activities, with clear links between the activities and what outcomes are being delivered to customers and stakeholders. Good governance provides an assurance that the organisation has a suitable focus on continuous improvement and quality. Outwith the organisation, good governance will show itself through an organisational commitment to public performance reporting about the quality of activities being delivered and commitments for future delivery.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are open and transparent.	Board meetings are held in open session and minutes are publicly available. Committee papers and minutes are publicly available	BOARD COMMITTEES	On going	NHS Fife website
Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes	Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision.	BOARD COMMITTEES	Ongoing	SBAR reports EQIA section on all reports

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife conducts rigorous review and option appraisal processes of any developments.	Business cases	BOARD FINANCE, PERFORMANCE & RESOURCES COMMITTEE	Ongoing	Business Cases

USE OF RESOURCES

The “Use of Resources” theme focuses on how a Best Value organisation ensures that it makes effective, risk-aware and evidence-based decisions on the use of all of its resources.

A Best Value organisation will show that it is conscious of being publicly funded in everything it does. The organisation will be able to show how its effective management of all resources (including staff, assets, information and communications technology (ICT), procurement and knowledge) is contributing to delivery of specific outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife understands and measures and reports on the relationship between cost, quality and outcomes.	Reporting on financial position in parallel with operational performance and other key targets	BOARD FINANCE, PERFORMANCE & RESOURCES COMMITTEE	Bi-monthly	Integrated Performance & Quality Report
The organisation has a comprehensive programme to evaluate and assess opportunities for efficiency savings and service improvements including comparison with similar organisations.	National Benchmarking undertaken through Corporate Finance Network. Local benchmarking with similar sized organisation undertaken where information available. Participation in National Shared Services Programme Systematic review of activity / performance data through use of Discovery tool	FINANCE, PERFORMANCE & RESOURCES COMMITTEE BOARD	Annual Bi-monthly Ongoing	Financial Plan Integrated Performance & Quality Report Financial overview presentations

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Organisational budgets and other resources are allocated and regularly monitored.	Annual Delivery Plan Integrated Performance & Quality Report	FINANCE, PERFORMANCE & RESOURCES COMMITTEE	Bi-monthly	Integrated Performance & Quality Report SPRA Process
NHS Fife has a strategy for procurement and the management of contracts (and contractors) which complies with the SPFM and demonstrates appropriate competitive practice.	Code of Corporate Governance Financial Operating Procedures	FINANCE, PERFORMANCE & RESOURCES COMMITTEE	Reviewed annually	Code of Corporate Governance Financial Operating Procedures Procurement Annual Report
NHS Fife understands and exploits the value of the data and information it holds.	Annual Delivery Plan Integrated Performance & Quality Report	BOARD COMMITTEES	Annual Bi-monthly	Annual Delivery Plan Integrated Performance & Quality Report

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Fixed assets including land, property, ICT, equipment and vehicles are managed efficiently and effectively and are aligned appropriately to organisational strategies.	Property and Asset Management Strategy	FINANCE, PERFORMANCE & RESOURCES COMMITTEE	Bi-annual Ongoing Bi-monthly Monthly	Property and Asset Management Strategy Report on asset disposals Integrated Performance & Quality Report Minutes of NHS Fife Capital Investment Group

PERFORMANCE MANAGEMENT

The “Performance Management” theme focuses on how a Best Value organisation embeds a culture and supporting processes which ensures that it has a clear and accurate understanding of how all parts of the organisation are performing and that, based on this knowledge, it takes action that leads to demonstrable continuous improvement in performance and outcomes.

A Best Value organisation will ensure that robust arrangements are in place to monitor the achievement of outcomes (possibly delivered across multiple partnerships) as well as reporting on specific activities and projects. It will use intelligence to make open and transparent decisions within a culture which is action and improvement oriented and manages risk. The organisation will provide a clear line of sight from individual actions through to the National Outcomes and the National Performance Framework. The measures used to manage and report on performance will also enable the organisation to provide assurances on quality and link this to continuous improvement and the delivery of efficient and effective outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
<p>Performance is systematically measured across all key areas of activity and associated reporting provides an understanding of whether the organisation is on track to achieve its short and long-term strategic, operational and quality objectives</p>	<p>Integrated Performance & Quality Report encompassing all aspects of operational performance, AOP targets / measures, and financial, clinical and staff governance metrics.</p> <p>The Board delegates to Committees the scrutiny of performance</p> <p>Board receives full Integrated Performance & Quality Report and notification of any issues for escalation from Committees.</p>	<p>COMMITTEES</p> <p>BOARD</p>	<p>Every meeting</p>	<p>Integrated Performance & Quality Report</p> <p>Code of Corporate Governance</p> <p>Minutes of Committees</p>

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The Board and its Committees approve the format and content of the performance reports they receive	The Board / Committees review the Integrated Performance & Quality Report and agree the measures.	COMMITTEES BOARD	Annual	Integrated Performance & Quality Report
Reports are honest and balanced and subject to proportionate and appropriate scrutiny and challenge from the Board and its Committees.	Committee Minutes show scrutiny and challenge when performance is poor as well as good; with escalation of issues to the Board as required	COMMITTEES BOARD	Every meeting	Integrated Performance & Quality Report Minutes of Committees
The Board has received assurance on the accuracy of data used for performance monitoring.	Performance reporting information uses validated data.	COMMITTEES BOARD	Every meeting Annual	Integrated Performance & Quality Report Annual Accounts including External Audit report

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
<p>NHS Fife’s performance management system is effective in addressing areas of underperformance, identifying the scope for improvement, agreeing remedial action, sharing good practice and monitoring implementation.</p>	<p>Encompassed within the Integrated Performance & Quality Report</p>	<p>COMMITTEES BOARD</p>	<p>Every meeting</p>	<p>Integrated Performance & Quality Report Minutes of Committees</p>

CROSS-CUTTING THEME – SUSTAINABILITY

The “Sustainability” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded a sustainable development focus in its work.

The goal of Sustainable Development is to enable all people throughout the world to satisfy their basic needs and enjoy a better quality of life without compromising the quality of life of future generations. Sustainability is integral to an overall Best Value approach and an obligation to act in a way which it considers is most sustainable is one of the three public bodies’ duties set out in section 44 of the Climate Change (Scotland) Act 2009. The duty to act sustainably placed upon Public Bodies by the Climate Change Act will require Public Bodies to routinely balance their decisions and consider the wide range of impacts of their actions, beyond reduction of greenhouse gas emissions and over both the short and the long term.

The concept of sustainability is one which is still evolving. However, five broad principles of sustainability have been identified as:

- promoting good governance;
- living within environmental limits;
- achieving a sustainable economy;
- ensuring a stronger healthier society; and
- using sound science responsibly.

Individual Public Bodies may wish to consider comparisons within the wider public sector, rather than within their usual public sector “family”. This will assist them in getting an accurate gauge of their true scale and level of influence, as well as a more accurate assessment of the potential impact of any decisions they choose to make.

A Best Value organisation will demonstrate an effective use of resources in the short-term and an informed prioritisation of the use of resources in the longer-term in order to bring about sustainable development. Public bodies should also prepare for future changes as a result of emissions that have already taken place. Public Bodies will need to ensure that they are resilient enough to continue to deliver the public services on which we all rely.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife can demonstrate that it respects the limits of the planet’s environment, resources and biodiversity in order to improve the environment and ensure that the natural resources needed for life are	Sustainability and Environmental report incorporated in the Annual Accounts process.	FINANCE, PERFORMANCE & RESOURCES COMMITTEE BOARD	Annual	Annual Accounts

APPENDIX 2

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
unimpaired and remain so for future generations.				Climate Change Template

CROSS-CUTTING THEME – EQUALITY

The “Equality” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded an equalities focus which will secure continuous improvement in delivering equality.

Equality is integral to all our work as demonstrated by its positioning as a cross-cutting theme. Public Bodies have a range of legal duties and responsibilities with regard to equality. A Best Value organisation will demonstrate that consideration of equality issues is embedded in its vision and strategic direction and throughout all of its work.

The equality impact of policies and practices delivered through partnerships should always be considered. A focus on setting equality outcomes at the individual Public Body level will also encourage equality to be considered at the partnership level.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.		BOARD COMMITTEES	Ongoing	EQIA section on all reports
The Board and senior managers understand the diversity of their customers and stakeholders.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	BOARD COMMITTEES	Ongoing	EQIA section on all reports
NHS Fife’s policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.	BOARD COMMITTEES	Ongoing	Development of new Strategy EQIA section on reports

APPENDIX 2

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
Wherever relevant, NHS Fife collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.	BOARD COMMITTEES	Ongoing	EQIA section on reports

Meeting: Finance, Performance & Resources Committee
Meeting date: 7 May 2024
Title: Update on Corporate Risks Aligned to the Finance, Performance & Resources Committee
Responsible Executive: Margo McGurk, Director of Finance & Strategy
Report Author: Pauline Cumming, Risk Manager, NHS Fife

1 Purpose

This report is presented for:

- Assurance

This report relates to:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper provides an update on the risks aligned to this Committee since the last report on 12 March 2024. Members are invited to:

- note details of the corporate risks as at 29 April 2024 at Appendix 1;
- review all information provided against the Assurance Principles at Appendix 2; and the Risk Matrix at Appendix 3;
- consider and be assured on the mitigating actions to improve the risk levels;
- conclude and comment on the assurance derived from the report

2.2 Background

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

- relevance
- proportionality

- reliability
- sufficiency

2.3 Assessment



The Strategic Risk Profile as at 31/03/24 is provided in Table 1 below.

Table 1: Strategic Risk Profile

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

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

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

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

Since the last report on 12 March 2024, the risk profile is unchanged:

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

Risk Updates

Risk 6 - Whole System Capacity

The Director of Acute Services advises that this risk is to be discussed at EDG on 2 May 2024, where consideration will be given as to whether it remains a risk or has materialised into an issue. The Committee will be advised on the outcome.

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

Further to discussion at meetings of the Committee on 16 January and 12 March 2024, the year-end outturn is currently being finalised and will be subject to audit review. The Director of Finance & Strategy will propose further clarification on the description of the risk for 2024/25 once the 2023/24 position is finalised.

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

The medium-term financial plan was approved by the NHS Fife Board in March 2024 however discussion remains ongoing with Scottish Government in relation to a number of key planning assumptions and is currently not approved. The plan indicates a 3-year time period is required to enable delivery of sustainable cost reduction and service change to deliver recurring financial balance.

Potential New Corporate Risk - Capital Funding - Service Sustainability

The Head of Capital Planning & Project Director has drafted a risk and a supporting SBAR for discussion at EDG on 2 May 2024. This will allow EDG to consider if they support the new risk being included on the Corporate Risk Register, and if so, to recommend to which committee it should be aligned. Members will be advised on the outcome of these deliberations.

Next Steps

The Corporate Risk Register will continue to evolve in response to feedback from this Committee and other stakeholders, including via Internal Audit recommendations. The Register will require to reflect the current operating landscape, and our risk appetite in relation to changes in the internal and external environment including developments associated with the Reform, Transform, Perform Framework. The Risks and Opportunities Group (ROG) will seek to enhance its contribution to the identification and assessment of emergent risks and opportunities and make appropriate recommendations on the potential impact upon the Board's Risk Appetite position. The Group will also contribute to the development of the process and content of Deep Dive Reviews as part of a broader consideration of the Board's assurance framework.

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

Risk Appetite

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

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

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

Three risks align to *Strategic Priority 4: 'To Deliver Value and Sustainability.'* The Board has a Moderate appetite for risks in this domain.

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

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

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 23 April 2024
- Neil McCormick, Director of Property & Asset Management on 23 April 2024
- Margo McGurk, Director of Finance & Strategy on 23 April 2024
- Maxine Michie, Deputy Director of Finance on 23 April 2024

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Summary of Corporate Risks Aligned to F,P&R Committee as at 29 April 2024
- Appendix 2, Assurance Principles
- Appendix 3, Risk Matrix


Report Contact


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**Summary of Corporate Risks Aligned to the Finance, Performance & Resources Committee
as at 29 April 2024**

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

	<p>downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised.</p>	<p>review and plan capacity and flow across the Fife health and care system with escalation to the Integrated Unscheduled Care Board.</p> <p>Whole System Essential Flow Verification provides assurance that all patients identified as clinically fit or with a Planned Date of Discharge are reviewed daily.</p> <p>Weekly ASD Long Length of Stay (LoS) verification group to review and action LoS. Weekend verification group reviews the number of discharges and staffing ahead of weekend.</p> 						
7	<p>Access to outpatient, diagnostic and treatment services</p> <p>There is a risk that due to demand exceeding</p>	<p>Planning for 2024/25 has been completed in line with planning guidance letter received on 24/01/24.</p> <p>Confirmed funding 1M less than committed staff costs.</p> <p>Paper has been prepared for discussion by EDG outlining the impact of the reduction in funding in addition to the ongoing gap between capacity and demand which is</p>	High 20	It is still not possible to provide a target risk and date given the uncertainty over level of funding	◀▶	Above	Director of Acute Services	Finance, Performance & Resources

	<p>capacity, compounded by unscheduled care pressures, NHS Fife will see deterioration in achieving waiting time standards. This time delay will impact clinical outcomes for the population of Fife.</p>	<p>driving an increase in waiting list size and waiting times</p> <p>The Integrated Planned Care Programme Board continues to oversee the productive opportunities work and this along with ongoing waiting list validation seeks to maximise available capacity.</p> <p>Speciality level plans in place outlining local actions to mitigate the most significant areas of risk. Focus remains on urgent and urgent suspicious of cancer patients however routine long waiting times will increase.</p> <p>Weekly waiting times meetings to review and action long waits. Monthly meeting to review and develop longer term plans to improve waiting times.</p> <p>Monthly meetings with Scottish Government to monitor delivery against the annual plan.</p> <p>The governance arrangements supporting this work continue to inform the level of risk associated with delivering against these key programmes and mitigate the level of risk over time.</p> <p>Discussions continue with Scottish Government around the need for additional funding to help reduce the waiting times for long waiting routine patients.</p>						
8	Cancer Waiting	The prostate project group continues with actions identified to improve steps in the	High	Mod 12 by	◀▶	Above	Director of Acute	Finance, Performance &

	<p>Times</p> <p>There is a risk that due to increasing patient referrals and complex cancer pathways, NHS Fife will see further deterioration of Cancer Waiting Times 62-day performance, and 31 day performance resulting in poor patient experience, impact on clinical outcomes and failure to achieve the Cancer Waiting Times Standards.</p>	<p>pathway. The nurse-led model went live in August 23. 240 patients have been seen in this clinic to date. There will be a focus to look at the waits to TP biopsy, post MDT part of the pathway and review robotic surgery capacity.</p> <p>Fortnightly meetings with Scottish Government (SG) and quarterly monitoring of the Effective Cancer Management Framework continue.</p> <p>Single Point of Contact Hub (SPOCH) continues to effectively support initiation of the Optimal Lung Cancer support the negative qFIT pathway. To remove patients from the lung pathway in a timely manner the Hub advises patients of 'good news'.</p> <p>The Cancer Framework and delivery plan has been launched and priorities for 2023 - 24 are being reconciled. Work is underway to develop actions for 2024-25.</p> <p>The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time.</p> <p>Cancer Waiting Times funding is expected to be provided on a recurring basis from 2024-25. Bids have been prioritised to support improvement</p> <p>ADP Actions for 2024/25 have been reviewed.</p>	15	30/04/24			Services	Resources
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To deliver value
and sustainability

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

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

	<p>of Capital funding</p> <p>There is a risk that lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to deliver the PAMS and to support the developing Population Health and Wellbeing Strategy.</p>	<p>Annual Property and Asset Management Strategy (PAMS) updates to provide strategic direction 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.</p> <p>Ongoing management of estate risks using the Estate Asset Management System (EAMS).</p> <p>Use of Business Case template to present new schemes for consideration.</p> <p>Future consideration/development of prioritisation investment tool.</p> <p>Fleet and sustainability requests will be linked to plans/strategy and presented through SBARs to Fife Capital Investment Group (FCIG).</p>	12	at next SG funding review)			Management	
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Risk Movement Key

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

Assurance Principles

Risk Assurance Principles:

Board

- Ensuring efficient, effective and accountable governance

Standing Committees of the Board

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


Committee Agenda

- Agenda Items should relate to risk (where relevant)

Seek Assurance of Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chairs Assurance Report

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

Year End Report

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





General Questions:

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

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

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

Level of Assurance:

Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance
			

Risk Assessment Matrix

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

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

Figure 1 Likelihood Definitions

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

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

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

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

Figure 2 Risk Matrix

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

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

Figure 3 Consequence Definitions

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

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

Meeting:	Finance, Performance & Resources Committee
Meeting date:	7 May 2024
Title:	Review of General Policies & Procedures
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Hazel Thomson, Board Committee Support Officer

1 Purpose

This report is presented for:

- Assurance
- Decision

This report relates to:

- Local policy

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

- Safe
- Effective

2 Report summary

2.1 Situation

In response to an internal audit report produced in March 2013, and after a subsequent recommendation from the Audit & Risk Committee regarding the level of risk to the Board from any delay in reviewing policies in line with target dates, management agreed that a more robust approach to enforcing policy reviews was required. The Finance, Performance & Resources Committee therefore currently receives a bi-annual update on the status of 'general' (i.e., non-clinical or HR related) policies, for assurance purposes.

2.2 Background

All policies and procedures are currently classified as either General, Human Resources or Clinical. The responsibility for managing the three separate policy groupings has been aligned to the relevant standing Committees of the Board as follows:

- General Policies – Finance, Performance & Resources Committee
- Clinical Policies – Clinical Governance Committee
- Human Resources – Staff Governance Committee

2.3 Assessment

An update on General Policies was last provided to the Finance, Performance & Resources Committee in November 2023 and work has progressed positively in tackling the historic backlog of General Policies & Procedures reviews that are overdue. The Board Committee Support Officer continues to be in close contact with respective colleagues to get these documents reviewed and through the approval process. Good progress has been made to improve the position, however, there are still a small number of General Policies that are out-of-date, as detailed below.

Towards the end of 2023, the Executive Directors' Group, through a risk-based approach, prioritised and agreed on a way forward to address out-of-date policies that remained significantly beyond their original due date. Although the approval process from submission to completion for most General Policies & Procedures can take up to a few months, there has been an improvement to the number of in-date policies since the last reporting period, which has been as a result of direct Executive Director action to drive forward reviews. To reflect the improved position and the reduction of risk accordingly, it is recommended that a review of General Policies & Procedures compliance to the Finance, Performance & Resources Committee moves to an annual reporting schedule (suggested to be the year-end position in March each year), as there is a more robust system for enforcing policy reviews now in place.

Work continues to be carried out to identify General Procedures which are not currently available on Stafflink, to ensure these are uploaded and fully accessible to staff. A new approach has been trialled within Estates for some individual procedures to be combined into one overarching policy document (including the Health & Safety Policy), and for some obsolete procedures to be removed. This work is, however, currently paused at present, to reflect staff priorities around the Reform, Transform, Perform workstreams. Furthermore, work continues on potentially moving to an integrated management software system, to include general policies, and the possibilities of utilising the Q-Pulse quality management system, to remove the bureaucracy around manual management and follow-up of reviews, is presently being explored.

Current Position

In April 2024, of the 54 General Policies, 10 (18%) remain beyond their due date, and are listed below. Review work is underway for 1 (2%) General Policy, and 3 (6%) of the General Policies have been submitted & under review. 40 (74%) of General Policies are up to date – an improved position of 11% since the last report to Committee in November 2023.

No.	Responsible Director	Policy No.	Policy Title	Review Date	Status
DIGITAL & INFORMATION					
1.	Medical Director/ Associate Director D&I	GP/I4	e-Health Procurement Policy	1 May 2019	Overdue
2.	Medical Director/ Associate Director D&I	GP/S8	D&I Incident Management Policy	1 November 2020	Overdue

No.	Responsible Director	Policy No.	Policy Title	Review Date	Status
3.	Medical Director/ Associate Director D&I	GP/B2	e-Health Remote Access	1 November 2022	Overdue - priority
4.	Medical Director/ Associate Director D&I	GP/R8	Health Records and Destruction	1 June 2023	Overdue
5.	Medical Director/ Associate Director D&I	GP/I3	Internet Policy	1 January 2024	Overdue
6.	Medical Director/ Associate Director D&I	GP/E7	Non-NHS Equipment Policy	1 May 2019	Submitted - further review at IG&S Steering Group r'qd
7.	Medical Director/ Associate Director D&I	GP/M5	Mobile Device Management Policy	1 May 2019	Submitted - further review at IG&S Steering Group r'qd
8.	Medical Director/ Associate Director D&I	GP/R9	Health Records	1 September 2023	Under Department Review (via SLWG)
DIRECTOR OF NURSING					
9.	Director of Nursing	GP/A2	Use of Independent Advocacy	22 December 2021	Overdue
ESTATES & FACILITIES					
10.	Director of Property & Asset Management	GP/H4	Hospitality Policy	1 April 2019	Overdue
11.	Director of Property & Asset Management	GP/E3	Electrical Safety	21 September 2023	Overdue
12.	Director of Property & Asset Management	GP/C4	Control of Contractors	1 October 2023	Overdue
HEALTH & SAFETY					
13.	Director of Property & Asset Management	GP/V4	Reduction of Violence and Aggression at Work	1 December 2023	Overdue
14.	Director of Property & Asset Management	GP/S2	Smoking	1 March 2016	Submitted & under review

- *GP/RS - Research Fraud & Misconduct Policy, has been removed and is being replaced by a Standard Operating Procedure.*
- *GP/R7 - Risk Register and Risk Assessment Policy, has been removed and now forms part of the Risk Management Framework.*

The workplan, which lists all General Policies & Procedures and their due dates, is available through [Stafflink](#).

Website Programme

A programme led by the Webteam continues to be underway to remove General Policies from StaffLink, replacing these with a link to the relevant documentation hosted on the NHS Fife website. This will avoid any unnecessary duplication of versions across more than one site and ensure that any out-of-date versions are removed promptly once superseded. The programme work is being taken forward as a priority.

2.3.1 Quality / Patient Care

Ensuring that the Board's policies and procedures are current and readily accessible to staff is an important aspect of ensuring quality and safety for both staff and patients.

2.3.2 Workforce

There are no workforce implications as a result of this work.

2.3.3 Financial

There are no financial implications as a result of this work.

2.3.4 Risk Assessment / Management

Ensuring policies and procedures are reviewed and revised as necessary, on a regular cycle, is an important mitigation of risk, thereby ensuring that staff are operating to most up-to-date processes and guidance.

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 for this specific paper. As part of each policy review cycle, however, authors are required to complete as a minimum Stage 1 EQIA assessments, in order to ascertain the wider impact of each policy statement.

2.3.6 Climate Emergency & Sustainability Impact

No direct impact, though some Estates & Facilities-related policies have been reviewed and updated with these requirements in mind.

2.3.7 Communication, involvement, engagement and consultation

The report provides evidence of the recent activities of the General Policies & Procedures Group, which is the internal body responsible for review and assessment of policy content. Membership of the Group was revised in late 2022, in order to capture more expertise from across the organisation and to include staff-side representation.

2.3.8 Route to the Meeting

A draft considered by the Board Secretary and Director of Finance & Strategy in April 2024.

2.4 Recommendation

The Committee is asked to take **assurance** from the update and **approve** the recommendation to move to a yearly reporting schedule, with the next report due in March 2025.

Report Author

Hazel Thomson, Board Committee Support Officer
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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		R Private Session
Review of Annual Workplan 2025/26	Board Secretary					R Draft	R Approval
Review of General Policies & Procedures	Board Secretary	R			R		
Review of Terms of Reference	Board Secretary						R Approval

Strategy / Planning							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Reform, Transform, Perform Update	Director of Reform & Transformation	R	R	R	R	R	R
Draft Annual Delivery Plan 2024/25	Director of Finance & Strategy	R					
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) & Q1 (24/25)		R Q2		R Q3
Annual Budget Setting Process 2024/25	Director of Finance & Strategy	R					
Community Asset Transfer (CAT) - Lucky Ewe	Director of Property & Asset Management	R Private Session		R Private Session			
Corporate Objectives	Chief Executive	Deferred	R				
Decarbonisation of NHS Fife Fleet	Director of Property & Asset Management					R	
Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme	Director of Pharmacy & Medicine	R Private Session		R Private Session			
Orthopaedic Elective Project <i>(Item removed from workplan)</i>	Director of Nursing	Removed					
Planned Care Programme Report	Director of Acute Services & Medical Director			R			
Primary Care Strategy Progression	Director of Health & Social Care			R			
Property & Asset Management Strategy (PAMS)	Director of Property & Asset Management			R			

Strategy / Planning (cont.)							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Control of Entry Pharmaceutical List	Director of Pharmacy & Medicines / Director of Health & Social Care			R			
Project Hydra	Director of Property & Asset Management			R			R
Quality / Performance							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Financial Position – Mid-Year Review 2024/25	Director of Finance & Strategy			R			
Integrated Performance & Quality Report	Exec. Leads	R	R	R	R	R	R
Financial Performance Report	Director of Finance & Strategy	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
Tender Process for 2C GP Practices (<i>also goes to PHWC</i>)	Director of Health & Social Care	Removed		R Private Session			
Financial Performance Report	Director of Finance & Strategy	R 2023/24 Year End	R	R	R	R	R
Fife Capital Investment Group Reports 2024/25	Director of Finance & Strategy / Director of Property & Asset Management	(2023/24) Removed		R	R	R	R

Annual Reports							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Annual Procurement Report 2023/24	Head of Financial Services & Procurement					R	
Linked Committee Minutes							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Fife Capital Investment Group	Chair	R 17/04	R 29/05	R 10/07	R 21/08 & 02/10	R 13/11	R 18/12 & 05/02
Procurement Governance Board	Chair		R 24/04	R 31/07		R 30/10	R 29/01
IJB Finance, Performance & Scrutiny Committee	Chair		R 15/05	R 03/07	R 11/09		R 15/01
Primary Medical Services Subcommittee	Chair	R 05/03	R 04/06		R 03/09	R 03/12	
Pharmacy Practice Committee	Chair	Ad-hoc Meetings					
Other Business							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Receipt of Business Cases		As required					
Asset Disposals		As required					
Mental Health Estates Initial Agreement	Medical Director					R	
Primary Care Premises Framework	Director of Property & Asset Management			R			
Ad-hoc Items							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
2024/25 Financial Plan – Scottish Government Response	Director of Finance & Strategy	R					

Matters Arising							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Development Sessions							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25

Meeting:	Finance, Performance and Resources Committee
Meeting date:	7 May 2024
Title:	2024-25 Financial Plan – Scottish Government Response
Responsible Executive:	Margo McGurk, Director of Finance and Strategy
Report Author:	Maxine Michie, Deputy Director of Finance

1 Purpose

This report is presented for:

- Awareness & Action

This report relates to:

- Medium-Term Financial Plan
- Annual Delivery Plan
- Emerging issue

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

NHS Fife submitted the 2024/25 Medium Term Financial Plan (MTFP) to Scottish Government on 21 March 2024. The MTFP was also presented and approved at the NHS Board meeting on 26 March 2024.

On 4 April 2024 Scottish Government provided a response indicating the reasons why they could not agree the financial plan at that time (Annex1). A further letter was received from Scottish Government on 30 April 2024 (Annex 2), in advance of a planned meeting with the Director of Health & Social Care Finance, Digital & Governance and the NHS Fife Chief Executive and Director of Finance on 2 May 2024.

2.2 Background

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

For Boards at level 2 of the framework, Scottish Government confirmed they would cap the brokerage available for 2024/25, which for NHS Fife was advised was a maximum of £5m with the cap reducing in future years. Subsequently additional funding for New Medicines was confirmed for 2024/25 which essentially reduced the cap to zero.

2.3 Assessment

The Scottish Government assessment of the NHS Fife MTFP is that the financial plan does not fully meet the criteria below and therefore remains unapproved at this time.

Assessment Criteria:

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

In terms of next steps, we are not being asked by Scottish Government to resubmit the plan but to work on the key actions identified in their response ahead of the formal Quarter 1 review and improve the position from the final plan submitted as much as possible in 2024-25.

Key Actions:

- Progress delivery of a minimum 3% recurring savings in 2024-25 and develop options to meet any unidentified or high-risk savings balances.
- Continue to progress with the areas of focus set out in the 15 box grid.
- Engage and take proactive involvement in supporting national programmes as they develop in 2024-25.
- Develop further measures to reduce the Board residual financial gap towards the brokerage cap set.
- Provide an update on the financial risks outlined within the financial plan to assess likelihood of these materialising and the impact these could have on the Board's outturn.

The letter received on 30 April restated that if the brokerage cap cannot be met an overspend will need to be shown in the financial statements for 2024/25.

It is imperative that NHS Fife as a minimum deliver on the £25m savings identified in the financial plan and at pace identify and take forward plans to reduce the £29.75m deficit currently projected for 2024/25.

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

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

2.3.3 Financial

Financial implications are detailed in the paper.

2.3.4 Risk Assessment / Management

Delivering a balanced financial position and financial sustainability in the medium-term continues to be reported as high risk in the NHS Board's corporate risk register, out with the Board's agreed risk appetite for value and sustainability. An assessment of the major financial risks is contained in the Medium-Term Financial Plan.

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

An impact assessment has not been carried out however any significant organisational changes arising from the RTP will be subject to the full EQIA process.

2.3.6 Climate Emergency & Sustainability Impact

There are no direct implications arising from this report.

2.3.7 Communication, involvement, engagement and consultation

The letters received from Scottish Government have previously been shared with Board Members and the Executive Directors Group.

2.3.8 Route to the Meeting

This paper has not been previously considered by any additional groups as part of its development. This is the first time this paper has been presented for awareness.

2.4 Recommendation

This paper is provided to members for:

- **Awareness & Action.**

3 List of appendices

The following appendices are included with this report:

- Appendix 1 - Scottish Government response to NHS Fife 2024/25 MTFP (4 April 2024)
- Appendix 2 - Scottish Government response to Financial Plan 2024/25 Next Steps (30 April 2024)

Report Contact

Maxine Michie
Deputy Director of Finance

Appendix 1

Appendix 2



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Carol Potter, Chief Executive, NHS Fife

cc:

Margo McGurk, Director of Finance and Performance, NHS Fife
Chair, NHS Fife

By email only

04 April, 2024

Dear Carol

NHS Fife - 2024-27 Financial Plan

Thank you for the submission of NHS Fife 2024-27 financial plan.

I note NHS Fife is projecting a financial challenge of £54.750 million in 2024-25. It is recognised this financial pressure is driven by: a brought forward underlying deficit, non pay inflation, ongoing workforce challenges and costs implementing nationally agreed programmes. We recognise many of these issues impact service delivery and we will work with you and our colleagues in the Directorate of the Chief Operating Officer to understand any impact of your developing 2024-27 Delivery Plan. Should there be any material changes to your finance plan as a result of feedback on the Delivery Plan we will review further with you.

The Board has set a savings target of £25 million and other cost reduction measures to improve the financial position. This results in a net deficit of £29.750 million in 2024-25.

This is above the revised brokerage cap previously communicated to the Board of breakeven, and does not show an improvement on the prior year submitted plan. Given the criteria set out in my previous letter, the plan as you have set out cannot be agreed by the Scottish Government at this stage. The Board must continue to work with both finance and performance colleagues within SG to consider options to reduce expenditure to deliver a financial outturn within the brokerage cap communicated. Should the Board not meet this position, it is my current expectation that an overspend would need to be shown in the financial statements.

We expect all efforts to continue to be made to drive an improvement against this plan within the monthly reporting throughout 2024-25 and continued engagement with the Finance Delivery Unit at the Scottish Government.

NHS Fife will remain at level two of the NHS Scotland Support and Intervention Framework, which is not formal escalation.

Financial Plan – Next Steps

We acknowledge the position outlined in the financial plan for 2024-25 and expect the Board to undertake the following actions ahead of Quarter One in year reporting:

1. Progress delivery of a minimum 3% recurring savings in 2024-25 and develop options to meet any unidentified or high risk savings balances.
2. Continue to progress with the areas of focus set out in the 15 box grid.
3. Engage and take proactive involvement in supporting national programmes as they develop in 2024-25.
4. Develop further measures to reduce the Board's residual financial gap towards the brokerage cap set.
5. Provide an update on the financial risks outlined within the financial plan to assess likelihood of these materialising and the impact these could have on the Board's outturn.

We will continue to engage and perform regular monitoring of the Board's financial position via the Financial Performance Return process, beginning with the 2024-25 Quarter 1 review.

We note the uncertainty in future years' financial outlook and the Board will be required to carry out further work to address the financial challenges presented in the latter years of the 2024-27 financial plan.

Engagement expectations

We continue to expect NHS Boards to work locally and collaboratively to support the monitoring of in-year and future year financial performance and to seek efficiencies and cost reductions to drive financial balance. I therefore expect continued engagement, with appropriate representation of your Board, at each of the key forums: Directors of Finance meetings, Corporate Finance Group, Financial Improvement Network, Technical Accounting Group and Financial Accounting Network. This will ensure the appropriate level of understanding of pressures, assumptions to be applied within financial reports, funding announcements, policy changes and approval and scrutiny of business cases across NHS Scotland. In addition, we expect NHS Boards to continue to use these groups to share learning, savings schemes, and national improvements.

Financial Allocations

We recognise the importance of certainty and flexibility of funding to support you in managing your Board's financial position. The Scottish Government's Health and Social Care Directorates are reviewing all allocations to assess those which are appropriate for either baselining or bundling into a bigger allocation. We remain committed to putting out 80% of allocations in the first quarter - where necessary these may be a percentage of the full allocation value.

I appreciate that there is a significant financial challenge in 2024-25, above levels we have seen before, and we will continue to work closely with Chief Executives and colleagues across the whole system. I thank you again for your support to date and your continued engagement moving into the new financial year.

Yours sincerely

A handwritten signature in black ink, appearing to read 'R McCallum', with a long horizontal flourish extending to the right.

Richard McCallum
Director of Health and Social Care Finance, Digital and Governance



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Carol Potter, Chief Executive, NHS Fife

cc:
Margo McGurk, Director of Finance and Performance, NHS Fife

By email only

30th April, 2024

Dear Carol

NHS Fife - 2024-25 Financial Plan Next Steps

I am writing to follow up from the financial plan feedback letter sent 4 April 2024. This stated NHS Fife's finance plan was not approved, based on not meeting all of the agreed criteria:

- Improvement from 2023-24 planned position;
- 3% recurring savings target; and
- Credible plan to meet the brokerage cap set by Scottish Government.

I expect you will be taking your plan, if you have not already, to your own Board and will have questions on next steps based on plans not being approved.

My expectations on next steps are that you work on the feedback points set out in the letter and look to improve the position from the final plan submitted as much as possible in 2024-25. We are not asking for another version of the finance plan to be submitted but ask that all efforts are made to work towards the criteria set out for the quarter 1 review, where further discussion will take place on your position.

This should not affect the operations of your Board, however please note, as per the previous letter. it is my current expectation that if the brokerage cap cannot be met an overspend would need to be shown in the financial statements. We will discuss this further in your quarter 1 review.

I would reiterate efforts must focus on delivery now as we move into 2024-25, and as a minimum achieving the 3% recurring savings.

I appreciate a lot of work has gone in to the finance plan and I am grateful for the ongoing efforts.

Yours sincerely

A handwritten signature in black ink, appearing to read 'R McCallum', with a long horizontal flourish extending to the right.

Richard McCallum
Director of Health and Social Care Finance, Digital and Governance

Meeting:	Finance, Performance and Resources Committee
Meeting date:	7 May 2024
Title:	Annual Budget Setting Process 2024/2025
Responsible Executive:	Margo McGurk, Director of Finance and Strategy
Report Author:	Maxine Michie, Deputy Director of Finance

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper outlines the approach taken to confirm the opening 2024/25 revenue budgets to budget holders.

2.2 Background

Each year a detailed financial planning process is undertaken which informs our revenue budget and resulting cost improvement challenge. The financial planning process for 2024/25 has been taken forward alongside our Re-form, Transform and Perform Framework and was approved by the NHS Fife Board at its meeting on 26 March 2024.

2.3 Assessment

A letter setting out the NHS Fife 2024/2025 core opening budget, Appendix 1, will be sent to all Budget Holders before 6 May. The letter will clearly identify the key principles and underpinning assumptions in arriving at the 2024/25 financial plan.

- Summary financial plan for NHS Fife (showing financial gap of £54m and a minimum 3% savings target of £25m cost improvement target for Health Board retained).
- Directorate/HSCP opening budget position.

- Approved Phase 1 Savings Plans
- Financial Grip and Control checklist

Budget holders have been asked to sign their respective opening budget position schedules for submission by 17 May 2024 as formal agreement and acceptance of the delegated budget.

In addition, budget holders are required to complete the annual financial “grip and control” checklist. This self-assessment tool is due for submission by 17 May 2024.

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

There are no immediate workforce implications associated with this report. All workforce implications of the approved 2024/25 Financial plan will be taken forward on a partnership basis with robust engagement with Area Partnership Forum and Staff side Representatives.

2.3.3 Financial

Financial implications are described in the report.

2.3.4 Risk Assessment / Management

Key Risks are highlighted within the Corporate Risk Register.

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

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

2.3.6 Climate Emergency & Sustainability Impact

There are no direct implications arising from this report.

2.3.7 Communication, involvement, engagement and consultation

This paper has been prepared following completion of the financial planning process in consultation with senior finance colleagues. It is an annual Internal Audit requirement and confirms the operational aspects of the financial plan as discussed and approved by the NHS Board on 26 March 2024.

2.3.8 Route to the Meeting

EDG 2 May 2024

2.4 Recommendation

This paper is provided to members for:

- **Assurance**

3 List of appendices

The following appendices are included with this report:

Appendix 1: Notification of 2024/25 opening budget letter.

Appendix 2: Summary Financial plan

Appendix 3: Phase 1 3% Minimum Savings Target

Appendix 4: Financial grip and Control checklist

Report Contact

Maxine Michie

Deputy Director of Finance

maxine.michie@nhs.scot

Appendix 1

Dear

Financial Plan 2024/25 Financial Improvement and Sustainability

- **Budget Setting 2024/25**
- **Grip and Control Checklist**

Annual Budget Setting 2024/25

The NHS Fife Board approved its financial plan for 2024/25 at its meeting on 26 March 2024, following a detailed and robust process and review of the board financial position. The plan projects a financial challenge of £54.8m in 2024/25. This financial pressure is driven by: a brought forward underlying deficit; non pay inflation; significant increases in commissioning costs with other NHS Boards, ongoing workforce challenges and costs of implementing nationally agreed programmes. This letter sets out an initial and indicative opening budget position for your Directorate/HSCP. The opening core budgets are based on a roll forward position from the previous year and will reflect the full year impact of recurring funding added to your budget in 2023/24. As the financial year unfolds, budgets will be revised to reflect a range of amendments across the expenditure headings as they are agreed both nationally and locally. This will include, for example, the revision of pay budgets to reflect the reduced working week; and the impact of pay awards once they are agreed nationally.

Our financial plan shows a cost improvement requirement for 2024/25 of £54.8m (circa 7% of Health retained baseline budget). Our approach to financial recovery will be delivered through our new Reform, Transform and Perform (RTP) Framework. The first phase of our RPT framework, Reform, will concentrate on immediate changes to how we work across the organisation with increased grip and control and principles to deliver the 3% savings target set out by SG. The agreed 3% savings target is per Schedule 3.

The Corporate Directorates savings plans (scheme 12) of £1.5m is illustrated in Schedule 4.

The Transform phase (the remaining 4%) to achieve recurring financial sustainability will focus on changes to our services, structures and care delivery with plans still to be developed and which, at this stage, present a significant risk to achieving a break even financial position.

This letter sets out the indicative budgets across your portfolio based on the financial baseline plan. The financial plan estimates for 2024/25 and the analysis between the Health Board retained services, and the health components of the Health & Social Care Partnership are attached at Schedule 1, with detail of your own recurring budget for 2024/25 at Schedule 2.

I would ask that you sign the attached Schedule 2 as formal agreement and acceptance of this delegated budget by 24 May 2024. In signing this schedule, you are acknowledging your responsibility to manage the budget and that you have read and understood the Health Board's Standing Orders, Standing Financial Instructions, and relevant financial control procedures, along with the Board Code of Corporate Governance.

Financial 'Grip and Control' Checklist

Our financial grip and control approach will continue this year. It is essential that there continues to be a strong focus on identifying and delivering cost improvement and productive opportunities. The strategic approach to sustainability and the use of a self-assessment checklist (attached at Schedule 5) in support to effective financial 'grip and control' is essential to maintain effective run rate performance, and to facilitate the management of existing pressures at a local level.

This checklist helps identify and inform budget holder responsibilities: and will be used to assist our budget setting process and, as per previous years, there is a requirement for all budget holders to complete and sign this checklist alongside budget sign off. Completing this tool will underpin an understanding of any areas for improvement within your existing systems and an action plan to address these. Your Finance Business Partner or Management Accountant is a key support available to you; and completion of the checklist is mandatory for all managers with budgetary responsibility. The deadline for completion and submission of the self-assessment tool is 17 May 2024. Responses should be coordinated via your Finance Business Partner or Management Accountant.

Please contact Maxine Michie, Deputy Director of Finance, with any queries.

Yours sincerely

Margo McGurk
Director of Finance & Strategy/Deputy Chief Executive

Attachments

- Schedule 1 – Summary Financial Plan
- Schedule 2 – Indicative Budget
- Schedule 3 – Approved 3% Cost Improvement Plans
- Schedule 4 – Corporate Directorate 3% savings
- Schedule 5 – Financial Grip and Control Checklist

Appendix 2

NHS Fife 2024/25 Opening Budgets			
	Total £'000	IJB £'000	HB retained £'000
Expenditure FY budget roll forward	1,019,293	456,285	563,008 **
Allocation Uplifts 24/25 per SG announcement	0		0
Available budget	1,019,293	456,285	563,008
FP Uplift Assumptions 23/24			
Balance of uplifts	6,284		6,284
National Pressures 2024/25	8,355	*	8,355
Local Pressures 2024/25	6,754		6,754
Exisiting Cost pressures	29,783		29,783
Prior Year Cips Delivered Non-recurring	3,574		3,574
Budget requirement	1,074,043	456,285	617,758
Initial gap	-54,750	0	-54,750
Identified Opportunities RTP	25,000	*	25,000
Opening budget Required 24/25	1,044,293	456,285	588,008
Agreed remaining gap for 24/25	-29,750	0	-29,750
*to be considered through IJB financial planning process			
** includes Acute set aside of £48.483m			

Appendix 3

Phase 1 Minimum 3% Savings Requirement

Scheme	REFORM 3% SAVING	Risk Rating	£		Innovation & VBHC	Workforce Optimisation	Service Optimisation	Decision Making Levels
1	Medicines Optimisation	L	£2,000,000	R	✓			C
2	Unscheduled Care Bundle review	L	£700,000	R		✓	✓	C
3	PFI Contract	L	£400,000	N/R			✓	C
4	Estates Rationalisation	M	£2,000,000	R			✓	C
5	Non Compliant Rotas	M	£1,000,000	R		✓		C
6	Surge Beds Reduction	H	£1,850,000	R		✓	✓	C
7	Unfunded COVID costs	M	£1,000,000	R		✓	✓	C
8	Planned Care Allocation Spend Reduction	H	£1,200,000	R		✓	✓	C
9	Supplementary Staffing	M	£5,000,000	R		✓		C
10	External Care Providers & SLA Activity	H	£5,000,000	R		✓	✓	B
11	Procurement	M	£500,000	R			✓	C
12	Corporate Directorates Savings Plans	M	£1,500,000	R	✓	✓	✓	C
13	Business Services Transformation	M	£2,400,000	R	✓	✓	✓	C
Total			£24,550,000					

Risk - Rated High, Medium and Low on basis of delivery

Decision making Levels - As per 15 box grid Appendix 2

Appendix 4

Corporate Directorates	3% Savings
	£
Nhs Fife Chief Executive	7,192
Nhs Fife Finance Director	249,484
Nhs Fife Medical Director	81,354
Nhs Fife Nurse Director	127,016
Regional Funding	6,045
Nhs Fife Public Health	81,920
Nhs Fife Workforce Directorate	112,134
Pharmacy Services	337,719
Digital + Information	408,787
Total	1,411,651

Appendix 5

FINANCIAL GRIP & CONTROL - SELF ASSESSMENT TOOL			
Ref	Area	RAG Rating	Comments
1.0	<i>Financial Planning, Forecasting & Budgeting</i>		
1.01	Review and agree your budget on a regular (e.g. annual) basis.		
1.02	Undertake a Quarterly Financial Review with your Finance support for your services.		
1.03	Understand the quantum and magnitude of the cost improvement plans target assigned to your area of responsibility.		
1.04	Ensure a recognised process is in place for identifying and delivering savings - eg expenditure controls.		
1.05	Understand the financial planning process (including completion of service review templates) and your rôle in it.		
2.0	<i>Financial Management</i>		
2.01	Understand your delegated budget and your role and responsibility in managing it .		
2.02	Ensure budget holders reporting to you have clearly delegated lines of budgetary management for their services.		
2.03	Review your service's financial performance monthly.		
2.04	Identify corrective action to manage any pressures and bring spend in line with budget.		
2.05	Identify and monitor financial risk in your area.		
2.06	Meet with finance support team on a regular basis to discuss your service's financial performance.		

2.07	Ensure you understand revenue expenditure as distinct from capital expenditure and that items are purchased from the correct revenue or capital budget from the outset.		
3.0 Cost Improvement			
3.01	Understand your role in identifying and delivering savings .		
3.02	Identify robust viable savings schemes to deliver budget savings in year and recurrently.		
3.03	Complete a Cost Improvement Plan template (CIP) for each scheme and discuss with your Finance support prior to submission.		
3.04	Ensure awareness of any interdependencies with existing and potential schemes within and out with your area of responsibility .		
4.0 Workforce			
4.01	Know and understand your funded establishment.		
4.02	Check your staff lists every month and identify and address any anomalies.		
4.03	Complete annual verification of establishment exercise (staff list).		
4.04	Authorise all VMFs for your service(s).		
4.05	Review and address the sickness / absence information for your service(s).		
4.06	Establish and follow a documented process for escalating and engaging temporary staff (bank & agency) for your area ensuring authorisation by an appropriate responsible individual.		
4.07	Ensure a system of control is in place for managing excess hours and overtime worked by staff in your area.		
4.08	Ensure processes are in place to Adhere to DL (2024) 04 - Supplementary staffing - Healthcare Support Worker (HCSW) Agency Controls		
4.09	Ensure processes are in place to Adhere to DL (2023) 14 - Supplementary staffing - Agency Controls		

4.10	Ensure compliance with the 2024 VMF process.		
5.0 Procurement			
5.01	Know and understand your role in the PECOS process.		
5.02	Ensure you are familiar with your level of delegated authorisation per the current scheme of delegation		
5.03	Implement a clear process of delegation for raising and authorising orders.		
5.04	Ensure all goods & services used in your area are obtained via an agreed process (i.e. purchase order or top up).		
5.05	Ensure a documented process for stock control and management of purchases is in place.		
5.06	Understand the range of products from which you are expected to select your requirements.		
5.07	Ensure there is a segregation of duties between the preparation and approval of orders.		
5.08	Ensure that you are familiar with the relevant legislative and policy requirements for the procurement of services, and the scope and limits of your own role within these processes.		
5.09	Identify all external contracts held by your service and ensure a signed agreement is in place for each one and that copies are retained within the department.		
5.10	Undertake regular (annual) review of each contract you hold including benchmarking with other organisations / providers, where appropriate.		
6.0 Expenses			
6.01	Review and approve delegated authorisation levels within your area where appropriate.		
6.02	Know and understand the scope of your own delegated authorisation limit.		
6.03	Ensure there is understanding of and compliance with organisational policies in relation to training and related study leave/expenses.		

6.04	Ensure there is a process in place for the review and approval of staff expenses.		
7.0 Income			
7.01	Ensure there is a system in place to charge for any services provided and that the level of service and scale of charges are agreed in advance of provision.		
7.02	Ensure staff are aware of/able to provide the information required for invoices to be raised.		
7.03	Ensure that you have systems in place for compliance with the board's own policies and procedures in relation to the treatment of out of area (including overseas) patients.		
8.0 Contracting with Other Organisations			
8.01	Ensure that you have electronic access to the Standing Financial Instructions (SFIs) and Financial Operating Procedures (FOPs), and that you have read, understood and will abide by them.		

Meeting:	Finance, Performance & Resources Committee
Meeting date:	7 May 2024
Title:	Draft Annual Delivery Plan 2024/25
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan 2024/25

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

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

The core aim of this year's guidance is to support Boards in updating their Delivery Plans into Three Year Delivery Plans with detailed actions for 2024/25 which are aligned to their Three-Year Financial Plans and to the ministerial priorities as set

out in the First Minister's vision for Scotland and the outcomes the government aims to achieve by 2026.

2.2 Background

This Delivery Plan guidance is issued alongside the NHS Scotland Financial Plan 2024/25 Guidance, and the two should be produced in conjunction to ensure that delivery planning is affordable within a Boards financial envelope, and that this in turn supports the savings aims as set out in the finance guidance.

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

As well as ensuring Delivery Plans are affordable within the context of the Board's financial plan, they should also ensure the workforce is in place to support service delivery.

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

The "Health Inequalities" driver has been expanded to more explicitly cover a wider range of population health planning and the previously separate drivers that covered "Digital Services and Technology" and "Innovation Adoption", have now been merged into a combined "Digital Services Innovation Adoption" driver. A new "Women and Children's Health" driver has been added, to better encapsulate planning priorities previously covered under other recovery drivers.

Drivers for Recovery in full are listed below:

1. **Primary and Community Care** - Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community.
2. **Urgent and Unscheduled Care** - Access to urgent and unscheduled care, including scaling of integrated frailty services to reduce admissions to hospital.

3. **Mental Health** - Improving the delivery of mental health support and services, reflecting key priorities set out in the Mental health and wellbeing strategy.
4. **Planned Care** - Recovering and improving delivery of planned care.
5. **Cancer** - Delivering the National Cancer Action Plan (2023-2026)
6. **Health Inequalities and Population Health** - Enhance planning and delivery of the approach to tackling health inequalities and improving population health.
7. **Women and Children's Health** - Take forward the actions in the Women's Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life.
8. **Workforce** - Implementation of the Workforce Strategy.
9. **Digital Services Innovation Adoption** - Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes.
10. **Climate** - Climate Emergency and Environment.

2.3 Assessment

Services were sent a locally devised template to collate required narrative for each Planning Priority outlined in the guidance to ensure all points are addressed. The ask for Services was to consider the below criteria when providing content:

- be strategically focussed to give assurance to Fife NHS Board and Scottish Government, on what is to be delivered over the next 3-years.
- be aligned to 3-year Financial Plan.
- reference links to [Value based health and care](#), where applicable.
- include an assessment of service sustainability and resilience.
- reflect on any risks and issues associated with delivery.

The Plan should also set out what will be delivered over the next three years, firm planned actions and programmes of activity for 2024/25 and indicative set of actions for 2025/26 and 2026/27.

Also requested to be included was 2024/25 trajectories for suite of revised National Standards. These are incorporated under relevant Recovery Driver and will be monitored through the Integrated Performance and Quality Report (IPQR).

The Annual Delivery Plan 2024/25 was submitted on 21 March 2024. Plan is still in draft as no formal feedback or sign off has been received from Scottish Government to date. There will be twice-a-year joint Executive Team meetings between Scottish Government and Boards to discuss progress.

2.3.1 Quality/ Patient 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 Diversity, including health inequalities

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

2.3.6 Other 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 presented to the following groups:

- Executive Directors Group 11 March 2024 (by email)
- NHS Fife Board 26 March 2024 (in private)

2.4 Recommendation

Committee is asked to:

- Take **assurance** from the content of the draft Annual Delivery Plan 2024/25

3 List of appendices

- Appendix 1 - Draft Annual Delivery Plan NHS Fife 2024/25

Report Contact

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Annual Delivery Plan 2024/25

DRAFT

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Planning Context

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

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

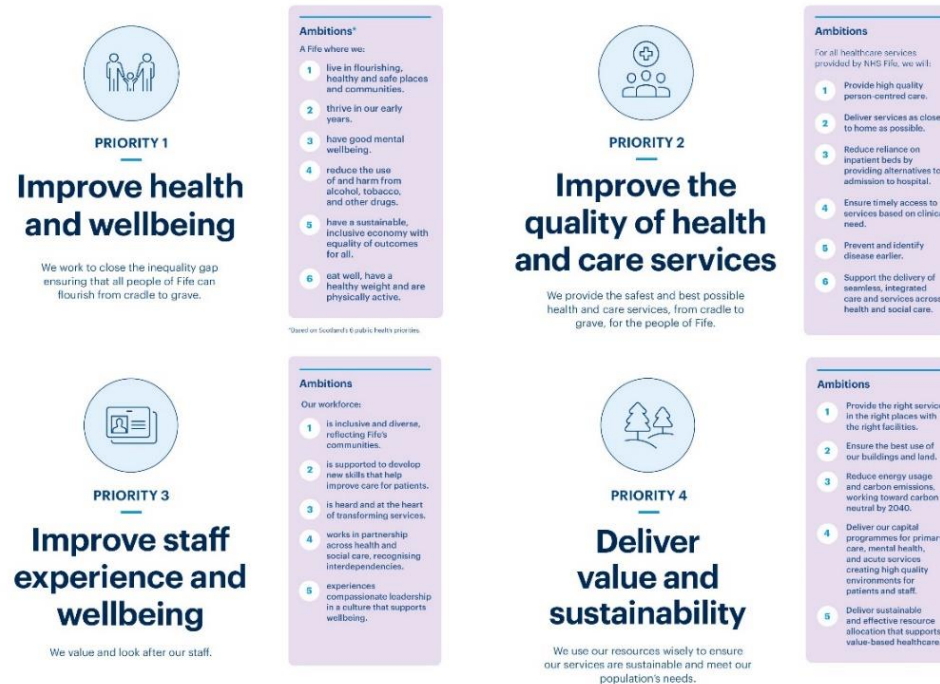
At present, many of our ambitions and plans do not fully take into consideration the risks of the evolving financial situation and the difficult decisions that may be required as we engage with the public and staff on a range of emerging cost reduction initiatives. It may be necessary to accept deviations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

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

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

Population Health and Wellbeing Strategy

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



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

Medium term Financial Plan 2024-27

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

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

Re-form, Transform and Perform Framework

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



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

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

Regional planning

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

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


Risk Management

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

Recovery Drivers

1 Primary and Community Care

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

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

1.1 Delivery of core primary care services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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


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

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

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

2 Urgent & Unscheduled Care

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

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

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

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

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

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

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

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

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

2.2.1 *Optimising Flow Navigation Centre*

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

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

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

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

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

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

2.2.4 Focus on frailty pathways and care home support

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

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

2.2.5 Develop further ambulatory pathways

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

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

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

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

2.3.1 Hospital at Home (Older People)

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

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

2.3.2 OPAT (Outpatient Antimicrobial Treatment)

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

2.3.3 Respiratory

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

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

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

2.3.4 Paediatrics

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

2.3.5 Heart Failure

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

2.3.6 Long Term Conditions and Complex Care

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

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

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

2.3.7 Improving access to 'same day' services

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

2.3.8 The use of early and effective triage

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

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

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

2.3.9 Rapid decision-making

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

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

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

2.4.1 Increasing 1–3-day admissions

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

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

2.4.2 Reducing delays over 14 days

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

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

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

2.4.3 Supporting Discharges

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

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

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

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

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

2.4.4 Promoting early and effective discharge planning

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

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

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

2.4.5 Robust and responsive operational management

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

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

2.5.1 Reduce unscheduled admissions

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

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

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

2.5.2 Accelerate rapid assessment

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

2.5.3 Evolve to implement Frailty Units

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

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


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

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

2.5.4 Frailty Skill Mix

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

3 Mental Health

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

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

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

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

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

3.1.1 CAMHS (Child & Adolescent Mental Health Services)

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

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

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

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

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

3.1.2 Psychological Therapies

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

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

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

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

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

3.2.1 Development of Fife Mental Health Strategy

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

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

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

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

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

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

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

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

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

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

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

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

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

3.5 Improving support and developing the Mental Health workforce.

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

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

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

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

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

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

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

4 Planned Care

Recovering and improving delivery of planned care

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

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

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

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

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

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

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

4.3 Maximising capacity to meet local demand trajectories.

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

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

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

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

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

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

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

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

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

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

4.6 Implement outcomes of Specialist Delivery Groups including reducing variation.

4.6.1 High Volume

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

4.6.2 Transfer of lists

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

4.7 Undertake regular waiting list validation.

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

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

4.8 Wait Well

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

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

4.9.1 ACRT/PIR

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

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

4.9.2 Enhanced Recovery after Surgery

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

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

4.10 Optimise theatre utilisation and implement digital solutions.


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

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

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

5 Cancer Care

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

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

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

5.1.1 The Framework for Effective Cancer Management

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

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

5.1.2 Breast Pathways

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

5.1.3 Colorectal Pathways

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

5.1.4 Urology Pathways

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

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

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

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

5.2.1 Increasing Diagnostic Capacity

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

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

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

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

5.2.2 Increasing Endoscopy Capacity

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

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

5.2.3 Rapid Cancer Diagnostic Service

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

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

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

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

5.3 Embedding optimal cancer diagnostic pathways and clinical management pathways

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

5.4 Delivering single point of contact services for cancer patients

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

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

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

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

5.5.1 Prehabilitation

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

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

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

5.5.2 Psychological Therapies


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

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

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

6 Health Inequalities and Population Health

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

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

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

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

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

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

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

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

6.2.1 Implementation of MAT standards

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

6.2.2 Outcome 1 – Fewer people develop problem drug use.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6.3.1 Develop and maintain Smoking Cessation Services

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

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

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

6.3.2 Weight Management

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

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

6.3.3 Cancer Screening

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

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

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

6.3.4 Vaccinations

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

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

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

6.4.1 Anchor Ambitions

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

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

Employability

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

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

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

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

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

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

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

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

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

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

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

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

6.7 Establishment of a Medicines Safety Programme

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

6.7.1 High Risk Pain Medicines

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

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

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

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

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

7 Women and Children's Health

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

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

7.1.1 Best Start

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

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

7.1.2 New Model of Neonatal Care

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

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

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

Sustainability within continuity of carer model requires review.

7.1.3 Child Health Reviews

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

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

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

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

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

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

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

7.2.1 Access to TOP Service

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

This is dependent on availability of capital funding.

7.2.2 Access to contraception

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

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

7.2.3 Access to support speedy diagnosis and best treatment for endometriosis

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

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

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

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

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

7.2.5 Early pregnancy loss, recurrent miscarriage, late foetal loss

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

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

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

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

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

Key actions for 2024/25 include workforce development, exploring and identifying sources of funding to continue the dedicated Citizens Advice and Rights Fife (CARF) service beyond 2024-25 and to expand the current referral pathway to a wider range of key healthcare frontline staff.

7.4 Delivering high quality paediatric audiology services, taking into account the emerging actions arising from the Independent Review of Audiology and associated DG-HSC letter of 23 February 2023.

NHS Fife Audiology will contribute to Newborn Hearing Screening IT procurement process to ensure high quality services and move to the new system as recommended, with oversight from the NHS Fife Pregnancy and Newborn Screening Committee. Work with local services including D&I, and relevant Finance colleagues regarding any funding implications will take place as needed.

7.4.1 Staff Performance against standards

There will continue to be a review of staff performance to ensure sustained adherence to best practice protocols, identified by British Academy of Audiology (BAA) & British Society of Audiology (BSA). The service has established competency review, appraisal and regular training updates.

Training budget allocation has been altered and external accredited training attended over last 12 months. Opportunities for local and national training will continue to be explored to ensure maintenance of skills and staff development.

7.4.2 Engagement with National Implementation Group

The team will engage with the newly appointed National Audiology Programme Manager and National Implementation Group when established and have been active participants in scoping and practice audit during independent review process. The team will continue to be key contributors to help develop policy and implement all recommendations from review.

7.4.3 Embedding of Audiology Quality Standards


Any defined national audit and peer review processes will be embedded when mandated by National Implementation Group. The service will be supported in local audit cycle review by Clinical Effectiveness colleagues in preparation for National Quality Standards Review/Audit.

An external peer review of diagnostic testing of newborns will be piloted by NHS Fife along with colleagues in NHS Tayside and NHS Lothian. If deemed suitable, this model may be adopted by all NHS Scotland services.

A Short Life Working Group (SLWG) around accommodation has been established to identify areas for improvement in reference to likely Audiology Quality Standards (Adults & Paediatrics) review. These will subject to availability of funding.

8 Workforce

Implementation of the Workforce Strategy

Recovery Driver	Indicator	National Standard	Latest		By Mar-25
Workforce 	Sickness Absence	NHS Boards to achieve a reduction in sickness absence	Jan-24	8.3%	6.5%

8.1 Achieve further reductions in agency staffing use and to optimise staff bank arrangements.

A Bank & Agency Programme Board was created in May 2023 with membership from Acute Services, Health & Social Care Partnership and Corporate Directorates as well as Staff Side Colleagues and this work will continue through 2024/25 as part of RTP. The RTP Workforce workstream will develop and deliver enhanced workforce planning across NHS Fife to support workforce redesign, optimal skills mix and reduced supplementary staffing dependency.

Action was taken from the national Task and Finish Group to ensure the cessation of new block bookings for HCSW (Healthcare Support Worker) roles from 1 January 2024 across the Board. From 1 April 2024 there will be no usage of agency HCSW, only in exceptional circumstances will be this be approved by the appropriate Executive Director.

Under the RTP Workforce workstream, the consolidation of all of NHS Fife's individual staff banks into one single staff bank is ongoing. The aim of this workstream is to consolidate and manage all resources under one team to eliminate administrative and service discrepancies, streamline operating procedures and to pool resources into one distinct area for NHS Fife, to optimise bank arrangements and support agency to bank conversion.

Risks have been identified including financial, capacity and engagement risks and are reviewed quarterly regarding the actions being taken to optimise staff bank arrangements.

8.2 Achieve reductions in medical locum spend

Acute Services has established a Strategic Medical Workforce Group that will review locum usage building on the existing scrutiny of every locum monthly in 2024/25. A review of the sustainability of the medical workforce in the Acute Services will be undertaken, as early benchmarking data

obtained from CfSD (Centre for Sustainable Delivery) indicates that the numbers of medical staff in comparison to other Boards in Scotland requires attention.

There is ongoing recruitment within the Planned Care Directorate for medical staffing vacancies therefore it is not anticipated that there will be any further medical locum spend in this area.

The Women, Children's and Clinical Services Directorate are considering a structure redesign in Paediatric and Neonates around a sustainable solution to reduce locum usage, involving substantive Advanced Neonatal and Paediatric Nurse Practitioners, which is intended to significantly reduce the medical locum spend.

Fife HSCP continue to have a high usage of supplementary staffing across complex and critical care areas. A Medical Workforce group is being established with a focus on complex and critical care services to further drive forward the long-term actions needed to further address medical locum usage. There are a total of 21 consultant locums across the 3 portfolios and 19 speciality or junior doctors. Locum doctors are also used in 6 2 c practices and in the GP out of hours service.

In those specialities, where there is a national shortage of qualified medical staff trained in that speciality, it is necessary to use locum staff in order to continue to provide a safe service and to minimise clinical risk. Actions to sustain the Learning Disabilities and Mental Health Workforce and to consider alternative models of service delivery are being led via the Mental Health Workforce Sustainability Group, which has a number of work streams including Medical Workforce, Recruitment, Supplementary Staffing, Transforming Roles and Wellbeing.

8.2.1 Direct Engagement Model

A workstream has been created to implement a Direct Engagement model and will oversee the implementation of this model for financial sustainability purposes. Work on Direct Engagement falls in line with Commitment 5: Sustainable Care of the Value Based Health and Care principles to manage efficient use of financial resources.

The aim is to implement a Direct Engagement model during 2024/25 with a target for a minimum of 80% compliance (£1.1m projected saving) during the lifecycle of this project, with any outliers to be targeted directly with services involved, alongside risk assessment strategies.

8.3 Deliver a clear reduction in sickness absence by end of 24/25

8.3.1 Managing Absence

The Attendance Management Group will stand back up from March 2024 to oversee a multi factorial review on absence issues, to take forward lessons learned, identify priority actions, and seek assurance on actions being implemented. The group will develop an action plan for 2024/25 to support improvement activities across the key themes identified, including best practice, professional development, and training.

The Workforce Directorate is developing absence data analytics, to consider bespoke initiatives and plans to support identified areas who are classified as 'high priority' based on aggregated absence rates in last three months, with a deeper dive of all root causes for absence and what would make a difference in terms of support for staff and managers in those areas.

This work will include targeted in reach support / interventions to areas identified as outliers, working with the relevant Executive leads and their leadership teams in a collaborative manner, along with our staff side colleagues, to agree the right measures to aid improvement in particular areas.

Alongside developing the workforce indicators matrix, in order to support improvement in absence rates generally, a number of managing absence initiatives will continue to be progressed including promotion of Attendance Management training programmes/TURAS Learn module, use of Promoting Attendance Panels and additional promoting attendance test of change initiatives. The OH Team will focus on musculoskeletal (MSK) absence and the support pathway to reduce MSK absence.

Fife HSPC will take forward lessons and learning identified and will develop an action plan to support improvement activities across the key themes identified, including best practice, professional development, and training.

Other support includes implementation of a Neurodiversity passport to support managers and neuro diverse staff in the workplace. To support staff to achieve a healthy work life balance, there will also be promotion and delivery of information sessions to managers and staff on Once for Scotland Supporting Work life balance policies.

8.3.2 Staff Health & Wellbeing

NHS Fife will consolidate staff health and wellbeing actions including promotion and signposting staff to the in-house core support services such as counselling, occupational health, the staff listening service, peer support and psychology staff support service.

In addition, resources such as the Live Positive Tool Kit, the HSE (Health and Safety Executive) Stress Talking Toolkit and resources, Financial Health Support Guidance, Staff Wellbeing Handbook, the Access Therapies Fife, Mood Cafe, Mind to Mind websites and to the Workforce Specialist Services Scotland and PROMiS national hub will be promoted and shared to help support staff resilience and in line with the RTP Workforce workstream. Managers and staff can benefit from the Compassionate, Connected and Effective Teams Workshops, from existing Mindfulness video clips and TURAS Learn online resources on Compassionate Leadership, Resilience and Self Care.

NHS Fife will continue to review the offer of wellbeing support to ensure it can be maximised to make best use of the resources, accessed by and of benefit to the majority of staff, for example the launch in March 2024 of the new Cycle to Work Scheme, to support active travel and low carbon commuting, menopause staff support sessions and scoping how opportunities for staff to access Menopause support can be expanded out with Victoria and Queen Margaret Hospitals

8.4 An implementation plan for eRostering in 2024/25 with a view to implementing across all services and professions by 31st March 2026.

8.4.1 eRostering

eRostering has been implemented in NHS Fife since September 2022. However, the rate of delivery will be significantly impacted as a Business-as-Usual team is unable to be funded due to current financial pressures. By 2024/25, the team will have successfully delivered the system to 4 cohorts with over 2,000 staff onboarded.

There is an additional pressure in that the Digital Delivery team are only funded until November 2024, after which there is no agreed resource to move this programme forward. Alternative governance and escalations arrangements are being made to ensure compliance with the legislation.

8.4.2 Health and Care (Staffing) (Scotland) Act 2019, (HCSA),

NHS Fife must provide information to the Scottish Ministers on the steps taken to comply with the legislation and the first Ministerial reports to Parliament are expected in April 2026. NHS Fife will need to demonstrate how the specific duties of the Act have been met. Preparations are underway to support Act implementation.

8.5 Local Workforce Planning

While the current national workforce planning landscape is lacking clarity, a new three-year Integrated Fife Workforce Plan will be developed and published by April 2025. In the meantime, updates to the Board's 2022 to 2025 Workforce Plan are being provided via the Annual Delivery Planning process.

Work is on-going to generate collective data that includes the third and independent sectors to understand the workforce challenges across the whole integrated system and develop actions that benefit the whole partnership. All of the workforce actions are set through the lens of the 'Five Pillars' of workforce to ensure alignment to the national approach and collaboration on the local priorities in Fife.

9 Digital Services Innovation Adoption

Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes.

9.1 Adoption and implementation of the national digital programmes

In 2024/25, Digital and Information (D&I) continues to look towards national and regional programmes in which economies of scale can be realised. There is commitment to deliver the following programmes over the medium term: -

- **e-Rostering**
NHS Fife continues its rollout of the National rostering system which supports staff to deliver services. A key reliance, for the delivery of benefits, is linked to the national delivery of appropriate interfacing. There is a funding risk to this programme after November 2024.
- **Hospital Electronic Prescribing and Medicines Administration (HEPMA)**
NHS Fife will see significant progress being made with the HEPMA programme that will also include the implementation of a new Immediate Discharge Letter system.
- **GP IT**
NHS Fife will progress the migration to the new GP IT system and seek to enhance the benefits derived by Primary Care and their multi-disciplinary teams through the local programme.
- **Child Health**
This programme continues to develop the replacement for Child Health Systems and Phase 1 is due to be concluded in the delivery period. NHS Fife continues to finance and resource the team supporting the local implementation of this national programme.
- **Microsoft 365**
Maximising benefits and evolving federation are key requirements for the delivery period. The platform continues to be underutilised and delays in resourcing national delivery teams is a risk to local plans.
- **Laboratory Information Management System (LIMS)**
As one of the accelerated Boards within the programme, D&I will require to continue to support this programme through the delivery period as the national LIMS systems is adopted by other Boards in the consortium.

While these remain the committed programmes, other programmes are seen as key national programmes in support of future financial planning. NHS Fife continues to commit finance to running and operating local systems that provide capability for Digital Front Door and Unified Health and Social Care records, while waiting for the national delivery of this capability.

9.2 Improving cyber resilience and compliance with the Refreshed Public Sector Cyber Resilience Framework

The approach within NHS Fife to improve the cyber resilience and compliance level is linked to one of risk management and mitigation planning. NHS Fife undergoes an annual audit under the NIS (Network & Information Systems) Directive, with the most recent report being made available in August 2023. This is the fourth annual audit report NHS Fife has received.

The assurance and monitoring of progress relating to the Scottish Public Sector Cyber Resilience Framework remains with the Information Governance and Security Steering Group, with many of the operational elements and initiatives reported via the Digital and Information Board. The NIS Audit report becomes the key route to considering the next set of action plans that are then incorporated into the NHS Fife Information Governance Accountability and Assurance Framework.

Progress on the Cyber Resilience Framework action plan is by providing regular updates to the Information Governance and Security Steering Group through reporting progress specific risk mitigation activity relating to manage, protect, detect, respond and deliver and legacy technologies.

9.3 Executive support and commitment to optimising use of digital & data technologies in the delivery of health services, and ongoing commitment to developing and maintaining digital skills across the whole workforce.

9.3.1 Executive Support and Commitment

The governance of digital activities and programmes is aligned to two key leadership groups, chaired by Executives.

The *Digital & Information Board* provides the assurance that D&I mechanisms and controls are in place and effective throughout the whole of Fife NHS Board's responsibilities. The Board is accountable to the Clinical Governance Committee but also provide assurance reporting or escalation to relevant committees or groups as appropriate.

A revised Digital & Information Strategy will be developed in 2024-25 that aligns to the Population Health and Wellbeing Strategy and other local strategies and seeks to leverage opportunities within Scottish Government's refreshed [Digital Health and Care Strategy](#).

The *Information Governance & Security Steering Group* (IG&S) provides whole system leadership, oversight and assurance to the organisation and ensure that all IG&S risks have effective and appropriate mitigations. The Steering Group is accountable to the Clinical Governance Committee but also provide assurance reporting or escalation to relevant committees or groups as appropriate.

9.4 Digital Skills

The plan for delivery includes both service users and those who utilise digital. There will also be focussed internally to continue to upskill in order to meet the demands of the workforce and ensure that leaders across health and care are equipped with the necessary skills. There is commitment to undertake training locally and also highlighting to leaders across the board when digital programmes are offered.

9.5 Working collaboratively with other organisations to scale and adopt innovation, with particular reference to the adoption of Innovation Design Authority (IDA) approved innovations as part of the Accelerated National Innovation Adoption (ANIA) pathway.

9.5.1 Working Collaboratively

NHS Fife is well connected to other organisations throughout the Scottish Innovation landscape. The recently established Innovation Project Review Group (IPRG) will provide a 'landing zone' for projects coming from Scotland Innovates and the Accelerated National Innovation Adoption (ANIA) Pathway, as well as reviewing, advising, and where applicable, approving locally led projects, Health Innovation South-East Scotland (HISES) Innovation projects and Scottish Government led innovations. The IPRG will report into the Research, Innovation and Knowledge (RIK) Oversight Group for final project endorsement and monitoring.

9.5.2 ANIA Innovations

To facilitate fast tracking high impact innovations and to develop a sustainable and data driven approach to implementation locally the NHS Fife Innovation team will act as point of contact for the ANIA pipeline.

It is anticipated that the NHS Fife IPRG and local service and clinical leads will make recommendations on the ANIA innovations including if the innovation should be implemented locally, and by which service/directorate. Implementation of ANIA projects will be the responsibility of the identified service and/or directorate with regular updates on ANIA innovations provided to the IPRG.

It is anticipated that this will allow for a clear pathway for any innovations coming to NHS Fife for implementation and ensures that these innovations (a) align to identified local strategic priorities, (b) align to identified regional priorities (HISES) and c) align to NHS Fife 3-year financial plan. The funding of delivery models for Innovation projects will be reviewed by the IPRG to ensure there is adequate funding for implementation of Innovations. If there are insufficient funding options available, this may result in Innovations not being supported locally for adoption and implementation.

NHS Fife Innovation will develop a pathway for locally led innovation projects to be endorsed to be elevated to the ANIA Pathway. Locally led Innovation projects will have been reviewed by the IPRG and endorsed by the RIK Oversight Group. It is anticipated that projects to be elevated to ANIA will have elevation approved by IPRG and RIK oversight, with final approval coming from the Executive Directors Group (EDG).

9.6 Local D&I programmes

9.6.1 *Electronic Health Record project*

The Electronic Health Record project remains a local priority for NHS Fife at the present time. The programme will focus on maximum utilisation of the key cornerstone systems, providing value to the NHS whilst also reducing the need for paper in delivery of clinical care. This focus will also be directly related to those system suppliers who have proven their ability to keep pace with the requirement for well design and rapid pace developments. This will support the clinical teams to deliver care, with information which is up to date at point of care, therefore improving clinical decision making, patient experience and outcomes.

This programme will also focus on interaction with patients to improve their experience through the continued use and introduction of digital technology.

9.6.2 *Upgrades and Lifecycle Plans*

The requirement for all digital technologies to undergo lifecycle evaluation remains a key priority for the 2024/25 period. A range of technologies are considered legacy and are likely to require upgrading, replacement or decommissioning.

Improved functionality and benefits can also be derived from a series of upgrades to new versions of products. Many of these enhancements include the ability for additional automation of processing and generally better alignment to security and technical compliance. Upgrades to TrakCare, WinVoiceWeb, Morse, Docman 10 and Patientrack will provide this enhanced functionality for users.

Continued efficiency will be identified in 2024/25 through automating the availability of data items through MicroStrategy and Alteryx, and by processes being moved to digital systems. Some testing will be conducted on M365 platform in support of automation.

10 Climate

Climate Emergency & Environment

Recovery Driver	Indicator	National Standard	Latest		Target
Climate 	Greenhouse emissions	Year on year reduction in total greenhouse emissions (including medicines) for those emissions sources which form part of the NHS Scotland 2040 net-zero target	2022/23	29237.7	year-on-year reduction to achieve net-zero by 2040

10.1 Greenhouse gas emissions reductions in line with national targets with particular focus on building energy use, inhaler propellant, transport and travel and nitrous oxide

10.1.1 Building energy

This year, NHS Fife will create a Building Energy Transition Strategy that aligns with the Property and Asset Maintenance Strategy. This will help target the most inefficient buildings and ensure no investment in buildings that will not be part of the NHS Fife portfolio in the long term.

To become a net-zero health service by 2040, the completed road maps will be used to identify the measures to be undertaken that will allow delivery of a 75% reduction by 2030 compared to 1990.

An outline of the funding required to carry out these projects and curate a plan as to how they can be implemented as soon as possible. Funding applications for some of the projects that need to take place will be submitted with the aim to deliver those over the next 6 years between now and 2030. The implementation of these projects will be dependent on availability of funding.

10.1.2 Inhaler propellant

As a member of the East Region Formulary, all applications around respiratory medicines, are expected to include an environmental consideration. The formulary uses dry powder inhalers as first line, which require no propellant, and clinicians are clear on the environmental reasons for this position.

The Fife Respiratory MCN is established and well-placed to drive progress and maintains an active role in reduction of the environmental impact of high-quality care.

10.1.3 Transport and travel

NHS Fife have developed a plan for the decarbonisation of the fleet by 2025 for small vehicles and 2030 for larger industrial vehicles. Furthermore, progress is being made on the active and sustainable travel agenda to reduce greenhouse gas emissions. These efforts include the plans and funding routes detailed in 10.4.

10.1.4 Nitrous oxide

As of October 2023, all nitrous oxide manifolds have been decommissioned in NHS Fife. In the coming year, NHS Fife will undertake a further review of cylinder use with the aim of reducing, where possible, whilst maintaining quality of care. Risk assessments surrounding exposure limits will be reviewed and revised, considering staff welfare across relevant clinical areas.

10.2 Adapting to the impacts of climate change, enhancing the resilience of the healthcare assets and services of NHS Boards

NHS Fife is working with Fife Council to identify shared climate risks and come up with adaptation measures and solutions as part of a place-based approach.

A corporate-level dashboard has been launched and is used to proactively monitor the daily risk profile position of operational business continuity planning. There are further plans to develop the dashboard to allow proactive monitoring of business continuity incidents where thematic trends analysis may provide an indicator to sustainability improvements in recovery measures.

Over the next year, the aim is to make progress with the climate change risk assessment (CCRA) by creating a risk dashboard for climate risk that will align with the work being carried out within the resilience team.

10.3 The achievement of national waste targets, and local targets for clinical waste, and engagement with local procurement to progress Circular Economy programme within NHS Boards

An Action Plan is being produced collaboratively with members of the Waste Management Steering Group to aid innovation and raise awareness of waste reductions.

Target		Progress
Targets already met	Reduce domestic waste by a minimum of 15% compared to 2012/13	NHS Fife had a target of 307 tonnes and achieved 720 tonnes reduction.
	Ensure that no more than 5% and less of all domestic waste is sent to landfill by 2025	Target of no more than 66 tonnes – working in partnership with current contract all domestic waste is sent to energy for waste. The ash from which is being piloted for use in the production of cement.
	Reduce food waste by 33%	NHS Fife introduced dewaterers to all sites and recently renewed all equipment and had a target of 80 tonnes for the 33% reduction but achieved a 181-ton reduction.
Target realised	Ensure that 70% of all domestic waste is recycled or composted	In 2022/23 NHS Fife had only achieved a 40% reduction (mainly as an aftermath to COVID). Already 2023/24 figures have showed an improvement with continual drives to improve recycling and increase awareness. Improvements hoped to be made in glass segregation will reduce contamination of this stream and allow full recycling.

Following clinical waste audits and guidelines, there has been a reduction in volume of bagged waste with a target of 10% set for 2023/24 and 2024/25.

Currently plans are in place to communicate with staff at roadshows, a focus waste quarter, and dedicated waste Porter for the Victoria Acute site and this will continue into 2024/25. This will be rolled out to all of NHS Fife premises where practical.

The general waste and recycled tender are to be renewed in April 2024 and NHS Fife is hopeful of reducing haulage charges by introducing more cardboard recycling and compactors across sites. Projects ongoing and yet-to-inform guidelines include the recycling of PPE and paper hand towels. A further installation of a suction system in theatres with a reduction in clinical waste, introducing more sustainable containers and expanding this in conjunction with contractors is planned.

10.4 The decarbonisation of the NHS fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest) and the implementation of the sustainable travel approach for business travel, commuting and patient and visitor travel, linking to other strategy areas such as greenspace and adaptation

10.4.1 Decarbonisation of the NHS Fleet

All NHS small and light commercial vehicles will be powered by renewable alternatives by 2025 and no longer buy or lease large fossil-fuelled vehicles by 2030. However, there is a reliance on larger vehicles, especially tail lift vehicles, becoming more financially viable. To support the transformation of the fleet, installation of electric vehicle charging points throughout the NHS estate will continue as well as collaboration across the public sector on charging infrastructure. All progress is based on funding from Transport Scotland.

As part of the fleet decarbonisation plan, by the end of 2024, there is a plan to replace 12 ICE (Internal Combustion Engine) vehicles to electric. A further 6 ICE vehicles will be reviewed for utilisation with the potential that they will also be removed from the fleet with no replacement. A further 4 ICE vehicles are being reviewed for duty purposes.

Additionally, there has been a submission for a 2024/25 critical infrastructure bid for the 'Switched-on Fleet' grant for £221,500 which will be crucial to making progress with fleet decarbonisation. If successful, this will allow us to increase the number of chargers in Fife by 33 across 4 sites. As this bid was based purely on critical infrastructure, there may be an opportunity to be offered additional funding to increase charging infrastructure however this is not guaranteed.

10.5 Sustainable travel approach for business travel, commuting and patient and visitor travel

In 2024/25, the NHS Fife Active and Sustainable Travel Strategy for 2024 – 2030 is to be published, which has been produced in collaboration with travelknowhow Scotland. The Strategy provides the basis to implement the necessary behaviour change elements (Information, Engagement, Facilities and Policies) associated with supporting and encouraging active and sustainable travel choices which will ultimately lead to reduced emissions. Work will continue with MobilityWays to reduce commuter emissions and promote the NHS Fife LiftShare scheme, though subject to funding, and personalised travel plans for staff.

Funding is being sought through Cycling Scotland through the Cycling Friendly Employer (CFE) grant, to upgrade facilities at some of the main sites to encourage more active travel. In 2024, there are plans to implement a new cycle-to-work scheme which will be open year-round for staff.

10.6 Greenspace and adaptation

This year, there are plans to carry out a landscaping project at Phase 1 of Queen Margaret Hospital. This project will involve creating a wildflower meadow area, a new gravel path, implementing new signage, trees and hedging, perch seating and solar stud lighting. Through this project, the aim is to increase biodiversity and enhance the greenspace whilst linking into adaptation measures such as tree planting. This project will also create active travel corridors which will link into the hospital site.

10.7 Environmental management, including increasing biodiversity and improving greenspace across the NHS Scotland estate.

10.7.1 Environmental Management System

In 2024/25, NHS Fife will continue to make progress in developing an environmental management system which will involve following the stages outlined within the implementation roadmap. A full environmental policy will be developed during 2024/25 that will define the boards environmental commitments and start the process of carrying out an aspects and impact assessment as well as a legal review for all sites. This progress will be facilitated by a full-time EMS lead within estates.

10.7.2 Greenspace and Biodiversity

To improve greenspace and biodiversity across the NHS Fife estate, there is a plan to carry out biodiversity audits for all main sites. For each site, these audits will highlight the total land area, greenspace area, and predominant greenspace types. Following these audits, a Biodiversity Action Plan for NHS Fife will be created.

NHS Fife will continue to implement the 2030 Greenspace Strategy and aim to carry out a range of multi-beneficial greenspace projects across 2024/25. NHS Fife will be hosting a greenspace stakeholder engagement event this year to engage with individuals who have expertise on ways to use the land which directly links to the themes of the 2030 Greenspace Strategy.

NHS Fife with the local Fife community will be hosting an event through Fife Community Climate Action Network (FCCAN). This event will allow community groups to understand how they can carry out their own greenspace projects on NHS Fife estate. These projects will be led by community groups and supported by NHS Fife and all proposed projects must fit into at least one of the themes outlined in the 2030 Greenspace Strategy.

10.8 Reducing the environmental impact of healthcare through adopting the National Green Theatre Programme actions, supporting the implementation of the Quality Prescribing Guides and the adoption of the sustainability in quality improvement approach.

10.8.1 National Green Theatre Programme

In 2024/25, the National Green Theatre Programme will continue to be progressed by actioning the bundles supplied by the Centre for Sustainable Delivery (CfSD). The aim is to continue to progress future bundles and carbon saving actions throughout 2024/25. A 'sustainability tracker' for green theatres has been developed and is being used to monitor progress across the areas outlined in the 'bundles'. A timeline and plans for achieving the remaining targets will also be developed.

It is hoped that the Neptune system will be implemented at the main site, Victoria Hospital in 2024. This relates to fluid removal in theatres which will also greatly reduce waste.

10.8.2 Quality Prescribing guides and sustainability in quality improvement approach

The National Quality Prescribing Guide for respiratory medicines is awaited by the Board, though based on discussion during the consultation period, the understanding is that it will recommend a significant reduction in use of Salbutamol inhalers. NHS Fife is well placed to meet this due to the quality of available data with an experienced and established team in place to support patients and make any technical adjustments.

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DRAFT

Meeting:	Finance, Performance & Resources Committee
Meeting date:	07 May 2024
Title:	Integrated Performance & Quality Report – Finance, Performance & Resources
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Bryan Archibald, Planning & Performance Manager

1 Purpose

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

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

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

2.2 Background

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

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

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

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

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

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

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

2.3 Assessment

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

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

WT = Waiting Times

RTT = Referral-to-Treatment

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

DTT = Decision-to-Treat-to-Treatment

Operational Performance – Acute Services / Corporate Services

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

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

Finance

Measure	Update	Forecast	Current Status
Revenue Resource Limit	Monthly	-	Unconfirmed
Capital Resource Limit	Monthly	-	Unconfirmed

2.3.1 Quality/ Patient Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

The monthly financial summary has not been updated to Mar-24, due to additional complexities in finalising year end position. Update will be incorporated into the full IPQR paper ahead of the NHS Fife Board meeting at the end of May 2024.

2.3.4 Risk Assessment/Management

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

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

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

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

The Finance, Performance & Resources extract of the Position at March IPQR will be available for discussion at the meeting on 07 May 2024.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 18 April 2024 and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

The report is being presented to the FPR Committee for:

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

3 List of appendices

None

Report Contact

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Fife Integrated Performance & Quality Report

FINANCE, PERFORMANCE & RESOURCES

**Position (where applicable) at March 2024
Produced in April 2024**

Introduction

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

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

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

The IPQR comprises the following sections:

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

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

MARGO MCGURK
Director of Finance & Strategy
16 April 2024

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

a. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	4	2	2	-	-	◀▶	High
To improve the quality of health and care services	6	4	2	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	18	12	6	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 Increase

Summary Statement on Risk Profile

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

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

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

b. Indicator Summary

Section	Indicator	Target 2023/24 2023/24 TBC		Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	-	Month	Feb-24	50	○	▼	▼	●
	Major/Extreme Adverse Events - % Actions Closed on Time	50%		Month	Dec-23	61.0%	○	▲	▲	●
	HSMR	N/A	-	Year Ending	Sep-23	0.96	●	—	—	●
	Inpatient Falls	6.95	(L)	Month	Feb-24	6.49	○	▲	▲	●
	Inpatient Falls with Harm	1.44	(L)	Month	Feb-24	1.45	○	▲	▲	●
	Pressure Ulcers	0.89	(L)	Month	Feb-24	1.67	○	▼	▼	●
	SAB - HAI/HCAI	18.8	(N)	Month	Feb-24	10.2	○	▲	▲	● QE Sep-23
	C Diff - HAI/HCAI	6.5	(N)	Month	Feb-24	3.4	○	▲	▲	● QE Sep-23
	ECB - HAI/HCAI	33.0	(N)	Month	Feb-24	44.2	○	▼	▼	● QE Sep-23
	S1 Complaints Closed in Month on Time	80%		Month	Mar-24	33.3%	●	▼	▼	● 2021/22
	S2 Complaints Closed in Month on Time	33%		Month	Mar-24	14.3%	○	▼	▲	● 2021/22
	S2 Complaints Due in Month and Closed On Time	N/A	-	Month	Mar-24	15.8%	●	▼	▲	●
Operational Performance	IVF Treatment Waiting Times	90%		Month	Dec-23	100.0%	●	▲	▲	●
	4-Hour Emergency Access (A&E)	95%	(N)	Month	Mar-24	72.5%	○	▲	▲	● Feb-24
	4-Hour Emergency Access (ED)	82.5%	(L)	Month	Mar-24	65.8%	●	▲	▲	● Feb-24
	Patient TTG % <= 12 Weeks	100%		Month	Feb-24	36.7%	●	▼	▼	● Dec-23
	New Outpatients % <= 12 Weeks	95%		Month	Feb-24	37.6%	●	▼	▼	● Dec-23
	Diagnostics % <= 6 Weeks	100%		Month	Feb-24	54.4%	●	▲	▼	● Dec-23
	Cancer 31-Day DTT	95%		Month	Feb-24	96.4%	○	▲	▲	● QE Sep-23
	Cancer 62-Day RTT	95%		Month	Feb-24	75.0%	○	▲	▲	● QE Sep-23
	Freedom of Information Requests	85%		Month	Mar-24	77.9%	●	▼	▲	●
	Delayed Discharge % Bed Days Lost (All)	N/A	-	Month	Mar-24	10.2%	●	▼	▼	● Feb-24
	Delayed Discharge % Bed Days Lost (Standard)	5%		Month	Mar-24	6.2%	○	▲	▼	● Feb-24
	Antenatal Access	80%		Quarter	Dec-23	90.8%	●	▼	▼	● CY 2022
Finance	Revenue Resource Limit Performance	TBC	-	Month	Mar-24	TBC	●	—	—	●
	Capital Resource Limit Performance	TBC	-	Month	Mar-24	TBC	●	—	—	●
Staff Governance	Sickness Absence	4.00%		Month	Feb-24	7.64%	○	▲	▼	● YE Dec-23
	Personal Development Plan & Review (PDPR)	80%	(L)	Month	Mar-24	40.9%	●	▼	▲	●
	Vacancies - Medical & Dental	N/A		Quarter	Dec-23	9.4%	●	▲	▼	●
	Vacancies - Nursing & Midwifery	N/A		Quarter	Dec-23	6.5%	●	▲	▼	●
Public Health & Wellbeing	Vacancies - AHPs	N/A		Quarter	Dec-23	8.0%	●	▲	▲	●
	Smoking Cessation (FY 2023/24)	473	(N)	YTD	Nov-23	167	●	—	—	● YT Jun-23
	CAMHS Waiting Times	90%		Month	Feb-24	65.8%	○	▼	▼	● QE Dec-23
	Psychological Therapies Waiting Times	90%		Month	Feb-24	69.2%	○	▼	▼	● QE Dec-23
	Drugs & Alcohol Waiting Times	90%		Month	Dec-23	84.3%	●	▲	▼	● QE Sep-23
	Flu Vaccination (Winter, Age 65+)	85%		Month	Mar-24	80.2%	●	▲	—	●
	COVID Vaccination (Winter, Age 65+)	85%		Month	Mar-24	79.6%	●	▲	—	●
	Immunisation: 6-in-1 at Age 12 Months	95%		Quarter	Dec-23	95.0%	○	▲	▼	● QE Dec-23
Immunisation: MMR2 at 5 Years	92%		Quarter	Dec-23	89.1%	○	▲	▲	● QE Dec-23	

Performance Key

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

SPC Key

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

Change Key

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

Benchmarking Key

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

c. Projected & Actual Activity and Long Waits

		Quarter End	Quarter End	Quarter End	Month End			Quarter End
		Jun-23	Sep-23	Dec-23	Jan-24	Feb-24	Mar-24	Mar-24
ED 4-hour Performance (VHK only)	Projected				75.0%	80.0%	82.5%	
	Actual				64.7%	63.9%		
	Variance				-10.3%	-16.1%		
Elective Activity Diagnostics	Projected	15,363	15,363	15,363	5,121	5,121	5,121	15,363
	Actual	14,393	15,588	15,587	5,136	5,138		
	Variance	-970	225	224	15	17		
Elective Activity New Outpatients	Projected	22,309	22,337	22,274	7,436	7,436	7,436	22,308
	Actual	21,225	21,580	21,121	7,436	7,150		
	Variance	-1,084	-757	-1,153	0	-286		
Elective Activity TTG	Projected	3,416	3,433	3,487	1,164	1,164	1,164	3,492
	Actual	3,403	3,289	3,517	1,307	1,260		
	Variance	-13	-144	30	143	96		
Long Waits Diagnostics > 26 weeks	Projected	109	63	10	0	0	0	0
	Actual	171	165	204	111	158		
	Variance	62	102	194	111	158		
Long Waits New Outpatients > 104 weeks	Projected	0	74	212	258	304	352	352
	Actual	1	2	2	12	25		
	Variance	1	-72	-210	-246	-279		
Long Waits New Outpatients > 78 weeks	Projected	150	339	849	1019	1189	1358	1358
	Actual	85	255	336	649	741		
	Variance	-65	-84	-513	-370	-448		
Long Waits TTG > 104 weeks	Projected	16	67	173	228	288	351	351
	Actual	20	17	32	27	33		
	Variance	4	-50	-141	-201	-255		
Long Waits TTG > 78 weeks	Projected	159	305	547	627	763	893	893
	Actual	84	133	183	167	174		
	Variance	-75	-172	-364	-460	-589		
Arthroplasty 4 joint sessions	Projected	25.0%	25.0%	25.0%				25.0%
	Actual	10.3%	16.9%	12.4%				
	Variance	-14.7%	-8.1%	-12.6%				
Same Day Procedures Knee Arthroplasty	Projected	1.9%	1.9%	1.9%				1.9%
	Actual	4.1%						
	Variance	2.2%						
Same Day Procedures Hip Arthroplasty	Projected	4.3%	4.3%	4.3%				4.3%
	Actual	8.0%						
	Variance	3.7%						
Cancer Waiting Times 31-Day	Projected	93.8%	94.1%	94.3%				94.5%
	Actual	96.5%	92.5%	93.1%	94.9%	96.4%		
	Variance	2.7%	-1.6%	-1.2%				
Cancer Waiting Times 62-Day	Projected	81.9%	82.8%	85.0%				85.4%
	Actual	77.5%	73.7%	73.0%	64.2%	75.0%		
	Variance	-4.4%	-9.1%	-12.0%				
CAMHS 18 Weeks RTT	Projected				60.0%	70.0%	90.0%	
	Actual				84.0%	84.0%		
	Variance				24.0%	14.0%		
CAMHS Waiting List <= 18 weeks	Projected	216	228	235	222	201	200	200
	Actual	224	197	180	184	200		
	Variance	8	-31	-55	-38	-1		
CAMHS Waiting List > 18 weeks	Projected	116	98	42	39	15	0	0
	Actual	70	91	64	35	38		
	Variance	-46	-7	22	-4	23		
Psychological Therapies 18 Weeks RTT	Projected				68.0%	72.5%	69.5%	
	Actual				54.2%	54.3%		
	Variance				-13.8%	-18.2%		
Psychological Therapies Waiting List <= 18 weeks	Projected	888	888	888	888	888	888	888
	Actual	1460	1480	1427	1370	1325		
	Variance	572	592	539	482	437		
Psychological Therapies Waiting List > 18 weeks	Projected	1660	1569	1680	1739	1691	1604	1604
	Actual	1173	1219	1109	1159	1114		
	Variance	-487	-350	-571	-580	-577		
Psychological Therapies Waiting List > 52 weeks	Projected	219	165	111	93	75	57	57
	Actual	273	251	263	289	293		
	Variance	54	86	152	196	218		

d. Assessment

OPERATIONAL PERFORMANCE



To improve the quality of health and care services

6



Moderate

		Target	Current
4-Hour Emergency Access	<i>National Standard: 95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	95.0%	72.5%
	<i>Local target by March 2024: 82.5% of ED patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	82.5%	65.8%

For A&E (Emergency Department and Minor Injury Units), performance in March was 72.5%, below National Standard, but an increase from month prior and corresponding month year previous. Emergency Department performance increased to 65.8% but below the local trajectory of 82.5%. Trajectory has been reviewed for 2024/25 with aim of 75% by March 2025.

There were 7,716 unplanned attendances in March, equivalent to 249 per day which is an increase on the 245 per day month prior and 19 more than March 2023. There were also 460 planned attendances with 59.5% of these occurring at MIUs.

There were 438 8-hour breaches recorded in March and 42 with await longer than 12 hours: both measures have decreased from month prior.

Breach reasons 'Wait for Bed' and 'Wait for 1st Assessment' accounted for 67% of all breaches.

The most recent publication from Public Health Scotland, for month of February 2024, shows that NHS Fife continues to be in the mid-range of all Mainland Health Boards and above the Scottish average for both A&E (+4.5%) and Emergency Departments (+0.1%).

Service Narrative

Attendance has remained high, with the daily average increased slightly since January. However, 8-hour breaches have decreased significantly since January. Staffing models continue to be reviewed within ED, ensuring Senior clinical decision maker presence. The successful appointment of a dedicated ED CNM ensures appropriate leadership and support. Capacity pressures remain and continue to impact and be a focus for daily/weekly discussion and planning.

Patient TTG (Waiting)	<i>All patients should be treated (inpatient or daycase setting) within 12 weeks of decision to treat</i>	100%	36.7%
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Monthly performance decreased from 36.9% in January to 36.7% in February, this is the lowest figure in the last 24 months.

Waiting list numbers for waits of 'over 12 week' increased to 4992 in February.

Waits 'over 26 weeks' increased to 2766, waits 'over 52 weeks' increased to 606. The majority of over 52 weeks lie within Orthopaedic (300) and Urology (223).

Waits 'over 104 weeks' increased to 33 well below projected figures. These are split General Surgery 4, Orthopaedic 13, Plastic Surgery 1, Urology 7 and Gynaecology 8.

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

Service Narrative

Activity increased over the last 2 months and overall has improved to 95% of projected capacity due to improvements in absence and vacancies. Activity, however, continues to be less than demand with a gap of 270 procedures per month. The waiting list size as a result continues to rise with the biggest gaps being in Cardiology, General Surgery, Ophthalmology and Orthopaedics.

As projected there continues to be an overall deterioration in waiting times albeit that the numbers waiting over 52, 78 and 104 weeks have stabilised since November 2023 and are less than predicted at the end of March 2024.

The main specialities of concern for long waits remain Orthopaedics, General Surgery, Urology, Gynaecology, Ophthalmology and Plastic Surgery. The focus continues to be on urgent and urgent suspicious of cancer patients with a renewed effort to reduce the number of long waiting patients particularly those waiting over 104 weeks. However, as routine waiting times increase there are proportionally more patients being assessed as urgent which is leading to increasing waits for routine patients.

There has been a sustained improvement in maximising the use of capacity for day cases at Queen Margaret Hospital and efforts continue to look for productive opportunities to maximise throughput in theatres particularly in

		Target	Current
Orthopaedics and Ophthalmology and to validate the waiting lists. Discussions continue with NECU to find a solution for specialist urogynaecological procedures.			
New Outpatients	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	95%	37.6%
<p>Monthly performance remained unchanged at 37.6% in February 37.5% in January). Waits for over 12, 26, 52, 78 and 104 weeks all saw increases: 'over 78 weeks' increased by 14.2% to 741, though this remains well below the projected figures. Waits 'over 104 weeks increased from 12 to 25.</p> <p>Gynaecology 'over 52 weeks saw the largest increase of 13.2% from 655 to 741.</p> <p>The largest number of over 78 weeks waits are in Gastroenterology (167) & Neurology (281) whilst Gynaecology saw an increase of 84.5% from 71 in January to 131 in February.</p> <p>The overall waiting list increased to 31828 patients in February.</p> <p>Benchmarking for the quarter ending September 2023 shows NHS Fife to be mid-range of all mainland boards with a performance of 43.3%, above the Scotland average of 42.4%</p> <p>Service Narrative</p> <p>Overall activity has remained at 95% of projected capacity and activity is not meeting demand with a gap of over 800 appointments per month. The biggest gaps continue to be in Cardiology, Dermatology, ENT, Gynaecology, Neurology, Oral Maxillofacial, Urology and Vascular due to a combination of vacancies, sickness absence and an increased proportion of urgent referrals. As a result, long waiting times for routine patients continue to increase in several specialities and the waiting list size is increasing.</p> <p>As anticipated there continues to be a deterioration in waiting times in line with projections. The number waiting over 52 weeks is slightly greater than projected mainly in ENT. The specialities showing the greatest and/or fastest increases in numbers of longer waiting patients (>52 weeks) are Vascular, ENT, Urology, Cardiology, Gastroenterology, Endocrinology, Neurology, and Gynaecology. The focus continues to be on urgent and urgent suspicious of cancer patients as well as the long waiting patients, however, as routine waiting times increase there are proportionally more patients being assessed as urgent which is leading to increasing waits for routine patients.</p> <p>There is a continued focus on productive opportunities to maximise use of capacity with increasing use of ACRT and PIR and validation of waiting lists as well as recruiting to vacant consultant posts. Further engagement with the National Elective Coordination Unit has taken place and validation is underway for Neurology and Endocrinology.</p>			
Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	54.4%
<p>Monthly performance increased from 45.6% in January to 54.4% in February.</p> <p>Endoscopy saw an increase in performance from 53.1% in January to 58.4% in February. Imaging saw an increase in performance from 45% to 54%.</p> <p>In terms of waiting list numbers, Imaging has increased to 7864 in February from 7852 in January. MRI saw numbers decrease from 254 in January to 1173 in February. CT saw an increase to 1042 the highest figure since Oct 23; Ultrasound increased to 5649.</p> <p>Endoscopy waiting list increased to 630 in February. The diagnostic waiting list overall increased slightly to 8499 from 8469 in January.</p> <p>The number of those waiting over 6 weeks decreased from 4607 in January to 3876 in February</p> <p>Service Narrative</p> <p>In Radiology the available core capacity overall continues to be unable to meet the demand with an ongoing gap between capacity and demand. Activity has been greater than projected in the last 2 months due to presence of a CT van funded from Cancer waiting times money, locums being available in Ultrasound and an increase in availability of reporting capacity particularly for MRI routine scans. It is anticipated that this level of activity and improvement in performance will not be sustained in next year as there will be staffing challenges in Ultrasound to cover additional weekend lists. The proportion of urgent outpatient referrals and demand for inpatient scans remains high and this is resulting in increased waiting times for routine outpatient imaging for all modalities. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been experiencing long waits in ultrasound. The number of patients waiting over 26 weeks for a routine Ultrasound is reducing and it is projected that this will be zero by the end of March 2024. Clinical validation of the waiting lists continue with action taken to expedite referrals as required. Efforts continue to recruit substantively to the vacant ultrasound posts.</p> <p>In Endoscopy activity has been slightly lower in the last 2 months, however, the capacity figure includes all of the available endoscopy capacity which is used flexibly to manage emergency, urgent, urgent suspicious of cancer, surveillance and new referrals. Demand has remained stable. The numbers of patients waiting over 6 weeks is stable and the number waiting over 52 weeks has reduced: however, the numbers waiting over 26 has increased as the proportion of new urgent and urgent surveillance referrals remains high. It is projected that the number waiting over 52 weeks will be zero by the end of March 2024. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been experiencing long waits. Clinical validation of the waiting lists continues with action taken to expedite referrals as required.</p>			

		Target	Current
Cancer 31-Day DTT	<i>95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment</i>	95%	96.4%
<p>Monthly performance in February 2024 increased from 94.9% in January to 96.4% which is above target and the highest level since June 2023.</p> <p>The number of eligible referrals increased from 118 in January to 138 in February, the highest level since August 2023.</p> <p>There were 5 breaches in February 2024, 4 attributable to Urology and 1 to Colorectal.</p> <p>The most recent quarterly publication from Public Health Scotland, covering the quarter ending Sept 2023, showed that NHS Fife was in the lower-range of all Mainland Health Boards.</p> <p>Service Narrative</p> <p>All 5 breaches were surgical and dependant on theatre and surgeon capacity. Robotic surgery capacity remains an issue, however, additional theatre sessions are taking place and we can assess the impact of these additional sessions.</p> <p>Range 2-75 with an average of 25 days (a reduction from 73 days in December)</p>			
Cancer 62-Day RTT	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	95%	75.0%
<p>Monthly performance in February 2024 increased from 64.2% to 75.0%, this is 7.5% above the same month in 2023.</p> <p>The number of eligible referrals decreased from 81 in January to 80 in February.</p> <p>There were 20 breaches in February 2024 with 17 of these (85%) attributable to Prostate. The other breaches were 1 'Lung', 1 'Head & Neck' and 1 'Cervical'.</p> <p>The most recent quarterly publication from Public Health Scotland, covering the quarter ending Sept 2023, showed that NHS Fife was in the lower-range of all Mainland Health Boards.</p> <p>Service Narrative</p> <p>Urgent suspected cancer referrals remain stubbornly high, particularly in breast, colorectal, Lung and urology. In terms of performance Urology remains our biggest challenge with 17 breaches (prostate) seen. The main reasons attributing to breaches were delays between many steps throughout the pathway, with the exception of waits to 1st outpatient appointment.</p> <p>The range of breaches for prostate 3-156 days, average 45 days. It should be noted that the average days breached by has reduced from 125 in December.</p> <p>There were further breaches seen, 1 H&N, 1 Lung and 1 Cervical. These breaches were due to lack of resources for appointments within ENT and Lung over the Christmas period and biopsy slots for Cervical.</p> <p>Range for all breaches 3-156 days, average 41 days (a reduction from 115 days in December).</p>			
Delayed Discharges	<i>The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce</i>	5.0%	6.2%
<p>The percentage of Bed Days lost to 'Standard' delays decreased to 6.2% between February and March 2024. This is above the 5% target but below the 24-month average and remains within control limits. The number of Bed Days lost to Standard delays in March decreased to 1916 but there was a significant increase in Code 9 delays, which increased from 3% to 4% of Total Occupied Bed Days.</p> <p>At March Census, there were 112 patients in delay, 69 Standard delays and 43 Code 9 delay, an increase from 93 previous month. Within Acute and Community Hospitals, there was 91 delays, 60 Standard delays and 31 Code 9 delays, of which 21 were in delay due to AWI (Adult with Incapacity) reasons.</p> <p>The most recent monthly publication from Public Health Scotland, for data up to end of February 2024, shows that NHS Fife remains in the mid-range for Standard Delays at Census by Local Authority of Residence. The proportion of delays within Acute Hospital setting in Fife was 4.3% which is the lowest in Scotland.</p> <p>Service Narrative</p> <p>Daily oversight and focused planning for all people who are delayed in hospital remains a priority through whole system verifications. Process around timely referrals and assessments for all people requiring support on discharge have substantially improved through a number of quality Improvement Initiatives to keep the demands on the services to a sustainable level. There has been real opportunity through our educational "Planned Day of Discharge Roadshows" to ensure the local narrative and perception around the HomeFirst principles continue to be fully embedded and practiced in all community and acute hospitals. We continue to ensure a blended approach to discharge with all pathways being explored and inclusive conversations with the third sector, to build a more holistic view of people's needs. The variable picture in standard delays has been recognised as challenging with a significant increase for social work services and assessment bed placements. Suitable placement for increasing numbers of people with high level complex needs who are unable to return home continues to remain challenging.</p>			

FINANCE



To deliver value and sustainability

6



Moderate

Forecast Current

Revenue Expenditure

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

TBC

TBC

Not available at this time.

Capital Expenditure

Work within the capital resource limits set by the SG Health & Social Care Directorate

TBC

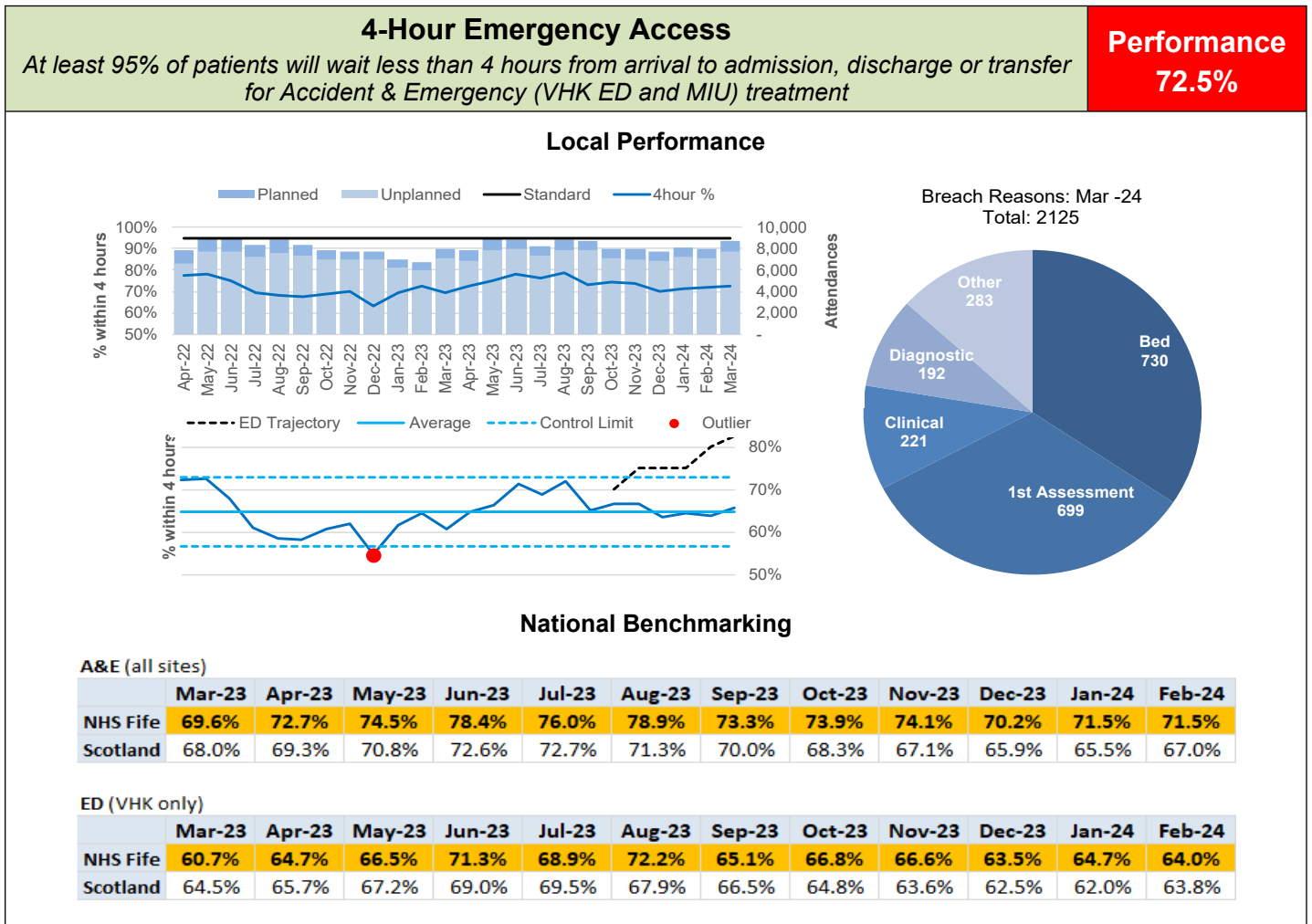
TBC

Not available at this time.

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

OPERATIONAL PERFORMANCE

e. Performance Exception Reports



Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Develop and scope ambulatory models of care supporting early supported discharge and admission prevention					Mar-24
Key Milestones	Relocation of Haematology Day Unit to VHK site and increase treatment capacity to provide a sustainable service meeting legislative guidelines and future-proof patient services for Haematology patients in Fife				Apr-23
	Outcome report and future demand/capacity planning based on results of the 22/23 Ambulatory Care SLWG				Apr-23
	Detail requirements by specialty and workforce requirements to support				Apr-23
	Scope option appraisals and submit for approval				Jun-23
	Approval				Jun-24

OPERATIONAL PERFORMANCE

Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach		Mar-24
Key Milestones	ED Staffing model proposal to EDG	Jan-24
	In collaboration with HSCP, develop an in reach model for people requiring mental health support UCAT. Develop an in reach model for people requiring addictions support for recovery and crises management	Jun-24
	In collaboration with HSCP, develop appropriate alternatives to attendance at A&E, minimise the need for admission, and reduce length of stay and increase options and processes for timely and appropriate discharge	Jun-24
Improve Same Day Emergency Care and rapid assessment pathways		Jun-24
Key Milestones	Sustainable staffing model in RTU	Jun-24
	Develop and integrated pathway between RTU and OPAT/ECAS with seamless pathways from Primary Care	Sep-23
	Expansion of ECAS out of hours	Jun-24
	Increase to 7-day service OPAT	Jun-24
Develop a workforce and delivery model that is financially sustainable		Mar-24
Key Milestones	Establish a Finance and Workforce Group	Jun-23
	Conduct an options appraisal to determine a sustainable workforce model that will provide value for money: Review inward referral routes and scrutinise current model against role descriptions	Dec-23
	Develop options appraisal for submission to FNC SOG	Dec-23
	Identify upskilling opportunities for the FNC to strengthen confidence and build capacity of staff	Mar-24
	Delivery of the model agreed following appraisal and ratification at FNC SOG.	Mar-24
Improve existing pathways and develop new pathways that ensure patients receive the right care at the right time		Mar-24
Key Milestones	Establish a Pathways Group	Jun-23
	Establish a FNC Clinical Governance Group	Jun-23
	Improve and increase number of pathways FNC can access: Review existing pathways in and out of the Flow Navigation Centre (FNC) and identify new opportunities and areas for expansion	Jul-23
	Develop robust verification process to identify opportunities for pathway development/improvement	Jul-23
	Progress pathway development/improvement after ratification at FNC Clinical Governance Group	Sep-23
	Review list of identified pathways for development and present prioritisation for progression to the FNC Strategic Oversight Group (SOG) for ratification	Dec-23
	Develop internal communication plans to ensure people access are in the right place, at the right time	Oct-23
	Test, evaluate, and implement pathways using a data driven and QI approach	Mar-24

OPERATIONAL PERFORMANCE

Develop data metrics and KPIs that assure and promote confidence in the effectiveness of the FNC		Mar-24
Key Milestones	Establish a Data and Digital Group	Mar-24
	Develop an improvement plan for data collection and reporting ensuring confidence and assurance in the data: Scrutinise the current methods of data collection and reporting and identify opportunities for improvement with Flow Navigation Centre and Planning and Performance teams	Jul-23
	Understand local and national sources for data collection	Aug-23
	Review business case submitted by FNC for implementation of Trak Care interface with Adastra to improve data collection	Dec-23
	Submit exploration conclusions and recommendations to Flow Navigation Centre (SOG for ratification)	Aug-23
	Work with FNC Clinical Care Governance and Assurance (CCGA) group on agreement of definitions for 'front door', 'redirection', and 'admission avoidance' to provide consistency and clarity for data	Jul-23
	Draft KPI's to be submitted to FNC SOG	Mar-24
	Develop KPI dashboard for FNC following approval	Mar-24
Improve scheduling processes within FNC increasing the use of Near Me where appropriate and further utilise the Rapid Triage Unit (RTU) as a means of scheduling patients.		Mar-24
Key Milestones	Work with the FNC Pathways Group to identify opportunities for scheduling in line with pathways development	Mar-24
	Work with the FNC to ensure they are technically able to book appointments for patients in to MIU / ED	Sep-23
	Work with FNC Clinical Governance group to identify digital requirements within manual process for scheduling Hot Clinics	Mar-24
	Embrace use of digital technology for virtual consultations through increasing the use of Near Me: Review referral processes within FNC and identify opportunities for appropriate use of Near Me	Mar-24
	Provide training to refresh / upskill staff in use of Near Me	Mar-24

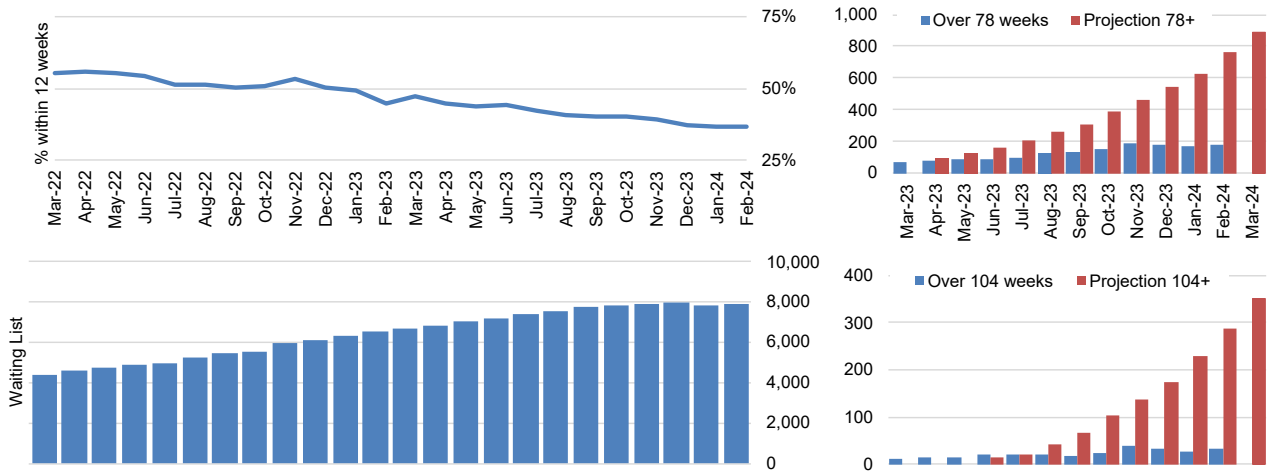
OPERATIONAL PERFORMANCE

Patient TTG

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

Performance
36.7%

Local Performance



National Benchmarking

	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23	Dec-23
NHS Fife	69.4%	69.3%	65.0%	57.1%	55.6%	52.2%	51.3%	47.8%	45.1%	40.3%	37.6%
Scotland	39.8%	38.4%	35.4%	34.7%	32.0%	32.2%	31.7%	32.3%	32.2%	31.8%	31.6%

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

OPERATIONAL PERFORMANCE

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

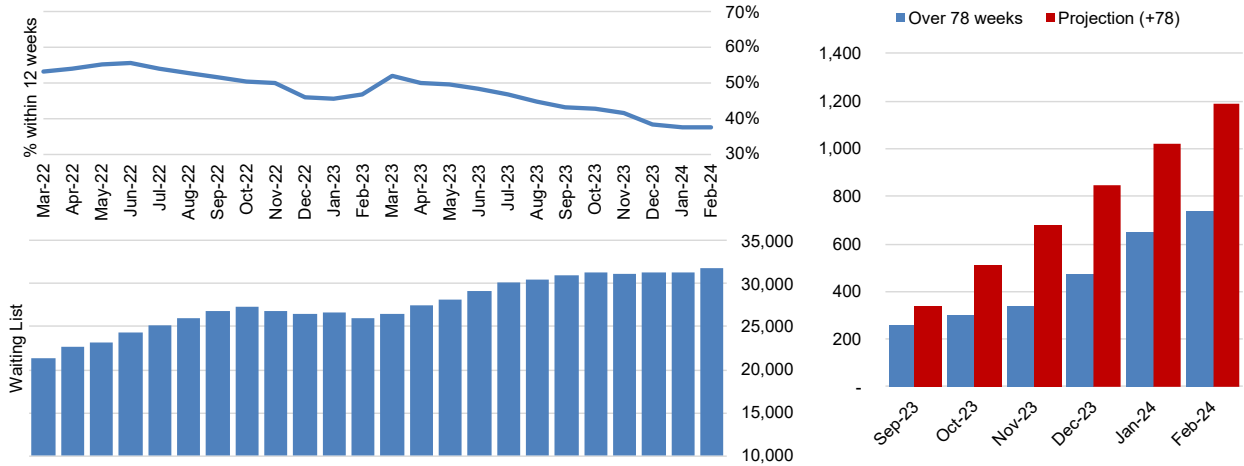
OPERATIONAL PERFORMANCE

New Outpatients

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

Performance
37.6%

Local Performance



National Benchmarking

	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23	Dec-23
NHS Fife	62.2%	57.9%	53.5%	53.4%	54.8%	51.0%	45.6%	51.5%	48.1%	43.3%	38.3%
Scotland	53.8%	48.9%	47.1%	50.1%	49.5%	47.0%	44.1%	47.1%	45.5%	42.4%	40.1%

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

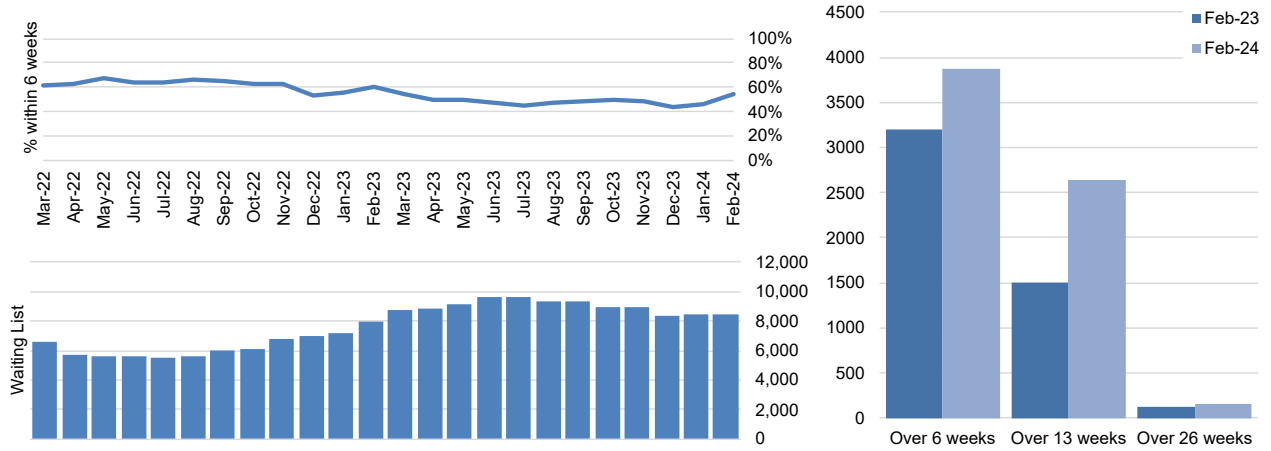
OPERATIONAL PERFORMANCE

Diagnostics Waiting Times

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

Performance
54.4%

Local Performance



National Benchmarking

	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23	Dec-23
NHS Fife	90.7%	75.8%	57.9%	61.7%	63.6%	64.7%	53.4%	54.7%	47.0%	48.9%	43.9%
Scotland	62.6%	57.8%	49.6%	49.6%	47.5%	47.9%	45.9%	52.1%	49.9%	49.8%	48.5%

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

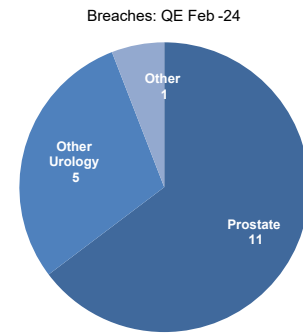
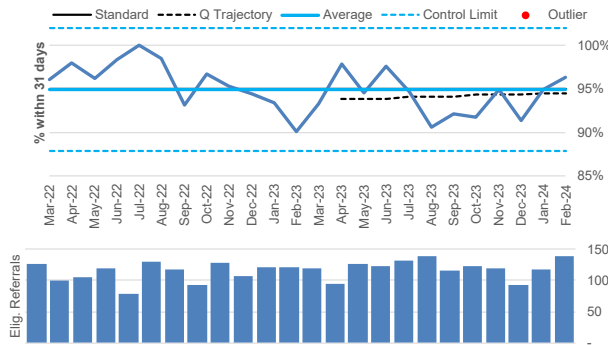
OPERATIONAL PERFORMANCE

Cancer

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

Performance
96.4%

Local Performance



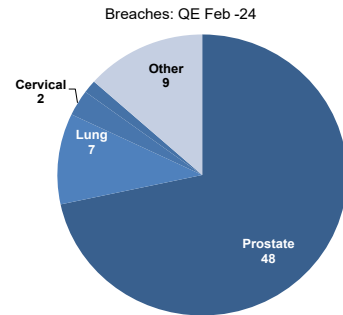
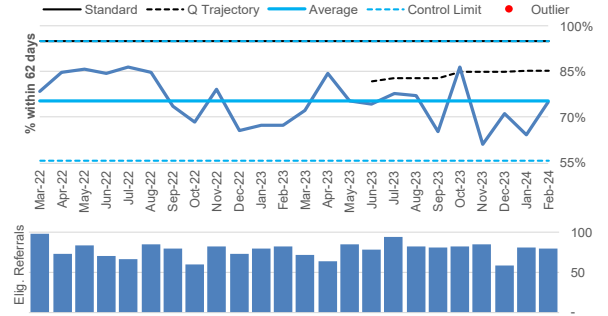
National Benchmarking

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

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

Performance
75.0%

Local Performance



National Benchmarking

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

OPERATIONAL PERFORMANCE

Key Deliverable		End Date
Off track	At risk	On track
Complete	Suspended	Proposed
Adoption of the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times		Mar-24
Key Milestones	Work toward implementation of the Effective Breach Analysis SOP	Mar-24
	Undertake a deep dive in relation to prostate performance and explore a nurse led model within the service	Oct-23
	To embed the Realistic Medicine Framework into Cancer Services	Mar-24
	Continue to review cancer pathways to reduce waits between steps in the pathway, including agreement of specific milestones to improve efficient escalation	Mar-24
	Review protocol and guidance for GP direct access to CT	Oct-24
	Scope the opportunity for community pharmacists to develop a referral pathway for lung and head & neck	Dec-23
	Audit GP referrals	Mar-24
	Introduce ACRT into cancer services	Mar-24
	Develop the Regrading Framework	Mar-25
	Ensure all MDT Terms of Reference are up to date	Mar-24
Improved digital tracking solution	Mar-24	
To ensure routine adherence to optimal diagnostic pathways		Mar-24
Key Milestones	Recruit to additional cancer lung posts	Dec-23
	Measure improvement	Mar-24
	Recruit to urology posts	Aug-23

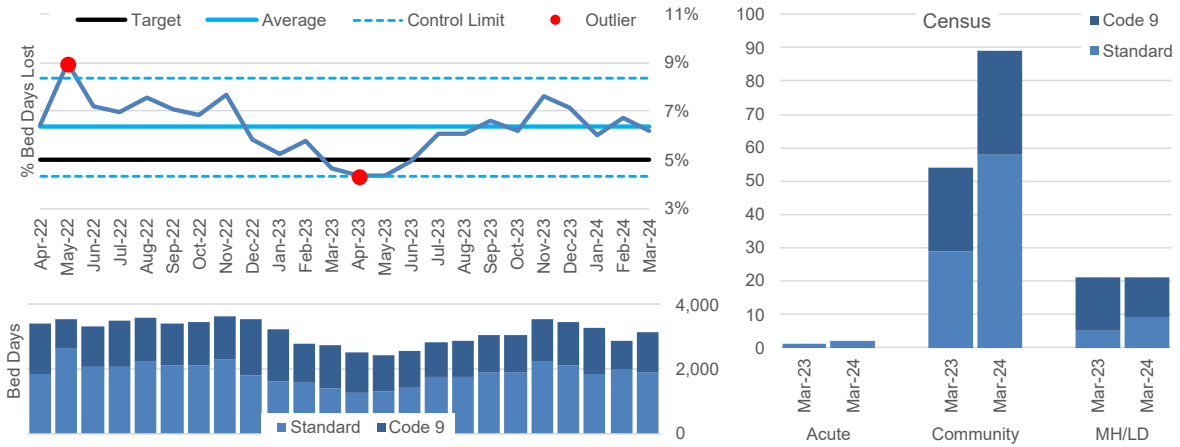
OPERATIONAL PERFORMANCE

Delayed Discharges (Bed Days Lost)

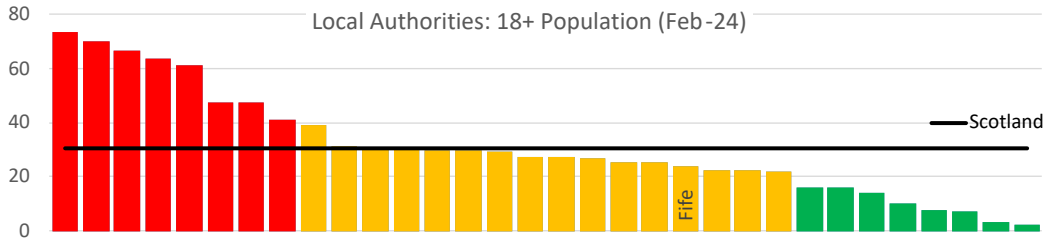
We will limit the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

**Performance
6.2%**

Local Performance



Standard Delays at Census by Local Authority of Residence



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

OPERATIONAL PERFORMANCE

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

Meeting:	Finance, Performance and Resources Committee
Meeting date:	7 May 2024
Title:	Financial Performance Report to 31 March 2024
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Maxine Michie, Deputy Director of Finance

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Financial Sustainability

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

- Safe
- Effective
- Person Centre

2 Report summary

2.1 Situation

NHS Boards are required by the Scottish Government to achieve three key financial targets each year. These are: -

- To operate within the Revenue Resource Limit.
- To operate within the Capital Resource Limit.
- To operate within the Cash Requirement.

The draft 2023/234 financial position for the board has been finalised and delivery of the three financial targets is confirmed subject to External Audit review, delivery of final funding allocations and confirmation of final IJB outturn position.

The 2023/24 annual accounts are being drafted in line with the agreed timetable and the External Audit review of financial statements is currently in progress. Draft audited annual

accounts and audit report will be considered by the Audit and Risk Committee on 20 June 2024 and presented for approval at the NHS Board on 25 June 2024.

2.2 Background

Whilst the Board achieved break even and stayed within the RRL, this delivery was materially supported through receipt of our NRAC share of non-recurring additional UK Government consequentials" funding of £10.3m and a share of a national reduction to CNORIS costs of £2.3m, both occurring very late in the financial year. Additionally, for the second consecutive year we require to request Scottish Government repayable brokerage to balance our position which will be £11.099m to deliver the RRL target of breakeven.

2.3 Assessment

At the beginning of the financial year the approved financial plan projected a planned deficit of £10.9m. Whilst the final draft outturn is almost in line with our initial projected forecast this has been supported by receipt of significant non-recurring in-year funding. The financial plan required recurring cost improvements of £15m to be made in 2023/24. The delivery against this target fell far short of the agreed plan and mitigating actions were required to be identified.

The NHS Fife financial plan for 2024/25 was submitted to Scottish Government in March and approved by the NHS Board at the 26 March meeting. It projects a significant financial deficit before savings of £54m. We have plans to achieve recurring savings of £25m (3%) in 2024/25 which although challenging, are considered to be both credible and deliverable. The 3% savings is in line with the government's expectations that NHS Board's financial plans will achieve a target of 3% recurring savings on baseline budgets.

Our approach to financial recovery will be delivered by our new Reform, Transform and Perform Framework (RPT). Our Reform phase is designed to deliver the 3% savings target set out by Scottish Government. The Transform phase will focus on changes to our services, structures, and care delivery. Both phases will align with the 'Choices' programme and 15 box grid.

The Scottish Government have asked us to undertake several actions in relation to our 2024/25 financial plan ahead of Quarter One in year reporting. Scottish Government have advised they will continue to engage and perform regular monitoring of the Board's financial position via the Financial Performance Return process, beginning with the 2024-25 Quarter 1 review.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

Financial implications are detailed in the paper.

2.3.4 Risk Assessment / Management

Delivering a balanced financial position and financial sustainability in the medium-term continues to be reported as high risk in the NHS Board's corporate risk register, out with the Board's agreed risk appetite for value and sustainability. An assessment of the major financial risks is contained in the Medium-Term Financial Plan.

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

An impact assessment has not been carried out as it is not relevant to the content of this paper. All initiatives progressed through RTP will however be subject to the appropriate level of assessment.

2.3.6 Climate Emergency & Sustainability Impact

There are no direct implications arising from this report.

2.3.7 Communication, involvement, engagement and consultation

This paper has been prepared following completion of the financial year end process in consultation with senior finance colleagues, Directorate Management Teams and monthly financial reporting to the Scottish Government.

2.3.8 Route to the Meeting

EDG 2 May 2024.

2.4 Recommendation

- **Assurance**

3 List of appendices

Appendix 1 – Finance Report for March 2024

Report Contact

Maxine Michie

Deputy Director of Finance

Maxine.michie@nhs.scot

NHS Fife

Appendix 1

1. Financial Position March 2024

1.1 This final report for the finance year 2023/24 provides a summary of the 2023/24 financial position at 31 March 2024 (subject to external audit and scrutiny) and includes performance against the three annual financial targets set by Scottish Government.

- Revenue Resource Limit (RRL): a resource budget for ongoing operations
- Capital Resource Limit (CRL): a resource budget for new capital investment.
- Cash Requirement: a financing requirement to fund the cash consequences of the ongoing operations and new capital investment.

We achieved break even and stayed within our RRL, however this delivery was materially supported through receipt of our NRAC share of non-recurring additional UK Government consequential funding of £10.3m and a share of a national reduction to CNORIS costs of £2.3m, both occurring very late in the financial year. In addition, we required to request Scottish Government repayable brokerage of £11.099m to deliver the RRL target of breakeven. (Table 1). Both the Capital Resource Limit (Table 5) and the Cash Requirement were also achieved at the end of the financial year.

Revenue Financial Position as at March 2024

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	293,490	293,490	317,555	-24,065
IJB Non-Delegated	10,007	10,007	9,512	495
Non-Fife & Other Healthcare Providers	103,985	103,985	112,212	-8,227
<u>Non Clinical Services</u>				
Estates & Facilities	94,498	94,498	95,582	-1,084
Board Admin & Other Services	69,699	69,699	67,020	2,679
<u>Other</u>				
Financial Flexibility & Allocations	27,323	27,323		27,323
Income	-9,239	-9,239	-9,634	395
23-24 Cost Improvement Target	-12,420	-12,420	-4,271	-8,149
Sub-total Core position	577,343	577,343	587,976	-10,633
Financial Gap	-10,865	-10,865	-10,865	0
SG Sustainability	10,865	10,865	10,865	0
TOTAL HEALTH BOARD RETAINED SERVICES	577,343	577,343	587,976	-10,633
<u>Health & Social Care Partnership</u>				
Fife H & SCP	423,962	423,962	424,428	-466
TOTAL HEALTH DELEGATED SERVICES	423,962	423,962	424,428	-466
Repayable Scottish Government Brokerage	11,099	11,099		11,099
TOTAL	1,012,404	1,012,404	1,012,404	0

- 1.2 In March 2023, the NHS Fife Board approved the medium-term financial plan which confirmed an underlying deficit in 2023/24 of £25.9m which was to be partly mitigated by a £15m cost improvement plan, with a projected residual gap of £10.9m. The year-end outturn against that residual gap was £11.099m prior to receiving repayable financial brokerage of £11.099m from Scottish Government to deliver a balanced financial position. Without this repayable brokerage the RRL target would not have been achieved.

2. Health Board Retained Services

- 2.1 The financial performance of the organisation has been significantly challenged throughout the financial year with high medical and nursing pay costs, material increases in volume and cost of drugs, funding allocation changes, increased costs associated with commissioning services from other NHS Boards and high levels of inflationary increases across non-pay budgets. This was compounded by the level of challenge associated with delivering savings whilst managing the impact of increasing demand for our services alongside workforce challenges, an aging estate and the costs associated with implementing several nationally agreed programmes.

2.2 The Acute Services Division reports a significant overspend at the end of the year of £24.065m. This is mainly driven by cost pressures across both nursing and medical staffing budgets, significant overspends in surgical sundries and external SLAs for Laboratory services. Surge and Covid expenditure are also included within the Acute overspend with an ongoing focus on covid exit strategy to minimise the financial impact in 2024/25. Table 2 below identifies the reported Acute Services overspend by Directorate. This significant overspend must be addressed in a sustainable way during 2024/25 and 2025/26.

Table 2	Annual Budget	YTD Budget	YTD Spend	YTD Variance
Budget Area	£'000	£'000	£'000	£'000
Acute Services				
Emergency Care & Medicine	118,043	118,043	134,456	-16,413
Planned Care & Surgery	98,539	98,539	105,608	-7,069
Women, Children & Clinical Services	75,514	75,514	75,607	-93
Acute Nursing	1,128	1,128	973	155
Director of Acute Services	265	265	911	-646
TOTAL ACUTE SERVICES	293,489	293,489	317,555	-24,066

2.3 Included in the ASD position is an overspend on specialties defined as “large hospital services” which form part of IJB Set Aside budgets. At the end of March, set aside services reported an overspend of £12.297m which accounts for 51% of the Acute Services total overspend. This budget is not formally delegated to the HSCP as the services are managed by NHS Fife unlike a number of the other territorial health boards where the budget and services are delegated.

2.4 Service Level Agreements and contracts with external healthcare providers are £8.227m overspent. This overspend is driven by several factors:

- increased costs from NHS Tayside as a result of the withdrawal of historical funding of £1.5m for specific services linked to Stracathro
- high costs of SLAs and contracts with both NHS and independent providers for mental health services
- the implementation of a new cost model for services provided by NHS Lothian.

2.5 Corporate Directorates, including Estates and Facilities are underspent by £1.595m.

Vacancy Management Controls have delivered a level of underspend across a number of corporate functions to support the organisation’s challenging financial position. Rates relief on several properties have been secured during the year increasing Estates and Facilities contribution to the cost improvement target.

TABLE 3 Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Nhs Fife Chief Executive	241	241	253	-12
Estates & Facilities	94,498	94,498	95,582	-1,084
Nhs Fife Finance Director	9,932	9,932	9,369	563
Nhs Fife Medical Director	10,023	10,023	9,362	662
Nhs Fife Nurse Director	4,927	4,927	4,865	62
Nhs Fife Public Health	3,769	3,769	3,599	170
Nhs Fife Workforce Directorate	4,671	4,671	4,824	-153
Pharmacy Services	15,699	15,699	15,243	457
Digital + Information	19,249	19,249	19,671	-422
Depreciation	22,486	22,486	22,486	0
Other Board Functions	-21,299	-21,299	-22,651	1,352
	164,197	164,197	162,602	1,595

The main areas of concern continue to be the impact of inflation across PPP contracts, despite the major contract review and energy, property maintenance and digital support for business support systems.

Financial Improvement & Sustainability Programme

- 3.1 Key to achieving the financial plan forecast outturn was the delivery of our cost improvement target. Scottish Government expected all Boards to engage with the national Sustainability and Value (S&V) programme, reflecting this work at a local level to support delivery of a cost reduction target of 3% per annum and productivity and related improvements in line with the programme aims.

In line with our financial plan a cost improvement target of £4.6m was delegated to the HSCP and £15m to Health Board retained services to deliver. Despite having identified the main areas to target cost reduction in the financial plan, progress throughout the year on the Health Board retained target was very challenging and we did not deliver our cost improvement target as planned. Contingency planning for this non-delivery identified areas on non-recurrent savings in-year to help mitigate this.

- 3.2 Table 4 below summaries the efficiency savings target areas totalling £15m. Just over 54% of the cost improvement target was delivered and only 36% was achieved on a recurring basis. Consequently around 80% of the 2023/24 savings plan (£12m) will be carried forward for action into 2024/25.

TABLE 4	Target per Fin Plan	Confirmed M12	Confirmed Recurring
	£m	£m	£m
Temporary Staff Net Reduction	10.000	0.352	0.538
Surge Capacity Reduction	5.000	0.000	0.000
Corporate Overheads	0.000	0.000	0.000
Medicines	0.000	1.875	1.153
Vacancy Factor (Corporate)	0.000	0.140	0.000
Public Health	0.000	0.006	0.000
Acute Services	0.000	0.596	0.366
Estate & Facilities	0.000	0.902	0.117
Major Contract Review	0.000	1.241	0.800
Balance Sheet Review	0.000	3.030	0.000
	15.000	8.142	2.974

Bank and Agency Staffing

- 3.3 At the end of March 2024, the total spend on supplementary staffing for Health Board retained services was £21.1m, a reduction of £2.4m from the previous financial year. The net saving was £0.538m, following investment in permanent staff roles to reduce reliance on supplementary staff. The actions taken to increase controls on spend and investment in staffing models and permanent posts took several months to deliver and the anticipated supplementary staffing reduction only occurred in Q4 of the financial year. The use of Agency staffing, particularly in relation to off-framework contracts reduced however the use of Bank increased. Work will continue into 2024/25 ensure the reductions made in the latter part 2023/24 are sustained and increased.

Health Board Retained 2023/24 compared with 2022/23

	NURSING			MEDICAL			TOTAL		
	Bank £	Agency £	Total £	NHS £	Agency £	Total £	Bank/NHS £	Agency £	Total £
2023/24	6,771,579	6,231,114	13,002,693	2,712,726	5,366,977	8,079,703	9,484,305	11,598,091	21,082,396
2022/23	6,698,038	7,587,898	14,285,936	2,511,686	6,693,276	9,204,962	9,209,724	14,281,174	23,490,898
Change	(73,541)	1,356,784	1,283,243	(201,040)	1,326,299	1,125,259	(274,581)	2,683,083	2,408,502

Figures in red are increases in year

Medicines Optimisation

- 3.4 The Medicines Optimisation Board had an original target of £1m which was stretched to £2m and delivered £1.875m by the end of March 2024.

Major Contract Review

- 3.5 As previously reported, the work on a major contract review to deliver recurring cost reductions was concluded on 1 December 2023. The review secured significant and recurring cost reductions over the remaining term of the contract which is reflected in the above table. Moreover, further non-recurring savings have also been secured for delivery in 2024/25.

Estates and Facilities

- 3.6 Despite being challenged with high energy costs, the directorate have delivered almost £0.902m of savings in addition to concluding the major contract review. Savings include securing rates relief on several properties and income generation.

Acute Services

- 3.7 Although experiencing significant financial pressure the Acute Services team secured savings of £0.596m covering reductions in consumables spend, travel costs, vacancy management and legacy covid costs.

Balance sheet Review

- 3.8 A review of the Balance Sheet confirmed financial flexibilities of £3.03m at the end of the financial year. It is important to note that, whilst helpful, this flexibility is non-recurring in nature and is unlikely to be repeated in future years.

In summary, the delivery of savings in-year fell far short of the agreed plan and learning from this including early detection of non-delivery and availability of contingency plans must be reflected in the 2024/25 RTP processes. Had the savings been delivered in full and on a recurring and sustainable basis, the Board may not have required the level of in-year brokerage to support delivery of the RRL statutory target.

4 Health & Social Care Partnership

- 4.1 The reported draft IJB outturn has increased to a £17m overspend. The January reported position advised of a £7m forecast deficit to be managed through the application of £7m from reserves. The movement in variance to £17m includes:
- an increase in social care costs of £14m
 - an increase in supplementary staffing and GP prescribing of £1m and
 - costs associated with providing out of area mental health services of £1.3m.

After the application of general reserves of £7m, noted above in relation to the previous forecast deficit, there remained sufficient “ear marked” reserves to reduce the recently advised £17m overspend to £0.775m of which NHS Fife has included an additional allocation amount of £0.466m in the year-end outturn.

The Director of Finance, NHS Fife and the Director of Finance, Fife Council remain in dialogue with the CFO to determine the final position for the IJB including the ability and agreement of partners to support reinstating aspects of the applied “ear marked” reserves in 2024/25. Full agreement on this has not been reached and discussions remain ongoing.

Any proposal would require Board approval in 2024/25 and would need to take into consideration the overall position of the HSCP and would also require all the financial recovery stages set out in the integration scheme to be assessed before any risk share in 2024/25 is enacted. In parallel the CFO is completing due diligence around the reasons for the significant move in the position.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Fife Health & Social Care Partnership	423,962	423,962	424,428	-466
TOTAL HEALTH DELEGATED SERVICES	423,962	423,962	424,428	-466

5 Capital

5.1 Capital expenditure for 2023/24 was £11.475m reflecting a balanced position illustrated in Table 5 below, securing delivery of the Capital Resource limit financial target.

Project	CRL New Funding £'000	Total Expenditure at March £'000	Variance 2023/24 £'000
Statutory Compliance/Backlog Maintenance	1,904	1,906	- 1
Clinical Prioritisation	769	769	0
Capital Equipment	1,706	1,704	1
Digital & Information	698	703	- 5
Mental Health Review	1,108	1,108	0
Kincardine & Lochgelly Health Centres	59	58	
QMH Upgrade	933	934	- 2
HEPMA	984	988	- 4
LIMS	1,126	1,132	- 6
Ward 5 Upgrade	826	825	1
Cameron Education Works	363	362	0
GreenSpace Project	151	151	0
Fleet Decarbonisation	486	486	-
Switch-on Fleet Funding	386	387	- 1
Laundry NDEEF	222	220	2
FCON NDEEF	320	320	0
Capital to revenue	(579)	(579)	-
Net Book Value	13		13
Total Capital Expenditure 2023/24	11,475	11,474	(0)

7 Recommendation

The Committee is asked to discuss the content of the report and specifically that:

- the reported core revenue resource limit breakeven position will only be achieved through requesting repayable brokerage of £11.099m from Scottish Government
- the significant under-delivery against the in-year savings target and the consequent impact on the level of brokerage required and additional financial challenge that brings into 2024/25

- the unexpected and significant deterioration of the HSCP financial position and the ongoing discussion with relevant partner colleagues
- the break-even position against Capital Resource Limit
- achievement of the cash balance target at 31 March 2024.

Meeting:	Finance, Performance & Resources Committee
Meeting date:	7 May 2024
Title:	Procurement Key Performance Indicators 2023/24
Responsible Executive:	Margo McGurk, Director of Finance and Strategy
Report Author:	Paula Lee, Head of Procurement

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan

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) up to 31 March 2024 are presented for assurance.

2.2 Background

To ensure that the Procurement departments performance is visible to stakeholders across NHS Fife, a comprehensive set of KPI's were agreed as part of the Procurement Strategy 2019–2024. 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 £9.6m, with a total spend of £115.2m. This is as expected and in line with last financial year (average monthly £9.6m, total £116.2m).

High Value Orders

Pecos purchase orders with a value greater than or equal to £50k are identified as high value. The average monthly value of these orders is £5.4m. Across 2023/24 there have been 135 high value orders with a total value of £65.4m. £39.1m of which relates to PFI provider spend. This is a slight increase in comparison to last financial year (average monthly £5.2m, total £62.7m).

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 2,503 with a value of £53k. Across 2023/24 there have been 30,035 low value orders with a total value of £640k. This is in line with the same quantity of orders for last financial year and a slight decrease in value compared to last financial year (£676k).

Efficiency Savings

The overall validated procurement saving for Health Board retained spend was £807k and comprises:

- £667k for direct cash releasing cost savings, £266k of which relates to Digital & Information Cost Improvement Projects, primarily Telecoms related through implementation of renewed National Framework as well as negotiation to remove additional COVID connections without the cancellation charges, £116k for Medical consumables, £113k for Theatre Consumables, £83k for Audiological Devices and batteries, £40k for Wound Management Products and £36k for Printed Documents. The remaining circa £277k, comprises implementation of various National and Local contracts and projects.
- £140k for cost avoidance, £93k of which relates to the capital purchase of Theatre equipment via national framework NP173 and £43k by switching contract supplier for national framework NP344 for Injection Equipment.

However, these savings are being offset by the significant cost pressures being experienced as a direct result of the impact of the higher inflation rate across the marketplace. As of 31 March 2024, the cost pressure was **-£559k** resulting in a net cost saving of £248k. This is an improvement on the final net position last financial year of £49k.

The main contract areas contributing to these cost pressures are:

- Catering Products £210k
- Paper Products £87k
- Agency Staffing £42k
- Waste Management £39k
- Continence Products £37k

Quick Quotes Published

The number of Quick Quotes awarded (Orders between £15,000 and £49,999) in Public Contracts Scotland (PCS) was 28. This is an increase in comparison to last financial year (18), with projects ranging from Pharmacy Isolators, Printed Documents, Neonatal Cannulation Packs, Rheumatology Services, and Digital & Information projects to QMH Greenspace design projects.

Contract Awards Published

The number of Contracts (£50k and above) awarded in PCS was 19 at a value of £5.6m, including the following projects:

- £1,559,280 – Replacement Dental Chairs
- £733,265 – HEPMA
- £500,000 – GP Medical Services
- £368,964 – Alterations to Medical Centre
- £353,533 – Enterprise User Licence
- £293,781 – EMIS Licence Renewal
- £261,655 – Clinisys LIMS (01/10/23-31/12/2023)
- £254,957 – Tiara 9 Support & Maintenance
- £201,229 – VMWare Remote Support
- £195,237 – Datix Licence
- £150,283 – Liberty Contact Centre and Subscription Service
- £137,907 – Orthotic Services
- £104,913 – Microtech Maintenance

- £104,070 – Cameron Estates Works
- £100,000 – Taxi Services
- £95,370 – Dictation & Winscribe Support
- £66,600 – Labgnostic Licence
- £62,395 – Clinisys Support & Maintenance (01/04/23-31/03/2024)
- £60,000 – Refinancing Services

Tender Waivers

For financial year 2023/24, two formal tender waivers were approved to the value of £1,056,730. One for GI Manometry Equipment due to compatibility with existing equipment and to ensure continued essential clinical service provision and one for additional Endoscopy capacity for NHS Lothian patients, linked to continuity of specialist services with existing provider and to ensure continued service provision.

Payment Performance

The cumulative payment performance for financial year 2023-24 is:

89% by Value and 81% by Volume are paid within 10 days a 6% and 19% improvement on last financial year.

95% by Value and 92% by Volume are paid within 30 days a 2% and 5% improvement on last financial year.

Catalogue Lines

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

Contract Lines and Value

The percentage of lines processed via Pecos purchase orders, which have been contracted, averages at 62% and £1.3m per month. The cumulative value of contracted lines is £15.9m. This is very similar in comparison to last financial year, which averaged at 62% and £1.3m per month and a cumulative value of £16m.

National Distributed Services (NDS) Spend

The average monthly purchase order spend via the NDS is £894k, and a total spend of £10.7m for this financial year. This is a decrease on last financial year (£1m monthly average and £12m 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 (2022-23)	Current FY Report
Excellent	64%	79% ↑ 15%
Good	20%	13%
Satisfactory	7%	5%
Poor	9%	3% ↑ 6%

The information above only relates to satisfaction rates and comments received, the poor responses relate to 17 tickets (0.2%) from a total of 8,150 helpdesk tickets completed this financial year.

The information below provides details of the themes and reasons for the 2 poor responses received since the last report:

Theme	Detail	Comments
Response Time	Delays in responding to requests: <ul style="list-style-type: none">• 4 days – Catalogue access	There has been 1 poor response since the last report.
System Usability	<ul style="list-style-type: none">• Not able to ask further questions once ticket is closed. <i>(Responded with 7 working days for further queries before being closed automatically)</i>	There have been 1 poor response since the last report.

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

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

Procurement Governance Board – 24 April 2024

EDG – 2 May 2024

2.4 Recommendation

- Assurance

3 List of appendices

The following appendices are included with this report:

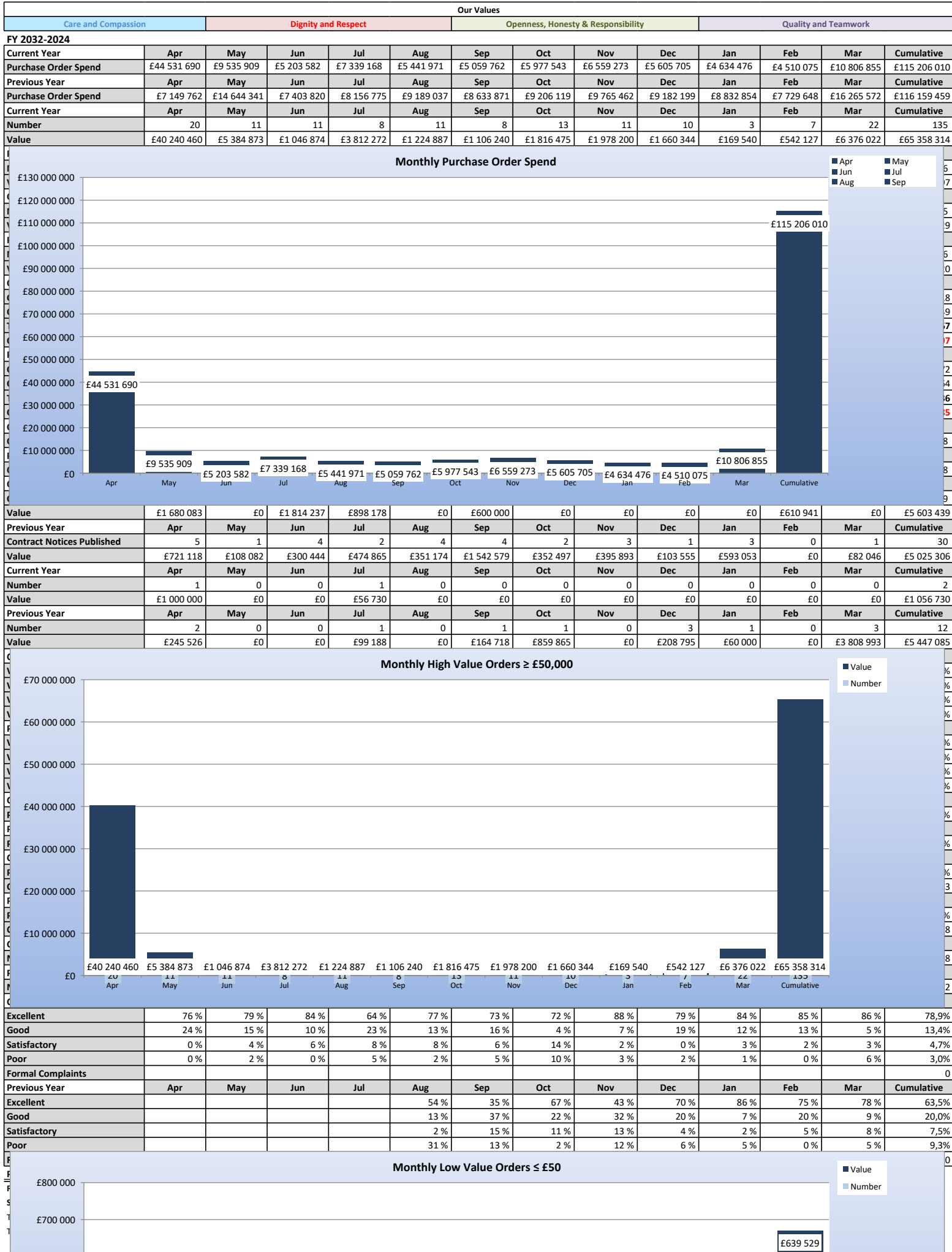
- Appendix 1 – PGB Monthly KPIs 2023/2024

Report Contact

Paula Lee

Head of Procurement

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MINUTE OF FIFE CAPITAL INVESTMENT GROUP MEETING

**Wednesday 17 April 2024 at 9:00am
on MS Teams**

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

In Attendance: Heather Bett, Senior Manager (HB)
 Kerrie Donald, Executive Assistant (KD) (*minutes*)

Apologies: David Miller, Director of Workforce (DM)
 Paul Bishop, Associate Director of Estates (PB)
 Dr Chris McKenna, Medical Director (CM)

1.0	WELCOME AND APOLOGIES	
	Apologies were received from David Miller (Director of Workforce), Paul Bishop (Associate Director of Estates) and Dr Chris McKenna (Medical Director).	
2.0	NOTES OF PREVIOUS MEETING	
	The note of the previous meetings held on 8 February 2024 and 1 March 2024 was agreed as an accurate record.	
3.0	ROLLING ACTION LIST / MATTERS ARISING	
	The action log was updated accordingly.	
4.0	MINUTES OF OTHER COMMITTEES	
	<p>4.1 Clinical Contingency Group</p> <p>The minutes of the meetings held on 11 January, 8 February and 14 March 2024 were noted by the group. NMCC noted an ongoing priority for the group will be to ensure capital funding is available to support the RTP programme, further noting only 50% of funding has been committed for the first 6 months to ensure allocation can be more agile for the remaining 6 months of 2024/25.</p>	

	<p>equipment that may be at end of life, as well as the possibility of bringing maintenance in-house however due to the current financial situation, implementing these actions would not be possible without additional staffing resources.</p> <p>5.5 Medical Education BJ noted the refurbishment of Ward 7 at Cameron Hospital is underway, with a projected completion date of June 2024. BJ reminded FCIG members the funding for the project was received via NES with as further £300k expected in 2024/25.</p> <p>5.6 Whole System Infrastructure Planning BJ advised direction was received from Scottish Government to create and submit a Business Continuity Plan by January 2025 with a whole system initial agreement, and noted that further guidance will be issued. Following discussion, it was agreed an SBAR should be created and submitted to EDG, and circulated to FCIG members, for awareness of the request from Scottish Government.</p>	
6.0	<p>PERFORMANCE</p> <p>6.1 Capital Equipment Report TG noted a late allocation of £209k was received, resulting in a total allocation for 2023/24 of £11.462m and noted the full allocation was utilised by 31 March 2024.</p>	
7.0	<p>ISSUES TO BE ESCALATED TO EDG</p> <p>FCIG members agreed the following items should be escalated to EDG for information and awareness:</p> <ul style="list-style-type: none"> • An SBAR highlighting the updated wording to the corporate risk noting the implications of limited funding as well as the volume of capital funding requests received for 2024/25. • An SBAR outlining the request from Scottish Government to submit a business continuity plan and whole system initial agreement. 	
8.0	<p>AOCB</p> <p>Decarbonisation of Fleet JRo noted following the successful bid to implement the required infrastructure for NHS Fife, a total of £400k has been spent noting a further bid has been submitted to Transport Scotland for 2024/25. FCIG members agreed if funding is approved for 2024/25, a progress update report should be brought to a future FCIG meeting for information.</p>	
9.0	<p>DATE OF NEXT MEETING</p> <p>Wednesday 29 May 2024, 9:00am – 10:30am, via MS Teams</p>	

MINUTE OF THE PRIMARY MEDICAL SERVICE SUB-COMMITTEE HELD ON TUESDAY, 5 MARCH 2024 HELD BY TEAMS

PRESENT:

Dr C Mc Kenna (CM) (Acting Chair)	Dr S Mitchell (SM)
Dr F Henderson (FH)	Mrs R Robertson (RR) for Mrs M McGurk
Dr S Lim (SL)	Mrs N Taylor (NT)

IN ATTENDANCE:

Mr C Conroy (CC)	Miss L Neave (LN)
Mrs L Cooper (LC)	Mr C Sharkey (CS)
Dr H Hellewell (HH)	

Mrs K Brewster

NO	HEADING	ACTION
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1	CHAIRPERSON’S WELCOME AND OPENING REMARKS	
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The Chair welcomed the Committee.

2	DECLARATION OF MEMBERS’ INTERESTS	
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There were no declarations of interest.

3	APOLOGIES FOR ABSENCE	
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Apologies were received from Mrs M McGurk

4	MINUTE OF PREVIOUS MEETING	
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The minute of the meeting held on 5 December 2023 was acknowledged and agreed as a true record of proceedings.

5	MATTERS ARISING – ACTION POINTS	
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Table of Actions

06.12.22/40.22	LN confirmed that the Premises Directions confirmed that Board’s could pay a minimum of 33% and a maximum of 66% of an Improvement Grant
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It was confirmed that practices in Health Centres historically received 100% grants if the project improvement the premises.

Policy/procedure for allocation of funding to be reviewed and brought to next meeting. This should also include a method of prioritising applications which would result in parity across the board.

LN

07.03.23 – 6a	Written procedure of process when practice contract handed back to be brought to next meeting.
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CC/HH

07.03.23 – 10	To be discussed under Item 7.
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- 06.06.23 – 8 To be discussed under Item 8c.
- 05.12.23 – 4b To be discussed under item 7.
- 05.12.23 – 5 CC confirmed that consistent information was being provided and no future action was required.
- 05.12.23 – 6 LN confirmed practices had been contacted to confirm if their approved projects would be completed by the end of March. The IGS spreadsheet was updated to reflect their responses.
- 05.12.23 – 6 CS confirmed the GMS overspend is included in the Partnership Consolidated Budget with the exemption of a small section of the budget, which is currently underspent, that sits with non-delegates and is reported through the Board.

6 PMS EXPENDITURE BUDGET

CS confirmed that the budget for this year of £72.3m would be reduced to £72.2m due to an error in calculating the initial allocation by the Scottish Government. He emphasised that this would not affect GP practices' Global Sum.

CS advised that to date £716k of the £950k carried forward from 2022/23 for back scanning had been spent with an invoice of £53k awaited for work done in January. CS and David Gowans are due to meet with ATOS to clarify if any back scanning work and monies would need to be moved to 2024/25.

CS confirmed that to the end of January 2024 the overspend was £865k, £945k of which relates to 2c practices. CS advised that since three of the 2c practices had returned to independent status the locum costs were reducing.

The year end overspend for 2c practices was anticipated at £1.1, with the overall overspend estimated to be £1.76m. This significant increase was due to new patient weighting costs incurred due to 2c practices transferring back to independent, Nicol Street's patients moving to Path House and Methilhaven's CCLM. He confirmed the Board would receive funding to cover these costs but not in this financial year.

CS advised that £97k of Improvement Grant projects had been approved and that any that were not going to be completed or invoiced by the end of March would be accrued.

7 COMMITTEE TERMS OF REFERENCE SBAR

CC advised that a review of the Terms of Reference for this Committee had been undertaken as they were last updated in 2018.

CC asked that the Committee approve the recommendations in the paper including the frequency of meetings, Dr McKenna becoming the Chair and the Director of Health and Social Care and the Director of Property and Asset Management becoming members of the Committee.

RR queried whether more in depth financial information would be required and if it was appropriate for this meeting.

CC advised that Improvement Grant funding would continue to be looked at, but also items such as rent increases should be brought to this Committee.

SM asked for more detailed Terms of Reference giving details of what would come to this Committee and the reasons why as the LMC were there to represent all GPs whether they were based in leased, privately owned premises or in Health Centres.

SM advised that she supported additional meetings provided they were held at a suitable time and were succinct

CM suggested that the meetings could be kept under review to ensure that they were not overburdensome and that enough detail was provided to the Committee.

8 FUTURE AGENDA ITEMS TEMPLATES

It was agreed that the Golden Hello template should be amended at Part 4 Section 2 to gross estimated cost.

All other templates were approved.

9 APPLICATION FROM AUCHTERMUCHTY PRACTICE TO CLOSE THEIR STRATHMIGLO BRANCH SURGERY

LN confirmed that the building was only used as for dispensing and that there had been no GP consultations since prior to COVID.

LN also advised that the practice's dispenser was retiring in March and the practice were not replacing them.

FH was of the opinion that if the practice were not consulting from the branch surgery, closure would not greatly impact patients as there were sufficient pharmacies in the area.

The Committee supported Auchtermuchty practice's application to close their Strathmiglo branch surgery.

10 WALLSGREEN MEDICAL PRACTICE – Closed List Review

NT reminded the Committee Wallsgreen Medical Practice had been given approval in August 2023 to close their list to all new patients expect babies for one year with a review after six months. This was due to the practice having sustainability issues as it was a single handed practice with a large patient list.

NT advised that the practice list had reduced from 3,100 to 3,010 as at December 2023, with the target list size for reopening the list being between 2,915 and 3,000.

Wallsgreen MP feel it would be beneficial to keep their list closed for the full 12 month period, however the Lomond Medical Practice which has a branch surgery in the same Health Centre have raised sustainability concerns as they have registered an additional 90 patients in this time as well as taking a number of care home patients who had to be relocated to Kinglassie due to a fire in their home in Kirkcaldy.

SM was of the opinion that due to the issues the list closure was causing the Lomond practice and in the interest of fairness and parity Wallsgreen MP should be given notice that they would need to reopen their list after nine months

FH reminded the Committee that she had raised concerns that a list size of 3,000 was too large for a single handed GP and asked if there was any feedback on how this situation could be resolved as she believes the practice's situation will not improve long term unless another GP is recruited.

NT advised that Wallsgreen MP and Lomond MP had had talks regarding a more sustainable model but these had not been productive.

NT confirmed The Board had helped Wallsgreen MP to advertise for a partner but nothing had come of this. Two ANPs had been employed by the practice but currently there was only one still working at the practice.

It was agreed that Wallsgreen MP would be given notice to reopen their list after nine months.

It was also agreed that Primary Care would investigate ways to support Wallsgreen MP and to consider different options moving forward.

NT

11 **PITCAIRN PRACTICE – IMPROVEMENT GRANT APPLICATION**

LN advised that the practice was applying to convert their old records room into a clinical area and confirmed that the practice had not been part of Estates and Facilities work plan as they had looked at the potential usage of the room and did not believe it would be cost effective.

SM was of the opinion that if other practices got the same work done for no cost through Estates and Facilities, then this practice should get a full grant, not just 66% of the cost.

CM advised that a 100% IGS grant could not be given at this time as the IGS review was still ongoing.

SL queried is it would be possible to see if Estates and Facilities could add this project retrospectively in case of any slippage in that project's finances, even if it was just to fund the practices cost of the IGS.

RR stated that she would be interested to know what the practice's share of the GDP digitization funding and Premises funding had been.

It was agreed that, in the interests of equity and parity Jim Rotheram be contacted to find out if this project could be funded retrospectively and what monies the practice had received from the GDP digitization funding and Premises funding.

RR?

12 **ROUTINE REPORTING**

The Committee noted the content of the report.

13 **AOCB**

Park Road Practice, Rosyth

LC advised that a paper was being progressed for the FP&R which recommended a move to tender for the Park Road Practice, Rosyth.

LC confirmed the recommendations within the paper have been approved by EDS, Nicki Connor, the Chief Executive and this Committee.

14 DATE OF NEXT MEETING

The next meeting will be held on Tuesday, 4 June 2024.

The dates for 2024 are 3 September and 3 December at 1pm.

Unconfirmed