

NHS Fife Finance, Performance & Resources Committee

Tue 10 September 2024, 10:00 - 11:30

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 - 10:05 **3. Minutes of Previous Meeting held on Tuesday 16 July 2024**

5 min

Enclosed *Alistair Morris*

 Item 3.0 - Finance, Performance & Resources Committee Minutes (unconfirmed) 20240716.pdf (6 pages)

10:05 - 10:10 **4. Chair's Assurance Report Presented to NHS Fife Board on 30 July 2024**

5 min

Enclosed *Alistair Morris*

 Item 4.0 - Chair's Assurance Report Presented to NHS Fife Board on 30 July 2024.pdf (2 pages)

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

0 min

Enclosed *Alistair Morris*

 Item 5.0 - Finance, Performance & Resources Committee Action List.pdf (1 pages)


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


20 min

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

Enclosed *Margo McGurk*

 Item 6.1 - SBAR Corporate Risks Aligned to Finance, Performance & Resources Committee.pdf (6 pages)

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

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

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

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

Enclosed *Gillian MacIntosh*

 Item 6.2 - Corporate Calendar Proposed Finance, Performance & Resources Committee Dates 2025-26.pdf (1 pages)

6.3. Delivery of Annual Workplan 2024/25

Enclosed Margo McGurk

📎 Item 6.3 - Delivery of Annual Workplan 2024-25.pdf (6 pages)

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

30 min

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

Enclosed Margo McGurk / Susan Fraser

- 📎 Item 7.1 - SBAR Annual Delivery Plan 202425 SG Feedback Response & Quarter 1 Update.pdf (6 pages)
- 📎 Item 7.1 – Appendix 1 Annual Delivery Plan 202425 SG Feedback Response & Quarter 1 Update.pdf (11 pages)
- 📎 Item 7.1 – Appendix 2 Annual Delivery Plan 202425 SG Feedback Response & Quarter 1 Update.pdf (21 pages)

7.2. Integrated Planned Care Programme Report

Enclosed Claire Dobson

- 📎 Item 7.2 - SBAR Integrated Planned Care Programme Report.pdf (10 pages)
- 📎 Item 7.2 - Appendix 1 Integrated Planned Care Programme Report.pdf (4 pages)
- 📎 Item 7.2 - Appendix 2 Integrated Planned Care Programme Report.pdf (2 pages)
- 📎 Item 7.2 - Appendix 3 Integrated Planned Care Programme Report.pdf (10 pages)
- 📎 Item 7.2 - Appendix 4 Integrated Planned Care Programme Report.pdf (8 pages)

7.3. Primary Care Strategy – Annual Report 2023/24

Enclosed Lisa Cooper

- 📎 Item 7.3 - SBAR Primary Care Strategy Annual Report 2023-24.pdf (7 pages)
- 📎 Item 7.3 - Appendix 1 Primary Care Strategy Annual Report 2023-24.pdf (40 pages)

7.4. Project Hydra

Enclosed Neil McCormick

- 📎 Item 7.4 - SBAR Project Hydra.pdf (5 pages)

7.5. Whole System Infrastructure Planning

Enclosed Ben Johnston

- 📎 Item 7.5 - SBAR Whole System Infrastructure Planning.pdf (5 pages)

7.6. NHS Fife Procurement Strategy 2024 – 2029

Enclosed Margo McGurk

- 📎 Item 7.6 - SBAR NHS Fife Procurement Strategy 2024-29.pdf (4 pages)
 - 📎 Item 7.6 - Appendix 1 NHS Fife Procurement Strategy 2024-29.pdf (19 pages)
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11:00 - 11:15 8. QUALITY / PERFORMANCE

15 min

8.1. Integrated Performance & Quality Report

Enclosed Exec Leads

- 📎 Item 8.1 – SBAR Integrated Performance & Quality Report.pdf (4 pages)
- 📎 Item 8.1 - Integrated Performance & Quality Report.pdf (12 pages)

8.2. Financial Performance Report

Enclosed Margo McGurk

Item 8.2 - SBAR Financial Performance Report.pdf (22 pages)

8.3. Reform, Transform, Perform Performance Report September 2024

Enclosed Benjamin Hannan

Item 8.3 - SBAR Reform, Transform, Perform Performance Report September 2024 .pdf (7 pages)

Item 8.3 - Appendix 1 Reform, Transform, Perform Performance Report September 2024.pdf (33 pages)

8.4. Reform, Transform, Perform – Infrastructure & Change Update

Enclosed Ben Johnston

Item 8.4 - SBAR Reform, Transform, Perform Infrastructure & Change Update.pdf (10 pages)

8.5. Procurement Key Performance Indicators

Enclosed Margo McGurk

Item 8.5 - SBAR Procurement Key Performance Indicators.pdf (7 pages)

Item 8.5 - Appendix 1 Procurement Key Performance Indicators.pdf (4 pages)

11:15 - 11:20 9. ANNUAL REPORTS

5 min

9.1. Annual Procurement Report 2023/24

Enclosed Margo McGurk

Item 9.1 - SBAR Annual Procurement Report 2023-24.pdf (4 pages)

Item 9.1 - Appendix 1 Annual Procurement Report 2023-24.pdf (13 pages)

11:20 - 11:25 10. LINKED COMMITTEE MINUTES

5 min

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

Enclosed

Item 10.1 - Fife Capital Investment Group held 21 August 2024 (unconfirmed).pdf (4 pages)

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

Enclosed

Item 10.2 - Procurement Governance Board held on 31 July 2024 (unconfirmed).pdf (5 pages)

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

Enclosed

Item 10.3 - IJB Finance, Performance & Scrutiny Committee held on 3 July 2024 (unconfirmed).pdf (8 pages)

11:25 - 11:25 11. ESCALATION OF ISSUES TO NHS FIFE BOARD

0 min

11.1. To the Board in the IPQR Summary

Verbal Alistair Morris

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

Verbal Alistair Morris

11:25 - 11:30 **12. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 SEPTEMBER 2024**

5 min

Verbal Alistair Morris

11:30 - 11:30 **13. ANY OTHER BUSINESS**

0 min

Verbal

11:30 - 11:30 **14. Date of Next Meeting: Tuesday 12 November 2024 from 10am – 12.30pm via MS Teams**

0 min

Fife NHS Board

Unconfirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 16 JULY 2024 AT 10AM VIA MS TEAMS

Alistair Morris Chair

Present:

Alistair Morris, Non-Executive Director (Chair)	Dr Chris McKenna, Medical Director
John Kemp, Non-Executive Director	Aileen Lawrie, Area Clinical Forum Representative
Sinead Braiden, Non-Executive Director	Margo McGurk, Director of Finance & Strategy
Lynne Parsons, Employee Director	Joy Tomlinson, Director of Public Health

In Attendance:

Ben Hannan, Director of Reform & Transformation
Fiona Forrest, Acting Director of Pharmacy & Medicines
Alistair Graham, Director of Digital & Information
Neil McCormick, Director of Property & Asset Management
Maxine Michie, Deputy Director of Finance
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Miriam Watts, Surgical Directorate General Manager (*for Claire Dobson*)
Fiona McKay, Interim Director of Health & Social Care (*for Nicky Connor*)
Jocelyn Lyall, Chief Internal Auditor (*item 5.1*)
Susan Fraser, Associate Director of Planning & Performance (*item 6.2 & 6.3*)
Jane Anderson, Interim General Manager of Women, Children & Clinical Services (*item 6.5*)
Patricia Kilpatrick, NHS Fife Chairperson
Jo Bennett, Non-Executive Member (*observing*)
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 members Alistair Grant (Non-Executive Director), Janette Keenan (Director of Nursing) and Carol Potter (Chief Executive), and attendees Claire Dobson (Director of Acute Services) and Nicky Connor (Director of Health & Social Care).

2. Declaration of Members' Interests

There were no members' interests to declare.

3. Minute of the last Meeting held on 7 May 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. GOVERNANCE MATTERS

5.1 Annual Internal Audit Report 2023/24

The Chief Internal Auditor presented the Annual Internal Audit report. A summary of the main conclusions in the report was given and the positive opinion on the Board's internal control environment was confirmed.

The Chair thanked the Chief Internal Auditor for the report, noting it highlights the challenges NHS Fife has and continues to face, and focuses the importance of the governance role the Finance, Performance & Resources Committee has over its areas of remit.

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

5.2 Corporate Risks Aligned to Finance, Performance & Resources Committee

The Director of Finance & Strategy presented the corporate risk paper, advising that work is ongoing to complete a refreshed risk appetite for the Board, which will conclude in the following months, with a report being brought back to the Committee for assurance. It was further noted that the financial risks have been refreshed with a new description to redefine both risks and to highlight the mitigation. It was further noted ongoing discussions regarding whole-system capacity risk are taking place with the Executive Team, to determine whether it should remain as a risk or be removed or redefined as the level of pressure on the system represents business as usual for NHS Fife. An update on the refreshed position will be reported at the September Committee.

Action: Director of Finance & Strategy

Following a query from J Kemp, Non-Executive Director, the Director of Finance & Strategy noted Risk 13 relates to the current financial year and in-year financial balance, whereas Risk 14 relates to how NHS Fife are to deliver sustainable medium-term recovery of the financial position.

A Lawrie, Area Clinical Forum Representative, noted that in relation to whole-system capacity, while it may feel business as usual given the duration of the demand pressures, the risk should remain given the level of clinical and financial pressure this situation brings. The Director of Reform & Transformation clarified that the whole-system capacity risk is written as an indicator of where NHS Fife was two years ago. It was noted the action is now to review the risk, observing how NHS Fife maps against

pre-pandemic capacity. Assurance was provided to the Committee that the risk will not disappear fully, as new, individually-detailed risks would replace it.

Following a query from the Chair, the Director of Digital & Information noted that whilst the Risk & Opportunities Group are involved with Reform, Transform, Perform (RTP) proposals within their professional managerial roles, the risk management for RTP sits within each of the RTP schemes.

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

5.3 Delivery of Annual Workplan 2024/25

The Committee **approved** the tracked workplan.

6. STRATEGY / PLANNING

6.1 Corporate Objectives

The Director of Finance & Strategy presented the paper, noting the 2024/25 Corporate Objectives are set for the Executive Team, with three specific objectives aligning to improving value and sustainability. It was noted each Director will have a monthly meeting with the Chief Executive to review their specific areas and discuss any actions required.

The Chair noted the corporate objectives show a clear strategic line to individual Executive objectives, with effective monitoring and governance structures in place.

The Committee took a reasonable level of **assurance** from the Corporate Objectives, noting their approval by the Remuneration Committee.

6.2 Annual Delivery Plan 2024/25 – Scottish Government Response

The Associate Director of Planning & Performance presented the report, noting the plan was approved by Scottish Government, and that the deliverables and targets within are appropriate to the current challenges facing NHS Scotland.

Following a query from S Braiden, Non-Executive Member, the Associate Director of Planning & Performance noted the SBAR has indicated a limited level of assurance at this time. It is hoped that, as the plan develops further and the financial position of NHS Fife improves due to the ongoing RTP work, the level of assurance can be increased for the Board.

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

6.3 Annual Delivery Plan Performance Report Quarter 4 2023/24

The Associate Director of Planning and Performance presented the report.

Following a query from the Chair, the Associate Director of Planning & Performance noted RTP actions will be tracked alongside the Annual Delivery Plan deliverables.

The Committee took a moderate level of **assurance** from the quarter 4 report.

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

The Director of Finance & Strategy highlighted sections of the letter, highlighting NHS Fife must have planning at the front and centre of all discussions and decisions.

Following discussion, the Director of Reform & Transformation clarified there will be no new national clinical strategy, however, target operating models and a framework of how services could be run in the future, nationally, regionally and locally is currently being developed and will be discussed at the private session of the NHS Fife Board meeting on 30 July 2024.

The Committee **noted** the letter.

6.5 Scheduled Care 2024/25 Plan

The Surgical Directorate General Manager provided an in-depth review of the Scheduled Care 2024/25 plan, noting the original plan was submitted in March 2024. However, following receipt of additional funding which facilitates the ability to increase capacity, a second plan was resubmitted in July 2024.

Following a query from J Kemp, Non-Executive Member, the Surgical Directorate General Manager noted that whilst funding has been received to put on additional outpatient clinics to reduce waiting lists, there is a limited supply of appropriate staffing which adds further challenge to delivery. Mitigating actions are however in place to ensure additional clinics can be run with the appropriate level of staff.

The Interim General Manager of Women, Children & Clinical Services further highlighted the greatest risk for the diagnostic team is the availability of capital equipment funding, noting a significant level of equipment is currently beyond its ten-year lifespan as reflected in the Capital Equipment Replacement Programme, as well as the risk register.

Following a query from the NHS Fife Chairperson, the Surgical Directorate General Manager noted a paper will be brought back to the Committee at the end of Quarter 2 to evidence if the scheduled care trajectories are on target.

Action: Director of Acute Services

Following comments from the NHS Fife Chairperson regarding the pace of change within the organisation, the Director of Reform & Transformation noted evidence of productive opportunities was discussed at the previous Board Development Session, highlighting that a detailed paper on the 15 box grid and productive opportunities will be presented during the private session of the NHS Fife Board meeting on 30 July 2024.

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

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Interim Director of Health & Social Care provided an update on delayed discharge, noting work is ongoing with the Red Cross to ensure patients are fit and able to return home rather than moving to an assessment bed.

The NHS Fife Chairperson praised the team on the new IPQR format, however noted the length of narrative text within the document could be reviewed further and potentially reduced.

The NHS Fife Chairperson queried how local targets are set, highlighting that these targets should not be lower than national targets, as it creates a misleading position with regards to trajectories. It was also stated that these local targets have not been approved by the Board. Following discussion, it was agreed that the Director of Finance & Strategy would review this position and provide an update at the next Committee

Action: Director of Finance and Strategy

Following discussion, the Chair advised that the Committee took limited **assurance** on the non-financial elements of the IPQR, as the local targets are unclear when measured against the national performance targets.

7.2 Financial Performance Report

The Director of Finance & Strategy provided an in-depth review of the report, noting additional information has been added to the report to illustrate a clear link to the financial plan, as approved by the Board at the end of March 2024.

The Chair praised Finance colleagues for the report, noting the level of detail provided was beneficial for the Committee.

Following a query from J Kemp, Non-Executive Member, the Director of Finance & Strategy noted a paper regarding Service Level Agreement cost reduction in relation to RTP could be brought back to the Committee at a later date. It was further highlighted ongoing discussions are being held with IJB colleagues on the financial position

The Deputy Director of Finance highlighted that the draft Quarter 1 position is currently being reviewed and will be submitted to Scottish Government on 19 July 2024. Data on the Agenda for Change pay costs has been identified and a high-level assessment has been created. It was further noted a paper on SLAs is being prepared for discussion at the Corporate Finance Network meeting, which will request an increase of up to 5%.

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

8. LINKED COMMITTEE / GROUP MINUTES

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

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

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

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

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

9.1 To the Board in the IPQR Summary

The Committee agreed the reporting of local targets within the IPQR should be reported to the Board, as it was not clear whether these have not been reviewed or approved by the Board.

The Committee further noted the pace of change on the financial position should be escalated to the Board, highlighting the pace of delivery must be increased in order to achieve the financial performance required by year end.

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

There were no issues to escalate to the Board.

10. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 30 JULY 2024

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

11. ANY OTHER BUSINESS

There was no other business.

12. DATE OF NEXT MEETING

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

Meeting: Finance, Performance & Resources Committee

Meeting date: 16 July 2024

Title: Committee Chair's Assurance Report

1. Committee's Performance against Annual Workplan

- 1.1** On track and no items deferred. Ad hoc matters considered included:
- Letter from the Scottish Government: Reforming Services & Reforming the Way We Work
 - Scheduled Care 2024-25 Plan
 - Urgent Care Services Fife Transport Services Contract Renewal (in private session)
- 1.2** The Committee requested an updated position on the whole-system capacity risk be reported at the September Committee. An update on the Scheduled Care Plan was added to the workplan at the end of quarter 2, to evidence if the scheduled care trajectories are on track.

2. The Committee considered the following items of business:

- 2.1** The Committee took a 'significant' level of assurance from the Annual Internal Audit Report 2023/24, noting its positive conclusions on the Board's internal control environment.
- 2.2** The Committee took a 'reasonable' level of assurance from the Corporate Objectives, noting their earlier approval by the Remuneration Committee.
- 2.3** The Committee took a 'limited' level of assurance from the Annual Delivery Plan 2024/25 Scottish Government Response. A limited level of assurance was noted, since RTP work has only just launched and the impact on the financial position is still to be visible. Regular reporting on ADP deliverables will continue on a quarterly basis.
- 2.4** The Committee took a 'moderate' level of assurance from the Scheduled Care 2024-25 Plan, discussing the challenges of addressing the significant demand for diagnostics and outpatients clinics.
- 2.5** The Committee took a 'limited' level of assurance from the Financial Performance report. Whilst the expanded detail in the report was helpful, the Committee agreed the pace of delivery must be increased in order to achieve the financial performance required by year end

3. Update on Performance Metrics

The Committee agreed the reporting of performance against local (rather than

national) targets within the IPQR should be reported to the Board, as it was not clear whether these have been previously reviewed or approved by the Board.

4. Update on Risk Management

4.1 The Committee took a 'reasonable' level of assurance overall, with each of the Committee's named risks rated as follows:

- Whole System Capacity – Risk Level High
- Access to outpatient, diagnostic and treatment services – Risk Level High
- Cancer Waiting Times – Risk Level High
- Delivery of a balanced in year financial position 2024/25 – Risk Level High
- Prioritisation & Management of Capital funding – Risk Level Moderate

5. Any other Issues to highlight to the Board:

5.1 Financial Performance – Pace of Change

The Committee noted the pace of change on the financial position should be escalated to the Board, highlighting the pace of delivery must be increased in order to achieve the financial performance required by year end.

5.2 Performance Matrix

The committee noted the update on Performance Matrix and the introduction of local targets should be escalated to the Board for explanation of how the local targets were calculated and their relevance to the National Targets.

Alistair Morris
Chair, Finance, Performance & Resources Committee

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

FINANCE, PERFORMANCE & RESOURCES COMMITTEE – ACTION LIST
Meeting Date: Tuesday 10 September 2024



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
1.	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.	
2.	16/07/2024	Corporate Risks Aligned to Finance, Performance & Resources Committee	Director of Finance & Strategy to provide a refreshed position on whole-system capacity risk at the September 2024 Committee.	MM		
3.	16/07/2024	Scheduled Care 2024/25 Plan	Director of Acute Services to provide an updated Scheduled Care paper at end of quarter 2 to evidence if trajectories are on target.	CD		
4.	16/07/2024	Integrated Performance & Quality Report	Director of Finance & Strategy to review local targets within IPQR and provide an update at the September 2024 Committee.	MM		

Meeting:	Finance, Performance & Resources Committee
Meeting date:	10 September 2024
Title:	Corporate Risks Aligned to the Finance, Performance & Resources Committee
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Dr Shirley-Anne Savage, Associate Director for Risk and Professional Standards

Executive Summary

- The report highlights a number of updates to existing risks where a combination of service demand/capacity and the financial context are increasing the overall risk levels in a number of areas.
- The report also reflects potential risks emerging in the system.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Local policy
- NHS Board / IJB Strategy or Direction / Plan for Fife
- NHS Fife Board Strategic Priorities
 - To Improve Quality of Health & Care Services
 - To Deliver Value and Sustainability

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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

- note details of the corporate risks as at 20 August 2024 at Appendix 1;

- review all information provided against the Assurance Principles at Appendix 2; and the Risk Matrix at Appendix 3;
- consider and be assured on the mitigating actions to improve the risk levels;
- conclude and comment on the assurance derived from the report

2.2 Background

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

- relevance
- proportionality
- reliability
- sufficiency

2.3 Assessment



The Strategic Risk Profile as at end of June is provided in Table 1 below.

Table 1: Strategic Risk Profile

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	4	2	2	-	-	◀▶	High
To improve the quality of health and care services	6	4	2	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	7	5	2	-	-	◀▶	Moderate
Total	19	13	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 	Target level updated for risk 6 and 7 to high 16 by 31/03/2025 Target date changed for risk 8 to 31/03/2025
 To deliver value and sustainability	3 1 - -	◀▶	<ul style="list-style-type: none"> 13 - Delivery of a balanced in-year financial position 14 - Delivery of recurring financial balance over the medium term 15 - Prioritisation and Management of Capital Funding 20 – Reduced Capital Funding 	

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

- Seven risks are aligned to the Committee.
- The risk level breakdown is 6 High and 1 Moderate.
- Target levels for risk 6 has changed from moderate 9 to high 16 by end of March 2025
- Target level for risk 7 has now been determined as high 16 by end of March 2025.
- Target level for risk 8 to be reached by 31/03/2025.

Risk Updates

Risk 6 - Whole System Capacity

The target level for this risk has been changed from moderate 9 to high 16 reflecting the current challenges in the system. The target date has been set at end of March 2025.

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

Risk 7 – Access to Outpatients, Diagnostics and Treatment services

We were previously unable to determine the target level for this risk due to the uncertainty of funding. Now that the funding has been agreed this has now been determined as high 16 and a target date given as end of March 2025.

Next Steps

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

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

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

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

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

The level of assurance in relation to the financial position is Limited.

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

2.3.1 Quality, Patient and Value-Based Health & Care

Effective management of risks to quality and patient care will support delivery of our strategic priorities. It is expected that the application of realistic medicine principles will ensure a more

co-ordinated and holistic focus on patients' needs, and the outcomes and experiences that matter to them, and their families and carers.

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

Risk Appetite

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

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

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

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

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

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

The Board's Risk Appetite is currently under review.

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

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

2.3.6 Climate Emergency & Sustainability Impact

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

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

- Claire Dobson, Director of Acute Services on 22 August 2024
- Neil McCormick, Director of Property & Asset Management on 22 August 2024
- Margo McGurk, Director of Finance & Strategy on 22 August July 2024

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

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


Report Contact


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Associate Director for Risk and Professional Standards

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**Summary of Corporate Risks Aligned to the Finance, Performance & Resources Committee
as at 20 August 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 downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised.</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>	High 20	High 16 by 31/03/25	◀▶	Above	Director of Acute Services	Finance, Performance & Resources

		<p>The System Flow Operational Group meets weekly with senior operational managers to review and plan capacity and flow across the Fife health and care system with escalation to the Integrated Unscheduled Care Board.</p> <p>Whole System Essential Flow Verification provides assurance that all patients identified as clinically fit or with a Planned Date of Discharge are reviewed daily.</p> <p>Weekly ASD Long Length of Stay (LoS) verification group to review and action LoS. Weekend verification group reviews the number of discharges and staffing ahead of weekend.</p> 						
7	<p>Access to outpatient, diagnostic and treatment services</p> <p>There is a risk that due to demand exceeding capacity, compounded by unscheduled care pressures, NHS Fife will</p>	<p>A paper is being presented to the July FP&R meeting outlining the Planned Care Plan and the utilisation of funding.</p> <p>Planning for 2024/25 has been completed in line with planning guidance letter received on 24/01/24.</p>	High 20	High 16 by 31/03/25	◀▶	Above	Director of Acute Services	Finance, Performance & Resources

	<p>see deterioration in achieving waiting time standards. This time delay will impact clinical outcomes for the population of Fife.</p>	<p>The issue of the confirmed funding being 1M less than the committed staff costs has now been resolved as the Scottish Government have confirmed a further 3.4M to maintain 2023/24 activity levels. The Board has also successfully secured non-recurring funding from the 30M available nationally to support elective waiting times.</p> <p>The Integrated Planned Care Programme Board continues to oversee the productive opportunities work and this along with ongoing waiting list validation seeks to maximise available capacity.</p> <p>Speciality level plans in place outlining local actions to mitigate the most significant areas of risk. Focus remains on urgent and urgent suspicious of cancer patients however routine long waiting times will increase.</p> <p>Weekly waiting times meetings to review and action long waits. Monthly meeting to review and develop longer term plans to improve waiting times.</p> <p>Monthly meetings with Scottish Government to monitor delivery against the annual plan.</p> <p>The governance arrangements supporting this work continue to inform the level of risk associated with delivering against these key programmes and mitigate the level of risk over time.</p> <p>Discussions continue with Scottish Government around the need for additional</p>						
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		funding to help reduce the waiting times for long waiting routine patients.						
8	<p>Cancer Waiting Times</p> <p>There is a risk that due to increasing patient referrals and complex cancer pathways, NHS Fife will see further deterioration of Cancer Waiting Times 62-day performance, and 31 day performance resulting in poor patient experience, impact on clinical outcomes and failure to achieve the Cancer Waiting Times Standards.</p>	<p>A paper is being presented to the July FP&R meeting outlining the Planned Care Plan and the utilisation of funding.</p> <p>The prostate project group continues with actions identified to improve steps in the pathway. The nurse-led model went live in August 23. 240 patients have been seen in this clinic to date. There will be a focus to look at the waits to TP biopsy, post MDT part of the pathway and review robotic surgery capacity.</p> <p>Fortnightly meetings with Scottish Government (SG) and quarterly monitoring of the Effective Cancer Management Framework continue.</p> <p>Single Point of Contact Hub (SPOCH) continues to effectively support initiation of the Optimal Lung Cancer support the negative qFIT pathway. To remove patients from the lung pathway in a timely manner the Hub advises patients of 'good news'.</p> <p>The Cancer Framework and delivery plan has been launched and priorities for 2023 - 24 are being reconciled. Work is underway to develop actions for 2024-25.</p> <p>The governance arrangements supporting this work will inform the level of risk associated with delivering against these</p>	High 15	Mod 12 by 31/03/25	◀▶	Above	Director of Acute Services	Finance, Performance & Resources

		<p>key programmes and reduce the level of risk over time.</p> <p>Cancer Waiting Times funding will be provided on a recurring basis from 2024-25. Bids have been prioritised to support improvement</p> <p>ADP Actions for 2024/25 have been reviewed.</p>						
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To deliver value and sustainability

No	Risk Description	Mitigation	Risk Level	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Risk Appetite Moderate	Risk Owner	Primary Committee
13	<p>Delivery of a balanced in-year financial position 2024/25</p> <p>As a result of risks and uncertainties the projected outturn for financial year 2024/25 (Year 1), as outlined in the approved three-year NHS Fife Strategic Financial Plan</p>	<p>Our approach to financial recovery will be delivered by our new Re-form, Transform and Perform Framework (RPT).</p> <p>Successful delivery of our programme of work and supporting actions to achieve a target of 3% recurring savings on baseline budgets £25m in 2024/25.</p> <p>Development and approval (Board & Scottish Government) and initial phase of delivery of transformation schemes</p>	Above	High 25	High 20 by 31/03/25	◀▶	Director of Finance & Strategy	Finance, Performance & Resources (F,P&RC)

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

		delivery against both the 3% and 4% schemes.						
15	<p>Prioritisation & Management of Capital funding</p> <p>There is a risk that lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to deliver the PAMS and to support the developing Population Health and Wellbeing Strategy.</p>	<p>Ongoing governance through FCIG with capital plan being submitted through FP&R and the Board.</p> <p>Annual Property and Asset Management Strategy (PAMS) updates to provide strategic direction now being replaced with the Whole System Initial Agreement development over the next 2 years.</p> <p>Rolling 5-year equipment programme and implementation of medical devices database.</p> <p>Implementation of medical devices database.</p> <p>Rolling 5-year Digital & Information programme linked to D&I strategy.</p> <p>Ongoing management of estate risks using the Estate Asset Management System (EAMS).</p> <p>Use of Business Case template to present new schemes for consideration.</p> <p>Future consideration/development of prioritisation investment tool.</p> <p>Fleet and sustainability requests will be linked to plans/strategy and presented through SBARs to Fife Capital Investment Group (FCIG).</p>	Mod 12	Mod 8 (by 01/04/26 at next SG funding review)	◀▶	Within	Director of Property & Asset Management	Finance, Performance & Resources

Risk Movement Key

- ▲ Improved - Risk Decreased
- ◀▶ No Change

▼ Deteriorated - Risk Increased

Assurance Principles

Risk Assurance Principles:

Board

- Ensuring efficient, effective and accountable governance

Standing Committees of the Board

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


Committee Agenda

- Agenda Items should relate to risk (where relevant)

Seek Assurance of Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chairs Assurance Report

- Consider issues for disclosure
- Emergent risks or 
- 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. Loss of key staff. Critical error due to ineffective training / implementation of training.
Financial (including damage / loss / fraud)	Negligible organisational / personal financial loss (£<10k)	Minor organisational / personal financial loss (£10k-100k)	Significant organisational / personal financial loss (£100k-250k)	Major organisational / personal financial loss (£250 k-1m)	Severe organisational / personal financial loss (£>1m)
Inspection / Audit	Small number of recommendations which focus on minor quality improvement issues.	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating Critical report.	Prosecution. Zero rating Severely critical report.
Adverse Publicity / Reputation	Rumours, no media coverage. Little effect on staff morale.	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale / public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation.	National media / adverse publicity, less than 3 days. Public confidence in the organisation undermined Use of services affected	National / International media / adverse publicity, more than 3 days. MSP / MP concern (Questions in Parliament). Court Enforcement Public Enquiry, FAI

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

FINANCE, PERFORMANCE & RESOURCES COMMITTEE

DATES FOR FUTURE MEETINGS

Date
Thursday 8 May 2025
15 July 2025
16 September 2025
11 November 2025
13 January 2026
10 March 2026

Please note that all meetings take place via **MS Teams** / in the **Staff Club**
(TBC) and start at **10am**

A pre-meeting of Non-Executive Members is routinely held, beginning at **9.30am**

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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
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)	R Q1 & SG Feedback	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		Deferred	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 Digital Medicines Programme	Director of Digital & Information	R Private Session		R Private Session			
Orthopaedic Elective Project <i>(Item removed from workplan)</i>	Director of Nursing	Removed					
Integrated Planned Care Programme Report	Director of Acute Services & Medical Director			R			
Primary Care Strategy – Annual Report 2023/24	Director of Health & Social Care			R			
Property & Asset Management Strategy (PAMS)	Director of Property & Asset Management			Removed			

Strategy / Planning (cont.)							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Control of Entry Pharmaceutical List (Primary Care Team)	Director of Pharmacy & Medicines / Director of Health & Social Care			Deferred	R		
Project Hydra	Director of Property & Asset Management			R			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			Removed			
Integrated Performance & Quality Report	Exec. Leads	R	R	R	R	R	R
Financial Performance Report	Director of Finance & Strategy	R 2023/24 Year End	R	R	R	R	R
Labs Managed Service Contract (MSC) Performance Report	Director of Acute Services			Deferred	R		
Procurement Key Performance Indicators	Head of Financial Services & Procurement	R		R	R		R
Tender Process for 2C GP Practices	Director of Health & Social Care	Removed		Removed			
Fife Capital Investment Group Reports 2024/25	Director of Finance & Strategy / Director of Property & Asset Management	(2023/24) Removed		Removed	R	R	R
Reform, Transform, Perform Update	Director of Reform & Transformation	R Private	R Private	R	R	R	R

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

Ad-hoc Items							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
2024/25 Financial Plan – Scottish Government Response	Director of Finance & Strategy	R					
Letter from the Scottish Government: Reforming Services and Reforming the Way We Work	Chief Executive		R				
Urgent Care Services Fife (UCSF) Transport Services Contract Renewal	Head of Primary & Preventative Care Services		R Private Session				
Planned Care Paper	Director of Acute Services		R		R (TBC)		
NHS Scotland Support and Intervention Framework	Director of Finance & Strategy			R Private Session			
2C Board Managed General Practices – Tender Process Update	Interim Director of Health and Social Care/Chief Officer			R Private Session			
NHS Fife Procurement Strategy 2024 - 2029	Head of Financial Services & Procurement			R			
Whole System Infrastructure Planning	Director of Property & Asset Management			R			
NHS Fife Quarter 1 Finance Review	Director of Finance & Strategy			R Private Session			
NRAC Allocation Proposal	Director of Finance & Strategy			R Private Session			
Reform, Transform, Perform Update – Infrastructure & Change Update	Director of Reform & Transformation Director of Property & Asset Management			R			

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

Meeting:	Finance, Performance & Resources Committee
Meeting date:	10 September 2024
Title:	Annual Delivery Plan 2024/25 Scottish Government Response and Q1 update
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Susan Fraser, Associate Director of Planning & Performance

Executive Summary

- This report contains the service response to feedback received from Scottish Government in relation to Annual Delivery Plan (ADP) for 2024/25 as well as a Q1 update on progress.
- Services feedback provided further detail as part of ADP 2024/25.
- Some restrictions on Scottish Government funding has meant that a number deliverables cannot be delivered this year. The ADP submission indicates where this is the case.
- As of end of Jun-24 (quarter 1 of 2024/25), there are 4 deliverables that are **'complete'**, all of which were carried over from 2023/24. The majority of deliverables (75.8%/147) are **'on track'** with 8 deliverables that are **'unlikely to complete on time/meet target'**, two of which relate to this committee.

This report provides Moderate Level of Assurance.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan 2024/25

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

- Safe
- Effective

- Person Centred

2 Report summary

2.1 Situation

This report contains the service response to feedback received from Scottish Government in relation to Annual Delivery Plan (ADP) for 2024/25 as well as a Q1 update on progress.

2.2 Background

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

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

2.3 Assessment

Fife Response to Scottish Government Feedback

Services were asked to provide a response to the feedback provided. This is summarised below.

SG Feedback	Fife Response
Primary and Community Care	
Confirmation that funding for Mental Health and Wellbeing in Primary Care and Community Settings has been paused with all further activities being delivered within existing resources.	Confirmed by Fife HSCP, who have highlighted that the initial project objective of MDT Primary Care teams is not deliverable due to pause in funding.
Continued deployment of OpenEyes	Fife HSCP have stated commitment to this but require to review model and revise planning due to funding position. This is a key deliverable within the Primary Care Strategy implementation plan.
Urgent and Unscheduled Care	
Further information on plans to deliver a 24-hour approach to Urgent Care, including HSCP-led MIUs and Urgent Care Centres.	Fife are currently reviewing the model for MIUs jointly between Acute and HSCP services. Following consultation and engagement and an options appraisal, recommendations will be presented via Committees for both the IJB and NHS Fife by Q3 of 2024/25.
Improve the delivery of Mental Health support and services	
Scottish Government acknowledged that high demand and recruitment challenges would impact on meeting RTT targets.	Fife HSCP welcomed ongoing engagement with national team.

Recovering and improving the delivery of Planned Care	
Scottish Government stated they will work with Boards relating to actions within Planned Care Plan, acknowledging significant financial pressures may have an impact on performance.	Revised Planned Care Plan submitted in Jul-24. Waiting times are monitored weekly with a focus on long waits.
Cancer	
Plan references Optimal Cancer Diagnostic Pathways for Lung and Head & Neck which will be reviewed in 2024/25 with any improvements being cost neutral.	Bids for the optimal pathways have been put forward through the DCE funding source. Optimising Lung and Head & Neck cancer pathways requires ongoing capacity from Radiology for timely acquisition and improved turnaround times for reports. There will be revenue costs associated with this service improvement.
The plan states that RCDS is at risk if no additional funding is secured.	Funding has been extended until end of Mar-25 and the service will continue with no anticipated risk.
The radiology strategic plan is unfunded so at risk it will not deliver the additional imaging capacity required to support cancer pathways.	There is no identified funding source for this capital or revenue investment.
Additional references to CMPs would be helpful.	Regional working ongoing in respect of implementation of the CMPs.
Health Inequalities	
References to the general ADP Strategic Plan and actions are extensive but it would be helpful to have more focus on the specific areas that the Board leads on.	Addiction Services have developed an innovative approach for the treatment and recovery of people physically and psychologically dependent on illicit benzodiazepines, as well as operational development of Rapid Access Clinics, as part of the commitment to same day prescribing and retention in services. Psychology and Therapy Services are leading a workforce development plan across all commissioned and statutory services of the Fife Alcohol and Drugs Partnership.
Child and Maternal Health	
Plan expresses some concerns around delivery of continuity of carer, and it would be helpful to include more detail on this. On the Women's Health Plan, the Board have identified a lead and a series of local priorities, though there are some concerns about whether these will be delivered upon due to financial challenges	The projection for the successful implementation of continuity of carer is now more positive and is predicted to be achieved within timeframe. This is due to the extension of the implementation date of Women's Health Plan to Jun-26 and successful staff recruitment to vacant posts.
Implementation of the Workforce Strategy	
Board should continue to work with the Scottish Government to drive closer	NHS Fife is continuing to implement the Board Workforce Plan for 2022-2025, in

alignment between workforce and delivery planning.	close collaboration with Planning & Performance, Finance and HSCP Workforce colleagues, pending receipt of the revised national workforce planning guidance.
Digital and Innovation	
Future plans should set out how NHS Fife will implement NHS Scotland Scan for Safety Programme by Mar-26	Details will be provided at the end of 2024/25 Q2.
Climate Emergency and Environment	
No Circular Economy detail is provided, and it would be useful to include information on this.	NHS Fife launched the 'warp-it' system in March 2024. Warp-it is a web service and re-use platform, for redistributing surplus furniture and equipment. Since its launch, it has over 450 members and has delivered over £39k in savings.
The Board will need to ensure that they have a plan for Entonox mitigation. A clear program needs to be articulated	A multi-disciplinary Entonox mitigation SLWG in place, led by the chair of the local medical gas committee.

2024/25 Quarter 1 Update

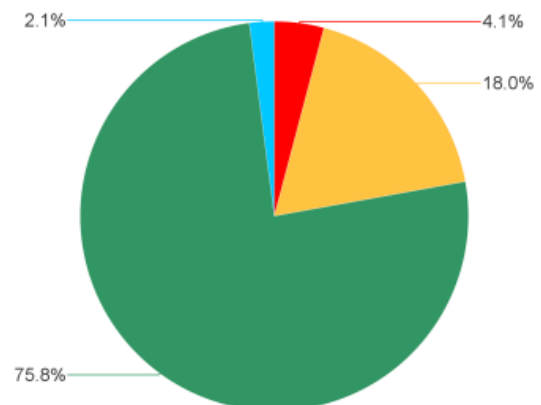
There are 194 deliverables incorporated in ADP for 2024/25 across both NHS Fife and Fife HSCP. There are a number of deliverables carried over from 2023/24 as well as those relating to the implementation of the RTP. Additionally, there are 35 deliverables that are not aligned to a Recovery Driver.

Recovery Driver	n=159
1. Primary and Community Care	23
2. Urgent and Unscheduled Care	15
3. Mental Health	18
4. Planned Care	9
5. Cancer Care	6
6. Health Inequalities	28
7. Women & Children Health	13
8. Workforce	16
9. Digital & Innovation	19
10. Climate	12

Recovery Driver	n=194
All	2
To Deliver Value & Sustainability	58
To Improve Health and Wellbeing	36
To Improve Staff Experience and Wellbeing	20
To Improve the Quality of Health and Care Services	78

As of end of Jun-24 (quarter 1 of 2024/25), there are 4 deliverables that are **'complete'**, all of which were carried over from 2023/24. The majority of deliverables (75.8%/147) are **'on track'** with 8 deliverables that are **'unlikely to complete on time/meet target'** (listed below).

The following table summarises the 8 red (unlikely to complete on time) deliverables, these will continue to be monitored throughout 2024/25. There are two red deliverables that relate to this committee (**in bold**).



Deliverable	Comment
Surge Capacity (RTP)	Timeline slippage for move from Ward 10 to Ward 6 due to completion of works and cleaning dates.
Development of a new OP specialist Gynaecology Unit	Approval of funding received from FCIG to commence architect commission and scope of work.
Delivery of New Laboratory Information system (LIMS)	Complete local implementation and secure revised timeline for national build, likely to be Q4 2024/25.
Increase capacity for providing in-hours routine and urgent dental care	Whilst we are beginning to see some signs of improved access to GDS, there are still limited GDS open to NHS Registrations. Work continues with Scottish Government to explore all options available locally, whilst contributing to national policy development/considerations.
Business Transformation (RTP)	Savings being delivered through Digital opportunities. However, limited assurance remains due to delays in the programme commencing.
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017)	Work is ongoing with senior leads in Acute and HSCP to improve target timeframes. However, the Directorates internal processes in relation to the complaint handling procedures requires further focus to improve consistency.
Hospital Pharmacy Redesign	Funding not available for large scale programme currently. Work to centralise procurement team and routes at VHK underway.
SLA and External Activity (RTP)	Ongoing discussion with NHS Lothian and NHS Tayside on financial planning assumptions.

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

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

Workforce planning is key to the ADP process.

2.3.3 Financial

Financial planning is key to the ADP process.

2.3.4 Risk Assessment / Management

Risk assessment is part of ADP process.

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

This paper has been approved by Director of Finance & Strategy and Associated Director of Planning & Performance.

2.4 Recommendation

This Committee is asked to:

- **Decision** – approve submission of Q1 update and response to ADP feedback to Scottish Government
- **Assurance** – this report provides a moderate level of assurance.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1: NHS Fife ADP 202425 - SG Feedback - Fife Response
- Appendix No. 2: NHS Fife ADP 202425 Quarterly Report Q1

Report Contact

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Associate Director of Planning and Performance

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Annual Delivery Plan 2024/25 SG Feedback - Response

Recovery Driver: Primary and Community Care

Priority Areas: None

SG Development and Improvement Feedback

It is welcome that the Board's plan shows their focus on the continuing development of multidisciplinary teams and dual nursing posts to ensure a sustainable OOHs service. This is encouraging and it will be helpful to hear details on the actions to develop these.

The plan states that the Mental Health and Wellbeing in Primary Care and Community Settings project started in late 2022 and is expected to run for 5 years. It states that core elements supporting coproduction are currently funded from Scottish Government. The plan states that due to the absence of funding the immediate focus will be on "quick wins" and the objective of MDT primary care teams is not sustainable due to funding. Scottish Government Primary Care and Mental Health colleagues have had recent conversations with NHS Fife regarding the pause of Mental Health and Wellbeing in Primary Care Services (MHWPCS) funding, but it would be helpful to ensure that the above is being delivered within existing resources and to confirm again that MHWPCS funding has been paused.

It would be helpful to see more content relating to General Ophthalmic Services, which is the core NHS service provided by optometrists.

The plan briefly references the Board's own locally funded and managed 'Glaucoma Shared Care Scheme' and then references "the national service" - which is the Community Glaucoma Service (CGS) - and the positive aspects this will deliver, including the use of the OpenEyes system to deliver the service. Scottish Government policy officials have been informed about the position that NHS Fife's eHealth team have adopted regarding the OpenEyes system, which is to decline to engage with any discussions about its deployment due to a demand for additional funding.

As Scottish Government policy officials have already advised the Health Board, this is an unacceptable position to adopt given both the current size of the hospital ophthalmology waiting lists and the legal position – Scottish Ministers have directed all Health Boards in Scotland to establish and operate the CGS in their areas, as per Paragraph 3 of The Optometry Enhanced Services (Glaucoma) (Scotland) Directions 2023. These issues will be picked up as the ongoing engagement between the Board and the relevant policy officials.

It would be helpful for the document to set out plan for rolling out the CGS in NHS Fife in 2024/25, including a timescale and an outline of how many patients it envisages being registered under the CGS (and therefore discharged off hospital ophthalmology waiting lists).

Fife Response

In line with the transforming urgent care and transforming nursing role programmes, the nursing infrastructure is now well established within primary care out of hours. Through implementation of the Primary care improvement plan and development of the in hours urgent care model, we are continually seeking opportunities to synergise and note your comments and will ensure the ADP updates reflects the progress being made.

Regarding the MHWBPC programme, we confirm that MHWBPCS funding has been paused and that all further activities are being delivered within existing resources. The initial project objective of MDT primary care teams is not deliverable due to the pause in funding in its current form. The programme has already carried out extensive participation and engagement, utilising a coproduction approach, with a significant response to this from our communities. This will guide future "quick wins" and longer-term developments within resources, these may include synergies with work already established via our strategic plans and workstreams.

Fife was regarded as a pathfinder when it successfully led a local initiative to establish shared care for people requiring management of glaucoma between secondary care and community optometry. In response to the statement regarding NHS Fife eHealth's position, a working group is established and exploring opportunities to deploy OpenEyes to enable the expansion of the programme. Due to the funding position, we are reviewing our modelling and will revise our planning and present via relevant groups and committees for decision. Fife HSCP remain committed to the continued expansion, and this will remain within our ADP as an objective and is also a key deliverable within our Primary Care Strategy's implementation plan 2023/26 for year 2 – 3.

Recovery Driver: Urgent and Unscheduled Care

Priority Areas: None specific to the plan itself; however the Board should continue to work closely with the Scottish Government Unscheduled Care Policy and Performance Team to drive improved performance.

SG Development and Improvement Feedback

The Board have outlined a clear set of trajectories which appear to be achievable. The plan provides a good level of detail on planned and current service development across the 5 portfolios of the Collaborative Program which will support performance improvement. The plan is also clear on the current financial position and highlights where service development may be affected by these challenges.

The Board describes the plans to deliver a 24-hour approach to Urgent Care, including further enhancements to the capacity and accessibility to HSCP-led Minor Injury Units (MIU) and Urgent Care Centres. It will be good to hear what these enhancements will be, and timescales for these plans, in relation to OOHs, recognising that the Board will be engaging with the relevant Scottish Government teams during 24/25.

Fife Response

Fife continues to monitor our agreed trajectories and have already taken supportive action to remodel how care is delivered within the Emergency Department utilising FNC and CBC redirections and alternatives to admission. This has been discussed with CfSD and led through our Integrated Unscheduled Care Programme Board (IUCPB).

Aligning to the Unscheduled Care Programme, Fife are currently reviewing our model for MIUs jointly between Acute and HSCP services. Following consultation and engagement and an options appraisal, recommendations will be presented via Committees for both the IJB and NHS Fife by Q3 of 2024/25.

The strategic focus will remain on delivering resilient and sustainable services which support care being delivered in the right place at the right time by highly effective multi-disciplinary teams, maximising resources, and technology. EQIAs and a robust communication plan will underpin any recommendations and implementations made to ensure no impact on equity and access to care. Advice and support are being taken from HIS presently regarding potential for major service change and planning will be based around the outcome of these discussions.

There is an integrated SLWG across Acute and HSCP chaired and co-chaired by both General Managers for each area with the oversight of the group being led by our IUPCB.

Recovery Driver: Improve the delivery of Mental Health support and services

Priority Areas: None immediately specific to the Delivery Plan; however, the Board should work with the Scottish Government Mental Health Team to drive improved performance.

SG Development and Improvement Feedback

The plan doesn't raise any new concerns and is reflective to the ongoing engagement between the Scottish Government and NHS Fife on mental health services. Each priority has been clearly outlined within the plan, and links directly to key priorities published in the National Mental Health and Wellbeing Strategy.

The following areas in particular will be the focus on ongoing engagement:

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 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 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.

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

Recruitment difficulties and service pressures affecting other parts of the system may reduce capacity for psychological interventions to be delivered by others.

Primary Care - The Mental Health and Wellbeing in Primary Care and Community Settings (MHWPPCS) project has a key objective, to deliver multi-disciplinary primary care teams and this is not sustainable in the absence of the planned funding. The immediate focus of the project will need to shift to 'quick wins' achievable within existing resources.

Fife Response

Fife HSCP welcome ongoing engagement with the Scottish Government Mental Health Team on the focus for CAMHS and Psychological Therapies.

The initial project objective of MDT primary care teams is not deliverable due to the absence of planned funding. The programme has already carried out extensive participation and engagement, with a significant response to this from our communities. This will guide future "quick wins" and longer-term developments within resources, these may include synergies with work already established via our strategic plans and workstreams.

Recovery Driver: Recovering and improving the delivery of Planned Care

Priority Areas: None immediately specific to the Delivery Plan; however, the Board should work with the Scottish Government Planned Care Policy and Performance Team on actions needed on their associated Planned Care Plan.

SG Development and Improvement Feedback

Due to the significant financial pressure that all Boards are facing, there may be a consequent impact on waiting times performance. The Scottish Government will work with Boards to maximise options that bring most return for minimal cost.

Fife Response

An initial Waiting Times plan was submitted in Mar-24 covering 2024/25 trajectories with a revised plan re-submitted in Jul-24 following a finance review. The revised plan was delivered to NHS Fife FP&R Committee on 16th July.

Waiting times are monitored through weekly meetings against the expected month end position which are currently on target.

Waiting Times funding is being used differently with in-week list being funded to maximise efficiencies with staffing.

Focus is on the longest waiting patients both for outpatient appointments and IPDC procedures.

Recovery Driver: Cancer

Priority Areas: None immediately specific to the Delivery Plan; however, the Board should work with the Scottish Government Cancer Access Team to drive improved performance.

SG Development and Improvement Feedback

It is welcome that the plan clearly sets out the plans to improve Cancer Waiting Times for each challenged tumour group. Plan references Optimal Cancer Diagnostic Pathways for Lung and Head & Neck which will be reviewed in 24/25 with any improvements being cost neutral.

A Rapid Cancer Diagnostic Service (RCDS) pilot has been operational since Jun-21 but is only funded until Sep-24. The service has been running successfully, but NHS Fife will require additional funding to allow this service to continue after Sep-24. The plan states that the service is at risk if no additional funding is secured.

The radiology strategic plan is unfunded so a risk it will not deliver the additional imaging capacity required to support cancer pathways.

SPoC, prehabilitation, the psychological therapies and support framework, and the oncology transformation programme are all referenced, and assurances provided regarding involvement. This is welcomed, however additional references to CMPs would also be helpful.

Fife Response

Bids for the optimal pathways have been put forward through the DCE funding source whilst meetings to improve the lung cancer pathway continues with good progress made.

Optimised Lung and Head & Neck cancer pathways require ongoing capacity from Radiology for timely acquisition and improved turnaround times for reports. NHS Fife will endeavour to keep costs to a minimum but there will be revenue costs associated with this service improvement.

Funding for RCDS service has been extended until end of Mar-25 and the service will continue with no anticipated risk. Same/next day CT reporting diagnostic pathway will continue to be optimised to 7 days.

The projected capacity for Radiology is 22% greater than projected in 2023/24 due to additional non-recurring funding and mobile MRI allocation from the Scottish Government. The funding will enable delivery of 100% of patients waiting less than 2 weeks for urgent and USC (Urgent Suspicion of Cancer) imaging and 90% of patients waiting less than 6 weeks for a routine CT, MRI, or US scan. It is unclear if a similar level of additional funding will be made available in 2025/26 but Radiology leads are working in partnership with the National diagnostics lead to develop the strategic plan and identify associated costs.

Significant improvements have been made to reduce variance and waste across the Radiology system. Patient focussed booking has resulted in a reduction of DNA rates and short notice cancellation processes have been developed to ensure loss of capacity is monitored and managed.

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. There is no identified funding source for this capital or revenue investment.

The PMB pathway is currently undergoing a review in line with the joint guidance regarding unscheduled bleeding whilst on HRT. The aim is to have 2 vetting options: USC and Urgent. Those vetted USC will be appointed as a priority, with significantly reduced waiting times once the new pathway is embedded.

SPOCH supports initiation of the pathway within existing resource. Cancer Waiting Times non-recurring funding has been agreed to support radiology activity for Q1 and Q2.

Regional working ongoing in respect of implementation of the CMPs.

Recovery Driver: Health Inequalities

Priority Areas: None

SG Development and Improvement Feedback

On Drugs and Alcohol Services, the plan makes reference to multiple services that should be delivered by delivery partners out with the Board. Whilst the references to the general ADP Strategic Plan and actions are extensive, they appear to be a straight lift from that plan, rather than an account of the specific actions the Board will pursue under that plan. It would be helpful to have more focus on the specific areas that the Board leads on.

Fife Response

Using MAT Standards funding, the NHS Fife Addictions in partnership with NHS Fife Addictions Psychology and Therapy Service have developed an innovative approach for the treatment and recovery of people physically and psychologically dependent on illicit benzodiazepines.

To support individuals to reduce their benzodiazepine use, those accessing the clinic are offered appropriate psychosocial interventions (e.g. Tier 1 & 2 interventions such as Decider Skills, Safety & Stabilisation, emotion regulation work, etc) in a timely fashion and the function of their problematic benzodiazepine use is understood via a psychological formulation. These interventions are offered alongside any planned reduction of their benzodiazepine use to provide the individual with a new, more effective set of coping skills and resources to manage their symptoms of anxiety, distress, and (for a significant number of patients) trauma which are likely to be more noticeable as the individual relies less on substances as a form of coping. The combination of evidence-based psychological interventions provided concurrently with a planned benzodiazepine reduction over time will increase the likelihood of successful long-term reduction in benzodiazepines use and ultimately contribute to a reduction in harm and drug related deaths. A third sector service has also been commissioned to offer community and wraparound support to patients and help them develop recovery-based skills.

Using MAT Standards Funding, NHS Addiction Service leads on the operational development of Rapid Access Clinics as part of our commitment to MAT1 (same day prescribing) and MAT5 (retention in services).

NHS Fife Addiction Services runs Rapid Access Clinics in several different locations across Fife. The purpose of the clinics is to provide a rapid response and intervention to individuals with alcohol and drug problems when indicated, reducing the risk of drug or alcohol related morbidity and mortality. These include:

- Initiating assessment and treatment within 24 hours of requesting treatment (meeting MAT1).
- Rapid re-engagement in treatment of patients recently disengaged with treatment.
- Rapid assessment of patients already in treatment with high and complex needs and urgent physical, psychiatric, or social comorbidities.
- Rapid assessment of patients recently discharged from hospital, facilitating seamless transition from hospital care to community care.
- Rapid engagement of individuals released from prison.

NHS Fife Addictions Psychology and Therapy Service operationally leads on a workforce development plan across all commissioned and statutory services of the Fife Alcohol and Drugs Partnership (FADP). This contributes to the delivery of MAT 6 and 10 but also provides skills and knowledge to work more effectively on trauma and with people affected by alcohol use too. In 2024/25, the training programme will complete the actions below:

- Development of social networks across FADP services (Dec-24)
- Regular coaching/supervision for staff in key evidence-based psychosocial interventions (business as usual).
- Tier 1 training to continue (business as usual).
- Appropriate staff to be identified for Tier 2 training, and Tier 2 training to commence by Mar-25.
- Voice of lived experience to be fed into MAT 6 and 10 work, through regular surveys of service user care (Sep-24)
- Trauma walkthroughs to be completed with all FADP services (Mar-25)
- On exploring staff wellbeing and measures (as per MAT10), focus that can be put in place to support (Jan-25)

Recovery Driver: Child and Maternal Health

Priority Areas: None

SG Development and Improvement Feedback

Plan expresses some concerns around delivery of continuity of carer, and it would be helpful to include more detail on this.

High level assurance is provided in relation to the delivery of child health reviews.

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

On the Women's Health Plan, the Board have identified a lead and a series of local priorities, though there are some concerns about whether these will be delivered upon due to financial challenges. It would be if the Women's Health Plan threaded through other areas of this plan such as the cardiovascular health section or health inequalities.

Fife Response

Following the extension of the implementation date of Women's Health Plan to Jun-26 and successful staff recruitment to vacant posts, the projection for the successful implementation of continuity of carer is now more positive and is predicted to be achieved within timeframe. The team are currently meeting monthly with the Director of Midwifery to update on progress and status.

NHS Fife NNU team participated in a meeting with the East Region planning group for the new model of Neonatal Care redesign (Best Start 2017) on 19 Jun. The meeting focus was to discuss the cot modelling outlined within the RSM report of Jun-24 where concerns were outlined regarding the proposed model of cots. The concerns highlighted will be taken forward to Regional Chair discussions for consideration.

The recommendation to reduce from 4 ICU cot capacity to 0.5 will not allow us to function as an LNU providing short-term intensive care and will impact negatively on our ability to care for women experiencing multiple and late-premature births. The recommendation will mean we will not be able to provide care for other levels of sick neonates and will negatively impact on our ability to repatriate babies back to our unit as we will not be able to fulfil the requirement of repatriation criteria as outlined within Best Start.

Following review of data for the period Dec-22 to Jan-24, based on assumption that we would be working on the RSM cot and ICU capacity, there would be over 100 women annually between 26- and 34-weeks' gestation who would require in utero transfer out with NHS Fife. In addition, the working assumption within the RSM Report is that for every 10 actual neonatal admissions there will be 6 maternal admissions. This assumption would mean that a further additional 60 maternal admissions would require transfer out with Fife. There are inherent risks to both a mother and foetus associated with in utero transfer.

Recommendation is that NHS Fife maintain the status quo in terms of current capacity and cot designation until Spring 2025. This would enable the units not yet implementing the premature pathway to commence. If NHS Lothian are assured of their capacity to accept transfers in, capacity could decrease to 15 total cots, 3 of which are ICU.

Recovery Driver: Implementation of the Workforce Strategy

Priority Areas: None immediately specific to the Delivery Plan; however, the Board should continue to work with the Scottish Government to drive closer alignment between workforce and delivery planning.

SG Development and Improvement Feedback

Plan and actions laid out by NHS Fife appear achievable and realistic and the Board has appropriate governance and plans in place. NHS Fife's Delivery Plan provides sufficient high-level assurance of activity in relation to the implementation of the Workforce Strategy.

Fife Response

NHS Fife is continuing to implement the Board Workforce Plan for 2022-2025, in close collaboration with Planning & Performance, Finance and HSCP Workforce colleagues, pending receipt of the revised national workforce planning guidance.

The landscape has now changed with the commencement of the RTP Programme and the respective work streams.

Planning is underway for the impact of the non-pay elements of the 2023/24 AfC Pay Award, including the Reduction in the Working Week, the Band 5 Review of Nursing roles and the implementation of Protected Learning Time, with regular reporting to various fora within the Board.

Arrangements are in place for implementation of the Health and Care (Staffing) (Scotland) Act 2019, which is closely aligned to our eRostering Programme.

We have made good progress with enhancing our employability focus, including the new EMERGE programme. This is an initiative to encourage pupils at targeted schools an opportunity to gain a qualification through Fife College, whilst also gaining experience in a health care setting through placements, on-site visits, and speaker sessions.

In line with Improving Wellbeing and Working Cultures work on Equalities, our staff health & wellbeing support for staff and on Our Leadership Way is also progressing, with the launch of our LGBT+ Network in Jul-24.

Recovery Driver: Digital and Innovation

Priority Areas: None

SG Development and Improvement Feedback

Cyber resilience is a key area where the Board have updated against the cyber resilience framework as expected and remains of utmost importance. There is an on-going need to replace legacy systems across NHS Scotland and it is welcome to see that this is something highlighted as a key priority to ensure security and technical compliance.

It is welcome that the Board has set out clear activity to ensure the workforce and Executive team are skilled and informed regarding digital developments. Aligning a revised Digital and Information Strategy to the existing population health and wellbeing strategy will be a positive step.

It is helpful to see the key updates set out against national programmes including e-Rostering, HEPMA, GP IT, Child Health, Microsoft 365, and LIMS. The plan highlights a funding risk for e-rostering after Nov-24. All other programmes appear to be on track and considerations underway for how they prepare for developments including Digital Front Door, which is welcome.

Future iterations of plan should set out how the Board will implement the NHS Scotland Scan for Safety Programme by Mar-26 as mandated in the Scottish Government's Directors Letter (2024) 3.

Fife Response

Work continues on the development of the plan for the implementation of the NHS Scotland Scan for Safety Programme. Details will be provided into the plan at the end of 2024/25 Q2.

Recovery Driver: Climate Emergency and Environment

Priority Areas: None

SG Development and Improvement Feedback

Overall, the plan is effective at meeting the climate emergency and environment planning priorities.

Comprehensive response in relation to waste and resource management, showing a clear understanding of current performance and actions required. However, no Circular Economy detail is provided, and it would be useful to include information on this.

The Board provide and evidence how they are meeting the targets currently, have had gone beyond some of the initial targets set out, which is welcome. There is a system in place via WMSG at local level to be able to progress this work and have put resource into managing waste appropriately on site.

The Board is undertaking a landscaping project at their Queen Margaret Hospital site, which includes both biodiversity and adaptive interventions. The Board has also outlined their intention to undertake biodiversity audits for all main sites which will include total land area, greenspace area and indicate greenspace types.

The finding of this audit will inform the development of a Biodiversity Action Plan. They will continue to undertake works identified in their 2030 Greenspace Strategy. These actions are in alignment with the national agenda for this workstream.

The Board is taking a place-based approach to adaptation by collaborating with Fife Council to identify shared climate risks and adaptation measures. They also will be seeking to progress their CCRA through the creation of a risk dashboard that will align with their corporate level dashboard which has already been launched. They have also mentioned adaptive planting measures.

The Board is adopting a sensible approach to both fleet decarbonisation and sustainable and active travel, the latter having a dedicated strategy to be published in due course. The Board's fleet decarbonisation and replacement plans are well advanced, though as with all boards, it relies on central funding being made available.

NHS Fife will create a Building Energy Transition Strategy that aligns with PAMS to strategy review and invest in buildings that will be in the Board's longer-term portfolio. Using the Jacobs Net Zero Route maps, the Board will review decarbonisation measures outlined and create delivery plan and submit relevant funding applications while there are capital funding constraints.

The Board will need to ensure that they have a plan for Entonox mitigation. A clear program needs to be articulated Including project lead, occupational exposure monitoring for midwifery teams in conjunction with health and Safety and medical Physics. Improvement planned preventative maintenance by estates teams and stock management between pharmacy and soft facilities.

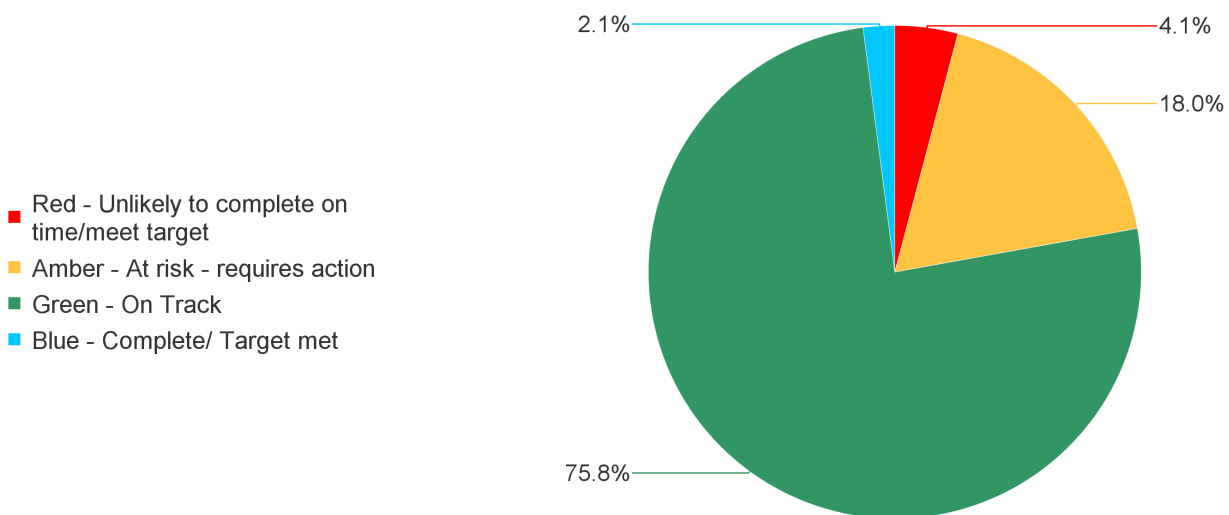
Fife Response

In terms of circular economy, NHS Fife launched the 'warp-it' system in March 2024. Warp-it is a web service and re-use platform, for redistributing surplus furniture and equipment. We are keen to get warp-it set up at NHS Fife as an efficient method of managing the flow of surplus assets across the NHS Fife estate and ensuring items are reused instead of sent to waste disposal where possible. Since its launch, it has over 450 members and has incurred over £39k in savings. We will continue to roll out the warp-it system, increasing its use and resultant environmental and financial benefits.

NHS Fife has an Entonox mitigation SLWG in place, led by the chair of the local medical gas committee. It is multi-disciplinary including clinicians, medical physics, estates, health and safety, and pharmacy. The Fife Quality Improvement Network have been approached to support in a programme capacity. A systems loss assessment within midwifery department is going ahead in Jul-24 – this will drive additional actions. Work is ongoing with midwifery around monitoring, and the team are working with the established national forum.

Annual Delivery Plan 2024/25 Progress Summary

Q1 Status	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met	Total
1. Primary and Community Care	1	5	16	1	23
2. Urgent and Unscheduled Care	1	3	11		15
3. Mental Health		3	15		18
4. Planned Care			9		9
5. Cancer Care		1	5		6
6. Health Inequalities		3	24	1	28
7. Women & Children Health	1	3	8	1	13
8. Workforce		1	15		16
9. Digital & Innovation	2	6	11		19
10. Climate		1	11		12
Other	3	9	22	1	35
To Improve Health and Wellbeing	1	6	29		36
To Improve the Quality of Health and Care Services	2	10	64	2	78
To Improve Staff Experience and Wellbeing		5	15		20
To Deliver Value & Sustainability	5	14	37	2	58
ALL			2		2
Total	8	35	147	4	194



Annual Delivery Plan 2024/25 Progress Summary

RTP

Deliverable	Directorate	2024/25 Q1 Comment	2024/25 Q1 Milestones	NHS Five Strategic Priority	Deliverable 24/25 Q1 RAG Status
Business Transformation	Digital	Savings being delivered through Digital opportunities. However, limited assurance remains due to delays in the programme commencing.		To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target
SLA and External Activity	Finance & Strategy	<p>Ongoing discussions with NHS Lothian on financial planning assumptions and the implications of the introduction of PLICS. NHS Five have engaged with Scottish Government and plan to implement PLICS locally by December 2024.</p> <p>Ongoing discussion with NHS Tayside on financial planning assumptions. Deep dive commenced into referral volumes by locality and specialty. Clinical leads fully engaged in this review and proposals for repatriation of a small number of services in development.</p>	<p>Extrapolation of data on outpatient activity in other boards complete</p> <p>Initial and subsequent deep dive of data</p> <p>Discussions with clinical leads and directors</p> <p>Draft Performance Management group TOR developed</p>	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target
Surge Capacity - Improve flow within the VHK site, reducing length of stay and number of patients boarding to ensure patients are looked after in the most appropriate setting. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.	Acute Medical	<p>Acute are operating at winter-level pressures continuously. Despite this, occupancy below expected target levels and progress remains positive.</p> <p>If investment is not available to recruit to substantive nursing and consultant posts to manage surge beds, then this scheme will not achieve the savings outlined.</p> <p>Timeline slippage for move from Ward 10 to Ward 6 due to completion of works and cleaning dates.</p>	<p>Length of stay meetings continue.</p> <p>Overall surge is reduced.</p> <p>Improved discharge planning, fully utilising an MDT approach and PDDs.</p> <p>Implementation of ward access targets.</p>	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target

Deliverable	Directorate	2024/25 Q1 Milestones	NHS Five Strategic Priority	Deliverable 24/25 Q1 RAG Status
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation	Workforce	Considering redeployment to support the transition into a staff bank from existing system cost pressures	To Deliver Value & Sustainability	Amber - At risk - requires action
Procurement Savings within Acute Services	Acute Services	Implementation plan in place and a range of projects underway.	To Deliver Value & Sustainability	Amber - At risk - requires action
Estates Rationalisation	Property & Asset Management	<p>Hayfield House closed.</p> <p>Agile solutions in place at Queen Margaret, Lynebank, VHK staff club (St Andrews and Adamson Hospital to follow shortly).</p>	To Deliver Value & Sustainability	Green - On Track
Infrastructure - RTP	Digital	Development of Asset Management Approach Implement approach	To Deliver Value & Sustainability	Green - On Track
Infrastructure - Workforce	Digital	Provision Lynebank Decommission Hayfield	To Deliver Value & Sustainability	Green - On Track
Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets	Pharmacy & Medicines	<p>Production of comprehensive communications plan to enhance optimisations work on all sides, involving a wide range of stakeholders including patients and clinicians, including medicines waste.</p> <p>Significant design and delivery work undertaken, including of targets and identification of staffing resource.</p> <p>Medicines waste campaign being developed, including updated materials</p>	To Deliver Value & Sustainability	Green - On Track
Non-compliant Rotas	Medical Directorate	<p>Recruitment and interviews complete, and candidates selected for Gateway EU Doctors joining August cohort.</p> <p>Revised medical rotas received final approval to go live for August cohort at 1A banding.</p> <p>Surgical rotas previously band 3 have had final approval to return to 1A banding for August cohort.</p> <p>Wellbeing & Engagement SLWG has drafted FAQ's, Induction information is currently being reviewed for use by SLWG.</p>	To Improve the Quality of Health and Care Services	Green - On Track

Annual Delivery Plan 2024/25 Progress Summary

To Improve Health and Wellbeing

Deliverable	ADP Reference	2024/25 Q1 Comment	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Increase capacity for providing in-hours routine and urgent dental care	1.5	Whilst we are beginning to see some signs of improved access to GDS, there are still limited GDS open to NHS Registrations. Locally, there are limits on what we can do to influence this, in particular due to Fife having a significant amount of GPDs managed by Dental Body Corporates. however we are working with Scottish Government to explore all options locally available, whilst contributing to national policy development/ considerations.		1. Primary and Community Care	Red - Unlikely to complete on time/meet target

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Work to address poverty, fuel poverty and inequality through ensuring the prioritisation of income, housing, education and employment programmes as part of the Plan 4 Fife.	6.4	Contributing to Fife housing partnership ending homelessness together priority group pathways. Completed needs assessment for housing of young people experiencing substance misuse issues. Contributing to opportunities Fife partnership priorities.	6. Health Inequalities	Amber - At risk - requires action
Improved Fife-wide ADHD pathways for children & Young people	7.1		7. Women & Children Health	Amber - At risk - requires action
Deliver the child aspects of Fife Annual Poverty Plan with Fife Council and other partners.	7.3	Influence NHS Fife Anchor Strategy to focus ambitions relevant to child poverty Support NHS actions including income maximisation for pregnant women and parents of under 5s; explore expansion to community child health services	7. Women & Children Health	Amber - At risk - requires action
National - Child Health Replacement	9.1		9. Digital & Innovation	Amber - At risk - requires action
Deliver a more effective BCG and TB programme. Public Health Priority 1 and 2				Amber - At risk - requires action
Fife will eliminate Hepatitis C as a public health concern. (Pre COVID target by 2024. Extension of date under consideration by SG)		Develop initial plans, in conjunction with national direction	1. Primary and Community Care	Amber - At risk - requires action
Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population	1.2	EQIA action plan implementation	1. Primary and Community Care	Green - On Track
Improve access for patients and carers through improved communication regarding transport options	1.7	Actions in action plan being progressed	1. Primary and Community Care	Green - On Track
Home First: people of Fife will live long healthier lives at home or in a homely setting	2.6		2. Urgent and Unscheduled Care	Green - On Track
CAMHS will build capacity in order to deliver improved services underpinned by these agreed standards and specifications for service delivery.	3.1		3. Mental Health	Green - On Track
CAMHS will build capacity to eliminate very long waits (over 52 weeks) and implement actions to meet and maintain the 18- week referral to treatment waiting times standard.	3.1	Fife CAMHS Early Intervention Service will build sustainable programmes of training and development to universal and additional service providers to ensure clear pathways of support are available and accessible across the spectrum of need. Fife CAMHS will ensure that a recurring recruitment programme is in place so that the workforce is maintained at full capacity. Fife CAMHS will continue to work towards achieving the standards set within the National CAMHS Specification, prioritising the development of specific clinical care pathways, improving access and response out of hours and service appraisal through improved service user participation and engagement.	3. Mental Health	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Partners within Fife HSCP will continue to build capacity across services in order to achieve the standards set within the National Neurodevelopmental Specification for children and young people	3.1		3. Mental Health	Green - On Track
Refreshed Mental Health and Wellbeing Strategy for Fife for 2023 - 2027	3.2	<p>Review of national situation, and national drivers identified.</p> <p>STEEP analysis of external environment.</p> <p>SWOT analysis of internal environment.</p> <p>Review and evaluation of the previous Mental Health Strategy (2020-2024)</p> <p>Collated financial budgets to produce an integrated overview of the Partnership's mental health services.</p> <p>Developed a first draft of new Mental Health and Wellbeing Strategy.</p>	3. Mental Health	Green - On Track
Develop and maintain an integrated community drop-in model provided by specialist Alcohol and Drug Teams and community services and partners. Focus on locality data, voices of local communities and services to repeat the process of locality-based service development	6.2	<p>Review recent alcohol/drug related death and harm including hospitalisation data published nationally and local data from ADP services to support planning for next one stop shops (KY Clubs).</p> <p>Attend relevant locality boards to present data and prioritisation for locality based approach</p> <p>Continue to review and evaluate progress of KY2 and KY5 one stop shops with subgroup of HSCP Locality Board</p> <p>Launch of additional one stop shop in Kirkcaldy in partnership with local third sector organisations</p>	6. Health Inequalities	Green - On Track
Localities exist to help ensure that the benefits of better integration improve health and wellbeing outcomes by providing a forum for professionals, communities and individuals to inform service redesign and improvement.	6.2	<p>Finalise alert process and protocol with PH to be approved by ADP Committee in June 2024</p> <p>Perform live test of protocol to manage next alert</p> <p>Conduct lessons learned to refine process and ensure fit for purpose</p>	6. Health Inequalities	Green - On Track
Public Health Priority 4: National Drugs Mission Priorities; MAT treatment standards; Fife NFO strategy; Fife ADP strategy	6.2	Public Health provided advice on the content and implementation of ADP Annual Delivery Plan, continued to provide input to the MDDRG and contributed to associated actions and provided input to the Addressing Alcohol Harm and Death Group.	6. Health Inequalities	Green - On Track
Child and Adult weight management programmes: Develop a sustainable workforce within the resources available via regional funding award	6.3		6. Health Inequalities	Green - On Track
Develop and maintain Smoking Cessation services	6.3	<p>Specialist clinical provision increase in most deprived areas in collaboration with community assets.</p> <p>Raise awareness of abstinence model with smoking cessation site access.</p> <p>Mobile unit to target local community venues to be visible and accessible in supporting local groups/events with appropriate networking.</p> <p>Maintain and establish connection to Fife maternity Services to capture early intervention of possible referrals at first point of contact with midwives.</p> <p>Delivery of smoking related training sessions through Health Promotion Training Programmes.</p> <p>Evaluation and review of current referral pathways into the service, develop if needed accessible pathway and plan campaign to raise awareness of any changes.</p> <p>Investigate and assess system for inpatient clinics and discharge hubs to have an opt out referral pathway to service (mirroring maternity referral pathway) for smoking related illnesses.</p>	6. Health Inequalities	Green - On Track
Support the implementation of the Food 4 Fife Strategy and associated action plan as part of ambition to make Fife a sustainable food place	6.4	Final draft strategy presented to Fife Council Cabinet Committee in May and to EDG and Public Health and Wellbeing Committee June and July	6. Health Inequalities	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Work with the Chief Executive of NHS Fife to establish NHS Fife as an Anchor Institution in order to use our influence, spend and employment practices to address inequalities.	6.4	<p>Continue to scope out opportunities whilst working through NHS Anchor strategic objectives.</p> <p>Continue to work with partners to scope opportunities and engagement relating to child poverty and the priority areas.</p> <p>Employability engagement sessions and future programmes are being developed. Links with partners are being strengthened to support ambitions.</p> <p>Continue to explore opportunities and promote Community Benefits Portal to attract bids.</p> <p>Employability and Community Wealth Building workshop is in early planning stage to strengthen our partnership working and also with third sector agencies and community planning groups.</p> <p>Progression framework being updated to evaluate progress within employability, procurement and land and assets pillars. The findings will be presented to ~Anchor Institution Programme Board in September 2024.</p>	6. Health Inequalities	Green - On Track
Localities exist to help ensure that the benefits of better integration improve health and wellbeing outcomes by providing a forum for professionals, communities and individuals to inform service redesign and improvement.	6.5	<p>The Locality Delivery Plans to be reviewed and signed off by locality groups at June meetings.</p> <p>Locality Progress report presented to 7 area committees outlining outcomes achieved in 2023 and highlighting any areas of joint working with community planning partners.</p>	6. Health Inequalities	Green - On Track
Contribute to NHS Fife's High Risk Pain Medicines Patient Safety Programme to support appropriate prescribing and use of High-Risk Pain Medicines and ensuring interventions take into consideration the needs of patients who are at risk of using or diverting High Risk Pain Medicines.	6.7	<p>Provide public health perspective on HRPD Patient Safety Programme Board - Programme Board Transitioned to HRPD Safety Group - PH Representation on this group</p> <p>Advise and support evaluation aspects of HRPD Patient Safety Programme - Benefits/Evaluation Framework agreed and signed off</p> <p>HRPD Patient Safety Programme stopped earlier than planned due to organisational financial challenges - areas of work will transfer to business as usual - support from PH re evaluation work will continue</p>	6. Health Inequalities	Green - On Track
Design and delivery of a comprehensive medicines safety programme for NHS Fife, enhancing the safety of care and ensuring the Board meets its obligations to Scottish Government direction	6.7	<p>Establishment of all working groups is now complete</p> <p>Establishment of medicines safety and quality policy group with 8 weekly reporting cycles - complete</p> <p>Establishment of medicines safety minute index - completed</p>	6. Health Inequalities	Green - On Track
Review existing wellbeing indicator collection data to develop multi-agency response in line with GIRFEC framework.	7.1	<p>Conduct multi-agency review of collated wellbeing indicators.</p>	7. Women & Children Health	Green - On Track
Work with local authorities to take forward the actions in their local child poverty action report	7.3	<p>The reporting data for April 2023- March 2024 is being prepared as part of the annual reporting for Fife Poverty Report.</p> <p>An SBAR will be prepared specifically on the income max pathway and also the poverty training element.</p> <p>Training has been scheduled for key staff groups.</p> <p>A new funding bid has been submitted for continuation dedicated money advisor post</p>	7. Women & Children Health	Green - On Track
Growth of OH services and establishment of resources to assure function sustainability meets the changing needs of the organisation and supports the delivery of care goals through a variety of services including mental health / wellbeing / fatigue management support	8.3	<p>Continue to review OH provision as part of Directorate service change proposals, taking account of succession planning, service resilience and business requirements.</p>	8. Workforce	Green - On Track
Children's speech, language and communication development Plan		<p>Having identified the relevant strategic strands within the Children's Services plan start to raise awareness of the need for a speech, language and communication development plan linked to their outcome measures.</p> <p>Understand the national action plan and what this means for Fife by involvement in local event - Creating the Conditions: Connecting people to nurture early communication.</p>	7. Women & Children Health	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Deliver an effective public health intelligence function to provide multifaceted high-quality intelligence that supports the portfolios of work within Public Health and supports the strategic development, policymaking and the planning, delivery, and evaluation of services within NHS Fife and its partners.		Public Health Intelligence have lead or contributed to a range of projects across the six Public Health priorities including child health and wellbeing, alcohol and drug hospital admissions and mental health.	6. Health Inequalities	Green - On Track
Develop and Enhance Children's Services		Fife Child wellbeing pathway refresh, guidance update and multiagency training commenced (GIRFEC)	7. Women & Children Health	Green - On Track
Development of improved digital processes i.e. online pre-employment and management referral programmes		Extension of current OH System contract. Scoping activity being undertaken supported by D&I.	8. Workforce	Green - On Track
Ensure effective coordination and governance for adult screening programmes in Fife		Investigation and management of screening programme incidents and adverse events, including the National Cervical Exclusion Audit. We progressed the National Cervical Exclusion Audit in Fife by auditing over 4,000 patient records, and coordinated clinical management of patients referred to their General Practice or to gynaecology.	6. Health Inequalities	Green - On Track
Ensure effective direction and governance for the delivery of immunisation programmes in Fife and provide assurance that the Fife population is protected from vaccine preventable disease.		AISG met 03/06/24 and reviewed annual childhood data and approved annual report. Annual Immunisation Report submitted to Public Health & Wellbeing Committee at meeting 01/07/24 along with refreshed Strategic Framework 2024 - 2027	6. Health Inequalities	Green - On Track
Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2023-24		Development work is being progressed to maximise successful quit attempts and retaining client contact with the service. Specialist service provision has increased across Fife: 28 community-based, & 15 GP/ hospital-based clinics.	1. Primary and Community Care	Green - On Track
To embed a working business continuity management systems process that is measurable and able to be easily monitored.		Compliance and performance metrics is reported quarterly through the Resilience Forum	2. Urgent and Unscheduled Care	Green - On Track
Work with partners to increase efforts to reduce the impact of climate change on our population.		Develop training plan for sustainability within NHS Fife. Develop communications plan for sustainability e.g. Green Health Week. Green Health Partnership funding application has been submitted with an expected outcome November 2024. Local development plans for spatial planning meeting arranged to contribute to the "The place matters" call for sights and ideas, within the local development plan. Continue to contribute to LDP project delivery group following the review of LDP governance and delivery arrangements.	10. Climate	Green - On Track

To Improve the Quality of Health and Care Services

Deliverable	ADP Reference	2024/25 Q1 Comment	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets		The Patient Experience Team continues to review their own internal processes and work is ongoing with senior leads in acute and HSCP to improve target timframes. However the Directorates internal processes in relation to the complaint handling procedures varies.			Red - Unlikely to complete on time/meet target
Development of a new OP specialist Gynaecology Unit	7.2	Approval of funding from FCIG to commence architect commission and scope of work.		7. Women & Children Health	Red - Unlikely to complete on time/meet target

Deliverable	ADP Reference	2024/25 Q1 Milestones		Recovery Driver	Deliverable 24/25 Q1 RAG Status
Digital / Scheduling: Digital systems will be enhanced to realise full potential of integration across health and social care	2.1			2. Urgent and Unscheduled Care	Amber - At risk - requires action
Expand on current system wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models	2.1			2. Urgent and Unscheduled Care	Amber - At risk - requires action
Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits (over 52 weeks) and meet & maintain the 18 week referral to treatment waiting times standard	3.1	Review processes in line with Psychological Therapies and interventions specification and reporting guidance.		3. Mental Health	Amber - At risk - requires action
Review of Specialty Paediatric Nursing workforce/ services (including Diabetes, Epilepsy, Rheumatology, Endocrinology, Respiratory, Cystic Fibrosis) in line with safer staffing legislation and Working Paper 8 "Review of Clinical Nurse Specialist roles within Scotland" of the Scottish Governments Transforming Roles Program.	7.1	Review of service and redesign complete. CF nurse is now B7 team lead for specialist nurses with a generic B5 to support across all areas during periods of absence. Diabetes JD band review from 6-7 not upheld pre covid. Temporary uplift agreed in Q4 with funding only for 3 months.		7. Women & Children Health	Amber - At risk - requires action
Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings.		Finalise MEG business case and support implementation Complete recruitment process for IPC Audit and Surveillance - dependancy on HR/Recitment and Banding of post Review IPC Education Starategy - in progress Publish IPC Education/Training Programme 2024/25 - in progress World Hand Hygiene Day promotion and launch of "gloves off" campaign - completed			Amber - At risk - requires action
Contribute Public Health perspective and evaluation support to Fife's Mental Health Strategy Implementation Group.				3. Mental Health	Amber - At risk - requires action
Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences		Recruiting 2 x volunteers to support the gathering of patient feedback initiatives and Care Opinion. PET Officers have also started visiting the clinical areas to gather patient stories. Testing new investigation template (statement memo) within Medical Directorate to support quicker completion of complaint statements			Amber - At risk - requires action
Implement IP Workforce Strategy 2022-24		Continue bi-monthly LISDP Steering Group, reporting via ICC - continues Review recruitment and retention challneges in IPC, ICD and AMR-ongoing		1. Primary and Community Care	Amber - At risk - requires action
Implement new referral management and electronic patient records system (TrakCare/morse) within P&PC Physiotherapy service.				1. Primary and Community Care	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Implement preventative podiatry service in care homes		Development of job descriptions, recruitment of staff	1. Primary and Community Care	Amber - At risk - requires action
Ongoing development of Community Treatment and care (CTACT) services, supporting more local access to a wider range of services.	1.2	Working with Podiatry to bring all Low-Risk foot screening under the responsibility of CTAC Services. Working with ENT and Audiology services to develop 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.	1. Primary and Community Care	Green - On Track
Targeted actions to improve the quality of our Immunisation services	1.2	Development of robust clinical pathways and process of SOP review	1. Primary and Community Care	Green - On Track
Ensuring there is a sustainable Out of Hours service, utilising multi-disciplinary teams.	1.3	Establish and test an Urgent Care Hub functioning over a 24-hour period to accept a high referral rate of urgent care referral to reduce same day urgent illness presentations within primary and secondary care.	1. Primary and Community Care	Green - On Track
Work with Secondary care to develop shared care initiatives to continue to reduce the requirement for patients to attend ED	1.6	Review and assess the role and impact of FICOS on supporting secondary and secondary care models	1. Primary and Community Care	Green - On Track
Develop and scope an SDEC model of care to support same day assessment and increase our ambulatory models of care.	2.2	Stakeholder engagement workshops complete. Development of PID to support transformational savings. Start to develop scheduling of USC pathway for ambulatory patients to support avoidance of admission.	2. Urgent and Unscheduled Care	Green - On Track
Increase redirection rate utilising flow and navigation (NHS 24 78%, GP 19%).	2.2	Increased CBC calls. SLWG set up for scheduling of USC. Clinical Leads for Acute and HSPC and Primary Care involved.	2. Urgent and Unscheduled Care	Green - On Track
Delivery of Care at Home / Commissioning: Maximise capacity, and commission and deliver care at home to meet locality needs	2.3	Oversight group to be re-set up - reviewing ToR for group and membership	2. Urgent and Unscheduled Care	Green - On Track
(Reducing the time people need to spend in hospital by promoting early and effective discharge planning and robust and responsive operational management)	2.5	Reduce delayed discharge by further embedding Planned Day of Discharge using a criteria led discharge approach H@H In-Reach Analyse TOC data and requirements for a permanent model. Recruit permanent post(s). Fife Rehab Model/D2A Model Establish workstreams and associated SLWGs Agree ToRs and membership Agree driver diagram Determine key deliverables and outcomes and plan how these will be achieved. Right Care for You: enhanced training available; purchase of specialist equipment Fife Rehab Model/D2A Model Review data available and undertake strategic needs assessment to determine optimal community rehab team staffing skill mix and numbers Develop appropriate D2A pathways and undertake Toc as appropriate	2. Urgent and Unscheduled Care	Green - On Track
Community Rehab & Care: To develop a modernised bed base model in Fife that is fit for the future	2.6		2. Urgent and Unscheduled Care	Green - On Track
Digital / Scheduling: create a centre of excellence for scheduling across community services	2.6		2. Urgent and Unscheduled Care	Green - On Track
Prevention & Early Intervention: new models of care ensuring early discharge and prevention of admission, and local frameworks for frailty	2.6	Enhance skills in Community Nursing to further support early discharge and prevention of admissions through administration of IV antibiotics Review current pathways between services to identify 1) gaps in provision and 2) overlap in resource Develop referral pathways between services to ensure increase & decrease of input level dependent on need to prevent readmissions to acute services	2. Urgent and Unscheduled Care	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Development and Implementation of an Adult Neurodevelopmental Pathway with clear links to CYP NDD Pathway.	3.1	Outcomes of Adult NDD Pilot project will be collated. Outcome report will include recommendations for pathway development and service delivery.	3. Mental Health	Green - On Track
Improve compliance with CAPTND dataset	3.1	On-going work with e-health & data analysts to build appointment management system that meets requirements.	3. Mental Health	Green - On Track
Reprovision of unscheduled care/crisis care provision for patients presenting out of hours with a mental health crisis	3.1	Revision to Project Brief to condense timeline. Phase 2 of work to develop KPIs - co-chair now linked with national MHUC Network. Benchmarking now in progress.	3. Mental Health	Green - On Track
Community Mental Health Teams for Adult and Older Adult services that are responsive to need and reduce admission by offering alternative pathways	3.2	CMHTs in Fife require further development - review of current provision and requirements to support improved service delivery Consistency across CMHTs in process and procedures achieved Longer term engagement with Alternatives to Admission pathway throughout 2024/25	3. Mental Health	Green - On Track
CAMHS will achieve full compliance with CAMHS and Psychological Therapies National data set and enhance systems to achieve compliance.	3.3		3. Mental Health	Green - On Track
Mental Health and Wellbeing in Primary Care and Community Settings - development and delivery of service provision in line with Scottish Government reports and planning guidance relating to the remobilisation and redesign of MH services.	3.3	Collation and reporting of coproduction work in 3 Localities; initial identification of areas for positive change .	3. Mental Health	Green - On Track
Fife Mental Health Service will work alongside partners in acute services, primary care services and third sector agencies to ensure robust and equitable pathways of care are in place for those in police custody and for those transferring into the community from prison.	3.4	Ongoing review and enhancement of the Fife multi-agency Mentally Disordered Offender Protocol to ensure that mental health assessment and support is coordinated through police custody and court liaison Delivery of multiagency training programme on mental health management and legislation	3. Mental Health	Green - On Track
Forensic Mental Health services are reviewed and restructured to ensure appropriate pathways that enable patient flow and maximise rehabilitation and recovery.	3.4	Meetings planned to discuss flow workstreams and remodelling clinical use of the rehabilitation facilities	3. Mental Health	Green - On Track
Improve the mental health services build environment and improve patient safety	3.6		3. Mental Health	Green - On Track
Delivering year on year reductions in waiting times and tackling backlogs focusing on key specialities including cancer, orthopaedics, ophthalmology, and diagnostics.	4.1	Weekly monitoring through waiting times groups with governance reporting structures in place. Q1 trajectories being met in the majority of specialities, but monitoring required in Urology.	4. Planned Care	Green - On Track
Enhance Theatre efficiency	4.1	Establishment of Theatre Utilisation Group that will meet fortnightly to monitor utilisation and specialty variances.	4. Planned Care	Green - On Track
Enabling a "hospital within a hospital" approach in order to protect the delivery of planned care.	4.2	Daily review of cancellations and bed capacity tracking. Fortnightly review of theatre utilisation projections. Weekly monitoring of capacity to deliver trajectories.	4. Planned Care	Green - On Track
Maximising Scheduled Care capacity	4.3	Utilisation of NRAC money to support increased capacity. Monitored weekly through waiting times meetings with monthly oversight through Scheduled Care and IPCPB.	4. Planned Care	Green - On Track
Develop, Enhance and re-invigorate Regional Networks	4.4	OMFS no issues Plastics plan in place for additional operating Vascular network remains in place - ongoing recruitment to Fife vacancy. National review of vascular pending.	4. Planned Care	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.	4.5	Weekly identification of cases suitable.	4. Planned Care	Green - On Track
Implement outcomes of Specialist Delivery Groups including reducing variation.	4.6	ACRT expanding in all specialities and clinical teams supporting development of information.	4. Planned Care	Green - On Track
Undertake regular waiting list validation.	4.7	Patient Hub project working alongside NECU validation to ensure all patients on lists require to be seen. Targeting key specialities with long waits including Orthopaedics and ENT	4. Planned Care	Green - On Track
Ensure people have clear information and are sign posted to the HSCP Wells to enable tailored access to support via a 'good conversation', while awaiting a secondary care appointment / treatment.	4.8	Agree a robust communication plan, working with services to optimise proactive support and sharing of information about the HSCP Wells NHS Inform waiting well pages. Acute supported through Patient Hub text project for waiting list validation.	4. Planned Care	Green - On Track
Begin preparation to review the 2022-25 Cancer Framework in NHS Fife to ensure still relevant and up to date	5.1	Updated the workforce section. Aligned the NHS Fife actions to the Cancer Action plan for Scotland 2023-26.	5. Cancer Care	Green - On Track
Update cancer priorities and develop associated delivery plan as outlined in the Cancer Framework and support delivery of the 10 year Cancer Strategy	5.1	Meetings with the services underway.	5. Cancer Care	Green - On Track
Expanding Endoscopy capacity and workforce	5.2	Waiting times for endoscopy well within trajectories	5. Cancer Care	Green - On Track
Review of actions outlined in the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times	5.3	Actions identified for this year but awaiting the Framework being refreshed by the Scottish Government.	5. Cancer Care	Green - On Track
MAT based outcomes embedded in all ADP service level agreements. The standards implemented and fully maintained and PHS assessment supports this	6.2	Analyse and understand experiential data from 2023/24 from 58 service users, 12 family members and 16 staff Develop MAT Standards Plan for 2024/25 for sustaining MAT 1 to 5 and improving MAT 6 to 10	6. Health Inequalities	Green - On Track
Preventing alcohol specific and drug related harm and death affecting children and young people	6.2	Establishment of a rapid action group reporting to the Senior Leadership Team of the HSCP including representation from Education, Children Services, CPC, Community Children Services, Third Sector, Primary and Preventative Care Services Action Plan developed to include communications awareness raising approach, harm reduction messaging, improvements in referral pathways and responses, engagement and retention and services and workforce development to protect children and young people etc	6. Health Inequalities	Green - On Track
Best Start 1. Full implementation of Continuity of Carer by 2026 2. Minimising separation of late preterm and term babies from birth 3. Recommencement of full Antenatal Education 4. Expand Service User Feedback 5. Review need and gaps for, and embed Psychological services	7.1	Continuity of carer: Ongoing review of community team caseloads and care pathways alongside data review with requirements identified Antenatal Education: test of change commenced Neonatal redesign-Best start: NHS Fife NNU team participated in a meeting with the East Region planning group for the new model of Neonatal Care redesign (Best Start 2017) on 19 Jun. The meeting focus was to discuss the cot modelling outlined within the RSM report of Jun-24 where concerns were outlined regarding the proposed model of cots. The concerns highlighted will be taken forward to Regional Chair discussions for consideration.	7. Women & Children Health	Green - On Track
Develop mechanism for Health Visiting data analysis to assist partnership working with associated agencies, ensuring early intervention measures and anticipatory care needs are identified expeditiously.	7.1	Analyse existing data received from current Health Visiting pathway.	7. Women & Children Health	Green - On Track
To meet the recommendations of the WHP by end Dec 2024	7.2	Ongoing implementation and review of WHP recommendations with particular focus on Endometriosis: Commencement of endometriosis nurse specialist to support women going through induced menopause. Signposting of women who have not completed their surgical journey to the Sore - Know More campaign to support pain management and understanding of the pain process,	7. Women & Children Health	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Engage with Higher Education Institutions locally and regionally to develop collaborative way of working	9.5	Organise meetings with strategic leaders from University of St Andrews on Joint, collaborative working and develop areas of focus for collaborative working	9. Digital & Innovation	Green - On Track
Local - Implement Paperlite / Electronic Patient Record	9.61	Agree E.H.R Plan	9. Digital & Innovation	Green - On Track
Continued development of digital front door for patients	9.62	Extension of Waiting List Validation	9. Digital & Innovation	Green - On Track
Set out approach to implement the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant	10.82	Receipt of guide from Scottish Government	10. Climate	Green - On Track
Comply with the requirements of the COVID enquiry; Operation Koper, Crown Office.		Provide information as requested by Police Scotland, liaising with the Care Home Collaboratives		Green - On Track
Deliver an effective health protection function, including in- and out-of-hours duty cover to prevent and respond to communicable disease prevention.		Provide a 24/7 specialist health protection service for Fife	1. Primary and Community Care	Green - On Track
Deliver a VAM Covid response in alignment with SG guidance and in collaboration with East of Scotland workforce with full investigatory and outbreak management and community testing functions.		VAM Plan document from PHS to remain in place, funding to achieve this confirmed; recruitment ongoing	1. Primary and Community Care	Green - On Track
Delivery of Clinical Governance Strategic Framework		Development of 2024/2025 workplan		Green - On Track
Delivery of Clinical Governance Strategic Framework - Adverse Events		Refreshed trigger list and new approach for SAERs, LEARs and CCRs		Green - On Track
Delivery of the objectives set within the Pharmacy and Medicines Strategic Framework for 2024-2026		Publication, and engagement within the Directorate Reporting process within Pharmacy PSLT developed Workplan for the first year at late stage of development	8. Workforce	Green - On Track
Delivery of the Risk Management Framework		Development of 2024/2025 workplan Review Board's risk appetite Policy to be incorporated in the Risk Framework		Green - On Track
Develop a Nursing and Midwifery Strategic Framework 2023 - 25; establishment of shared governance model Framework based on CNO and NHS Fife priorities, Recover to Rebuild, Courage of Compassion, Three Horizon Model		Shared Governance Model established with over-arching Professional Leadership Council and 5 sub councils. Review of band 7 and band 8 N&M staff commenced as part of workforce planning and framework development	8. Workforce	Green - On Track
Development of Medical Education Strategic Framework		First draft of framework complete		Green - On Track
Implement national Excellence in Care (EIC) objectives within NHS Fife in line with 3 Year strategy, embed in Fife by 2025.		Communication with senior nursing colleagues to ensure EIC is aligned to Care Assurance, SPSP, Documentation and Fundamentals of Care work		Green - On Track
Increase NHS Fife Innovation Test Bed activity		Support Mental Health SBRI in Phase 2. Manage evaluation and moderation of Phase 2 applications of RDD Programme. Inform successful and unsuccessful applicants to Phase 2. Manage drafting and signing of contracts for successful applicants	9. Digital & Innovation	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Infection Prevention and Control support for Care Homes Continue to support Fife Care Homes to have a workforce with the necessary knowledge and skills in infection prevention and control to ensure they can practise safely, preventing and minimising the risks of HCAI to their residents, visitors, their co-workers and themselves.		Secure ongoing funding for the IPC Care Home Team- completed World Hand Hygiene Day Roadshow- completed Explore opportunities for implementing IPC Link Practitioner Framework into care homes - in progress	8. Workforce	Green - On Track
Legal Services Department (LSD) role within the Board is to manage all clinical negligence, employers and public liability claims intimated against NHS Fife; Fatal Accident Inquiries in which NHS Fife is an involved and interested party and all other legal intimations and challenges which involve the organisation		Ongoing. Raise awareness of claims - similar claims and implement new procedures to avoid future claims		Green - On Track
Local Enhanced Services Review			1. Primary and Community Care	Green - On Track
Non-compliant Rotas		Recruitment and interviews complete, and candidates selected for Gateway EU Doctors joining August cohort. Revised medical rotas received final approval to go live for August cohort at 1A banding. Surgical rotas previously band 3 have had final approval to return to 1A banding for August cohort. Wellbeing & Engagement SLWG has drafted FAQ's, Induction information is currently being reviewed for use by SLWG.		Green - On Track
Pandemic Preparedness: Critical to major incident levels.		Guidance is awaited from Scottish Government for Pandemic preparedness. COVID -19 Public Enquiry module 1 recommendations were published on the 18 July 2024		Green - On Track
Rheumatology workforce model redesign			1. Primary and Community Care	Green - On Track
Scoping further areas to support Public Health/ NHS Fife priorities for evaluation and research.		Continue to scope areas which would benefit from research and evaluation support - includes Mental Health & Wellbeing in Primary Care and Communities Settings and Green Health Partnership	6. Health Inequalities	Green - On Track
Support for Doctoral Training Program (DTP) Fellows		Cohort 3 Fellows start 6 month lead in to August start date. Cohort 4 projects developed and submitted, joint proposal development meetings with University of St Andrews and NHS Fife.	8. Workforce	Green - On Track
To develop the resilience risk profiling for Emergency Planning for NHS Fife.		SLWG Held on 30 May with Key Stakeholders. Meeting held also with Director of Public Health (SRO) where agreement strategic risks go to PHAC and operational risks to RF.	2. Urgent and Unscheduled Care	Green - On Track
To support preparations within NHS Fife for the implementation of the HCSA Act (ongoing during 2023/24), which comes into force from 1 April 2024.		Review of SG HCSA feedback, submission of HCSA quarterly returns in line with agreed reporting mechanisms and governance cycles. Board actions progressed.	8. Workforce	Green - On Track
Translation and implementation of agreed Business case Options for Co-badged Clinical Trials Unit/Clinical Research Facility with University of St Andrews		Recommended revisions to Template for submissions to VP Research, Innovations and Collections Principals Office. SBS briefing documents not received and progressing without.	6. Health Inequalities	Green - On Track
7 Day Pharmacy Provision. This will focus on provision of clinical and supply services across hospital care settings, reviewing the current position and additional need		Substantive weekend rota in place from July 2024.		Blue - Complete/ Target met
Ensure the delivery of an effective resilience function for NHS Fife.			6. Health Inequalities	Blue - Complete/ Target met

To Improve Staff Experience and Wellbeing

Deliverable	ADP Reference	2024/25 Q1 Comment	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Deliverable	ADP Reference	2024/25 Q1 Milestones		Recovery Driver	Deliverable 24/25 Q1 RAG Status
Carers will have access to information where and when they want, that helps them to manage their caring role.	6.1	We will measure carers' perceptions of the support we offer and commission		6. Health Inequalities	Amber - At risk - requires action
Developing the skills of practitioners and professionals to identify and support carers at the earliest possible point in time	6.1			6. Health Inequalities	Amber - At risk - requires action
National - eRostering	9.1			9. Digital & Innovation	Amber - At risk - requires action
PPD Succession Planning		A new Head of PPD has been appointed and systems of working and training provision currently under review. Enhanced links with training and education providers are being established and training opportunities for B2-7 NMAHP staff are now being co-ordinated directly through the department.			Amber - At risk - requires action
Pre Registration Trainee Pharmacy Technicians (PTPT) The development of a pipeline of Pharmacy Technicians is crucial to the sustainability of Pharmacy services and in providing optimal care. Scottish Government funding for this pipeline was withdrawn in Autumn 2022, meaning a local solution is required to cover intakes from April 2023 onwards		Pharmacy SLT has discussed current risks with the pipeline following local and national developments. Due prioritisation of available resource considered			Amber - At risk - requires action
Develop an immunisation workforce model in conjunction with wider Primary Care Nursing structure which is sustainable and flexible to respond an ever evolving immunisation need	1.2			1. Primary and Community Care	Green - On Track
Improving support and developing the Mental Health workforce	3.5	Establish overarching MH Workforce Oversight group, update workforce profile; analysis of retention; attrition and vacancy profile		3. Mental Health	Green - On Track
Carers will have support to coordinate their caring role, including help to navigate the health and social care systems as they start their caring role.	6.1	Support skills development of social work assistants by delivering training courses - EPIC and Good Conversations.		6. Health Inequalities	Green - On Track
Ensuring young carers in Fife feel they have the right support at the right time in the right place to balance their life as a child/teenager alongside their caring role	6.1			6. Health Inequalities	Green - On Track
We will help carers to take a break from caring when, where and how they want to, so they are rested and able to continue in their caring role	6.1			6. Health Inequalities	Green - On Track
Delivering Anchor Institution workforce aims - Promoting employability priorities	6.4	Other programme aims for 2023/24 and 2024/25 identified and progressed in line with Workforce Planning priorities. Development of Employability Action Plan in line with Anchor ambitions, ADP and Workforce Planning priorities.		6. Health Inequalities	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Develop a Health Visiting workforce model in alignment to the wider Primary Care Nursing with a focus on sustainable and flexible responses to agreed Health Visiting pathways and prioritisation for vulnerable families.	7.1	Analyse on an ongoing basis the existing staffing model to ensure HV pathway delivered. Recruit and support adequate HV trainees to ensure adequate staffing.	7. Women & Children Health	Green - On Track
Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025	8.3	Agreed evaluation and metrics in place for measuring outputs of staff health & wellbeing activities, including sustained reduction in absence levels, initially targeting 6.5% in 2024/25. Implementation of Staff Health & Wellbeing Action Plan for 22/25.	8. Workforce	Green - On Track
Development and implementation of the NHS Fife Workforce Plan for 2022-2025	8.5	Monitoring output of RTP programmes reviewing current and future composition of workforce, including provision of workforce data detailing growth trends and proposing future contractions. Review of RiWW mitigations linked to workforce challenges and / or cost pressures, in addition to impact of Band 5 nursing review and protected learning time. Integration of Common Staffing Method tool runs, and the Health Care Staffing Act, into wider workforce planning considerations with regards safe staffing levels and review of regular and recurring risks. Alignment of programmes with the Service Level Workforce Plans, in preparation for 2025 Workforce Plan Publication.	8. Workforce	Green - On Track
Delivery of the eRostering Implementation Programme in conjunction with Digital & Information.		BAU Team recruitment underway.	8. Workforce	Green - On Track
Development of workforce planning for Pharmacy and Medicines, including readiness for pharmacist graduate prescribers from 2026, education and training of staff groups and development of the Pharmacy Technician pipeline.		Increased DPP numbers delivered Revised end of placement meetings in place for 3rd year EL Pharmacy Students Revised rotational programme agreed for PGFTPs Pharmacists identified for post graduate research and clinical modules (linked to advanced practice) - notes of interest have been sought locally IP Legacy staff commence course (this happens every quarter)	8. Workforce	Green - On Track
Education reform for Pharmacy -Facilitate local implementation and delivery of revised NES programmes, and more broadly support the development of Pharmacy staff to deliver a modern, patient focussed pharmacy service, across NHS Fife. -Foundation training programmes and embedding the advanced practice framework for Pharmacists -Developing Pharmacy and Support workers through accredited courses and modules. -Collaborative working across the East Region to support simulation training for post graduate foundation trainees -Support for undergraduate experiential learning is also being developed to enhance the quality of education at that level -Work is also ongoing to develop clinical skills and leadership across all roles and increase research capability across the professions		Existing pre-reg cohorts completed Further staff have completed simulation training, increasing the clinical capability within the team. NRAC allocation has been offered, with the majority of places taken for 2024/25 (71/79)		Green - On Track
Medical Workforce Recruitment and Retention Strategic Framework		Scoping of the Framework		Green - On Track
Progression with ScotCOM in collaboration with the University of St Andrews		51 students have self selected to start ScotCOM with the GMC giving support for the programme to progress towards delivery		Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
We will launch and develop a leadership framework – Our Leadership Way in Fife.		<p>In June, launch the concept of Our Leadership Way with the Systems Leadership Group to establish early perspectives on a shared leadership philosophy that sets the foundations for what Fife believes is the kind of leadership essential for fostering a thriving and sustainable future.</p> <p>Establish a collaborative volunteer group to shape the efforts to embed NHS Fife's leadership framework.</p>	8. Workforce	Green - On Track

To Deliver Value & Sustainability

Deliverable	ADP Reference	2024/25 Q1 Comment	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Business Transformation		Savings being delivered through Digital opportunities. However, limited assurance remains due to delays in the programme commencing.		9. Digital & Innovation	Red - Unlikely to complete on time/meet target
Delivery of New Laboratory Information system (LIMS) as part of accelerated implementation followed by implementation of national roll out.	9.1	Complete local implementation and secure revised timeline for national build. Likely to be Q4 2024/25.	Implementation of national product	9. Digital & Innovation	Red - Unlikely to complete on time/meet target
Hospital Pharmacy Redesign Introduction of automation in hospital Pharmacy stores, dispensaries and clinical areas. Centralisation of Pharmacy stores.		Funding not available for large scale programme currently. Work to centralise procurement team and routes at VHK underway. Links established with RTP infrastructure programme.			Red - Unlikely to complete on time/meet target
SLA and External Activity		<p>Ongoing discussions with NHS Lothian on financial planning assumptions and the implications of the introduction of PLICS. NHS Fife have engaged with Scottish Government and plan to implement PLICS locally by December 2024.</p> <p>Ongoing discussion with NHS Tayside on financial planning assumptions. Deep dive commenced into referral volumes by locality and specialty. Clinical leads fully engaged in this review and proposals for repatriation of a small number of services in development.</p>	<p>Extrapolation of data on outpatient activity in other boards complete</p> <p>Initial and subsequent deep dive of data</p> <p>Discussions with clinical leads and directors</p> <p>Draft Performance Management group TOR developed</p>		Red - Unlikely to complete on time/meet target
Surge Capacity - Improve flow within the VHK site, reducing length of stay and number of patients boarding to ensure patients are looked after in the most appropriate setting. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.	2.5	<p>Acute are operating at winter-level pressures continuously. Despite this, occupancy below expected target levels and progress remains positive.</p> <p>If investment is not available to recruit to substantive nursing and consultant posts to manage surge beds, then this scheme will not achieve the savings outlined.</p> <p>Timeline slippage for move from Ward 10 to Ward 6 due to completion of works and cleaning dates.</p>	<p>Length of stay meetings continue.</p> <p>Overall surge is reduced.</p> <p>Improved discharge planning, fully utilising an MDT approach and PDDs.</p> <p>Implementation of ward access targets.</p>	2. Urgent and Unscheduled Care	Red - Unlikely to complete on time/meet target

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Develop Strategic vision across all of Primary Care	1.2	<p>Establish revised implementation of the non-priority MoU2 services within the current allocated resource.</p> <p>Work with LMC and GP-Sub to reach mutual agreement of the revision.</p> <p>Create an environment to progress the agreed changes and commence roll out.</p>	1. Primary and Community Care	Amber - At risk - requires action
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach	2.4	ED redirection rates continue to improve at 78%. SLWG established to review MIUs across Fife with Partnership colleagues.	2. Urgent and Unscheduled Care	Amber - At risk - requires action
Increase mental health services spend to 10% of NHS frontline spend by 2026 and plans to increase the spend on the mental health of children and young people to 1%	3.4		3. Mental Health	Amber - At risk - requires action
Roll out of Digital Pathology	5.1	<p>Complete staff training</p> <p>Integration of digital systems with LIMS/Labcentre (Citadel)</p>	5. Cancer Care	Amber - At risk - requires action
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation	8.1	Considering redeployment to support the transition into a staff bank from existing system cost pressures	8. Workforce	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
National - GP IT Re-provisioning - GP Sustainability	9.1		9. Digital & Innovation	Amber - At risk - requires action
National - LIMS Implementation	9.1		9. Digital & Innovation	Amber - At risk - requires action
Delivery of digital medicines programme, including the roll out of HEPMA and progressing commitments to implement automation within the hospital dispensary function		Med rec and IDL system - awaiting on change controls to be built and implemented Stock control system - begun build process and currently undergoing training of super-users HEPMA - cannot start install until stock control complete, background work ongoing	9. Digital & Innovation	Amber - At risk - requires action
Develop and Implement the Corporate Communication Strategy		Corporate Communications Strategy and Framework to be updated to reflect RTP Framework requirements		Amber - At risk - requires action
Develop and Implement the Public Participation and Community Engagement Strategy		Community Engagement and Public Participation Strategy presented at Board meeting in May		Amber - At risk - requires action
Enhanced data availability and sharing			9. Digital & Innovation	Amber - At risk - requires action
Procurement Savings within Acute Services		Implementation plan in place and a range of projects underway.		Amber - At risk - requires action
Set out approach to develop and begin implementation of a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources.			10. Climate	Amber - At risk - requires action
Support delivery of Re-form, Transform, Perform (RTP) through supporting service change		RTP framework developed supported by Corporate PMO. A number of 3% schemes are being supported by the PMO. Corporate PMO currently supported development of portfolio management structure for RTP.		Amber - At risk - requires action
Improve sustainability of Primary Care	1.1	Create detailed view of sustainability across General Practice	1. Primary and Community Care	Green - On Track
Develop plans to make sure CIS delivers on key operational priorities	1.2		1. Primary and Community Care	Green - On Track
Developing a system wide Prevention and Early intervention strategy which will underpin delivery of the HSCP strategic plan and the NHS Five Population Health and Wellbeing Strategy	1.4		1. Primary and Community Care	Green - On Track
Implement Same Day Emergency Care (SDEC) and rapid assessment pathways	2.2	Expansion of ECAS out of hours Increase to 7-day service OPAT Redeployment options for Ward 53 and ANPs. Skill mix being reviewed and safer staffing matrix completed.	2. Urgent and Unscheduled Care	Green - On Track
Mental Health Services will have a robust data gathering and analysis system to allow for service planning and development	3.3	Individual service KPI development commenced	3. Mental Health	Green - On Track
To achieve additional capacity to meet 6 week target for access to 3 key Radiology diagnostic tests (MR,CT and US)	5.2	Review of DCAQ , capacity GAPS identified and 24/25 recovery plan submitted to SG. Financial investment for additional activity received May 2024 and planning commenced to achieve additional activity projections. Additional CWT funding secured to support additional activity to maintain 2 week wait for all USOC and U referrals. Focussed work continues on acquisition to report turnaround times to optimise cancer pathways. Dedicated RCDS funding will enable sustained diagnostic waiting times for this service Engagement in RTP reimagining VHK site programme to ensure Radiology resource is sufficient to meet demands for in-patient and unscheduled care imaging as these services are redesigned.	5. Cancer Care	Green - On Track
Refreshed Performance Reporting	6.1		6. Health Inequalities	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Delivery of integrated drug and alcohol education age and stage appropriate throughout the full school life by school-based staff and specialist support from ADP commissioned services	6.2	<p>Project Board to identify test schools and their training needs based on staff and student feedback via School Wellbeing survey</p> <p>Identify staff most appropriate to deliver training</p> <p>Devise Training content for school staff</p> <p>Commence training during twilight sessions</p> <p>pre and post evaluations conducted</p> <p>Staff in school (PSE and guidance teachers) to deliver sessions to students following lesson plan provided by third sector service</p>	6. Health Inequalities	Green - On Track
Delivery of ICO and NISD Audit Improvement Plans Architecture and Resilience Developments	9.2	<p>ICO Audit Action Plan Agreed</p> <p>Resilience Framework Established</p>	9. Digital & Innovation	Green - On Track
Local - Records Management Plan Implementation	9.2		9. Digital & Innovation	Green - On Track
Infrastructure - RTP	9.31	<p>Development of Asset Management Approach</p> <p>Implement approach</p>	9. Digital & Innovation	Green - On Track
Infrastructure - Workforce	9.31	<p>Provision Lynebank</p> <p>Decommission Hayfield</p>	9. Digital & Innovation	Green - On Track
Digital Enablement Workplan for patients and staff ITIL 4 Improvement	9.4	<p>Training Concludes</p>	9. Digital & Innovation	Green - On Track
Development and initiation of NHS Fife Innovation Project Review Group (IPRG)	9.5	<p>Develop membership of IPRG and initiate meeting on a bi-monthly basis.</p>	9. Digital & Innovation	Green - On Track
Set out our approach to adapting to the impacts of climate change and enhancing the resilience of our healthcare assets and services	10.2		10. Climate	Green - On Track
Achievement of Waste Targets as set out in DL (2021) 38	10.3		10. Climate	Green - On Track
Decarbonisation of Fleet in line with Targets	10.41		10. Climate	Green - On Track
Action plan for the National Green Theatres Programme			10. Climate	Green - On Track
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation & enhanced International Recruitment service		<p>International recruitment campaign closed appointing 104 international staff to both nursing and radiology.</p>	8. Workforce	Green - On Track
Complete NHS Fife's Phase 2 M365 Programme		<p>Establish a secure baseline in the M365 products and national tenancy</p>	9. Digital & Innovation	Green - On Track
Development of a delivery plan to embed and deliver the Realistic Medicine Programme in NHS Fife		<p>To develop Realistic Prescribing guidelines for chronic disease management and frailty</p>		Green - On Track
Enhance the capacity and capability across the team		<p>Review of authorisation limits complete and approved at EDG.</p> <p>Team engaging with RTP framework as reported at the Procurement Governance Board in July 2024.</p> <p>Management continue to support and lead team on learning programme to increase procurement knowledge and expertise.</p>		Green - On Track
Estates Rationalisation		<p>Hayfield House closed.</p> <p>Agile solutions in place at Queen Margaret, Lynebank, VHK staff club (St Andrews and Adamson Hospital to follow shortly).</p>		Green - On Track
Further developing agile working and use of digital solutions in Directorate through investment in Workforce Analytics provision to support series of org. priorities, including Health and Care Staffing Act and eRostering Programme.		<p>Continued creation of on line Workforce information overview accessible within NHS Fife.</p> <p>Review of Workforce Analytics as part of Directorate service change proposals implemented.</p> <p>Ongoing production of workforce information to support workforce planning and service delivery, including safe staffing reporting requirements.</p>	8. Workforce	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Further strengthen our business partnering model, supported by a strong management accounting team, to improve business performance and decision making support.		Further developed monthly reporting to capture delivery of financial savings targets and informed year end forecast position. Ensured learning from the national Financial Improvement Network is cascaded across the finance team and stakeholders as appropriate. Strengthened even further stakeholders' grip and control responsibilities to underpin delivery of our financial targets and, in turn, supporting the delivery of our Reform, Transform and Perform programme. Continuously review mandatory training requirements and ensure team statistics are maintained within the 'green' tolerance range.		Green - On Track
Implementation of environmental prescribing improvements per the Scottish Government Quality Prescribing for Respiratory guide 2024			10. Climate	Green - On Track
Increase capability within the team to deliver service improvement and meet growing service demand		Imbed revised interface to support processing of agency invoices, providing enhanced oversight and control. New Processes for Direct engagement imbedded.		Green - On Track
IPQR Review		Review of trajectories/targets Incorporate initial metrics relating to Mental Health Produce redesigned report for EDG (Jun-24) for distribution to Committees and Board (Jul-24)		Green - On Track
Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets		Production of comprehensive communications plan to enhance optimisations work on all sides, involving a wide range of stakeholders including patients and clinicians, including medicines waste. Significant design and delivery work undertaken, including of targets and identification of staffing resource. Medicines waste campaign being developed, including updated materials	6. Health Inequalities	Green - On Track
Outline plans to implement an approved Environmental Management System.			10. Climate	Green - On Track
Outline plans to implement a sustainable travel approach for business, commuter, patient and visitor travel			10. Climate	Green - On Track
Outline plans to increase biodiversity and improve greenspace across our estate			10. Climate	Green - On Track
Post successful transition to the SE Payroll Consortium arrangement, work with the senior leadership of the consortium to ensure effective continuity of a payroll service for NHS Fife and contribute to service redesign to ensure NHS Fife's needs are addressed.		Draft SLA developed and circulated to consortium members for approval		Green - On Track
Reduction of Medical Gas Emissions through implementation of national guidance			10. Climate	Green - On Track
Support Delivery Strategic Planning function		Organise Winter Review even (cancelled, not to be rescheduled) Develop process for quarterly monitoring of ADP25/25		Green - On Track
Transfer our referral system and EPR from Tiara to Morse and TrakCare within the Podiatry service			1. Primary and Community Care	Green - On Track
Transformation of HR transactional activity enhancing the HR Operational delivery model through case management and manager support building on manager/employee self-service		New model of service delivery in transition, new SOP's being developed and creation of new posts and systems development work.	8. Workforce	Green - On Track
Refresh of the Primary Care Improvement Plan	1.1	Where applicable, align staff to new combined roles, supporting Immunisation and CTAC/Immunisation Service.	1. Primary and Community Care	Blue - Complete/ Target met

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Review existing arrangements which support children with neurodevelopmental differences.		<p>Consider, and where appropriate, develop different models of support which are person centred providing the right care in the right place at the right time by the right person "Finalise new multi-agency pathway.</p> <p>Implement new models of support and associated outcomes measures."</p>	7. Women & Children Health	Blue - Complete/ Target met

ALL

Deliverable	ADP Reference	2024/25 Q1 Comment	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Deliverable	ADP Reference	2024/25 Q1 Milestones		Recovery Driver	Deliverable 24/25 Q1 RAG Status
Develop the NHS Fife Organisational Change Model to support delivery of change.		Commenced scoping of this work.			Green - On Track
Supporting implementation of the Population Health & Wellbeing Strategy		Complete the 2023-24 Annual Report and signed off at the May 2024 Board Meeting			Green - On Track

Meeting: Finance, Performance and Resources
Committee

Meeting date: 10th September 2024

Title: Integrated Planned Care Programme Board Update
2023/2024

Responsible Executive: Claire Dobson, Director of Acute Services

Report Author: Carol Brown, Programme Manager, Corporate PMO

Executive Summary:

- The purpose of this paper is to provide a significant level of assurance to the committee regarding the progress of the Integrated Planned Care Programme Board (IPCPB) activity and achievements in 2023/24.
- The Integrated Planned Care Programme Board was established to provide a clear governance and assurance framework for planned care activity.
- The agreed areas of focus of the ICPB were:
 - Waiting Times – performance and planning
 - Implementation of CfSD High Impact Tools – ACRT/PIR and HeatMap
 - Productive opportunities
 - Theatre Optimisation
 - Interface with primary care
 - Health and Inequalities

1 Purpose

This report is presented for:

- Discussion
- Assurance

This report relates to:

- Annual Delivery Plan
- Government policy / directive
- NHS Board Strategic Priorities:
 - Improve health and wellbeing
 - Improve the quality of health and care services
 - Deliver value and sustainability

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this paper is discussion and to provide assurance to the committee on the progress of the Integrated Planned Care Programme Board (IPCPB) activity and achievements in 2023/24.

2.2 Background

The IPCPB was established to provide a clear governance and assurance framework for planned care activity (see Terms of Reference Appendix 1).

The report is provided as a summary of the activities of the IPCPB between 1st April 2023 and 31st March 2024.

During this time the agreed areas of focus were:

- Planned Care Activity
- Waiting Times – performance and planning
- Implementation of CfSD High Impact Tools – ACRT/PIR and HeatMap
- Productive opportunities

- Theatre Optimisation
- Interface with primary care
- Health and Inequalities

2.3 Assessment

Work of the IPCPB has largely been guided by the Scottish Government Care and Wellbeing Portfolio focussed on reform, sustainability and improved outcomes priorities and the requirement to fulfil HeatMap reporting. Activity has also supported preparation and delivery against Annual Delivery Plans.

Waiting Times

The IPCB has provided oversight of waiting time's performance and planning. It had an integral in the development of the waiting times plan presented at the last committee.

Measurement grid

The IPCPB agreed a measurement plan based on the programme driver diagram in August 2023. A measurement grid was developed to enable the monitoring of the measures and to support identification of areas for improvement. The measurement grid is sent out monthly with the papers for IPCPB for information.

Bed Modelling

A bed modelling exercise was commenced in January 2024 to understand the optimal configuration and quantity of beds required for the current population of Fife and to meet future needs. A dashboard that provides "Sankey" diagrams which can be scrutinised by time period, as well as pathway is to be made available within the Data and Insight Hub on a standalone Microstrategy dashboard to support early thinking. A short life working group was proposed to inform a SMART workplan that would be delivered on behalf of the IPCPB, this has since been superseded by the NHS Fife Board wide workstream. This work has been supported by the Planning and Performance team who have been instrumental in delivery of the dashboards.

National Treatment Centre

Following the completion of the National Treatment Centre (NTC) programme board the IPCPB has absorbed the oversight of the embedding of the NTC (performance oversight sits with ASD SLT).

The NTC was opened on 20th March 2023 and 2,097 patients were seen in 2023/24. Patient and staff satisfaction questionnaires were circulated, and responses were very positive of the NTC as a working and care environment, care opinion continues to highlight the excellence of care delivered within the NTC. A visit from the First Minister of Scotland took place on 1st April 2024.

Pathways for NHS Lothian patients have been established and a Service Level Agreement has been agreed, this has yet to be fulfilled as the first patients only started to attend in November 2023. A total of 95 NHS Lothian patients have been treated since then. Flow from NHS Lothian has proven a challenge throughout the year, however collaborative works continues with the Lothian team.

In the last 15 months following the opening of the National Treatment Centre the orthopaedic multidisciplinary workforce has expanded with an additional 80 staff supporting the service. A celebration event to mark one year of the centre opening took place in June 2023. The event was focused on sharing success stories and offered a great learning opportunity for all. Consistent themes from the event centred on improving patient experience, staff development/ learning, importance of the multidisciplinary team working on the patient pathways and future improvement plans for the service. Thanks to all colleagues involved in improving our orthopaedic service, together we make a difference.

Waiting well

Recognising the length of time being experienced by some patients across a range of services the IPCPB noted the requirement to support people while they are awaiting an appointment and or a procedure and requested the development of proactive approach to support patients health and wellbeing whilst they awaiting.

A Test of Change was carried out in conjunction with HSCP Locality Based Support colleagues and a pop-up “Well” site was established from 26th May 2023 in the NTC every Friday afternoon. Outcomes from the TOC were presented in an SBAR to the September meeting of the group. This resulted in the recommendation that the Well move into the main hospital building, on a fortnightly basis, with information also being displayed on screens in waiting areas, the NHS Fife website and incorporated within key letters from the acute division.

A presentation around The Well was provided to the Grand Round in January 2024 and a newsletter issued to GP practices as a reminder of the availability of the service to patients in their communities while awaiting an appointment in Secondary Care.

Work is now underway to build on this approach with a system wide workshop in planning.

Implementation of CfSD High Impact Tools – ACRT/PIR and HeatMap

To galvanise the work underway on developing Advanced Clinical Referral Triage and Patient Initiated Review (ACRT/PIR) an Implementation group was commissioned by IPCPB to take forward application of CfSD tools for 11 prioritised services (10 national and 1 local). The group met on a weekly basis from 6th June 2023. Due to the success of the work undertaken by the Implementation group an additional 5 local specialties approached the group for support and were included as out of scope (non-priority) services.

The following table summarises ACRT/PIR activity achieved throughout 2023/24:

Service	Active Clinical Referral Triage (ACRT)	Patient Initiated Review (PIR) capability available
Cardiology (local)	2 conditions being scoped	Yes
Dermatology	2 conditions; 1 proposed	Yes
Endocrinology (non-priority)	No conditions proposed	Yes
ENT	10 conditions (pre project)	Yes
Gastroenterology	3 conditions proposed	Yes

General Surgery	2 conditions	Yes
Gynaecology	2 conditions	Yes
Neurology	1 condition; 6 proposed	Yes
OMFS	5 conditions (pre project)	Yes
Ophthalmology (non-priority)	On pause	Yes
Orthodontics (non-priority)	On pause	No
Orthopaedics	25 conditions (pre project)	Yes
Pain Management (non-priority)	No ACRT being considered	Yes
Pelvic Health Physio (non-priority)	2 conditions	No
Respiratory	3 proposed	No
Rheumatology	1 condition	Yes
Urology	2 conditions; 9 proposed	Yes

Scoping work was undertaken with each service to identify which specialty specific conditions were appropriate for application of ACRT and PIR tools. Patient pathways were then process mapped and ACRT patient information developed. Leaflets were approved and reviewed by the Patient Partnership forum and necessary changes with Trak and Health Records processes reviewed prior to launch. The success of the project has been due to collaborative working between the Corporate PMO project team, Health Records, Digital and services and each of the specialties involved.

Representatives from NHS Fife continue to meet monthly with colleagues from the Centre for Sustainable Delivery (CfSD) to review HeatMap activity against ACRT/PIR tools and productive opportunity targets with a further two specialties identified for national priority going into 2024/25.

Productive Opportunities

Analysis of productive opportunities from the Discovery Productive Opportunities dashboard and any other productive opportunities being progressed by NHS Fife is regularly undertaken and reviewed via the IPCPB.

The table in Appendix 2 details for each metrics where NHS Fife is positioned whether there is potential for productive opportunities and whether this is currently being progressed.

The analysis for productive opportunities under the out-patients section shows that NHS Fife is benchmarked generally in the mid-range amongst NHS Scotland Health Boards. Further analysis provided specialty level will be undertaken to identify further potential opportunities.

Under the day case and theatres section, NHS Fife when benchmarked with other NHS Board sits in the mid to upper range. Specialty level analysis will be reviewed with a plan to improve those indicators where necessary.

Analysis of the data is sometimes difficult to benchmark against other NHS Scotland Boards due to different ways Boards code their activity and different working practices.

Improvement actions in relation to productive opportunities are commissioned and evaluated by the IPCPB.

Theatre Optimisation

Pre Assessment (prior to a surgical procedure)

Improvement work to increase pre-assessment capacity commenced in 2023.

Appointment capacity was reviewed and plans put in place to increase appointments from 480 to 524 per week. This work enables specialities to build up a 'pool' of patients in order to tackle back log issues and short notice theatre cancellations.

Theatres

Theatre utilisation for calendar year 2023 shows a 14% reduction in number of procedures performed compared to 2019 (see Appendix 3). This was due to several reasons including moving of minor surgical procedures to out-patient settings, supported by the opening of additional treatment capacity at QMH, opening of NTC and changes in staff resulting in lower numbers on theatre lists. However, the total number of sessions delivered increased by 291.

In November 2023, NHS Fife Theatres became the first board in Scotland to be awarded accreditation by the Association for Perioperative Practice (AfPP). The theatre teams were of staff training, a commitment to improving patient experience and ensuring the robust processes and protocols are in place to maximise patient safety. Achieving accreditation involved a rigorous assessment process over a number of months. A series of face-to-face visits were also carried by consultants from the AfPP to observe and assess the quality of care provided across operating theatres in Fife. The AfPP delegation thoroughly assessed all policies followed by Fife's theatre teams and sought evidence to demonstrate that these procedures were followed correctly.

Robotic Assisted Surgery

The Robotic Assisted Surgery programme demonstrated improved performance in 2023/24 and experienced very little down time. Discussions are underway as to how the service can progress towards the implementation of 3 major surgical cases per day.

NHS Fife carried out the 500th robotic case which was significant milestone. The robot is highly utilised supports the activity 8 surgeons which can be challenging with only one robot available.

The robotic programme has given nurses the opportunity to undertake surgical assistant training.

A further robotic event is due to take place in September 2024.

Queen Margaret Hospital Day Surgery

The BADS conference highlighted good work of NHS Fife related to procedures currently being carried out as day case.

In September 2023, the new £2m Procedure Unit at Queen Margaret Hospital was officially opened. The new unit was designed to increase capacity for day surgery, up to 10 sessions per week and improve the overall experience for patients attending for procedures.

Theatre Sustainability

Theatres are committed to the national Green Theatres Project and have successfully embedded various actions into practice, such as:

- Removal of desflurane
- Introduction of packs per speciality to reduce waste
- Reduction in Plastic consumables
- Introduction of reusable sliding sheets, BP cuffs and theatre hats.

The above work helped support theatre efficiency, with theatres achieving £83,920 in recurring savings for 2023/24.

Interface with primary care

The Integrated Planned Care Interface Group was commissioned in October 2023 to provide links between primary and secondary care for the planned care programme of work and to identify issues and provide solutions to the high number of referrals returned to referrers as unsuitable (see Appendix 3 for SBAR).

A six week evaluation exercise was undertaken, which started on 18th December 2023 and responses were sought from primary care referrers and secondary care vetters around the referrals process and how this could be more effective. A good response was received, which identified a few common themes. These were developed into an improvement plan and workplan for 2024/25 and are:

- Improve content and increase use of Fife Referral Organisational Guidance (FROG) intranet pages.
- Work with D&I colleagues to develop SCI gateway for non GMC registered practitioners to submit referrals and receive direct replies via Trakcare.
- Develop content for referrers/vetters for the protected learning sessions on what makes a good referral.

Health and Inequalities

An increased focus on health inequalities within Planned Care commenced in May 2023. This considered patients currently on waiting lists and the length of time they are waiting for an out-patient intervention. This included ACRT/PIR and their potential impact on access and extracted data broken down by protected characteristics (where data was available) and SIMD to reflect the public sector equality duty.

The study did not present any cause for concern around inequalities on out-patient waiting times by deprivation and did not appear to widen access inequalities to appointments with the introduction of ACRT and PIR pathways. It did however highlight the need for further

focussed work, which was subsequently undertaken on DNA rates in working aged men and by ethnicity as data demonstrated these to be areas where DNA rates are higher.

A rapid evidence review was commissioned with Fife Library Service to understand what is already known around the barriers with accessing services with the 18-34 year age group and to provide evidence around what is effective in improving access. Following engagement with the Locality Planning Co-ordinator and Quality Diversity Officer to explore any potential barriers the HSCP Locality Planning have been commissioned to undertake an engagement exercise in 2024/25 with young men across Fife to gather their perspectives on how NHS Fife could make appointments easier to attend. Additional learning opportunities from case studies in NHS Tayside and links with national Public Health Scotland groups will also be explored.

Realistic Medicine

The IPCPB receives updates on the realistic medicine programme. A successful realistic medicine event was held in September 2023 with a wide range of stakeholders attending from across NHS Fife and the HSCP. Discussions were around value-based health and care and realistic medicine principles. Work is planned to continue into 2024 on implementation of their action plan and empowering patients to take ownership of their health care.

Atlas of Variation

The Scottish Atlas of Variation aims to highlight geographical variation that exists in the provision of health services and associated health outcomes, covering cataract surgery, cholecystectomy, elective primary hip replacement, elective primary knee replacement and hernias. A tool has been developed by Public Health Scotland which highlights the variation of performance with other Boards in Scotland and will help to identify areas where supportive improvement can be implemented. A number of measures have been taken forward in Fife. Colleagues have sought updates from PHS on when the data for some fields will be refreshed as the data pertaining to some conditions is historical. This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

There are anticipated to be positive benefits to quality of care and services provided across the planned care system.

2.3.2 Workforce

There are anticipated positive benefits to staff as workstreams progress and identified improvement work starts to create efficiencies and streamlining within services. It is acknowledged that any change from routine activity can have both a positive or negative impact on staff which will be monitored and managed in line with appropriate staff governance and any required policies.

2.3.3 Financial

Expenditure on planned care work streams were tracking in excess of the funding allocation provided. Given the current financial constraints in NHS budgets and the requirement from Scottish Government to improve the financial position in 2024/25 all possible opportunities to deliver cost improvements in a safe and sustainable way are being sought through review of current ways of working in line with the Reform, Transform and Perform agenda, whilst continuing to prioritise focus on patient and staff safety.

RTP work in relation to planned care work streams has over delivered by £1m (£1.2m anticipated, £2.2m delivered in 2024/5).

2.3.4 Risk Assessment / Management

Risks are managed and mitigated via the IPCPB and recorded on Datix with monthly review. If risks become issues they will be escalated to executive level for support.

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

This programme will not require an EQIA, where appropriate projects/workstreams will undertake an EQIA. All aspects of the programme are asked to consider and report on these rights and duties, the deep dive on waiting times sought to bring this together in 23/24. There is no anticipated impact on the NHS Fife Anchor Institute Strategy.

2.3.6 Climate Emergency & Sustainability Impact

There is no anticipated impact to the aims and targets outlined by the NHS Scotland Climate Emergency and Sustainability strategy for NHS Fife because of the work of this board.

2.3.7 Communication, involvement, engagement and consultation

This paper has been prepared in collaboration with colleagues from the Acute Services Division and Fife Health and Social Care Partnership.

2.3.8 Route to the Meeting

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

- Integrated Planned Care Programme Board – 23 July 2024

2.4 Recommendation

This paper is provided to members for:

- **Discussion:**

The committee is asked to discuss this paper and the work of the IPCPB.

- **Assurance:**

The committee is asked to note the significant level assurance on the progress of the Integrated Planned Care Programme Board (IPCPB) activity and achievements in 2023/24.

The following appendices are included with this report:

- Appendix No. 1 Terms of Reference for IPCPB
- Appendix No. 2 Productive Opportunities
- Appendix No. 3 Theatre activity 2023
- Appendix No. 4 IPC Back to Referrer SBAR 19th September 2023

Report Contact

Carol Brown

Programme Manager

Email carol.brown@nhs.scot

Terms of Reference

1. **Title:** Integrated Planned Care Programme Board (IPCPB)
2. **Accountable to:** Chief Executive, NHS Fife
3. **Reports to:** Executive Directors Group
4. **Purpose:** Have strategic oversight and to direct priorities for the transformation of NHS Fife planned elective services with national, regional and local context.
5. **Programme Board Objectives: (definition taken and adapted from National Integrated Planned Care strategic intent) - Our ambition is to achieve overall recovery and a sustainable service for planned, scheduled, elective outpatient/ inpatient/ day case care, diagnostics, and cancer services to achieve target levels by March 2026**
 - To establish a collective focus with relevant stakeholders from related programmes of work to deliver evidenced based change within scheduled activity to achieving improved outcomes
 - Ensuring the programmes deliver within agreed scope and boundary
 - Monitoring progress of impact on outcomes to ensure improvement goals are achieved
 - Ensuring that key messages, strategies and plans are shared across NHS Fife and member organisations and are reflected in annual delivery plans
 - Defining and agreeing acceptable risks and managing and supporting the mitigation of risks and issues which are identified during programme delivery, escalating risk and changes to EDG
 - Providing an understanding of impact of change and potential to deliver sustainable services
 - Deliver a workplan which is in line with the ambition of Integrated Planned Care within NHS Fife
 - Support the creation and delivery of a digital workplan, including necessary business cases, which supports services to provide the right care, in the right place at the right time.
 - Embed the principles of Realistic Medicine to enhance patient-centred care, shared decision making and value-based health and care.
6. **Roles and Remit of the Group:**
 - Provide overarching governance for the Integrated Planned Care Programme priorities
 - Ensure that the Integrated Planned Care Programme is driven by a single vision and ensure the Integrated Planned Care Programmes operate within the values and guiding principles outlined within the NHS Fife Population Health and Wellbeing Strategy.
 - Ensure the Programme leads are adequately supported and resourced to deliver their programmes and provided with the mechanisms for monitoring performance and delivery of the programme aims including quality indicators, financial recovery, and efficiency.

Specifically the board will :

- Develop the vision and objectives for the NHS Fife Integrated Planned Care Programme in line with relevant local and national strategies and continue to reduce waiting times, waiting lists and length of stay.
- Agree the prioritisation of programmes of work and establish resources to deliver these

- Explore the possibilities of strong patient and public focus to the programme by ensuring that there is an overarching communications and engagement strategy in place for all audiences and stakeholders and that the group will agree at each meeting what key messages require conveying further and how they will be communicated.
- Incrementally develop the programme over time by promoting and encouraging the adoption of new initiatives and outputs identified from relevant local and national care and wellbeing programmes
- Ensure that changes to services are made on the basis of strong clinical evidence and best practice (National and International including the Centre for Sustainable Delivery)
- Monitor the impact of the programme as a whole, including unintended consequences/dis-benefits and agree appropriate strategic response.
- Identify opportunities for potential research
- Work collaboratively with clinicians and other stakeholders, inviting their representatives to attend the board as appropriate

7. Membership

- Director of Acute Services (Chair)
- General Manager: Planned Care Directorate (PCD), Emergency Care Directorate (ECD), Women, Children & Clinical Services Directorate (WCCS)
- General Manager, Waiting Times & Access Service Manager
- Associate Medical Director
- Clinical Director: PCD,ECD (including Radiology and Laboratories),WCCS
- Director of Nursing Acute
- Head of Nursing; PCD,ECD,W&C
- Deputy Director of Finance
- Head of Workforce Resourcing & Relations
- Associate Director of Planning & Performance
- Head of Digital Strategic Delivery
- Health & Social Care Partnership (HSCP) representative
- Partnership Representative
- Acute Services Division Portfolio Lead
- Senior Project Manager, Realistic Medicine

In attendance:

- Programme Manager, Corporate Programme Management Office (Corporate PMO)
- Senior Project Manager, Corporate Programme Management Office (Corporate PMO)
- Project Support Officer
- Principal Analyst for Planned Care
- Service Managers from the specialties

Values and Behaviours

Members of the Programme Board commit to behave consistently as leaders and colleagues in ways which model and promote NHS Fife Mission: Transforming health & care in Fife to be the best. Aim: The people of Fife live long and healthy lives. And our Values of:

- Quality & Teamwork
- Care & Compassion
- Dignity & Respect
- Openness, honesty, and responsibility

Each representative:

- Is required to undertake the actions generated from the meetings, liaise with the relevant operational and clinical teams and provide feedback via the Corporate PMO Project Support Officer (Programme Manager, in their absence) to capture the update/progress on the Board's action tracker for meetings.
- Will be responsible for identifying a suitable deputy to attend on their behalf and communicating this to the meeting organiser. The deputy must be able to provide relevant updates and have delegated authority to make decisions on their behalf.
- Should have relevant expertise and skills in areas relating to their representative areas.
- Act as a vocal and visible champion throughout their representative areas.
- Communicate progress according to the lines of communication within their relevant team.

8. Chair: Director of Acute Services. If unavailable, a deputy chair will be nominated by Director of Acute Services.

9. Quorum: The quorum for any meeting of the Board must include six key decision makers.

10. Project Support: Project support will be provided by the Corporate PMO.

11. Governance arrangements: The individual programmes will provide regular progress updates to the Integrated Planned Care Programme Board, including SBARs, Business Cases, etc. The minutes of the Integrated Planned Care Programme Board will be shared with the EDG for information and a summary report on delivery against objectives will be provided each month.

Escalation of risks and issues which cannot be resolved by the Integrated Planned Care Programme Board will be escalated to the EDG. **Appendix 1**

12. Frequency and Location of Meetings: Meetings and communication between meetings will be via email and Microsoft Teams, and saved documentation will be held securely in the Corporate PMO electronic folders and files store. Meetings will be held monthly in the first instance to end March 2024 and will be reviewed as the programme develops.

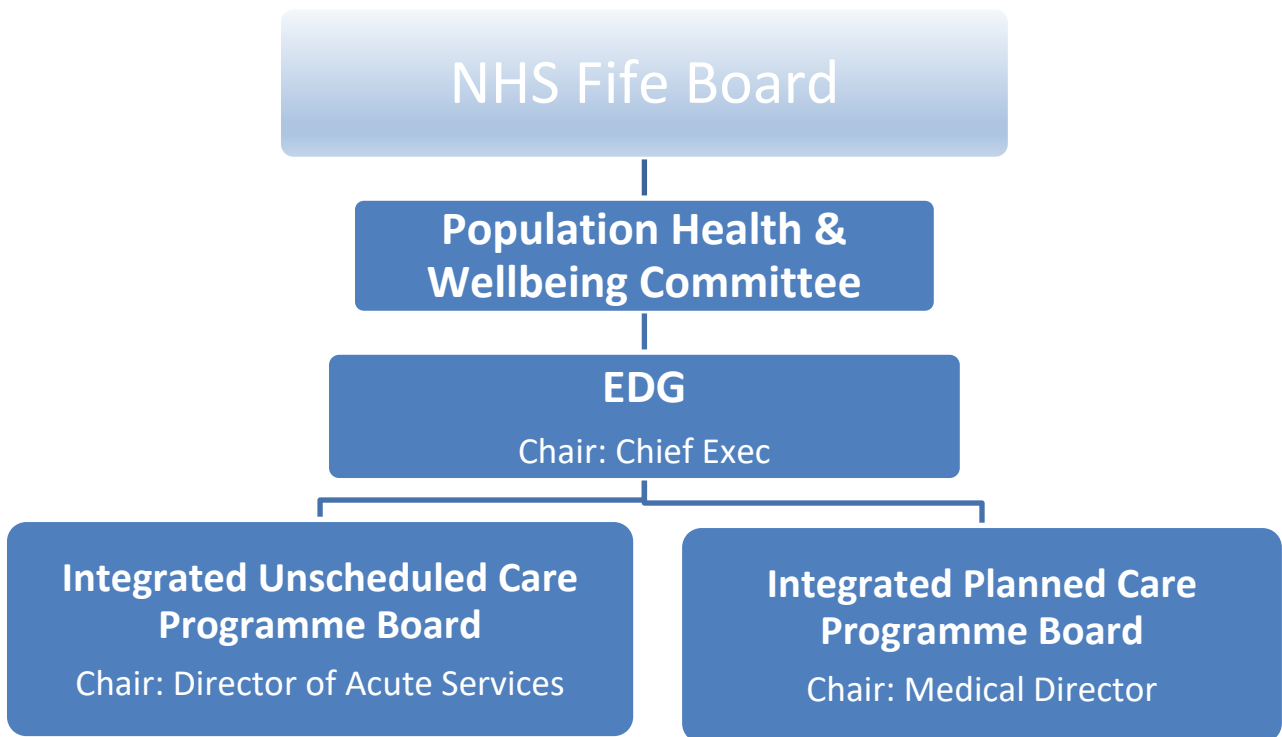
13. Papers: All papers will be available within the File tab of the Teams channel and emailed by Corporate PMO seven days before the date of the monthly meeting. Live actions will be discussed at each meeting as detailed on the Agenda, with no requirement for the Action Log to be circulated. Archiving and management of documents will be the responsibility of the Corporate PMO PSO.

14. Lifespan: March 2025

15. Reviewed: April 2024

16. Next Review: March 2025

Appendix 1



Productive Opportunities | Scheduled Care Year Ending; Dec-23

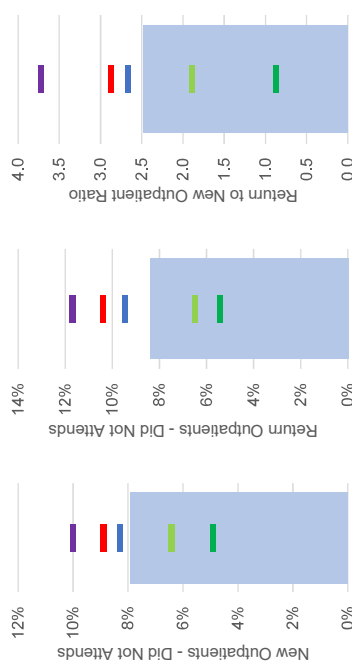
Source: Discovery (07 Aug-24)

Comparator:

Indicator	Fife	IQR	Scotland	"Best"	UQ	LQ	"Worst"	Ayrshire & Arran
Outpatients								
New Outpatients - Did Not Attend	7.9%	Mid-Range	8.3%	4.9%	6.4%	8.9%	10.0%	8.9%
Return Outpatients - Did Not Attend	8.4%	Mid-Range	9.5%	5.4%	6.5%	10.4%	11.7%	11.1%
Return to New Outpatient Ratio	2.48	Mid-Range	2.67	0.87	1.89	2.88	3.72	2.30
Inpatients & Day Cases								
Pre Operative Stay	0.04	Upper Quartile	0.19	0.00	0.04	0.18	0.67	0.13
Day of Surgery Admission Rate	97.6%	Upper Quartile	87.4%	100.0%	97.6%	88.1%	48.3%	91.6%
Day Case Rates(including OP procedures) - BADS	83.3%	Mid-Range	85.6%	96.3%	89.6%	83.2%	79.3%	88.8%
Elective Average Length of Stay - CIS	0.85	Upper Quartile	1.0	0.78	0.85	0.98	1.12	1.0
Cancelled Planned Operations	8.5%	Mid-Range	9.5%	5.9%	6.9%	11.1%	12.6%	11.1%

■ Fife ■ Scotland ■ "Best" ■ UQ ■ LQ ■ "Worst"

Outpatients

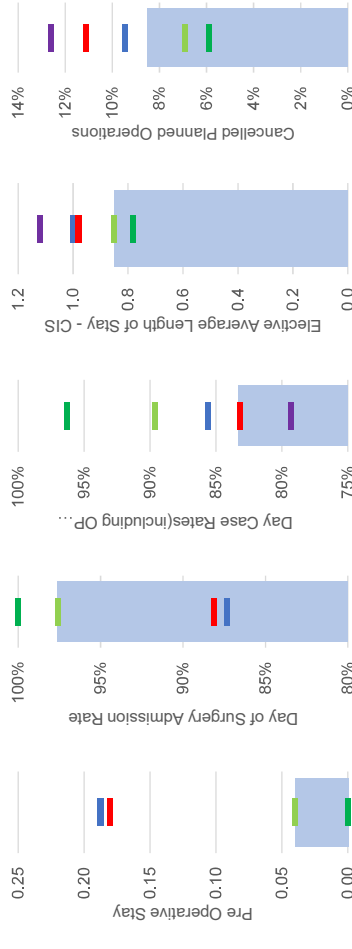


New Outpatients - Did Not Attend in Fife was in Mid-Range compared to all NHS Boards in Year Ending; Dec-23. Fife was 7.9%, lower/better than Scotland (8.3%), 1.5% from Upper Quartile.

Return Outpatients - Did Not Attend in Fife was in Mid-Range compared to all NHS Boards in Year Ending; Dec-23. Fife was 8.4%, lower/better than Scotland (9.5%), 1.9% from Upper Quartile.

Return to New Outpatient Ratio in Fife was in Mid-Range compared to all NHS Boards in Year Ending; Dec-23. Fife was 2.48, lower/better than Scotland (2.67), 0.59 from Upper Quartile.

Inpatients & Day Cases



Pre Operative Stay in Fife was in Upper Quartile compared to all NHS Boards in Year Ending; Dec-23. Fife was 0.04, lower/better than Scotland (0.19), 0.04 from best performing Board.

Day of Surgery Admission Rate in Fife was in Upper Quartile compared to all NHS Boards in Year Ending; Dec-23. Fife was 97.6%, higher/better than Scotland (87.4%), 2.4% from best performing Board.

Day Case Rates(including OP procedures) - BADS in Fife was in Mid-Range compared to all NHS Boards in Year Ending; Dec-23. Fife was 83.3%, lower/worse than Scotland (85.6%), 6.3% from Upper Quartile.

Elective Average Length of Stay - CIS in Fife was in Upper Quartile compared to all NHS Boards in Year Ending; Dec-23. Fife was 0.85, lower/better than Scotland (1.00), 0.07 from best performing Board.

Cancelled Planned Operations in Fife was in Mid-Range compared to all NHS Boards in Year Ending; Dec-23. Fife was 8.5%, lower/better than Scotland (9.5%), 1.6% from Upper Quartile.

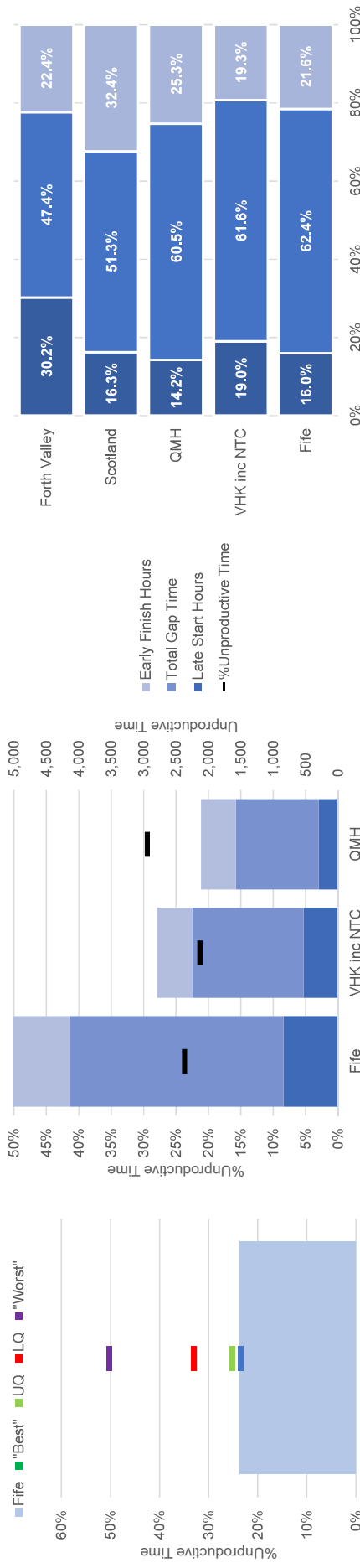
Productive Opportunities | Theatres

Year Ending: Jun-24

Source: Discovery (07 Aug-24)

Comparator:

Indicator	Fife	VHK inc NTC	QMH	IQR	Scotland	"Best"	UQ	LQ	"Worst"	Forth Valley
Unproductive Time	5,272	2,793	2,112							3,775
Total Available Time	22,297	13,125	7,180							14,524
%Unproductive Time	23.6%	21.3%	29.4%	Upper Quartile		23.5%	25.2%	33.0%	50.1%	26.0%
Late Start Hours	841	531	300		18,948					1,141
% of Unproductive Time	16.0%	19.0%	14.2%		16.3%					30.2%
Total Gap Time	3,292	1,721	1,277		59,834					1,789
% of Unproductive Time	62.4%	61.6%	60.5%		51.3%					47.4%
Early Finish Hours	1,139	540	534		37,799					845
% of Unproductive Time	21.6%	19.3%	25.3%		32.4%					22.4%



There were 5272 hours of Unproductive Time in Fife in Year Ending: Jun-24, 23.6% of Total Available Time.

16.0% were Late Start Hours, 62.4% were Total Gap Time and 21.6% were Early Finish Hours.

This compares to 16.3% Late Start Hours, 51.3% Total Gap Time and 32.4% Early Finish Hours for Scotland as a whole.

%Unproductive Time in Fife was in Upper Quartile compared to all NHS Boards in Year Ending: Jun-24. Fife was 0, 2.3% lower/better than Comparator (Forth Valley, 0), 0.2% from best performing Board

Integrated Planned Care Board – Theatre Activity

Theatres have been asked to compile a report on activity for both elective and emergency work for 2023, furthermore, undertake a comparison of activity performed in 2019 (pre covid).

Used Elective Sessions for all 3 operating sites (including short notice cancellations) Monday to Friday.

	2019	2023	Allocated (Funded)	Variance	
Cardio	71	84	94.5	-10.5	underutilised
Respiratory	39	53	42	11	overutilised
ENT	500	490	420	70	overutilised
Gen Surgery	1178	1161	1218	-57	underutilised
Ophthalmology	167	96	105	-9	underutilised
Cataract Unit	511	521	483	38	overutilised
OMFS	396	316	315	1	overutilised
Elective Ortho	1337	1592	1796	-204	underutilised
Urology	662	858	750	108	overutilised
Vascular	128	70	84	-14	underutilised
Gynae	621	590	588	2	overutilised
Obstetrics	20	47	42	5	overutilised
Breast	155	190	178	12	overutilised
Plastics	101	108	126	-18	underutilised
Paediatrics	41	42	42	0	
Total	5927	6218	6283		

Sessions used, split between sites

VHK

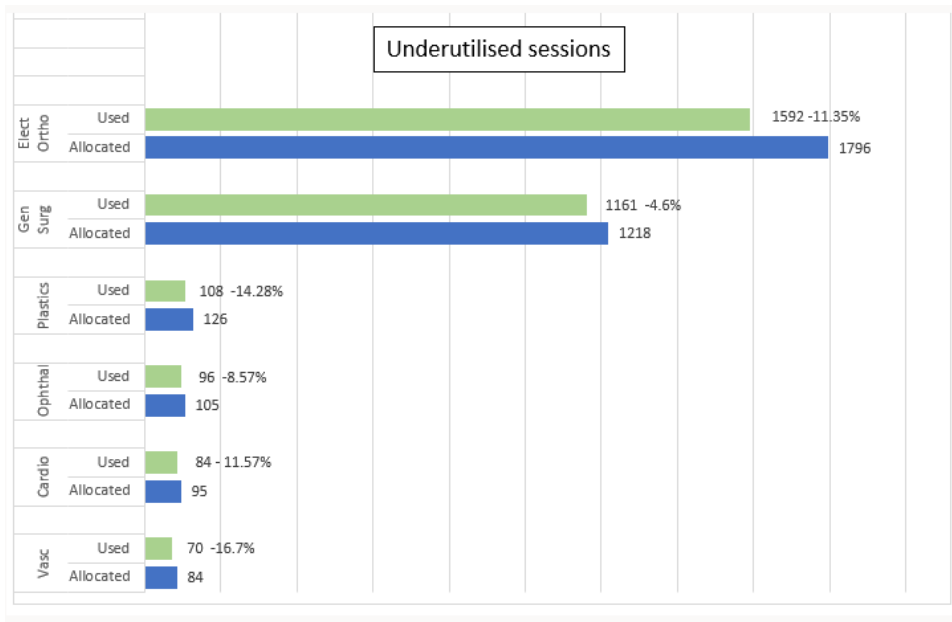
VHK	2019	2023
Cardio	71	84
Respiratory	39	53
ENT	500	390
Gen Surgery	733	755
Ophthalmology	39	23
OMFS	308	159
Paediatrics	41	42
Elective Ortho	947	1180
Urology	422	537
Vascular	128	70
Gynae	394	330
Obstetrics	20	47
Total	3642	3670

QMH

QMH	2019	2023
ENT	0	100
Gen Surgery	445	406
Breast	155	190
Ophthalmology	128	73
Cataract Unit	511	521
OMFS	112	157
Plastics	101	108
Elective Ortho	478	412
Urology	240	321
Gynae	227	260
Total	2397	2548

Overall, used sessions in 2019 are similar to those in 2023.

Underutilisation



Elective Orthopaedic

There was a reduction in sessions for elective orthopaedics between January and March 2023, due to the transition into the newly opened National Treatment Centre. As a comparison, number of sessions can be between 120-150 per month. In January there were 44, February 51 and March 50.

However, the NTC has delivered 84 Saturday sessions (108 cases) in 2023 in comparison to 74 sessions (109 cases) in 2019. These sessions/cases have not been included into the data above or below.

It's important to note that whilst elective orthopaedics was reduced during the first 3 months of 2023, the service did utilise resource to pick up additional trauma sessions in phase 3 (26 sessions Jan-March).

Phase 2 theatres closed on 2nd March and the NTC reopened on 20th March 2023.

There was a decision made by the service to move Mr Akhtar from QMH to NTC for his Friday sessions. The QMH sessions have primarily remained unused.

General Surgery

Although funded for 1218 sessions, a decision was made to bring prostate surgery back to Fife. In order to facility this activity, 84 sessions were taken from General Surgery and given to Urology.

Furthermore, General Surgery were most impacted by the education sessions/public holidays in 2023. However, with the above in mind, the deficit remains low in 2023.

Plastics

In 2023, one Consultant cancelled 13 sessions due to ‘business meetings’. This has been highlighted as a concern with the service.

Ophthalmology

Monday Am VHK GA session was a vacant post for most of 2023. There was also a consultant on adoption leave and not all sessions were picked up by other operators.

Cardiology

Vacant post within cardiology near the beginning of 2023 with sessions remaining unused.

Vascular

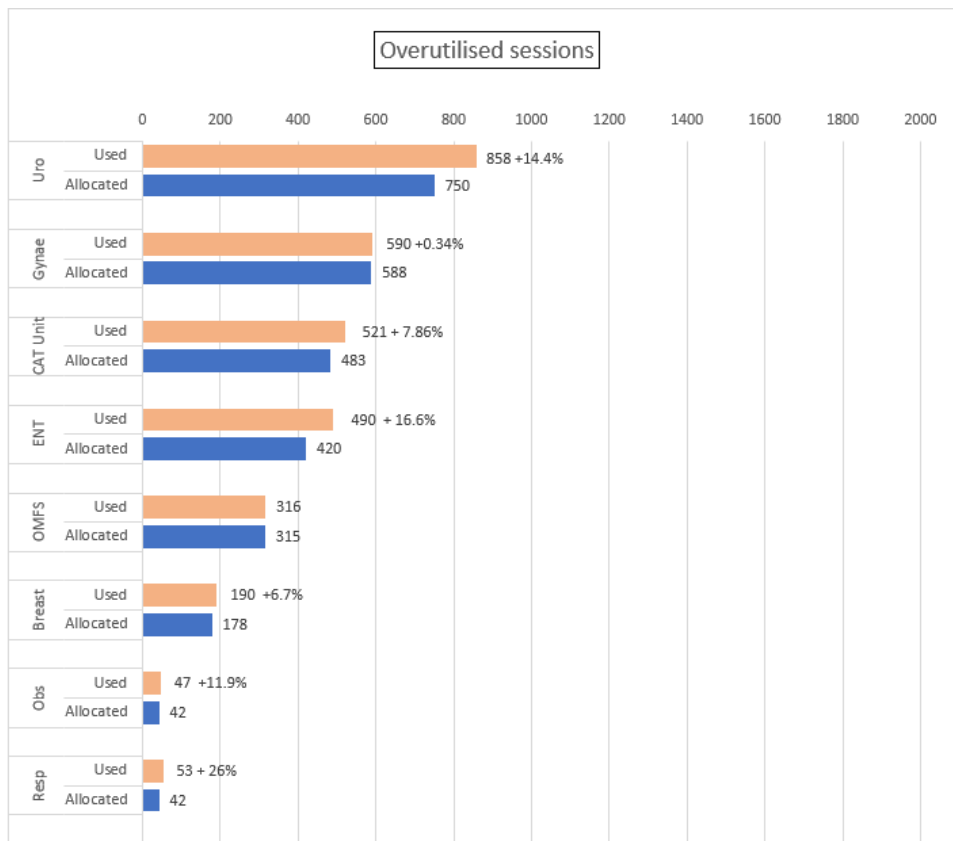
A decision was taken by the Genral Manager in 2023 to reduce the number of vascular lists (due to lists not being maximised) by 50%. However, the service does request lists over and above this when demand increases.

Some of the underutilisation will also be associated with our education sessions and public holidays as demonstrated below.

	Education Sessions	Public Holidays	Total sessions lost per speciality
Cardio	0	3	3
Respiratory	1	0	1
ENT	9	14	23
Gen Surgery	19	46	65
Ophthalmology	0	6	6
Cataract Unit	5	10	15
OMFS	7	7	14
Elective Ortho	0	30	30
Urology	17	26	43
Vascular	1	2	3

Gynae	10	18	28
Obstetrics	0	0	0
Breast	2	14	16
Plastics	1	1	2
Paediatrics	0	0	0
Grand total	72	177	

Over utilisation



Urology

Urology have regularly requested additional lists as well as backfilled sessions throughout 2023, resulting in an overall 14.4% increase of sessions. Furthermore, Urology had 50 WLI sessions in 2023 (PH3 34 sessions/QMH 16 sessions) with 91 operations performed.

Cataract Unit

The cataract unit regularly backfill any lists when the Consultant is on leave.

Furthermore, the service had 14 WLI sessions in 2023, with 102 procedures performed.

ENT

Ent recruited a new Consultant in 2023 with no additional funded resource. This can only be supported with the reduction of vascular lists.

Breast

Breast continually backfill lists to accommodate a third consultant. This has been in place for a number of years.

On the day cancellations

In relation to 'on the day cancellations' there were 1034 in total in 2023 (NTC 100, Phase 3 409 and QMH 525).

Number of Elective Cases

2019

2023

P3 Elective Ops	Total		P3 Elective Ops	Total	Variance	Comments
Cardiology	172		Cardiology	166	-6	
Ear, Nose & Throat	1354		Ear, Nose & Throat	839	-515	Transfer of lists to VHK
General Surgery	776		General Surgery	789	13	
Gynaecology	566		Gynaecology	355	-211	
Maxillofacial Surgery	660		Maxillofacial Surgery	276	-384	Reduction in sessions due to consultant sickness

Obstetrics (scheduled in Th7)	29		Obstetrics (scheduled in Th7)	78	107	
Ophthalmology	47		Ophthalmology	23	-24	Reduction in sessions due to consultant vacancy
Paediatric Surgery	95		Paediatric Surgery	88	-7	
Respiratory Medicine	56		Respiratory Medicine	88	32	
Urology	869		Urology	804	-65	
Elec Ortho	26		Elec Ortho	42	16	
Vascular Surgery	229		Vascular Surgery	77	-152	Reduction of funded sessions by 50%
Sum:	4879		Sum:	3625		
QMH Elective (H-G priority)	Total		QMH Elective (H-G priority)	Total	Variance	Comments
Ear, Nose & Throat	0		Ear, Nose & Throat	238	238	
General Surgery	988		General Surgery	1030	42	
General Surgery (Breast)	238		General Surgery (Breast)	339	101	
Gynaecology	866		Gynaecology	595	-271	Transfer of minor cases to outpatient setting replaced with moderate cases

Maxillofacial Surgery	292		Maxillofacial Surgery	320	28	
Ophthalmology	106		Ophthalmology	86	-15	
Plastic Surgery	337		Plastic Surgery	279	-58	High number of cancelled sessions.
Orthopaedics	1451		Orthopaedics	945	-506	Reduction of sessions (JMcE/AA to NTC)
Urology	890		Urology	821	-69	Transfer of minor cases to outpatient setting replaced with moderate cases
Ophthalmology (CAT)	2963		Ophthalmology (CAT)	2622	-341	Dependant on operator
Sum:	8131		Sum:	7275		
P2 Elective Ops	Total		NTC Elective Ops	Total	Variance	Comments
Elective Orthopaedics	1586		Elective Orthopaedics	1724	128	
Grand Total	14,596			12,624		

There was a variance of – 1972 operations performed in 2023 in comparison to 2019.

Specialties most impacted are:

- Gynae and Urology who have moved out most of their ‘minor ops’ to an outpatient setting and replaced with procedures which are intermediate/major which subsequently take longer to perform. Therefore, number of cases reduced.
- Elective orthopaedics due to transition period into NTC and reduction of lists for Ms McEachan (sessions given to ENT) and Mr Akhtar.
- Vascular 50% reduction in number of annual sessions has resulted in reduction of procedures performed.

- Ophthalmology – change in consultant has impacted on number of procedures being done on a list.

Emergency Work

A grand total of 4523 emergency cases were performed in 2023 (in comparison to 4098 in 2019), these are categorised into Cepod, Obsterics and Trauma.

Trauma

In addition to theatre 6 VHK funded sessions (624 sessions per year) we are also funded for 208 sessions in theatre 5 VHK (4X52) and 104 (2X52) QMH sessions.

Due to trauma ‘spikes’ in 2023, VHK delivered 40 additional trauma sessions throughout the year.

There was a total of 1520 trauma cases carried out in VHK in 2023.

- 1083 cases in theatre 6.
- 289 cases carried out on the additionally funded theatre 5 sessions.
- 98 cases carried out in the further additional trauma sessions.
- A further 50 ‘ad hoc’ procedures were also carried out.

In addition to the figures above, there were 208 trauma cases carried out at QMH.

Obstetrics

In 2023, a total of 1229 obstetrics cases were carried out, 1185 of these cases were carried out in the dedicated emergency obstetric theatre.

- 294 of these were ‘scheduled’ caesarean section procedures. The remaining cases were -
- 923 emergency obstetric cases
- 10 urgent gynae /obs cases (evacuation of uterus)

- 2 Anaesthetic cases (blood patch).

In addition to the above, there was a further 42 obstetric emergencies carried out in other theatres within the main theatre suite.

Cepod

There was a total of 1872 cepod cases carried out in 2023.

- 1656 were carried out within the dedicated 'cepod' theatre.
- 216 were carried out in other theatres.

In addition to the funded cepod sessions, there was 45 additional emergency sessions in 2023, mainly as a result to short notice cancellations in the main suite.

Furthermore, 85 cases that were performed from within the above figures were 'medical cases'.

Meeting:	Integrated Planned Care Programme Board
Meeting date:	19th September 2023
Title:	Back to Referrer Process
Responsible Executive:	Claire Dobson
Report Author:	Carol Brown, Ashley Bertie

1 Purpose

This report is presented for:

- Discussion
- Decision

This report relates to:

- Emerging issue
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

There has been an increase in the percentage of outpatient referrals rejected following initial vetting and triage in acute services. There is no co-ordinated approach to monitoring and identification of actions to understand the reasons for this increase or to propose improvements. Whilst this has been highlighted as part of the work of the ACRT (Active Clinical Referral Triage) /PIR (Patient Initiated Return) Implementation Group it is out with their original remit. There are however interdependencies with this project, such as the proposed solutions on Trak to accurately record the vetting outcome for referrals that are sent back to referrers with advice.

2.2 Background

An action was proposed at IPCPB (Integrated Planned Care Programme Board) meeting of 20th June that historic data should be sought on the numbers, trends and reasons for referrals sent back to referrer to provide insight in changes to referral behaviour as there are increasing number of referrals rejected. We know that the Back to Referrer option is currently used at vetting stage when referrals are inappropriate as well as when advice is sent back to the referrer for further management of patients' symptoms. However, we are unable to evidence the numbers of these as existing vetting options available on Trak do not allow us to capture this level of detail. Additionally, issues have been highlighted in one speciality that there is an increase in referrals from both locums and non-medical referrers which may not be of the same quality as referrals received

historically, which is increasing the number of referrals rejected. Review of this is not in scope of work being undertaken by the ACRT/PIR Implementation group, but does have similar change mechanisms required, with the focus on the back to referrer data being around identifying improvements required in education and communication between primary and secondary care and promoting the use of FROG (Fife Referral Organisational Guidance) rather than delivery on the CfSD (Centre for Sustainable Delivery) improvements.

2.3 Assessment

Several services have started to undertake independent improvement work to review themes in back to referrer guidance, to develop standard ACRT pathways where possible. ENT (Ear, Nose and Throat), through their participation on the ACCESS QI (Quality Improvement) programme have identified change ideas, which includes exploring development of education packages for referrers relating to specialty specific conditions, and requirement for set criteria on referral forms. To encourage a wider adoption and consideration of these practices by services it has been included as a recommendation for adoption in the information pack being distributed, for services to undertake independently.

Table 1 below, shows that in 2022-23 15,765* referrals have been rejected across the acute services division. This is a 20.1% rejection rate on numbers of referrals received, with 13.9% with vetting outcome back to referrer (GP). Further analysis work would be required to fully understand other reasons for referral rejection.

Summary – ASD (Acute Services Division) – Referrals received to ALL specialties 1st April - 2022 – 31st March 2023	ASD Emergency Care	ASD Planned Care	ASD Women & Children's	Total
Accepted	17372	36191	8982	62545
Rejected	6411	7436	1918	15765
Total	23783	43627	10900	78310
% Total Rejected	27%	17%	17.6%	20.1%
Rejected back to GP (General Practitioners)	5367	4007	1489	10863
% Rejected Referred back to GP	22.6%	9.2%	13.7%	13.9%
% Rejected Back to Referrer - (Excluding GP Inappropriate)	0.03%	0.6%	0.1%	0.5%
% Rejected Referral Cancelled	0.03%	0.6%	0.1%	0.5%
% Rejected Booked in Error (Health Records only)	0.1%	0.1%	0.3%	0.1%
% Rejected Inappropriate Addition to List	0.9%	1.5%	1%	1.5%
% Rejected Duplicate Waiting List Entry	3.3%	5.6%	2.5%	4.5%

Table 1. Summary Referrals received to all specialties 2022/23

*Rejected referrals aligned to Public Health Scotland waiting times criteria

The following pareto chart 1, demonstrates that the specialties with the highest number of rejected referrals are Gastroenterology, Dermatology, Cardiology and Gynaecology.

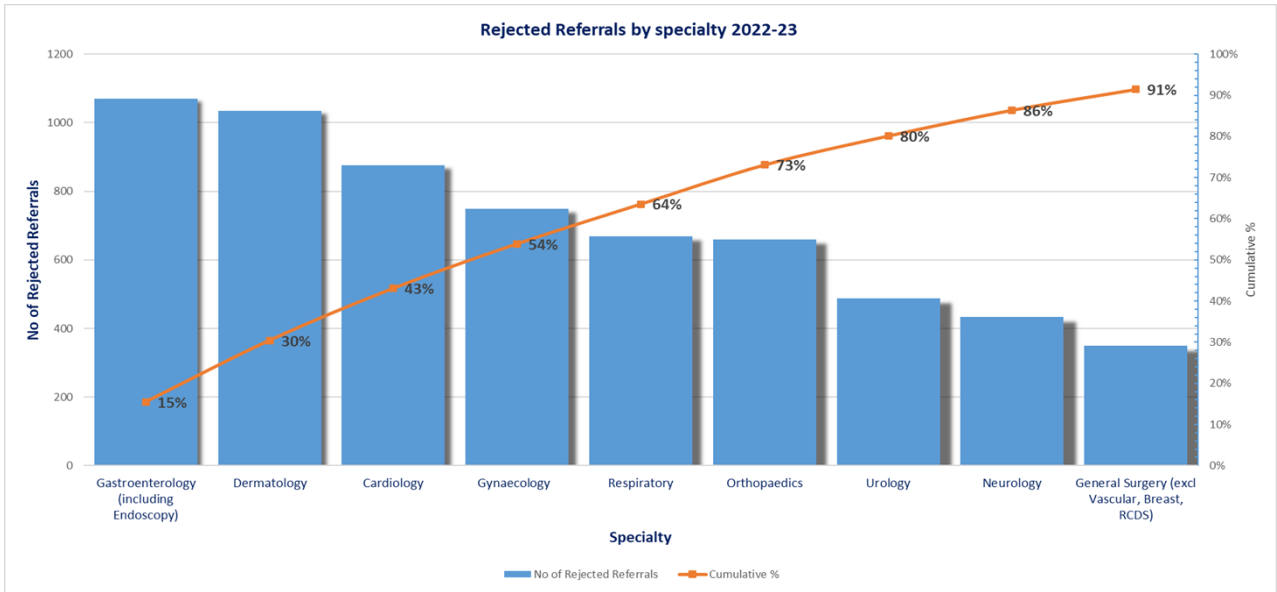


Chart 1. Pareto of rejected referrals by specialty

Further analysis of the data from 2022/23, for the 11 prioritised specialties (Cardiology, Dermatology, ENT, Gastroenterology, General Surgery, Gynaecology, Neurology, Respiratory, Orthopaedics and Urology (no data Rheumatology)) the following practices were in their top 3 as a high rate per 1000 population, where referrals were rejected at vetting stage.

- Practice 20752 for all specialties
- Practice 21555 for 6 specialties
- Practice 20451 for 5 Specialties
- Practice 20998 for 5 specialties
- Practice 20471 for 2 specialties
- Practice 20903 for 2 specialties
- Practice 21153 for 2 specialties

Table 2 shows the number of referrals rejected for 2022-23 by specialty back to their top 3 practices per 1000 population, the following was highlighted:

Specialty	<10 referrals	10-15 referrals	20-40 referrals	30-50 referrals	40-60 referrals
Cardiology				X	
Dermatology					X
ENT		X			
Gastroenterology	X				
General Surgery				X	
Gynaecology				X	
Neurology	X				
Respiratory				X	
Orthopaedics			X		
Urology			X		

Table 2. number of referrals rejected by specialty.

See Appendix 1 with further detailed charts 2-11 per specialty per practice 2022/23.

Data from 2019 was obtained from the Business Intelligence Team to compare with 2022-23 data. This can be found in run chart in Appendix 2 Chart 12, which demonstrates the increasing number of referrals by practice, with a similarity in referral rejection rate patterns in most practices. Due to the data reported being for different time periods (2019 was January to December, 2022-23 was April to March) analysis for comparison was for the months April to December for 2019 and 2022.

The proposed actions going forward would be to understand through further analysis the reasons for rejected referrals. This could be achieved through service engagement at the time of reviewing vetting outcome options for ACRT implementation to include the developing standard vetting outcome codes. This can also include discussion and promotion for adopting the Asynchronous pathway for ACRT, that is for any advice going back to the referrer and patient to manage symptoms.

2.3.1 Quality / Patient Care

If referrals are of inadequate quality this could mean for patients that their referral and subsequent ACRT or treatment options are delayed. Which does not meet the quality domain of timely, efficient, or effective patient centred care. If the clinician sends advice back to the referrer via the back to referrer vetting option, the patient does not directly receive this information. In terms of data quality, currently both advice back to the referrer and inappropriate referrals are currently recorded as the same.

By allocating this work, steps can be taken towards a more standardised approach and improve the quality of referrals received through a communication and education project with colleagues across the HSCP (Health and Social Care Partnership) and provide specialty knowledge on conditions that are deemed to have low clinical value at a secondary care appointment. This will result in a more streamlined referral process for patients and quicker access to care.

2.3.2 Workforce

Decrease in workload burden for clinical and administrative staff in the time required to review and reject inappropriate referrals and by working closely with Primary Care colleagues to establish their requirements for managing their patient at the presenting/initiating referral stage, will aim to reduce their workload relating to onward referral into secondary care.

2.3.3 Financial

Efficiency offered in clinical and administrative time required to review and reject inappropriate referrals and the financial impact when patients are seen in a secondary care clinic appointment that does not require clinical assessment and intervention.

2.3.4 Risk Assessment / Management

There is a risk that the workload of support services, such as the Health Records team will increase with the processes required to wrap around the manual solutions being proposed to improve the back to referrer vetting options. The Implementation Group will monitor this meantime as part of the project progression.

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

In the early phase of project initiation, a Stage 1 Equality Impact Assessment was conducted for the ACRT/PIR project with oversight and agreement from the Integrated Planned Care Programme Board (IPCPB). Also conducted by our Public Health colleagues was an examination of health inequalities in secondary care referrals, aligning to Fife's Population, Health, and Wellbeing Strategy and the IPCPB have had oversight of both documents.

2.3.6 Climate Emergency & Sustainability Impact

Not used.

2.3.7 Communication, involvement, engagement, and consultation

Initial discussions have taken place with Primary Care Leads to understand how best to approach an interface and collaboration between Primary Care and Secondary Care, particularly relating to communications when change projects are underway. The recommendation would be dovetailing any interface into existing forums to avoid duplication of work and align to established collaboration.

Primary Care Leads are exploring various routes to engage with Primary Care referrers through their Cluster Quality Leads, Practice Managers and Protected Learning Sessions.

2.3.7 Route to the Meeting

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

- ACRT/PIR Implementation Group

2.4 Recommendation

- **Discussion and Decision** – around whether this work should be supported and under whose remit it should be taken forward
- **Discussion** – around how to take forward the education element of this work for community referrers and where this responsibility sits.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Charts 2-11 Rejected referrals per specialty per practice.
- Appendix No. 2, Chart 12 2019-2022 (April-December) Comparison per practice

Report Contact

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APPENDIX No 1 – Charts 2-11 Rejected Referrals per specialty per practice

Chart 2

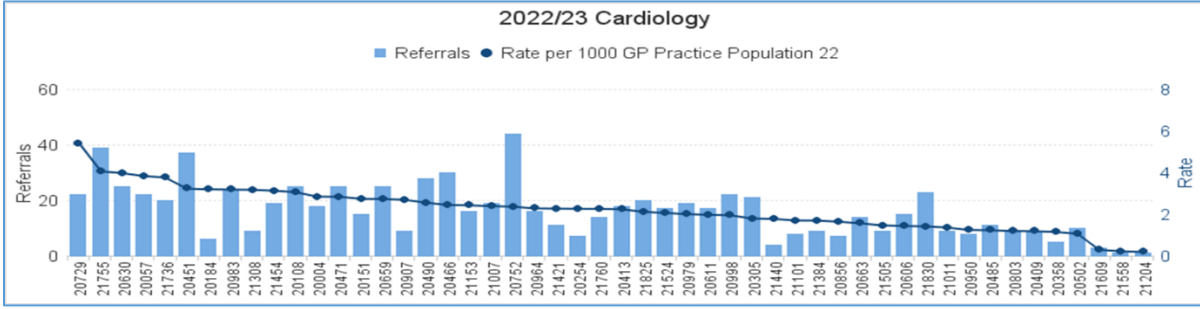


Chart 3

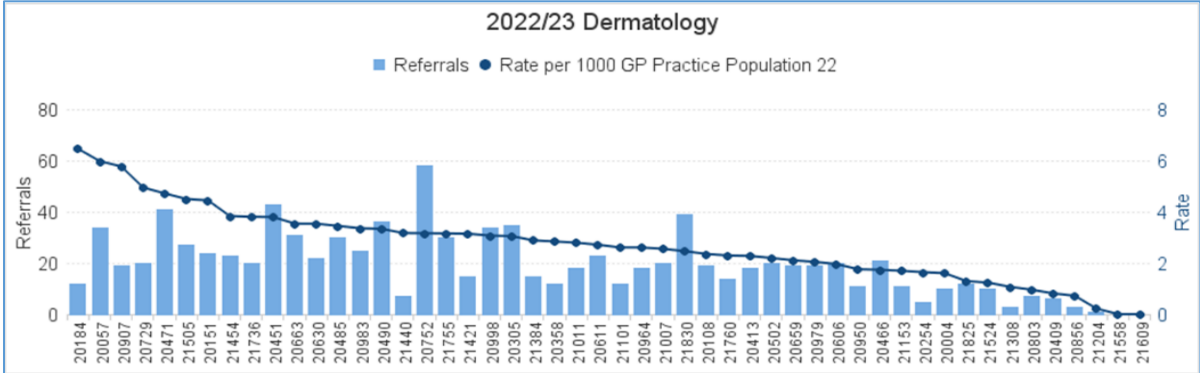


Chart 4

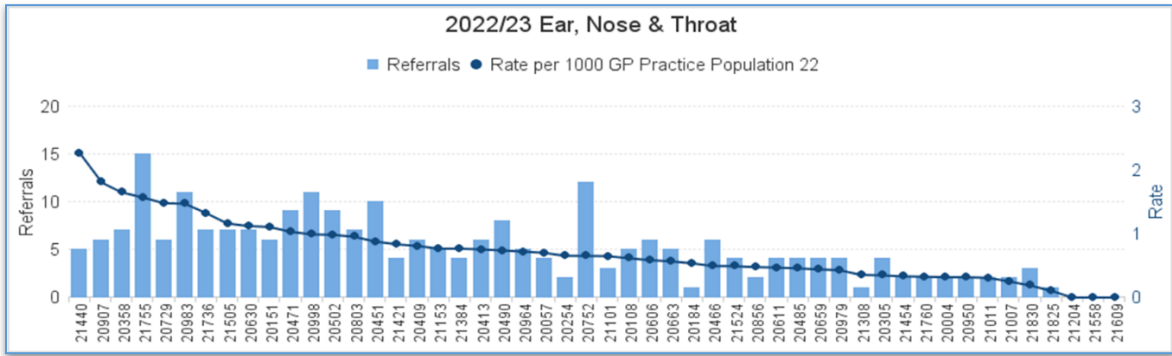


Chart 5

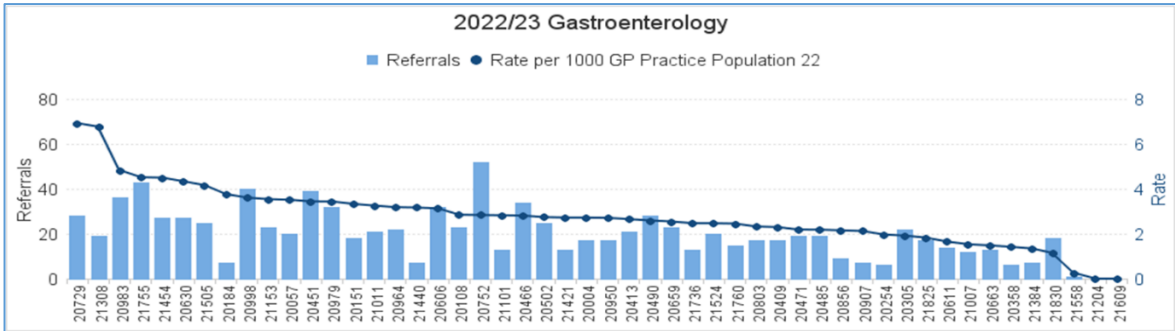


Chart 6



Chart 7

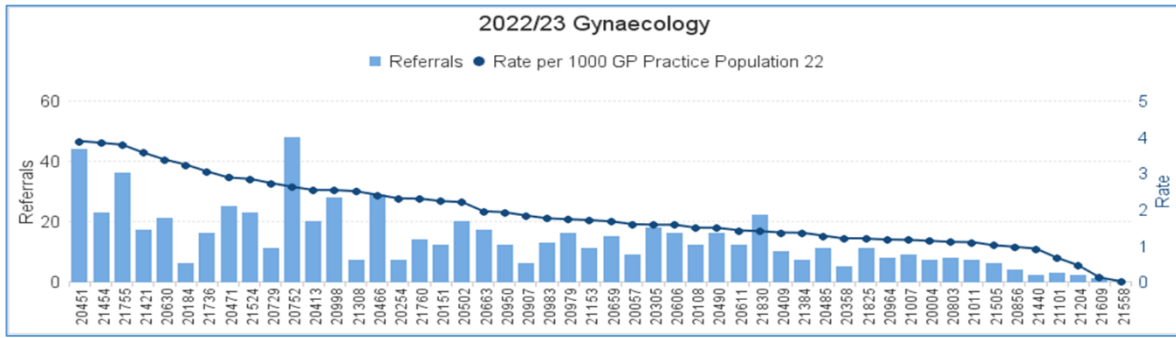


Chart 8

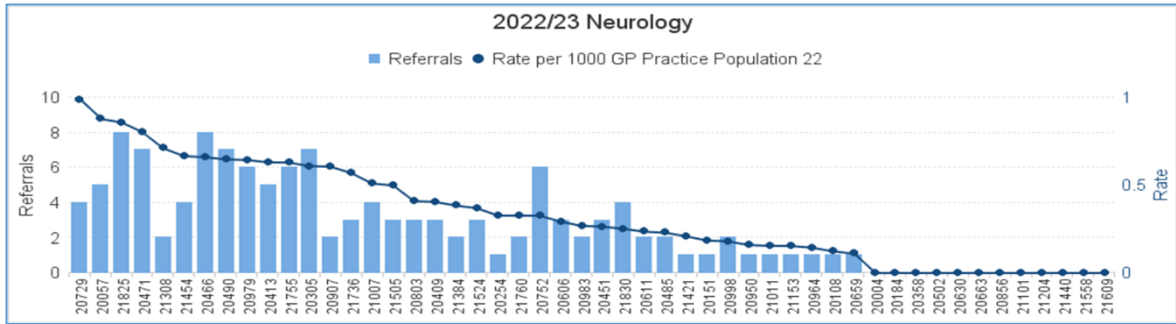


Chart 9

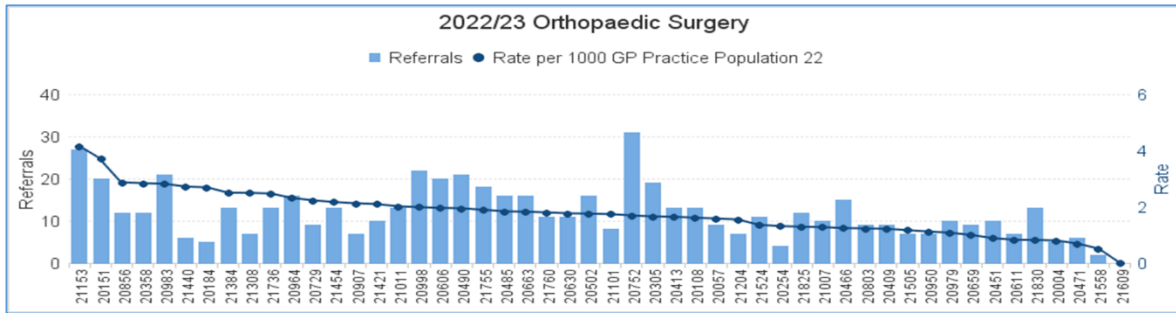


Chart 10

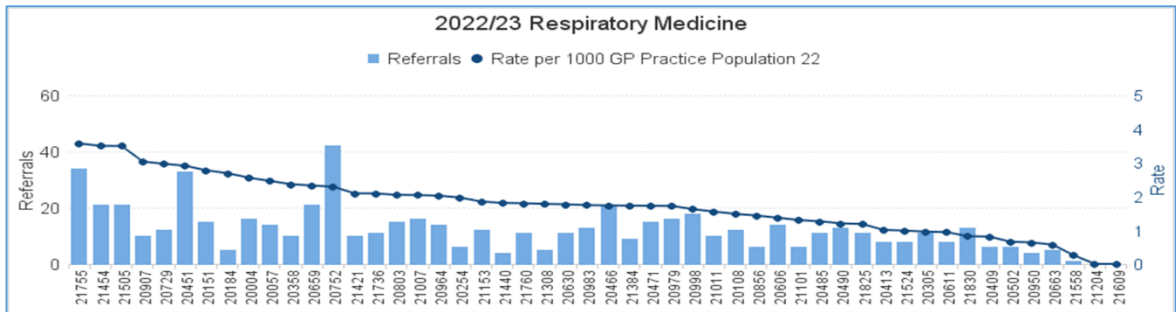
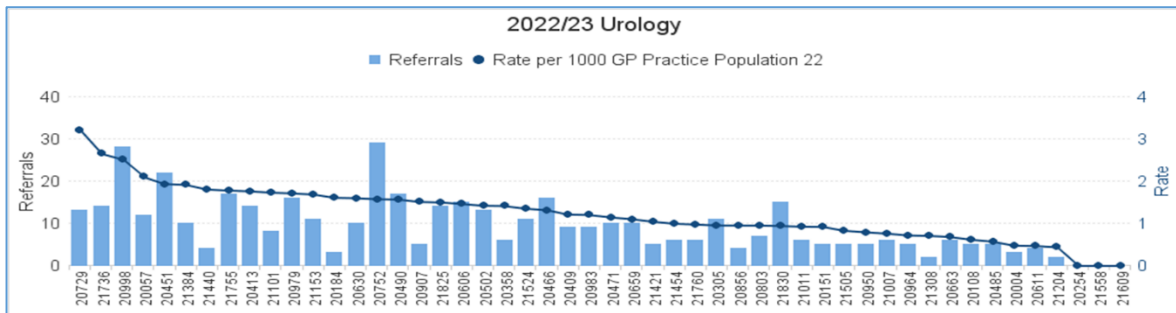
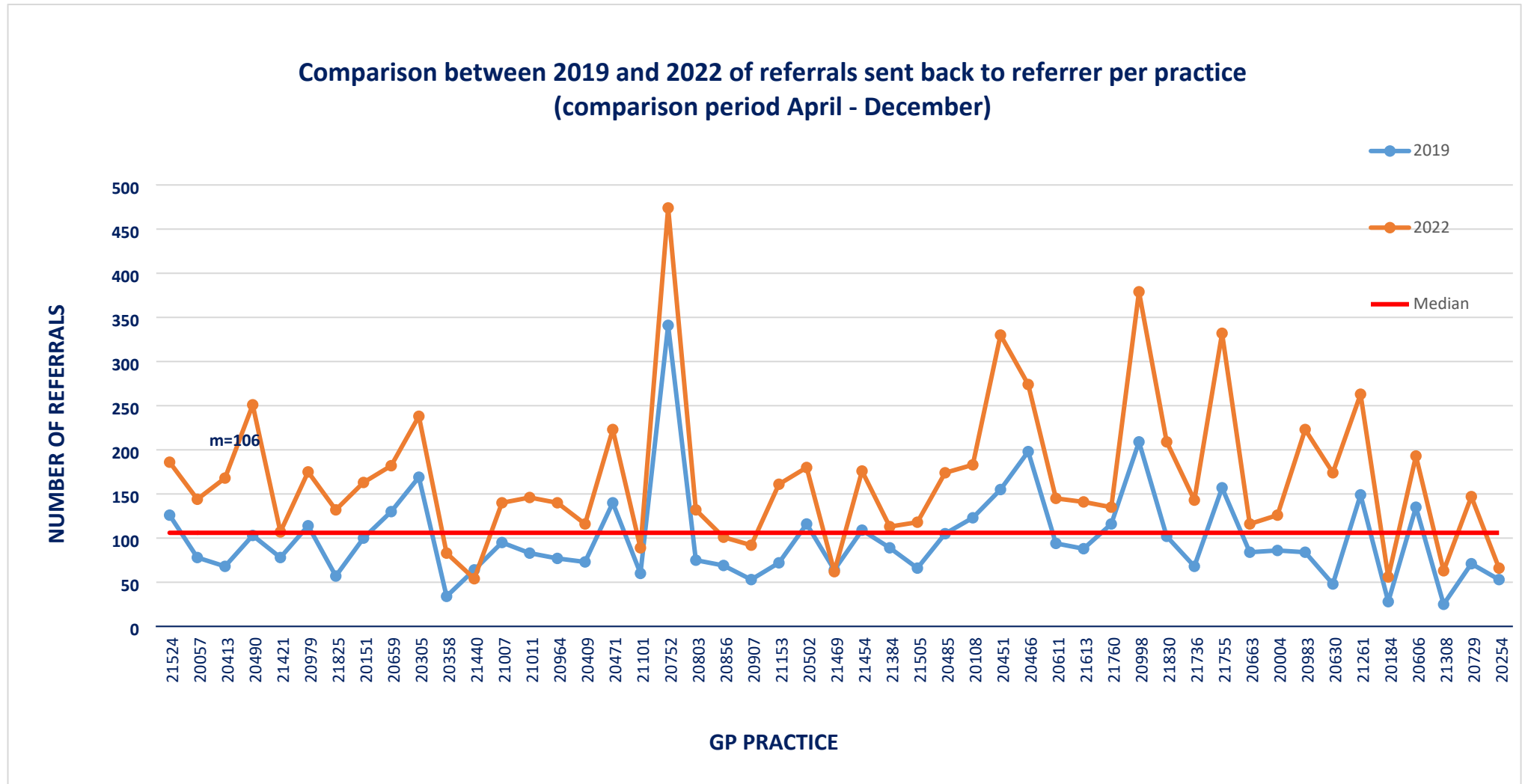


Chart 11



APPENDIX No 2 – Chart 12 Back to Referrer comparison per practice 2019 and 2022 (April to December)



Meeting: Finance, Performance & Resources
Committee

Meeting date: 10 September 2024

Title: Primary Care Strategy – Annual Report 2023/24

Responsible Executive: Lisa Cooper, Head of Service, Primary and Preventative
Care Services

Report Author: Chris Conroy, Senior Portfolio Manager, Primary and
Preventative Care Services

Executive Summary:

- Fife’s Integration Joint Board (IJB) approved Fife’s Primary Care Strategy in July 2023. The Primary Care Strategy is supported by annual delivery plans which set out our programme of work for each year and highlight the improvements we will make to improve Primary Care services in Fife, with the Year One Delivery Plan included 41 separate actions.
- The Year One Report 2023-2024 (see Appendix.1) provides an update on these actions, the improvements we have delivered, and any activities which are still ongoing.
- This strategy focuses on the recovery of Primary Care, improving quality and making our services more sustainable to achieve our strategic ambition to have a resilient and thriving Primary Care at the heart of an integrated health and Social Care system supporting delivery of excellent, high quality, accessible, equitable and sustainable services for the population of Fife.
- With delivery plans overseen by the Primary Care Implementation Group, Co-chaired by Head of Primary and Preventative Care and Deputy Medical Director, overall scrutiny of the delivery and impact of the Primary Care Strategy is provided by the Primary Governance and Strategic Oversight Group, co-chaired by Director of Health and Social Care and NHS Fife Medical Director.
- During 2023-2024, the Year One Delivery Plan provided a robust framework to progress our strategic priorities, ensuring that the transformation and supporting strategies we have developed, along with their targeted delivery plans, align with our strategic vision and deliver the improvements we have planned.
- The Year One Delivery Plan included forty-one separate actions, of these: 25 (60%) have been fully completed, 16 (40%) are on track for completion.
- The attached report, Primary Care Strategy - Year One Report 2023-2024 (Appendix.1), has been compiled to provide a moderate level of Assurance on the significant amount of work delivered by Fife HSCP and NHS Fife in delivering Fife’s Primary Care Strategy, although recognising that there are continued pressures across Primary Care.

1 Purpose

Please select at least one item in each section and remove any other highlighted text.

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board Strategic Priority/ies

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Fife's Integration Joint Board (IJB) approved Fife's Primary Care Strategy in July 2023. The Primary Care Strategy is supported by annual delivery plans which set out our programme of work for each year and highlight the improvements we will make to improve Primary Care services in Fife, with the Year One Delivery Plan included 41 separate actions. The Year One Report 2023-2024 (see Appendix.1) provides an update on these actions, the improvements we have delivered, and any activities which are still ongoing.

2.2 Background

This Primary Care Strategy is one of the key transformational strategies supporting the implementation of the partnership's Strategic Plan and achievement of their vision for the people of Fife to live independent and healthier lives and contributes to the delivery of their strategic priorities for local, sustainable, integrated services which focus on improving wellbeing and outcomes.

This Primary Care Strategy supports an integrated approach across all partners in Fife with a common focus on improving health and wellbeing outcomes.

Approved in June 2023 by Fife's IJB as a 3-year strategy, the vision of the Primary Care Strategy is:

Primary care will be at the heart of our integrated health and social care system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary and multiagency teams will deliver care in our communities and be involved in the strategic planning of our services.

This strategy focuses on the recovery of Primary Care, improving quality and making our services more sustainable to achieve our strategic ambition to have a resilient and thriving Primary Care at the heart of an integrated health and Social Care system supporting delivery of excellent, high quality, accessible, equitable and sustainable services for the population of Fife.

With delivery plans overseen by the Primary Care Implementation Group, Co-chaired by Head of Primary and Preventative Care and Deputy Medical Director, overall scrutiny of the delivery and impact of the Primary Care Strategy is provided by the Primary Governance and Strategic Oversight Group, co-chaired by Director of Health and Social Care and NHS Fife Medical Director.

2.3 Assessment

The Annual Report contained within Appendix.1 provides a comprehensive overview on the progress in delivering the key actions within year one of the Primary Care Strategy, with key progress across all workstream areas. The summary of this progress is outlined below:

- Leadership, Governance and Assurance review conducted with key recommendations approved and the majority delivered between 2023-2024, overseen by PCGSOG.
- Significant amount of work to improve the sustainability of General Practice through prompt, proportionate support to Practices via Multi-disciplinary input, which includes having returned 4 x 2c Practices back to independent status with pan on pace for remaining 2c practices x3
- Continued delivery of Fife's refreshed Primary Care Improvement Plan, in particular the priority areas of Pharmacotherapy and Community Treatment and Care services as outlined within nationally directed Memorandum of Understanding 2 (MOU 2), whereby services have been working creatively to increase capacity and resilience within service within a context of reduced workforce local/national and the finite resources available.
- Continued commitment to providing innovative and supportive learning environments for students via the ScotGEM Programme and the shortly to be launched Programme ScotCOM programme which has seen NHS Fife and St Andrews University working together to develop this medical degree. In further supporting Fife as a place to live and work during and post training, Fife continues to support newly qualified GPs to take their first steps into their GP career through a Clinical Fellowship career option, with opportunities to work within a GP Practice, UCSF (GP Out of hours) and conduct research/project work.
- Despite challenges with access to General Dental Services, largely due to local and national staff shortages, Fife has been working closely with Scottish Government to develop improvement opportunities whilst awaiting the full impact of National Dental reforms in October 2023. Whilst there are still challenges, dental registration figures are encouraging with a 24.6% increase in Adults registered with a dentist compared to 2023.

- In both delivering core services and supporting continued pressure for access to care as a result of GDS access challenges, the Public Dental Service has taken forward significant work to improve oral health and safeguard those required urgent dental treatment.
- With increased activity in terms of Pharmacy First Plus, increased treatments available and supported via a greater number of prescribing pharmacists Community Pharmacy continues to play a pivotal role within Primary Care, often as a first point of contact.
- Community Optometry has delivered key initiatives in improving eye care, working closely with shared care to make sure the people of Fife get the right care in the place.
- Critical work in terms of creating strong foundations for Primary Care to thrive via key enabler has been delivered, which includes minor improvements to GP Premises across Fife, a comprehensive Leadership and Governance review of Primary Care, development of a Primary Care Communication and Engagement strategy and outline plans for improved Digital Platforms across and between Primary Care Services

During 2023-2024, the Year One Delivery Plan provided a robust framework to progress our strategic priorities, ensuring that the transformation and supporting strategies we have developed, along with their targeted delivery plans, align with our strategic vision and deliver the improvements we have planned. The Year One Delivery Plan included forty-one separate actions, of these: 25 (60%) have been fully completed, 16 (40%) are on track.

The Year Two Delivery Plan for 2024-25 will have an increased focus on quality improvement and working with our Local Communities and localities to make sure our services meet the needs of the people across Fife, building on the solid foundations set during 2023-2024.

With increased financial pressures across our Health and Social Care system, more than ever we are required to be agile, dynamic and innovative in our approach in how we improve our Primary Care Services, with a continued commitment to making the changes required in collaboration with our population, partners and stakeholders.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

NHS Fife and Fife HSCP has robust infrastructure around Quality Assurance, through respective Governance structures now established.

The experience of Primary Care by our citizens will continue to be a critical part of our evaluation of the success of this Strategy.

2.3.2 Workforce

Development of the workforce to support the capacity and capabilities across all primary care services is critical to ensuring sustainable service provision.

Development of a realistic primary care workforce plan focuses on training, recruitment and retention, career pathways, succession planning, and staff health and wellbeing will underpin the strategy and will be key for success.

2.3.3 Financial

The remuneration of primary care contractors for their services is subject to national negotiations and agreements as set out in the relevant regulatory frameworks. National negotiations and funding arrangements for primary care service provisions are critical to sustainability for all contractors. There remains a risk of a funding gap between the workforce and planned projections needed to fully implement the Primary Care Improvement Plan.

Work continues to make sure there is optimisation of all resources to maximise distribution and spread of services to meet local needs in line with the resources now available.

The Primary Care Strategy continues to support achievement of the Medium-Term Financial Strategy including:

- Ensuring Best Value - ensure the best use of resources.
- Whole system working - building strong relationships with our partners.
- Prevention and early intervention - supporting people to stay well.
- Technology first approach - to enhance self-management and safety.
- Transforming models of care - to support people to live longer at home, or in a homely setting.
- Prescribing - reduce medicines waste and promote realistic medicine and prescribing.

2.3.4 Risk Assessment / Management

The statutory responsibility for the strategic planning and commissioning for Primary Care services lies with Fife Integration Joint Board. NHS Fife retains the statutory duty for provision with the Medical Director having Executive Responsibility. The HSCP is responsible for the administration of the contracts and has the operational responsibility for oversight of delivery of primary care services. The contracts for general practice,

optometry, community pharmacy, and dentistry are negotiated and agreed at a Scotland wide level.

IJB and NHS Fife jointly hold corporate high-level risks related to delivery and sustainability of Primary Care Services. Delivery of the Primary Care Strategy 2023-2026 is a key mitigating action that it is envisioned will reduce the level of risk currently being managed.

It is recognised that national policy developments and agreements may change requirements over the period of the strategy (i.e. Dental Reforms) and these will be kept under review.

The key risks continue to relate to the availability of the workforce with the key skills and competencies required to develop the multidisciplinary teams and support sustainability and to the availability of capital finance to support premises developments in the medium to long term.

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

EQIA completed as part of the development of the Primary Care Strategy.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

A Communication and Engagement Strategy has been developed and approved by PCGSOG as a key deliverable of Year One of the Primary Care Strategy. Year 2 will see this plan implemented.

2.3.8 Route to the Meeting

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

- EDG, 15 August 2024

2.4 Recommendation

This paper is provided to members for:

- **Assurance**

The attached report, Primary Care Strategy - Year One Report 2023-2024 (Appendix.1), has been compiled to provide a moderate level of Assurance on the significant amount of work delivered by Fife HSCP and NHS Fife in delivering Fife’s Primary Care Strategy, although recognising that there are continued pressures across Primary Care.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Appendix.1 Primary Care Strategy - Year One Report 2023-2024

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Primary Care Strategy 2023 – 2026

Year One Report 2023/2024

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Section 1

Foreword

I am delighted to support the first annual report for the Fife Primary Care Strategy. Fife remain pathfinders nationally in designing and now delivering year one of a strategy which ensures our strategic focus continues to prioritise recovery, quality and sustainability of all services which constitutes our Fife Primary Care system.

This strategy supports not only the Integration Joint Board in taking assurance regarding implementation of the Strategic Plan but also our partners in Fife Council, NHS Fife and third and independent sector as key stakeholders. A thriving Primary Care is essential and at the centre of integration to deliver our ambition in line with the national health and wellbeing outcomes for integration and that the people of Fife, carers and communities have access to consistently safe, high quality and effective health and social care in the right place at the right time delivered by the right person.

This strategy is a true enabler, and this annual report provides assurance that we are on track to achieve our vision for the people of Fife to live independent and healthier lives and contributes to the delivery of their strategic priorities for local, sustainable, integrated services which focus on improving wellbeing and outcomes.

The professional and service leads and teams are visibly agile, dynamic and committed in their approach ensuring people, carers and communities remain at the centre of any planning and this is tangible through the report to provide assurance that we are on track with definite improvements evidenced as a positive outcome from year one and I remain excited to see what will be achieved as we move to year two of the delivery plan.

This Primary Care Strategy supports an integrated approach across all partners in Fife with a common focus on improving health and wellbeing outcomes.



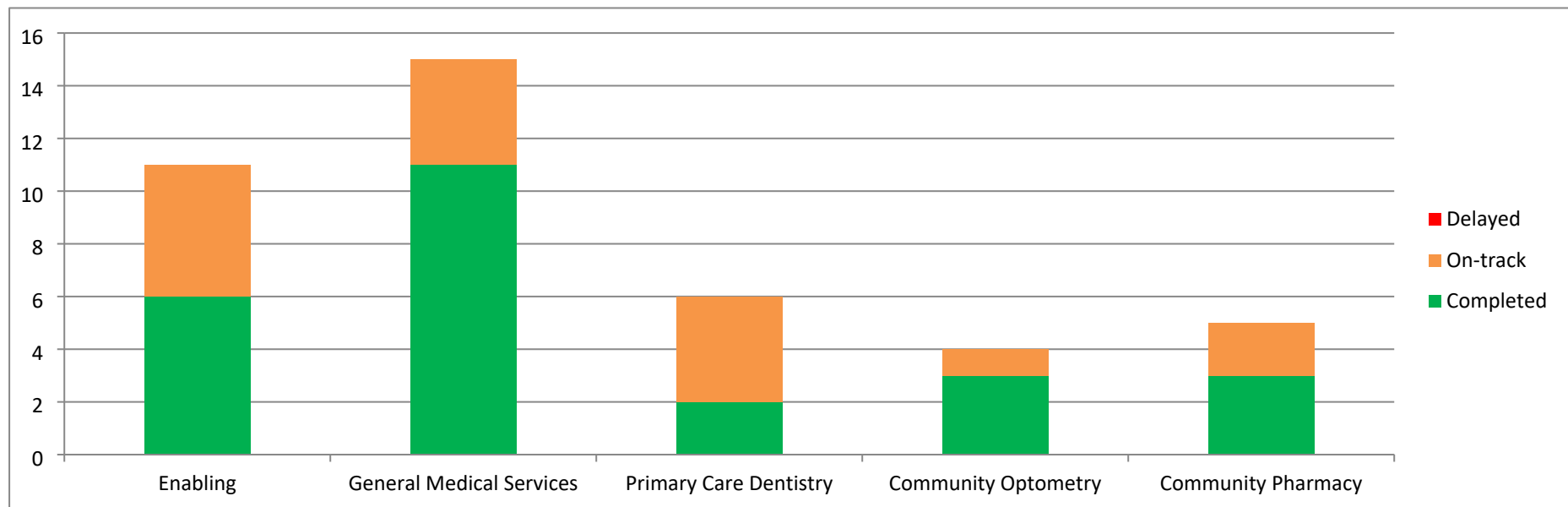
Dr Chris McKenna
Medical Director

Introduction



Fiona McKay
Chief Officer IJB
Director of Health and Social Care

Fife Integration Joint Board (IJB) approved Fife’s Primary Care Strategy in July 2023. The final version is available on our website here: [fife-primary-care-strategy-2023-26-summary-version.pdf](https://www.fifehealthandsocialcare.org/fife-primary-care-strategy-2023-26-summary-version.pdf) ([fifehealthandsocialcare.org](https://www.fifehealthandsocialcare.org)). This new Primary Care Strategy is one of the key strategies supporting delivery of Fife Health and Social Care Partnerships vision for the people of Fife to live independent and healthier lives. It also underpins NHS Fife’s Population Health and Wellbeing Strategy and our collective commitment to the anchor ambitions.



This graph includes an update for each of the transformational and supporting strategies (updated in January 2024). Several of the strategies and their related delivery plans are still in development; these will be progressed in 2024.

The Primary Care Strategy is supported by annual delivery plans which set out our programme of work for each year and highlights the improvements we will make to improve Primary Care services in Fife, with the Year One Delivery Plan including 41 separate actions. This Year One Report 2023 provides an update on these actions, the improvements we have delivered, and any activities which are still ongoing.

Strategic context

This Primary Care Strategy is one of the key transformational strategies supporting the implementation of the partnership's Strategic Plan and achievement of their vision ***for the people of Fife to live independent and healthier lives*** and contributes to the delivery of their strategic priorities for local, sustainable, integrated services which focus on improving wellbeing and outcomes.

This strategy supports delivery of NHS Fife's Population Health and Wellbeing Strategy¹ and its four strategic priorities to:

- Improve health and wellbeing.
- Improve the quality of healthcare.
- Improve staff experience and wellbeing; and,
- Deliver value and sustainability within our primary care services.

This strategy is also aligned to the Plan for Fife² which sets out the key recovery and renewal priorities being progressed through the Community Planning Partnership of which both NHS Fife and Fife HSCP are key partners.

The relationship between Primary, Secondary and Social Care and the third and independent sectors is critical to ensuring opportunities for collaborative working are maximised and care pathways are optimised to meet the health and care needs of the population.

This Primary Care Strategy supports an integrated approach across all partners in Fife with a common focus on improving health and wellbeing outcomes.

¹ nhsfife.org/media/4cixmio8/phwb-strategy-web.pdf

² [Plan for Fife 2017 2027 a.pdf](#)

Vision

Our Vision:

Primary care will be at the heart of our integrated health and social care system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary and multiagency teams will deliver care in our communities and be involved in the strategic planning of our services.

As an integral part of a well-functioning healthcare system, Primary Care services aim to:

- Provide high-quality, equitable care for the population they serve.
- Prioritise those at highest risk.
- Support those with long-term conditions to self-manage these conditions as well as possible.
- Play a significant role in longer-term prevention, early intervention and detection of disease and harm.
- Contribute to integrated care pathways across acute, primary and community services.

This strategy focuses on the recovery of Primary Care, improving quality and making our services more sustainable to achieve our strategic ambition ***to have a resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible, equitable and sustainable services for the population of Fife.***

Delivery Plan

The overarching delivery plan (Table.1) below, sets out our priorities, deliverables, and planned outcomes of Fife’s Primary Care Strategy.

Table 1. Overarching Delivery Plan		Strategic Aim: A resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife				
Priorities	Deliverables	Outcomes	Strategic Focus			
Recover and transform services with a renewed focus on what matters to people and ensure a safe, sustainable, high-quality health and social care support system	<ul style="list-style-type: none"> Improve access to a wider range of care in our communities. Achieve new ways of working, develop local solutions and collaborate across the system to reset and recover services. Balance day to day activities, effectively manage unmet need and those presenting with greater complexity whilst continuing to recover from the pandemic. 	To have more seamless pathways between primary, secondary care and third and independent sector underpinned by a system and place-based approach with the individual engaged and involved in their care when possible.	R	Q	S	
To work with partners to develop an integrated workforce to support the capacity and capabilities required across all primary care services aligned with NHS Fife and Fife HSCP Workforce Plans.	<ul style="list-style-type: none"> Expand our primary care workforce and ensure that this is more integrated, and better coordinated. Develop realistic primary care workforce plan with focus on training, recruitment and retention, career pathways, succession planning and staff health and wellbeing. Align the principles of workforce planning to support independent contractors where possible 	The right people are employed to support the needs of the local population. Increased control over workload due to increased efficiency, skill mix, education, and resourcing.	R		S	

Commitment to improve the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high-quality primary care services.	<ul style="list-style-type: none"> • Develop primary care premises strategic framework. • Support creation of whole system Initial Agreement. • Facilitate and promote use of GP sustainability loans leading to the transition of property assets from GP to Board. • Planning, infrastructure, delivery across, individuals, neighbourhood, place and system are supported. 	Development of a sustainable primary care asset base to support the effective provision of primary care services Our physical assets will enable expansion of the multidisciplinary teams to manage demand, create capacity, and support localities to operate at scale		Q	S
Embed and accelerate digital solutions to support recovery and underpin transformation of primary care	<ul style="list-style-type: none"> • Digital solutions are created to enhance capacity and support the care delivery models. • The environment is more supportive of digital health innovation to improve and enhance care delivery and support effective collaboration and new ways of working. 	Digital and technology solutions will underpin delivery of care as part of the mix of service provision and support		R	S
Primary Care Services contribute to improving population health and wellbeing and reducing health inequalities	<ul style="list-style-type: none"> • Where possible the design, delivery and resourcing of primary care services will recognise the needs of people whose lives are negatively affected by inequalities, isolation, and the wider social determinants of health. • Address the systematic disadvantage faced by people in deprived areas through provision of needs-based care 	Services are co-designed with communities to better meet the needs of people, families and carers. Action is taken to mitigate health inequalities through service design and monitoring the impact of the changes made		Q	S

Delivery Structures

The statutory responsibility for the strategic planning and commissioning and oversight of delivery for Primary Care Services lays with Fife Integration Joint Board supported by the Chief Officer / Director of Health and Social Care. NHS Fife retains the statutory duty for contractual provision with the Medical Director having Executive Responsibility. Executive oversight and governance are provided in collaboration with the Director of Pharmacy and Medicines, the Director of Property and Asset Management and the Director of Public Health.

The HSCP is responsible for the administration of the contracts and has the operational responsibility for oversight of delivery of Primary Care Services. Clinical leaders and specialty advisors across the four contractor groups contribute to the planning and governance of services (see Figure.1 below for summary).

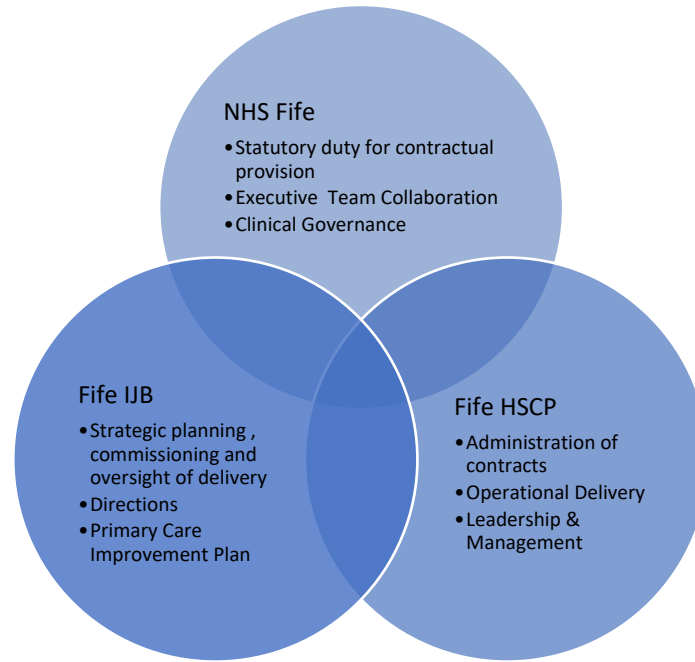


Figure.1 – Primary Care Governance arrangements

The Primary Care Governance and Strategy Oversight Group (PCGSOG) provides Executive Director oversight of the delivery of the Primary Care Strategy, providing high-level strategic leadership, scrutiny and review of Primary Care delivery and transformation covering all the 4 primary care groups and independent contractors, co-chaired by the Director of Health and Social Care and NHS Fife Medical Director.

Section 2

General Medical Services (GMS) Sustainability

A significant amount of work has taken place over the last year to improve the sustainability of General Practice, through prompt and targeted support to General Practices (GP), working closely with Multi-Disciplinary Leads across Fife HSCP and NHS Fife and working with the Local Medical Committee (LMC) and GP Subcommittee. Additionally, the Primary Care team have been working hard to return GP Practices who have become 2C Board Managed Practices, back to independent status, and are on track to have returned 6 2C Practices back to independent status by March 2025.

A sustainability framework has been developed to provide a structure to providing proactive and proportionate support to Practices to prevent sustainability pressures materialising. In support of this work, a GP Sustainability questionnaire was circulated to all General Practices across Fife with the intention of gathering information that would provide a clear understanding each Practice's workforce, GP Sessions, and any concerns that GP Practices faced across Fife in terms of sustainability. With a high response rate, this information gathered has been analysed to allow for targeted work to prevent sustainability pressures materialising, with no imminent pressures reflected within the responses provided.

GMS Sustainability Key Actions update:

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
Support General Practice in stabilising its position.	Regular GP Practice Huddles managing issues and risk. Independent GMS included in huddle discussion where sustainability issues are live. Progress with a number of GP Practice Sustainability Loans via Scottish Government	Continue with Primary Care huddles, including input from MDT colleagues, review safe to start clinical workforce staffing levels across Board Managed practices and independent Practices (by exception) Continue to work with Scottish Government colleagues in relation to release of funding to GP practices with outstanding loans	Reduction in need for huddles as NHS managed practice transfer GP practices in Fife to receive sustainability loan funding from Scottish Government	● ●

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
	<p>Establishment of Primary Care Sustainability Oversight Group (PCSOG)</p> <p>GP Practice sustainability/health questionnaire conducted</p> <p>Transfer NHS Fife managed GP Practice to independent GMS Contractor model, ensuring sustainable contract models</p> <p>Review of Enhances Services commenced</p>	<p>Strengthen remit of PCSOG and output from group</p> <p>Outputs from GP sustainability questionnaire being analysed to progress with focused approach on areas on Fife experiencing sustainability issues</p> <p>Progress with tender/procurement exercise in relation to the remaining NHS Fife managed GP Practices</p> <p>Detail of scope of work progressing, will link with demand and capacity in general practice and impact of national development in relation to general practice sustainability</p>	<p>Progress with topics/actions though PCSoG</p> <p>Implement agreed actions regarding outputs from sustainability questionnaire</p> <p>Progress with plans for tender/procurement process</p> <p>Work to conclude early 2025, outputs will support general practice in delivery a range of services ensuring sustainable models of care</p>	<p>●</p> <p>●</p> <p>●</p> <p>●</p>
Explore options to join Rediscover Joy in General Practice programme	Work is ongoing with HR to reinstate this programme during 2024/2025			●

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
Support CQLs in delivery of cluster functions	Continued work day to day of the CQL and PQL in improving patient outcomes within their populations and also acknowledging their roles with localities strengthening collaborative working	Review of CQL contribution to system-wide strategic groups to make sure there is effective General Practice to improvement and development projects	Continue to re-align CQLs to areas of work which will provide the most collective benefit to the population of Fife	●
Evaluate the impact of the improvement plans on general practice capacity	Developed a detailed performance Framework to help evaluate access and activity across General Practice	The Performance Framework is monitored via the Primary Care Governance and Strategic Oversight Group. Work is taking place nationally to develop key measures for General Practice.	Work with Health Boards across Scotland to develop national and local measures	●

Primary Care Improvement Plan

Significant progress has been made during 2023-2024 in delivering priority areas of Fife's Primary Care Improvement Plan (PCIP), Pharmacotherapy and CTAC services, whilst continuing to work with General Practice to enhance other MoU Services i.e. Urgent Care, Community Link Workers, Additional Professional Roles, whilst recognising continued financial constraints. Focus over this reporting period has been on the review of current delivery models to reshape the workforce already funded to deliver the PCIP, with the intention to meet a position of parity and sustainable delivery across all General Practices in Fife, whilst continuing to deliver the full MoU intention for Pharmacotherapy and CTAC.

Moreover, actions within the updated 2023 PCIP for Fife, have held a continuous focus for the GMS Implementation Group. Leadership, although multifaceted, progress has been made across all actions and will continue to be made throughout 2024. In demonstration of the commitment to deliver the PCIP objectives in Fife, a new timeline has been established and approved by the Leadership of the GMS; March 2026, and has been agreed as the target for achieving delivery of the plan for Fife.

Community Treat and Care Services (CTAC)

CTAC Services supports patients from all practices across Fife, delivering a wider range of services including taking patient bloods, changing wound care dressings, and providing Vitamin B12 injections. Over the last year, CTAC Services have continually

improved the services they provide, with a QI approach to both improving quality and increasing capacity for GP Practices. Closer integration of services between CTAC and Community Immunisation Services has resulted in a significant increase in capacity across Fife, with full delivery of CTAC projected in 2024-2025. Delivering approximately 18,000 appointments per month across Fife, CTAC services are an integral part of treatment care within General Practice.



CTAC Team – During protected learning time session

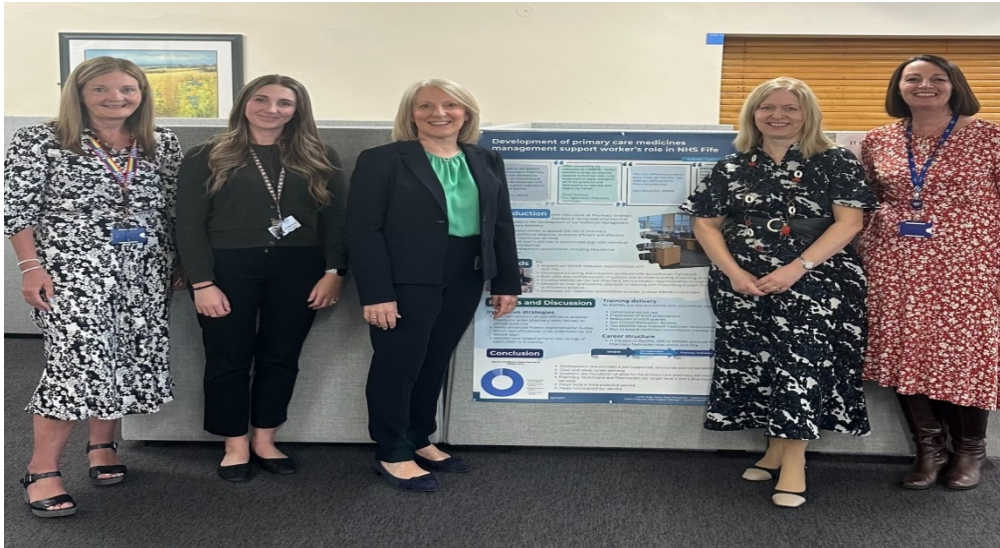
“I have been attending my CTAC unit because I have huge issues with sores on my knee ... tissue protrudes and weeps. There has been a significant improvement as I have been attending 3 times per week in order to have the sores dressed. I would like to praise the nursing staff there”.

“I firmly believe that the introduction of CTAC has improved the services needed to look after and better keep safe people in the Community.... I matter to the CTAC Team and the CTAC Team matter to me!”

Patient feedback, via Careopinion Website

Pharmacotherapy

The Pharmacotherapy team have been working on 'growing their own' workforce and have had success with this over the last year, as we are now seeing the benefits of the effort put in over the last year or two coming to fruition. We continue to work on the career pipeline from bringing in Medicines Management Support Workers (MMSWs), offering roles as student pharmacy technicians and ensuring that we have jobs for them at the end of their two-year training. By 2026, the expectation is that this work will have bolstered our Pharmacy Technician workforce by 14.



NHS Fife Chief Executive hearing about Pharmacotherapy developments.

In a climate where there is a local and national shortage of Pharmacy Technicians, this was recognised as the best way to ensure a pipeline of workforce. MMSWs, Pharmacy Technicians and Pharmacists are doing crucial work to provide remote support to GP practices across Fife and undertake medicines reconciliation, manage medicines shortages, and deliver considerable medicines efficiencies and safety work. Further considerations are being taken place on how the new partnership with Fife

College would be utilised by the team, strengthening our local bonds. This work was recently recognised at an NHS Scotland Conference held in June 2024.

The team continues to work where possible on external recruitment in addition, with the aim of having a 1:1 ratio of Pharmacists to Pharmacy Technicians, currently we are sitting at 1.4:1. This work has been done in conjunction with maximising the role that each individual plays with regards to the delivery of Pharmacotherapy, which is creating capacity to move more into additional support to General Practice.

There has been successful development of our current Pharmacists, with 98% of the eligible Pharmacists in Fife either qualified and practicing as, or currently on the course to become, an Independent Prescriber. This qualification supports delivery of Pharmacotherapy services at all levels and every Pharmacist has multiple opportunity to utilise this skill on a daily basis, with this being essential within the expansion of Polypharmacy reviews.

The team has recently been accepted on to a Health Improvement Scotland collaborative, with an 8-week sprint due to start in November 2024 focussing on quality improvement with the Dunfermline team and a number of the Dunfermline practices.

Primary Care Improvement Plan Key Actions update:

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
Support ongoing development of MDT	<p>Co-opted MDT leadership onto the operational and strategic governing groups.</p> <p>Supported whole system collaboration and recognising linkages between services.</p>	<p>All workstreams are now represented across both Operational and Strategic GMS groups</p> <p>Collaborative workshops and SLWGs aimed at specific areas of support have taken place.</p> <p>Integration of CTAC Services and Community Immunisation Services to create resilient workforce in meeting respective service needs</p>	Transfer Community Link Worker workstream to BAU.	●
Support development of GPs Expert Medical Generalist Role	Mapped the level of service available within each cluster including workforce roles/capacity aimed at supporting general practice to release GP capacity either directly or indirectly.	Now working to map the workforce at individual practice level to understand the impact the PCIP is making, identify the gaps and explore solutions for consolidated service delivery.	<p>Evaluate effectiveness of delivery.</p> <p>Have robust methods in place for monitoring performance/activity levels of PCIP services to ensure parity of delivery across Fife's practices</p>	●
Build on implementation of VTP, CTAC and Pharmacotherapy priorities of the GMS contract	Collaboration across CTAC/VTP to increase and improve outputs for both services.	New staff alignment and recruitment model in place across CTAC and VTP, to allow focus across peak delivery periods, strengthening capacity and resilience within both teams.	<p>Transfer CTAC to BAU</p> <p>Agree an acceptable level</p>	●

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
	<p>Stabilised the Pharmacotherapy resource in place and provided a solid foundation to progress the required levels of delivery.</p>	<p>Commencement of level 3 delivery is underway. The team will participate in a HIS Collaborative sprint in September with a view to release further capacity within the existing workforce.</p>	<p>of local pharmacotherapy delivery and roll this out to release the requirement for transitional payments.</p>	
<p>Refresh and implement PCIP 2023/24</p>	<p>Refreshed the leadership groups.</p> <p>Reset the timeline with clear milestones.</p> <p>Produced a 3-pronged communication plan – Leadership, Stakeholders, and Public.</p>	<p>GMS Leads Group established and meeting bimonthly to ensure improved collaboration across all workstreams, management of actions and preparation of reports into the GMS IG for increased efficiency in decision making.</p> <p>Reinstatement of workstream level governance groups is gradually underway.</p> <p>Stakeholder newsletter ‘Let’s Connect’ now in place and issued quarterly to increase awareness of implementation, including challenges and progress.</p> <p>Public facing messaging will bring more of a focus to the changing face of modern General Practice and explain new pathways on the patient journey.</p>	<p>Re-establish full workstream level governance groups.</p> <p>Continue to produce the quarterly newsletter.</p> <p>Produce public facing messages to improve patient/ service user understanding of the MDT in general practice.</p>	<p style="text-align: center;">●</p>
<p>Review delivery model for GMS learning from MOU implementation</p>	<p>Prioritised CTAC through collaboration with the</p>	<p>CTAC is now meeting 86% of the MoU requirement. A further 2-year Service Level Agreement for Travel Health (TH) vaccination</p>	<p>Meet 100% of the CTAC MoU requirement.</p>	<p style="text-align: center;">●</p>

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
	<p>already established VTP service.</p> <p>Prioritised Pharmacotherapy through stabilisation of the workforce in place and establishing a pipeline to 'grow our own' workforce.</p> <p>Reviewed the original models of delivery for the other workstreams to explore alternate approaches to implementation within the resource already in place.</p>	<p>has been agreed with Community Pharmacy (CP)</p> <p>Pharmacotherapy is either physically or virtually active in all 52 general practices. A full career progression pathway is in place.</p> <p>Approved testing of a centralised hub model for In Hours Urgent Care. Mental Health Nursing exploring a hybrid model between practice and hub delivery. MSK Physiotherapy continues to work at operational level to tease out ideas for redesign.</p>	<p>Prepare to move TH out of CP and into NHS service delivery.</p> <p>Consolidate the three levels of pharmacotherapy delivery.</p> <p>Test new models and work with LMC/GP Sub to reach mutual agreement for full roll out.</p>	

General Practice Workforce Development

Fife Practices continue to support the ScotGEM programme, which is a four-year graduate entry Medical Programme. It is designed to develop doctors interested in a career as a medical generalist within NHS Scotland. The programme is tailored to meet the current and future needs of the NHS in Scotland and focuses on rural medicine and healthcare improvement.

The unique and innovative programme is taught through a partnership between the universities of St Andrews and Dundee in collaboration with NHS Fife, NHS Tayside, NHS Highland, NHS Dumfries and Galloway and the University of the Highlands and Islands. This exciting partnership has enabled us to create a truly distinctive programme.

Additionally, Fife is now involved in developing the ScotCOM programme, which is a medical degree that is developed between NHS Fife and the University of St Andrews. The clinical delivery will be based on a hub and spoke model. Cameron Hospital and the Queen Margaret Hospital will be the two hubs, with the first students due to commence in January 2026.

Fife is also supporting GP Clinical Fellows to provide newly qualified GPs with a diverse and supportive first step into their GP career, whereby Clinical Fellows work between In Hours and Out of Hours GP services, with dedicated time for research/project work. Fife currently is supporting one Clinical Fellow, with 2 previous Clinical Fellows now permanently employed within practices across Fife.

Urgent Care Services Fife (GP Out hours Service) has supported dedicated Protected Learning Time (PLT) afternoons for General Practice, with GP Practices having the option to close 7 afternoons during 2023/204 to support GP teams' own identified needs such as team reflection, developing and consolidating new ways of working, team relations and the whole team training and development needs. As the only Health Board in Scotland to provide PLT sessions, a calendar of PLT session are in place for 2024/2025, with work ongoing to provide Fife wide training and development opportunities for GP Practices. Some of the key areas of focus for these sessions have been: alcohol intervention; difficult patient interactions; high-risk pain medications; and respiratory illness management.

Significant work has been led by the Nursing Directorate to build a General Practice Nurse (GPN) forum and support network across Fife, providing engagement, training and development opportunities. We had a launch event in December 2023 with the Head of Primary and Preventative Care Services within the HSCP and the HSCP Director of Nursing in attendance as well as. Following a launch event in December 2023, with Chief Nursing Officer Advisor for Primary Care and NES in attendance, the network is ever expanding, with over 140 GPNs on this network and engagement events ongoing, some linked to General Practice PLT.

General Practice Activity

As per Chart.2 below, there has been a steady increase in activity by General Practice since the peak of the Covid-19 pandemic, which includes activity by GPs and other Clinicians providing direct patient contact within a GP Practice, with activity levels starting to return to pre-Covid-19 level from March 2021. Activity levels have significantly started to increase since March 2024, with a 60% increase in activity levels during March and April 2024 compared to the same period in 2019 (pre-Covid-19 Pandemic), with direct activity with GPs increasing at the highest over this period and driving this overall increase in activity.

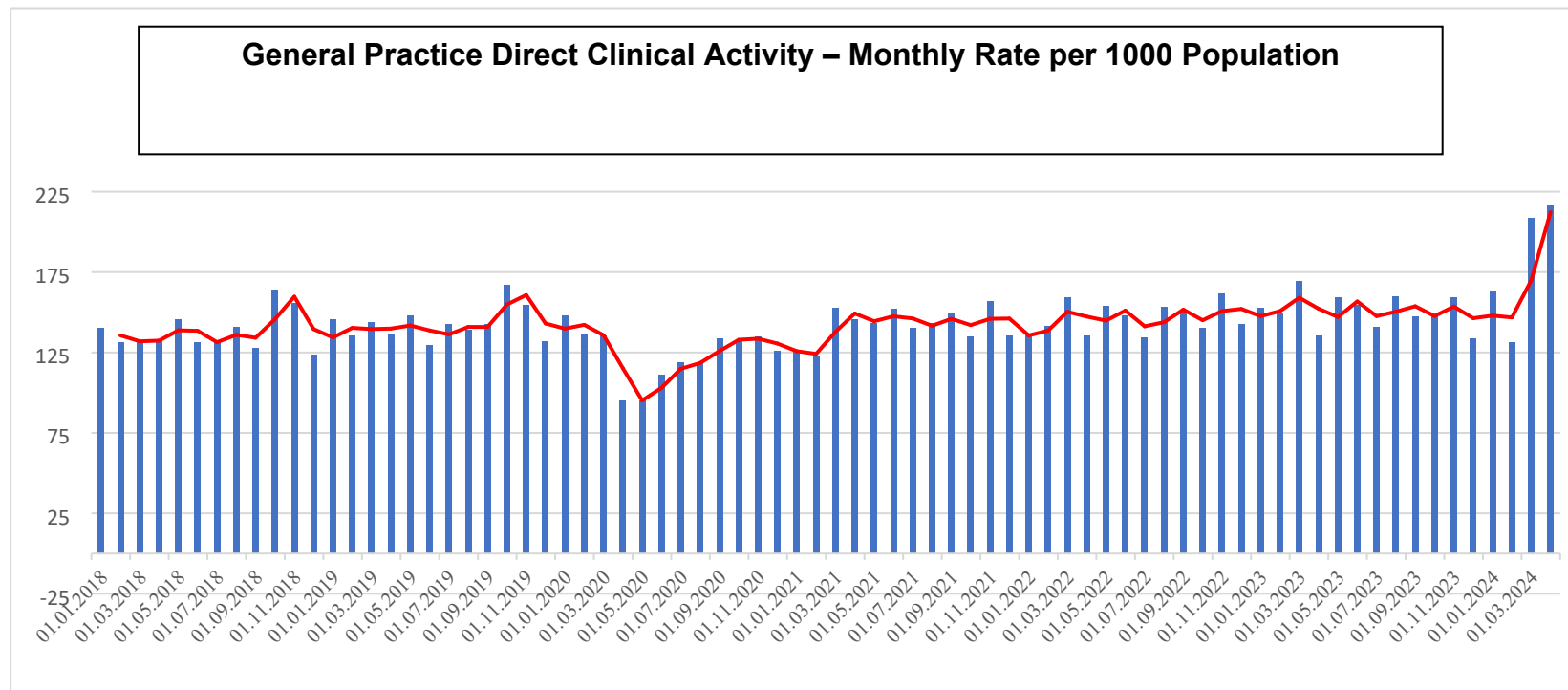


Chart.2 - General Practice Direct clinical Activity – Monthly Rate per 1000 Population

General Dental Service

There are ongoing issues nationally and locally with recruiting Dentists and Dental Care professionals, impacting on the population of Fife’s ability to access an NHS Dentist via General Dental Services (GDS).

The Scottish Government implemented NHS Dental Contract Reform on 1st November 2023; the aim of the reform is to support the oral health needs of every patient in Scotland whilst ensuring dentists can still offer a comprehensive range of NHS treatments. The key elements of the reforms were:

- The time between check-ups can vary from less than 6 months to every 2 years. It depends on how healthy your teeth and gums are and your risk of future problems.

- Your dentist will decide how often you should have a NHS dental examination. This will be based on your treatment needs to ensure the best possible care. If you're seen less often than 12 months then this is a sign of good oral health.
- The maximum amount that will be charged to an individual per treatment plan will remain capped at £384 or 80% of costs.
- Some patients may be eligible to receive help towards healthcare costs, with some patients still qualifying for free dental care.

Whilst it is challenging to improve access locally, many options have been explored. This includes carrying out a significant mapping exercise across Fife to increase the number of areas identified as areas where Scottish Dental Access Initiative (SDAI) grants can be supported by Scottish Government.

The SDAI grants aim to encourage the provision of NHS dental services in designated geographic areas where access to NHS Dentistry is challenging and there is evidence of unmet patient demand and/or high oral health needs. The SDAI grant funding is available to contractors who intend to:

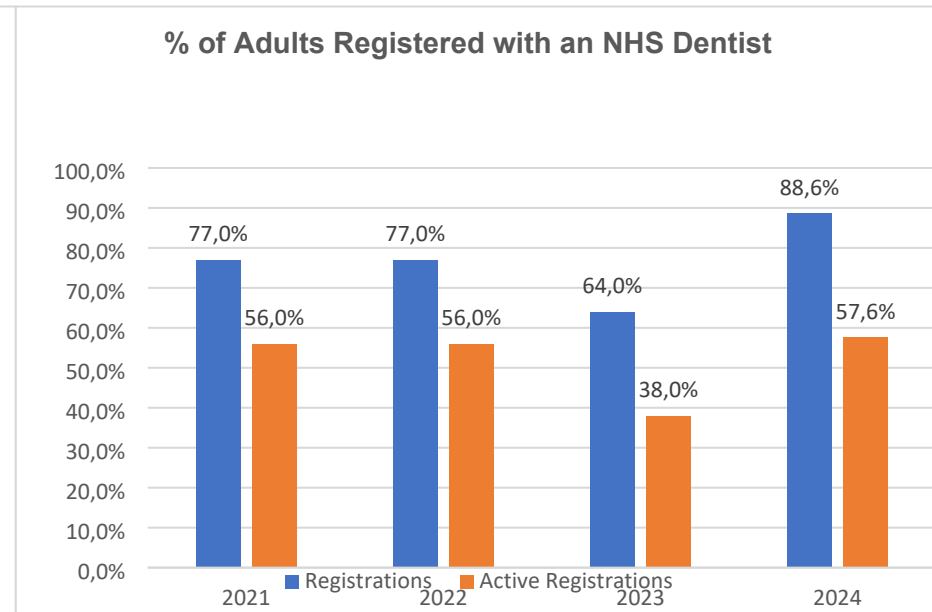
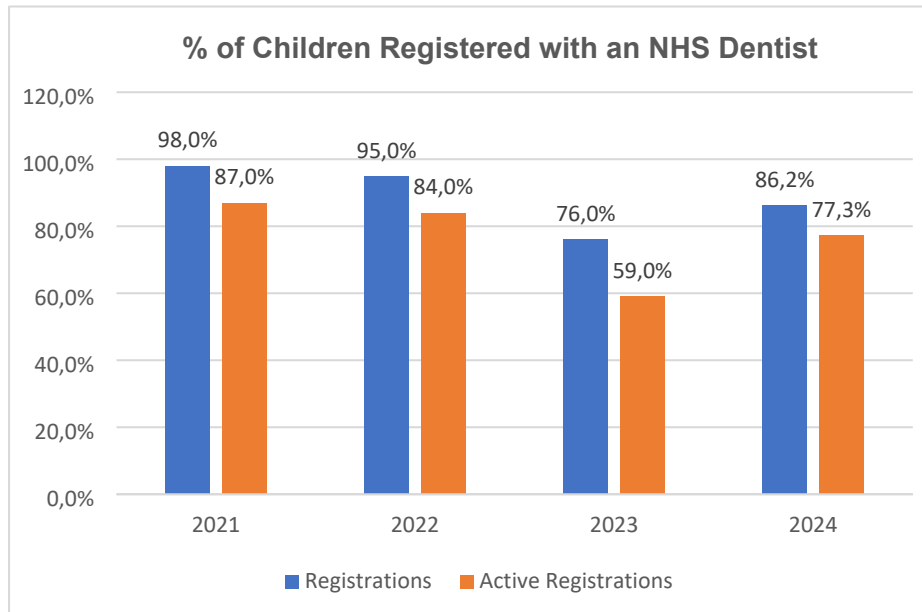
- Establish a new NHS Dental Practice.
- Expand an existing Dental Practice e.g. the addition of a new surgery.
- Purchase and maintain an existing Dental Practice and NHS patient registration list.

Dental Registration and Participation

Dental registrations are defined as registration with an NHS dentist. In 2010, lifelong registration was introduced, meaning that patients remain registered with their dentist unless actively de-registered (Public Health Scotland)

The percentage of adults registered with an NHS dentist in as of 31st March 2024 was 89.4%, compared to 89.8% as of 31st December 2023 and 90.4% as of 30th September 2022. The percentage of children registered with an NHS dentist in as of 31st March 2024 was 87.1%, compared to 87.5% as of 31st December 2023 and 86.6% as of 30th September 2022 (Public Health Scotland, 2023-2024)

Participation data, the percentage of patients registered with an NHS dentist seen for examination or treatment in the two years prior, are not currently published. Since registration is lifelong, it is important to consider this when looking at the figures. Challenges locally and nationally with the recruitment and retention of dental professionals is likely to have had an impact on participation.



References:

1. [NHS dental data monitoring report - Quarter Ending March 2024 - NHS dental data monitoring report - Publications - Public Health Scotland](#)
2. [NHS dental data monitoring report - November and December 2023 - NHS dental data monitoring report - Publications - Public Health Scotland](#)
3. [Dental statistics - NHS registration and participation 24 January 2023 - Dental statistics - registration and participation - Publications - Public Health Scotland](#)

Public Dental Service

The Public Dental Service (PDS) offers dental care for approximately 30,000 listed NHS patients and offers referral services for dental anxiety, oral surgery, special needs, paediatric dentistry and dental general anaesthetics. The Public Dental Service also oversees the Dental Advice Line to address the urgent and emergency care needs of unregistered patients and manages the Emergency Dental Service that operates over the weekend.

Feedback on care delivered to a patient within PDS:

"I would like to thank you, the anaesthetist and nurses who looked after my daughter today at the Dental Clinic at the VHK. I, & her Carer who accompanied us, were concerned about how she would cope when she didn't know what was happening....the appointment went far better than I could have hoped for...We appreciated the calm and peaceful atmosphere of the department and that everything was carefully explained and of course...thankful for the necessary Dental treatment carried out.

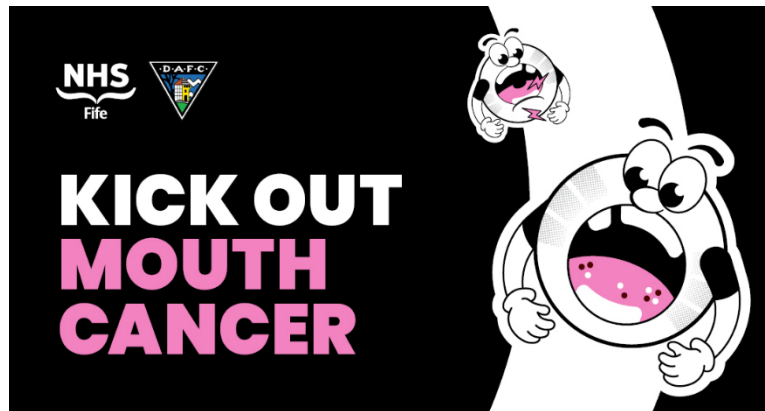
The PDS hosts the Fife Dental Advice Line for patients who are not registered with a dentist to help find a dentist and facilitate access to urgent dental care. There are challenges with capacity of the PDS being able to provide treatment to patients who would normally access NHS dental services from their General Dental Practitioner. Despite growing pressures within PDS, access to core PDS services, including Fife's Dental Advice Line has been maintained. Locally, the PDS has bucked national trends in terms of recruitment of Dentists, with the successful recruitment of key Dental positions, including a Paediatric Specialist; safeguarding paediatric care and preventing children having to travel out with Fife for treatment. PDS Workforce has further been enhanced through the re-introduction of Dental Core Trainees to Fife, providing them with experience of all core services and raising profile of PDS as a career option post qualification.

A PDS Dental Nurse within PDS successfully wrote a book titled "Harry's Healthy Teeth". This resource has been sent to all local nurseries and will be used by our Dental Health Support workers to promote the importance of regular brushing and dental visits.

Drawing from her years of experience working with children in Fife, our Dental Nurse was motivated to create an educational resource that would resonate with pre-school children and help them retain positive messages around their dental hygiene. Since being rolled out across all nurseries in Fife, the book has become a key educational tool to help instil good habits from early childhood.



As part of the Childsmile programme in Fife, Dental Nurses and Dental Health Support Workers from Fife's Public Dental Service visit educational establishments across the Kingdom. The Public Dental Service works closely with Fife Council's education service to help pre-school and school aged children learn about dental health and deliver the Childsmile programme.



PDS have also teamed up with Dunfermline Athletic FC to raise awareness of mouth cancer through targeted communication during games. With mouth cancer becoming more common, especially in younger adults, the early signs of mouth cancer are easy to detect when people know what to do look for. If detected early, cancers are usually easier to treat and recover from.

Targeted Dental Treatment

There have been challenges for patients in accessing routine care with their GDP in 2023 and 2024. There are currently no practices in Fife registering NHS adult patients and a very limited number registering children.

The PDS are required to provide emergency care to unregistered patients but have also introduced a "targeted treatment" option for unregistered patients. This allows for a more detailed exam along with soft tissue screening important in detecting oral cancer. This allows dentists to treat the worst affected to try and reduce the need for continued emergency treatment.

An initial test of change saw the delivery of 74 appointment treating 49 patients. These were all unregistered patients who could not register with an NHS dentist at that time. Chart 3 highlights that 88% of those supported via targeted treatment were living in SIMD 1, 2 and 3, those patients who are least likely to be able to afford alternative options.

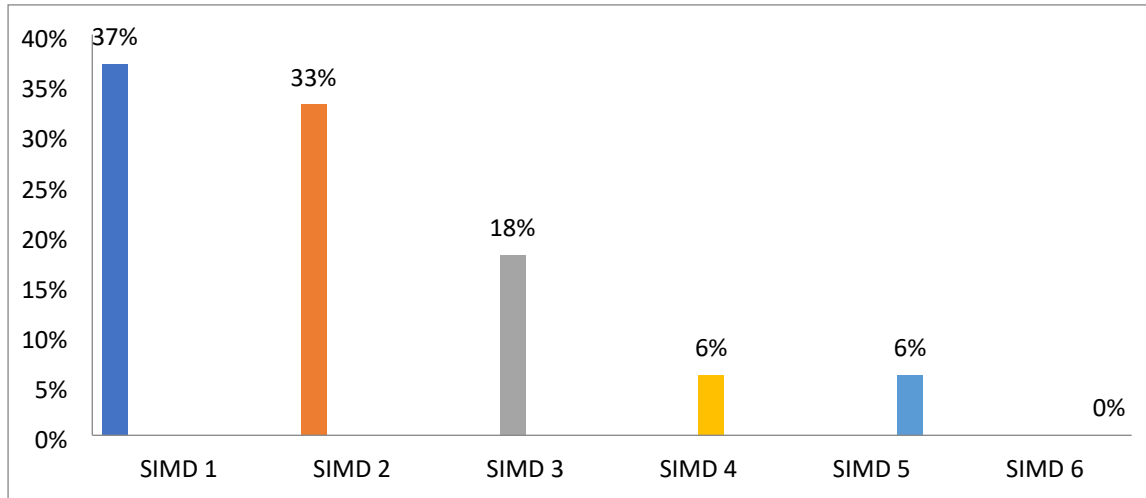



Chart.3 – Targeted Treatment SIMD Breakdown

Primary Care Dentistry key action updates:

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
<p>Access</p> <p>Increase access to NHS Dental Services</p> <p>Consider national contracts revisions and impact on service delivery</p>	<p>Targeted treatment provided by PDS to support non-registered patients</p> <p>Supported improved ventilation, allowing GDP to increase access</p>	<p>Employed a bank dentist to provide targeted care.</p> <p>Employed a GDP to increase access in PDS.</p> <p>Working within constraints of the GDS Regulations regularly engage with Dental Body Corporates to improve access</p>	<p>Reconstituted SDAI areas.</p> <p>Continue to engage with SG as part of the review of the regulatory framework.</p>	●
Workforce				●

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
<p>Consider recruitment and retention options</p> <p>Explore innovative ways to maximise current workforce capacity to deliver dental care and optimise outcomes</p>	<p>PDS recruitment and retention. Appointment of five dental clinicians.</p> <p>No influence over recruitment in GDS.</p>	<p>Six VTs taking up associate posts within Fife, following completion of their VT year in Fife practices.</p> <p>Aware of ongoing recruitment issues, particularly in DBCs.</p>	<p>Five VTs from out with Fife taking up associate posts in Fife.</p> <p>Appointment of CT placement within PDS/HDS.</p> <p>8 VTs starting in Fife dental practices in August 2024</p>	
<p>Urgent Dental Care</p> <p>Review and planning of PDS functions for non-registered and deregistered patients, initially to increase capacity for urgent care</p> <p>Review Emergency Dental Service to improve sustainability and access</p>	<p>Pivoted core business to ensure triage and those requiring urgent care were seen.</p> <p>Expanded workforce on Dental Advice Line</p> <p>Public Holidays particularly challenging to cover so regular communication to GDPs and re-established EDS working group.</p> <p>[See Workforce section- recruited staff to re-balance core vs. urgent]</p>	<p>Advice line busy Call volume reports available</p> <p>EDS attendance data available</p>	<p>Full EDS service review</p>	

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
<p>Pathways Refine referral pathways between GDS, PDS and secondary care services</p>	<p>CPD evening event held in February 2024. Flash report shared with presentations for those who did not attend.</p> <p>Updated referral booklet sent out to all practices.</p>	<p>Dental weekly huddle enables us to triangulate information and follow up on high referral patterns or suboptimal referral information.</p>	<p>OHI team developed video to familiarise families with GA pathway and building as part of the pathway and reduce number of visits to contribute towards greener and sustainable healthcare.</p>	<p style="text-align: center;">●</p>
<p>Oral Health Continue to recover Oral Health Improvement actions to reduce oral health inequalities. Assess impact of OHIP and refine Annual Delivery plan – targeted approach</p>	<p>Oral health improvement programmes remobilised and NDIP in primary school setting.</p> <p>Refocused fluoride varnish programme locally as part of Childsmile.</p> <p>Work done with Dental Public Health and Public Health Data Intelligence team using NDIP data to help prioritise where to target resources.</p>	<p>NDIP data submitted to Public Health Scotland. National report will be published October 2024.</p> <p>Campaign for oral cancer awareness with Dunfermline Athletic Football to coincide with Euros 2024.</p> <p>OHI team back into the traveller sites in Fife.</p>	<p>National outcomes framework being discussed to devise a suite of indicators- Fife will report through these measures.</p> <p>QI project to roll out universal toothbrushing programme to P1-P7 children attending Fife council schools</p> <p>Continue work KY cafes and ADAPT services and Drug Forum Scotland.</p>	<p style="text-align: center;">●</p>
<p>Key indicators/measures Assess access to GDS and PDS dentistry – evaluate the impact of dental recovery through a number of indicators including registration and participation rates.</p>		<p>CDO office has requested management information from NSS to be shared with NHS Boards.</p>	<p>Dental dashboard being considered nationally.</p>	<p style="text-align: center;">●</p>

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
Consider national contracts revisions and impact on service delivery				

Community Pharmacy

Community Pharmacy continues to play a crucial role in delivering Primary Care to the population of Fife, increasing as the first point of contact for advice and support. This includes the provision of 24 Community Pharmacies registered to provide the Pharmacy First Plus Service, with 38 Pharmacists currently actively prescribing in 2023-2024, which an increase of 3 Pharmacies and 10 Pharmacists from last year. Already, the number of items prescribed via Pharmacy First Pharmacies are up from approx 4600 to 5600, comparing data from 2023/24 to data available so far for 24/25.

There has been a significant increase in the number of Practices who can support patients suffering from hayfever, with data up to July 2024 showing there has been a 450% increase of this service, reflecting there is a large proportion of a patient accessing Community Pharmacy for hayfever treatment that previously was only available on prescription.

Work has been undertaken to raise awareness and encourage the use of Community Pharmacy in seeking advice and treatment as a first port of call for minor ailments, such as with GP Practices, by sharing guidance with Practice admin/reception staff. This guidance details patients who can be seen by Community Pharmacy, and highlights those that do need to be seen within General Practice. This education aims to ensure that patients have a smooth journey of care and are reassured of the process. Currently we are looking at the provision of care surrounding individual patient group directions, such as UTI, to track the transfer of care and assess uptake. Through looking at statistics around the volume of prescriptions generated within General Practice, versus the volume generated within Community Pharmacy, we can assess whether or not care is being transferred to Community Pharmacy at an appropriate and reasonable level.

Community Pharmacy key action updates:

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
Access				

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
<p>Review current process and assure robust arrangements for recovery and progression of new pharmacy applications</p> <p>Refresh Community Pharmacy hours of service contractual arrangements</p> <p>Ensure that the annual Pharmaceutical Care Services Report is co-designed with localities to meet the needs of local communities</p>	<p>Prepared a recovery plan to progress new pharmacy applications</p> <p>Public consultation on the report was undertaken via NHS Fife Participation & Engagement.</p>	<p>Re-convene PPC hearings as per NAP instructions. Follow up with interested parties to confirm whether or not they want to proceed with their application.</p> <p>Report for 23/24 is underway. Plan to seek support from both NHS Fife and HSCP Participation and Engagement teams with publication in November 2024.</p>	<p>Continue to work through the recovery plan</p> <p>Prepared report as per previous years</p>	<p>●</p>
<p>Right Care, right time</p> <p>Continue to refresh and encourage public engagement with community pharmacy as a first line of contact for minor illness and self-care advice – Right place, right time, first time</p>	<p>Work has been undertaken to raise awareness and encourage the use of community pharmacy in seeking advice and treatment as a first port of call for minor ailments, such as with GP practices by sharing guidance with practice admin/reception staff.</p>	<p>Currently we are looking at provision of care surrounding individual patient group directions, such as UTI to track the transfer of care and assess uptake.</p>	<p>Continue to monitor and act as required. This may be with regards to training provision, information dissemination etc.</p>	<p>●</p>
<p>Digital</p>	<p>Working in partnership with the overall project team, tracking progress and</p>	<p>Awaiting further update from national programme, working in partnership with local delivery plans and IM&T links. Updates</p>	<p>Continue to work in partnership, act on updates when</p>	<p>●</p>

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
Digital Prescribing and Dispensing Pathways Programme	preparing for the implications	expected via GMS facilitators through the national group.	required and prepare wherever possible	
Workforce Prepare for all newly qualified pharmacists being independent prescribers from 2026	Growing pool and establishing regular use of DPP in Community Pharmacy, evaluation of capacity, exploration of current provision of Pharmacy 1st Plus, supporting independent contractor obligations. Assessing provision across Fife via the annual Pharmaceutical Care Services Report	Closely linking with NES to establish expectations, utilising and syncing with Royal Pharmaceutical Society and General Pharmaceutical Council standards.	Continue this work and linking in with right care/right time	
Wider Impact Support contractors to maximise the role of Community Pharmacies as Anchor institutions in their local communities.	Representation on NHS Fife anchor group, feeding in Community Pharmacy ambitions	Raising profile of locality working in delivering NHS Fife anchor plans	Continue to sit on group, feeding in and acting on recommendations/ outputs	● ●

Community Optometry

The Low Vision team have created new links with the Vision Support Teachers across Fife to produce closer links between those that provide low vision services for children in Fife. This means a quicker access to low vision aids along with tightening protocols for when children transition from school to adulthood to maintain low vision support.

New pathways have been developed to speed up the processing of CVI (Certificate of Visual Impairments) applications, meaning patients are being processed in under a week and are able to access benefits, whereas before this would take at least one month, allowing people to get access to the appropriate services and support they require, quickly.

Community Optometry continues to support Secondary Care through emergency shared care scheme (FiCOS), which allows patients to be seen and treated at local Opticians urgently for a set of presenting conditions, preventing the requirement to be seen within Secondary Care and supporting the overall pressure on Unscheduled Care. Over the last year, around 770 patients were seen via this scheme, with approximately 1450 appointments undertaken, with only 11% of patients requiring onward referral to Secondary Care.

Along with emergency share care with Secondary Care, Community Optometry continues to support the treatment of patients requiring ongoing assessment and treatment for Glaucoma. As one of the first Health Boards to deliver Glaucoma shared care, there are almost 1,000 patients across Fife who are supported via this scheme with around 70 appointments taken place monthly. This allows patients to be seen within their local Optometrist for assessment and treatment, whilst still under the care of their Ophthalmology consultant within Secondary Care, with prompt access to Secondary Care as and when required. Nationally, work is ongoing to improve this scheme ever further, with the introduction of an Eye Care Digital solution, which is currently been scoped locally, with a number of Optometrists having completed additional specialist training in preparation for this development.

Community Optometry Key action updates:

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
Develop GP-Optometry Pathway	Collated current and past examples of GP to Optometrist referral forms from other health boards and discussed the challenges others faced when implementing these locally.	Currently awaiting next AOC meeting (Sept 2024) to discuss with local optometrists about what they feel is needed within the GP referral form. Ideally base on same format style as the Pharmacy first form.	Link in with local GP colleagues to share ideas of GP pathway from local optometrists.	●
Implementation of national community glaucoma service	All prep work for scheme (minus EPR) has been implemented with full	Main issue still remains the introduction of the EPR system (openeyes) due to budget constraints, conversations ongoing with senior team and also NES	Resolve the EPR issues to complete the rollout.	●

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
	<p>support from secondary care colleagues about the rollout. Two Fife Cohort 3 NEGAT optometrists qualified to provide the service. Three Fife optometrists have been accepted onto Cohort 4 of the project (intake Jan 2025).</p>	<p>technology to hopefully provide a solution.</p>		
<p>Review uptake of GOS across all localities and develop plan to address inequalities</p>	<p>Challenges with data availability</p>	<p>Once data is available, assessment with take place</p>	<p>Assessment of uptake and appropriate action taken to address gaps</p>	<p style="text-align: center;">●</p>
<p>Review demand, access and equality of low vision services</p>	<p>Reduced NHS low vision wait times to within 2 months of referral. Developed closer relationship between NHS low vision clinics and vision support teachers to provide better paediatric eyecare within Fife.</p>	<p>Link in with the local providers of low vision care (Seescape) to enhance the service the already provide and to see where access to service may be lacking across Fife.</p>	<p>Provide low vision demonstration kits for local vision support teachers to use within schools allowing quicker access to aids needed.</p>	<p style="text-align: center;">●</p>

Section 3

Leadership and Governance Review

Given the ambitions outlined within the Primary Care Strategy, with a whole-system approach to delivering improvements, it was critical to make sure there were solid foundations to deliver high quality, safe and effective Primary Care Services. As such, a review took place to assess the leadership, governance, and assurance arrangements across Primary Care Contracting (PPC) Services and associated services, from an operational, strategic, clinical, professional and financial perspective.

A report was presented and supported at the Primary Care Governance Strategy Oversight Group (PCGSOG) in February 2024, with a number of key recommendations. Most of these recommendations have now been delivered, with ongoing review overseen by PCGSOG. Overall, it was clear that the governance structures across PPC Services are consistent with other Health Boards across Scotland contractually, professionally, and clinically. The transfer of operational and strategic delivery of Primary Care Services to HSCP ultimately created the opportunity to enhance the governance and leadership arrangements, with strengths in terms of holistic planning of services with local communities across Fife.

Whilst it had taken time for some of the well-established governance structures to be re-convened following the Covid-19 pandemic, this created an opportunity to review and improve the systems and processes surrounding PPC Services. This includes better integration of Primary Care teams, in particular in regard to managed services, such as the In Hours and Out of Hours, Community Treatment and Care Services (CTAC), and Community Immunisation Service teams.

The review recognised that the governance structures surrounding Primary Care Services are complex, cutting across multiple directorates, however that these structures are proportionate in delivering safe, effective, and person-centred services. There is a critical role for the leadership team across all aspects of Primary Care Services to effectively navigate these structures for the best outcome for the population of Fife.

Communication and Engagement

A detailed communications plan has been developed to support the delivery of the aims and objectives outlined in the Primary Care Strategy with the overall aim: to communicate the strategic drivers, the strategic priorities, and the overarching deliverables of the Strategic Plan to allow a more detailed year one plan to be shaped in collaboration by those who lead services professionally and managerially across Primary Care.

Ten communications SMART objectives are outlined in detail in the communications plan:

- Engage with partners and key stakeholders to influence national direction for primary care and contract reviews,
- Support the Implementation of new GP Practice system (VISION),
- Continue to refresh and encourage public use of Community Pharmacy as a first line of contact for minor illness and self-care advice – right place, right time, first time,
- Consider recruitment and retention options including in GP, Dentistry & Optometry,
- Establish calendar of protected learning time in collaboration with UCSF and promote benefits to staff and public,
- Support ongoing development of MDT. Raising awareness and confidence of the public in using pharmacists, nursing staff and AHPs in addition to GPs,
- Stabilising the position of General Practice and accessing right care at the right place.
- Supporting General Practice to reduce pressures on their services,
- Raising awareness of how people can support us and continue to access Primary Care services, right care at the right place,
- Targeted communication in regards to Board Managed, 2C Practice support.

The various elements outlined above will also be cross-referenced with other associated campaigns across NHS Fife and Fife Health and Social Care Partnership such as medicines efficiency/optimisation and high-risk pain medicines, to share key messaging and ensure consistency of narrative across different programmes. This also includes ScotGEM and ScotCOM University of St Andrews and Fife College links.

The objectives are underpinned with detailed audience groupings, key messages and calls to action, objectives and supporting tactics, outlined in full in Appendix 1.

The campaign will largely be digitally focussed, using predominantly metrics such as:

- Web page clicks and in-depth analytical information
- Social media engagement
- Social media labelling
- Data from partners and services including A&E presentations and GP analytics.
- Information from national colleague focus groups (understanding of the right care right place campaign and awareness of messaging)
- Evaluating the prominence and tone of media coverage of the campaign.

The campaign will be regularly and informally monitored and reviewed on an ongoing basis, and more formally evaluated following its conclusion.

Premises

A review of GP premises was undertaken to establish an up-to-date baseline of key information to inform future development of Primary Care premises. The review considered: -

- The appropriateness of current Primary Care premises including technical assessment of condition, functional suitability, utilisation, and quality of estate.
- The estate requirements to implement the Primary Care Transformation Programme.
- The investment priorities to inform the updated Property & Asset Management Strategy.
- Future housing development and population changes.

The review has highlighted areas for major capital investment as well as a number of short-, medium- and long-term investment priorities. The development of Primary Care premises is being led by the Director of Property and Asset Management and aims to ensure premises have the capacity to deliver the full range of services supporting the transformation of Primary Care and improved access to functionally suitable Primary and Social Care premises. Some key minor improvements were delivered during 2023-2024, creating additional capacity across all GP Practices in Fife, largely in line with the ongoing delivery of the Primary Care Improvement Plan.

Population Experience

The HACE Survey occurs annually, and the 2024 results show Fife as either an average Scottish performer or in the case of General Practice, slightly poorer. There is some improvement evident, especially in treatment or advice from General Practice, with most questions showing Fife to be similar to the Scottish average; with either most questions (91%) either show no change (57%) or improvement (34%). Treatment and advice from a GP have generally improved across almost all questions, with some disparity with responses across different geographical areas of Fife. Whilst the reasons for this will be multi-faceted, it merits further review during 2024, to understand, in conjunction with other reports, whether further support or action is required to improve the experience of our patients.

Category	Number of Questions	CHANGE since 2022			Comparison not possible
		Worse	No Change	Better	
General Practice	10	3	4	3	0
Treatment or advice from General Practice	14	0	3	8	3
Out of Hours Healthcare	10	0	8	1	1
Care, support and help with everyday living	9	0	0	0	9
Caring responsibilities	5	0	5	0	0

Table.2 - HACE Survey Summary

Enabling key action updates:

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
Evaluate impact on reducing health inequalities	Ground work has commenced of key intelligence requirements	Collation of key data from multiple sources	Develop framework to assess impact of strategy Implementation	●
Engage with partners and key stakeholders to influence national direction for primary care and contract reviews	All leads across Primary Care Services play a key role in national work and leads meetings	Monthly Dental meeting have supporting national communications and considerations in terms of regulations Representation on SLWGs reporting to Primary Care Leads Group	Continue to play critical role on national groups	●
Assess impact of strategy against HSCP Strategic Plan and NHS Fife Population	The impact of the PC strategy will be fully assessed in line with performance framework	Performance framework has been developed, to support review of progress of PC strategy, with key measures also contributing to HSCP wide Strategic Performance Framework	Continue to work with Scottish Government to	●

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
Health and Wellbeing Strategy			develop consistent and reliable PC measures	
Establish calendar of protected learning time in collaboration with UCSF	7 PLT sessions delivered	7 PLT sessions delivered, with annual calendar now scheduled	Continue to assess the benefit of PLTs and develop Fife wide development opportunities	●
Further strengthen leadership and governance arrangements	Leadership and Governance review conducted	Taking forward actions in line with recommendations outlined within Leadership and Governance review	Continue to deliver on actions	●
Align the primary care strategy to the Fife HSCP performance, quality & assurance framework Develop NHS Contract Management and Performance Framework for Primary Care	Performance Framework under review by PCGSOG	A draft framework has been developed, overseen and monitored by PCGSOG	Continue to develop and seek to expand on reliable measures	●
Develop and implement Fife wide Primary Care communication and engagement plan – right care, right place, right time	Develop Communication and Engagement strategy	Strategy signed-off by PCGSOG	Delivery of SMART objectives of Strategy	●
Develop primary care workforce plan aligned with NHS Fife and Fife HSCP	Key workforce priorities aligned to NHS Fife and Fife HSCP workforce strategies	Primary Care services delivered key workforce developments, supporting increased options across Primary Care Services	Develop primary Care strategy to	●

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
workforce strategies to ensure both managed service delivery and maximised support to independent contractors			workforce development, including recruitment and retention	
Continue to support minor works to make most of existing premises	Minor works carried out in GP Practices across Fife	Created Facilities for Community immunisation team in Pitteuchar Health Centre, Glenrothes. Work to create extensions to several practices across Fife Minor improvements at Kincardine & Lochgelly Health Centres.	Create Facilities for Community immunisation team in Kirkcaldy area	●
Develop Primary Care Premises Strategy	Premises Strategy developed and agreed	All minor works completed or near completion, with all capital projects on hold pending future capital allocations from SG	Continue to ensure that the business cases for reprovision of Kincardine & Lochgelly Health Centres are current and SG are aware of Fife's position of readiness to proceed.	●
Implementation of new GP Practice system (VISION)	Working collaboratively with National group on timelines, National delays have	Business Case drafted and discussions held in relation to Finance.	Finalise Business Case	●

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
	impacted on delivery, and we remain in planning. Business case has been developed and there are discussions ongoing in relation to the funding. We will be in discussions around the timeline with National.		and agree finance.	
Support development and spread of models that allow adoption of technologies	We have worked collaboratively with partners on any requests which are submitted for digital consideration.	Continue to work collaboratively on any new areas of work	Continue to move any areas forward	●

Conclusion

The Primary Care Strategy: 2023 to 2026 is ambitious, putting Primary Care at the heart of Fife's integrated Health and Social Care system, making sure people who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. The strategy recognised that to deliver on these ambitions, there is a requirement for a collaborative approach to improvements across all areas responsible for the effective improvement of Primary Care, which is reflected within this wide-ranging Year One Annual Report.

During 2023-2024, the Year One Delivery Plan provided a robust framework to progress our strategic priorities, ensuring that the transformation and supporting strategies we have developed, along with their targeted delivery plans, align with our strategic vision and deliver the improvements we have planned. The Year One Delivery Plan included forty-one separate actions, of these: 25 (60%) have been fully completed, 16 (40%) are on track.

The Year Two Delivery Plan for 2024-25 will have an increased focus on quality improvement and working with our Local Communities and localities to make sure our services meet the needs of those locally, building on the solid foundations set during 2023-2024. With increased financial pressures across our Health and Social Care system, more than ever we are required to be

agile and open-minded in our approach in how we improve our Primary Care Services, with a continued commitment to making the changes required in collaboration with our population and partners.

The Executive and Senior Leadership Team have ensured clear direction, effective governance, oversight and support to progress the strategic ambitions of recovery, quality and sustainability. Positive relationships are established across all stakeholders which ensure constructive planning and delivery. The Primary Care team are agile and committed to ensuring the plan progresses and this is highly evident within this report. Collaboration is evident and there is a genuine desire to ensure we remain ambitious to achieve the vision as we progress to year 2 of the plan.

Meeting: Finance, Performance & Resources
Committee

Meeting date: 10 September 2024

Title: Project Hydra

Responsible Executive: Neil McCormick, Director of Property & Asset Management

Report Author: Julie Farr, Senior Project Manager, Corporate PMO

Executive Summary:

- Project Hydra involves the replacement of Medium Temperature Hot Water (MTHW) pipes in phase 3 of the Victoria hospital and runs from May 2023 to May 2025. The project is being delivered by Balfour Beatty.
- The original MTHW pipework was installed as part of the Private Finance Initiative (PFI) contract when phase 3 of the hospital was built. A formal, legal, Project Agreement is in place detailing the financial contract.
- A significant amount of work has been completed and includes; crane lifts outside the renal patient entrance closing off car park D, crane lifts outside the A&E entrance limiting access for ambulances to the turning circle and for pedestrians to the A&E entrance; breakthrough to the basement / tug route for pipe connections and alterations to the decontamination unit ventilation configuration on the roof.
- The result of the works that have been carried out are that: the majority of new pipework has been installed on the roof and on the north and south faces of phase 3 buildings; the new Heat Station is in situ at the old A&E entrance and the ground has been prepared for connecting services into the basement.
- The focus of the works over the coming months will be: lifting the last walkway onto the roof at car park D / entrance to renal dialysis; connecting the new pipework to the existing pipework in phase 1; changing over to the new heat station and testing and commissioning.
- The paper is provided for assurance. A significant level of assurance is given as a Communications Plan is in place, monthly meetings with contractors are being held, bi-monthly meetings with senior NHS Fife stakeholders are scheduled, a legal contract is in place and a Senior Project Manager continues to support the project.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Legal requirement

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

- Safe

2 Report summary

2.1 Situation

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

2.2 Background

Project Hydra involves the replacement of Medium Temperature Hot Water pipes (MTHW) in phase 3 of the Victoria Hospital and the installation of a new heat station. The original MTHW pipework was installed as part of the Private Finance Initiative (PFI) contract when phase 3 of the hospital was built.

Overview of proposed MTHW Works

Scope of MTHW Work:

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

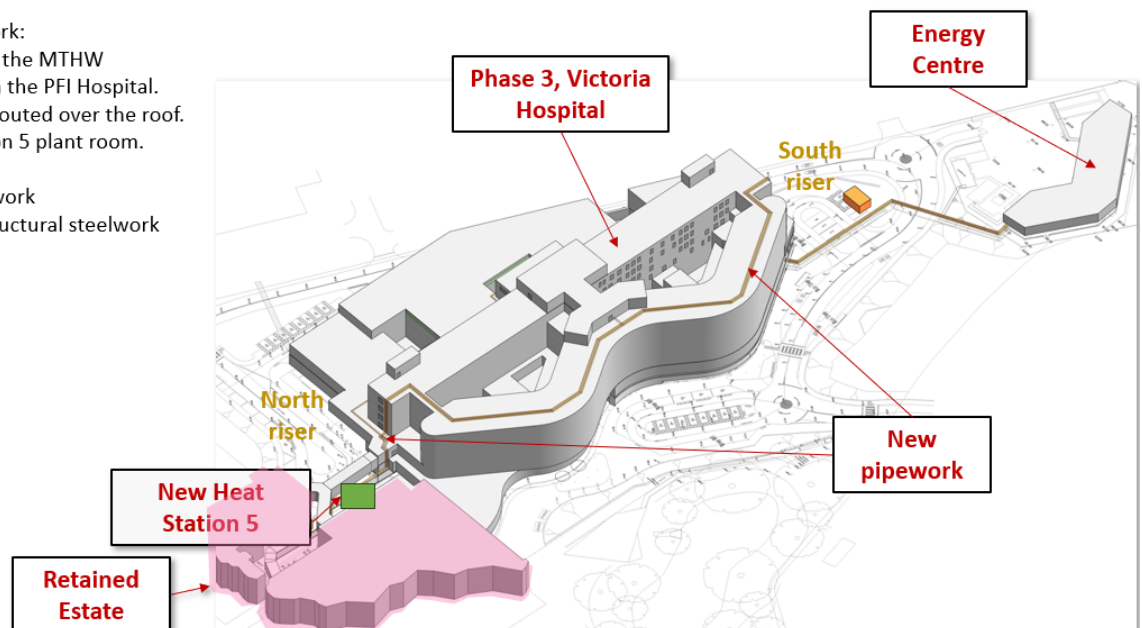


Diagram 1

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

Balfour Beatty is responsible for the delivery of the MTHW works and is the primary point of contact for Consort (Fife) Limited. Taylor and Fraser (a specialist Mechanical & Electrical contractor) are subcontracted by Balfour Beatty for the installation and performance of the MTHW works.

A formal Project Agreement is in place detailing the financial contract.

Although significant work has gone into minimising the impact of the project to NHS Fife's patients, visitors and staff some disruption has been necessary.

2.3 Assessment

The work that has been completed since April 2024 includes:

- Numerous crane lifts outside the renal patient entrance closing off car park D. These have been scheduled to take place at the weekend to minimise impact. Renal dialysis patients have been chaperoned through an alternative route to the dialysis ward.
- Crane lifts outside the A&E entrance limiting access for ambulances to the turning circle and for pedestrians to the A&E entrance. Alternative access for major and minor patients was organised as well as alternative pedestrian access to A&E. The clinical corridor was also closed for a period overnight with an alternative route established.
- Breakthrough to basement / tug route for pipe connection. Surrounding wards were asked to keep windows closed and works were co-ordinated to minimise the impact on tug route usage.
- Alterations to decontamination unit ventilation configuration on roof. Alternative arrangements were in place should decontamination be required.

The result of the works that have been carried out are that: the majority of new pipework has been installed on the roof and on the north and south faces of phase 3 buildings; the new Heat Station is in situ at the old A&E entrance; the ground has been prepared for connecting services into the basement.

The focus of the works over the coming months will be:

- Lifting the last walkway onto the roof at car park D / entrance to renal dialysis;
- Connecting the new pipework to the existing pipework in phase 1;
- Changing over to the new heat station;
- Testing and commissioning

In order to continue to minimise the impact of these tasks the Communications Plan will be maintained, monthly meetings with contractors will continue, bi-monthly meetings with senior NHS Fife stakeholders are scheduled and a Senior Project Manager will continue to support the project.

The Project is 3 months behind the completion date due to additional investigation work, weather and changes to sub-contractors. This has not been an issue for NHS Fife as due to the delays the most disruptive activities have taken place out with the Winter period.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

The impact on patients is being minimised through direct communication with the patients impacted such as renal dialysis patients and through temporary signage to direct patients to alternative access routes. External communications are being issued when necessary.

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

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

Measures to ensure vulnerable patients such as those on dialysis are given additional assistance when using alternative access routes are in place.

2.3.6 Climate Emergency & Sustainability Impact

The project will reduce NHS Fife's water and energy consumption as the new pipework will be more efficient and effective.

2.3.7 Communication, involvement, engagement and consultation

Internal stakeholders have been involved in meetings to discuss the impact of works at key interfaces. Their feedback is being taken into consideration when scheduling works to minimise disruption. A Communications Plan for both external and internal parties is maintained.

2.3.8 Route to the Meeting

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

FCIG - 21 August 2024

FP&R - 10 September 2024

2.4 Recommendation

This paper is provided to members for:

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

Report Contact

Julie Farr

Senior Project Manager

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Meeting: Fife Finance Performance & Resources
Committee

Meeting date: 10 September 2024

Title: Whole System Infrastructure Planning

Responsible Executive: Neil McCormick, Director of Property & Asset Management

Report Author: Ben Johnston, Head of Capital Planning & Project Director

Executive Summary:

- NHS Fife are no longer required by Scottish Government to develop and submit a Property and Asset Management Strategy.
- The Scottish Government will no longer except individual business cases for capital projects.
- NHS Fife have been directed by Scottish Government to develop a Programme Initial Agreement (PIA) which sets out a deliverable whole-system service and infrastructure plan for the next 20-30 years. The current timeline for submission is January 2026.
- NHS Fife have been directed by Scottish Government to develop an interim Business Continuity maintenance only investment plan. This is to be submitted by January 2025.
- Proposed governance arrangement and programme for the Business Continuity maintenance only investment plan is outlined in the paper.
- Paper seeks to promote awareness and offer assurance around this work.

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Government policy / directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Scottish Government issued DL(2024)02 to Boards on 12 February 2024. It sets out a significant change to infrastructure planning and investment for NHSScotland. It is brought to FP&R to enable assurance and initial discussion.

2.2 Background

Previously Boards were mandated to prepare and submit an annual property and asset management strategy (CEL35(2010)). This provided an overview of the Board's property and asset position whilst setting out future plans.

Where significant investment was required, Board's were required to follow the Scottish Capital Investment Manual (SCIM) to develop business cases in a staged manner prior to funding being committed. The stages were Strategic Assessment, Initial Agreement, Outline Business Case and Full Business Case.

Moving forward there is no longer any requirement for Boards to prepare and submit an annual Property and Asset Management Strategy. In addition, SCIM is being updated to reflect a new process called Whole System Infrastructure Planning.

2.3 Assessment

Historically Boards across NHSScotland submitted business cases based on emerging needs. It became difficult for the Scottish Government to prioritise projects and determine the extent to which they connect to national and local strategy. To tackle this, they have developed a new process.

Boards are required to prepare and submit to the Scottish Government a Programme Initial Agreement (PIA) which sets out a deliverable whole-system service and infrastructure plan for the next 20-30 years (with interim updates). Once approved, the intention is that Board's

would only have to submit Outline Business Cases and Full Business Cases for approval for each scheme set out in the PIA.

The full PIA is to reference a preferred way forward based on a longer-term service informed infrastructure investment strategy. The Scottish Government have indicated their intention to undertake national service planning to inform this work (scope and timescales yet to be confirmed). Locally we have decided to commission the expertise of an external Healthcare Planner to assist with whole system bed modelling work. This effort will contribute towards the PIA and RTP programme too. It is important to recognise that whilst Estates, Facilities and Capital Planning will be key stakeholders in this work, it is ultimately service driven requiring a collaborative team effort across the organisation. An initial milestone date for completion and return of the PIA has been set for January 2026. This will be a significant task both in terms of effort and strategic importance and governance arrangements will need to be arranged in due course to enable successful delivery.

In recognition of the scale of the task, Scottish Government have asked for an interim Business Continuity investment plan focussing on the “do minimum”. This is to be submitted by January 2025. Guidance in respect to the business continuity plan is emerging and a SLWG has been established by the Scottish Government with Boards to enable discussion and understanding. Several key points emerging are listed below:

- For Business Continuity planning purposes, Boards are to assume a budget of their capital allocation plus one third. This is over and above our normal capital allocation.
- The plan and funding can be used for buildings, medical equipment, sustainability and digital proposals.
- Scottish Government plan to distribute the funding based on priority/risk/need so the funding Board’s receive could fluctuate form year to year.
- A five-year plan is required explaining how the funding would be utilised broadly - an itemised list is not required.
- It is envisaged that there will be the ability to smooth funding over a five-year period to allow for peaks and troughs.

Estates, Facilities and Capital Planning propose to develop the Business Continuity Plan and will seek input from colleagues in respect to equipment and digital. In respect to governance for this task the following route is proposed:



The plan for this work is outlined below:

- Complete draft - November 2024
- FCIG - December 2024
- EDG - December 2024

- FP&R - January 2025
- Draft submission to Scottish Government - January 2025*

* Scottish Government are aware that timelines are tight for this work and have accepted that Board governance and a draft submission to Scottish Government in January 2025 may require to run in parallel.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

Generally, a whole system plan leading to a sustainable pipeline of capital funding could have a positive effect on the quality of our services, property, and asset base. This in turn could improve the quality of patient care.

2.3.2 Workforce

As per 2.3.1.

2.3.3 Financial

As described within the paper.

2.3.4 Risk Assessment / Management

This directive links to two (potentially more) of our corporate risks as outlined below. It could have a positive impact on the mitigation of these risks, but there is no guarantee of increased capital funding:

- Reduced Capital Funding
- Prioritisation of Capital Funding

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

A sustainable level of capital funding will support us to deliver our Population Health and Wellbeing Strategy.

2.3.6 Climate Emergency & Sustainability Impact

Capital funding will have a significant impact on our ability to meet our sustainability targets. Any initiative which may support a sustainable pipeline of capital funding must be encouraged.

2.3.7 Communication, involvement, engagement and consultation

Via governance route noted at Section 2.3.

2.3.8 Route to the Meeting

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

- FCIG - 29 May 2024
- EDG - 4 July 2024

2.4 Recommendation

This paper is provided to members for:

- **Assurance** - For Members' information.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 - DL(2024)02 - Whole System Infrastructure Planning.

Report Contact

Neil McCormick
Director of Property & Asset Management
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Ben Johnston
Head of Capital Planning & Project Director
Email ben.johnston2@nhs.scot

Meeting: Finance, Performance & Resources Committee
Meeting date: 10 September 2024
Title: NHS Fife Procurement Strategy 2024-2029
Responsible Executive: Margo McGurk, Director of Finance & Strategy
Report Author: Kevin Booth, Head of Financial Services & Procurement

Executive Summary:

- To meet the regulatory requirements of the Procurement Reform (Scotland) Act 2014, NHS Fife must prepare and publish a Procurement Strategy.
- The content and presentation of the NHS Fife Procurement Strategy aligns with the requirements prescribed by Scottish Government.
- The NHS Fife Procurement Strategy was reviewed by the Procurement Governance Board and was recommended for approval and distribution to the FP&R committee.

1 Purpose

This is presented to the committee for:

- Assurance

This report relates to a:

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

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

- Safe
- Effective

2 Report summary

2.1 Situation

The FP&R committee is asked to review the content of the Procurement Strategy 2024-2029 and approve prior to this report being presented to the NHS Fife Board with the recommendation to approve and publish.

2.2 Background

To meet the regulatory requirements of the Procurement Reform (Scotland) Act 2014, NHS Fife must prepare and publish a Procurement Strategy, which is reviewed annually and updated as appropriate. The Procurement Strategy demonstrates how NHS Fife intends to carry out regulated procurements with an estimated value equal to or greater than £50k (excluding VAT) for goods and services.

2.3 Assessment

The Procurement Strategy supports NHS Fife to meet the requirements as set out in the Procurement Reform (Scotland) Act 2014 and demonstrates how NHS Fife operates its procurement function in line with Scottish Government direction for public sector procurement.

The Procurement Strategy provides an overview of how the procurement function will deliver value for money and make the most efficient wider use of its significant procurement expenditure. Key aspects covered within the strategy include:

- Procurement Vision and Mission Statement.
- NHS Fife Strategic Priorities and Ambitions.
- Procurement Objectives and how they link with NHS Fife Priorities.
- Spend Overview
- Mandatory Obligations including regulated procurements, engagement, sustainability, Anchor Institute objectives, community benefits, fair and ethical procurement, compliance with the Health and Safety at Work Act 1974, and payment performance.
- Measuring and Reporting performance.

The Procurement Strategy along with the Procurement Governance Board will support the effective oversight and transparency of the Procurement function.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

The Procurement Strategy guides best practice across the procurement function and supports the Boards objective of delivering quality patient care.

2.3.2 Workforce

The Procurement Strategy guides NHS Fife procurement staff to ensure a consistent approach is undertaken to all public sector procurement.

2.3.3 Financial

The procurement strategy supports the Boards delivery of the efficient use of its financial resources.

2.3.4 Risk Assessment/Management

The contents of the Procurement Strategy when published will become a public document and as such have been approved by the Head of Financial Services & Procurement. Compliance will be monitored regularly throughout the year through the Procurement Business Assurance Group.

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

The Procurement Strategy details the key areas procurement can support the Boards Anchor Institute objectives.

2.3.6 Climate Emergency & Sustainability Impact

Climate Emergency and Sustainability is a key consideration of the Procurement Department and is incorporated into consideration for regulated procurements.

2.3.7 Communication, involvement, engagement and consultation

The content of the Procurement Strategy has been finalised through discussion and contribution from members of the NHS Fife Procurement team before presentation to the Director of Finance & Strategy.

2.3.8 Route to the Meeting

This paper and the accompanying Procurement Strategy was previously approved at the Procurement Governance Board on 31st July 2024 and then EDG on 15th August 2024.

2.4 Recommendation

- **Assurance** – This report provides a significant level of assurance for the FP&R committee on the Strategic direction of Procurement in line with Public Procurement legislation and NHS Fife strategic priorities.
- For NHS Fife Board submission.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – NHS Fife Procurement Strategy 2024-2029

Report Contact

Kevin Booth

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Procurement Strategy 2024-2029

Author	Paula Lee, Head of Procurement
Approver	Finance, Performance and Resources Committee
Version	1.1

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1. Introduction

The procurement function is a key part of NHS Fife, contributing by optimising the resources available for health priorities. The function is part of the Finance Directorate, reporting to the Director of Finance who is an Executive Member of the NHS Fife Board. Our work covers £350 million spend across a combination of local and collaborative contracts.

As well as arranging strategically important contracts to support the delivery of healthcare, we also provide operational procurement services, ensuring the right products get to hospitals and other healthcare settings at the right time.

To illustrate this further, over the last year NHS Fife Procurement:

- **Saved NHS Fife £807k.**
- **Managed over 95,064 purchase orders.**
- **Managed over 8,177 customer interactions via our Procurement Helpdesk.**
- **Managed 1,970 suppliers.**

This Strategy sets out our objectives over the period of 2023 to 2028 and will be reported on annually via our Procurement Report.

Procurement Strategy Pillars

We will deliver our vision and this strategy through four pillars that drive everything we do.

- **Customer Focus.**
- **Being the Best Place to Work.**
- **Continuous Improvement.**
- **Maximised Value.**

2. Procurement Vision

NHS Fife Procurement Vision

To be a Trusted Partner to our organisation, delivering Commercial Expertise as well as Contracts to all our customers, which are Safe, Best Value, Sustainable and High Quality

3. Mission Statement

NHS Fife Procurement Mission Statement

- **Ensure patient care, and patient and staff safety are at the heart of all our commercial decisions.**
- **Be at the forefront of technology to help us be the best Procurement Team we can be.**
- **Support the wellbeing and wealth of the population of Fife by delivering contracts and solutions which deliver economic growth and equality, whilst ensuring our actions positively support the Climate Emergency.**
- **Always getting goods and services to where they are needed and when.**
- **Maximise value from every opportunity to deliver savings to NHS Fife.**
- **Be seen as fair and transparent by our suppliers.**

4. Next 5 Years

The Procurement Team will focus on the following key themes over the next 5 years.

Customer - Being easy to do business with is key to supporting our patient facing customers. We will continue to challenge ourselves to make the most customer friendly processes as possible.

People - Equipping our staff with the necessary skills to operate in an ever-changing commercial environment is critical to success. We will develop the team with training to allow them to develop the commercial acumen needed for the challenges ahead.

Technology - We will harness technology including Artificial Intelligence to release time to procure, making the most of our finite resources. We will support the implementation of Point of Care Scanning to deliver patient safety benefits, including traceability and procedure costing.

Sustainability - We will deliver a sustainable procurement service to support the health and wellbeing of the population of Fife, covering our legal obligations and ensuring that environmental, social and economic considerations are a key part of all procurement activity.

Resilience & Risk Management - Has never been as important; we will work with the Resilience Team to ensure Business Continuity and Emergency Risks are identified and plans put in place to mitigate, reduce and manage risks of disruption to supply of critical products and services caused by supply chain vulnerabilities and surges in demand be they caused by geo-political or climate emergency events.

5. Strategic Priorities

NHS Fife's strategic priorities are set out in the [NHS Fife Population Health and Wellbeing Strategy](#), and are defined as detailed below:

NHS Fife Ambitions

Living Well, Working Well and Flourishing in Fife	
<p>Priority 1: Improve Health and Wellbeing</p> <p><i>We work to close the inequality gap ensuring that all people of Fife can flourish from cradle to grave.</i></p>	<p>A Fife where we:</p> <ul style="list-style-type: none"> • Live in flourishing, healthy and safe places and communities. • Thrive in our early years. • Have good mental wellbeing. • Reduce the use of and harm from alcohol, tobacco, and other drugs. • Have a sustainable, inclusive economy with equality of outcomes for all. • Eat well, have a healthy weight and are physically active.
<p>Priority 2: Improve the Quality of Health and Care Services</p> <p><i>We provide the safest and best possible health and care services, from cradle to grave, for the people of Fife.</i></p>	<p>For all healthcare services provided by NHS Fife, we will:</p> <ul style="list-style-type: none"> • Provide high quality person-centred care. • Deliver services as close to home as possible. • Less reliance on inpatient beds by providing alternatives to admission to hospital. • Ensure timely access to services based on clinical need. • Prevent and identify disease earlier. • Support the delivery of seamless, integrated care and services across health and social care.
<p>Priority 3: Improve Staff Experience and Wellbeing</p> <p><i>We value and look after our staff.</i></p>	<p>Our Workforce:</p> <ul style="list-style-type: none"> • Is inclusive and diverse, reflecting Fife's communities. • Is supported to develop new skills that help improve care for patients. • Is heard and at the heart of transforming services. • Works in partnership across health and social care, recognising interdependencies. • Experiences compassionate leadership in a culture that supports wellbeing.
<p>Priority 4: Deliver Value and Sustainability</p>	<ul style="list-style-type: none"> • Provide the right services in the right places with the right facilities. • Ensure the best use of our buildings and land. • Reduce energy usage and carbon emissions, working toward carbon neutral by 2040.

<p><i>We use our resources wisely to ensure our services are sustainable and meet our populations needs.</i></p>	<ul style="list-style-type: none"> • Deliver our capital programmes for primary care, mental health, and acute services, creating high quality environments for patients and staff. • Deliver sustainable and effective resource allocation that supports value-based healthcare.
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Detailed below are our Procurement Objectives and the appropriate linkages to the 5 Year Plan and NHS Fife Strategic Priorities:

Procurement Objectives and How They Link

Objective	Linkages		
	Pillars	5 Year Plan	NHS Fife
Deliver Savings to NHS Fife to Reinvest in Patient Care	Maximised Value	Customer	Improve Health and Wellbeing
Invest in Our People	Being the Best Place to Work	People	Staff Experience and Wellbeing
Provide Transparent and Effective Oversight of the Procurement Function	Continuous Improvement	Sustainability	Deliver Value and Sustainability
Support Implementation of Genesis Point of Care Inventory Management	Customer Focus	Technology	Improve the Quality of Health and Care Services

Objective 1 - Deliver Savings to NHS Fife to Reinvest in Patient Care

Generating savings to the bottom line is the core business of Procurement. Against a backdrop of various social-political factors Procurement will continue to optimise opportunities to save and mitigate cost pressures wherever possible.

Objective 2 - Invest in Our People

None of this is possible without our people, who deliver the solutions to complex problems, every day. However, we need to ensure that we have a process to allow career development and new entrants to our team to allow for succession planning and turnover.

To do this we will:

- Continue to develop existing staff through, Individual Training Plans, Knowledge and Skill Framework (KSF) appraisals and Personal Development Plans, to meet their career ambitions.
- Develop a tendering programme, taking staff through tender exercises, from Commodity Strategy to Exit Strategy
- Attend Careers Events in Fife, promoting Procurement as a career.

Objective 3 – Provide Transparent and Effective Oversight of the Procurement Function

To support effective governance, a Procurement Governance Board exists. The group will be directed by the Procurement Strategy for NHS Fife and will ensure that any actions or objectives set by the Board in relation to general procurement are monitored through to a satisfactory conclusion and remain in line with both legal and Scottish Government requirements.

The purpose of the Procurement Governance Board is:

- To monitor the continuous development of existing staff to best meet the future needs of NHS Fife.
- To ensure that departments with procurement responsibility deliver consistent application of best procurement practice and Board Standing Financial Instructions to support the optimisation of savings.
- To develop and maintain a Board wide Procurement Strategy which takes account of the latest National, Regional and professional procurement developments and trends.
- To maintain procurement standards based on published best practice and ensuring that the organisation has the capability of delivering compliance with these standards.
- To ensure oversight of the effective Risk Management in central Procurement.
- To establish a supportive peer review process which will allow the continuous quality improvement of procurement in the organisation.
- To ensure that technology is used effectively to improve efficiency and productivity across the procurement function and its relationship with users and other stakeholders.
- To maintain a strategy for effective engagement with the procurement service users and the board's supplier base and to ensure that open and transparent processes are in place to encourage participation and competition.
- To ensure that appropriate capabilities and accreditations are maintained to provide a procurement service that demonstrates 'good practice in most assessment areas, with an improvement plan for the remaining areas' for the Procurement and Commercial Improvement Program (PCIP).
- To maintain a set of key performance indicators (KPIs) which will allow the overall procurement performance to be understood and monitored. The set of KPIs will be reported quarterly at each meeting before submission to the Finance Performance & Resource Committee.
- To monitor progress on the Regional Procurement Programme.
- To provide escalation points in the service to achieve procurement savings and service improvement.
- To oversee the implementation of any Audit assignments in relation to general procurement.
- To monitor Procurements contribution to NHS Fife's Anchor Institute aims and objectives.

Objective 4 - Support Implementation of Genesis Point of Care Inventory Management

The Scan for Safety Programme aims to implement a system wide approach to the tracking and tracing of high-risk devices in Scotland through digital data capture at the point of care.

It will take a 'Once for Scotland' approach and will capture medical device data electronically in a consistent format across the NHS, including information on the patient, procedure, clinical staff, information about the device itself and where the procedure takes place.

This work will improve patient safety through enabling device traceability, supporting efficient patient recall, and contribute to the wider monitoring of device performance and clinical outcomes.

We will support clinical and non-clinical teams in implementing this innovative technology.

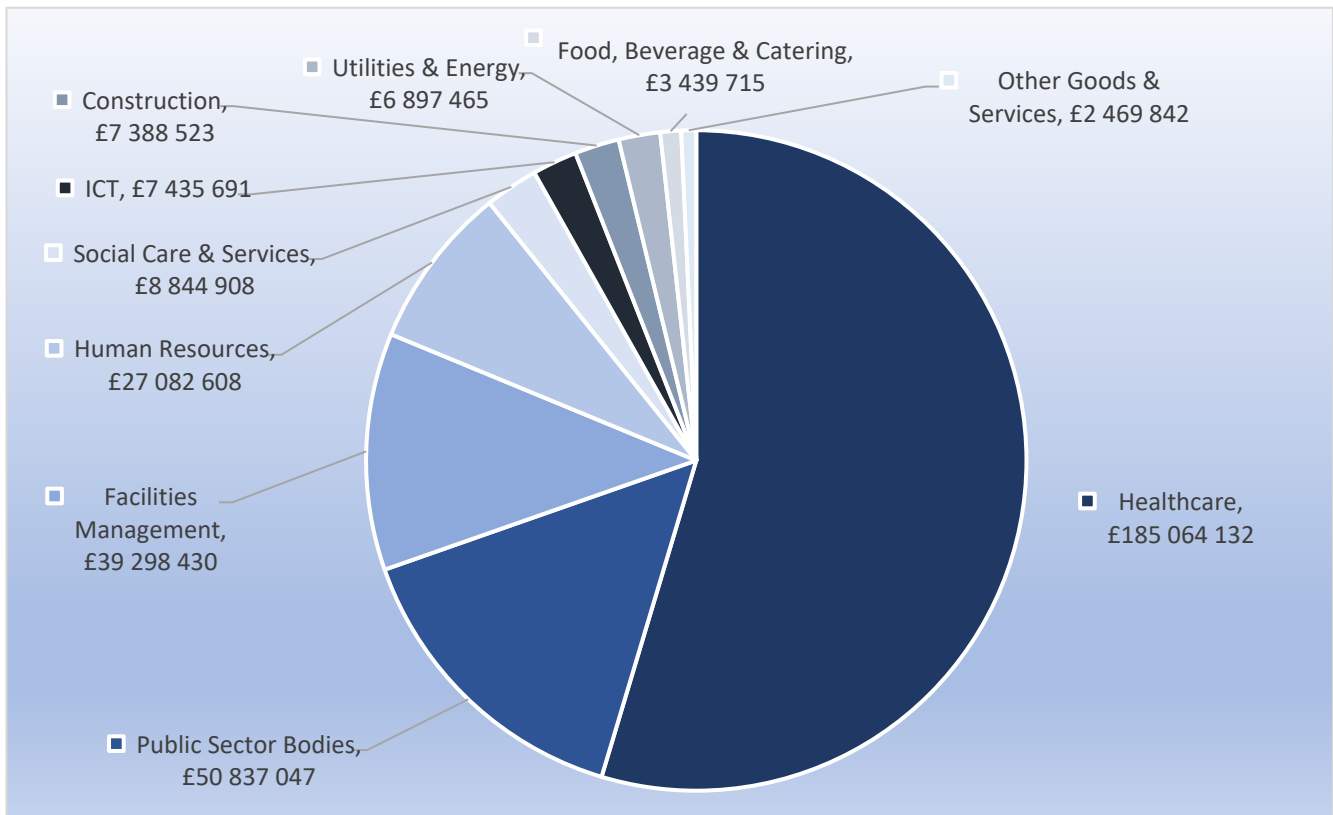
6. Spend

In the last full financial year, NHS Fife had a total trade spend of £350 million. Getting the best value from this expenditure is a combination of, Category Management, Market Intelligence, Supplier Negotiation, Stakeholder Influencing, Economies of Scale, Innovation, National and Local Contracts.

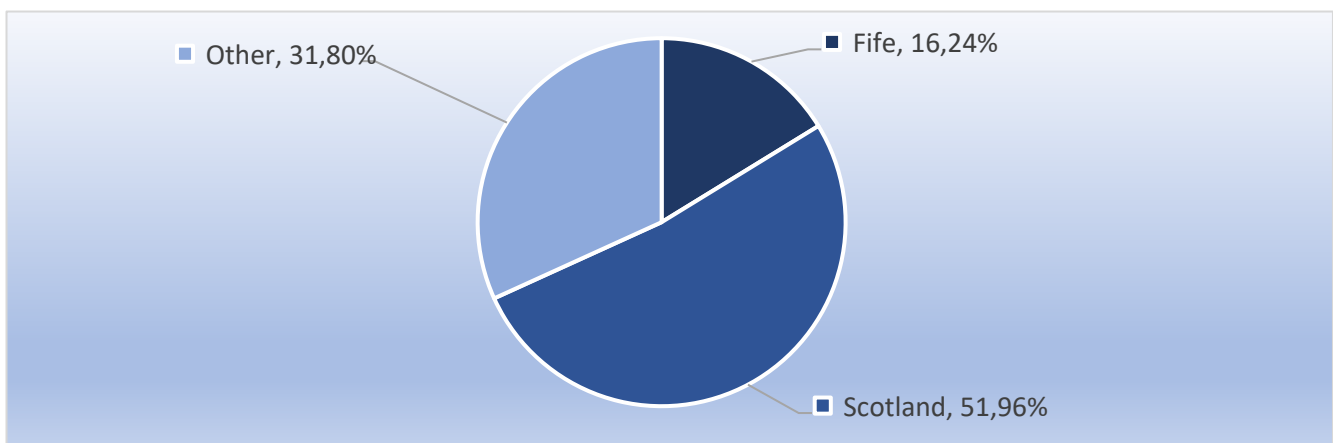
What we spend is as important as where we spend it, this is to harness the power of Procurement to support the wealth and wellbeing of the Fife population.

Further details on the contracts we have let are available on the [Public Contracts Scotland](#) website.

Spend by Category (Top 10)



Spend by Authority Area



7. Mandatory Obligations

Regulated Procurements

A regulated contract is a public contract which (other than a public works contract) is equal to or greater than.

Type	Threshold
Public Contract (other than a public works contract)	£50,000
Public Works Contract	£2,000,000

We will publish all regulated procurements on the Public Contracts Scotland portal.

Achieving Our Purpose

Effective Procurement makes a key contribution to improving health by optimising the resources available for health priorities. This includes, but is not limited to:

- Seeking best value through competitive procurement exercises
- Whole Life Costing products and services
- Cost avoidance
- Reduce Waste and Variation
- Process efficiencies
- Lower operating costs

Delivering Value for Money

We seek value for money from all procurement exercises by using all the relevant legislation and guidance available alongside professional and academic journals. This combined with highly trained Procurement professionals ensures the best value for money outcome is achieved by the Board.

Scottish Priorities for Public Procurement

By developing and delivering this strategy we are committing to the national context under the Scottish Government Priorities for Scottish Public Procurement.



Engaging with Service Users

We will continue to support and react to changes in the organisation, whether they are internal or external emerging risks and issues.

Our [Procurement Helpdesk](#) has been developed to improve responsiveness and support self-service wherever possible. With self-service processes at its heart, we will continue to strive to provide high levels of Customer Satisfaction.

Engaging with Suppliers

Our Contract and Supplier Management Process is used to manage our supply base; however, we need to keep an open door to new suppliers.

We will continue to support Meet the Buyer events, locally and nationally so we can talk to new suppliers, advising them on doing business with NHS Fife as well as learning about innovative new products and services.

We will also continue to hold online Supported Business Supplier Spotlight Sessions. These are short online meetings where Supported Businesses can tell us about their products and services. We will also advise them on how to do business with NHS Fife.

Sustainable Procurement Duty

Sustainable public procurement aims to make the best use of public money, helping us to achieve our overarching purpose and strategic aims.

The sustainable procurement duty, outlined in [Procurement Reform \(Scotland\) Act 2014](#), aligns with the Scottish Government's purpose to create a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth. It is underpinned by the [National Performance Framework](#) and [Scotland's National Strategy for Economic Transformation](#).

The sustainable procurement duty requires that before a contracting authority buys anything, it must think about how it can improve the social, environmental, and economic wellbeing of the area in which it operates, with a focus on reducing inequality.

It also requires a contracting authority to consider how its procurement processes can facilitate the involvement of SMEs, third sector bodies and supported businesses, and how public procurement can be used to promote innovation.

Compliance with the sustainable procurement duty is the mechanism through which public procurement contributes to and tracks its contribution to our overarching purpose.

Like all public sector contracting authorities we set out in our procurement strategy how it intends to comply with the duty, and we are mandated to report annually on progress.

We use the [Sustainable Procurement Tools](#) in regulated procurements to deliver on the duty.

Anchor Institute

NHS Fife will continue to progress its ambitions as an Anchor Institute to consider and develop ways that it can further use its influence to enhance the benefits for the population of Fife. Procurement is a key dimension of the programme, and the Procurement team will play a key role, using and increasing its considerable influence by:

- Routinely monitoring and analysing local spend.
- Enabling Local SME's, social enterprises and supported businesses to submit proposals.
- Carrying out engagement with local suppliers on contract opportunities and requirements.
- Including Community Benefit clauses in all competitive tenders of £50k and above.
- Including Fair Work clauses within contract T&C's
- Consideration of wider social, health and environmental issues during procurements

Community Benefits

NHS Fife is committed to maximising Community Benefits from its procurement activities. This will be achieved through the inclusion of specific clauses within procurement contracts known as Community Benefit Clauses.

Community Benefit Clauses are contractual requirements which deliver wider benefits in addition to the core purpose of the contract. These clauses can be used to build a range of economic, social, or environmental conditions into the delivery of contracts.

[The Public Contracts \(Scotland\) Regulations 2015](#) enable public bodies to include Community Benefits in the procurement process, in certain circumstances.

NHS Fife will assess all regulated procurements for inclusion of Community Benefit Clauses. NHS Fife will also use the [Community Benefits Gateway](#) to capture benefit requirements from our community.

Food Procurement

We will support the improvement of health, wellbeing, and education of communities in relation to food by:

- Engaging Public Health, Facilities and Dietician colleagues for food procurements.
- Ensuring implementation of procurement aspects of the joint NHS Fife, Fife Health & Social Care Partnership and Fife Council, [Food for Fife Strategy & Action Plan 2024-2029](#).

- Ensuring Healthy Choices are available to patients and staff.

Scottish Real Living Wage

As a Real Living Wage accredited organisation, NHS Fife ask current contracted suppliers to match our obligation in the payment of the Real Living Wage. We also seek to encourage payment of the Real Living Wage by other potential suppliers, through Regulated Procurements and the use of the [Scottish Government's Fair Work First](#) policy.

Fair Work First asks businesses bidding for a public contract to commit to adopting the following:

- appropriate channels for effective voice, such as trade union recognition
- investment in workforce development
- no inappropriate use of zero hours contracts
- action to tackle the gender pay gap and create a more diverse and inclusive workplace.
- providing fair pay for workers (for example, payment of the real Living Wage)
- offer flexible and family friendly working practices for all workers from day one of employment.
- oppose the use of fire and rehire practices.

Fair and Ethical Procurement

NHS Fife understands the importance of ensuring its acts ensure the promotion and maintenance of high standards of social, ethical, and environmental conduct. We are also committed to ensuring that our suppliers and contractors on our contracts are encouraged to adopt a similar responsible approach.

NHS Fife will considering the *Global Compact*, a widely adopted United Nations standard for responsible business practice, covering human rights, labour, the environment and anti-corruption. As a globally recognised and universally applicable set of standards, the [Ten Principles](#) of the *Global Compact* form the basis of the Supplier Code of Conduct. The principles are:

Principles	
Human Rights	<ol style="list-style-type: none"> 1. Businesses should support and respect the protection of internationally proclaimed human rights; and 2. make sure that they are not complicit in human rights abuses.
Labour	<ol style="list-style-type: none"> 3. Businesses should uphold the freedom of association and the effective recognition of the right to collective bargaining. 4. the elimination of all forms of forced and compulsory labour. 5. the effective abolition of child labour; and 6. the elimination of discrimination in respect of employment and occupation.

Environment	<p>7. Businesses should support a precautionary approach to environmental challenges.</p> <p>8. undertake initiatives to promote greater environmental responsibility; and</p> <p>9. encourage the development and diffusion of environmentally friendly technologies.</p>
Anti-Corruption	<p>10. Businesses should work against corruption in all its forms, including extortion and bribery.</p>

Compliance by Contractors and Sub-Contractors with The Health and Safety at Work Act 1974

NHS Fife will promote compliance of contractors and subcontractors to the Health and Safety at Work Act 1974 via our terms and conditions of contract and/or specific contract clauses where appropriate.

Ensuring Contractors and Sub-Contractors are Paid On Time

NHS Fife aspires to pay all contractors and suppliers within ten days of receiving a valid invoice, to support the stability and sustainability of the wider supply chain.

NHS Fife will by way of Terms and Conditions specify that:

- all subcontractors are paid by no later than thirty days from date of receiving a valid invoice.
- subcontractors pay their subcontractors no later than thirty days from date of receiving a valid invoice.

8. Measuring and Reporting

Annual Procurement Report and Procurement Strategy

This Annual Procurement Report and the Procurement Strategy are required to be published on the NHS Fife website as set out in the Procurement Reform Act 2014.

This Annual Procurement Report will be prepared by the Head of Procurement and reviewed by the Procurement Governance Board for approval by the Finance, Performance and Resources Committee.

Communication

This Procurement Strategy will be published on the NHS Fife website as set out in the Procurement Reform Act. The Procurement Strategy/Annual Report will also be shared with all members of the Procurement Team each year by the Head of Procurement.

Objectives

Actions will be tracked via the regular Procurement Business Assurance sessions dedicated to the Procurement Strategy.

Ownership

The Procurement Strategy is owned by the Head of Financial Services and Procurement.

9. Useful Links

[Public sector procurement – Scottish Government](#)

[Procurement Journey](#)

[PCIP Overview](#)

[Thresholds](#)

[Public Contracts Scotland](#)

[PCS-Tender - Public Contracts Scotland](#)

[Sustainable Procurement Tools](#)

[Procurement Competency Framework](#)

[CIPS - Leading global excellence in procurement and supply](#)

10. Glossary

Term	Definition
Category Management	Is a strategic approach to procurement where organisations group together similar areas of external spend to identify opportunities for consolidation and to create added business value.
Community Benefits	Community benefits are the method by which local communities and good causes can receive additional social value from public spending.
Cost Avoidance	Cost avoidance is the preservation of existing spending to prevent price increases due to inflation, economics or the rising costs of products or services. An example of cost avoidance is when a company purchases an extended equipment warranty to limit maintenance costs or out-of-pocket expenses.
Small and Medium Enterprises (SME)	An SME is any organisation that has fewer than 250 employees.
Supported Business	Supported businesses are enterprises where over 50% of their workforce have a disability.
Whole Life Costing	Whole life costing is an investment appraisal and management tool which assesses the total cost of an asset over its whole life.

Meeting:	Finance, Performance & Resources Committee
Meeting date:	10 September 2024
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Susan Fraser, Associate Director of Planning and Performance

Executive Summary

There are 14 metrics reported to Finance, Performance & Resources Committee via the IPQR.

- Emergency Access performance is not being achieved across all sites nor at Emergency Department, current trajectory not being met for Emergency Department.
- Not achieving trajectory/target for Standard Delays in Acute and Community settings but both achieved within Mental Health
- Trajectory/target met for Cancer 31-days, but both not achieved for Cancer 62-days
- Trajectory achieved for Patient TTG metrics but not target.
- Trajectory achieved for New Outpatients % within 12 weeks and within 5% of trajectory for waits >52weeks. Targets not achieved for both.
- Trajectory achieved for Diagnostics % within 6 weeks and not achieved for waits >26weeks. Targets not achieved for both.

This report provides Moderate Level of Assurance.

1 Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Annual Delivery Plan

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

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

2 Report summary

2.1 Situation

This report informs the Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key health and wellbeing measures (as defined by Scottish Government 'Standards' and local targets).

The period covered by the performance data is generally up to the end of June 2024, although some are available up to the end of July 2024.

2.2 Background

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

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

A summary of the Corporate Risks has been included in this report. Risks are aligned to Strategic Priorities with risk level incorporated into the Assessment section.

Statistical Process Control (SPC) charts continue to be used for applicable indicators.

2.3 Assessment

The IPQR provides a full description of the performance, achievements and challenges relating to key measures in the report.

New measures included this month and onwards are related to Public Health Screening and Child Health with work to continue throughout 2024/25 in relation to inclusion of Primary Care and Public Health (including Climate Emergency) metrics:

Public Health & Wellbeing

- Breast and Bowel Screening
- Abdominal Aortic Aneurysm (AAA) Screening
- Infant Feeding
- Child Developmental Concerns

Highlights of July 2024 IPQR

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

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

Measure	Current Position	Reporting Period	Planned Trajectory	Target
4-Hour Emergency Access (A&E)	75.3%	Jul-24	-	95%
4-Hour Emergency Access (ED)	68.2%	Jul-24	72%	75%
Delayed Discharges (Acute/Comm)	46	Jul-24	43	39
Delayed Discharges (MH/LD)	7	Jul-24	10	10
Antenatal Access	92.9%	Jun-24	-	80%
Cancer 31-Day DTT	95.0%	Jun-24	94%	95%
Cancer 62-Day RTT	71.1%	Jun-24	82%	95%
Patient TTG % <= 12 weeks	45.4%	Jun-24	44%	100%
Patient TTG waits > 52 weeks	642	Jun-24	656	0
New Outpatients % <= 12 weeks	41.6%	Jun-24	35%	95%
New Outpatients waits > 52 weeks	4970	Jun-24	4877	0
Diagnostics % <= 6 weeks	62.8%	Jun-24	30%	100%
Diagnostics > 26 weeks	50	Jun-24	24	0
FOI Requests	90.1%	Jul-24	-	85%

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

Financial reporting is covered in the specific section of the IPQR.

2.3.4 Risk Assessment / Management

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

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

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

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

The Finance, Performance & Resources extract of the Position at July IPQR has been made available for discussion at the meeting on 10 September 2024.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 15 August 2024 and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a Moderate Level of Assurance.
- **Discussion** – For examining and considering the implications of the matter.

3 List of appendices

The following appendices are included with this report:

- IPQR Position at July 2024 FPR v1.0

Report Contact

Bryan Archibald

Planning and Performance Manager

Email bryan.archibald@nhs.scot



Fife Integrated Performance & Quality Report (IPQR)

Position (where applicable) at July 2024
Produced in August 2024

Introduction

The purpose of the Integrated Performance and Quality Report (IPQR) is to provide assurance on NHS Fife's performance relating to National Standards and local Key Performance Indicators (KPI). At each meeting, the Governance Committees of the NHS Fife Board is presented with an extract of the overall report which is relevant to their area of Governance. The complete report is presented to the NHS Fife Board.

The IPQR comprises the following sections:

A. Corporate Risk Summary

Summarising key Corporate Risks and status.

B. Indicatory Summary

Summarising performance against full list of National Standards and local KPI's. These are listed showing current performance against target/trajectories with comparison with 'previous' performance.

C. Assessment & Performance Exception Reports

More detailed Indicator Summary for each area of Governance including (where appropriate) benchmarking, 'sparkline' trend, comparison with 'previous year' performance. There is also a column indicating performance 'special cause variation' based on SPC methodology. Also incorporated into this section is an assessment for indicators of continual focus or concern. Content includes data analysis, service narrative and additional data presented in charts, incorporating SPC methodology, where applicable. Performance RAG is based on, if applicable, agreed trajectories for 2024/25, otherwise against National/Local target. All charts with SPC applied will be formatted consistently based on the following;



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

C1. Quality & Care

**C2. Operational
Performance & Finance**

C3. Workforce

**C4. Public Health &
Wellbeing**

MARGO MCGURK
Director of Finance & Strategy
13 August 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	7	5	2	-	-	◀▶	Moderate
Total	19	13	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 Decreases
◀▶	No Change
▼	Deteriorated - Risk Increases

Summary Statement on Risk Profile

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

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

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

B. Indicator Summary

Quality & Care		Current	Previous	Change			Current	Previous	Change			Current	Previous	Change
	LAER/SAER % Actions Closed on Time	37.8%	52.2%	▼		Inpatient Falls	7.38	7.44	◆		Pressure Ulcers	1.24	1.52	▲
	Ligature Incidents (Mental Health)	0.71	0.33	▼		Incidents of Restraint (Mental Health)	10.7	12.0	▲		Incidents of Physical Violence (Mental Health)	13.55	10.22	▼
	Incidents of Self Harm (Mental Health)	0.89	0.82	▼		SAB HAI	28.0	16.7	▼		C Diff HAI	7.0	6.7	◆
	ECB HAI	59.6	46.7	▼		S1 Complaints Closed in Month on Time	59.5%	68.9%	▼		S2 Complaints Closed in Month on Time	20.5%	21.4%	▼

Operational Performance		Current	Previous	Change			Current	Previous	Change			Current	Previous	Change			
	Emergency Access	A&E	75.3%	74.4%	▲		Delayed Discharges (Standard)	Acute/Comm	46	55	▲		Cancer	31-day DTT	95.0%	96.1%	▼
		ED	68.2%	66.4%	▲			MH/LD	7	9	▲			62-Day RTT	71.1%	73.6%	▼
	Patient TTG	% <=12weeks	45.4%	47.1%	▼		New Outpatients	% <=12weeks	41.6%	40.9%	▲		Diagnostics	% <=6weeks	62.8%	59.9%	▲
		>52 weeks	642	642	◆			>52 weeks	4970	4845	◆			>26 weeks	50	44	▼

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

Finance		Current	Change			Current	Change
£	Revenue Resource Limit Performance	(£17.207m)		£	Capital Resource Limit Performance	£1.274m	

Workforce		Current	Previous	Change			Current	Previous	Change			Current	Previous	Change		
	Sickness Absence		7.17%	7.11%	◆		Personal Development Plan & Review		44.5%	43.5%	▲		Medical & Dental	6.2%	7.5%	▲
										Nursing & Midwifery	3.8%		4.6%	▲		
							AHPs	3.7%	4.7%	▲						

Public Health & Wellbeing		Current	Previous	Change			Current	Previous	Change			Current	Previous	Change	
	Smoking Cessation	40% Most Deprived	285	255	▲		Alcohol Brief Interventions	120%	120%	◆		Mental Health Readmissions within 28 days	3.6%	2.4%	▼
	CAMHS		70.8%	86.0%	▼		Psychological Therapies	67.8%	70.9%	▼		Drugs & Alcohol	93.1%	83.8%	▲
	Breast Screening		73.4%	—		Bowel Screening	66.2%	—	—		AAA Screening	87.3%	86.8%	▲	
	Childhood Immunisation	6-in-1 @ 12 months	95.1%	94.9%	▲		Childhood Immunisation	MMR2 @ 5 years	85.7%	89.6%	▼				
	Infant Feeding		31.6%	30.5%	▲		Child Development		18.4%	15.1%	▲				

C2. Operational Performance

To improve the quality of health and care services

6 4 2 - - ◀ ▶ Moderate

Indicator	Current Position	Reporting Period	Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
4-Hour Emergency Access (A&E)	75.3%	Month Jul-24		95%	○	▲	▼		● Jun-24
4-Hour Emergency Access (ED)	68.2%	Month Jul-24	72%	75%	●	▲	▼		● Jun-24
Delayed Discharges (Standard) Acute/Comm	46	Month Jul-24	43	39	○	▲	▲		● Jun-24
Delayed Discharges (Standard) MH/LD	7	Month Jul-24	10	10	●	▲	▼		● Jun-24
Antenatal Access	92.9%	Quarter Jun-24		80%	●	▲	▲		● CY 2022
Cancer 31-Day DTT	95.0%	Month Jun-24	94%	95%	○	▼	▼		● QE Mar-23
Cancer 62-Day RTT	71.1%	Month Jun-24	82%	95%	○	▼	▼		● QE Mar-23
Patient TTG % <= 12 Weeks	45.4%	Month Jun-24	44%	100%	●	▼	▼		● Mar-24
Patient TTG waits > 52 weeks	642	Month Jun-24	656	0	●	◆	▼		●
New Outpatients % <= 12 Weeks	41.6%	Month Jun-24	35%	95%	●	▲	▼		● Mar-24
New Outpatients waits > 52 Weeks	4970	Month Jun-24	4877	0	●	◆	▼		●
Diagnostics % <= 6 Weeks	62.8%	Month Jun-24	30%	100%	●	▲	▲		● Mar-24
Diagnostics > 26 Weeks	50	Month Jun-24	24	0	●	▼	▲		●
Freedom of Information Requests	90.1%	Month Jul-24		85%	●	▲	▼		●

Finance

To deliver value and sustainability

7 5 2 - - ◀ ▶ Moderate

Revenue Resource Limit Performance	(£17.207m)	Month Jul-24			●	—	—		●
Capital Resource Limit Performance	£1.274m	Month Jul-24			●	—	—		●

<p>Performance Key</p> <div style="background-color: green; color: white; padding: 2px; margin-bottom: 2px;">meeting trajectory/target</div> <div style="background-color: orange; color: white; padding: 2px; margin-bottom: 2px;">within 5% of trajectory/target</div> <div style="background-color: red; color: white; padding: 2px;">out with 5% of trajectory/target</div>	<p>SPC Key</p> <p>○ Within control limits</p> <p>○ Special cause variation, out with control limits</p> <p>● No SPC applied</p>	<p>Change Key</p> <p>▲ "Better" than comparator period</p> <p>◆ No Change</p> <p>▼ "Worse" than comparator period</p>	<p>Benchmarking Key</p> <p>● Upper Quartile</p> <p>● Mid Range</p> <p>● Lower Quartile</p>
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Emergency Access

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

Local Target: 75% of Emergency Department patients to wait less than 4 hours from arrival to admission, discharge or transfer by March 2025

75.3%

1,527



within 4 hours to achieve Standard

68.2%

230



within 4 hours to achieve trajectory

Data Analysis

For A&E (Emergency Department and Minor Injury Units), performance in Jul-24 was 75.3%, below National Standard, but a slight increase from month prior though a decrease on year previous (76.0%). Emergency Department performance increased to 68.2% but is below the local ME trajectory which increased in Jul-24 from 70% to 72%.

There were 7,765 unplanned attendances in Jul-24, equivalent to 250 per day: this is a decrease on the 272 per day in month prior; 10% less than in May-24; and 4% more than year prior. There were also 426 planned attendances, with 56% of these occurring at MIUs.

There were 365 8-hour breaches recorded in Jul-24 (similar to month prior) and 94 with a wait longer than 12 hours (an increase of 147% on month prior).

Breach reasons 'Wait for Bed' and 'Wait for 1st Assessment' accounted for 68% of all breaches.

The most recent publication from Public Health Scotland, for month of Jun-24, shows that NHS Fife continues to be in the mid-range of all Mainland Health Boards and above the Scottish average for both A&E (+5.4%) and Emergency Departments (+1.1%).

Achievements & Challenges

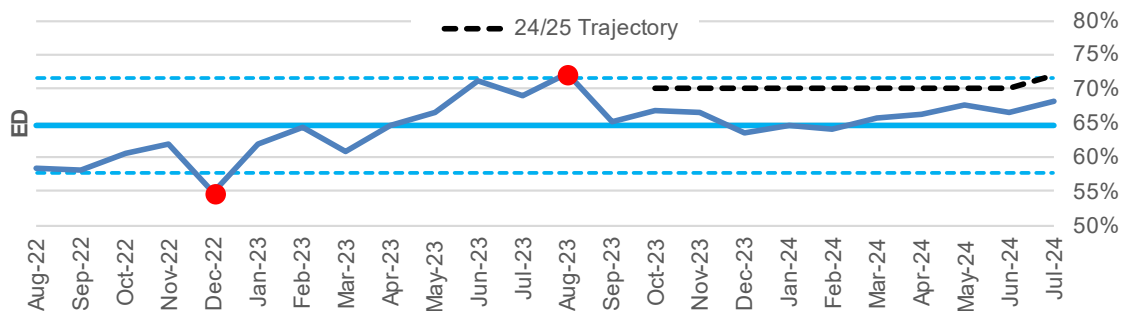
Attendance has remained high at 8155 in June and 7765 in July, although a decrease from the peak in May of 8592 attendances (highest attendance rate recorded) but remains higher than last year. 8-hour breaches have reduced since May.

Successful FNC transition from HSCP to Acute, Medical Directorate. Staffing models reviewed within ED, ensuring senior clinical decision maker presence; successful recent appointment of a dedicated ED CNM continues to ensure appropriate leadership and support.

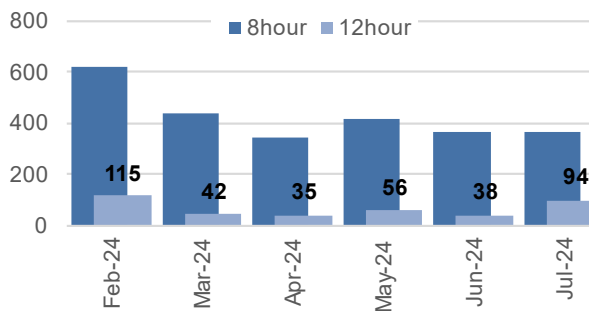
Continued focus on 'Right Care, Right Place'.

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

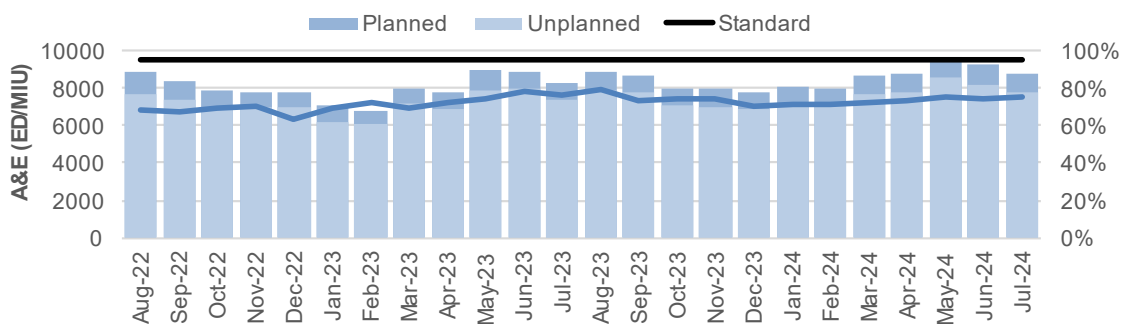
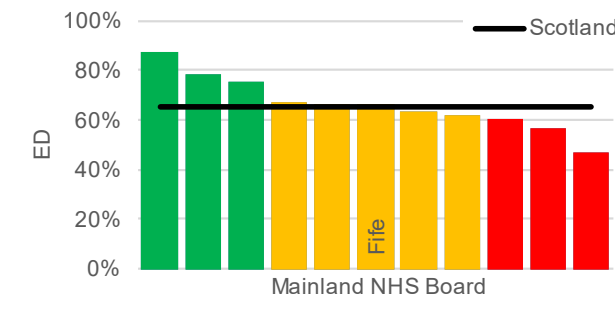
Emergency Access 4-hour Performance



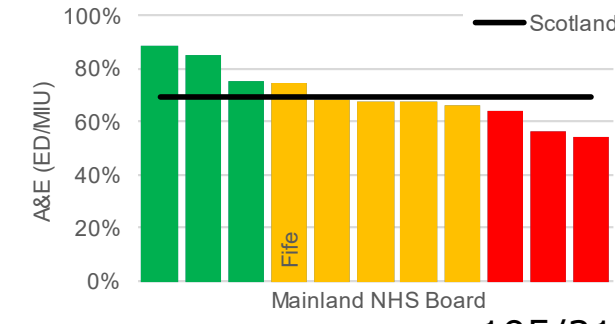
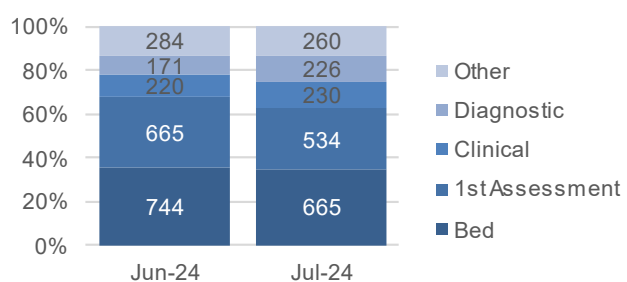
Breaches



Benchmarking | Jun-24



Breach Reasons



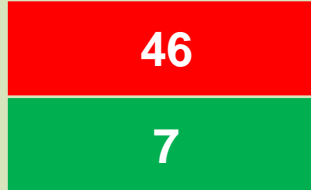
C2. Operational Performance



Delayed Discharges

Reduce average number of Bed Days Lost (BDL) per day due to people in delay (excluding Code 9) within **Acute and Community** settings to 39 by March 2025

Reduce average number of Bed Days Lost (BDL) per day due to people in delay (excluding Code 9) within **Mental Health** settings to 10 by March 2025



3 beds occupied to achieve trajectory

Trajectory achieved as of Jul-24

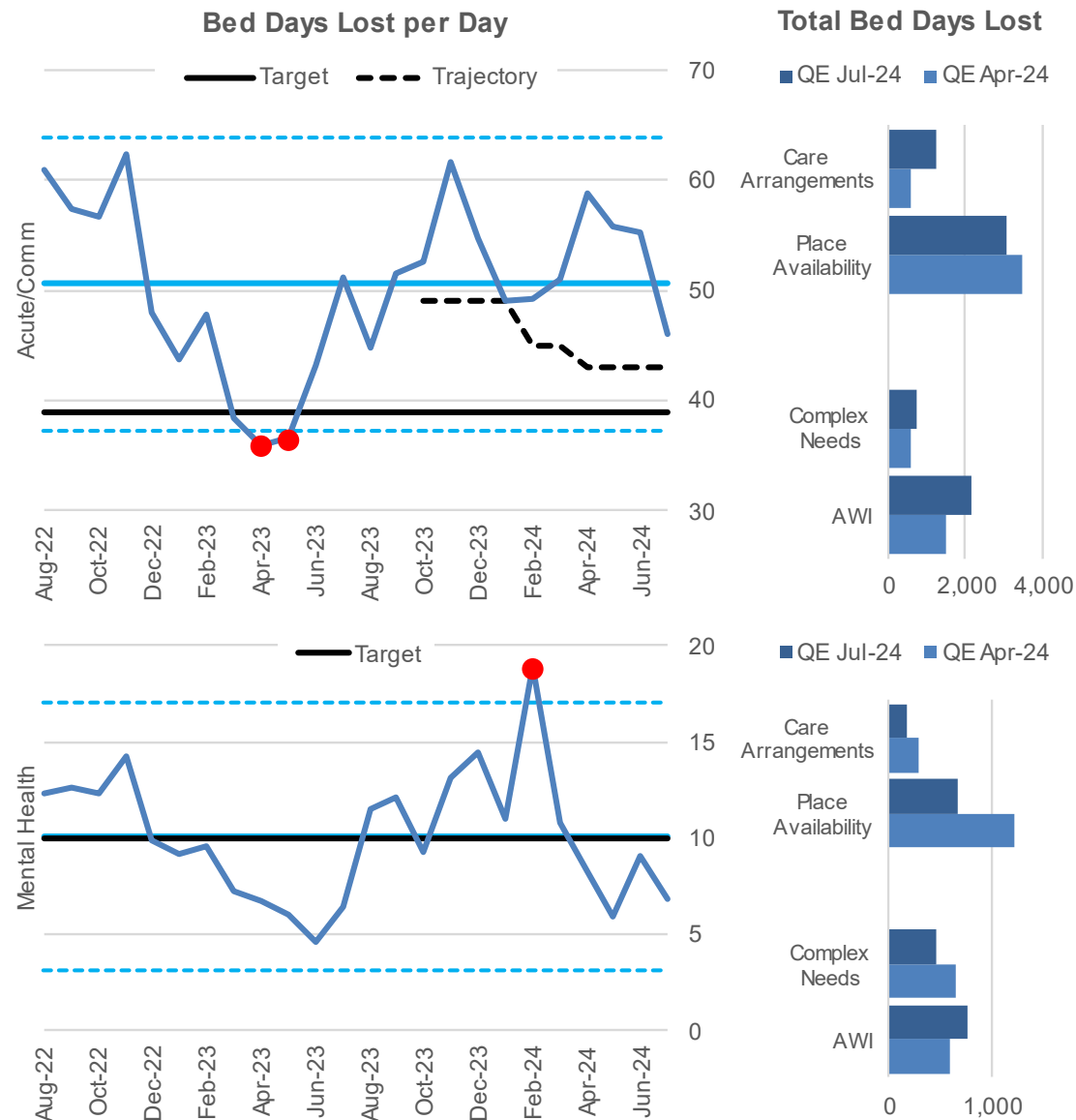
Data Analysis

Bed Days lost to **'Standard' delays**: in Acute & Community, the average daily number decreased to 46 in Jul-24 (from 55 in Jun-24) with 93% of these delays being attributable to Community. This is above the monthly target of 43 though remains within control limits. In MH/LD services, the average daily number decreased to 7 in Jul-24 (from 9 in Jun-24). This is below the monthly target of 10 and performance target has been achieved for the 4th month in a row.

Bed Days lost to **'Code 9' delays**: in Acute & Community, the average daily number increased to 38 (from 26 in Jun-24): this is the highest daily average since Jan-23 and equates to 5.5% of Total Occupied Bed Days. At Jul-24 Census, there were 81 patients in delay (39 Standard delays; 42 Code 9 delays), a slight decrease from 83 the previous month. For MH/LD services, the average daily number increased from 12 in Jun-24 to 13 in Jul-24. The most recent monthly publication from Public Health Scotland, for data up to end of Jun-24, shows that NHS Fife remains in the top 50% for All Standard Delays at Census by Local Authority of Residence (per 100,000 Population aged 18+) with 24 delays for Fife against a Scottish average of 32.

Achievements & Challenges

Daily engagement continues between the MH/LD Discharge Coordinator (DC) and senior ward staff to identify individual barriers to discharge and plan accordingly to meet needs. Monthly review groups are in place to consider Complex Delays and DSR alongside weekly multidisciplinary, solution focused, verification/ flow meetings, including the oversight of the Guardianship process. This allows discharges to be expedited, barriers to be identified and escalation to senior managers for resolution where necessary. Individual Social Workers from the hospital discharge team are identified as link social workers to attend MDT meetings across all sites for both Adult and Older Adult wards. Allowing guidance around social barriers to discharge to be discussed at the earliest opportunity. Challenges: the complexity of individual need can create delay despite early discharge planning with an increasing need for social supports including housing and complex care packages, including 24-hr support. There are a limited number of social workers allocated as link social worker with limited capacity and resources. The combination of person-centred discharge planning and timely assessments for all people requiring support on discharge remains a priority. Our Enhanced Intermediate Care Test Of Change that enables us to plan for the modernisation of our rehabilitation services in the community continues with the second PDSA cycle scheduled to commence on Monday the 9th of September. Where possible, the team will provide support and rehabilitation in the persons' own home instead of having to remain in hospital. The Red Cross Test Of Change continues and has now been in place for twelve weeks. This is a specialist service that enables people, following a stay in hospital, to be supported and assessed in their own home to determine the type and frequency of any care and support they might need. Support is delivered through an enablement approach, including support with personal care and medication, with personalised home assessments allowing for a more accurate understanding of someone's support needs and enhancing the effectiveness of healthcare interventions. Both Initiatives will continue to support both complexed patient and system level factors contributing to the challenging picture in standard delays and keep the demands on the services to a sustainable level.



C2. Operational Performance



Cancer Waiting Times

National Standard: 95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment

National Standard: 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral

95.0%

71.1%

Standard achieved as of Jun-24

9 ↑

Treated to meet trajectory

Monthly performance against **31-day Standard** decreased from 96.1% in May-24 to 95.0% in Jun-24, remaining above trajectory of 94%. Eligible referrals fell from 154 to 121. There were 6 breaches all within Urology (1 Bladder, 5 Prostate).

Benchmarking data for QE Mar-24 shows that Fife was in the mid-range of all NHS Boards, 95.8% compared to 94.1% for Scotland.

All 5 breaches were surgical and dependant on theatre and surgeon capacity. Robotic surgery capacity remains an issue; however, additional theatre sessions are scheduled and the impact of these can be assessed. Range for breaches 6-26 days with an average of 16, a significant decrease from 54 days in May.

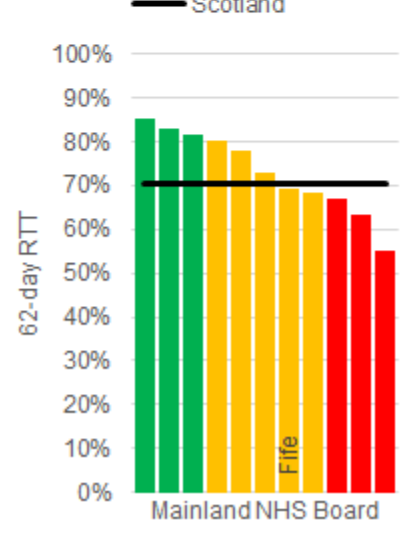
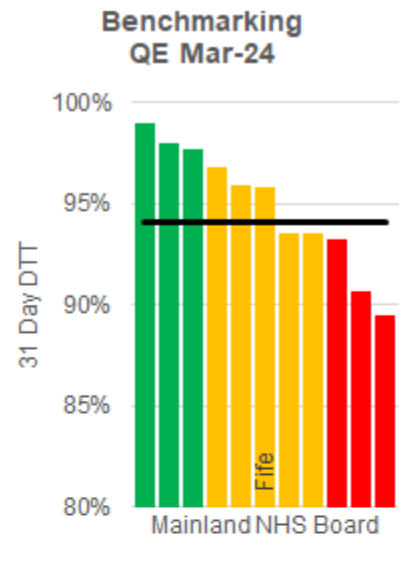
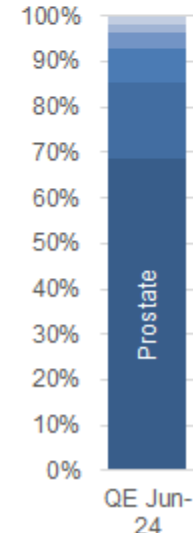
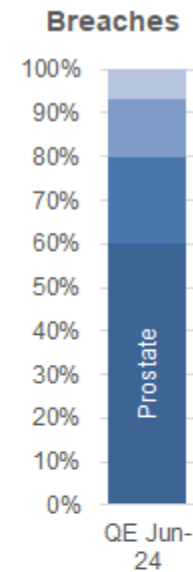
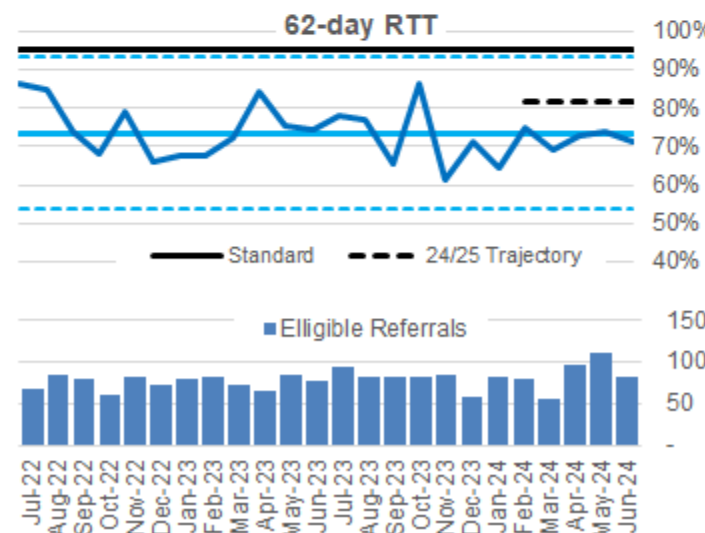
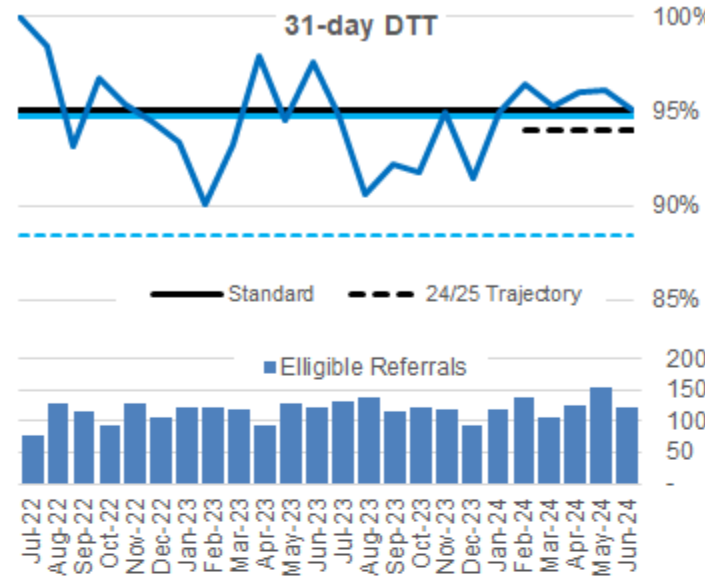
Monthly performance against **62-day Standard** decreased from 73.6% in May-24 to 71.1% in Jun-24 this remains below local trajectory of 81.9%. Eligible referrals decreased from 110 to 83. There were 23 breaches 17 of which were within Urology (16 Prostate, 1 other) the other breaches were 5 Lung, 1 Colorectal and 1 Cervical.

Urgent suspected cancer referrals remain high, particularly in Breast, Colorectal, Lung and Urology. Urology remains our biggest performance challenge with 17 breaches (16 Prostate). Lack of capacity for transperineal biopsy and post MDT appointments are causing significant delays throughout the pathway. Additional post MDT appointments are scheduled and the impact will be assessed. Prostate breach range: 9-131 days, average 33 days (decrease from 45 days in May).

Benchmarking data for QE Mar-24 shows that Fife was in the mid-range of all NHS Boards, 69.5% compared to 70.4% for Scotland.

Further breaches were seen; 1 Colorectal, 4 Lung and 1 Cervical. All Lung breaches were affected by PET/Guided Biopsy capacity issues, the Cervical breach was affected by a long wait from referral to biopsy, but the Colorectal patient was due to staging and investigations with no significant delays. Range for all breaches: 5-131 days, average 28 days (a further reduction from 35 days in May and from 115 days in December)

There is an identified risk on the Cancer Services Risk Register relating to deterioration in Cancer Waiting Times performance. To help reduce this risk: A Lung Nurse Led clinic is being trialled for patients who are for Best Supportive Care. This will release consultant resource.



C2. Operational Performance



Treatment Time Guarantee

In 2024/25, 44% of patients should be treated within 12 weeks (completed wait) of decision to treat in an inpatient or day case setting (**National Standard** 100%)

Reduce the number of patients waiting 52 weeks or more for first outpatient appointment

45.4%

642

Trajectory achieved as of Jun-24

66 ↓

Waits to meet trajectory

Data Analysis

Monthly performance decreased from 47.1% in May-24 to 45.4% in Jun-24, with 41.6% of ongoing waits within 12 weeks. This is the highest figure since Aug-23.

Waiting list numbers for waits of 'over 12 week' decreased to 4730 in Jun-24. Waits 'over 26 weeks' decreased to 2793, waits 'over 52 weeks' remained at 642. The majority of over 52 weeks lie within Orthopaedic (318) and Urology (218).

Waits 'over 104 weeks' decreased to 38 below projected figures, most are within Urology (17).

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

Achievements & Challenges

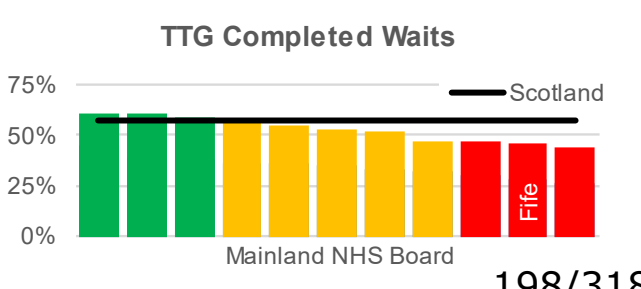
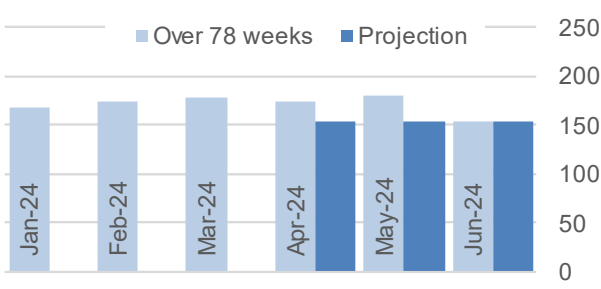
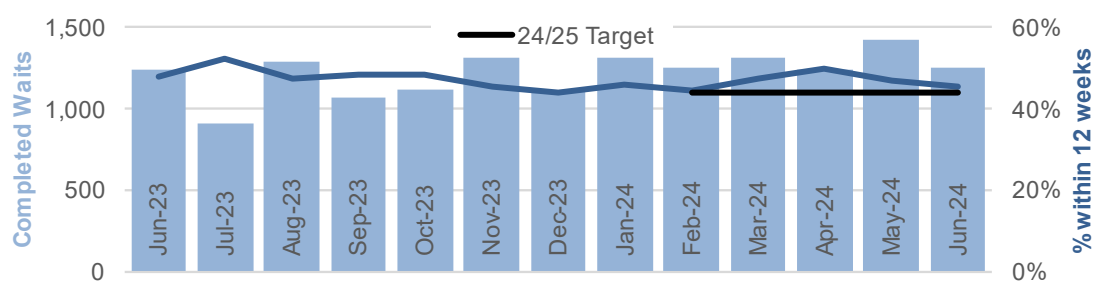
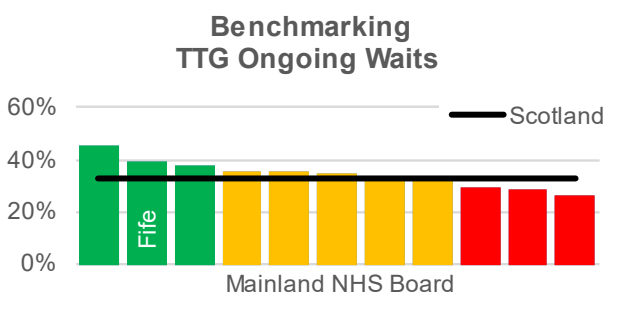
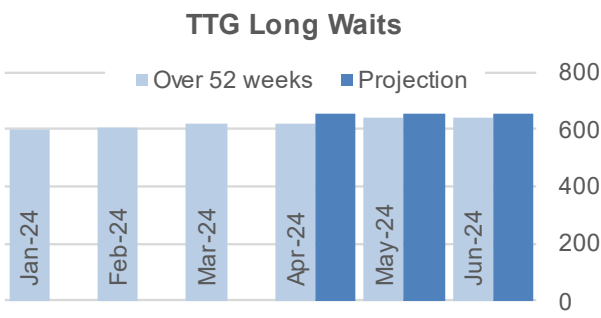
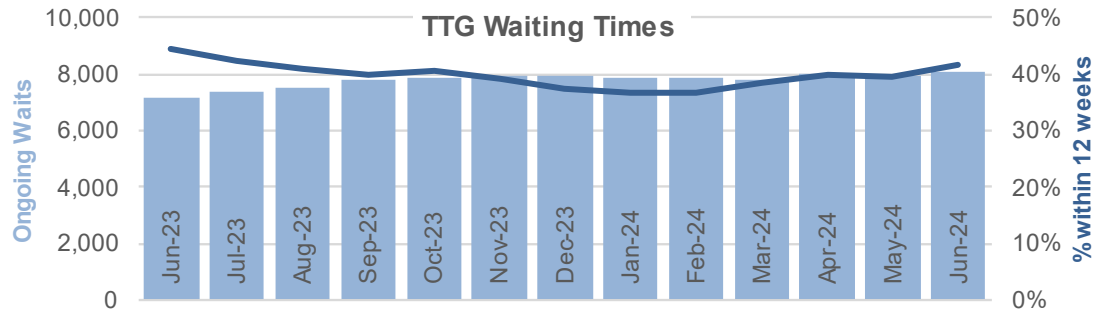
Against projections for 2024/25, in Quarter 1 we delivered 105% of projected capacity, however there continues to be a gap between capacity and demand of approximately 330 procedures per month. The waiting list size as a result continues to rise with the biggest gaps being in Cardiology, General Surgery, Gynaecology, Ophthalmology and Orthopaedics. The demand for June was greater than projected. Although there continues to be an overall deterioration in waiting times, numbers waiting over 26, 52 and 78 weeks have slightly improved since March 2024.

The main specialities of concern in relation to long waiting patients, continue to be Orthopaedics, General Surgery, Urology, Gynaecology, Ophthalmology and Plastic Surgery. The focus continues to be on urgent and urgent suspicion of cancer patients with renewed effort to reduce the number of long waiting patients using additional activity funded by Scottish Government, particularly those waiting over 78 and 104 weeks. However, as routine waiting times increase there are proportionally more patients being upgraded to urgent which is leading to increasing waits for routine patients.

Scottish Government funding has been made available to reduce waiting times and maintain and improve planned care performance. The revised plan to deliver additional activity has been agreed with revised trajectories in place. A sustained improvement in maximising the use of capacity for day cases at Queen Margaret Hospital has been evidenced and efforts continue to identify productive opportunities to maximise throughput in theatres particularly in Orthopaedics and Ophthalmology and the continuation of waiting list validation.

Progress is being made in relation to identifying a local solution between Urology and Gynaecology for specialist urogynaecological procedures.

C2. Operational Performance





New Outpatients

In 2024/25, 35% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment (**National Standard 95%**)

Reduce the number of patients waiting 52 weeks or more for first outpatient appointment

41.6%

4,970

Trajectory achieved as of Jun-24

93 ↓

Waits to meet trajectory

Data Analysis

Monthly performance increased to 41.6% in Jun-24. Waits for over 12 weeks decreased to 19,176. Waits for 26 and 78 weeks decreased whilst waits for 52 and 104 weeks increased. Over 78 weeks decreased by 24% to 698, this is below the projected figures. Waits over 104 weeks increased from 52 to 64.

Urology over 52 weeks saw the largest increase of 29.8% from 426 to 553. The largest number of over 78 weeks waits are in Vascular (109) & Neurology (242).

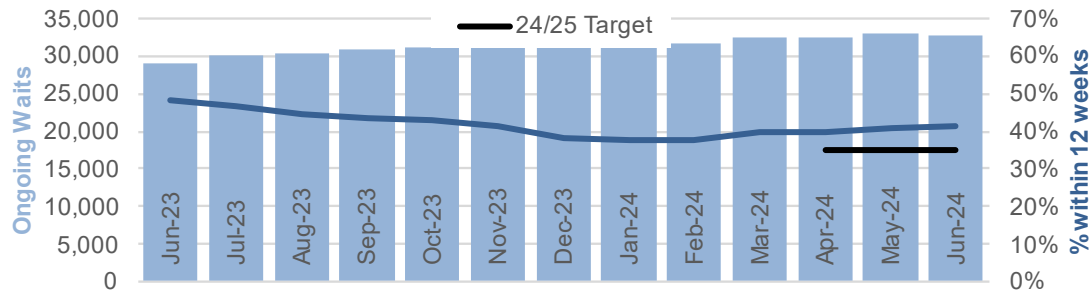
The overall waiting list increased to 32,847 patients in Jun-24. Benchmarking for the QE Mar-24 shows NHS Fife to be mid-range of all mainland boards with a performance of 40.0%, below the Scotland average of 42.8%

Achievements & Challenges

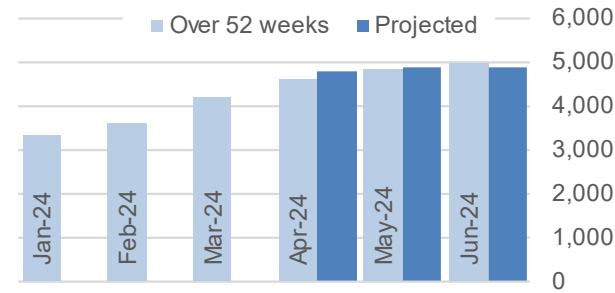
Against the projections for 2024/25, in Quarter 1 we delivered 98.9% of projected capacity. Demand was as expected, however there remains a gap between capacity and demand as projected with a gap of approximately 460 appointments for June. The biggest gaps continue to be in ENT, Ophthalmology, Urology and Vascular due to a combination of vacancies, increased demand, difficulties in delivering additional activity and an increased proportion of urgent referrals. As a result, long waiting times for routine patients continue to increase in several specialities and the waiting list size is increasing, although these are in line with projections. The specialities showing the greatest and/or fastest increases in numbers of longer waiting patients (>52 weeks) are Cardiology, Dermatology, Endocrinology, ENT, Gastroenterology, General Surgery, Gynaecology, Neurology, Urology and Vascular. The focus continues to be on urgent suspicion of cancer and urgent patients as well as our long waiting routine patients and delivery additional activity.

Scottish Government funding has been made available to reduce waiting times and maintain and improve planned care performance. The revised plan to deliver additional activity has been agreed with revised trajectories in place. We will continue to focus on reducing long waits and embedding productive opportunities and efficiencies into business-as-usual practice as part of the core allocation such as maximising capacity by continuing to increase the use of ACRT and PIR and continual validation of waiting lists.

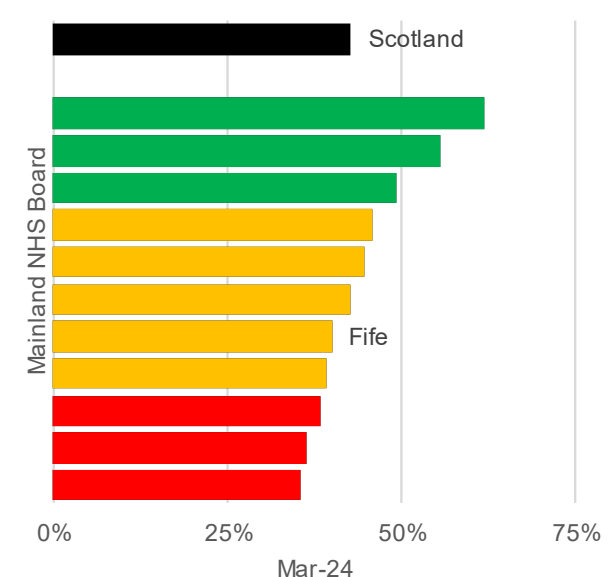
New Outpatient Waiting Times



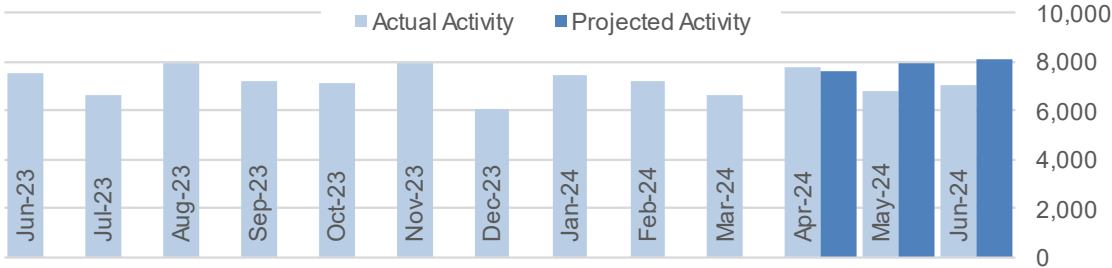
New OP Long Waits



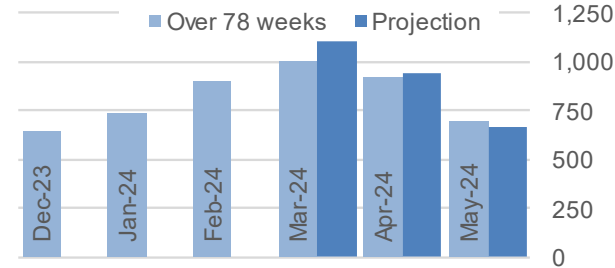
Benchmarking



Actual vs Projected Activity



Over 78 weeks



C2. Operational Performance



Diagnostics

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

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

62.8%

50

Trajectory achieved as of Jun-24

26 ↓

Waits to meet trajectory

Data Analysis

Monthly performance increased from 59.9% in May-24 to 62.8% in Jun-24, remaining above local trajectory of 30%. Scope performance decreased from 64.8% in May-24 to 59.3% in Jun-24 with Imaging increasing from 59.3% to 63.1%.

In terms of waiting list numbers, this decreased to below 7,000 for first time since Jan-23 with most of the decrease attributed to Ultrasound (4794 to 4280). Scope list decreased from 645 to 632.

The number waiting over 6 weeks decreased to 2561, below projection of 5853, there was increase in waits over 26 weeks (44 - 50). Of which, 6 patients are over 52 weeks.

Benchmarking for the QE Mar-24 shows NHS Fife to be in the mid-range of all mainland boards with a performance of 51.2%, below the Scotland average of 52.7%.

Achievements & Challenges

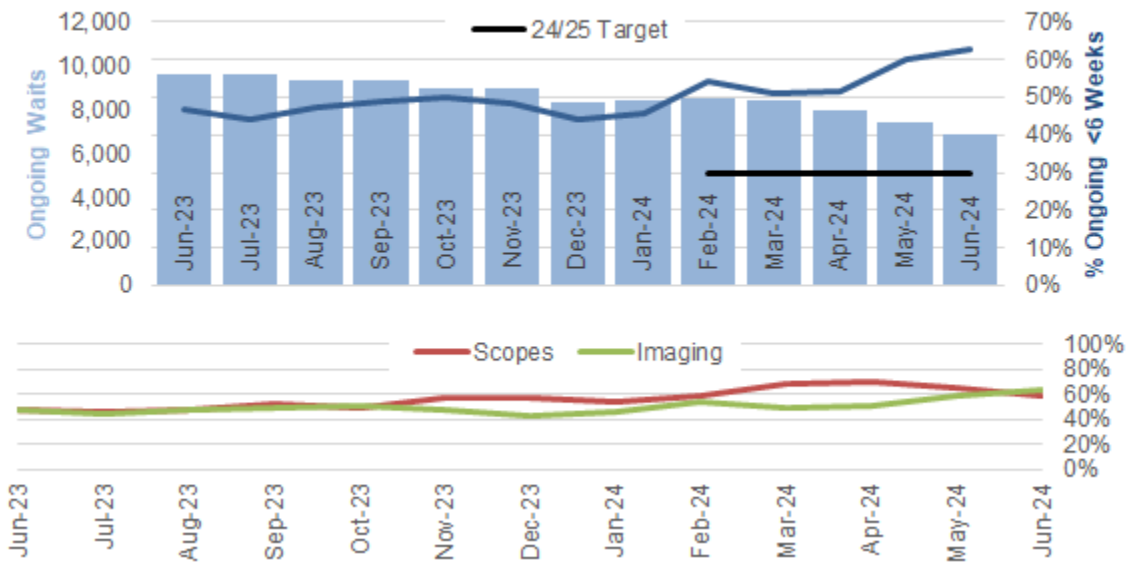
The focus for imaging on urgent referrals remains in place, and all 3 modalities continue to turnaround within target, despite the high proportion of urgent referrals. First quarter SG waiting times funding has achieved additional activity projections, with a corresponding reduction in waiting times and numbers waiting over 6 weeks. Currently there are no patients waiting over 26 weeks, longest radiology wait is currently 17 weeks for ultrasound.

Ultrasound still make up the largest proportion of the waiting list, but the routine waiting time has fallen to 17 weeks (from 26 weeks in April) and the number waiting has fallen by 25%. Locum activity, increased scanner footprint and improvements in the booking process have all contributed. CT In house additional activity supplemented by quarterly mobile scanner visits have kept waiting times on target, despite a loss of activity at the beginning of the quarter due to equipment failure. MRI continue to be supported by SG funded mobile scanner. Funding for implementing "deep resolve" software improvements is being sought from SG, which should reduce dependence on costly mobile scanners.

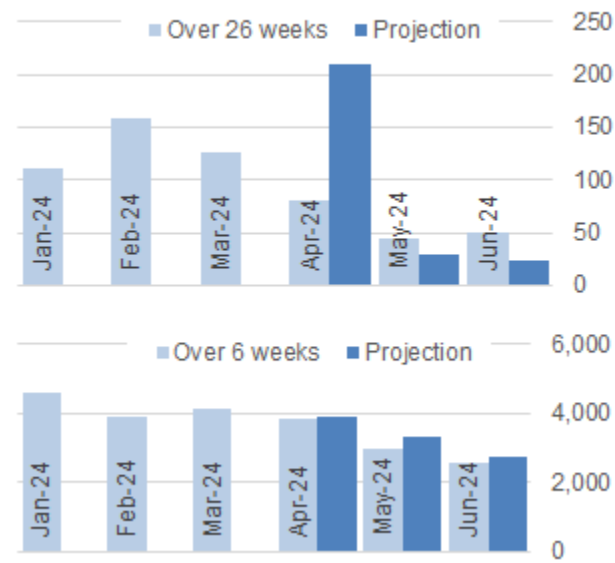
Scopes, the capacity figure includes all capacity which is used for all sources of referral and focus continues to be on urgent, urgent suspicion of cancer and long waits. Decrease in performance is due to more emphasis on surveillance patients. Clinical validation of the waiting lists continues with action taken to expedite referrals as required.

Pre assessment has been introduced to the Colonoscopy/Sigmoidoscopy group, which is hoped will help reduce DNA/CNA rate, whilst Surveillance/Repeat waiting list for patients beyond their planned recall date continues to reduce month on month.

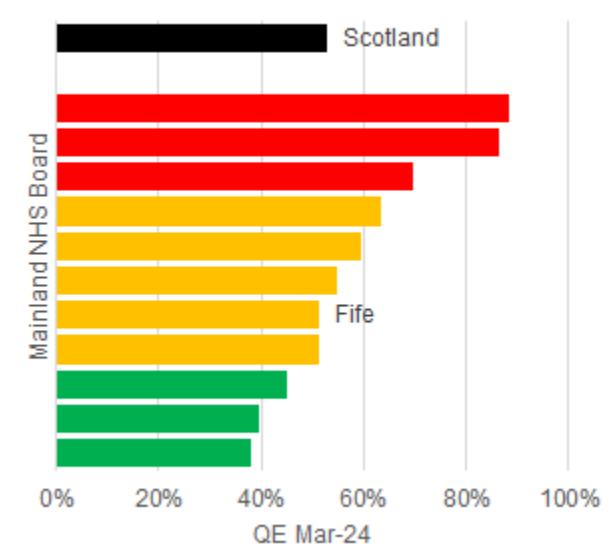
Diagnostic Waiting Times



Diagnostic Long Waits



Benchmarking



C2. Operational Performance



Expenditure

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

£17.207m

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

£1.274m

TABLE 1	Annual Budget	YTD Budget	YTD Spend	YTD Variance
Budget Area	£'000	£'000	£'000	£'000
NHS Services (incl Set Aside)				
Clinical Services				
Acute Services	286,732	99,747	106,494	-6,747
IJB Non-Delegated	10,003	3,334	3,136	198
Non-Fife & Other Healthcare Providers	98,906	33,012	35,318	-2,306
Non Clinical Services				
Estates & Facilities	95,815	31,393	31,504	-111
Board Admin & Other Services	88,826	30,131	30,553	-422
Other				
Financial Flexibility	33,535			0
Income	-34,531	-11,926	-12,179	253
TOTAL HEALTH BOARD RETAINED SERVICES	579,286	185,691	194,826	-9,135
Health & Social Care Partnership				
Fife H & SCP	427,534	140,138	148,210	-8,072
TOTAL HEALTH DELEGATED SERVICES	427,534	140,138	148,210	-8,072
TOTAL	1,006,820	325,829	343,036	-17,207
Capital Budget 2024/25	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2024/25 £'000	
Statutory Compliance	2,500	499	2,500	
RTP/Clinical Prioritisation Contingency	750	89	750	
Capital Equipment	1,074	55	1,074	
Digital & Information	1,898	232	1,898	
Mental Health Estate	1,000		1,000	
Capital Staffing Costs	342	112	342	
Capital Repayment	200		200	
Anticipated Funding - HEPMA	723		723	
Anticipated Funding - Medical Education	944	287	944	
Total confirmed CRL	9,431	1,274	9,431	

Review of Financial Performance & Reporting

Revenue Budget

The financial plan presented to the board in March 2024 identified the impact of recurring cost pressures, unachieved savings targets brought forward from the previous financial year, alongside additional national and local cost pressures anticipated in 2024/25 confirming an initial funding gap of £55m for 2024/25 (6.6% of our baseline budget). A range of cost improvement schemes and efficiency initiatives have been developed to mitigate the £25m of this funding gap, the remaining £30m will require to be addressed through further service change initiatives all of which will be delivered by our Re-form, Transform and Perform framework. Early in July Scottish Government advised an additional non recurring £50m for NMF would be allocated to boards. NHS Fife's share of the new funding is £3.4m and reduces the financial gap for 2024/25 to £51.3m

At the end of July, we are reporting an overspend against revenue budget £17.7207m as detailed in table to left. This position includes an overspend for Health Board retained services of £9,135m and £8.072m for the Health and Social Care Partnership (HSCP). The overspend for Health board retained is tracking beyond the financial plan trajectory for the period and further action is required to reduce the board's spending levels and deliver on the specific actions required by the Scottish Government..

The reported overspend on the HSCP of £8.072m is also of concern given our financial plan does not make any assumptions at this stage in relation to cost pressures associated with Fife Integration Joint Board. This matter is being discussed with the HSCP but it poses significant risk to our financial outturn.

Our forecast outturn at March 2025 is £38.3m and reflects a risk share of £16.7m with the IJB and £5m of additional cost for SLAs as a result of a potential increases from other Scottish Health Boards.

Capital Budget

Capital expenditure is limited for the period due to phasing of schemes with costs to date of £1.274m reflecting in the table. The Capital Resource Limit (CRL) is £7.764m as adjusted for 2 anticipated allocations (HEPMA and Medical Education) of £1.667m resulting in a total budget of £9.431m.

The Financial Performance Report to end of July 2024 sets out the financial position in more detail and is considered separately by the EDG, Finance, Performance & Resources Committee and the NHS Fife Board.

Meeting:	Finance, Performance and Resources Committee
Meeting date:	10 September 2024
Title:	Financial Performance Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Maxine Michie, Deputy Director of Finance

Executive Summary

- The financial position of NHS Scotland and NHS Fife for 2024/25 represents the highest level of challenge since devolution.
- The overall financial gap has reduced from £54.750m to £51.350m in July 2024 as a consequence of allocation increases notified since the financial plan was approved by the NHS Fife Board in March 2024.
- There is a reasonable level of confidence we will achieve £23.3m of the 3% efficiency target and a further push is now on to bridge the £1.7m gap in projected delivery by the end of Quarter 2.
- At the end of July 2024, the level of overspend on health board retained budgets is £1.6m more than anticipated, after taking account of the cost reduction achieved in the first 4 months in relation to RTP workstreams. The run rate overspend is slowing and now flat-lining but this must be further improved and sustained throughout the financial year.
- The IJB health delegated position has deteriorated significantly and is a major cause of concern. We are discussing this significant risk and variation from plan with the IJB and Fife Council.
- Work is ongoing in relation to the “Choices” RTP schemes to determine the level of cost reduction potential during the remainder of this financial year and planned for 2025/26.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

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

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

- Safe

- Effective
- Person Centre

2 Report summary

2.1 Situation

This report details the financial position for NHS Fife for the period to July 2024. The financial plan presented to the board in March 2024 identified the impact of recurring cost pressures and unachieved savings targets brought forward from the previous financial year. These alongside additional national and local cost pressures anticipated in 2024/25 resulted in a funding gap of £54.750m for 2024/25 (6.6% of our baseline budget). An additional allocation for New Medicines Funding was received in July which reduces the gap to £51.350m.

2.2 Background

A range of cost improvement schemes and efficiency initiatives have been developed to mitigate £25m of this funding gap, the remaining gap will require to be addressed through further service change initiatives all of which will be delivered by our Re-form, Transform and Perform framework. The Re-form phase of our framework is designed to deliver the 3% minimum savings target set out by Scottish Government with the broader Transform phase focusing on changes to our services, structures and care delivery to deliver the remainder of our financial gap sustainably over the next 1-2 years.

2.3 Assessment

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

At the end of July, we are reporting an overspend against revenue budget of £17.207m. This position comprises an overspend for Health Board retained services of £9.135m and £8.072m for the Health and Social Care Partnership (HSCP).

The overspend for Health board retained continues to track beyond the financial plan trajectory for the period and further action is required to reduce spending levels and deliver on the specific actions required by the Scottish Government for the remainder of the financial year. The overspend for the health board retained budget to the end of July 2024 is £9.135m and includes a continuation of the underlying and new cost pressures described in the financial plan. At the end of July 2024, this position reflects a cumulative overspend of £1.6m more than anticipated, after taking account of the cost reduction achieved in the first 4 months in relation to RTP workstreams.

The reported overspend on the HSCP of £8.072m is also of significant concern given the financial plan did not make any assumptions in relation to cost pressures associated with Fife Integration Joint Board. This was in line with the IJB financial plan which was

projecting break-even after savings at that time. We are discussing this significant risk and variation from plan with the IJB and Fife Council.

Taking all the issues noted in the report, the level of assurance at this stage remains “limited” with all efforts continuing to support an improvement in the position which will include decisions required by the NHS Fife Board following the quarter 1 financial position report which will be presented to the Board in September.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

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

2.3.3 Financial

Financial implications are detailed in the paper.

2.3.4 Risk Assessment / Management

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

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

An impact assessment has not been carried out as it is not relevant to the content of this paper. All initiatives progressed through RTP will however be subject to the appropriate level of assessment.

2.3.6 Climate Emergency & Sustainability Impact

There are no direct implications arising from this report.

2.3.7 Communication, involvement, engagement and consultation

This paper has been prepared following completion of the financial year end process in consultation with senior finance colleagues, Directorate Management Teams and monthly financial reporting to the Scottish Government.

2.3.8 Route to the Meeting

This paper was presented to EDG on 21 August 2024.

2.4 Recommendation

The committee is asked to discuss and **take assurance** the content of the report and specifically consider and discuss:

- The reported revenue overspend position of £9.135m for health board retained services, the factors driving that position including any further potential mitigation plans, noting that this position is a £1.6m overspend more than the anticipated position at month four.
 - Delivery against the in-year RTP savings targets and the impact of that on the overall consolidated financial position.
 - The reported overspend for the HSCP of £8.072m, the increasing level of risk in relation to this and the consequent potential for a risk-share situation in-year. EDG are also asked to discuss the particular issue under review in relation to IJB budget transfer direction and the further external audit assessment of the lessons learned report in relation to the late deterioration of the IJB overall financial position.
 - The year to date spend against the Capital Resource Limit.
-
- **Assurance** - This report provides a limited Level of Assurance.

3 List of appendices

Appendix 1 – Finance Report for July 2024

Report Contact

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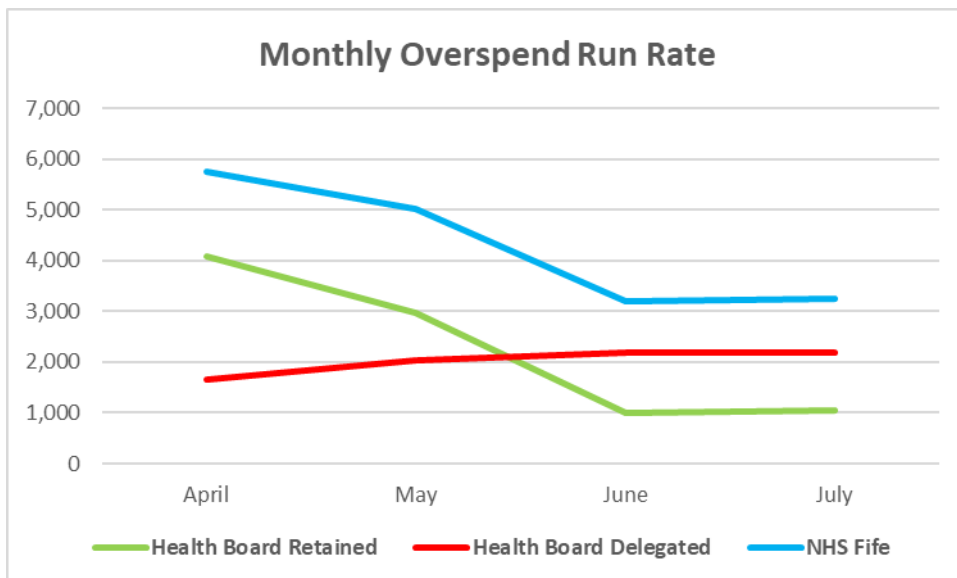
Appendix 1

1. Financial Position July 2024

- 1.1 The financial plan presented to the board in March 2024 identified the impact of recurring cost pressures, unachieved savings targets brought forward from the previous financial year, alongside additional national and local cost pressures anticipated in 2024/25 confirming an initial funding gap of £54.750m for 2024/25 (6.6% of our baseline budget). A range of cost improvement schemes and efficiency initiatives have been developed to mitigate £25m of this funding gap, the remaining gap will require to be addressed through further service change initiatives all of which will be delivered by the Re-form, Transform and Perform framework. The Re-form phase of our framework is designed to deliver the 3% minimum savings target set out by Scottish Government with the broader Transform phase focusing on changes to services, structures, and care delivery to deliver the remainder of the financial gap. Early in July, we were advised by Scottish Government further non recurring New Medicines Funding totalling £50m would be allocated on an NRAC basis to territorial boards, with NHS Fife receiving £3.4m. This reduces the financial gap in year from £54.750m to £51.350m.
- 1.2 The Scottish Government has acknowledged the financial plan for 2024/25 however it remains unapproved by them at this stage and dialogue is ongoing. Early in August we met with Scottish Government Colleagues to discuss the Q1 financial position and forecast outturn. Key risks and potential further actions, including progress with the 15 box Grid and the Choices exercise, which could be taken to improve the financial position were also discussed. We provided details of the forecast outturn for the NHS Board which is tracking beyond the forecast outturn included in our financial plan highlighting the most significant risk to our financial outturn at this point in time, is the forecast deficit for Fife IJB.
- 1.3 The governance and performance management arrangements to monitor delivery of the savings plans is facilitated through the RTP Executive Group with regular and timely reporting to the Executive Director's Group, Governance Committees, and the full NHS Fife Board.
- 1.4 At the end of July we are reporting an overspend against the revenue budget of £17.207m as detailed in table 1 below. This position includes an overspend for health board retained services of £9.135m and £8.072m for the Health and Social Care Partnership (HSCP). The reported overspends for both health board retained, and health board delegated are tracking beyond their respective financial plan trajectories for the first four months of the financial year and urgent action is required to reduce spending levels and deliver on the specific actions requested by the Scottish Government.

TABLE 1	Annual Budget	YTD Budget	YTD Spend	YTD Variance
Budget Area	£'000	£'000	£'000	£'000
NHS Services (incl Set Aside)				
<u>Clinical Services</u>				
Acute Services	286,732	99,747	106,494	-6,747
IJB Non-Delegated	10,003	3,334	3,136	198
Non-Fife & Other Healthcare Providers	98,906	33,012	35,318	-2,306
<u>Non Clinical Services</u>				
Estates & Facilities	95,815	31,393	31,504	-111
Board Admin & Other Services	88,826	30,131	30,553	-422
<u>Other</u>				
Financial Flexibility	33,535			0
Income	-34,531	-11,926	-12,179	253
TOTAL HEALTH BOARD RETAINED SERVICES	579,286	185,691	194,826	-9,135
<u>Health & Social Care Partnership</u>				
Fife H & SCP	427,534	140,138	148,210	-8,072
TOTAL HEALTH DELEGATED SERVICES	427,534	140,138	148,210	-8,072
TOTAL	1,006,820	325,829	343,036	-17,207

- 1.5 The reported overspend on the HSCP health delegated budget of £8.072m is of significant concern given our financial plan did not make any assumptions in relation to cost pressures associated with Fife IJB as a balanced budget was presented and approved by the IJB in March 2024. A recovery plan is being developed by the Chief Finance Officer for the IJB and will be presented for approval by the IJB in September.
- 1.6 Urgent action is required now to restore financial balance as far as possible if we are to maintain or improve our position on the NHS Scotland Support and Intervention Framework. We are currently at stage 2 on the framework in relation to financial performance. The chart below tracks our financial performance since the beginning of the financial year.



The chart indicates for health board retained that the run rate peaked in April then began to reduce during May and June due mainly to additional allocations presenting in the first 2 months of the year (e.g., Planned Care). In June the run rate significantly reduced through a combination of additional funding and also the RTP 3% savings beginning to be realised. In July the in-month position flat-lined with that of June which is positive. However, our current forecast outturn assumes a minimum of 3% savings will be delivered and therefore it is essential that we increase the pace of savings delivery and do not fall behind in planned trajectories.

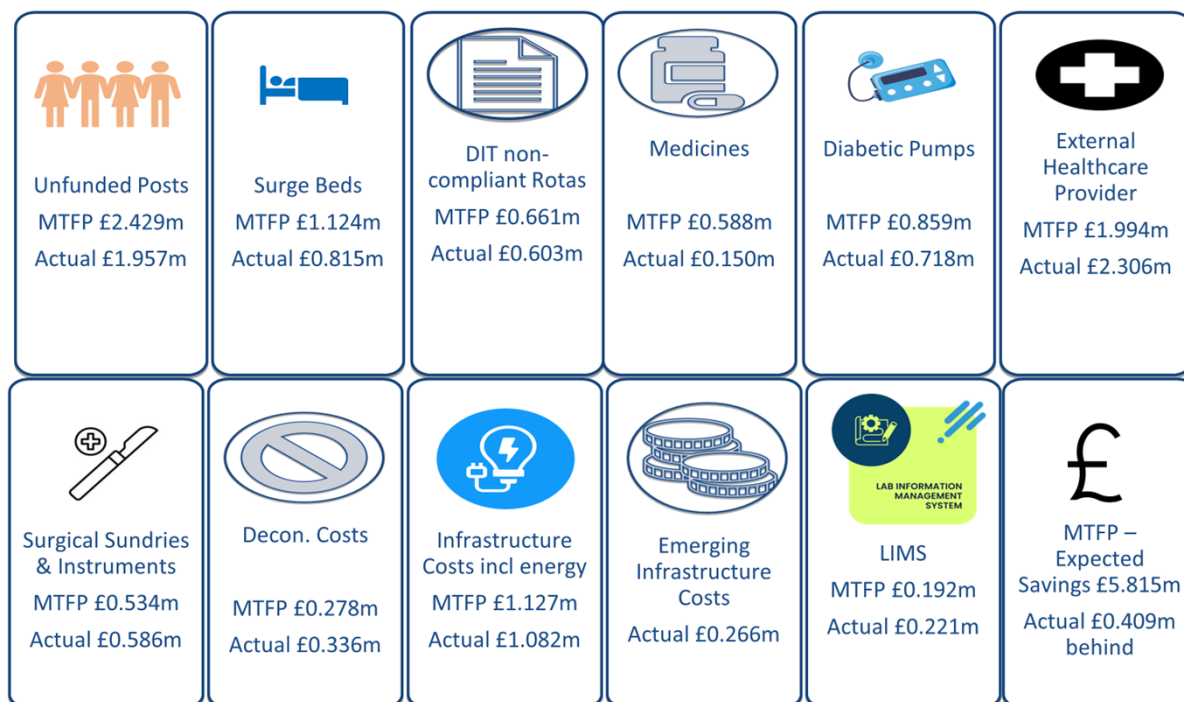
For the HSCP there is a steady trend upwards in the position which has also flat-lined in July however there is a significant level of risk associated with this position which requires to be addressed through both the delivery of planned savings in place and also the emerging recovery plan as referenced earlier in this paper.

- 1.7 In December 2023 NHS Fife was set a brokerage cap for 2024/25 of £5m. This changed following an additional allocation of £6.9m funding for new medicines notified on 12 February when we were advised by Scottish Government (SG) that the cap would be reduced to zero as this allocation exceeded the brokerage cap previously communicated. A further letter issued to Boards on 17 May stated *“Boards at level 2 or 3 of the NHS Scotland Support and Intervention Framework have been given a brokerage cap which cannot be exceeded, or an overspend will show in the financial statements. This does not change the statutory responsibility to break even.”* Additionally, the letter received from SG on 12 February also stated, *“As set out in the Director General letter of 29 November, the Board does not have the authority to commit expenditure beyond the level of this cap and formal approval requires to be sought from Scottish Government before committing expenditure that does not have a budget”.*

2 Health Board Retained Services

- 2.1 In order to determine how the financial position is tracking in relation to the key assumptions within the plan where the total revised savings challenge is £51.350m; we can assume a pro-rata share of the remaining £26.35m saving target after delivery of the initial 3%, £25m, would form the basis of the outturn position for the period. That financial plan trajectory indicates an overspend to the end of July of c£7.5m. should be expected. However, it is also important to note that the £25m saving and aspects of the financial plan cost pressures are not linear with some forecast for the second part of the financial year.

2.2 The overspend to the end of July 2024 is £9.135m and includes a continuation of the underlying and new cost pressures described in the financial plan. The following graphic identifies that these specific cost pressures are driving all of the overall overspend £9.135m position for the period. Whilst there are some cost pressure areas that are better than expected some have deteriorated beyond the planning assumptions. A significant financial improvement in the month was seen in relation to drugs costs following notification of the additional new medicines funding. At the end of July 2024, Health Board retained budgets are approximately £1.6m overspent more than anticipated.



2.3 In arriving at the reported financial position, assumptions have been made in relation to allocations still to be allocated by Scottish Government. Until all anticipated allocations are confirmed there is a level of risk associated with this assumption.

2.4 Negotiations have not yet concluded in relation to the 2024/25 pay awards but the assumption is that any agreed pay award will be fully funded. Other allocations have been assumed based on confirmation letters and prior year commitments.

2.5 The funding for Agenda for Change non pay reforms (ie protected learning time, the 30-minute reduction in the working week and the review of band 5 nursing roles) has been confirmed at £200m nationally. The NHS Fife share of this funding is £13.7m and costs must be contained within this available funding. An initial high level indicative cost associated with the implementation of the reforms has been calculated but will require continuous updating throughout the financial year as information becomes available. To date not all associated costs incurred since April have been reflected in the financial position due to timing of implementation across services.

2.6 The Acute Services Division is reporting an overspend at the end of July of £6.747m. This is mainly driven by the cost pressures noted in the graphic at para 2.2. The position reported at the end of July confirms a reduced rate of overspend against budget in month because of funding allocations issued. The average monthly overspend for the first quarter of the financial year was £1.868m which decreased to £1.146m in July.

2.7 The £6.747m overspend in Acute Services is across both pay budgets at £3.487m and non-pay budgets at £3.260m. The total pay overspend of £3.487m includes the costs on unfunded posts, surge and junior doctor rota compliance which totals £2.985m partially offset by the reduction in supplementary staffing, most notably in nursing. The overspend level on unregistered nursing staff was £1.418m with an underspend in registered staff of £0.369m giving a total overspend on nursing of £1.048m. Senior medical staffing was overspent by £0.350m and junior medical staffing was also overspent at £1.765m. This position is under review to determine any further remedial action possible beyond the current savings plans in place, this will be through both the Re-form and Transform aspects of RTP.

Table 2 below identifies the reported Acute Services overspend by Directorate. The Medical Directorate overspend reflects the largest share of the cost pressures identified in the financial plan. The rate of overspend at the end of July for the division was lower than in previous month largely due to the issue of New Medicines funding.

Table 2 Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services Division				
Surgical Directorate	98,586	33,462	35,506	-2,044
Medical Directorate	110,996	40,228	44,510	-4,282
Women, Children & Clinical Services	74,994	25,352	25,721	-369
Acute Nursing	1,017	339	281	58
Other	1,139	366	476	-110
Total	286,732	99,747	106,494	-6747

2.8 Included in the ASD position is an overspend on specialties defined as “large hospital services” which form part of IJB Set Aside budgets. At the end of July, set aside services reported an overspend of £3.205m which accounts for 47.5% of the Acute Services total overspend. The main factors driving this overspend are agency consultants covering vacancies and sickness, surge ward capacity, unfunded medical staffing, junior medical bandings for non-compliant rotas, cost pressures for additional consultants and safe staffing workforce costs in line with workforce tool implementation. This budget is not formally delegated to the HSCP as the services are managed by NHS Fife.

2.9 Service Level Agreements and contracts with external healthcare providers are £2.306m overspent. This overspend is driven by several factors included as cost pressures with the financial plan. The overspend reported at July is tracking beyond the financial plan with increases in costs for the SLAs with NHS Lothian and NHS Tayside. Detail is provided in Table 3 below.

Table 3	Annual Budget	YTD Budget	YTD Spend	YTD Variance
	£'000	£'000	£'000	£'000
Health Board				
Ayrshire & Arran	111	37	36	1
Borders	51	17	24	-7
Dumfries & Galloway	29	10	21	-11
Forth Valley	3,091	1,030	1,242	-212
Grampian	405	135	103	32
Greater Glasgow & Clyde	1,880	627	625	2
Highland	156	52	76	-24
Lanarkshire	134	45	81	-36
Lothian	32,415	10,805	12,020	-1,215
Scottish Ambulance Service	114	38	39	-1
Tayside	44,133	14,711	16,511	-1,800
	82,519	27,507	30,778	-3,271
UNPACS				
Health Boards	15,042	5,013	4,000	1,013
Private Sector			28	-28
	15,042	5,013	4,028	985
OATS	1,280	427	443	-16
Grants	65	65	69	-4
Total	98,906	33,012	35,318	-2,306

2.10 Corporate Directorates are overspent by £0.422m in total, a slight improvement on the position reported in June. The overspends in the Workforce and Digital Directorates reflect cost pressures identified in the financial plan, including unfunded posts, cost of disclosure checks, telecoms, and annual charges for digital systems.

Table 4	Annual Budget	YTD Budget	YTD Spend	YTD Variance
Budget Area	£'000	£'000	£'000	£'000
Chief Executive	236	82	82	0
Communications	516	172	203	-31
Finance Director	7,679	2,585	2,481	104
Medical Director	9,138	2,659	2,607	52
Nurse Director	4,401	1,497	1,505	-8
Public Health	3,397	1,159	1,114	45
Workforce Directorate	3,775	1,256	1,423	-167
Pharmacy Services	15,486	5,082	5,081	1
Digital + Information	15,370	5,201	5,759	-558
Other Board Functions	28,829	10,438	10,298	140
Total	88,827	30,131	30,553	-422

2.11 Estates and Facilities Directorate costs have improved significantly in month as a result of a deep dive review of PFI costs and energy costs. This included a balance sheet review of PFI related expenditure and budget realignments. The financial position improved significantly in month also due to a reduction in pay cost overspends. Energy costs remain high due in part to an issue within the energy centre at the VHK which has now been resolved and continuing high energy prices.

Table 5	Annual Budget	YTD Budget	YTD Spend	YTD Variance
Estates & Facilities	£'000	£'000	£'000	£'000
Energy	10,200	3,121	3,440	-319
PPP	29,732	9,652	9,240	412
Equipment Maintenance	2,996	999	1,402	-403
Pays	35,542	11,735	11,897	-162
Other Non Pays	17,345	5,886	5,525	361
Total	95,815	31,393	31,504	-111

3 Financial Flexibility

3.1 Financial Flexibility refers to funding allocations held centrally before being allocated to budget areas including:

- Allocation to cover the non-pay implications of the AfC 2023-24 pay award £13.7m.
- Balance remaining on the additional funding for NRAC 2024/25 £7.2m.
- Additional recurring waiting times allocation £2.3m.
- Employers Superannuation costs £3.35m.
- New Medicine Funding £7m.

At this stage, the only allocation where there could be flexibility relates to the NRAC funding of £7.2m. It is anticipated this is held at least until the Quarter 2 financial position has been reported, following which we will have greater certainty on the delivery against the RTP savings workstreams and the overall impact on the financial position. Whilst there has been some positive cost reduction particularly in relation to supplementary staffing, we are yet to see that reducing overall pay costs in line with the financial planning assumptions.

4 Income

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

HB retained income	£'000
SLA	8,584
ACT	3,837
Healthcare to LA	2,509
Dining room income	1,037
Laundry income	1,279
Recovery from GPs in HC	1,268
NES Medical in training income	11,487
RTA	686
Other	3,844
Total HB retained income budget	34,531

5 Health & Social Care Partnership

- 5.1 Health services in scope for the Health and Social Care Partnership report an overspend of £8.072m. The overspend predominately relates to high usage/costs associated with medical locums within Mental Health services and nurse bank/agency usage across the partnership to cover vacancies, sickness and increased patient supervision requirements. The new Direct Engagement arrangement is due to launch in NHS Fife in early August, for Locums and AHP's within Acute & HSCP which will generate a VAT efficiency saving and consequently reduce costs.

There has also been the full realignment of both budget (£5.537m) and expenditure from Health Board retained for SLA's relating to Mental Health services for which there is a year to date overspend of £0.889m. GP prescribing spend deteriorated in month 4 reporting an £1.081m overspend against the adjusted directions budget.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Fife Health & Social Care Partnership	427,534	140,138	148,210	-8,072
TOTAL HEALTH DELEGATED SERVICES	427,534	140,138	148,210	-8,072

Whilst the IJB directions reflect a budget transfer of £4.1m from health delegated to social care, the month 4 position indicates a level of overspend which is challenging this transfer. Concerns around this issue have been raised by the Director of Finance & Strategy with the

Chief Finance Officer and the Director of Finance, Fife Council. This position is under review, close monitoring is underway, and we hope to mutually resolve this as soon as possible.

Moreover, the IJB Chief Finance Officer has shared the projected overspend for the IJB at March 2025 (based on M3 results) as £27m a deterioration of £3m on the projected outturn based on M2 results. This is a result of a projected £15m overspend on health delegated services and a £12m overspend on social care services (the latter is after assuming the £4.1m budget transfer from health). NHS Fife's share of the full HSCP overspend at this level would be £16.74m. A recovery plan is anticipated to be received from the Chief Finance Officer in September as this level of overspend cannot be absorbed by NHS Fife. Given the extremely high level of risk this has been reflected in the forecast outturn to ensure transparency however every effort must be made to ensure the recovery plan mitigates this risk.

6 Financial Improvement & Sustainability

- 6.1 Delivering Value and Sustainability is one of our 4 strategic priorities, our financial improvement plan is being delivered through our Re-form, Transform and Perform (RTP) Framework, working collaboratively across the system. Financial performance against the 3% savings schemes identified in our financial plan at the end of June is described below.
- 6.2 The planned level of savings reflects the timing of scheme implementation and when they are expected to begin delivering cost reduction. At the end of July, a £5.815m saving was anticipated across the 13 schemes with £5.406m confirmed as delivered, a shortfall on plan of £0.409m. Based on financial data to the end of July and all known information, the total forecast savings delivery is £17.8m. Several schemes are delivering but are behind target at this time and will require further focus to deliver on target. At this point in the financial year both the SLA and Business Transformation schemes continue to present as high-risk areas in terms of non-delivery savings in line with target. Further work and discussion are also required to support the Surge beds scheme. The £25m target is non-negotiable in relation to both NHS Fife Board and SG expectations and work must continue at pace to develop contingency plans to ensure this target is delivered as a minimum. The implementation of Direct Engagement in August, increased grip and control across all schemes along with robust vacancy management processes should enable the levels of savings delivered across the schemes to be increased in future months. During August EDG agreed a proposal to stretch and improve delivery on a number of the agreed 3% targets which will increase forecast delivery to £23.3m. Work will continue to push for full delivery as we progress throughout the year.

Scheme	Target Saving	July 2024 Planned YTD	June 2024 Delivery YTD	Forecast Saving	Target Saving (FY): £24,450,000 Planned Saving (YTD): £5,815,242 Linear target (YTD): £8,183,333 (for 3% schemes only) YTD Saving: £5,406,282
1. Medicines Optimisation	£2,000,000	£434,364	£602,309	£2,000,000	
2. Unscheduled Care Bundle	£700,000	£233,333	£267,359	£700,000	
3. PFI Contract	£400,000	£400,000	£400,000	£600,000	
4. Estates Rationalisation	£2,000,000	£241,000	£372,500	£2,000,000	
5. Non-Compliant Rotas	£1,000,000	£0	£58,000	£1,000,000	
6. Legacy Covid Costs	£1,000,000	£333,333	£212,356	£637,068	
7. Supplementary Staffing	£5,000,000	£1,666,667	£1,094,071	£3,532,212	
8. Procurement	£500,000	£166,667	£134,516	£363,399	
9. Corporate Directorates	£1,500,000	£500,000	£500,000	£1,500,000	
10. Business Transformation	£2,400,000	£266,667	£56,009	£402,869	
11. Surge Reduction	£1,850,000	£504,545	£309,163	£850,000	
12. Planned Care	£1,200,000	£400,000	£733,333	£2,200,000	
13. SLA & External Activity	£5,000,000	£666,667	£666,667	£2,000,000	
Key					
Significant shortfall on Target of plan	Total YTD – for 3% savings schemes		£5,815,242	£5,406,282	£17,785,548
Delivering target but not in full					

Supplementary Staffing

- 6.3 At the end of July 2024 total spend on supplementary staffing for Health Board retained services is described below. A total reduction of £2.9m on the average monthly spend rate for the same time in the previous financial year has been confirmed. Whilst this is a significant achievement, the overall pay costs for Nursing and Medical costs remain in an overspend position.

	Monthly Average 2023/24	Monthly Actual 2024/25	Reduction
HBR			
April	1,620,399	742,084	878,316
May	1,620,399	772,258	848,142
June	1,620,399	943,432	676,967
July	1,620,399	1,059,652	560,748
Total	6,481,598	3,517,425	2,964,173

The £5m target for supplementary staffing reduction was identified after taking account of vacancy factor during 2023/24. The total spend on supplementary staffing can be seen in Appendix A. The impact of the reduction in supplementary staffing offset by investment in permanent posts is described in the table below. Supplementary staffing has significantly reduced, £2.9m per table below, particularly for the nursing workforce. However, core workforce costs have increased to reflect the investment in permanent posts, £1.8m per table below. The net impact is an improvement to the financial position of £1.094m. This improvement has mostly affected nursing budgets as the investment in core nursing staffing has been less than the reduction in nursing supplementary staffing. This has not been the case for medical staffing with no underlying saving evident from the reduction in medical supplementary staffing costs. The table below describes the impact on both budget and costs for the first of the financial year.

M4 YTD	Supplementary Staffing Reduction	Core Staffing Increases	Net Movement
Jnr Medical	115,501	(205,567)	(90,066)
Snr Medical	360,984	(319,288)	41,696
Reg Nursing	1,636,370	(1,284,770)	351,600
Unreg Nursing	851,318	(60,478)	790,840
Total	2,964,173	(1,870,102)	1,094,071

It is anticipated that the benefit calculated for the entire first four months of the financial year will continue for the remainder of the year supplemented with further savings from the implementation of Direct Engagement.

Medicines Optimisation

- 6.4 Medicines Optimisation workstream have delivered ahead of target at the end of July. Additionally, the Medicines Optimisation Board has agreed to stretch the savings target to £3m and work is underway to identify additional opportunities.

Unscheduled Care bundle review

- 6.5 Whilst this scheme is slightly ahead of target, included in the service delivery model are several vacant posts contributing to the cost reductions offsetting other spend categories which are incurring more cost than anticipated. If spend on transport costs could be minimised there is potential opportunity to deliver further savings of circa £0.050m.

Estates Rationalisation

- 6.6 Cost reductions commenced delivery during June. Work conducted to date has identified £1.7m of the total savings target and there is reasonable confidence of delivery with the remaining balance to be identified and delivered by the end of the financial year. A significant level of savings was confirmed in July including PFI insurance rebates.

Surge Bed Reduction

- 6.7 A lot of work has been taken forward to reduce and hold the level of unfunded surge capacity. Whilst some progress has been made, challenges with flow across the acute site have resulted in savings not being achieved in line with the planned reduction. The service is reviewing the workforce model, and a revised financial plan is expected which would require investment in permanent staff.

Non-Compliant Junior Doctor Rotas

- 6.8 A range of actions have been taken to progress this issue. Additional investment required to help safeguard rota compliance has been identified and funding has been sourced within available resources. Compliance cannot be confirmed until rotas are monitored later in the calendar year. On paper rotas are compliant going into August. Some cost reduction has been achieved because of one of the rotas being confirmed complaint at the beginning of the financial year.

Unfunded Covid Costs

- 6.9 Remaining unfunded legacy costs are primarily staff costs and work continues to identify appropriate timely exit strategies.

Planned Care

- 6.10 The previous identified cost pressure within planned care has been mitigated by the receipt of additional recurring elective care funding. The new funding has also been able to support the additional costs of Robotic surgery previously unfunded. It is expected this scheme will deliver an increased amount of £2.2m this year.

External Care Providers

- 6.11 Approximately £2m of this cost pressure has been confirmed through realignment of budget for external providers for services to the IJB as agreed as part of the financial planning process. The remainder of the target is in relation to SLAs predominately with other Scottish Health Boards. Letters have been issued to both NHS Lothian and NHS Tayside setting out our planning assumption of nil uplift for 2024/25 and an expectation to secure from these boards a 3% reduction. Replies have been received from both boards which indicate the Boards involved do not currently agree our proposal. Additionally, significant review of activity referred from NHS Fife to these two bordering boards is currently being assessed by clinicians to ensure appropriateness of referral and opportunities to repatriate activity back to NHS Fife where that is safe and financially sustainable to do so. Note that SLA uplifts with other NHS board areas have still to be agreed and confirmed for 2024/25 at this stage although several options have been identified for consideration by all boards.

Procurement

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

Business Transformation

- 6.13 This savings scheme considers a range of different activities which affect the way we support and deliver clinical service. The savings to date relate to a reduction in the use of mobile phones, telephone lines and price reductions in digital equipment ahead of plan. The business case to support progressing higher levels of cost reduction throughout 2024/25 and beyond is being finalised.

7 Forecast Outturn

- 7.1 Included in the medium-term plan submitted to Scottish Government were a number of risks which could impact of the board's outturn at the end of the financial year. In line with Scottish Government's expected actions for quarter 1 we reviewed those risks and identified the potential impact on our forecast outturn.

Agenda for Change Reform

As advised by Scottish Government we did not include any costs in relation to AFC reforms in our financial plan. Based on available information and adoption of national modelling assumptions in relation to Band 5-6 job evaluation we anticipate an additional cost could be as high as £13m in excess of the allocation provided on a non-recurring basis by Scottish Government. This calculation has been built on very high-level assumptions which assume a

high uptake in terms of jobs reviewed and a high success rate in terms of re-banding to B6. There is however limited data available to support the calculation currently either locally or nationally. At the end of the first quarter, we identified this as high risk however have not reflected this in the forecast outturn until more information is known. This was discussed with SG and is consistent with other NHS Boards treatment of this risk at this point in time.

SLAs with Other Scottish Health Boards

Our financial plan assumes no uplift will be applied to SLAs with other Scottish Health Boards. Based on current intelligence of proposals expected to be presented to the Corporate Finance Network for endorsement for 2024/25 we have identified the potential increase could be as much as 5% which would be £5m for NHS Fife if this SLA uplift is accepted nationally.

Fife Integration Joint Board potential risk share

Our financial plan did not make any assumptions in relation to the risk share arrangements. Based on financial data to June 2024 and all known available information we have been advised by the Fife IJB Chief Finance Officer that the current forecast overspend for the IJB is £27m, NHS Fife's share of the forecast outturn in line with the IJB integration scheme is £16.74m. This is an extremely high risk to the Board and until a formal recovery plan is agreed by the IJB and partners this requires to be added to the forecast year-end position. This was discussed with SG who advised inclusion was appropriate at this time and a reflection that a number of IJB financial positions across the country are deteriorating from agreed plans. It is critical that an agreed recovery plan is agreed to reduce this risk as soon as possible.

Delivery of 3% minimum Savings Targets

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

The table below identifies a potential forecast outturn at March 2025 of £38.3m. The main changes to our financial planning assumptions are the inclusion of the potential IJB risk share of £16.74m which has increased since June reporting and a potential increase in costs of any nationally agreed SLA uplift. We anticipate receiving a recovery plan from the IJB in September to mitigate the current unaffordable projected IJB outturn but require to include in the forecast to ensure full transparency as it remains a significant financial risk until the recovery plan is received and agreed.

Forecast	31.03.2025
Budget Area	Forecast
NHS Services (incl Set Aside)	£000s
Clinical Services	
Acute Services	-20,741
IJB Non-Delegated	270
Non-Fife & Other Healthcare Providers	-6,556
Non Clinical Services	
Estates & Facilities	-1,192
Board Admin & Other Services	-1,395
Income	500
Sub- total	-29,114
Other	
Financial Flexibility including full delivery of 3% savings	12,500
Fife IJB	-16,740
SLAs - potential nationally agreed uplift	-5000
TOTAL HEALTH BOARD RETAINED SERVICES	-38,354

8 Capital

- 8.1 Capital expenditure is limited for the first four months of the financial year due to phasing of schemes with costs to date of £1.274m reflected in the table below. The Capital Resource Limit (CRL) is £7.764m as adjusted for two anticipated allocations for HEPMA and Medical Education totalling £1.667m resulting in a total budget of £9.431m. The majority of spend to date relates to the refurbishment works for ward 6 at VHK along with the former short stay surgical unit, HEPMA and the Medical Education works.

Capital Budget 2024/25	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2024/25 £'000
Statutory Compliance	2,500	499	2,500
RTP/Clinical Prioritisation Contingency	750	89	750
Capital Equipment	1,074	55	1,074
Digital & Information	1,898	232	1,898
Mental Health Estate	1,000		1,000
Capital Staffing Costs	342	112	342
Capital Repayment	200		200
Anticipated Funding - HEPMA	723		723
Anticipated Funding - Medical Education	944	287	944
Total confirmed CRL	9,431	1,274	9,431

Brokerage repayment

- 8.2 Outstanding brokerage must be repaid when the NHS Board returns to financial balance. Guidance has been issued that all NHS Boards must report cumulative outstanding brokerage in their Board finance reporting. The cumulative repayable brokerage for NHS Fife is £23.7m, made up of £9.7m in 2022/23 and £14m in 2023/24.

9 Recommendation

The Committee is asked to discuss and **approve** the content of the report and specifically consider and discuss:

- The reported revenue overspend position of £9.135m for health board retained services, the factors driving that position including any further potential mitigation plans, noting that this position is a £1.6m overspend more than where the Board anticipated the position to be at month four.
- Delivery against the in-year RTP savings targets and the impact of that on the overall consolidated financial position.
- The reported overspend for the HSCP of £8.072m, the very high level of risk in relation to this and the consequent potential for a risk-share situation in-year, the particular issue under review in relation to IJB budget transfer direction and the external assessment of the lessons learned report in relation to the late deterioration of the IJB overall financial position.
- The year to date spend against the Capital Resource Limit.
- The indicative forecast outturn following an update of the risks identified in the Board's financial plan for 2024-25.

10 List of appendices

Appendix A – Supplementary Staffing

Appendix B – Subjective Analysis

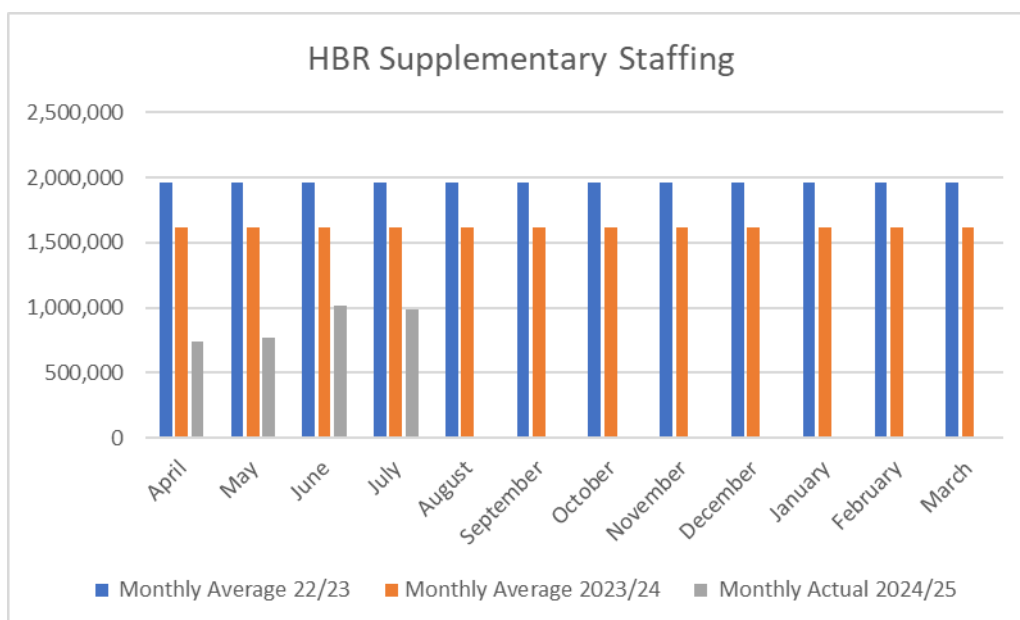
Appendix A – Supplementary Staffing

NHS Fife

Bank and Agency Spend to July 2024

Medical & Nursing Workforce

	AGENCY SPEND			BANK SPEND			Grand Total	Full Year 2023/24
	Medical	Nursing	Total	Medical NHS	Nursing	Total		
	Locums £	£	£	Locums £	£	£		
Emergency Care & Medicine	865,938	230,351	1,096,289	529,792	1,007,216	1,537,009	2,633,298	14,153,478
Planned Care & Surgery	4,921	30,717	35,638	123,291	298,903	422,194	457,832	4,544,101
Women, Children + Clinical Ser	304,118	61	304,180	341,372	250,290	591,662	895,842	2,276,820
Corporate Services	0	0	0	-6,195	27,043	20,848	20,848	107,997
Health Board retained	1,174,978	261,129	1,436,107	988,261	1,583,453	2,571,713	4,007,820	21,082,396
Community Care Services	226,998	416,771	643,769	125,603	2,090,904	2,216,507	2,860,276	9,656,422
Complex And Critical Services	3,622,013	824,259	4,446,272	112,557	1,881,199	1,993,755	6,440,027	18,764,582
Primary Care + Prevention Serv	238,772	0	238,772	535,678	223,323	759,001	997,773	3,292,161
Professional/business Enabling	0	0	0	0	0	0	0	14,405
H&SCP	4,087,784	1,241,030	5,328,813	773,838	4,195,426	4,969,263	10,298,077	31,727,570
Grand Total	5,262,761	1,502,159	6,764,920	1,762,098	5,778,878	7,540,976	14,305,897	52,809,966



NHS Fife

Bank and Agency Spend to July 2024

Medical & Nursing Workforce

	AGENCY SPEND	
	AHP	Total
	£	£
Emergency Care & Medicine	0	0
Planned Care & Surgery	2,300	2,300
Women, Children + Clinical Ser	320,299	320,299
Corporate Services	0	0
Health Board retained	322,599	322,599
HEALTH BOARD RETAINED TOTAL	322,599	322,599

Appendix B – Subjective Analysis
 Health Board Retained
 July 2024

Cost Type	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000	Staff Est	Ave WTE	Current Month
Admin & Clerical	42,367	14,277	14,386	-109	943.06	965.85	953.92
Allied Health Professionals	14,927	5,144	4,767	377	239.22	237.24	235.78
Budget Reserves -pay	-1,933	-635	0	-635			
Healthcare Sciences	10,355	3,472	3,410	62	175.15	173.32	173.17
Medical & Dental	77,308	26,685	28,575	-1,890	566.27	584.51	584.58
Medical Dental Support	2,814	942	1,071	-129	53.65	62.38	61.22
Nursing & Midwifery	118,893	40,051	41,166	-1,115	2,181.19	2,260.76	2,257.16
Other Therapeutic	14,738	4,825	4,765	60	269.34	252.22	251.10
Personal Social Care	667	233	315	-82	6.94	12.85	13.00
Senior Managers	1,828	605	578	27	25.00	20.85	21.36
Support Services	32,719	10,824	11,092	-268	876.25	841.00	845.77
Total Pay	314,683	106,423	110,125	-3,703	5,336.07	5,410.99	5,397.06
Budget Reserves Non Pay	5,819	802	-46	848			
Financial Flexibility	33,535			0			
Cssd/diagnostic Supplies	5,420	1,807	2,288	-481			
Drugs	30,583	13,345	13,503	-158			
Equipment	6,819	2,233	3,210	-978			
Heating Fuel And Power	10,200	3,121	3,440	-319			
Hotel Services	6,039	2,073	2,527	-454			
Other Admin Supplies	9,776	3,260	3,492	-232			
Other Supplies	3,626	1,602	1,516	86			
Other Therapeutic Supplies	2,240	738	572	166			
Property	10,590	3,433	3,315	118			
Surgical Sundries	17,356	5,983	7,306	-1,323			
Total Non Pay	142,002	38,396	41,122	-2,726			
Purchase Of Healthcare	131,732	43,856	46,123	-2,267			
Total Purchase of Healthcare	131,732	43,856	46,123	-2,267			
Board Administration	0	0	-1	1			
Family Health Services	6,363	2,121	2,067	54			
Total Family Health Services	6,363	2,121	2,066	55			
Savings	-3,099	-748	0	-748			
Total Primary Care + Prevention Serv	19,037	6,821	7,569	-748			
Social Work Healthcare	0	0	0	0			
Social Work Healthcare	0	0	0	0			
Total Expenditure	613,817	197,617	207,005	-9,388	5,336.07	5,410.99	5,397.06
Income	-34,531	-11,926	-12,179	253			
Total Net Expenditure	579,286	185,691	194,826	-9,135	5,336.07	5,410.99	5,397.06

Appendix B Continued

Health Delegated
July 2024

Cost Type	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000	Staff Est	Ave WTE	Current Month
Admin & Clerical	17,992	6,135	6,350	-215	419.89	452.57	454.19
Allied Health Professionals	29,466	10,141	9,212	929	543.36	480.31	484.92
Budget Reserves -pay	115	38	0	38			
Healthcare Sciences	218	73	84	-11	4.68	5.95	5.77
Medical & Dental	24,641	8,356	10,720	-2,364	150.14	124.94	122.44
Medical Dental Support	2,545	877	833	44	65.37	57.60	56.37
Nursing & Midwifery	113,515	38,294	38,754	-460	2,105.23	2,158.70	2,174.06
Other Therapeutic	9,438	3,928	3,627	301	118.34	155.69	158.10
Personal Social Care	2,271	757	659	98	41.02	36.30	35.63
Senior Managers	161	54	46	8	1.00	0.94	0.74
Support Services	624	208	388	-180	1.00	18.52	20.17
Total Pay	200,986	68,861	70,673	-1,811	3,450.03	3,491.49	3,512.39
Allocations Awaiting Distribution	13,169	0	0	0			
Cssd/diagnostic Supplies	249	125	133	-8			
Drugs	9,338	3,778	4,087	-309			
Equipment	1,579	543	804	-260			
Heating Fuel And Power	85	28	34	-6			
Hotel Services	293	98	245	-147			
Other Admin Supplies	5,174	1,668	1,689	-21			
Other Supplies	459	160	144	16			
Other Therapeutic Supplies	372	124	63	61			
Property	85	28	207	-179			
Surgical Sundries	4,142	1,381	1,499	-118			
Total Non Pay	34,945	7,934	8,906	-972			
Purchase Of Healthcare	44,893	14,758	16,130	-1,372			
Resource Transfer	21,404	7,123	7,128	-5			
Total Purchase of Healthcare	66,297	21,881	23,257	-1,377			
Board Administration	0	0	-1	1			
Gds	27,619	9,206	9,266	-59			
Gms	61,113	20,445	19,718	727			
Gos	9,004	2,875	2,875	0			
Gps	100,244	33,058	34,116	-1,057			
Total Family Health Services	197,981	65,585	65,973	-388			
Other (inc Depreciation)	48	16	16	0			
Savings	-10,563	-3,521	0	-3,521			
Total Primary Care + Prevention Serv	-10,515	-3,505	16	-3,521			
Social Work Healthcare	0	0	2	-2			
Social Work Healthcare	0	0	2	-2			
Total Expenditure	489,694	160,755	168,827	-8,072	3,450.03	3,491.49	3,512.39
Income	-62160	-20617	-20617	0			
Total Net Expenditure	427,534	140,138	148,210	-8,072	3,450.03	3,491.49	3,512.39

Meeting: Finance Performance and Resources
Committee

Meeting date: 10 September 2024

Title: Re-form, Transform, Perform Performance Report
September 2024

Responsible Executive: Ben Hannan, Director of Reform and Transformation

Report Author: Ben Hannan, Director of Reform and Transformation

Executive Summary:

- This report is a summary of delivery under the Re-form, Transform, Perform programme, incorporating data from July 2024 and updates on ongoing action and context.
- There has been considerable progress to date, including further assurance on delivery to agreed plans for individual schemes. At this time, five deliverables have significant assurance, five have moderate assurance, and three have limited assurance.
- For those cases where schemes are not delivering, contingencies have been identified and reported via financial reporting mechanisms.
- Year to date savings are approximately 7% behind plan – however there will be further updates next month, as recently confirmed deliverables are incorporated into reporting.
- The Board continues to meet asks from Scottish Government on consideration and incorporation of nationally proposed workstreams, and there is assurance that the local programme is operating with appropriate breadth and scope.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- NHS Board Strategic Priority

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Delivery of the Re-form Transform Perform (RTP) Framework is critical to the sustainability and strategic development of NHS Fife, particularly in meeting the current fiscal challenges. Committee members will be aware that 13 complementary schemes of work have been put in place to produce the required improvement in performance. Supporting this, a performance framework provides reporting on progress against the agreed outcomes, and the savings delivered. This paper provides an update covering the data from July 2024.

2.2 Background

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

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

- Re-form, Transform, Perform Framework

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

- Medium Term Financial Plan

This is a key element of the Board's overall responsibility for financial governance and sets out the proposed budget in line with the Scottish Government's expectations of NHS

Boards, and within the context of the Board’s statutory requirement to make the best use of public funds and to deliver services within the set annual resource limits.

- Annual Delivery Plan

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

2.3 Assessment

This report provides the following Level of Assurance

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

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

Over the coming weeks and month, oversight of this work will move towards a wider transformation portfolio, focussing on addressing medium and longer term challenges, alongside the extant and urgent financial viability work. The committee will be asked for input into plans as these develop.

At this time, five deliverables have significant assurance, five have moderate assurance, and three have limited assurance. This represents an improvement on the position at the last report provided to this committee in July 2024. Seven of the schemes have shown improvement from the April 2024 baseline.

The year-to-date savings figures are approximately £400k (6.9%) below the planned figure, at this point. However, as noted below, savings from key estates schemes will be incorporated into reporting from next month, and there are indications that additional

delivery in medicines optimisations may be viable, over the coming months. However, a number of areas require to accelerate progress.

In particular, while delivery of **business transformation** is well under way, the nature of the approach to reduction in administrative workforce will deliver only in the medium to longer term. Work to capture these savings is being tracked through vacancy panels. The level of savings delivered through digital change at this time is small but is projected to increase.

There is considerable complexity around negotiations with partners regarding **SLA activity**. Concerns have been raised which places a level of risk on delivery.

Changes to **non-compliant rotas** via Gateway medical recruitment is progressing – detailed reporting will be possible from September, following rota monitoring developments.

Similarly, reporting on work to rationalise the **estate**, particularly Haig House, Hayfield House, and Cameron House, will be included in next month's update.

Broadly speaking, there is assurance on delivery of schemes on: corporate directorate targets; medicines optimisation; supplementary staffing; procurement; surge reduction; unscheduled care; PFI contracts; legacy COVID costs; and planned care. The attached performance report provides more detailed updates on all schemes.

Following direction from Scottish Government, the team have provided a return considering additional options for savings. 24 items were graded by deliverability. There is assurance that the 15 items most deliverable are already being pursued at pace within the established programme. Feedback is expected imminently, with a number of the areas requiring significant local and national support and approval, due to their complexity and potentially political challenges. This includes further estates projects, changes to clinical pathways and the VHK site, challenging medicines optimisation work, and deeper approaches to reducing the scale of workforce.

Linked to this return, independent improvement suggestions have been provided to Boards by KPMG, through Scottish Government direction. This has been closely considered locally and will serve as a further check and assurance on planning and scope of the RTP programme.

Progress has been made on the overall organisation of the programme and detail of its deliverables. Programme Outline Documents were presented in the private session of the Board in July 2024 for work on: Business and Digital Transformation; Infrastructure and change; Acute Services Redesign; People and Change. These were clearly aligned to the CHOICES framework.

A public engagement plan was presented to the Board in private in July 2024.

2.3.1 Quality, Patient and Value-Based Health & Care

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

The approach noted above regarding government awareness of proposed projects which may be more politically challenging, should provide assurance on the level of consideration and planning being undertaken.

2.3.2 Workforce

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

2.3.3 Financial

The Medium Term Financial Plan (MTFP) 2024-2027 is an important enabler to underpin the delivery of our strategic priorities and ambitions.

The Board's finance team provide full financial context and a robust reporting structure to committees, and the Board itself.

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

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

2.3.4 Risk Assessment / Management

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

A risk log for each workstream and scheme is currently kept, with risk profiles continually reviewed via the Corporate Programme Management Office.

The attached report summarises the level of assurance currently in place regarding delivery of RTP workstreams. Similarly, assessment of deliverability is built into the list of proposed additional streams and will form part of the decision-making process. Key risks for each scheme are noted in the report.

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

The Fairer Scotland Duty requires that NHS Fife carry out assessments of what we can do to reduce inequalities of outcomes caused by socio-economic disadvantage when strategic decisions are made. However, given the scale of the challenge, it is recognised that proposals must move at pace to ensure effectiveness. The current EQIA process can be lengthy and time consuming, and can involve extensive engagement work. Therefore, under the advice of the NHS Fife Equality it has been recommended as minimum for decision-makers to undertake 'high level' EQIAs for RTP proposals as they progress, with the intention to complete a full and thorough EQIA when most appropriate. Full detail of this proposal was shared with the Public Health and Wellbeing Committee on May 13th 2024.

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

2.3.6 Climate Emergency & Sustainability Impact

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

2.3.7 Communication, involvement, engagement and consultation

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

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

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

2.3.8 Route to the Meeting

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

RTP Executive Group – 29th August 2024

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Appendix One - RTP Performance Report – July 2024

Report Contact

Ben Hannan
Director of Reform and Transformation
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RTP Performance Report

July 2024

Ben Hannan

Director of Reform and Transformation

30 July 2024

nhsfife.org

Introduction

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

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

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

Scheme	Target Saving	July 2024 Planned YTD	July 2024 Delivery YTD	Forecast Saving	Target Saving (FY): £24,450,000 Planned Saving (YTD): £5,815,242 Linear target (YTD): £8,183,333 (for 3% schemes only) YTD Saving: £5,406,282
1. Medicines Optimisation	£2,000,000	£434,364	£602,309	£2,000,000	
2. Unscheduled Care Bundle	£700,000	£233,333	£267,359	£700,000	
3. PFI Contract	£400,000	£400,000	£400,000	£600,000	
4. Estates Rationalisation	£2,000,000	£241,000	£372,500	£2,000,000	
5. Non-Compliant Rotas	£1,000,000	£0	£58,000	£1,000,000	
6. Legacy Covid Costs	£1,000,000	£333,333	£212,356	£637,068	
7. Supplementary Staffing	£5,000,000	£1,666,667	£1,094,071	£3,532,212	
8. Procurement	£500,000	£166,667	£134,516	£363,399	
9. Corporate Directorates	£1,500,000	£500,000	£500,000	£1,500,000	
10. Business Transformation	£2,400,000	£266,667	£56,009	£402,869	
11. Surge Reduction	£1,850,000	£504,545	£309,163	£850,000	
12. Planned Care	£1,200,000	£400,000	£733,333	£2,200,000	
13. SLA & External Activity	£5,000,000	£666,667	£666,667	£2,000,000	
Key	Total YTD – for 3% savings schemes	£5,815,242	£5,406,282	£17,785,548	
Significant shortfall on Target of plan					
3/33 Delivering target but not in full					

Assurance Levels

Assurance Level	Definition
Significant assurance	<p>The Board or Committee can take reasonable assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver.</p> <p>There may be an insignificant amount of residual risk or none at all.</p>
Moderate assurance	<p>The Board or Committee can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.</p>
Limited assurance	<p>The Board or Committee can take some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk which requires action to be taken.</p>
No assurance	<p>The Board or Committee cannot take any assurance from the information that has been provided.</p> <p>There remains a significant amount of residual risk.</p>

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

Summary of assurance levels

Scheme	Leads	Assurance Level	Change from baseline (Apr 24)	Target Saving	Forecast Saving as of 31/07/24
1. Medicines Optimisation	Dr Joy Tomlinson / Dr Chris McKenna/Fiona Forrest	Significant	Improvement	£2,000,000	£2,000,000
2. Unscheduled Care Bundle	Claire Dobson	Significant	-	£700,000	£700,000
3. PFI Contract	Neil McCormick	Significant	-	£400,000	£600,000
4. Estates Rationalisation	Neil McCormick	Moderate	Improvement	£2,000,000	£2,000,000
5. Non-Compliant Rotas	Dr Chris McKenna	Moderate	Improvement	£1,000,000	£1,000,000
6. Legacy Covid Costs	Claire Dobson/Alistair Graham/David Miller	Moderate	Improvement	£1,000,000	£850,000
7. Supplementary Staffing	Janette Keenan/David Miller	Moderate	Improvement	£5,000,000	£3,314,577
8. Procurement	Claire Dobson	Moderate	Improvement	£500,000	£235,000
9. Corporate Directorates	Margo McGurk	Significant	-	£1,500,000	£1,500,000
10. Business Transformation	Alistair Graham	Limited	-	£2,400,000	£402,869
11. Surge Reduction	Claire Dobson	Limited	-	£1,850,000	£850,000
12. Planned Care	Claire Dobson	Significant	Improvement	£1,200,000	£2,200,000
13. SLA & External Activity	Margo McGurk	Limited	-	£5,000,000	£2,000,000

RTP – July Look back

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

Delivery of **business transformation** is under way. Savings relate to the reduction of the administrative workforce which will be tracked through vacancy panels. A small amount of savings have been secured through digital.

Addressing **non-compliant rotas** through Gateway medical recruitment is on track. Rota monitoring beginning in September will allow for reporting on delivery.

Successful work to **rationalise our estate** close Haig House, Hayfield House and Cameron House will be factored into next month's financial reporting.

Complex negotiation with partners is required to deliver planned savings in **SLA activity** – concerns have been raised by external partners, which places a level of risk on delivery. Significant analysis has been undertaken with regard to external activity to review opportunities.

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

RTP – July Look back

Medicines optimisation work has progressed in line with plans, and significantly ahead of delivery in previous years, which were generally back-loaded. The volume and range of medicines shortages being seen currently (this is a global issue) causes a level of concern in the medium term. Tactical issues, including a delay in delivery of a biosimilar, are being managed.

supplementary staffing spend on agency and bank has reduced by £2.9 million compared to this time last year, whilst this is a significant achievement, the overall pay costs for Nursing and medical remain in an overspend position.

Further **Procurement** savings schemes have been progressed in July; others are being worked up with more opportunities continuing to be identified. In addition, engagement is supporting change in process to support more efficient practice, for example in relation to minimising carriage costs through proactive purchasing. Storage has been identified as a potential barrier to more fundamental change; innovative solutions will be sought

Surge reduction savings have been impacted by high levels of emergency admissions, with acute services operating at winter level pressures. Plans are progressing around improved system flow and discharge planning. Average occupancy has been below target level, therefore further work is required realisation of savings.

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

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

RTP – An Organisational Portfolio of Change

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

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

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

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

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

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

2. Unscheduled Care Bundle Executive Lead – Claire Dobson	Assurance Rating	Significant
	Target Saving	£700,000
	Savings YTD	£267,359
3. PFI Contract Executive Lead – Neil McCormick	Assurance Rating	Significant
	Target Saving	£600,000
	Savings YTD	£400,000
9. Corporate Directorates Executive Lead – Margo McGurk	Assurance Rating	Significant
	Target Saving	£1,500,000
	Savings YTD	£500,000
12. Planned Care Executive Lead – Claire Dobson	Assurance Rating	Significant
	Target Saving	£2,200,000
	Savings YTD	£733,333

Status Update

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

Planned Activity:

Ongoing monitoring monthly and maintenance of delivery.

1. Medicines Optimisation

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

Assurance Level

Significant

Target Saving FY

£2,000,000

Forecast Saving FY

£3,000,000

Savings YTD

£602,309

Status Update:

- Current work is on track to deliver the savings identified. Assurance moves to significant due to delivery position.

Progress to date:

- Acute Medicines Optimisation Plan in progress
- Reviewing possibility of Abflibircept treatment interval extension to recoup some of loss to the Medicines Optimisation Plan
- New FPF template and guidance document produced to reflect the change in emphasis

Planned Activity:

- Monthly monitoring of the Medicines Optimisation plan and continued identification of opportunities
- Identification of /and quantification of efficiencies to meet an extended £3M target
- Medicines Waste messages being updated
- Implementation guides being produced focussing on highest value projects first for each of the levels of workforce to ensure continuous delivery of efficiencies
- Review of current prescribing guidelines across a number of specialties to more clearly define treatment pathways and access to medicines

Challenges / Opportunities:

- Issue identified within Acute MO plan regarding ophthalmology medicine (Aflibercept) due to delay in availability of biosimilar until Sept 2025 – potential impact of c £400k pa, although appropriate contingency identified.
- Resource required to make changes in clinical practice

4. Estates Rationalisation

Executive Leads – Neil McCormick

Assurance Rating	Moderate
Target Saving FY	£2,000,000
Forecast Saving FY	£2,000,000
Savings YTD	£372,500

Status Update:

- Assurance moving to moderate due to confidence in forecast for delivery.
- Some slippage noted in timelines for VHK due to additional re-modelling works and IT hardware lead times (both due to be completed end July/early August).

Progress to date:

- Agile solutions in place at Lynebank, VHK staff club, St Andrews and Adamson Hospital.
- Sustainability targets generally all on track with exception of reduction in greenhouse gas emissions from buildings (Amber status).

Planned Activity:

- Agile solutions in Victoria Site and Queen Margaret.
- Cameron House / Haig House administration building closure by summer 2024
- Quantify likely energy savings based on interventions made in FY23/24 and planned interventions for FY24/25.

Opportunities/Threats

- £1.7m of potential savings identified and to be realised over FY24/25.
- Significant savings expected in relation to ground water discharge (Scottish Water).

4. Estates Rationalisation

Executive Lead – Neil McCormick

Milestone Plan

Aug 24

- VHK bookable desks
- Hayfield House Levels 1 & 2 moved to VHK Level 8
- Fife Council IT works
- Staff inductions at Fife Council sites
- Fife Council solutions in place (Fife House & Bankhead)
- Cameron phased decants



Sept 24 - Dec 24

- Staff interviews to gain insights in to impact of change
- Plan decom Hayfield House
- Plan decom Cam + Haig
- Commence site consolidation/disposal plans
- Put in place a new cycle to work scheme for staff
- Environmental policy approved by Board
- Green space event



4. Estates Rationalisation

Executive Lead – Neil McCormick

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is the risk that individuals may become more isolated due to agile working.	Bookable desks have been created across all sites. Collaboration/meeting spaces to be developed.	4	2	8 - Moderate Risk
There is a risk that some teams may be unable to adapt differently to agile working.	Facilities team are liaising with Departments/Heads of Service to confirm requirements.	3	4	12 – Moderate Risk

5. Non-Compliant Rotas

Executive Lead – Dr Chris McKenna

Assurance Rating	Moderate
Target Saving FY	£1,000,000
Forecast Saving FY	£1,000,000
Savings YTD	£58,000

Status Update:

- Assurance moving to moderate at this stage due to confidence in actions and processes in place.
- Rota monitoring is scheduled to begin from September 2024 until November 2024 for the first round of rota monitoring for the new cohort. Savings will be able to be delivered from November 2024 following rota monitoring and if the rotas are compliant. A second stage of monitoring will be completed from February 2025 with final savings being reported at the end of the financial year.

Progress to date:

- Redesigned rotas in place as new cohort has begun.
- Gateway EU doctors now in post.
- Awaiting final approval of Stafflink content including FAQ's and induction/SOP's.
- DDiT Mess charities bid approved for new recliners and refresh of area.

Planned Activity:

- Rota monitoring to take place from September onwards.

Opportunities/Threats:

- Awaiting final sign off for induction/FAQ's and SOP's.

5. Non-compliant Rotas

Executive Lead – Dr Chris McKenna

Milestone Plan

Aug 24

- Gateway EU Doctors in post
- New Rotas live
- New induction packs and communications awaiting final sign off
- Identify timeframes for DDIT Mess improvements



Sept 24

- Rota monitoring begins



Oct 24

- Rota monitoring continues
- Some results may be available



Nov-Dec 24

- Results of Rota monitoring
- Qualitative feedback review on Fife resources for DDIT & Gateway EU



5. Non-compliant Rotas

Executive Lead – Dr Chris McKenna

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk that the redesigned rotas will not pass monitoring and result in sustaining the overspend.	Rotas were designed with feedback from DDiT. SLWG creating a wellbeing and engagement strategy to support cohesive messaging for the best chance of success.	3	4	12 – Moderate risk
There is a risk that lack of engagement from DDiT could result in insufficient returns and rotas will return to band 3.	Medical Education and DDiT have been consulted and involved in developing the documentation to support DDiT to ensure capturing all information required.	3	4	12 -Moderate risk

6. Legacy Covid Costs

Executive Leads – Claire
Dobson/David Miller/Alistair
Graham

Assurance Rating	Moderate
Target Saving FY	£1,000,000
Forecast Saving FY	£593,631
Savings YTD	£212,356

Status Update:

- Assurance level moving to moderate; although digital and workforce are yet to release the savings; plans have been identified to do this on board costs.
- The Acute Services Division have completed their removal of legacy Covid costs.
- Action required in digital and workforce directorate to mainstream legacy costs and realise savings.

Progress to date:

- Limited assurance at this time as full savings identified not delivered

Planned Activity:

- Workforce changes required to be reviewed and options identified to remove at pace. Expected to be completed by end of July 2024.

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

7. Supplementary Staffing

Executive Leads –
Janette Keenan/David Miller

Assurance Rating	Moderate
Target Saving FY	£5,000,000
Forecast Saving FY	£3,314,577
Savings YTD	£1,094,071

Status Update:

- Assurance level moves to moderate, due to analytics and confidence in delivery. Although realistic forecast at this stage highlights shortfall in FYE delivery; actions to rectify this have been identified and are being pursued at pace. Year on year cost reduction evidenced at £2.9m

Progress to date:

- Significant savings achieved from ceasing use of non-registered agency.
- Direct engagement system rolled out on 5th August; some savings already materialising in week one.

Planned Activity:

- Deep dive of VHK Ward 44 to be started 12th August 2024.
- No registered agency usage in Emergency Care by 1st October 2024.
- Focused work on medical locum spend in haematology to be completed by 31st Oct 2024.
- Weekly budget meetings in high spend areas within Acute.

Opportunities/Threats:

- Successful recruitment to substantive posts reduces the total impact of measures to reduce supplementary staffing to budgets, replacing supplementary staffing costs with payroll costs.
- Success in reducing nursing supplementary spend needs to be replicated in non-nursing staff groups.
- Shift auto generation functionality in eRostering not operating as expected and can lead to requests for supplementary staff when not required. DoN (Acute) has met with Head of Digital Delivery (HoDD) to discuss issues and HoDD is taking this forward to identify solution.

7. Supplementary Staffing

Executive Leads – Janette Keenan/David Miller

Milestone Plan

Aug 24

- Sign off escalation process for non-nursing job families
- Implement Direct Engagement model
- Sign off block and advanced booking processes
- Deep dive high use area – Ward 44



Sep 24

- Focussed work on medical locum spend to be supported in haematology
- Review Blink content on Nurse Bank to ensure information is current and relaunch for all staff groups



Oct - Dec 24

- Existing locums transition to direct engagement model
- No registered agency usage in medical directorate by 1 October
- Focused improvement work on haematology medical locum spend to be completed



7. Supplementary Staffing

Executive Leads – Janette Keenan/David Miller

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk that due to a lack of skilled workforce there will be a continued reliance on bank staff resulting in a failure to reduce spend.	Identified issues in specific areas currently attributing to high spend. New qualified staff will be available in late Autumn which will result in a reduction in spend.	5	3	15 – High Risk
There is a risk supplementary staff use will not reduce if managers are not engaged with the changes required to reduce and cease reliance on supplementary staffing.	A communication strategy is being developed to embed escalation process for managers and regular review of staff bank use being undertaken to ensure grip and control of process.	4	3	12 – Moderate Risk
There is a risk that failure to target improvement work will result in no change and failure to deliver reduced spend.	Clear project brief, timeline and action log produced to support direction and progress.	3	4	12 – Moderate Risk

8. Procurement

Executive Lead – Claire Dobson

Assurance Rating	Moderate
Target Saving FY	£500,000
Forecast Saving FY	£235,000
Savings YTD	£134,516

Status Update

- Assurance level moved to moderate
- While at this stage delivery is developing, the anticipated addition of schemes nearing go live this will see the quantum in delivery at 81% of target, while work is progressing to bring forward further schemes.

Progress to date:

- Implementation plan in place, with a range of projects underway and in development. Estimated FYE of these savings is anticipated to be £407,000.

Planned Activity:

- Ongoing engagement, reviews of expenditure and savings opportunities.

Challenges / Opportunities:

- Improvement ideas coming forward often have storage and associated manpower implications. Potential for wider system changes will be explored.
- A number of schemes are supporting a reduction in landfill/clinical waste.

8. Procurement

Executive Leads – Claire Dobson

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
Cultural change for staff and potential new ways of working or using different equipment.	Staff will be consulted on any proposed changes and will have the opportunity to voice any concerns.	4	3	12
Time is invested in exploring opportunities which yield little or no savings with the consequence that staff engagement is diminished	Realistic review of ideas before resources are expended working up schemes.	4	3	12
Proposals which are developed may not comply with Infection Prevention & Control standards.	Infection Prevention & Control teams will be involved in the development of any proposals.	2	4	8

10. Business Transformation

Executive Lead – Alistair Graham

Assurance Rating	Limited
Target Saving FY	£2,400,000
Forecast Saving FY	£402,869
Savings YTD	£56,009

Status Update:

- Savings being delivered through Digital opportunities. However, limited assurance remains due to delays in the programme approval and commencing.

Progress to date:

- PID approved.
- Discussions with SRO on admin service reviews approach/and securing a mandate.
- Work in progress via SRO to establish a Transformation Leadership Group and identification of priorities.

Planned Activity:

- Programme being established aligned to PID.
- Existing Digital Projects to be aligned under programme.
- Scoping of new projects for development.
- Identification of priority areas.

Challenges / Opportunities:

- Programme has not progressed as anticipated due to the complexity of planning required.
- Different approach required than originally intended due to pre-requisites identified in PID not being in place.
- £1.4m opportunity from 50% of the Admin Turnover not being replaced (if practically possible).
- 141 people in fixed term roles within the Admin Family, potential to explore plans for such roles to identify savings.

10. Business Transformation

Executive Lead – Alistair Graham

Milestone Plan

Aug 24 onwards

- Further development of digital solutions planning
- Establishment of programme to support project delivery (co-ordination of digital enablers and delivery of direct impact projects, including work on a new model for 'administration services')



10. Business Transformation

Executive Lead – Alistair Graham

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk of double/multiple counting of benefits associated with administrative staff aspects, because of Services counting a reduction in these roles within their own proposals/reductions being counted in proposals related to RTP Corporate Directorates, which may result in savings not being delivered to desired target values.	To be agreed	3	4	12 – Moderate Risk
There is a risk that the savings opportunities are not as large in scale or as achievable as first imagined, because of the reliance on staff savings through consensual means, which may result in savings not being delivered to desired target values.	To be agreed	3	4	12 – Moderate Risk
There is a risk savings cannot be realised aligned to desired timescales, because of the complex change work to enable them having to occur and embed first, which may result in failing to deliver savings targets within optimum timescales.	To be agreed	3	4	12 – Moderate Risk
There is a risk business change enablement is not given adequate time to complete prior to savings being released, because of an emphasis/focus on achieving financial savings targets, which may result in poorly delivered change and additional operational service pressures.	To be agreed	3	4	12 – Moderate Risk

11. Surge Reduction

Executive Lead – Claire Dobson

Assurance Rating	Limited
Target Saving FY	£1,850,000
Forecast Saving FY	£850,000
Savings YTD	£309,163

Status Update:

Limited assurance is provided at this stage due to high-levels of emergency admissions, meaning that Acute are operating at winter-level pressures continuously. Despite this, occupancy below expected target levels and progress remains positive.

Progress to date:

- Movement of Ward 10 return to Ward 6 to facilitate creation of supported discharge units on July 20th and 21st.
- Implementation of ward access targets.
- Training delivered to additional 18 discharge co-ordinators.
- Maintenance of reduction of 11 beds across surge footprint.
- Reduction of AVG. 30 patients boarding into surgical.
- Scaling up of effective MDT discharge process (Enhanced ICT, Red Cross, & ARP).

Planned Activity:

- Scoping of medical workforce model including governance of bed holding & cost/benefits analysis of role in Fife. SBAR to be developed by SLWG.
- Implementation of agreed ward access targets.
- Development of Supported Discharge Unit patient criteria.

Challenges & Opportunities:

- Inability to reduce Ward 9 bed base to 11 as previously asked due to challenges in maintaining current reduced surge footprint.
- High levels of emergency admissions continue – (mean 208 daily), are operating at winter-level pressures continuously.
- If investment is not available to recruit to substantive nursing and consultant posts to manage surge beds, then this scheme will not achieve the savings outlined

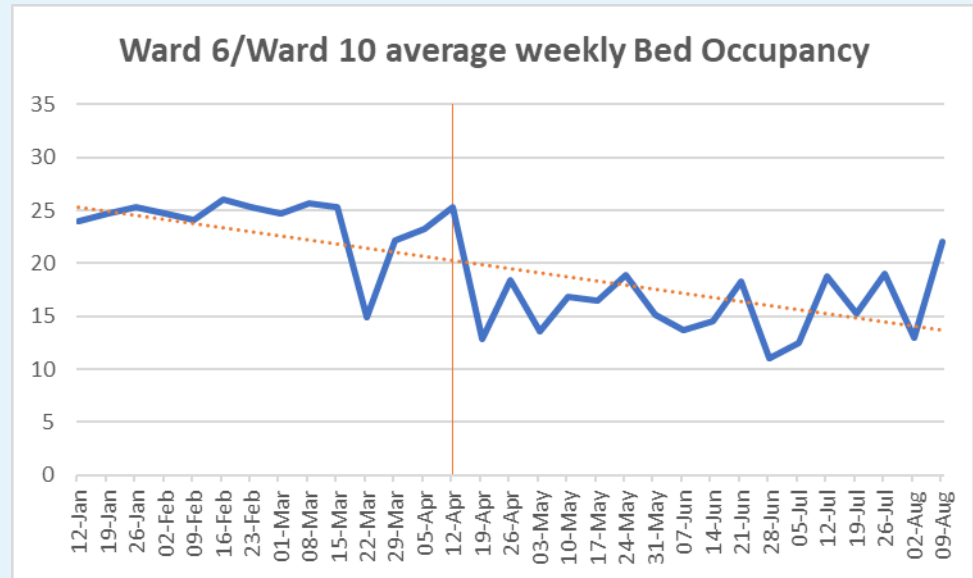
11. Surge Reduction

Executive Lead – Claire Dobson

Assurance Rating	Limited
Target Saving FY	£1,850,000
Forecast Saving FY	£850,000
Savings YTD	£309,163

Data Informatics:

- Acute are experiencing continuous high-levels of emergency admissions and operating at winter-level pressures throughout the year.
- There has been a sustained reduction of 11 beds across the surge footprint.
- There has been a linear reduction of 25% in surge bed usage in Wards 6 & 9 between April and June.
- Within Ward 6 the average bed occupancy has reduced from 24 between January and April to 15 between April and August.



11. Surge Reduction

Executive Lead – Claire Dobson

Assurance Rating

Limited

Target Saving FY

£1,850,000

Forecast Saving FY

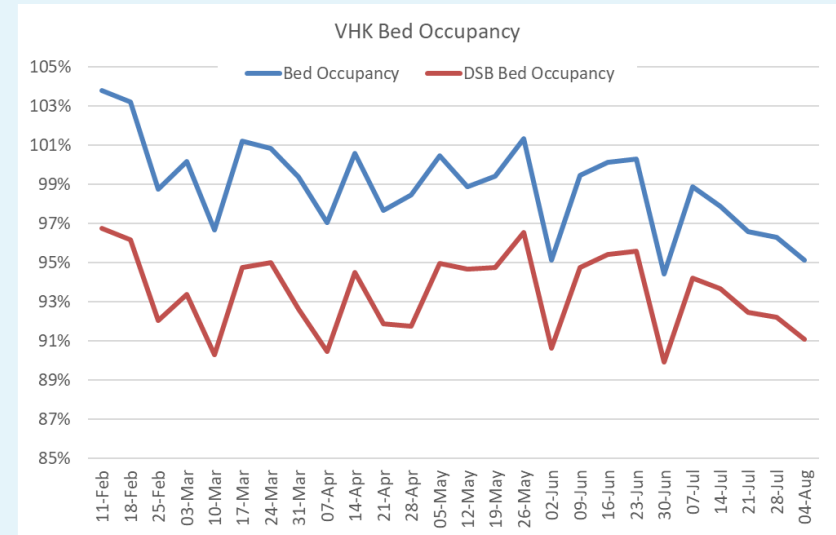
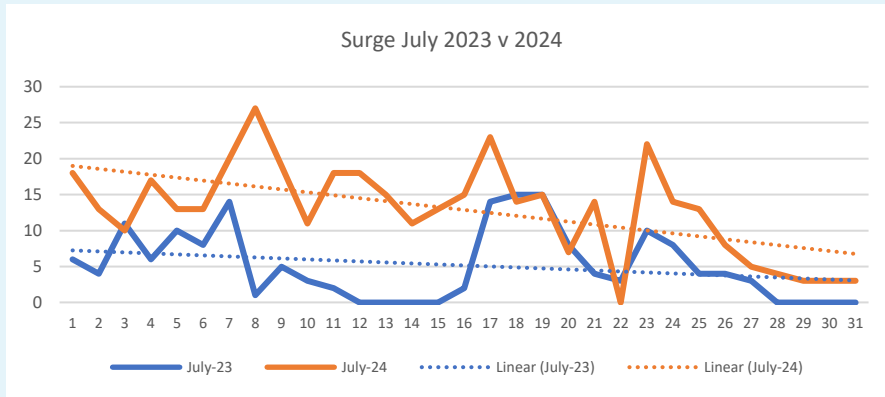
£850,000

Savings YTD

£309,163

Balancing Measures

- Number of surge patients increased in comparison to last year in July.
- Number of patients awaiting a transfer of care on the Discharge Hub waiting list is an average of 22 patients daily.
- Median Daily Hospital Occupancy is 99.3%.
- Median VHK Back Door Ward Occupancy is 97.4%, which provides challenges in moving patients on to their next area for care.
- Median Community Hospital Occupancy is 110%.



11. Surge Reduction

Executive Lead – Claire Dobson

Milestone Plan

Aug 24

- Maintenance of surge footprint
- Development of Supported Discharge Unit patient criteria

Sept 24

- Removal of Locum Surge Consultant post

11. Surge Reduction

Executive Lead – Claire Dobson

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk that if we do not invest in recruitment of substantive nursing and consultant posts within this financial year then we will not reach the savings outlined within this scheme.	Workforce tools run to understand nursing requirement for discharge unit beds. Ongoing discussions and scoping of AHP Consultant model to understand role and governance within Fife and financial proposals.	3	3	9 – Moderate Risk
There is a risk that occupancy cannot be reduced by 10 beds resulting on boarding patients into PCD which could lead to cancellations.	The risks above have been mitigated by establishment of 4pm Daily Huddles with MDT to raise awareness of demands and link to capacity planning to escalate concerns in timely manner. MDT approach taken to ensure clinical buy in to support timely progress of work.	3	3	9 – Moderate Risk
There is a risk that unscheduled care demand cannot be managed resulting on an increase in need for beds.		3	3	9 – Moderate Risk
There is a risk that there are not enough available community beds and patients to have to remain in VHK.		3	3	9 – Moderate Risk
There is a risk that clinical buy in to changes in models may not be sufficient and not result in associated behaviour change.		2	2	4 – Minor Risk

13. SLA and External Activity

Executive Lead – Margo McGurk

Assurance Rating

Limited

Target Saving

£5,000,000

Forecast Saving

£2,000,000

Savings YTD

£666,667

Overall Status:

Following exploration of activity date, four potential repatriations opportunities have been identified. The SLA's currently in place are being reviewed to establish whether historic arrangements are being undertaken as agreed and preparations are being made for future Performance Management meetings with NHS Lothian and Tayside.

Progress to date:

- Ongoing exploration of historic SLAs-challenges in unearthing original documentation
- 4 proposals for repatriation being considered
- SLA Finance Log developed to establish current position
- Deep dive completed on GP referrals to NHS Lothian and Tayside- questionnaire developed to be distributed to NE Fife GPs mid-August

Planned Activity:

- Exploration of SNRRS contract with Golden Jubilee
- Performance Management Group initiated supported by evidence of current state
- Meeting planned to explore whether NHS Lothian are delivering as per SLA

Challenges & Opportunities:

- Ongoing discussions with NHS Lothian on implications of the introduction of PLICS. NHS Fife have engaged with Scottish Government and plan to implement PLICS locally by December 2024.

13. SLA and External Activity

Executive Lead – Margo McGurk

Milestone Plan

Aug 24

- Ongoing development of Performance Management group and subsequent arrangements with NHS Lothian and NHS Tayside

Sept 24

- Commencement of Performance Management group meetings

13. SLA and External Activity

Executive Lead – Margo McGurk

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk that NHS Lothian and NHS Tayside will not accept the financial planning assumptions and/or that a national challenge will ensue.	Initial meetings being held amongst boards. Current status with NHS Lothian has dictated a rise in likelihood to Almost Certain. Further meetings are planned for July/August to try and establish some compromise.	5	5	25 - High Risk

Meeting:	Finance Performance & Resources Committee
Meeting date:	10 September 2024
Title:	Reform, Transform, Perform – Infrastructure & Change Update
Responsible Executive:	Neil McCormick, Director of Property & Asset Management
Report Author:	Ben Johnston, Head of Capital Planning & Project Director

Executive Summary:

- This paper provides a progress summary in respect to the RTP Infrastructure and Change programme for information and assurance
- The Infrastructure & Change Programme has identified £1.8m of £2m potential savings to date
- £438k of savings has been validated to month 4
- Office consolidation workstream nearing completion (Sept. 24)
- Site consolidation workstream ongoing
- Bed modelling workstream ongoing and due for completion in January 2025
- Site option appraisal work ongoing – Cameron and Stratheden Hospitals are the main focus of effort
- Property Advisor instructed to provide updated valuations for several sites
- Infrastructure and Change Programme Board being set up – first meeting planned for 9th September 2024

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Government policy / directive
- NHS Board Strategic Priority/ies

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper provides a progress summary in respect to the RTP Infrastructure and Change programme for information and assurance.

2.2 Background

The RTP framework was established at the beginning of 2024. One of the key areas identified for potential cost savings was around infrastructure where an initial savings target of £2m was set. In February 2024 a concept report was shared providing potential areas for savings and these included:

- Office consolidation
- Site consolidation
- Site disposal

Approval was provided by the RTP Leadership group to commence consolidating our office buildings. More recently, approval was received to consolidate our Cameron Hospital site whilst working collaboratively with the services involved to enable a smooth transition. There are opportunities to carry out similar consolidation work across our estate including Stratheden Hospital which yields the greatest opportunity.

The above effort all broadly features within the £2m savings target area and is potentially contained within the “reform” part of the portfolio.

There is a need for infrastructure to support savings beyond £2m. This will require transformational change across our whole system to understand our service needs together with impacts and opportunities for our estate.

To enable an RTP portfolio approach, programme boards are being established. The Infrastructure and Change Programme Board is being set up and a Programme Initiation Document (PID) is in place. The programme board will enable improved governance, better coordination of effort and broader horizons as we move in the transformational space.

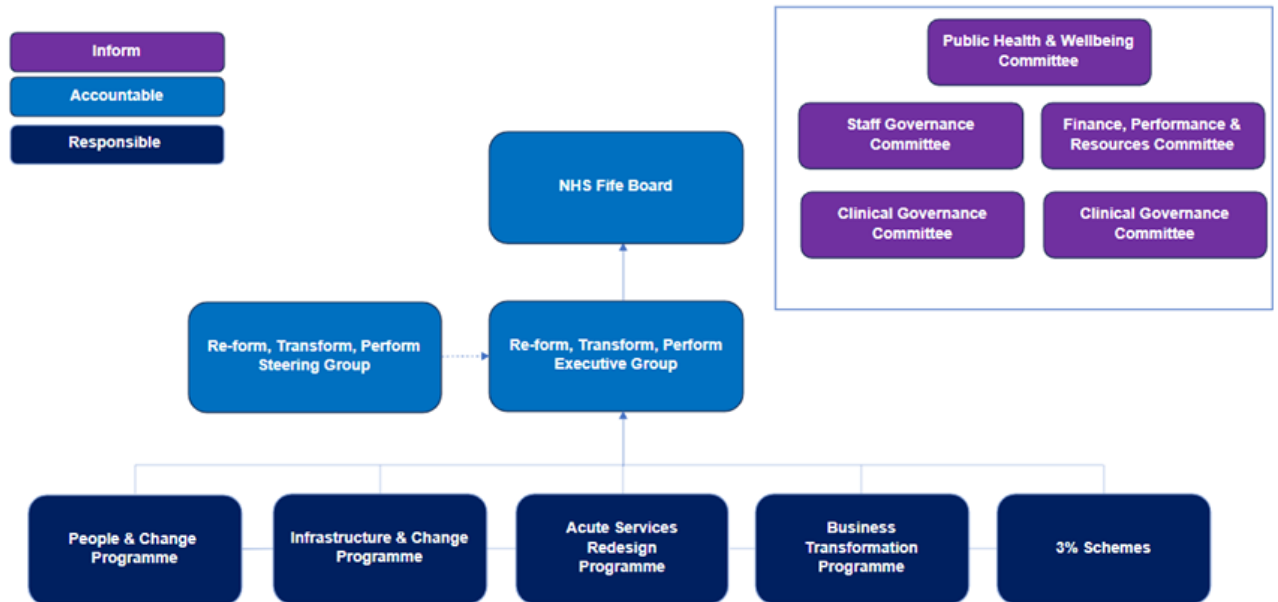


Figure 1 - RTP Portfolio

2.3 Assessment

The Infrastructure and Change Programme contains the following priorities:

- 1 Estate rationalisation and property appraisal**
 - Office consolidation
 - Site rationalisation
 - Property disposal
- 2 Whole system bed modelling**
 - Future estate requirement
- 3 Sustainability**
 - Energy reduction
 - Carbon reduction
 - Travel & transport
 - Waste
 - Clinical sustainability

Estate rationalisation and property appraisal

The first phase of office consolidation is anticipated to be complete by September 2024 which will enable three buildings to be closed (Hayfield House, Cameron House, and Haig House). This will realise financial benefits in respect to rates, energy and potentially “pays” over the longer term as we reduce the size of our estate. Office

accommodation has been created within our existing estate and via Fife Council to enable these building closures. Some capital expenditure has been required to enable this initiative and the Fife Council space has been offered on the basis on quid pro quo where NHS Fife will make space available for Fife Council staff. Progress summary noted below.

- Queen Maragret Board corridor upgraded to accommodate executive team
- Lynebank reconfigured to create 30 bookable desks and meeting rooms
- VHK staff club converted to Board room and hot desks for the executive team
- VHK SSSU reconfigured to create a central training hub
- VHK Level 8 being reconfigured to create 66 desk and touch down areas
- 9 desk VHK finance hub offered
- Clinical desks being created at RWMH to support the Cameron House closure
- Increased desk capacity being created within the Sir George Sharp Unit to support Cameron House closure
- Access to 134 desks within Fife Council accommodation (116 at Fife House and 18 at Bankhead)

Beyond the office closures at Cameron Hospital, there are opportunities to consolidate the estate further leaving a neat cluster of operational buildings and segregating the balance of the site for other capital or revenue opportunities. The estate that would remain may eventually be disposed of in the longer term if it is viable to do so. The plan below helps to illustrate the intent where the buildings in green are the only ones to be retained in the sort to medium term. The orange buildings are Cameron and Haig House and the blue buildings are addictions, estates and public dental services where we have plans to relocate these services over the remainder of the year.



Figure 2 - Cameron Hospital Site

The next phase of site rationalisation is planned to include Stratheden Hospital where similar planning and efficiencies may be possible. There may also be an opportunity to sell or lease a large parcel of the land to the West of the site.

The effort undertaken to date has contributed towards the initial Estates & Facilities target saving of £2m. To move beyond this, site rationalisation at Stratheden Hospital and disposals will require to be implemented. It's important to acknowledge that site disposals generally are unlikely to be fast transactions and will take time to plan, execute and realise. In the interim, we have identified several potential sites for disposal and have instructed our Property Advisor to provide updated valuations.

There will be options around leasing/revenue and capital/sales, although the latter will require to be agreed with Scottish Government for NHS Fife to realise the financial benefit.

Site	Valuation*	Notes

Lynebank	£1m	The site has previously been put on the market. Lack of interest possibly due to access constraints, infrastructure constraints (drainage & power) and adjacency to hospital. Therefore, the sale of the site could take time to realise. Property Advisor providing an updated valuation.
Stratheden	£5m	The site is still functional and alternate space for existing services will take time and investment to resolve. Unlikely that the whole site could be released without major investment elsewhere. Investment required could be significant. The previous valuation was £10m with £5m of investment required. This represents £5m net. Property Advisor providing an updated valuation.
Cameron	£500k PA	Discussions ongoing to explore options. Property Advisor providing an updated valuation.
Kinghorn	£500k	Property Advisor providing an updated valuation.
Weston Day Hospital	£575k	Property Advisor providing an updated valuation.
Dovecot Clinic	£300k	Property Advisor providing an updated valuation.
<i>*To be updated</i>		

Whole System Bed Modelling

We have commissioned support from an external consultant, Buchan Associates to help us understand our bed base across our system, how it might need to change to meet demand now and in the future and what interventions can be instigated to mitigate demand. Once we understand the clinical requirements across our system this may allow us to review our bed base leading to further estate rationalisation opportunities.

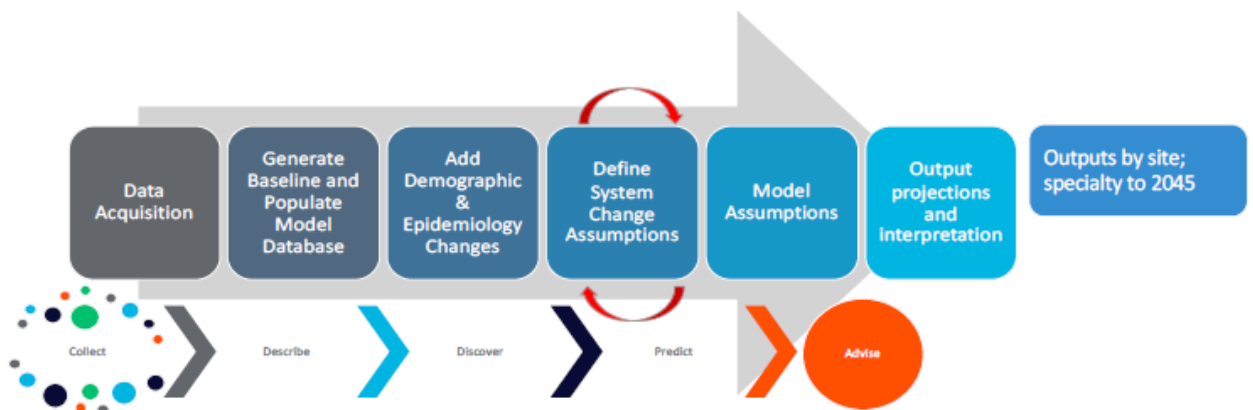


Figure 3 - Whole System Bed Modelling Approach

The timeline for this work including outputs is noted below.

- Phase 1, Acute: September 2024
- Phase 2, Community: November 2024
- Phase 3, Care Homes: January 2025

Sustainability

NHS Fife is proactively aligning with the NHS Scotland Climate Emergency and Sustainability Strategy by addressing key areas critical to achieving a sustainable healthcare system. Efforts in this area will also support the RTP portfolio through the development of a more sustainable and efficient estate. Below is a high-level summary by category of actions taken.

Energy efficiency and Carbon Reduction:

We have implemented energy efficiency measures across our sites and working towards increasing our reliance on renewable energy sources to reduce our carbon footprint. We are actively working on long term strategies at scale, for renewable energy sources, which will reduce the impact on the electrical network and generate income. It will also enable us to progress with zero carbon heating solutions at large sites.

- Solar PV installations
- Building fabric upgrades at QMH and VHK
- Laundry Heat Recovery Unit
- LED lighting installed to replace fluorescent lighting at QMH and VHK
- New full time energy manager post
- Review and monitoring of the Building Energy Management System

Projected savings for 2024/25 from Energy Projects:

- FCON – total energy savings from improved building fabric and insulation - £12K
- Laundry heat recovery - £106,595
- LED - £109K
- Ongoing savings from previous NDEEF works (Solar PV etc) - £250K PA

Infrastructure adaptation

We are enhancing the resilience of our facilities and services by integrating climate risk assessments into our resilience plans. We work closely with the resilience team on this matter.

Enhancing the green spaces around our facilities, promoting biodiversity, and integrating nature-based solutions into our site management practices. We are currently

developing site management plans and updated biodiversity audits to facilitate long term improvement and looking at ways to better manage our outdoor spaces.

- Research conducted for sites at risk of flooding through NHS Scotland Climate Mapping Tool
 - 14 coastal sites at risk of flooding by 2080
 - VHK Den burn flooding risk assessed with Fife Council
- Identified wards and areas at risk of overheating. Trial of nature based solutions and technical survey to be carried out with NHS Assure.

Travel and Transport

Initiatives to reduce transport emissions include:

- Fleet decarbonisation plan
- EV Car Scheme through payroll (currently under review)
- E-bike Scheme through payroll
- Created a team of active travel champions
- Grant funding via Greener Kirkcaldy for e-bike loans

We are also in discussions with public transport providers to increase uptake by way of a significant NHS Staff discount on these services. A transport strategy is in draft format and will support the agenda going forward, subject to board approval.

Waste

We are adopting circular economy principles by reducing waste generation, improving recycling rates, and focusing on reusing materials wherever possible, in line with our commitment to minimise landfill contributions. We have a system for reuse of items (WarpIT) and work closely with waste colleagues to identify ways to reduce waste. We are in discussions with other public bodies to develop a Fife based WarpIT system to further improve the circular economy.

- RTP Sustainable Waste Management Group established
- Waste improvement projects and audits ongoing via Waste manager
- Warp-it (furniture and item reuse program) in place

Clinical Sustainability

Clinical practices are being adopted to minimise environmental impact, focusing on reducing waste, optimising resource use, and integrating sustainability into patient care pathways. Our operating theatres are adopting green practices, including energy-efficient lighting, waste reduction protocols, and the use of environmentally friendly materials and equipment. Significant efforts are being made to optimise the use of medical gases and transition to lower-carbon alternatives for inhalers, via the CFSD programme.

- Identified opportunities within ED with Sandy Robertson, clinician in ED and sustainability lead
- Gloves off campaign to reduce glove use, increase cost savings
- Green theatres programme

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

EQIA's will be completed where necessary for changes that may impact quality of patient care.

2.3.2 Workforce

An EQIA has been completed for the office and site consolidation work. There are disadvantages and advantages arising from this change process which are documented within the EQIA. Given that the office consolidation task was one of the first initiatives undertaken within the RTP portfolio, a lessons learned exercise has been implemented to support learning and improvements for the portfolio.

2.3.3 Financial

A financial summary for the Infrastructure and Change programme is noted below:

Initial savings target	£2m
Savings identified to date	£1.8m
Savings realised to date	£438k (month 4)

2.3.4 Risk Assessment / Management

A risk register was established to complement the office consolidation workstream. As the workstream is reaching its conclusion and with the Infrastructure and Change Programme Board being established, the time is right to refresh the risk register to align with the expanded programme. Key risk themes will include:

- Quality of patient care
- Staff impact
- Pace to achieve savings
- Resources to enable change

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

EQIA's will be completed where necessary for changes that may impact quality of patient care.

The programme may enable opportunities around Anchor institution ambitions, especially in respect to site remodelling and/or disposals.

2.3.6 Climate Emergency & Sustainability Impact

Sustainability is one of the main priorities of work for the programme. It is a priority area, but also links to the site rationalisation and consolidation work where less estate will have a positive impact on our energy use and carbon emissions.

The programme will also contemplate ambitious options/solutions around decarbonising our Victoria and Queen Margaret Hospital sites.

2.3.7 Communication, involvement, engagement and consultation

A communication and engagement strategy will be developed as part of the programme building upon and learning from the early office consolidation workstream.

2.3.8 Route to the Meeting

2.4 Recommendation

This paper is provided to members for:

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

3 List of appendices

The following appendices are included with this report:

- None

Report Contact

Ben Johnston

Head of Capital Planning & Project Director

Email: ben.johnston2@nhs.scot

Meeting: Finance, Performance & Resources Committee
Meeting date: 10 September 2024
Title: Procurement Key Performance Indicators 2023/24
Responsible Executive: Margo McGurk, Director of Finance and Strategy
Report Author: Kevin Booth, Head of Financial Services & Procurement

Executive Summary:

- The agreed twelve Procurement KPI's are presented for assurance.
- There are no material changes to the KPI's following quarter four (2023/24)
- The KPI's were reviewed at length at the Procurement Governance Board, and they present a positive, progressing position as at the end of quarter one.
- No concerns were raised at the Procurement Governance Board that are to be escalated to the FP&R committee.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

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

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

- Effective

2 Report summary

2.1 Situation

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

2.2 Background

To ensure that the Procurement departments performance is visible to stakeholders across NHS Fife, a comprehensive set of KPI's were agreed as part of the Procurement Strategy 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 EDG and 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 £24.6m, with a total spend of £73.9m. This is an increase in comparison with the same period last financial year (average monthly £19.7m, total £59.2m). This increase is due to goods and services which were previously dealt with as invoices via e-Authoriser, now being raised as Pecos orders, which in turn provides enhanced transparency to total non-pay spend.

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

High Value Orders

Pecos purchase orders with a value greater than or equal to £50k are identified as high value. The average monthly value of these orders is £20m. In the first quarter there have been 60 high value orders with a total value of £60.2m. £42.1m of which relates to PFI provider spend. This is an increase in comparison the same period last financial year (42 orders, at £46.6m). This increase can be attributed to goods and services which were previously dealt with as invoices via e-Authoriser, now being raised as Pecos orders.

Low Value Orders

Pecos purchase orders with a value less than or equal to £50 are identified as low value. The average monthly number of these orders is 2,226 with a value of £53k. In the first quarter there have been 6,678 low value orders with a total value of £160k. This is a slight decrease in comparison with the same period last financial year (7,970 and £164k).

Efficiency Savings

The overall validated procurement saving for Health Board retained spend was £389k and comprises:

- £358k for direct cash releasing cost savings, £118k of which relates to Theatre Equipment & Consumables (Ureteroscopes, Staplers, Reloaders, Annual Da Vinci Robot Maintenance and Breathing Circuits), £102k for Digital & Information Cost Improvement Projects, £40k for Wound Management Products, £30k for Urology Consumables, £22k for Lift Maintenance and £17k for Medical Consumables. The remaining circa £30k, comprises implementation of various National and Local contracts and projects.
- £31k for cost avoidance, which relates to the 4-year contract extension for NP688 Orthopaedic Hips & Knees, with an increased discount for the period April 2024. It is anticipated that further cost avoidance benefits will be realised following the renewal of this framework by the end of November 2024, which estimates price increases of up to 15%.

However, these savings are being offset by the significant cost pressures being experienced as a direct result of the impact of the higher inflation rate across the marketplace. As of 30 June 2024, the cost pressure was **-£117k** resulting in a net cost saving of £272k. This is in line with the final net position from the last financial year of £248k.

The main contract areas contributing to these cost pressures are:

- Catering Products £84k
- Waste Management £16k
- Medical Consumables £14k

Quick Quotes Published

The number of Quick Quotes awarded (Orders between £15,000 and £49,999) in Public Contracts Scotland (PCS) to date for 2024/25 is 1, for printing of Patient Information Leaflets.

Contract Awards Published

The number of Contracts (£50k and above) awarded in PCS to date for 2024/25 is 1, at a value of £162k for Oncotype DX Breast Recurrence Score Testing.

Tender Waivers

During the period April 2024 – June 2024 there were no contracts subject to a waiver of competitive tender.

By comparison, in the previous financial year, there were a total of two tender waivers, totalling £1,056,730.

Payment Performance

The current cumulative supplier payment performance in quarter 1 is:

86% by Value and 83% by Volume were paid within 10 days, a 1% decrease on Value and 1% Volume improvement in comparison to the same period last financial year.

92% by Value and 92% by Volume were paid within 30 days, a 2% decrease on Value and the same Volume in comparison to the same period last financial year.

Catalogue Lines

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

Contract Lines and Value

The percentage of lines processed via Pecos purchase orders, which have been contracted, averages at 60% and £1.3m per month. The cumulative value of contracted lines is £3.9m. This is a decrease of 3% on average number of orders (63%) and the same average value (£1.3m) and cumulative value of £3.8m in comparison to the same period last financial year.

National Distributed Services (NDS) Spend

The average monthly purchase order spend via the NDS is £873k, and a total spend of £2.6m to date for 2024/25. This is in line with the same period last financial year (£880k monthly average and £2.6m 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 (2023-24)	Current FY Report
Excellent	80%	88% ↑ 8%
Good	16%	7%
Satisfactory	3%	4% ↑ 1%
Poor	1%	1% ↔ 0%

The information above only relates to satisfaction rates and comments received, the poor responses relate to 2 tickets (0.1%) from a total of 1974 helpdesk tickets completed to date for 2024/25.

The information below provides details of the themes and reasons for the 2 poor responses received since the last report:

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

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

2.3.5 Equality and 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 monthly Procurement department KPI's are presented to the Head of Financial Services and Procurement for consideration ahead of presentation to the Procurement Governance Board.

2.3.8 Route to the Meeting

This paper was previously presented to the Procurement Governance Board on 31st July 2024 followed by EDG on 15th August 2024

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – PGB Monthly KPIs 2024/2025

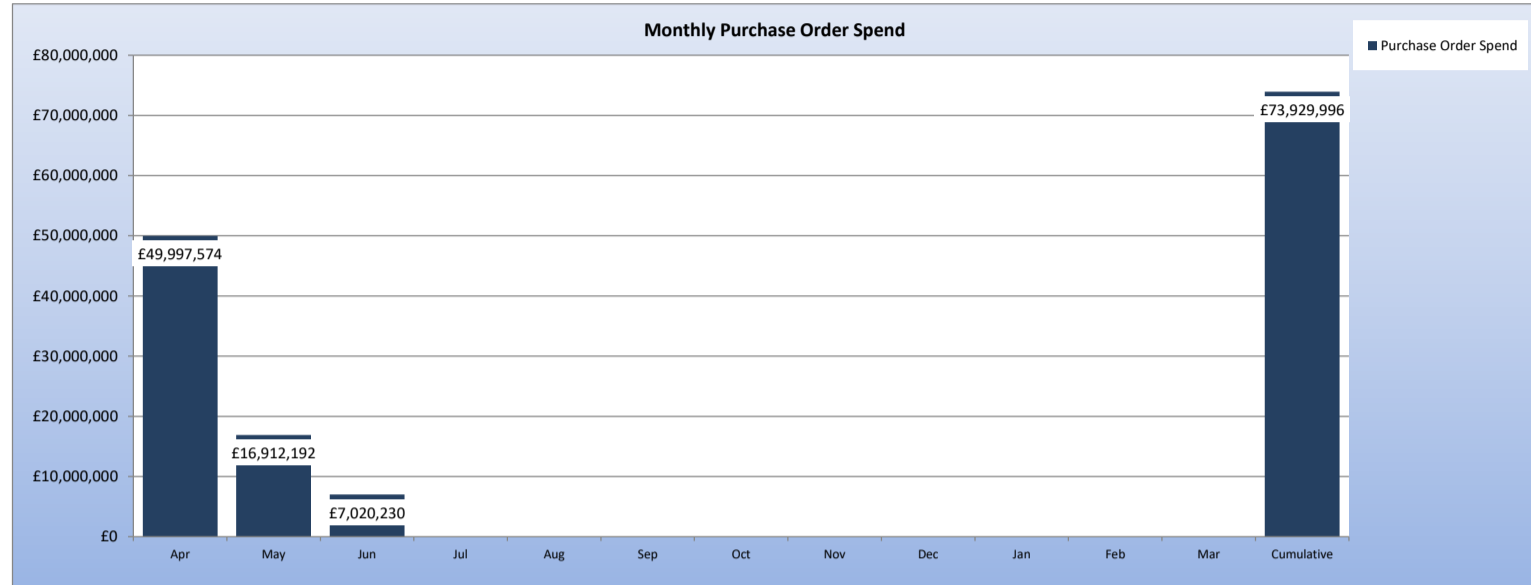
Report Contact

Kevin Booth

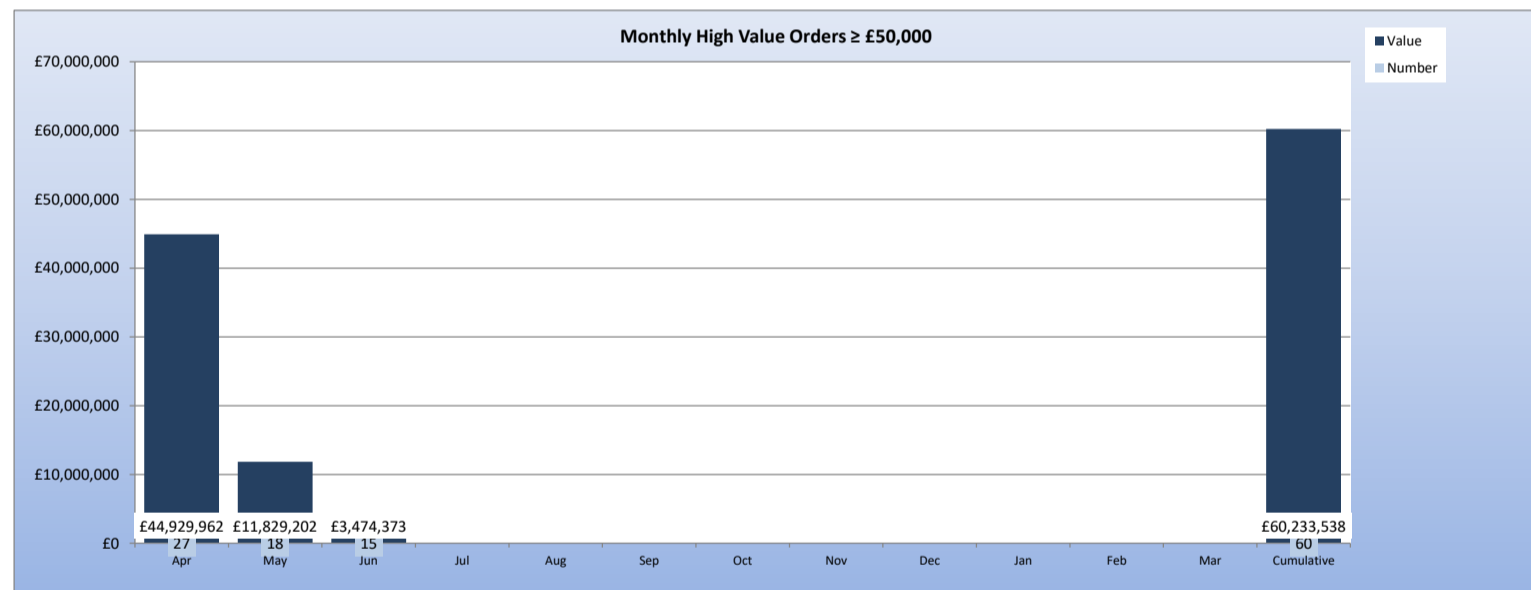
Head of Financial Services & Procurement

Email kevin.booth@nhs.scot

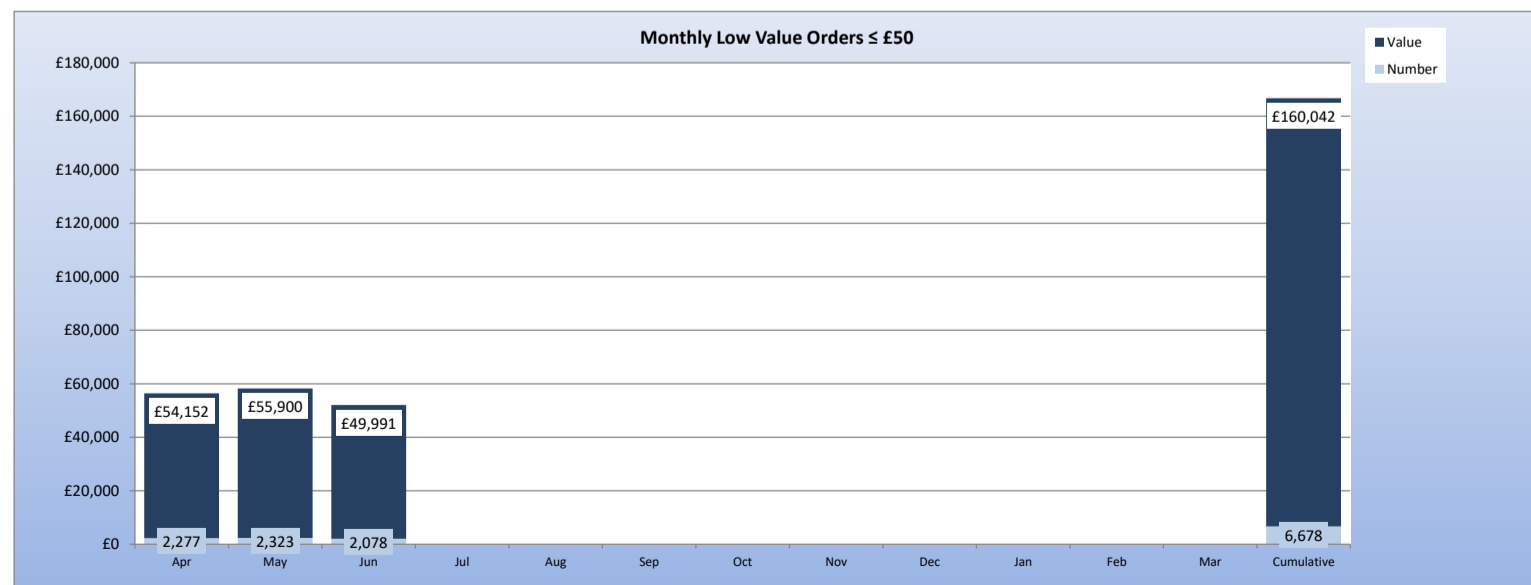
Our Values													
Care and Compassion	Dignity and Respect			Openness, Honesty & Responsibility					Quality and Teamwork				
FY 2024-2025													
Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Purchase Order Spend	£49,997,574	£16,912,192	£7,020,230										£73,929,996
Previous Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Purchase Order Spend	£44,531,690	£9,535,909	£5,203,582	£7,339,168	£5,441,971	£5,059,762	£5,977,543	£6,559,273	£5,605,705	£4,634,476	£4,510,075	£10,806,855	£115,206,010



Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Number	27	18	15										60
Value	£44,929,962	£11,829,202	£3,474,373										£60,233,538
Previous Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Number	20	11	11	8	11	8	13	11	10	3	7	22	135
Value	£40,240,460	£5,384,873	£1,046,874	£3,812,272	£1,224,887	£1,106,240	£1,816,475	£1,978,200	£1,660,344	£169,540	£542,127	£6,376,022	£65,358,314



Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Number	2,277	2,323	2,078										6,678
Value	£54,152	£55,900	£49,991										£160,042
Previous Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Number	2,555	2,815	2,600	2,475	2,740	2,429	2,502	2,732	2,026	2,514	2,372	2,275	30,035
Value	£52,333	£58,141	£53,072	£52,495	£57,787	£51,856	£53,831	£60,833	£43,835	£52,532	£52,723	£50,091	£639,529

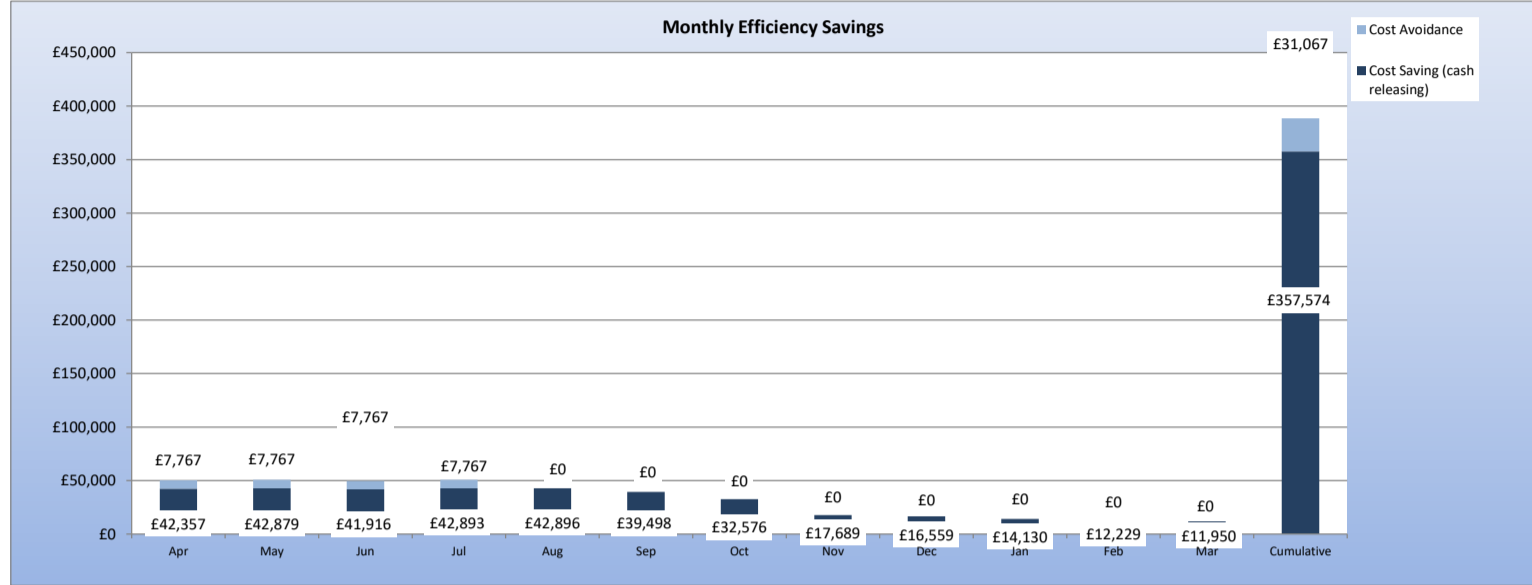


Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Cost Saving (cash releasing)	£42,357	£42,879	£41,916	£42,893	£42,896	£39,498	£32,576	£17,689	£16,559	£14,130	£12,229	£11,950	£357,574
Cost Avoidance	£7,767	£7,767	£7,767	£7,767	£0	£0	£0	£0	£0	£0	£0	£0	£31,067
Total Saving	£50,124	£50,646	£49,683	£50,660	£42,896	£39,498	£32,576	£17,689	£16,559	£14,130	£12,229	£11,950	£388,640

Cost Pressure	-£14,196	-£12,064	-£13,138	-£11,686	-£11,442	-£11,211	-£8,605	-£7,218	-£6,853	-£6,804	-£6,804	-£6,804	-£116,825
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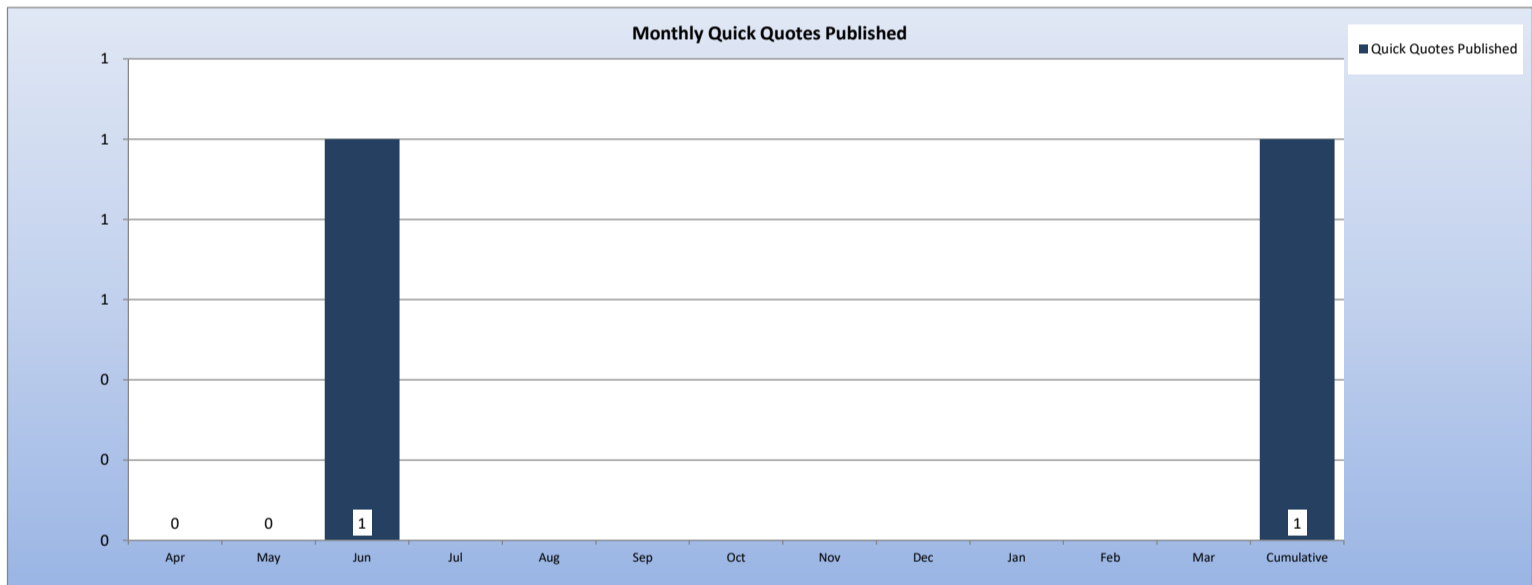
Previous Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Cost Saving (cash releasing)	£29,246	£84,148	£65,917	£51,077	£32,391	£108,820	£41,417	£70,068	£47,855	£47,629	£45,509	£42,542	£666,618
Cost Avoidance	£3,892	£3,892	£96,584	£3,892	£3,892	£3,892	£3,892	£8,840	£3,892	£3,892	£3,892	£0	£140,449
Total Saving	£33,138	£88,040	£162,501	£54,968	£36,283	£112,711	£45,308	£78,908	£51,747	£51,521	£49,401	£42,542	£807,067

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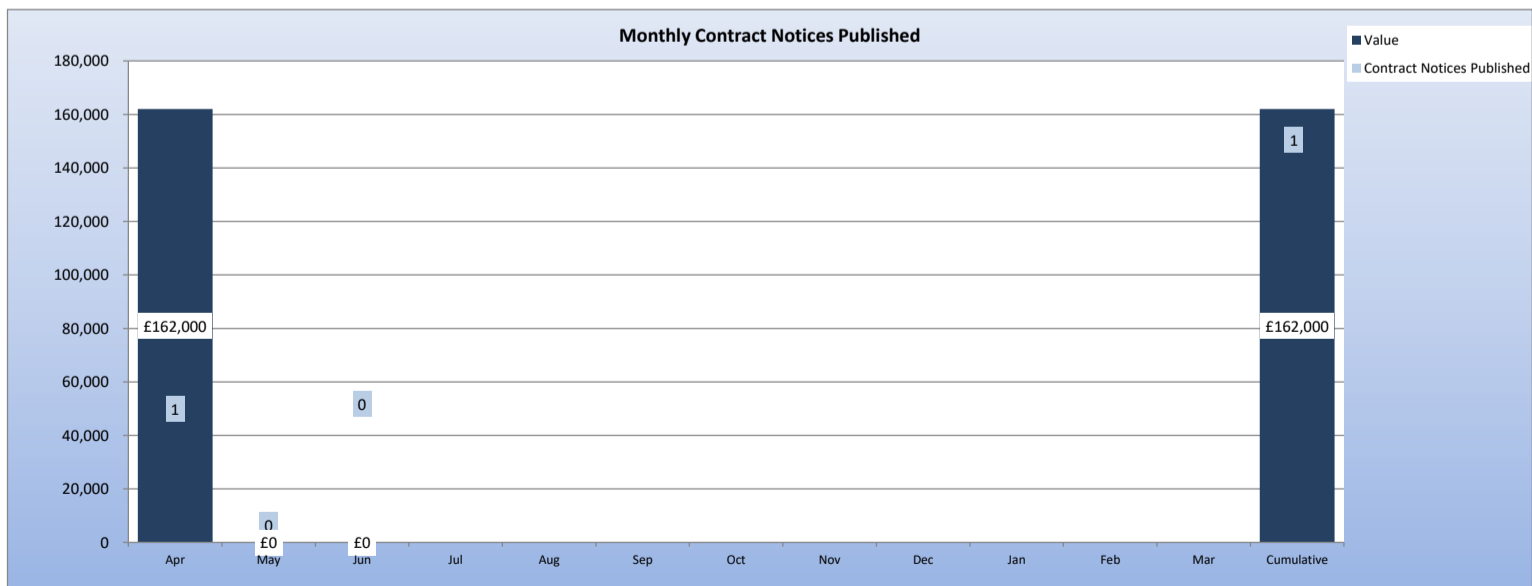
Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Quick Quotes Published	0	0	1										1

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



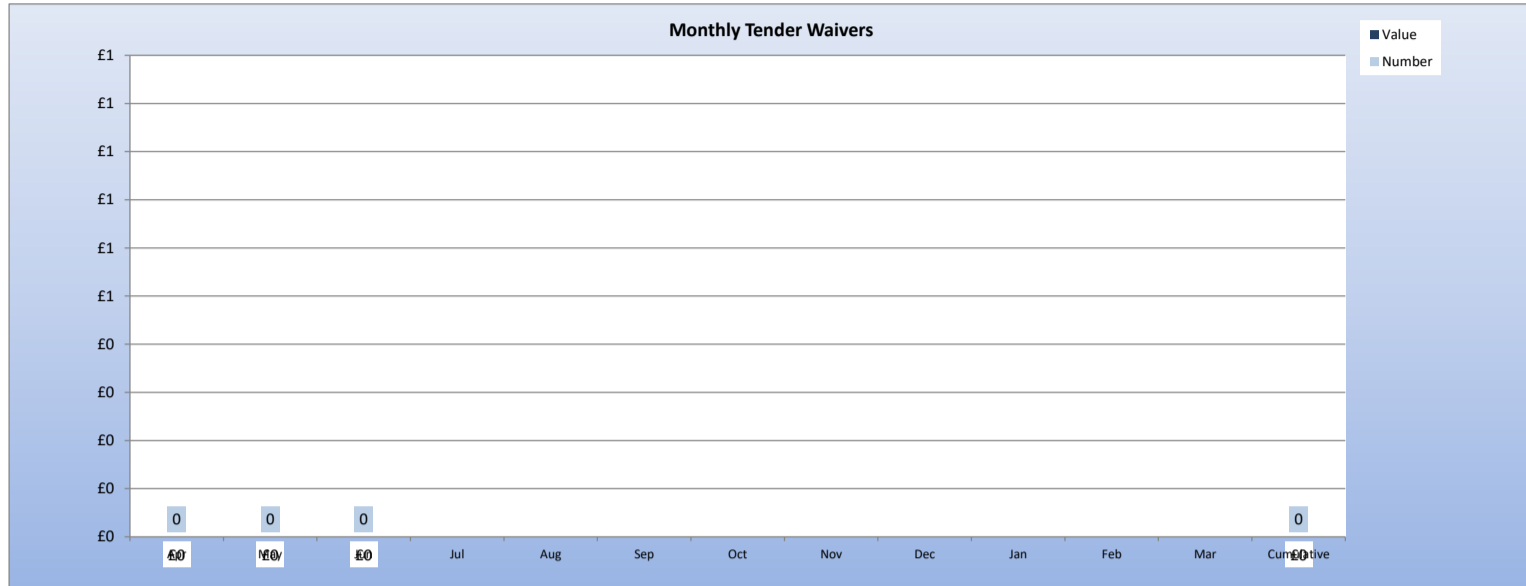
Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Contract Notices Published	1	0	0										1
Value	£162,000	£0	£0										£162,000

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



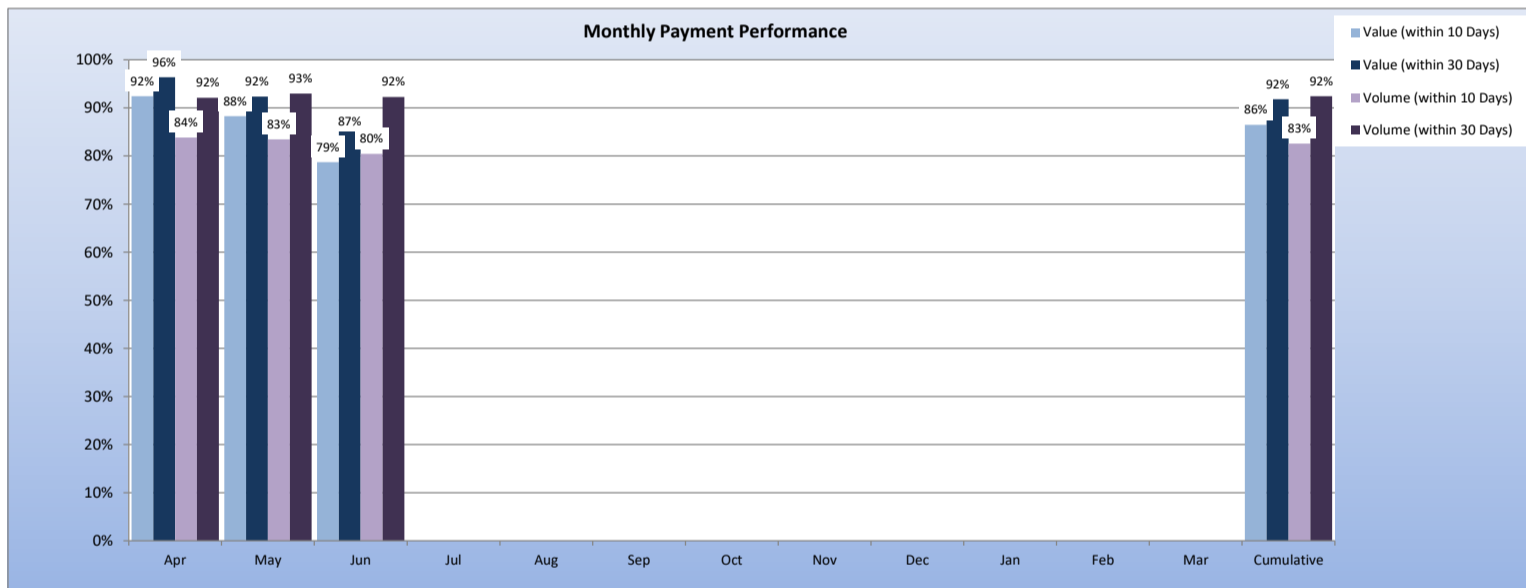
Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Number	0	0	0										0
Value	£0	£0	£0										£0

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



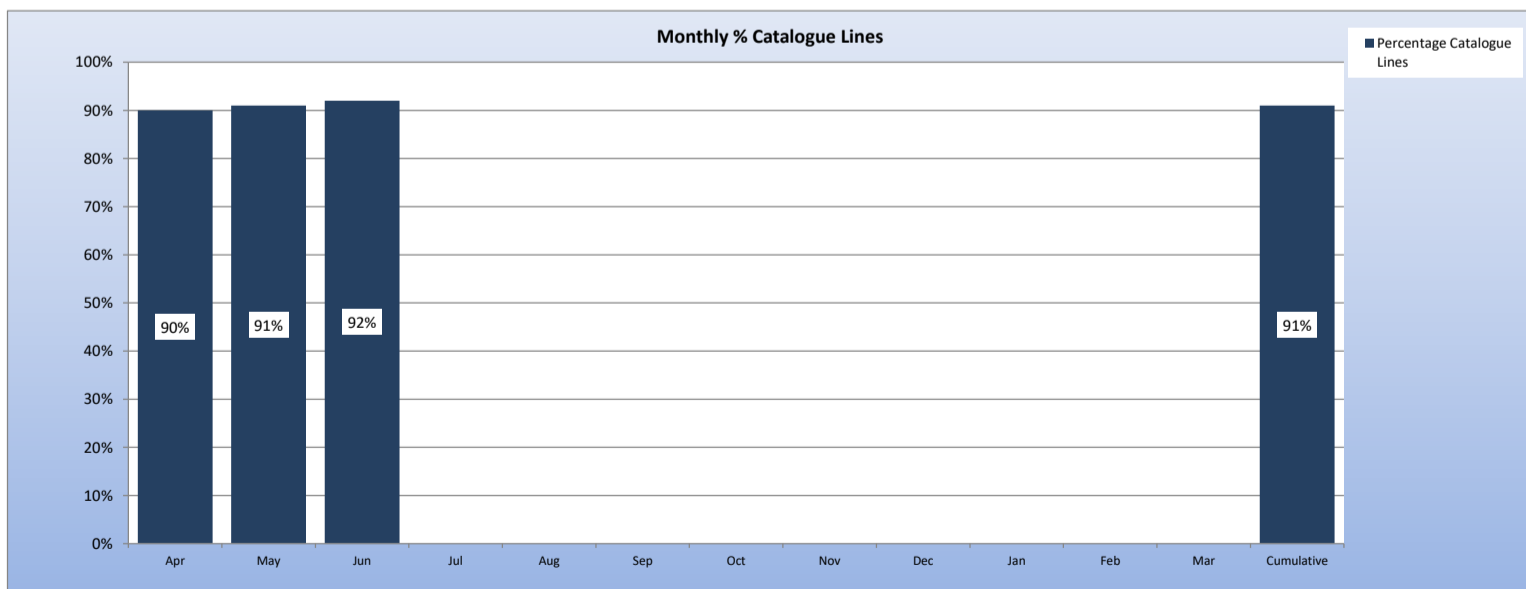
Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Value (within 10 Days)	92%	88%	79%										86%
Value (within 30 Days)	96%	92%	87%										92%
Volume (within 10 Days)	84%	83%	80%										83%
Volume (within 30 Days)	92%	93%	92%										92%

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



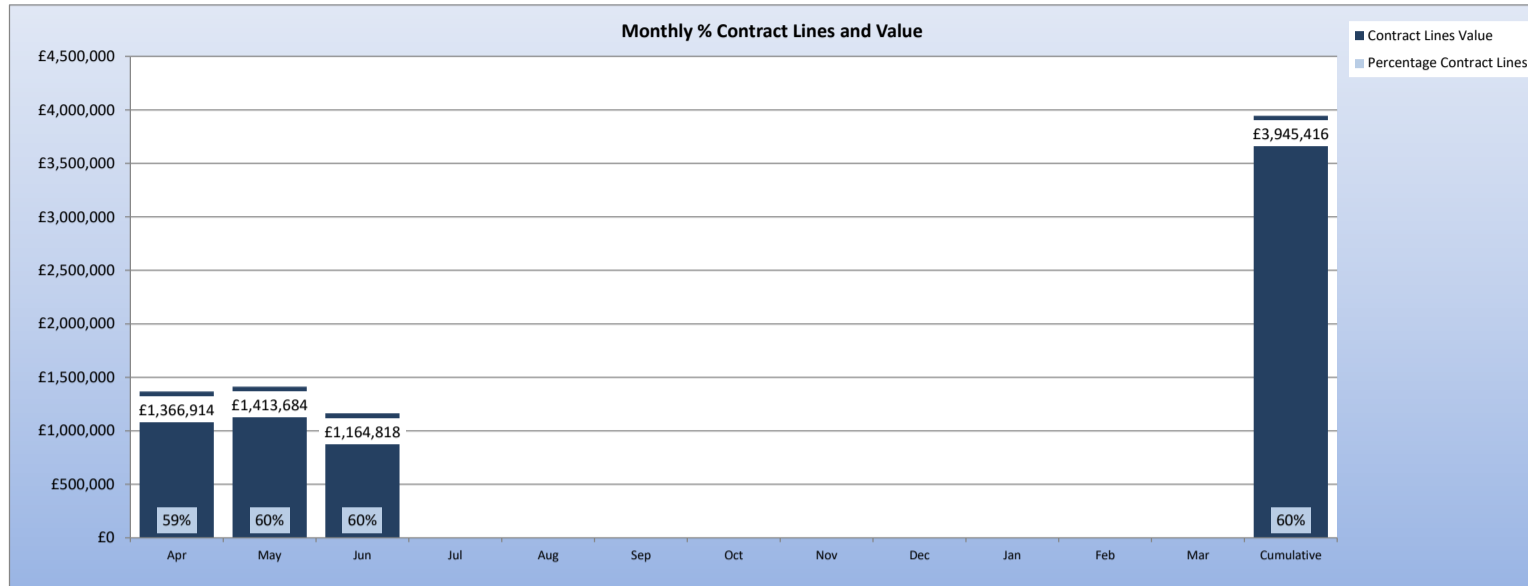
Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Percentage Catalogue Lines	90%	91%	92%										91%

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



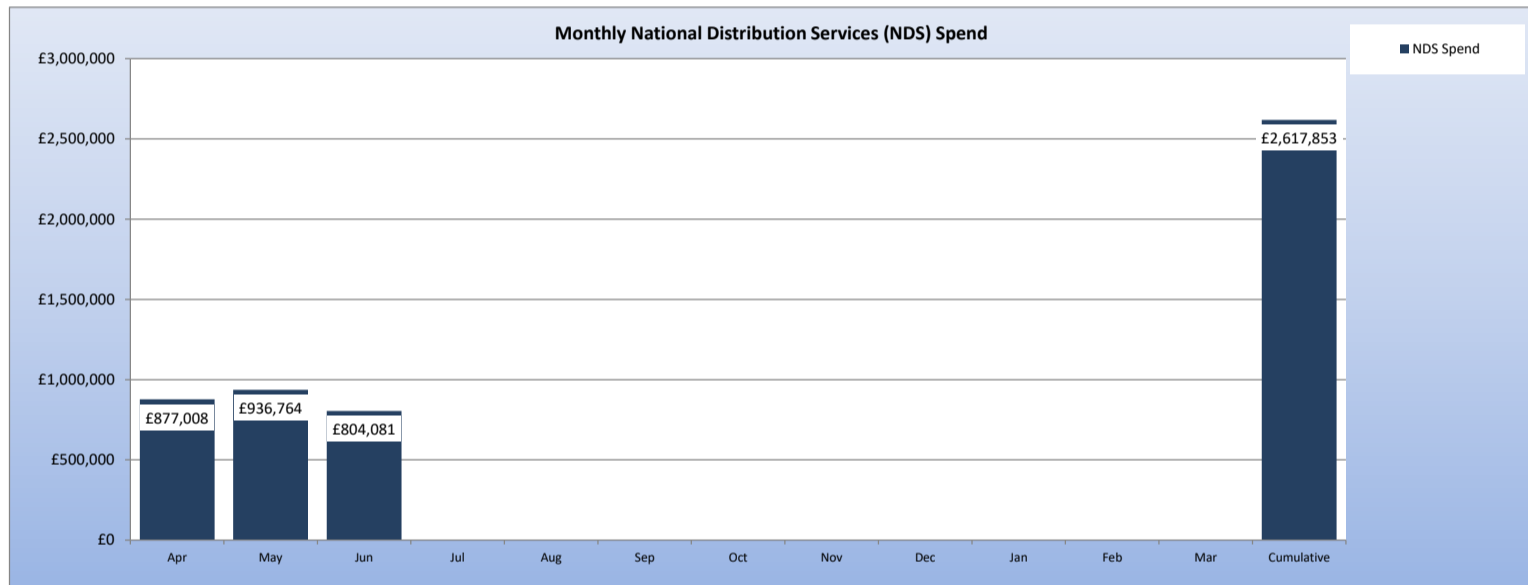
Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Percentage Contract Lines	59%	60%	60%										60%
Contract Lines Value	£1,366,914	£1,413,684	£1,164,818										£3,945,416

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



Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
NDS Spend	£877,008	£936,764	£804,081										£2,617,853

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

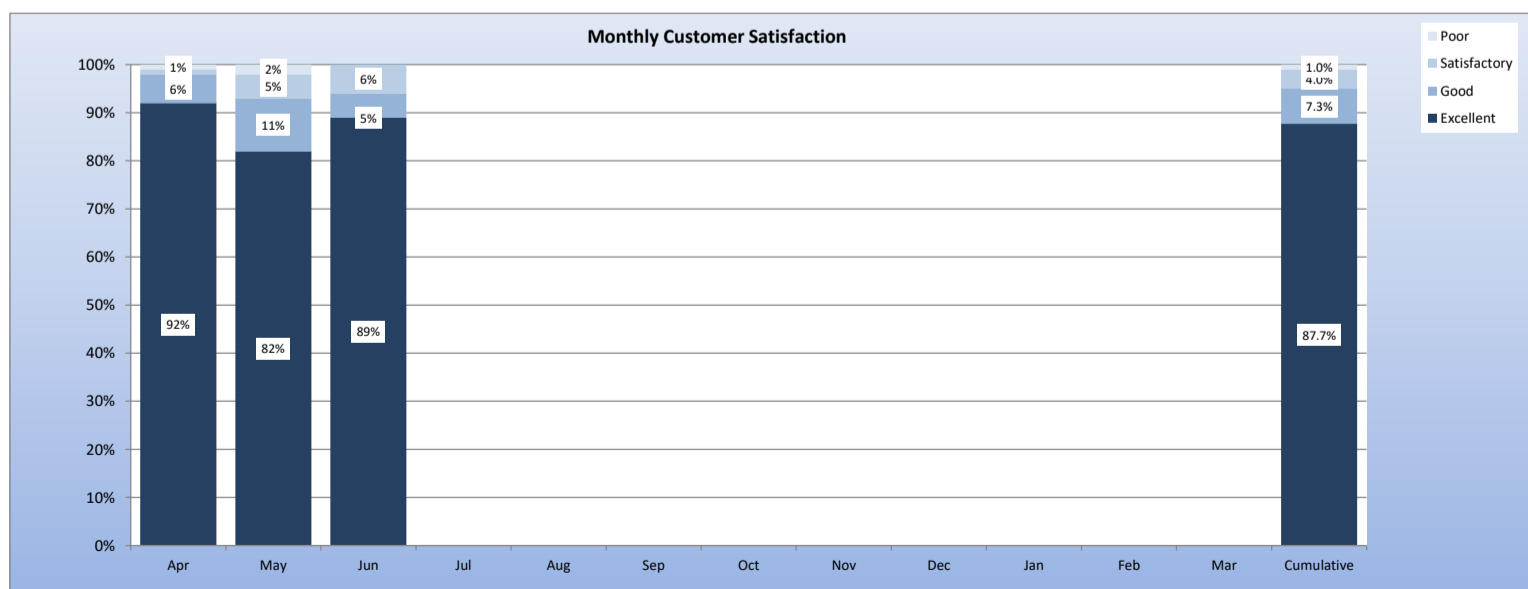


Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Excellent	92%	82%	89%										87.7%
Good	6%	11%	5%										7.3%
Satisfactory	1%	5%	6%										4.0%
Poor	1%	2%											1.0%

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

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

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



Poor Response - Themes (Since Last Report)

Incorrect/Insufficient Details/Support - Pecos is not user friendly and Procurement need to do more to support services by doing some of the changes for them (1 poor response)

System Usability - Ticket closed not able to ask further questions. (1 poor response)

Total of 2 Poor Responses (0.1% of all tickets completed)

Total Helpdesk Tickets completed FY to Date = 1974

Meeting: Finance, Performance & Resources Committee
Meeting date: 10 September 2024
Title: Annual Procurement Report 2023/24
Responsible Executive: Margo McGurk, Director of Finance & Strategy
Report Author: Kevin Booth, Head of Financial Services & Procurement

Executive Summary:

- To meet the regulatory requirements of the Procurement Reform (Scotland) Act 2014, NHS Fife must prepare and publish an Annual Procurement Report
- The content and presentation of the NHS Fife Annual Procurement Report aligns with the requirements prescribed by Scottish Government.
- The NHS Fife Annual Procurement Report was reviewed by the Procurement Governance Board and was recommended for approval and distribution to the FP&R committee.

1 Purpose

This is presented to the committee for:

- Assurance

This report relates to a:

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

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

- Safe
- Effective

2 Report summary

2.1 Situation

The FP&R committee is asked to review the content of the Annual Procurement Report and approve prior to this report being presented to the NHS Fife Board with the recommendation to approve and publish.

2.2 Background

To meet the regulatory requirements of the Procurement Reform (Scotland) Act 2014, NHS Fife must prepare and publish an Annual Procurement Report. The Annual Procurement Report demonstrates to our stakeholders how NHS Fife's procurement spend is being used to best effect to achieve better public services, improvements to social, economic, and environmental outcomes in the local area and aiding a range of local and national policies including those tackling inequality and climate change obligations.

2.3 Assessment

The NHS Fife Annual Procurement Report provides the reporting requirements from 1 April 2023 to 31 March 2024 as required by the Scottish Government.

Analysis of the Boards £350m Non pay spend is provided by category and geographical area.

The Report provides information on 6 contracts where the value exceeded the regulated threshold (£50,000 for goods and services). The total value of these contracts was £2,742,597, this is a reduction in the number but an increase in value of contracts placed in 2022/23 (11 Contracts with a value of £1,991,255). The eight current anticipated regulated procurements for 2024/25 are also provided in the report.

Commentary is provided on the developments of key aspects of the Procurement strategy, including areas of work carried out to support the Boards Anchor Institution objectives.

In addition, a suite of Reporting Metrics provides data against the public body annual procurement report requirements as defined in Scottish Procurement Policy Note (SPPN) 2/2023.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

The compliance of the Procurement Function detailed in the Annual Procurement Report contributes towards the service ability to deliver improved quality of care.

2.3.2 Workforce

The report highlights the procurement activities undertaken by the NHS Fife Procurement staff and reaffirms our Procurement Strategy Objectives to ensure Procurement staff can perform to their full potential and that formal and informal training will be encouraged and supported.

2.3.3 Financial

Production and publication of the Report will have no financial impact on NHS Fife. The Invoice Payment Performance Metrics are those that are disclosed in the Boards 2023/24 Annual Accounts.

2.3.4 Risk Assessment/Management

The contents of the report when published will become a public document and as such have been approved by the Head of Financial Services & Procurement.

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

The Annual Procurement Report references several of the Procurement Departments contributions towards the Boards Anchor Institute objectives.

2.3.6 Climate Emergency & Sustainability Impact

Climate Emergency and Sustainability is a key consideration of the Procurement Department and is incorporated into consideration for regulated procurements.

2.3.7 Communication, involvement, engagement and consultation

The content of the Annual Procurement Report has been finalised through discussion and contribution from members of the NHS Fife Procurement before presentation to the Director of Finance and Strategy.

2.3.8 Route to the Meeting

This paper and the accompanying report were previously approved at the Procurement Governance Board on 31st July 2024 and then EDG on 15th August 2024.

2.4 Recommendation

- **Assurance** – This report provides a significant level of assurance for the FP&R committee on the Procurement function in line with Public Procurement legislation and NHS Fife strategic priorities.
- For NHS Fife Board submission.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Procurement Annual Report 2023/24

Report Contact

Kevin Booth

Head of Financial Services & Procurement

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Annual Procurement Report 2023-2024

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1. Introduction

The Procurement Reform (Scotland) Act 2014 requires Public Sector bodies with a trade spend in excess £5m per annum to publish an annual report after the end of each financial reporting period which covers all regulated procurements and other information as specified by the Scottish Government.

This report covers the reporting requirements for NHS Fife from 1 April 2023 to 31 March 2024.

The procurement function forms a key part of NHS Fife in contributing to optimising the resources available for delivering health priorities and high-quality patient care. The NHS Fife Procurement Department is part of the Finance Directorate, reporting to the Director of Finance & Strategy, who is an Executive Member of the NHS Fife Board. Effective oversight is provided through the Procurement Governance Board which in turn reports to the Finance, Performance and Resources Committee.

NHS Fife have a small procurement team (headcount of 14); however this number has significantly increased from a headcount of 10 (40% increase) in 202/23, due to a strategic focus on the development, restructuring and recruitment to the funded establishment during 2023/24. The team are responsible for the full range of procurement services across the Board, including provision of support and advice to delegated procurement areas and facilitating the total non-pay spend of £350m across a combination of local and collaborative contracts.

In addition to negotiating and arranging strategically important contracts for a wide variety of goods and services, the department also provide operational procurement services, ensuring the right products get to hospitals and other healthcare settings at the right time, supporting the Board in its objective to provide Quality, Patient and Value-Based Health and Care.

To illustrate this further, over the financial year 2023/24 NHS Fife Procurement:

- **Saved NHS Fife £807k.**
- **Managed over 95,064 purchase orders.**
- **Managed over 8,177 customer interactions via our Procurement Helpdesk.**
- **Managed 1,970 suppliers.**
- **Managed 150,031 invoices.**

The Annual Procurement Report should be read in conjunction with our [Procurement Strategy](#), which details our plans for the years ahead.

2. Review of Reporting Period

Throughout 2023/24 the significant global supply chain issues and inflationary pressures have created considerable service and financial pressures for NHS Fife. As a result the Procurement Team has had to demonstrate significant flexibility and considerable resilience to support and mitigate where possible the prominent risks faced across the Board.

The achievement of the savings figures illustrated above, has required significant resource and knowledge to navigate a marketplace where price volatility continues to be widespread.

The Procurement Team continue to prioritise the investigation of any savings opportunities identified through contract renewals, whilst also undertaking additional in-depth procurement analysis to ascertain any efficiencies that may be implemented in conjunction with the service.

This section of the Procurement Report will look at some key milestones over 2023/24.

Anchor Institute

NHS Fife continues to progress its ambitions as an Anchor Institute and has implemented a Programme Board to consider and develop ways that it can further use its influence to enhance the benefits for the population of Fife. Procurement forms a key dimension of the NHS Fife Anchor Strategic Plan that was developed in 2023/24, and the Procurement team has a significant role to play, using and increasing its considerable influence by:

- Routinely monitoring and analysing local spend, to support the enhancement where possible.
- Enabling Local SME's, social enterprises and supported businesses to submit proposals.
- Carrying out engagement with local suppliers on contract opportunities and requirements.
- Including Community Benefit clauses in all competitive tenders of £50k and above.
- Including Fair Work clauses within contract T&C's
- Consideration of wider social, health and environmental issues during procurements

Living Wage Accreditation

Procurement led on the awarding of the living wage accreditation for NHS Fife. Engaging with applicable suppliers to ascertain current employee pay status and to ensure future obligations in maintaining living wage accreditation are aligned. NHS Fife was officially accredited as a living wage employer in August 2023 by Living Wage Scotland.

Living Wage accreditation formally recognises and celebrates employers who choose to go further than the government minimum for all staff and contract workers.

The real Living Wage is an independently calculated rate based on the cost of living and is paid voluntarily by employers. The rate is calculated annually by The Resolution Foundation on an analysis of

the wage that employees need to earn in order to afford the goods required for a decent standard of living – this includes housing, childcare, transport and heating costs.

Community Benefits

Community Benefits clause ensures that the successful supplier(s) will be required to deliver Community Benefits in support of the authority’s economic and social objectives. The Procurement Reform (Scotland) Act 2014 requires the Board to ensure that for all contracts of £4m or above that they have considered whether to impose a community benefit requirement as part of the procurement.

Community groups are encouraged to submit requests that align with NHS Fife’s priority themes of, reducing health inequalities, contributing to anti-poverty work, improving health and wellbeing and responding to climate emergency.

The requirement to consider Community Benefits clauses, is extended to all relevant procurement activities, including regulated procurements of £50k or above and suppliers are encouraged to register and accept appropriate NHS Fife identified Community Benefits via the [NSS Community Benefit Gateway](#). Community Benefits delivered during 2023/24 include:

Contract	Supplier	Community Benefits
Non-Domestic Energy Efficiency Project	Asset Plus	<p>Employment & Training</p> <p>Provision of a structured development day sessions on the NDEEF programme for suitable apprentices to attend and invites to local colleges or universities for suitable attendees – minimum of 5.</p> <p>Training provision to incumbent NHS Fife maintenance teams on new ECMs installed.</p> <p>Provision of construction specific work placements (advertised with local employment projects) and liaison with local colleges or universities – Minimum of 2.</p>
Non-Domestic Energy Efficiency Project	Asset Plus	<p>Community & Education</p> <p>Fife public education sessions on the importance of improving energy efficiency of homes and adopting new energy efficient behaviours, which are key elements in reducing levels of fuel poverty.</p> <p>* Donation and demonstration on the operation and installation of Electronic Digital Timers.</p>

		* Donation and demonstration on the operation and installation of Radiator Reflectors.
Non-Domestic Energy Efficiency Project	Asset Plus	<p>SMEs & Third Sector Workshops</p> <p>Advertising contract opportunities, via 'Meet the Buyer' event held in Fife and placement of opportunities through Public Contracts Scotland as well as any local media channels as agreed with NHS Fife.</p> <p>Creation and delivery of sub-contract opportunities; Scaffolding, Painting & Decorating, H&S Audits, Insulation, ASHP maintenance, and Solar PV cleaning.</p>

Supported Businesses

A supported business is an organisation where more than 50% of the workers are disabled persons who are unable to take up work in the open labour market. Contracting Authorities may restrict participation in a regulated Procurement to a business identified as a supported business.

NHS Fife continues to review all opportunities to engage with Supported Businesses. For this period no regulated procurements have been restricted, however NHS Fife engaged with the following Supported Businesses:

Supported Business	Spend	Product/Service
Matrix	£17,754	Furniture and Re-upholstery Services

Payment Performance

Through implementation of improved invoice processes and staff development, the Procurement Team has supported a significant improvement of the Boards payment performance to suppliers, which is also a key metric for delivering our Anchor Institution ambitions. The table below demonstrates the progression between financial years 2022/23 and 2023/24:

	2023/24	2022/23
Average Number of Days credit taken	15	19
Total Number of Invoices	150,031	147,265
% of invoices paid within 30 days (Contractual Payment Policy)	92%	87%
% of invoices paid within 10 days (Aspirational Target)	81%	61%

Climate Change

During 2023/24 the Procurement Team have had a specific focus on environmental sustainability, collaborating with the Sustainability Team to introduce and embed considerations across all relevant procurement activities.

NHS Fife has been raising awareness on the impacts of climate change and what could be done to support the Boards net-zero journey. Several actions have been taken to date to introduce climate adaption measures including:

Action	Activity
Resource	<p>Established a dedicated Sustainability Team:</p> <p>Over the course of 2023, the sustainability team has expanded to three full-time staff, dedicated to addressing sustainability across the Board, including managing the net-zero journey and annual climate reporting. With plans for 2024/25 to recruit 2 interns to support implementation of an Environmental Management System.</p> <p>Procurement and Sustainability Teams:</p> <p>Developing Procurement and Sustainability Teams collaborative working approach to share relevant information around sustainability and efficient use of resource, knowledge and skills, to ensure comprehensive consideration of environmental sustainability during procurement activities.</p>
Policies & Strategies	<p>Greenspace Strategy:</p> <p>Published Greenspace Strategy and started to engage stakeholders and community organisations in the process of diversifying and transforming our green spaces into, biodiverse healing areas for patients and staff, community allotments, orchards and much more. So far, we have planted 12 oak trees across the estate, with further projects being scoped for 2024/25.</p> <p>Environment Management Policy:</p> <p>Developing an Environmental Management policy to enable the Board to take further action to limit impacts on the environment and contribution to climate change, while incorporating environmental sustainability at every level of the organisation.</p> <p>The Policy will aid the board in assessing its environmental responsibility across departments such as procurement, estates and clinical services, to facilitate delivery of a sustainable health service that achieves its legal obligations and environmental objectives.</p>
Awareness	<p>Increasing awareness across the organisation:</p> <p>Sustainability officers have worked with the Communications department to raise awareness about schemes and events such as</p>

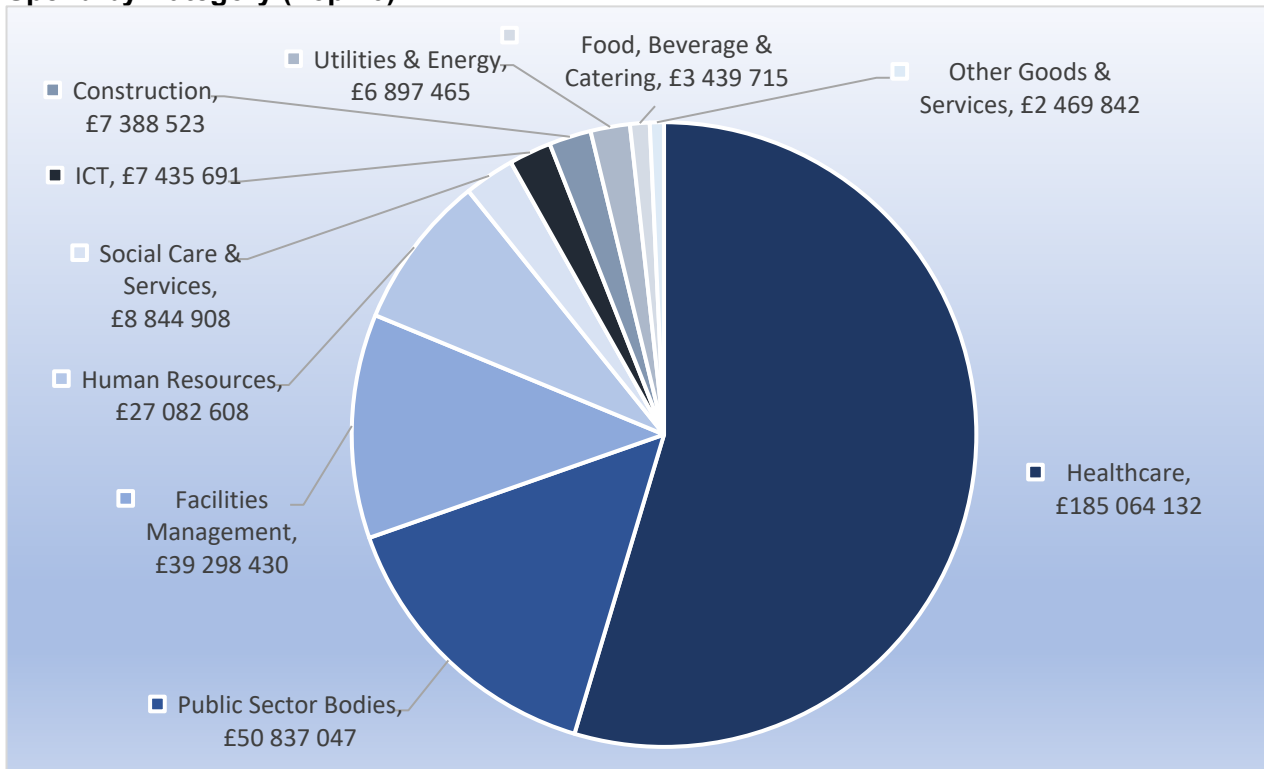
	<p>earth day and promoting active travel to employees. This information is sent in regular updates to all employees and on the staff website Blink.</p> <p>A Sustainability Hub section has been created on blink which is updated monthly and provides information on sustainability related news for staff based on the key areas in the NHS Scotland climate emergency and sustainability strategy.</p> <p>All relevant Procurement staff have completed the Scottish Governments Climate Literacy training to enhance knowledge and skills.</p>
Specific Projects	<p>Mobility Ways Partnership:</p> <p>Our partnership with Mobility Ways provides access to the UK’s largest car-share platform - Lift Share and gives staff personalised travel plans that are sustainable and to help lower emissions.</p> <p>LED Lighting:</p> <p>We invested £500,000 on the purchase and installation of LED lighting across NHS Fife.</p>
Circular Economy	<p>Warp-It:</p> <p>Warp-it was rolled out across NHS Fife in 2023/24 to support a circular economy approach and provide financial and environmental benefits associated with such an approach. During 2023/24 the following benefits were identified by repurposing and reusing products rather than purchasing new:</p> <p>CO2 Saved (kg) – 5465</p> <p>Waste Diverted (kg) – 2277</p> <p>Trees Planted (equivalent) – 2</p> <p>Admin Costs Saved – £2,850</p> <p>Replacement Costs Saved – £8,768</p> <p>Waste Costs Saved – £182</p> <p>Total Saved – £11,800</p>

3. Spend

In 2023/24, NHS Fife had a total non-pay spend of £350 million. Driving best value from this expenditure is through a combination of, Category Management, Market Intelligence, Supplier Negotiation, Stakeholder Influencing, Economies of Scale, Innovation, National and Local Contracts.

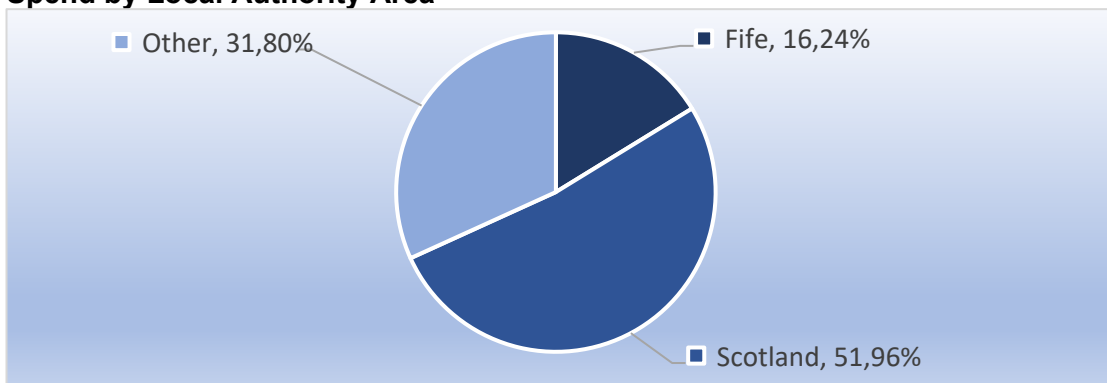
The majority of the non-pay spend is procured through public sector frameworks and contracts already carried out nationally on the Boards behalf and these include National Procurement, Scottish Government and Crown Commercial Services Frameworks.

Spend by Category (Top 10)



What is spent is as important as where it is spent. The Procurement Team, carry out the procurement activities for products and services out with national contracts, giving consideration where relevant the principles of an Anchor Institute, to harness the power of Procurement and to support the health and wellbeing of the Fife population.

Spend by Local Authority Area



4. Reporting

Annual Report

This Annual Procurement Report and the Procurement Strategy are required to be published on the NHS Fife website as set out in the Procurement Reform Act 2014.

This Annual Procurement Report has been prepared by the Head of Procurement and reviewed by the Procurement Governance Board for approval by the NHS Fife Board after endorsement from the Finance, Performance and Resources Committee.

Communication

The Annual Procurement Report and Procurement Strategy are shared with all members of the Procurement Team, in addition to being published on the NHS Fife website as set out in the Procurement Reform Act 2014.

Ownership

The Annual Procurement Report and Procurement Strategy are owned by the Head of Financial Services & Procurement.

5. Regulated Procurements

In accordance with the Procurement Reform (Scotland) Act 2014, any public contract (other than a public works contract) of £50k or greater and public works contract of £2m or greater is considered a Regulated Contract. A regulated procurement is any procedure carried out by a contracting authority in relation to the award of a proposed regulated contract which is completed when the award notice is published or where the procurement process otherwise comes to an end. This includes both contracts and framework agreements. All regulated procurements are required to be published on the Public Contracts Scotland Portal.

Completed Regulated Procurements (2023/24)

A summary of the regulated procurements completed for NHS Fife in 2023/24 along with the prior year comparison are shown below:

Regulated Procurements	2023/24	2022/23
Number of contracts awarded	6	11
Total Contract Value	£2,742,597	£1,991,255

Details of the regulated procurements completed for NHS Fife in 2023/24 are included below:

Title	Value	Supplier
Dental Chairs	£1,559,280	Wrights Dental
GP Services (Three Medical Practices)	£500,000	AMG
Alterations to Path House Medical Centre	£368,964	Ashwood Scotland Limited
Liberty Portal Contact Centre & Subscription Service	£150,283	Netcall Technology Limited
Cameron Estates Minor Works Package	£104,070	Hatrick Bruce Limited
Refinancing - Legal Services	£60,000	CMS Cameron McKenna Nabarro Olswang LLP

Future Regulated Procurements (2024/25)

The following table sets out the regulated procurements which are expected to be undertaken by NHS Fife in 2024/25:

Title	Estimated Value	Estimated Start Date
Urgent Care Response Unit Transport Services	£1,600,000	August 2024
GP Services (Four Medical Practices)	£500,000	March 2025
Translation Services	£250,000	TBC
Bed/Mattress Hire	£199,000	TBC
Renal & Discharge Transport Services	TBC	TBC
Security Systems	TBC	TBC
Orthotic Services	TBC	TBC
Coffee Equipment and Sundries	TBC	TBC

6. Reporting Metrics

1. Organisation and report details	
a) Contracting Authority Name	NHS Fife
b) Period of the annual procurement report	2023/24
c) Required by s18 Procurement Reform (Scotland) Act 2014 to prepare an annual procurement report? <i>(Yes / No)</i>	Yes
2. Summary of Regulated Procurements Completed	
a) Total number of regulated contracts awarded within the report period	6
b) Total value of regulated contracts awarded within the report period	£2,742,597
c) Total number of unique suppliers awarded a place on a regulated contract awarded during the period	6
i) how many of these unique suppliers are SMEs	6
ii) how many of these unique suppliers are Third sector bodies	0
3. Review of Regulated Procurements Compliance	
a) Number of regulated contracts awarded within the period that complied with your Procurement Strategy	6
b) Number of regulated contracts awarded within the period that did not comply with your Procurement Strategy	0
4. Community Benefit Requirements Summary	
Use of Community Benefit Requirements in Procurement:	
a) Total Number of regulated contracts awarded with a value of £4 million or greater.	0
b) Total Number of regulated contracts awarded with a value of £4 million or greater that contain Community Benefit Requirements.	0
c) Total Number of regulated contracts awarded with a value of less than £4 million that contain Community Benefit Requirements	1
Key Contract Information on community benefit requirements imposed as part of a regulated procurement that were fulfilled during the period:	
d) Number of Jobs Filled by Priority Groups (Each contracting authority sets its own priority groups)	Not Recorded
e) Number of Apprenticeships Filled by Priority Groups	Not Recorded
f) Number of Work Placements for Priority Groups	Not Recorded
g) Number of Qualifications Achieved Through Training by Priority Groups	Not Recorded
h) Total Value of contracts sub-contracted to SMEs	Not Recorded
i) Total Value of contracts sub-contracted to Social Enterprises	Not Recorded
j) Total Value of contracts sub-contracted to Supported Businesses	Not Recorded
k) Other community benefit(s) fulfilled	7 (see section 2)

5. Fair Work and the real Living Wage

a) Number of regulated contracts awarded during the period that included a Fair Work First criterion.	6
b) Number of unique suppliers who have committed to pay the real Living Wage in the delivery of a regulated contract awarded during the period.	6
c) Number of unique suppliers who are accredited Living Wage employers and were awarded a regulated contract during the period.	2

6. Payment performance

a) Number of valid invoices received during the reporting period.	150,031
b) Percentage of invoices paid on time during the period (“On time” means within the time period set out in the contract terms.)	92%
c) Number of regulated contracts awarded during the period containing a contract term requiring the prompt payment of invoices in public contract supply chains.	6
d) Number of concerns raised by sub-contractors about the timely payment of invoices within the supply chain of public contracts.	Not Recorded

7. Supported Businesses Summary

a) Total number of regulated contracts awarded to supported businesses during the period	0
b) Total spend with supported businesses during the period covered by the report, including:	£17,754
i) spend within the reporting year on regulated contracts	0
ii) spend within the reporting year on non-regulated contracts	£17,754

8. Spend and Savings Summary

a) Total procurement spend for the period covered by the annual procurement report.	£350,459,044
b) Total procurement spend with SMEs during the period covered by the annual procurement report.	£68,499,169
c) Total procurement spend with third sector bodies during the period covered by the report.	£1,007,637
d) Percentage of total procurement spend through collaborative contracts.	52%
e) Total delivered cash savings for the period covered by the annual procurement report	£807,067
f) Total non-cash savings value for the period covered by the annual procurement report	0

9. Future regulated procurements

a) Total number of regulated procurements expected to commence in the next two financial years	7-10
b) Total estimated value of regulated procurements expected to commence in the next two financial years	TBC

FIFE CAPITAL INVESTMENT GROUP

(Meeting on 21 August 2024)

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

MINUTE OF FIFE CAPITAL INVESTMENT GROUP MEETING

**Wednesday 21 August 2024 at 9am
via MS Teams**

Present: Neil McCormick, Director of Property & Asset Management (NMCC) (**Chair**)
 Jim Rotheram, Head of Facilities (JRo)
 Tracy Gardiner, Capital Accountant (TG)
 Ben Johnston, Head of Capital Planning / Project Director (BJ)
 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)
 Fiona McKay, Interim Director of Health & Social Care (FM)

Apologies: David Miller, Director of Workforce (DM)
 Margo McGurk, Director of Finance & Strategy (MMcG)
 Fiona Forrest, Acting Director of Pharmacy & Medicines (FF)
 Dr Chris McKenna, Medical Director (CM)
 Rose Robertson, Assistant Director of Finance (RR)
 Ben Hannan, Director of Reform and Transformation (BH)
 Jimmy Ramsay, Head of Sustainability (JR)
 Paul Bishop, Associate Director of Estates (PB)

1.0	<p>WELCOME AND APOLOGIES</p> <p>Apologies were received from David Miller (Director of Workforce), Margo McGurk (Director of Finance & Strategy), Fiona Forrest (Acting Director of Pharmacy & Medicines), Dr Chris McKenna (Medical Director), Rose Robertson (Assistant Director of Finance), Ben Hannan (Director of Reform and Transformation), Jimmy Ramsay (Head of Sustainability) and Paul Bishop (Associate Director of Estates).</p>	
2.0	<p>NOTES OF PREVIOUS MEETING</p> <p>Members approved the note of the previous meeting held on 29 May 2024 as an accurate record pending the below change:</p> <p><i>“TG presented the month one position noting it comprises the formulary allocation and 2 additional allocations for HFMA HEPMA and Medical Education”.</i></p>	
3.0	<p>ROLLING ACTION LIST / MATTERS ARISING</p> <p>The action log was updated accordingly.</p>	
4.0	<p>MINUTES OF OTHER COMMITTEES</p> <p>4.1 Clinical Contingency Group The minutes of the meetings held on 13 June 2024 and 11 July 2024 were noted by the group.</p>	

	<p>4.2 Capital Equipment Management Group The minute of the meeting held on 6 June 2024 and 19 June 2024 were noted by the group.</p> <p>TG highlighted governance routes are being reiterated to members as pieces of kit are being purchased through revenue but should be placed through capital funding.</p>	
5.0	<p>GOVERNANCE</p> <p>5.1 CEMG Update Paper to FCIG FCIG members noted the update paper. CD advised ongoing conversations regarding the interventional radiology rooms are being held between Acute and Finance with work ongoing to submit an updated capital equipment priority list.</p> <p>MMi noted there will be limited capital funding for 2025/26 and advised conversations on replacement capital equipment should take place as soon as possible to allow for planning to take place.</p>	
6.0	<p>PLANNING</p> <p>6.1 Five Year Equipment Replacement Programme TG reminded members that the five year equipment replacement programme is a live document, and should be continually updated by departments to reflect an accurate reflection of equipment required.</p> <p>6.2 Project Hydra NMCC advised the project for the medium temperature hot water replacement work is due to be completed before the end of the financial year and has no cost to FCIG. It was noted there will be an outage to the wards within phase 1 however work is ongoing with the team to ensure patients are not affected.</p> <p>6.3 Medical Devices Group Feedback NMCC provided an update noting an SBAR is currently being drafted for submission to the Clinical Governance Committee to ensure the best policy is in place. It was noted the SBAR would be tabled at a future FCIG meeting for information and awareness.</p> <p>It was further advised the group are reviewing the implementation of scan for safety which would be implemented within 4 areas (Orthopaedics, Ophthalmology, Cardiology and Interventional Radiology). It was noted the implementation date is September 2025 and would allow patients to track what implants they have received during procedures.</p> <p>AG highlighted a successful trial with EBOS integration and Patient Track has been taking place in wards 33 and 34 noting the output from the trail will assist with forward planning for the Implementation of scan for safety.</p> <p>6.4 Medical Education BJ noted works at Cameron House are now complete and discussions are beginning on Cedar House (Whyteman's Brae) to change the use of the building to student accommodation. It was advised NES are willing to fund the works required however will need to complete a revenue to capital transfer through Scottish Government. It was noted it may be difficult to spend the full allocation in 2024/25 due to the lateness within the financial year, however if unable to spend the full allocation, the capital will be bridged over 2024/25 and 2025/26.</p>	

	<p>6.5 HEPMA IT Equipment Requirement</p> <p>AG provided an overview of the paper noting a shortfall in equipment, in terms of cost and coverage, has been identified however advised the HEPMA replacement should be considered as a priority for 2025/26.</p> <p>LC highlighted a business case is currently being developed by digital colleagues and will be overseen by the GP IT Programme Board re implementing a system across all general practices in Scotland. It was noted the business case will be presented at a future FCIG meeting as no national funding will be provided. Multiple options for implementing the system are being reviewed however the implementation will result in capital and revenue costs for NHS Fife. AG advised while the costs would be significant, the implementation would provide an opportunity to standardise the approach on how NHS Fife support patients.</p> <p>FCIG members agreed a discussion on the 2025/26 capital plan should be added to the next FCIG agenda due to a number of large capital projects being planned.</p>	
7.0	<p>PERFORMANCE</p> <p>7.1 Capital Equipment Report</p> <p>NMcC noted capital groups were advised to only allocate 50% of their total capital allocation for the first 6 months to ensure reserves are available for any additional requests made within the last 6 months of the financial year.</p> <p>Following discussion, it was agreed the October FCIG meeting should allow for a discussion on the remaining capital allocation and spending for 2024/25.</p>	
8.0	<p>ISSUES TO BE ESCALATED TO EDG</p> <p>N/A</p>	
9.0	<p>AOCB</p> <p>N/A</p>	
10.0	<p>DATE OF NEXT MEETING</p> <p>Wednesday 2 October 2024, 9:00am – 10:30am, via MS Teams</p>	

PROCUREMENT GOVERNANCE BOARD

(Meeting on 31 July 2024)

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



MINUTE OF NHS FIFE PROCUREMENT GOVERNANCE BOARD (PGB)

**Wednesday 31 July 2024, 9am
Via MS Teams**

Present: M. McGurk (MMcG) (**Chair**), Director of Finance & Strategy / Deputy Chief Executive
 Maxine Michie (MMi), Deputy Director of Finance
 Kevin Booth (KB), Head of Financial Services & Procurement
 Paula Lee (PL), Head of Procurement
 Lynne Parsons (LP), Employee Director
 Janette Kennan (JK), Director of Nursing
 Claire Dobson (CD), Director of Acute Services
 Chris McKenna (CMcK), Medical Director
 Fiona Forrest (FF), Interim Director of Pharmacy & Medicines
 Alistair Graham (AG), Associate Director of Digital & Information
 Ben Hannan, Director of Reform and Transformation
 Audrey Valente, HSCP Chief Finance Officer
 Shirley-Anne Savage, Associate Director for Risk and Professional Standards

In Attendance: Rhona Waugh (RW), Head of Workforce Planning & Staff Wellbeing
(for David Miller)
 Kerrie Donald (KD), Executive Assistant

1.0	<p>WELCOME AND APOLOGIES</p> <p>Apologies were received from:</p> <ul style="list-style-type: none"> • R. Robertson, Assistant Director of Finance • David Miller, Director of Workforce • Paul Bishop (PB), Associate Director of Estates • Michael Cambridge (MC), Associate Director of Procurement 	
2.0	<p>NOTES OF PREVIOUS MEETING</p> <p>The note of the meeting held on 24 April 2024 was agreed as an accurate record.</p>	
3.0	<p>ACTION LOG</p> <p>All actions have been completed and closed as approved by members.</p>	
4.0	<p>CAPACITY AND CAPABILITY ACROSS THE ORGANISATION</p> <p>4.1 PROCUREMENT RISK REPORT</p> <p>KB provided an overview of the paper noting 3 risks remain active for the team.</p>	

Risk 2189 in relation to the current economic climate resulting in significant cost pressures and an increased inability to achieve efficiencies remains high due to the continued effects of the economy and the current inflation rate. However, the procurement team continue to monitor the marketplace and are engaging with service leads and suppliers to progress any opportunities and minimise cost pressure wherever possible.

Risk 2945 in relation to the year-on-year decrease in the number of national procurement frameworks resulting in an additional resource burden on NHS Fife's local procurement team remains high. It was noted the NHS Fife procurement team unfortunately do not possess the resource of National Procurement and therefore this risk cannot be wholly mitigated.

Risk 2946 in relation to the recruitment of a significant number of new staff to the procurement team and the need to develop their skills, knowledge, and experience to align with the current business requirements of NHS Fife remains high. Mitigating factors are in place however it was acknowledged that it is expected to take time to fully develop the team's knowledge and skills to fully meet the needs across NHS Fife.

Following a query from AG, it was noted the eFinancial system is currently on a 5 year extension that expires on 31 March 2026. It was highlighted concerns regarding potential interruption to this provision once the extension ends were discussed at the National Procurement Steering Group and would be raised at the Directors of Finance meeting on 1 August 2024.

Following discussion, it was agreed the level of assurance for the paper should be amended to moderate and should be re-issued for completeness.

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

4.2 WAVIER OF COMPETITIVE TENDERS – QUARTER 1

PL provided an overview of the paper noting there were no contracts subject to wavier of competitive tender for quarter 1. In 2023/24 there were 2 tenders waivers totalling £1,056,730. This was noted as a significant reduction compared to the 12 that were applied in 2022/23.

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

4.3 PROCUREMENT KEY PERFORMANCE INDICATORS

PL provided an in-depth analysis of the Key Performance Indicators presented within the paper, highlighting the average monthly purchase order spend via Pecos as at June 2024 was £24.6m, with a total spend of £73.9m. It was noted the level of spend has increased due to goods and services previously dealt with as an invoice via e-authoriser are now being raised as Pecos orders. It was further noted the customer service KPI has shown continued improvement throughout the year, with only 2 poor responses received which were related to system usability and insufficient detail/support.

A discussion was had on the differences between procurement savings as reported through the Procurement Governance Board and those that encompass wider non procurement activities as reported through RTP. MMi agreed to review the savings out with the meeting and report back.

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

MMi

<p>5.0</p>	<p>SPEND PROFILING AND EFFICIENCY OPPORTUNITIES</p> <p>5.1 NATIONAL PROCUREMENT WORKPLAN REPORT PL provided an overview of the paper noting the overall cost pressure for NHS Fife was £152k with the main cost pressure area being Orthopaedics at £240k, however this has been mitigated with the extension of the Orthopaedic Hips and Knees on existing terms and conditions for a further 4 years.</p> <p>It was noted that 166 frameworks on the plan was an increase on the 126 from 2023/24 but still a significant decrease on the 267 from 2021/22. Following discussion, it was agreed the level of assurance for the paper should be amended to moderate and should be re-issued for completeness.</p> <p>The Procurement Governance Board took a moderate level of assurance from the update.</p> <p>5.2 NATIONAL PROCURMENT GAP REPORT PL presented the paper noting the figures are from July 2024 as reported from National Procurement. It was noted there are 4 opportunities potentially totalling £94,749 (x3 Medical Equipment, x1 Medical Surgical)</p> <p>Following discussion, it was agreed the level of assurance for the paper should be amended to moderate and should be re-issued for completeness.</p> <p>The Procurement Governance Board took a moderate level of assurance from the update.</p> <p>5.3 REFORM, TRANSFORM PERFORM UPDATE BH noted discussions regarding the gap between savings and delivery are ongoing with the executive team, noting any outcomes will be discussed with PL, and an update will be brought to the next meeting for information.</p> <p>Following discussion, PL noted an efficient decision making processes must be in place to ensure timely responses are made to allow changes to be implemented at pace. CD advised the Acute team hold regular procurement meetings to discuss spending, how to be more sustainable, and how to reduce areas of procurement spend where possible and that this work is continuing.</p> <p>The Procurement Governance Board took assurance from the update.</p>	<p>BH / PL</p>
<p>6.0</p>	<p>STRATEGY AND NATIONAL REPORTING</p> <p>6.1 ANNUAL PROCUREMENT REPORT KB presented the Annual Procurement Report noting the report demonstrates to stakeholders how NHS Fife’s procurement spend is managed to achieve better public services, improvements to social, economic, and environmental outcomes in the local area and aid a range of local and national policies including those tackling inequality and climate change obligations.</p> <p>The Procurement Governance Board took a significant level of assurance from the paper and recommended its onward submission to the Executive Directors Group and the Finance, Performance and Resources Committee.</p>	

	<p>6.2 NHS FIFE PROCUREMENT STRATEGY 2024 – 2029</p> <p>KB presented the strategy highlighting key areas and noting it demonstrates how NHS Fife intends to meet its requirements under the Procurement Reform Act. Confirmation was provided that this strategy replaces the previous iteration (2019-2024) and the content was formed following discussions with partner boards, National Procurement and local members of the procurement team.</p> <p>The Procurement Governance Board took a significant level of assurance from the paper and recommended its onward submission to the Executive Directors Group and the Finance, Performance and Resources Committee.</p>	
7.0	<p>AOCB</p> <p>No AOCB was discussed.</p>	
8.0	<p>DATE OF NEXT MEETING</p> <p>Wednesday 30 October 2024, 9am – 10:30am, via MS Teams</p>	

IJB FINANCE, PERFORMANCE & SCRUTINY COMMITTEE

(Meeting on 3 July 2024)

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

DRAFT



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE WEDNESDAY 3RD JULY 2024 AT 10.00 AM VIA MICROSOFT TEAMS

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

Attending: Nicky Connor, Director of Health & Social Care
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Audrey Valente, Chief Finance Officer
Lynne Garvey, Head of Community Care Services
Vanessa Salmond, Head of Corporate Services
Jennifer Rezendes, Professional Social Work Lead
Helen Hellewell, Associate Medical Director
Jillian Torrens, Head of Complex & Critical Care
Lisa Cooper, Head of Primary and Preventative Care Services

In attendance:

William Penrice, Service Manager, Performance Management & Quality Assurance
Gillian Muir, Management Support Officer (Minutes)

Apologies for Absence: Cllr Graeme Downie
Cllr David Alexander
Lynn Barker, Director of Nursing

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

3.	<p>MINUTE OF PREVIOUS MEETING – 15TH MAY 2024</p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p>	
4.	<p>MATTERS ARISING / ACTION LOG</p> <p>The action log was reviewed. All actions noted have been actioned and are either complete or in progress.</p>	
5.	<p>FINANCE</p>	
5.1	<p>Finance Update</p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer detailing the current financial position.</p> <p>Committee noted this was the first monitor of the new financial year based on actuals to the end of May 2024 noting a projected outturn of £24.353m of an overspend and noted the main variances detailed in the paper.</p> <p>Audrey Valente highlighted that the non-delivery of the savings, which are included in the overspend, equate to at least 70% of the total overspend. Committee noted that the paper identifies of the £39m approved savings it is projected that £20m of those will be delivered by the end of the year leaving £19m undelivered. This will become a focus for SLT this financial year to bring the projected overspend down.</p> <p>Audrey Valente also highlighted that the movement in budget towards the end of last financial year had had implications for the projected outturn. It is estimated that a further £6m of savings will be required to be identified. Committee noted that some of these savings are detailed within the Lessons Learned paper under item 5.2 of the agenda. A recovery plan will require to be actioned and brought to the next Committee. Committee also noted that there will be a high chance that the Partnership will be in a risk share position. Assurance was given that the Partnership will do all that it can to minimise the requirement for risk share.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report. Items raised for discussion included what are the main drivers behind the forecast variance in hospitals and long-term care adult placements; the Partnership is projecting an overspend / under saving what are the contingency actions that will be taken to find savings in other ways; has the receipt of timely forecast data from partner organisations improved?</p> <p>Queries were also raised with regards to the savings tracker and to the Scottish Government funding for PMS and the direction issued by the IJB in March does the Scottish Government funding sit out with the direction?</p>	

	<p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Took assurance that there is robust financial monitoring in place. 2. Agreed onward submission to the IJB for approval of the financial monitoring position as at May 2024. 	
<p>5.2</p>	<p>Lessons Learned Financial Movement Review</p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer detailing the lessons learned following the movement in the budget between the December reported position for Fife Council, the January reported position for NHS Fife and the consolidated year end provisional outturn position.</p> <p>Audrey Valente highlighted the five main reasons for the movement in the projection from January’s reported position to year end and Committee noted the detail of these.</p> <p>Committee also noted the challenging financial position the Partnership faces in 2024-25 and the requirement for enhanced scrutiny of the financial position with lessons learned requiring to be a continuous approach to achieving financial sustainability.</p> <p>Audrey Valente shared a slide detailing proposals to bring forward the additional £6m savings now required. Officers provided an overview of each of the proposals and noted these will be in the recovery plan being brought to next committee.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the exercise undertaken.</p> <p>Considerable discussion took place and items raised for discussion included how did the Partnership not know that it couldn’t use the Government linked reserves until it sought permission; what are the next steps; if going to use the directions need to know if these are mandatory or optional; why is there such scrutiny around vacancies with delegated health functions; is there any intention to seek staffs’ views / ideas on savings?</p> <p>Committee noted that some aspects of the work being undertaken are linked with NHS Fife’s RTP Programme and the need to liaise to ensure savings do not impact on each other.</p> <p>Committee felt that before any future actions are settled that all three organisations are in the same place. It felt that it was important that conversations continue to ensure the three organisations are clear what next steps are and agree what the lessons learned are to ensure the Partnership is not in this position again.</p>	

	<p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Took assurance by the lessons learned exercise. 2. Noted and approved the lessons learned exercise. 	
5.3	<p>Finance Risk Register Deep Dive Review Report – Contractual / Market Capacity Risk</p> <p>The Committee considered a report from Fiona McKay, Head of Strategic Planning, Performance and Commissioning setting out the Partnerships position, scoring and key mitigations.</p> <p>Committee noted the deep dive risk review seeks to demonstrate how the risk is being managed and sets out the relevant appetite for risk, assurances, performance measures, benefits, and linked risks which will help to reassure members that mitigations will have an impact on the elements of the risk that the Partnership can influence and control and that it is actively monitoring the elements of the risk that are out with its control.</p> <p>Committee also noted that the Partnership has confidence that there is a reasonable level of assurance in place to support management of this risk which is supported by the issue of the Internal Audit report on Contract and Market Capacity. Work is ongoing and close scrutiny is being applied to deliver actions and performance monitoring. It is acknowledged that there are a number of external factors out with its control that can impact on the risk, and the Partnership continues to monitor these closely.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report. Items raised for discussion included a query with regards to the risk scoring and whether the actions, if completed, will reduce any of the scores and whether the definition of the risk is correct?</p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the deep dive review and provided comments and suggestions for improvement. 2. Were satisfied with then level of assurance provided on this risk. 	
6.	PERFORMANCE	
6.1	<p>Annual Performance Report 2023-2024</p> <p>The Committee considered a report from Fiona McKay, Head of Strategic Planning, Performance & Commissioning noting this was the second draft of the Annual Performance Report as it evolves and progresses through the governance process.</p>	

	<p>Committee noted this is a requirement of the Scottish Government and is due for submission by end of July 2024. The report provides a balanced assessment of the Partnership’s performance over the period 2023 to 2024 and includes areas of best practice, specific achievements, and performance appraisal in accordance with national indicators.</p> <p>Committee also noted that the Annual Performance Report is structured using the Partnership’s strategic priorities. This format has been welcomed in previous reports because it aligns with the structure of the current Strategic Plan and enables comparison of performance across multiple years.</p> <p>The discussion was opened to Committee members who provided additional comments and feedback on the report.</p> <p>No further questions were raised.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the Annual Performance Report 2023 to 2024, highlighted some changes required, and provided agreement that the Report should progress to the Integration Joint Board. 2. Took assurance that the report is brought to Committee to provide assurance that Fife Health and Social Care Partnership is meeting its legislative requirements under Section 42 (Integration authority: performance report) of the Public Bodies (Joint Working) (Scotland) Act 2014. 	
7.	TRANSFORMATION	
7.1	<p>Creating Hope for Fife : Fife’s Suicide Prevention Action Plan</p> <p>The Committee considered a report from Lisa Cooper, Head of Service, Primary & Preventive Care to assure members that the work to develop and implement the new Fife Suicide Prevention Action Plan has now been completed and is a priority within Fife’s Mental Health Strategy.</p> <p>Lisa Cooper provided the background to ‘Creating Hope Together’ which is a development of the new Scottish Suicide Prevention Strategy and recognises the multitude of factors that determine suicide risk. The strategy identifies four priority areas which underpin the strategy which are reflected in the four outcomes for the strategy.</p> <p>Committee noted that there had been significant work progressed to bring the work forward and their attention was drawn to links detailed within the paper which ties into the guidance that has supported the creation of the plan.</p>	

	<p>The focus of all work remains on person centred, quality care delivery with the aim of preventing suicide and its impact on the person and others. The Partnership continues to build on the strong Fife multiagency approach and arrangements already established to deliver the Fife Suicide Prevention Action Plan.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report. Committee commented that this was an excellent plan and was clear how multiagency working will work and what kind of action will be taken.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Took assurance that the process to develop the Fife Suicide Prevention Action Plan 2023-2025 was in accordance with national strategic requirements. 2. Took assurance that a robust Fife Suicide Prevention Action Plan has been designed as a result of the process and will be implemented with oversight by the Mental Health Strategy governance structures. 	
7.2	<p>CAMH's Update</p> <p>The Committee considered a report from Jillian Torrens, Head of Service, Complex and Critical Care detailing the progress towards achieving the Scottish Government CAMHS 18-week Referral to Treatment Target (RTT); current performance against this; actions and mitigating factors.</p> <p>Committee noted that the National Mental Health Quality Indicators require NHS Fife to ensure that 90% of young people who require treatment by specialist CAMHS services commence that treatment within 18 weeks of referral. Subsequently Scottish Government Mental Health Recovery and Renewal Programme added to the original ambition of the 90% target by requiring that services develop an improvement plan with the objective of achieving the established targets by March 2023.</p> <p>Committee noted that unfortunately the target had not been met mainly due to reduced capacity within the service due to staff vacancies and absences, but a detailed plan is now in place to try and meet the target by January 2025 with the initiatives that have been put in place and the focus on recruitment. Focussed work continues to look at trajectories and there is confidence that the January 2025 target will be met however will be dependent on retaining the workforce.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report. Committee noted the improving picture.</p>	

	<p>Decision</p> <p>The Committee</p> <p>1 Endorsed the strategy taking into account the amendments being worked on as outlined within the report.</p>	
8.	<p>ITEMS FOR HIGHLIGHTING</p> <p>Alastair Grant confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board on 26th July 2024.</p>	
9.	<p>AOCB</p> <p>No issues were raised under AOCB.</p>	
10.	<p>DATE OF NEXT MEETING</p> <ul style="list-style-type: none"> Wednesday 11th September 2024 at 10.00 am via MS Teams 	

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