

# NHS Fife Finance, Performance & Resources Committee Meeting

Tue 15 November 2022, 09:30 - 12:00

MS Teams

## Agenda

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**09:30 - 09:30** **1. Apologies for Absence**

0 min

*Verbal* *Alistair Morris*

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**09:30 - 09:30** **2. Declaration of Members' Interests**

0 min

*Verbal* *Alistair Morris*

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**09:30 - 09:30** **3. Minutes of Previous Meeting held on Tuesday 13 September 2022**

0 min

*Enclosed* *Alistair Morris*

 Item 3 Finance Performance Resources Committee Minutes (unconfirmed) 20220913.pdf (8 pages)

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**09:30 - 09:35** **4. Matters Arising / Action List**

5 min

*Enclosed* *Alistair Morris*

 Item 4 Finance, Performance & Resources Committee Action List - 20221115.pdf (1 pages)


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**09:35 - 10:35** **5. QUALITY / PERFORMANCE**

60 min

**5.1. Integrated Performance & Quality Report**

*Enclosed* *Exec Leads*

 Item 5.1 SBAR - Integrated Performance Quality Report.pdf (4 pages)

 Item 5.1 Integrated Performance Quality Report.pdf (25 pages)


**5.2. Financial Improvement and Sustainability Programme Progress Report**

*Enclosed* *Margo Mcgurk*

 Item 5.2 SBAR - Financial Improvement and Sustainability Programme Progress Report.pdf (7 pages)

**5.3. Financial Position – Mid-Year Review 2022/23**

*Enclosed* *Margo Mcgurk*

 Item 5.3 SBAR - Financial Position – Mid Year Review 2022-23.pdf (8 pages)

**5.4. Annual Delivery Plan 2022/23 Progress & Winter Plan Actions**

*Enclosed* *Susan Fraser*

 Item 5.4 SBAR - Annual Delivery Plan 2022-23.pdf (5 pages)

Item 5.4 Appendix 1 Annual Delivery Plan 2022-23 September Update.pdf (12 pages)

## 5.5. Fife Capital Investment Group Report 2022/23

Enclosed *Margo McGurk / Neil McCormick*

Item 5.5 SBAR - Fife Capital Investment Group Report 2022-2023.pdf (4 pages)

## 5.6. Proposal to Increase Procurement Tender Thresholds

Enclosed *Kevin Booth*

Item 5.6 SBAR - Proposal to Increase Tender Thresholds.pdf (4 pages)

## 5.7. Procurement Key Performance Indicators

Enclosed *Kevin Booth*

Item 5.7 SBAR - Procurement Key Performance Indicators.pdf (5 pages)

Item 5.7 Appendix 1 - Procurement Key Performance Indicators.pdf (5 pages)

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10:35 - 10:50

15 min

## 6. GOVERNANCE MATTERS

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

Enclosed *Margo Mcgurk*

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

Item 6.1 Appendix 1 - Corporate Risks Aligned to Finance, Performance & Resources Committee.pdf (5 pages)

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

### 6.2. Review of General Policies & Procedures

Enclosed *Gillian MacIntosh*

Item 6.2 SBAR - General Policies and Procedures Update.pdf (13 pages)

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10:50 - 11:00

10 min

## 7. STRATEGY / PLANNING

### 7.1. Strategic Planning & Resource Allocation Process 2023/24

Enclosed *Maxine Michie*

Item 7.1 SBAR - Strategic Planning & Resources Allocation 2023-24.pdf (4 pages)

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11:00 - 11:10

10 min

## 8. ANNUAL REPORTS

### 8.1. Annual Procurement Report 2021/22

Enclosed *Kevin Booth*

Item 8.1 SBAR - Annual Procurement Report 2021-22.pdf (4 pages)

Item 8.1 Appendix 1 - Annual Procurement Report 2021-22.pdf (20 pages)

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11:10 - 11:15


5 min

## 9. FOR ASSURANCE

### 9.1. Delivery of Annual Workplan

Enclosed

Margo Mcgurk


 Item 9.1 Delivery of Annual Workplan.pdf (4 pages)

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**11:15 - 11:20** **10. LINKED COMMITTEE MINUTES**  
5 min


**10.1. Fife Capital Investment Group held on 14 September 2022 (unconfirmed)**

Enclosed

 Item 10.1 Fife Capital Investment Group held on 14 September 2022 (unconfirmed).pdf (6 pages)

**10.2. Procurement Governance Board held on 29 September 2022 (unconfirmed)**

Enclosed

 Item 10.2 Procurement Governance Board held on 29 September 2022 (unconfirmed).pdf (6 pages)

**10.3. IJB Finance, Performance & Scrutiny Committee held on 16 September 2022 (unconfirmed)**

Enclosed

 Item 10.3 IJB Finance, Performance & Scrutiny Committee held on 16 September 2022 (unconfirmed).pdf (7 pages)

**10.4. Primary Medical Services Committee held on 6 September 2022 (unconfirmed)**

Enclosed

 Item 10.4 Primary Medical Services Committee held on 6 September 2022 (unconfirmed).pdf (3 pages)

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**11:20 - 11:25** **11. ESCALATION OF ISSUES TO NHS FIFE BOARD**  
5 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

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**11:25 - 11:30** **12. ANY OTHER BUSINESS**  
5 min

**11:30 - 11:30** **13. Date of Next Meeting: Tuesday 17 January 2023 at 9.30am via MS Teams**  
0 min

## Unconfirmed

### MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 13 SEPTEMBER 2022 AT 9.30AM VIA MS TEAMS

**Alistair Morris**  
Chair

#### Present:

A Morris, Non-Executive Director (Chair)

W Brown, Non-Executive Member

A Grant, Non-Executive Director

M McGurk, Director of Finance & Strategy

J Tomlinson, Director of Public Health

#### In Attendance:

L Barker, Associate Director of Nursing (*deputising for J Owens*)

N Connor, Director of Health & Social Care

G Couser, Associate Director of Quality & Clinical Governance (*items 1 – 7.1 only*)

B Hannan, Director of Pharmacy & Medicines

B Johnson, Head of Capital Planning & Project Director (*items 6.3 & 6.4 only*)

N McCormick, Director of Property & Asset Management

G MacIntosh, Head of Corporate Governance & Board Secretary

M Michie, Deputy Director of Finance

A Wilson, Waiting Times General Manager (*item 6.7 only*)

H Thomson, Board Committee Support Officer (Minutes)

## Chair's Opening Remarks

The Chair welcomed everyone to meeting.

Members were advised that a recording pen will be in use at the meeting to aid production of the minutes.

### 1. Apologies for Absence

Apologies were received from members A Lawrie (Area Clinical Forum Representative), M Mahmood (Non-Executive Director), C Potter (Chief Executive), J Owens (Director of Nursing), C McKenna (Medical Director) and from attendee C Dobson (Director of Acute Services).

### 2. Declaration of Members' Interests

There was no declaration of members' interests.

### 3. Minute of the last Meeting held on 12 July 2022

Page 1 of 8

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 **Board Assurance Framework (BAF) – Financial Sustainability**

The Chair advised that the BAF, in its current format, will be replaced by the new Corporate Risk Register going forward.

The Deputy Director of Finance advised that the risk remains high and is likely to remain high for the remainder of the financial year.

Following a question from the Chair on the funding received from the Scottish Government for additional Covid pressures the previous year, the Deputy Director of Finance advised that £7.5m has been made available and we must contain all of our Covid expenditure within this. It was noted the projected Covid spend is circa £12m, and work is underway to try and reduce this, exploring other options to manage the situation.

The Committee **considered** and took **assurance** from the updated Financial Sustainability element of the Board Assurance Framework.

##### 5.2 **Board Assurance Framework (BAF) – Strategic Planning**

The Director of Finance & Strategy advised there has been no change to the risk since the previous iteration of the BAF and it remains at a moderate level. It was reported within the new Corporate Risk Register, the risk description has been changed around strategy and strategic planning.

The Committee **considered** and took **assurance** from the current position in relation to the Strategic Planning element of the Board Assurance Framework.

##### 5.3 **Board Assurance Framework (BAF) – Environmental Sustainability**

The Director of Property & Asset Management advised the BAF remains as a high risk. It was advised the two risks within the BAF have not moved in terms of risk level and it was noted they are both long term risks. One of the risks will be mitigated when the National Centre for Orthopaedic Centre opens, which is still on track for this year.

The Committee **considered** and took **assurance** from the current position in relation to the Environmental Sustainability element of the Board Assurance Framework.

##### 5.4 **Proposed Finance, Performance & Resources Committee Meeting Dates 2023/24**

The Committee **approved** the proposed Committee meeting dates for 2023/24.

#### 6. **STRATEGY / PLANNING**

## 6.1 Development of Assistant Practitioner Role

The Associate Director of Nursing reported on the development of the Assistant Practitioner role which will contribute to delivering a sustainable workforce for the future. This new role is supported nationally by the Scottish Government and the Chief Nursing Officer Directorate. The three-phased approach to implementation and the financial impact of the new role are detailed in the paper.

W Brown, Non-Executive Member, advised she took assurance around the financial plan and advised that the new role is not designed to prevent the recruitment of Band 5 nurses. The Director of Health & Social Care agreed and thanked the teams for all their support.

The Committee **noted** the contextual information and took **assurance** that the Assistant Practitioner role is being progressed with due consideration to all staff, financial and clinical governance aspects.

## 6.2 Financial Improvement and Sustainability Programme Progress Report

The Deputy Director of Finance reported on the cost improvement position and advised that some of the targets are proving to be challenging to deliver, due to a number of factors. It was advised that the cost improvement target for medicines is progressing positively and is anticipated to be delivered in full. The targets within property and infrastructure areas are on target and expected to be delivered. It was reported that the targets within Acute Services must be delivered by the end of the financial year.

It was advised that the high-risk areas identified in the report relate to supplementary staffing, procurement and the grip & control target, and it was noted work is underway to address these risks. The Deputy Director of Finance advised there is a commitment to deliver the full £11.7m target.

The Chair stated that the full £11.7m target must be delivered, and indicated that if it was not delivered, then the following year would be much more challenging. Regular and clear updates going forward were requested by the Chair.

Following a question from A Grant, Non-Executive Member, the Deputy Director of Finance advised that the targets at risk are not specific to one area but the whole organisation. The Chair asked what more the Committee could do to support delivery of the plans. The Deputy Director of Finance advised that continued support from the Committee through active scrutiny is very welcome, and support for staff to be innovative in terms of delivery will be required.

W Brown, Non-Executive Member, noted that there has not been the capacity to focus on savings compared to pre-pandemic times, and that consideration needs to be given to improve the situation. She also noted that staff are aware of savings that need to be made and are actively supporting this.

The Director of Finance & Strategy was encouraged by the difficult questions being asked by the Committee in relation to meeting the cost improvement targets. The Director of Finance & Strategy highlighted the impact of the cost of living crisis, and the removal of Covid financial support from the Scottish Government, which is impacting

across the whole system. It was reported that the Scottish Government have recognised that NHS Fife is looking ahead further than the 12 month operating time, which is positive. It was noted that to deliver the £11.7m target, difficult decisions will need to be made, including a potential proposal to revisit some of the revenue commitments in terms of the new programmes of work.

The Director of Finance & Strategy advised the Committee that the Financial Improvement and Sustainability Programme is not solely focussed on saving money and includes all the work that is ongoing around increasing productivity and capacity.

The Director of Pharmacy & Medicines noted that there is acceptance on delivery of what is required in moving forward, which is positive.

The Committee took **assurance** from the Financial Improvement and Sustainability Programme Progress Report.

### 6.3 Property & Asset Management Strategy (PAMS)

The Director of Property & Asset Management advised this is the third PAMS in just under two years. A significant amount work has been undertaken to streamline the document, and an overview on what the document provides was given. It was noted close working has been ongoing with the Internal Auditors, as there are audit recommendations with regards to alignment with the strategy and ensuring that we can deliver against the action plan and demonstrate progress. It was also advised that there is an opportunity within the document to describe the function of the Property & Asset Management department.

The Head of Capital Planning & Project Director reported that the document is required by the Scottish Government and is also used as an internal document for colleagues across all directorates.

A Grant, Non-Executive Member, queried if there was an update or feedback to the outline business cases for Kincardine and Lochgelly Health Centres, since submission to the Scottish Capital Investment Group in June. The Head of Capital Planning & Project Director advised that the outline business cases were submitted to the Scottish Government, and that they were relatively supportive of the two projects. The Scottish Government had requested an update to take account of the current position in respect of the option appraisal to demonstrate our preferred option has not changed. A meeting is scheduled with the Scottish Government on 16 September 2022 and will be discussed further.

The Director of Finance & Strategy noted that the Deputy Director of Finance for Capital at the Scottish Government is attending the Finance, Performance & Resources Committee Development Session on 20 September 2022 to present on capital planning and the National Infrastructure Board.

The Committee **endorsed** the 2022 PAMS prior to submission to the Board for Approval in September.

### 6.4 Victoria Hospital, Kirkcaldy – Locations with Listed Building Status by Historic Environment Scotland

The Head of Capital Planning & Project Director spoke to the paper and advised that Phase 1 and Phase 2 Tower Block have both now been categorised as listed buildings. Internally there will be freedom to carry out refurbishment however this will require liaison with the local authority.

The Director of Property & Asset Management added that there are no other buildings on the Victoria Hospital site that Historic Environment Scotland are considering in terms of listing, which provides a degree of flexibility for any further developments.

The Board Secretary questioned the likelihood of other NHS Fife premises being listed. The Director of Property & Asset Management advised that there is a block at Lynebank Hospital site, which has been listed. In terms of the Stratheden site, it is expected that one of the older buildings at this site could be listed.

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

## **6.5 Fife Capital Investment Group Report 2022/23**

The Deputy Director of Finance spoke to the report and gave an overview on recent successful bids for additional capital.

The Chair congratulated everyone involved on securing the additional capital funding.

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

## **6.6 Orthopaedic Elective Project**

The Associate Director of Nursing spoke to the paper.

The Head of Capital Planning & Project Director advised that from a construction perspective, work is expected to conclude in November 2022. It was also noted there is additional work to be carried out in terms of the commercial costs in bringing patients in who are outwith the Fife boundary.

The Chair stated that the development may attract staff who want to work in the new facility and questioned whether this would result in a deficit in other areas. The Associate Director of Nursing advised that there is a whole system approach to recruitment to the NTCs, and that attracting staff from outwith Fife is being explored as part of that.

The Chair also asked if there is anything that can be done for those who are not getting the opportunity to work in the new facilities in terms of keeping up morale. The Director of Property & Asset Management advised that discussions are ongoing in terms of exploring areas for refurbishment and there is a lot of activity in terms of wellbeing hubs for our staff. It was noted more work is required to improve the working environments within the hospital over the coming months.

The Committee took **assurance** from the current position.

## **6.7 Delivery of Long Wait Targets, Outpatients, Elective Surgery and Diagnostics**

The Waiting Times General Manager joined the meeting and presented the report.



Following a question from A Grant, Non-Executive Member, on the implications of the core waiting times monies, the Waiting Times General Manager explained the financial support requested, as per the table at point 2.3.3 in the paper.

The Director of Public Health questioned if there was any additional support being provided to NHS Health Boards in terms of modelling from our Scottish Government colleagues. The Waiting Times General Manager explained that the modelling has been very difficult, as it is normally based on previous referral patterns, and that this was interrupted due to the pandemic. It was noted in some specialities, we have returned to pre Covid levels of activity, however, some areas remain challenged.

Following a question from the Chair, the Waiting Times General Manager advised that the delivery plan to deal with the waiting times backlog does not include involving new staff, and that the addition would be delivered by existing staff. It was noted theatres are an area of concern as this is where the most pressure sits.

W Brown, Non-Executive Member, emphasised that NHS Fife have a duty to ensure that targets are met. Consideration and the importance of language when reporting on the longest waits was noted.

The Waiting Times General Manager was thanked for providing a comprehensive report and update.

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

## 7. RISK

### 7.1 Draft Corporate Risk Register & Dashboard

The Director of Finance & Strategy provided background detail and advised that the paper presents the strategic risk profile and a number of proposed strategic risks for consideration. It was reported that the Draft Corporate Risk Register had been presented to the all the Governance Committees at their September meetings, with positive feedback received and further enhancements suggested.

The Associate Director of Quality & Clinical Governance noted the new corporate risk register and dashboard will provide opportunities for more alignment within our decision making in terms of our risk profile and strategic priorities. It was advised annex 1 sets out the proposed strategic risk profile and demonstrates that three out of the four strategic priorities are currently facing a risk profile in excess of our risk appetite. It was advised that it has been recognised that risk movement between each of the Committee cycles needs to be presented, and this is work that is being taken forward.

The Associate Director of Quality & Clinical Governance reported that deep dives into deteriorating risks will be carried out. It was expected this will initially be directed by the Executive Team.

It was advised that 18 strategic risks have been identified within the Corporate Risk Register, detailed at annex 2. Operational risk registers linked to the Corporate Risk Register will have significant level of detail in terms of current and future plans.

The Chair advised that the Corporate Risk Register will be reviewed and developed over time.

The Committee took **assurance** from the work to date on developing the Corporate Risk Register and Dashboard reporting.

## 8. QUALITY / PERFORMANCE

### 8.1 Integrated Performance & Quality Report (IPQR)

The Director of Finance & Strategy advised that we have maintained the forecast position at £10.4m forecast deficit for this financial year.

The Deputy Director of Finance reported that there was an overspend of £6.2m with an underspend on Health Delegated Services, at the end of June 2022.

It was advised that the August IPQR is being finalised, and early indications suggest we continue to see additional costs in relation to the level of demand on services. It was noted however that there has been some improvement within the Financial Improvement and Sustainability Programme.

A Grant, Non-Executive Member, asked whether the impact of delayed discharges on costs could be quantified. The Deputy Director of Finance advised that circa £1m is an overspend of set aside services, which is a combination of factors, such as additional beds due to delayed discharges. It was advised work is ongoing through the Unscheduled Programme Board, who are looking at the various projects that are underway and evaluating what improvements can be made.

Following a question from A Grant, Non-Executive Member, on the medicines position, the Director of Pharmacy & Medicines explained that there have been advancements in expensive drug treatments and we are treating more people for longer due to these advancements. Challenges of growth and rate of growth was reported, which is continuing to outstrip the efficiencies delivered.

The Director of Health & Social Care reported on the operational aspects of the IPQR and advised that the number of bed days lost due to patients being in delay had reduced in June 2022. One of the key challenges is the type of delay that is being experienced.

An overview was provided on the Delayed Discharges (Bed Days Lost) statistics, as detailed in the report. The actions that are in place were outlined, including Home First Strategy which focuses on prevention and early intervention; partnership working across the whole system in relation to our delay work and feeding into our urgent care programme work; and specific actions in relation to delayed discharge. In relation to patient Guardianship, it was advised part of this relates to national challenges with times and processes within courts. Within Fife, and through joint working with Fife Council Social Work Department, it was reported weekly Whole System Verification meetings are taking place to look at quality improvement methodology, rapid changes and continuous improvement.

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

## 9. FOR ASSURANCE

## **9.1 Audit Report – Post Transaction Monitoring**

The Committee took **assurance** from the Post Transaction Monitoring Report No. B19-23.

## **9.2 Delivery of Annual Workplan**

The Committee **approved** the tracked workplan.

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

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

10.1 Fife Capital Investment Group held on 9 June 2022 (confirmed) & 27 July 2022 (unconfirmed)

10.2 IJB Finance & Performance Committee held on 8 July 2022 (unconfirmed)

10.3 Primary Medical Services Committee held on 7 June 2022 (confirmed)

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

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

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

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

There were no issues to escalate to the Board.

## **12. ANY OTHER BUSINESS**

There was no other business.

## **13. DATE OF NEXT MEETING**

The next meeting will be held on Tuesday 15 November 2022 at 9.30am via MS Teams.

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

**FINANCE, PERFORMANCE & RESOURCES COMMITTEE – ACTION LIST**  
**Meeting Date:** Tuesday 15 November 2022



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	12/07/22	<b>IPQR Review Update</b>	To include further detail on complaints and the level of workforce vacancies within the next iteration of the IPQR.	<b>SF</b>	13/09/22 15/11/22	07/09/22 - Workforce vacancies are being worked on by the Workforce Directorate and will be included when data quality is confirmed. A discussion between the Associate Director of Planning & Performance and Director of Nursing will be arranged in relation to the inclusion of an additional complaints' metric in the IPQR or whether the complaints report will provide the Committee with sufficient assurance.	In progress

<b>Meeting:</b>	<b>Finance, Performance &amp; Resources Committee</b>
<b>Meeting date:</b>	<b>15 November 2022</b>
<b>Title:</b>	<b>Integrated Performance &amp; Quality Report – Finance, Performance &amp; Resources</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance &amp; Strategy</b>
<b>Report Author:</b>	<b>Bryan Archibald, Head of Performance</b>

## 1 Purpose

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

- Assurance

**This report relates to:**

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

## 2 Report Summary

### 2.1 Situation

This report informs the Finance, Performance & Resources (FPR) Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is (with certain exceptions due to a lag in data availability) up to the end of August 2022.

### 2.2 Background

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

Improvement actions are included following finalisation of the Annual Delivery Plan for 2022/23, and this streamlines local reporting for governance purposes with quarterly national reporting to the Scottish Government.

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

The list of indicators has been amended, with the most recent addition being for Personal Development Plan & Review (PDPR), in the Staff Governance section. Further additions relating to Adverse Events (Clinical Governance) and Establishment Gap (Staff Governance) are expected to follow in due course.

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

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

## 2.3 Assessment

Performance has been hugely affected during the pandemic. To support recovery, NHS Fife is progressing the targets and aims of the 2022/23 Annual Delivery Plan (ADP), which was submitted to the Scottish Government at the end of July.

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

*WT = Waiting Times*

*RTT = Referral-to-Treatment*

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

*DTT = Decision-to-Treat-to-Treatment*

### Operational Performance – Acute Services / Corporate Services

Measure	Update	Target	Current Status
IVF WT	Monthly	100%	Achieving
4-Hour Emergency Access	Monthly	95%	Not achieving
New Outpatients WT	Monthly	95%	Not achieving
Diagnostics WT	Monthly	100%	Not achieving
Patient TTG	Monthly	100%	Not achieving
18 Weeks RTT	Monthly	90%	Not achieving
Cancer 31-Day DTT	Monthly	95%	Achieving
Cancer 62-Day RTT	Monthly	95%	Not achieving
Detect Cancer Early	Quarterly	29%	Not achieving

FOI Requests	Monthly	85%	Not achieving
DD (Bed Days Lost)	Monthly	5%	Not achieving

## Finance

Measure	Update	Forecast	Current Status
Revenue Resource Limit	Monthly	£10.4m Overspend Projected	Financial Plan submitted to SG – overspend position remains as forecast.
Capital Resource Limit	Monthly	£33.1m	Achieving

### 2.3.1 Quality/ Patient Care

IPQR contains quality measures.

### 2.3.2 Workforce

IPQR contains workforce measures.

### 2.3.3 Financial

Financial aspects are covered by the appropriate section of the IPQR.

### 2.3.4 Risk Assessment/Management

A mapping of key Corporate Risks to measures within the IPQR is provided via a Risk Summary Table, the Indicator Summary Table, the Executive Summary narratives and the relevant drill-downs.

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

Not applicable.

### 2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

### 2.3.7 Communication, involvement, engagement and consultation

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

The Finance, Performance & Resources extract of the October IPQR will be available for discussion at the meeting on 15 November.

### 2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 20 October and approved for release by the Director of Finance & Strategy.

## 2.4 Recommendation

The report is being presented to the FPR Committee for:

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

## 3 List of appendices

None

### Report Contact

Bryan Archibald

Head of Performance

Email [bryan.archibald@nhs.scot](mailto:bryan.archibald@nhs.scot)



# **Fife Integrated Performance & Quality Report**

## **FINANCE, PERFORMANCE & RESOURCES**

**Produced in October 2022**

# Introduction

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

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

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

The IPQR for the Finance, Performance & Resources Committee comprises the following sections:

- a) **Corporate Risk Summary **\*\*NEW\*\*****  
Summarising key Corporate Risks and status.
- b) **Indicator Summary**  
Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There are also columns indicating where a measure is related to a key Corporate Risk and performance 'special cause variation' based on SPC methodology.
- c) **Projected & Actual Activity**  
Comparing projected Scheduled Care activity to actuals for Patient TTG, New Outpatients and Diagnostics.
- d) **Assessment**  
Summary assessment for indicators of continual focus.
- e) **Performance Exception Reports**  
Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2022/23, relevant to indicators are incorporated accordingly.

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

**MARGO MCGURK**  
Director of Finance & Strategy  
18 October 2022

Prepared by:  
**SUSAN FRASER**  
Associated Director of Planning & Performance

## a. Corporate Risk Summary

To be cross referenced with in depth Risk Report presented at Committees and NHS Board

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	3	2	-	-	◀▶	High
To improve the quality of health and care services	5	5	-	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
<b>Total</b>	<b>18</b>	<b>14</b>	<b>4</b>	<b>0</b>	<b>0</b>		

### Summary Statement on Risk Profile

Current assessment indicates delivery against 3 of the 4 strategic priorities facing a risk profile in excess of risk appetite.

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

Risk Improvement Trajectory for high risks and Corporate Risk Register assessment in place.

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

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

## b. Indicator Summary

Section	Indicator	Target 2022/23	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking
Clinical Governance	Major & Extreme Adverse Events	N/A	Month	Aug-22	29	○	▲	▲	●
	HSMR	N/A	Year Ending	Mar-22	1.02	●	◀▶	◀▶	●
	Inpatient Falls	6.91	Month	Aug-22	6.45	○	▲	▲	●
	Inpatient Falls with Harm	1.65	Month	Aug-22	1.69	○	▼	▼	●
	Pressure Ulcers	0.89	Month	Aug-22	1.03	○	▼	▲	●
	SAB - HAI/HCAI	18.8	Month	Aug-22	10.0	○	▲	▲	● QE Jun-22
	C Diff - HAI/HCAI	6.5	Month	Aug-22	10.0	○	▲	▲	● QE Jun-22
	ECB - HAI/HCAI	33.0	Month	Aug-22	33.2	○	▲	▲	● QE Jun-22
	Complaints Closed - Stage 1	80%	Month	Aug-22	73.1%	○	▲	▲	● 2020/21
Complaints Closed - Stage 2	50%	Month	Aug-22	8.9%	○	▲	▼	● 2020/21	
Operational Performance	IVF Treatment Waiting Times	90%	Month	Aug-22	100.0%	●	◀▶	◀▶	●
	4-Hour Emergency Access	95%	Month	Aug-22	68.4%	○	▼	▼	● Aug-22
	Patient TTG % <= 12 Weeks	100%	Month	Aug-22	51.4%	●	▼	▼	● Jun-22
	New Outpatients % <= 12 Weeks	95%	Month	Aug-22	52.9%	●	▼	▼	● Jun-22
	Diagnostics % <= 6 Weeks	100%	Month	Aug-22	65.9%	●	▲	▼	● Jun-22
	18 Weeks RTT	90%	Month	Aug-22	73.6%	●	▲	▲	● QE Jun-22
	Cancer 31-Day DTT	95%	Month	Aug-22	98.5%	○	▼	▼	● QE Jun-22
	Cancer 62-Day RTT	95%	Month	Aug-22	84.7%	○	▼	▼	● QE Jun-22
	Detect Cancer Early	29%	Year Ending	Dec-21	23.9%	●	▲	▲	● 2020, 2021
	Freedom of Information Requests	85%	Month	Aug-22	83.1%	●	▲	▲	●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Aug-22	11.9%	●	◀▶	▲	● QE Jun-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Aug-22	7.7%	○	▼	▲	● QE Jun-22
	Antenatal Access	80%	Month	Jun-22	81.0%	●	▼	▼	● CY 2021
Finance	Revenue Resource Limit Performance	(£10.4m)	Month	Aug-22	(£14.7m)	●	▼	—	●
	Capital Resource Limit Performance	£33.1m	Month	Aug-22	£11.5m	●	—	—	●
Staff Governance	Sickness Absence	4.00%	Month	Aug-22	6.50%	○	▼	▼	● YE Mar-22
	Personal Development Plan & Review (P DPR)	80%	Month	Sep-22	33.3%	●	▲	—	●
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	May-22	42	●	—	▼	● QE Dec-21
	CAMHS Waiting Times	90%	Month	Aug-22	73.0%	○	▲	▼	● QE Jun-22
	Psychological Therapies Waiting Times	90%	Month	Aug-22	68.4%	○	▼	▼	● QE Jun-22
	Drugs & Alcohol Waiting Times	90%	Month	Jun-22	94.3%	●	▲	▲	● QE Jun-22
	COVID Vaccination (Autumn/Winter Booster, Age 65+)	80%	Month	Sep-22	30.1%	●	▲	—	●
	Flu Vaccination (Age 65+)	80%	Month	Sep-22	30.1%	●	▲	—	●
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Jun-22	95.2%	○	▲	▲	● QE Jun-22
	Immunisation: MMR2 at 5 Years	92%	Quarter	Jun-22	89.9%	○	▲	▲	● QE Jun-22

**Performance Key**

<span style="background-color: green; width: 20px; height: 10px; display: inline-block;"></span>	on schedule to meet Standard/Delivery trajectory
<span style="background-color: yellow; width: 20px; height: 10px; display: inline-block;"></span>	behind (but within 5% of) the Standard/Delivery trajectory
<span style="background-color: red; width: 20px; height: 10px; display: inline-block;"></span>	more than 5% behind the Standard/Delivery trajectory

**SPC Key**

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

**Change Key**

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

**Benchmarking Key**

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

## c. Projected and Actual Activity

		Quarter End	Month End			Quarter End	Quarter End	Quarter End
		Jun-22	Jul-22	Aug-22	Sep-22	Sep-22	Dec-22	Mar-23
<b>Better than Projected   Worse than Projected   No Assessment</b> (NOTE: Better/Worse may be higher or lower, depending on context)								
<b>TTG Inpatient/Daycase Activity</b> (Definitions as per Waiting Times Datamart)	Projected	3,036	1,012	1,012	1,029	3,053	3,087	3,087
	Actual	2,878	885	1,046	1,063	2,994	0	0
	Variance	-158	-127	34	34	-59		
<b>New OP Activity (F2F, NearMe, Telephone, Virtual)</b> (Definitions as per Waiting Times Datamart)	Projected	18,567	6,201	6,220	6,385	18,806	19,132	19,166
	Actual	20,951	6,291	7,832	7,301	21,424	0	0
	Variance	2,384	90	1,612	916	2,618		
	<b>Urgent</b> Actual	10,868	3,477	4,169	3,717	11,363	0	0
	<b>Routine</b> Actual	10,083	2,814	3,663	3,584	10,061	0	0
<b>Elective Scope Activity</b> (Definitions as per Diagnostic Monthly Management Information)	Projected	1,491	497	497	497	1,491	1,491	1,491
	Actual	1,550	477	617	503	1,597	0	0
	Variance	59	-20	120	6	106		
<b>Upper Endoscopy</b>	Actual	575	184	243	199	626	0	0
<b>Lower Endoscopy</b>	Actual	182	46	82	61	189	0	0
<b>Colonoscopy</b>	Actual	738	234	269	234	737	0	0
<b>Cystoscopy</b>	Actual	55	13	23	9	45	0	0
<b>Elective Imaging Activity</b> (Definitions as per Diagnostic Monthly Management Information)	Projected	11,988	3,996	3,996	3,996	11,988	11,988	11,988
	Actual	13,471	4,350	4,593	3,993	12,936	0	0
	Variance	1,483	354	597	-3	948		
<b>CT Scan</b>	Actual	4,083	1,322	1,379	1,288	3,989	0	0
<b>MRI</b>	Actual	2,936	979	1,109	835	2,923	0	0
<b>Non-obstetric Ultrasound</b>	Actual	6,452	2,049	2,105	1,870	6,024	0	0

## d. Assessment

### OPERATIONAL PERFORMANCE



To improve the quality of health and care services

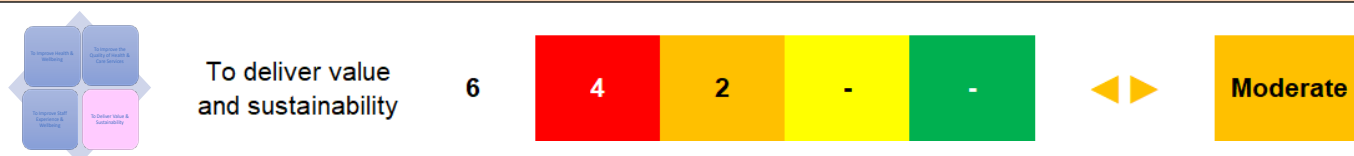
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		Target	Current
<b>4-Hour Emergency Access</b>	<i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	<b>95%</b>	<b>68.4%</b>
<p>Testing of ENP supporting redirections to MIU at QMH is showing increased attendances through this pathway, but overall attendances at VHK remain high. Performance is mainly impacted by low discharge profile within the VHK and the impact that the staffing challenge is having on whole site functioning. Work is ongoing with teams to maximise alternative pathways and reduce ED attendances, including admissions unit pathways. OPEL triggers under review to ensure scoring measures accurately reflect whole site position.</p>			
<b>Patient TTG (Waiting)</b>	<i>All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat</i>	<b>100%</b>	<b>51.4%</b>
<p>Performance in August continued to deteriorate with the number of patients waiting over 12 weeks now at 2,554 and whilst the number waiting over 104 weeks and 78 weeks has fallen the number over 52 weeks has increased to 238, mainly in Orthopaedics. Inpatient surgery continues to be restricted at Victoria Hospital due to sustained pressures in unscheduled care and staff absence and vacancies. The waiting list continues to rise as demand exceeds capacity with 5,259 patients on list in August, 54% greater than in year previous and 63% higher than August 2019. The focus remains on urgent and cancer inpatients and long waiting day cases which can be performed at QMH. The review of patients categorised as P3 is underway whilst reviewing the capacity to see long waiting patients to meet the new long waiting targets. The new recovery plan was submitted to the Scottish Government but unfortunately the funding received was not what was expected and additional activity planned to deliver the new long waiting targets has been paused whilst the impact and revised plan are developed. No additional activity has been undertaken since April and core activity remains restricted.</p>			
<b>New Outpatients</b>	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	<b>95%</b>	<b>52.9%</b>
<p>Performance in August deteriorated with 12,282 waiting over 12 weeks despite core activity being greater than predicted. The number waiting over 52 weeks has increased to 801 mainly in Gastroenterology, General Surgery and Neurology. Enhanced infection control procedures were stepped down at the end of September, but the pressure of unscheduled care continues to impact on outpatient capacity in some specialities. The waiting list continues to increase as demand exceeds capacity, with 26,048 on the waiting list, 18% higher than year previous and 82% higher than August 2019. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 18 months and 2 years. The new recovery plan was submitted to the Scottish Government but unfortunately the funding received was not what was expected and additional activity planned to deliver the new long waiting targets has been paused whilst the impact and revised plan are developed. No additional activity has been undertaken since April apart from Breast Surgery to maintain urgent waiting times. Sustaining the current level of activity is heavily dependent on the demands on staff from unscheduled care activity and the impact on staffing from absence and vacancies.</p>			
<b>Diagnostics</b>	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	<b>100%</b>	<b>65.9%</b>
<p>Performance improved in August, both in Radiology with 71% and in endoscopy with 38% of patients waiting less than 6 weeks. In Radiology whilst the activity is greater than projected there are particular challenges with ultrasound capacity. No additional activity has been undertaken and core activity continues to be restricted in Endoscopy due to unscheduled care pressures. Activity has met current demand in Endoscopy but not for Radiology and the waiting list size has increased slightly to 5,671 in August which is 18% higher than year previous and 25% higher than July 2019. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits. The new recovery plan was submitted to the Scottish Government but unfortunately the funding received was not what was expected and further additional activity in Radiology and new additional activity in endoscopy which was planned has been paused whilst the impact and revised plan are developed. Sustaining the current level of activity is heavily dependent on the demands on staff from unscheduled care activity and the impact on staffing from absence and vacancies. It is anticipated that performance will continue to be challenged due to the demand for urgent diagnostics which has now reached 52% of all referrals in radiology and the pressure from unscheduled care.</p>			

		Target	Current
<b>Cancer 62-Day RTT</b>	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	<b>95%</b>	<b>84.7%</b>
<p>Performance deteriorated in August, while referrals remain high, consistently exceeding pre-pandemic numbers. Breaches are attributed to delays between MRI and biopsy and surgery for Urology (Prostate) and capacity issues in colorectal, both of which are currently our most challenged pathways. The range of breaches was 3 to 133 days (average 46 days). Due to the current backlog of breached patients and those identified at risk of breaching, we expect to see further deterioration in both 62 and 31 day standards, particularly in Urology.</p>			
<b>Delayed Discharges</b>	<i>The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce</i>	<b>5%</b>	<b>7.7%</b>
<p>The % of Bed Days lost due to patients in delay increased in August. However, the figures for both Standard and Code 9 delays were lower than at the August 2021 Census, by 2.6% and 0.3%, respectively. The national figures for q/e June show that Fife is in the middle ranking of Mainland Health Boards for both 'Standard' and 'All' delays, although slightly higher than the Scottish average in both cases.</p> <p>Code 9 delays as a % of overall delays remained just below 40%, around 10% higher than a year ago. Looking at 'Standard' delays, NHS Fife recorded the second lowest number of Age 18+ delays per capita of all Mainland Health Boards at the August Census. In addition, the actual number of delays was 33% lower than a year ago.</p>			

## FINANCE



		Forecast	Current
<b>Revenue Expenditure</b>	<i>Work within the revenue resource limits set by the SG Health &amp; Social Care Directorates</i>	<b>(£10.4m)</b>	<b>(£14.7m)</b>
<p>The Health Board retained position at the end of August is an overspend of £14.7m. This comprises: £4.3m approved financial gap (£10.4m full year); £3.9m unfunded Covid spend following the SG cap on Covid funding; and £1.7m slippage in financial improvement sustainability plans (FIS); and £4.8m core overspend. The core overspend reflects the financial consequences of the significant ongoing service pressures across unscheduled care for which funding has yet to be confirmed, along with haematology services drug pressures. Mitigation and exit plans re Covid expenditure remain key on our agenda along with full delivery of our agreed FIS programme in order we deliver the approved financial position by the year end.</p>			
<b>Capital Expenditure</b>	<i>Work within the capital resource limits set by the SG Health &amp; Social Care Directorate</i>	<b>£33.1m</b>	<b>£11.5m</b>
<p>The overall anticipated 2022/23 capital budget is £33.1m. This reflects the core Capital Resource Limit (CRL) of £7.8m and anticipated allocations to support a number of significant ongoing projects. Further National Infrastructure and Equipping Board funding has been received in August to support the purchase of equipment, associated digital costs, and qualifying capital backlog maintenance costs. The capital position to August reflects spend of £11.5m equivalent to 34.8% of the total allocation, and is on track to spend in full this financial year.</p>			

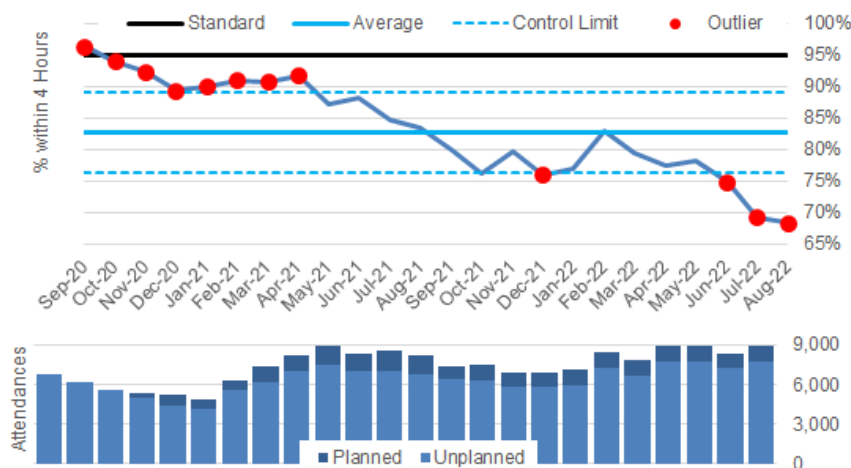
e. Performance Exception Reports

4-Hour Emergency Access

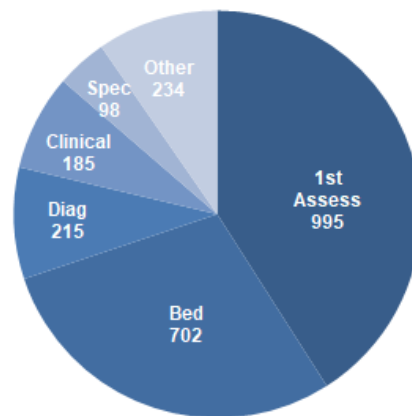
At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment

Performance  
68.4%

Local Performance



Breach Reason; Aug-22



National Benchmarking

	2021/22							2022/23				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	80.1%	76.3%	79.7%	76.1%	77.0%	83.0%	79.6%	77.5%	78.2%	74.9%	69.3%	68.4%
Scotland	76.1%	73.5%	75.9%	75.7%	76.0%	74.2%	71.6%	72.1%	73.0%	71.3%	69.9%	69.7%

Key Deliverable		End Date
Enhance and optimise our ECAS/AU1 assessment		Apr-23 At risk
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach		Sep-23 At risk
Key Milestones	Improve access to Integrated Assessment Team services for frailty positive patients. Develop an in-reach physio model to support earlier diagnosis/treatment.	Mar-23 On track
	Develop an in-reach model for people requiring mental health support UCAT. Develop an in-reach model for people requiring addictions support for recovery and crises management.	Mar-23 At risk
	Develop appropriate alternatives to attendance at A&E, minimise the need for admission, and reduce length of stay and increase options and processes for timely and appropriate discharge	Sep-23 At risk
Implement an enhanced triage model within ED to support scheduling with FNC		Mar-23 On track
Redesign of Urgent Care in close working with partners		Apr-23 At risk

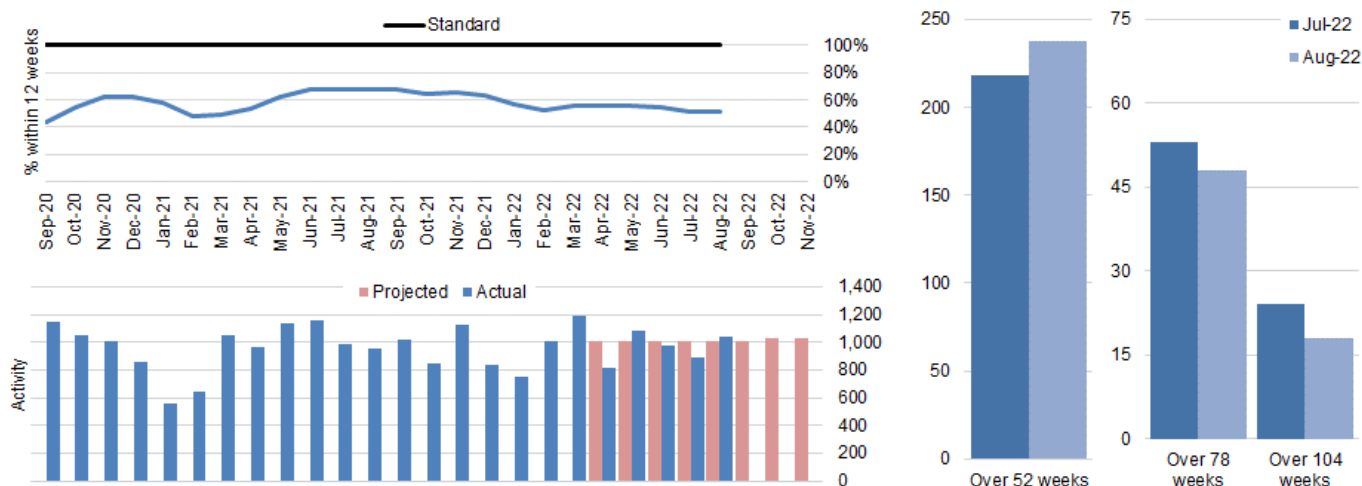


## Patient TTG

We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

**Performance**  
**51.4%**

### Local Performance



### National Benchmarking

	2021/22							2022/23				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	68.2%	64.9%	65.1%	63.1%	56.6%	52.7%	55.2%	55.9%	55.6%	54.3%	51.6%	51.4%
Scotland	34.0%	37.5%	37.3%	34.6%	33.7%	32.5%	34.0%	32.8%	32.5%	31.5%		

### Key Deliverable

### End Date

#### Reducing long waits; TTG

The focus remains on urgent and cancer inpatients and long waiting day cases which can be performed at QMH. The review of patients categorised as P3 is underway whilst reviewing the capacity to see long waiting patients to meet the new long waiting targets. The new recovery plan was submitted to the Scottish Government but unfortunately the funding received was not what was expected and additional activity planned to deliver the new long waiting targets has been paused whilst the impact and revised plan are developed. No additional activity has been undertaken since April and core activity remains restricted.

Mar-23  
Off track

#### Key Milestones

Preassessment

Oct-22  
At risk

Elective Orthopaedic Centre

Building and staff expected to be in place by January. Fife allocation from NTC has been reduced to 26 patients from 336 patients which will mean that the backlog of Orthopaedic patients will increase month on month.

Jan-23  
Off track

Maximise utilisation of QMH Theatres

Mar-23  
On track

Optimising Theatres on VHK site - Clinical prioritisation of VHK Theatres

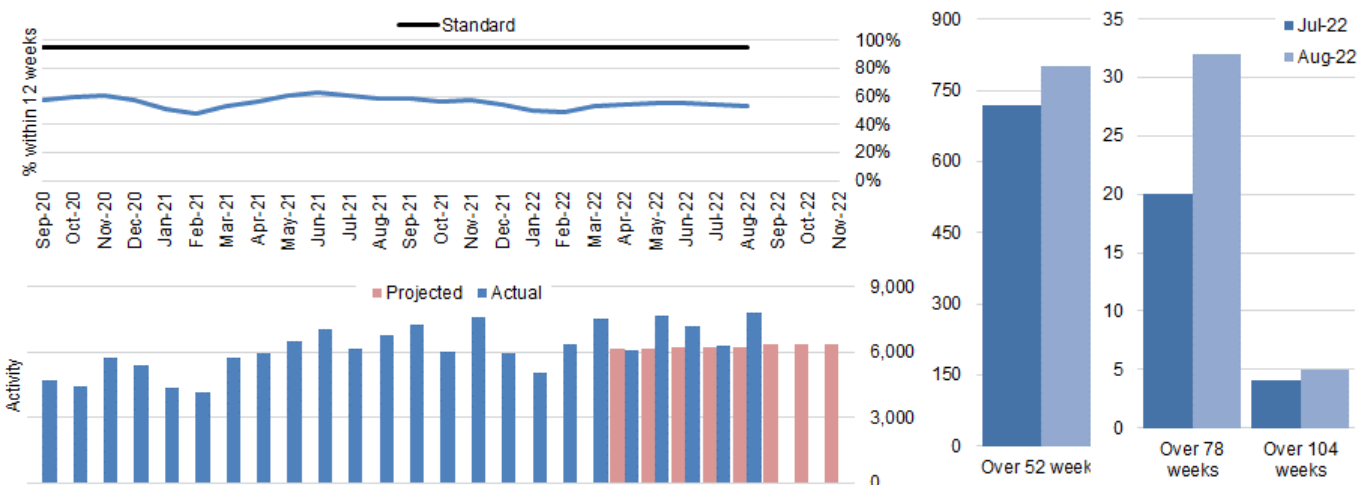
Mar-23  
On track

## New Outpatients

95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment

**Performance**  
**52.9%**

### Local Performance



### National Benchmarking

	2021/22							2022/23				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	58.3%	56.5%	57.1%	53.8%	50.1%	48.8%	53.4%	53.9%	55.3%	55.4%	53.9%	52.9%
Scotland	48.1%	48.0%	48.4%	46.5%	45.5%	45.9%	49.6%	48.9%	49.6%	49.1%		

### Key Deliverable

#### Reducing long waits; Outpatients

There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 18 months and 2 years. The new recovery plan was submitted to the Scottish Government but unfortunately the funding received was not what was expected and additional activity planned to deliver the new long waiting targets has been paused whilst the impact and revised plan are developed. No additional activity has been undertaken since April apart from Breast Surgery to maintain urgent waiting times.

### End Date

Mar-23  
At risk

ACRT and PIR - Continue rollout throughout 2021/22 to all appropriate services

Mar-23  
At risk

Three step validation process of waiting lists will be implemented

Lack of WL funding will mean review of patients waiting will either not take place or will be completed at the expense of clinical activity

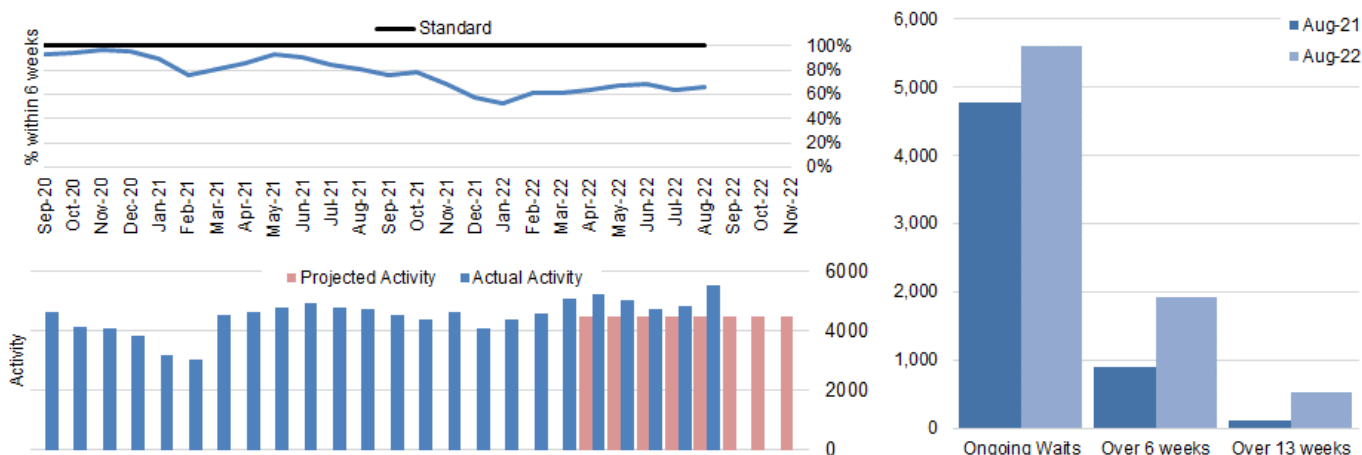
Mar-23  
Off track

## Diagnostics Waiting Times

No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests appointment

**Performance**  
**65.9%**

### Local Performance



### National Benchmarking

	2021/22							2022/23				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	75.7%	78.7%	68.3%	57.8%	52.7%	61.2%	61.6%	63.0%	67.8%	68.2%	63.5%	65.9%
Scotland	57.8%	55.2%	56.9%	49.6%	48.1%	50.8%	49.6%	45.2%	47.0%	47.5%		

### Key Deliverable

### End Date

#### Reducing long waits; Diagnostics

Core activity continues to be restricted in Endoscopy due to unscheduled care pressures. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits. The new recovery plan was submitted to the Scottish Government but unfortunately the funding received was not what was expected and further additional activity in Radiology and new additional activity in endoscopy which was planned has been paused whilst the impact and revised plan are developed.

Mar-23  
Off track

#### Radiology -7 day working

No funding identified to take this forward

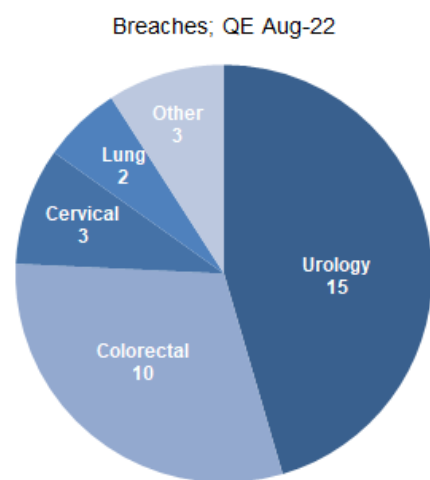
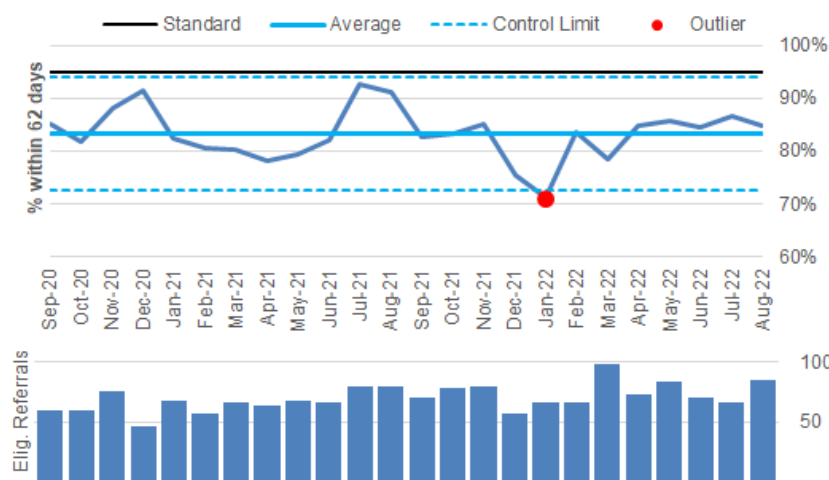
TBC

## Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days

**Performance**  
**84.7%**

### Local Performance



### National Benchmarking

Month	2021/22							2022/23				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	82.9%	83.3%	85.0%	75.4%	71.2%	83.6%	78.6%	84.9%	85.7%	84.5%	86.6%	84.7%
Scotland	83.1%	78.8%	78.1%	78.3%	76.3%	77.4%	75.5%	77.0%	75.8%	73.5%	75.8%	73.6%

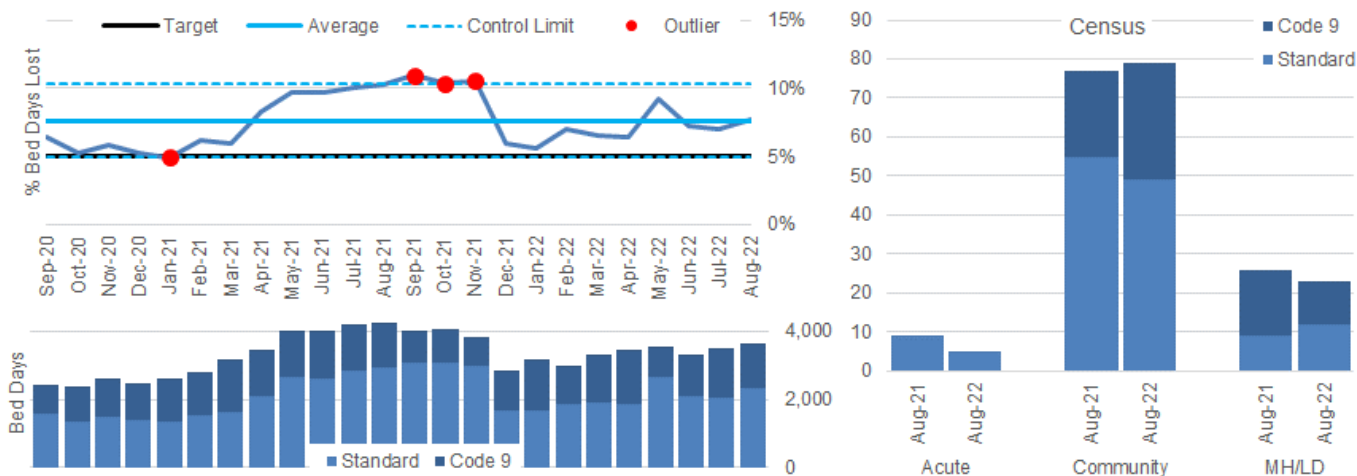
Key Deliverable		End Date
Implementation of Cancer Framework and delivery plan in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services		Mar-23 On track
Key Milestones	ECDC development/expansion	Mar-23 At risk
	Development of single point of contact hub (SPOCH)	Sep-22 Complete
	Review of cancer workforce	Mar-23 On track
	Environmental needs of cancer services	Mar-23 On track
	Continued public and patient engagement	Mar-23 On track
	Increased access to trials linking with R, I & K	Mar-23 On track
	Optimal and timed patient pathways (including BSC), aligning to Effective Cancer Management Framework	Mar-23 At risk
Delivery of Cancer Waiting Times		Mar-23 On track
Key Milestones	Implement refreshed Effective Cancer Management Framework to drive improvement of Cancer Waiting Times performance	Mar-23 On track
	Targeted improvements designed to maintain the 31-day standard and improve the 62-day standard on a sustainable basis	Mar-23 At risk

## Delayed Discharges (Bed Days Lost)

We will limit the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

**Performance**  
**7.7%**

### Local Performance



### National Benchmarking

% Bed Days Lost		Quarter Ending								
		2020/21				2021/22				2022/23
		JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN
NHS Five	Standard	4.6%	6.8%	5.4%	5.7%	9.2%	10.4%	9.0%	6.4%	7.6%
	All	8.6%	10.1%	9.6%	10.9%	14.4%	14.8%	12.4%	11.1%	11.8%
Scotland	Standard	3.8%	5.1%	4.8%	4.6%	5.0%	6.8%	7.2%	7.2%	7.3%
	All	5.9%	7.1%	7.3%	7.3%	7.4%	9.4%	9.7%	10.4%	10.3%

### Key Deliverable

### End Date

**Deliver Home First and enable Prevention and Early Intervention**

Dec-23  
On track

Key Milestones	End Date
Continue 7-day step-down for Acute (AU1 and AU2) and review a potential ED pathway in hospital @ home. Increase capacity in ICT in preparation for winter.	Oct-22 On track
Information and data development of programme measures and the delivery of a management information dashboard for the programme through an inter-agency and inter-disciplinary approach	Jun-23 At Risk
Support citizens to have greater control and choice of care preferences in event of a future deterioration, or change in circumstances for themselves or their carer(s). All community patients at risk of readmission will have an ACP.	Mar-23 On track
Reduce admissions from ED and GP presentation by early IAIT assessment and use of out of hospital pathways for those who are screened for frailty at point of presentation	Dec-22 At risk
Integrated Discharge Planning - review and develop pathways to minimise delays and ensure patients are cared for in the right place at the right time	Dec-22 At risk
Intermediate Care - ensure that all reablement options are explored to promote independence for people who need support prior to going home. Promote delivery of digital solutions, which will support the implementation of the aims & objectives of the home first strategy.	Jul-23 At risk
Housing & Social Determinants - review and develop pathways to minimise delays where Housing is the primary reason for a delayed discharge	Mar-23 On track
Commissioning and Resourcing - support the Home First model by working with providers, Scottish care and inhouse provision to redesign a system that is fit for the future	Oct-22 On track

**Discharge without Delay project as part of the U&UC programme to improve patient pathways to reduce preventable delays that extend length of stay**

Mar-23  
On track

**Continue to reduce delayed discharge**

Dec-23  
At risk

Reduce hand offs in discharge processes

Sep-22

## FINANCE, PERFORMANCE & RESOURCES: OPERATIONAL PERFORMANCE

		On track
	Reduce the number of patients delayed in hospital awaiting the appointment of a Welfare Guardian <i>SW-led team reviewing all processes. Revised guidance produced.</i>	Oct-22 Off track
	Develop capacity within the in-house care at home provision (START) plus additional investment to and to develop a programme of planning with the private agencies supported by Scottish Care	Apr-23 At risk
	Develop app to support the Moving on Policy and help with decision making of moving on patients. This will include care home videos, staff messages.	Dec-23 At risk
	Planned Date of Discharge Project	Dec-22 On track
	Front Door Model	Dec-22 On track
	Electronic referrals <i>eHealth appointing someone to progress this work</i>	Dec-23 Off track

# FINANCE, PERFORMANCE & RESOURCES: FINANCE

<b>Finance</b> <i>NHS Boards are required to work within the revenue and capital resource limits set by the Scottish Government Health &amp; Social Care Directorates (SGHSCD)</i>	<b>Revenue (£11.5m)</b>
	<b>Capital £11.5m</b>

## 1. Executive Summary

1.1 The Health Board retained position at the end of August is an overspend of £14.663m. This overspend comprises:

- £6.433m core overspend (includes £1.665m overspend relating to acute set aside services);
- £4.337m of the financial gap identified in the board's approved financial plan;
- £3.893m unfunded acute set aside Covid associated costs.
- Full funding for Test and Protect costs has been anticipated in line with guidance.

Health Delegated Services report an underspend at the end of August of £3.171m.

### Revenue Financial Position as at 31 August 2022

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<b>NHS Services (incl Set Aside)</b>				
<b><u>Clinical Services</u></b>				
Acute Services Division	239,971	100,962	106,380	-5,418
IJB Non-Delegated	9,538	3,974	3,932	43
Non-Fife & Other Healthcare Providers	95,847	39,975	40,852	-877
<b><u>Non Clinical Services</u></b>				
Estates & Facilities	78,812	32,367	32,522	-155
Board Admin & Other Services	77,243	31,477	31,339	138
<b><u>Other</u></b>				
Financial Flexibility & Allocations	38,325	701	0	701
Income	-30,925	-12,793	-12,850	57
Grip and Control	-3,412	-1,422	-500	-922
<b>Sub-total Core position</b>	<b>505,399</b>	<b>195,241</b>	<b>201,675</b>	<b>-6,433</b>
Financial Gap	-10,408	-4,337	0	-4,337
<b>HB retained Covid 19</b>	<b>4,950</b>	<b>4,950</b>	<b>8,843</b>	<b>-3,893</b>
<b>SUB TOTAL</b>	<b>499,941</b>	<b>195,854</b>	<b>210,518</b>	<b>-14,663</b>
<b><u>Health &amp; Social Care Partnership</u></b>				
Fife H & SCP	376,750	151,005	147,834	3,171
Health delegated Covid 19	3,916	3,916	3,916	0
<b>SUB TOTAL</b>	<b>380,666</b>	<b>154,921</b>	<b>151,750</b>	<b>3,171</b>
<b>TOTAL</b>	<b>880,607</b>	<b>350,775</b>	<b>362,268</b>	<b>-11,492</b>

1.2 The position set out in our financial plan approved in March highlighted a cost improvement requirement for 2022/23 of £24.1m. With approved cost improvement plans of £11.7m underway this year, our financial plan reflects a remaining financial gap of £10.4m to be addressed as part of our medium term (3 year planning) financial framework. This planning assumption is underpinned in a letter received from Scottish Government dated 12 September which emphasises the requirement to deliver the £10.4m, including the costs impact of Covid, as a minimum.

1.3 The Health retained Covid-19 funding envelope of £7.5m notified on 1 June continues to be recognised in our month 5 reporting position, in addition to anticipated funding for Test and Protect costs. Our unfunded Covid

## FINANCE, PERFORMANCE & RESOURCES: FINANCE

costs associated with Set Aside services are £3.893m at the end of August. Detailed work is ongoing to scrutinise and plan an exit strategy from Covid related costs as far as possible and to plan for remaining 'business as usual' costs within our core position.

- 1.4 The August allocation letter was received on 7 September and highlighted the receipt of 9 allocations (£13.592m both earmarked and non-recurring). We continue to make assumptions on anticipated allocations which reflects the national uncertainty around funding. Details of our funding allocations (both received and anticipated) are attached at Appendix 1.
- 1.5 The significant scale of the financial challenge is unprecedented and, as such, it is paramount that the board's cost improvement target of £11.7m is delivered during 2022/23. Cost improvements of £2.628m have been delivered in the five months to August and work continues to further progress the financial improvement and sustainability programme. Other opportunities continue to be pursued to support any potential slippage in plans to ensure delivery of the board's planned financial position for 2022/23.
- 1.6 The overall anticipated capital budget for 2022/23 is £33.145m. This reflects the core Capital Resource limit (CRL) of £7.764m notified by Scottish Government and anticipated allocations expected during the year to support a number of ongoing projects; as well as additional funding received from successful bids submitted to SG over the summer months. The capital position for the period to August records spend of £11.524m equivalent to 34.77% of the anticipated allocation. The capital programme is expected to deliver in full with significant activity in the latter half of the financial year in respect of completion of the National Treatment Centre facility.

### 2. Health Board Retained Services

#### Clinical Services financial performance as at 31 August 2022 excluding Covid-19 costs

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services Division (HB Retained)	197,340	83,040	86,793	-3,753
Acute Services Division (Acute Set Aside)	42,631	17,922	19,587	-1,665
<b>Subtotal Acute Services Division</b>	<b>239,971</b>	<b>100,962</b>	<b>106,380</b>	<b>-5,418</b>
IJB Non Delegated	9,538	3,974	3,932	43
Non-Fife & Other Healthcare Providers	95,847	39,975	40,852	-877
Income	-30,925	-12,793	-12,850	57
<b>SUB TOTAL</b>	<b>314,431</b>	<b>132,118</b>	<b>138,314</b>	<b>-6,195</b>

- 2.1 The Acute Services Division reports a core **overspend of £5.418m**. This position reflects the financial consequences of the significant ongoing service pressures across unscheduled care. Increases in demand and higher acuity than pre-pandemic levels resulting in increased lengths of stay, together with delayed discharges are driving the reliance on supplementary staffing for both nursing and medical workforces. Moreover, costs increased in August due to additional costs for the junior doctor rotation, additional agency medical invoices and the impact of 5 weeks of bank nursing. Also included in the reported overspend is unfunded expenditure in relation to a Labs and Radiology bid of £0.835m submitted to SG in April for which confirmation of funding remains outstanding. Cost pressures within non pay costs are also having a detrimental impact on the financial position with medicines growth of £1.382m, particularly within haematology services. Continued growth and replacement of diabetic pumps, the increased cost of consumables for robotic procedures and increased resource for audiology supplies and orthotics are also collectively overspending at £0.450m. Additionally, the reported overspend to August includes unachieved cost improvement plans of £0.497m, with an expectation the pipeline schemes will cover any in year slippage.

Included in the core ASD position is an overspend on core set aside services of £1.665m which is being funded on a **non-recurring** basis by the board. The full year cost pressure on set aside budgets is circa £6m and is included in the board's financial plan gap of £10.4m.

- 2.2 The IJB Non-Delegated budget reports an **underspend of £0.043m**. This relates in the main to relates to nursing vacancies across the Acute Services within the Northeast Fife Hospitals and the Forensic unit at Lynebank (Daleview).
- 2.3 The budget for healthcare services provided outwith NHS Fife is **overspent by £0.877m** which reflects significant recurring unbudgeted costs for several mental health services. A review of expenditure and potential solutions to manage is underway. Further detail is contained in Appendix 2.



## 2.4 Corporate Functions and Other Financial performance at 31 August 2022

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<u>Non Clinical Services</u>				
Estates & Facilities	78,812	32,367	32,522	-155
Board Admin & Other Services	77,243	31,477	31,339	138
<u>Other</u>				
Financial Flexibility & Allocations	38,325	701	0	701
<b>SUB TOTAL</b>	<b>194,380</b>	<b>64,545</b>	<b>63,861</b>	<b>684</b>

2.5 The Estates and Facilities budgets report an **overspend of £0.155**. This is primarily due to increased costs within energy/utilities budgets and waste budgets

2.6 Within the Board's corporate services there is an **underspend of £0.138m**. The main area of overspend within Corporate is within Workforce Department as a result of costs associated with the Regional Recruitment consortium.

### Financial Flexibility

2.7 Financial flexibility at the end of the August reflects financial plan assumptions which are being held corporately and includes supplies, medical supplies and drugs uplifts. The release of this flexibility and allocations will take place as the year unfolds as the financial impact of national policies crystallise. A summary of funding held in **financial flexibility** and the release of **£0.701m** to month 5 is shown at Appendix 3.

### Financial Gap

2.8 The **financial plan gap** reflects the proportionate share of the planned £10.4m deficit (**£4.337m** to month 5) which will be addressed as part of our medium term (3 year) financial planning.

### Approved Cost Improvement Plans

2.9 The year to date target at month 5 was £4.312m with £2.628m achieved, resulting in a current year shortfall of £1.684m. Recurring savings achieved are £1.075m, equivalent to 9% of the full year target. Significant risk remains around those where plans are not yet finalised and CIP documents are not completed. The Programme Board governance arrangements are key to instil rigour and momentum to this agreed plan.

#### Approved Cost Improvement Plans - Position at 31 August 2022

Budget Area	Current Year Target £'000	Year to Date Target £'000	Year to Date Achieved £'000	Year to Date Variance £'000
Acute	5,752	1,572	1,075	-497
Estates & Facilities	1,652	902	905	3
Corporate	4,296	1,838	648	-1,190
<b>Total</b>	<b>11,700</b>	<b>4,312</b>	<b>2,628</b>	<b>-1,684</b>

By the end of month 5 Acute Services delivered £1.075m, a year to date shortfall of £0.497m (£0.268m cash releasing and a further £0.229m cost reduction on supplementary staffing). During August £0.575m was delivered, the most significant schemes being £0.311m from Planned Care instruments and sundries, £0.085m through reduction of staffing expenditure and £0.106m medicines efficiencies. To date Acute have identified £0.492m on a recurring basis. Recurring opportunities continue to be explored at pace to mitigate against areas of potential high risk schemes, with feasible pipeline opportunities being taken to the Programme Board.

The vacancy factor target of £1.183m distributed across Corporate directorates and Acute services is yet to be delivered. Digital and Information have identified £0.065m of vacancies, but on the whole more work needs to be done to mitigate the shortfall through identification of pipeline CIP's. An in-depth and targeted review of PECOS historic purchase orders identified as obsolete has yielded a contribution of £0.500m towards the grip and control target, with further opportunities yet to be explored. Further detail is included in Appendix 4 to this report.

## 3. Health Board Covid-19 spend

3.1 Formal notification of a funding cap on the Health Board Covid-19 funding of £7.5m for 2022/23 has meant that any overspend beyond the funding cap is part of our core position. The table below shows Covid-19 spend of £6.716m to month 5 This comprises £2.823m for Health retained funded from the £7.5m financial envelope; and £3.893m unfunded set aside costs which we now report as an overspend. In addition, we have anticipated funding of £2.127m for Test and Protect costs in line with SG guidance, but until funding is formally confirmed, remains a risk.

HB & Acute set aside Covid-19 spend	Year to Date Budget £'000	YTD Spend HB Retained £'000	YTD Spend Set Aside £'000	YTD Spend Total £'000	YTD Variance £'000
Acute	2,259	2,259	3,437	5,696	-3,437
Estate & Facilities	65	65	346	411	-346
Corporate	499	499	110	609	-110
<b>Subtotal (fund from £7.5m envelope)</b>	<b>2,823</b>	<b>2,823</b>	<b>3,893</b>	<b>6,716</b>	<b>-3,893</b>
Test & Protect (anticipated funding)	2,127	2,127	0	2,127	0
<b>Total</b>	<b>4,950</b>	<b>4,950</b>	<b>3,893</b>	<b>8,843</b>	<b>-3,893</b>

3.2 Local policies have been reviewed to ensure that national guidance is adhered to and bring consistency with other boards. The change in National guidance on asymptomatic and pre elective testing will reduce costs going forwards. Delays in transfer of care due to the Covid impact in Community settings generates both a capacity and financial pressure on the Acute Services. Staff absences for covid reasons have started to reduce and with the change in reporting on Covid absence the majority of this will become business as usual from September onwards. Ongoing challenge and scrutiny continues to ensure that exit strategies are underway and to gain an understanding of what will become business as usual to inform the SPRA process.

3.3 Corporate budgets continue to incur Covid-19 costs with detailed work underway with services to secure exit planning and absorption of the Covid-19 costs 'tail' in to core costs.

3.4 Public Health colleagues have established a short life working group to work through the staffing implications of the ending of Contact Tracing, Asymptomatic Testing and Fixed Term Public Health roles. Whilst the current level of spend will fall over the coming months; a level of symptomatic testing will continue which is currently being modelled nationally.

## 4. Health & Social Care Partnership

4.1 Health services in scope for the Health and Social Care Partnership report a core **underspend of £3.171m**. The underspend position predominantly relates to vacancies with attempts to recruit ongoing by services. As of August 2022, only 3 months of actual General Practice Prescribing data to the end of June is available it should be noted that there has been issue nationally with the supply of data. Using that data, other available indicators and 3 years previous positive outturns, the GP Prescribing position to August is estimated to be £369k underspent equivalent to 1.2% on a £77.6m budget. In common with HB retained services, there are high usage/costs associated with medical locums and nurse bank/agency to cover vacancies, sickness and increased patient supervision requirements.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<b>Health &amp; Social Care Partnership</b>				
Fife H & SCP	376,750	151,005	147,834	3,171
<b>SUB TOTAL</b>	<b>376,750</b>	<b>151,005</b>	<b>147,834</b>	<b>3,171</b>

The Health and Social Care Partnership budget detailed above are Health budgets designated as in scope for HSCP integration, excluding budgets in respect of large hospital services, also referred to as Set Aside. The financial pressure related to 'Set Aside' services is currently held within the NHS Fife financial position. These services are currently captured within the Clinical Services areas of this report (Acute set aside £1.665m overspend to month 5). Anticipated funding from the IJB earmarked reserve is shown at Appendix 5.

## 4.2 HSCP Covid-19 spend

The Health Delegated covid spend of £3.916m to month 5, including Covid vaccine costs, will be met from the Covid-19 earmarked reserve.

## FINANCE, PERFORMANCE & RESOURCES: FINANCE

Health Delegated Covid-19 spend	Budget £'000	YTD Spend £'000	YTD Variance £'000
Community Care Services	1,459	1,459	0
Complex and Critical Services	77	77	0
Primary Care and Prevention Services	108	108	0
Professional/Business Enabling	53	53	0
Covid-19 Vaccination Costs	2,219	2,219	0
<b>Total</b>	<b>3,916</b>	<b>3,916</b>	<b>0</b>

### 5. Risks

- 5.1** The £7.5m Covid funding available to the board in 2022/23 falls short of our expected full year costs (Health Board retained and set aside Covid costs). We continue to work to mitigate this risk through a deep dive detailed review of costs, and to support services to ensure exit plans are in place, embedding necessary activities and actions within our core service delivery where practicable.
- 5.2** There is a risk around test and protect and track and trace funding where we await receipt of funding. Until funding is confirmed this remains a financial risk.
- 5.3** There remains a lack of certainty over future funding allocations which means that planning for the remainder of this financial year and beyond is particularly challenging.
- 5.4** There are a number of ongoing price increases which are globally out with our control, e.g. energy price increases; and the cost of food; and building materials. Whilst some assumptions have been made in the financial planning process, close and detailed work remains ongoing to capture and forecast the potential impact to NHS Fife.

### 6. Capital

- 6.1** The overall anticipated capital budget for 2022/23 is £33.145m. The capital position for the period to August records spend of £11.524m. Therefore, 34.77% of the anticipated total capital allocation has been spent to month 5.
- 6.2** The capital plan for 2022/23 was presented to the FP&R Committee in July and will subsequently be tabled at the NHS Fife Board. NHS Fife has assumed a programme of £33.145m detailed in the table below.

Capital Plan	£'000
Initial Capital Allocation	7,764
Elective Orthopaedic Centre	13,629
Kincardine Health Centre	856
Lochgelly Health Centre	1,228
QMH Theatres PH2	1,500
Mental Health	100
National Equipping Funding Tranche 1	1,506
HEPMA	900
Pharmacy Robot	100
Estates NIB Bid	2,720
D&I NIB Bid	1,928
National Equipping Funding Tranche 2	914
<b>Total</b>	<b>33,145</b>

NHS Fife have received £1.191m in charitable funding to support both the modernisation works associated with the VHK Hospice of £0.350m and £0.841m for the AV Theatre and Artwork for the new National Treatment Centre.

The Scottish Capital Investment Group have given approval for the Kincardine & Lochgelly Health Centres to proceed to FBC, subject to NHS Assure approval and a Benefits Realisation Addendum to the OBC.

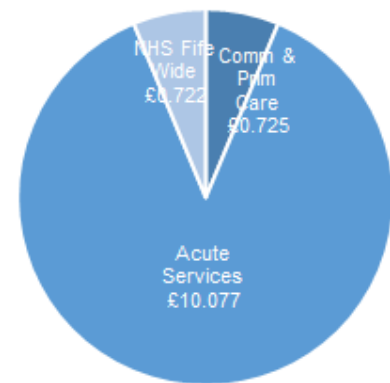
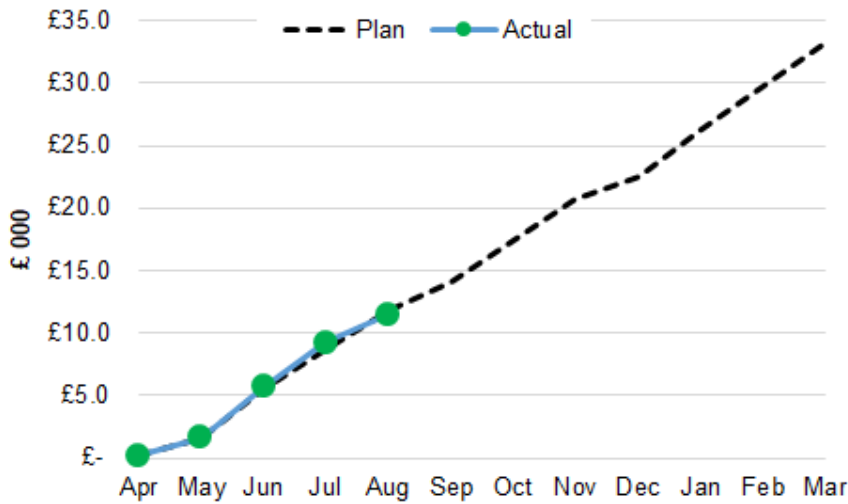
## 6.3 Capital Receipts

Work continues into the new financial year on asset sales re disposals:

- Lynebank Hospital Land (Plot 1) (North) – discussions are ongoing as to whether to remarket, there are also discussions ongoing around the potential possibility of HFS constructing a new sterilising unit for East Scotland on the site.
- Skeith Land – whilst an offer has been accepted subject to conditions for planning and access, there are concerns re key objections which may place this asset sale at risk.

## 6.4 Expenditure / Major Scheme Progress

The summary expenditure position across all projects is set out in the dashboard summary below. The expenditure to date amounts to £11.524m, this equates to 34.77% of the total anticipated capital allocation, as illustrated in the spend profile graph below.



The main areas of spend to date include:

Statutory Compliance	£1.610m
Equipment	£0.288m
Digital	£0.722m
Elective Orthopaedic Centre	£8.337m
Health Centres	£0.519m

**6.5** The capital programme is expected to deliver in full with significant activity in the final months of the year working towards a balanced capital position. Further detail on capital expenditure is detailed in Appendices 6 and 7.

## 7 Recommendation

**7.1** Members are invited to approach the Director of Finance and Strategy for any points of clarity on the position reported and are asked to:

- **Note** the reported core overspend of £14.633m
- **Note** the Health delegated core underspend position of £3.171m
- **Note** the capital expenditure spend of £11.524m.

# FINANCE, PERFORMANCE & RESOURCES: FINANCE

## Appendix 1: Revenue Resource Limit

	Baseline Recurring £'000	Earmarked Recurring £'000	Non- Recurring £'000	Total £'000	Narrative
June letter	748,855		226	749,081	
July Letter				0	
Outcomes Framework		4,520		4,520	Annual Allocation
Single point of contact		107		107	Second year of funding
Reporting Radiography - MSK			19	19	As per funding letter
Child Death Review		12		12	
DHAC Strategy			1,179	1,179	Annual Allocation
PCIF tranche 1		4,189		4,189	As per funding letter
Regional Cancer Diagnostics			416	416	As per funding letter
Cancer Waiting Times			686	686	As per funding letter
Urgent & Unscheduled Care			2,420	2,420	As per funding letter
Inequalities in access to screening			45	45	
<b>Total Core RRL Allocations</b>	<b>748,855</b>	<b>8,828</b>	<b>4,991</b>	<b>762,674</b>	
Primary Medical Services		59,263		59,263	
Mental Health Bundle		1,363		1,363	
Salaried Dental		2,090		2,090	
Distinction Awards		139		139	
Research & development		822		822	
Community Pharmacy Champions		20		20	
NSS Discovery		-40		-40	
Pharmacy Global Sum Calculation		-204		-204	
NDC Contribution		-843		-843	
Community Pharmacy Pre-Reg Training		-165		-165	
Patient Advice & Support Service		-39		-39	
FNP		1,425		1,425	
New Medicine Fund		6,683		6,683	
Golden Jubilee SLA		-25		-25	
PCIF		5,849		5,849	
Action 15 Mental Health strategy		2,121		2,121	
ADP:seek & treat		1,159		1,159	
Veterans First Point Transisition Funding		116		116	
Tariff reduction to global sum		-4,245		-4,245	
District Nurses		333		333	
ADP		920		920	
School Nurse		276		276	
Perinatal and Infant Mental Health		663		663	
Primary care development funding		30		30	
CAMHS		704		704	
National SACT Pharmacy		8		8	
Mental Health Funding Pharmacy recruitment		64		64	
Mental health & Wellbeing primary care services		105		105	
Waiting list			6,700	6,700	
Capital to Revenue			2,000	2,000	
Covid 19 Retained			7,500	7,500	
Young Peoples fund		21		21	
Band 2-4		895		895	
TAC		1,000		1,000	
ICU		799		799	
Best Start			79	79	
Midwife Training			7	7	
NSD etc		-4,533		-4,533	
Test & protect			4,559	4,559	
Additional Pay Award	8,513			8,513	
Depreciation			1,420	1,420	
Digital & Information Funding			550	550	
Sars CoV2 Variant & Mutations			178	178	
	8,513	76,774	22,993	108,280	
	<b>757,368</b>	<b>85,602</b>	<b>27,984</b>	<b>870,954</b>	
IFRS			8,516	8,516	
Donated Asset Depreciation			137	137	
Impairment			500	500	
AME Provisions			500	500	
<b>Total Anticipated Non-Core RRL Allocations</b>	<b>0</b>	<b>0</b>	<b>9,653</b>	<b>9,653</b>	
<b>Grand Total</b>	<b>757,368</b>	<b>85,602</b>	<b>37,637</b>	<b>880,607</b>	

## Appendix 2: Service Agreements

	Annual Budget	YTD Budget	YTD Spend	YTD Variance
	£'000	£'000	£'000	£'000
<b>Health Board</b>				
Ayrshire & Arran	101	42	41	1
Borders	47	19	24	-5
Dumfries & Galloway	26	11	24	-13
Forth Valley	3,311	1,380	1,530	-150
Grampian	374	156	117	39
Greater Glasgow & Clyde	1,724	718	698	20
Highland	141	59	85	-26
Lanarkshire	120	50	90	-40
Lothian	32,822	13,676	13,917	-241
Scottish Ambulance Service	105	44	29	15
Tayside	41,258	17,191	18,115	-924
	<b>80,029</b>	<b>33,346</b>	<b>34,670</b>	<b>-1,324</b>
<b>UNPACS</b>				
Health Boards	14,214	5,923	5,203	720
Private Sector	799	333	611	-278
	<b>15,013</b>	<b>6,256</b>	<b>5,814</b>	<b>442</b>
OATS	740	308	301	7
Grants	65	65	67	-2
<b>Total</b>	<b>95,847</b>	<b>39,975</b>	<b>40,852</b>	<b>-877</b>

## Appendix 3: Financial Flexibility

	Flexibility Released to August-22	
	£'000	£'000
Drugs :NMF	909	
Junior Doctor Travel	36	4
Consultant increments	251	105
Discretionary Points	268	
AME impairments	500	
AME Provisions	803	
Prior Years Approved Developments, National Initiatives	3,090	592
Health Retained 22-23 Uplifts	15,164	
Cost pressures 22-23	3,794	
Allocations to be distributed	13,510	
<b>Total</b>	<b>38,325</b>	<b>701</b>

# FINANCE, PERFORMANCE & RESOURCES: FINANCE

## Appendix 4: Detailed Cost Improvement Plans

Area	Plan	Current Year Target	Year to Date Target	Year to Date Achieved	Year to Date Variance
		£'000	£'000	£'000	£'000
PCD	Instruments & Sundries	1,000	277	312	35
PCD	Investment in Theatres Procurement / Cost Reduction	500	111	72	(39)
PCD	Repatriation of Radical Prostatectomy	205	0	0	0
WCCS	Travel & Printing	60	25	30	5
WCCS	Managed Service Contract for Labs	425	177	115	(62)
WCCS	Skill Mix Review	50	21	16	(5)
ECD	Pirfenidone / Nintedanib	40	17	17	0
ECD	Patent Expiry / Homecare	160	48	0	(48)
WCCS	Community Paediatric Drugs	20	8	8	0
Acute	Reduction in Non Core Staffing	2,000	444	215	(229)
WCCS	Vacancy Release	210	88	83	(5)
Pharmacy	Medicines Efficiency, PAS Rebates, Contract Changes	700	197	207	10
P&I	Major Contract Review	250	0	0	0
P&I	Property Maintenance Minor Works Team	100	0	0	0
P&I	Energy Savings - NDEE Project	150	0	0	0
P&I	Rates Review	500	500	503	3
P&I	Roster Review	250	0	0	0
P&I	Terminate Lease for Evans Business Park	80	80	80	0
P&I	Grip and Control	402	402	402	0
All	Vacancy Factor	1,183	494	68	(426)
All	Financial Grip & Control	3,415	1,423	500	(923)
	<b>Total</b>	<b>11,700</b>	<b>4,312</b>	<b>2,628</b>	<b>(1,684)</b>

## Appendix 5: Anticipated Funding from Health Delegated Earmarked Reserve

	2021/22 Earmarked Reserve	May-22	Jun-22	Jul-22	Aug-22
	£'000	£'000	£'000	£'000	£'000
Covid-19 earmarked reserve	33,522	620	327	379	364
Vaccine	2,472	1,053	472	330	372
ADP (from Core)	1,700				
Primary Care Improvement Fund	6,585		145	18	1
Care homes	817		41	15	599
Urgent Care Redesign	950	139	110	105	87
Action 15	1,791				
RT Funding	1,500				
District Nurses	213				
Fluenz	18				
Mental Health Recovery & Renewal	3,932	100	122		63
Workforce Wellbeing	244				
Budival	213				
Child Healthy Weight	23				
Acceleration of 22/23 MDT recruitment	300				
Multi Disciplinary Teams	1,384				
GP Premises	430				
Afghan Refugees	47				
Dental Ventilation	669		72		5
Interface care	170			30	
Core general reserve	4,125		127	98	470
Core underspend	3,550				
<b>TOTAL</b>	<b>64,655</b>	<b>1,912</b>	<b>1,416</b>	<b>975</b>	<b>1,961</b>

# FINANCE, PERFORMANCE & RESOURCES: FINANCE

## Appendix 6 : Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2022/23 £'000
<b>COMMUNITY &amp; PRIMARY CARE</b>			
Clinical Prioritisation	67	27	67
Statutory Compliance	354	166	354
Capital Equipment	229	13	229
Condemned Equipment	0	0	0
<b>Total Community &amp; Primary Care</b>	<b>650</b>	<b>206</b>	<b>650</b>
<b>ACUTE SERVICES DIVISION</b>			
Statutory Compliance	2,041	1,444	2,041
Capital Equipment	1,019	236	1,019
Clinical Prioritisation	67	21	67
Condemned Equipment	14	6	14
QMH Theatre	734	0	734
<b>Total Acute Services Division</b>	<b>3,875</b>	<b>1,707</b>	<b>3,875</b>
<b>NHS FIFE WIDE SCHEMES</b>			
Equipment Balance	160	0	160
Information Technology	877	722	877
Clinical Prioritisation	115	0	115
Statutory Compliance	1	0	1
Condemned Equipment	86	0	86
Fire Safety	0	0	0
Scheme Development	0	0	0
Vehicles	0	0	0
Capital to Revenue Transfer	2,000	0	2,000
<b>Total NHS Fife Wide Schemes</b>	<b>3,238</b>	<b>722</b>	<b>3,238</b>
<b>TOTAL CAPITAL ALLOCATION FOR 2022/23</b>	<b>7,764</b>	<b>2,636</b>	<b>7,764</b>
<b>ANTICIPATED ALLOCATIONS 2022/23</b>			
QMH Theatres PH2	1,500	0	1,500
Kincardine Health Centre	856	216	856
Lochgelly Health Centre	1,228	303	1,228
Mental Health Review	100	0	100
Elective Orthopaedic Centre	13,629	8,337	13,629
National Equipping Tranche 1	1,506	33	1,506
HEPMA	900	0	900
Pharmacy Robot	100	0	100
Estates NIB Bid	2,720	0	2,720
D&I NIB Bid	1,928	0	1,928
National Equipping Tranche 2	914	0	914
<b>Anticipated Allocations for 2022/23</b>	<b>25,381</b>	<b>8,889</b>	<b>25,381</b>
<b>Total Anticipated Allocation for 2022/23</b>	<b>33,145</b>	<b>11,524</b>	<b>33,145</b>



# FINANCE, PERFORMANCE & RESOURCES: FINANCE

## Appendix 7: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2022/23	Pending Board Approval	Cumulative Adjustment to July	August Adjustment	Total August
Routine Expenditure	£'000	£'000	£'000	£'000
<b>Community &amp; Primary Care</b>				
Capital Equipment	0	229	0	229
Condemned Equipment	0	0	0	0
Clinical Prioritisation	0	67	0	67
Statutory Compliance	0	346	8	354
<b>Total Community &amp; Primary Care</b>	<b>0</b>	<b>642</b>	<b>8</b>	<b>650</b>
<b>Acute Services Division</b>				
Capital Equipment	0	927	92	1,019
Condemned Equipment	0	19	-5	14
Clinical Prioritisation	0	67	0	67
Statutory Compliance	0	1,890	151	2,041
QMH Theatre	734	0	0	734
	<b>734</b>	<b>2,903</b>	<b>238</b>	<b>3,875</b>
<b>Fife Wide</b>				
Backlog Maintenance / Statutory Compliance	2,396	-2,236	-159	1
Fife Wide Equipment	1,407	-1,155	-92	160
Digital & Information	877	0	0	877
Clinical Prioritisation	250	-135	0	115
Condemned Equipment	100	-19	5	86
Capital to Revenue Transfer	2,000	0	0	2,000
Fife Wide Fire Safety	0	0	0	0
Fife Wide Vehicles	0	0	0	0
<b>Total Fife Wide</b>	<b>7,030</b>	<b>-3,546</b>	<b>-246</b>	<b>3,238</b>
<b>Total Capital Resource 2022/23</b>	<b>7,764</b>	<b>0</b>	<b>0</b>	<b>7,764</b>

<b>ANTICIPATED ALLOCATIONS 2022/23</b>				
QMH Theatres PH2	1,500	0	0	1,500
Kincardine Health Centre	856	0	0	856
Lochgelly Health Centre	1,228	0	0	1,228
Mental Health Review	100	0	0	100
Elective Orthopaedic Centre	13,629	0	0	13,629
National Equipping Tranche 1	1,506	0	0	1,506
HEPMA	900	0	0	900
Pharmacy Robot	100	0	0	100
Estates NIB Bid	2,720	0	0	2,720
D&I NIB Bid	1,928	0	0	1,928
National Equipping Tranche 2	914	0	0	914
<b>Anticipated Allocations for 2022/23</b>	<b>25,381</b>	<b>0</b>	<b>0</b>	<b>25,381</b>

<b>Total Planned Expenditure for 2022/23</b>	<b>33,145</b>	<b>0</b>	<b>0</b>	<b>33,145</b>
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<b>Meeting:</b>	<b>Finance, Performance and Resources Committee</b>
<b>Meeting date:</b>	<b>15 November 2022</b>
<b>Title:</b>	<b>Financial Improvement and Sustainability Programme Progress Report</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance</b>
<b>Report Author:</b>	<b>Maxine Michie, Deputy Director of Finance</b>

## 1 Purpose

### **This is presented for:**

- Assurance

### **This report relates to:**

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

- Safe
- Effective
- Person Centred

## 2 Report Summary

### 2.1 Situation

This paper outlines the progress to date of the Financial Improvement and Sustainability Programme.

### 2.2 Assessment

At its November 2022 meeting, the Financial Improvement and Sustainability Board (FIS) received an update on the status of the FIS Programme at the end of September as described by the Performance Dashboard at Appendix 1.

By the end of September cost improvement plans (CIP) of £5.516m were planned with £3.461m achieved, resulting in slippage of £2.055m. Recurring CIPs achieved totalled £1.438m, equivalent to 12% of the full year target. At the end of September, following a deep dive review of all cost improvement targets the indicative risk to the total target of £11.7m is £2.2m as highlighted in the dashboard at Appendix 1. However, work continues to identify and accelerate other schemes through the pipeline process with schemes totalling £0.700m currently identified to be delivered in the current financial year. Review

of all spend areas and opportunities including Balance Sheet flexibility remains ongoing to ensure the current level of risk identified can be mitigated by the end of the financial year.

The total risk to the FIS programme of £2.2m is primarily due to the challenges in reducing Supplementary staffing and Procurement savings as highlighted in previous reports.

#### Approved Cost Improvement Plans - Position at 30 September 2022

Budget Area	Current Year Target £'000	Year to Date Target £'000	Year to Date Achieved £'000	Year to Date Variance £'000
Acute	5,752	2,426	1,103	-1,323
Estates & Facilities	1,652	902	906	4
Corporate	4,296	2,188	1,452	-736
<b>Total</b>	<b>11,700</b>	<b>5,516</b>	<b>3,461</b>	<b>-2,055</b>

Two pipeline schemes with a value of £0.586m were approved at the FIS November meeting and have now proceeded to implementation stage.

The high level of vacancies and continued service pressures within unscheduled care services are making it difficult to reduce the spend on supplementary staffing. However, a deep dive of bank and agency use is underway to confirm reductions on supplementary staffing spend linked to the recruitment of senior medical staff in the second part of the financial year and the impact of International Recruitment, Newly Qualified Nurses and B4 posts on the supplementary staffing run rate. It is estimated £0.500m will be saved as a result of proactive recruitment across both medical and nursing workforces.

The procurement target is challenged by increasing inflation rates with National Procurement working hard to keep prices increases to a minimum. Despite this challenge a number of opportunities are being pursued eg working with the Board's VAT consultant to ensure all VAT is reclaimed and we have now terminated the arrangement with the third party responsible for Direct engagement with Medical Agency Locums, saving circa £240k per annum.

The SPRA process for 2023/24 is underway with several workshops in place to provide support and guidance to directorates. Already early discussion has taken place indicating potential opportunities for the coming financial year. The recently completed mid-year financial review encourages services to accelerate potential cost improvement schemes to support the identified risk in the current financial year. Services are also being encouraged to deliver cost improvements on a recurring basis as much as possible to mitigate the level of cost improvements which will be required in financial year 2023/24.

A summary by Senior Responsible Officer (SRO) of the status of approved plans is detailed in Appendix 2

## 2.4 Recommendation

This paper is presented to the Committee for:

- Assurance

## **Report Contact**

### **Maxine Michie**

Deputy Director of Finance  
maxine.michie @nhs.scot

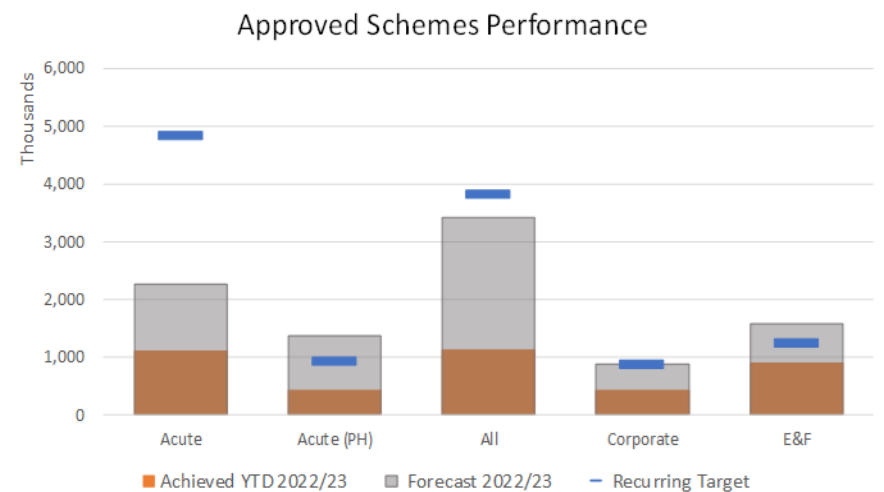
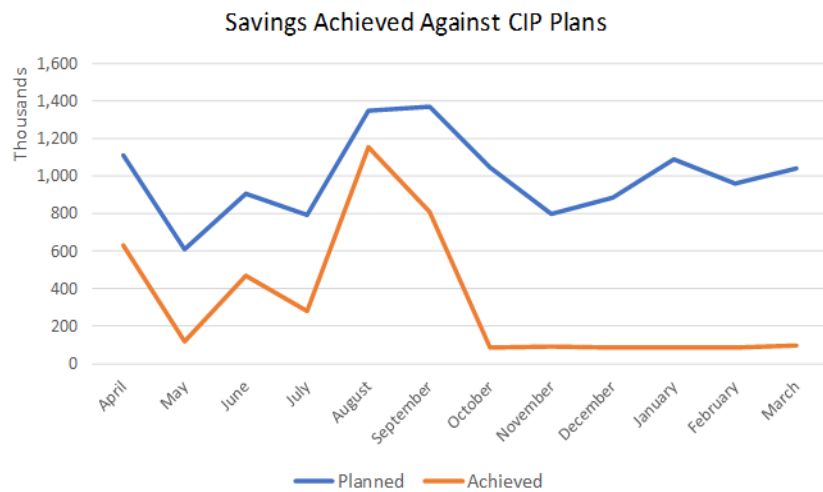
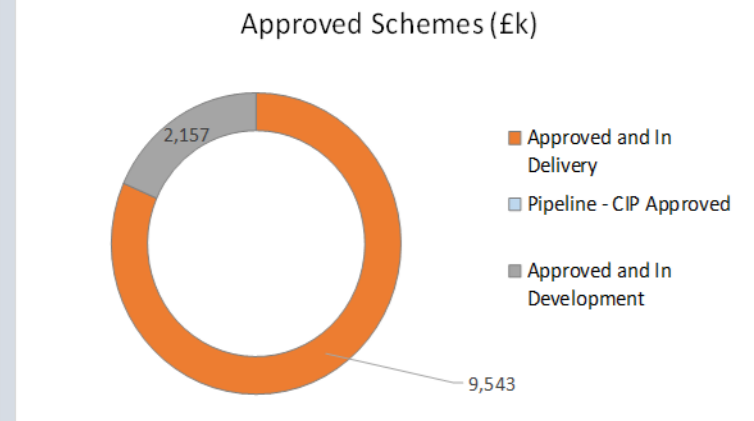
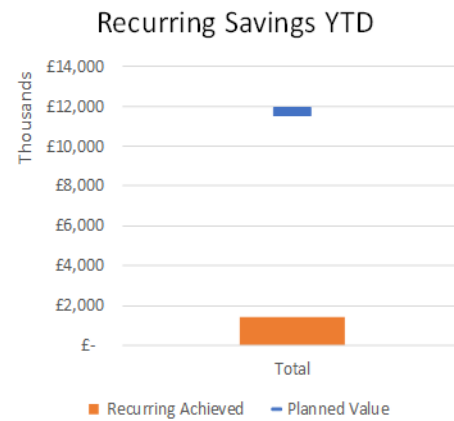
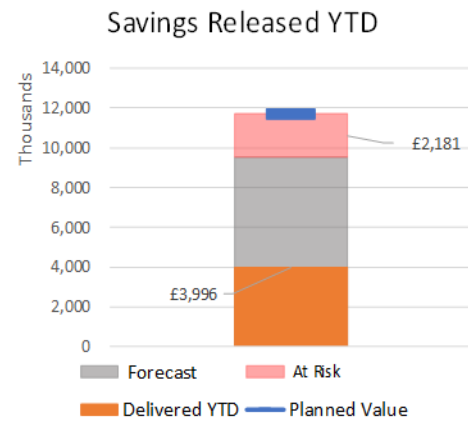
### **Appendices:**

Appendix 1: FIS Performance Dashboard

Appendix 2: Detail Assessment of CIPs by SRO

# Schemes Performance Dashboard

Sep-22



## Appendix 2

### Acute Schemes- Update

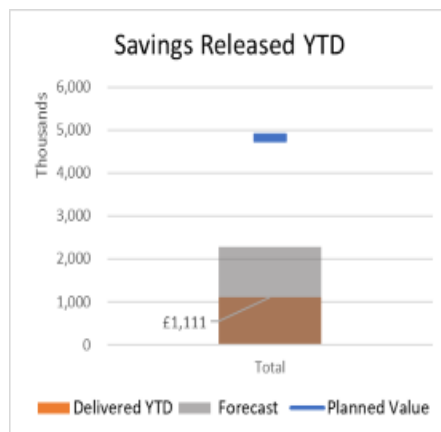
Total target Including Vacancy Factor- £4,832k

Total budget released to date against the target £1,111k.

Outstanding Target- £3,721k

Main Risks:

- Supplementary Staffing (Target £2m)
- Procurement, Instruments and Sundries (Target £1.5m)



### Pharmacy- Update

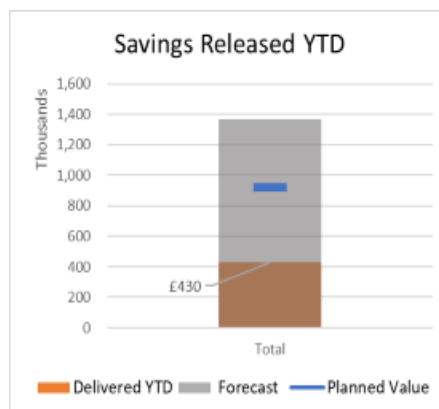
Total Target- £920k

Forecast - £1,369k

Total budget released to date against the target £430k

Outstanding Target- £490k

Overall pharmacy is expected to deliver above the original plan offsetting slippage across other areas in acute.



## Estates and Facilities Update

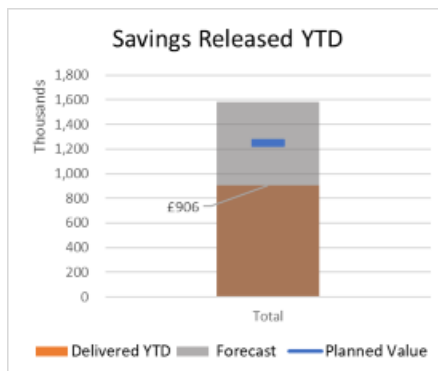
Original Target- £1,250k

Additional £402k identified to offset part of the Grip and Control target

Total budget released to date against the target £906k

Outstanding Target- £747k

The remaining schemes are due to deliver in the second part of the financial year.



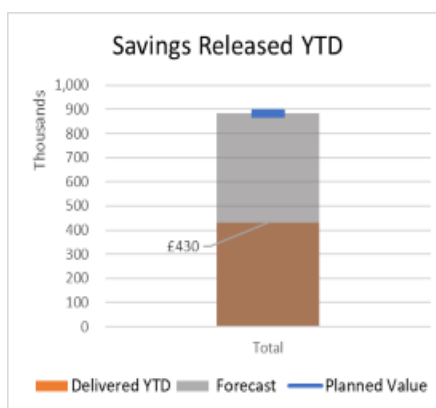
## Corporate Savings Update

Total Target- £883k

Total budget released to date against the target £430k

Outstanding Target- £453k

Additional Vacancy Factor savings were released in September with the remaining target still forecasted to be achieved by the end of the year.



# Financial Grip and Control & SLA - Update

Original Grip & Control & SLA target - £3,815k

Remaining to be identified - £2,294k. Additional savings within E&F offset part of the original balance (£402k).

Department	Scheme Detail	R/ NR	Risk	Original Plan	22/23 Planned Total	Budget Released YTD	Outstanding	Forecast 2022/23
<b>All</b>	Financial Grip and Control	<b>R</b>	<b>L</b>	2,000	479	0	479	479
<b>Finance</b>	Review of PECOS Purchase Orders (Grip and Control Target)	<b>NR</b>	<b>L</b>		1,120	1,120	0	1,120
				2,000	1,598	1,120	479	1,598
<b>Estates</b>	PFI Insurance - SACH (target from grip and control)	<b>NR</b>	<b>L</b>	0	61	61	0	61
	PFI Insurance - VHK (target from grip and control)	<b>NR</b>	<b>L</b>	0	128	128	0	128
	RHI Payment Ofgem Rebata (target from grip and control)	<b>NR</b>	<b>L</b>	0	213	213	0	213
				0	402	402	0	402
				2,000	2,001	1,522	479	2,001

Department	Scheme Detail	R/ NR	Risk	Original Plan	22/23 Planned Total	Budget Released YTD	Outstanding	Forecast 2022/23
<b>Service Level Agreement</b>	SLA Savings	<b>R</b>	<b>M</b>	1,815	1,815	0	1,815	1,815



<b>Meeting:</b>	<b>Finance Performance &amp; Resources Committee</b>
<b>Meeting date:</b>	<b>15 November 2022</b>
<b>Title:</b>	<b>2022/23 Financial Position – Mid Year Review</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance</b>
<b>Report Author:</b>	<b>Maxine Michie, Deputy Director of Finance</b>

## 1 Purpose

**This is presented to the committee for:**

- Assurance

**This report relates to a:**

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

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

- Safe
- Effective
- Person Centred

## Report summary

## 2 Situation

- 2.1 The purpose of this paper is to consider the projected 2022/23 financial outturn based on the August reported financial position and actions required to ensure delivery of the planned position as identified in the board's approved financial plan submitted to Scottish Government in March 2022.

## 3 Background

- 3.1 The NHS Fife financial plan approved in March 2022 identified a recurring financial gap in 2022/23 of £24.1m, this to be managed in-year through approved cost improvement plans of £11.7m and a capital to revenue transfer of £2m resulting in a residual financial gap of £10.4m. These planning assumptions were reinforced in the letter received from Scottish Government dated 12 September which emphasised the requirement to deliver the £10.4m position, including the cost impact of Covid, as a minimum.

## 4 Assessment

### Key issues creating risks to the delivery of the year-end planned position

- 4.1 The approved financial plan anticipated the board would be overspent against budget at the end of August by £4.3m (5 months of the £10.4m deficit) however the reported overspend has been confirmed as £14.7m. This means that at the end of August, the board is £10.4m behind plan. The main factors driving this level of overspend are as follows:

At 31 August 2022	£m
2022/23 Financial Gap	4.3
Unfunded Covid expenditure (includes Surge Ward)	3.9
Slippage in CIP	1.6
Acute Services (excl CIPS)	4.9
Non Fife Healthcare Providers	0.8
Financial Flexibility / Corporate	-0.8
<b>Health Retained Overspend</b>	<b>14.7</b>

- 4.2 A range of issues have contributed to the financial position reported after 5 months of the year. Significant cost improvement work continues at both a local and national level and SG have confirmed any funding support required by boards in this financial year will be in the form of brokerage to be repaid in later years. The national financial position is extremely challenging given the absence of Covid funding previously received from the UK government and the ongoing negotiations on a pay settlement for Agenda for Change staff.
- 4.3 Ongoing high levels of activity across unscheduled care continues to create financial pressure on core budgets.
- 4.4 Challenging service pressures along with workforce fatigue is impacting on the ability to deliver on cost improvement plans.
- 4.5 Uncertainty remains in relation to outstanding funding allocations from Scottish Government. Moreover, the health and Social Care portfolio are conducting an emergency budget review during October which could adversely impact allocations.

### Year-end Forecast Position Following MYR

- 4.6 Taking account of current spending trends, confirmed funding allocations and all other available relevant information, the forecast outturn for Health retained services at the end of March 2023 in the absence of any actions to mitigate costs is an overspend of £21.9m. This includes the planned financial deficit of £10.4m and further cost pressures of £11.5m. This is clearly well in excess of our agreed position with the Board and SG and as such a series of planned mitigations are proposed.

	YTD Variance August 2022 £'000	Year-end Projected Outturn £'000
<b>NHS Services (incl Set Aside)</b>		
<b><u>Clinical Services</u></b>		
Acute Services Division	-5,418	-8,490
IJB Non-Delegated	43	95
Non-Fife & Other Healthcare Providers	-877	-3,298
<b><u>Non Clinical Services</u></b>		
Estates & Facilities	-155	-86
Board Admin & Other Services	138	561
<b><u>Other</u></b>		
Financial Flexibility & Allocations	701	6,384
Income	57	100
Grip and Control	-922	-2,132
<b>Sub-total Core position</b>	<b>-6,433</b>	<b>-6,866</b>
Financial Gap	-4,337	-10,408
<b>HB Surge Capacity</b>	<b>-1,490</b>	<b>-2,864</b>
<b>HB Covid costs in excess of Funding Cap</b>	<b>-2,403</b>	<b>-1,764</b>
<b>Financial Plan Forecast Deficit</b>	<b>-14,663</b>	<b>-21,902</b>

4.7 In arriving at this forecast, current spending patterns and seasonal variations have been acknowledged. Assumptions have been made on the receipt of anticipated allocations from SG on the basis advised by SG and all cost improvement targets are assumed to be delivered by the financial year end.

4.8 Like all boards we face several risks which could have a further detrimental impact on our forecast outturn providing further significant challenge should they occur. These include any financial consequence for the board of the final pay settlement for Agenda for Change Staff, the continuing uncertainty around Scottish Government allocations, high inflation costs and a challenging winter.

#### **Acute Services**

4.9 The 2022/23 financial plan acknowledged significant existing cost pressure of £19.9m within Acute Services which was fully funded in the financial plan and driven in the main by increased costs in relation to Medicines, delivering against Safe Staffing Legislation and significantly high levels of spend on supplementary staffing. These cost pressures were validated through the SPRA process and Acute Services recognised opportunities to drive out efficiencies and achieve a balanced financial position which was assumed deliverable in reaching the approved financial plan.

4.10 Although the prevalence of Covid 19 within the community is much reduced, the Acute Services Directorate continues to experience significant increases in demand and higher

acuity than pre-pandemic levels. This increase in activity is also driving increased lengths of stay and creating challenges to flow within the hospital and the HSCP. At the end of August, Acute Services is reporting an adverse budget variance of £5.4m, made up of £4.9m financial pressures plus slippage in FIS cost improvement plans of £0.5m. The key financial pressures are detailed below.

- 4.11 The financial position reflects ongoing capacity and staffing pressures, increases in drug costs, increasing robotics surgical instruments and sundries costs and unfunded waiting times commitments.
- 4.12 The overspend in medical staffing budgets highlights the additional cost of temporary agency spend to cover numerous vacancies and maternity leave across several services. Moreover, the additional costs arising from noncompliance on Junior Doctors rotas has further exacerbated the position.
- 4.13 Despite additional funding including the New Medicines funding allocated to acute medicines budgets the spend on drugs continues to grow, most notably within Haematology. The rate of growth at circa 12% reflects both cost and demand and is an issue common to all health boards.
- 4.14 Whilst progress has been achieved, Acute Services are behind on their cost improvement plan delivery by just under £0.5m at the end of August. Primarily, slippage is in relation to the reduction in supplementary staffing and maximising procurement opportunities. Both targets have been affected by the significant capacity and workforce challenges across the VHK site along with high levels of inflation. However, despite these challenges inroads have been made to both targets and work continues to drive out more opportunities. It is assumed all CIPs will be delivered by the end of March.
- 4.15 The surgical instruments and sundries overspend including Robotics reflects the growth in spend on Diabetic pumps, unfunded instruments/sundries for robotic surgery as well as several other spend areas with small cost pressures.
- 4.16 During September, the board received notification of its planned care allocation for 2022/23 of £8.6m which is significantly less than the bid NHS Fife submitted to Scottish Government. The bid was to cover the recurring costs of the waiting times improvement plan agreed in 2018 and the specific work agreed with the Scottish Government and proposed earlier in the year to deliver the long waits targets. The financial implications of this gap in funding have been included in the forecast outturn for Acute services at £1m.

#### **Health Board Retained Covid Costs in Excess of Funding Cap & Surge Activity**

- 4.17 We have been formally advised that there is a non-negotiable cap on the Health Board Covid-19 funding of £7.5m for 2022/23. All Boards are requested to disclose any overspend beyond the funding cap as part of their core position. High inflation levels and service pressures indicate that the available funding is not sufficient to cover the costs of managing the forecast level anticipated. We are working with the HSCP to determine the availability of a system wide response to this challenge revisiting the IJB reserve position beyond that which relates to the Covid reserve.
- 4.18 The setting of the cap on Covid 19 funding at £7.5m by SG has added an additional £4.7m of cost to be managed by the end of the financial year. These additional costs fall into 2 main categories; Covid general costs at £1.8m and Covid surge activity costs at £2.9m.

### **Health Board Covid General Costs**

- 4.19 There are a range of direct and ongoing costs associated with Covid including additional workforce, medicines, estates and facilities and cleaning costs. Covid expenditure is closely monitored and all opportunities to reduce spend are regularly discussed with the service particularly as national guidance on Covid changes. Costs have been reducing and it is anticipated further expedition of cost reduction can be achieved and is essential to minimise the additional costs of Covid this year and also into 2023/24. The recommendation is that a system wide responsibility to manage the Covid costs in excess of the in-year allocation be determined.

### **Health Board Covid Surge Capacity**

- 4.20 There are significant unfunded costs for Ward 6 and other surge beds and the costs of additional resources deployed to other wards/clinical areas required to support surge activity across the hospital. For 2020/21 and 2021/22 these costs were accounted for as Covid expenditure. However, the Covid funding cap means this expenditure is now an overspend against our available Covid budget. Surge activity costs are forecast to be £2.9m by the end of March and include all staffing, supplies costs and facilities support costs.
- 4.21 This paper recommends a system wide responsibility to cover all Covid costs in excess of the Covid funding cap. In October 2021, SG allocated additional winter monies and £8m was allocated to Fife to fund interim care beds, multi-disciplinary teams etc, to reduce delayed discharge and improve hospital flow. Despite good progress within the partnership it will take time to deliver the full infrastructure and services required. Positive discussions are underway with the IJB Chief Finance Officer to access this funding and other appropriate funding streams to cover the cost of surge activity which is predicted to remain for the full financial year as we await the service developments being implemented within the partnership.

### **External Healthcare Provider Costs**

- 4.22 Budgets for health care delivered by external providers are also experiencing significant financial pressure, £0.9m overspent at the end of August and year end projection of £3.2m. In 2021/22 the non-Fife healthcare delivery was £3.1m overspent. This was after the benefit of Cystic Fibrosis rebates which also included prior year figures. At the beginning of the financial year, we increased this budget by £3m in line with the approved financial plan.
- 4.23 Despite the allocation of the additional £3m above, the position this year is indicating a further overspend of £3.2m based on all known information at August. The main drivers for this adverse variance include an anticipated additional inflationary uplift of 0.63% to all SLAs to reflect increased energy costs which as yet has not been ratified by the national Directors of Finance group. There is also an increase in activity within Lothian & Tayside for mental health patients and substance misuse with Tayside. There has also been increase in OATS compared with last year. However, this outturn can be subject to change dependent on the outcome of the marginal cost model of the SLA with NHS Lothian.
- 4.24 SLAs/Contracts with external healthcare providers for specialist mental health services are currently being discussed with the IJB Chief Finance Officer with the view establishing whether both budgets and spend should be delegated to the partnership.

### **FIS Programme Cost Improvement Plans**

- 4.25 At the end of August, the Cost Improvement Plans (CIPs) are £1.6m behind target, £0.9m on Grip and Control, £0.5m Acute Services and others of £0.2m. The forecast outturn assumes all CIPs will be delivered at the financial year end. Where plans are slipping pipeline schemes are being identified and are currently being worked up to come forward to

the FIS Programme Board for approval to move to implementation. Whilst the final cost improvements delivered may differ in some respects from the approved schemes, all Senior Responsible Officers are working toward delivering CIPs totalling £11.7m in year and on a sustainable basis wherever possible.

### Mitigating Actions

- 4.26 Several options have been identified to manage the forecast outturn and deliver the approved financial plan outturn. The first table describes mitigating action in relation to SLA costs, Covid costs in excess of the funding cap and also the current forecast in relation to Surge capacity to the year-end. Whilst early and positive conversations have taken place with the partnership CFO, this will require full IJB consideration and approval. If agreed these actions would reduce the forecast overspend from £21.9m to £16.3m.

Action Plan Phase 1		
SLA's Mental Health / Primary Care		1,000
System wide responsibility Excess Covid costs		1,764
System wide responsibility Surge Capacity		2,864
Subtotal of Mitigating Actions		5,628
<b>Financial Plan Forecast Deficit Post Mitigation Phase 1</b>		<b>-16,274</b>

The second table sets out a number of areas being pursued to support the pressure on Acute Services (other than Surge costs) and the overall financial position.

Action Plan Phase 2		
Further rephasing of programmes to reduce in-year costs		?
Directorate commitment to reduce overspending		?
Additional CIPs		?
Revenue to Capital Opportunities		?
ADEL Allocation Review		?
Balance Sheet Review		?
NIC Reduction		?
Subtotal of Mitigating Actions		-5,874
<b>Financial Plan Forecast Deficit Post Mitigation Phase 2</b>		<b>-10,400</b>

This table highlights that if all the actions identified in Phase 1 of the Action Plan are successfully taken forward the board would still require further mitigating actions of £5.9m to deliver the previously approved financial plan. It is critical that both Action plans proposed are considered and supported by EDG.

## 5. Quality/ Patient Care

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

## 6. **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.

## 7. **Financial**

The report sets out the financial position and impact in detail.

## 8. **Risk Assessment/Management**

The Corporate Risk Register new process is now in place and a planned deep dive on the in-year financial position is proposed for EDG through this report and then to Finance, Performance & Resources Committee in November.

## 9. **Equality and Diversity, including health inequalities**

Effective financial planning, allocation of resources and in-year management of costs includes the appropriate equality and diversity impact assessment process.

## 10. **Other impact**

N/A.

## 11. **Communication, involvement, engagement and consultation**

Appropriate communication, involvement, engagement and consultation within the organisation and with key external stakeholders is integral to the NHS Fife financial planning, allocation of resources and in-year management of costs processes.

## 12. **Route to the Meeting**

This paper is presented to EDG in advance of discussion at other groups.

## 13. **Recommendation**

The committee is invited to:

- Take assurance from the financial position projections as set out following the detailed MYR of the financial position.
- Take assurance from the Action Plan Phase 1 to support mitigation of the position.
- Take assurance from the Action Plan Phase 2 to support further mitigation of the position.

## 2 **List of appendices**

None

### **Report Contact**

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# NHS Fife

<b>Meeting:</b>	<b>Finance Performance and Resources Committee</b>
<b>Meeting date:</b>	<b>15 November 2022</b>
<b>Title:</b>	<b>Annual Delivery Plan (ADP) 2022/23</b> Update to September 2022
<b>Responsible Executive:</b>	<b>Margo McGurk</b> Director of Finance and Strategy
<b>Report Author:</b>	<b>Susan Fraser</b> Associate Director of Planning and Performance

## 1 Purpose

This is presented to Committee for:

- Assurance

**This report relates to the:**

- Annual Delivery Plan 2022/23

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

- Safe
- Effective
- Person Centred

## 2 Report Summary

### 2.1 Situation

This paper reports the status update as at end of September for deliverables submitted as part of the Annual Delivery Plan (ADP) for 2022/23. This was requested in ADP feedback letter received by Scottish Government on 21 September 2022.

### 2.2 Background

The Annual Delivery Plan (ADP) for 2022/23 was submitted to Scottish Government at the end of July, including Deliverable Template with status as at end of June. Request for September update was received on 21 September 2022 with schedule in place for further updates that will be required for December and March.

The update for status at end of September, which included incorporating key actions for winter, was submitted to Scottish Government on 28 October 2022.

## 2.3 Assessment

EDG agreed to review the current presentation of this report at a recent meeting and will develop this for the next iteration.

### Key achievements and **challenges/barriers to progress**

#### Workforce

- Three-Year Workforce Plan is in the process of being published in December 2022
- Staff Health & Wellbeing Framework will be presented to Staff Governance Committee in November 2022
- Multi-disciplinary team has been established to deliver a range of workplace and related staff support services
- Recruitment of Band 2 to 4 Nursing & Midwifery roles has been increased
- Latest phase of our East Region Recruitment Shared Service model implementation has been completed
- e-Rostering implementation programme has commenced

#### Recovery and Protection of Planned Care

- Two year wait target for Outpatients will be met
- Routine, longer wait inpatient cases are able to be prioritised on the QMH site
- NTC Fife Orthopaedics expected to be operational on time
- Work is ongoing with specialities to optimise the CfSD driven tools, specifically ACRT and PIR
- The Maggie's Prehabilitation pilot has been rolled out in Fife
- Funding for Rapid Cancer Diagnosis Services has been confirmed for 2022/23
- 2 CT scanners being replaced without loss of activity due to the presence of a mobile CT unit
- **Recovery plan funding not sufficient to deliver the agreed plan levels**
- **Complex TTG cases prioritisation is challenged on VHK due to urgent cases**
- **Activity continues to be restricted due to unscheduled care pressures**
- **Fife allocation of additional capacity to NTC has been reduced**
- **Lack of revenue funding for an additional CT scanner**

#### Stabilising and Improving Urgent and Unscheduled Care

- High Impact Change Areas of focus for Fife have been identified
- Utilising data to better understand the pressures on our system, to target change ideas that will have the biggest impact prior to winter
- Testing of Emergency Nurse Practitioners supporting redirections to Minor Injuries at QMH is showing increased attendances through this pathway
- Initial feedback on the vision of Home First model, from engagement events, has been positive
- Through the continued implementation of the GMS contract (2018), we have been able to increase the wider multi-disciplinary support to all practices across Fife
- **Overall attendances to the Emergency Department VHK remain high**
- **Low discharge profile within the VHK**
- **Ongoing impact of the workforce challenges**

#### NHS Dental Services

- Public Dental Service has fully remobilised all aspects of care and epidemiology
- **General Anaesthetic service for children is still limited by anaesthetic availability from the acute unit**
- **No practices across Fife are taking on new patients**

## Mental Health Transition and Recovery Plan

- Development of a CAMHS Urgent Response Team for young people is on track
- CAMHS additional workforce to ensure capacity to meet demand is approximately 92% complete
- Perinatal and Infant Mental Health service has transitioned to the management of CAMHS
- Regional workgroups established to address those elements of the national service specification for CAMHS
- Recruitment has been successful within Psychology General Medical Service in Clinical Health
- Medication Assisted Treatment (MAT) Standards 1 to 5 implementation plan is progressing
- Workplan developed to deliver tier 1 and 2 interventions for MAT Standards 6 and 10.
- Commissioned 3rd sector organisation provides peer support for patients with dementia across 6 meeting centres at various locations across Fife
- Tests of change have been established through the governance of the Neurodevelopmental Strategic Oversight Group
- Service plan has been developed for Fife HSCP Eating Disorder Service
- Proposal developed for locality based Mental Health and Wellbeing hubs
- **Recruitment has been challenging in some areas of Psychology with posts requiring to be readvertised**

## Supporting and Improving Social Care

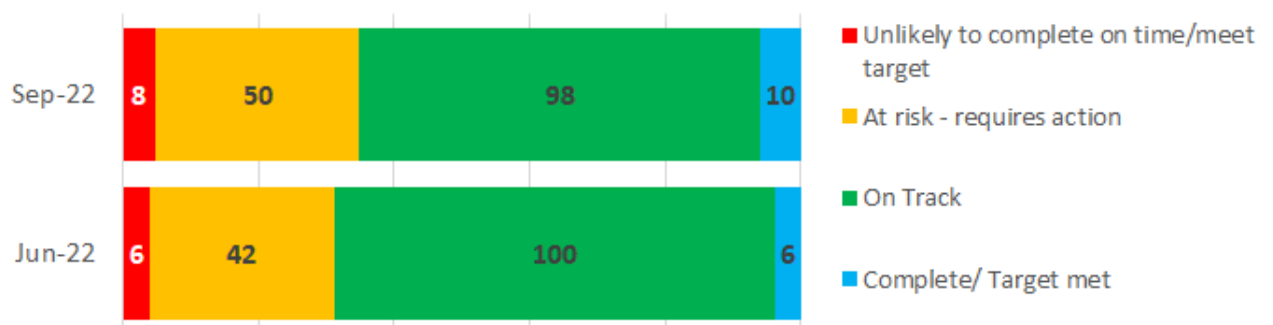
- Social Work working alongside the Hospital Discharge Team as part of the Front Door model to increase the speed of assessment
- New pathways in development ensuring care home residents have timely access to professional support and clinical advice
- New version of Smartlife in Fife service due for release in November
- Hourly rate to care at home providers has increased, in light of the ongoing costs of living increases especially around fuel costs

## Sustainability and Value

- Where plans are slipping, pipeline schemes are being identified and are currently being worked up to come forward to the Financial Improvement and Sustainability (FIS) Programme Board for approval to move to implementation
- A Realistic Medicine Plan has been developed with timings and resources needed to ensure deliverables are met

## Summary of High-Level Deliverables; June and September 2022

The graph below illustrates the status of the high-level deliverables in the ADP for June and September



Deliverables 'unlikely to complete on time/meet target' as at the end of September are listed below. Those in **bold** are changes from June status.

- Reducing long waits; Diagnostics, Outpatients and TTG
- Bed Modelling Exercise
- Re-patriation of breast screen-detected cancer surgery to NHS Fife
- Development of transition support for children with diabetes
- Radiology -7 day working
- Secure adequate funding to ensure minimal levels of service delivery for Spiritual Care
- **Maintain current Education Programme.**
- **Recover NHS dental services to a position comparable with pre-pandemic service provision with a focus on clearing the backlog in routine dental care and reducing oral health inequalities amongst children**

Deliverables 'completed/target met' as at end of September are listed below. Those in **bold** are changes from June status.

- Implementation of the recommendations of the AU2 QI project
- Remodelling of Service Management across W&C services including Community Paediatrics
- **Delivery of appointments by both technology and face to face as a hybrid provision for review appointments in MH and LD**
- Ensure sufficient and timely availability of social work staff for under 65s to ensure timely assessment and discharge, including where appropriate, to interim placements.
- Patient pathway developed to ensure streamlined flow of information from NHS 24 to Unscheduled Care to enable patients to be seen at the right time in the right place
- Successful transitioning of Public Health Covid response team including Test and Protect teams
- Embed Corporate Programme Management Office (PMO) to support service change across NHS Fife
- **Production and monitoring of NHS Fife Annual Delivery Plan for 2022/23**
- **Review and update of IPQR**
- **Pharmacy Robotics (PAMS)**

### 2.3.1 Quality/ Patient Care

Quality of patient care and safety are at the central to the aims and objectives of the ADP.

### 2.3.2 Workforce

Workforce implications arising from the ADP have been considered and have been included in the Strategic Planning and Resource Allocation process.

### 2.3.3 Financial

The financial implications of the ADP will be covered separately in the medium term financial plan for 2022/23.

### 2.3.4 Risk Assessment/Management

The management of risks are integral to the delivery actions of the ADP and will be reviewed on a quarterly basis.

### 2.3.5 Equality and Diversity, including health inequalities

Equality and diversity are considered in the delivery actions of the ADP and will be reviewed on a quarterly basis.

### 2.3.6 Other impact

N/A.

### 2.3.7 Communication, involvement, engagement and consultation

Appropriate communication, involvement, engagement and consultation within the organisation and with key external stakeholders is integral to the implementation of the ADP.

### 2.3.8 Route to the Meeting

- EDG 24 October 2022

## 2.4 Recommendation

Committee is asked to:

- Take **assurance** from the status of deliverables from the Annual Delivery Plan 2022/23 at September 2022.

## 3 List of appendices

The following appendices are included with this report:

- NHS FIFE ADP 2022\_23 September Update

### Report Contact

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# Update on Annual Delivery Plan 2022/23

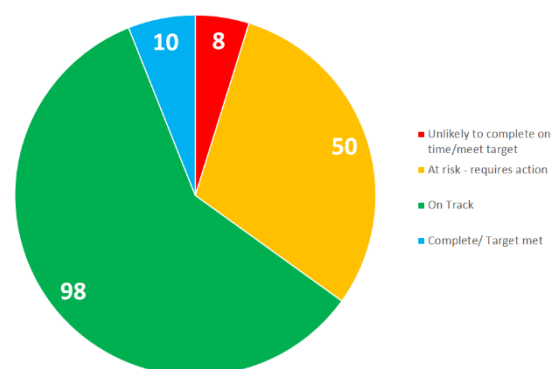
## 1 Introduction and Context

This is an update on progress to September 2022 relating to the Annual Delivery Plan for health and care services delivered by NHS Fife and Fife Health and Social Care Partnership (HSCP) for 2022/23.

Services were asked to update on achievements over the last 6 months and identification of any barriers preventing delivery of the actions.

## 2 Summary

Status of all deliverables at the end of September is detailed below. Additional deliverables have been added in relation to winter readiness. There were four deliverables completed from position at end of June with two further unlikely to be completed on time.



## 3 National Priorities

### 3.1 Workforce

#### 3.1.1 Three Year Workforce Plan

NHS Fife's Three-Year Workforce Plan is in the process of being published in December 2022, following Scottish Government feedback. The activity within the plan outlines how we integrate support for our employees to stay well, into all of our work and takes account of the 5 Pillars of the Workforce journey: Plan, Attract, Train, Employ and Nurture.

#### 3.1.2 Staff Wellbeing

The NHS Fife Staff Health & Wellbeing Framework, developed in partnership, will be presented to our Staff Governance Committee in November 2022. The Framework details the range of initiatives and services in place and to be developed that will facilitate our employees to stay healthy and well at work. The Framework also enables

the ongoing review of the effectiveness of our work in this area to maximise the benefits/outcomes for our employees.

A multi-disciplinary team, including Occupational Health specialists, Health Promotion, Psychology and Spiritual Care professionals, has been established to deliver a range of workplace and related staff support services. This work will be co-ordinated by the Staff Health and Wellbeing Group.

### **3.1.3 Recruitment and Retention**

Recruitment of Band 2 to 4 Nursing & Midwifery roles has been increased to utilise additional Scottish Government funding and introduced our International Recruitment service, which is on target to recruit our initial aim of 40 Nurses and 3 Radiographers.

Work on developing local progression opportunities through our Employability programme has included a range of activities to identify and deliver enhanced training and job support to our local communities with the Kickstart initiative being a positive organisational commitment, continuing from our commencement of a dedicated programme of work in 2021/22.

Our immediate aims on workforce sustainability have directed efforts on recruitment as noted below in our Winter readiness activity and progressing Mental Health workforce priorities.

Latest phase of our East Region Recruitment Shared Service model implementation has been completed. This is to create a modern, sustainable recruitment function as well as using innovative recruitment approaches through targeted local and national campaigns aimed at targeting a range of job groups.

The e-Rostering implementation programme has commenced this year, and this will be a key element of our workforce planning activity with key links to both financial sustainability and safe staffing activity.

## **3.2 Recovery and Protection of Planned Care**

### **3.2.1 Planned Care Activity**

Enhanced infection control procedures were stepped down at the end of September, but the pressure of unscheduled care continues to impact on outpatient and inpatient capacity. There is a continued focus on urgent and cancer patients along with those who have been waiting more than 18 months and 2 years.

The new recovery plan was submitted to the Scottish Government but disappointingly the funding received was not what was expected and is not sufficient to deliver the plan outlined. Additional activity planned to deliver the new long waiting targets has been paused whilst the impact and revised plan are developed. No additional activity

has been undertaken since April apart from Breast Surgery outpatients to maintain urgent waiting times.

The two year wait target for Outpatients will be met however lack of funding compromises delivery of the December and March targets with Colorectal patients most at risk of being affected.

Inpatients and daycases have waited over 2 years and there is no plan to list patients on the Victoria Hospital (VHK) site. Routine, longer wait inpatient cases can be prioritised on the Queen Margaret Hospital (QMH) site however complex cases cannot be prioritised on VHK site due to the focus on urgent cases and the lack of capacity due to boarding patients.

Sustaining the current level of activity is heavily dependent on the demands on staff from unscheduled care activity and the impact on staffing from absence and vacancies.

Every effort has been made by both management and clinical teams to move as much activity as possible to QMH. There are plans early 2023/24 for an additional theatre within QMH following refurbishment work to create a further local anaesthetic room.

Completion of the National Treatment Centre (NTC) Fife Orthopaedics remains on track, with the facility expected to be operational by January 2023. The Fife allocation of the additional capacity has been reduced to 26 patients from 336 patients which will mean that the backlog of Orthopaedic patients will increase month on month. The Director of Acute Services is continuing dialogue with colleagues in Scottish Government on this matter.

### **3.2.2 Centre for Sustainable Delivery (CfSD)**

Regular meetings are scheduled with CfSD leads following each month's Heatmap submission to ensure connectivity and opportunity for prioritised specialties. Work is ongoing with specialties to optimise the CfSD driven tools, specifically ACRT and PIR.

### **3.2.3 Supporting patients to wait well**

Patients who have been waiting a long time receive regular written communication to confirm they still require their procedures or to be seen and are provided with a number to contact if they have any concerns or if their condition has worsened.

### **3.2.4 Cancer**

The Maggie's Prehabilitation pilot has been rolled out in 8 centres across Scotland including Fife. There are weekly universal sessions for anyone with a cancer diagnosis at any stage with any prognosis. The pilot is promoted via local groups and social media. Over 90% of patients who visited feel they can make positive changes to their wellbeing.



Funding for Rapid Cancer Diagnosis Services has been confirmed for 2022/23, the service is running well with a conversion rate to cancer of 14%. Referrals are increasing and all professionals in primary care are encouraged to refer. Discussions are ongoing for consideration of a proposal to test a direct referral route from community pharmacy and looking at adopting the principles of the service into Hepatobiliary and Upper GI pathways. The service has reached the finalist stage in the Scottish Health Awards for Innovation.

### **3.2.5 Recovery of diagnostic activity**

The new recovery plan, which included a sustainable workforce plan, was submitted to the Scottish Government but unfortunately the funding received was not what was expected. Further additional Radiology and Endoscopy activity has been paused whilst the impact and revised plan are developed.

Whilst Radiology activity is greater than projected there are challenges with ultrasound capacity. Within the Endoscopy service, no additional activity has been undertaken and core activity continues to be restricted due to unscheduled care pressures.

There is a continued focus on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits.

Sustaining the current level of activity is heavily dependent on the demands on staff from unscheduled care activity and the impact on staffing from absence and vacancies. It is anticipated that performance will continue to be challenged due to the demand for urgent diagnostics which has now reached 52% of all referrals in radiology and the pressure from unscheduled care.

The replacement of imaging equipment has gone well in 2022/23 with two CT scanners being replaced without loss of activity due to the presence of a mobile CT unit. However, reducing the backlog is at risk due to lack of revenue funding for an additional CT scanner.

## **3.3 Stabilising and Improving Urgent and Unscheduled Care**

### **3.3.1 Urgent and Unscheduled Care**

Following the launch of the national Urgent and Unscheduled Care Collaborative in June, the Unscheduled Care Programme team completed the self-assessment requested by Scottish Government. This identified the following High Impact Change Areas of focus for Fife:

- Care Closer to Home
- Redesign of Urgent Care
- New Models of Acute Care
- Discharge without Delay

Within each of these priority areas, improvement plans will be further developed with key trajectories and linkage to key performance measures. Along with reporting to the national team, all high impact change areas have operational delivery groups in place reporting to the integrated Unscheduled Care Programme Board on a monthly basis, and onwards to the Portfolio Board.

We have sought, through utilising data to better understand the pressures on our system, to target change ideas that will have the biggest impact prior to winter. These include:

- Increasing pathways available to the Scottish Ambulance Service via our Flow and Navigation Centre, including social care, community respiratory teams and Hospital at Home
- Rapid enhanced senior clinical assessment of Primary Care presentations to our Medical Assessment Unit
- Introduction of virtual ward rounds for patients boarded out of their specialty ward or within a surge ward, to improve discharge planning.

Planning is currently in place to create better health infrastructure around our Care Homes, which includes better access to community-based services such as Hospital at Home and improved Anticipatory Care Planning. Supporting this further, plans are in place to create better Urgent Care support to care homes, both in and out of hours. This will include improved access to Urgent Care Advanced Nurse Practitioners in hours to all Care Homes, providing responsive and proactive support. Out of hours, we are currently trialling direct access for Care Homes to our GP Out of Hours Service, with the intention to roll this out from early November.

Testing of Emergency Nurse Practitioners supporting redirections to Minor Injuries at QMH is showing increased attendances through this pathway, but overall attendances to the Emergency Department (ED) within VHK remain high. Performance is largely impacted by the low discharge profile within the VHK and the impact of the workforce challenges across the whole site.

Work is ongoing with teams to maximise alternative pathways and reduce ED attendances, including admissions unit pathways. The Operational Escalation Framework (OPEL) triggers are under review to ensure scoring metrics accurately reflect whole site position.

Engagement events on the Home First model are actively underway. Initial feedback on the vision for the service has been positive with useful points raised to inform the detail of the Home First Strategy and intended future projects needed to define a Single Point of Access model.

Subgroups have completed several of their previously identified key actions/projects. The output from the current stakeholder events will see such areas re-focus contributions to the intended cross cutting strategic projects around the new model.

The Front Door model is progressing. This Programme will support greater understanding of all teams and services in scope, inform the mapping of current ways of working and help to identify measurable benefits.

A new coordinator has been appointed in relation to embedding Planned Date of Discharge (PDD) across Fife. This is currently being implemented in 4 wards across Acute Services and Health & Social Care.

### **3.3.2 General Practice appointments**

NHS Fife GP Practices continue to offer a combination of face-to-face, telephone and virtual consultations. This is supported by a wider multi-disciplinary team (MDT) of Physiotherapists, ANPs, Treatment Care nurses and pharmacists, supporting GPs as senior expert generalists.

Through the continued implementation of the GMS contract (2018), we have been able to increase the wider multi-disciplinary support to all practices across Fife. In terms of the three priority areas outlined within Memorandum of Understanding 2 (MOU2) we have successfully delivered the Vaccination Transformation Programme (VTP), rolled out 65% of scoped Community Treatment and Access Centre (CTAC) Services and continue to develop our Pharmacotherapy services whilst awaiting clear National Guidance. Furthermore, our multi-disciplinary resilience team will commence in post by the end of November, which will support the wider work on maintaining sustainability across General Practice.

We are awaiting outputs from current trials taking place across Scotland in terms of localised GP activity Data.

### **3.3.3 Winter Readiness**

Capacity and Flow meetings, consisting of Senior Managers and Strategic Planning colleagues amongst others, continued throughout the year recognising ongoing pressures on health and care system. Planning for winter 2022/23 began in May with a workshop to collate views from wider clinical teams across NHS Fife and the Fife Health & Social Care Partnership on what went well during 2021/22 and what changes are required ahead of the forthcoming winter period.

A further workshop has taken place, with themes considered and incorporated into deliverables within the Annual Delivery Plan (ADP). A further Acute Services focussed workshop is planned for the end of October, output will be incorporated into ADP in due course.

The recently received Winter Checklist is to be discussed and completed, with input from services and relevant output also to be included within the next ADP update.

The table below details deliverables that will be linked to Winter Readiness:

Deliverable	Lead
Discharge without Delay	Emergency Care
Review and Development of OPEL - Acute	Emergency Care
Band 2 Pool	Emergency Care
Maximise utilisation of QMH Theatres	Planned Care
Deliver Home First and enable Prevention and Early Intervention	Community Care
Continue to reduce delayed discharge	Community Care
Review and Development of OPEL - HSCP	Community Care
Redesign of Urgent Care in close working with partners	Primary & Preventative Care
Delivery of the Autumn/Winter Seasonal 22-23 Flu & COVID vaccination programme for eligible population in Fife	Primary & Preventative Care
eRostering	Digital
Optimise communications with all clinical teams in Acute Services and HSCP	Infection Control
Updating of Business Continuity plans	Public Health
Pharmacy First/Pharmacy First Plus Delivery	Pharmacy
Supporting the Health and Wellbeing of our Staff	Workforce
Attracting & Recruiting Staff to deliver Clinical and Workforce Strategy	Workforce
Internal and External Communications relating to Winter	Communications
Expand the reach of performance benchmarking and national planning initiatives	Planning

### 3.4 NHS Dental Services

The Public Dental Service has fully remobilised all aspects of care and epidemiology.

General Anaesthetic service for children is still limited by anaesthetic availability from the acute unit with access difficulties in practice continuing. No practices across Fife are taking on new patients therefore contributing to a mounting strain on daily emergency services whilst recruitment remains unsuccessful.

To facilitate access to care, an area wide review of patient lists is being undertaken.

### 3.5 Mental Health Transition and Recovery Plan

#### 3.5.1 Mental Health Strategy

A review of the local Mental Health Strategy is underway and will be informed, in due course, by the publication of the revised national strategy, expected in April.

The Mental Health project team, in partnership with the operational team is developing the key building blocks. Engagement with our stakeholders will be led by the Mental Health Project Team and supported by the HSCP Participation and engagement team.

### **3.5.2 CAMHS**

The development of a CAMHS Urgent Response Team for young people is on track with all posts recruited to and due to be in position by end of October. Revised job plans are in development to ensure clinical provision is sustainable.

Recruitment of additional workforce to ensure capacity to meet demand is approximately 92% complete, with all posts either recruited to or in the process of appointment. All core service posts are now filled which has resulted in adequate capacity to manage current demand.

The Perinatal and Infant Mental Health service has transitioned to the management of CAMHS to ensure alignment with other Perinatal and Infant Mental Health and Learning Disability services.

Regional workgroups have been established to address those elements of the national service specification, specifically forensic service, secure inpatient units, inpatient pathways, and unscheduled care.

### **3.5.3 Psychological Therapies**

Recruitment has been successful within General Medical Service in Clinical Health including specialist with expertise in Functional Neurological Disorders. Additional resource is significantly reducing waiting time for assessment.

However, recruitment has been challenging in other areas with posts requiring to be readvertised including Unscheduled Care Brief Psychological Intervention Service vacancy that was not filled during recent recruitment round.

### **3.5.4 Alcohol and Drugs Partnerships (ADPs)**

Medication Assisted Treatment (MAT) Standards 1 to 5 implementation plan is progressing:

- Same day prescribing is available at Methil Drop in and same day treatment further implemented at two static sites whilst LAIB (Long acting injectable buprenorphine) uptake is progressing.
- Addiction Services nurses have attended Methil Drop in since end of July with rapid access to treatment provided from September. Rapid access clinics in Kennoway and within Lynebank Hospital, Dunfermline commenced in September.
- Hospital Liaison Service is to continue following recruitment to pharmacy role within the team.

- Mapping work has commenced with Criminal Justice Social Work, SACRO (Scottish Association for the Care and Resettlement of Offenders) Custody Navigation Project and Phoenix Futures Prison Inreach to implement Standards 1 and 2 within justice settings.
- Embedding of Standards 1 to 5 is being progressed with a short life working group measuring progress in harm reduction practice and vaccination delivery.
- Workplan has been developed with Alcohol and Drug Partnership services for the improvement and workforce development required to deliver Tier 1 and 2 interventions (Standards 6 and 10).

### 3.5.5 Dementia - Post Diagnostic Support

Fife HSCP have commissioned STAND (Striving for A New Day), a 3<sup>rd</sup> sector organisation, to provide peer support for patients diagnosed with dementia. They now provide 6 meeting centres at various locations across Fife, providing a key contribution to our range of supports for people experiencing dementia, and their families.

### 3.5.6 Neuro-developmental Pathway

In partnership with, and investment from Fife Council and through the governance of the Neurodevelopmental Strategic Oversight Group, two tests of change have been established.

- Collaboration with Educational Psychology and Schools in West Fife was established to deliver immediate, proportionate intervention and support to young people with neurodevelopmental needs. This is already delivering a reduction of some 42% of individuals being referred on for Autism Assessment.
- Mental Health OT post, situated with 3<sup>rd</sup> Sector One Stop Shop, to provide clinical input, assessment, guidance, and signposting to people with Autism/ Neurodevelopment needs was appointed to in August.

### 3.5.7 Eating Disorders

Fife HSCP Eating Disorder Service have developed a service development plan which will provide a significant boost to multi-disciplinary capacity, recruitment is underway to deliver this.

### 3.5.8 Perinatal and Infant Mental Health

Both a targeted service within the wider community and specialised interventions for individual infants and their caregivers is being provided.

Expertise within the team means that individualised, specialist interventions can be made in ways that can be adapted to support the emotional wellbeing needs of infants. Targeted work in the wider community is also supported through links with 3<sup>rd</sup> sector

agencies to share learning and to ensure that the Voice of the Infant is prioritised in all settings.

### **3.5.9 Mental Health & Wellbeing Teams in Primary Care**

A Multi-Disciplinary Oversight group has been established, reflecting colleagues from Mental Health, Primary Care and 3<sup>rd</sup> sector. This working group has developed the proposal for the development of locality based Mental Health and Wellbeing hubs, which is a cornerstone of the refreshed local Mental Health strategic direction.

Work is in the final stages to commission people with Lived Experience who will, supported by Officer colleagues, plan, prepare and initiate co-production of a design for hubs in three localities in year 1, expanding to all 7 localities in year 2.

### **3.5.10 Mental Health Officers**

Fife HSCP have invested significantly into the Mental Health Officer service, to enhance capacity for the range of statutory requirements associated with both the Mental Health (Care and Treatment) (Scotland) Act and the Adults with Incapacity Act.

The investment is being used to employ an additional team manager and eight Mental Health Officers (MHO) resulting in two teams covering East and West Fife. Recruitment is in the final stages with majority of posts now filled.

There is a fundamental contribution to the support for Flow and Navigation, addressing and preventing delayed discharge across the system for those patients who lack capacity to make informed decisions regarding their welfare. MHOs will therefore directly contribute to the Hospital Discharge Teams and the evolving front door model.

## **3.6 Supporting and improving social care**

Planned Date of Discharge (PDD) is now part of the Discharge Without Delay Programme. Social Work have been working alongside the Hospital Discharge Team as part of the Front Door model to increase the speed of assessment, but also to signpost to the community, where appropriate, in order to avoid admissions and create greater capacity within the hospital and the social work teams.

The next phase of developing the service provided by the Care Home Assurance and Support Nurse Team, is ongoing in partnership with colleagues. This work will create new pathways ensuring care home residents have timely access to professional support and clinical advice with the aim of preventing unnecessary admissions and enabling planned interventions to keep residents safe in their own home. Care Homes are also supported with Anticipatory Care Planning processes.

The Smartlife in Fife Service continues to be provided to the people of Fife and specific services on a 24/7 basis with new version due for release in November, this includes Life Curve component as well as additional insight module. Once implemented, there

are plans to increase staff access within other areas of Fife Council such as Housing. In addition, it is hoped there will be increased visibility of information held in the system which is available to other areas, for example, GP's and District Nurses. This will help support people to maintain their existing abilities as they age, as well as assist services to plan for future service provision.

The Home First Strategy is currently being implemented across Fife, this comprises of distinct project sub-groups that drive the strategy aims and objectives. One of these sub-groups relates to Anticipatory Care Plans (ACP) with agreement for a single ACP tool to be rolled out across Fife, firstly across the 8 Partnership Care Homes and 7 Independent Care Homes. Following the successful roll-out of the ACP and evaluation in early 2023, the sub-group will focus on supporting the roll-out of the Life Curve App within Care Homes and the wider community that will feed into the ACP and allow older adults the option to identify areas of their life they may need support with and what community groups or services exist that can help them.

Fife HSCP has also increased the hourly rate to care at home providers by 80p per hour, in light of the ongoing costs of living increases especially around fuel costs, which will be passed on directly to care staff to cover the additional costs incurring in delivering care.

## **3.7 Sustainability and value**

### **3.7.1 Financial Improvement and Sustainability**

At the end of August, the Cost Improvement Plans (CIPs) are £1.6m behind target, £0.9m on Grip and Control, £0.5m Acute Services and others of £0.2m. The forecast outturn assumes all CIPs will be delivered at the financial year end. Where plans are slipping, pipeline schemes are being identified and are currently being worked up to come forward to the Financial Improvement and Sustainability (FIS) Programme Board for approval to move to implementation. Whilst the final cost improvements delivered may differ in some respects from the approved schemes, all Senior Responsible Officers are working toward delivering CIPs totalling £11.7m in year and on a sustainable basis wherever possible.

The Director of Finance & Strategy has written separately to the Director of Health Finance, Scottish Government outlining the mid-year financial review position, the extent of the significant financial challenges and the ongoing actions to mitigate these challenges as far as possible.

### **3.7.2 Realistic Medicine**

A Realistic Medicine Plan has been developed with timings and resources needed to ensure deliverables are met. The plan also contains activities to mainstream Realistic Medicine in Fife as well as develop digital strategies that enable Realistic Medicine.



Following engagement with stakeholders a Communications and Engagement Plan has been developed to spread the message about Realistic Medicine to staff, patients, relatives, the community, and other stakeholders. This includes lectures to students at the University of St Andrews and meetings to discuss the management of chronic diseases and frailty, with a focus on pain management and realistic prescribing.

## **4 Summary**

This paper outlines the achievements made in the first 6 months of 2022/23 in line with the agreed Annual Delivery Plan. The delivery of the actions is detailed in the Delivery Action Plan and reported through the NHS Fife governance structure.

**Meeting:** Finance Performance and Resources Committee

**Meeting date:** 15 November 2022

**Title:** Fife Capital Investment Group Report September 2022

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

**Report Author:** Maxine Michie, Deputy Director of Finance

## 1 Purpose

**This is presented for:**

- Assurance

**This report relates to:**

- Capital Expenditure Plan 2022/23

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

- Safe
- Effective
- Person Centred

## 2 Report Summary

### 2.1 Situation

The total anticipated capital budget for 2022/23 is £31.145m and is summarised in the table below. This reflects the Capital Resources Limit (CRL) of £7.764m as advised by the Scottish Government adjusted for the capital to revenue transfer of £2m per the approved financial plan together with several anticipated allocations which are expected over the remainder of the financial year.

<b>Funding</b>	<b>Annual Budget £m</b>	<b>Spend Sept 2022 £m</b>	<b>Forecast Outturn £m</b>
Core Capital Resource limit	7.764	2.674	7.764
Capital to Revenue	(2.000)		(2.000)
Anticipated Allocations	25.381	11.199	25.381
<b>Total Planned Project Expenditure</b>	<b>31.145</b>	<b>13.873</b>	<b>31.145</b>

The anticipated allocations relate to the National Treatment Centre, National Equipping and Infrastructure Board funding, national backlog maintenance support, Kincardine & Lochgelly Health Centres, several Digital & Information Projects including HEPMA and other ongoing projects.

Additional monies have been received since the beginning of the financial year, namely £2.420m for equipment following successful bids to the national infrastructure and Equipping Board, a further £0.240, secured from Scottish Government (SG) in relation to the additional Covid costs incurred on the NTC – Fife orthopaedics project. During the summer period boards were invited by SG to bid for monies available from national capital slippage totalling £40m for backlog maintenance/upgrade projects. NHS Fife were successful in securing £2.7m for backlog maintenance projects and a further £0.917m for Digital and Information Projects.

## 2.2 Assessment

As in previous financial years, capital expenditure is largely incurred in the second half of the financial year and 2022/23 will not be different. At this time in the year no significant risks are being identified but risks do remain with supply chain issues, high inflation and continued covid impacts.

Capital expenditure to September totals £13.873m and is summarised in the table below.

<b>Expenditure</b>	<b>Annual Budget £000s</b>	<b>Spend Sept 2022 £000s</b>	<b>Forecast Outturn £000s</b>
Statutory Compliance/Backlog Maintenance	5116	1840	5116
Clinical Prioritisation	250	79	250
Capital Equipment	3928	681	3928
Digital & Information	3638	797	3638
QMH Theatre Upgrades	2234	0	2234
Elective Orthopaedic Centre	12796	9685	12796
HEPMA	900	100	900
Lochgelly Health Centre	1228	394	1228
Kincardine Health Centre	856	279	856
Mental Health Review	100	18	100
Pharmacy Robotics	100	0	100
Capital to Revenue	(2.000)		(2.000)
<b>Total Planned Project Expenditure</b>	<b>31145</b>	<b>13873</b>	<b>31145</b>

**National Treatment Centre** – Works are on target to be completed toward the end of November with one exception due to a delay in procuring pendants for the theatres, this will result in slippage to the operational start date to 30<sup>th</sup> January. At this stage the project continues to be within budget.

**Statutory Compliance/Backlog Maintenance** – The majority of the spend to Sept includes £1.3m on steam works at the Victoria Hospital with the remaining spend incurred over a number of projects. The annual budget includes £2.7m of funding just recently awarded and works are underway to ensure completion by March.

**Capital Equipment** – Annual budget includes additional funding of £2.4m secured toward the end of the summer. Most of the total budget is already committed and the remaining budget is expected to be spent in full by March.

**Lochgelly/Kincardine Health Centres** -The Outline Business Cases for Lochgelly and Kincardine Health Centres were discussed at the Scottish government's Capital Investment Group on June 29<sup>th</sup> 2022. The feedback received confirmed the strategic case was robustly presented and accepted by SCIG. However, SCIG will require completion of the NHS Assure process before approval can be given. A letter is anticipated from SCIG recommending the board continues to progress to Full Business Case but will note the NHS Assure process requires to be completed and funding confirmation would follow at a later stage.

**Digital & Information** – The £0.797m spend to date includes refresh of Telephony core infrastructure and Network Development.

**HEPMA** – The contractual arrangement with the preferred supplier is expected to be signed off during November and thereafter the project will move at pace. The identified budget is expected to be spent in full this financial year.

All other available funds are anticipated to be utilised in full by the end of the financial year.

### **2.2.1 Quality/ Patient Care**

There is a potential risk to patient care if there are delays in upgrading buildings and replacement of equipment due to insufficient available funds.

### **2.2.2 Workforce**

The prioritisation of capital to secure safe and effective working environments for our staff and patients supports health and wellbeing.

### **2.2.3 Financial**

The appropriate prioritisation of capital to meet our corporate objectives is a key aim of the SPRA process.

### **2.2.4 Equality and Diversity, including health inequalities**

All capital schemes follow the appropriate equality and diversity impact assessment process.

### **2.2.5 Other impact**

n/a

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

All capital schemes require appropriate communication and engagement through the FCIG subgroups and specific project groups for particular schemes.

### **2.3.7 Route to the Meeting**

Fife Capital investment group

## 2.3 Recommendation

This paper is presented to the Committee for:

- Assurance

## 3 List of appendices

N/A

### Report Contact

**Maxine Michie**

Deputy Director of Finance

maxine.michie @nhs.scot

<b>Meeting:</b>	<b>Finance Performance &amp; Resource Committee (FP&amp;R)</b>
<b>Meeting date:</b>	<b>15 November 2022</b>
<b>Title:</b>	<b>Tender Thresholds</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance</b>
<b>Report Author:</b>	<b>Kevin Booth, Head of Financial Services &amp; Procurement</b>

## 1 Purpose

**This is presented to the Committee for:**

- Endorsement

**This report relates to a:**

- Local policy

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The current tendering and quotation thresholds contained within the NHS Fife Financial Operating Procedures and Standing Financial Instructions are out of step with the other Scottish Health Boards and the Scottish Public Procurement Regulations as set out by the Procurement Reform (Scotland) Act 2014.

In addition, there is also a distinction of limits between capital equipment and other goods and services which is not reflective of the Scottish Public Procurement Regulations.

## 2.2 Background

When the Scottish Government Procurement Directorate developed the Procurement Journeys for the whole of the Public Sector in Scotland some years ago the Tendering Threshold was set at £50,000 to be compliant with Public Scotland Procurement Regulations.

The whole of the Public Sector in Scotland now uses this threshold therefore ensuring consistency across the sector and the supplier marketplace. The current threshold for Route 2 tendering in NHS Fife is £25,000, which is out of step and results in a required increased level of procurement activity, compared to other Boards and public sector organisations before any contracts can be awarded in the £25,000 - £50,000 range.

## 2.3 Assessment

The NHS Fife Route 2 Tendering Threshold in the Financial Operating Procedures and the Standing Financial Instructions should be increased to £50,000 as per the Procurement Reform (Scotland) Act 2014, for both the procurement of equipment and other goods and services, removing the current distinction in commodity type. This will amend the limit currently used by Procurement staff and ensure consistency to the external marketplace for future procurement of all goods and services.

The levels are proposed to be updated in the FOPS and SFI's as follows:

£5,000 - £15,000

Quotes should be obtained from at least one supplier using the Quick Quote function on the Public Contracts Scotland Portal.

£15,001 - £49,999

Quotes should be obtained from at least three suitable suppliers using the Quick Quote Function on the Public Contracts Scotland Portal.

£50,000 – £138,759 (below GPA threshold)

Complete a full route two tendering process using Public Contracts Scotland Tender Portal.

£138,760 > (GPA threshold)

Complete a full route three tendering process using Public Contracts Scotland Tender Portal.

### **2.3.1 Quality/ Patient Care**

None anticipated

### **2.3.2 Workforce**

Revising the Route 2 Tendering Threshold should ensure that any future contracts between £25,000 and £50,000 are processed in a reduced timeframe, allowing Procurement staff to award contracts consistent to other boards.

### **2.3.3 Financial**

The reduced timeframe to process any future contracts between £25,000 and £50,000 will ensure that any associated financial efficiencies can be more promptly realised without the need to commit to the additional time to follow the full route 2 tendering process.

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

Any future contracts between £25,000 and £50,000 will be subject to the Route 1 requirement for a minimum of three suitable quick quotes to ensure a competitive process is undertaken.

### **2.3.5 Equality and Diversity, including health inequalities**

N/A

### **2.3.6 Other impact**

N/A

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

The associated benefits and risks of standardising the NHSF Tendering Thresholds was discussed between the Interim Head of Procurement and the Head of Financial Services & Procurement and was subsequently supported by the Deputy Director of Finance.

### **2.3.8 Route to the Meeting**

This recommendation was endorsed by the Procurement Governance Board on 29/10/12 and thereafter by EDG members on 20/10/22.



## **2.4 Recommendation**

The FP&R committee is asked to endorse the amendment to the current Tender Threshold limit and update the Standing Financial Instructions as described.

## **3 List of appendices**

The following appendices are included with this report:

N/A

### **Report Contact**

Kevin Booth

Head of Financial Services & Procurement

Email [kevin.booth@nhs.scot](mailto:kevin.booth@nhs.scot)

<b>Meeting:</b>	<b>Finance Performance &amp; Resource Committee (FP&amp;R)</b>
<b>Meeting date:</b>	<b>15 November 2022</b>
<b>Title:</b>	<b>Procurement Key Performance Indicators</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance and Strategy</b>
<b>Report Author:</b>	<b>Kevin Booth, Head of Financial Services &amp; Procurement &amp; Paula Lee, Interim Head of Procurement</b>

## 1 Purpose

**This is presented to the committee for:**

- Assurance

**This report relates to a:**

- Annual Operational Plan
- Emerging issue

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

- Effective

## 2 Report summary

### 2.1 Situation

The suite of Procurement Department Key Performance Indicators (KPI's) for August 2022 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 the Chief Executive, EDG members and the FP&R committee.

## 2.3 Assessment

The Procurement Department has developed a suite of 12 KPIs, any further KPIs will be developed as required and presented in future reports. A general summary for each of the KPIs developed is detailed below, with further detailed breakdown shown in appendix 1.

### Purchase Order Spend

The average monthly purchase order spend via Pecos varies from £7m to £9m, the exception to this was an increase in activity and spend in May to £14.5m. To date purchase order spend via Pecos has been £46.3m.

### 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 order varies from £3.2m to £4.6m, the exception to this was an increase in value in May to £10.6m. To date there have been 63 high value orders at a value of £26.4m. £11.9m of which relates to PFI provider spend.

### 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 2,500 with values varying from £54k to £63k. To date there have been 12,947 low value orders at a value of £288k. A high proportion of these orders are via Ward Product Management (Top-up) service to the National Distribution Centre.

### Efficiency Savings

As of 31 August 2022, the overall validated procurement saving for Health Board retained spend was £270,653 this comprises:

- £254,425 for direct cash releasing cost savings, £210,400 of which relates to moving the Medical Locum Engagement service from Plus Us to an in-house model.
- £16,228 for cost avoidance, £12,558 of which relates to purchases via the national framework NP566 for Simultaneous Cutting/Coagulation and Uterine Ablation Systems.

Further detail on the monthly savings distribution is included in appendix 1.

### Quick Quotes Published

The number of Quick Quotes (under £50k) awarded in Public Contracts Scotland (PCS) as of 31 August 2022 was 8, with projects ranging from Minor Works & Maintenance to Therapeutic Art & Design work.

### Contract Awards Published

The number of Contracts (£50k and above) awarded in PCS as of 31 August 2022 was 7 at a value of £2.2m, including the following projects:

- £1,399,123 for Non-Domestic Energy Efficiency
- £446,117 for Transport provision for Urgent Care Services
- £205,564 for Roof Replacements at Whyteman's Brae Hospital Ward 22 and 23.
- £61,846 for 10 Gig point to point circuit
- £52,584 for Fire Alarm Maintenance

### Tender Waivers

During the first five months of the current financial year, 3 formal tender waivers were approved to the value of £345k, due to compatibility with existing infrastructure and no accessible frameworks available for direct call off. All 3 were for digital systems, two for additional requirements for the Clinical Portal and the other for the Datix risk management software.

### Payment Performance

The current cumulative performance as of 31 August 2022 for payment performance is:

85% by Value and 66% by Volume are paid within 10 days.

93% by Value and 89% by Volume are paid within 30 days.

### Catalogue Lines

The percentage of Pecos purchase order lines process, via preloaded catalogues, averages at 89% per month.

### Contract Lines and Value

The percentage of lines processed via Pecos purchase orders, which have been contracted, averages at 62% per month and £1m per month. To date the cumulative percentage is 62% and a value of £7.4m.

### National Distributed Centre (NDC) Spend

The average monthly purchase order spend via the NDC is £830k, the exception to this was an increase in activity and spend in May to £2.7m. To date purchase order spend via the NDC has been £6m.

### Complaints/Customer Feedback

There have been no formal complaints raised in relation to Procurement services. With the recent focus on workload and feedback via the Procurement ServiceNow Helpdesk, development of a customer satisfaction report has been possible. The results of the first report for August 2022 resulted in the following feedback:

Excellent	54%
Good	13%
Satisfactory	2%
Poor	31%

The Department are endeavouring to reduce the Poor responses by a minimum of 10% and will report on this in future iterations whilst also providing a more detailed analysis on the themes and reasons for any poor responses.

#### **2.3.1 Quality / Patient Care**

N/A

#### **2.3.2 Workforce**

The Procurement departments KPI performance are shared through the team, any arising circumstances that may lead to significant movements 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**

N/A

### **2.3.6 Other Impact**

N/A

### **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**

The Procurement Department KPI's were endorsed by the Procurement Governance Board on 29/09/22 and thereafter by EDG members on 20/10/22.

## **2.4 Recommendation**

- The FP&R committee are asked to take assurance from the Procurement KPI's to August 2022.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix 1 – PGB Monthly KPIs 2022-2023

### **Report Contact**

Kevin Booth

Head of Financial Services & Procurement

Email [kevin.booth@nhs.scot](mailto:kevin.booth@nhs.scot)

Paula Lee

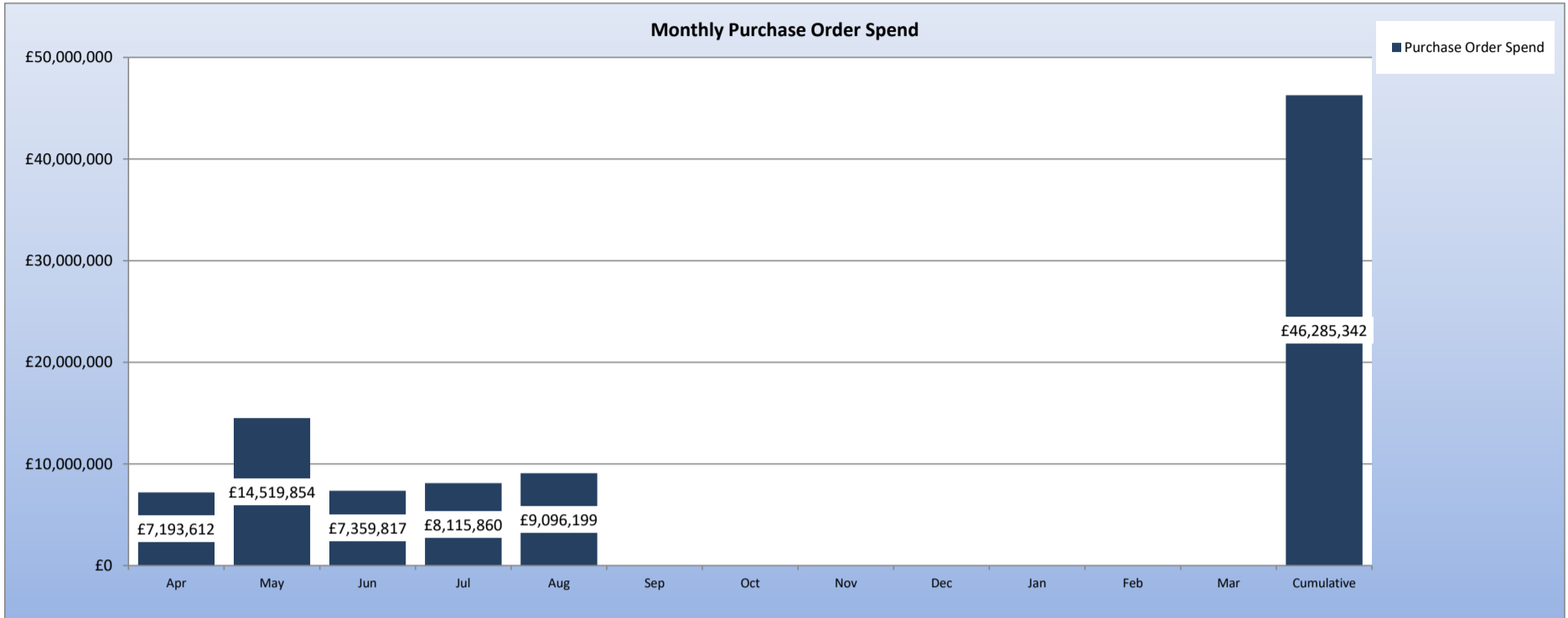
Interim Head of Procurement

Email [paula.lee@nhs.scot](mailto:paula.lee@nhs.scot)

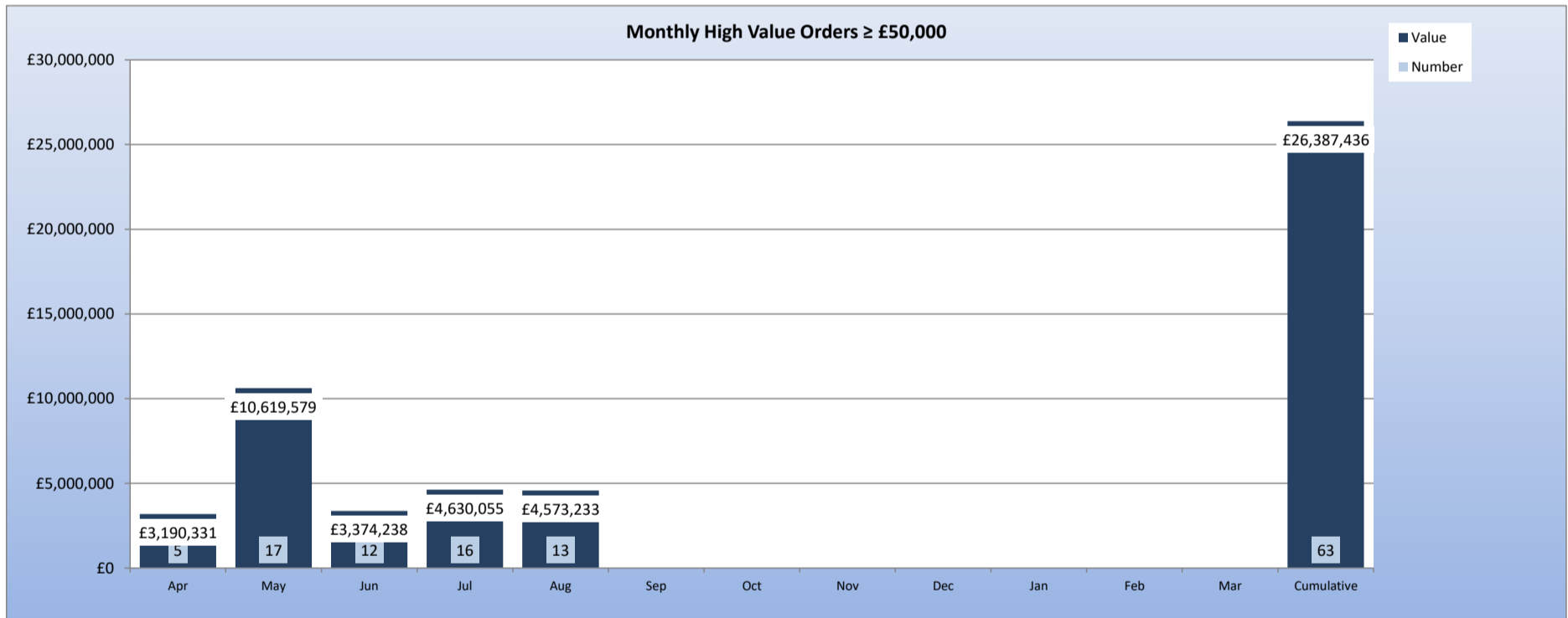
Our Values			
Care and Compassion	Dignity and Respect	Openness, Honesty & Responsibility	Quality and Teamwork

FY 2022-2023

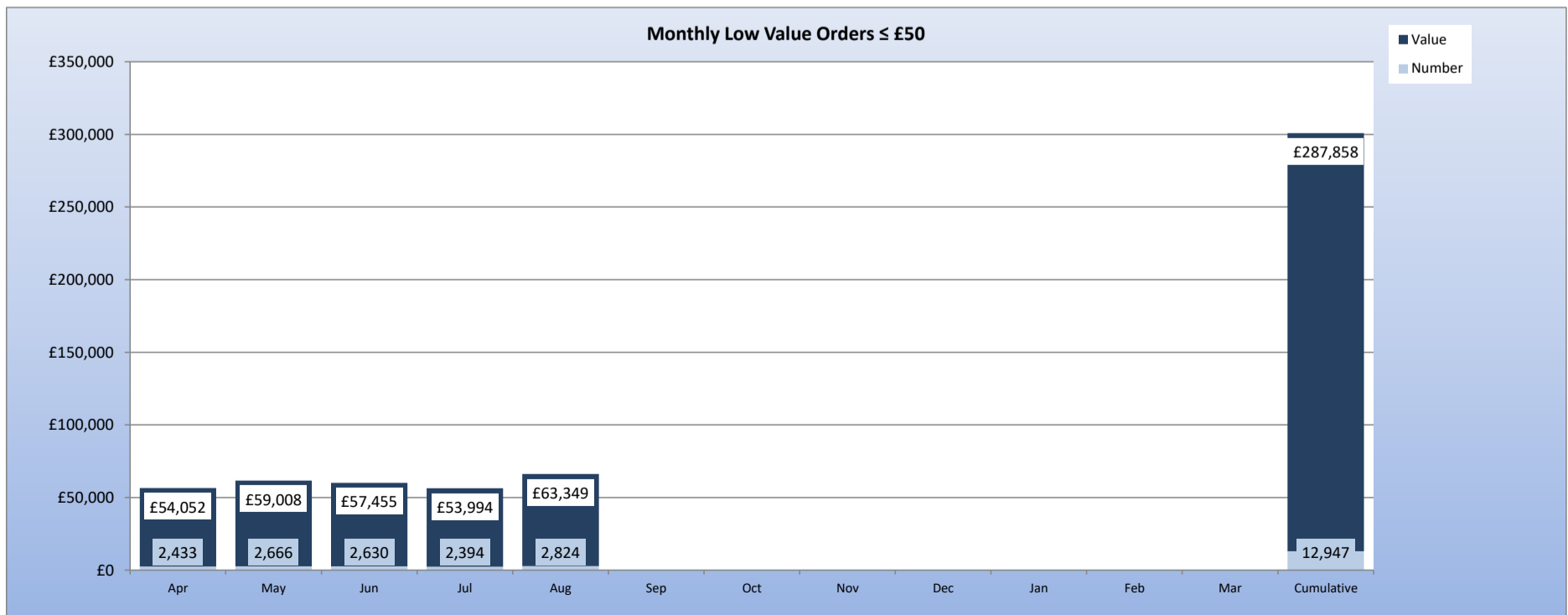
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Purchase Order Spend	£7,193,612	£14,519,854	£7,359,817	£8,115,860	£9,096,199								£46,285,342



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Number	5	17	12	16	13								63
Value	£3,190,331	£10,619,579	£3,374,238	£4,630,055	£4,573,233								£26,387,436

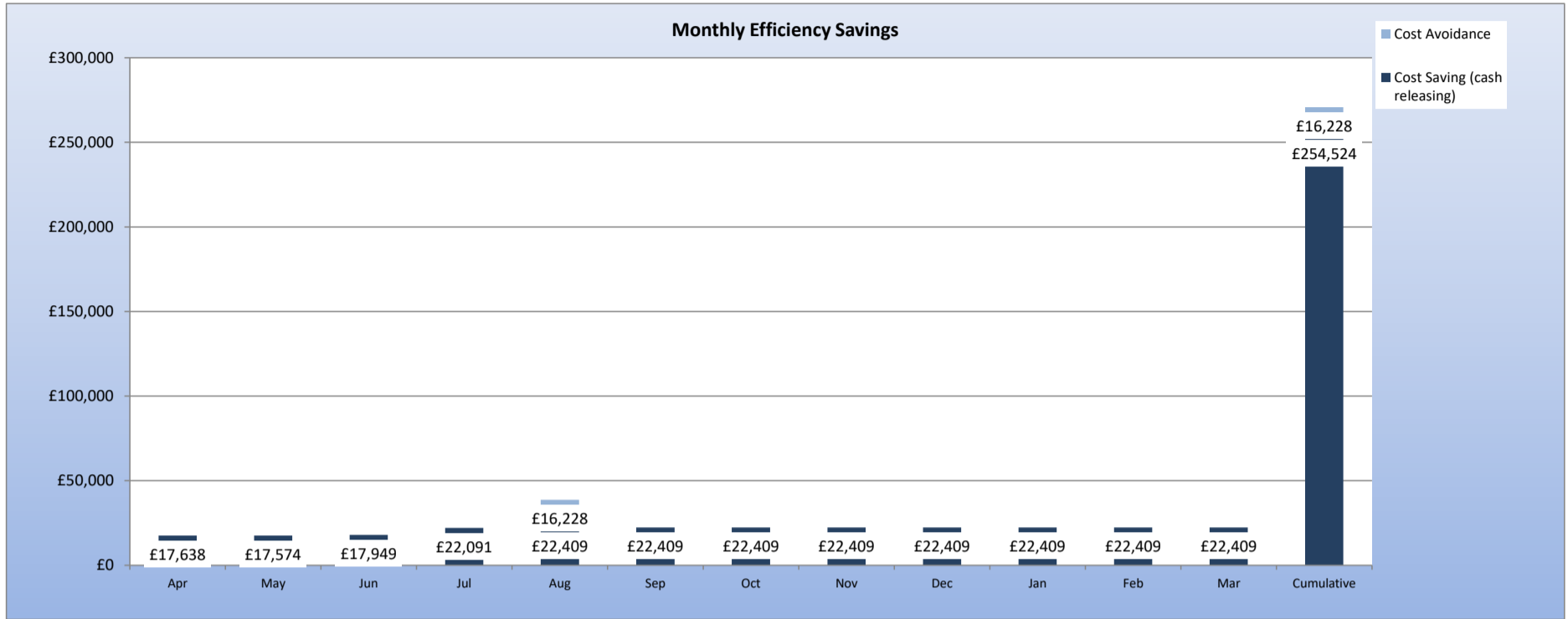


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Number	2,433	2,666	2,630	2,394	2,824								12,947
Value	£54,052	£59,008	£57,455	£53,994	£63,349								£287,858

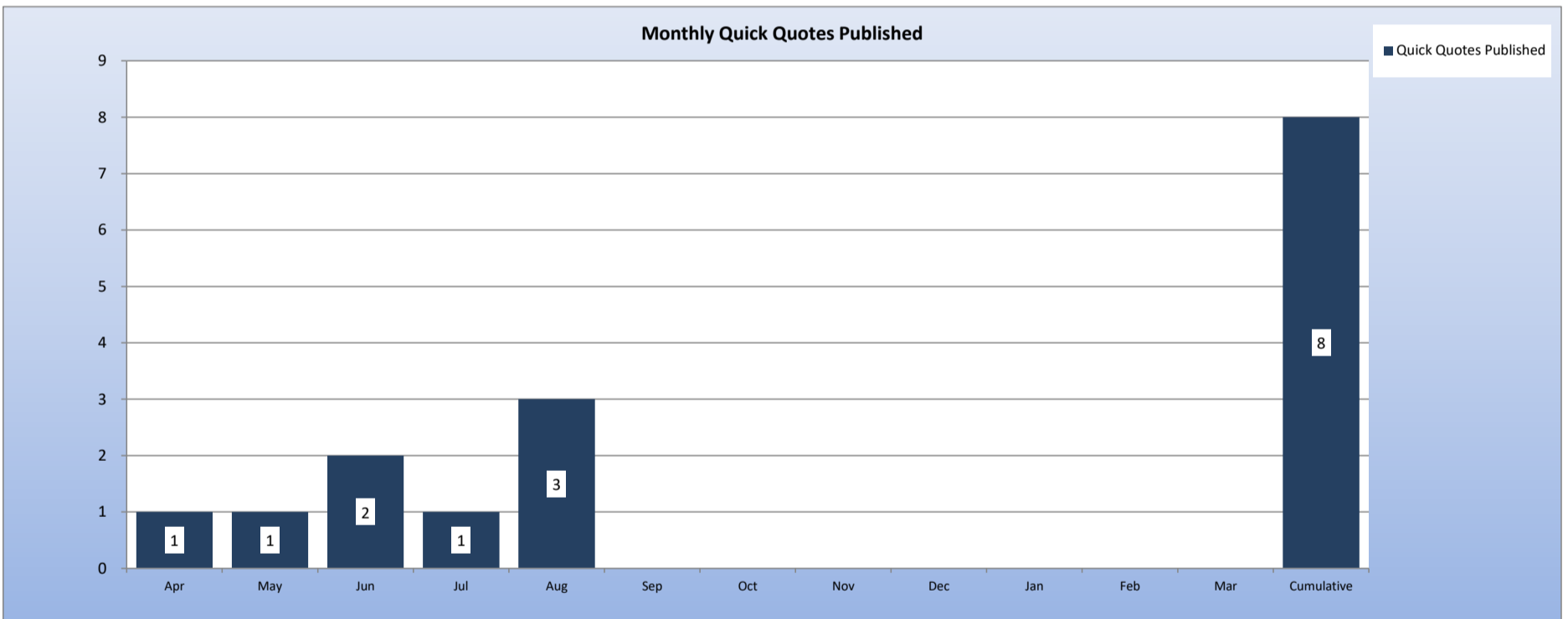


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
<b>Cost Saving (cash releasing)</b>	£17,638	£17,574	£17,949	£22,091	£22,409	£22,409	£22,409	£22,409	£22,409	£22,409	£22,409	£22,409	£254,524
<b>Cost Avoidance</b>					£16,228								£16,228
<b>Total Saving</b>	<b>£17,638</b>	<b>£17,574</b>	<b>£17,949</b>	<b>£22,091</b>	<b>£38,637</b>	<b>£22,409</b>	<b>£22,409</b>	<b>£22,409</b>	<b>£22,409</b>	<b>£22,409</b>	<b>£22,409</b>	<b>£22,409</b>	<b>£270,752</b>

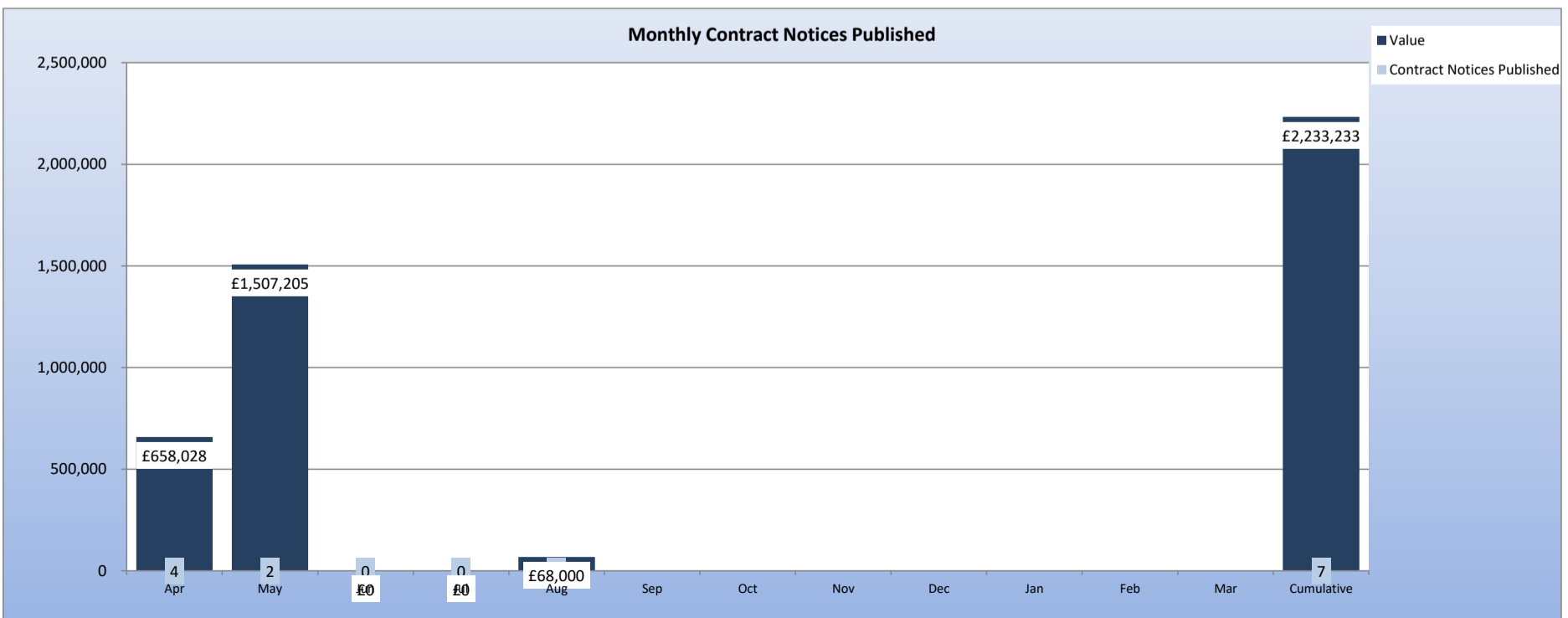
<b>Cost Pressure</b>	£0	£0	£0	-£6,700	-£6,700	-£6,700	-£6,700	-£6,700	-£6,700	-£4,237	-£4,237	-£4,237	-£52,911
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	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
<b>Quick Quotes Published</b>	1	1	2	1	3								8

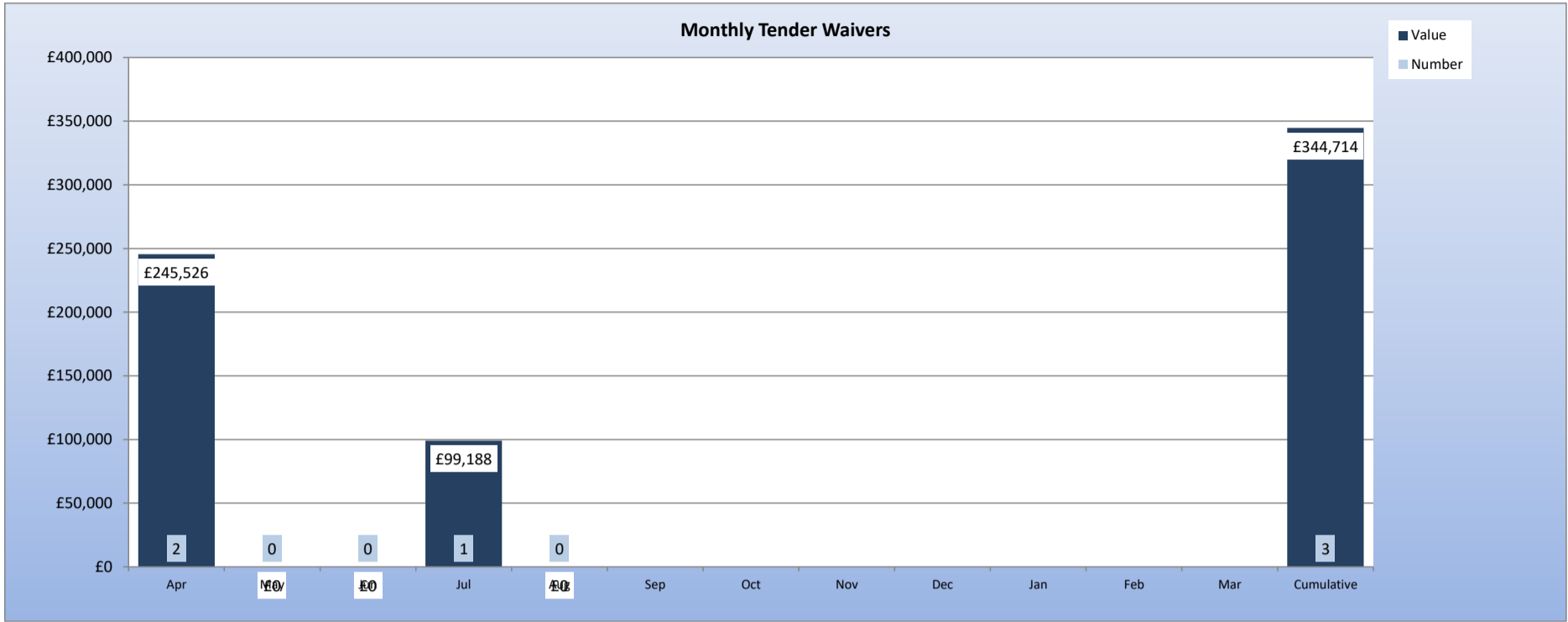


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
<b>Contract Notices Published</b>	4	2	0	0	1								7
<b>Value</b>	£658,028	£1,507,205	£0	£0	£68,000								£2,233,233

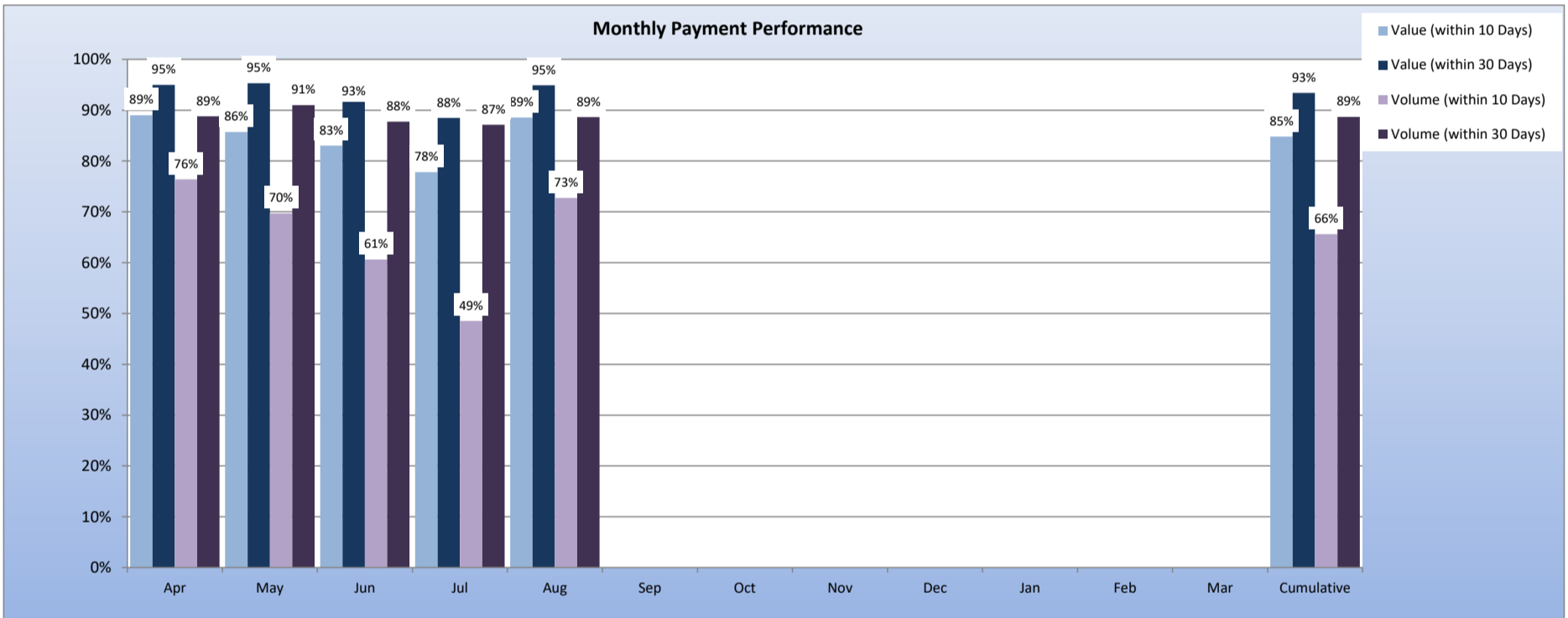




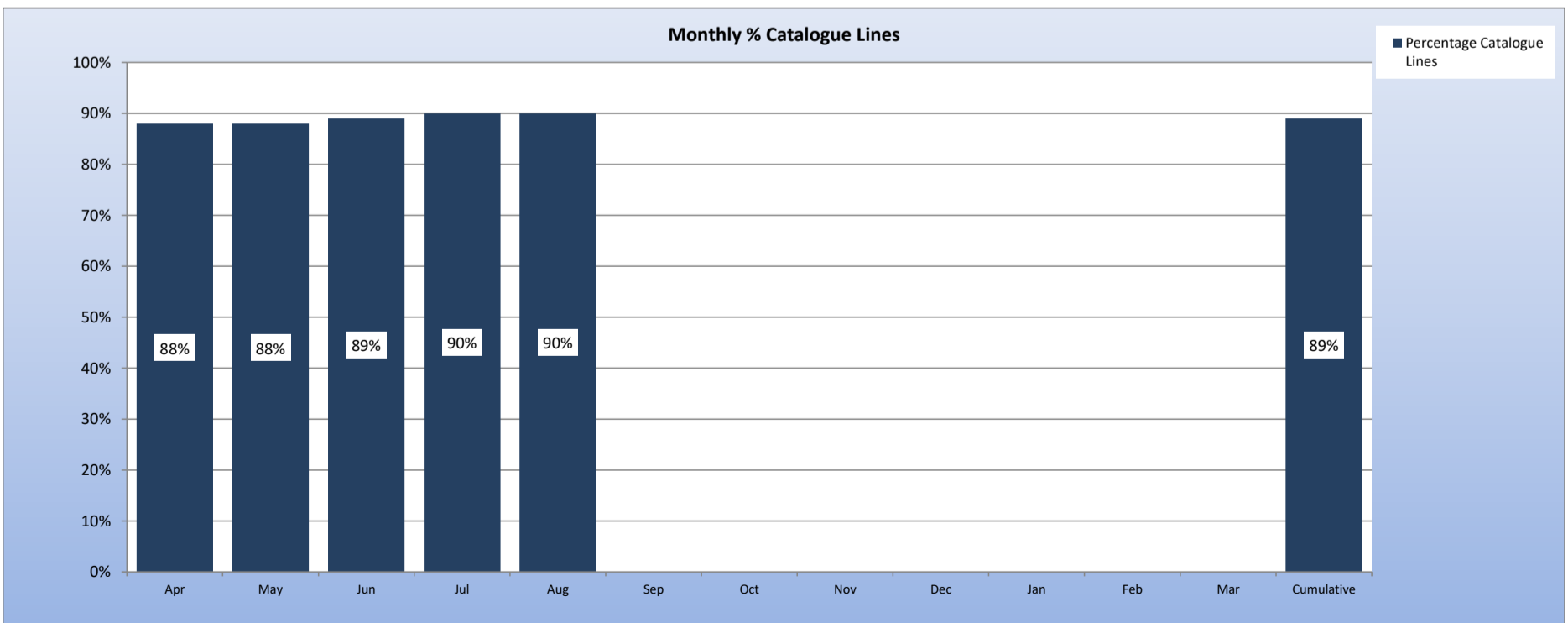
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
<b>Number</b>	2	0	0	1	0								3
<b>Value</b>	£245,526	£0	£0	£99,188	£0								£344,714



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
<b>Value (within 10 Days)</b>	89%	86%	83%	78%	89%								85%
<b>Value (within 30 Days)</b>	95%	95%	93%	88%	95%								93%
<b>Volume (within 10 Days)</b>	76%	70%	61%	49%	73%								66%
<b>Volume (within 30 Days)</b>	89%	91%	88%	87%	89%								89%



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
<b>Percentage Catalogue Lines</b>	88%	88%	89%	90%	90%								89%

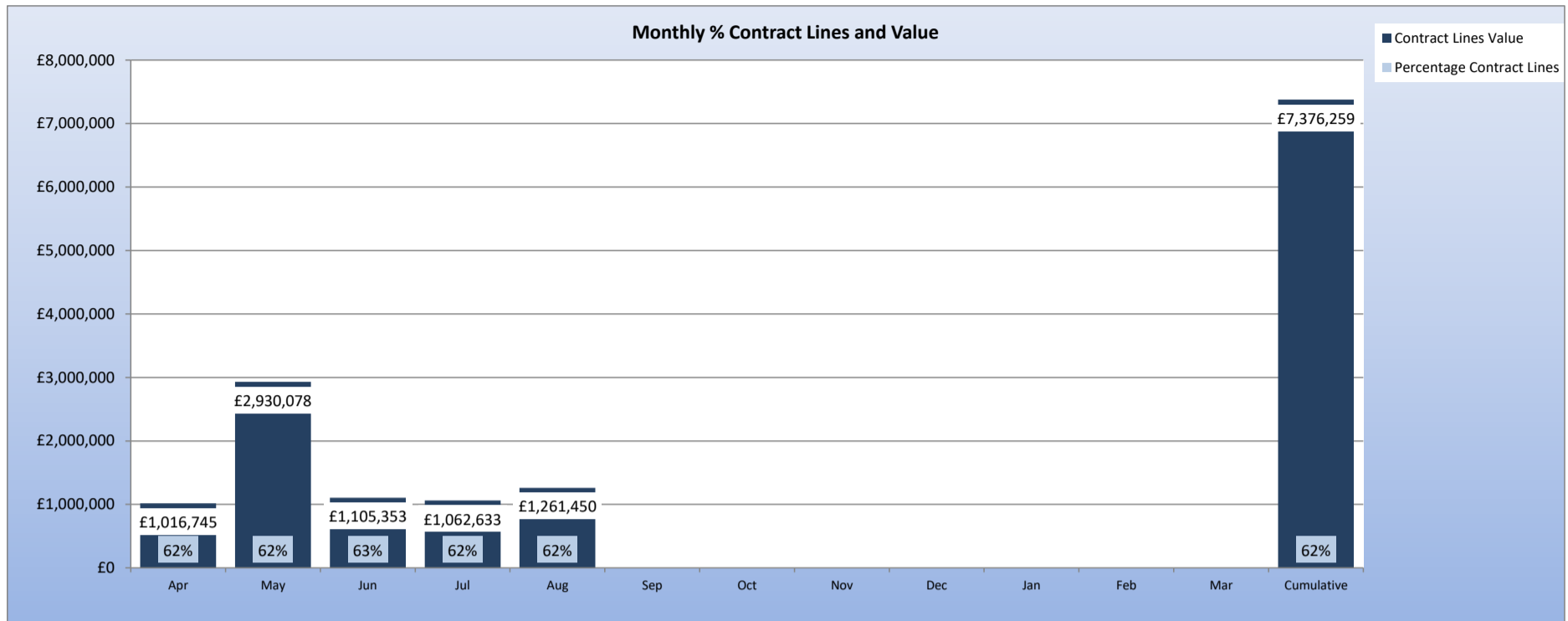


Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
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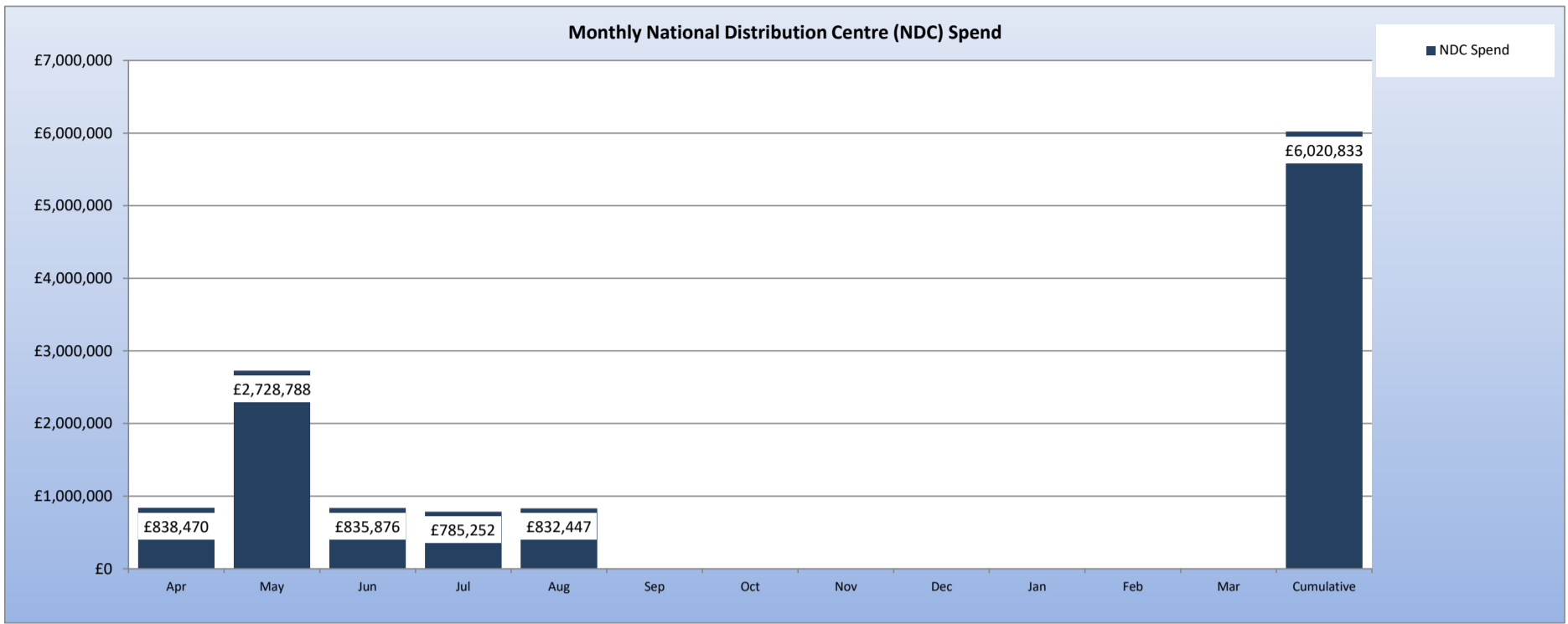
Procurement Governance Board  
MONTHLY KPI SUMMARY



Percentage Contract Lines	62%	62%	63%	62%	62%								62%
Contract Lines Value	£1,016,745	£2,930,078	£1,105,353	£1,062,633	£1,261,450								£7,376,259

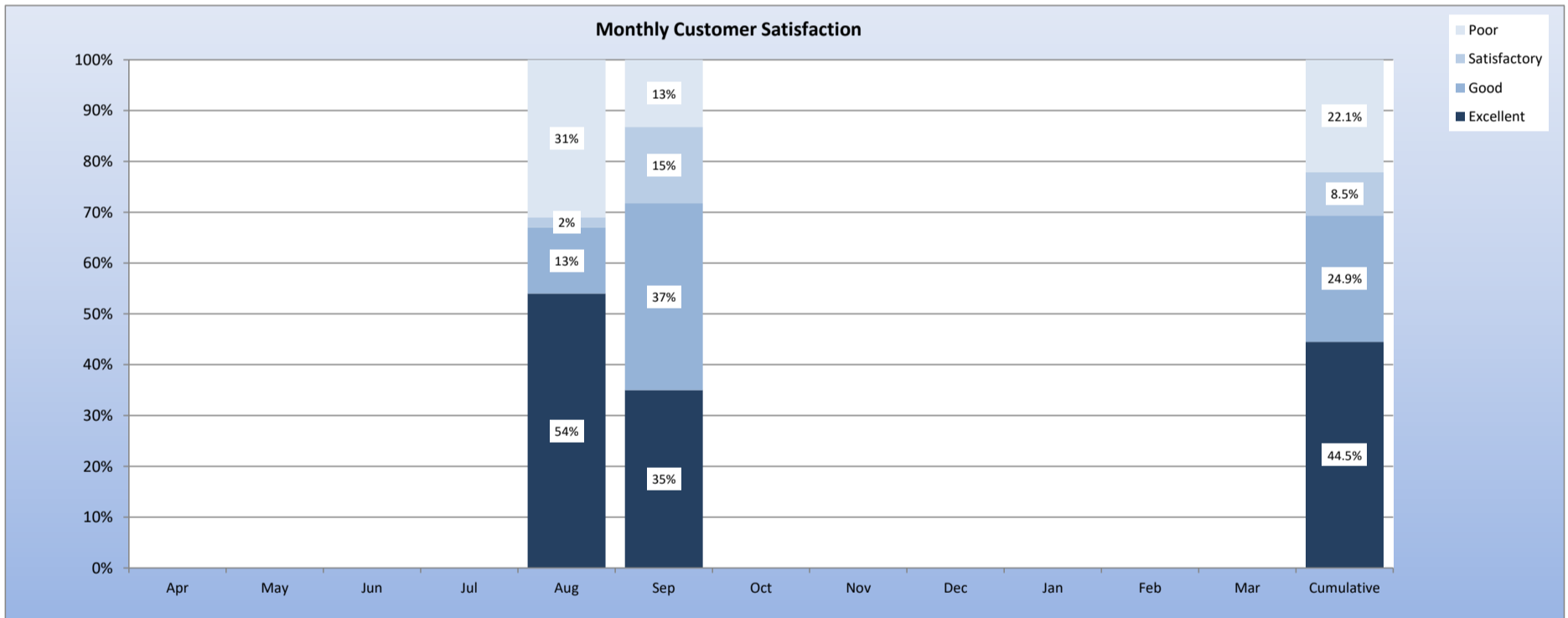


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
<b>NDC Spend</b>	£838,470	£2,728,788	£835,876	£785,252	£832,447								£6,020,833



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
<b>Excellent</b>					54%	35%							44.5%
<b>Good</b>					13%	37%							24.9%
<b>Satisfactory</b>					2%	15%							8.5%
<b>Poor</b>					31%	13%							22.1%

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



<b>Meeting:</b>	<b>Finance, Performance and Resources Committee</b>
<b>Meeting date:</b>	<b>15 November 2022</b>
<b>Title:</b>	<b>Update on Corporate Risks Aligned to the Committee</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance and Strategy, NHS Fife</b>
<b>Report Author:</b>	<b>Pauline Cumming, Risk Manager, NHS Fife</b>

## 1 Purpose

**This report is presented for:**

- Assurance
- Discussion

**This report relates to:**

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

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

This paper is brought to the Committee as part of the first cycle of reporting to the governance committees on the corporate risks, following Board approval on 27 September 2022. The content reflects the baseline starting position for launching our new approach. This report will evolve and be refined over time.

The Committee is invited to:

- Note the Corporate Risks as at 20 October 2022 set out at Appendix 1;
- Review the updates provided and consider the Assurance Principles set out at Appendix 2;
- Consider and be assured of the mitigating actions to improve the risk level; and
- Identify which risks are requested for a deep dive at the next Committee

## 2.2 Background

As part of the refresh of the Risk Management Framework, a Corporate Risk Register has been agreed which aligns to our 4 strategic priorities. This allows us to present the corporate risks in a manner which facilitates effective and focused scrutiny.

This approach will create the conditions for deeper conversations around assurance on the effectiveness of mitigations in terms of:

- relevance
- proportionality
- reliability
- sufficiency

This will be particularly important for risks which are deteriorating or static over time.

## 2.3 Assessment


### NHS Fife Strategic Risk Profile

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	3	2	-	-	◀▶	High
To improve the quality of health and care services	5	5	-	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
<b>Total</b>	<b>18</b>	<b>14</b>	<b>4</b>	<b>0</b>	<b>0</b>		

**Summary Statement on Risk Profile**  
 Current assessment indicates delivery against 3 of the 4 strategic priorities facing a risk profile in excess of risk appetite.

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

Risk Improvement Trajectory for high risks and Corporate Risk Register assessment in place.

<b>Risk Key</b> <table border="1"> <tr><td>High Risk</td><td>15 - 25</td></tr> <tr><td>Moderate Risk</td><td>8 - 12</td></tr> <tr><td>Low Risk</td><td>4 - 6</td></tr> <tr><td>Very Low Risk</td><td>1 - 3</td></tr> </table>	High Risk	15 - 25	Moderate Risk	8 - 12	Low Risk	4 - 6	Very Low Risk	1 - 3		<b>Movement Key</b> Improved - Risk Decreased No Change Deteriorated - Risk Increased
High Risk	15 - 25									
Moderate Risk	8 - 12									
Low Risk	4 - 6									
Very Low Risk	1 - 3									

Details of the risks aligned to this Committee are summarised in Table1 below and at Appendix 1. Please note:



- the content of the risk register will be reviewed and further developed as appropriate, between each committee cycle with consideration at the Risks and Opportunities Group and recommendations to the Executive Directors' Group (EDG);
- the risk target levels are under review to ensure they reflect the level to be achieved at year end (i.e. March 2023)

To this end, EDG reviewed the register on 20 October 2022 and agreed changes as follows:

- The following risks to be realigned to the committees where the subject matter is reported:
  - Whole System Capacity - from the Clinical Governance Committee (CGC) to the Finance, Performance & Resources (F,P&R) Committee
  - Access to Outpatient, Diagnostic and Treatment Services - from the CGC to the F, P&R Committee
  - Cancer Waiting Times - from the CGC to the F,P&R Committee

### Governance Committees and Aligned Corporate Risk Overview

**Table 1 Risks aligned to the Finance, Performance & Resources Committee**

Strategic Priority	Overview of Risk Level	Risk Movement	Corporate Risks	Assessment Summary of Key Changes
 To improve the quality of health and care services	3 - - -	◀▶	<ul style="list-style-type: none"> <li>• Whole System Capacity</li> <li>• Access to outpatient, diagnostic and treatment services</li> <li>• Cancer Waiting Times</li> </ul>	<ul style="list-style-type: none"> <li>• Realignment of risks from CGC to F, P&amp;R as above.</li> </ul>
 To deliver value and sustainability	2 1 - -	◀▶	<ul style="list-style-type: none"> <li>• Delivery of a balanced in-year financial position</li> <li>• Delivery of recurring financial balance over the medium term</li> <li>• Prioritisation and Management of Capital Funding</li> </ul>	<ul style="list-style-type: none"> <li>• No changes to individual risks at this point.</li> </ul>

### Deep Dive Review of Corporate Risks

An objective of the new approach is to enable better scrutiny of our corporate risks. To achieve this, deep dive reviews will be commissioned for risks:

- identified by the governance committees
- identified by EDG
- considered by the Risks & Opportunities Group with recommendations into EDG

As this is the first cycle of reporting, a decision was taken to provide the Committee with deep dive reviews on the risks associated with:

- i) Delivery of a balanced in-year financial position, and
- ii) Cancer waiting times N.B. This risk was originally aligned to the Clinical Governance Committee.

Members are asked to identify deep dive (s) to be reported to the Committee from its first meeting in 2023. The Committee workplan will be developed to reflect same.

### Corporate Risks Selected for “Deep Dive”


This section provides details of root cause (s) and management actions associated with the required mitigations.

#### Deep Dive (i)

<b>Corporate Risk Title</b>	<b>Delivery of a balanced in-year financial position.</b>		
<b>Strategic Priority</b>	<b>To deliver value and sustainability</b>		
<b>Risk Description</b>	There is a risk that the Board may not achieve its statutory financial targets in 2022/23 due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally.		
<b>Root Cause</b>	<p>Uncertainty of both expenditure levels and funding allocations to support Covid related expenditure.</p> <p>Ongoing legacy impact of Covid driving high activity levels across all services.</p> <p>Flow within the acute hospital and out to HSCP impacted by high levels of staff absence, ward and care home closures and service provision levels in care at home.</p> <p>Impact of UK budget on Scottish Government funding levels leading to reductions in a range of in-year funding allocations.</p> <p>Impact of cost-of-living crisis, rising inflation and energy costs on all areas of spend.</p> <p>Potential further impact likely in relation to the ongoing national pay negotiations.</p> <p>Challenges with staff absence driving high locum, bank and agency costs is impacting on the deliverability of a number of FIS schemes.</p>		
<b>Current Risk Level</b>	<b>16</b>	<b>Likelihood 4</b>	<b>Consequence 4</b>
<b>Target Risk Level (in year delivery)</b>	<b>12</b>	<b>Likelihood 3</b>	<b>Consequence 4</b>
<b>Management Actions (current)</b>			
<b>Action</b>	<b>Status</b>		
Consideration of potential revenue to capital cost reclassification.	<b>Significant level of delivery challenge</b>		
Review of SLA costs with a view to reduce and/or redirect costs in year.	<b>Significant level of delivery challenge</b>		
Reviewing opportunities to reduce direct and indirect Covid	<b>At Risk</b>		

spend.	
Report on and agree recommendations arising from the Mid-year financial review.	<b>Significant level of delivery challenge</b>
Deliver on all aspects of the FIS programme.	<b>Significant level of delivery challenge</b>
<b>Management Actions (future)</b>	
<b>Action</b>	<b>Status</b>
Create pipeline for additional and or replacement FIS schemes.	<b>Significant level of delivery challenge</b>
Escalate system wide solution to acute hospital surge activity costs.	<b>Significant level of delivery challenge</b>

## Deep Dive (ii)

<b>Corporate Risk Title</b>	<b>Cancer Waiting Times</b>		
<b>Strategic Priority</b>	 To improve the quality of health and care services		
<b>Risk Description</b>	There is a risk that due to increasing patient referrals and complex cancer pathways, NHS Five will see further deterioration of Cancer Waiting Times (CWT) 62-day performance.		
<b>Root Cause</b>	<p>Increased Numbers of Patients Referred with Urgent Suspicion of Cancer (76% increase in urgent suspicion of cancer referrals between 2017 and 2021)</p> <p>Increased complexity of cancer pathways – with more complex diagnostic pathways as a result of stratified models of care.</p> <p>Increasing complexity of treatment options to deliver targeted care e.g. robotic surgery options, expanding systemic anti cancer treatment (SACT) options</p> <p>Increased number of patients living with a cancer diagnosis with care now more akin to long term disease management , fantastic for our patients but places strain on capacity required for ongoing and follow up care (outpatient, inpatient and diagnostic capacity)</p> <p>People diagnosed with cancer is increasing due to the growing and aging population</p> <p>There is a clear link between deprivation and cancer diagnosis- cancer incidence is 30% higher in the most deprived areas compared to the least deprived areas.</p> <p>Around 40% of cancers are thought to be preventable. With lifestyle choices including smoking, diet and alcohol consumption is some of the key determinants.</p>		
<b>Current Risk Level</b>	<b>15</b>	<b>Likelihood 5</b>	<b>Consequence 3</b>
<b>Target Risk Level (in year delivery)</b>	<b>12</b>	<b>Likelihood 4</b>	<b>Consequence 3</b>
<b>Management Actions (current)</b>			
<b>Action</b>	<b>Status</b>		



Effective Cancer Management Framework Action plan agreed both locally and by Scottish Government and actions identified.	<b>On Track – ongoing</b>
A national Short Life Working Group (SLWG) is being set up to develop a 'Once for Scotland' approach to management of breaches standard operating procedure. This will be led by the NHS Fife Cancer Transformation Manager (Chair of National Cancer Managers' Forum). The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time	<b>On Track – Dec 2022</b>
Establishment of Acute Cancer Services Delivery Group. The purpose of this group is to ensure the routine operation of Cancer Services in NHS Fife Acute Services Division is managed effectively. It will provide assurance and highlight any exceptions to performance, waiting times, and quality standards and systems resilience.	<b>Delivered - ongoing</b>
Investment of non-recurring cancer waiting times funding from Scottish Government, allowing for short term investment to increase capacity. The Executive Director's Group has also supported use of this funding for recurring posts to support service sustainability.	<b>On Track</b>
Pilot of NHS Fife Early Cancer Diagnostic Centre (ECDC) now known as Rapid Cancer Diagnostic Service (RCDS) now supporting a rapid diagnostic pathway for patients with vague or concerning symptoms	<b>Delivered- ongoing operational delivery</b>
Patient Tracking List Meeting to escalate patients at risk of breaching waiting times	<b>Delivered - Ongoing operational delivery</b>
The implementation of Single Point of Contact Hub (SPOCH) piloting centralised support for urological and bowel cancers. SPOCH aims to improve patient experience by providing a central contact point for contact for patients going through a cancer pathway. This supports patient experience and also helps with early identification of potential delays before they are picked up at the patient tracking meeting.	<b>Delivered - Sept 2022</b>
<b>Management Actions (future)</b>	
<b>Action</b>	<b>Status</b>
The Cancer Framework and delivery plan is almost complete. Optimal Pathways and integrated care are included in the framework along with viewing CWT targets as a minimum standard. Lung and prostate have been selected as pathways for priority review (lung and prostate are amongst the 5 most common cancers in Fife).	<b>On Track - March 2023</b>

<b>Action Status Key</b>
Completed
On track
Significant level of delivery challenge
At risk of non delivery
Not started

### 2.3.1 Quality / Patient Care

Effective management of risks to quality and patient care will support delivery of our strategic priorities, to improve health and wellbeing and the quality of health and care services. Specific focus contained within the paper.

### **2.3.2 Workforce**

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

### **2.3.3 Financial**

Effective management of financial risks will support delivery of our strategic priorities including delivering value and sustainability. Specific focus within the paper.

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

Subject of the paper.

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

This paper does not generate specific issues of Equality and Diversity.

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

This paper does not generate issues related to Climate Emergency & Sustainability.

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

This paper reflects a range of communication and engagement over time, most recently at EDG on 20 October 2022.

### **2.3.8 Route to the Meeting**

EDG on 20 October 2022 and the Director of Finance and Strategy on 27 October 2022

## **2.4 Recommendation**

- Assurance
- Discussion

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No. 1, Summary of Corporate Risks Aligned to the Finance, Performance & Resources Committee as at 20 October 2022
- Appendix No. 2, Assurance Principles


### **Report Contact**


Pauline Cumming


Risk Manager, NHS Fife

Email [pauline.cumming@nhs.scot](mailto:pauline.cumming@nhs.scot)

**Summary of Corporate Risks Aligned to the Finance, Performance & Resources Committee  
as at 20 October 2022**

 To improve the quality of health and care services							
	Risk	Mitigation	Risk Level	Target Risk Level by Mar 2023	Risk Level Trend	Risk Owner	Primary Committee
6	<b>Whole System Capacity</b>  There is a risk that significant and sustained admission activity to acute services, combined with challenges in achieving timely discharge to downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised.	The combination of application of our OPEL process on a daily basis and the improvement work through our Integrated Unscheduled Integrated Care and Planned Care programmes provides the operational and strategic response to the challenges posed through this risk.	High  20	Mod  9	◀▶	Director of Acute Services	Finance, Performance & Resources

							
7	<p><b>Access to outpatient, diagnostic and treatment services</b></p> <p>There is a risk that due to demand exceeding capacity, compounded by COVID -19 related disruption and stepping down of some non-urgent services, NHS Fife will see a deterioration in achieving waiting time standards. This time delay could impact clinical outcomes for the population of Fife.</p>	<p>Recovery Plans developed outlining additional activity and resources required to reduce backlog and meet ongoing demand.</p> <p>Speciality level plans in place outlining local actions to mitigate the most significant areas of risk.</p> <p>The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time.</p>	High 16	Mod 12	◀▶	Director of Acute Services	Finance, Performance & Resources

							
8	<p><b>Cancer Waiting Times</b></p> <p>There is a risk that due to increasing patient referrals and complex cancer pathways, NHS Fife will see further deterioration of Cancer Waiting Times (CWT) 62-day performance.</p>	<p>Effective Cancer Management Framework Action plan agreed both locally and by Scottish Government and actions identified.</p> <p>A national Short Life Working Group (SLWG) is being set up to develop a 'Once for Scotland' approach to management of breaches standard operating procedure. This will be led by the NHS Fife Cancer Transformation Manager (Chair of National Cancer Managers' Forum).</p> <p>The Cancer Framework and delivery plan is almost complete. Optimal Pathways and integrated care are included in the framework along with viewing CWT targets as a minimum standard.</p> <p>The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time.</p>	High 15	Mod 12	◀▶	Director of Acute Services	Finance, Performance & Resources



To deliver value  
and sustainability

	Risk	Mitigation	Risk Level	Target Risk Level by Mar 2023	Risk Level Trend	Risk Owner	Primary Committee
13	<p><b>Delivery of a balanced in-year financial position.</b></p> <p>There is a risk that the Board may not achieve its statutory financial targets in 2022/23 due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally.</p>	<p>Financial Improvement and Sustainability Programme (FIS) board established to provide oversight to the delivery of Cost Improvements Plans and approve pipeline schemes to be taken to implementation.</p>	<p>High</p> <p>16</p>	<p>Mod</p> <p>12</p>	◀▶	Director of Finance & Strategy	Finance, Performance & Resources
14	<p><b>Delivery of recurring financial balance over the medium-term</b></p> <p>There is a risk that NHS Fife will not deliver the financial improvement and sustainability programme actions required to ensure sustainable financial balance over the medium-term.</p>	<p>Strategic Planning and Resource Allocation process will continue to operate and support financial planning</p> <p>The FIS Programme will focus on medium-term productive opportunities and cash releasing savings</p> <p>The Board will maintain its focus on reaching the full National Resource Allocation (NRAC) allocation over the medium- term.</p>	<p>High</p> <p>16</p>	<p>Mod</p> <p>12</p>	◀▶	Director of Finance & Strategy	Finance, Performance & Resources

15	<p><b>Prioritisation &amp; Management of Capital funding</b></p> <p>There is a risk that lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to deliver the PAMS and to support the developing Population Health and Wellbeing Strategy.</p>	<p>Infrastructure developments prioritised and funded through the NHS Board capital plan.</p> <p>Regular Property and Asset Management Strategy (PAMS) report submitted to FP&amp;R, NHS Board and Government.</p>	Mod 12	Low 8	◀▶	Director of Property & Asset Management	Finance, Performance & Resources
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## Assurance Principles, Developed by NHS Lanarkshire

### 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 on Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

#### Chairs Assurance Report

- Consider issues for disclosure
- Emergent risks or Escalation  
Recording
- Scrutiny of 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 to 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 risk opened); has it moved towards target at any point?
• Is there a valid reason given for the current score?
• Is the target score: <ul style="list-style-type: none"> <li>○ In line with the organisation's defined risk appetite?</li> <li>○ Realistic/achievable or does the risk require to be tolerated at a higher level?</li> <li>○ Sensible/worthwhile?</li> </ul>
• Is there an appropriate split between: <ul style="list-style-type: none"> <li>○ Controls – processes already in place which take the score down from its initial/inherent position to where it is now?</li> <li>○ Actions – planned initiatives which should take it from its current to target?</li> <li>○ Assurances - which monitor the application of controls/actions?</li> </ul>
• Assessing Controls <ul style="list-style-type: none"> <li>○ Are they '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)?</li> <li>○ Overall, do the controls look as if they are applying the level of risk mitigation stated?</li> <li>○ Is their adequacy assessed by the risk owner? If so, is it reasonable based on the evidence provided?</li> </ul>
• Assessing Actions – as controls but accepting that there is necessarily more uncertainty : <ul style="list-style-type: none"> <li>○ Are they are on track to be delivered?</li> <li>○ Are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk?</li> <li>○ Are they likely to be sufficient to bring the risk down to the target score?</li> </ul>
• Assess Assurances: <ul style="list-style-type: none"> <li>○ Do they actually relate to the listed controls and actions (surprisingly often they don't)?</li> <li>○ Do they provide relevant, reliable and sufficient evidence either individually or in composite?</li> <li>○ Do the assurance sources listed actually provide a conclusion on whether:                     <ul style="list-style-type: none"> <li>▪ the control is working</li> <li>▪ action is being implemented</li> <li>▪ 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</li> </ul> </li> <li>○ 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):                     <ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> line – management / performance / data trends?</li> <li>▪ 2<sup>nd</sup> line – oversight / compliance / audits?</li> <li>▪ 3<sup>rd</sup> line – internal audit and/or external audit reports / external assessments?</li> </ul> </li> </ul>

### LEVEL OF ASSURANCE

Substantial Assurance	Adequate Assurance	Limited Assurance
Controls are applied continuously with minor lapse	Controls are applied with some lapses	Significant breakdown in the application of controls



<b>Meeting:</b>	<b>Finance, Performance &amp; Resources Committee</b>
<b>Meeting date:</b>	<b>15 November 2022</b>
<b>Title:</b>	<b>General Policies &amp; Procedures Update</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance &amp; Strategy</b>
<b>Report Author:</b>	<b>Hazel Thomson, Board Committee Support Officer</b>

## 1 Purpose

**This report is presented for:**

- Assurance

**This report relates to:**

- Local policy

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

- Safe
- Effective

## 2 Report summary

### 2.1 Situation

In March 2013, an internal audit report - B12/13, Policies and Procedures - identified that 108 (81%) out of 133 policies then listed on the NHS Fife intranet were beyond their review date. Members of the Audit & Risk Committee questioned the level of risk to the Board from any delay in reviewing such policies in line with target dates. Management agreed that a more robust approach to enforcing reviews was required and that a new risk should be added until such time as the new processes were fully implemented. FP&R receives a bi-annual update on the status of 'general' (i.e., non-clinical or HR related) policies, for assurance purposes.

### 2.2 Background

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

- General Policies – Finance, Performance & Resources Committee

- Clinical Policies – Clinical Governance Committee
- Human Resources – Staff Governance Committee

## 2.3 Assessment

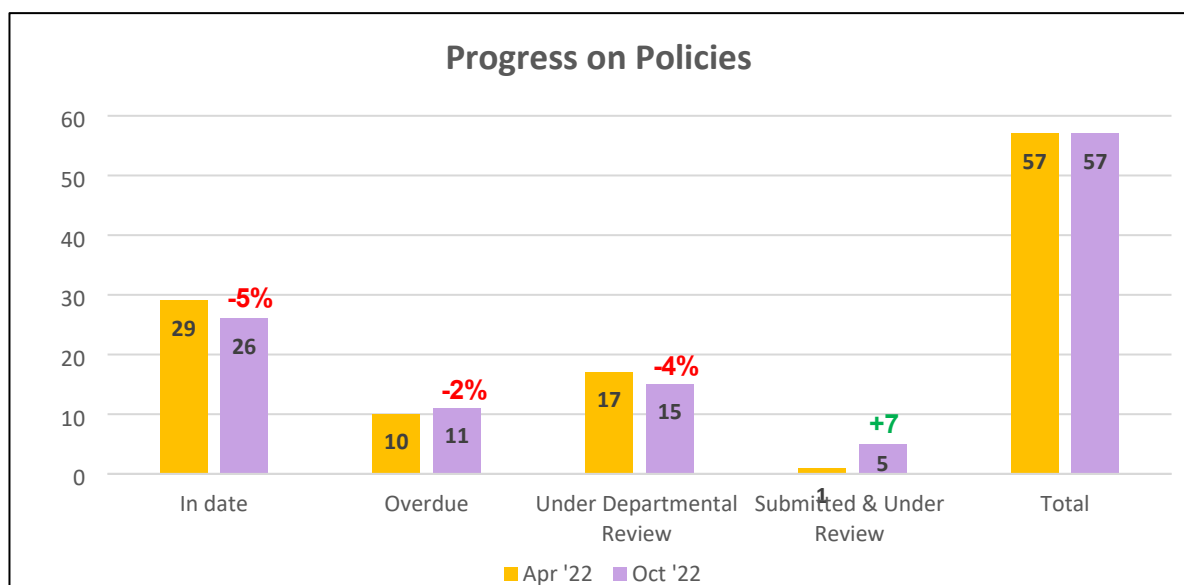
An update on General Policies was last provided to the Committee in May 2022 and work is ongoing in tackling the historic backlog of General Policies & Procedures reviews that are overdue. The Board Committee Support Officer is in close contact with respective colleagues to get these documents reviewed and through the approval process. General Policies which are overdue and have not commenced review will be escalated to the Executive Director/Responsible Officer going forward for swifter action.

A General Policies and Procedures Guidelines Pack and workplan is now available to all staff through [Stafflink](#). The workplan is attached as an appendix and lists General Policies & Procedures that are overdue, under departmental review, formally submitted & under review, and in date. The workplan will support the relevant departments to meet deadlines for reviews going forward and ensure a more proactive approach in ensuring policies are reviewed well before their due date.

### General Policies

In October 2022, of the 57 General Policies, 11 (19%) remain beyond their due date, and are presently being followed up. Review work is underway within departments for 15 (26%) of General Policies, 5 (9%) have been submitted to go through the formal approval process and 26 (46%) of General Policies are up to date.

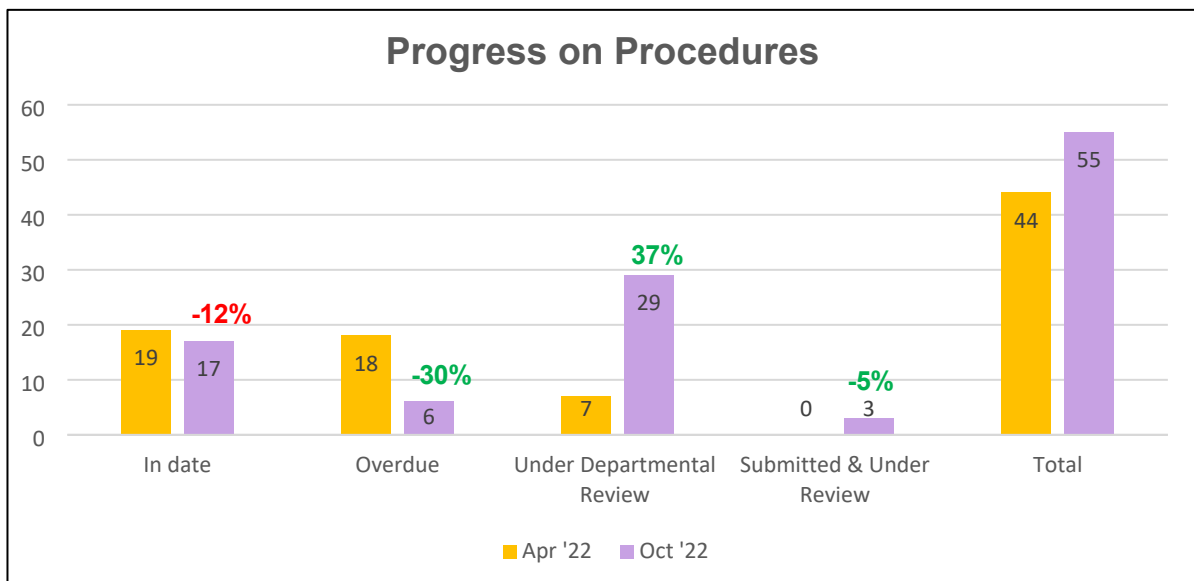
Once the General Policies that are currently going through the approval process are finalised, this will bring the number that are up to date to 31 (54%), compared to 29 (51%) in April 2022. There are a number of General Policies which are 'under departmental review' and it is expected these policies will go through the approval process in the coming months.



## General Procedures

In October 2022, of the 55 General Procedures known, 6 (11%) remain beyond their due date, and are presently being followed up. Work is underway within departments for 29 (53%) of General Procedures. 3 (5%) have been submitted to go through the formal approval process. 17 (31%) of General Procedures are up to date.

A number of General Procedures (previously not recorded) have been identified and been added to the workplan. Further work will continue to be carried out to identify General Procedures which are not currently available on Stafflink, to ensure these are uploaded and fully accessible to staff.



## Electronic Solution

Exploratory discussions continue to be ongoing on the benefits of introducing an electronic solution for policy management. Further detail will be provided when available.

### **2.3.1 Quality / Patient Care**

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

### **2.3.2 Workforce**

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

### **2.3.3 Financial**

As previously reported, the estimated financial costs of introducing potential policy management software have proved to be significant and likely beyond the budget of an individual service to meet. An organisational solution is therefore required.

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

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

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

This paper does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Consequently, an EQIA is not required for this specific paper. As part of each policy review cycle, however, authors are required to complete as a minimum Stage 1 EQIA assessments, in order to ascertain the wider impact of each policy statement.

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

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

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

The report provides evidence of the recent activities of the General Policies & Procedures Group, which is the internal body responsible for review and assessment of policy content. Membership of the Group has recently been revised, in order to capture more expertise from across the organisation.

#### **2.3.8 Route to the Meeting**

The Committee is the first formal group that has considered this report.

### **2.4 Recommendation**

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

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No. 1, General Policies & Procedures Workplan

#### **Report Author**

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KEY:	
	Out of Date/Overdue
	Under Departmental Review
	Formally Submitted & Under Review

Department	Policy / Procedure No.	Policy or Procedure	Policy / Procedure Title	Review Date	Status
Communications	GP/02	Policy	Online Communications	15 May 2017	05/10/22 - followed up
Digital & Information	GP/F1	Policy	Freedom of Information	31 March 2014	05/10/22 - sent to EDG for approval 20/10/22 – further amendments required
Digital & Information	GP/A4	Policy	Acceptable Use Policy	01 July 2022	12/10/22 - with reviewer
Digital & Information	GP/D3	Policy	Data Protection and Confidentiality Policy	01 June 2021	12/10/22 - with reviewer
Digital & Information	GP/E7	Policy	Non NHS Equipment Policy	01 May 2019	12/10/22 - followed up
Digital & Information	GP/I4	Policy	e-Health Procurement Policy	01 May 2019	12/10/22 - with reviewer
Digital & Information	GP/I6	Policy	IT Change Management Policy	01 June 2021	12/10/22 - followed up
Digital & Information	GP/M5	Policy	Mobile Device Management Policy	01 May 2019	12/10/22 - followed up
Digital & Information	GP/S8	Policy	D&I Incident Management Policy	01 November 2020	12/10/22 - with reviewer, and followed up
Digital & Information	GP/V2	Policy	IT Virus Protection Policy	01 January 2022	12/10/22 - followed up
Director of Nursing	GP/A2	Policy	Use of Independent Advocacy	22 December 2021	05/10/22 - followed up
Director of Nursing	GP/I8	Policy	Infection Control	01 January 2019	07/10/22 - submitted to GPG
Director of Nursing	GP/R7	Policy	Risk Register and Risk Assessment	01 December 2018	05/10/22 - followed up
Estates & Facilities	GP/C1	Policy	Confined Spaces	18 May 2022	19/10/22 - with reviewer
Estates & Facilities	GP/S3	Policy	Safe And Effective Use Of Unwrapped Instrument And Utensil Sterilizers	01 June 2022	28/09/22 - with reviewer
Estates & Facilities	GP/A1	Policy	Asbestos Policy	01 November 2020	23/09/22 - Submitted to GPG 29/09/22 - EQIA needs updated. Sent back to author. 12/10/22 - comments from GPG sent to author
Estates & Facilities	GP/E4	Policy	Medical Equipment Management	01 November 2020	19/10/22 - with reviewer
Estates & Facilities	GP/F2	Policy	Fire Safety Policy	01 May 2021	19/10/22 - with reviewer
Estates & Facilities	GP/H4	Policy	Hospitality Policy	01 April 2019	19/10/22 - followed up

Department	Policy / Procedure No.	Policy or Procedure	Policy / Procedure Title	Review Date	Status
Estates & Facilities	GP/L1	Policy	Water Systems Management	26 March 2020	23/09/22 - Submitted to GPG 29/09/22 - EQIA needs updated. Sent back to author. 12/10/22 - Comments from GPG sent to author
Estates & Facilities	GP/M1	Policy	Manual Handling	01 June 2022	12/08/22 - Submitted to GPG 12/09/22 - Submitted comments to author 07/10/22 - Resubmitted to GPG
Estates & Facilities	GP/M2	Policy	Control of Mercury	09 July 2021	19/10/22 - with reviewer
Estates & Facilities	GP/P7	Policy	Care of Patients Personal Laundry	01 September 2020	19/10/22 - with reviewer
Estates & Facilities	GP/P9	Policy	Pressure Systems - NHS Fife	24 July 2021	19/10/22 - with reviewer
Estates & Facilities	GP/W1	Policy	Waste Management	22 March 2021	05/10/22 - Consultation & Changes forms to be completed before progressing to GPG
Estates & Facilities	GP/W4	Policy	Window Management	09 July 2021	05/10/22 - Followed up 19/10/22 - Not started yet
Health & Safety	GP/P4	Policy	Personal Protective Equipment	01 October 2022	04/11/22 - not started yet.
Medical Director	GP/I1	Policy	Management of Intellectual Properties	01 October 2022	04/11/22 – with reviewed
Medical Director	GP/I9	Policy	Adverse Events	22 March 2021	05/10/22 - with reviewer
Medical Director	GP/P3	Policy	Picture Archiving and Communication System	01 March 2020	05/10/22 - followed up
Medical Director	GP/R3	Policy	Research Fraud & Misconduct	12 September 2021	05/10/22 – with reviewer
Health & Safety	GP/S2	Policy	Smoking	01 March 2016	06/10/22 - In progress. The group has worked through some text changes that is acceptable to all. Next stage is to undertake the EQIA then governance routes.
Communications	GP/O2-3	Procedure	All Staff Communications & Email	15 May 2017	05/10/22 – with reviewer
Digital & Information	GP/D3-12	Procedure	Subject Access to Health Records	01 December 2016	12/10/22 - with reviewer
Digital & Information	GP/D3-4	Procedure	Safe Haven' Procedure for Fax Machines - Position and Access Controls	01 December 2015	12/10/22 - with reviewer
Digital & Information	GP/D3-5	Procedure	Access Controls for Information Systems	01 December 2015	12/10/22 - with reviewer

Department	Policy / Procedure No.	Policy or Procedure	Policy / Procedure Title	Review Date	Status
Digital & Information	GP/D3-6	Procedure	Safe Haven Procedure - Actions to be taken in event of fax sent or received in error	01 December 2015	12/10/22 - with reviewer
Digital & Information	GP/D3-7	Procedure	Good Practice Guide - Using Office Equipment & Machinery	01 December 2015	12/10/22 - with reviewer
Digital & Information	GP/D3-A1	Procedure	Data Protection Notice	01 June 2021	12/10/22 - with reviewer
Digital & Information	GP/D3-A10	Procedure	Training	01 June 2021	12/10/22 - with reviewer
Digital & Information	GP/D3-A11	Procedure	Data Access and Authorisation	01 June 2021	12/10/22 - with reviewer
Digital & Information	GP/D3-A12	Procedure	Information Access Controls	01 June 2021	12/10/22 - with reviewer
Digital & Information	GP/D3-A13	Procedure	Data Safe Havens	01 June 2021	12/10/22 - with reviewer
Digital & Information	GP/D3-A14	Procedure	Tier 0 - Research & Authorisation	01 June 2021	12/10/22 - with reviewer
Digital & Information	GP/D3-A15	Procedure	Tier 0 - Guidance for Applicants	01 June 2021	12/10/22 - with reviewer
Digital & Information	GP/D3-A16	Procedure	Tier 0 - Guidance for Reviewers	01 June 2021	12/10/22 - with reviewer
Digital & Information	GP/D3-A17	Procedure	Tier 0 - To Application Review Record	01 June 2021	12/10/22 - with reviewer
Digital & Information	GP/D3-A18	Procedure	Toolkit (DPIA, SSP and Security Questionnaire Templates)	01 June 2021	12/10/22 - with reviewer
Digital & Information	GP/D3-A19	Procedure	Best Practice Guide - Using Office Equipment and Machinery	01 June 2021	12/10/22 - with reviewer
Digital & Information	GP/D3-A2	Procedure	Confidentiality Statement (NHS Staff)	01 June 2021	12/10/22 - with reviewer
Digital & Information	GP/D3-A3	Procedure	Confidentiality Statement (Non NHS Staff)	01 June 2021	12/10/22 - with reviewer
Digital & Information	GP/D3-A4	Procedure	Law Enforcement Information Requests	01 June 2021	12/10/22 - with reviewer
Digital & Information	GP/D3-A5	Procedure	Structure Roles and Responsibilities	01 June 2021	12/10/22 - with reviewer
Digital & Information	GP/D3-A6	Procedure	Subject Access Requests (SARS) for Health Records	01 June 2021	12/10/22 - with reviewer
Digital & Information	GP/D3-A7	Procedure	Lost and Stolen Health Records	01 June 2021	12/10/22 - with reviewer

Department	Policy / Procedure No.	Policy or Procedure	Policy / Procedure Title	Review Date	Status
Digital & Information	GP/D3-A8	Procedure	Third Party Supplier Relationships	01 June 2021	12/10/22 - with reviewer
Digital & Information	GP/D3-A9	Procedure	Reg & Assess of Information Assets	01 June 2021	12/10/22 - with reviewer
Digital & Information	GP/R1-1	Procedure	Transportation of Paper Health Records within & Outwith organisational boundaries	21 July 2022	05/10/22 - sent to GPG for review
Estates & Facilities	GP/P9-1	Procedure	Pressure Systems - (Various procedures included within the one document)	24 July 2021	19/10/22 - with reviewer
Estates & Facilities	GP/E4-01	Procedure	Medical Physics Operational Procedure	01 July 2019	19/10/22 - with reviewer
Estates & Facilities	GP/E8-1	Procedure	Food Safety	22 February 2016	19/10/22 - followed up
Estates & Facilities	GP/E8-2	Procedure	Catering Services - Contingency Plan Kitchen Failure	22 April 2015	19/10/22 - followed up
Estates & Facilities	GP/E8-4	Procedure	Catering: Hazard Analysis & Critical Control Point (HACCP)	23 April 2016	19/10/22 - followed up
Estates & Facilities	GP/E8-5	Procedure	Safe Handling of Laundry	23 April 2016	19/10/22 - followed up
Estates & Facilities	GP/F2-1	Procedure	Fire Safety Procedure Guidance	01 May 2021	10/10/22 - In progress. Currently going through a review to reflect the new response from the Scottish Fire Service
Estates & Facilities	GP/L2	Procedure	Dealing with Lead at Work	01 February 2021	05/10/22 - followed up
Health & Safety	GP/E8-8	Procedure	Dangerous Substance and Explosive Atmosphere (DSEAR)	01 May 2020	05/10/22 - Followed up
Health & Safety	GP/L6	Procedure	Lone Working	01 November 2021	17/10/22 - Submitted back to author for Exec. Lead approval - no changes to procedure
Health & Safety	GP/M1	Procedure	The Safer Handling of the Heavier/Plus Size Patient	01 February 2022	12/08/22 - Submitted to GPG 12/09/22 - Submitted comments to author (for policy)
Research, Innovation & Knowledge	GP/I1-1	Procedure	Procedure for the Management of Intellectual Property	01 October 2022	04/11/22 – with reviewer



## In Date (Review 2022/23)

Department	Policy / Procedure No.	Policy or Procedure	Policy / Procedure Title	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Digital & Information	GP/B2	Policy	e-Health Remove Access								✓				
Estates & Facilities	GP/C8	Policy	Car Parking Policy										✓		
Estates & Facilities	GP/M3	Policy	Management of Medical Gases								✓				
Communications	GP/O2-3	Policy	All Staff Email								✓				
Estates & Facilities	GP/M3-1	Procedure	Medical Glass Cylinders								✓				
Estates & Facilities	GP/M3-2	Procedure	Medical Gas Pipeline Systems								✓				
Estates & Facilities	GP/M3-3	Procedure	Procedure for the Safe Storage, Use of Transport of Liquid Nitrogen								✓				
Health & Safety	GP/G1-1	Procedure	Glove Selection Procedure									✓			
Health & Safety	GP/N1	Procedure	Noise at Work								✓				
Health & Safety	GP/V1	Procedure	Control of Vibration at Work										✓		
Health & Safety	GP/W2	Procedure	Work at Height										✓		

## In Date (Review 2023/24)

Department	Policy / Procedure No.	Policy or Procedure	Policy / Procedure Title	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Digital & Information	GP/I3	Policy	Internet Policy										✓		
Digital & Information	GP/R8	Policy	Health Records and Destruction			✓									
Digital & Information	GP/R9	Policy	Health Records						✓						
Estates & Facilities	GP/C4	Policy	Control of Contractors							✓					
Estates & Facilities	GP/E3	Policy	Electrical Safety						✓						
Health & Safety	GP/V4	Policy	Reduction of Violence and Aggression at Work									✓			
Nurse Director	GP/V3	Policy	Volunteering Policy												
Estates & Facilities	GP/E3-1	Procedure	Electrical Safety & Operation						✓						
Estates & Facilities	GP/E8-3	Procedure	Emergency/Restoration Cleaning												
Health & Safety	GP/C3	Procedure	Control of Substances Hazardous to Health							✓					
Health & Safety	GP/D1-1	Procedure	Display Screen Equipment			✓									
Health & Safety	GP/E8-8	Procedure	Dangerous Substances and Explosive Atmosphere			✓									
Health & Safety	GP/V1	Procedure	Control of Vibration at Work							✓					

## In Date (Review 2024/25)

Department	Policy / Procedure No.	Policy or Procedure	Policy / Procedure Title	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Digital & Information	GP/R4	Policy	Management, Retention, Storage and Destruction of all Business and Administrative Information and Records				✓								
Digital & Information	GP/C10	Policy	Clear Desk Policy										✓		
Digital & Information	GP/D6	Policy	Data Encryption Policy										✓		
Digital & Information	GP/E6	Policy	Email Policy										✓		
Digital & Information	GP/I5	Policy	Information Security Policy										✓		
Digital & Information	GP/M4	Policy	Media Handling Policy										✓		
Digital & Information	GP/P8	Policy	Patient Access Policy			✓									
Estates & Facilities	GP/D1	Policy	Fife Wide Decommissioning of Premises Policy						✓						
Estates & Facilities	GP/V1	Policy	Ventilation Policy						✓						
Health & Safety	GP/H1	Policy	Health & Safety Policy											✓	
Health & Safety	GP/H5	Policy	Health Assessment & Surveillance						✓						
Nurse Director	GP/V3	Policy	Volunteering Policy	✓											
Digital & Information	GP/P8	Procedure	Standard Operating Procedures			✓									
Estates & Facilities	GP/E3-7	Procedure	Room Bookings						✓						
Estates & Facilities	GP/E8-10	Procedure	Driver Operating Procedures (& Handbook)						✓						
Estates & Facilities	GP/E8-3	Procedure	Emergency/Restoration Cleaning	✓											
Estates & Facilities	GP/S1	Procedure	Reallocation of Spaces						✓						

## In Date (Review 2025/26)

Department	Policy / Procedure No.	Policy or Procedure	Policy / Procedure Title	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Digital & Information	GP/H6	Policy	e-Health Equipment Home Working Policy									✓			
Corporate Governance & Board Administration	GP/E5	Policy	Processing External Hazard and Safety Notices and Alerts						✓						
Medical Director	GP/S6	Policy	Screening of NHS Fife Staff during the outbreak of an infectious disease						✓						
Digital & Information	GP/P2	Policy	Secure Use of Passwords			✓									

**In Date (Review 2025/26)**

Department	Policy / Procedure No.	Policy or Procedure	Policy / Procedure Title	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
Estates & Facilities	GP/E8-6	Procedure	Grounds and Gardens						✓						

<b>Meeting:</b>	<b>Finance, Performance &amp; Resources Committee</b>
<b>Meeting date:</b>	<b>15 November 2022</b>
<b>Title:</b>	<b>Strategic Planning and Resource Allocation 2023/24</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance</b>
<b>Report Author:</b>	<b>Maxine Michie, Deputy Director of Finance</b>

## 1 Purpose

**This report is presented for:**

- Assurance

**This report relates to:**

- Strategic Planning and Resource Allocation Process

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

- Safe
- Effective
- Person Centred

## 2 Report Summary

### 2.1 Situation

The Strategic Planning and Resource Allocation (SPRA) Process for 2023/24 is in progress.

The SPRA process is a planning and resource allocation framework to support the development of the organisational strategy for NHS Fife. This will inform the 5-year financial and strategic plan to support the delivery of the Population Health and Wellbeing

Strategy. This paper describes the SPRA process and provides an update on the submission process.

## **2.2 Background**

This is the third year of the Strategic Planning and Resource Allocation process which brings together the planning of services with financial and workforce implications of service delivery and change. It is an annual process which details how each directorate/programme supports the delivery of the overall organisational strategy.

## **2.3 Assessment**

Stakeholder feedback has suggested a workshop would be very helpful to stakeholders to provide guidance and support to completing and providing the requested information. Consequently, 5 workshops have been organised for the end of October and beginning of November as follows:

**Tuesday 25<sup>th</sup> October, Estates & Facilities, 2pm - 4pm, Albert Room - VHK**

**Wednesday 26<sup>th</sup> October, WCCS, 11.30am - 1.30pm, HH Floor 2 Meeting Room**

**Wednesday 26<sup>th</sup> October, Corporate Directorates, 3pm-5pm, HH Floor 2 Meeting Room**

**Wednesday 2<sup>nd</sup> November, PCS, 9.30am - 11.30am, Lecture Theatre - VHK**

**Wednesday 2<sup>nd</sup> November, ECD, 2.30pm - 4.30pm, Lecture Theatre - VHK**

Colleagues from Planning, Workforce and Finance will deliver several presentations to inform how the process will be taken forward, key outcomes to be delivered, and the many challenges we currently must balance alongside our ambition and delivery of our objectives. This will be followed by a walk-through of the SPRA template with some worked examples and opportunity to ask questions and seek any clarifications required to complete the process.

Templates for completion have been revised but will not be distributed until after the workshops are complete and will be further revised if required to take account of any points raised by stakeholders at the workshops. Templates will then be distributed and once returned, submissions will be collated and reviewed to report back to EDG in January 2023 on the proposed service changes and programmes that will be discussed and then prioritised. These service changes and programmes will be considered in terms of alignment to strategic priorities, quality of care as well as financial and workforce

implications. Further workshops will be held in early January to provide feedback, enable further revision and information to be collated before submission to EDG.

Once completed, the governance of this work will be to provide a paper on the outputs from the SPRA process to the committees and through to the Board.

Key dates:

25 Oct-2 Nov	Workshops Held
4 November	SPRA Templates distributed to Directors
16 December	Deadline for SPRA submissions
January 2023	Workshop 2 – Feedback/further revision
January 2023	Summary of submissions to EDG followed by prioritisation
March 2023	Governance Committees
March 2023	Final SPRA report to Board

### **2.3.1 Quality / Patient Care**

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

### **2.3.2 Workforce**

Workforce planning is key to the SPRA process.

### **2.3.3 Financial**

Financial planning is key to the SPRA process.

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

Risk assessment is part of SPRA process and will be part in the prioritisation of key objectives.

### **2.3.5 Equality and Diversity, Including Health Inequalities and Anchor Institution Ambitions**

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

### **2.3.8 Route to the Meeting**

- EDG, 20 October 2022

## **2.4 Recommendation**

The Finance, Performance and Resources Committee are asked to take assurance from the Strategic Planning and Resource Allocation methodology and the timeline for delivery.

## **3 List of appendices**

None

### **Report Contact**

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Deputy Director of Finance

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<b>Meeting:</b>	<b>Finance Performance &amp; Resource Committee (FP&amp;R)</b>
<b>Meeting date:</b>	<b>15 November 2022</b>
<b>Title:</b>	<b>Annual Procurement Report</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance &amp; Strategy</b>
<b>Report Author:</b>	<b>Kevin Booth, Head of Financial Services &amp; Procurement</b>

## 1 Purpose

**This is presented to the Committee for:**

- Endorsement and assurance

**This report relates to a:**

- Annual Operational Plan
- Legal requirement

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

- Safe
- Effective

## 2 Report summary

### 2.1 Situation

Report To meet the regulatory requirements of the Procurement Reform (Scotland) Act 2014, NHS Fife must prepare and publish an Annual Procurement.

### 2.2 Background

The Annual Report demonstrates to 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 Annual Procurement Report provides a summary of Procurement activity during 2021/22 and is based on a consistent format comparable to other boards and public sector bodies.

The Report provides information on 13 call-off contracts where the value exceeded the regulated threshold (£50,000 for goods and services). The total value of these call-offs was £3,245,347, with contracts for Non-Domestic Energy Efficiency, Commercial Laundry Equipment, Transport for Urgent Care Services and Oral and Maxillofacial Services being awarded during 2021/22.

The Report clarifies the procedure that NHS Fife Procurement team follow when any contract is awarded which should ordinarily have gone through a regulated procurement process and instead a tender waiver procedure was applied. These contracts do not require to be specifically disclosed in the report but were provided to the Procurement Governance Board for oversight.

Section 3 of the Annual Report demonstrates how NHS Fife Procurement has contributed to the achievement of its objectives and to the general duties in the Procurement Reform (Scotland) Act 2014. The establishment of the Procurement Governance Board is highlighted in this section and its role going forward in the monitoring of performance, risk and active enhancement of the future procurement service.

NHS Fife's adoption of the principles of an Anchor Institute are clarified in the annual report. In support of this NHS Fife Procurement states its commitment to considering and developing pathways that it can use to influence and enhance the community benefits for the people of Fife and their local communities.

The Annual Report confirms NHS Fife Procurement continue to seek out potential trade opportunities with supported Businesses and section 5 clarifies the two Businesses that NHS Fife placed orders with during the year.

Section 6 details the six presently known, future regulated Procurement projects with a total value of circa £736,000, that will be progressed within FY 2022-2023.

The final section of the Annual Report confirms NHS Fife's compliance towards its 2019 Procurement Strategy as approved by the Finance, Performance and Resource Committee.

### **2.3.1 Quality/ Patient Care**

The compliance of the Procurement Function detailed in the Annual 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 Metrix are those that are disclosed in the Boards 2021/22 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 and the Interim Head of Procurement.

### **2.3.5 Equality and Diversity, including health inequalities**

N/A

### **2.3.6 Other impact**

N/A

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

The content of the Annual Report has been finalised through discussion and contribution throughout members of the NHS Fife Procurement Team.

### **2.3.8 Route to the Meeting**

The Annual Procurement Report was endorsed by the Procurement Governance Board on 29/09/22 and thereafter by EDG members on 20/10/22.

## **2.4 Recommendation**

The FP&R committee is asked to endorse the content of the Annual Procurement Report and recommend Board approval of its publication on the NHS Fife Website.

## **3 List of appendices**

The following appendices are included with this report:

- NHS Fife Annual Procurement 2021-22 (Draft)

### **Report Contact**

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# Procurement Report

**April 2021 to March 2022**

**Date of Issue: September 2022**

**Date of next review: April 2023**

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# 1 Purpose

The purpose of this annual report is to aid visibility of NHS Fife's ("the Authority") purchasing activities and to allow us to record and publicise our performance and achievements in delivering our Procurement Strategy. This report allows us to demonstrate to our stakeholders that our procurement spend is being used to best effect to achieve:

- Better public services;
- Social, economic and environmental outcomes in our area; and,
- A range of local and national policies e.g. those relating to tackling inequality and meeting climate change obligations.

The Annual Report provides information on how we consult and engage with our stakeholders, as we follow our approved procurement strategy. The Annual Procurement report is a key document in enabling informed engagement with our external or internal clients, our strategic partners, suppliers and potential suppliers, and the general public.

As detailed within our Procurement Strategy, this report will focus on the Board's trade expenditure, which was circa £146 million in 2021/22.



## 2 Summary of Regulated Procurements Completed

### 2.1 Definition

In accordance with the Procurement Reform (Scotland) Act 2014, any Public contract (other than a public works contract) of £50,000 or greater and public works contract of £2,000,000 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.

### 2.2 Summary of Procurements

The following tables summarise NHS Fife's regulated procurements in 2021/22.

Type of Regulated Procurement	Qty in Period	Estimated Value
Contract Awards	13	£3,245,347
<b>Total regulated procurements</b>	<b>13</b>	<b>£3,245,347</b>

### 2.3 Awards without a competitive procurement process

We identify and log all contract awards which should ordinarily have gone through a Regulated Procurement process, through our Tender Waiver procedure approved by the Director of Finance and Strategy and the Chief Executive.

The Tender Waiver Process identifies spend that has not been subject to the procurement regulations and can normally be categorised within the following criteria:

1. The requirement falls under the general exclusions and Specific Situations of the Public Contracts (Scotland) Regulations 2015 Sections 4 or 7 through 18 or by being a service listed in Schedule 3 of the aforementioned regulations; examples being;
  - a. Property rental.
  - b. Client legal representation
  - c. Legal advice.
  - d. Public Sector to Public Sector contracts under regulation 13(8) of the aforementioned regulations.

2. The requirement can only be delivered by a certain supplier through an exclusive right under regulation 33(1) of the aforementioned regulations.

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## **3 Review of Regulated Procurement Compliance**

### **3.1 Introduction**

This section demonstrates how NHS Fife procurement has contributed to the achievement of our specific objectives and to the general duties in the Procurement Reform (Scotland) Act 2014.

### **3.2 How we review our Regulated Procurements**

NHS Fife Procurement observes the Procurement Journey methodology including application of the Sustainable Procurement tools highlighted in 3.4 & 4.1 for all of its Regulated Procurements where a tendering process is required. Route 2 of the Procurement journey methodology is followed when procurement activities fall below the Government Procurement Agreement (GPA) level, whilst route 3 of the procurement journey methodology is followed for GPA procurements. Any Call-off contracts are checked with the host organisation, including NHS National Procurement, Scottish Government, and where necessary Crown Commercial Service for compliance with regulations and policy before we enact these.

Any procurement activity requiring (GPA) tenders are now published on the e-tendering portal, called Find a Tender Service (FTS) instead of the previously used OJEU.

### **3.3 Delivering against our Mandatory Obligations**

This section provides a retrospective review of our performance against the commitments stated in our Procurement Strategy.

#### **Commitment 1 – Regulated and OJEU/FTS Procurements**

We have committed to advertising opportunities and placing award notices on Public Contracts Scotland to maintain our Public Contract Register.

#### **Commitment 2 – Achieving our purpose**

We have committed to working closely with colleagues in Regulated and GPA procurements and to use Procurement Journey Route(s) 2 & 3. Each of the specifications and evaluation criteria used were informed by an expert user

intelligence group made up of internal colleagues and supported by external colleagues if the Procurement was collaborative in nature.

### **Commitment 3 - Delivery of value for money**

We have committed to obtain value for money through best practice contracting and supplier management and through undertaking key strategic procurement activities. Due to the reallocation of resource in response to the COVID-19 pandemic, and in support of service remobilisation, the Director of Finance and Strategy has established a Procurement Governance Board to monitor and develop the Procurement Departments contribution to this objective.

### **Commitment 4 - Utilising the Scottish Model of Procurement**

We have committed to ensuring our procurement activity was optimised to the Scottish model of procurement. We achieved this by ensuring we utilised central framework agreements from our Procurement Centre of Expertise (CoE), NHS National Procurement and the Scottish Government.

### **Commitment 5 - Engaging with our service users**

We have pledged to work with colleagues in NHS Fife to utilise NHS Fife's embedded approaches to facilitate better engagement with the public. We continue to engage with colleagues who have a public facing role to understand where we can support them better in their activities.

### **Commitment 6 - Engaging with Suppliers**

We have committed to devise a market engagement strategy in order to inform priorities and direction of travel for the Procurement function in this area. While our focus in the period was responding to the COVID-19 pandemic, we supported the P4H (Procurement for Health) Conference. The 2022 Procurement for Health Conference was held at Edinburgh International Conference Centre and saw members from NHS Fife attend the all-day event. This conference provided a platform for guest speakers from Scottish Health Boards, National Services Scotland and suppliers (both incumbent and new) and allowed various "meet and greet" and "Q&A" sessions throughout the day. The conference provided opportunities for suppliers to showcase

new products, network with NHS Scotland staff, and explore ways to work across Scotland's procurement marketplace throughout 2022 and beyond.

In addition, and where practical, we held a number of virtual supplier engagement sessions throughout the year to build better working relations and ensure contract compliance.

We will continue to reduce barriers to our opportunities to suppliers and identify ways of opening opportunities to new suppliers and to ease the administrative burden on small and micro suppliers. We will support the Supplier Development Programme and, where practicable, hold 'Meet the Buyer' events to encourage wider engagement in the local economy.

### **Commitment 7 - Community Benefits**

NHS Fife has adopted the principles of an Anchor Institute and has implemented a Programme Board to consider and develop ways that it can use its influence to enhance the community benefits of the people of Fife. The NHS Fife Procurement team will play a key part of this programme in the coming years using its considerable influence on non-pay spend direction to help realise the benefits an Anchor Institute can provide in the local community.

### **Commitment 8 – Food Procurement**

NHS Fife Procurement have committed to engage appropriate internal colleagues in food procurements and to support Healthy Choices being available to staff and patients.

A number of national food contracts have been organised into lots to encourage and assist engagement from a wider variety of suppliers in the local area.

NHS Fife Procurement is engaged with the Food 4 Fife Partnership and Strategy project, where public bodies, communities and businesses are coming together to work across all aspects of the food system to help solve some of the health, environmental and economic challenges facing Fife's population today.

### **Commitment 9 – Scottish Living Wage**

NHS Fife Procurement will work with its suppliers through its contracting and relationship management to look at opportunities to encourage its suppliers to implement the Living Wage within their staff structures where this does not already apply. NHS Fife are utilising the Scottish Government's Workforce Matters Procurement Policy to assist with this commitment.

NHS Fife Procurement Team will further engage with its suppliers and attempt to increase its understanding of the supply chains wage policies.

**Commitment 10 - Compliance by contractors and sub-contractors with the Health and Safety at Work etc. Act 1974**

NHS Fife have stated that all non-NHS Fife personnel working on site are expected to adhere to NHS Fife health and safety processes and procedures. NHS Fife's Estates team are construction site safety management certified which includes legal and practical knowledge of health and safety management on construction works including the Health and Safety at Work, Etc. Act 1974. This supports our in-house capability to ensure that any works completed on behalf of the NHS Fife are performed to the current Health and Safety standards. All building tenders and quotes are run in accordance with the Construction (Design and Management) Regulations 2015.

**3.4 Strategy Performance Review**

Within our 2019 Procurement Strategy our objectives are set out and the status of these objectives is reported in Section 8.

**3.5 Invoice Payment Performance**

A key objective of Procurement's element of NHS Fife's Anchor Institute Programme is ensuring that our suppliers are paid promptly to influence enhanced cashflow between suppliers in the local economy. As such payment times are measured and reviewed on a monthly basis. The table below details our performance against the 30 day target and the aspirational 10 day target across the 2021/22 financial year.

Invoice Payment Policy	
Average number of days credit taken	14
Contractual 30-day payment policy	

Total number of invoices	128,197
Total number of invoices paid within 30 days	117,168
% By volume of invoices paid within 30 days	91%
% By value of invoices paid within 30 days	95%
<b>Aspirational 10-day target</b>	
Total number of invoices	128,197
Total number of invoices paid within 10 days	98,781
% By volume of invoices paid within 10 days	77%
% By value of invoices paid within 10 days	90%

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## 4 Community Benefit Summary

### 4.1 General Policy

NHS Fife's Community Benefits in Procurement Policy states that all regulated Procurements (£50k plus) will be considered for Community Benefits Clauses. The following tools can be applied to ascertain whether to include Community Benefit Clauses or not:

- *Scottish Public Procurement Prioritisation Tool;*
- *The Sustainability test;*
- *Life Cycle Impact Mapping; and*
- *the Scottish Flexible Framework.*

### 4.2 Benefits delivered in period

As a result of the ongoing construction of the new Fife Orthopaedic Elective Centre a number of community benefits have been delivered throughout the year through the Graham Group as follows:

#### Employment

Four existing apprenticeships were utilised on the project during the year.

Seven new apprenticeships were recruited directly or indirectly through supply chain partners.

Three apprentices completed their apprenticeship frameworks whilst working on the project.

Nine employment opportunities for graduates and postgraduates were created as a direct result of the project.

#### Skills & Training

Six work placements of a duration between one and four weeks were provided to local students.

Seventy-eight pupils from local schools were engaged with to present on careers and the project in general.



## 5 Supported Businesses Summary

### 5.1 Trade with Supported Business

NHS Fife Procurement recognise the need to ensure spend to Supported Business is maximised. Over the period of this report, two supported business, Lady Haig's Poppy Factory Ltd and Matrix Fife have received orders from NHS Fife. NHS Fife continues to review all opportunities to engage with these suppliers and other Supported Businesses that are identified.

### 5.2 Engagement work

As well as continued engagement with Matrix Fife, we have engaged with another Supported Business, Lady Haig's Poppy Factory Ltd to provide remembrance material for NHS Fife in the period. NHS Fife remains committed to supporting Supported Businesses and the importance of social enterprises and intends to identify ways to increase spend in this sector and report in future Annual Procurement Reports.

## 6 Future Regulated Procurement Summary

Below we present our current view of upcoming regulated procurements over the next 2 years.

Ref	Title	Estimated Value
FIF21095	British Sign Language (BSL) Interpreters Remote & In-Person (Ad-Hoc, Planned & OOH)	£50,000
FIF21029	Fire Alarm Maintenance	£50,000
FIF21031	Air Conditioning and Refrigeration	£56,000
FIF19019	Provision of Transport and Storage of Deceased (Funeral Directors)	£100,000
FIF21117	Community Language Interpreters Remote & In-Person (Ad-Hoc, Planned & OOH)	£120,000
FIF21019	Provision of Taxi Services	£360,000

## 7 Report Ownership

In line with the Procurement Reform Act 2014 and to ensure our Annual Procurement report details our performance against strategy, this report will be subject to formal annual review and approval. The report is owned by the Head of Financial Services & Procurement.

## 8 Procurement Strategy 2019

The NHS Fife Procurement Strategy was approved by the Board's Finance, Performance & Resources Committee in September 2019 and has been published on the NHS Fife website. Procurement Strategy Objectives will be detailed and reported in subsequent reports.

Number	Action	Status
1	NHS Fife will assess all regulated procurements for inclusion of Community Benefit Clauses.	Continues to form part of NHS Fife's procurement process.
2	Utilise the National Supported Business Framework.	Supported Businesses utilised in the period were; Lady Haig's Poppy Factory Ltd and Matrix Fife.
3	Consider Supported Business wherever possible.	Continues to form part of NHS Fife's procurement process.
4	Increase Supported Business expenditure year on year.	The following spends are reported: 2020/21 – £19,906 2021/22 – £26,171
5	Consider Social Enterprises wherever possible.	Continues to form part of NHS Fife's procurement process.
6	Apply Community Benefits Clauses wherever possible.	This forms a key focus for Procurement as part of the Anchor Institute Programme.
7	Increase Social Enterprise Expenditure year on year.	Increases to be measured year-on-year in subsequent Procurement Reports.
8	NHS Fife will specify recycled products or ensure they come from sustainable sources in specifications wherever possible in line with our Sustainable Procurement agenda.	Continues to form part of NHS Fife's procurement process.
9	NHS Fife will specify recyclable product/packaging from contracted suppliers.	Continues to form part of NHS Fife's procurement process.
10	Implement Technical User Groups for all key procurement projects.	Continues to form part of NHS Fife's procurement process.

11	Ensure public/patient participation is used wherever appropriate.	Continues to form part of NHS Fife's procurement process.
12	Provide representation to National Clinical/Commodity Advisory Groups.	Continues to form part of NHS Fife's procurement process.
13	NHS Fife will promote compliance of contractors and subcontractors to the Health and Safety at Work Act 1974 with our Terms and Conditions of contract and or specific contract clauses where appropriate.	Continues to form part of NHS Fife's procurement process.
14	Engaging Public Health and Dietician colleagues onto Technical User Groups for food procurements.	Continues to form part of NHS Fife's procurement process.
15	Ensuring Healthy Choices are available to patients and staff.	Actioned within NHS Catering units.
16	NHS Fife will promote the highest standards in animal welfare in the supply chain by way of contract Terms and Conditions and specific clauses where appropriate.	Continues to form part of NHS Fife's terms and conditions of contract.
17	NHS Fife will by way of Terms and Conditions specify that <ul style="list-style-type: none"> <li>• <i>all subcontractors are paid by no later than thirty days from date of receiving an invoice; and,</i></li> <li>• <i>subcontractors pay their subcontractors no later than thirty days from date of receiving an invoice.</i></li> </ul>	Continues to form part of NHS Fife's terms and conditions of contract.
18	NHS Fife will continue to use Public Contracts Scotland as above and utilise the Public Contracts Scotland Tender (PCST) tool for regulated procurements.	Continues to form part of NHS Fife's procurement process.
19	NHS Fife will use the Procurement Journey process and documentation for all regulated procurements.	Continues to form part of NHS Fife's procurement process.

20	NHS Fife will continue to seek opportunities to nurture Procurement Talent wherever possible.	NHS Fife are supporting 6 procurement staff to undertake a specifically designed work-based Procurement People Development Programme delivered by Scotland Excel. The initial design commissioned by NHS Lothian, now includes ongoing joint development by Fife, Grampian, Highland, Lothian, and Tayside Health Boards to ensure delivery meets the needs of the individuals and procurement services.
21	NHS Fife will ensure that Procurement staff can perform to their full potential and ensure activity undertaken is compliant with the most current regulation and governance, formal and informal training will be encouraged and supported.	Continuing professional development applied through application of The NHS Knowledge and Skills Framework (KSF) development review process via the NHS Scotland TURAS system and workplace development programme.
22	NHS Fife will maintain and improve performance within the PCIP status of “Superior Performer” using a single improvement plan and demonstrate making evidence and resource available to assist peer organisations at regional and national level.	PCIP assessments have been suspended across the Public Sector for a further 12 months. NHS Fife will engage in future PCIP assessments, develop an improvement plan and report in future Procurement Reports.
23	NHS Fife will carry out bi-annual PCIP assessments of Pharmacy/Construction and Estates.	This is yet to be established and will be reported on in future Procurement Reports.
24	NHS Fife will support Continuous Improvement through the central Procurement Team carrying out bi-annual PCIP assessments within areas such as Pharmacy, Estates and Digital and Information, with targeted work sessions and ongoing support and advice.	This is yet to be established and will be reported on in future Procurement Reports.

25	<p>NHS Fife Procurement will ensure the Board are informed of progress and positioning of the East and North Procurement Programme; the Head of Procurement will include a progress update (from the Programme Lead) in the formal annual report to the Finance, Performance &amp; Resources Committee. This will be in addition to the conventional Programme Board reporting structure to SGHSCD, Boards and associated national partners.</p>	<p>The Programme activity was paused during the COVID-19 pandemic but recommenced during 2021/22.</p> <p>Phase 1 – Business Case Scope Review (Complete)</p> <p>Phase 2 – Case for Change Review (Complete)</p> <p>Phase 3 – Service Arrangement Analysis (Complete)</p> <p>Phase 4 - Options Appraisal (In Progress) – non-financial options scoring currently in progress with financial appraisal to follow</p> <p>Phase 5 – Full Business Case (due March 2023)</p>
26	<p>NHS Fife will optimise the online Self Service approach for Procurement.</p>	<p>The ServiceNow Procurement Helpdesk has now been fully implemented. Customer satisfaction rates will be reported on in future Procurement Reports.</p>
27	<p>NHS Fife will continue to consider the One-Touch/Automation agenda when designing internal procurement processes.</p>	<p>Procurement is a key member of the Medicines Automation Programme and continue to engage with Digital and Information Colleagues to consider automation where appropriate.</p>
28	<p>NHS Fife will ensure local, regional, and national collaboration is optimised, joint working of National Procurement (NP) and NHSF officers should be evident, and implementation and compliance systems embedded as business as usual.</p>	<p>Regional and National Collaboration has increased as a result of the Pandemic and continues to form part of NHS Fife's procurement process.</p>
29	<p>NHS Fife will work with the NDC to optimise throughput through regular work sessions.</p>	<p>Regular meetings are held to discuss progress and collaborate on emerging issues including PPE and product shortages.</p>

30	NHS Fife will ensure consistent and professional management of expenditure across the three best value supply chain dimensions; Purchase Demand Management; Supply Base Management; and Total Cost Management, the Procurement Journey toolkit will be used to manage all expenditure.	Formal engagement plan implemented to drive management of expenditure through best value supply chain dimensions.
31	NHS Fife will ensure that clinical stakeholders are fully supported in the achievement of their HAI objective, the Procurement Team will respond to any needs and change as priority tasks.	Procurement continues to support HAI objectives through involvement of Infection Control representation at appropriate National Commodity Advisory Panels, Capital Equipment Management Group, the Clinical Contingency Group and other local Technical User Groups when required.
32	NHS Fife will maintain a programme of Business Assurance and ensure reporting is timely and accurate by maintaining Action Logs to track continuous improvement.	A Deputy Head of Procurement was recruited in January 2022, and who has undertaken responsibility for the programme of Business Assurance. Including the maintenance of action logs to assist with progressing improvements.
33	NHS Fife will ensure performance measurement matches the needs of the organisation and our stakeholders at local, regional, and national level, KPIs and the Balanced Scorecard will be subject to annual review.	A Procurement Governance Board has been established which will oversee performance measurement to ensure it is in line with the organisation's needs.
34	NHS Fife will continue to deliver Spend Analyser to budget holders and invest time in supporting them in getting maximum value from the tool.	The Spend Analyser tool was decommissioned and a new version is currently being development by National Services Scotland. In the interim procurement will engage with budget holders to identify and



		support alternative means to monitor spend.
35	<p>The Procurement Team will harness these new technologies by continuing to offer to be a pathfinder for national initiatives such as:</p> <ul style="list-style-type: none"> <li>• <i>Scan for Safety</i></li> <li>• <i>Blockchain Logistics</i></li> <li>• <i>Artificial Intelligence</i></li> <li>• <i>Automation of Processes and Logistics</i></li> </ul>	<p>The Procurement Department continues to look for opportunities to harness new technologies to provide a better service to stakeholders and consider value creating opportunities.</p>

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**FINANCE, PERFORMANCE AND RESOURCES COMMITTEE**

**ANNUAL WORKPLAN 2022/23**

<b>Governance - General</b>							
	<b>Lead</b>	<b>10/05/22</b>	<b>12/07/22</b>	<b>13/09/22</b>	<b>15/11/22</b>	<b>17/01/23</b>	<b>14/03/23</b>
Minutes of Previous Meeting	<b>Chair</b>	✓	✓	✓	✓	✓	✓
Action List	<b>Chair</b>	✓	✓	✓	✓	✓	✓
Escalation of Issues to NHS Board	<b>Chair</b>	✓	✓	✓	✓	✓	✓
<b>Governance Matters</b>							
	<b>Lead</b>	<b>10/05/22</b>	<b>12/07/22</b>	<b>13/09/22</b>	<b>15/11/22</b>	<b>17/01/23</b>	<b>14/03/23</b>
Committee Self-Assessment	<b>Board Secretary</b>						✓
Corporate Calendar / Committee Dates	<b>Board Secretary</b>			✓			
Review of Annual Workplan	<b>Board Secretary</b>	✓	✓	✓	✓	✓	✓ Approval
Review of Terms of Reference	<b>Board Secretary</b>						✓ Approval
Annual Assurance Statement 2021/22	<b>Board Secretary</b>	✓					
Annual Internal Audit Report 2021/22	<b>Director of Finance &amp; Strategy</b>		✓				
Board Assurance Framework (BAF)	<b>Director of Finance &amp; Strategy</b>	✓	✓	✓	Corporate Risks has replaced this item		
Corporate Risks Aligned to Finance, Performance & Resources Committee	<b>Director of Finance &amp; Strategy</b>				✓		
Review of General Policies & Procedures	<b>Board Secretary</b>	✓			✓		
PPP Performance Monitoring Report	<b>Director of Property &amp; Asset Management</b>				Deferred to next mtg	Private Session	
Internal Audit Review of Property Transaction Report 2021/22	<b>Internal Audit</b>	As required					

Strategy / Planning							
	Lead	10/05/22	12/07/22	13/09/22	15/11/22	17/01/23	14/03/23
Annual Delivery Plan 2022/23	Director of Finance & Strategy	Postponed (awaiting national guidance)	Private Session	Private Session	✓ Added		
Corporate Objectives	Director of Finance & Strategy / Associate Director of Planning & Performance	✓					
Annual Budget Setting Process 2022/23	Director of Finance & Strategy	Private Session					
Property & Asset Management Strategy (PAMS)	Director of Property & Asset Management		✓	✓ Added			
Fife Capital Investment Group Reports 2022/23	Director of Finance & Strategy / Director of Property & Asset Management	✓	✓	✓	✓	✓	✓
Orthopaedic Elective Project	Director of Nursing	✓		✓		✓	✓
Quality / Performance							
	Lead	10/05/22	12/07/22	13/09/22	15/11/22	17/01/23	14/03/23
Integrated Performance & Quality Report	Exec. Leads	✓	✓	✓	✓	✓	✓
RMP4 / Winter Performance Report	Director of Finance	✓	Annual Delivery Plan has replaced this item				
Labs Managed Service Contract (MSC) Performance Report	Director of Acute Services		✓				
Linked Committee Minutes							
	Lead	10/05/22	12/07/22	13/09/22	15/11/22	17/01/23	14/03/23
Fife Capital Investment Group	Chair	✓ 09/03	✓ 20/04	✓ 09/06 & 27/07	✓ 14/09	✓ 28/10 & 07/12	TBC
Procurement Governance Board	Chair				✓ 29/09	TBC	TBC

<b>Linked Committee Minutes (cont.)</b>							
	<b>Lead</b>	<b>10/05/22</b>	<b>12/07/22</b>	<b>13/09/22</b>	<b>15/11/22</b>	<b>17/01/23</b>	<b>14/03/23</b>
IJB Finance, Performance & Scrutiny Committee	<b>Chair</b>	11/03 – deferred to next mtg	✓ 11/03 & 29/04	✓ 08/07	✓ 16/09	✓ 11/11	TBC
Primary Medical Services Committee	<b>Chair</b>			✓ 07/06	✓ 06/09		✓ 06/12
Pharmacy Practice Committee	<b>Chair</b>	✓ 18/03	✓ 30/05	Ad-hoc Meetings			
<b>Other / Adhoc</b>							
	<b>Lead</b>	<b>10/05/22</b>	<b>12/07/22</b>	<b>13/09/22</b>	<b>15/11/22</b>	<b>17/01/23</b>	<b>14/03/23</b>
Receipt of Business Cases		<b>As required</b>					
Consideration of awards of tenders		<b>As required</b>					
Asset Disposals							
Procurement Governance Board Report No. B18-22	<b>Internal Audit</b>		✓				
Financial Process Compliance Report No. B20-22	<b>Internal Audit</b>		✓				
Audit Report – Post Transaction Monitoring	<b>Internal Audit</b>			✓			
<b>Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)</b>							
	<b>Lead</b>	<b>10/05/22</b>	<b>12/07/22</b>	<b>13/09/22</b>	<b>15/11/22</b>	<b>17/01/23</b>	<b>14/03/23</b>
CAT – Lucky Ewe Proposal	<b>Director of Property &amp; Asset Management</b>	✓					
Kincardine & Lochgelly Health Centres Business Case	<b>Head of Capital Planning</b>	✓					
Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme Proposal on Revised Final Business Case & Procurement	<b>Director of Pharmacy &amp; Medicine</b>		Private Session				

<b>Additional Agenda Items (Not on the Workplan e.g. Actions from Committee) Cont.</b>							
	<b>Lead</b>	<b>10/05/22</b>	<b>12/07/22</b>	<b>13/09/22</b>	<b>15/11/22</b>	<b>17/01/23</b>	<b>14/03/23</b>
Corporate Risk Register - Draft Strategic Risks	<b>Director of Finance &amp; Strategy/ Director of Pharmacy &amp; Medicines</b>			✓			
HES Listed Building Status of Phase 1 and Phase II Tower Block, VHK	<b>Director of Property &amp; Asset Management</b>			✓			
Proposal to Develop Assistant Practitioner Role	<b>Director of Nursing</b>			✓			
Waiting Times Target	<b>Director of Acute Services</b>			✓			
Financial Improvement and Sustainability Programme Progress Report	<b>Director of Finance &amp; Strategy</b>		✓	✓	✓	✓	✓
Financial Position – Mid-Year Review 2022/23	<b>Director of Finance &amp; Strategy</b>				✓		
Proposal to Increase Procurement Tender Thresholds	<b>Head of Financial Services &amp; Procurement</b>				✓		
Procurement Key Performance Indicators	<b>Head of Financial Services &amp; Procurement</b>				✓		
Strategic Planning & Resource Allocation Process 2023/24	<b>Director of Finance &amp; Strategy</b>				✓		
Annual Procurement Report 2021/22	<b>Head of Financial Services &amp; Procurement</b>				✓		
Primary Care Premises Strategy	<b>Head of Estates &amp; Facilities</b>					✓	
<b>Development Sessions</b>							
	<b>Lead</b>						
FPR Development Session 1	<b>Director of Finance &amp; Strategy</b>			✓ 21/09/22			
FPR Development Session 2	<b>Director of Finance &amp; Strategy</b>					✓ 25/01/23	

## MINUTE OF FIFE CAPITAL INVESTMENT GROUP MEETING

**Wednesday 14 September 2022 at 9.30 am  
on Teams**

**Present:** Neil McCormick, Director of Property & Asset Management (**Chair**) (NMcC)  
 Margo McGurk, Director of Finance & Strategy (MMcG) (joined at 9.40 am/left meeting at 11.02 am)  
 Alistair Graham, Associate Director of Digital & Information (AG) (left meeting at 11.05 am)  
 Maxine Michie, Deputy Director of Finance (MM)  
 Ben Johnston, Head of Capital Planning/Project Director (BJ)  
 Rose Robertson, Assistant Director of Finance (RR)  
 Jim Rotheram, Head of Facilities (JRo)  
 Paul Bishop, Head of Estates (PB)  
 Ben Hannan, Director of Pharmacy & Medicines (BH) (left meeting at 11.10 am)  
 Tracy Gardiner, Capital Accountant (TG)

**In** Andy Mackay, Deputy Chief Operating Officer for Claire Dobson (AM)

**Attendance:** Lynne Garvey, Head of Community Care Services DWF CHP for Nicky Connor (LG)  
 Andrea Barker (for Kerrie Donald) (Andrea)

The meeting was recorded on Teams

The order of the minute may not represent that of the discussion

1.0	<b>WELCOME AND APOLOGIES</b>	Apologies were received from Dr Chris McKenna, Medical Director, Linda Douglas, Director of Workforce, Nicky Connor, Director of HSCP (Lynne Garvey), Janette Owens, Director of Nursing and Claire Dobson, Director of Acute Services (Andy Mackay).
2.0	<b>NOTES OF PREVIOUS MEETING</b>	The note of the meeting of 27.07.22 was approved and agreed as an accurate record.
3.0	<b>ACTION LIST</b>	The Action List was updated accordingly.
4.0	<b>MINUTES OF OTHER COMMITTEES</b>	<p><b>4.1 Clinical Prioritisation Group (PB)</b></p> <p>The minute of 14.07.22 was noted by the group.</p> <p><u>3.0 Action Points: Radiology, VHK</u> – the proposal relates to the decoration of the reception area and corridor works. Funding will come from the existing Backlog Maintenance budget.</p>

	<p><b>Action</b> – minute to be amended by Nicola Swan, Estates (note taker) and reissued.</p> <p><b>4.2 Capital Equipment Management (RR)</b></p> <p>The minute of 02.06.22 was noted by the group.</p>	<b>Andrea</b>
<b>5.0</b>	<p><b>MATTERS ARISING</b></p> <p>None.</p>	
<b>6.0</b>	<p><b>GOVERNANCE</b></p> <p><b>6.1 Property and Asset Management Strategy (PAMS) (NMcC)</b></p> <p>The PAMS document was presented to the group for review and endorsement prior to submission to the Board for approval in September 2022:</p> <ul style="list-style-type: none"> <li>• FCIG (27.07.22) – comments added</li> <li>• EDG (18.08.22) – feedback and minor comments added</li> <li>• FP&amp;R Committee (13.09.22) – good feedback, PAMS will integrate with the Population Health &amp; Wellbeing Strategy</li> </ul> <p><b>6.2 GP Premises Funding (JRo)</b></p> <p>The GP/Community Premises Project paper was presented to the group.</p> <p>To summarise, not all of our existing premises have enough accommodation that can be converted into usable clinic space able to deliver services on site. Consideration is being given to the creation of a local hub where people can be referred as first point of contact.</p> <p>Following discussion, JRo to update the report with comments/feedback received, including proposed timelines.</p> <p><b>Action</b> – Updates. Proposed timelines and details of spend on the Project is to be presented at the FCIG meeting on 28.10.22 for endorsement.</p> <p><b>6.3 CEMG Update Paper (RR)</b></p> <p>The CEMG Update Paper was presented to the group for noting and decision.</p> <p>NMcC added that the FCIG appreciate the work carried out and confirmed that the group was happy to take assurance from the paper and was in support of all financial requests therein.</p> <p>MMcG added that she has taken assurance from the audit trail, depth of detail and level of content in the report.</p> <p>FCIG approved the CEMG Update Paper with flexibility up to £100k.</p>	<b>JRo</b>
<b>7.0</b>	<p><b>PLANNING</b></p>	

BJ reviewed the **Capital Funding Investment Proforma Projects Report** (05.09.22) with the group:

- NTC - Fife Orthopaedic – Confirmed funding and the Business Case is complete.
- KHC/LHC – OBC complete. FBC is being developed.
- QMH Theatre Reception – Existing minor works must be completed this financial year. A Business Case is required for the wider expansion of works which will capture the whole project – capital funding required from SG circa £8m.
- Mental Health Strategy – Making good progress. IA will be complete by the end of December 2022.
- Pharmacy Robot – Presentation by BH at item 7.4 on the agenda. IA being developed.
- Dermatology (Phase 2/Level 3), VHK – The planned move is to commence once the NTC - Fife Orthopaedic build is complete.
- QMH Theatre Upgrades (Phase 2) – This forms part of the overall QMH Business Case.
- North Labs, VHK – Proposed cost to move the building is circa £18m. Consideration to be given to relocation on another NHS Fife site?
- Ambulatory Care (Phase 2/Level 4), VHK – Proposed move to commence once NTC – Fife Orthopaedics build is complete.
- Orthopaedic Offices (Phase 1/Level 2), VHK – This planned move will be carried out by internal works from the General Refurbishment budget.
- General Refurbishment of Phase 2, VHK – This will allow for an improved and more efficient office environment.
- QMH Master Plan & Clinic 4 Gynaecology – Once Haematology relocate to VHK, this will allow for refurbishment works to commence.
- Community Hospital Strategy – At development stage. LG advised that Carol Beddington is writing the Bed Base Strategy Report which is near completion. A Business Case will follow which will reflect the broader IJB strategy for this service area.
- Primary Care Premises Strategy – ‘Draft’ document complete. To be presented to FCIG on 28.10.22 for endorsement.
- Teaching Health Board Status – Education Centre looking to secure additional space with plans for 3 dedicated Training Hubs. Future planning to train and retain students in medical posts within NHS Fife.
- Audiology – No available space at present. Consider relocation to another NHS Fife site?
- BJ - All costs on the Report reflect Capital Property costs only. Potential staffing increases and eHealth equipment and installation etc will have to be factored in and funding sources confirmed.
- NMCC - NHS Fife receive c£7.5m/year as formula capital. This figure is not, however, guaranteed. Consideration be given to a rolling programme of moves/refurbishment works in the form of Business Cases for submission to SG (Alan Morrison) who is actively seeking Programmes of Works from NHS Boards to allocate funding.

BJ reviewed the **Capital Planning Investment Proforma – Potential Project Sequencing Report** (05.09.22) with the group which was favourably received. The Sequencing Report was considered a great baseline to work with when giving future talks or presentations.



	<p>MMcG added that focus requires to be given to identifying and prioritising future projects moving forward. This would be based on projects with the most need as well as those that would deliver the most impact.</p> <p>MM added that it was important to look to what our future service needs are likely to be. As we look forward to the future, consider moving service needs closer to homes for example, which would move the main focus away from the VHK site.</p> <p><b>7.1 Orthopaedic Project Update (BJ)</b></p> <p>The NTC – Fife Orthopaedic Project was on-track for completion by the end of 2022.</p> <p><b>7.2 Kincardine &amp; Lochgelly Project Update (BJ)</b></p> <p>Detailed designs for the project are now complete.</p> <p><b>7.3 Mental Health Strategy (BJ)</b></p> <p>The Strategy development is starting to make good progress now and we are looking to complete the Initial Agreement by the end of this year for governance approval.</p> <p><b>7.4 Automation Initial Agreement (BH)</b></p> <p>Presentation given on the Automation Initial Agreement proposal in Pharmacy by BH.</p> <p>The presentation was well received by the group with feedback/comments made.</p> <p><b>Action</b> – BH/JRo to discuss the optimisation of transportation and waste around environmental factors and incorporate their findings into the presentation.</p>	<b>BH/ JRo</b>
<b>8.0</b>	<p><b>PERFORMANCE</b></p> <p><b>8.1 Capital Expenditure Report Update (TG)</b></p> <p>The Capital Expenditure Report to the group.</p> <ul style="list-style-type: none"> <li>• To date, £11.5m has been spent with £8m of this spend on the NTC – Fife Orthopaedic build.</li> <li>• All of the Statutory Compliance Funding and Schemes have been allocated and are underway: <ul style="list-style-type: none"> <li>- There is a balance on the Clinical Prioritisation still to be allocated.</li> <li>- There is a balance on the equipment still to be allocated; however, the vast majority of the equipment has been identified and we await ERF's returned from various departments.</li> </ul> </li> <li>• Digital &amp; Information has a balance to be allocated – awaiting update.</li> </ul>	

	<ul style="list-style-type: none"> <li>Working towards a £31m Capital Budget this year after having received £8m in the last few weeks of additional funding.</li> </ul>	
<b>9.0</b>	<p><b>ISSUES TO BE ESCALATED TO EDG</b></p> <p>FCIG Workshop – details to follow.</p>	
<b>10.0</b>	<p><b>AOCB</b></p> <p><b>10.1 FCIG Proposed Workshop (NMCC)</b></p> <p>Proposal to host a FCIG Workshop which was favourably received.</p> <p>Workshop topic suggestions include:</p> <ul style="list-style-type: none"> <li>Medium-term financial outlook.</li> <li>NHS Fife estate – multiple moves, particularly focused around the already strained VHK site with challenging contingency arrangements particularly around service needs.</li> <li>Consideration to be given to service needs which may be more appropriate if relocated to other NHS Fife sites.</li> <li>Capital Planning Investment Proforma – Potential Project Sequencing Mapping Exercise of moves – great baseline to take forward to Workshop with the potential for taking any feedback to the Mid-year Financial Review.</li> <li>Consider inviting Portfolio Board members.</li> <li>Consider the future Bed Base Strategy including transformation of home care and reducing bed base into the community and the managing of month to month flow through a service model.</li> <li>Presentation on Medicines Automation.</li> </ul> <p><b>Action</b> – NMCC to take forward with assistance from group members, where required.</p> <p><b>10.2 Environmental Factors (NMCC)</b></p> <p>Group members to give consideration to the importance of environmental factors and incorporate these into future Business Cases.</p> <p><b>10.3 Funding (MM)</b></p> <p>Funding of £1.5m from the National Equipment &amp; Infrastructure Board, based on a submission in July 2022 is confirmed and the placing of orders is underway.</p> <p>A further funding bid of £0.965m submitted to the National Equipment and Infrastructure Board has also been approved taking the total received for the NE&amp;I Board to £2.265m</p> <p>The following bids to SG for additional funding have also been approved and confirmed:</p> <p>£2.6m for backlog maintenance.</p> <p>£1.9m for digital projects.</p>	<p><b>NMCC/ All</b></p> <p><b>All</b></p>

	<p>£1.5m for Queen Margaret project.</p> <p>Circa £900,000 for HEPMA.</p> <p>Funding must be spent this financial year. No monies will be carried forward by SG. If we cannot spend, we must advise accordingly as early as possible. Hopeful that any potential slippage or flexibility will be managed locally rather than having to go back to SG.</p> <p><b>10.4 Clinical Prioritisation Funding (PB)</b></p> <p>Circa £125,000 remaining. NMCC added that it was important to ensure funding is allocated before the year end.</p>	
<p><b>11.0</b></p>	<p><b>DATE OF NEXT MEETING</b></p> <p>Friday 28 October 2022 at 12.30 pm on Teams.</p>	

Unconfirmed

## MINUTE OF NHS FIFE PROCUREMENT GOVERNANCE BOARD (PGB)

29 SEPTEMBER 2022

Via MS Teams

**Present:** **Margo McGurk (Chair), Director of Finance & Strategy / Deputy Chief Executive**  
Kevin Booth, Head of Financial Services & Procurement  
Michael Cambridge, Associate Director of Procurement  
Paula Lee, Interim Head of Procurement  
Claire Dobson, Director of Acute Services  
Alistair Graham, Associate Director of Digital and Information  
Jo-Anne Valentine, Public Health Manager  
Benjamin Hannan, Director of Pharmacy & Medicines  
Eleonora Ho, PMO Senior Finance Manager

**In Attendance:** Shona Slayford, Principal Auditor

### 1.0 WELCOME AND APOLOGIES

Apologies were received from, Linda Douglas, Wilma Brown, Andrew Mackay, Rose Robertson, Maxine Michie, Chris McKenna, Janette Owens, Audrey Valente, Paul Bishop, and Euan Reid.

### 2.0 NOTES OF PREVIOUS MEETING

The note of the meeting held on 28 January was agreed as an accurate record.

### 3.0 ACTION LOG

Outstanding Actions were discussed, and it was agreed that the action log will be updated accordingly ahead of the next meeting.

### 4.0 CAPACITY AND CAPABILITY ACROSS THE ORGANISATION

#### 4.1 PROCUREMENT RISK REGISTER UPDATE

KB introduced the paper to members. The paper confirms that as of 31 August 2022, there were 3 current risks, 2 of which remain as high risks.

Risk 2187 – relates to the lack of capacity available within the procurement function to support the wider needs of the organisation. At present, the risk remains high due to a number of experienced staff members leaving the organisation over the last year. Several mitigating factors have been put in place including the introducing the work-based learning academy to enhance the skills, capability, and capacity of the team. S. McNiven, a recently retired procurement manager from NHS Tayside, is currently on secondment with NHS Fife until March 2022 to provide additional support and experience to the procurement team. KB and PL are also developing a number of job descriptions that are anticipated to be recruited to in the coming months. These posts will have a greater analytical focus than previous roles to better meet the present needs across the service.

Risk 2189 – relates to the volatile nature of the economic climate resulting in cost pressures and an increased inability to achieve efficiencies. It was advised the risk remains high however mitigating factors are in place such as the continued development of the procurement team and the anticipated job descriptions being developed being recruited too in the coming months. In addition, the current level of service engagement is planned to continue to ensure any opportunities are identified and explored in a timely basis.

Risk 2372 – procurement are encountering increased timescales through consultations with suppliers due to global supply issues, resulting in the inability to meet previously achieved deadlines for capital purchases. This is a new risk recognised by the procurement team and is rated as moderate. The team are raising awareness of this risk to the service during engagement sessions and have also tabled the risk at the Capital Equipment Management Group to ensure procurement are involved as early as possible in all equipment requests, and to minimise any risks of potential delays to the anticipated procurement timeframes.

It was highlighted since the last meeting held in January 2022; 4 risks have been closed as part of the consolidation exercise undertaken following the last meeting.

MM noted it would be beneficial to have a reference within the risks to show alignment to the boards risk appetite. BH and KB to discuss the link between the board risk appetite and reference at the next meeting.

The PGB endorsed the level of risk proposed and took assurance from the risk management process presented.

#### **4.2 PROCUREMENT DEPARTMENT KPI'S**

PL introduced the paper to members advising the development of the key performance indicators (KPI's) will be updated and presented at PGB meetings on a quarterly basis. PL summarised the following 12 KPIs noted in the paper, advising that any additional KPIs would be developed as required:

- Purchase Order Spend
- High Value Orders
- Low Value Orders
- Efficiency Savings
- Quick Quotes Published
- Contract Awards Published
- Tender Waivers
- Payment Performance
- Catalogue Lines
- Contract Lines and Value
- National Distribution Centre (NDC) Spend
- Complaints/Customer Feedback

MM noted it would be beneficial to report on specific KPIs on a rotational basis requesting an in-depth analysis on the 'Complaints/Customer Feedback' KPI to show any recurring themes should be presented at the next PGB meeting.

The PGB endorsed this paper.

MM advised this report should be presented to EDG before presenting to the Finance, Performance and Resources Committee for assurance.

## 5.0 SPEND PROFILING AND EFFICIENCY OPPORTUNITIES

### 5.1 GAP WORKPLAN

PL noted the GAP report is produced by National Procurement and summarises the potential efficiency opportunities for NHS Fife by Category based on the frameworks which have been awarded by National Procurement but not yet implemented by NHS Fife. The current GAP report, dated August 2022, shows £260K of potential savings, as noted below:

Category (Commodity Type)	Numbers of Frameworks	Total Reported GAP
Estates & Facilities	1	£3,059
Medical Equipment	2	£19,695
Medical Surgical	2	£87,188
NDC	0	£0
Non-Medical	3	£52,837
Paramedical	2	£97,634
Total	10	£260,413

PL highlighted the Gap is a significant reduction from National Procurement's predictions from the previous report presented in January 2022 due to the significant market changes within the economy during this period. (GAP in January 2022 was at £1,095,969). Two areas for opportunity have been identified ('Wound Management Products from Paramedical Category' and 'Orthopaedic Trauma & Extremity Implants & Consumables from Medical Surgical Category') for procurement to prioritise and focus with the service to secure the efficiencies.

PL noted, a further 46 frameworks on the GAP report require implementation and will result in a cost pressure of £479,540. These frameworks and associated cost pressures are being communicated to the services at present and will require resource and actions to minimise the overall cost pressure impact for the organisation in the remainder of the financial year.

MM queried if the additional cost pressure of £479,540 has been reflected in the financial plan, PL advised not, that these cost pressures have just been notified and are due to come into effect during the coming months. PL confirmed that she would link in with EH to ensure that any cost pressures have been considered and included where relevant.

PGB took assurance from this paper.

### 5.2 NATIONAL PROCUREMENT WORKPLAN

PL introduced the report to members noting an action from the previous PGB was to provide regular updates on the National Procurement Workplan. Similar to the GAP Workplan, the current workplan from July 2022 contains 153 frameworks, this is a significant reduction from the 267 frameworks presented in the 2021/22 workplan and again is a result of the challenging marketplace faced by National Procurement and all boards at present. PI advised NP are reporting a significant number of suppliers currently entering into negotiations unable to continue to provide to existing frameworks at previously agreed levels.

It was noted a Commodity Advisory Panel (CAP) is applied for each framework to ensure it is fit for purpose.

PGB took assurance from this paper.

### **5.3 SERVICE ENGAGEMENT UPDATE**

PL introduced the report noting the proposed service engagement was delayed due to a vacancy in the Head of Procurement post, where mitigation plans were required to be put in place. The engagement process commenced in April 2022 with the procurement team engaging significantly with services to improve; communication, efficiency opportunities, contract coverage, and adherence to public procurement legislation and NHS Five Standing Financial Instructions. The procurement team will continue to support and build on the improved relationships that have developed during this process and continue to support saving opportunities wherever possible.

PL highlighted an example of the engagement between procurement and services resulted in a training session with estates and digital and information regarding the legal findings for framework call offs and the potential consequences when processes are not followed correctly.

PGB took assurance from this paper.

## **6.0 NATIONAL REPORTING ON PROCESS OF PROCUREMENT**

### **6.1 ANNUAL PROCUREMENT REPORT**

KB presented the report to the group highlighting the Annual Procurement Report for 2021/22 requires to be published to comply with the Procurement Reform Act. KB confirmed the report follows a consistent format and highlighted the key updates during the year.

The PGB endorsed the report and recommended this should progress through governance to EDG then FP&R for approval and subsequent publication.

### **6.2 UPDATE ON EAST AND NORTH PROGRAMME**

MC provided an overview of the East and North Programme noting the project consists of 8 boards collaborating to create a business case for a proposed regional operating model. Phase 4 (options appraisal scoring phase) has been completed and is currently being summarised. The scoring outcome will produce a preferred option to tailor the business case. The next phase (financial appraisal) will cost the preferred option.

MC confirmed the project had faced a number of challenges with resource availability and service pressures but advised that the finalised business case is intended to be presented to the boards for decision by March 2023.

## **7.0 GOVERNANCE**

### **7.1 TERMS OF REFERENCE UPDATE & PGB WORKPLAN**

KB introduced the paper noting the terms of reference have been updated to reflect the current governance arrangements of the PGB. KB noted the two main revisions for members awareness:

In section 2 – the purpose of the Procurement Governance Board to provide oversight of the effective risk Management of central procurement is clarified.

In section 2 - the oversight of the Procurement Department KPI's (produced quarterly) before onward submission to the Executive Directors Group has been added.

KB highlighted a draft workplan has been created for the PGB and encompasses the key reporting requirements and oversight of significant central procurement matters of interest.

MM noted that the PGB quarterly KPI reporting should link with the spend profile and efficiency opportunities of the FIS programme and requested that PL and EH ensure this for future reports.

It was highlighted, due to several updates and papers requiring escalation to EDG, all future PGB meetings should fall into sequence of EDG and FP&R to ensure the timing for decisions will be efficient.

PGB approved the update to the TOR's and the associated Workplan.

## **7.2 SBAR FOR APPROVAL – INDEPENDENT PRACTITIONER COMMERCIAL CHARGES**

KB introduced the paper to members noting the current procedure for placing orders from independent contractors requires procurement staff to manually enter orders into the Powergate System, however this system is currently being replaced. A solution has been identified and a project is ongoing to facilitate order processing by Independent Contractor's staff directly onto Pecos. This project has highlighted the need to review the recharging process. It is proposed that £1 per line is charged to each product group ordered plus a £10 per order nominal fee. This will replace the current practice where a variety of percentages between 15% and 35% are applied depending on the value of the product. All products will be subject to the £1 additional charge, except the NHS Fife funded products, which will incur no admin charge. KB noted the proposal mirrors NHS Highlands current process.

MM noted as this is a minor process change, approval from PGB is not required, and the change can proceed.

## **7.3 SBAR FOR APPROVAL –TENDER / QUOTATION THRESHOLDS**

KB presented the paper to members highlighting that the public sector in Scotland all use a Route 2 tendering threshold of £50,000 to be compliant with the Procurement Reform (Scotland) Act 2014, however NHS Fife presently use a £20,000 (Equipment) and £25,000 (all other purchases) thresholds for Route 2 tendering resulting in an inconsistent and increased level of procurement activity. The paper proposes NHS Fife increase its Route 2 tendering threshold in both the Financial Operating Procedures and the Standing Financial Instructions to £50,000 as per the Procurement Reform (Scotland) Act 2014, for both the procurement of equipment and other goods and services, and thus removing the current distinction in commodity type. This will amend the limit currently used by procurement staff and ensure consistency to the external marketplace for future procurement of all goods and services.

PGB endorsed the paper and agreed that this should progress through governance to EDG and then the FP&R committee for approval.

## **7.4 DIGITAL PROCUREMENT POLICY UPDATE**

AG noted an updated Digital Procurement Policy will be circulated round PGB members for comment and consultation prior to the next PGB meeting.

## **8.0 AOCB**

MM requested the following papers be presented to the October EDG (20 October 2022) and November FP&R (15 November 2022) committees:

- Procurement Department KPIs
- Annual Procurement Report
- SBAR – Tender/Quotation Thresholds



Quarterly PGB meeting dates are to be arranged for 2023 and follow the sequence of EDG and FP&R to ensure the timing for decisions will be efficient. KB will arrange with KD.

**9.0 DATE OF NEXT MEETING**

Wednesday 22 February 2023, 9am – 10:30am, Via MS Teams

UNCONFIRMED



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## UNCONFIRMED MINUTE OF THE FINANCE & PERFORMANCE COMMITTEE FRIDAY 16 SEPTEMBER 2022 AT 10 PM VIA MICROSOFT TEAMS

**Present:** Arlene Wood, NHS Board Member [Chair]  
Cllr David Graham  
Martin Black, NHS Board Member  
Alistair Morris, NHS Board Member  
Cllr Dave Dempsey  
Cllr David Alexander

**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  
Euan Reid, Lead Pharmacist Medicines Management  
Rona Laskowski, Head of Critical and Complex Care Services  
Roy Lawrence, Principle Lead for Organisation Partnership  
Tracy Hogg, HSCP Finance Manager

*In attendance:*

Carol Notman, Personal Assistant (Minutes)  
Tim Bridle, Audit Scotland

**Apologies for  
Absence:**

Helen Hellewell, Associate Medical Director  
Ben Hannan, Director of Pharmacy and Medicines  
Graeme Downie, NHS Board Member  
Bryan Davies, Head of Primary and Preventative Care Services

		<b>ACTION</b>
<b>1.</b>	<b>WELCOME AND APOLOGIES</b> Arlene Wood welcomed everyone to the meeting and apologies were noted as above. Arlene reminded all of the protocols for the meeting.	
<b>2.</b>	<b>DECLARATIONS OF INTEREST</b> There were no declarations of interest noted.	
<b>3.</b>	<b>MINUTE OF PREVIOUS MEETINGS – 8 JULY 2022</b>	

	The minutes of the last Finance, Performance & Scrutiny Committee were agreed as an accurate record of the meeting.	
<b>4.</b>	<p><b>MATTERS ARISING / ACTION LOG</b></p> <p>There were two outstanding actions from the Finance &amp; Performance Committee, Audrey Valente advised the draft report regarding vacancies was not quite ready and was aiming to bring to the next Committee. Audrey apologised for the delay noting that the finance team had experienced challenges drawing the information from the various systems but noted that a solution has been identified which will hopefully resolve the issue.</p> <p>Martin Black noted that the vacancy situation was obviously causing issues across all HSCPs and Health Boards and stressed the urgency of the situation should be a priority. Audrey Valente confirmed that the Partnership was working closely with both partners, linking with both HR and Finance Teams to get the information required.</p> <p>Nicky Connor wished to assure the Committee that the team was not waiting for the data to be gathered before addressing the situation noting the recent STV Recruitment drive as well as smaller events such as the careers evening at Balwearie High School that a team from the Partnership supported.</p>	
<b>5.</b>	<p><b>WORKPLAN 2022-2023</b></p> <p>Fiona McKay advised following on from the Terms of Reference (TOR) being revised, to ensure that all the reporting required for this Committee is captured. An exercise was undertaken to match the TOR and the frequency for reports to be tabled at this Committee. Fiona confirmed that this workplan is flexible and there is still the capacity to bring ad hoc reports as required to the Committee.</p> <p>Arlene Wood wished to thank Dave Dempsey and Audrey Valente for sharing what they had completed for the Audit and Assurance Committee.</p> <p>Martin Black noted that all reports were for discussion except the Assurance Statement and Government Self-Assessment and asked if this was correct. Fiona McKay advised that the papers would be for discussion as to whether they would be forwarded to the IJB. She would check following the refreshed Terms of Reference whether the Grants and Voluntary Organisations report is still devolved from the IJB to this Committee. If this is the case the document will need to be updated to reflect this.</p> <p>Arlene Wood advised that she was seeking the Committee's agreement that the appendices cover the terms of reference and remit. The Committee confirmed that the workplan covered all aspects outlined within the Terms of Reference and that the workplan had been considered and discussed as outlined within the recommendations.</p>	<b>FM</b>
<b>6.</b>	<p><b>FINANCE UPDATE</b></p> <p>Audrey Valente outlined the financial position as of July 2022 highlighting that the projected outturn is an underspend of £6.9M. Audrey noted that the budget had been set in March based on the unachieved savings from the last financial year brought forward. The total value of the savings for 2022-23 brought forward is £3.8M and appendix 2 provides an update on all the savings</p>	

highlighting £2.5 (66%) has been delivered against the target. Audrey noted that it has been agreed that two savings identified Morse and Total Mobile will be funded from reserves.

Audrey advised that correspondence has been received from the Scottish Government indicating that there will be a requirement to return any underspent covid funding. For Fife HSCP it is anticipated that this will be £17.5m.

Dave Dempsey asked what the timeframe was for returning the covid funding. Audrey noted that it had only been the initial communication to date and no timeframe had been provided.

Dave Dempsey noted with regards the section on vacancies, if future reports could note the actual spend. He also noted that there was a lot of reference to underspend due to vacancies and asked how do we get the full picture of what is not being done on account of the vacancies. Audrey confirmed that this was what the finance team were looking at and developing the paper which will look at the impact of filling these posts. Nicky Connor wished to assure that many of the vacancies were being covered but not in the best way for continuity or cost effectiveness for the service.

Alastair Morris noted concern regarding the challenging financial position with the prediction that the situation will only get more challenging. He noted disappointment that the carried forward savings plan is not going to deliver with savings being substituted which will compound the problem. Audrey confirmed that she was aware and acknowledged the financial challenges going forward but noted with regards savings the Partnership had a good track record achieving the savings and had delivered 65% of these. Audrey confirmed that the savings are monitored regularly with the Senior Leadership Team.

Martin Black noted that pg. 27/28 refers to funding supplied for Afghanistan refugees and queried whether similar funding had been made available for the Ukraine refugees. Audrey confirmed that she was not aware of any funding received to support the Ukraine refugees and noted that the funding for the Afghanistan refugees had been carried over from the previous year.

Martin Black queried why there was funding to upgrade the Wellesley Unit as this is a GP Practice and they are private contractors. Audrey confirmed that the Wellesley unit was now a 2C Practice that has come under the remit of NHS Fife. Nicky Connor confirmed that the funding associated with this practice has transferred to the Partnership.

Martin Black queried if the Partnership is to return £17M unspent covid funding does this mean there is the assumption that covid is over. He also queried if the government would request the underspend relating to vacancies to also be returned. Audrey confirmed that covid was still present in the community and the finance team were looking at the Medium-Term Budget Gap and clearly identifying and absorbing the recurring costs of covid within the budget gap going forward. Audrey noted that with regards funding related to vacancies the service may require to realign the budget to set a realistic budget going forward which is good budget management.

The Committee approved the financial monitoring position of July 2022 and the use of reserves as outlined within the report.

<p><b>7.</b></p>	<p><b>PERFORMANCE REPORT – AUGUST 2022</b></p> <p>Fiona McKay advised that the Performance Report highlights a few challenging positions for both in-house and partner organisations taking into consider the rise in cost of living.</p> <p>Dave Dempsey asked who the intended readership of this report was. Fiona confirmed the report comes in full to the Finance, Performance &amp; Scrutiny Committee with an Executive Summary being tabled at the IJB. Dave noted that the report was noted for information only and asked what he was meant to do with the significant information contained within the report. Fiona confirmed that the paper was to provide assurance to this Committee of the work that the Partnership is doing, and the pressures experienced by the service.</p> <p>Arlene Wood noted that if the report is for awareness and assurance then the report purpose and recommendations need to change to reflect this going forward.</p> <p>Alastair Morris asked if statistics from other health boards could be added to help provide a better comparison. Fiona McKay advised that the Scottish data was published so this would be possible but consideration to which Partnerships was chosen would be required as it would need to be of a comparable size to Fife to give a fair comparison.</p> <p>Martin Black noted that the figures on pg. 42 for STAR Beds have never been near the target but there has been some fluctuation recently and asked if there was a reason for this. Fiona McKay advised that the STAR Beds are for people requiring more support or supervision before they go home and the service are seeing people coming into the STAR beds needing a little more rehabilitation. Fiona confirmed that the STAR Team are also experiencing patients who have been referred to them not be able to go home and discussions with families are required at this point. Fiona confirmed that there is a finite number of STAR beds and moving people on has been a challenge. The was discussion around the cost of patients remaining in STAR beds and Lynne Garvey advised that there was a prioritisation system in place for all enabling care and the service has previously investigated the difference in funding between care packages and STAR beds and noted that there was no obvious additional cost.</p> <p>Arlene Wood queried if the new guidance had been submitted relating to the waiting times indicators. Nicky Connor advised that the guidance had been received and confirmed that Rona Laskowski was investigating the implications for the service.</p> <p>The Committee confirmed they were aware of the content of the Performance Report as outlined in the recommendations and that the report was also submitted for assurance.</p>	<p><b>FM</b></p>
<p><b>8.</b></p>	<p><b>FINANCE, PERFORMANCE &amp; SCRUTINY STRATEGIC RISK REGISTER</b></p> <p>Audrey Valente advised that this report was for awareness and discussion as it sets out the IJB Strategic Risks that may pose a threat to the Partnership achieving its objectives in relation to financial and performance management.</p>	

	<p>Audrey confirmed that the risk register was last presented to the former Finance &amp; Performance Committee in February 2021 and since that date a full review has been carried out by the Senior Leadership Team which resulted in the full revised risk register being presented to the IJB on 28 January 2022.</p> <p>Audrey noted that the review had focussed on</p> <ul style="list-style-type: none"> <li>• Clarity of the risks to be included on the risk register with a focus on strategic risks</li> <li>• More formalised links to performance and the performance framework</li> <li>• Ensuring we have SMART actions in place to support management of the risks</li> </ul> <p>Audrey confirmed that work is ongoing and that the risk register will be reviewed and developed in line with the refreshed Strategic Plan following the revised Integration Scheme being agreed and noted that the IJB Risk Management Policy and Strategy is currently being reviewed to reflect the relevant changes.</p> <p>Audrey advised that there are currently 4 risks with a high residual risk score.</p> <p>The question was asked how the IJB Risk Register links with the new NHS Fife Corporate Risk Register and Fife Council’s own register. Audrey confirmed that the Partnership works closely with both partners. Nicky Connor confirmed that the Integration Scheme outlines how risk will be managed and in addition there is a monthly Senior Leadership Team Meeting which focusses on Assurance.</p> <p>Alastair Morris noted that the finance risk has been sitting with a score of 16 for some time and queried whether the new risks associated with increased inflation and cost of living will impact on this score. Audrey Valente noted that previously the finance risk had been scored higher at 25 but due to the pandemic and the current reserves this score had been reviewed and re-graded to 16 but it is anticipated when the risk is next reviewed that the score will rise.</p> <p>Arlene Wood confirmed that the Committee had discussed the risk register but there was discussion whether the recommendation should note that the paper is providing assurance. It was agreed all reports going forward should be for assurance or for escalation of issues.</p>	<b>AV</b>
<p><b>9.</b></p>	<p><b>COMPLAINTS AND COMPLIMENTS UPDATE</b></p> <p>Audrey Valente advised that this report provided the statistics for the complaints and compliments received for the Partnership during January-June 2022.</p> <p>Alastair Morris noted that while this information is important it would be good, going forward, to including statistics for how quickly complaints are responded to and which localities the complaints are coming from to make the report more meaningful. Audrey Valente agreed, noting that this had been discussed previously and agreed but due to staffing issues this year it had not been possible.</p>	

	<p>The Committee confirmed they were aware of the content of the complaints and compliments report as outlined in the recommendations.</p>	
<p><b>10. ANNUAL PERFORMANCE REPORT 2021–2022</b></p>	<p>Fiona McKay advised that this was the fifth Annual Report that the Partnership has brought to Committee which will also be tabled at the IJB. Fiona noted that the time period that the annual report covers was challenging as it covered the pandemic period but was pleased to note that some areas had progressed well despite the covid situation. Fiona confirmed that the report requires to be submitted to the Scottish Government by the end of October 2022.</p> <p>Dave Dempsey asked if the service receives a response from the Scottish Government. Fiona confirmed that a national report is published which includes data from all reports submitted.</p> <p>Martin Black noted that he did not see any information on addictions within the report and asked what the Partnership was doing for people with addictions. Fiona advised that there was a section on ADP on pg. 132. Martin noted that he was surprised that there was no reference to the funding from the Scottish Government for addictions. Fiona advised that the Partnership funds First who provide community rehabilitation services and agreed to ask First for an update.</p> <p>Arlene wood queried whether there was still the opportunity for areas of service that the Committee feel should be included to be added. Fiona confirmed that the report was brought for discussion and there was the opportunity to revise content prior to submission to the IJB and Scottish Government.</p> <p>The Committee confirmed that they had discussed the report and were assured as outlined within the recommendations but taking into consideration the discussions noted above.</p>	<p><b>FM</b></p>
<p><b>11. DRAFT YEAR 1 WORKFORCE ACTION PLAN 2022-23</b></p>	<p>Roy Lawrence advised that this action plan supplemented the Workforce Strategy that the IJB approved and submitted to the Scottish Government. Roy confirmed that the 1-year plan did not need to be submitted and that it was for internal use only.</p> <p>The Committee confirmed that they had discussed the plan and were assured as outlined within the recommendations.</p>	
<p><b>12. COMMITTEE DEVELOPMENT SESSIONS</b></p>	<p>Arlene Wood advised that she had added this item onto the agenda to allow the Committee time to discuss development sessions, noting that there was a planned budget, risk and governance session booked for the wider IJB, but wished to ask the Committee if they would like to have a separate session specific to this Committee or keep to the full IJB sessions and not duplicate work.</p>	

	<p>It was agreed that it would support this Committee to have a session on budget setting, finance and direction.</p> <p>Fiona McKay noted that it would be more beneficial to have a face-to-face development sessions to allow more debate and discussion.</p> <p>It was agreed that Audrey Valente/Fiona McKay and Nicky Connor would review what development sessions the IJB was going to be undertaking and look at something specific for the Finance, Performance &amp; Scrutiny Committee.</p>	<p><b>AV/NC/ FMcK</b></p>
<p><b>13.</b></p>	<p><b>ITEMS FOR HIGHLIGHTING</b></p> <p>No items were identified for escalation or highlighting.</p>	
<p><b>14.</b></p>	<p><b>AOCB</b></p> <p>No items were raised under AOCB.</p>	
<p><b>15.</b></p>	<p><b>DATE OF NEXT MEETING:</b></p> <p>11 November 2022 at 10.00am via MS Teams</p>	



**MINUTES OF THE PRIMARY MEDICAL SERVICE SUB-COMMITTEE HELD ON TUESDAY, 6 SEPTEMBER 2022 HELD BY TEAMS**

**PRESENT:**

Mrs J Kelly (JK) (Chairperson)  
Dr F Henderson (FH)  
Dr S Mitchell (SM)

Dr H Hellewell (HH) for Dr C McKenna  
Dr S Lim (SL)

**IN ATTENDANCE:**

Mr C Sharkey (CS)  
Miss D Watson

Miss L Neave (LN)

NO	HEADING	ACTION
<b>23/22</b>	<b>CHAIRPERSON'S WELCOME AND OPENING REMARKS</b> The Chair welcomed Chris Sharkey to the Committee.	
<b>24/22</b>	<b>DECLARATION OF MEMBERS' INTERESTS</b> There were no declarations of interest.	
<b>25/22</b>	<b>APOLOGIES FOR ABSENCE</b> Apologies were received from Ms M McGurk & Dr C McKenna.	
<b>26/22</b>	<b>MINUTES OF PREVIOUS MEETING</b> The minute of the meeting held on 7 June 2022 was acknowledged and agreed as a true record of proceedings.	
<b>27/22</b>	<b>MATTERS ARISING – ACTION POINTS</b>	
	a) <u>Table of Actions</u>	
06/22	CS advised discussions on which directorate would host wound management were still ongoing.	<b>CS</b>
16/22a	JK confirmed a meeting had taken place regarding the review of LES specifications. A draft letter to practices has been sent to SM and HH to review. Once the letter has been agreed it will be issued to practices before the restart of LESs in October.	<b>JK</b>
17/22	JK confirmed she and LN had met with Jim Rotheram and that a number of IGS projects had been moved to PCIF funding.	
21/22	HH confirmed CM had raised the issue of appraising/revalidating locums who did most of their work outside Fife with NHS Fife's GMC representative. HH advised that CM would be raising the issue again at the next meeting of the Committee.	<b>CM</b>

b) Registration Advice – Levenmouth Cluster

JK reminded the Committee that the Levenmouth Cluster had applied for an extension to the guidance allowing them to refuse new patients who were registered locally. Due to circumstance in the area, this had been approved. They were now asking to extend this again.

The Committee agreed to approve an extension. This would be reviewed at the Committee's December meeting when it was hoped there would be more information available on the situation in Levenmouth. JK

**29/22 PMS EXPENDITURE BUDGET**

CS confirmed the budget for 2022/3 was £63m, which was slightly lower than last year. However, the budget from SGHSCD has not yet been agreed but the uplift should be added to the budget around October.

The current overspend is £69k, £35k of which is related to 2c practices. The forecast for the year end is a £200k overspend.

CS informed the Committee that Enhanced Services are currently being topped up based on 2019/20 income received which would include flu vaccination. CS enquired whether any discussions had taken place regarding an enhanced sum for flu being included in the global sum in 2023/24?

HH advised her understanding was it would be included in the global sum, though to date no guidance had been received from the Scottish Government. HH queried whether we should seek advice to clarify the issue.

SM confirmed that Nationally there was no information on when flu payments would be included in the global sum but asked that nothing would be done that would destabilise practices who have not received the SG sustainability monies promised in April.

JK informed the Committee she had a meeting with the Primary Care Directorate on 7 September and would raise the issue at this time. JK

**29/22 IMPROVEMENT GRANTS**

a) Summary of Improvement Grants for 2022/23 as at 1 September 2022

LN advised that eligible IGS applications are still being approved and that there was still around £40k available for projects. The report was noted by the Committee.

b) Bennoch Medical Centre – Development of Ground Floor

JK advised a paper had been received from Estates requesting £15k to provide a 4<sup>th</sup> additional consulting room at Bennoch. This project had been initially for 3 consulting rooms and had been funded from a one off grant from the Scottish Government.

She confirmed that as the premises were Health Board owned the project would be 100% funded from the IGS budget if approved.

The Committee had no objections to the project as additional consulting rooms were much needed in the Kirkcaldy area provided this project was part of the Premises and Primary Care Strategies and that it would not cause the IGS budget to be overspent.

The application was approved provided the project met the above requirements.

### **30/22 ROUTINE REPORTING**

JK highlighted that this quarter's report again had more GPs coming on than leaving.

HH queried how the Private income of GPs in Health Centres was monitored. LN agreed to review what the procedure is for checking the private income of GP practices.

LN

The Committee noted the content of the report.

### **31/22 AOCB**

There was no AOCB.

### **32/22 FUTURE MEETING DATES FOR 2023**

The dates for 2023 were noted. 7 March, 6 June, 5 September and 5 December.

### **33/22 DATE OF NEXT MEETING**

The next meeting will held on Tuesday, 6 December 2022

### **THANKS TO J KELLY**

HH thanked JK for all her sterling work on this Committee

JK in returned thanked the Committee for all their support over the years.