

# NHS Fife Finance, Performance & Resources Committee

Tue 14 March 2023, 09:30 - 11:30

MS Teams

## Agenda

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

0 min

*Alistair Morris*

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

0 min

*Alistair Morris*

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**09:30 - 09:30** **3. Minutes of Previous Meeting held on Tuesday 17 January 2023**

0 min

*Enclosed* *Alistair Morris*

 Item 03 - Finance Performance Resources Committee Minutes (Unconfirmed) 20230117.pdf (5 pages)

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**09:30 - 09:40** **4. Matters Arising / Action List**

10 min

*Enclosed* *Alistair Morris*

 Item 04 - Finance, Performance & Resources Committee Action List - 20230117.pdf (1 pages)

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**09:40 - 10:10** **5. GOVERNANCE MATTERS**

30 min

**5.1. Committee Self-Assessment Report 2022/23**

*Enclosed* *Gillian MacIntosh*

 Item 05.1 - SBAR Committee Self-Assessment Report 2022-23.pdf (10 pages)

**5.2. Annual Review of Committee's Terms of Reference**

*Enclosed* *Gillian MacIntosh*

 Item 05.2 - SBAR Annual Review of Committees Terms of Reference.pdf (2 pages)

 Item 05.2 - Appendix 1 FP&R Terms of Reference.pdf (4 pages)

**5.3. Corporate Risks Aligned to Finance, Performance & Resources Committee**

*Enclosed* *Margo McGurk*

 Item 05.3 - SBAR Corporate Risks Aligned to Finance, Performance & Resources Committee.pdf (5 pages)

 Item 05.3 - Appendix 1 Summary of Corporate Risks Aligned to Finance, Performance & Resources Committee on 140323.pdf (5 pages)

 Item 05.3 - Appendix 2 Deep Dive - Risk 7 - Access to outpatient, diagnostic and treatment services.pdf (3 pages)

 Item 05.3 - Appendix 3 Assurance Principles.pdf (1 pages)

**5.3.1. Deep Dive – Access to Outpatient, Diagnostic and Treatment Services**

**10:10 - 10:40** **6. STRATEGY / PLANNING**

30 min

**6.1. Draft Population Health & Wellbeing Strategy**

Enclosed *Margo McGurk/Susan Fraser*

 Item 06.1 - SBAR Population Health & Wellbeing Strategy + Appendix 1.pdf (7 pages)

 Item 06.1 - Appendix 2 Draft Population Health & Wellbeing Strategy.pdf (33 pages)

**6.2. National Treatment Centre - Fife Orthopaedics**

Enclosed *Janette Keenan*

 Item 06.2 - SBAR National Treatment Centre - Fife Orthopaedics.pdf (4 pages)

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**10:40 - 11:10** **7. QUALITY / PERFORMANCE**

30 min

**7.1. Integrated Quality & Performance Report**

Enclosed *Chris McKenna/Janette Keenan*

 Item 07.1 - SBAR Integrated Quality & Performance Report.pdf (4 pages)

 Item 07.1 - Appendix 1 Integrated Quality & Performance Report.pdf (27 pages)

**7.2. Fife Capital Investment Group Reports 2022/23**

Enclosed *Margo McGurk/Neil McCormick*

 Item 07.2 - SBAR Fife Capital Investment Group Report 2022-23.pdf (3 pages)

**7.3. Tender Process for 2C GP Practices**

Enclosed *Nicky Connor*

 Item 07.3 - SBAR Tender Process for 2C GP Practices.pdf (8 pages)

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**11:10 - 11:20** **8. FOR ASSURANCE**

10 min

**8.1. Delivery of Annual Workplan 2022/23**

Enclosed *Margo McGurk*

 Item 08.1 - Delivery of Annual Workplan 2022-23.pdf (5 pages)

**8.2. Annual Finance, Performance & Resources Committee Workplan 2023/24**

Enclosed *Margo McGurk*

 Item 08.2 - Annual Finance, Performance & Resources Committee Workplan 2023-24.pdf (4 pages)

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**11:20 - 11:25** **9. LINKED COMMITTEE MINUTES**

5 min

**9.1. Fife Capital Investment Group held on 18 January 2023 (unconfirmed)**

Enclosed

📄 Item 09.1 - Fife Capital Investment Group Minutes held on 18 January 2023 (unconfirmed).pdf (10 pages)

## **9.2. Primary Medical Services Subcommittee held on 6 December 2022 (unconfirmed)**

*Enclosed*

📄 Item 09.2 - Primary Medical Services Subcommittee Minutes held on 6 December 2022 (unconfirmed).pdf (5 pages)

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11:25 - 11:25  
0 min

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

### **10.1. To the Board in the IPQR Summary**

*Verbal*      *Alistair Morris*

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

*Verbal*      *Alistair Morris*

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11:25 - 11:25  
0 min

## **11. ANY OTHER BUSINESS**

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11:25 - 11:25  
0 min

## **12. DATE OF NEXT MEETING - TUESDAY 9 MAY 2023 AT 9.30AM VIA MS TEAMS**

## Unconfirmed

### MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 17 JANUARY 2023 AT 9.30AM VIA MS TEAMS

**Alistair Morris**  
Chair

#### Present:

A Morris, Non-Executive Director (Chair)	M McGurk, Director of Finance & Strategy
A Grant, Non-Executive Director	J Tomlinson, Director of Public Health
Cllr D Graham, Non-Executive Director	M Mahmood, Non-Executive Director
J Kemp, Non-Executive Director	C McKenna, Medical Director
C Potter, Chief Executive	A Lawrie, Area Clinical Forum Representative

#### In Attendance:

N Connor, Director of Health & Social Care  
B Hannan, Director of Pharmacy & Medicines  
N McCormick, Director of Property & Asset Management  
G MacIntosh, Head of Corporate Governance & Board Secretary  
M Michie, Deputy Director of Finance  
C Dobson, Director of Acute Services  
N Robertson, Associate Director of Nursing (*for the Director of Nursing*)  
F McKay, Head of Strategic Planning, Performance & Commissioning (*item 6.1 only*)  
K Donald, Interim PA to the Director of Finance & Strategy (*minutes*)

#### Chair's Opening Remarks

The Chair welcomed everyone to meeting. Acknowledgement was made of staff efforts and their continued hard work during this time of unrelenting pressure on the system.

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 noted from J Keenan, Director of Nursing, and W Brown, Employee Director.

#### 2. Declaration of Members' Interests

There were no declaration of members' interests.

### 3. Minute of the last Meeting held on 15 November 2022

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 CORPORATE RISKS ALIGNED TO FINANCE, PERFORMANCE AND RESOURCES COMMITTEE

The Director of Finance & Strategy presented the corporate risk paper, noting it is the second iteration of the new presentation and advised the paper will further iterate and improve as the new process embeds. The description of Risk 8 has expanded to include the 31-day standard due to current removal of waiting times adjustments for social isolation and also to include robotic prostatectomy, which has been recently repatriated from NHS Lothian and is now an NHS Fife service.

Following a question from the Chair regarding the process for actions to be taken after risks are identified, the Director of Finance & Strategy advised that the Risk and Opportunities Group are currently working on how best to articulate follow-up actions to identified risks.

The Chair requested the wording of Risk 13 be updated to reflect the predicted financial position as detailed in the IPQR. The Director of Finance & Strategy proposed a change of wording of the risk to read: "There is a risk that the Board will not achieve its statutory financial revenue budget target in 2022/23 without additional in-year support from Scottish Government.

**Action: Director of Finance & Strategy**

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

### 6. STRATEGY / PLANNING

#### 6.1 MINISTERIAL STRATEGIC GROUP INDICATORS

F McKay, Head of Strategic Planning, Performance & Commissioning, was welcomed to the meeting.

The Director of Health & Social Care introduced the report, noting this paper is coming to the Committee through a recommendation from Internal Audit to share the paper on an annual basis with the Finance, Performance & Resources Committee.

The report details the performance of the Fife partnership against other partnerships and considers progress against the Ministerial Strategic Group Indicators and the requirements of integration, to ensure targets are being met. The Director of Health & Social Care highlighted Fife were the first Health and Social Care Partnership to be inspected, with several areas being highlighted as good practice and other areas where further improvement is required.

The Chief Executive highlighted there has been a lot of scrutiny and coverage on the delivery of objectives noted within the report and commended the work completed by the Partnership.

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

## **6.2 POPULATION HEALTH AND WELLBEING STRATEGY PROGRESS UPDATE**

The Director of Finance & Strategy presented the paper, noting the Executive team discussed the content, focus and range of activities referenced within the strategy at the Portfolio Board on 12 January 2023. Pending agreement from the Chair of the Board, the Board Development Session scheduled for February will allow Board and Non-Executive Members the opportunity to contribute to the review of the document. The Director of Finance & Strategy further noted that an annual or bi-annual review process will be established, in order to keep the document dynamic and responsive.

The Chief Executive noted the draft Population Health and Wellbeing Strategy will be circulated once the document is ready for consideration by members and welcomed scrutiny from Board members to ensure the Strategy is bold, ambitious, and delivering against the needs of the communities across Fife.

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

## **7. QUALITY / PERFORMANCE**

### **7.1 INTEGRATED PERFORMANCE AND QUALITY REPORT**

The Director of Acute Services provided an overview of the report, highlighting there was an improvement in performance for the 4-hour access target in November 2022. However, long waits remained high, with 8-hour and 12-hour breaches due to capacity issues, with long waits for beds over certain periods. Demand has remained high and has continued to be unrelenting over the festive period. Information on long wait targets has been included within the IPQR, noting NHS Fife will deliver against the 2-year target but will not achieve the 12-month and 18-month targets.

Following a question from the Chair, the Director of Acute Services confirmed the system pressures should not have an impact on the opening of the new NTC – Fife Orthopaedics, and the team are on track to pause procedures in mid-February to transition over the new National Treatment Centre.

The Director of Health & Social Care noted that the report shows the ongoing challenge with Delayed Discharges, but also highlights sustaining improvement on Standard Delays due to the improvement work previously undertaken.

The Chair queried if re-admission rates are increasing due to patients being at risk of limited support after discharge. The Director of Health & Social Care advised data on re-admission rates is available and highlighted work is ongoing around supporting community teams with patient rehabilitation within the community setting to prevent re-admission. Focused work is also ongoing with teams such as Hospital@Home, to prioritise people in the community who have unmet needs, to ensure support is provided and to prevent admission to hospital.

Following a question from M Mahmood, Non-Executive Member, querying what actions are being taken to reduce the cause of unsuitable housing being the primary reason for a delayed discharge, the Director of Health and Social Care highlighted a weekly verification meeting with all partners, including housing, is held to discuss reasons why patients are delayed, and to agree next steps. Work is also ongoing through the Home First Strategy, which is a preventative model, encompassing a strong engagement from partners within the housing service at Fife Council.

The Director of Finance & Strategy provided an overview of the report, highlighting NHS Fife are reporting a significant overspend of £19.6m at the end of November 2022, with forecasts indicating NHS Fife will close the financial year at £19m overspend, pending all mitigation actions being in place as agreed in the mid-year review report. .

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

## **7.2 FINANCIAL IMPROVEMENT AND SUSTAINABILITY PROGRAMME PROGRESS REPORT**

The Deputy Director of Finance spoke to the report, advising that a target of £11.7m was set at the beginning of the financial year, and a total of £6m has been delivered as of November 2022, with £2.4m on a recurring basis. A non-delivery risk of £2m has been forecast due to challenges in Procurement savings and reducing Supplementary staffing.

The Chair highlighted concern regarding the limited recurring savings being made, noting the next year and subsequent years to follow will be harder to achieve recurring savings.

The Medical Director queried what changes can be made to reduce the use of paper within NHS Fife, especially due to the increase in paper costs by 35%. The Director of Finance & Strategy highlighted new business cases should incorporate the potential savings of going paperless.

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

## **7.3 FIFE CAPITAL INVESTMENT GROUP REPORT 2022/23**

The Deputy Director of Finance provided an overview, noting that at November 2022 a total of £17m had been allocated, with plans in place to ensure the remaining balance is allocated and spent before the end of the financial year.

Following a question from the Chair regarding the position on the Kincardine and Lochgelly Health Centres, the Deputy Director of Finance advised there has been no confirmation regarding the projects' timescale for continuation. The Director of Property & Asset Management noted that Scottish Government are looking for Boards to prioritise capital requests across the whole system and highlighted the Fife Capital Investment Group are holding a workshop on 18 January 2023 to review projects across all systems within NHS Fife.

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

## **8. FOR ASSURANCE**

## **8.1 Delivery of Annual Workplan 2022/23**

The Director of Finance & Strategy noted the 'FPR Development Session 2' should be moved to March 2023, once a date has been confirmed.

**Action: Director of Finance and Strategy / Committee Secretary**

The Committee **approved** the tracked workplan, pending the changes noted above.

## **8.2 Proposed Annual Workplan 2023/24**

The Committee **approved** the proposed workplan.

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

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

9.1 Fife Capital Investment Group held on 7 December 2022 (unconfirmed)

9.2 IJB Finance, Performance & Scrutiny Committee held on 11 November 2022 (unconfirmed)

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

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

The Committee agreed the IPQR Finance Performance should be escalated to the Board, pending an update to the wording as detailed in this minute.

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

There were no issues to escalate to the Board.

## **11. ANY OTHER BUSINESS**

There was no other business.

## **12. DATE OF NEXT MEETING**

The next meeting will be held on Tuesday 14 March 2023 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 14 March 2023



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	03/03/23 – Changes have been made to the complaints section. Updates from the Workforce Directorate on the workforce vacancy data is still awaited.	In progress
2.	15/11/22	<b>IPQR Update – SG Funding</b>	Report presented to EDG confirming additional waiting list activities funding by Scottish Government to be presented at next FP&R Meeting.	<b>CD</b>	17/01/23	This item will be covered part of the deep dive.	Closed
3.	17/01/2023	<b>Corporate Risks Aligned to Finance, Performance &amp; Resource Committee</b>	Wording in Risk 13 to reflect financial targets not being achieved without support from Scottish Government	<b>MM</b>	14/03/23	Complete.	Closed
4.	17/01/2023	<b>Delivery of Annual Workplan 2022/23</b>	'FPR Development Session 2' to move to March 2023 in Annual Workplan 2022/23	<b>MM / KD</b>	14/03/23	Annual Workplan 2022/23 updated to reflect.	Closed

<b>Meeting:</b>	<b>Finance, Performance &amp; Resources Committee</b>
<b>Meeting date:</b>	<b>14 March 2023</b>
<b>Title:</b>	<b>Committee Self-Assessment Report 2022-23</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance &amp; Strategy</b>
<b>Report Author:</b>	<b>Gillian MacIntosh, Board Secretary</b>

## 1 Purpose

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

- Discussion

**This report relates to a:**

- Local policy

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

- Effective

## 2 Report summary

### 2.1 Situation

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

### 2.2 Background

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

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

To conform with the requirement for an annual review of their effectiveness, all Board Committees were invited to complete a self-assessment questionnaire in early February 2023. The survey was undertaken online, following overwhelmingly positive feedback on the move to a non-paper system of completion, and took the form of a Chair's Checklist (which sought to verify that the Committee is operating correctly as per its Terms of Reference) and a second questionnaire (to be completed by members and regular attendees) comprising a series of effectiveness-related questions, where a scaled 'Agree/Disagree' response to each question were sought. Textual comments were also encouraged, for respondents to provide direct feedback on their views of the Committee's effectiveness.

## 2.3 Assessment

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

### Chairs' Checklist (completed by Chair only)

It was agreed that the Committee was currently operating as per its Terms of Reference. It was noted that the regularity of attendance of members and Executive Directors, and their input, was strong, despite ongoing operational pressures. The Chair commented on the robust induction process for new members and general smoothness of the standard committee administrative processes. It was, however, noted that agendas were large, creating a lot of business for members to discuss in the allotted time, and that there could be further opportunity at each Board meeting for discussion on the key matters contained in the reported minutes of each standing committee.

### Self-Assessment questionnaire (completed by members and attendees)

In total, nine (of ten) members (excluding the Chair) and four regular attendees completed the questionnaire. In general, the Committee's current mode of operation received a positive assessment from its members and attendees who participated. In particular, the openness of discussion was welcomed, along with the constructive relationship between Non-Executives and Executive members and attendees (further scrutiny and challenge would always however be welcomed). The minutes were felt to be of high quality and the action list follow-up process robust. Changes to the Corporate Risk Register presentation was also broadly welcomed, with initial improvements seen in this area over the past few months of reporting.

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

- ensuring more focused paperwork is supplied for agenda topics, to limit unnecessary data in what can be a large meeting pack, allowing members additional time to properly scrutinise the agenda papers;
- for performance reporting, ensuring that data is provided with clear and unambiguous analysis from the Executive on whether progress is positive or negative;
- continuing the focus on the medium-term financial position in preference to short-term planning;
- noting that greater comparison with the NHSScotland overall position would be helpful for some agenda items; and
- continuing the programme of Development Sessions to enhance members' knowledge, with suggested future topics such as finance resource allocation processes.

In relation to the making further improvements to induction and training, to allow new members to develop appropriate knowledge of the key areas under the Committee's remit, it is suggested that in 2023/24 a specific Induction Handbook is created for each Board Committee, containing key information such as Terms of Reference, Membership, the previous year's Annual Committee Assurance Report and any further reading / links to national strategies or guidance of particular relevance to each Committee's area of responsibility. This document can be refreshed regularly, as required, and would be expected to take the form of pre-reading material for new members before they meet with the Committee Chair and Executive Lead as part of their formal introduction to their new committee.

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

N/A

### **2.3.2 Workforce**

N/A

### **2.3.3 Financial**

N/A

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

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

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

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

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

N/A

### **2.3.7 Other impact**

N/A

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

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

### **2.3.9 Route to the Meeting**

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

## **2.4 Recommendation**

This paper is provided for:

- **Discussion** – what actions members would wish to see implemented to address those areas identified for improvement.

## **2 List of appendices**

The following appendices are included with this report:

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

### **Report Contact**

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

[gillian.macintosh@nhs.scot](mailto:gillian.macintosh@nhs.scot)

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
<b>A. Committee membership and dynamics</b>						
<b>A1.</b>	The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	7 (54%)	6 (46%)	-	-	There have been wide ranging discussions with respect to key issues in part due to the continued pressure and financial challenges encountered this year.  I agree with the statement. But, as new member, this is based on fairly limited experience.
<b>A2.</b>	The Committee's membership includes appropriate representatives from the organisation's key stakeholders.	7 (54%)	5 (38%)	1 (8%)	-	The business of the Committee, I believe, has never suffered through lack of stakeholder involvement.  Executive team members whose function requiring scrutiny are members of the group, although there are a greater number of Non-Executive members. This could be perceived as a conflict of interest.
<b>A3.</b>	Committee members are clear about their role and how their participation can best contribute to the Committee's overall effectiveness.	6 (46%)	7 (54%)	-	-	-
<b>A4.</b>	Committee members are able to express their opinions openly and constructively.	8 (62%)	5 (38%)	-	-	As a regular attender I feel that members are able to express their opinions openly and the behaviour is constructive and good humoured.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
<b>A5.</b>	There is effective scrutiny and challenge of the Executive from all Committee members, including on matters that are critical or sensitive.	5 (38%)	8 (62%)	-	-	<p>The relationship with the Executive seems open and good.</p> <p>At times there is further scope for Non-Executives to provide further challenge on issues.</p> <p>I am trying my best to be involved as much as possible in the scrutiny process. I have seen that other members of the committee are very good at scrutinising various papers.</p> <p>Sensitive matters are discussed in private session and there is open discussion of challenging position.</p>
<b>A6.</b>	The Committee has received appropriate training / briefings in relation to the areas applicable to the Committee's areas of business.	1 (8%)	11 (85%)	1 (8%)	-	<p>Further use of development sessions scheduled for future months will improve knowledge and awareness.</p> <p>Further training required on finance and performance and resource allocation.</p> <p>But we can always do more.</p> <p>It is always good to have continuous training.</p> <p>I am unaware of others' training / briefings, I answer in context of my own experience.</p>
<b>A7.</b>	Members have a sufficient understanding and knowledge of the issues within its particular remit to identify any areas of concern.	2 (15%)	11 (85%)	-	-	<p>Though my view is based on limited experience.</p> <p>Sometimes it is overwhelming to see lots of charts with numbers and figures.</p> <p>I am unaware of others' understanding and knowledge, I answer in context of my own experience.</p>
<b>B. Committee meetings, support and information</b>						
<b>B1.</b>	The Committee receives timely information on performance concerns as appropriate.	7 (54%)	5 (38%)	1 (8%)	-	<p>Papers provide good detail on performance. But could sometime do with a clearer analysis from the Executive on whether the performance is good or bad.</p> <p>Data being reviewed is usually retrospective and not real time data.</p>

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
						The speed of change can make this difficult, but Committee are receiving updates as quickly as possible.
<b>B2.</b>	The Committee receives timely exception reports about the work of external regulatory and inspection bodies, where appropriate.	5 (38%)	8 (62%)	-	-	-
<b>B3.</b>	The Committee receives adequate information and provides appropriate oversight of the implementation of relevant NHS Scotland strategies, policy directions or instructions.	6 (46%)	6 (46%)	1 (8%)	-	Yes, but this is an area I have not seen much of in my few months of membership. There is excessive volume of information to attempt to digest.
<b>B4.</b>	Information and data included within the papers is sufficient and not too excessive, so as to allow members to reach an appropriate conclusion.	4 (31%)	8 (62%)	-	1 (8%)	Agree, but - as noted elsewhere - more analysis would sometimes help.  Sometimes reports can seem to contain a lot of standard information driven by the layout, which also contributes to possible duplication of data.  Volume excessive.  The volume of papers is something that all Committees raise as a potential issue and occasionally it can impact negatively on the ability of members to scrutinise material fully.  There is a good balance of information in this committee.
<b>B5.</b>	Papers are provided in sufficient time prior to the meeting to allow members to effectively scrutinise and challenge the assurances given.	7 (54%)	5 (38%)	1 (8%)	-	For the volume of papers there is insufficient time to properly scrutinise the information.
<b>B6.</b>	Committee meetings allow sufficient time for the discussion of substantive matters.	7 (54%)	5 (38%)	1 (8%)	-	Fair to say the depth of detail in papers can never be fully discussed or analysed in the time allowed.  Flexible approach is taken to ensure that the substantive matters are discussed fully in meetings.  Agendas are at the right level to allow deeper discussion.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
<b>B7.</b>	Minutes are clear and accurate and are circulated promptly to the appropriate people, including all members of the Board.	8 (62%)	5 (38%)	-	-	Minutes are of high quality and benefit the work of the Committee.
<b>B8.</b>	Action points clearly indicate who is to perform what and by when, and all outstanding actions are appropriately followed up in a timely manner until satisfactorily complete.	7 (54%)	6 (46%)	-	-	As above, are of high quality and benefit the work of the Committee.
<b>B9.</b>	The Committee is able to provide appropriate assurance to the Board that NHS Fife's strategies, policies and procedures (relevant to the Committee's own Terms of Reference) are robust.	5 (38%)	8 (62%)	-	-	-
<b>B10.</b>	Committee members have confidence that the delegation of powers from the Board (and, where applicable, the Committee to any of its sub groups) is operating effectively as part of the overall governance framework.	3 (23%)	10 (77%)	-	-	I am unaware of others' confidence; I answer in context of my own experience.
<b>C. The Role and Work of the Committee</b>						
<b>C1.</b>	The Committee reports regularly to the Board verbally and through minutes, can escalate matters of significance directly and makes clear recommendations on areas under its remit when necessary.	9 (69%)	4 (31%)	-	-	-
<b>C2.</b>	In discharging its governance role, the focus of the Committee is at the correct level.	5 (38%)	8 (62%)	-	-	-
<b>C3.</b>	The Committee's agenda is well managed and ensures that all topics with the Committee's overall Terms of Reference are appropriately covered	7 (54%)	6 (46%)	-	-	-
<b>C4.</b>	Key decisions are made in a structured manner and can be publicly evidenced.	5 (38%)	8 (62%)	-	-	-

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
<b>C5.</b>	What actions could be taken, and in what areas, to further improve the effectiveness of the Committee in respect of discharging its remit?					<p>The Committee operates well and is well served by the Executive. As noted in other responses above, one improvement would be clearer analysis by the Executive of whether performance is good or bad. In some papers it would be good to have clearer recommendations on what the Committee is being asked to agree.</p> <p>Less detail in papers allowing fuller discussion on key topics.</p> <p>Greater focus on the medium-term financial sustainability of the Board, however this is an area we are developing.</p> <p>Less volume of paperwork for each meeting.</p> <p>There is overlap between Committees and this is managed through oversight of workplans, however sometimes inevitably there is some repetition of topics.</p>
<b>D. Finance, Performance &amp; Resources Committee specific questions</b>						
<b>D1.</b>	The Committee is provided with appropriate assurance that the corporate risks related to the specific governance areas under its remit are being managed to a tolerable level.	4 (31%)	9 (69%)	-	-	<p>The corporate risk documentation has improved significantly and provides the appropriate assurances to the committee.</p> <p>This is an early stage of the new corporate risks being aligned to committees, but early indications are this will improve scrutiny and assurance of risks.</p>
<b>D2.</b>	The performance information and data presented to the Committee allows for easy identification of deviations from acceptable performance (both negative and positive).	1 (8%)	11 (85%)	1 (8%)	-	<p>Agree. But some more comparison with rest of Scotland would be useful.</p> <p>But sometimes the devil is in the detail.</p> <p>Information on staffing establishment, use of supplementary staffing is an area which requires development.</p> <p>it is difficult to grasp large tables of figures and numbers. Perhaps more frequent simplified explanations of complicated tables of numbers.</p> <p>Again, due to volume of work there is a risk that important data may be missed.</p>

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
D3.	Where there is a negative deviation from acceptable performance, the Committee receives adequate information to provide assurance that appropriate action is being taken to address the issues.	2 (15%)	10 (77%)	1 (8%)	-	Further work regarding tolerability may be required, in context of current system pressure.

<b>Meeting:</b>	<b>Finance, Performance &amp; Resources Committee</b>
<b>Meeting date:</b>	<b>14 March 2023</b>
<b>Title:</b>	<b>Annual Review of Committee's Terms of Reference</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance &amp; Strategy</b>
<b>Report Author:</b>	<b>Gillian MacIntosh, Board Secretary</b>

## 1 Purpose

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

- Decision

**This report relates to:**

- Local policy

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

- Effective

## 2 Report summary

### 2.1 Situation

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

### 2.2 Background

The current Terms of Reference for the Committee were last reviewed in March 2022, as per the above cycle.

### 2.3 Assessment

An updated draft of the Committee's Terms of Reference is attached for members' consideration, with suggested changes tracked for ease. Proposed amendments largely relate to updating the references to the risk management reporting arrangements, given the replacement of the Board Assurance Framework by the Corporate Risk Register.

Following review and approval by each Committee, an amended draft will be considered by the Audit & Risk Committee as part of a wider review of all Terms of Reference by each

standing Committee and other aspects of the Code. Thereafter, the final version of the Code of Corporate Governance will be presented to the NHS Board for approval.

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

N/A

### **2.3.2 Workforce**

N/A

### **2.3.3 Financial**

N/A

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

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

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

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

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

N/A

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

N/A

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

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

## **2.4 Recommendation**

This paper is provided for

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

## **3 List of appendices**

The following appendices are included with this report:

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

### **Report Contact**

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

[gillian.macintosh@nhs.scot](mailto:gillian.macintosh@nhs.scot)

# **FINANCE, PERFORMANCE AND RESOURCES COMMITTEE CONSTITUTION AND TERMS OF REFERENCE**

Date of Board Approval: \*\*\*

## **1. PURPOSE**

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

## **2. COMPOSITION**

- 2.1 The membership of the Finance, Performance and Resources Committee will be:
  - Six Non-Executive or Stakeholder members of the Board (one of whom will be the Chair). (A Stakeholder member is appointed to the Board from Fife Council or by virtue of holding the Chair of the Area Partnership Forum or the Area Clinical Forum)
  - Chief Executive
  - Director of Finance & Strategy
  - Medical Director
  - Director of Public Health
  - Director of Nursing
- 2.2 The Chair of the Audit and Risk Committee will not be a member of the Finance, Performance and Resources Committee.
- 2.3 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:
  - Director of Acute Services
  - Director of Property & Asset Management
  - Director of Health & Social Care
  - Director of Pharmacy & Medicines
  - Board Secretary

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

### **3. QUORUM**

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

### **4. MEETINGS**

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

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

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

### **5. REMIT**

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

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

#### **Arrangements for Securing Value for Money**

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

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

### **Allocation and Use of Resources**

5.3 The Committee has key responsibilities for:

- reviewing the development of the Board's Financial Strategy in support of the Annual ~~Delivery~~~~Operational~~ / ~~Remobilisation~~ Plan, and recommending approval to the Board;
- reviewing all resource allocation proposals outwith authority delegated by the Board and make recommendations to the Board thereon;
- monitoring the use of all resources available to the Board; and
- reviewing all matters relating to Best Value.

5.4 Specifically, the Committee is charged with recommending to the Board annual revenue and capital budgets and financial plans consistent with its statutory financial responsibilities. It shall also have responsibility for the oversight of the Board's Capital Programme (including individual Business Cases for Capital Investment) and the review of the Property Strategy (including the acquisition and disposal of property), and for making recommendations to the Board as appropriate on any issue within its terms of reference.

5.5 The Committee will receive minutes from the Pharmacy Practices Committee and the Primary Medical Services Committee. Issues arising from these Committees will be brought to the attention of the Chair of the Finance, Performance and Resources Committee for further consideration as required.

5.6 The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board, via the Audit and Risk Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.

5.7 The Annual Report will include the Committee's assessment and conclusions on its effectiveness over the financial year in question.

5.8 The Committee shall draw up and approve, before the start of each financial year, an Annual Workplan for the Committee's planned work during the forthcoming year.

5.9 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".

## **6. AUTHORITY**

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

## **7. REPORTING ARRANGEMENTS**

- 7.1 The Finance, Performance and Resources Committee reports directly to Fife NHS Board on its work. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.
- 7.2 Each Committee of the Board will scrutinise ~~relevant risks on~~ the Corporate Risks aligned to that Committee Register on a bi-monthly basis.
- ~~7.3 Each Committee of the Board will scrutinise the Board Assurance Framework risk(s) aligned to it on a bi-monthly basis.~~

<b>Meeting:</b>	<b>Finance, Performance and Resources Committee</b>
<b>Meeting date:</b>	<b>14 March 2023</b>
<b>Title:</b>	<b>Corporate Risks Aligned to Finance, Performance &amp; Resources Committee</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance &amp; Strategy, NHS Fife</b>
<b>Report Author:</b>	<b>Pauline Cumming, Risk Manager, NHS Fife</b>

## 1 Purpose

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

- Assurance

**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 as part of the third cycle of reporting on the corporate risks to the governance committees. It provides an update on the risks aligned to this Committee since the last report on 17 January 2023.

The Committee is invited to:

- Note the Corporate Risk detail as at 20 February 2023 set out at Appendix 1;
- Consider the Deep Dive Review set out at Appendix 2;
- Review all information provided against the Assurance Principles at Appendix 3;
- Consider and be assured of the mitigating actions to improve the risk levels;
- Conclude and comment on the assurance derived from the report; and
- Specify the risk (s) for a deep dive review for submission to the next Committee

## 2.2 Background

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

- relevance
- proportionality
- reliability
- sufficiency

## 2.3 Assessment

### NHS Fife Strategic Risk Profile

The overall Strategic Risk Profile contains 18 risks as previously reported.

- No risks have been closed;
- No new risks have been identified;
- One risk has increased its target score (level and rating) - Primary Care Services;
- One risk has reduced its current risk score (level and rating) - COVID 19 Pandemic

The Committee is asked to note that the majority of corporate risks remain outwith risk appetite which reflects the continued heightened risk profile during a period of sustained operational challenge. This position was highlighted to the Board on 31 January 2023, when they recognised this deviation from our stated risk appetite for elements of service quality, patient experience, staff health and wellbeing, and financial decision making, in order to support service delivery and workforce.

The current Strategic Risk Profile is provided at Table 1 below.

### Table 1

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	2	3	-	-	▲	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>13</b>	<b>5</b>	<b>0</b>	<b>0</b>		

**Summary Statement on Risk Profile**

Current assessment indicates delivery against 3 of the 4 strategic priorities continues to face 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		Movement Key	
High Risk	15 - 25	▲	Improved - Risk Decreased
Moderate Risk	8 - 12	◀▶	No Change
Low Risk	4 - 6	▼	Deteriorated - Risk Increased
Very Low Risk	1 - 3		

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

## Risks aligned to the Finance, Performance & Resources Committee

**Table 2**

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>6 - Whole System Capacity</li> <li>7 - Access to outpatient, diagnostic and treatment services</li> <li>8 - Cancer Waiting Times</li> </ul>	<ul style="list-style-type: none"> <li>Mitigations updated for risks 7,8 and 15</li> </ul>
 To deliver value and sustainability	2 1 - -	◀▶	<ul style="list-style-type: none"> <li>13 - Delivery of a balanced in-year financial position</li> <li>14 - Delivery of recurring financial balance over the medium term</li> <li>15 - Prioritisation and Management of Capital Funding</li> </ul>	

### Risk Update

In reviewing their risks, owners were asked to give particular attention to target risk scores to ensure these realistically reflect the risk and the extent to which it can be mitigated locally in the present challenging climate.

There are no changes reported to the level or rating of risks aligned to this Committee.

### **Deep Dive Reviews**

It is essential to provide assurance on the management of our corporate risks. To contribute to this goal, deep dive reviews will continue to be commissioned for specific risks via the following routes:

- Governance Committees
- Executive Directors' Group (EDG)
- Risks & Opportunities Group (ROG) with recommendations into EDG

### **Corporate Risk Selected for “Deep Dive” Review**

For this meeting of the Committee, the Director of Finance & Strategy and the Director of Acute Services selected Risk 7 - Access to outpatient, diagnostic and treatment services for a deep dive. The review is provided at Appendix 2.

Future deep dives will be agreed by the Lead Officer in consultation with the Chair and Committee members.

### **Next Steps**

The Corporate Risk Register will be updated between each committee cycle, including review at the Risks & Opportunities Group (ROG) and recommendations to EDG. This process will take note of committees' feedback, and use it to support improvement.

The ROG will also consider the developing Population Health and Wellbeing Strategy, and outputs of the SPRA process, in order to identify and recommend changes or additions to the Corporate Risks.

Focus will continue to be placed on enhancing the content of risk reports, including the deep dive component, to ensure that it:

- explicitly links to the risk;
- is relevant;
- is based on reliable evidence; and
- is sufficient to allow an overt conclusion to be reached on the assurance provided

#### **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.

#### **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.

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

Subject of the paper.

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

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

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

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

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

This paper reflects a range of communication and engagement, most recently with the ROG on 1 February 2023 and EDG on 16 February 2023.

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

- Margo McGurk, Director of Finance & Strategy, NHS Fife on 20 February 2023
- Claire Dobson, Director of Acute Services on 20 February 2023
- Neil McCormick, Director of Property & Asset Management on 20 February 2023

## **2.4 Recommendation**

- Assurance

## **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 February 2023
- Appendix No. 2, Deep Dive - Risk 7 - Access to outpatient, diagnostic and treatment services
- Appendix No.3, Assurance Principles

### **Report Contact**

Pauline Cumming

Risk Manager, NHS Fife

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Summary of Corporate Risks Aligned to the Finance, Performance & Resources Committee  
as at 20 February 2023

 To improve the quality of health and care services									
	Risk	Mitigation	Current Risk Level	Target Risk Level by 31/03/23	Risk Level Trend	Risk Appetite Moderate	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		Above	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. Confirmed funding less than anticipated.</p> <p>A further plan submitted in December 2022 supported by additional funding until the end of March 2023 has been agreed and implemented to reduce numbers of long waiting patients.</p> <p>Planning for 2023/24 underway in line with planning guidance letter received on 06/02/23.</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. Deep dive prepared for March 2023 meeting of F, P&amp;R.</p> 	High 16	Mod 12		Above	Director of Acute Services	Finance, Performance & Resources
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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 62-day performance, and 31 day performance resulting in poor patient experience, impact on clinical outcomes and failure to achieve the Cancer Waiting Times Standards</p>	<p>Weekly meetings with Scottish Government (SG) and monthly monitoring of the Effective Cancer Management Framework continue. SG will attend the Acute Cancer Services Delivery Group in May 2023.</p> <p>Additional resource to support daily tracking will cease from March 23.</p> <p>A national 'Once for Scotland' Effective Breach Analysis (EBA) was launched in January 2023. NHS Fife are taking steps to implement and areas of non-compliance have been identified.</p> <p>The Single Point of Contact Hub was launched (SPOCH) on 1/9/22; a 6 month review will determine if there has been a reduction in DNAs; this will be carried out at end of February 2023. Patient and staff evaluation questionnaire exercise will be done along with an exercise to assess reduction in patient calls to Clinical Nurse Specialist (CNS).</p> <p>Effective Cancer Management Framework Action plan agreed both locally and by Scottish Government and actions identified. An update on 2022-23 actions has been done and actions for 2023-24 identified.</p> <p>The Cancer Framework and delivery plan has been signed off by governance groups, and the Clinical Governance Committee and is due to be approved by the NHS Board in March 2023.</p> <p>Implementation of the optimal pathway for Lung cancer has commenced and pathway</p>	High 15	Mod 12		Above	Director of Acute Services	Finance, Performance & Resources
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		<p>improvement project for prostate cancer.</p> <p>A deep dive into urology performance challenges is being undertaken.</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>						
 <b>To deliver value and sustainability</b>								
	<b>Risk</b>	<b>Mitigation</b>	<b>Risk Level</b>	<b>Target Risk Level by 31/03/23</b>	<b>Risk Level Trend</b>	<b>Risk Appetite</b> Moderate	<b>Risk Owner</b>	<b>Primary Committee</b>
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>		Above	Director of Finance & Strategy	Finance, Performance & Resources
14	<p><b>Delivery of recurring financial balance over</b></p>	<p>Strategic Planning and Resource Allocation process will continue to operate and support financial planning</p>	<p>High</p>	<p>Mod</p>		Above	Director of Finance &	Finance, Performance

	<p><b>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>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>	16	12			Strategy	& 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> <p>Well attended Fife Capital Investment Group (FCIG) workshop held in January 2023 to discuss and agree Capital Priorities for future years.</p>	Mod 12	Low 8	◀▶	Within	Director of Property & Asset Management	Finance, Performance & Resources

### Risk Movement Key

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

## DEEP DIVE REVIEW: For Finance, Performance &amp; Resources Committee on 14/03/23

<b>Corporate Risk Title</b>	<b>7. Access to Outpatient, Diagnostic and Treatment Services</b>		
<b>Strategic Priority</b>	 To improve the quality of health and care services		
<b>Risk Appetite</b>	<b>Moderate</b>		
<b>Risk Description</b>	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.		
<b>Root Cause (s)</b>	<ul style="list-style-type: none"> <li>• Demand exceeding capacity</li> <li>• COVID -19 related disruption</li> <li>• Stepping down of some non-urgent services</li> <li>• Funding from Scottish Government less than anticipated</li> </ul>		
<b>Current Risk Level</b>	<b>High (16)</b>	<b>Likelihood - 4</b>	<b>Consequence - 4</b>
<b>Target Risk Level (in year delivery)</b>	<b>Moderate (12)</b>	<b>Likelihood - 3</b>	<b>Consequence - 4</b>
<b>Management Actions (current)</b>			
<b>Action</b>	<b>Status</b>		
<p>Implementation of <b>Patient Initiated Review (PIR)</b> toward increasing clinic capacity for reviews – 9 prioritised specialties</p> <p>Digital &amp; Information (D&amp;I) underpinning of supporting systems and processes. Monthly reports available to monitor uptake and benefits.</p> <p>Centre for Sustainable Delivery (CfSD) Golden Jubilee Hospital, &amp; Public Health Scotland (PHS) close working with Health Intelligence Team to look at standard national outcome coding.</p> <p>Initial introduction veers toward timely and person-centred quality ambitions with most recent data reporting showing from 12 specialties onboarded; the potential benefit is on average overall <b>81%</b> (5038 appts from 1<sup>st</sup> April '22 – 31<sup>st</sup> January '23). This appointment outcome allows direct access for patients if symptoms require without the need to go back to referral process, thus freeing up new appointments in the longer term.</p> <p>Evaluation exercise commenced to obtain patient feedback to assure that processes are meeting the needs of patients.</p> <p>Close links with CfSD and Sustainable Development Goals (SDGs). Will be of value to understand CfSD plans for next cohort of specialties to align with NHS Fife next phase planning.</p>	<b>On Track</b>		
<p>Implementation of <b>Active Clinical Referral Triage (ACRT)</b> for reducing new appointment waiting lists – 9 prioritised specialties (aligned to 7 nationally prioritised specialties.) Out of scope specialties have adopted out with Integrated Planned Care Programme Board (IPCPB) driven project. D&amp;I underpinning of supporting systems and processes. Developments to date:</p> <p>Local standard template available for guidance/information text to be populated and agreement of vetting outcome code name.</p> <p>Monthly reports available to monitor uptake and benefits.</p> <p>CfSD &amp; PHS close working with Health Intelligence Team to look at standard national outcome coding.</p> <p>Once 'go live', services are responsible for onward robust scale up to avoid service inequity of access with offer of support to explore current state mapping and bespoke improvement planning for speciality.</p>	<b>On Track</b>		

<p>Evaluation exercise commenced to obtain patient feedback to assure that processes are meeting needs of patients. Close links with CfSD and SDGs to promote standardised pathways where possible, obtaining/sharing best practice with other Boards for adoption locally. Will be of value to understand CfSD plans for next cohort of specialties to align NHS Fife next phase planning</p>	
<p><b>Endoscopy</b> <b>Colon Capsule Endoscopy (CCE – pill-camera to record internal images of the gastrointestinal tract for diagnostic purposes) and Cytosponge</b> (single use first line diagnostic device which collects cells from the lining of the oesophagus). Both driven nationally as CfSD best practice outpatient methods. Endoscopy services locally have both implemented and business as usual. Last quarter of 2022, CCE was put on hold due to procurement issues encountered locally. Reinstated January 2023. Work commenced to implement national digital system. Endoscopy team exploring further areas for improvement, focusing currently at booking processes for optimising all appointment slots.</p>	<b>On Track</b>
<p><b>Improvement projects:</b> <b>ENT Team – ACCESS</b> QI programme participation until January 2024, currently exploring and identifying change ideas for improvements to reduce referrals into the service and improve process for referrals to 1st appointment. 'What happens to patients'. Discussion commenced to understand how service condition guidance may interconnect with the Fife Referral Organisational Guidance (FROG) platform and the standard routes for referring in. Service exploring early adoption through any developments of implementation of Patient Hub. Discussions commenced also to consider alignment to PHS drivers for support patients while they wait.</p>	<b>On Track</b>
<p><b>Waiting List Validation.</b> Work has commenced with <b>National Elective Co-ordination Unit (NECU)</b> on waiting list validation – aim is to locally adopt the national validation processes to improve our current processes. Meeting to be arranged with key individuals in Fife to consider how best to proceed. Gynaecology keen to be test. In meantime current validation processes for long waiting outpatient and inpatient/ day cases continues.</p>	<b>On Track</b>
<p>Convert the reception area within the <b>QMH</b> theatre suite to a procedure room and waiting area to release 1 theatre per day – creating more capacity in theatre and in the day surgery unit. Significant delay to improvement works but refurbishment has now commenced and is on track to be delivered by July 2023.</p>	<b>Significant level of delivery challenge</b>
<p>Increase <b>theatre sessions</b> to 6 days for <b>Robotic Assisted Surgery</b> to offer more capacity.</p>	<b>On Track</b>
<p><b>Additional non-recurring Planned Care funding</b> received from Scottish Government (SG) (February 2023) to support the reduction in long waiting patients until the end of March 2023. A delivery plan has been developed which will support the 2 year and 18-month and 1-year targets for Outpatient (OP) and Treatment Time Guarantee (TTG) &amp; Diagnostics.</p>	<b>On Track</b>
<p><b>Planned Care planning guidance for 2023/4</b> received from SG and work commenced to <b>project demand, capacity, activity, and queue and waiting time trajectories</b>. Meetings with Directorates arranged to review and agree. This is due to be completed and submitted by the end of March 2023.</p>	<b>On Track</b>
<p><b>Monitoring</b> Regular meetings of Scheduled Care Group to monitor and review waiting times for urgent and long waiting patients and agree actions to improve within current resources.</p>	<b>On Track</b>
<p><b>Theatre Utilisation</b> and maximisation of day surgery procedures. Aligning to British Association of Day Surgery Directory (BADSD) including converting General Anaesthetic (GA) procedures to Local anaesthetic (LA)</p>	<b>On Track</b>
<b>Management Actions (future)</b>	

Action	Status
Relaunch the QMH day surgery service in summer 2023 with an event to promote engagement and further maximisation of the day surgery model.	<b>Not started</b>
Develop a business case for the refurbishment of the QMH theatre suite.	<b>Significant level of delivery challenge</b>
Netcall - implement to enable automated administrative validation of waiting lists.	<b>On Track</b>
Agree priorities for adopting additional high impact changes for 2023/24.	<b>On Track</b>
Ongoing engagement with National Treatment Centre (NTC) Programme	<b>Significant level of delivery challenge</b>
Agree plan for consistent approach to managing review outpatient appointments.	<b>Not started</b>
Adopt actions to protect endoscopy outlined in Scottish Government Planning guidance via the IPCPB.	<b>On Track</b>
Adopt actions to protect Imaging as outlined in Planning guidance Scottish Government (SG) Planning guidance via the IPCPB.	<b>On Track</b>
Review the SG Value Based Health Care document in relation to planned care via the IPCPB.	<b>Not started</b>

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

## Assurance Principles

**Risk Assurance Principles:**

**Board**

- Ensuring efficient, effective and accountable governance

**Standing Committees of the Board**

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

**Committee Agenda**

- Agenda items should relate to risk (where relevant)

**Seek Assurance 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:		
	<ul style="list-style-type: none"> <li>Does the risk description fully explain the nature and impact of the risk?</li> <li>Do the current controls match the stated risk?</li> <li>How weak or strong are the controls? Are they both well-designed and effective i.e. implemented properly</li> <li>Will further actions bring the risk down to the planned / target level?</li> <li>Does the assurance you receive tell you how controls are performing?</li> <li>Are we investing in areas of high risk instead of those that are already well-controlled?</li> <li>Do Committee papers identify risk clearly and explicitly link to the strategic priorities and objectives / corporate risk?</li> </ul>	
SPECIFIC QUESTIONS WHEN ANALYSING A RISK DELEGATED TO THE COMMITTEE IN DETAIL:		
	<ul style="list-style-type: none"> <li>History of the risk (when was risk opened); has it moved towards target at any point?</li> <li>Is there a valid reason given for the current score?                             <ul style="list-style-type: none"> <li>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> </li> </ul> </li> <li>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> </li> <li>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> </li> <li>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> </li> <li>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> </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>14 March 2023</b>
<b>Title:</b>	<b>Population Health and Wellbeing Strategy – <i>Living Well, Working Well and Flourishing in Fife</i></b>
<b>Responsible Executive:</b>	<b>Margo McGurk Director of Finance and Strategy</b>
<b>Report Author:</b>	<b>Susan Fraser, Associate Director Planning and Performance</b>

## 1 Purpose

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

- Discussion
- Endorsement

**This report relates to:**

- NHS Board Population Health and Wellbeing Strategy

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

NHS Fife has been developing a new Population Health and Wellbeing Strategy which sets out the strategic direction for the organisation for the next 5 – 10 years. A draft of the strategy document is attached at Annex 1. Members of the Clinical Governance Committee are invited to discuss and endorse before the strategy is submitted to the NHS Fife Board for discussion and approval.

### 2.2 Background

Work on the strategy started in April 2021. Work has been interrupted through various points of the Covid-19 Pandemic, particularly the emergence of the Omicron variant in December 2021.

Development of the strategy was underpinned by a strategic framework that includes the vision- *'living well, working well and flourishing in Fife'* and four strategic priorities (Appendix 1).

A high-level milestone plan was agreed with the NHS Fife Board in March 2022 that has guided the subsequent development of the strategy. A core team has coordinated implementation of this plan and the following pieces of work have been delivered:

- An assessment of Fife population health and wellbeing led by the NHS Fife Public Health Team.
- Identification of key opportunities for NHS Fife by public and staff to make a positive impact on population health and wellbeing.
- A review of the 2016-21 Clinical Strategy. This review involved extensive engagement with operational and management teams across NHS Fife.
- There has been wide-ranging engagement undertaken with members of the public in Fife, community groups and the NHS Fife workforce. An external company, Progressive, was commissioned to support this work. A survey was undertaken which received 1300 responses. Further work was commissioned with Progressive to follow up with a range of focus groups and interviews to explore the findings of the questionnaire in more detail. The final report has been received summarising the findings of this engagement work and key points have been included in the strategy.
- Staff engagement continued with a Grand Round which provided background to the strategy to staff working across the organisation. Staff were invited to share their ideas on how we can improve population health and wellbeing across Fife communities. We have also provided regular updates and continued engagement with a wide range of colleagues across the organisation.
- The enabling strategies are in development and include the plans across Property and Asset Management (PAMS), Digital and Information (D&I), Workforce and Finance.

Regular papers and updates summarising this work have been shared with the NHS Fife Portfolio Board, the Board Governance Committees, the Area Partnership Forum and the Area Clinical Forum. Collectively this engagement has informed the development of the strategy. Drafts of the strategy have been developed and shared with a wide range of stakeholders and their feedback has been used to refine the output further.

## 2.3 Assessment

This draft strategy sets out the proposed strategic direction of travel for NHS Fife for the next 5-10 years. The timeframe for the strategy is a matter which will be considered by the full NHS Fife Board. The strategy is not a detailed blueprint of all our work but provides a statement of our key strategic priorities and how we will take forward plans

to deliver against the corporate objectives arising from them. The strategy will be dynamic and allow NHS Fife to be agile to respond to future emergent pressures and changing priorities on an ongoing basis.

The strategy document contains the following sections:

- **Foreword:** an introduction to the Strategy by the NHS Fife Chief Executive and NHS Fife Board Chair. This introduces the strategy acknowledging the need to support recovery from the Covid-19 Pandemic and the known challenges in the future. It makes a commitment to continued partnership working.
- **Overview:** provides a summary of how the strategy was developed.
- **Context:** this sets out some of the key areas that inform the strategy. These include:
  - Our drivers for change:
    - Continuing our ongoing recovery from Covid-19
    - Supporting our aging population
    - Responding to the differences in health and wellbeing across Fife
    - Doing more to prevent ill health
    - Using our resources well
    - Continuing to support joined up and seamless care across health and social care
    - Responding to the climate emergency
  - How the strategy aligns with other work
  - Our principles and values
- **Engagement:** how we have listened to the population of Fife and our workforce to help shape the development of the strategy and what we learned.
- **Strategic Priorities:** for each of the four priorities we have identified key ambitions, summarised what we were told through the engagement work, and given examples of what we plan to do. Each priority is supported with stories to make our work relatable to our public and our staff.
- **Implementation:** explaining how we will implement the strategy: a commitment to continue to work in partnership, involving our staff and the public, delivering a range of strategic programmes, ongoing monitoring and evaluation and regular communication to update all our stakeholders on what is happening.

The strategy is candid and acknowledges the legacy of the pandemic on our population, our staff, and our services. A key driver for change within the strategy is NHS Fife's ongoing recovery from the pandemic. We know that across our healthcare system, performance on a range of metrics, for example waiting times, is not to the

standard that we want it to be. Addressing this is a theme running throughout the strategy in line with national policy.

It is important to acknowledge this strategy doesn't simply seek to rebuild what was there before March 2020. Many of the challenges captured within the strategy predate March 2020 and the pandemic. For example, changing demographics and our aging population meant that services were not sustainable. The strategy seeks to find new ways of doing things, building on the learning from the pandemic and ensuring that we have a health service fit for the future.

Prior to presenting the strategy at the NHS Fife Board, we are continuing the engagement work with our staff. A plan to further communicate the strategy once it is signed off is also being taken forward. The table below summarises this work:

Activity	Timescale
Presentations to Local Partnership Forums	March /April 2023
Return visits to clinical teams, management teams and strategic programme boards to share the strategy and NHS Fife's priorities	February/March 2023
Drop-in sessions for staff held on teams and in person across and range of NHS Fife sites	February/March 2023
Develop Communications Plan developing a multi-channel communications plan for staff and the public post approval of the strategy (to be taken forward at the end of March onwards)	
1. A follow-up Grand Round session	29 March 2023 (tbc)
2. Exploring the creation of a short animation providing an overview of the strategy.	April 2023
3. Online content for staff link and webpages	April/May 2023

A delivery plan, which essentially creates the corporate objectives for 2023/24 and the years beyond that, is also being developed.

### 2.3.1 Quality / Patient Care

The strategy places a commitment to the delivery of high-quality health and care services across Fife. The strategy sets out how we will seek to address this whilst recognising that change will be required to deliver this.

### 2.3.2 Workforce

A key priority of the strategy is supporting improvements to staff experience and wellbeing to enable greater resilience and support across all our workforce. The draft strategy outlines a series of commitments to the NHS Fife workforce.

### **2.3.3 Financial**

A key driver for change is ensuring that NHS Fife is financially sustainable in the medium and longer term. We know that we will need to continue carefully manage our resources and the strategy provides the NHS Fife Board a framework to support decisions about the allocation of our financial resources.

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

There has been ongoing risk assessment throughout the development of the strategy and reported through the organisational risk management processes. Further risk assessment will be undertaken as part of the implementation of the strategy across key programmes of work and this will be monitored on an ongoing basis.

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

This strategy recognises the NHS Fife commitment to equality and diversity and places these at the heart of everything we will do. The impact of health inequalities and NHS Fife's role as an anchor institution is outlined in the strategy as a key driver for change. Collectively the priority actions outline the steps we will take to reduce the impact of inequalities and how we can achieve this. As we evaluate the impact of the strategy, we will be monitoring and assessing the impact of inequalities over time.

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

A key driver for change captured within the strategy is addressing the impact of the Climate Emergency.

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

There has been good engagement process throughout the development of the strategy that has captured the views of members of the public who use our services and our staff. We commissioned Progressive to undertake a survey of our staff and the public. This was then followed up with focus groups and in-depth interviews with the public. We have presented on the strategy across a wide range of forum's and gathered views from across the organisation. Collectively we have engaged with over 2000 staff and members of the public. Engagement work remains ongoing, and we are continuing to share the draft strategy with staff prior to submission to the NHS Fife Board.

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

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

- Portfolio Board 12 January 2023
- Portfolio Board 9 February 2023
- Area Partnership Forum 25 January 2023

- Area Clinical Forum 2 February 2023
- NHS Fife Board Development Session 28 February 2023
- Public Health and Wellbeing Committee 1 March 2023
- Clinical Governance Committee 3 March 2023

## Recommendation

The Committee is asked to:

- Take **Assurance** from the process undertaken to develop the NHS Fife Population Health and Wellbeing Strategy and the ongoing engagement work.
- **Endorse:** Members of the Committee are asked to review and endorse this strategy for discussion and final approval at the March NHS Fife Board Meeting.

## 3 List of appendices

Appendix One: Strategic Framework

Appendix Two: Draft NHS Fife Population Health and Wellbeing Strategy

## Report Contact

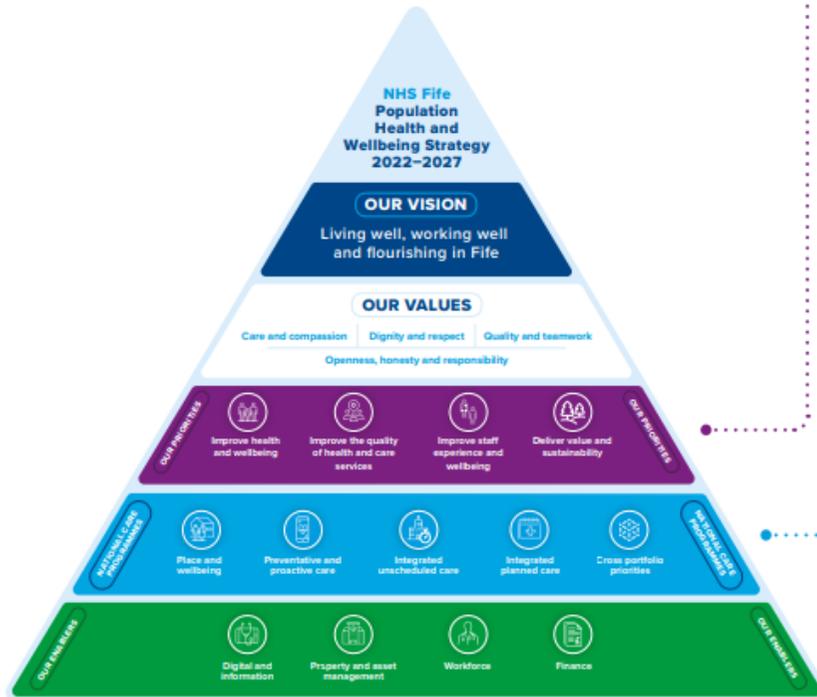
Tom McCarthy

Portfolio Manager

Email: [tom.mccarthy@nhs.scot](mailto:tom.mccarthy@nhs.scot)

# Our Strategic Framework 2022-2027

This is our strategic framework, developed by our staff and built on our vision and values.



## OUR PRIORITIES

- To improve health and wellbeing** - Helping people to stay well at home and addressing inequalities and access.
- To improve the quality of health and care services** - Providing the safest and best possible services to the people of Fife.
- To improve staff experience and wellbeing** - Valuing and looking after our staff.
- To deliver value and sustainability** - Ensuring our services are sustainable, relevant and provide the best use of our resources.

## NATIONAL CARE PROGRAMMES

- Place and Wellbeing** - The aim is to support partnership working to improve health and wellbeing and reduce health inequalities of a population within a defined local geography.
- Preventative and Proactive Care** - The aim is to proactively keep people well, independent and in the most appropriate care setting for their needs.
- Integrated Unscheduled care** - The aim is to provide support to those people in need of urgent health and/or social care.
- Integrated Planned Care** - The aim is to support the effective implementation of the Remobilise, Recovery, Redesign Framework (2020).

## OUR ENABLERS

- Digital and Information** - To improve the care and wellbeing of people in Fife by making the best use of digital technologies in the design and delivery of services.
- Property and Asset Management** - To ensure the infrastructure is fit for purpose and supports the delivery of patient care and services across Fife.
- Workforce** - To ensure a sustainable, fulfilled workforce to deliver innovative and high quality patient care.
- Finance** - To support investment and disinvestment which delivers prioritised and impact assessed financial arrangements.

Living well, working well and flourishing in Fife



# Population Health and Wellbeing Strategy

2023-2028

## FOREWORD

# Welcome from our Chief Executive

We aim to deliver excellent care and improve population health and wellbeing for the people of Fife



**Carol Potter**  
Chief Executive

**We have developed this new strategy through extensive engagement with our communities, staff, patients, and partners.**

This work has highlighted what matters to the people of Fife when they need health care services and how communities want to be supported in maintaining and improving their health and wellbeing.

This strategy does not set out a series of detailed actions. Instead, it is a declaration of our vision and intent to prioritise health inequalities and support improvement in the health and wellbeing of our citizens. Through annual delivery plans, the implementation of the strategy will be taken forward in the context of a range of drivers for change.

The key will be our continuing recovery from the global pandemic which has significantly impacted our communities and their physical and mental health and wellbeing. The pandemic has also been very challenging for our staff and the delivery of our services. We anticipate this impact will continue for the foreseeable future.

Looking ahead, we will continue working towards providing high-quality care whilst addressing the challenges in the length of time many patients wait to receive their care. Our staff have continued to demonstrate their extraordinary commitment to public service, working under significant and sustained pressure for a period longer than anyone could have predicted at the outset.



### **This is an interactive document**

The top toolbar allows you to navigate through the different sections of the guide.

We face an uncertain and challenging financial position as we emerge from the pandemic and redesign our services to fit the future needs of our communities.

It is widely recognised across health and social care and by professional organisations, including Audit Scotland, that the NHS was not financially sustainable before the pandemic. However, our challenges have been exacerbated by its impact and legacy. NHS Fife, like all NHS Boards, must plan an effective response to the significant capacity and supply issues in key areas of our workforce.

This new strategy acknowledges the compounding pressures that the financial and workforce challenges ahead of us will bring.

We are proactively preparing to deliver financial sustainability over the medium term and embracing all opportunities to provide new ways of working and developing new staff roles in supporting us through these most challenging times.

We know that recovery will not be achieved in the short term, but we remain ambitious for longer term recovery. We will work to secure a positive legacy from the pandemic, and this strategy underpins our approach.

Central to all our work will be a focus on prevention and early intervention. We know that our health and wellbeing are determined by many factors – education, housing, and employment, to name just a few – and as far back as 1948, the World Health Organisation recognised that “health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”.

We aspire toward being one of the most trusted and responsive health systems in the country, developing and delivering services that enable all of our citizens to “live well, work well, and flourish in Fife”, and we look forward to working in partnership with other public sector bodies, third sector, industry, academia, and our communities across Fife to deliver this vision.



Population Health and Wellbeing Strategy

# Overview

The building blocks of our strategy



## Our vision

Living Well, working well and flourishing in Fife

## Our values

Care and compassion

Dignity and respect

Openness, honesty and responsibility

Quality and teamwork

## Our principles

Supporting communities

Empowering people

Prevention and early intervention

Creating wellbeing

Being kind

Listening and involving

## Our strategic priorities

### 1. Improve health and wellbeing



We will work to close the inequality gap in communities across Fife, ensuring that all people of Fife can flourish.

### 2. Improve the quality of health and care



We provide the safest and best possible services to the people of Fife.

### 3. Improve staff experience and wellbeing



We value and look after our staff.

### 4. Deliver value and sustainability



Ensuring our services are sustainable and appropriate and using our resources best.



## CONTEXT

# Living well, working well, and flourishing in Fife

The population of Fife and its healthcare needs are changing. Here we describe some key factors that explain how health and care are changing, how this strategy links with other work, and the guiding principles underpinning our decision-making.

## Why we need to change

### Recovery from the pandemic

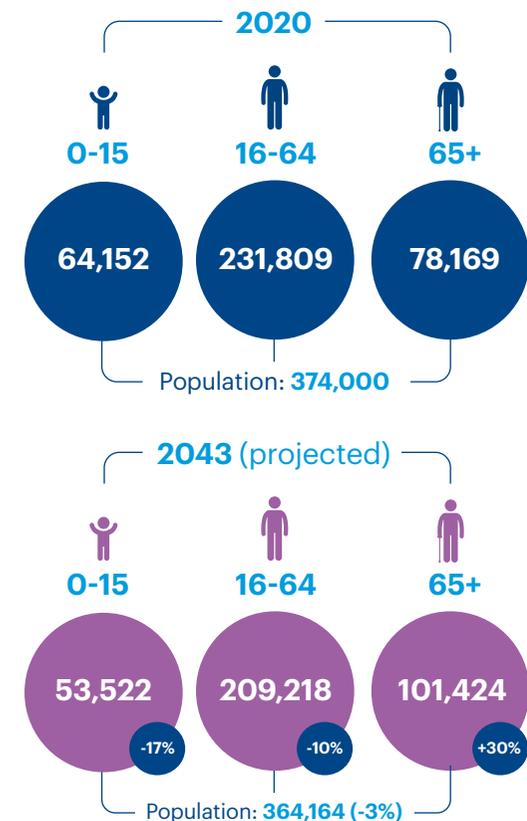
The impact of the pandemic has touched all parts of health and care services. The virus meant difficult decisions were made to protect patients and staff. It will be some years in the future before the legacy of the pandemic is fully understood.

The pandemic has taught us how things can be done differently, at a pace and in an agile way. We have seen how we can use technology to deliver virtual consultations by phone or video call as a part of a blended approach to clinical service delivery. Looking ahead, we want to build on what has happened in the last three years and continue innovating to support service delivery and provide high quality care.

Due to the pandemic, many patients are now experiencing longer waits for treatment and care.

There are challenges in responding to this increased demand; we must be creative in addressing this.

### Our ageing population



Fife's population is expected to grow older. By 2043, there will be a 30% increase in those aged 65+. We know that this age group is likely to experience multiple health conditions with increasing frailty. People in the 65+ age group are the highest users of healthcare.

We want to ensure that people can live well as they age, they are supported to make decisions about the care they want to receive and ultimately, we want to ensure that people can receive good end of life care. To achieve this, we need to make changes to how we are currently delivering services so that they remain sustainable in the future.



### Differences in health and wellbeing across Fife

Our recent [Director of Public Health Annual Report](#) highlighted that many factors influence health and wellbeing. Some cannot be changed, such as our age or genetics, while others can be modified such as our diet. Levels of obesity, alcohol intake, lack of exercise, smoking, and experience of childhood adversity, are higher in Fife than they should be for good health.

Our health and wellbeing is also influenced by the conditions in which we grow up, live and work. The “building blocks” of community health and wellbeing include affordable, secure, and quality housing; stable, well-paid work; accessible childcare; training and education.

These shape the conditions in which we work, live, and grow. When some or all of these building blocks are missing, community health and wellbeing declines. For example, not having enough income can lead to constant worrying about making ends meet. Over time this can then put people at increased risk of illnesses such as heart disease.

We know that people living in poverty have shorter lives. In 2016–2020, men from the most deprived areas of Fife lived on average 10 years less than men in the least deprived communities. These differences in health outcomes are described as health inequalities and are to a large extent avoidable. Unfortunately, the recent [cost-of-living](#) crisis is forecast to widen health inequalities even further.

## Supporting health, wellbeing and reducing inequalities

As a large organisation connected to our local area and community, we recognise we can make a positive contribution as an [Anchor institution](#).

As an anchor institution, we can influence the health and wellbeing of people in Fife simply by being there. But by investing in and working with others locally and responsibly, we can have an even greater impact on the wider factors that make us healthy.

However, we cannot directly influence all the building blocks for good health and wellbeing. That is why we need to work in partnership with other organisations, such as the Fife Health and Social Care Partnership, Fife Council, Scottish Government, and the voluntary sector.

## Our role as an anchor institution

We employ people from local communities through fair and equitable employment practices and pay a living wage.



We use our land and buildings to support local communities and influencing health and wellbeing in education, housing and employment.



We deliver prevention services such as effective healthy weight programmes, vaccination, and screening services.



## Sally's story

In 2022 we participated in a work experience initiative to provide young people aged 16-24 from our local communities with valuable work experience and development opportunities.

Sally started her six-month placement within the Procurement team, liaising with various multi-disciplinary ward-based staff to ensure the provision of critical products needed to deliver effective patient care.

By the end of the placement, Sally's self-confidence had increased and the work experience gained, allowed her to actively apply for a permanent post.

## How we work across Health and Social Care

We have legislation, the Public Bodies (Joint Working) (Scotland) Act 2014, which requires health boards and local authorities to collaborate to integrate the provision of health and social care services known as 'health and social care integration'. Fife Health and Social Care Partnership provides a wide range of delegated health and care services for NHS Fife and Fife Council.

In 2020, the Scottish Government undertook an Independent Review of Adult Social Care. In response to the review, the Scottish Government has committed to establishing a National Care Service by 2026. We will work with Fife HSCP and others to ensure that people experience joined-up care, in the right place, at the right time, both now and in the future.

## Achieving financial sustainability

Whilst planning services, we bring together operational, workforce and financial objectives to ensure the most effective allocation of resources across our health system. The finite nature of our financial resources will inevitably require us to prioritise areas for investment and disinvestment.

With increasing demand for our services, we must look at ways to deliver more. We will ensure we drive the best value from our resource allocation for the people of Fife. There are likely to be important choices ahead, ensuring that we focus on the areas of service and support which drive the most health benefit to the people of Fife.





## Climate change and sustainability

We recognise our duty to act to address climate change, working towards aligning ourselves to the national Sustainability Strategy and achieving the targets set within this and our approach to sustainable development.

As both an anchor and a public sector organisation, we must look towards the tools at our disposal.

Nationally the Scottish Government has published the [NHS Scotland Climate Emergency and Sustainability Strategy 2022-2026](#). This sets out five key themes and a range of actions to support the achievement of 'Net Zero'.

Our objectives mirror the national strategy. Examples of our work include:

- Identifying ways to heat all NHS buildings using renewable resources by 2038.
- Reducing emissions from propellant in metered dose inhalers.
- Promoting sustainable travel.

We have developed a local action plan to support the delivery of these objectives. This work will impact all aspects of our strategy.

## How this strategy aligns with other work

Our strategy aligns to a range of local, national and partnership plans reflecting national policy and local ambitions.

# Population Health and Wellbeing Strategy 2023–2033

### NHS Fife

- Cancer Framework
- Pharmacy and Medicines Strategy
- Workforce Strategy
- Digital and Information Strategy
- Property and Asset Management Strategy
- Research, Innovation and Knowledge Strategy
- Green Space Strategy
- Medium Term Financial Plan

### Partnerships

- [Plan for Fife](#)
- [Fife Health and Social Care Partnership: Strategic Plan for Fife](#)
- [Food for Fife Strategy](#)

### National

- [NHS Scotland Recovery Plan](#)
- [National Clinical Strategy](#)
- [Value Based Healthcare](#)
- [Public health approach to prevention and the role of NHSScotland](#)
- [Women's Health Plan: A plan for 2021-2024](#)
- [NHS Scotland Climate Emergency and Sustainability Strategy 2022-2026](#)



# A foundation for Improvement

An enduring focus on the performance and sustainability of our services and on improving population health and wellbeing.

## Principles for the strategy

Our principles underpin the development and implementation of the strategy. They commit us to:

1. Support people to help each other in the **communities** that they live and work.
2. **Empower** people to take control and manage their own care.
3. Embed **prevention** and early intervention into the delivery of healthcare services.
4. Ensure the **wellbeing** of communities and staff is central to everything we do.
5. Act with **kindness** embedding it into the systems and culture of our organisation.
6. **Listen** and involve people in how we design, deliver and improve everything we do

## Our values

We treat people using services and provide our workforce with the care, compassion, dignity and respect they expect and deserve.

We believe in an open and honest culture. Everything we do is delivered through teamwork, and continued quality improvement is core business.

Care and compassion



Dignity and respect



Openness, honesty and responsibility



Quality and teamwork





## ENGAGEMENT

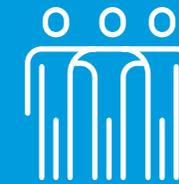
# Listening to what matters to you

We discussed with our staff and the public ways to improve health and wellbeing, the impact of the Covid-19 pandemic, and their experience of our services.

### Who we spoke to

We have completed extensive engagement with our staff and communities across NHS Fife.

We spoke to over **2000** people.



**1300** members of the public.

**200** staff sessions to talk about inequalities.



We have spoken at over **60** meetings about the strategy.

We reviewed over **350** patient stories.



Presented to over **550** staff about the strategy.

## What we learned

Following extensive engagement with our staff, service users and the communities we serve, a number of consistent themes started to emerge.

People of all ages spoke about how the pandemic affected their mental health and the challenges of accessing timely support during this period.

### Patient-centred care

The perception of many respondents was that the focus of health care services has changed to managing the volume of patients rather than providing individual care.

Lack of joined-up care was also a recurring theme, with patients expressing concerns about communications between services and other health boards.

### Access and waiting times

We heard first-hand experiences of pressure in the health and care system including the impact of needing to wait for care and difficulties in making appointments. In some parts of Fife, it was commented that it is difficult to register or make a GP appointment.

Geography was also highlighted, particularly for some more rural and isolated communities. For those who do not have access to a car, travelling around Fife is difficult. Participants spoke about the challenges of taking a bus to and from hospital appointments.



### Health and wellbeing

Improving health and wellbeing was highlighted as a key priority and ensuring individuals were able to access services to actively help and support their own physical and mental health.

Some of the barriers identified included cost, time and uncertainty around what support was available.

There was geographical variation identified, for example from those living in more rural communities feeling disadvantaged in being able to access services near where they live.

The impact of the pandemic was also highlighted as having a negative impact on health and wellbeing and access to services.

## Communication

The importance of good communication between staff, patients and clinical teams was also highlighted. With suggestions for improvement including more regular updates, more accessible information and better conversations between patients and their clinical team.

## Workforce

Members of the public spoke positively about our friendly, caring and professional staff, while recognising the pressure they were under in relation to staffing levels.

Staff also highlighted the importance of focussing on staff recruitment and retention to allow us to meet increasing demand while continuing to deliver patient-centred care.

## Innovative ways of working

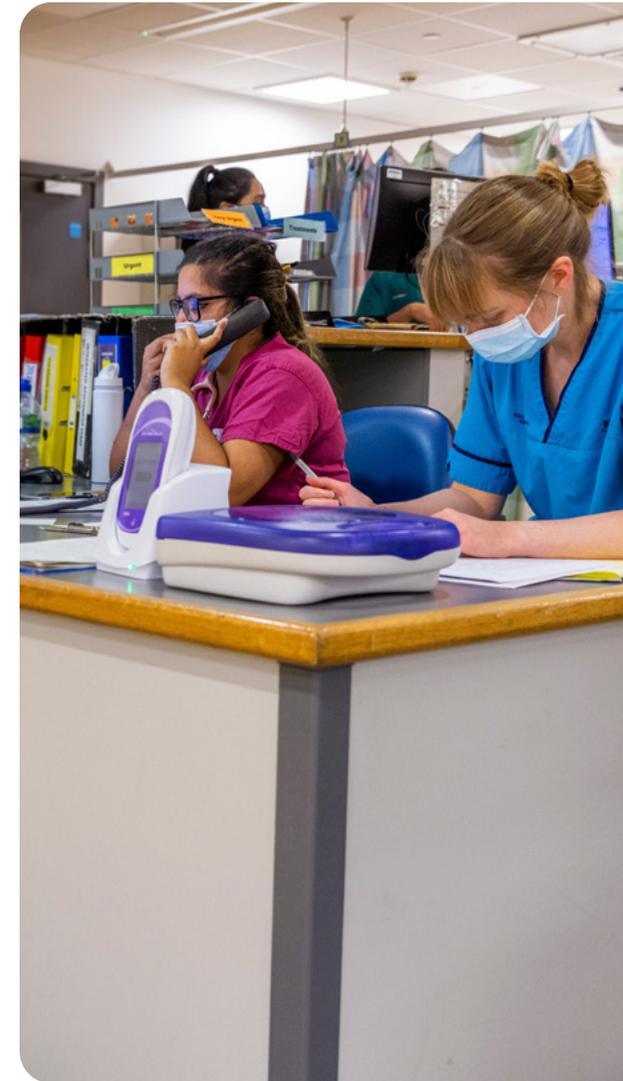
In response to the global pandemic, we had to look at doing things differently to ensure that those with clinical needs could continue to access health care in a safe and sustainable way.

Technology played a huge part in enabling clinicians and their patients to continue engaging safely through the various lockdowns and restrictions.

As we look ahead, these new ways of working adopted in the pandemic will continue to be part of our offering, with patients having options on how they wish to engage with clinical teams.

This new blended approach will include telephone triaging, video conferencing consultations, and online self-referral in tandem with face-to-face appointments with a range of health care professionals.

A recurring theme throughout our engagement was the recognition that technology was seen as a vital element in delivering a modern, fit-for-purpose health and care service, combined with face-to-face appointments, helping to make access to services easier and more flexible for patients.





**interactive infographic**  
Click the icons for more information.



**Improve health  
and wellbeing**

**Improve staff  
experience and  
wellbeing**

**Improve the  
quality of health  
and care services**

**Deliver  
value and  
sustainability**



## PRIORITY 1

# Improve health and wellbeing

We will work to close the inequality gap in communities across Fife ensuring that all people of Fife are able to flourish.

### Ambitions\*

A Fife where we:

- 1 live in flourishing, healthy and safe places and communities.
- 2 thrive in our early years.
- 3 have good mental wellbeing.
- 4 reduce the use of and harm from alcohol, tobacco, and other drugs.
- 5 have a sustainable, inclusive economy with equality of outcomes for all.
- 6 eat well, have a healthy weight and are physically active.

\*Based on Scotland's [6 public health priorities](#).

### What we were told

Throughout our engagement with our colleagues and the local communities we serve, we heard about the challenges people living in Fife faced in maintaining and improving their physical and mental health and wellbeing.

Addressing health inequalities was also a recurring theme with a drive and motivation expressed to create a Fife where everybody can thrive.

It was acknowledged that health inequalities across communities and the general population are caused by a range of factors, including where we are born, live, work and grow. These conditions influence our opportunities for good mental and physical health.

As an anchor institution, we are working with the public, third and independent sector partners as well as local companies and employers to help address these issues and provide opportunities for all to thrive.

One of the most effective things we can do for peoples' health is to help them financially.

There are already examples of good practice in this area. Many of our services routinely ask people about their financial circumstances and, where appropriate, refer them for benefits advice. This work has shown clear evidence that by supporting people to maximise their income can have a direct and positive impact on their physical and mental health.



## What we will do

Current examples of local initiatives include:

- We will scale up the work supporting people to access benefits advice so that more people, where appropriate, can access financial and benefits support.
- Ensuring universal access to immunisations including influenza and COVID-19.
- In line with the [UN Convention on the Rights of the Child](#), we will support every child to have the best possible health. Examples include promoting breast-feeding and helping to address child poverty.
- Improving awareness of the range of mental health and wellbeing support across Fife amongst NHS staff and the public.
- Improving mental health services for individuals struggling with substance misuse through closer working with the community alcohol and drug partnership.
- In line with the NHS Fife Greenspace Strategy, we will use NHS Fife's buildings and land to support communities to improve health and wellbeing. For example, by making our buildings and land available for the voluntary sector to support their activities where appropriate.
- We will support people to make healthier food choices and maintain their physical activity, particularly in older age, enabling them to stay independent and healthier for longer.
- Collaborating in regeneration projects like the [River Leven programme](#).

## Julia's story

Julia lives in a three-bed private let in East Fife with her three children: Ben (9-months), Amy (4) and Sam (8). Julia's health visitor asked her how she was managing and Julia shared that she was struggling to make ends meet.

Recognising that Julia might be entitled to other benefits she was not currently claiming, her Health Visitor referred her to the Money Talk Team for information and advice. The Money Talk Team is run by the Citizens Advice and Rights Fife (CARF) and aims to increase financial awareness, maximise incomes and improve health outcomes for people.

The team identified that Julia was entitled to Universal Credit. They also explained that this is a qualifying benefit allowing people to apply for other benefits such as a Council Tax reduction.

As well as advising on benefits, the team provided her with information on practical ways to reduce her outgoings such as energy costs.

“

Thank you [Money Talks Team] for explaining everything, you made it so easy to understand and didn't treat me like a child. I feel more confident as I know I will have more independence now I have some money coming in.

Feedback from a client of the Money Talks Team

Citizens  
Advice &  
Rights  
Fife





## Jack's story

Jack is a 78-year-old widower with emphysema. He was admitted to the hospital following a fall at home. During Jack's admission, the healthcare team fully assessed his needs. They identified that Jack lives alone without any family nearby. His hobbies include gardening and walking, but his shortness of breath makes this challenging.

The healthcare team suggested Jack visit The Well, a drop-in service provided by the Fife Health and Social Care Partnership in community venues and online. It provides information and general advice to help people stay well and independent within their local community.

The Well provided Jack with information on a community walking group which will allow Jack the opportunity to meet new people whilst doing some gentle exercise. Not only does this help Jack continue to do what he enjoys by keeping physically active, but it may also reduce the risk of another fall and being readmitted to the hospital. Jack also raised a concern regarding his finances. The Well referred to Citizens Advice and Rights Fife to ensure he receives the benefits he may be entitled to.



We need services to change their models and access approach. Work in areas not traditionally health and also consider other methods.

**NHS Fife staff member**



## PRIORITY 2

# Improve the quality of health and care services

Providing the safest and best possible health and care services to the people of Fife.

### Ambitions

- 1 Provide high quality patient centred care.
- 2 Deliver services as close to home as possible.
- 3 Less reliance on inpatient beds by providing alternatives to admission to hospital.
- 4 Timely access to emergency, elective and community care services based on clinical need.
- 5 Prevent and identify disease earlier.
- 6 Support the delivery of seamless, integrated care and services across health and social care.

### What we were told

The pandemic led to many changes in health and care services. During our engagement work with members of the public and staff we heard that their experience is that many of the services they work in or rely upon have been negatively impacted.

In common with other health boards across Scotland, we know that our performance standards have deteriorated. This is evident in longer waits in the Emergency Department and for diagnostics and treatment.

We have an ageing population who are becoming frailer with more medical conditions which results in more demand on existing services. We must identify new ways of working that do not solely rely on access to hospital services and admission to hospital.

## What we are going to do

- Redesign urgent and emergency care to reduce our reliance on the Emergency Department and in-patient care.
- Improve cancer care, for example by continuing to develop our Rapid Cancer Diagnostic Service.
- Provide a world class elective orthopaedic service through the National Treatment Centre – Fife Orthopaedics.
- Further develop our day surgery service at Queen Margaret Hospital.
- Increase the level of ambulatory services (care provided without being admitted to hospital) across Fife.
- Focus on waiting times and support people, where appropriate, to wait well for their procedure.
- Continue to invest and develop in new technologies such as robot assisted surgery to provide high quality care.



## John's story

John is a 53-year-old man who suffered from unexplained weight loss and feeling nauseous. He made an appointment with his GP, who carried out several blood tests. This highlighted some abnormal results, and following a discussion with his GP, it was agreed that he should be referred to the Rapid Cancer Diagnostic Service. This service investigates patients with possible symptoms that may be caused by cancer and aims to confirm or exclude a cancer diagnosis within 21 days from a referral by a GP.

The day after John was referred, he received a phone call from the Advanced Clinical Nurse Specialist, as this is a nurse-led service.

They spoke through John's blood test results, explored John's symptoms further and recommended that John have a Computerised Tomography (CT) scan.

A CT scan and consultation was booked over the phone to address any concerns John had.

48 hours after the CT scan, John received a phone call from the service, who explained that he didn't have any sign of cancer. However, the tests did show severe inflammation in the small intestine.

John was given a treatment plan and a further follow-up CT scan was arranged in 3 months to check the inflammation was improving.



I personally want to thank the Rapid Cancer Diagnostic Service for such great service – thank you NHS Fife.

[Feedback from John on the service he received](#)

## Dorothy's story

Dorothy is 86 years old and lives in Sheltered Housing. Dorothy was recently discharged from hospital following a fractured hip. Dorothy has a mild cognitive impairment (she can sometimes get confused) but can live independently at home. During admission, she has been advised to use a walking stick to help her move around safely. Her 65-year-old daughter Louise has been supporting her with managing her money, general domestic tasks, and some meal preparation.

On Thursday afternoon at around 4pm, Dorothy had another fall while her daughter was there. Louise helped her Mum to get back into a chair. However, Dorothy continued to complain of discomfort in her hip that was previously broken.

Fearing that her Mum had broken her hip again, Louise contacted NHS 111 for advice on what to do next. They directed her to attend the hospital to get assessed. As Louise called 111, they can bypass A&E and Dorothy is admitted directly to an assessment unit.

The team on the assessment unit reviewed Dorothy, and she remained in the unit overnight. The following morning Dorothy was assessed by the frailty team, who confirmed no fracture. The frailty team recognise that Dorothy would benefit from some further rehabilitation to see if they can support Dorothy to continue to live at home independently.

They review Dorothy's care with a social worker in the hospital who suggests accessing a Short-Term Assessment and Reablement (STAR) bed which Fife Health Social Care Partnership provides in conjunction with care homes across Fife. This service helps people return to their homes after a short stay in the hospital. A STAR bed is identified, and Dorothy is discharged on a Friday afternoon. She is supported to recover further and later returns to her home with a support plan to help her continue living as independently as possible in her own home.

**Short-Term Assessment and Reablement (STAR) bed helps people return to their homes after a short stay in the hospital.**





### PRIORITY 3

# Improve staff experience and wellbeing

Valuing and looking after our staff.

## Ambitions

Our workforce:

- 1 is inclusive and diverse, reflecting Fife's communities.
- 2 experiences compassionate leadership in a culture that supports wellbeing.
- 3 is supported to develop new skills that help improve care for patients.
- 4 is heard and at the heart of transforming services.
- 5 works in partnership across health and social care, recognising interdependencies.

## What we were told

During the engagement work the importance of our staff has been repeatedly highlighted. We heard that people using our services have confidence in NHS Fife staff. We also heard that Covid-19 has had an enduring impact on our workforce who have worked on the frontline responding to the pandemic.

NHS Fife has developed a 2022-2025 workforce plan which sets out how NHS Fife will respond to these workforce challenges. This plan aligns across our Fife partners and details how:

- We will develop our workforce to reflect changing clinical services.
- The workforce will be supported as services are transformed.
- Sustainability of the workforce to support clinical services will be achieved.

## What we are going to do

We will:

- Develop and launch a new Leadership Framework with a continued focus on compassionate leadership and an open, transparent and nurturing culture.
- Promote a range of career pathways with a focus on developing our workforce,
- Expand and enhance our employability programmes across Fife including a range of foundation and modern apprenticeships.
- Continue to support our staff with their practical health and mental wellbeing
- Set new international recruitment targets annually for Fife, focusing on key areas of shortage over the next 5 years.

## Developing our workforce: creating new nursing roles

We are creating a new Assistant Practitioner role to support our nursing workforce. These new roles are integral to the wider nursing team and enable registered nurses to focus on more complex clinical care.

We are working with Fife College to provide a one year fully funded training programme to support training and recruitment of high-quality nursing care across NHS Fife.

“

Fife College is delighted to be working in partnership with NHS Fife in delivering this exciting new course.

## Rebecca's story

After having children in her teens, Rebecca\* started college in her early 20s, thinking she might train to work in nursery education. But soon decided it wasn't the right role for her. Rebecca saw jobs advertised in maternity services and she jumped at the opportunity to use her skills in a different way.

Rebecca never imagined that she would love it as much as she did. After about six months, she realised she wanted to be a nurse and enrolled in a Paediatric nursing course. Rebecca qualified as a paediatric nurse and was offered a job in the Neonatal Unit, which she absolutely loved.

Following her first role in nursing, Rebecca progressed in Fife to the junior charge nurse role, but her passion lay with working with babies so she specialised as an Advanced Neonatal Nurse Practitioner.

“

I've been an Advanced Neonatal Nurse Practitioner for seven years, and it has been a challenging but amazing career. I feel very blessed to work with all the families and babies that I have. It is their stories that inspire me.

Rebecca talking about her career as a nurse



Population Health and Wellbeing Strategy

## Helen's story

Helen's journey into working in healthcare has been an unconventional one. Before the pandemic, she worked in media production, however during the pandemic, work in this area was severely impacted by lockdown, and she had to explore new opportunities for employment.

She began her NHS journey as a Venue Support Worker at the vaccination clinics and loved this experience. The team she worked with were great, and she admired how much everyone worked together with a common purpose and drive and commitment to deliver the ambitious vaccination programme.

Her healthcare support worker colleagues encouraged her to join the NHS Fife nurse bank. She joined the bank as a Healthcare Support Worker and never looked back.

Helen started working at Stratheden Hospital and was inspired by the team she was working with. She realised that she was working in a role she was truly passionate about and incredibly rewarding.

After working for a year on the nurse bank at Stratheden, she decided to make the leap and become a full time health care support worker with the intention to train to become a mental health nurse.

“

The NHS helped me when I needed it most, and I've unexpectedly found a passion and career path where I feel like more than just a number.

I feel appreciated, valued and needed. I am excited to see where the next few years will take me.

[Helen talking about her career path](#)





## PRIORITY 4

# Deliver value and sustainability

Ensuring our services are sustainable, relevant and provide the best use of our resources.

### Ambitions

- 1 Provide the right services in the right places with the right facilities.
- 2 Ensure the best use of our buildings and land.
- 3 Reduce energy usage and carbon emissions, working toward carbon neutral by 2040.
- 4 Deliver our capital programmes for primary care, mental health, and acute services creating high quality environments for patients and staff.
- 5 Deliver sustainable and effective resource allocation that supports value-based healthcare.

### What we were told

During the pandemic, we rapidly changed how we deliver services that in some cases reduced the need to travel to access care.

We should embrace this shift to alternative ways of delivering and supporting healthcare using technology but ensure options remain for more traditional methods of service delivery where required.

We should offer more healthcare closer to the community including outreach services which can be accessed more easily and promptly.

Members of the public and our staff felt that technology could be better used to help services become more efficient and support better sharing of information internally between services and externally between health boards and other partners.

We continue to focus on sustainability and working towards being carbon neutral by changing to the way we heat our buildings, reducing travel and reducing waste.

With current financial pressures, we need to ensure that we continue to use our funding as effectively as possible and invest in sustainable solutions.



## What we are going to do

- Maximise the use of our buildings and land in line with service needs.
- Develop new buildings to support service delivery such as new Health and Wellbeing Centres in Kincardine and Lochgelly.
- Redesign and develop mental health services in Fife, including modern inpatient and community-based services.
- Develop services using a structured approach to identify financial efficiencies. For example, through careful procurement of supplies and use of generic medications.
- Become an organisation providing more responsive care using technology, developing digital solutions such as virtual appointments, electronic access to test results and growing our use of data to support planning and delivery of care.
- Reduce our energy usage through use of zero carbon technology such as increased usage of solar panels and redesigning how we heat our buildings.
- Lower the environmental impact of travel by making the use of technology (virtual appointments and virtual working), supporting sustainable travel (walking, cycling and public transport) and investing in electric and low emissions vehicles.
- Apply the principles of value based healthcare to support achievement of financial sustainability.

## National Treatment Centre – Fife Orthopaedics

Nationally the number of people requiring orthopaedic services has been growing. This, combined with the development of innovative new approaches to care and treatment has provided an opportunity for NHS Fife to open the first national treatment centre in Scotland.

The development of the new National Treatment Centre on the Victoria Hospital site will provide a purpose-built orthopaedic centre. An increase in the number of theatres, additional outpatient space and dedicated wards will mean we can significantly increase the capacity for patient care for people in Fife and across Scotland.

Building on our international reputation as a centre of excellence in orthopaedic surgery including pioneering hip and knee replacement day surgery, we are taking the opportunity to integrate a range of technology into the new build to facilitate teaching research and innovation to enhance the patient experience and outcomes.

[Insert quote from first minister](#)



## Towards Net Zero: improving the energy efficiency of our buildings

NHS Fife is working towards achievement of 'Net Zero carbon' by 2045. Heating and lighting our buildings makes up a large proportion of the Board's carbon emissions. Taking an energy efficient approach to improving buildings is vital to minimise energy demand and reduce emissions. Working with Scottish Government NHS Fife has secured investment in energy saving measures. This includes installing LED lighting; improving the fabric of buildings such as installing draft proofing and insulation; and installing solar panels to generate electricity. As part of this work solar panels have now been installed on a range of NHS Fife sites.

The benefits of this work include reducing our energy usage which leads to financial savings, reducing the environmental impact of buildings by supporting achievement of Net Zero and helping to maintain buildings across the NHS Fife estate.





## IMPLEMENTATION

# How we will deliver the strategy

Supporting the implementation of our strategy with clear plans, oversight of our progress and ongoing monitoring of impact and benefits.

### Partnership working

We will work in partnership with other key organisations involved in the planning and provision of services to support population health and wellbeing. Examples of key partners include Fife Health and Social Care Partnership (HSCP), Fife Council, Fife Health Charity, Fife Voluntary Action, other NHS Boards and the Scottish Government.

We also have close relationships with local universities and colleges. They support both the delivery of education and training for our current and prospective workforce as well as innovation and research that benefits our current and future patients.

### Continuing to involve our staff and the public

This strategy has been informed by extensive engagement with both staff and the public. Through ongoing engagement we will continue to respond and adapt to feedback enabling us to continually improve our services.



Population Health and Wellbeing Strategy

## Programme planning and implementation

We will establish a range of strategic programmes to support the delivery of this strategy. Examples of NHS Fife programmes that currently underway include:

- **Integrated Unscheduled Care** – how we provide care in an emergency, including services provided by Minor Injuries Units, Emergency Department and Inpatient Care.
- **Integrated Planned Care** – care that is scheduled in advance, including outpatient appointments, diagnostics and inpatient/day-case treatment.
- **Cancer Services** – all services to support people with cancer, including diagnostics (such as scans), surgical services and non-surgical treatments such as chemotherapy.

- **High-Risk Pain Medicines** – improving patient safety through improved understanding, prescribing and access to alternatives to help people manage their pain conditions.
- **Digital and Information** – supporting the transformation of services using technology across Fife.
- **Financial Improvement and Sustainability** – ensuring the ongoing effective allocation of financial resources.

Our programmes will be developed in conjunction with our key partners. We will work together with the programmes of Fife Health and Social Care Partnership, such as Mental Health and Learning Disability programme to ensure our work remains joined up and delivers benefits to the population of Fife.

## Communication

We will regularly report on the progress of implementation of the strategy to the staff and public. Clear and consistent disclosure of plans, progress, risks and opportunities will maintain trust and confidence that we are doing what we said we would.

## Monitoring and evaluation

We will undertake ongoing monitoring and evaluation of the strategy. This will enable us to track our progress and achievements but also ensure we remain able to adapt to changing organisational priorities.



## Published March 2023

The names of individuals in our patient stories have been changed for anonymity.

We provide accessible communication in a variety of formats including for people who are speakers of community languages, who require Easy Read versions, who use BSL, read Braille or use Audio formats.

Our SMS text service number **07805800005** is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:  
**fife.EqualityandHumanRights@nhs.scot**  
or phone **01592 729130**.

### NHS Fife

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[www.nhsfife.org](http://www.nhsfife.org)

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<b>Meeting:</b>	<b>Finance, Performance &amp; Resources Committee</b>
<b>Meeting date:</b>	<b>14 March 2023</b>
<b>Title:</b>	<b>National Treatment Centre – Fife Orthopaedics: Status Update / NHS Assure Impact</b>
<b>Responsible Executive:</b>	<b>Janette Keenan, Director of Nursing</b>
<b>Report Author:</b>	<b>Ben Johnston, Head of Capital Planning / Project Director</b>

## 1 Purpose

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

- Assurance

**This report relates to:**

- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board
- Government policy / directive

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The purpose of this paper is to provide an update on the current position regarding the National Treatment Centre for Fife and particularly in respect to the opening of the centre following receipt of DL (2023) 03.

### 2.2 Background

The project involves providing a new National Treatment Centre for Orthopaedics at the Victoria Hospital in Kirkcaldy. The accommodation generally comprises of 3 theatres together with in-patient and outpatient accommodation. The Gross Internal Floor Area is currently 6,142m<sup>2</sup> and the forecast project cost is currently £33.44m.

The Full Business Case was approved by the Board in November 2020 and then by the Scottish Capital Investment Group on 11 March 2021, allowing the construction phase of

the project to commence. Following the completion of car par enabling works, the project started on site on 1 March 2021 and was due for completion in January 2023 with a “go live” date planned for end February / beginning March 2023. A project Handover Meeting occurred on 30 January 2023 and at that point the team were hopeful that the building could be put into use at the end of February 2023.

DL (2023) 03 was received on 6 February 2023, which states that a building cannot be used until it receives “supported status” from NHS Assure.

The NHS Assure Key Stage Assurance Review (KSAR) service forms part of National Services Scotland and has been formed to provide assurance around technical compliance for major new-builds and refurbishments in the Scottish health sector.

## **2.3 Assessment**

The timing of DL (2023) 03 together with the maturity of the NHS Assure KSAR service has challenged our planned completion activities for the project.

The NHS Assure KSAR Commissioning Workbook was issued to NHS Fife on 6 October 2022 whilst NHS Fife’s commissioning activities commenced in July 2022. The NHS Assure Handover Workbook was received on 24 January 2023 a few days before we were due to complete the construction phase of the project (30 January 2023). The timing of these new documents/processes and the effort required to respond to the criteria has been challenging for the Project Team to manage in parallel with completing the build. Indeed, NHS Fife are the first Health Board in Scotland to undertake a Commissioning and Handover KSAR.

Given the foregoing the Project Board met to consider the potential impacts of the NHS Assure process on the go live date. Taking cognisance of the DL, following discussion and debate the recommendation was to move the go live date to 20 March 2023 and this has since been approved.

Following ongoing dialogue with NHS Assure from 16 January 2023, NHS Fife issued the completed Commissioning and Handover KSAR workbooks to NHS Assure on 13 February 2023. NHS Assure have since issued their KSAR Commissioning Stage Detailed Review Findings (DRF’s) and NHS Fife responded to these on 22 February 2023 with an ongoing commitment to review/close out any remaining residual items. The table below provides a summary of the items DRF’s.

<b>NTC Fife - KSAR Commissioning Stage Detailed Review Findings</b>						
<i>Cat 1 = most significant      Cat 4 = least significant</i>						
	Cat 1	Cat 2	Cat 3	Cat 4	Cat 5	Total
Water / drainage	2	9	20	9	4	44
Electrical	5	12	6	0	0	23
Medical gas	0	2	2	1	0	5
Ventilation	0	14	6	3	1	24
Fire	1	0	1	4	2	8
Infection control	0	4	2	1	0	7
Governance	No DRF provided					
Total	8	41	37	18	7	111

The Project Team have responded to the points noted in the table. To provide assurance around the items deemed most significant by NHS Assure we would summarise the status (at 24.02.23) as follows:

- Water and drainage – all items dealt with, no concerns
- Electrical – some residual items to be closed in respect to paperwork only (updated electrical certificate and risk assessments). General agreement in respect to actions and status, no concerns
- Fire – remedial work undertaken to deal with concern noted (door closers on bedroom half leaf doors)

We have held Technical Workshops with NHS Assure concerning water/drainage and power (electrical). A workshop in respect to ventilation is scheduled for 27 February 2023. It is considered that this should then pave the way for all key items to be discharged with agreement to close out any other remaining points thereafter.

To date we have not collectively identified any “show-stopper” issues which would require either significant re-design or construction components.

In parallel with the technical effort connected to dealing with this process, NHS Fife are working closely with SG, NSS and NHS Assure at a senior level with a view to receiving supported status as soon as is practicably possible.

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

Covered within paper

### **2.3.2 Workforce**

Not used

### **2.3.3 Financial**

There is significant effort required to engage with the NHS Assure KSAR process. This requires additional resource which is out with the scope of the contract. We are however satisfied that this can be contained within the current project budget.

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

There is a residual risk that we are not able to obtain NHS Assure supported status to facilitate the new go live date of 20 March 2023. With everyone pulling in the same direction, we hope that this risk is low, however it remains a key risk for the Project and Board meantime.

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

Not used

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

Not used

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

No communications have been released by our communications team in respect to the opening date. This will remain the case until there is more certainty around NHS Assure KSAR status. Our communications team are also working closely with Scottish Government to ensure there is a coordinated plan in this regard.

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

- Executive Director's Group, 16 February 2023
- Clinical Governance Committee, 3 March 2023
- Finance, Performance & Resources Committee, 14 March 2023

## **2.4 Recommendation**

This paper is being provided to member for:

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

## **3 List of appendices**

- NA

### **Report Contact**

Ben Johnston

Head of Capital Planning / Project Director

Email: [ben.johnston2@nhs.scot](mailto:ben.johnston2@nhs.scot)

<b>Meeting:</b>	<b>Finance, Performance &amp; Resources Committee</b>
<b>Meeting date:</b>	<b>14 March 2023</b>
<b>Title:</b>	<b>Integrated Performance &amp; Quality Report</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
- Discussion

**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 generally up to the end of December 2022, although there are some measures with a significant time lag and a few which are available up to the end of January.

### 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 Adverse Events Closure Rate, in the Clinical Governance section. A further addition relating to Establishment Gap (Staff Governance) is being considered.

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

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

## 2.3 Assessment

Performance has been hugely affected during the pandemic. To support recovery, NHS Fife is progressing the targets and aims of the 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%	Not achieving

Cancer 62-Day RTT	Monthly	95%	Not achieving
Detect Cancer Early	Quarterly	29%	Not achieving
FOI Requests	Monthly	85%	Achieving
DD (Bed Days Lost)	Monthly	5%	Not achieving

## Finance

Measure	Update	Forecast	Current Status
Revenue Resource Limit	Monthly	£22.6m Overspend Projected	Forecast position now exceeding financial plan target of £10.4 overspend. Mitigating actions to reduce this under close review.
Capital Resource Limit	Monthly	£29.5m	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 and the Executive Summary narratives.

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

Not applicable.

### 2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

### 2.3.7 Communication, involvement, engagement and consultation

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

The Finance, Performance & Resources extract of the February IPQR will be available for discussion at the meeting on 14 March.

### 2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 16 February and approved for release by the Director of Finance & Strategy.

## 2.4 Recommendation

The report is being presented to the FPR Committee for:

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

## 3 List of appendices

- Appendix 1 – IPQR

### Report Contact

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# **Fife Integrated Performance & Quality Report**

## **FINANCE, PERFORMANCE & RESOURCES**

**Produced in February 2023**

# 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**  
Summarising key Corporate Risks and status.
- b) Indicatory Summary**  
Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.
- c) Projected & Actual Activity**  
Comparing projected Scheduled Care activity to actuals 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  
16 February 2023

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 - Number Reported	N/A	Month	Dec-22	39	○	▲	▼	●
	Major/Extreme Adverse Events - % Actions Closed on Time	TBD	Month	Dec-22	37.0%	●	▼	▼	●
	HSMR	N/A	Year Ending	Jun-22	0.99	●	▲	▲	●
	Inpatient Falls	6.91	Month	Dec-22	7.50	○	▼	▲	●
	Inpatient Falls with Harm	1.65	Month	Dec-22	2.07	○	▼	▼	●
	Pressure Ulcers	0.89	Month	Dec-22	1.22	○	▼	▲	●
	SAB - HAI/HCAI	18.8	Month	Dec-22	3.2	○	▲	▲	● QE Sep-22
	C Diff - HAI/HCAI	6.5	Month	Dec-22	13.0	○	▼	▼	● QE Sep-22
	ECB - HAI/HCAI	33.0	Month	Dec-22	22.7	○	▲	▲	● QE Sep-22
	S1 Complaints Closed in Month on Time	80%	Month	Dec-22	48.7%	○	▲	▼	● 2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Dec-22	17.9%	○	▲	▲	● 2021/22
	S2 Complaints Opened in Month and Closed On Time	N/A	Month	Dec-22	18.4%	○	▲	▲	●
Operational Performance	IVF Treatment Waiting Times	90%	Month	Dec-22	100.0%	●	◀▶	◀▶	
	4-Hour Emergency Access	95%	Month	Jan-23	69.6%	○	▲	▼	● Dec-22
	Patient TTG % <= 12 Weeks	100%	Month	Dec-22	50.3%	●	▼	▼	● Sep-22
	New Outpatients % <= 12 Weeks	95%	Month	Dec-22	45.8%	●	▼	▼	● Sep-22
	Diagnostics % <= 6 Weeks	100%	Month	Dec-22	53.3%	●	▼	▼	● Sep-22
	18 Weeks RTT	90%	Month	Dec-22	68.6%	●	▲	▼	● QE Sep-22
	Cancer 31-Day DTT	95%	Month	Dec-22	94.4%	○	▼	▼	● QE Sep-22
	Cancer 62-Day RTT	95%	Month	Dec-22	65.8%	○	▼	▼	● QE Sep-22
	Detect Cancer Early	29%	Year Ending	Mar-22	22.2%	●	▼	▲	● 2020, 2021
	Freedom of Information Requests	85%	Month	Jan-23	94.1%	●	▲	▲	●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Jan-23	10.5%	●	▲	▲	● QE Jun-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Jan-23	5.3%	○	▲	▲	● QE Jun-22
	Antenatal Access	80%	Month	Dec-22	86.1%	●	▼	▲	● CY 2021
Finance	Revenue Resource Limit Performance	(£10.4m)	Month	Dec-22	(£22.6m)	●	▼	—	●
	Capital Resource Limit Performance	£29.5m	Month	Dec-22	£20.7m	●	—	—	●
Staff Governance	Sickness Absence	4.00%	Month	Dec-22	7.85%	○	▼	▼	● YE Mar-22
	Personal Development Plan & Review (PDPR)	80%	Month	Jan-23	32.3%	●	▼	—	●
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Sep-22	143	●	—	▼	● Q/E Jun-22
	CAMHS Waiting Times	90%	Month	Dec-22	59.3%	○	▼	▼	● QE Sep-22
	Psychological Therapies Waiting Times	90%	Month	Dec-22	73.8%	○	▼	▼	● QE Sep-22
	Drugs & Alcohol Waiting Times	90%	Month	Nov-22	96.7%	●	▼	▲	● QE Sep-22
	COVID Vaccination (Autumn/Winter Booster, Age 65+)	80%	Month	Jan-23	89.6%	●	▲	—	●
	Flu Vaccination (Age 65+)	80%	Month	Jan-23	87.8%	●	▲	—	●
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Sep-22	94.4%	○	▼	▼	● QE Sep-22
	Immunisation: MMR2 at 5 Years	92%	Quarter	Sep-22	88.4%	○	▼	▼	● QE Sep-22

**Performance Key**

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

**SPC Key**

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

**Change Key**

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

**Benchmarking Key**

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

## c. Projected and Actual Activity

		Quarter End	Quarter End	Quarter End	Month End			Quarter End
		Jun-22	Sep-22	Dec-22	Jan-23	Feb-23	Mar-23	Mar-23
<b>Better than Projected   Worse than Projected   No Assessment</b> (NOTE: Better/Worse may be higher or lower, depending on context)								
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	3,036	3,053	3,087	1,029	1,029	1,029	3,087
	Actual	2,878	2,996	3,146	1,022			1,022
	Variance	-158	-57	59	-7			
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	18,567	18,806	19,156	6,376	6,395	6,395	19,166
	Actual	20,951	21,448	21,808	7,397			7,397
	Variance	2,384	2,642	2,652	1,021			
	Urgent	10,868	11,377	11,301	3,642			3,642
	Routine	10,083	10,071	10,507	3,755			3,755
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,491	1,491	1,491	497	497	497	1,491
	Actual	1,550	1,608	1,678	556			556
	Variance	59	117	187	59			
Upper Endoscopy	Actual	575	630	640	238			238
Lower Endoscopy	Actual	182	191	206	64			64
Colonoscopy	Actual	738	742	770	238			238
Cystoscopy	Actual	55	45	62	16			16
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	11,988	11,988	11,988	3,996	3,996	3,996	11,988
	Actual	13,471	12,936	11,875	4,238			4,238
	Variance	1,483	948	-113	242			
CT Scan	Actual	4,083	3,989	3,619	1,262			1,262
MRI	Actual	2,936	2,923	2,654	916			916
Non-obstetric Ultrasound	Actual	6,452	6,024	5,602	2,060			2,060

## d. Assessment

### OPERATIONAL PERFORMANCE



To improve the quality of health and care services

5



Moderate

		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>69.6%</b>
<p>The Monthly performance has improved from 63.2% in December to 69.6% in January. This is above the agreed recovery trajectory over the 4 weeks to w/e 5<sup>th</sup> February. The Scottish average in December was 62.1%.</p> <p>In January, there were 545 8-hour breaches, 184 of which breached 12 hours. This compares to 923 and 375, respectively, in December, and the 8-hour figure was the lowest since July 2022. The majority of breaches (68% in January) continued to be due to waits for a bed or first assessment.</p> <p>Unplanned attendance at ED in the first 10 months of the FY was 8% higher than in the equivalent period of FY 2021/22.</p> <p>Further development of the RTU has taken place through the month, with data showing good discharge profile from the attendances. ED attendances stabilised in the second half of the month allowing for recovery and flow across the site. Ambulance wait times improved significantly through the month.</p> <p>The 'Push Model' was utilised throughout January and is being developed further with the clinical teams. Successful recruitment to permanent ED Consultant posts will help stabilise the team.</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>50.3%</b>
<p>Monthly performance fell in December following an improvement in November and is around 13% lower than a year ago. NHS Fife continues to be top quartile of Mainland Health Boards, as at the most recent publication in November (for the period up to the end of September), where performance was 51.1% against the Scottish average of 31.2%.</p> <p>Actual activity in the first 9 months of the FY was slightly less than forecast, but the Waiting List continues to rise and is nearly 50% higher than in December 2021.</p> <p>It has not been possible to undertake any additional activity to deliver the long waiting targets given the level of funding received, and core inpatient surgery capacity continues to be restricted at Victoria Hospital due to sustained pressures in unscheduled care, staff absence and vacancies. The focus remains on urgent and cancer inpatients and long waiting day cases which can be performed at QMH.</p> <p>As waiting times increase there are proportionally more patients being referred and assessed as urgent which is leading to increasing waits for routine patients particularly those who are complex and/or require an inpatient bed. Revised trajectories were submitted to the SG showing that the 2-year target will not be sustained by March for General Surgery, Orthopaedics and Gynaecology, that progress against the 18 months target will deteriorate and concerning that there will be increasing numbers of patients waiting over a year for Orthopaedics, Urology and General Surgery.</p> <p>Efforts continue to maximise the use of capacity, particularly for day case activity at QMH, and to validate the waiting lists. Additional funding has been made available from SG and this will be prioritised for urgent cancer and long waiting routine patients where possible.</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>45.8%</b>
<p>Monthly performance has fallen in each of the last 6 months and is 8% lower than it was a year ago. NHS Fife is in the mid-range of Mainland Health Boards, as at the most recent publication in November (for the period up to the end of September), where performance was 50.5% against the Scottish average of 46.3%.</p> <p>Actual activity in the first 9 months of the FY (including DNAs) was 13% higher than forecast but the Waiting List is 29% higher than it was a year ago although it did fall in both November and December.</p> <p>It has not been possible to undertake any additional activity to reduce the backlog and deliver the long waiting targets given the level of funding received and continued pressures in unscheduled care, staff absence and vacancies. 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.</p> <p>As waiting times increase there are proportionally more patients being referred and assessed as urgent in some specialities which is leading to increasing waits for routine patients.</p> <p>Revised trajectories were submitted to the SG showing that the 2-year target will be sustained by March for most</p>			

		Target	Current
<p>specialities apart from Vascular Surgery and that the 18-month and 1-year target would not be met by December 2022 and March 2023 for Cardiology, Gastroenterology, Endocrinology, Neurology, Haematology, Vascular, General Surgery, Urology, Gynaecology and Medical Paediatrics.</p> <p>Efforts continue to maximise the use of capacity and to validate the waiting lists. Additional funding has been made available from SG and this will be prioritised for long waiting routine patients where possible to reduce the backlog.</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>53.3%</b>
<p>Monthly performance fell sharply in December, to its lowest level since January 2022. In comparison to other Mainland Health Boards, NHS Fife remains in the mid-section as at the most recent publication in November (for the period up to the end of September), where performance was 64.7% against the Scottish average of 47.9%. Despite achieving 7% greater activity than planned in the first 9 months of FY 2022/23 (this figure including DNAs), the combined Waiting List for Endoscopy and Radiology is 5% higher than it was a year ago, mainly due to an increase in Radiology.</p> <p>In endoscopy it has not been possible to undertake any additional activity this year to reduce the backlog as no additional funding was received. There has been a reduction in long waits as efforts are made to contact patients and clinical validation of the waiting list progresses. There continue to be challenges in maintaining core activity due to unscheduled care and staffing pressures. It is likely that the number of patients waiting over 6 weeks will rise over the next 6 months.</p> <p>In Radiology additional activity was undertaken in Q1 and Q2 of this year particularly in CT and MRI which enabled a reduction in long waits for specialist CT scans and significant reduction in those waiting over 6 weeks. The majority of patients waiting over 6 weeks continue to be in ultrasound where there are particular challenges in capacity due to vacancies and staff absence. However due to the reduced level of funding received in Q3 and Q4, the increase in the proportion of urgent referrals and the continued increase in demand for inpatient scans the numbers waiting over 6 weeks has begun to rise for all modalities.</p> <p>There will continue to be a focus on urgent and urgent suspicion of cancer referrals along with reviewing those routine patients who have been experiencing long waits for both Radiology and endoscopy. It is anticipated that performance will continue to be challenged due to the demand for urgent diagnostics and the pressure from unscheduled care.</p>			
<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>65.8%</b>
<p>As forecast last month, performance fell sharply in December, with breaches occurring in 5 of the 10 specialties. The majority of breaches continued to be in the Urology (Prostate) specialty, 14 last month and 43 in the last 3 months.</p> <p>The number of patients starting treatment in the first 9 months of the FY was 5% higher than in the same 8 months of FY 2021/22 (675 against 644).</p> <p>Despite the low figure compared to the Standard, NHS Fife has been above the Scottish average in the majority of months of 2022 and has been in the top quartile of Mainland Health Boards for the first two quarters of FY 2022/23.</p> <p>Referrals continue to exceed pre-pandemic numbers; however we aim to appoint within 14 days of referral. Prostate remains our most challenged pathway with delays across all steps except for MRI. Breaches for Breast, Colorectal, H&amp;N and Lung were attributed to delays with additional testing, staging and investigations. The range of breaches were 2 to 46 days (average 19 days, previous month average 36 days). Increasing complexity of pathways to ensure optimum targeted treatments is resulting in breaches and this is expected to be seen across most tumour groups.</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>5.2%</b>
<p>The % of bed lost to 'standard' delays in January was the lowest for 2 years and very close to the notional target of 5%. Actual patient numbers rose in comparison to December and was higher than a year ago (61 against 50). Looking at 'Code 9' delays, the number of patients in delay was also higher than a year ago (51 against 46). NHS Fife was in the top-performing quartile of Mainland Health Boards for bed days lost for 'standard' delays in the quarter ending September 2022 and was in the mid-range for 'all' delays in this same period. This is a positive continuation of the situation over the last 12 months.</p> <p>The Front Door team is now fully established and continue to focus on redirecting patients and implementing PDD at point of admission. PDD continues to be rolled out, expected completion of roll out March 2023, and continues to upscale and spread within the Acute setting by aligning PFCs to specific wards.</p> <p>A robust verification process is in place to effectively manage timely discharges, with the highest number of weekly discharges (103) occurring during week ending 3<sup>rd</sup> February 2023.</p>			

## FINANCE



To deliver value and sustainability

6



Moderate

Forecast Current

### Revenue Expenditure

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

**(£10.4m) (£22.6m)**

The Health Board retained position at the end of December is an overspend of £22.6m. This overspend comprises:

- £10.933m core overspend (includes £3.755m overspend relating to acute set aside services)
- £7.806m of the financial gap identified in the board's approved financial plan
- £3.893m unfunded Covid surge and associated costs

The core overspend reflects the significant and ongoing service pressures across acute unscheduled care services, a reduction in planned care funding and an increasing cost pressure within external care commissioning. The forecast year-end position is now significantly beyond the approved financial plan and there is a high level of risk in relation to the delivery of our full savings target programme for the year.

Health Delegated Services report an underspend at the end of December 2022 of £6.113m including fully funded Covid costs of £7.745m.

### Capital Expenditure

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

**£29.5m £20.7m**

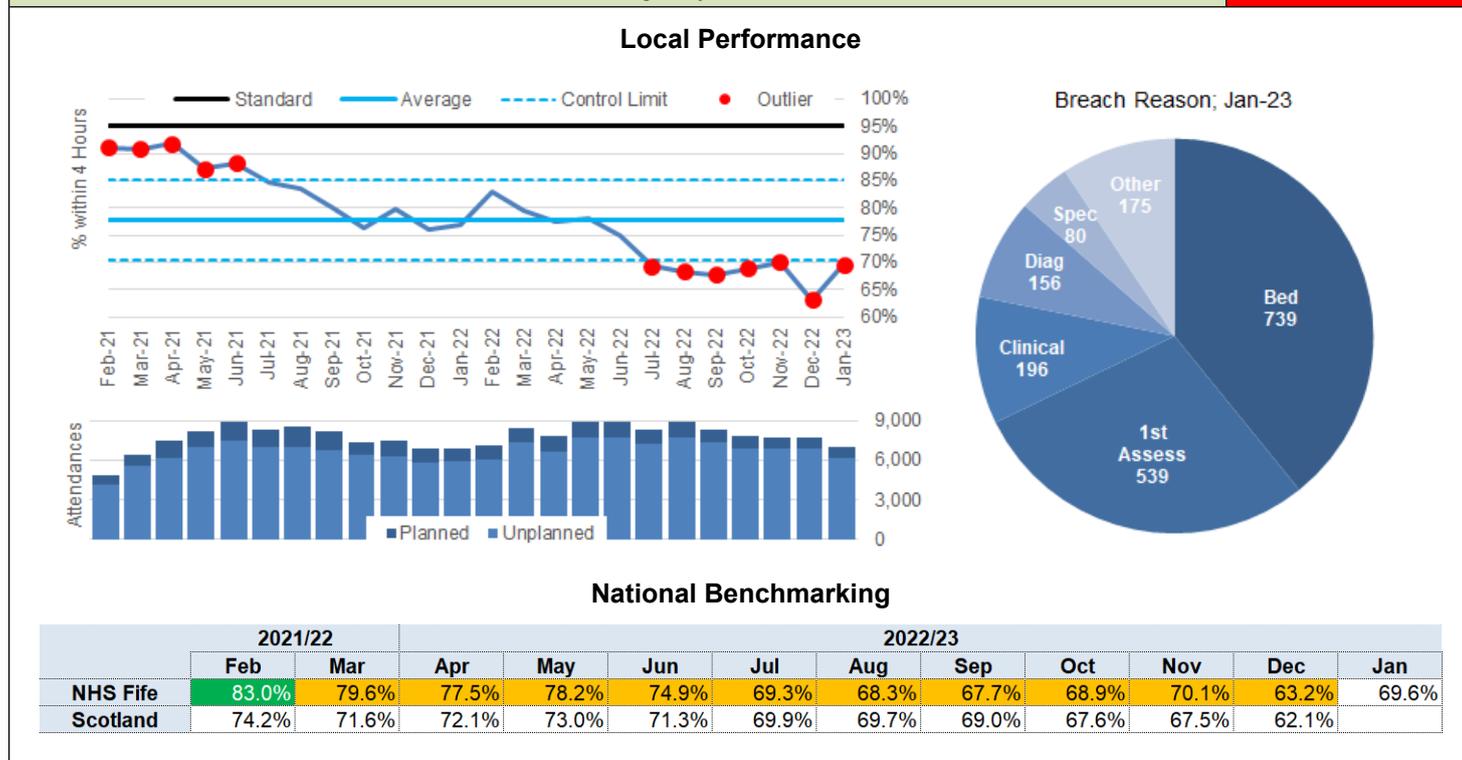
The overall anticipated capital budget for 2022/23 is £29.474m, which is net of a capital to revenue transfer of £2.600m. The capital position for the period to December records spend of £20.677m. Therefore, 70% of the anticipated total capital allocation has been spent to month 9.

## 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**  
**69.6%**



### National Benchmarking

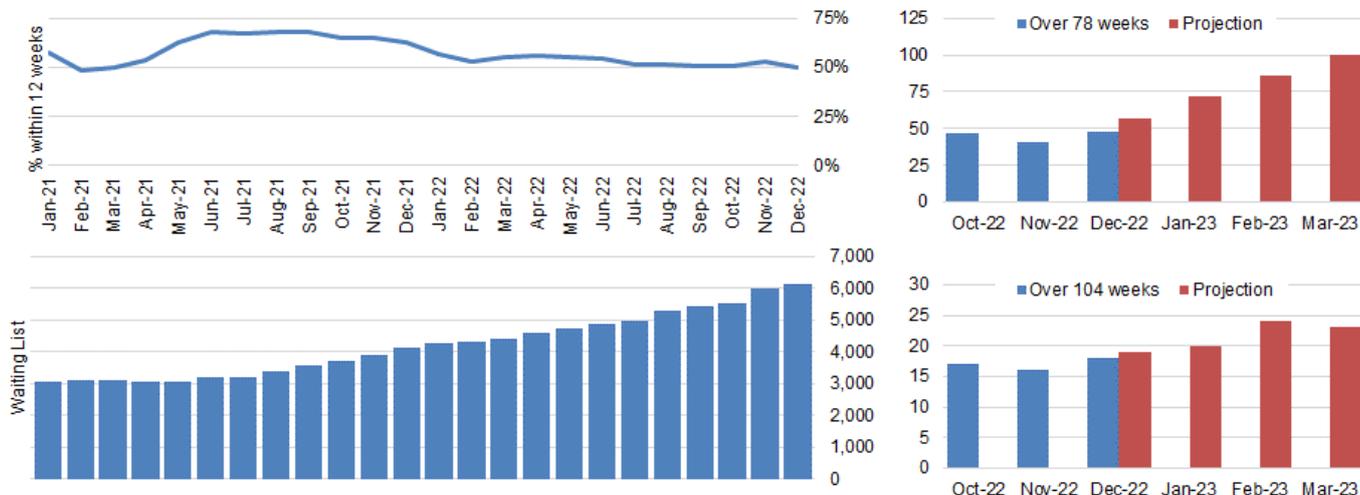
Key Deliverable		End Date
Enhance and optimise our ECAS/AU1 assessment		Apr-23 At risk
<b>Key Milestone</b>	Review Au1 assessment area	Mar-23 On track
	Enhance pathways into ECAS	Apr-23 At risk
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach		Sep-23 At risk
<b>Key Milestones</b>	Improve access to Integrated Assessment Team services for frailty positive patients. Develop an in-reach physio model to support earlier diagnosis/treatment.	Mar-23 Complete
	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.	Sep-23 Off track
	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
	Rapid Triage Unit - test GP triage unit to improve quality and efficiency of GP assessment process whilst improving admission avoidance rates	Apr-23 On track
	Call Before You Convey - support clinical decision making with SAS to increase redirections from VHK	Mar-23 On track
Implement an enhanced triage model within QMH to support scheduling of FNC/ED flow		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**  
**50.3%**

### Local Performance



### National Benchmarking

	2021/22			2022/23									
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
NHS Fife	56.6%	52.7%	55.2%	55.9%	55.6%	54.3%	51.6%	51.4%	50.5%	50.6%	53.3%	50.3%	
Scotland	33.7%	32.5%	34.0%	32.8%	32.5%	31.5%	30.9%	31.4%	31.2%				

### Key Deliverable

Reducing long waits; TTG

### End Date

Mar-23  
At risk

### Key Milestones

Preassessment

Mar-23  
On track

Elective Orthopaedic Centre

Mar-23  
Off track

Maximise utilisation of QMH Theatres

Mar-23  
On track

Optimising Theatres on VHK site - Clinical prioritisation of VHK Theatres

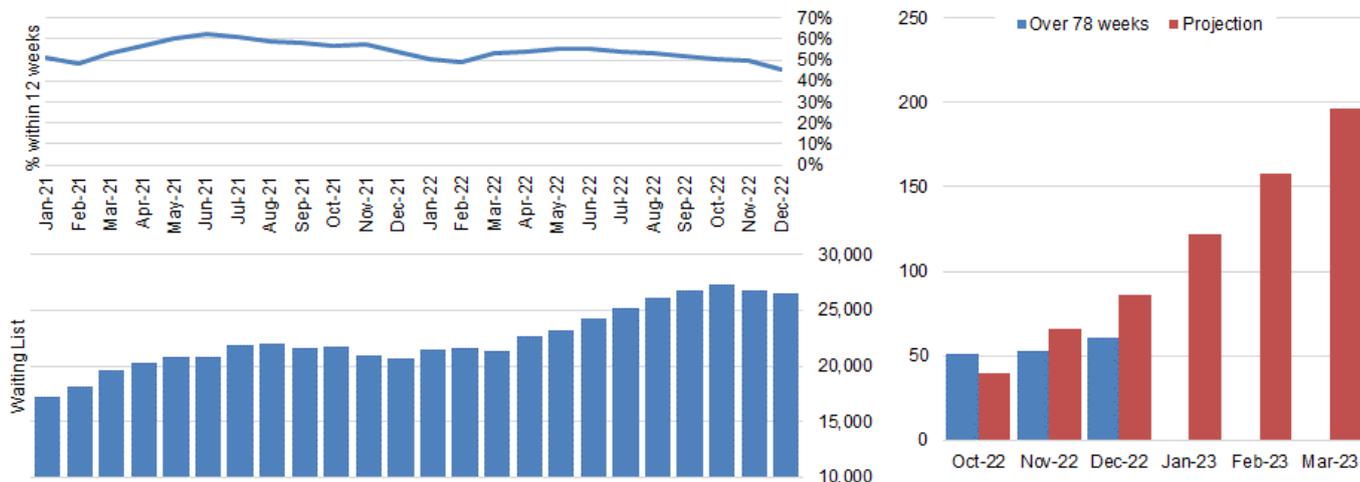
Mar-23  
On track

## New Outpatients

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

**Performance**  
**45.8%**

### Local Performance



### National Benchmarking

	2021/22			2022/23								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	50.1%	48.8%	53.4%	53.9%	55.3%	55.4%	53.9%	52.9%	51.5%	50.2%	49.9%	45.8%
Scotland	45.5%	45.9%	49.6%	48.9%	49.6%	49.1%	49.1%	48.4%	46.3%			

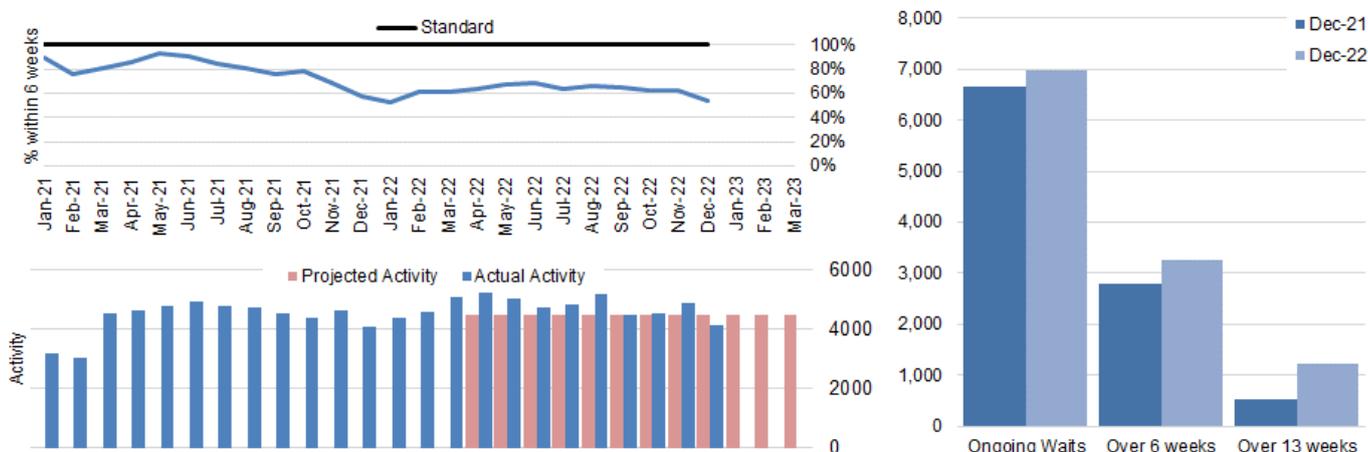
Key Deliverable		End Date
Reducing long waits; Outpatients		Mar-23 At risk
Key Milestones	ACRT and PIR - Continue rollout throughout 2021/22 to all appropriate services	Mar-23 At risk
	Three step validation process of waiting lists will be implemented	Mar-23 Off track

## Diagnostics Waiting Times

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

**Performance**  
**53.3%**

### Local Performance



### National Benchmarking

	2021/22			2022/23								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	52.7%	61.2%	61.6%	63.0%	67.8%	68.2%	63.5%	65.9%	64.6%	62.5%	62.8%	53.3%
Scotland	48.1%	50.8%	49.6%	45.2%	47.0%	47.5%	44.7%	46.0%	47.9%			

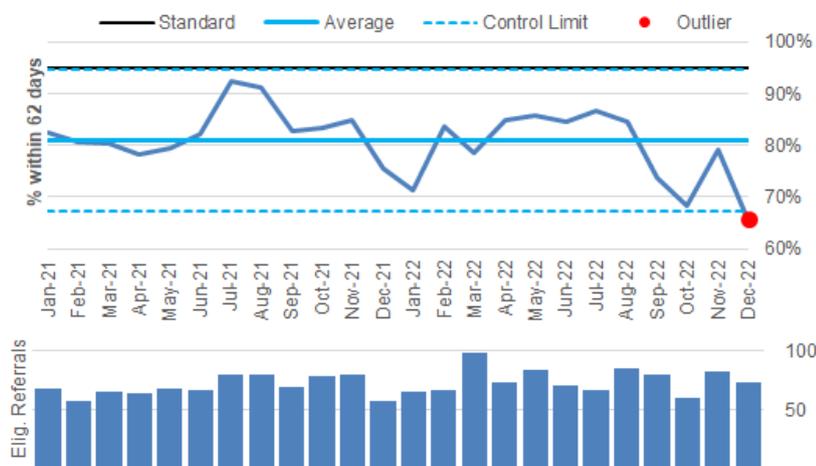
Key Deliverable	End Date
Reducing long waits; Diagnostics	Mar-23 At risk
Radiology -7 day working	Mar-24 Off track

## Cancer 62-Day Referral to Treatment

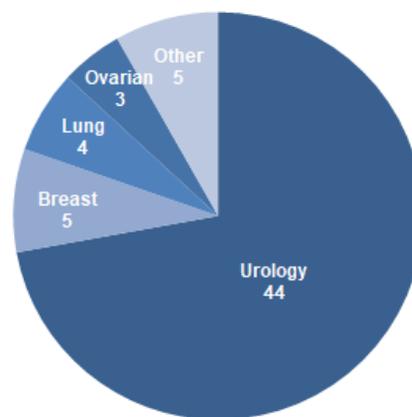
At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days

**Performance**  
**65.8%**

### Local Performance



### Breaches; QE Dec-22



### National Benchmarking

Month	2021/22					2022/23						
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	71.2%	83.6%	78.6%	84.9%	85.7%	84.5%	86.6%	84.7%	73.8%	68.3%	79.3%	65.8%
Scotland	76.3%	77.4%	75.5%	77.0%	75.8%	73.5%	75.8%	73.6%	72.1%	70.3%	69.8%	72.1%

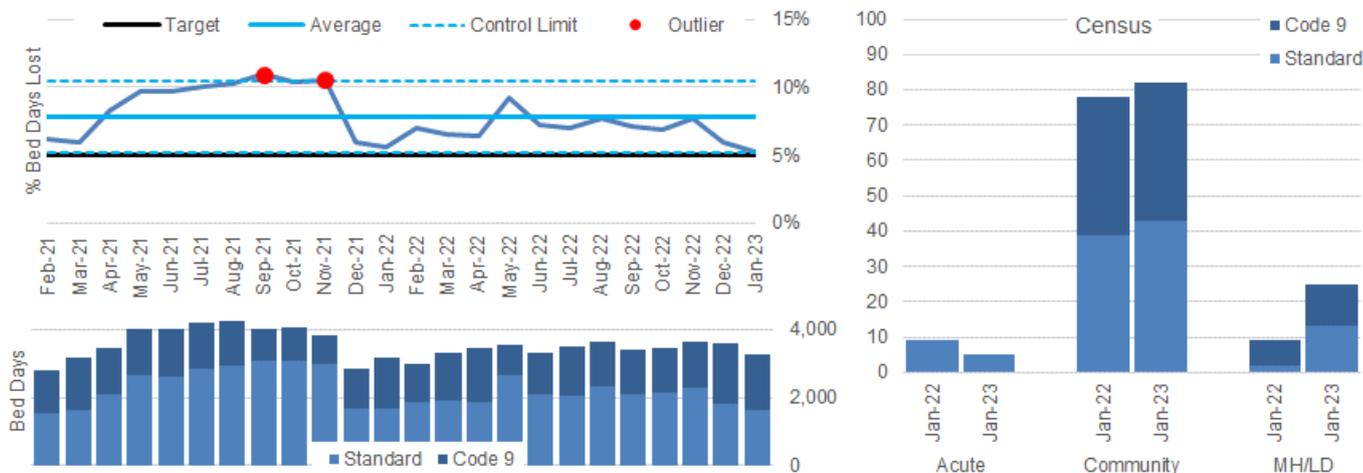
Key Deliverable		End Date
Implementation of Cancer Framework and delivery plan in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services		Mar-23 On track
Key Milestones	ECDC development/expansion	Mar-23 On track
	Development of single point of contact hub (SPOCH)	Sep-22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

## 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**  
**5.2%**

### Local Performance



### National Benchmarking

% Bed Days Lost		Quarter Ending								
		2020/21			2021/22			2022/23		
		SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP
NHS Five	Standard	6.8%	5.4%	5.7%	9.2%	10.4%	9.0%	6.4%	7.6%	7.3%
	All	10.1%	9.6%	10.9%	14.4%	14.8%	12.4%	11.1%	11.8%	11.8%
Scotland	Standard	5.1%	4.8%	4.6%	5.0%	6.8%	7.2%	7.2%	7.3%	8.0%
	All	7.1%	7.3%	7.3%	7.4%	9.4%	9.7%	10.4%	10.3%	10.8%

### Key Deliverable

Deliver Home First and enable Prevention and Early Intervention

End Date

Dec-23  
On track

### Key Milestones

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.	Jun-23 At risk
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 At risk
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 Suspended
Integrated Discharge Planning - review and develop pathways to minimise delays and ensure patients are cared for in the right place at the right time	Mar-23 On track
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 Complete

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  
On track

Reduce hand offs in discharge processes

Feb-23

## FINANCE, PERFORMANCE & RESOURCES: OPERATIONAL PERFORMANCE

		On track
	Reduce the number of patients delayed in hospital awaiting the appointment of a Welfare Guardian	Apr-23 On 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 On track
	Promotional campaign to support the Moving on Policy to help with decision making of moving on patients	Dec-23 On track
	Planned Date of Discharge Project	Mar-23 On track
	Front Door Model	Mar-23 On track
	Electronic referrals	Dec-23 At risk

# FINANCE, PERFORMANCE & RESOURCES: FINANCE

<p><b>Finance</b></p> <p><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></p>	<p><b>Revenue (£22.6m)</b></p>
	<p><b>Capital £20.7m</b></p>

## 1. Executive Summary

1.1 The Health Board retained position at the end of December 2022 is an overspend of £22.632m. This overspend comprises:

- £10.933m core overspend (includes £3.755m overspend relating to acute set aside services).
- 7.806m of the financial gap identified in the board's approved financial plan.
- £3.893m unfunded Covid surge and associated costs.

Health Delegated Services report an underspend at the end of December 2022 of £6.113m including fully funded Covid costs of £7.745m.

### Revenue Financial Position as at December 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	250,058	187,033	197,593	-10,560
IJB Non-Delegated	9,705	7,310	7,237	73
Non-Fife & Other Healthcare Providers	95,706	71,796	74,943	-3,147
<b><u>Non Clinical Services</u></b>				
Estates & Facilities	79,076	58,910	59,194	-284
Board Admin & Other Services	71,642	50,496	50,337	159
<b><u>Other</u></b>				
Financial Flexibility & Allocations	22,157	3,208		3,208
Income	-22,670	-14,298	-14,404	106
Grip and Control	-3,412	-2,559	-2,071	-488
<b>Sub-total Core position</b>	<b>502,262</b>	<b>361,896</b>	<b>372,829</b>	<b>-10,933</b>
Financial Gap	-10,408	-7,806		-7,806
<b>HB Retained Surge Capacity</b>			<b>2,411</b>	<b>-2,411</b>
<b>HB retained Covid 19</b>	<b>10,346</b>	<b>8,472</b>	<b>9,954</b>	<b>-1,482</b>
<b>SUB TOTAL</b>	<b>502,200</b>	<b>362,562</b>	<b>385,194</b>	<b>-22,632</b>
<b><u>Health &amp; Social Care Partnership</u></b>				
Fife H & SCP	376,821	278,653	272,540	6,113
Health delegated Covid 19	7,745	7,745	7,745	0
<b>SUB TOTAL</b>	<b>384,566</b>	<b>286,398</b>	<b>280,285</b>	<b>6,113</b>
<b>TOTAL</b>	<b>886,766</b>	<b>648,960</b>	<b>665,479</b>	<b>-16,519</b>

# FINANCE, PERFORMANCE & RESOURCES: FINANCE

- 1.1 The financial plan approved in March identified cost improvement plans of £11.7m and a capital to revenue funding transfer of £2m, leaving a financial gap of £10.4m against an original £24.1m financial gap position. The financial plan assumptions included full funding of additional Covid 19 costs which was later subject to a funding cap, with any overspend beyond the funding cap of £7.5m disclosed as part of our core overspend position (£3.893m overspend at the end of December).
- 1.3 The most recent allocation letter was received on 23 December. We continue to make assumptions on anticipated allocations including the required level of funding to cover the final agreement on the national AFC pay award. As previously reported the planned care SG funding allocation was significantly reduced and although work has been taken forward to mitigate the impact of the shortfall in funding, a £1m overspend is reflected in our position. Details of our funding allocations, both received and anticipated, are attached at Appendix 1.
- 1.4 At the end of December, we remain £1.2m short of the level of savings we planned to deliver. As a result the forecast outturn assumes the CIP programme will fall short with £2m undelivered savings built in to our forecast overspend position. The cost of living crisis, inflationary increases, the level of service pressure and staff absence are increasing the challenge on the financial position and compromising delivery of savings across the entire organisation. Pipeline schemes continue to be identified and explored for presentation at the FIS Programme Board for approval however it is unlikely we will be able to deliver newly identified schemes in full this financial year.
- 1.5 The delivery of our approved financial position (£10.4m overspend agreed with Scottish Government) is at a high level of risk with the Board's forecast overspend at this time projected to be £20m. This position assumes HSCP funding for surge beds and expenditure on Primary Care and Mental Health out of area treatment costs.
- 1.6 The overall anticipated capital budget for 2022/23 is £29.474m (net of a capital to revenue transfer value of £2.6m). This reflects: the core Capital Resource limit (CRL) of £7.764m notified by Scottish Government; 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 December records spend of £20.677m equivalent to 70% of the net allocation. The capital programme is expected to deliver in full, with activity in the final quarter of the financial year in respect of completion of the National Treatment Centre facility.

## 2. Health Board Retained Services

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

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services (HB Retained)	205,860	154,048	160,853	-6,805
Acute Services (Acute Set Aside)	44,198	32,985	36,740	-3,755
<b>Subtotal Acute Services Division</b>	<b>250,058</b>	<b>187,033</b>	<b>197,593</b>	<b>-10,560</b>
IJB Non Delegated	9,705	7,310	7,237	73
Non-Fife & Other Healthcare Providers	95,706	71,796	74,943	-3,147
Income	-22,670	-14,298	-14,404	106
<b>SUB TOTAL</b>	<b>332,799</b>	<b>251,841</b>	<b>265,369</b>	<b>-13,528</b>

- 2.1 Acute Services reports a core **overspend of £10.560m**. This position reflects the financial consequences of the significant ongoing service pressures across unscheduled care with increased demand and higher acuity than pre-pandemic levels. Increased lengths of stay together with delayed discharges and high levels of vacancy are driving the reliance on supplementary staffing for both nursing and medical workforces. Despite appointment of newly qualified practitioners, international recruits and introducing the role of B4 nurse practitioner, supplementary staffing for non medical staff remains very high at 9% of total pay spend, with vacancy levels at similar levels to earlier in the year. Additional site activity and reliance on supplementary staffing at 10% of the medical pay cost has resulted in an overspend on medical pay of £3.346m. Within this figure is a charge for non compliance of medical rotas across both EC and WCCS at a cost of £0.784m to date. The specialties with the greatest pressures are predominantly Elderly Medicine, A&E and Acute Medicine which are the areas most impacted by admissions, surge and delayed discharges.

In December additional Planned Care Funding of £0.114m was received to fund the MRI van in line with additional activity over October to March. There is significant cost pressure within non pay cost due to additional medicines growth of £3.366m, particularly within haematology services where new cancer medicines are being made available. Ophthalmology medicine cost pressures will be mitigated with an efficiency scheme on macular

## FINANCE, PERFORMANCE & RESOURCES: FINANCE

degeneration medicines. Continued growth and replacement of diabetic pumps, the increased cost of consumables for robotic procedures and theatres supplies are collectively overspending at £1.530m.

Included in the core Acute Services position is an overspend on core set aside services of £3.755m which is being funded on a **non-recurring** basis by the board.

- 2.2 The IJB Non-Delegated budget reports an **underspend of £0.073m**. This relates in the main to relates to nursing vacancies across the Acute Services within the Northeast Fife Hospitals and the Forensic unit (Daleview) at Lynebank.
- 2.3 The budget for healthcare services provided outwith NHS Fife is **overspent by £3.147m** (detail per Appendix 2) even after a £3m budget increase as part of this year's financial planning process. This is due to increased activity in patients requiring mental health, and substance misuse support, coupled with the costs of 2 high cost patients who no longer meet the criteria for NSD funding. In addition NHS Lothian has this month advised of additional previous months' activity and related costs. Discussions continue nationally on an additional inflationary uplift to SLAs re increased energy costs and the implications of the AfC pay award. We are in discussion with the HSCP in relation to the alignment of both budget and spend for SLAs relating to Mental Health services for which there is a forecast overspend of £2.6m at December.
- 2.4 **Corporate Functions and Other Financial performance at 31 December 2022**

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<u>Non Clinical Services</u>				
Estates & Facilities	79,076	58,910	59,194	-284
Board Admin & Other Services	71,642	50,496	50,337	159
<u>Other</u>				
Financial Flexibility & Allocations	22,157	3,208	0	3,208
<b>SUB TOTAL</b>	<b>172,875</b>	<b>112,614</b>	<b>109,531</b>	<b>3,083</b>

- 2.5 The Estates and Facilities budgets report an overspend **of £0.284m**. Whilst pays are underspent this is being offset as previously reported by energy and clinical waste pressures. This month has seen an increase in laundry costs as a result of site pressures and equipment issues. Service contracts have also increased in month and this is under review. Notwithstanding the aforementioned challenges, E&F remains confident and committed to delivering a balanced year end position.
- 2.6 Within the Board's corporate services there is **an underspend of £0.159m**. Whilst there are a range of underspends across corporate service areas, there are offsetting areas of overspend within our Workforce Department which reflects cost pressures associated with the Regional Recruitment consortium and legal costs.

### Financial Flexibility

- 2.7 Financial flexibility at the end of December includes allocations and anticipated budget provision for supplies, medical supplies and drugs uplifts. A summary of funding held in **financial flexibility** and the release of **£3.208m** to month 9 is shown at Appendix 3.

### Financial Gap

- 2.8 The **financial plan gap** reflects the pro-rata share of the planned £10.4m deficit (**£7.806m** to month 9) for which planning arrangement are underway to address on a recurring basis as part of our medium term financial strategy.

### Approved Cost Improvement Plans

- 2.9 The year-to-date target at month 9 is £7.630m with £6.470m achieved, resulting in a current year shortfall of £1.160m. Recurring savings achieved are £2.383m, equivalent to 20% of the full year target, a marginal increase against the position in month 9. This represents a significant challenge going into 2023/24 as the non-recurring element of the in-year target will be carried forward as an additional pressure.

There is a high level of risk that £2m of our Acute Services savings plan may now not be achieved. This is reflected in our forecast outturn position.

# FINANCE, PERFORMANCE & RESOURCES: FINANCE

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

Budget Area	Current Year Target £'000	Year to Date Target £'000	Year to Date Achieved £'000	Year to Date Variance £'000
Acute Services	5,752	3,886	2,857	-1,029
Estates & Facilities	1,652	990	905	-85
Corporate	4,296	2,754	2,708	-46
<b>Total</b>	<b>11,700</b>	<b>7,630</b>	<b>6,470</b>	<b>-1,160</b>

By the end of month 9 Acute Services delivered £2.857m, a year-to-date shortfall of £1.029m. To date Acute Services has identified £1.416m on a recurring basis. Further detail is included in Appendix 4 to this report.

### 3. Health Board Covid-19 spend

3.1 Covid-19 spend to December is £12.365m reflected in the table below. This includes fully funded Test and Protect costs of £2.847m.

The remaining additional Covid 19 costs total £9.518m against a budget of £5.625m (pro rata share of £7.5m funding envelope). The resulting overspend of £3.893m comprises: £2.411m unfunded Covid surge costs across the hospital; and £1.482m remaining overspend. Positive discussions are nearing conclusion with the HSCP to determine a system wide approach to support the cost of surge activity for the full financial year.

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 Services	2,232	2,232	3,482	5,714	-3,482
HB Retained Surge Capacity	0	0	2,411	2,411	-2,411
Estate & Facilities	76	76	303	379	-303
Corporate	908	908	106	1,014	-106
Funding Envelope	2,409				2,409
<b>Subtotal</b>	<b>5,625</b>	<b>3,216</b>	<b>6,302</b>	<b>9,518</b>	<b>-3,893</b>
Test & Protect	2,847	2,847	0	2,847	0
<b>Total</b>	<b>8,472</b>	<b>6,063</b>	<b>6,302</b>	<b>12,365</b>	<b>-3,893</b>

### 4. Health & Social Care Partnership

4.1 Health services in scope for the Health and Social Care Partnership report a core **underspend of £6.113m**. The movement in month largely relates to the release of financial flexibility within allocations awaiting distribution. This position is after the £2.4m budget realignment to Social Care in October 2022. The in-year underspend within the services predominantly relates to vacancies with attempts to recruit ongoing by services. 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. Prescribing data available to inform the position is 2 months in arrears so the position to month 9 is based on 7 months actual data with 2 months informed estimated costs. Using that data, other available indicators and 3 years previous positive outturns, the GP Prescribing position to December is estimated to be £1.044m underspent.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<b>Health &amp; Social Care Partnership</b>				
Fife H & SCP	376,821	278,653	272,540	6,113
<b>SUB TOTAL</b>	<b>376,821</b>	<b>278,653</b>	<b>272,540</b>	<b>6,113</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

## FINANCE, PERFORMANCE & RESOURCES: FINANCE

financial pressure related to set aside services is currently held within the NHS Fife financial position. Anticipated funding from the IJB earmarked reserve is shown at Appendix 5.

### 4.2 HSCP Covid-19 spend

The Health Delegated covid spend of £7.745m to month 9, including Covid vaccine costs, will be met from the Covid-19 earmarked reserve.

Health Delegated Covid-19 spend	Budget £'000	YTD Spend £'000	YTD Variance £'000
Community Care Services	2,839	2,839	0
Complex and Critical Services	99	99	0
Primary Care and Prevention Services	85	85	0
Professional/Business Enabling	89	89	0
Covid-19 Vaccination Costs	4,633	4,633	0
<b>Total</b>	<b>7,745</b>	<b>7,745</b>	<b>0</b>

### 5. Forecast Outturn

5.1 The forecast outturn for Health retained services at the end of March 2023 is a potential overspend of £15.9m. This position assumes HSCP funding to support the cost of surge activity which is predicted to remain for the full financial year and the non-Fife and other Healthcare providers overspend relating to Primary Care and Mental Health. Whilst this forecast outturn is an improvement from that reported last month, this is mainly attributable to a share of a further £50m for new medicines funding and a share of reduced CNORIS costs across Scotland.

5.2 The clear expectation remains from Scottish Government that we deliver as close to our forecast financial position (an overspend of £10.4m) as agreed in March 2022. This is high risk, and the board requires further mitigating actions of £8m to be identified and actioned prior to the financial year end which is extremely challenging.

### 6 Capital

6.1 The overall anticipated capital budget for 2022/23 is £29.474m, which is net of a capital to revenue transfer of £2.600m. The capital position for the period to November records spend of £20.677m. Therefore, 70.15% of the anticipated total capital allocation has been spent to month 9.

6.2 The programme of £32.074m detailed in the table below.

Capital Plan	£'000
Initial Capital Allocation	7,764
Elective Orthopaedic Centre	13,629
Kincardine Health Centre	365
Lochgelly Health Centre	506
National Equipping - Traunch 1	1,506
QMH Theatres PH2	1,500
Mental Health	100
HEPMA	900
Ferno Trollies	50
Estates NIB Bid	2,720
D&I NIB Bid	1,928
NIB Equipment	914
LIMS	192
<b>Total Before Capital to Revenue Transfer</b>	<b>32,074</b>
Capital to Revenue Transfer	- 2,600
<b>Total</b>	<b>29,474</b>

# FINANCE, PERFORMANCE & RESOURCES: FINANCE

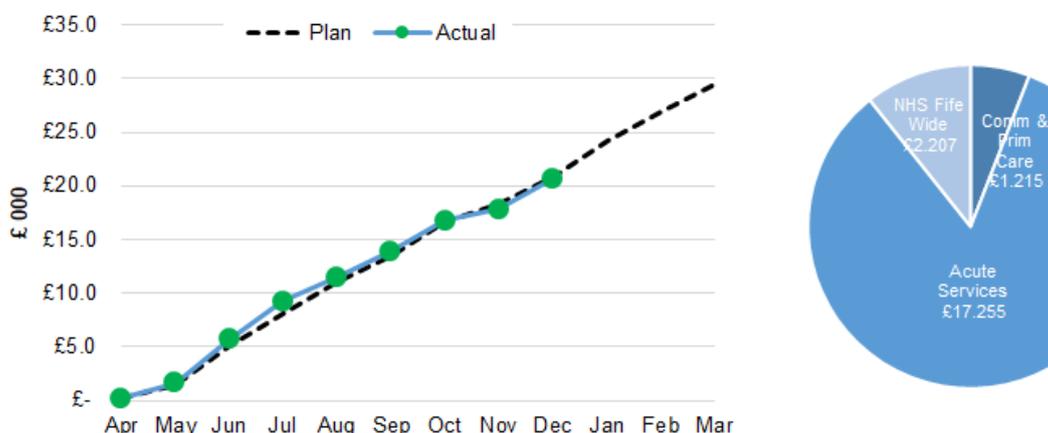
NHS Fife has received £1.191m in charitable funding to support both the modernisation works associated with the VHK Hospice of £0.350m and £0.841m for the Audio Visual Theatre and Artwork for the new National Treatment Centre.

The Scottish Capital Investment Group have given approval for the Kincardine & Lochgelly Health Centres to proceed to Full Business Case, subject to NHS Assure approval and a Benefits Realisation incorporated into the Outline Business Case.

## 6.3 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 £20.677m, this equates to 70.15% of the total anticipated capital allocation, as illustrated in the spend profile graph below.

### Local Performance



The main areas of spend to date include:

Statutory Compliance	£3.529m
Equipment	£1.636m
Digital	£2.207m
Elective Orthopaedic Centre	£12.287m
Health Centres	£0.866m

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 month 9 position reported and are asked to:

- **Discuss** the reported core YTD overspend of £22.632m
- **Note** the Health delegated core YTD underspend position of £6.113m
- **Discuss** and agree mitigations to reduce the forecast outturn position of £15.9m
- **Note** the capital expenditure spend of £20.677m.



# FINANCE, PERFORMANCE & RESOURCES: FINANCE

## Appendix 1: Revenue Resource Limit

		Baseline Recurring £'000	Earmarked Recurring £'000	Non- Recurring £'000	Total £'000
Letter dated 23 December 2022	June letter	748,855		125	748,980
	July Letter			101	101
	August Letter		8,828	4,765	13,593
	September Letter		1,408	4,363	5,771
	October Letter	600	5,132	1,966	7,698
	November Letter		8,701	2,910	11,611
	NSD - Adolescent Mental Health Units			-36	-36
	Primary Medical Services		61,772		61,772
	Learning Disabilities health Checks			69	69
	Delivery of veteran specific mental health support			116	116
					0
					0
				0	
				0	
				0	
				0	
	<b>Total Core RRL Allocations</b>	<b>749,455</b>	<b>85,841</b>	<b>14,379</b>	<b>849,675</b>
Anticipated	Mental Health Bundle		1,363		1,363
Anticipated	Distinction Awards		139		139
Anticipated	Community Pharmacy Champions		20		20
Anticipated	NSS Discovery		-37		-37
Anticipated	Pharmacy Global Sum Calculation		-204		-204
Anticipated	NDC Contribution		-843		-843
Anticipated	Community Pharmacy Pre-Reg Training		-165		-165
Anticipated	New Medicine Fund		6,683		6,683
Anticipated	Golden Jubilee SLA		-25		-25
Anticipated	PCIF		3,499		3,499
Anticipated	Action 15 Mental Health strategy		2,121		2,121
Anticipated	ADP		989		989
Anticipated	School Nurse		276		276
Anticipated	Perinatal and Infant Mental Health		663		663
Anticipated	Primary care development funding		30		30
Anticipated	CAMHS		704		704
Anticipated	Mental Health Funding Pharmacy recruitment		64		64
Anticipated	Mental health & Wellbeing primary care services		105		105
Anticipated	Capital to Revenue			2,600	2,600
Anticipated	Midwife Training			25	25
Anticipated	NSD etc		-1,535		-1,535
Anticipated	Additional Pay Award	8,513			8,513
Anticipated	Depreciation			1,420	1,420
Anticipated	NTC			988	988
Anticipated	MND Nurse			19	19
Total Anticipated		<b>8,513</b>	<b>13,847</b>	<b>5,052</b>	<b>27,412</b>
		<b>757,968</b>	<b>99,688</b>	<b>19,431</b>	<b>877,087</b>
Anticipated	IFRS			8,516	8,516
Anticipated	Donated Asset Depreciation			137	137
Anticipated	Impairment			526	526
Anticipated	AME Provisions			500	500
	<b>Total Anticipated Non-Core RRL Allocations</b>	<b>0</b>	<b>0</b>	<b>9,679</b>	<b>9,679</b>
	<b>Grand Total</b>	<b>757,968</b>	<b>99,688</b>	<b>29,110</b>	<b>886,766</b>

Appendix 2: Service Agreements

	Annual Budget	YTD Budget	YTD Spend	YTD Variance
	£'000	£'000	£'000	£'000
<b>Health Board</b>				
Ayrshire & Arran	101	76	75	1
Borders	47	35	44	-9
Dumfries & Galloway	26	19	44	-25
Forth Valley	3,311	2,483	2,842	-359
Grampian	374	281	219	62
Greater Glasgow & Clyde	1,724	1,293	1,297	-4
Highland	141	106	158	-52
Lanarkshire	120	90	167	-77
Lothian	32,822	24,617	26,403	-1,786
Scottish Ambulance Service	105	79	39	40
Tayside	41,113	30,837	32,716	-1,879
	<b>79,884</b>	<b>59,916</b>	<b>64,004</b>	<b>-4,088</b>
<b>UNPACS</b>				
Health Boards	14,214	10,661	9,037	1,624
Private Sector	799	599	1,417	-818
	<b>15,013</b>	<b>11,260</b>	<b>10,454</b>	<b>806</b>
OATS	740	555	418	137
Grants	65	65	67	-2
<b>Total</b>	<b>95,702</b>	<b>71,796</b>	<b>74,943</b>	<b>-3,147</b>

Appendix 3: Financial Flexibility

	Flexibility Released to Dec-22	
	£'000	£'000
Drugs :NMF	309	
Junior Doctor Travel	26	8
Consultant increments	251	188
Discretionary Points	19	14
AME impairments	0	
AME Provisions	781	
Prior Years Approved Developments, National Initiatives	588	588
Health Retained 22-23 Uplifts	12,854	
Cost pressures 22-23	3,376	636
Allocations to be distributed	3,953	1774
<b>Total</b>	<b>22,157</b>	<b>3,208</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	690	379	-311
PCD	Investment in Theatres Procurement / Cost Reduction	500	333	126	-207
PCD	Repatriation of Radical Prostatectomy	205	0	0	0
WCCS	Travel & Printing	60	55	54	-1
WCCS	Managed Service Contract for Labs	425	319	319	0
WCCS	Skill Mix Review	50	29	28	-1
ECD	Pirfenidone / Nintedanib	40	30	30	0
ECD	Patent Expiry / Homecare	160	120	0	-120
WCCS	Community Paediatric Drugs	20	15	15	0
Acute	Reduction in Non Core Staffing	2,000	1,333	1,019	-314
WCCS	Vacancy Release	210	150	150	0
Pharmacy	Medicines Efficiency, PAS Rebates, Contract Changes	700	526	729	203
P&I	Major Contract Review	250	0	0	0
P&I	Property Maintenance Minor Works Team	100	25	0	-25
P&I	Energy Savings - NDEE Project	150	0	0	0
P&I	Rates Review	500	500	503	3
P&I	Roster Review	250	63	0	-63
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	889	565	-324
All	Financial Grip & Control	3,415	2,071	2,071	0
	<b>Total</b>	<b>11,700</b>	<b>7,630</b>	<b>6,470</b>	<b>-1,160</b>

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

	2021/22 Earmarked Reserve £'000	May-22 £'000	Jun-22 £'000	Jul-22 £'000	Aug-22 £'000	Sep-22 £'000	Oct-22 £'000	Nov-22 £'000	Dec-22 £'000
Covid-19 earmarked reserve	33,522	620	327	379	364	281	524	305	303
Vaccine	2,472	1,053	472	330	372	453	753	749	459
ADP (from Core)	1,700								
Primary Care Improvement Fund	6,585		145	18	167	240	328	244	219
Care homes	817		41	15	599	15	15	15	
Urgent Care Redesign	950	139	110	105	87	76			
Action 15	1,791								167
District Nurses	213								18
Fluenz	18								
Mental Health Recovery & Renewal	3,932	100	122		63		1217		1666
Workforce Wellbeing	196								
Budival	213								
Child Healthy Weight	23								23
Acceleration of 22/23 MDT recruitment	300								
Multi Disciplinary Teams	1,384								
GP Premises	430								
Afghan Refugees	47								
Dental Ventilation	669		72		1	236	80		
Interface care	170			30					
School Nursing	146								
Remobilisation of dental services	313								
Psychological Therapies	264								264
Uncommitted Reserves									
RT Funding	1,500								
Core general reserve	3,402		127	98	524	15	-56		
Core underspend	3,550								
<b>TOTAL</b>	<b>64,607</b>	<b>1,912</b>	<b>1,416</b>	<b>975</b>	<b>2,177</b>	<b>1,316</b>	<b>2,861</b>	<b>1,313</b>	<b>3,119</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	70	70	70
Statutory Compliance	354	228	354
Capital Equipment	229	21	229
Condemned Equipment	0	0	0
<b>Total Community &amp; Primary Care</b>	<b>653</b>	<b>318</b>	<b>653</b>
<b>ACUTE SERVICES DIVISION</b>			
Statutory Compliance	2,041	1,762	2,041
Capital Equipment	1,175	431	1,175
Clinical Prioritisation	128	52	128
Condemned Equipment	103	27	103
QMH Theatre	734	472	734
<b>Total Acute Services Division</b>	<b>4,181</b>	<b>2,744</b>	<b>4,181</b>
<b>NHS FIFE WIDE SCHEMES</b>			
Equipment Balance	0	0	0
Digital & Information	877	877	877
Clinical Prioritisation	52	0	52
Statutory Compliance	1	0	1
Condemned Equipment	0	0	0
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>2,930</b>	<b>877</b>	<b>2,930</b>
<b>TOTAL CAPITAL ALLOCATION FOR 2022/23</b>	<b>7,764</b>	<b>3,939</b>	<b>7,764</b>

<b>ANTICIPATED ALLOCATIONS 2022/23</b>			
QMH Theatres PH2	1,500	0	1,500
Kincardine Health Centre	365	365	365
Lochgelly Health Centre	506	501	506
Mental Health Review	100	31	100
Elective Orthopaedic Centre	13,629	12,287	13,629
National Equipping Tranche 1	1,506	806	1,506
HEPMA	900	267	900
Ferno Trollies	50	0	50
Estates NIB Bid	2,720	1,067	2,720
D&I NIB Bid	1,928	1,063	1,928
National Equipping Tranche 2	914	351	914
LIMS	192	0	192
<b>Anticipated Allocations for 2022/23</b>	<b>24,310</b>	<b>16,738</b>	<b>24,310</b>

<b>Total Anticipated Allocation for 2022/23</b>	<b>32,074</b>	<b>20,677</b>	<b>32,074</b>
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# FINANCE, PERFORMANCE & RESOURCES: FINANCE

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

Capital Expenditure Proposals 2022/23	Pending Board Approval	Cumulative Adjustment to November	December Adjustment	Total December
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	2	70
Statutory Compliance	0	354	0	354
<b>Total Community &amp; Primary Care</b>	<b>0</b>	<b>650</b>	<b>2</b>	<b>653</b>
<b>Acute Services Division</b>				
Capital Equipment	0	800	375	1,175
Condemned Equipment	0	97	6	103
Clinical Prioritisation	0	123	4	128
Statutory Compliance	0	2,041	0	2,041
QMH Theatre	734	734	0	734
	<b>734</b>	<b>3,795</b>	<b>386</b>	<b>4,181</b>
<b>Fife Wide</b>				
Backlog Maintenance / Statutory Compliance	2,396	-2,395	0	1
Fife Wide Equipment	1,407	-1,026	-381	0
Digital & Information	877	0	0	877
Clinical Prioritisation	250	-191	-7	52
Condemned Equipment	100	-100	0	0
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>-3,712</b>	<b>-388</b>	<b>2,930</b>
<b>Total Capital Resource 2022/23</b>	<b>7,764</b>	<b>734</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	365	0	0	365
Lochgelly Health Centre	506	0	0	506
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
Ferno Trolleys	50	0	0	50
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
LIMS	192	0	0	192
<b>Anticipated Allocations for 2022/23</b>	<b>24,310</b>	<b>0</b>	<b>0</b>	<b>24,310</b>
<b>Total Planned Expenditure for 2022/23</b>	<b>32,074</b>	<b>734</b>	<b>0</b>	<b>32,074</b>

**Meeting:** Finance Performance & Resources Committee

**Meeting date:** 14 March 2023

**Title:** Fife Capital Investment Group Report 2022/23

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

**Report Author:** Rose Robertson, Assistant Director of Finance

## 1 Purpose

This is presented to the Finance, Performance & Resources Committee 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 £32.092m 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 £2.6m (£2m per the approved financial plan plus £0.6m further opportunity) 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 Jan 2023 £m</b>	<b>Forecast Outturn £m</b>
Core Capital Resource Limit	7.764	4.221	7.764
Capital to Revenue	2.600	0.000	2.600
Anticipated Allocation	21.728	17.983	21.728
<b>Total Planned Project Expenditure</b>	<b>32.092</b>	<b>22.204</b>	<b>32.092</b>

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

Additional monies have been received during the year, namely QMH Theatre £1.5m, Mental Health Review £0.1m, £2.420m for equipment following successful bids to the national infrastructure and Equipping Board, a further £0.240, secured from Scottish Government in relation to the additional Covid costs incurred on the NTC – Fife orthopaedics project. Last Summer boards were invited by SG to bid for monies available from national capital slippage for backlog maintenance/upgrade projects. NHS Fife were successful in securing £2.7m for backlog maintenance projects, £2.885m for Digital and Information Projects, £0.05m for ICU Trolleys and a further £0.05m for energy pods.

## 2.2 Assessment

Whilst there have been risks associated with supply chain issues, high inflation and continued covid impacts, capital expenditure to January totals £22.204m and is summarised in the table below.

<b>Funding</b>	<b>Annual Budget £m</b>	<b>Spend Jan 2023 £m</b>	<b>Forecast Outturn £m</b>
Statutory Compliance/Backlog Maintenance	5,116	3,452	5,116
Clinical Prioritisation	250	183	250
Capital Equipment	4,028	1,784	4,028
Digital & Information	3,434	2,369	3,434
QMH Theatre Upgrades	1,634	635	1,634
Elective Orthopaedic Centre	12,796	12,088	12,796
HEPMA	1,161	790	1,161
Lochgelly Health Centre	556	503	556
Kincardine Health Centre	417	367	417
Mental Health Review	100	33	100
Capital to Revenue	2,600	-	2,600
<b>Total Planned Project Expenditure</b>	<b>32,092</b>	<b>22,204</b>	<b>32,092</b>

**National Treatment Centre** - The revised operational start date is 20 March, and the project is in line with budget.

**Statutory Compliance/Backlog Maintenance** – The majority of the spend to January 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 additional SG funding and works are underway to ensure completion by March.

**Capital Equipment** – Annual budget includes additional SG funding of £2.5m secured last summer. Most of the total budget is already committed and the remaining budget is on track to spend 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 29 June 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 £2.369m spend to January includes refresh of Telephony core infrastructure and Network Development.

**HEPMA** – The contractual arrangement with the preferred supplier is under review and expected to be signed off imminently 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**

**Rose Robertson**

Assistant Director of Finance

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<b>Meeting:</b>	<b>Finance, Performance &amp; Resources Committee</b>
<b>Meeting date:</b>	<b>14 March 2023</b>
<b>Title:</b>	<b>Tender Process for 2C GP Practices</b>
<b>Responsible Executive:</b>	<b>Nicky Connor, Director of Fife Health and Social Care</b>
<b>Report Author:</b>	<b>Dr Helen Hellewell, Associate Medical Director Lisa Cooper, Head of Services, Primary &amp; Preventative Care Chris Conroy, Immunisation Programme Director Fiona Duff, Primary Care Programme Manager</b>

## 1 Purpose

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

For **assurance** in terms of progress made in terms of remodelling of three of our five Board Managed Section 2C General Practices, towards an outcome of stability and resilience through a process of Tendering to external bids via the procurement process.

This is an important consideration in a wider piece of work that will review the sustainability of general practices across Fife's primary care system to enable a supportive, connective, and proactive response towards the aim of resilience and sustainable service delivery.

**This report relates to a:**

- Emerging issue
- Government policy/directive
- Legal requirement

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

NHS Fife and Fife HSCP continue to experience significant clinical and managerial workforce challenges within Primary Care Services which impact directly on safe and effective service delivery within 2C Board managed General Practices.

There is a requirement to act promptly to safeguard the sustainability of 2c Board managed practices, in a way that is reflective of the individual circumstances of each Practice and that seeks to best support the population needs that these practices serve.

### 2.2 Background

Due to increasing instability within four of five 2c practices, the Director of the Health and Social Care Partnership (HSCP) and the Medical Director for NHS Fife jointly commissioned a programme of work, with two key focuses:

- Appraise the current service delivery position, associated pressures, and risks and put in place immediate actions to support safe service delivery.
- Create a longer-term plan to ensure safe and effective service delivery and ongoing management of 2c practices. The aim being to develop resilience and enhance sustainability across Primary Care Services and anticipating future pressures on General Practice, collectively.

#### Current 2c Practices

In April 2004, a duty was placed on NHS Boards to provide or secure “primary medical services” for their population. When practices experience difficulties or sustainability issues which affect their ability to deliver services for a population, the NHS Board must take action to ensure their delivery, by either:

1. Making arrangements with another 17J or 17c practice (merger or procurement process)

Or

2. Providing the service directly as a 2C practice

Fife HSCP is currently in a position where it holds responsibility to effectively manage and deliver care for five Section 2C Practices, as outlined in table 3 below:

Table 3: 2C GP practices in Fife

GP Practice	Population	2C Contract Start Date
The Links Practice, Burntisland	1872	2016
Linburn Road Practice, Dunfermline	9066	2007

Valleyfield Medical Practice	4090	2019
Kinghorn Medical Practice	3366	2021
Methilhaven Surgery	6200	2022

### Immediate oversight - Primary Care Huddle

A Short Life Working Group was convened in July 2022 with key professional, and management leads in attendance supported by HSCP SLT members with responsibility for delivering Primary Care Services. Coupled with assessment of the risk and pressures across all 2c practices, Daily Primary Care management huddles were immediately stood up in recognition of the significant live risk and pressures across these practices. With representation across the multidisciplinary team, this huddle allows for a clear assessment of current staffing levels across practices, in line with Operational Pressures Escalation Levels (OPEL) descriptors for General Practice, whilst also being empowered to act to re-allocate MDT staff from across Fife HSCP to protect service delivery.

Whilst the introduction of Primary Care huddle has allowed regular MDT review of staffing across 2C practices, there are occasions whereby practices are only providing Urgent Same Day appointments or indeed haven't been able to provide the full range of urgent Same Day appointments, with 3 occasions the practice have unfortunately had to close early. This is indicative of the unsustainable staffing of 2c practices, largely driven by GP vacancies or inability to cover with GP locums.

Work is required to return the current 2C practices to a position of stability and create capacity to support other practices which may come into difficulty.

## 2.3 Assessment

As a result of previously outlined concerns and challenges in supporting these practices, the SLWG assessed and agreed the risks as presented in table 4 below.

Table 4: Risks

RISKS
1. PATIENT SAFETY AND EXPERIENCE
1.1 There is a risk to patient safety due to the potential for delayed access to care and accumulation of care needs as a result of practices only resourced to provide as a maximum same day urgent care service for a sustained period of time
2. QUALITY AND CARE EXPERIENCE
2.1 There is risk of reduced quality of care provision and also reduced capacity for QI work due to the workforce resource planning impact and resource implications meaning reduced access to care and including outstanding long term condition review and medication review
3. WORKFORCE

3.1 There is a risk to staff experience and wellbeing, including access to direct clinical and peer supervision and access to remote support when working autonomously
3.2 There is a risk to staff resilience due to pressured working conditions both directly within practice and also of the professional and management team working relentlessly at a sustained high level of concern to ensure safe access to care and safe staffing levels
4. FINANCE
4.1 There is a risk to further additional spend on a pressured GMS budget aligned to 2C practice delivery due to ongoing workforce challenges
5 ORGANISATIONAL REPUTATION
5.1 There is a risk to organisational reputation due to the ongoing workforce and care access challenges to all 2C practices
6. EFFECTIVE DELIVERY
6.1 There is an ongoing risk to effective service delivery if the current interim mode of delivery continues for the service if no changes are made.
6.2 There is a risk of reduced access to care meaning patients may present elsewhere across the wider system e.g. Urgent Care Services Fife (UCSF), Emergency Department (ED) impacting on wider system effectiveness

The interim actions taken to date to confirm a safe to start position has been tenuous, with GP cover routinely being provided as a late contingency by the Clinical Director (now left post) and/or Associate Medical Director, neither of which can be considered an acceptable enduring solution.

The daily scoring against each of the five practices, which supports the overall OPEL position has also confirmed a position of relative stability within Linburn Road Practice and as such there is no immediate requirement for a new delivery model given their current sustainability.

It's important to recognise also, the financial position in managing these practices under 2C principles largely results in significant cost pressure to the Board. It is important to advise that as Linburn Road Practice was never a 17J or 17C practice, the cost profile for this practice is incongruous to that of the others.

#### Proposal

Through a detailed programme of work which involved, assessment of the individual 2C practice arrangements, the current delivery situation and liaison with the associated Practice Managers, a series of proposed long-term options for the management of the five practices was determined. This work determines that with significantly different circumstances attached to each practice, a 'one size fits all' approach was not appropriate; therefore, the proposal was to align each practice to the most appropriate solution to deliver sustainability services that are reflective of the local need. This multifaceted approach is supported for progression for approval by the Chief Officer of Fife HSCP and the Medical Director of NHS Fife.

As already detailed, given the relative sustainability of Linburn Road it was deemed not necessary to progress an alternative delivery model, meaning it will remain as a 2c practice. In regard to Methilhaven practice, following appraisal and discussion at an operational and strategic level, there is a decision to explore a separate solution given the interest from neighbouring practices to support list management of their practice population.

This process is described as considered collaborative list management (CCLM) with a project group established to explore this and move the practice to a sustainable practice. The CCLM option is not feasible for exploration for the remaining 2c practices detailed within this paper following paper. Progress is being made on taking this option forward with Neighbouring practices, with plans being finalised to allow CCLM to commence in the coming months.

Therefore, this paper will focus on the future delivery model plans for Kinghorn Practice, Links Practice and Valleyfield Practice. Following critical review and appraisal of each option including the benefits and challenges, the SLWG acknowledged the risks together with the most appropriate outcome for each of these three 2C practices. The proposal, which was supported via Fife HSCP SLT, NHS Fife EDG and PMSSC, was to tender to external bids via Procurement Process. Due to the fact that these practices have been unable to attract or retain a sustained clinical workforce and given their geographical proximity to other practices, dispersal of patient's lists has been recognised as not being appropriate course of action at this time. See a summary for each practice below in terms of suitability for tendering:

- Kinghorn Practice has held 2C status since April 2021, there are currently no GPs associated with this practice resulting in daily issues to provide suitable medical cover, the practice premises is in good order.
- Links Practice, Burntisland, has held 2C status since February 2016, however recent changes to the attached salaried GP availability have resulted in increased stability difficulties; the practice premises is in good order and as such this practice has been considered suitable for tender process.
- Valleyfield Practice, High Valleyfield, has held 2C status since September 2019, however the recent resignation of the attached salaried GPs in this practice has exacerbated issues with stability. The practice population has a main concentration within High Valleyfield and the immediate surrounding villages, the closest alternative general practice is at a distance of 3.5 miles; the practice has a large socioeconomically deprived population, any movement out with the immediate area could have an adverse impact on the patient group.

Delivery structures are well established via the 2c Tender Oversight Group to take forward the formal tender processes. The formal aspects of the Tender process have commenced, with notes of interest currently being sought. Following this there will be a period of rigorous assessment and evaluation of any notes of interest, supported via a robust

scoring criteria matrix. Current plans would see any successful bidders commencing the delivery of general medical service by Spring 2023.

Of course, there is no guarantee that each practice will successfully have some tender for the services their practice provides, however assurance is given that the delivery group are developing contingency plans in parallel to overseeing the tender process.

A key aspect of what the delivery team are supporting is regular communication and engagement with staff currently working within these practices and the populations they serve. A detailed communication and engagement plan are in place to make sure staff, citizens and our Health and Social Care system are regularly updated on progress.

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

These plans seek to ensure ongoing effective and sustainable care delivery. Professional leads are closely involved in the work being progressed to provide clinical assurance.

### **2.3.2 Workforce**

Staff including clinical and managerial team members are critical within safe and effective delivery and these recommendations are designed to enhance resilience, supervision, and support to the team. It is realised the outcome of the tender process will have a direct impact on staff employed within the practices and close dialogue is ongoing, with support and guidance from HR and staff side colleagues.

### **2.3.3 Financial**

The delivery of 2C practices is underpinned by General Medical Services budget in line with the national Statement of Financial Entitlement. There are known cost pressures to this budget, with all practices consistently tracking a 10% overspend on respective budgets, largely driven by locum GP costs, with projected overspend for 2022/2023 of approximately £230,000. Finance relating to the MDT resources is subsumed within current HSCP budgets related to their area of service. Any additional spend in relation to these recommendations and costs would require to be subsumed within existing budgets. Assurance is given regarding rigour around financial governance arrangements to clearly track and report on spend.

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

Risks are detailed within the paper with mitigating actions articulated.

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

It can be assured as a minimum a stage 1 EQIA will be completed regarding any decision to be implemented in line with recommendations.

### **2.3.6 Other impact**

N/A

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

HSCP SLT, Primary Care Management team, HSCP AMD, clinical and professional leads, communication, HR and staff side colleagues leads have all been involved in identification of need and creation of plans.

The team has been expanded to include key stakeholders necessary to support effective implementation including NHS Fife Procurement expertise. The LMC will also be engaged with and advised of this proposal prior to any agreement being moved to implementation.

There has been dialogue with other board colleagues who have completed the tender process with 2c practices to understand experiential learning, which has been built into planning.

A detailed communication plan to include workforce, wider general practice, public, elected members, press and media is in place to support any change to service delivery and mitigate risk of adverse publicity.

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

This paper has been created at pace by relevant representatives of NHS Fife and HSCP as members of the 2c Tender Oversight Group. This paper has been supported by the following groups:

- It has been discussed with HSCP SLT members and was supported for progression to NHS Fife EDG.
- NHS Fife EDG 03/11/2022. Paper presented for discussion and endorsement. Recommendations were supported to allow progression to the NHS Fife Primary Medical Services Sub Committee with extra ordinary meeting convened 08/11/2022.
- It was presented for information, discussion and assurance at the Primary Care Oversight Group (PCOG) on 16/11/22.

Reporting regarding progress for assurance and/or escalation will be provided to the PCOG as the work to implement the tender proceeds to conclusion.

## **2.4 Recommendation**

The Finance, Performance & Scrutiny Committee are asked to:

Acknowledge the content within this paper including the risks articulated and the significant work being undertaken within Fife HSCP to plan and deliver services across 2c practices to mitigate risk, ensure safe service delivery and sustainability

Be assured of plans being implemented to tender Kinghorn Practice, Links Practice and Valleyfield Practice to external bids via Procurement Process for GP services.

### 3 List of appendices

None

#### **Report Contact**

Lisa Cooper

Head of Primary and Preventative Care Services

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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 - Deep Dives	<b>Director of Finance &amp; Strategy</b>				✓	✓	✓ Deep Dive – Access to Outpatient, Diagnostic and Treatment Services
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	Deferred to next mtg	✓ Private Session

<b>Governance Matters (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>
Internal Audit Review of Property Transaction Report 2021/22	<b>Internal Audit</b>	<b>As required</b>					
<b>Strategy / Planning</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>
Annual Delivery Plan 2022/23	<b>Director of Finance &amp; Strategy</b>	Postponed (awaiting national guidance)	Private Session	Private Session	✓ Added		Removed
Corporate Objectives	<b>Director of Finance &amp; Strategy / Associate Director of Planning &amp; Performance</b>	✓					
Annual Budget Setting Process 2022/23	<b>Director of Finance &amp; Strategy</b>	Private Session					
Property & Asset Management Strategy (PAMS)	<b>Director of Property &amp; Asset Management</b>		✓	✓ Added			
Orthopaedic Elective Project	<b>Director of Nursing</b>	✓		✓			✓
<b>Quality / Performance</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>
Fife Capital Investment Group Reports 2022/23	<b>Director of Finance &amp; Strategy / Director of Property &amp; Asset Management</b>	✓	✓	✓	✓	✓	✓
Integrated Performance & Quality Report	<b>Exec. Leads</b>	✓	✓	✓	✓	✓	✓
RMP4 / Winter Performance Report	<b>Director of Finance</b>	✓	Annual Delivery Plan has replaced this item				
Labs Managed Service Contract (MSC) Performance Report	<b>Director of Acute Services</b>		✓				

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 – mtg cancelled & 07/12	
Procurement Governance Board	Chair				✓ 29/09		
IJB Finance, Performance & Scrutiny Committee	Chair	11/03 – deferred to next mtg	✓ 11/03 & 29/04	✓ 08/07	✓ 16/09	✓ 11/11	✓ 20/01
Primary Medical Services Committee	Chair			✓ 07/06	✓ 06/09		08/11 - Private Session & 06/12
Pharmacy Practice Committee	Chair	✓ 18/03	✓ 30/05	Ad-hoc Meetings			
Other / Adhoc							
	Lead	10/05/22	12/07/22	13/09/22	15/11/22	17/01/23	14/03/23
Receipt of Business Cases		As required					
Consideration of awards of tenders		As required					
Asset Disposals							
Procurement Governance Board Report No. B18-22	Internal Audit		✓				
Financial Process Compliance Report No. B20-22	Internal Audit		✓				
Audit Report – Post Transaction Monitoring	Internal Audit			✓			

<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				
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>				✓		
Annual Procurement Report 2021/22	<b>Head of Financial Services &amp; Procurement</b>				✓		

<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>
Strategic Planning & Resource Allocation Process 2023/24	<b>Director of Finance &amp; Strategy</b>				✓		✓ Removed – superseded by the work completed for the medium-term financial plan
Ministerial Strategic Group – Delivery Plan	<b>Director of Health &amp; Social Care Partnership</b>					✓	
Tender Process for 2C GP Practices	<b>Medical Director/Director of Property &amp; Asset Management</b>					Deferred to next mtg	✓
Population Health & Wellbeing Strategy – Progress Update	<b>Director of Finance &amp; Strategy</b>					✓	✓
Deep Dive – Medium Term Position	<b>Director of Finance &amp; Strategy</b>					Private Session	
Medium Term Financial Plan 2023 – 2026	<b>Director of Finance &amp; Strategy</b>						✓ Private Session
Re-Financing – PFI Project, Phase 3, VHK	<b>Director of Property &amp; Asset Management</b>					Private Session	
<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>						✓ 30/03/23

**FINANCE, PERFORMANCE AND RESOURCES COMMITTEE**

**PROPOSED ANNUAL WORKPLAN 2023/24**

<b>Governance - General</b>							
	<b>Lead</b>	<b>09/05/23</b>	<b>11/07/23</b>	<b>12/09/23</b>	<b>14/11/23</b>	<b>16/01/24</b>	<b>12/03/24</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>09/05/23</b>	<b>11/07/23</b>	<b>12/09/23</b>	<b>14/11/23</b>	<b>16/01/24</b>	<b>12/03/24</b>
Annual Assurance Statement 2022/23	<b>Board Secretary</b>	✓					
Annual Internal Audit Report 2022/23	<b>Director of Finance &amp; Strategy</b>		✓				
Committee Self-Assessment	<b>Board Secretary</b>						✓
Corporate Calendar / Committee Dates	<b>Board Secretary</b>			✓			
Corporate Risks Aligned to Finance, Performance & Resources Committee	<b>Director of Finance &amp; Strategy</b>	✓	✓	✓	✓	✓	✓
Internal Audit Review of Property Transaction Report 2022/23	<b>Internal Audit</b>	<b>As required</b>					
PPP Performance Monitoring Report	<b>Director of Property &amp; Asset Management</b>				Private Session		Private Session
Review of Annual Workplan 2024/25	<b>Board Secretary</b>					✓ Draft	✓ Approval
Review of General Policies & Procedures	<b>Board Secretary</b>	✓			✓		
Review of Terms of Reference	<b>Board Secretary</b>						✓ Approval
<b>Strategy / Planning</b>							
	<b>Lead</b>	<b>09/05/23</b>	<b>11/07/23</b>	<b>12/09/23</b>	<b>14/11/23</b>	<b>16/01/24</b>	<b>12/03/24</b>
Annual Delivery Plan 2023/24	<b>Director of Finance &amp; Strategy</b>	✓	✓	✓	✓	✓	✓

<b>Strategy / Planning (cont.)</b>							
	<b>Lead</b>	<b>09/05/23</b>	<b>11/07/23</b>	<b>12/09/23</b>	<b>14/11/23</b>	<b>16/01/24</b>	<b>12/03/24</b>
Annual Budget Setting Process 2023/24	<b>Director of Finance &amp; Strategy</b>	Private Session					
Corporate Objectives	<b>Director of Finance &amp; Strategy / Associate Director of Planning &amp; Performance</b>	✓					
Fife Capital Investment Group Reports 2023/24	<b>Director of Finance &amp; Strategy / Director of Property &amp; Asset Management</b>	✓	✓	✓	✓	✓	✓
Financial Improvement and Sustainability Programme Progress Report	<b>Director of Finance &amp; Strategy</b>		✓	✓	✓	✓	✓
Medium Term Financial Plan	<b>Director of Finance &amp; Strategy</b>	✓					
Orthopaedic Elective Project	<b>Director of Nursing</b>	✓		✓		✓	✓
Property & Asset Management Strategy (PAMS)	<b>Director of Property &amp; Asset Management</b>		✓				
Strategic Planning & Resource Allocation Process 2024/25	<b>Director of Finance &amp; Strategy</b>				✓		✓
<b>Quality / Performance</b>							
	<b>Lead</b>	<b>09/05/23</b>	<b>11/07/23</b>	<b>12/09/23</b>	<b>14/11/23</b>	<b>16/01/24</b>	<b>12/03/24</b>
Financial Position – Mid-Year Review 2023/24	<b>Director of Finance &amp; Strategy</b>				✓		
Integrated Performance & Quality Report	<b>Exec. Leads</b>	✓	✓	✓	✓	✓	✓
Labs Managed Service Contract (MSC) Performance Report	<b>Director of Acute Services</b>		✓				
Procurement Key Performance Indicators	<b>Head of Financial Services &amp; Procurement</b>	✓		✓	✓		✓
Tender Process for 2C GP Practices	<b>Director of Health &amp; Social Care</b>	✓					

<b>Annual Reports</b>							
	<b>Lead</b>	<b>09/05/23</b>	<b>11/07/23</b>	<b>12/09/23</b>	<b>14/11/23</b>	<b>16/01/24</b>	<b>12/03/24</b>
Annual Procurement Report 2022/23	<b>Head of Financial Services &amp; Procurement</b>				✓		
<b>For Assurance</b>							
	<b>Lead</b>	<b>09/05/23</b>	<b>11/07/23</b>	<b>12/09/23</b>	<b>14/11/23</b>	<b>16/01/24</b>	<b>12/03/24</b>
Delivery of Annual Workplan 2023/24	<b>Board Secretary</b>	✓	✓	✓	✓	✓	✓
<b>Linked Committee Minutes</b>							
	<b>Lead</b>	<b>09/05/23</b>	<b>11/07/23</b>	<b>12/09/23</b>	<b>14/11/23</b>	<b>16/01/24</b>	<b>12/03/24</b>
Fife Capital Investment Group	<b>Chair</b>	✓ 20/01 & 01/03	✓ 12/04 & 24/05	✓ 05/07	✓ 16/08 & 27/09	✓ 08/11	✓ 13/12 & 24/01
Procurement Governance Board	<b>Chair</b>	✓ 22/02	✓ 26/04	✓ 30/08		✓ 25/10	✓ 28/02
IJB Finance, Performance & Scrutiny Committee	<b>Chair</b>	✓ 20/01 & 17/03	✓ 12/05	✓ 06/07	✓ 15/09	✓ 10/11	TBC
Primary Medical Services Committee	<b>Chair</b>	✓ 07/03	✓ 06/06		✓ 05/09	✓ 05/12	
Pharmacy Practice Committee	<b>Chair</b>	Ad-hoc Meetings					
<b>Other / Adhoc</b>							
	<b>Lead</b>	<b>09/05/23</b>	<b>11/07/23</b>	<b>12/09/23</b>	<b>14/11/23</b>	<b>16/01/24</b>	<b>12/03/24</b>
Receipt of Business Cases		As required					
Consideration of awards of tenders		As required					
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>09/05/23</b>	<b>11/07/23</b>	<b>12/09/23</b>	<b>14/11/23</b>	<b>16/01/24</b>	<b>12/03/24</b>
<b>Development Sessions</b>							
	<b>Lead</b>						
FPR Development Session	<b>Director of Finance &amp; Strategy</b>	c/f 30/03/23					



## NOTES FROM FIFE CAPITAL INVESTMENT GROUP WORKSHOP Wednesday 18 January 2023 at 2 pm on Teams

### Present:

Neil McCormick, Director of Property and Asset Management (NMCC) (**Chair**)  
Alistair Graham, Associate Director of Digital & Information (AG)  
Ben Johnston, Head of Capital Planning/Project Director (BJ)  
Benjamin Hannan, Director of Pharmacy & Medicines (BH)  
Chris McKenna, Medical Director (CMcK) (joined at 3.10 pm)  
Claire Dobson, Director of Acute Services (CD) (left at 3.30 pm)  
Jim Rotheram, Head of Facilities (JRo)  
Margo McGurk, Director of Finance & Strategy (MMcG) (joined at 2.10 pm)  
Maxine Michie, Deputy Director of Finance (MM)  
Paul Bishop, Head of Estates (PB)  
Rose Robertson, Assistant Director of Finance (RR)

### In Attendance:

Morwenna Wood, Consultant Nephrologist, Renal Medicine (MW) (left at 3.30 pm)  
Lisa Cooper, Head of Primary & Preventative Care Services, Primary Care (LC)  
Rona Laskowski, Head of Complex & Critical Care Services (RL)  
Andrea Barker, PA  
Kerrie Donald, Interim Finance PA

<b>1.</b>	<b>WELCOME AND APOLOGIES</b>  NMCC welcomed those present to the Workshop which will be based around the availability of capital and what our priorities will be for next year.  Apologies were received from: <ul style="list-style-type: none"><li>· Carol Potter, Chief Executive</li><li>· Janette Keenan, Director of Nursing</li><li>· Tracy Gardiner, Capital Accountant</li><li>· Lynne Garvey, Head of Community Care Services, General Mgmt, DWF CHP</li></ul>	
<b>2.</b>	<b>THE PRIORITISATION OF CAPITAL FUNDS FOR 2023/23 AND BEYOND</b>  This year, there has been significant spends of capital which amounts to £31m, with a significant amount of this spent on the NTC - Fife Orthopaedic build.	

## **Health & Wellbeing Strategy**

As a Board, it is important that we look at whole systems thinking and working. Scottish Government (SG) is looking at what NHS Fife does collectively as a board and how we prioritise this across the system as a whole.

### **Anchor Institution**

There are demands on us, as a Board, around how we best use our facilities to better effect to support communities as well as reducing environmental impact.

Buying, selling and the re-use of goods across Fife and the circular economy, waste etc are also important priorities.

In terms of the Strategy, priority areas include:

- Improving health and wellbeing
- Improving the quality of health and care services
- Improving staff experience and wellbeing
- Delivering value and sustainability

On the annual Property & Asset Management Strategy (PAMS), we will use these 4 themes to ensure that we link what we are doing in Property and Asset Management into the wider Health & Wellbeing Strategy.

Moving forward into next year, however, we will have very constrained capital and revenue budgets and will all have to be mindful when prioritising limited resources.

Competing demands include:

- Digital
- Equipment
- Construction/backlog
- Climate Emergency

### **Whole System Strategy**

In terms of Whole System Strategy and Whole System Thinking we have:

- Primary Care
- Community & Mental Health
- Acute

All of our strategies must be linked together in terms of:

- Primary Care
- Community Hospitals
- Mental Health
- Acute sites and services

The principles we must consider in terms of capital investment include:

- Maintain and/or reduce our revenue costs
- Minimise capital costs

- Meet expectations rather than exceeding them
- Agile working throughout the organisation by using office space more effectively
- Pragmatic and thoughtful around how we are prioritising and delivering projects
- Dependencies especially around some of our Acute work
- Medical devices - taking stock and replacement programme over the next 5 years. By June 2023, a 5-year plan will be in place which will assist with attracting funding from SG for equipment
- Be thoughtful on how we manage the process around additional funding sources received from SG

### **Capital & Investment Requirements**

#### **a) Primary Care**

In terms of existing premises, we have had a programme of improvement to increase the amount of clinical space of around £2m this year. However, where practices are failing, there may be a requirement to purchase buildings from Primary Care, something we may need to factor into our planning moving forward.

Kincardine & Lochgelly Business Cases - we are waiting to hear from SG around funding.

The Strategic Programme for Primary Care is around developing a Sustainability Strategy particularly around the larger population centres in Fife; Dunfermline, Glenrothes and Kirkcaldy and how we take this forward. This may include co-location with Fife Council, the use of existing buildings or modernising existing facilities. Population migration is increasing in these particular areas and services are already stretched, becoming problematic over the next 5 to 10 years.

#### **b) Mental Health**

Immediate priorities include the allocation of £1m of revenue to the Anti-Ligature Programme.

Our inpatient and community Mental Health facilities need to be improved and, therefore, we need to update the Mental Health Strategy and deliver the Business Case to enable appropriate mental health facilities within Fife.

Mental Health short-term spend is required, however, in the longer-term, a Business Case will be developed and we must ensure that SG and our own expectations are matched around this and how this can be phased in over a number of years to make it viable.

#### **c) Community Hospitals**

There is no Strategic Plan in place at the moment, however N Connor is overseeing a Community Hospital Strategy at the moment looking at the number of beds and the services that we are providing. From this we can identify where we need to invest.

#### **d) Acute Services**

In terms of site optimisation, the SLT in Acute have a list of priorities:

- Ward 24 - Gynae
- Dermatology
- Haematology

- Orthopaedic Offices
- Gynae Outpatients at QMH

There are another 14-16 identified priorities which are not included but will be included in the on-going Master Plan for the VHK and QMH sites.

Projects In development include:

- QMH Theatres in Phase 1
- NTC - Fife Orthopaedics

There are desires to increase further potential development of QMH Theatres to increase elective capacity.

The Strategic Programme for this is the Acute Services Strategy, Site Development and Options Framework which we have Architects working on at the moment regarding improvements to the VHK site.

#### e) **Climate Emergency**

Money is being spent in investing in:

- LED lighting
- Electrifying of our fleet by 2025 as SG commitment
- Energy Decentralisation Project at Cameron Hospital – to move away from gas, oil and carbon based fuels to look at if we heat buildings with heat pumps which has been funded by a government grant.
- STACH Pilot Project - grant from Scottish Futures Trust to identify what the solution may be.
- Longer term, consider a heat network or wind turbines we could potentially share with St Andrews University.

At the moment, Net-Zero Road Maps are being developed for all of our sites so we can identify how we can deliver Net Zero on our sites by 2038 and 2040.

There will be costs involved with this over the years and is a priority based on strict Government targets and we need to show progress.

#### f) **Pharmacy Robotics**

A key area for this is the modern delivery of medicine and how we develop this across all of our sites. There is a requirement to determine potential areas to be released and repurposed on both the VHK and QMH sites. This will be inter-twined with other moves across Acute Services.

#### g) **Office Space**

The utilisation of office space within NHS Fife is quite low. Existing hybrid working practices are in place in some areas and where offices are being used less of the working week. This will give us the potential to have more people in less space which could free up areas for alternative use.

Having a Flexible Work Location Policy is key. This will enable principles to be set for the use of office space as people are 'territorial' around office space resulting in inefficient use.

## h) Digital

Existing commitments include:

- Lifecycle of existing infrastructure and systems on-going

Projects in progress include:

- HEPMA
- LIMS
- eRostering

Primary Care

GP IT re-provisioning will be with us fairly imminently in terms of the replacement of the GP IT System. Although helpful for the GPs in practice, it will be more beneficial to the multi-disciplinary teams in particular Pharmacy Services and will avoid logging into individual practice systems. It also promotes where we see patients as this may not always be in a GP practice and there are several options there.

Strategic Planning

Continue and craft the Paperlite/EPR development in a way that is affordable to support clinical decisions as we cannot move paper health records quickly enough across the system to match the demands and the movement of the patient.

## i) Equipment

Immediate priorities include:

### Year 1: 2022/23

	£'000	£'000
Core replacement	1,407	
Endoscopy Ph 1 of 2	389	
Condemned Replacement	100	1,896
NIB Tranche 1	1,506	
NIB Tranche 2	914	2,420
<b>Total</b>		<b><u>4,316</u></b>

### Top Slicing of 2023/24

	£'000	£'000
Dental Chairs	174	
Pharmacy Isolator	39	
Endoscopy Ph 2 of 2	893	
<b>Total</b>		<b><u>1,106</u></b>

Endoscopy Phase 2 of 2 (£893k) demonstrates the Scope replacement and this was identified as having not been on the wider Capital Equipment planning horizon. This is a control weakness that has been identified that we need to strengthen in terms of a wider strategic Medical Devices Committee. Ultimately, later on in the financial year, we have identified the significant risk of this and have managed to roll out Scope replacement in 2 phases.

The Top Slicing required from the 2023/24 Plan is the second phase of the Scope replacement. Replacement of dental chairs and the pharmacy isolator both have significant delivery lead times which means that we can start from this financial year to ensure that we are aligned with governance arrangements and delivery lead times. Approval has been granted to proceed on this basis.

Identified Pipeline of Replacements demonstrate what the FCIG has managed to gather from the respective services and departments which shows a wide variation:

	£'000
2023/24 Replacement Plan Wish List	6,498
Medium-term Priorities (5 years)	
2024/25 Replacement Plan Wish List	4,729
2025/26 Replacement Plan Wish List	959
2026/27 Replacement Plan Wish List	2,757
Longer-term Priorities (>5 years)	
2027/28 Replacement Plan Wish List	76

Clearly, this is not a very robust plan and demonstrates that we focus on the much shorter-term than planning wider into the medium-term and beyond.

The 5-year Plan will require a lot of work which we are looking to take forward with the support of the Fife Capital Equipment Group and also the Fife Capital Investment Group.

#### Strategic Programme – Medical Devices Group

For a number of statutory reasons, we are required to be able to identify medical equipment which relates to patient care and patient journeys.

We are looking to replace our equipment database with a more up-to-date and more robust eEquip.

NHS Fife has been given support nationally to go onto the eEquip platform. This system will easily identify when equipment is planned for replacement and will avoid or reduce uncertainty moving forward.

#### j) **Statutory & Backlog Maintenance**

Immediate priorities include:

- Making safe
- Prioritising action against the 'red' risks that we have across our estate

Projects in progress include:

- Replacement of lifts at QMH
- Waterproof material on North Labs
- Upgraded the Hospice
- Steam decentralisation which has made a great difference to maintenance requirements as well as making the whole estate safer for all

Strategic plans over the medium-term include:

- Boilers at Cameron Hospital

Strategic plans over the longer-term include:

- Site rationalisation of our bigger sites at Stratheden, Lynebank and Cameron Hospitals. Possibly Whyteman's Brae too, however, we have to be clear around what we are doing around mental health and the community hospital sites to allow for cost savings and other opportunities which might arise around this.

k) **Other Strategic Developments**

- Teaching Health Board status
- Medical education and on-call accommodation
- Agile working
- Staff Wellbeing Hubs
- Decontamination

NMcC spoke of the proposed Dermatology move from Phase 1 to the Tower Block which will potentially become vacant once Orthopaedics comes out of the Tower Block. A link diagram, prepared by BJ, identifies and gives an understanding of the complexities and the inter-dependency around moves and projects.

l) **Potential Capital Allocation 2023/24**

Typically we receive £7.764m.

If we look at all the things we have top sliced, we have already committed £3m of next year's allocation which leaves £4.7m of capital left for next year. We must be clear of our priorities moving forward.

**Questions/Comments:**

**Funding Projections**

AG - The national Capital Allocation process is dependent on single year allocations which have a major impact on execution.

MMcG - In terms of funding, SG only look for one-year plans as they set one-year budgets.

Alan Morrison and SG team are projecting what the needs/potential asks are from whole system, medium-term plans. SG awaiting confirmation of UK budgets to determine what they will be able to allocate.

**Mental Health**

RL - In terms of weighting and scoring, there is a requirement to reflect statutory requirements in terms of equalities, health & safety and reputational risk within the Mental Health Inpatient Estate a real and present risk to patient safety has been identified as listed on all the Corporate Risk Registers. To have this and potentially not address it or delays to addressing it by way of prioritising funds elsewhere there must be very clear evidence of the decision making process to support the decision.

## **Primary Care**

LC – Risk is a huge part of the decision making process within Primary Care and in line with the Population Health & Wellbeing Strategy and is critical for the delivery of priorities. Risk must play a part in the decision making process around the allocation of available funding.

## **Acute Services**

CD – How we prioritise and how we score is important alongside risk.

Dermatology has been on the cards now for around 10 years and there is significant risk attached around this project. The environment in which we are delivering dermatological care is sub-optimal and we are exposing staff to carcinogenic fumes whilst carrying out specific procedures so risk is really important alongside how we score.

The development point v's delivery funding is something we are more aware of. We need to deliver big schemes that will enable sustainable change across the whole organisation. This needs to be about long-term sustainable change.

Business Case with neutral or savings revenue implications - yes we should where we can.

## **Projects**

BJ - Bigger projects will be funded from a separate pot of money once approved by SG.

For the smaller projects, we must cut our cloth accordingly and ensure that the £4m of available funding is allocated appropriately.

As we move forward, we look to design one or two projects 'on the shelf' so that when funding becomes available they are ready to deliver them.

From an Acute point of view we need to look for a way to support one or two of the projects and then agree to how we split the balance of the money.

## **Medical Education**

MW - Would like group medical education as part of the strategic aim of being a teaching Health Board rather than with overnight accommodation although the two might be related.

Question - How do we score pan-Fife applications as medical education sits within all multi-disciplinary domains.

Question (MW) - How do we ensure that the decisions made are transparent to the rest of the organisation as it is critically important to forward planning eg medical education in a community hospital setting.

Response (NMCC) - In terms of rationalisation at Cameron Hospital for example, there are a lot of empty buildings on the site and there are buildings 'not fit for purpose' and poorly used eg Cameron House. There are fantastic clinical services on the site eg Sir George Sharp Unit. Our Estates team for Glenrothes & NE Fife are based there along with a number of various wards and departments.

Fundamentally, we are looking to make it a more coherent site in order to provide better staff facilities, looking at reducing rates etc around crumbling buildings that are not fit for purpose.

In terms of transparency, minutes are taken at this meeting which go to the FP&R Committee which in turn reports into Fife Health Board and minutes will be on NHS Fife website forming part of committee papers.

We can look at a way of explaining what we are doing wider to the organisation. This is something we have been working up to over the past few years in the sense that previous to this there were allocations of money which was divided into separate departments and those teams individually decided on what their priorities were as opposed to what the priorities are across the wider organisation which allows for Medical Education for example to figure as part of these discussions.

CD - Managing expectation for our workforce as we have had significant capital monies over the past few years with Covid-19 playing a large part in covering funding around some of our asks however, this is not going to feature as we move forward. We have to realise that we will not be able to do everything and it will be around choices.

**To Summarise:**

MM – Over the last 2 years £17m extra funding has come into Fife. Next year we are down to just over £7m. There is slippage this year and this is why it has been top sliced next year as we have to deal with it this year.

We must life cycle equipment which will take a part of our capital allocation from the onset.

Expectations will have to be managed with good criteria in determining what the major or smaller projects are whether it be partnership territory, health retained territory or pan-Fife territory it is what brings the best benefit to Fife.

MMcG – we need to continue to create compelling Business Cases to support what we need to do and we need to at an organisational level and with our partners agree the priorities and the phasing of the priorities with each other. There is quite a bit of housekeeping to be carried out around the basics.

All directorates should be represented at FCIG. The involvement of colleagues throughout the organisation who have direct service knowledge and engagement is welcomed and we need to involve and hear these voices to improve transparency because this has to be service led and based on priorities we agree.

In terms of Agile Working re-provision of existing estate has to be picked up as a key priority to enable us to have options to use what we have in a potentially different way.

**Following discussion:**

- Does it meet the aims of our Health & Wellbeing Strategy and have we identified the risk
- An Agreement must be reached, involving all services through the FCIG, on an approved set of criteria
- There must be Risk Scoring of key priorities - how do we weigh up the risk

	<ul style="list-style-type: none"> <li>• 20/25 Datix scoring will only be considered</li> <li>• Consideration must be given to the impact on the organisation as a whole including the Acute, Community, Medical Education, Mental Health and Primary Care services along with what is best for the population of Fife</li> <li>• Priority to be given to keeping all sites safe</li> <li>• We must aim to maintain and/or reduce revenue costs and aim to meet expectations rather than exceed them</li> <li>• Maximise capital costs of bills</li> <li>• When considering our options, there must be a return on investment</li> </ul> <p><b><u>Moving Forward</u></b></p> <p><b>ACTION</b> - NMcC and BJ to meet to agree on the way forward around the prioritisation of funding allocations for next year and bring back to the next FCIG meeting.</p> <p><b>Agile Working</b></p> <p>(a) We should be utilising existing office space more effectively  (b) We must agree a local set of criteria through an Agile Working Policy for implementation throughout the organisation  (c) A blended working approach is preferred across the organisation, where possible</p> <p><b><u>Moving Forward</u></b></p> <p><b>ACTION</b> - MMcG and David Miller, Head of Workforce meet to discuss Agile Working practices within the organisation</p>	<p><b>NMcC/ BJ</b></p> <p><b>MMcG/ DMiller</b></p>
3.	<p><b>ISSUES FOR ESCALATION TO EDG</b></p> <p>3.1 None.</p>	
4.	<p><b>ANY OTHER BUSINESS</b></p> <p>4.1 None.</p>	
5.	<p><b>DATE OF NEXT FCIG MEETING</b></p> <p>The next FCIG meeting will take place on Wednesday 1 March 2023 at 10 am on Teams.</p>	

Neil McCormick  
Director of Property & Asset Management

NMcC/AB

**MINUTES OF THE PRIMARY MEDICAL SERVICE SUB-COMMITTEE HELD ON TUESDAY, 6 DECEMBER 2022 HELD BY TEAMS**

**PRESENT:**

Mrs N Taylor (NT) (Chairperson)	Dr H Hellewell (HH) for Dr C McKenna
Dr F Henderson (FH)	Dr S Lim (SL)
Mrs M McGurk (MM)	Dr S Mitchell (SM)

**IN ATTENDANCE:**

Mr C Conroy (CC)	Mrs R Robertson (RR) for Mr C Sharkey
Miss D Watson	

<b>NO</b>	<b>HEADING</b>	<b>ACTION</b>
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**34/22 CHAIRPERSON'S WELCOME AND OPENING REMARKS**

The Chair welcomed the Committee members.

**35/22 DECLARATION OF MEMBERS' INTERESTS**

It was noted that Dr Henderson would leave the meeting for the Improvement Grant items relevant to her practice 40/22b(i&ii).

**36/22 APOLOGIES FOR ABSENCE**

Apologies were received from Dr C McKenna, Ms L Neave & Mr C Sharkey

**37/22 MINUTES OF PREVIOUS MEETING**

- a) The minute of the meeting held on 6 September 2022 was acknowledged and agreed as a true record of proceedings.
- b) The minute of the extraordinary meeting held on 8 November 2022 was acknowledged and agreed as a true record of proceedings with the following amendments: -
  - Item 4, Page 2, Bullet point 5 – should read “High Valleyfield” not “Methilhaven”; and
  - Item 4, Page 4, Paragraph 4 – should read “will” in place of “could”.

**38/22 MATTERS ARISING – ACTION POINTS**

a) Table of Actions

- |       |  |
|-------|--|
| 06/22 | RR reported she would discuss wound management with Audrey Valente later this week. It was thought the CFO would fund any overspend. RR confirmed a resolution would be brought to this Committee so the item could be closed off. |
|-------|--|

SM stated she was not happy with the budget remaining in general practice as practices had no control over the items CTAC staff prescribed and this was a financial risk to practice budgets.

RR advised that one of the options she was looking at was moving wound management out of the GP prescribing budget, but that any overspend would be budget matched.

She assured the Committee that this item would be brought back to the Committee before any actions were made in the financial ledgers.

16/22a Letter to practices regarding restart date for LES's sent 14 September 2022

21/22 HH confirmed where locums were hosted was still ongoing and an update would be provided for the next meeting.

HH/CM

27/22b To be discussed under agenda item 38/22b

29/22 CC agreed to look into whether flu payments would be included in the global sum so that an update could be sent to practices.

CC

30/22 NT confirmed form PREM2 was sent annually to GP practices to confirm that their private income was under 10%.

b) Registration Advice – Levenmouth Cluster

NT advised that the Committee had received a letter from Levenmouth Cluster applying for a further extension to the guidance allowing them to refuse new patients as two practices were unable to recruit to replace retired GPs and Methilhaven Surgery's issues were still unresolved. The Cluster fear it would cause further destabilisation in the area if the unrestricted movement of patients in the area was to resume.

SM confirmed that the LMC fully supported this application and would be exceptionally unhappy if this was rescinded.

HH advised that the Levenmouth Cluster is probably less stable now than it was when they first applied. She asked if the extension could be extended to June rather than March as this would coincide with the proposed timescale for Methilhaven and help stabilize the Cluster.

c) Newburgh Surgery – Closed List

NT advised the Newburgh Surgery had applied for approval of a phased reopening of their list as they were concerned they would have a huge influx of patients due to new housing nearing completion in Abernethy.

FH felt the request for reasonable as the practice has struggled for a long time with the cross boundary cover. She felt the practice were actively seeking a positive solution despite the fact that they are losing another partner.

FH confirmed she would be in favour of a phased reopening though was not sure what that would involve.

HH advised that she was in favour of a managed approach to the practice reopening their list. She also confirmed that the number of patients that had been diverted to either Tayside or Auchtermuchty has been very small.

NT to contact practice to give them the feedback from today's meeting and to discuss what would work best for them when reopening their list. She would also agree a review date with the practice to check the reopening process was satisfactory.

**NT**

### **39/22 PMS EXPENDITURE BUDGET**

RR advised the PMS annual budget stands at £63m and we are still awaiting news of an uplift.

She confirmed that for the first seven months there was an overspend of £31k, which included an overspend of £131k on the 2c practices.

SM advised that the LMC was very unhappy that the budget for 2022/23 was less than last year's budget, with the cost of living increases this could lead to the destabilisation of practices. She acknowledged it was not the Boards fault but wanted the LMC's view noted for the record.

MM stated that the structure of this report was to be reviewed by herself and RR, especially around premises and sustainability.

**MM/RR**

### **40/22 IMPROVEMENT GRANTS (IGS)**

a) Summary of Improvement Grants for 2022/23 as at 30 November 2022

NT confirmed that LN was chasing up practices that had received approval for an IGS but had not yet submitted their claim to ascertain whether they were still planning to claim for the funding. This could free up monies for any applications received before the end of this financial year.

SM advised that owner/occupier practices had to pay one third of any grant and there probably would be a good number who would not be able to afford to go ahead with their projects.

NT stated she would look at NHS Fife's IGS procedures and the criteria for an IGS as she believed there could be flexibility around how much practices were asked to contribute.

**NT**

b) New Applications

FH left the meeting for items 40/22b i&ii

i. Howe of Fife Practice, Ladybank – flooring (retrospective application)

NT stated that this application had been referred to the Committee for two reasons, firstly the grant was over £5k and secondly the application had been made retrospectively, which is not the normal process.

NT advised that there had been a change of management at the practice and the new manager had been unaware that she needed approval in advance as the practice had been given retrospective approval for a previous project.

NT asked if the Committee would be supportive of this application.

SM felt that if there was enough money in the budget it should be approved as flooring is a clinical issue and incorrect flooring is highlighted during practice inspections.

She also advised that this budget was ringfenced for improvement grants and that any underspend was carried forward to the next financial year.

RR suggested that as the year end IGS budget position was unclear that this application should be approved in principle until she could review the budget.

**RR**

The Committee agreed that this application should be approved in principle.

- ii. Howe of Fife Practice, Ladybank – replacement windows

This item would depend on the funding available, but may have to move to the next financial year.

#### **41/22 APPLICATION FOR FUNDING – DR MCKENNA & PARTNERS, KIRKCALDY**

NT advised that Dr McKenna & Partners had ask for funding approval to provide acupuncture. They confirmed they had a new member of staff who had previously provided this service at North Glen Medical Practice, for which the practice received remuneration from the Board.

HH confirmed there was not a LES for this service and that a number of services provided by practices were historical and were due to the practice being fundholding or 17c and would therefore not translate to another practice. She also felt there was not enough information provided to make a decision.

SM advised she provides acupuncture to her patients and was not aware of any payment mechanism. She agreed with HH that this was historical and that approving this could lead to a influx of practices applying.

NT to contact the practice to have a discussion on their funding request.

**NT**

#### **42/22 ROUTINE REPORTING**

The entry for Dr Craig Morris should read that he leaves North Glen on 31 March 2023.

The Committee noted the content of the report.

#### **43/22 AOCB**

SM asked the Committee what the Board's position was on sustainability loans that were coming in this late.

NT advised that practices could put in applications and that the Board would not dissuade a practice from applying and she saw no reason why any application would not be supported by the Board.

**44/22 DATE OF NEXT MEETING**

The next meeting will held on Tuesday, 7 March 2023

The remaining dates for 2023 are 6 June, 5 September and 5 December  
all meetings are at 1pm.

Unconfirmed