

NHS Fife Finance, Performance & Resources Committee

Tue 11 July 2023, 09:30 - 12:00

MS Teams

Agenda

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

0 min

Verbal *Alistair Morris*

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

0 min

Verbal *Alistair Morris*

09:30 - 09:35 3. Minutes of Previous Meeting held on Tuesday 9 May 2023

5 min

Enclosed *Alistair Morris*

 Item 03 - Finance Performance Resources Committee Minutes (Unconfirmed) 20230509.pdf (6 pages)

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

0 min

Enclosed *Alistair Morris*

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

09:35 - 10:20 5. GOVERNANCE MATTERS

45 min

5.1. Annual Internal Audit Report 2022/23

Enclosed *Maxine Michie*

 Item 5.1 - SBAR Annual Internal Audit Report 2022-23.pdf (4 pages)

 Item 5.1 - Appendix 1 Annual Internal Audit Report 2022-23.pdf (47 pages)

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

Enclosed *Pauline Anne Cumming*

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

 Item 5.2 - Appendix 1 NHS Fife Corporate Risk Register FP&R.pdf (5 pages)

 Item 5.2 - Appendix 2 Risk Assurance Principles May 2023.pdf (1 pages)

5.2.1. Deep Dive: Bank & Agency Spend

Enclosed *Kevin Reith*

 Item 5.2.1 - SBAR Deep Dive Bank & Agency Spend.pdf (4 pages)

5.3. Delivery of Annual Workplan

Enclosed *Gillian MacIntosh*

 Item 5.3 - Delivery of Annual Workplan.pdf (4 pages)

10:20 - 10:45 **6. STRATEGY / PLANNING**

25 min

6.1. Annual Delivery Plan 2023/24

Enclosed Carol Potter

- 📄 Item 6.1 - SBAR Annual Delivery Plan.pdf (4 pages)
- 📄 Item 6.1 - Appendix 1 Annual Delivery Plan.pdf (61 pages)

6.2. Financial Improvement and Sustainability Programme Progress Report

Enclosed Maxine Michie

- 📄 Item 6.2 - SBAR Financial Improvement and Sustainability Programme Progress Report.pdf (6 pages)

10:45 - 11:20 **7. QUALITY / PERFORMANCE**

35 min

7.1. Integrated Performance & Quality Report

Enclosed Exec Leads

- 📄 Item 7.1 - SBAR Integrated Performance & Quality Report.pdf (4 pages)
- 📄 Item 7.1 - Integrated Performance & Quality Report.pdf (16 pages)

7.2. Financial Performance & Sustainability Report

Enclosed Maxine Michie

- 📄 Item 7.2 - SBAR Financial Performance & Sustainability Report.pdf (8 pages)

11:20 - 11:25 **8. LINKED COMMITTEE MINUTES**

5 min

8.1. Fife Capital Investment Group held on 19 April 2023 (confirmed) & 26 May 2023 (unconfirmed)

Enclosed

- 📄 Item 8.1 - Fife Capital Investment Group Minutes 19 April 2023 (confirmed).pdf (5 pages)
- 📄 Item 8.1 - Fife Capital Investment Group Minutes 26 May 2023 (unconfirmed).pdf (5 pages)

8.2. Procurement Governance Board held on 28 April 2023 (unconfirmed)

Enclosed

- 📄 Item 8.2 - Procurement Governance Board Minutes 28 April 2023 (unconfirmed).pdf (4 pages)

8.3. IJB Finance, Performance & Scrutiny Committee held on 17 March 2023 (confirmed)

Enclosed

- 📄 Item 8.3 - IJB Finance, Performance & Scrutiny Committee Minutes 17 March 2023 (confirmed).pdf (8 pages)

8.4. Primary Medical Services Sub-Committee held on 6 June 2023 (unconfirmed)

Enclosed

- 📄 Item 8.4 - Primary Medical Services Sub-Committee Minutes 6 June 2023 (unconfirmed).pdf (7 pages)

8.5. Pharmacy Practice Committee held on 31 May 2023 (unconfirmed)

Enclosed

 Item 8.5 - Pharmacy Practice Committee Minutes 31 May 2023 (unconfirmed).pdf (25 pages)

11:25 - 11:30 **9. ESCALATION OF ISSUES TO NHS FIFE BOARD**
5 min

9.1. To the Board in the IPQR Summary

Verbal *Alistair Morris*

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

Verbal *Alistair Morris*

11:30 - 11:30 **10. ANY OTHER BUSINESS**
0 min

11:30 - 11:30 **11. Date of Next Meeting: Tuesday 12 September 2023 at 9:30am via MS Teams**
0 min

Unconfirmed**MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING
HELD ON TUESDAY 9 MAY 2023 AT 9.30AM VIA MS TEAMS****Alistair Morris**
Chair**Present:**

A Morris, Non-Executive Director (Chair)	J Keenan, Director of Nursing
W Brown, Employee Director	M McGurk, Director of Finance & Strategy
A Grant, Non-Executive Director	J Tomlinson, Director of Public Health
Cllr D Graham, Non-Executive Director	C Potter, Chief Executive
J Kemp, Non-Executive Director	C McKenna, Medical Director

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
D Miller, Director of Workforce (*for item 5.2.1 only*)
H Thomson, Board Committee Support Officer (*for item 5.3 only*)
K Booth, Head of Financial Services & Procurement (*for item 7.2 only*)
K Donald, Executive Assistant to the Director of Finance & Strategy (*minutes*)

Chair's Opening Remarks

Members were advised that the meeting would be recorded via MS Teams to aid production of the minutes.

1. Apologies for Absence

Apologies were noted from A Lawrie, Area Clinical Forum Representative.

2. Declaration of Members' Interests

There were no members' interests to declare.

3. Minute of the last Meeting held on 14 March 2023

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 Finance, Performance & Resources Committee Annual Statement of Assurance 2022/23

The Head of Corporate Governance & Board Secretary introduced the report, noting that each committee prepares an annual statement of assurance reflecting on the committee's business over the year. The paper will go to the Audit & Risk Committee, followed by the Board, to give assurance that the Committee has undertaken and delivered on all aspects of its remit. The Head of Corporate Governance & Board Secretary highlighted the paper will be included in the Committee's own induction pack, currently being created for new members, as it presents a good summary of the range of business the committee reviews annually.

Following a suggestion from A Grant, Non-Executive Director, members agreed that the language within section 4.2 be reviewed and updated.

Action: Head of Corporate Governance and Board Secretary

The Chair thanked the Head of Corporate Governance & Board Secretary for drafting such a comprehensive statement of assurance.

The Committee **approved** the report.

5.2 Corporate Risks Aligned to Finance, Performance & Resources Committee

The Director of Finance & Strategy presented the corporate risk paper, highlighting that in relation to risk 13, NHS Fife received additional resources from Scottish Government and confirmed NHS Fife brokerage requirement for the year ended 31 March 2023 was £9.7m. A number of corporate risks previously held a target date of 31 March 2023; however, a number of the risks are complex and will not be fully mitigated or resolved by this timeframe and as a result, target dates have been changed to reflect this within the paper.

The Director of Finance & Strategy further highlighted that following discussion the Executive Directors' Group, it was agreed the next iteration of the corporate risks paper would propose a refinement to the levels of assurance to indicate whether we can offer substantial, reasonable, limited or no assurance on risk mitigation. It was noted including this refinement to the level of assurance will align with how the internal audit team report on audit recommendations.

The Chair agreed the refinement of assurance levels would bring more clarity on the levels of assurance which can be taken in relation to risks presented.

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

5.2.1 Deep Dive – Bank & Agency Work

The Director of Workforce joined the meeting and presented the bank and agency deep dive paper, noting the Bank & Agency Programme Board has been established and is reviewing the use of bank and agency staffing arrangements. The programme board is also working with the services to help develop a model of operation to reduce bank and agency spend within the financial year.

Following a query from the Chair, it was noted that bank staff represent a necessary resource for the NHS, and fill gaps within the service which naturally arise through annual and other leave from substantive staff.

The Committee discussed the feasibility of removing all off-framework agency staff by the national deadline of 1 June 2023. The Director of Workforce highlighted this adjustment in agency work will be a culture change for Scotland and noted NHS Fife will continue to provide a full risk assessment to ensure staff and patient safety is maintained.

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

After discussion, it was agreed the deep dive at the July committee meeting would revisit 'Bank and Agency Spend'. The September committee meeting will have a deep dive on 'Reviewing Critical Pathways'.

5.3 Review of General Policies & Procedures

The Board Committee Support Officer joined the meeting and presented the paper, highlighting an increase in updated general policies since the last paper to the Committee. It was highlighted that since the time of writing the report, a new Corporate Communications Policy has been submitted to the General Policies Group. This policy has been written to replace all existing communication policies including on-line communications and the all-staff email policy.

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

5.4 Delivery of Annual Workplan 2023/24

The Director of Finance & Strategy presented the paper, noting the deep dives were pre-populated before this meeting, however they will be updated to reflect the agreement to prioritise the bank and agency review. After discussion, it was agreed that the carry-forward deep dive from 2022/23 'Primary Care Premises Strategy and the findings of this review' would also be reviewed at the Committee's September meeting.

The Director of Finance & Strategy further highlighted the 'Financial Position – Mid-Year Review 2023/24' agenda item will take place at the September 2023 Committee, instead of November 2023, and will be based on the month 5 position. The Committee agreed to the noted changes to the workplan, which will be updated appropriately.

Action: Director of Finance & Strategy

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

6. STRATEGY / PLANNING

6.1 Corporate Objectives 2023/24

The Director of Finance & Strategy presented the paper, highlighting that this is being presented at all committees to gain feedback from members on whether the selected corporate objectives represent the appropriate areas of focus and are what members expected to see this financial year based on the current context and future outlook.

The Chair noted his approval of the objectives and requested members to provide any specific feedback directly to the Director of Finance & Strategy.

The Committee took **assurance** from the report

6.2 Annual Budget Setting Process 2023/24

The Deputy Director of Finance presented the paper, noting the grip and control schedule for directorates to complete is included for information. However, the paper does not contain the pay award, as confirmation on how the award will be processed is still being sought from Scottish Government.

Following a query from J Kemp, Non-Executive Director, it was noted the Vacancy Management Form (VMF) is used to recruit to a vacant post. The service with the vacancy will complete the form, which will go through the process of approval from their service level manager/general manager. Finance will confirm if funding is available for the post and will be sent onto HR to ensure all recruitment processes are in line, and the EDG Director responsible for the service that the post sits within will sign off the form.

The Committee took **assurance** from the report

6.3 Fife Capital Programme 2023/24

The Deputy Director of Finance presented the paper, highlighting that in 2022/23 NHS Fife were able to secure an additional £7m capital funding, resulting in a total of £30.7m capital funding available over the year. At this point in the year NHS Fife have only received confirmation of the £7.6m formula capital for 2023/24.

Following a question from A Grant, Non-Executive Director, it was highlighted that although no additional capital funding is currently available, NHS Fife will engage with Scottish Government and will take the opportunity to secure any additional resources that become available.

The Committee took **assurance** from the report

6.4 National Treatment Centre - Fife Orthopaedics

The Director of Nursing introduced the paper, noting that the National Treatment Centre for Orthopaedics was contractually completed on 10 March 2023 and put into operational use on 20 March 2023, with the official opening by First Minister Nicola Sturgeon held on 24 March 2023.

The Chair thanked everyone involved within the National Treatment Centre project and praised the work put in to allow the centre to be delivered on budget and on time.

The Committee took **assurance** from the report

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Acute Services provided an overview of the report, highlighting that high levels of attendance at the front door impacting on the four-hour access target are resulting in a challenging performance. Further improvement actions are ongoing with the establishment of the push model to relieve pressure within the Emergency Department. Further improvement work has also commenced in April to maximise the use of the rapid triage unit to support AU1, as well as the establishment of a single admission pathway in AU1 designed to support flow and improve the access target. Performance remains generally difficult for NHS Fife, however, diagnostic performance has improved and an increase in robotic assisted surgery theatre sessions from one to three a week has assisted with the long waits.

Following a query from A Grant, Non-Executive Director, the Director of Acute Services noted that a forensic look at Acute Covid spend is required as well as reviewing other approaches to reducing costs within the Acute directorate, however it was highlighted this is very challenging.

The Director of Health & Social Care provided an overview of the Partnership section of the report, highlighting the percentage of bed days lost to standard delay has decreased from 5.8% to 4.6%, resulting in NHS Fife achieving the target for the first time since January 2021.

The Chair thanked everyone involved within the discharge teams and hubs for their efforts in improving performance.

The Director of Finance & Strategy provided an overview of the report which details the February position. Since the report was completed, an additional £6m was negotiated from Scottish Government, however this was not received until the middle of March 2023, which has reduced the year-end position to an overspend of £9.7m. It was noted that, of the £11.7m savings made in 2022/23, only £3m was delivered on a recurring basis, resulting in a significant legacy to address for 2023/24.

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

7.2 Procurement Key Performance Indicators

The Head of Financial Services & Procurement joined the meeting and provided an overview of the report, highlighting that the procurement team have successfully recruited to several posts, which will result in an improvement within the customer response times.

Following a query from the Chair, the Head of Financial Services & Procurement noted work is ongoing to review all opportunities to deliver financial cost reduction in our procurable spend.

The Director of Pharmacy & Medicines noted there is a significant volume of procurement-related medicines savings that are reported separately via the Financial Improvement and Sustainability reports to the Committee.

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

8. LINKED COMMITTEE / GROUP MINUTES

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

- 8.1 Fife Capital Investment Group held on 18 January 2023 (confirmed) & 1 March 2023 (confirmed)
- 8.2 Procurement Governance Board held on 22 February 2023 (unconfirmed)
- 8.3 Primary Medical Services Committee held on 7 March 2023 (unconfirmed)
- 8.4 IJB Finance, Performance & Scrutiny Committee held on 20 January 2023 (confirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

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

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 11 July 2023 at 9:30am via MS Teams.

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

FINANCE, PERFORMANCE & RESOURCES COMMITTEE – ACTION LIST
Meeting Date: Tuesday 11 July 2023



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	12/07/22	IPQR Review Update	To include further detail on complaints and the level of workforce vacancies within the next iteration of the IPQR.	SF	13/09/22 15/11/22 11/07/23	03/03/23 – Changes have been made to the complaints section. Updates from the Workforce Directorate on the workforce vacancy data is still awaited. 25/04/23 – Reporting of workforce vacancies is still being investigated with workforce but has not been concluded 03/07/23 – Meeting scheduled with Workforce to discuss workforce vacancy data	In progress / on hold
2.	09/05/23	Finance, Performance & Resources Committee Annual Statement of Assurance 2022/23	Language within section 4.2 of the Annual Statement of Assurance to be reviewed and updated.	GM	11/07/23	09/05/23 – Language updated in section 4.2 of the Annual Statement of Assurance.	Closed
3.	09/05/23	Delivery of Annual Workplan 2023/24	'Financial Position – Mid-Year Review 2023/24' to be moved from the September Committee meeting to the November Committee Meeting. Deep Dives to be scheduled as follows: July – Bank & Agency Spend September – Reviewing Critical Pathways November – Cancer Waiting Times January – Prioritisation o& Management of Capital Funding	MM	11/07/23	18/05/23 – Workplan updated to reflect changes.	Closed

Meeting:	Finance, Performance and Resources Committee
Meeting date:	11 July 2023
Title:	Annual Internal Audit Report
Responsible Executive/Non-Executive:	M McGurk, Director of Finance & Strategy
Report Author:	T Gaskin, Chief Internal Auditor

1 Purpose

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

- Assurance

This report relates to a:

- Government policy/directive
- Legal requirement

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

- Effective

2 Report summary

2.1 Situation

The purpose of this report is to present the **FINAL** 2022/23 Annual Internal Audit Report to the NHS Fife Finance, Performance and Resources Committee. This report has been considered by the Audit and Risk Committee at its meeting on 23 June 2023 as part of the wider portfolio of year end governance assurances. This report is for the Finance, Performance and Resources Committee to consider and specifically note the narrative for financial governance and sustainability.

2.2 Background

The Audit & Risk Committee has approved this report at its meeting on 23 June 2023 as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement.

This annual report provides details on the outcomes of the 2022/23 internal audit and the Chief Internal Auditor's opinion on the Board's internal control framework for the financial year 2022/23.

2.3 Assessment

Based on work undertaken throughout the year we have concluded that:

- The Board has adequate and effective internal controls in place;
- The 2022/23 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

In addition, we have not advised management of any concerns around the following:

- Consistency of the Governance Statement with information that we are aware of from our work;
- The description of the processes adopted in reviewing the effectiveness of the system of internal control and how these are reflected;
- The format and content of the Governance Statement in relation to the relevant guidance;
- The disclosure of all relevant issues.

Therefore, **it is my opinion** that:

- The Board has adequate and effective internal controls in place
- The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.

We noted the following key themes:

- The Board has improved its governance during the year in number of areas and has responded positively to the 2nd edition of the Blueprint for Good Governance, issued November 2022, in line with a very positive and pro-active governance and risk management culture.
- We commented on performance in the Internal Control Evaluation (ICE) but in common with many Health Boards, NHS Fife is finding achievement of national targets and improvements extremely challenging. The majority of targets set by Scottish Government are no longer being met. Operational performance has been difficult during the year and it is likely that the challenge will continue in the medium term until strategic solutions can be found, working in partnership with the IJB.
- As reported in the Annual Internal Audit Report for 2021/22, the challenge now is balancing short term risks against longer term risks which can only be mitigated through strategic change. Amongst a number of initiatives, including the SPRA which is central to sustainability, NHS Fife approved the Population Health and Wellbeing Strategy (PHWS) in March 2023, and the Corporate Objectives, which are linked to the new NHS Fife Strategic Priorities.
- Whilst the Scottish Government has set a number of very challenging national objectives, NHS Fife will need to be mindful that its own strategic objectives must be deliverable within acceptable risk tolerances. The PHWS acknowledged financial pressures but, as a high level strategy, did not provide detailed information on how these would be addressed. As NHS Fife moves into the delivery stage, clarity around how the PHWS will be delivered within the financial and workforce constraints should begin to emerge as well as an understanding of any elements of the strategy which might not be achievable within its lifespan.
- Although the 2022/23 ICE reported considerable financial pressures, these have subsequently become even more pressing, across the whole of NHSScotland. The Audit Scotland report '*NHS Scotland 2022*', issued February 2023, stated that '*the NHS in Scotland faces significant and growing financial pressures. These include inflation; recurring pay pressures; ongoing Covid-19 related costs; rising energy costs; a growing capital maintenance backlog; and the need to fund the proposed National Care Service. These pressures are making a financial position that was already difficult and*

has been exacerbated by the Covid-19 pandemic, even more challenging. This could limit investment in recovery and reform’.

- Within previous Internal audit reports we have recorded similar concerns and highlighted the importance of strategic responses to these challenges. The NHS Fife Medium-Term Financial Plan for 2023-28 included scenario planning to demonstrate the impact variables may have on achieving financial stability. Traditional approaches to making efficiencies were producing declining savings, and new solutions will be required to ensure that services are sustainable. NHS Fife will need to ensure that it has the capacity and capability required to identify, develop and implement these solutions whilst maintaining business as usual.
- We are aware that NHSScotland as a whole is predicting significant requirements for brokerage by 2025-2026 and that the Scottish Government has announced that it has a £1bn shortfall in 2023/24, rising to £1.9bn in future years. In these circumstances, whilst the NHS Fife cumulative 3 year brokerage, at a total of £35m, is relatively modest compared to some other NHS Boards, it is by no means certain that it will be available when needed.
- The Audit Scotland report ‘NHS Scotland 2022’ recognises workforce capacity as the biggest risk to the recovery of NHS services and highlights that the NHS Recovery Plan was not informed by robust modelling and there is a risk workforce targets will not be achieved.
- Workforce risks remain high across NHSScotland and indeed health sectors all over the world and our view is that the current risk and target risk scores for Workforce within NHS Fife need to reflect local, national and international pressures and the extent to which these are and can be mitigated by key actions and controls, most notably the Workforce Plan. Our review of the NHS Fife Workforce Plan 2022-25 highlighted a number of areas for improvement in future iterations, which will now be incorporated within the Annual Delivery Plan.
- NHS Fife continues to implement its Risk Management Framework Improvement Programme during 2022/23: Strategic
- This work will continue during 2023/24, when the Corporate Risk Register will be further refined and the deep dive process providing greater assurance as it matures. We have also identified some areas for further improvement as part of this process, including increasing the influence of Risk Appetite on strategy, budgeting decision making and organisational focus.
- A Risks and Opportunities Group has been established which aims to embed an effective organisational risk management framework and culture, including assurance mapping principles. Risk scores and achievement of target scores by target dates are now being considered and potential enhancements to the Deep Dive process have been shared by Internal Audit.
- The Clinical Governance Strategic Framework and associated Annual Delivery Plan for 2022/23 were approved by Fife NHS Board on 28 March 2023. This outlines the governance framework and assurance reporting routes for clinical governance throughout the full span of NHS Fife responsibilities. This includes those services delegated to Fife IJB which continues a number of positive developments in Clinical Governance over recent years.

2.3.1 Quality/ Patient Care

The Triple Aim is a core consideration in planning all internal audit reviews.

2.3.2 Workforce

Management responsibilities, skill sets and structures are a core consideration in planning all internal audit reviews.

2.3.3 Financial

Financial Governance is a key pillar of the Annual Internal Audit Plan and value for money is a core consideration in planning all internal audit reviews.

2.3.4 Risk Assessment/Management

The internal audit planning process which produces the Annual Internal Audit Plan takes into account inherent and control risk for all aspects of the Audit Universe. Individual internal audit assignments identify the key risks at the planning stage and our work is designed to evaluate whether appropriate systems are in place and operating effectively to mitigate the risks identified. Legal requirements are a core consideration in planning all internal audit reviews.

2.3.5 Equality and Diversity, including health inequalities

All internal audit reviews which involve review of policies and procedures examine the way in which equality and diversity is incorporated in Board documentation.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

All papers have been produced by Internal Audit and shared with the Director of Finance and Strategy.

2.3.8 Route to the Meeting

This paper has been produced by the Regional Audit Manager, reviewed by the Chief Internal Auditor and agreed by the Director of Finance and Strategy.

2.4 Recommendation

The Finance, Performance and Resources Committee is asked to:

- **NOTE** this finalised report and consider the narrative for financial governance and sustainability.

3 List of appendices

The following appendices are included with this report:

- Annual Internal Audit Report 2022/23

FTF Internal Audit Service

Annual Internal Audit Report 2022/23

Report No. B06/24

Issued To: Carol Potter, Chief Executive
Margo McGurk, Director of Finance and Strategy
NHS Fife Executive Directors Group

Gillian MacIntosh, Head of Corporate Governance and Board Secretary

Audit & Risk Committee
External Audit

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Draft Report Issued	13 June 2023
Management Responses Received	19 June 2023
Target Audit & Risk Committee Date	20 June 2023
Final Report Issued	19 June 2023

INTRODUCTION AND CONCLUSION

1. This annual report to the Audit & Risk Committee provides details on the outcomes of the 2022/23 internal audit and my opinion on the Board's internal control framework for the financial year 2022/23.
2. Based on work undertaken throughout the year we have concluded that:

- The Board has adequate and effective internal controls in place;
- The 2022/23 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

3. In addition, we have not advised management of any concerns around the following:

- Consistency of the Governance Statement with information that we are aware of from our work;
- The description of the processes adopted in reviewing the effectiveness of the system of internal control and how these are reflected;
- The format and content of the Governance Statement in relation to the relevant guidance;
- The disclosure of all relevant issues.

ACTION

4. The Audit & Risk Committee is asked to **take assurance from** this report in evaluating the internal control environment and **report** accordingly to the Board.

AUDIT SCOPE & OBJECTIVES

5. The Strategic and Annual Internal Audit Plans for 2022/23 incorporated the requirements of the NHSScotland Governance Statement and were based on a joint risk assessment by Internal Audit and the Director of Finance & Strategy and were approved by both the Executive Directors Group (EDG) and the Audit & Risk Committee. The resultant audits range from risk based reviews of individual systems and controls through to the strategic governance and control environment.
6. The authority, role and objectives for Internal Audit are set out in Section 20 of the Board's Standing Financial Instructions and are consistent with Public Sector Internal Audit Standards.
7. Internal Audit is also required to provide the Audit & Risk Committee with an annual assurance statement on the adequacy and effectiveness of internal controls. The Audit & Assurance Committee Handbook states:

The Audit & Risk Committee should support the Accountable Officer and the Board by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of the financial statements and the annual report. The scope of the Committee's work should encompass all the assurance needs of the Accountable Officer and the Board. Within this the Committee should have particular engagement with the work of Internal Audit, risk management, the External Auditor, and financial management and reporting issues.

INTERNAL CONTROL

Previous recommendations

8. The Internal Control Evaluation (ICE), issued March 2023, was informed by detailed review of formal evidence sources including Board, Standing Committee, Executive Directors Group (EDG), and other papers. The ICE noted actions to enhance governance and achieve transformation and concluded that NHS Fife's assurance structures were adequate and effective but did agree recommendations for implementation by management.
9. Internal Audit monitor progress with outstanding recommendations through the Audit Follow Up system and all management responses are validated. Progress with Annual Report and ICE recommendations is now reported to the Audit & Risk Committee at each meeting and the EDG on a quarterly basis. NHS Fife has demonstrated steady progress towards completion of most of our previous recommendations, with some not yet due.
10. Most of the recommendations are due for completion around June and August 2023. Aspects of some recommendations have been completed with status provided to Internal Audit to confirm progress is on track. Minor slippage on Information Governance recommendations is noted.
11. The 2023/24 ICE will provide an update on the remaining actions as well as providing an opinion on the efficacy of implementation of all agreed actions.
12. As well as following up previously agreed actions, we have completed testing to identify any material changes to the control environment in the period from the issue of the ICE to the year-end. Areas for further development were identified and will be followed up in the 2023/24 ICE. The remaining actions to address recommendations in our previous ICE and Annual Reports, along with an assessment of progress are included in Section 5.

Governance Statement

13. Throughout the year, our audits have provided assurance and made recommendations for improvements. Where applicable, our detailed findings have been included in the NHS Fife 2022/23 Governance Statement.
14. For 2022/23, the Governance Statement format and guidance were included within the NHSScotland Annual Accounts Manual. Whilst Health and Social Care Integration is not specifically referenced, the guidance does make it clear that the Governance Statement applies to the consolidated financial statements as a whole, which would therefore include activities under the direction of Integrated Joint Boards (IJBs).
15. The Board has produced a Governance Statement which states that:
 - *'During the 2022/23 financial year, no significant control weaknesses or issues have arisen in the expected standards for good governance, risk management and control.'*
16. Our audit work has provided evidence of compliance with the requirements of the Accountable Officer Memorandum and this combined with a sound corporate governance framework in place within the Board throughout 2022/23, provides assurance for the Chief Executive as Accountable Officer.
17. Therefore, **it is my opinion** that:
 - The Board has adequate and effective internal controls in place.

- The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.
18. All Executive Directors and Senior Managers were required to provide a statement confirming that adequate and effective internal controls and risk management arrangements were in place throughout the year across all areas of responsibility and, this process has been further enhanced by guidance written by the Director of Finance and Strategy. These assurances have been reviewed and no breaches of Standing Orders / Standing Financial Instructions were identified.
 19. The Governance Statement reflects the Board governance and operating arrangements. It includes details of the Board performance profile and risk management arrangements, and organisational and supporting strategies. All elements of the Governance Statement have been considered by Internal Audit in previous internal audit annual reports and the ICE and have been followed up in detail in this report.

Key Themes

20. Detailed findings are shown later in the report, which also shows, for context, relevant Corporate Risks against each strand of Corporate Governance. Key themes emerging from this review and other audit work during the year are detailed in the following paragraphs.
21. The Board has improved its governance during the year in number of areas and has responded positively to the 2nd edition of the Blueprint for Good Governance, issued November 2022, in line with a very positive and pro-active governance and risk management culture.
22. We commented on performance in the ICE but in common with many Health Boards, NHS Fife is finding achievement of national targets and improvements extremely challenging. The majority of targets set by Scottish Government are no longer being met. Operational performance has been difficult during the year and it is likely that the challenge will continue in the medium term until strategic solutions can be found, working in partnership with the IJB.
23. As reported in the Annual Internal Audit Report for 2021/22, the challenge now is balancing short term risks against longer term risks which can only be mitigated through strategic change. Amongst a number of initiatives, including the Strategic Planning and Resource Allocation (SPRA) which is central to sustainability, NHS Fife approved the Population Health and Wellbeing Strategy (PHWS) in March 2023, and the Corporate Objectives, which are linked to the new NHS Fife Strategic Priorities.
24. Whilst the Scottish Government has set a number of very challenging national objectives, NHS Fife will need to be mindful that its own strategic objectives must be deliverable within acceptable risk tolerances. The PHWS acknowledged financial pressures but, as a high level strategy, did not provide detailed information on how these would be addressed. As NHS Fife moves into the delivery stage, clarity around how the PHWS will be delivered within the financial and workforce constraints should begin to emerge as well as an understanding of any elements of the strategy which might not be achievable within its lifespan.
25. Although the 2022/23 ICE reported considerable financial pressures, these have subsequently become even more pressing, across the whole of NHSScotland. The Audit Scotland report '*NHS Scotland 2022*', issued February 2023, stated that '*the NHS in Scotland faces significant and growing financial pressures. These include inflation; recurring pay pressures; ongoing Covid-19 related costs; rising energy costs; a growing capital maintenance backlog; and the need to fund the proposed National Care Service. These pressures are making a financial position that was already*

difficult and has been exacerbated by the Covid-19 pandemic, even more challenging. This could limit investment in recovery and reform’.

26. Within previous Internal audit reports we have recorded similar concerns and highlighted the importance of strategic responses to these challenges. The NHS Fife Medium-Term Financial Plan for 2023-28 included scenario planning to demonstrate the impact variables may have on achieving financial stability. Traditional approaches to making efficiencies were producing declining savings, and new solutions will be required to ensure that services are sustainable. NHS Fife will need to ensure that it has the capacity and capability required to identify, develop and implement these solutions whilst maintaining business as usual.
27. We are aware that NHSScotland as a whole is predicting significant requirements for brokerage by 2025-2026 and that the Scottish Government has announced that it has a £1bn shortfall in 2023/24, rising to £1.9bn in future years. In these circumstances, whilst the NHS Fife cumulative 3 year brokerage, at a total of £35m, is relatively modest compared to some other NHS Boards, it is by no means certain that it will be available when needed.
28. The Audit Scotland report ‘NHS Scotland 2022’ recognises workforce capacity as the biggest risk to the recovery of NHS services and highlights that the NHS Recovery Plan was not informed by robust modelling and there is a risk workforce targets will not be achieved.
29. Workforce risks remain high across NHSScotland and indeed health sectors all over the world and our view is that the current risk and target risk scores for Workforce within NHS Fife need to reflect local, national and international pressures and the extent to which these are and can be mitigated by key actions and controls, most notably the Workforce Plan. Our review of the NHS Fife Workforce Plan 2022-25 highlighted a number of areas for improvement in future iterations, which will now be incorporated within the Annual Delivery Plan.
30. NHS Fife continues to implement its Risk Management Framework Improvement Programme during 2022/23:
 - New Corporate risk Register mapped to the Corporate Objectives
 - Reporting to Standing Committees and introduction of deep dives
 - Risk escalation process through the Board structure
 - Strategic risk dashboard through the IPQR
31. This work will continue during 2023/24, when the Corporate Risk Register will be further refined and the deep dive process providing greater assurance as it matures. We have also identified some areas for further improvement as part of this process, including increasing the influence of Risk Appetite on strategy, budgeting decision making and organisational focus.
32. A Risks and Opportunities Group has been established which aims to embed an effective organisational risk management framework and culture, including assurance mapping principles. Risk scores and achievement of target scores by target dates are now being considered and potential enhancements to the Deep Dive process have been shared by Internal Audit.
33. The Clinical Governance Strategic Framework and associated Annual Delivery Plan for 2022/23 were approved by Fife NHS Board on 28 March 2023. This outlines the governance framework and assurance reporting routes for clinical governance throughout the full span of NHS Fife responsibilities. This includes those services delegated to Fife IJB which continues a number of positive developments in Clinical Governance over recent years.

34. This report contains a number of recommendations that reflect the changes to the risk environment in which the Board operates. During 2022/23 the Board Secretary has worked with Standing Committee Chairs to ensure Committee Assurance Principles are embedded within the Board's formal assurance processes. There are opportunities now to enhance governance through the further application of assurance mapping principles. Our recommendations are aimed at ensuring coherence between Governance Structures, Performance Management, Risk Management and Assurance.

Key developments since the issue of the ICE included:

- An update on the second edition of the Blueprint for Good Governance was provided to the March 2023 Audit and Risk Committee;
- The Population Health & Wellbeing Strategy 2023-28 – Living well, working well and flourishing in Fife was approved by the Board at the March 2023 meeting. It details NHS Fife strategic priorities for the next 5 years, which will focus on continuing to deliver high quality clinical services and an increased focus on reducing health inequalities to support improvement in the health and wellbeing of the citizens of Fife;
- Initial drafts of Annual Delivery Plan 2023/24 and Medium-Term Plan 2023/26 were considered by the EDG in May 2023;
- The Chief Internal Auditor delivered a presentation on assurance mapping and principles to the Audit and Risk Committee and a presentation on non-executive challenge to Non Executive Directors in May 2023;
- The introduction of a new escalation process, whereby a report to the EDG flags out-of-date policies by service and seeks individual Executive Director support to progress these within their respective portfolios;
- The EDG at its meeting on 4 May 2023 considered the key corporate objectives for 2023/24, which align to the recently approved NHS Fife Population Health and Wellbeing Strategy;
- Interim Progress Report on Equality Outcomes and Mainstreaming Plan 2021- 2025;
- Primary Care Strategy development update to the EDG in April 2023. This strategy is one of nine transformational strategies supporting implementation of the Strategic Plan for Fife 2023-26 which was approved by the IJB on 23 January 2023;
- Approval of the Medium-Term Financial Plan for the next 5 years by the Board on 28 March 2023;
- Whistleblowing directives issued by the Independent National Whistleblowing Officer have now been implemented within NHS Fife and are currently being refined after the completion of investigations into concerns raised;
- A revised approach, including additional information being supplied to management, is being taken in 2023/24 to improve Personal Development Plan Review completion, mandatory training uptake and a reduction in sickness absence;
- The Clinical Governance Strategic Framework and associated workplan were approved by Fife NHS Board on 28 March 2023;

- The Resilience Forum presented their first Annual Statement of Assurance to Clinical Governance Committee on 5 March 2023.
35. Overall, there has been good progress on recommendations from the ICE from last year and the Annual Internal Audit Report for 2021/22. Where action is still to be concluded, the Board has been informed of the planned approach and timescales, as well as associated improvement plans.

Audit Output

36. During 2022/23 we delivered 16 audit products with 3 currently at draft report stage. Work is progressing on the 6 remaining reviews at work in progress, with these and the 3 draft reports to be completed for the August 2023 Audit & Risk Committee meeting. These audits reviewed the systems of financial and management control operating within the Board and the IJBs.
37. Our 2022/23 audits of the various financial and business systems provided opinions on the adequacy of controls in these areas. Summarised findings or the full report for each review were presented to the Audit & Risk Committee throughout the year.
38. A number of our reports, including the ICE, have been wide ranging and complex audits and have relevance to a wide range of areas within NHS Fife. These should provide the basis for discussion around how NHS Fife can best build on the very good work already being done to improve and sustain service provision.
39. Board management continue to respond positively to our findings and action plans have been agreed to improve the systems of control.

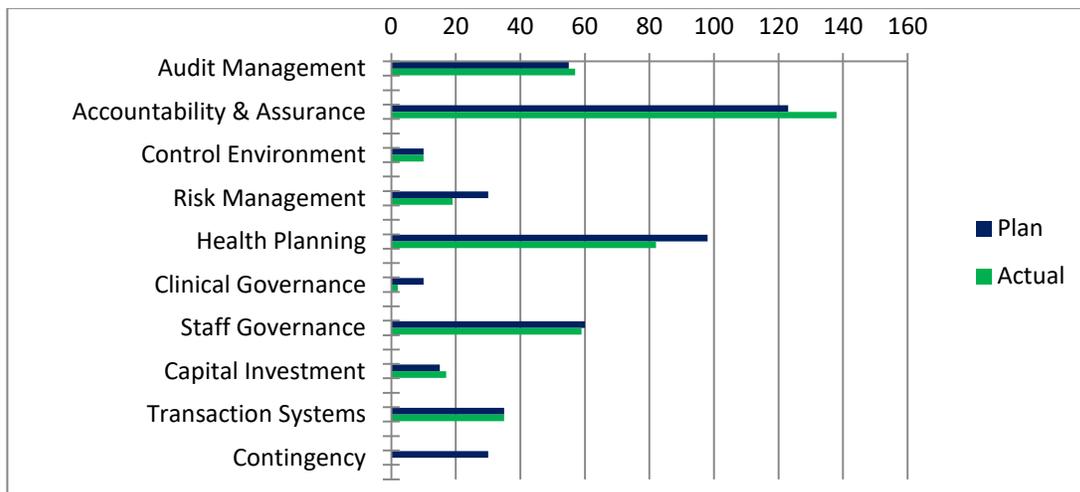
ADDED VALUE

40. The Internal Audit Service has been responsive to the needs of the Board and has assisted the Board and added value by:
- Examining a wide range of controls in place across the organisation.
 - Becoming lead auditors for Fife IJB internal audits.
 - Providing internal input into Board and delivered a presentation on non-executive challenge to Non-Executive Directors in May 2023.
 - Coordinating consideration of assurance issues and updates, dissemination and implementation of the Committee Assurance Principles across NHS Fife, Forth Valley, Tayside and Lanarkshire via the Chief Internal Auditor's continued leadership of the Assurance Mapping Group.
 - The Chief Internal Auditor's delivery of a presentation on assurance mapping and principles to the Audit and Risk Committee.
 - Reviewing the deep dive process introduced following the change from Board Assurance Framework approach to a Corporate Risk Register for strategic risk management, this will be discussed with the Associate Director - Digital & Information and at the Risk and Opportunities Group.
 - Providing advice to Senior Management on the application of assurance mapping and risk management principles.
 - Advising on amendments to the Fife IJB Risk Management Strategy.

- Attending Information Governance and Security Steering Group and Digital & Information Board meetings and providing advice.
 - Input to the update of the NHS Fife Standards of Business Conduct policy
 - Input to the response to Scottish Government regarding updating the Property Transaction Handbook
 - Providing opinion on and evidence in support of the Governance Statement at year-end and conducting an extensive ICE which permitted remedial action to be taken in-year. This review made recommendations focused on enhancements to ensure NHS Fife has in place appropriate and proportionate governance, which supports and monitors the delivery of objectives and is commensurate with the challenging environment within which it is operating.
 - Providing Audit Follow Up reporting to the NHS Fife Audit and Risk Committee.
41. Internal Audit have also used time made available by necessary senior management prioritisation of Covid19 duties to reflect on our working practices, both to build on action taken in response to previous External Quality Reviews and to adapt to a post Covid19 environment. This has included:
- Development of a good practice template for the process of developing new Strategic Plans in IJBs and Health Boards.
 - Updating of the FTF website.
 - Review and update of the FTF self assessment against the Public Sector Internal Audit Standards (PSIAS).
42. The 2023/24 Annual Internal Audit Plan included provision for delivering audit services and providing the Chief Internal Auditor function to Fife's Integrated Joint Board, with Internal Audit Plans agreed. Internal Audit has continued to highlight the importance of maintaining momentum to clear intractable and long-standing issues with all partners, the requirement for coherence between governance structures, performance management, risk management and, in particular, assurance to improve the ability of the IJB to monitor the achievement of operational and strategic objectives.

INTERNAL AUDIT COVER

43. Figure 1: Internal Audit Cover 2022/23



44. Figure 1 summarises the 2022/23 outturn position against the planned internal audit cover. The initial Annual Internal Audit Plan was approved by the Audit & Risk Committee at its meeting on 16 June 2022. As at end of April 2023 we had delivered 418 days against the 463 planned days. There are currently 3 Health Board and 3 IJB reviews at work in progress stage.

45. A summary of 2022/23 performance is shown in Section 3.

PERFORMANCE AGAINST THE SERVICE SPECIFICATION AND PUBLIC SECTOR INTERNAL AUDIT STANDARDS (PSIAS)

46. The FTF Partnership Board met in March 2023 and the 2023/24 budget was approved. The Partnership Board is chaired by the NHS Tayside Director of Finance and the FTF Client Directors of Finance are members. The FTF Management Team members are attendees.

47. We have designed protocols for the proper conduct of the audit work at the Board to ensure compliance with the specification and the PSIAS.

48. Internal Audit is compliant with PSIAS, and has organisational independence as defined by PSIAS, except that, in common with many NHSScotland bodies, the Chief Internal Auditor reports through the Director of Finance rather than the Accountable Officer. There are no impairments to independence or objectivity.

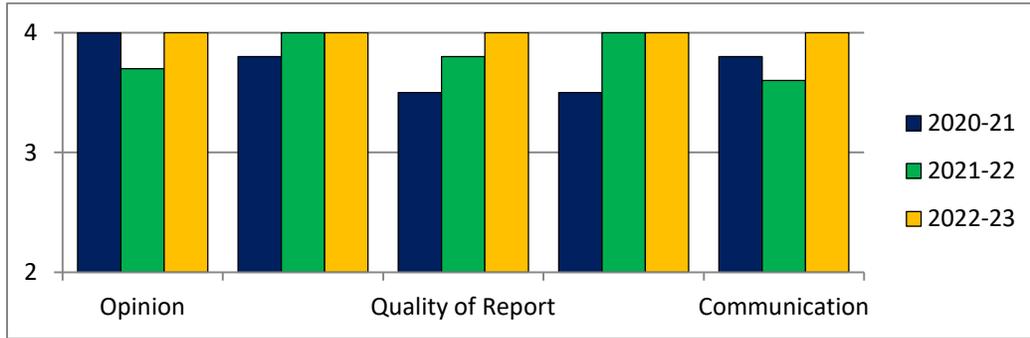
49. Internal and External Audit liaise closely to ensure that the audit work undertaken in the Board fulfils both regulatory and legislative requirements. Both sets of auditors are committed to avoiding duplication and securing the maximum value from the Board's investment in audit.

50. PSIAS require an independent external assessment of internal audit functions once every five years. The most recent External Quality Assessment (EQA) of the NHS Fife Internal Audit Service in 2018/19 concluded that, 'it is my opinion that the FTF Internal Audit service for Fife and Forth Valley generally conforms with the PSIAS.' FTF updated its self assessment during 2022/23. A further EQA is due to take place in 2023/24.

51. A key measure of the quality and effectiveness of the audits is the Board responses to our client satisfaction surveys, which are sent to line managers following the issue of each audit report. Figure 2 shows that, overall, our audits have been perceived as good or very good by the report recipients.

52. Figure 2: Summary of Client Satisfaction Surveys

Scoring: 1 = poor, 2 = fair, 3= good, 4 = very good.



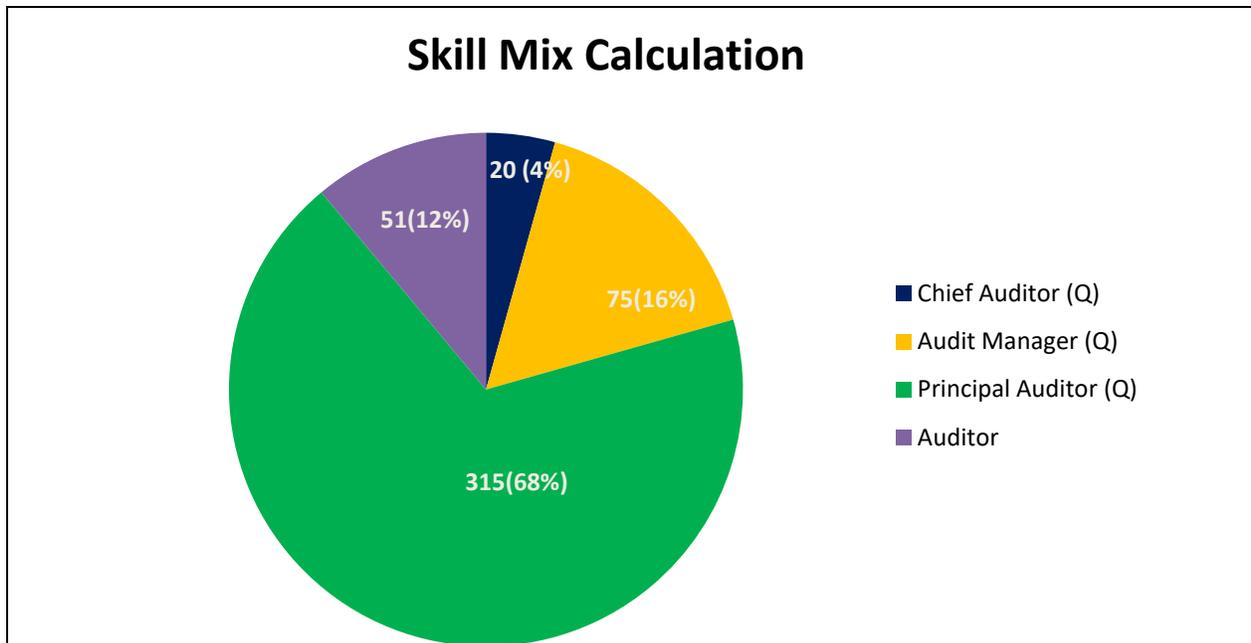
53. Other detailed performance statistics are shown in Section 3.

STAFFING AND SKILL MIX

54. Figure 3 below provides an analysis, by staff grade and qualification, of our time. In 2022/23 the audit was delivered with a skill mix of 88%, which substantially exceeds the minimum service specification requirement of 50% and reflects the complexities of the work undertaken during the year.

55. Figure 3: Audit Staff Skill Mix 2022/23

Audit Staff Inputs in 2022/23[days] Q= qualified input.



ACKNOWLEDGEMENT

56. On behalf of the Internal Audit Service I would like to take this opportunity to thank all members of staff within the Board for the help and co-operation extended to Internal Audit, throughout my tenure as Chief Internal Auditor.
57. My team and I have greatly appreciated the positive support of the Chief Executive, Director of Finance and Strategy, the Board Secretary and the Audit & Risk Committee.

A Gaskin, BSc. ACA
Chief Internal Auditor

Corporate Governance

Corporate Risks:

Risk 1 – Population Health and Wellbeing Strategy – High Risk (12); Target (12) Moderate

There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.

Risk 2 – Health Inequalities – High Risk (20); Target (10) Moderate

There is a risk that if NHS Fife does not develop and implement an effective strategic approach to contribute to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut short in the most deprived areas of Fife compared to the least deprived areas, representing huge disparities in health and wellbeing between Fife communities.

Governance Arrangements

During the pandemic, NHS Fife initiated an organisational command structure to provide direction, decision-making, escalation and communication functions. During the winter period of 2022/23, this structure was used to manage winter pressures.

NHS Fife has now rolled out the Operational Escalation Framework (OPEL), which is designed to support proactive management of increased activity, and the related impact on capacity and flow, to enable services to effectively manage associated clinical risks within acceptable limits. The OPEL provides clear escalation levels for actions to be taken and reporting of OPEL scores is available on a daily basis on Stafflink.

Blueprint for Good Governance

NHS Fife has continued to improve Board effectiveness for example introducing a new Code of Conduct for Members of Fife NHS Board in June 2022 and continuing with a yearly survey of all Board and Standing Committee members and attendees. The outputs help to identify areas for improvements and are a useful tool for supporting the year end assurance process. The interim Chair has instituted a programme for Non-Executive Directors including events to enhance scrutiny and challenge.

All actions from the initial Blueprint have been reported to the NHS Fife Board as completed. The second iteration of the Blueprint was published on 23 December 2022. A presentation of the Blueprint has been provided with a national event undertaken in May 2023, to which NHS Fife had both executive and non-executive attendance. An update was also provided to the March 2023 Audit and Risk Committee. A Board-level survey is expected to be released in early summer 2023 from the Scottish Government, the results of which will enable individual Boards to benchmark their current arrangements against the revised Blueprint and develop an action plan in response. Internal Audit has allocated time in the 2023/24 Internal Audit Plan to review the implementation of the updated Blueprint.

Strategy Development

NHS Fife Board formally approved the new Population Health & Wellbeing Strategy (PHWS) at the meeting on 28 March 2023. The Strategy describes NHS Fife's role in continuing to provide high quality clinical services but also now creating significant focus on improving population health and wellbeing. The Strategy also recognises the importance of being closely aligned to the Fife Health & Social Care Partnership's (HSCP) Strategic Plan.

The PHWS supports the four strategic priorities of NHS Fife, being:

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

The delivery of the strategy will be dependent on the enabling strategies in the areas of digital and information, property and asset management, finance and workforce. The alignment of these supporting strategies to deliver the overall PHWS will be key to the effective implementation of the PHWS within the financial and workforce resources available.

The SBAR accompanying the PHWS did not reference the scale of the savings required to delivery financial sustainability, although it did say that *'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'*.

Similarly the Strategy itself did not set out the scale of the financial challenge and commented that *'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.'*

Internal Audit Report B13/22 & B14/23 Strategic Plan Development, which is out in draft, provides further detail.

Operational Planning

The draft Annual Delivery Plan 2022-23 was presented to the Board in July 2022 before submission to the Scottish Government by the end of July 2022 and subsequent approval by the Board in September 2022.

The delivery of the Annual Delivery Plan is monitored by the EDG with the most recent report to the 20 April 2023 EDG meeting for Quarter 4. Progress reporting to Standing Committees on the Annual Delivery Plan 2022/23 was added to the Workplans of the Financial Performance & Resources Committee (FPRC) and PHWC during the year but actually ceased after the November 2022 FPRC and PHWC. The 2023/24 FPRC Workplan does include Annual Delivery Plan monitoring to every meeting but the PHWC workplan does not.

There were 63 deliverables completed and 11 deliverables that are unlikely to be completed on time. Projections show that almost 100 out of 173 deliverables from the Annual Delivery Plan 2022/23 will be completed by the end of Q1 2023/24. Some of the outstanding deliverables for 2022/23 are included in the 2023/24 Annual Delivery Plan.

The guidance for Annual Delivery Plan 2023/24 and Medium-Term Plan 2023/26 was received from the Scottish Government on 28 February 2023. The EDG at its meeting on 4 May 2023, considered the first draft of both the Annual Delivery Plan and Medium-Term Plan.

This guidance provides a summary of a number of strategic level programmes contributing to the planning guidance, and commits to progressing a refreshed NHS Delivery and Outcomes Framework in collaboration with NHS Boards during 2023/24. In addition, the Scottish Government re-iterated its intention to better align workforce planning and financial planning with delivery planning although there was no reference to areas for de-prioritisation, which would free up resources to be moved to identified priority areas.

To support ongoing improvement and resilience, the Scottish Government has developed 10 recovery drivers. Annual Delivery Plan¹ provides the overview to the Annual Delivery Plan consisting of Board Actions aligned to each Recovery Driver along with relevant commentary on the following:

- Finance & Sustainability
- Workforce
- Value Based Health & Care
- Integration
- Improvement Programmes

The Medium-Term Plan is currently in development and will be presented initially to the private session of the NHS Fife Board in June 2023. The plan will reflect the priorities agreed within the recently approved PHWS aligned to the 10 Scottish Government Recovery Drivers. The plan will also align with and be influenced by the NHS Fife Population Health and Wellbeing Strategy priorities and ambitions.

Assurance Mapping

The Chief Internal Auditor has continued to lead the Assurance Mapping Group, which coordinates consideration of assurance issues and updates, dissemination and implementation of the Committee Assurance Principles across NHS Fife, Forth Valley, Tayside and Lanarkshire.

The Chief Internal Auditor delivered a presentation on assurance mapping and principles to the Audit and Risk Committee and a presentation on non-executive challenge to Non-Executive Directors in May 2023.

A review has also been undertaken of the deep dive process introduced following the change from Board Assurance Framework approach to a Corporate Risk Register for strategic risk management, which will be discussed with the Associate Director - Digital & Information and at the Risk and Opportunities Group.

Internal Audit continues to provide advice to Senior Management on the application of assurance mapping and risk management principles to NHS Fife managers and Executive Directors.

Integration

A revised Fife Integration Scheme, following joint review by the partners, received formal sign-off by the Scottish Government on 8 March 2022.

In January 2023, the FPRC considered a report outlining the performance of the Fife HSCP against meeting the targets detailed in the Ministerial Strategic Group report on Integration, published in 2019. It also benchmarked Fife against other Partnerships across Scotland. The report highlighted several examples of good practice, with work required across six further areas to fully support integration principles.

Performance

The FPRC considered a report on the outcome of the IPQR review process at its July 2022 meeting and supported its recommendations on the enhancement of metrics and targets to be scrutinised by the FPRC.

The Board, the FPRC, the Staff Governance Committee (SGC), the Clinical Governance Committee (CGC) and the Public Health & Wellbeing Committee (PHWC) have received regular performance reports against a range of key measures (Scottish Government and local targets). Projected & Actual Activity for Patient Treatment Time Guarantee (TTG), New Outpatients and Diagnostics are also reported.

The latest IPQR, presented at the May 2023 Board meeting highlighted:

- 31 Day Cancer Target decreased to 90.1%, the first time below the 95% target since April 2019. Performance against the 62-day Cancer Standard deteriorated to 67.5% with a target of 95%.
- SAB HAI/ IVF Treatment Waiting times/Antenatal access/Drugs and Alcohol/Immunisation 6 in 1 at age 12 –all meeting target.
- Three indicators not achieving target but performing in the upper quartile: C Diff HAI/HCAI, Patient TTG %<=12 weeks and Delayed discharge % Bed Days Lost (Standard).
- 10 indicators not achieving target but performing within the Mid Range quartile for benchmarking: ECB – HAI/HCAI; Complaints Closed Stage 1; Complaints Closed Stage 2; 4- Hour Emergency Access; New Outpatients; Diagnostics; Delayed discharge % bed days lost all; Sickness Absence; Smoking Cessation; CAMHS Waiting Times and Psychological Therapy Waiting Times.
- Activity within TTG, New Outpatients and Diagnostics were all higher than forecast.

In common with all of NHSScotland, performance against national targets is proving challenging. It is imperative that NHS Fife is able to set and deliver realistic targets, within the context of its new Strategic Framework, as soon as possible, so that performance can be measured meaningfully. NHS Fife, like all other NHS Boards in Scotland will however require to follow the Scottish Government performance management arrangements currently in place and any changes which arise in due course.

Best Value

Best value and effective allocation of resources are a key element of the Strategic Planning and Resource Allocation (SPRA) process and the Financial Improvement & Sustainability Programme (FISP). Both of these contribute to *“a more effective triangulation of workforce, operational and financial planning, which supports the promotion and delivery of best value across all of our resource allocation.”* Each standing committee and the FPRC in particular, received progress reports on both the SPRA and FISP. Along with the completion of the Best Value Framework as part of each Standing Committees' Annual Report, NHS Fife can demonstrate processes are in place to promote and deliver best value.

Policies

A General Policies and Procedures update was provided to the May 2023 meeting of the FPRC. In April 2023, of the 56 General Policies, 11 (19%) remain beyond their due date, and are presently being followed up. Review work is underway within departments for 10 (18%) of General Policies, 1 (2%) has been submitted to go through the formal approval process and 34 (61%) of General Policies are up to date. Since the last report in November 2022, this represents an improved position.

We note the introduction of a new escalation process, whereby a report to the EDG flags out-of-date policies by service and directs individual Executive Director to progress these within their respective portfolios.

Corporate Objectives

The EDG at its meeting on 4 May 2023 considered the key corporate objectives for 2023/24, which align to the recently approved NHS Fife Population Health and Wellbeing Strategy. These were approved by the NHSF Board on 30 May 2023. The corporate objectives have been mapped to one of the four NHS Fife agreed strategic priorities or to the new 'Cross Cutting Actions' category, with delivery mapped to a responsible Executive Director.

Board and Standing Committee Development Sessions

Board Development Sessions continue to be held and areas covered since the issue of the ICE include Population Health & Wellbeing Strategy - – Living Well, Working Well & Flourishing in Fife; Medium-Term Financial Plan; Fife Mental Health Redesign; National Treatment Centre Fife Orthopaedics; and Operational Update and Winter Planning and Proactive Discharge from Hospital. Given the importance of these sessions and to ensure their value is maximised, we reiterate our comment in the B08/23 ICE that consideration should be given to formal outputs from Board Development Sessions and action plans to ensure any agreed decisions/actions are taken forward.

Audit Follow Up

Internal Audit provided reports detailing the Audit Follow Up position to the Audit & Risk Committee on four occasions throughout 2022/23. Throughout the year, we liaised with officers to obtain meaningful updates on ongoing audit recommendations, obtained evidence to support the reported progress and completed validation checks to ensure the information provided to the Audit & Risk Committee was accurate. We have updated our report style to reflect the requirements of the recent update to the Governance Blueprint.

Whilst improvements in reducing the number of outstanding actions have been seen in this reporting year, the Audit & Risk Committee has noted that further effort is required to enhance the effectiveness and timeliness of completing audit recommendations. The Director of Finance & Strategy continues to pursue this as a priority action, with quarterly consideration of the remaining actions by the EDG to drive forward prompt resolution.

Board and Standing Committee Annual Reports

All Standing Committees' draft annual reports are broadly in line with the FTF Committee Assurance Principles and will be presented to the 23 June 2023 Audit & Risk Committee. Committee Annual reports, Directors Statements and the Governance Statement are consistent in content.

Code of Corporate Governance

An update to the NHS Fife Code of Corporate Governance was due to be presented to the Audit & Risk Committee in May 2023, but the meeting was cancelled. However the Code of Corporate Governance was remotely noted by members and was considered by the Board for formal approval in May 2023.

Risk Management

Over the years Internal Audit have made many risk management recommendations, many of which have now been implemented. We have commented positively on a number of individual Risk Management developments and also on a fundamental change in the overall approach to risk management and risk culture, which has been gratifying. However, some elements still remain outstanding and it is important that the overall improvements are embedded within the working practices of the Board and formally recorded within an approved Risk Management Framework.

Following engagement with the EDG, Senior Leadership Teams and the Board, a Corporate Risk Register (CRR) is now in place, with Standing Committees receiving reports on the respective CRR since the formal approval of the CRR at the 29 November 2022 NHS Fife Board meeting. Updates and progress were presented to the Audit & Risk Committee throughout 2022/23.

The Risk Management Annual Report 2022/23, which will be considered by the Audit & Risk Committee at its June 2023 meeting, confirms that adequate and effective risk management arrangements were in place throughout the year. It describes progress against key deliverables within the risk management

improvement programme approved in 2022, intended to enhance the effectiveness of the risk management framework arrangements.

The NHS Fife Annual Risk Management report identifies the following areas for development in 2023/24:

- Completing the refresh of the Risk Management Framework including finalising the process to support the escalation, oversight and governance of risks;
- Refining risk management processes;
- Reviewing and updating of the Board risk appetite statement;
- Updating risk key performance indicators;
- Improving the content and presentation of risk management reports;
- Supporting the continuing development of assurance reporting in which risks are effectively reviewed, addressed and controlled through the Board's governance structures;
- Devising and delivering an education and training programme that equips staff with risk management knowledge and skills according to their roles and responsibilities.

The Board considered its risk appetite pre-pandemic in 2019 and a revised risk appetite statement was considered at a Board Development Session in June 2022, with approval by the Board on 26 July 2022.

NHS Fife have applied the risk appetite levels against each of the four strategic priorities within the new Population Health & Wellbeing Strategy, with these now reported within the CRR reports presented to the Standing Committees with an assessment provided against the risk appetite.

While we commend the positive steps taken by NHS Fife for risk management, there is a need for future development of risk appetite to include greater detail on how it will affect Strategy, decision-making, prioritisation, budget setting and organisational focus; the 'so what' question, which is fundamental to making risk appetite real. Risk reporting to Board and Standing Committees does reference risk appetite but as the framework evolves we would expect risk appetite to be overtly reflected, particularly within target scores, when risks are updated and reviewed and for the actions to be taken, where risks are above appetite to be defined. These might include increased monitoring and application of a prioritised action plan in the first instance, but in the longer term we would hope to see risk appetite influencing strategy, budgets and decision-making i.e. investment in areas above appetite would be prioritised over those at or below appetite. Target dates have now been introduced and we would expect these to feature in the deliberations of Committees as they bed in.

Standing Committees are now receiving deep dive reviews on the corporate risks delegated to them. Currently these deep dives provide evidence of the status of the mitigation plan, but require further development on assessing the key controls, actions, assurances. Mitigations are provided but the criticality and effectiveness of these is not always clear.

The CRR will continue to evolve and will be subject to further refinement and development during 2023/24. Areas for enhancement to the process and assurance reporting should include determining which management actions will impact on the target score with success criteria stated, ranking the importance of controls and the effectiveness of implemented controls and assessing the proportionality of further controls required and whether they are sufficient to achieve the target score.

An updated Risk Management Framework and Policy has been in development for some time and an update on progress will be presented to the September 2023 Audit & Risk Committee. In particular, we have highlighted the need for clarity around joint risk management arrangements with the IJB for many

years and whilst principles have been agreed, these are still not formalised within NHS Fife's own arrangements.

Internal Audit have attended the Risk and Opportunities Group and provided input accordingly, with a focus on embedding the assurance principles and sharing best practice from across the FTF client base. Moving into 2023/24 the Risk and Opportunities Group *'will further develop its knowledge and understanding of the new Population Health & Wellbeing Strategy, the Strategic Planning & Resource Allocation process and the Corporate Objectives in order to inform recommendations on changes or additions to the Corporate Risks and the broader organisational risk profile.'*

Action Point Reference 1 - Risk Management Framework

Finding:

While we commend the many positive developments in risk management in recent years, there is room for further development and formalisation of these within an approved Risk Management Framework. In particular, the following areas can be developed further:

- Risk appetite.
- Deep Dives
- KPIs
- Clarification and formalisation of the joint risk management process with Fife IJB

Audit Recommendation:

Risk Appetite

We acknowledge that risk reporting to Board and Standing Committees includes the risk appetite for each risk, we recommend this to include greater detail on how the risk appetite will affect Strategy, decision-making prioritisation, budget setting and organisational focus, with the 'so what' question, which will be fundamental to making risk appetite real.

Deep Dives

We recommend consideration is given to enhancing the process and deep dive assurance reporting as follows:

- Providing further assessment as to which key management actions will impact on the target score with success criteria stated.
- Focusing only on key controls and providing overt assurance and an overt conclusion on the effectiveness of implemented controls.
- Assessing the proportionality of proposed actions and whether they should be sufficient to achieve the target score.

KPIs

We made detailed recommendations on these a number of years ago and these should be implemented so that the ARC has data on which to assess the overall effectiveness of the system of Risk Management.

Integration

The Risk Management Framework should provide a detailed description of joint Risk Management arrangements with the IJB including responsibility for operational risks, sharing of information and provision of assurance consistent with the IJB Risk Management Strategy which has recently been agreed, but not yet presented to NHS Fife.

Assessment of Risk:

Moderate



Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:	
Management accept there is further work to do to enhance and embed the new arrangements and will take these helpful points forward during 2023/24.	
Action by:	Date of expected completion:
Director of Finance & Strategy	31 March 2024

Clinical Governance

Corporate Risks:

Risk 3 – Covid 19 Pandemic – Moderate Risk (12); Target (12) Moderate

There is an ongoing risk to the health of the population, particularly the clinically vulnerable, the elderly and those living in care homes, that if we are unable to protect people through vaccination and other public health control measures to break the chain of transmission or to respond to a new variant, this will result in mild-to-moderate illness in the majority of the population, but complications requiring hospital care and severe disease, including death in a minority of the population.

Risk 5 – Optimal Clinical Outcomes - High Risk (15); Target (10) Moderate

There is a risk that recovering from the legacy impact of the ongoing pandemic, combined with the impact of the cost-of living crisis on citizens, will increase the level of challenge in meeting the health and care needs of the population both in the immediate and medium term.

Risk 9 – Quality & Safety - High Risk (15); Target (10) Moderate

There is a risk that if our governance arrangements are ineffective, we may be unable to recognise a risk to the quality of services provided thereby being unable to provide adequate assurance and possible impact to the quality of care delivered to the population of Fife.

Risk 16 – Off-Site Area Sterilisation and Disinfection Unit Service - Moderate Risk (12); Target (6) Low

There is a risk that by continuing to use a single offsite service Area Sterilisation Disinfection Unit (ASDU), our ability to control the supply and standard of equipment required to deliver a safe and effective service will deteriorate.

Annual Statement of Assurance

The Clinical Governance Committee (CGC) annual statement of assurance provided a reflective and nuanced conclusion that the Committee had fulfilled its remit and that adequate and effective clinical governance arrangements were in place throughout NHS Fife during the year, and provided commentary on a range of key areas and assurance arrangements.

Covid 19 Pandemic

A Deep Dive into this risk was presented to Clinical Governance Committee on 3 March 2023 which described the management actions in place for Population Health protection.

- Achievement and maintenance of high vaccination coverage for risk groups
- Support for vulnerable settings through provision of tailored guidance and infection prevention control advice to prevent outbreaks. This includes healthcare and non-healthcare settings
- Contribution to national surveillance from community and hospital sites

This risk has achieved the target level and actions in place were deemed to provide Substantial Assurance, noting that any significant mutation of the virus would reduce the benefit of management actions and increase the risk to population health.

Clinical Governance Strategic Framework

The Clinical Governance Strategic Framework and associated Annual Delivery Plan were approved by Fife NHS Board on 28 March 2023.

The implementation of the delivery plan is to be overseen by the Clinical Governance Oversight Group (CGOG).

Actions to address related recommendations from internal audit report B19/21 Clinical Governance Strategy and Assurance, are progressing and are reported to the Audit & Risk Committee within the Audit Follow Up report. Currently no regular update on progress to address internal audit recommendations is provided to CGOG or CGC and there is no conclusion regarding this in the CGC's annual statement of assurance. This will be considered for all strands of governance as part of the scheduled update to the Audit Follow Up Protocol.

CGC Governance and Assurance

The CGC annual statement of assurance reports that a comprehensive review of workplans and terms of reference of the CGC and Public Health and Wellbeing Committee has taken place, to limit the potential for any unnecessary duplication of effort and help clarify each committee's responsibilities over agenda items that might be tabled to more than one standing committee, as part of reporting through the governance structure.

The Clinical Governance Oversight Group (CGOG) has an agreed Terms of Reference and Workplan. CGOG considered its annual statement of assurance at its April 2023 meeting but unfortunately this was not subsequently presented to CGC. We are advised that this was due to an administrative oversight and the 2023/24 statement is scheduled on the CGC workplan to be presented in March 2024. The CGOG Terms of Reference was to have been reviewed but this slipped, this will be presented to the CGOG on 20 June 2023.

The Clinical Governance Strategic Framework referred to above outlines the governance framework and assurance reporting routes for clinical governance and includes services delegated to the IJB, although there is little detail on those aspects delegated to the Public Health and Wellbeing Committee.

As per section directly above the actions to address related recommendations from internal audit report B19/21 Clinical Governance Strategy and Assurance are in the process of being implemented with the following remaining to be fully implemented:

- NHS Fife and IJB Risk Management Frameworks, consistent and complementary with each other, to be finalised and approved.
- Clarification of the scope of the IG&SSG in respect to services delegated to the IJB.
- Updates to the CGOG Terms of Reference to include its responsibilities for providing CGC with a regular assurance report as well as copies of minutes from its meetings.
- CGC Terms of Reference to include its responsibility for providing assurance on Information Governance to Fife NHS Board.
- Clarification of the rationale behind the decision of which sub-groups/committees reporting into the CGC required to provide an annual assurance report and statement in a time frame that allows these to be considered by the CGC before it finalises its own annual assurance report and statement and those that provide their annual reports after CGC has concluded on its own statement.
- Update to the CGC workplan to indicate the year annual reports relate to.

Service Provision Impact Post Pandemic

The CGC Annual Statement of Assurance has provided a nuanced and balanced reflection around reporting on the impact of cessation of treatment/diagnosis, in terms of the impact on patients, future treatment profiles and the risk of additional death and harm without appropriate prioritisation.

We also noted that 8-hour unscheduled care waits are reported within the IPQR section related to the 4-hour emergency access target and commend this as recent research has established a direct link between these waits and increased mortality.

Risk Management

The CGC has considered the risks aligned to it throughout 2022/23. This began with scrutiny of the relevant Board Assurance Frameworks and as the NHS Fife Risk Management processes have evolved CGC now considers the risks aligned to it in the corporate register (see above).

Deep dive information on risks 3 – Covid 19 and 5 – Optimal Clinical Outcomes was presented to the March and May 2023 CGCs respectively. We highlighted in our ICE report (B08/23) that risk 7 – Access to Outpatient, Diagnostic and Treatment Services, aligned to the Finance, Performance and Resources Committee, is also of interest to the CGC. This risk will remain aligned to FPRC but, going forward, it will also be presented to CGOG and CGC for information/assurance. Deep dive information on risk 7 was presented to the FPRC in March 2023.

The rewording of risk 7 to convey the entirety and seriousness of the risk has been agreed by the Director of Acute Services and the revised risk will be presented to FPRC in July 2023. The risk was scored at 16 - High when reported to FP&RC in November 2022 and but had increased to 20 – High by May 2023.

Recommended enhancements to the deep dive process are included within the Corporate Governance section.

Reporting to CGOG on the risk associated with Adult and Child Protection is scheduled in the CGOG 2023/24 Workplan for the 20 June 2023 meeting.

The IPQR has been enhanced to show relevant corporate risk information in all sections including Clinical Governance.

External Review

An activity tracker is presented to each CGOG meeting which shows inspections undertaken by external bodies (eg Healthcare Improvement Scotland (HIS)).

In response to a previous internal audit recommendation a paper was presented to CGOG meeting on 18 April 2023 regarding reviews of services delegated to the IJB undertaken by external bodies (eg the Mental Welfare Commission) that are relevant to NHS Fife Clinical Governance. The CGOG 2023/24 workplan has been updated to have an HSCP inspection update as a standing agenda item.

CGC was also informed that the issues cited in the letter sent to all NHS Scotland Boards from HIS highlighting general concerns raised via a number of recent Safe Delivery of Care Inspections have been considered, an action plan to address the issues has been developed and mock inspections are to be undertaken to confirm that the changes have been implemented.

The Ockenden Report (independent review of maternity services delivered at the Shrewsbury & Telford Hospital NHS Trust) was presented to CGC with assurance that NHS Fife's maternity service had carefully benchmarked its activities against the system-wide recommendations made and had identified areas where action was needed, to help improve the quality and safety of maternity care.

Consideration will be given to conducting an Organisational Learning Group focussed on findings from external bodies and considering whether improvements are required to internal control/assurance mechanisms to ensure that should the issues highlighted recur they would be highlighted to management before an inspection discovers them.

Significant Adverse Events

The narrative included in the IPQR presented to CGC on 3 March 2023 highlighted performance issues regarding the Adverse Events Management Process with only 37% of actions closed within the 90 day expected completion time. The reason for this was stated as being an increase in numbers of SAER/LAERs on top of an existing accumulation of open SAER/LAERs and the action being taken to address this includes a change to the process around the executive review and approval of SAER to reduce the time commitment of review teams and improve efficiency. Adverse events KPIs are now reported to CGOG routinely.

The revised draft Adverse Events Policy (GP/I9) was approved by CGOG on 14 February 2023 and has been published on Stafflink.

Organisational Duty of Candour

The Annual Duty of Candour (DoC) report covering the 2021/22 financial year was presented to Fife NHS Board at their 28 March 2023 meeting. This informed the Board that between 1 April 2021 and 31 March 2022, there were 36 adverse events reported where DoC applied.

The report also included assurance that NHS Fife had complied with DoC in all 36 cases and the lessons learned from these cases as a result.

The SBAR supporting the DoC Annual Report for 2021/22 presented to March 2023 CGC includes an update on DoC activity in 2022/23 to date - 8 confirmed DoC (including 4 tissue viability and 3 falls) with 9 outcomes recorded (7 being an increase in treatment).

Clinical Policies and Procedures

CGOG was regularly updated on the review status of clinical policies and procedures in 2022/23 via the work of the Clinical Policies and Procedures Authorisation and Co-ordination Group. The CGOG annual statement of assurance reported that over the year a 98% compliance rate was achieved.

Health and Safety

The 2022/23 Health & Safety Sub-Committee Annual Statement of Assurance confirmed that there were no significant control weaknesses or issues at the year-end which it considered should be escalated to the Clinical Governance Committee or disclosed in the Board's Governance Statement.

The assurance also outlines the staffing changes made in year to strengthen the team and that whilst the re-establishment of the Sharps Strategy Group stalled due to continuing pressures on clinical staff, sharps was added as a standing item to the Acute Services & Corporate Directorates Local Partnership Forum meetings, to enhance scrutiny in this area. At the June 2023 meeting of Health & Safety Sub-Committee agreed that a separate Sharps Group does not require to be re-established as it has been integrated effectively into the above meetings.

There was no Health & Safety Executive enforcement undertaken during the year within NHS Fife.

Resilience

An annual statement of assurance for the Resilience Forum was presented to CGC on 5 May 2023. A new Head of Resilience appointed in spring 2022 is progressing areas of focussed work around emergency planning, resilience guidance documents and Business Continuity Planning across the organisation.

The actions to address recommendations from Internal Audit Report B23/22 on Resilience are progressing and are reported within Audit Follow Up reports to the Audit & Risk Committee.

Staff Governance

Corporate Risks:

11 Workforce Planning and Delivery - High Risk (16); Target (12) Moderate

There is a risk that if we do not implement effective strategic and operational workforce planning, we will not deliver the capacity and capability required to effectively deliver services.

12 Staff Health & Wellbeing - High Risk (16); Target (12) Moderate

There is a risk that if due to a limited workforce supply and system pressure, we are unable to maintain the health and wellbeing of our existing staff, we will fail to retain and develop a skilled and sustainable workforce to deliver services now and in the future.

Workforce Planning

B17/23 Workforce Planning reviewed NHS Fife's Workforce Plan submitted to the Scottish Government in July 2022. We concluded that whilst the plan represented an important and helpful first stage in the process and was developed broadly in line with the Scottish Government 5 Pillars approach, the next iteration, which will now be taken forward through the Annual Delivery Plan, requires further development to ensure that it contributes fully to the achievement of NHS Fife's strategic objectives and operational sustainability, and the mitigation of the significant workforce risks facing NHS Fife. Key issues identified were:

- It is not clear that the Workforce Plan is sufficient to mitigate the Workforce Risk to its planned target level which appears optimistic in the current circumstances.
- Given the challenges faced across the Health & Social Care Sector, further analysis is required to understand the gap between future staffing requirements and likely staff availability and how this will be filled.
- Future iterations through the Annual Delivery Plan should incorporate work being taken forward through the SPRA and there should be greater clarity around financial implications.
- The Workforce Plan covers staff in non-delegated functions and needs to be considered alongside the HSCP Workforce Strategy and Plan. Work should continue to develop the integrated workforce planning approach described in the national guidance which will ensure effective governance and assurance arrangements for NHS Fife staff covered by the IJB's Workforce Plan.
- SMART actions and associated actions derived from the Workforce Action Plan need to be developed and fully reflected in the Annual Delivery Planning process.
- The Terms of Reference of the SGC should be reviewed to include specific focus on the development and delivery of the Workforce Plan, which should be a key element of the SGC's assurance reports to the Board.

The draft report concluded appropriate governance arrangements were in place for the development of the plan. This included a timeline being developed to ensure that it was endorsed by the relevant stakeholders, SGC and the Board before it was finalised for submission to the Scottish Government within the required timescale. Further detail on Internal Audit findings and associated recommendations will be included within the finalised B17/23 Workforce Planning audit report.

Workforce Risks

During 2022/23, the SGC continued to review the Corporate Risks assigned to it, both of which remain high. Due to the level of challenge associated with the workforce, which is associated with both of the Corporate Risks overseen by the SGC, a deep dive review of the operational risk for nursing and midwifery was completed. This included a review of the existing mitigating actions and the inclusion of additional actions. Overall, there remains a significant level of delivery challenge relating to achieving the necessary nursing and midwifery staff levels. Arrangements are in place for completing future deep dive reviews of the Corporate Risks.

Staff Governance Assurances

Arrangements are in place via the SGC Workplan to ensure that it is given assurances on the action taken to enable NHS Fife to comply with the different strands of the Staff Governance Standards. Each strand is also considered by the Acute Services Division & Corporate Directorates local partnership forum and by the HSCP local partnership forum. Annual Reports for each local partnership forum for 2021/22 were presented to the SGC during 2022/23. Consideration of the Staff Health and Wellbeing Framework and further staff reports, provided further detail on the action taken to meet the Staff Governance Standards. This is supplemented, by a summary of the reporting made to the SGC throughout 2022/23 being included in its annual assurance statement.

The above is reporting on the action taken by NHS Fife to comply with the Staff Governance Standards during 2022/23. However, there was no concluding statement at the year-end giving the SGC an assessment of what had been achieved during the year in implementing the different strands of the Staff Governance Standards, detailing what has still to be achieved to fully comply with the standards and the actions being taken forward into 2023/24.

Remuneration Committee

The Remuneration Committee held regular meetings throughout 2022/23. It completed an annual assessment of its performance for 2022/23, with only a small number of minor changes to future performance being required. The SGC completed a review of its terms of reference for 2023/24 at its May 2023 meeting.

Promoting Health and Wellbeing and Appropriately Trained & Developed

Both Personal Development Plan (PDP) and sickness absence statistics are now reported to the SGC as part of the IPQR.

Completed PDP reviews at March 2023 were at 38% and Mandatory Training completion levels at April 2023 at 57%, both well below the target of 80%. New management actions have been agreed and are in place to improve the completion of both during 2023/24.

Sickness absence at March 2023 was 6.76%, with the average for 2022/23 being 6.59%, a downward trend since a peak of 7.86% in December 2022, despite now including Covid-19 sickness absence. Further consideration of actions to reduce the current levels of sickness absence during 2023/24 was recently completed by the EDG in May 2023.

The results of the 2022/23 iMatter survey and the comparative national results were presented to the SGC in January 2023. NHS Fife data were broadly comparable to the national average. The results have been considered by the Area Partnership Forum, with no significant issues reported and arrangements are now being made for the 2023/24 survey.

The Workforce Plan 2022-25 includes an action to consider succession planning for a range of critical roles, including specialist and advanced practitioner roles.

Whistleblowing

Internal Audit report B18/23 on Whistleblowing, which provided reasonable assurance, reviewed Whistleblowing arrangements and found that:

- NHS Fife has introduced arrangements to comply with the Independent National Whistleblowing Officer (INWO) standards.
- Two concerns had been raised at the time of our review and although our review indicated that full efforts were made to conduct the whistleblowing investigations in accordance with the INWO standards, there is an opportunity to improve aspects of the investigation process through review of the manner in which the two concerns raised were investigated.
- Six merits attention recommendations were made to further enhance the implementation of whistleblowing arrangements and the processing and reporting of concerns raised.

Quarterly update reports detailing the steps taken to comply with the National Whistleblowing standards and report on the number of concerns raised within NHS Fife are being presented to the SGC. Assurance has also been provided in the SGC annual assurance statement on compliance with the National standards and progress in processing concerns raised.

The Whistleblowing Champion is a member of the SGC and therefore reviews all whistleblowing assurance provided to the SGC, including that within the committee's annual assurance statement. However, based on the important oversight role of the Whistleblowing Champion, it is viewed as more appropriate by Internal Audit that in future an overt statement is included within the SGC annual assurance statement specifically from the Whistleblowing Champion giving their opinion on the adequacy of NHS Fife's whistleblowing arrangements. An Annual Whistleblowing Report for 2022/23 has still to be prepared and it should include a similar statement from the Whistleblowing Champion.

Action Point Reference 2 - Staff Governance Standards

Finding:

There has been positive reporting to the SGC on the action taken within NHS Fife to comply with the SGCs during 2022/23. However, this would be further enhanced by a concluding statement being provided to the SGC at the year-end giving it an assessment of what had been achieved during the year in implementing the different strands of the Staff Governance Standards and detailing what still had to be achieved to fully comply with the standards and was being taken forward as actions into 2023/24.

Audit Recommendation:

To evidence that NHS Fife is fully considering its compliance with the different strands of the Staff Governance Standards and is following a predetermined plan, a separate paper should be scheduled into the SGC 2023/24 workplan to provide specific year-end feedback on:

- The action taken on each strand of the Staff Governance Standards during 2023/24.
- Reflection on how successfully and effectively these have been implemented.
- What actions are being taken forward into 2024/25, plus the further coverage planned for each strand during 2024/25.

The above feedback should form a key element of the SGC Annual Report

Assessment of Risk:

Merits
attention



There are generally areas of good practice.
Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

I am content with the audit findings and although we already prepare and end of year summary for staff governance and agree a work plan for the following year with the chair and committee, this could be amended to take into account the points raised by the audit findings.

Action by:

Action by:

Director of Workforce

March 2024

Action Point Reference 3 - Whistleblowing	
Finding:	
<p>The B08/23 ICE review contained an agreed recommendation that SGC Annual Statement of Assurance should provide an overt opinion on the adequacy of NHS Fife’s whistleblowing process and include a concluding statement from the Whistleblowing Champion. Whilst details were included in 2022/23 SGC Annual Statement of Assurance on the implementation of whistleblowing arrangements within the previous year, but there was no overt assurance from the Whistleblowing Champion on the adequacy and effectiveness of NHS Fife’s whistleblowing arrangements.</p>	
Audit Recommendation:	
<p>In future the SGC Annual Assurance Statement should include a statement confirming the Whistleblowing Champion’s opinion on the adequacy NHS Fife’s whistleblowing arrangements.</p>	
Assessment of Risk:	
<p>Merits attention</p>	<div style="display: flex; align-items: center; justify-content: center;">  <p>There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.</p> </div>
Management Response/Action:	
<p>The opportunity to learn lessons from the experience of working with the whistleblowing standards is a key feature of how we ensure the development of our open culture in Fife. It is recognised that over the course of implementation of the whistleblowing standards, lessons learned have identified further improvements we can make with our concern handling. We have created an action plan showing specific areas where improvement can be achieved.</p>	
Action by:	Action by:
Director of Workforce	March 2024

Financial Governance

Corporate Risks:

13 Delivery of a balanced in-year financial position – High Risk (16); Target (12) Moderate

There is a risk that due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally, the Board will not achieve its statutory financial revenue budget target in 2023/24 without brokerage from Scottish Government.

14 Delivery of recurring financial balance over the medium-term - High Risk (16); Target (12) Moderate

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.

15 Prioritisation & Management of Capital Funding - Moderate Risk (12); Target (8) Low

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.

Financial Performance

The draft financial outturn position to 31 March 2023, subject to external audit review, was:

- A break even position against Revenue Resource Limit (£908.757m) after brokerage of £9.738m
- A break-even position against the core Capital Resources Limit (CRL) of £30.709 million
- 2022/23 savings delivered of £9.8 million of which £3.0 million (32%) were recurring

The draft year-end figures for the HSCP was breakeven for Health delegated.

Finance reporting to Board and FPRC has been transparent and open and the Director of Finance and Strategy has consistently and clearly articulated financial challenges through EDG, Standing Committees and the Board. Papers presented highlighted the many risks to the achievement of the target deficit budget position of £10.4m, although additional Scottish Government allocations received late in the financial year and confirmation of brokerage from Scottish Government allowed NHS Fife to achieve its original financial planned deficit level.

Medium-Term Financial Plan

The Scottish Government issued formal guidance on financial planning covering the financial years 2023/24 to 2025/26 with final plans to be submitted to the Scottish Government by 16 March 2023. The guidance required Boards that are currently unable to deliver financial balance in 2022-23 without support from the Scottish Government, to develop a Financial Recovery Plan to demonstrate how balance will be achieved within three years.

Following discussions and agreement with the Scottish Government, NHS Fife has developed a 5-year plan on the basis that it provides a more realistic and credible timescale within which NHS Fife can achieve financial sustainability and commence brokerage repayments for the financial support received in the years 2022/25.

The Medium-Term Financial Plan was endorsed by the FPRC (Reserved Business) on 14 March 2023, followed by Board approval (Reserved Business) on 28 March 2023. The Medium-Term Financial Plan provides clarity on funding and expenditure assumptions with areas of greatest risk and uncertainty highlighted and presenting a range of potential scenarios which demonstrate the impact of changes to key parameters.

One key additional factor which will need to be taken into account, when assessing financial risk, is the availability of funds for brokerage across the whole of NHS Scotland. We understand that all mainland Boards will require significant brokerage for the next three years and whilst the total quantum is unknown, funding the likely overall brokerage requirement is likely to be extremely challenging, especially given the Scottish Government's financial situation as set out with its own medium term financial plan. Whilst NHS Fife's cumulative 3 year brokerage, at a total of £35m is relatively modest compared to some other NHS Boards, it is by no means certain that it will be available when needed. NHS Fife should monitor this risk and have contingency plans in place; the impact of a sudden, unplanned unavailability of brokerage could impact on service provision.

Very recent (post-audit) confirmation of additional recurring funding to take the Board close to NRAC parity and also non-recurring funding for new medicines will impact positively on the medium-term financial plan. This is currently being reviewed by the Director of Finance & Strategy.

Over the years NHS Fife has not always been successful at achieving its efficiency targets and most savings have been non-recurrent, with a particular reliance on financial flexibility. The 5 year plan highlights that NHS Fife will need to achieve £15m of recurrent savings each year for the next 5 years, which greatly exceeds any previous performance.

The Scottish Government's formal response to NHS Fife's Medium-Term Financial Plan was received on 31 March 2023 and has not yet been presented to the FPRC, expects the following actions by 30 June 2023:

- To provide an update on progress against actions set out in your financial recovery plan, including the work carried out in collaboration with your IJB and regional partners.
- Develop a plan to deliver 3% recurring savings in 2023-24 and develop options to meet any unidentified or high risk savings balance.
- Development of other measures to be taken to further reduce the financial gap.
- Review of key underlying drivers of the deficit and specific risks as presented within the Financial Plan.
- To focus on addressing Covid-19 legacy costs, including additional bed capacity.

Whilst NHS Fife's financial governance arrangements are robust, they are operating within a system facing severe pressures and one in which resource allocation and organisational focus were understandably prioritised towards the Covid 19 response. As the environment has become more difficult, risks have increased and therefore existing controls may not be sufficiently resilient to substantially mitigate the new and increased pressures.

The NHS Fife Board needs to assure itself that it has the capacity and capability sufficient to drive strategy, and the associated transformation programme as well as delivering savings of £15m a year. In particular, it should understand the staff resource and cultural changes which will ensure that this area is given the required priority, which will be particularly challenging in a difficult operating environment and one in which NHS Fife is subject to potentially conflicting priorities from the Scottish Government.

During the Covid pandemic, there was a necessary shift of focus towards operational priorities, which reflected the extreme risks in those areas as well as an influx of Covid related funding which lessened the immediate financial risk. In future, the risks related to financial sustainability are likely to rise sharply and rapidly, with the acute sector in particular facing very significant financial challenges. NHS Fife has already begun to demonstrate the necessary shift in culture required to adapt to this change, for example through its approach to agency costs, but this will require leadership from the Board itself who

should ensure that financial sustainability is at the heart of decision making and support officers when they are required to make difficult decisions.

Efficiency Savings

For 2022/23 the NHS Fife Financial Plan included an overall savings target of £11.7m. As at 31 March 2023, NHS Fife delivered £9.8m against the cost improvement programme of £11.7m, with only £3.0m (32%) of savings recurrent.

For 2023/24, a 3% cost improvement target was applied across NHS Fife's core revenue resource limit which includes the funds delegated to the Fife HSCP. A cost improvement target of £4.6m will be delegated to the partnership and the remaining £15m will be the responsibility of Health Board retained services to deliver each year for the next 5 years.

Key areas of the 2023/24 cost improvement plans are agency staff (£10m) and surge capacity (£5m).

As stated in B08/23 ICE - savings identified within the Financial Improvement and Sustainability Programme are mainly operational rather than strategic, although the NHS Fife Population Health and Wellbeing Strategy does state that *'The finite nature of our financial resources will inevitably require us to prioritise areas for investment and disinvestment.'* We strongly agree with this assessment and it is vital that the delivery of this aspect of the PHWS is monitored, encouraged and supported to ensure that the identification of priority areas and disinvestment opportunities proceeds at pace, with full engagement with the Board and that clear linkages to detailed savings and transformation programmes are established as soon as possible.

Property Asset Management, Net Zero and Capital Risk

The Five Year Capital Plan 2022/23 was endorsed at the March 2022 FPRC and approved at the NHS Fife Board meeting. For 2022/23 NHS Fife achieved its Capital Resource Limit (CRL) financial target, subject to external audit.

An interim update Property and Asset Management Strategy (PAMS) was endorsed by the FPRC and approved by the NHS Fife Board in September 2022. The PAMS is clear on its role as an enabling strategy as part of the Population Health and Wellbeing Strategy.

The Estates, Facilities and Capital Planning SPRA process has identified short and long term strategic priorities, which have been included in the PAMS as an action plan against which progress will be reported to the Fife Capital Investment Group and the FPRC.

The Scottish Government have advised that NHS Boards will not be asked to submit a PAMS but instead will require a 'Whole System Plan' setting out proposals on a system-side basis for asset investment to facilitate the achievement of strategic plans. There has been no formal guidance issued other than NHS Fife should have a programme Initial Agreement to identify relevant priorities.

Following the publication of the PHWS, NHS Fife intend to:

- Publish a PAMS (or local equivalent) document annually as a supporting strategy to the PHWS
- Adopt a more "whole system approach" which will include: -
 - The primary care premises strategy.
 - Master plans for VHK/QMH.
 - Details of any gaps including the Community Hospitals Strategy.

- Re-iteration of priorities including Mental Health Inpatients, Kincardine & Lochgelly wellbeing hubs and refurbishment programme for Acute in Dunfermline/Kirkcaldy.

The FPRC have not yet been formally informed of this approach, although a workshop on whole system working held at Fife Capital Investment Group in January 2023, included a wide range of stakeholders and the notes of the workshop were presented to the March 2023 FPRC.

The Medium-Term Financial Plan stated that during 2022-23 NHS Fife secured grant funding and took forward a significant energy saving project which reduced energy consumption by 7% as well as its carbon footprint. Going forward, NHS Fife plans to continue this agenda by investing savings from energy efficiencies to recruit staff to progress the Climate Emergency and Sustainable Development Policy including agreed Net Zero Commitments, although the associated costs have never been reported to the FPRC or considered overtly within the relevant risk.

The PHWS reflects Climate Change throughout, and there is now a relevant section in the Annual Delivery Plan for 2023-24. The Public Health and Well Being Committee receive the risk reports on Corporate Risk 4 - Policy obligations in relation to environmental management and climate change. However, the risk does not include any consideration of the associated financial costs, which are likely to be considerable.

The FPRC receive regular updates on current major capital projects. The Fife Elective Orthopaedic Centre was delivered broadly in line with the revised budget, which reflected increases for staff costs which were approved by the SG. The Fife Elective Orthopaedic Centre was formally opened by the then First Minister of Scotland on 27 March 2023.

The FPRC receives regular reports on the Corporate Risk 15 - Prioritisation & Management of Capital Funding. A deep dive is scheduled for this risk to the July FPRC meeting. As a minimum we would expect that the impact of Net Zero and the 'whole system plan' are prominent in the consideration of this risk.

Finance Risk Reporting

There are two corporate financial risks, one for in year delivery of the financial plan and the second related to the longer term financial plan. These risks were first reported to the FPRC at the 15 November 2022 meeting.

The risk reporting process will continue to evolve over the coming months, in particular developing a model that allows for provisions of appropriate levels of assurance. This to include a mechanism for clearly defining specific levels of assurance, linked to the impact of risk mitigation, to be used in conjunction with the existing Assurance Principles. This should enable an explicit conclusion to be reached on the overarching level of assurance provided by the risk owner and received by a Committee. As noted above, the financial sustainability risk should include specific reference to the potential that the anticipated brokerage funding may not be available in full. In addition, controls and actions should overtly reflect any changes in culture required, capacity and capability within the organisation to deliver the expected levels of savings in addition to business as usual, and the key actions to follow from the production of the PHWS in terms of prioritisation and service change.

Action Point Reference 4 –Capacity and Capability

Finding:

NHS Fife will need to deliver unprecedented savings, simply to deliver a predicted £35m cumulative overspend in 3 years with financial balance to be achieved after year 5. Although risks have been well set out, there are two key aspects which need to be considered and over which assurance should be provided:

- a) The plan relies on delivering £15m of recurrent savings each year, which is significantly above those achieved by NHS Fife in previous years
- b) The plan is contingent on the Scottish Government having the funds available to provide £35m brokerage by year three.

Audit Recommendation:

NHS Fife should present a financial sustainability action plan to the FPRC and Board which demonstrates clear links to the Population Health and Well Being Strategy, the Workforce and Digital & Information strategies, and service redesign and transformation. This should include, *inter alia*:

- A clear process and timetable for the setting and implementation of organisation priorities, a clear methodology for agreeing areas for de-prioritisation and a robust process for identifying and delivering service change, all linked overtly to the required savings
- The process for formal monitoring of operational and strategic savings programmes
- Provision of overt positive assurance to the Board that NHS Fife has the capacity and capability (both in terms of planning and operations) to drive transformational change, whilst maintaining business as usual and delivering savings, both on the short and longer term
- A clear delineation of the cultural changes required to ensure that financial sustainability receives sufficient priority both strategically and operationally, in the face of competing pressures and conflicting Scottish Government priorities.

Assessment of Risk:

Significant



Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.

Requires action to avoid exposure to significant risks to achieving the objectives for area under review.

Management Response/Action:

There is an agreed medium-term financial plan which clearly sets out the level of challenge the organisation is facing. There is also a well-established FIS Programme which challenges, monitors and reports on in-year progress in delivering the savings required. Our efforts are on reviewing our 3 focus areas for 2023/24 and growing a pipeline for further opportunities across a number of key areas including Bank & Agency, Surge, Medicines Optimisation, Property & Infrastructure, Corporate Overheads and major contract reviews. We have successfully lobbied for more equitable NRAC parity

allocation which will significantly reduce the original £35m.

We have also agreed with the CE and Chair that in addition to the IPQR we will commence specific reporting on Financial Performance and Sustainability through FPRC and the Board which we hope to start in summer 2023. This will further support the level of transparency, scrutiny and challenge required over the coming years.

Action by:	Date of expected completion:
Director of Finance & Strategy	31 March 2024

Action Point Reference 5 –Scottish Government Brokerage

Finding:

We understand that all mainland Boards will require significant brokerage for the next three years and whilst the total quantum is unknown, funding the likely overall brokerage requirement is likely to be extremely challenging, especially given the Scottish Governments overall projected deficit. Whilst NHS Fife’s cumulative 3 year brokerage, at a total of £35m is relatively modest compared to some other NHS Boards, and it is likely that this will be further reduced by the receipt of significant new funding very recently, there is still a possibility that brokerage might be necessary and the availability of any required level of funding may not be guaranteed, dependent on circumstances.

Audit Recommendation:

NHS Fife should record, monitor and have contingency plans in place to manage the risk of a sudden cessation for brokerage, which, unmitigated, could impact on service provision.

Assessment of Risk:

Moderate



Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

Following the very recent additional funding announcement, we are in the process of reviewing and revising the MTFP. Once completed we will report the revised position to the EDG and Board, and be cognisant of this risk.

Action by:

Date of expected completion:

Director of Finance and Strategy

30 September 2023

Digital and Information Governance

Corporate Risks:

Risk 17 – Cyber Resilience - High Risk (16); Target (12) Moderate

There is a risk that NHS Fife will be overcome by a targeted and sustained cyber attack that may impact the availability and / or integrity of digital and information required to operate a full health service.

Risk 18 - Digital & Information (D&I) - High Risk (15); Target (15) High

There is a risk that the organisation maybe unable to sustain the financial investment necessary to deliver its D&I Strategy and as a result this will affect our ability to enable transformation across Health and Social Care and adversely impact on the availability of systems that support clinical services, in their treatment and management of patients.

Actions to Address Recommendations made in Previous ICE and Internal Audit Annual Reports

The following recommendations have been completed or in progress:

- Assurance reporting regarding the review status of Information Governance & Security (IG&S) Policies and Procedures is now in place and two key policies that had lapsed review dates have been reviewed, updated and published on Stafflink.
- The Clinical Governance Committee has been updated on the implementation of the Digital and Information Strategy including the risk that that elements of the strategy will no longer be delivered within the original timeframe of the strategy.
- The revised reporting format described in the section below, based on the Information Commissioner’s Office Assurance Framework (ICOAF) and Scottish Public Sector Cyber Resilience Framework (SPSCRF) mapping exercise, has been communicated to Scottish Government as an example of a more streamlined approach to assurance that could be implemented across Scotland.
- Improvements have been made to the IG&S Update report for CGC including the section on incident reporting which now provides assurance regarding compliance with the 72 hour timescale for reporting to the ICO. This is to be further improved with an indication of whether any of the incidents will require to be, or are likely to require to be, included as disclosures in the Board’s Governance Statement
- The Digital & Information (D&I) Workforce Plan is not yet included as a mitigation to the D&I Strategy Risk recorded on the Corporate Risk Register but we are advised that it will be in its next iteration.

Governance Arrangements and Assurance Reporting

Reporting to the IG&SSG and the D&I Board has been consistent throughout the year. Both groups provided update reports to the CGC during the year and Annual Assurance Reports/Statements at year-end.

Reporting to IG&SSG has been refreshed during 2022/23 following a mapping exercise of the controls required by the ICOAF and the SPSCRF (which incorporates the controls required by the Network & Information Systems Regulations (NISR). The first report prepared on this basis was presented to IG&SSG on 11 April 2023 and is titled ‘Information Governance & Security Accountability and Assurance Framework (IG&SAAF)’. The content of the report includes an executive summary, including performance measures and a risk management summary, and performance assessment reports split

across 10 categories linked to the ICOAF & SPSCRF. The report is a work in progress with data still to be added for some categories, for example subject access requests in some localities and training compliance, but is to be continually improved and will be used for assurance to various audiences going forward including the ICO and Competent Authority auditors. This new method of reporting incorporates the assurance previously reported in the Activity Tracker and Key Measures reports which have been superseded by the IG&SAAF.

Digital and Information Strategy

Reporting to CGC regarding the implementation of the Digital and Information Strategy 2019-24 in 2022/23 has highlighted ongoing challenges to delivery including financial constraints and has informed members that continual prioritisation of business cases and work packages is being undertaken to ensure maximum return on investment is achieved. CGC have been informed that this prioritisation will continue over the remaining period of the strategy and that some elements may not be delivered within the original anticipated timescale of the strategy (eg National Programmes for Laboratory Information Management Systems, GP-IT Re-provisioning and Child Health system).

The development of the next D&I Strategy should include at the outset a resourcing and financial assessment to assess its likelihood of being delivered within the stated timescale.

Risk Management

Risk reports were presented to each IG&SSG and D&IB meeting in 2022/23 including visualisation of the risk profile. Analysis on highest ranked risks (deep dives) provided the Group with additional understanding of the risk and allowed them to consider if the management actions would mitigate the risk within a suitable timescale. During the period, IG&SSG noted that 9 risks improved their rating, 1 risk deteriorated during the period, 3 equalled their target risk rating and moved to a status of monitoring and 5 risks were closed whilst D&IB noted that 15 risks improved their rating, 5 moved to the target risk rating and moved to a status of monitoring and 4 risk were closed.

An IG&S Risk Management Framework was presented to IG&SSG in 2022/23. This included a risk appetite and tolerance matrix with 7 tolerance categories and was approved by IG&SSG at their April 2023 meeting.

A deep dive was presented to CGC in January 2023 regarding corporate risk 18 - Digital & Information (Finance). This listed the root causes of the risk as follows:

- Lack of financial feasibility assessment when D&I Strategy (2019-24) was written
- Historic investment in digital capability has not considered the total cost of ownership
- Digital response to the pandemic increased number of digital capabilities and infrastructure being introduced
- scale and number of nationally mandated programmes that are not fully funded
- Legacy and fragile systems are allowed to consume resource and money to run and operate as they are considered clinically important or too costly to replace

These issues are in line with Internal Audit understanding and the risk rating of high (15) and conclusions on actions to reduce this in future appear reasonable.

The SBAR supporting the deep dive stated that *'work is underway to further enhance the deep dive review component. This will require the inclusion of clear statements as to the proximity of the risk and the related risk appetite, as well as explicit evidence of assurances provided'*. The CGC noted this risk continues to be high, and that the action plan will support reducing the level of risk.

External Review

Competent Authority NISR Audit

The results of the NISR audit by the Competent Authority were reported to IG&SSG at its 6 July 2022. This scored NHS Fife as 76% compliant which is an improvement on 2021 (69%) and 2020 (53%). The Competent Authority will undertake their next audit of NHS Fife in August 2023, which will incorporate elements of the new Cyber Resilience Framework.

ICO Accountability Framework

The audit was focussed on Governance & Accountability and Data Sharing i.e. *'The extent to which information governance accountability, policies and procedures, and information sharing agreements and logs which comply with the principles of all data protection legislation are in place and in operation throughout the organisation'*.

The draft ICO report was presented to April 2023 IG&SSG and graded NHS Fife as 'Reasonable' – *'There is a reasonable level of assurance that processes and procedures are in place and are delivering data protection compliance'*. The audit identified some scope for improvement in existing arrangements to reduce the risk of non-compliance with data protection legislation. There are twelve high, 8 medium and 3 low priority recommendations with none 'urgent'. The final report from the ICO contained no substantial changes and an action plan to address the recommendations included in the report is being developed with an activity tracker to be presented to IG&SSG to monitor progress of implementation of the actions.

Keeper of the Records of Scotland

The response from the Keeper of the Records of Scotland to NHS Fife Records Management Plan was presented to IG&SSG in October 2022 and to CGC in January 2023. The Keeper acknowledged that the Records Management Plan set out proper arrangements for the management of NHS Fife's public records and noted the improvement activities necessary in Business Classification and Audit Trail.

Digital Maturity Assessment

A paper on the forthcoming Organisational Digital Maturity Assessment, required by Scottish Government as part of NHS Fife's Annual Delivery Plan, was presented to D&I Board on 19 April 2023 and to EDG on 4 May 2023. The paper was also presented to Health & Social Care Senior Leadership Team in April 2023.

Information Governance Incidents

Through the year, 14 incidents were reported to the ICO, the same number as the previous year, of which, 8 (71%) were reported within the 72-hour requirement, 10 did not require any further follow up and 4 are unconfirmed.

As per the Audit Follow Up section above, improvements have been made to the IG&S Update report for CGC including the section on incident reporting which now provides assurance regarding compliance with the 72 hour timescale for reporting to the ICO. This is to be further improved with an indication of whether any of the incidents will require to be, or are likely to require to be, included as disclosures in the Board's Governance Statement (Rec10 from B08/23 - ICE).

Action Point Reference 6 – D&I Strategy

Finding:

Reporting to CGC regarding the implementation of the Digital and Information Strategy 2019-24 in 2022/23 has highlighted the ongoing challenges to delivery including financial constraints, that this prioritisation will continue to be required over the remaining period of the strategy and that some elements may not be delivered within the original anticipated timescale of the strategy (e.g. National Programmes for Laboratory Information Management Systems, GP-IT Re-provisioning and Child Health system).

Audit Recommendation:

NHS Fife should identify and report to the CGC on those elements of the 2019-2024 D&I Strategy which will not be delivered by 31 March 2024 stating the impact upon NHS Fife's strategic ambitions and how this is being addressed in the next D&I Strategy.

The development of the next D&I Strategy should also include at the outset a resourcing and financial assessment to assess its likelihood of being delivered within the stated timescale and the risks associated with non-delivery.

Assessment of Risk:

Moderate



Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

The recommendation will feature in reporting to CGC for their July 2023 and January 2024 meetings.

The creation of a revised D&I Strategy will include at the outset a resourcing and financial assessment to support the likelihood of delivery. These items will be reported to the D&I Board and through reporting to CGC during 2023/24, with final evidence being shown on the publication of the D&I Strategy in July 2023.

Action by:

Associate Director of Digital and Information

Date of expected completion:

31 July 2024

Key Performance Indicators

Planning	Target	2021/22	2022/23
Strategic/Annual Plan presented to Audit & Risk Committee by June.		Draft presented May 2022	Draft presented June 2023
Annual Internal Audit Report presented to Audit & Risk Committee by June	Yes	Presented Audit & Risk Committee – June 2022	Presented Audit & Risk Committee – June 2023
Audit assignment plans for planned audits issued to the responsible Director at least 2 weeks before commencement of audit	75%	100%	100%
Efficiency			
Draft reports issued by target date	75%	67%	57%
Responses received from client within timescale defined in reporting protocol	75%	100%	80%
Final reports presented to target Audit & Risk Committee	75%	67%	57%
Number of days delivered against plan	100% at year-end	67%	90%
Number of audits delivered to planned number of days (within 10%)	75%	91%	79%
Skill mix	50%	80%	88%
Staff provision by category	As per SSA/Spec	Pie chart	
Effectiveness			
Client satisfaction surveys	Average score of 3.5	Bar chart	

Assessment of Risk

To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Fundamental		Non Compliance with key controls or evidence of material loss or error. Action is imperative to ensure that the objectives for the area under review are met.	None
Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. Requires action to avoid exposure to significant risks to achieving the objectives for area under review.	One Point 4
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.	Three Points 1, 5 & 6
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	Two Points 2 & 3

ICE Report 2022/23 (B08/23) - Update of Progress Against Actions		
Agreed Management Actions with Dates	Progress with agreed Management Actions	Assurance Against Progress
<p>1. Committee Assurances</p> <p>a. the Board’s action list, which is currently maintained and followed up by the Corporate Governance & Board Administration team, will be tabled for review at future Board meetings</p> <p>b. risk section within the SBAR papers presented to the Standing Committees and the Board should fully articulate the risks associated with the report, the linkage to the relevant Corporate or Operational risk and any related consequences</p> <p>c. SBARs on Policy updates to include a risk assessment on each policy which has passed the renew date, highlighting the risks and possible consequences of the policy not being reviewed within the timescale and superseded policies will be removed from Stafflink.</p> <p>Action Owner: Head of Corporate Governance & Board Secretary</p> <p>Original target implementation date 30 June 2023.</p>	<p>a. The Board’s Action List was included on the agenda for its meetings on 31 January and 28 March 2023 and comparison of the two Action Lists shows that it is being updated between meetings.</p> <p>b. A sample of SBARs presented to Fife NHS Board and its Standing Committees in March 2023, were checked and although there is some evidence of links to relevant risks being quoted conclusions regarding the impact of the papers the SBARs are supporting on the risks is not being included. A further review of the SBAR template to strengthen the guidance in this section is to be undertaken and will look to illustrate this with an exemplar to help guide paper authors. This will be completed by the end of June validation date.</p> <p>c. The update on General Policies and Procedures presented to FP&RC on 9 May 2023 includes reference to risk assessments being required for lapsed policies. The new process (storing policies exclusively on the Board’s internet website) will significantly reduce the risk of superseded policies remaining accessible to staff. This is included in the update to FPRC on 9 May 2023.</p>	 <p>On track</p>
<p>2. Risk Management</p> <p>a. Risk Management KPIs to be presented for approval and reported to the Audit and Risk Committee</p> <p>b. Risk appetite to be overtly reflected in the corporate risk register updates to standing committees, particularly within target scores, when</p>	<p>a. KPIs for Risk Management are still being updated and a date for presentation to A&RC has not yet been agreed.</p> <p>b. The Corporate Risk Register presented to Audit & Risk Committee on 15 March 2023</p>	 <p>Minor slippage on agreed timelines</p>

<p>risks are updated and reviewed.</p> <p>Action Owner: Director of Finance & Strategy</p> <p>Original target implementation date 30 June 2023.</p>	<p>includes the risk appetite for each strategic priority and indicates for each risk whether the current risk rating is above, below or within that risk appetite. This format will be used for presentation to all Standing Committees.</p>	
<p>3. Clinical Governance and Assurance re Services Delegated to the Integration Joint Board</p> <p>a. Regular reporting to the Clinical Governance Oversight Group (CGOG) providing assurance that recommendations made following external body visits are being progressed through service action plans to completion</p> <p>b. Reporting on risk associated with Adult and Child Protection to the CGOG.</p> <p>Action Owner: Director of Health and Social Care Partnerships</p> <p>Original target implementation dates a - 30 April 2023 & b – 31 July 2023.</p>	<p>a. Inspections and methodology reported to CGOG on 18 April 2023 and future reporting scheduled in CGOG 2023/24 workplan.</p> <p>b. Report scheduled for the CGOG meeting on 20 June 2023 on its 2023/24 workplan.</p>	 <p>On track</p>
<p>4. Clinical Governance Strategic Framework & Clinical Governance Risk Management</p> <p>a. The Clinical Governance Strategic Framework (CGSF) to be presented to Fife NHS Board for approval</p> <p>b. Adult and Child Protection and the latest guidance (Scottish Government’s NHS Public Protection Accountability and Assurance Framework to be considered as part of the 2023/24 workplan for the Clinical Governance Strategic Framework</p> <p>c. The Terms of Reference for the Clinical Governance Oversight Group to be amended to include a specific responsibility regarding consideration of external reviews and whether appropriate action has been undertaken to address any recommendations made</p> <p>d. A meeting of the Organisational Learning Group (OLG) to be held focused on how to build in the consideration of issues identified in external reports into future OLG agendas and the analysis that would need to be undertaken to provide the OLG with the information to discharge their responsibility as per its Terms of Reference item 2.4 regarding consideration of whether internal controls and associated reporting mechanisms need to be improved if they did not identify issues highlighted in inspections undertaken by external regulators/auditors</p> <p>e. Minutes of Organisational Learning Group meetings to be routinely presented to the Clinical Governance</p>	<p>a. The CGSF was approved by Fife NHS Board on 28 March 2023.</p> <p>b. The 2023/24 CGSF Workplan is in development and will be presented to CGOG for approval in June 2023</p> <p>c. CGOG Terms of Reference was to have been reviewed prior to its last meeting but this slipped, and the ToR is currently being reviewed. Consideration will be given to adding a responsibility for CGOG to receive assurance confirming appropriate action is being taken to address recommendations made in reports by external regulators/auditors on clinical areas in NHS Fife and services delegated to the IJB.</p> <p>d. There have not been many inspections undertaken recently but consideration will be given to conducting an OLG focussed on findings from external bodies and considering whether improvements are required to</p>	 <p>On track</p>

<p>Oversight Group</p> <ul style="list-style-type: none"> f. The description of risk 7 on the corporate risk register to be updated to more accurately describe the risk associated with deferred treatment due to late presentation due to the pandemic (eg changing the 'could' in 'This time delay could impact clinical outcomes for the population of Fife' to 'will'). and the scoring of this risk to be revised to take account of the related performance information g. The anticipated deep dive analysis to be undertaken on risk 7 to be prioritised and to be undertaken in a manner that clearly explains the scale of the risk and better describes the controls in place. h. The alignment of Risk 7 to be reconsidered with specific consideration given to whether assurance on its management should be provided to the Clinical Governance Committee i. The difficulties in meeting targets for Serious Adverse Events Reviews to be reported to the Clinical Governance Committee. <p>Action Owner: Medical Director</p> <p>Original target implementation date 31 August 2023.</p>	<ul style="list-style-type: none"> e. Meetings have been held recently but these have been of an informal nature and concerned with setting up the group and understanding its role. A formal meeting will take place shortly and the minutes of the meeting will be presented to CGOG prior to 31 August 2023. f. The rewording of CRR 7 has been agreed by the Director of Acute Services. The reworded risk will be presented to FPRC on 11 July 2023. Therefore on track for 31 August 2023 target. The Director of Acute Services advised that the scoring is reviewed regularly and was last updated at the end of April. The risk was scored at 16 High when reported to FP&RC in November 2022 and is reported as 20 High to FPRC in May 2023. g. The deep dive into risk 7 has been undertaken and was presented to FPRC on 14 March 2023. The deep dive into the related CRR 5 was undertaken and presented to EDG on and was presented to CGC on 5 May 2023. h. The alignment of risk 7 is to continue to be to FPRC but it will be presented to CGOG and CGC for information/assurance going forward. This will take place prior to 31 August 2023. i. The narrative included in the IPQR presented to CGC on 3 March 2023 highlighted the performance issues regarding the Adverse Events 	
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	Management Process and the action being taken to address this.	
<p>10 IG Incident Reporting to CGC</p> <ul style="list-style-type: none"> The IG&S update report for the Clinical Governance Committee to be updated to include a section for IG Incident Management including: <ul style="list-style-type: none"> Reasons for any instances of non-compliance with the 72 hour statutory timescale for reporting to the ICO and what has been done to prevent this from happening in future Sufficient information to allow an opinion on whether any of the incidents reported to date should be considered for disclosure within the Board’s Governance statement. <p>Action Owner: Associate Director of Digital and Information</p> <p>Original target implementation date 31 May 2023.</p> <p>Extended to 31 October 2023</p>	<p>IG&SSG Update to CGC on 3 March 2023 – Item 9.1 - Summary of Incident Reporting in the period including assurance that they all complied with the 72 hour timescale for reporting to the ICO but does not include a statement regarding whether or not any of the incidents will warrant disclosure in the Board’s Governance statement. This is to be included in the update presented to CGC on 8 September 2023.</p>	 <p>Minor slippage on agreed timelines</p>
<p>11 D&I Strategy Risk</p> <ul style="list-style-type: none"> D&I Workforce Plan to be added to the Corporate Risk Register as a mitigation to risk 18 – regarding the D&I Strategy to allow assessment of its implementation and effectiveness. <p>Action Owner: Associate Director of Digital and Information</p> <p>Original target implementation date 31 May 2023.</p> <p>Extended to 31 July 2023</p>	<p>The CRR extract presented to CGC on 3 March 2023 (Item 6.3) does not include the D&I Workforce Plan as a mitigation to risk 18 – D&I Strategy as was required by the recommendation. This is to be included in the update to CGC on 7 July 2023.</p>	 <p>Minor slippage on agreed timelines</p>

Meeting:	Finance, Performance and Resources Committee
Meeting date:	11 July 2023
Title:	Corporate Risks Aligned to the Finance, Performance & Resources Committee
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Dr Shirley-Anne Savage, Associate Director of Quality & Clinical Governance, NHS Fife

1 Purpose

This report is presented 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 provides an update on the risks aligned to this Committee since the last report on 9 May 2023.

The Committee is invited to:

- Note the Corporate Risk detail as of 16 June 2023 at Appendix 1.
- Review all information provided against the Assurance Principles at Appendix 2.
- Consider and be assured of the mitigating actions to improve the risk levels.
- Conclude and comment on the assurance derived from the report; and
- Confirm the risk deep dive review to be provided for 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

As previously reported, the overall Strategic Risk Profile contains 18 risks.

- No risks have been closed.
- No new risks have been identified.
- No change in risk levels

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

The Committee is asked to note, that as previously reported, the majority of the risks remain outwith risk appetite; this reflects the current organisational context and the ongoing challenges across all areas of service delivery.

Strategic Risk Profile

Table 1

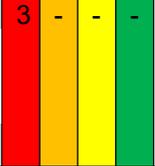
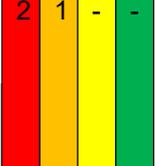
Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	2	3	-	-	◀▶	High
To improve the quality of health and care services	5	5	-	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	18	13	5	0	0		
Summary Statement on Risk Profile							
The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.							
Mitigations are in place to support management of risk over time with some risks requiring daily assessment.							

Assessment of corporate risk performance and improvement trajectory remains in place.			
Risk Key		Movement Key	
High Risk	15 - 25	▲	Improved - Risk Decreased
Moderate Risk	8 - 12	◀▶	No Change
Low Risk	4 - 6	▼	Deteriorated - Risk Increased
Very Low Risk	1 - 3		

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

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

Key Updates

Risk Descriptions

The Committee is asked to note the following changes:

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

“There is a risk that due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally, the Board will not achieve its statutory financial revenue budget target in 2022/23 and 2023/24 without brokerage from Scottish Government.” *to:*

“There is a risk that due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally, the Board will not achieve its statutory financial revenue budget target in 2022/23 and 2023/24 without **further planned** brokerage from Scottish Government.”

Risk Rating and / or Level

No changes

Risk Target

Risk targets are now set at the most appropriate and realistic date rather than fixed at year end.

Risk owners were asked to consider the current and target risk scores to ensure these realistically reflect the risks, and the extent to which these can be mitigated towards target in the current and foreseeable challenging climate. Details are reflected in Appendix 1.

Deep Dive Reviews

Deep dives 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

Next Steps

Risk Assurance Levels

At the inception of reporting on the corporate risks to the governance committees, it was recognised that the Register and the associated 'assurance framework' would evolve and be subject to further refinement and development. It was agreed that it would be appropriate to take stock after three to four reporting cycles, allowing time for the new approach to gain traction, and to elicit and consider Committee feedback to inform further developments.

The ROG has developed the assurance component around the corporate risks and explored a model that allows provision of appropriate levels of assurance. This includes a mechanism for clearly defining specific levels of assurance, linked to the impact of risk mitigation (Appendix 3). This should enable an explicit conclusion to be reached on the overarching level of assurance provided by the risk owner and received by a committee.

The Corporate Risk Register will continue to be updated appropriately to match the committee cycle, including through review at the ROG and recommendations to EDG. This process will take note of each Committee's feedback and use this to enhance future reports.

Connecting to Key Strategic Workstreams

The ROG will continue to develop its role in considering emergent risks and opportunities arising in particular, from the Population Health and Wellbeing Strategy, the Strategic Planning and Resource Allocation process and the Annual Delivery Plan, in order to recommend changes or additions to the corporate risks.

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 with key stakeholders.

2.3.8 Route to the Meeting

- Claire Dobson, Director of Acute Services on 16 June 2023
- Margo McGurk, Director of Finance & Strategy on 16 June 2023
- Neil McCormick, Director of Property & Asset Management on 16 June 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 on 16 June 2023
- Appendix No. 2, Assurance Principles

Report Contact

Dr Shirley-Anne Savage

Associate Director of Quality & Clinical Governance, NHS Fife

Email shirley-anne.savage@nhs.scot

Updated NHS Fife Corporate Risk Register as at 16/6/23

No	Strategic Priority	Risk	Mitigation	Risk Appetite	Current Risk Level/ Rating	Target Risk level & rating by dd/mm/yy	Current Risk Level Trend	Risk Owner	Primary Committee
6		<p>Whole System Capacity</p> <p>There is a risk that significant and sustained admission activity to acute services, combined with challenges in achieving timely discharge to downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised.</p>	<p>The combination of application of our OPEL process on a daily basis and the improvement work through our Integrated Unscheduled Integrated Care and Planned Care programmes provides the operational and strategic response to the challenges posed through this risk.</p> 	Above	High 20	Mod 9 by 30/04/24	↔	Director of Acute Services	Finance, Performance & Resources (F,P&RC)
7		<p>Access to outpatient, diagnostic and treatment services</p> <p>There is a risk that due to demand exceeding capacity, compounded by unscheduled care pressures, NHS Fife will see deterioration in achieving waiting time standards. This time delay could impact clinical outcomes for the population of Fife.</p>	<p>Planning for 2023/24 has been completed in line with planning guidance letter received on 06/02/23.</p> <p>Confirmed funding 20% less than committed staff costs. Agreement by EDG to continue with original plan acknowledging the gap in funding</p> <p>Planned capacity for OP is 96% and for IP/DC is 99% of that delivered in 2019/20. Reduction is due in the main to clinical staff vacancies</p>	Above	High 20 (5x 4 from High 16)	Unable to provide currently given the uncertainty around the funding	▼	Director of Acute Services	Finance, Performance & Resources (F,P&RC)

			<p>Demand for OP and IP Imaging both is increasing year on year. Capacity is not meeting current demand for OP/IP/DC or Diagnostics</p> <p>The Integrated Planned Care Programme Board is overseeing the productive opportunities work and this along with ongoing waiting list validation seeks to maximise available capacity</p> <p>Speciality level plans in place outlining local actions to mitigate the most significant areas of risk. Focus remains on urgent and urgent suspicious of cancer patients however routine long waiting times will increase.</p> <p>The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and mitigate the level of risk over time.</p>						
8		<p>Cancer Waiting Times (CWT)</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>The prostate project group continues with actions identified to improve steps in the pathway. The nurse-led model is being explored with an expected go live date of August 23.</p> <p>Actions to improve steps in the lung pathway have been agreed funding has been supported for implementation of the lung optimal pathway for 2023-24.</p> <p>The Effective Cancer Management Framework has been updated and actions have been identified for 2023-24.</p> <p>Steps are being taken to introduce the Effective Breach Analysis Standard Operating Procedure in to NHS Fife.</p>	Above	High 15	Mod 12 by 30/04/24	◀▶	Director of Acute Services	Finance, Performance & Resources (F,P&RC)

			<p>Work has commenced to take forward the Re-grading Framework which is now published. An action plan will be developed based on the recommendations.</p> <p>Weekly meetings with Scottish Government (SG) and quarterly monitoring of the Effective Cancer Management Framework continue.</p> <p>A 6 month review of the Single Point of Contact Hub confirms there has been a reduction in DNAs;. Further evaluation will be commenced June 2023. Patient and staff evaluation questionnaire exercise have been sent out and an exercise to assess reduction in patient calls to CNS and feedback from staff users of the service.</p> <p>The Cancer Framework and delivery plan has been launched and priorities are currently being agreed for 2023-24 t</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>						
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13		<p>Delivery of a balanced in-year financial position</p> <p>There is a risk that due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally, the Board will not achieve its statutory financial revenue budget target in 2023/24 without brokerage from Scottish Government.</p>	<p>Agreed focus on 3 main areas of cost improvement as part of the medium-term financial plan. FIS Programme focus will be on these areas with regular reporting to the EDG& NHS Fife Board.</p> <p>Good progress being made to develop the detailed plans to deliver against the 3 focus areas. Detailed scrutiny locally on delivery planned on receipt of the Q1 results.</p>	Above	High 16	Mod 12 by 31/03/24	◀▶	Director of Finance & Strategy	Finance, Performance & Resources (F,P&RC)
14		<p>Delivery of recurring financial balance over the medium-term</p> <p>There is a risk that NHS Fife will not deliver the financial improvement and sustainability programme actions required to ensure sustainable financial balance over the medium-term.</p>	<p>Strategic Planning and Resource Allocation process will continue to operate and support financial planning.</p> <p>The FIS Programme will focus on medium-term productive opportunities and cash releasing savings.</p> <p>The Board will maintain its focus on reaching the full National Resource Allocation (NRAC) allocation over the medium-term.</p> <p>Scottish Government have received and supported our 5-year medium-term financial plan which includes significant cost savings across all 5 years, ongoing brokerage and commencement of repayment in the latter years of the plan.</p>	Above	High 16	Mod 12 by 31/03/24	◀▶	Director of Finance & Strategy	Finance, Performance & Resources (F,P&RC)
15		<p>Prioritisation & Management of Capital funding</p> <p>There is a risk that lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to deliver the PAMS and to support the developing Population Health and Wellbeing Strategy.</p>	<p>Infrastructure developments prioritised and funded through the NHS Board capital plan.</p> <p>Annual Property and Asset Management Strategy (PAMS) report submitted to F, P&R, NHS Board and Government.</p>	Within	Mod 12	Mod 8	◀▶	Director of Property & Asset Management	Finance, Performance & Resources (F,P&RC)

			Fife Capital Investment Group (FCIG) reviewed 2022/23 position which showed full utilisation of significant capital allocation and agreed initial allocations for 2023/24 with agreement of all stakeholders.						
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Risk Movement Key

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

Assurance Principles

General Questions:			
<ul style="list-style-type: none"> Does the risk description fully explain the nature and impact of the risk? Do the current controls match the stated risk? How weak or strong are the controls? Are they both well-designed and effective i.e., implemented properly? Will further actions bring the risk down to the planned/target level? Does the assurance you receive tell you how controls are performing? Are we investing in areas of high risk instead of those that are already well-controlled? Do Committee papers identify risk clearly and explicitly link the strategic priorities and objectives/corporate risk? 			
Specific Questions when analysing a risk delegated to the committee in detail:			
<ul style="list-style-type: none"> History of the risk (when was it opened) – has it moved towards target at any point? Is there a valid reason given for the current score? 			
<ul style="list-style-type: none"> Is the target score: <ul style="list-style-type: none"> In line with the organisation's defined risk appetite? Realistic/achievable or does the risk require to be tolerated at a higher level? Sensible/worthwhile? 			
<ul style="list-style-type: none"> Is there an appropriate split between: <ul style="list-style-type: none"> Controls – processes already in place which take the score down from its initial/inherent position to where it is now? Actions – planned initiatives which should take it from its current to target? Assurances – which monitor the application of controls/actions? 			
<ul style="list-style-type: none"> Assessing Controls <ul style="list-style-type: none"> Are the controls "Key" i.e., are they what actually reduces the risk to its current level (not an extensive list of processes which happen but don't actually have any substantive impact)? Overall, do the controls look as if they are applying the level of risk mitigation stated? Is their adequacy assessed by the risk owner? If so, is it reasonable based on the evidence provided? 			
<ul style="list-style-type: none"> Assessing Actions – as controls but accepting that there is necessarily more uncertainty <ul style="list-style-type: none"> Are they on track to be delivered? Are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk? Are they likely to be sufficient to bring the risk down to the target score? 			
<ul style="list-style-type: none"> Assess Assurances: <ul style="list-style-type: none"> Do they actually relate to the listed controls and actions (surprisingly often they don't)? Do they provide relevant, reliable and sufficient evidence either individually or in composite? Do the assurance sources listed actually provide a conclusion on whether: <ul style="list-style-type: none"> the control is working action is being implemented the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level What level of assurance can be given or can be concluded and how does this compare to the required level of defence (commensurate with the nature or scale of the risk): <ul style="list-style-type: none"> 1st line – management/performance/data trends? 2nd line – oversight / compliance / audits? 3rd line – internal audit and/or external audit reports/external assessments? 			
Level of Assurance:			
Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance

Risk Assurance Principles:

Board

- Ensuring efficient, effective and accountable governance

Standing Committees of the Board

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

Committee Agenda

- Agenda Items should relate to risk (where relevant)

Seek Assurance of Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chairs Assurance Report

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

Year End Report

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

Meeting: Finance, Performance and Resources Committee

Meeting Date: Tuesday 11 July 2023

Title: Update on Corporate Risks Aligned to the Committee, incorporating Deep Dive: Bank and Agency Programme

Responsible Executive: David Miller, Director of Workforce

Report Author: David Miller, Director of Workforce

1. Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Emerging issue
- Local policy

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

- Safe, Effective and Person Centred

2. Report Summary

2.1 Situation

This paper is brought as part of the fifth cycle of reporting on the corporate risks to the governance committees. It provides an update and Deep Dive on the current status and progress of the Bank and Agency Programme.

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

The Bank and Agency Programme Board has been established with the aim of prioritising a robust, efficient and cost-effective Bank and Agency management model.

There are three supporting workstreams and an agreed timeline for actions to implement the model, details of which will be described in more detail as part of the Deep Dive.

2.3 Assessment

The Appendix to this report and accompanying presentation sets out the current programme of work and Deep Dive in respect of the Bank and Agency Programme of work. This programme is overseeing a review of Bank and Agency Staffing arrangements, working alongside and supporting services to help develop an improved model of operation and secure a reduction in the Bank and Agency spend within the current financial year and beyond.

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

Effective management of the risks associated with the use and spending on Bank and Agency staff will support delivery of our strategic priorities including delivering value and sustainability.

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

The Bank and Agency Programme of Work is applicable to all staff engaged on this basis within NHS Fife.

2.3.6 Climate Emergency & Sustainability Impact

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

2.3.7 Communication, involvement, engagement and consultation

This paper reflects a range of communication and engagement with stakeholders, including the regular Bank and Agency Programme Board meetings and associated workstreams.

2.3.8 Route to the Meeting

This report has been previously considered by members of the Workforce Senior Leadership Team and the Bank and Agency Programme Board.

The Staff Governance Committee received a similar update at their meeting on Thursday 11 May 2023.

2.4 Recommendation

This report is presented to the Committee for **Assurance** and members are invited to:

- **Note** the Deep Dive Review set out within Appendix 1.
- **Consider** and be assured of the mitigating actions to improve the risks associated with this programme of work.
- **Conclude and comment** on the assurance derived from the report.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Deep Dive: Bank and Agency Programme

Report Contact:

David Miller
Director of Workforce
Email: david.miller12@nhs.scot

Appendix 1: Deep Dive Bank and Agency Programme

Corporate Risk Title	Bank & Agency Programme		
Strategic Priority	 To improve the quality of health and care services  To deliver value and sustainability		
Risk Appetite	Moderate		
Risk Description	There is a risk that failure to address the current use and expenditure on bank and agency staffing will have an adverse impact on financial expenditure. There is also a potential impact on the quality of patient care and patient safety arising from an over reliance on bank and agency staff.		
Root Cause (s)	Increased use of and reliance on bank and agency staff driven by service pressures, system demands and absence / vacancy levels.		
Current Risk Rating ([LxC] & Level (e.g. High Moderate, Low)	Likelihood - 4	Consequence - 5	Level - 20
Target Risk Rating([LxC] & Level (e.g. High, Moderate, Low)	Likelihood - 3	Consequence - 4	Level - 12
Management Actions (current)			
Action	Status		
Establishment of Bank & Agency Programme Board established with the aim of prioritising a robust, efficient and effective bank and agency management model.	Completed		
Oversee review of Bank & Agency staffing arrangements.	On Track		
Develop improved model of operation.	On Track		
Establishment of work streams: Finance, Workforce and Communication & Engagement.	On Track		
Implement SG Supplementary Staffing – Agency Controls from 1 June 2023.	On Track		
Reduce Bank & Agency spend in 2023/2024.	Significant Level of Delivery Challenge		
Management Actions (future)			
Action	Status		
Regular workstream reporting to weekly Programme Board for assurance and approval, with agreed assistance directed to areas which most require support, from May 2023.	On Track		
Compliance and sustainability of progress in all areas.	Not Started		
Further reduction in Bank & Agency spend in 2024/2025.	Not Started		

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

FINANCE, PERFORMANCE AND RESOURCES COMMITTEE

ANNUAL WORKPLAN 2023/24

Governance - General							
	Lead	09/05/23	11/07/23	12/09/23	14/11/23	16/01/24	12/03/24
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action List	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to NHS Board	Chair	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	09/05/23	11/07/23	12/09/23	14/11/23	16/01/24	12/03/24
Annual Assurance Statement 2022/23	Board Secretary	✓					
Annual Internal Audit Report 2022/23	Director of Finance & Strategy		✓				
Committee Self-Assessment	Board Secretary						✓
Corporate Calendar / Committee Dates	Board Secretary			✓			
Corporate Risks Aligned to Finance, Performance & Resources Committee - Deep Dives	Director of Finance & Strategy	✓ Bank & Agency Work	✓ Bank & Agency Spend	✓ Reviewing Critical Pathways	✓ Cancer Waiting Times	✓ Prioritisation & Management of Capital funding	✓
Delivery of Annual Workplan 2023/24	Board Secretary	✓	✓	✓	✓	✓	✓
Internal Audit Review of Property Transaction Report 2022/23	Internal Audit	As required					
PPP Performance Monitoring Report	Director of Property & Asset Management				Private Session		Private Session
Review of Annual Workplan 2024/25	Board Secretary					✓ Draft	✓ Approval
Review of General Policies & Procedures	Board Secretary	✓			✓		
Review of Terms of Reference	Board Secretary						✓ Approval

Strategy / Planning							
	Lead	09/05/23	11/07/23	12/09/23	14/11/23	16/01/24	12/03/24
Annual Delivery Plan 2023/24	Director of Finance & Strategy		✓	✓	✓	✓	✓
Annual Budget Setting Process 2023/24	Director of Finance & Strategy	✓					
Corporate Objectives	Director of Finance & Strategy / Associate Director of Planning & Performance	✓					
Fife Capital Investment Group Reports 2023/24	Director of Finance & Strategy / Director of Property & Asset Management	✓		✓	✓	✓	✓
Financial Improvement and Sustainability Programme Progress Report	Director of Finance & Strategy		✓	✓	✓	✓	✓
Medium Term Financial Plan	Director of Finance & Strategy						✓
Orthopaedic Elective Project	Director of Nursing	✓		✓		✓	✓
Primary Care Strategy Progression	Director of Health & Social Care		Removed				
Property & Asset Management Strategy (PAMS)	Director of Property & Asset Management			✓			
Strategic Planning & Resource Allocation Process 2024/25	Director of Finance & Strategy				✓		✓
Quality / Performance							
	Lead	09/05/23	11/07/23	12/09/23	14/11/23	16/01/24	12/03/24
Financial Position – Mid-Year Review 2023/24	Director of Finance & Strategy			✓			
Integrated Performance & Quality Report	Exec. Leads	✓	✓	✓	✓	✓	✓
Financial Performance & Sustainability Report (Added to workplan June 2023)	Director of Finance & Strategy		✓	✓	✓	✓	✓
Labs Managed Service Contract (MSC) Performance Report	Director of Acute Services		Deferred to next meeting	✓			
Procurement Key Performance Indicators	Head of Financial Services & Procurement	✓		✓	✓		✓

Quality / Performance (cont.)							
	Lead	09/05/23	11/07/23	12/09/23	14/11/23	16/01/24	12/03/24
Tender Process for 2C GP Practices <i>(also goes to PHWC)</i>	Director of Health & Social Care	✓ Private Session					
Annual Reports							
	Lead	09/05/23	11/07/23	12/09/23	14/11/23	16/01/24	12/03/24
Annual Procurement Report 2022/23	Head of Financial Services & Procurement				✓		
Linked Committee Minutes							
	Lead	09/05/23	11/07/23	12/09/23	14/11/23	16/01/24	12/03/24
Fife Capital Investment Group	Chair	✓ 18/01 & 01/03	✓ 19/04 & 26/05	✓ 05/07	✓ 16/08 & 27/09	✓ 08/11	✓ 13/12 & 24/01
Procurement Governance Board	Chair	✓ 22/02	✓ 28/04	✓ 30/08		✓ 25/10	✓ 28/02
IJB Finance, Performance & Scrutiny Committee	Chair	✓ 20/01	✓ 17/03	✓ 12/05 & 06/07	✓ 15/09	✓ 10/11	TBC
Primary Medical Services Sub-Committee	Chair	✓ 07/03	✓ 06/06		✓ 05/09	✓ 05/12	
Pharmacy Practice Committee	Chair	Ad-hoc Meetings					
Other / Adhoc							
	Lead	09/05/23	11/07/23	12/09/23	14/11/23	16/01/24	12/03/24
Receipt of Business Cases		As required					
Consideration of awards of tenders		As required					
Asset Disposals		As required					
Audit Report – Post Transaction Monitoring	Internal Audit			✓			
Mental Health Estates Initial Agreement	Medical Director		Deferred to next meeting	✓			

Other / Adhoc (cont.)							
	Lead	09/05/23	11/07/23	12/09/23	14/11/23	16/01/24	12/03/24
Primary Care Premises Framework	Director of Property & Asset Management			✓			
Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)							
	Lead	09/05/23	11/07/23	12/09/23	14/11/23	16/01/24	12/03/24
Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme	Director of Pharmacy & Medicine	✓ Private Session					
Lucky Ewe Appeal	Director of Property & Asset Management	✓ Private Session					
Whole Systems - Property & Asset Management Strategy (PAMS)	Director of Property & Asset Management			✓			
Potential PFI Re-financing – VHK Phase 3	Director of Property & Asset Management		Deferred to next meeting	✓ Progress Update	✓ Final		
Development Sessions							
	Lead						
FPR Development Session <ul style="list-style-type: none"> Primary Care Premises Strategy and the findings of this review 	Director of Finance & Strategy	c/f 30/03/23					

Meeting:	Finance, Performance & Resources Committee
Meeting date:	11 July 2023
Title:	Annual Delivery Plan 2023/24
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented to the Committee for:

- Approval

This report relates to:

- Annual Delivery Plan 2023/24

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

The Annual Delivery Plan (ADP) 2023/24 was submitted in draft on 8 June 2023 with the Medium-Term Plan (MTP) 2023/26 due on 7 July 2023. This paper provides the committee with assurance of the delivery of the draft ADP 2023/24.

2.2 Background

The Scottish Government have developed 10 recovery drivers listed for the ADP 2023/24 below:

1. Improved access to **Primary and Community Care** to enable earlier intervention and more care to be delivered in the community.
2. Access to **Urgent and Unscheduled Care**, including scaling of integrated frailty services to reduce admissions to hospital.
3. Improving the delivery of **Mental Health** support and services reflecting key priorities set out in the upcoming Mental Health Strategy.
4. Recovering and improving the delivery of **Planned Care** – CfSD working with Boards in the delivery of four key interventions to improve delivery of planned care.
5. Delivering the National **Cancer** Action Plan (Spring 2023-2026).
6. Enhance planning and delivery of the approach to tackling **Health Inequalities** including the contribution to primary prevention through Anchors.
7. Support pace of change of **innovative healthcare and technologies**, to improve efficiency and outcomes for patients and to enable care closer to home.
8. Implementation of the **Workforce** Strategy.
9. Optimise use of **Digital & data** technologies in the design and delivery of health and care services for improved patient access.
10. Reduce NHS greenhouse gas emissions and contribute to wider societal decarbonisation, adapt to the risks from **Climate Change** and improve the NHS's impact on the environment.

Along with the recovery drivers described above, additional commentary was requested in the guidance as follows:

- Finance & Sustainability
- Workforce
- Value Based Health & Care
- Integration
- Improvement Programmes

2.3 Assessment

There are 3 submissions in relation to the ADP process: (1) draft ADP1 (attached) and (2) draft ADP2 (spreadsheet with more detailed actions, milestones and risks) were submitted on 8 June 2023 whilst the (3) draft MTP submission date is 7 July 2023.

All 3 documents remain in draft until agreed by the Scottish Government.

2.3.1 Quality/ Patient Care

Preparation and delivery of both the ADP and MTP are key to ensuring high quality patient care.

2.3.2 Workforce

Workforce planning is key to the ADP/MTP process.

2.3.3 Financial

Financial planning is key to the ADP/MTP process.

2.3.4 Risk Assessment/Management

Risk assessment is part of ADP/MTP process.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

EDG – 8 June 2023

Public Health & Wellbeing Committee – 3 July 2023

Clinical Governance Committee – 7 July 2023

2.4 Recommendation

The Committee is asked to:

- **Approve** the draft Annual Delivery Plan 2023/24

List of appendices

1. Annual Delivery Plan 2023/34

Report Contact

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Population Health & Wellbeing Strategy

**Annual Delivery Plan
2023/24**



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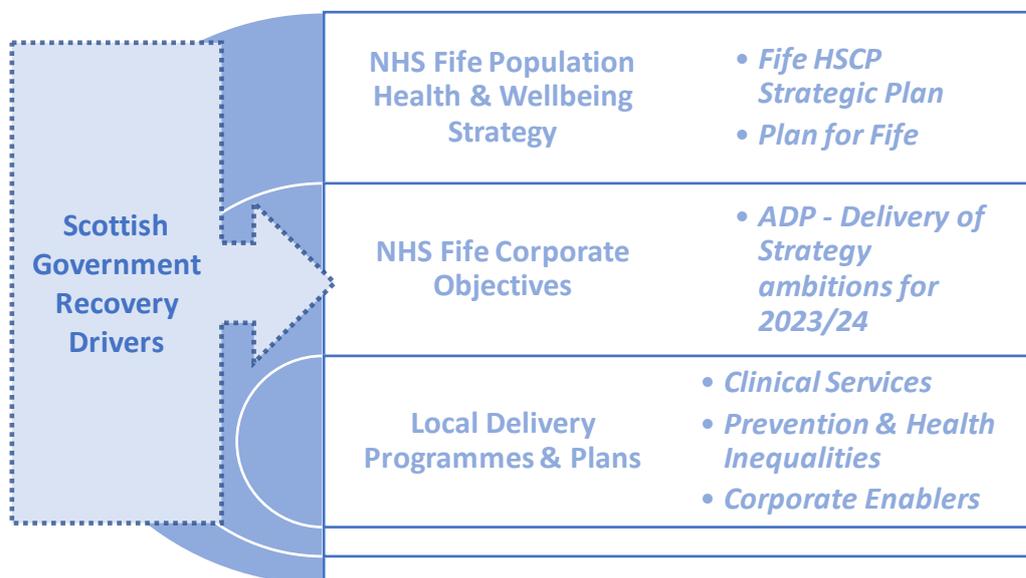
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Planning Context

This Annual Delivery Plan sits as part of the overall planning context for NHS Fife. The newly approved NHS Fife Population Health and Wellbeing Strategy has established the strategic priorities for our organisation, this Annual Delivery Plan describes our key areas of focus for the first chapter of the strategy in 2023/24.



The plan confirms the alignment across our strategic priorities and corporate objectives for 2023/24 to the Scottish Government Recovery Drivers. The sections below illustrate this alignment and also highlights additional corporate objectives identified by NHS Fife.

	Strategic Priority 1: To improve health and wellbeing	Recovery Driver
1	Progress the business case for the mental health services programme	3. Mental Health
2	Support the ADP in the delivery of MAT standards	6. Health Inequalities
3	Develop a prevention and early intervention strategy, and delivery plan, to support health improvement and address inequalities	1. Primary & Comm Care 6. Health Inequalities
4	Develop a primary care strategy and supporting delivery plan	1. Primary & Comm Care
5	Develop and deliver a system wide medicines safety programme	Local Priority

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	Strategic Priority 2: Improve quality of health and care services	Recovery Driver
1	Implement redesign and quality improvement to support mental health services	3. Mental Health
2	Review and redesign the Front Door model of care to support improvements in performance	2. Urgent & Unsch Care
3	Deliver an ambulatory care model supporting admission avoidance and early appropriate discharge	2. Urgent & Unsch Care
4	Further develop Queen Margaret Hospital as centre of excellence for ambulatory care and day surgery	4. Planned Care 5. Cancer Care
5	Develop and deliver an improved patient experience response process to support a culture of person-centred care	Local Priority
6	Delivery year 1 of Planned Care Recovery Plan	4. Planned Care 5. Cancer Care

	Strategic Priority 3: Improves staff health and wellbeing	Recovery Driver
1	Collaborate with University of St Andrews to develop the ScotCOM medical school	7. Innovation
2	Develop and deliver an action plan to support safe staffing legislation	8. Workforce
3	Develop and deliver a sustainability plan for the nursing and midwifery workforce	8. Workforce
4	Deliver specific actions from the workforce strategy to support both patient care and staff wellbeing	8. Workforce
5	Develop and deliver a leadership framework to increase team performance	8. Workforce

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	Strategic Priority 4: Deliver value and sustainability	Recovery Driver
1	Deliver year one actions of the financial improvement and sustainability programme	B. Finance & Sustainability
2	Implement actions to support climate emergency	10. Climate
3	Develop the digital medicines programme	9. Digital

	Cross-cutting actions	Recovery Driver
1	Develop a corporate communications and engagement plan	Local Priority
2	Develop the strategic plan to secure teaching health board status	Local Priority
3	Deliver Anchors ambitions working collaboratively with partners	6. Health Inequalities

Section A: Recovery Drivers

1. Primary & Community Care

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve health and wellbeing

- *Develop a prevention and early intervention strategy, and delivery plan, to support health improvement and address inequalities*
- *Develop a primary care strategy and supporting delivery plan*

1.1 Care in the Community and enhancing a focus on Preventive Care

Following a period of review and extensive engagement, Fife HSCP are currently refreshing our Primary Care Improvement Plan (PCIP) to make sure plans will provide the best opportunity for General Practitioners to fulfil the crucial role as Expert Medical Generalists. This refreshed plan will focus on stabilising and creating consistency in terms of multi-disciplinary support for Practices across Fife, in particular with regards to services which haven't been fully implemented.

In line with MOU (Memorandum of Understanding) 2, we have been carrying out a focused piece of work to develop our CTAC (Community Treatment and Care) services to both create a level of consistency in service provision across Practices, whilst allowing for the enhancement of services across Primary Care. This has already seen the commencement of the following initiatives:

- Working with Podiatry to bring all Low-Risk foot screening under the responsibility of CTAC Services
- Working with ENT and Audiology services to develop joint Ear Care strategy
- Leg ulcer specialist clinics

In line with a wider review of Leadership and Governance Primary Care Contracting services and associated services, work is ongoing to review the integration of Primary Care nursing teams, to provide more sustainable workforces but also equitable provision of Immunisation, CTAC and Chronic Disease Management.

This work will be brought together in a Primary Care Strategy and Delivery Plan which underpins both the Population Health and Wellbeing Strategy and Health and Social Care Strategic Plan and focuses on the important role of all Primary Care Providers supporting:

- Recovery of Primary Care
- Quality within Primary Care
- Sustainability across Primary Care services

Another shared commitment in the Population Health and Wellbeing Strategy and HSCP Strategic plan focuses prevention and early intervention aligned to the national health and wellbeing outcome and Public Health priorities. We will demonstrate through the Prevention and Early Intervention strategy and delivery

plan focusing on the steps we can take in the next few years to address health inequalities to enable everyone living in Fife to have the same chance of getting the best care or support they need. This will follow a life course approach, preventing, or limiting problems arising so people's lives will be healthy and people can remain independent for longer. To achieve this our mission is to build a culture of prevention, involving all partners across Fife, including communities and individuals, to make sure we are as good at preventing health and social care problems as we are at treating them.

1.2 Delivery of a sustainable Out of Hours service

To support our strategic ambition of sustainable and accessible Primary urgent care services, we are expanding on current system wide Urgent Care Infrastructure. This will further integrate 24/7 urgent care models across Primary care. This work will focus on the continuation of developing urgent care pathways within Out of Hours Primary Care, integrating staffing models in and Out of Hours to develop a resilient and sustainable workforce; The overall ambition is to develop plans for 24/7 'Urgent Care Hubs', interfacing between Primary and Secondary care, create sustainable workforces across Urgent Care Services and create consistent Urgent Care support to Primary Care.

1.3 Aligning Primary Care with Mental Health and Wellbeing resources

In line with the Scottish Government's vision for the future of primary care services we are enabling multidisciplinary working to support people in the community and free up GPs to spend more time with patients in specific need of their expertise.

The approach focuses on multidisciplinary working to reduce pressures on services and ensure improved outcomes for patients with access to the right professional, at the right time, as near to home as possible.

The key goal of the project is to develop and plan for the establishment of multidisciplinary Mental Health and Wellbeing in Primary Care and Community Services (MHWPCS) within GP clusters or localities, which will include:

- An Integrated Community Based System
- The Promotion of Fife Population Mental Health and Wellbeing
- Strengthening and Improving Formal and Informal Mental Health Care Provision
- Placing service users at the heart of design and planning

We have identified three initial test sites for this work to take learning across different localities within Fife who each have different needs including Cowdenbeath, North East Fife and Levenmouth. A critical part of this process is enabling co-production which is underway with the locality planning groups to shape the design and range of supports that need to be available in the mental health and wellbeing hubs and inform the future roll out across the 7 localities of Fife.

1.4 Early detection of key cardiovascular conditions

The ambition of the strategy is that we enable everyone living in Fife to have the same chance of getting the best care or support they need applying a life course approach, preventing, or limiting problems arising so their lives will be healthy and independent for longer. To achieve this our mission is to build a culture of prevention, involving all partners across Fife, including communities and

individuals, to make sure we are as good at preventing health and social care problems as we are at treating them. The delivery plan supporting this strategy will inform the actions being taken including:

- Working closely with the Heart Disease Managed Clinical Network in Fife and will also link to the Women's Health Plan which aims to reduce cardiovascular risk in women in particular.
- We will continue integrated service improvement plans to increase capacity for early intervention and implementation which will support empower and enable people to prevent, reduce and/or improve cardiac health risks working across services and with our partners in local authority and third sector.
- Developing low risk chest pain pathways to ensure care in the right place and right time
- Work collectively to improve services capacity for early detection and anticipatory care planning for cardiovascular risk factors including for example Community Treatment and Care (CTAC) in line with national planning and direction

1.5 Frailty in Primary Care

Approach adopted will be to:

- Build the capacity of the existing MCN service to include an MCN for Frailty to ensure that people with frailty in the community can be cared for utilising recognised national approaches placed into a local framework.
- Reduce the need for double up packages of care whilst utilising a variety of techniques and equipment to achieve better outcomes for people, to use resources more efficiently and effectively, reduce delays, release capacity, and improve flow, provide a more flexible service.
- Review and redesign of Assessment and Rehabilitation Centre model to achieve better outcomes for people, early intervention, and prevention to manage those at most risk of admissions, use resources more efficiently and effectively, increase capacity and provide a more flexible service.
- All Fife Care Homes residents will have an anticipatory care plan in place. The ACP will be shared with MDT including GPs to anticipate any decompensation in long term condition and pro-actively manage symptoms and offer support to avoid admission to hospital. ANPs are in the process of being recruited and be aligned to locality care homes to facilitate a first point of contact for care home staff to redirect and offer support to avoid admission.

1.6 Dental Care

Much like the rest of Scotland there are ongoing challenges with recruiting and retaining NHS Dentists across Fife, with many dental practices having very limited cover and access arrangements in place for NHS patients registered with them or capacity to register new patients.

Dental practitioners are independent contractors and own their own businesses, with many providing NHS care along with private practice. There are a number of complex reasons why dental services are experiencing significant challenges including the backlog created during the pandemic along with issues of recruitment and retention and the impact of Brexit.

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The Dental Management Team are proactively working with Dental Practices across Fife to explore ways to facilitate and improve patient access. Our NHS Fife Dental Advice line links in with practices on a fortnightly basis to monitor and evaluate capacity for registering new NHS patients. Currently the position in Fife is that no practices are in a position to register new NHS patients although a few practices are offering a waiting list with the expectation of new patients being able to access appointments in the autumn/winter.

The current guidance for people in Fife who are experiencing acute dental pain, and are not registered with a dentist, is to call the Dental Advice Line which is staffed by members of our NHS Fife Public Dental Service (PDS) (Monday to Friday, 8.30am – 5.00pm) with a commitment that they will receive dental care within 24 hours.

The PDS also offers a short course of care to get people dentally 'stable', and currently we have 5 sites (Randolph Wemyss Memorial Hospital, Rosyth, Cowdenbeath, Cardenden and Kirkcaldy access) across Fife where we are able to provide this service.

The PDS in Fife is committed to providing support and access and treatment to patients who are non-registered or de-registered as a result of the reduction of NHS GDS provision. The PDS are having to see registered General Dental Practitioner (GDP) patients as a number of practices can't recruit and have limited capacity to see their own patients. This is in addition to the pressures of the backlog in core services due to the pandemic.

The Scottish Government recently advised NHS Boards of a further revision of the Scottish Dental Access Initiative (SDAI) capital scheme to include 4 areas in Fife-Tayport, Newburgh, Leslie and Auchtermuchty which will take effect from 26 April 2023. It is hoped that this initiative will attract interest from dental practices.

In Q1 of 2023/24, we will explore ways to maximise capacity to increase access to dental care to get people dentally stable e.g., evening clinics. We will aim by Q2 to recruit to small test of change sites to deliver extended day time service to meet urgent needs of unregistered/deregistered patients. Successes from these tests of change will be used to spread and sustain service from Q3.

1.7 Delivery of hospital-based eyecare in a primary care setting

Optometry has been assisting colleagues within secondary care through shared care schemes since the COVID pandemic focusing mainly on emergency and glaucoma eyecare. This has allowed upskilling of optometrists for future national schemes meaning optometrists can undertake more specialist work on behalf of the hospital through such qualifications as independent prescribing and Glaucoma (NESGAT).

To alleviate the burden of glaucoma care on the hospital eye clinic, plans are well underway with the aim of 'going live' in April 2024, recognising that locally within Fife we have a well-established Shared Care arrangements in place for eye care, including emerging eye care and Glaucoma.

Review of current Shared Care provision will take place in collaboration with Secondary Care during Q1 2023/24 with development of local plans in Q2 to transition to National Shared Care model. There will be ongoing support throughout 2023/24 to enhance qualifications for Optometrists.

1.8 Infection, Prevention and Control (IPC) support to Primary Care

We are implementing the IPC Workforce Strategy 2022-24 with the goal of having an appropriately skilled, resilient, sustainable, and confident workforce working in an integrated way. Delivering evidence-based advice, guidance and interventions appropriate to localised need in both acute and community settings.

An oversight board is currently being convened to develop a Local Integrated Service Delivery Plan (LIDP) in response to implementing the IPC Workforce Strategy 2022-24.

The oversight board is being led by the Director of Nursing and HAI Executive and supported by the Infection Control Manager to review current service provisions and focusing on how the AMS, HP and IPC workforce could be strengthened in the short term whilst planning for a more sustainable long-term position.

The oversight board will link in with professional groups and the Primary Care workforce specialists in these areas when undertaking the review and prepare an action plan considering what additional roles and resources are required.

2. Urgent & Unscheduled Care

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve quality of health and care services

- Review and redesign the Front Door model of care to support improvements in performance
- Deliver an ambulatory care model supporting admission avoidance and early appropriate discharge

2.1 Reducing Attendances: Phase 2 Redesign Urgent Care

2.1.1 Review and Further Development of Flow and Navigation Centre

Access will be improved through the development and optimisation of pathways, scheduling and virtual capacity pathways to deliver care closer to home and provide the right care in the right place.

We will appraise the current established workforce model for the Flow Navigation Centre (FNC) and develop this further to ensure the model adds value ensuring a whole system approach to accessible pathways in line with national and local strategic direction and that we remain financially effective. We will also continue our progression to further develop our virtual triage (RTU) and scheduling to Minor Injury Units (MIU) including paediatrics, with a review of resource and capacity across the three sites, in addition to testing a scheduling model to our Rapid Triage Unit (RTU). By focussing on our model of virtual triage from NHS 24 flow we have increased our redirection rate by 29% from ED to QMH MIU.

To reduce unscheduled admissions and keep care closer to home, we will also be reviewing and developing further pathways in social care, respiratory, heart failure and mental health. We are also looking to scale up from earlier TOCs around Call Before Convery (CBC) embedding the learning from these to become a business-as-usual model.

Connections to national best practice and learning opportunities will be made.

2.1.2 'Scheduling' unscheduled care

We are planning to improve scheduling processes within FNC increasing the use of NearMe, where appropriate and further utilise the Rapid Triage Unit (RTU) and ambulatory models of care as a means of scheduling patients to ensure patients are directed to the right place. As examples we have increased our capacity for patient's requiring access to DVT and OPAT pathways with concurrent increases in nurse numbers and skill mix to develop nurse led approaches for these services.

2.1.3 An integrated approach to all urgent care services

We will expand on the current system-wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models and also create sustainable workforce across Urgent Care Services and create consistent Urgent Care support to Primary Care in hours.

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We will expand on the current system-wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models and also create a sustainable workforce across Urgent Care Services and create consistent Urgent Care support to Primary Care in hours. This will be progressed in synergy with continued implementation of the Primary Care Improvement plan 2023/24 and in alignment with national planning and direction as the model of 24/7 urgent care evolves.

We will implement year 1 of the deliverable plan underpinning the HSCP Primary Care Strategy 2023 – 2026 with a strategic focus on recovery, quality improvement and sustainability.

We will work collectively to develop, refine and embed a performance framework with clear and consistent data and defined KPIs to provide assurance regarding delivery and target improvement.

We will deliver a refreshed communication plan to support, enable and empower people to access care in the right place with the right person first time.

As part of an integrated approach, we are committed to improving our ED 4-hour performance target and have an agreed action plan covering the following improvements:

- Improve virtual triage at Queen Margaret Hospital to redirect patients from VHK
- Review ENT/OMFS protocols to support in reach and faster transfers to ward
- Review ortho assessment protocols to achieve faster transfers to ortho assessment
- Evaluate Push Model to avoid patients breaching in ED and reduce overcrowding
- Evaluate ED call before you convey outcomes comparing to FNC Call before you Convey
- Stroke Thrombolysis review – earlier moves to MHDU to support stroke bundle performance
- Reduce Ambulance Waits and improve turnaround times to 30 mins max.
- Optimise triage further – expand nursing workforce to support with agreed escalations for 1st assessment breaches
- Improve use of data –performance/bed waits/site capacity- development of dashboard and visibility within the dept
- Review all ED protocols to ensure tests / results can be undertaken & completed within 4 hours
- Further improve minors performance and sustain at above 95%
- Improve night and weekend medical cover at senior clinical decision-making level
- Reintroduce frailty practitioner with direct moves to RAD/RADU
- Redirection protocols with primary care/OOH/AU1/community teams to be adhered to
- Closer links with mental health and potential of co-location with UCAT on site
- Agreement of medical model redesign

Figure 1 – Victoria Hospital ED 4-hour Performance Trajectory

	Week Ending									
	25-Jun	30-Jul	27-Aug	24-Sep	29-Oct	26-Nov	31-Dec	28-Jan	25-Feb	31-Mar
VHK ED 4 hour %	70.3%	71.8%	73.1%	74.3%	75.8%	77.0%	78.5%	79.8%	81.0%	82.5%

2.2 Reducing Admissions: Alternatives to inpatient care

2.2.1 Further develop OPAT, Respiratory and Hospital at Home pathways.

Our OPAT service is currently unfunded as a 5-day service however we recognise a 7-day model would support a greater number of clinically appropriate patients who do not require Hospitalisation over the weekend but who currently remain/become in-patients. We are increasing our skill mix through specialist nursing developments to implement a full 7-day model with Consultant oversight.

We are planning to enhance integration and collaboration with Hospital at Home (H@H) and Acute Services to ensure early supported discharge of step-down referrals are facilitated in a timely manner

By testing this model of care, H@H Service aims to facilitate timely and safe discharge to H@H and support the front door model. Ensure smoother, more timely and appropriate discharges to the service with clear intervention plans. Commencing H@H assessments for step down patients in the acute environment and supporting the front door team will positively impact admission, assessment and documentation time required in the community, and this will result in increased capacity and resilience across H@H and the system.

Currently H@H teams are informed of step-down patients planned for that day however, for numerous reasons; including complex planning and assessment these do not always happen. Recent data demonstrates that a third of step-down referrals do not progress to a discharge. This results in inefficiencies due to these places being held therefore some admissions to H@H are being declined. Introducing In-Reach Nurse Practitioner (NP) posts will ensure smoother, more timely and appropriate discharges to the service with clear intervention plans 7 days per week. In addition, having H@H assessments for step down patients commencing in the acute environment and supporting the front door team, will positively impact admission, assessment and documentation time required in the community and this would result in increased capacity and resilience across H@H and the system by:

- Accepting more referrals
- Offering 7 day a week in reach
- Accepting later step-down admissions i.e., from a 5pm cut off to a 8pm cut off if treatment is required or if no treatment is required admission at any time with review the following day
- Reducing the number of occasions that H@H reach maximum capacity and are unable to take new referrals
- Increasing caseloads
- Improving patient experience
- Supporting the front door model

We will increase the capacity for IV antibiotics to be delivered in the community at a patient's home by diversifying the clinical services that can support the existing Hospital at Home service. This will ensure that we are able to stratify complexity appropriately amongst other services, e.g., community nursing, and increase the available options for people requiring this approach at home.

2.2.2 Development of new pathways including paediatrics and heart failure

Fife Health and Social Care Partnership has a well-established specialist nurse-led heart failure service in the community offering a Fife-Wide service for those suffering from heart failure. Currently accepting referrals from across primary care, secondary care and external boards they have a proven model of care for patients in the community, assisting in preventing unnecessary admissions and offering timely, efficient, and person-centred care at home. Further work to reduced unscheduled admissions remains a crucial part of their role and they are continually reviewing their model of care to meet the needs of people in Fife. Work is underway to enhance pathways between acute cardiac services and the community heart failure team, and new pathways are being considered and devised to utilise the expertise of this service with the wider community nursing team, with a view to preventing unnecessary admissions and promoting earlier, safe, discharge.

To increase access and keep paediatric care closer to home, several services are provided on an out-reach model, including Specialist Nursing Care for children with complex and chronic illnesses including diabetes and epilepsy. Paediatrician in-reach to the Emergency Department for children presenting urgently aims to reduce delay and minimise the need for hospital admission where possible. Increasingly NearMe and telephone appointments are used to facilitate access to Community Paediatric services. We are also exploring potential opportunities to implement virtual pathways in Paediatrics using NearMe for Rapid Review clinics where it is clinically safe to do so.

2.3 Reducing Length of Stay: Rapid assessment and streaming

2.3.1 Increasing assessment capacity

Early supported discharge and admission prevention will be achieved by developing and scoping out ambulatory models of care by improving person-centred outcomes including admission avoidance, decreasing length of stay by 10% to 4.5 days and reduction in readmission rate, supporting chronic disease management clinics with rapid access slots for exacerbations and improving bed availability by providing ambulatory treatments in a Clinical Intervention Unit to avoid overnight stay requirement. We are currently monitoring repeat admissions within 12 weeks and linking with HSCP to support patients where alternative pathways are appropriate.

2.3.2 Optimise Flow to align discharge and admission patterns

There are a number of plans in place to deliver effective discharge planning:

- Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach. As the model embeds, admission avoidance will increase as an outreach model will be developed to support clients at home.

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- Developing additional models of care within Admissions and the supporting services to also accommodate the increase in admissions whilst maintaining a Respiratory Viral pathway. Reduction in length of stay for patients requiring ongoing IV antibiotic treatment.
- Improve flow within the VHK site, reducing length of stay and number of patients boarding. Accurate PDD to inform planning for discharge from point of admission, coordinated with the Discharge Hub.
- Continue to reduce delayed discharge by taking a coordinated person-centred approach to discharge planning, ensuring the patient is at the centre of any decision making and planned with the patient /carer & family and not on the availability of care, equipment, or long-term care placement.
- Increase capacity of Fife Equipment Loan Store Service (FELS) to deliver and collect community equipment on behalf of Fife residents in a timely manner
- 7 Day Pharmacy Provision of clinical and supply services across hospital care settings, reviewing the current position and additional need
- We are supporting and embedding a criteria led discharge model to reduce boarding and improve flow
- Further embed the front door model, continuing to work over 7-days, to enable early intervention and assessment resulting in discharge planning commencing as soon as the individual presents to hospital. It is available for patients presenting to Accident & Emergency Department, Acute Medical Unit and the Rapid Assessment Discharge Ward 9 (RAD) at the Victoria Hospital Kirkcaldy.

Currently, there is a commitment to have no more than 48 Standard delays across Acute Services and Community Hospitals on any given day with goal of reducing this to 44 by end of 2023/24.

2.4 Best Start Maternity and Neonatal Plan

2.4.1 *Delivery of The Best Start programme*

We will continue to implement our Best Start Plan which is aligned to the 4 strategic priorities of NHS Fife's Population Health and Wellbeing Strategy.

The local lead is the Director of Midwifery supported by the Executive Nurse Director with Clinical Leaders from across the Maternity Services supporting the range of recommendations currently in place and underway.

Data analysis and user feedback will contribute to the planning and decision making. There is a continuous process of audit undertaken within the service which directs planning focus. Data regarding current status will be provided on the Best Start Template requested for submission in April 2023.

The following planning assumptions need to be considered when discussing the Implementation:

- The still significant impact of COVID-19 on the entire Health and Care System including Maternity Services. Maternity Services will require being adaptable to any future effects of COVID- 19.

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- Balancing the capacity to maintain current service provision and to implement the recommendations of Best Start whilst we are “recovering” from COVID-19 alongside seasonal demands (Winter Planning).
- Significant continuous registrant vacancy factor (due to national shortage of Midwives). There is also challenge in recruiting to some medical posts.
- Continuation of the vaccination programme for influenza delivered by the Midwifery Team and the new request for the Midwifery Teams to deliver for COVID-19 vaccination programme.
- The time out allocation of 21.5% is no longer sufficient to enable safe roster cover. This is due in part to the requirement for all Midwives to complete Core Mandatory Training (CMT) as directed by Scottish Government, alongside local mandatory training, an increasing part-time workforce (the need for CMT calculation to be per head and not per wte) a mainly young, female workforce with high demand for maternity leave.
- Recognition of the need to ensure staff health, wellbeing and resilience when implementing significant change to working practice within the service.

This plan will continue to be subject to review and updating as the clinical picture demands.

3. Mental Health

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve health and wellbeing

- *Progress the business case for the mental health services programme*



To improve quality of health and care services

- *Implement redesign and quality improvement to support mental health services*

3.1 Improving Access to Services

Fife CAMHS are engaged in and will continue to focus on a number of initiatives in order to sustainably deliver, achieve and maintain the 18-week referral to treatment standard and increase capacity with our services.

Fife Psychology Service leads on the delivery of PT 18-week referral to treatment target. On-going recruitment activity is a key component of building capacity. Demand-capacity data is collated and interrogated routinely and is used to inform improvement actions.

- The service has a detailed plan of improvement actions which relate to both the waiting times target and improving access to PTs. Actions in the following areas have been and continue to be:
 - Service redesign (e.g. new group delivery options)
 - Service development (e.g. establishment of new services in response to investment and creation of new tiers of service and/or clinical pathways within established services)
 - Staff training (e.g. within wider mental services and with 3rd sector partners and CPD to increase the skill set of specific groups of psychology staff)
 - Workforce skill mix and other efficiencies measures (e.g., introduction of Enhanced Psychological Practitioners)
 - Developing/supporting provision delivered by other services (e.g., via clinical supervision and with 3rd sector partners).

PTs and PIs are delivered in 32 clinical services within Fife. Alongside delivery of specialist and highly specialist PTs, service provision includes a suite of PT and PI options which are low intensity in terms of therapist time. People can self-refer to many of these PT options via the Access Therapies Fife website. There are no capacity issues within the low intensity delivery options.

Figure 2 – CAMHS RTT Trajectories

If 90% of patients starting treatment within 18 weeks of referral has not been achieved by March 2023, when do you project that 90% of all patients will start treatment within 18 weeks of referral	Mar-24											
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Projected Patients Starting Treatment total	60	82.8	70.8	69	60	67.8	91.2	92.8	123	107	131	120
Projected patients starting treatment within 18 weeks	51	70.38	60.18	58.65	51	47.46	63.84	64.96	73.8	64.2	91.7	108
Projected Performance Against Standard (Auto Populates)	0.85	0.85	0.85	0.85	0.85	0.7	0.7	0.7	0.6	0.6	0.7	0.9
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Projected Waiting list ≤ 18 weeks	213	209	216	230	218	228	232	257	235	222	201	200
Projected Waiting list >18 weeks	71	89	116	113	133	98	77	86	42	39	15	0
Projected Waiting list >52 weeks	0	0	0	0	0	0	0	0	0	0	0	0
Comments (please include here any assumptions caveats or other information that you feel is relevant).	longest waits whilst ensuring the waiting list does not grow over 35 weeks in the next 6-8 months. Trajectory reflects service capacity as recruitment progresses and optimum functioning is recovered. Trajectory is based on referral rates remaining stable with no increase in acuity/severity or presentation											

Figure 3 – Psychological Therapies RTT Trajectories

If 90% of patients starting treatment within 18 weeks of referral has not been achieved by March 2023, when do you project that 90% of all patients will start treatment within 18 weeks of referral	Dec-24											
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Projected Patients Starting Treatment total	200	288	280	207	215	215	176	236	155	272	276	259
Projected patients starting treatment within 18 weeks	135	200	185	135	140	158	122	161	110	185	200	180
Projected Performance Against Standard (Auto Populates)	0.675	0.694444	0.660714	0.652174	0.651163	0.734884	0.693182	0.682203	0.709677	0.680147	0.724638	0.694981
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Projected Waiting list ≤ 18 weeks	888	888	888	888	888	888	888	888	888	888	888	888
Projected Waiting list >18 weeks	1394	1575	1660	1625	1591	1569	1609	1596	1680	1739	1691	1604
Projected Waiting list >52 weeks	255	237	219	201	183	165	147	129	111	93	75	57
Comments (please include here any assumptions caveats or other information that you feel is relevant).	Our target for the coming year remains to reduce longest waits to under 52 weeks and maintain the current under 18 week list size. Trajectory is based on the following – retaining current staff; recruitment to vacancy; no change in demand ; access to clinic space; and plans to increase capacity in the wider mental health system.											

3.2 To deliver services that meet standards

A summary of the plan to build capacity is outlined below:

- Recruitment is ongoing and under continual review to ensure workforce is at full capacity.
- CAMHS Early Intervention Service is in place to ensure the right support is delivered at the right time by the right services and to enable young people who require specialist CAMHS intervention to achieve timely access.
- Caseload management is implemented to ensure throughput, reduce bottlenecks and maintain capacity.

In addition, pathways to clinical services provided by CAMHS, informed by the CAMHS National Service Specification are in place or in development to ensure mental health support is accessible for those with the greatest need and are most vulnerable.

3.3 Engagement with PHS to improve quality of data

Fife CAMHS have robust data collection processes in place that supports the delivery of local priorities and aligns to national standards. Engagement with CAPTND Clinical Reference Group and NHS Fife Information Services will ensure that Fife CAMHS systems for data collection have the capability to support and adapt to future data collection requirements.

The Psychology Service is currently working with NHS Fife's Digital & Information to introduce a different patient appointment system and also an electronic patient record system. Timelines mean that the service will be better placed to achieve full compliance with CAPTND data set during 2023/24.

3.4 Mental Health Services

The vision as detailed in the Mental Health Strategy 'Let's really raise the bar' is: 'We will live in mentally healthy communities; free from stigma and discrimination, where mental health is understood. Where support is required, it will be personalised, responsive and accessible'. This strategy is currently being refreshed and will be mapped against the soon to be published national Mental Health and Wellbeing strategy to support alignment of priorities against to priorities to 'Prevent, Promote and Provide'. This work will inform any changes or refinement to the 5 key priorities within Fife Mental Health Redesign Programme including:

- Data and Quality Indicators: to develop a dashboard of quality indicators aligned to the Public Health Scotland quality indicators.
- Inpatient Redesign and the development of the initial agreement and business cases required to support capital investment to improve our inpatient estate in line with consultation and the mental health model in Fife including the development of our community mental health teams.
- Distress Brief Intervention (DBI) which is a time limited and supportive problem-solving contact with an individual in distress and works across not only front-line health services but also commissioned third sector services.
- Urgent and Unscheduled Care to ensure access to mental health support is fit for purpose.
- Mental Health and Wellbeing in Primary Care and Community settings which is described more fully earlier within this delivery plan.

4. Planned Care

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve quality of health and care services

- Further develop Queen Margaret Hospital as centre of excellence for ambulatory care and day surgery
- Delivery year 1 of Planned Care Recovery Plan

4.1 Enabling a “hospital within a hospital”

The opening of the National Treatment Centre - Fife Orthopaedic continues to provide protected capacity for elective Orthopaedics in a fit for purpose facility. This will also provide capacity for the East region neighbouring boards.

Capital work in Ward 24 has been completed in early 2023/24 to optimise the Gynaecology model. Beds are now available for unscheduled activity based on specified criteria with one bed available for emergency admission. The ward reconfiguration has increased the bed base to support the capacity required for elective activity.

Improvement support locally directed to support high volume nationally and locally identified specialties to adopt and spread ACRT (Active Clinical Referral Triage) and PIR (Patient Initiated Return). Currently there is engagement and adoption of ACRT for five specialties with further exploration required for robust recording of enhanced vetting where guidance is sent directly back referrer and not to the patient. Ten specialties are engaged and adopting PIR and we are continuing to receive support for scale up and spread to other specialty cohorts.

ERAS (Enhanced Recovery After Surgery) is business as usual but requires visibility and development of robust mechanisms for reporting in Orthopaedics and General Surgery. There are plans to implement in Gynaecology following completion of capital works.

Fife’s Integrated Planned Care Programme Board (IPCPB) has oversight of all elective improvement work including CfSD (Centre for Sustainable Delivery) work and is directing next steps aligning to CfSD and local drivers.

Figure 5 below illustrates the projected capacity available to deliver New Outpatients and TTG activity in 2023/24 based on assumptions such as annual leave and availability of workforce.

Figure 5 – New Outpatient and TTG Capacity Projections

New Outpatient Capacity Projections by Specialty can be found in [Appendix A](#) whilst similar for TTG can be found in [Appendix B](#).

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
New Outpatients	7573	7372	7364	7565	7340	7432	7421	7432	7421	7436	7436	7436
TTG	1138	1139	1139	1144	1144	1145	1162	1162	1163	1164	1164	1164

4.2 Extending the scope of day surgery and 23-hour surgery

We are creating a procedure room in our day surgery facility to release theatre capacity through capital investment to optimise opportunities for procedures conducted under local anaesthetic in the day surgery unit at Queen Margaret Hospital (QMH). Work is underway due for completion June 2023. This will generate ten additional sessions per week and will allow transfer of lists from VHK to QMH, freeing up theatre capacity at VHK.

We continue to provide same day hip and knee arthroplasty where appropriate in line with the British Association of Day Surgery (BADs) guidance via the NTC facility.

Figure 6 – Same Day Knee and Hip Replacement Projections

		QE	QE	QE	QE
		Jul-23	Sep-23	Dec-23	Mar-24
		Plan	Plan	Plan	Plan
KNEE Arthroplasty	Number of same day procedures	3	3	3	3
	Total number of procedures	162	162	162	162
	Percentage Same Day	1.9%	1.9%	1.9%	1.9%
HIP Arthroplasty	Number of same day procedures	8	8	8	8
	Total number of procedures	185	185	185	185
	Percentage Same Day	4.3%	4.3%	4.3%	4.3%

Project commenced with all specialties to identify and remove barriers to optimise BADs procedures within a day case setting in QMH. Plans to recruit Clinical Lead for Day Surgery as per BADs recommendations.

Ongoing review of IP/DC activity to maximise capacity on QMH site where theatre resources allow.

4.3 Reducing unwarranted variation

There is a focus on specialties to reduce variation aligning to ATLAS of variation; theatre work in planning to look at variation.

We are participating and engaging with national drives toward standard high volume same procedure lists such as Cataracts.

We encourage continued clinical engagement with CfSD SDG (Speciality Delivery Group) and support implementation of national pathways including Endometriosis for Gynaecology and develop an NHS Fife sustainable model including training for local consultants.

Figure 7 – Unwarranted Variation Projections (Cataracts & 4 Joint Sessions)

		QE	QE	QE	QE
		Jul-23	Sep-23	Dec-23	Mar-24
		Plan	Plan	Plan	Plan
Average Cataracts per 1/2 day session (Cataract only session)		4.5	4.5	4.5	4.5
% of 4 joint sessions (of all full day sessions with at least 1 joint)		25.0%	25.0%	25.0%	25.0%

4.4 Validation of waiting lists

In order to support the full adoption of National Elective Co-ordination Unit (NECU) within NHS Fife, Digital & Information are procuring a digital solution (NETCALL) within patient hub. This will digitise the current paper process with benefits identified in service efficiencies within Health Records and improved patient experience through better communications with those experiencing long waiting times. Digital & Information will look to implement by the end of 2023 and will be engaging with NECU shortly.

Figure 8 describes the waiting lists will continue to increase despite the improvement work that is being undertaken in 2023/24. The capacity described in Figure 5 is based on the current funding available.

Figure 8 – New Outpatient and TTG Long Wait Projections

Expected Number Waiting at:	30th June 2023	30th Sept 2023	31st Dec 2023	31st March 2024
New Outpatients (NOP)				
Over 104 Weeks	0	74	212	352
Over 78 Weeks	150	339	849	1358
Over 52 Weeks	1646	2275	2902	3497
Total List Size	27101	28764	30429	32094
InPatient / Day Cases (TTG)				
Over 104 Weeks	16	67	173	351
Over 78 Weeks	159	305	547	893
Over 52 Weeks	688	1157	1718	2593
Total List Size	7126	7816	8506	9196

5. Cancer Care

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



*To improve
quality of health
and care services*

- *Further develop Queen Margaret Hospital as centre of excellence for ambulatory care and day surgery*
- *Delivery year 1 of Planned Care Recovery Plan*

5.1 Diagnostic capacity and workforce

We have identified a number of actions to increase diagnostic capacity and workforce:

- Development of project team within Endoscopy to identify tests of change for more efficient booking processes and to book patients with longer lead time to ensure routine and surveillance waiting times are reduced, filling every slot where possible.
- Readjustment timings within new Endoscopy Management System will explore if this improves efficiency and provide good data on turnaround times and duration of endoscopies and use for list planning to improve efficiency and explore text messaging system to reduce DNA.
- NHS Fife pool of Nurse Endoscopists available to backfill short notice cancellation
- Regular audits and target improvement measures are in place.
- Recruitment of full-time education co-ordinator and introduction of monthly training session for all Endoscopy staff – focused on improvement in quality measures as well as upskilling of trained and untrained staff that includes nurses trained in trans-nasal endoscopy and investment in other specialist roles including scrub training for HCSW (Healthcare Support Workers).
- Within Radiology, every effort will be made to fill every slot and activities to promote this include accurate measurement of performance, introduction of text reminder service, improve processes for utilisation of patient cancellations, monitor performance in utilisation of unused slots, resourcing and training in the department and ensure awareness of available funding streams
- Continue to protect and prioritise urgent and cancer requests by managing appointing system to ensure sufficient slots available for urgent and planned follow up appointments are completed withing target - monitor and adapt as proportion of urgent requests increases.
- Match ultrasound physical facilities (Ultrasound rooms) with sonographer availability, this may require additional local footprint or adapting existing resources.

- Minimising the impact of acute service pressures on planned care CT and MRI service by redesigning of out of hours acute CT staffing to smooth acute demand and continue with extended day and weekend MRI service.
- Use funding from cancer pathway projects to use weekend CT capacity.

Figure 9 below illustrates the projected capacity available to deliver endoscopy and radiology activity in 2023/24 based on assumptions such as annual leave and availability of workforce. Figure 10 demonstrates the impact of the capacity on the different diagnostic waiting lists.

Figure 9 – Diagnostic Capacity Projections

Diagnostic Capacity by Key Test can be found in [Appendix C](#).

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
All Endoscopy	899	899	899	899	899	899	899	899	899	899	899	899
All Radiology	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222

Figure 10 – Diagnostic Long Wait Projections

Expected Number Waiting at:	30th June 2023	30th Sept 2023	31st Dec 2023	31st March 2024
Endoscopy 4 key diagnostic tests				
Over 52 Weeks		3	0	0
Over 26 Weeks		109	63	10
Over 6 Weeks		373	250	140
Total List Size		755	785	795
Radiology 4 key diagnostic tests				
Over 52 Weeks		0	0	0
Over 26 Weeks		0	0	0
Over 6 Weeks		4966	6577	8188
Total List Size		9107	10718	12329

5.2 Roll out of RCDSs

The principles of RCDS (Rapid Cancer Diagnosis Service) will continue to be rolled out following the success of the pathfinder in Fife. We are looking to expand the service into additional tumour specific sites. Upper GI (Gastrointestinal) and (HPB) Hepatobiliary pathways have commenced with further implementation expected in the Colorectal service during 2023.

5.3 Adoption of Framework for Effective Cancer Management

The Cancer Framework 2022-2025 has eight key commitments with high level actions noted below:

1. To reduce cancer incidence, mortality and inequalities for our population through effective prevention, screening and early detection initiatives.
2. The patients will be at the heart of how services are designed with excellent patient experience as a priority.
3. Patients will receive the right treatment at the right time in the right place by the right person.
4. Research, innovation and knowledge is central to the delivery of high-quality sustainable cancer services for our patients and population.

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5. Collaborative strategies and programmes to deliver service change that is focussed on improved patient care through digital transformation.
6. Recognise workforce challenges and identify system-wide approaches to support in relation to recruitment, wellbeing, education and training to ensure our cancer patients receive the best care.
7. To ensure our healthcare environments are designed to deliver optimum patient care the current cancer estate will be reviewed.
8. To make best use of available information sources to assure patients are receiving timely, high quality, effective care.

The Fife action plan describes various actions to prevent cancer, diagnose early, and treat effectively, underpinned by principles of realistic medicine and person-centred care. New national optimal cancer pathway and clinical management pathways will set clear standards for all, and a new oncology transformation programme will create a new vision and, ultimately, new service for oncology.

Figure 11 – Cancer 31-day DTT Projections

Percentage treated within 31 days of decision to treat	Quarter ending 30 June 2023	Quarter ending 30 September 2023	Quarter ending 31 December 2023	Quarter ending 31 March 2024
Breast	95.0%	95.0%	95.0%	95.0%
Cervical	95.0%	95.0%	95.0%	95.0%
Colorectal	95.0%	95.0%	95.0%	95.0%
Head & Neck	95.0%	95.0%	95.0%	95.0%
Lung	95.0%	95.0%	95.0%	95.0%
Lymphoma	95.0%	95.0%	95.0%	95.0%
Melanoma	95.0%	95.0%	95.0%	95.0%
Ovarian	95.0%	95.0%	95.0%	95.0%
Upper GI	95.0%	95.0%	95.0%	95.0%
Urological	82.7%	86.0%	88.3%	90.0%
All Cancer types combined	93.8%	94.1%	94.3%	94.5%

Figure 12 – Cancer 62-day RTT Projections

Percentage treated within 62 days of urgent referral with a suspicion of cancer	Quarter ending 30 June 2023	Quarter ending 30 September 2023	Quarter ending 31 December 2023	Quarter ending 31 March 2024
Breast	93.0%	93.3%	94.0%	94.0%
Cervical	50.0%	50.0%	53.0%	53.0%
Colorectal	87.0%	87.0%	90.0%	92.0%
Head & Neck	83.0%	87.0%	90.0%	90.0%
Lung	90.0%	90.0%	92.0%	93.0%
Lymphoma	80.0%	85.0%	90.0%	90.0%
Melanoma	95.0%	95.0%	95.0%	95.0%
Ovarian	85.0%	85.0%	87.0%	87.0%
Upper GI	93.5%	94.0%	94.0%	94.0%
Urological	62.0%	62.0%	65.0%	66.0%
All Cancer types combined	81.9%	82.8%	85.0%	85.4%

5.4 Improving cancer staging data

The following plan are in place:

- Staging data collection for Prostate will be further improved by ensuring that this information is provided for or at multidisciplinary team (MDT) meetings.
- For renal, consideration is given to include the staging field in the outcomes of the MDT. Valid staging must be assigned in review preparation notes for all patients with suspected renal cancer. The outcomes to be published on the appropriate patient administration system.

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- For bladder, record pathological T staging prior to each TURBT (Trans Urethral Resection of Bladder Tumour) procedure and pathological TNM staging prior to cystectomy.

5.5 Further Plans

There will be full participation to support delivery of the upcoming national oncology transformation programme. The following are currently under way:

- A Single Point of Contact Hub has been implemented to support patients who are referred USC or diagnosed with a urological or colorectal cancer. Introduction of this service will be rolled out to the lung cancer service to support the Optimal Lung Cancer Pathway in 2023
- Many services have a dedicated Pathway Navigator (Urology, HPB, RCDS, UGI) to support patients or applications for this resource is being explored (Breast).
- Maggie's Prehabilitation service has been implemented offering universal sessions for anyone with a cancer diagnosis.
- A project group has been set up to implement the Optimal Lung Cancer Pathway.
- Psychological support is already embedded within our cancer services. RCDS and other services complete Holistic Needs Assessments and make referrals to Maggie's Centre for Prehabilitation and other support, to Improving the Cancer Journey (ICJ) routinely, and to Clinical Psychology, spiritual care and counselling as required. Training on aspects of emotional wellbeing is undertaken by Pathway Navigators and Cancer Nurse Specialists for example through Good Conversations and Sage and Thyme training, and case consultation with clinical psychology. Through the recently published Psychological Therapies and Support Framework there will be a continued focus to ensure equitable access to psychological support across Fife and tumour groups and identify areas for further development.
- All patients diagnosed with cancer are referred to Macmillan Improved Cancer Journey (ICJ).

6. Health Inequalities

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve health and wellbeing

- *Support the ADP in the delivery of MAT standards*
- *Develop a prevention and early intervention strategy, and delivery plan, to support health improvement and address inequalities*



Cross cutting actions

- *Deliver Anchor's ambitions working collaboratively with partners*

6.1 Reducing health inequalities

Poverty is a significant driver of poor health outcomes and health inequalities. It is likely that the current cost-of-living crisis will exacerbate health inequalities because it will lead to a deterioration in living conditions which will inevitably impact on individual and population health. NHS Fife recognises the importance of developing and implementing an effective strategic approach to address avoidable health inequalities and their root causes. Without deliberate effort the current cost-of-living crisis will widen the gap in health outcomes which already exists between people living areas most affected by deprivation and those living in areas with less financial pressures. It will also result in greater pressures on NHS services.

Our ambition to tackle health inequalities is set out in the recently published Population Health and Wellbeing Strategy for NHS Fife. The response that is required involves deliberate long-term efforts in collaboration with other statutory agencies in Fife. Preparatory work for the strategy included an evidence-based review of the role the NHS has in preventing illness and reducing health inequalities. The strategy also utilised information within the Director of Public Health annual report for 2020/2021, which contains the most recently collated information describing the health of the local population and the factors that are important for creating and maintaining health.

The review we conducted noted that the risk factors which contribute most to poor health and wider conditions where people live, and work are all experienced unequally in our society. The result is worse health outcomes and reduced life expectancy amongst those living in areas most affected by deprivation in Fife.

The review identified six key areas for action which NHS Fife should progress:

- Mainstreaming the process of supporting patients to maximise health and wellbeing
- Focus on staff health and wellbeing
- Maximise staff and patient income
- Reduce inequalities in access to services
- Ensure organisational policies / service planning prevents and mitigates health inequalities

- Work to address poverty and inequality as part of the Plan for Fife and development as an anchor institution

Given the current cost of living crisis and service pressures there is a risk that health inequalities may worsen. This risk has been added to our corporate risk register, to appropriate management actions are in place and regularly reviewed.

6.2 Delivery of healthcare in police custody and prison

In NHS Fife, the Executive Lead is shared from prison healthcare – Director of HSCP and those in custody - Director of Acute Services.

Healthcare in custody is led by Acute Services in collaboration with police based locally whilst HSCP are involved in pathways on release from prison back to community which includes links to forensic service and there is involvement from Perth Prison on the Alcohol and Drugs Partnership Board.

We now have commissioned hospital liaison service and third sector provision, this includes Near Fatal Overdose service, Custody Navigation, and In-reach/Outreach peer mentoring service in prisons.

6.3 Implementation of MAT (Medication Assisted Treatment) Standards

The standards provide a framework to ensure that they system and services responsible for MAT delivery are sufficiently safe, effective, accessible and person centred to enable people to benefit from treatment and support for as long as they need. The Alcohol and Drugs Partnership is leading the multi-agency response and NHS Fife services are well engaged and represented in this work.

There are two ADP subgroups focused on

MAT 1 to 5 to be delivered in 2023/24:

1. All people accessing services have the option to start MAT from the same day of presentation
2. All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose
3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT
4. All people can access evidence-based harm reduction at the point of MAT delivery
5. All people receive support to remain in treatment for as long as requested

MAT 6 to 10 to be delivered in 2024/25:

6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social connections
7. All people have the option of MAT shared with Primary Care
8. All people have access to independent advocacy as well as support for housing, welfare and income needs
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery
10. All people receive trauma informed care

All of the subgroup's report into the Alcohol and Drugs Partnership Committee at each meeting with quarterly reports that are submitted to Scottish Government.

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Examples of work being progressed to support delivery of the MAT standards are;

- Enhanced Performance reporting including MAT standards and referral to treatment targets, this includes quarterly progress reports to the Scottish Government and compliance with the evidence submitted at the end of year assessment conducted by Public Health Scotland.
- Working towards evidencing of all 4 harm reduction service aspects to be available at the point of care, sustainably, across all 3 locations where NHS Addictions services are delivered.
- There is access to access to long-acting injectable buprenorphine across the full NHS Addictions Service.
- Established a same day prescribing one stop shop in Methil as a partnership between third sector, NHS Addictions Service, housing and foodbank partners, plans are underway to extend this into the Kirkcaldy and Cowdenbeath localities.
- The MAT 6 & 10 psychological interventions and trauma informed workforce development plan is complete with all services (NHS and third sector) committed to embedding decider skills and advanced motivational interviewing into their operation practice. This work will commence in 2023/24 and places Fife Alcohol and Drug Partnership ahead of its implementation plan for 2022/23 in addition mapping for MAT 10 work has been completed this year and a small subgroup is established to enhance coordination of recovery communities.
- For MAT 7, enhancing a MAT Standards compliant approach within primary care implementation group is in the planning phase. This will encompass locality-based work in specific areas of Fife where prevalence of harm and substance related deaths are highest and engagement and demand for treatment and support services is lower. Primary care is also currently involved in the planning of the one stop shops.
- An independent advocacy service has been commissioned in relation to MAT 8 and is in place with people with lived experience as part of the service workforce. This is linked to both the ADP lived experience panel and living experience group.
- Multi-agency work is being progressed to support people to remain in treatment and is a defined risk that we are working with the APD to mitigate.
- Further multi-agency work is ongoing with Mental Health Services including work to implement the four recommendations made by the Mental Welfare Commission on their “Ending the Exclusion” Report September 2022. The clinical director is chairing a group to support delivery of MAT 9.
- Fife ADP is now in the second year of supporting the delivery of the distribution of naloxone, through the peer-to-peer model, across Fife.
- We are embedding decider skills and advanced motivational interviewing into their operation practice to support trauma informed practice.

6.4 Delivery of the Women’s Health Plan

The aim of the Women’s Health Plan is to improve health outcomes and health services for all women and girls in Scotland. It is underpinned by the acknowledgement that women face particular health inequalities and, in some cases, disadvantages because they are women.

The HSCP (Associate Medical Director) is leading along with Public Health on reducing health inequalities on women’s general health.

The plan includes:

- Collaborating with acute colleagues in improving access to menopausal treatment. One of our sexual health doctors has completed British Menopausal training and is working with vulnerable populations and those with more complex menopausal needs due to co-morbidities. Over the next year we are planning to roll out training with the aim of having a lead GP in each locality.
- Training GP to be more confident to initiate more complex HRT and therefore allow quicker access to treatment for women with menopausal symptoms and also decrease waiting times.
- Training to non-healthcare staff over the next year to allow them to have conversations with women about health and health care services available for them to access.
- Working with acute colleagues on early referral for patients with possible endometriosis.

Over the next year, work will be undertaken to scope what access there is in primary care teams to a Healthcare Professionals (HCPs) who have a specialist knowledge in menstrual health including awareness of the symptoms of PMS, PMDD, heavy menstrual bleeding, endometriosis and their treatment options. With a view to increase this overall and to identify any gaps which would require further training provision.

We are looking at improving women's heart health by providing more information on heart health to women via our media channels and also raising awareness in health professionals. We are planning to run education sessions for primary care. We are also seeking views on rehabilitation programmes from users to ensure women's views are taken into account.

6.5 Anchor strategic plan

As a large organisation connected to our local area and community, we recognise we can make a positive contribution to benefit the population of Fife, not only through service delivery but also by developing our Anchor ambitions.

We have worked with our third sector interface (Fife Voluntary Action) to establish a local website interface which aims to enhance community benefits within Fife. Fife Voluntary Action will support local community organisations to develop their community benefit need bids before they are uploaded to the national community benefit gateway. Working in this way we believe will improve the quality of bids and support organisations to access alternative funding if their needs do not fit with the community benefit gateway criteria. The local interface was launched in March 2023. FVA have been raising awareness of the portal with local organisations at locality funding events and are currently working with a number of community organisations with a target of reaching approximately a dozen bids uploaded to the national portal by the end of June 2023.

We have established an Anchor's Operational Group which will develop priority areas for inclusion in the Anchors Strategic plan by October 2023. The Operational group will agree milestones, and progress will be tracked through monthly meetings to measure against outcomes using self-assessment against the local progression framework.

The Anchor's Strategic Plan will align with NHS Population Health & Wellbeing Strategy, NHS Fife Midterm Delivery Plan and Public Health Midterm Delivery Plan recovery drivers. The baseline focus will include:

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- Utilisation of land and assets to support communities
- Purchase locally to support social benefit
- Prioritise environmental sustainability
- Widen access to work

6.6 Transport needs

Plans are in place to

- Revise the Patient Information leaflet on claiming travel costs and will include:
 - Promotional Plan – via Primary Care, Localities, and NHS Acute
 - Monitoring and evaluation
- Deliver Poverty Awareness Training Post incorporating travel claims as part of health inequalities workforce training.

There is work ongoing with the 7 Localities groups to gather data and information on barriers to accessing service and health inequalities. For example, patients travel to other health board areas for treatment.

7. Innovation Adoption

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve staff health and wellbeing

- *Collaborate with University of St Andrews to develop the ScotCOM medical school*

7.1 Working with (ANIA)2 partners

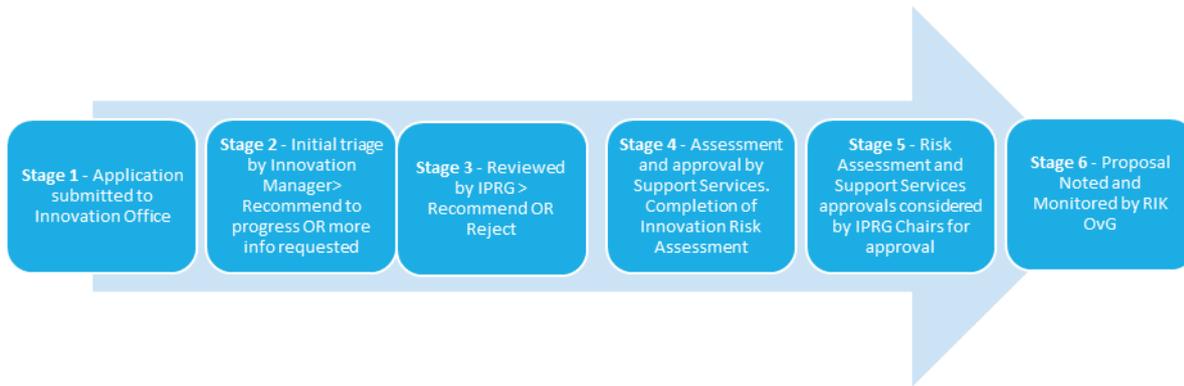
NHS Fife has invested in supporting innovation at a local level, with an Innovation Manager and Clinical Innovation Champion within Research, Innovation and Knowledge (RIK), and a Programme Manager, PMO, Innovation and Technical Design in Digital and Information (D&I). This resource also supports deeper engagement with the South East Innovation Test Bed (HISES), as one of the three member Boards (Fife, Lothian and Borders), providing stakeholder input, leadership and strategic input.

To facilitate fast tracking high impact innovations and to develop a sustainable and data driven approach to implementation locally an Innovation Governance Framework has been developed and implemented. Within this framework an Innovation Project Review Group (IPRG) has been established. The IPRG will provide the forum and approval pathway for innovation projects and new developments that might merit advice and recommendations for development, investment, D&I support and/or surfacing to HISES. The IPRG will review Innovation submissions from multiple routes including, but not limited to, HISES, other NHS Boards, Scottish Health and Industry Partnership (SHIP), Scottish Government, Centre for Sustainable Delivery (CfSD) Accelerated National Innovation Adoption (ANIA) pathway or direct from Industry and Academic Partners.

Innovation challenges supported by SHIP as part of the Demand Signalling programme are generally aimed at Industry, encouraging partnership with the NHS and academia; widely called the 'Triple Helix' approach to innovation. In support of this approach NHS Fife is directly engaged locally with Fife Council, and the business community, and the University of St Andrews in the promotion of SHIP activity and engagement with the South East Innovation Test Bed.

The IPRG will play a role in supporting a mechanism for the implementation of any potential approved solution, from whatever source, that requires a robust digital IT infrastructure and/or has clinical service delivery or resources impact. The IPRG will operate within a framework considering local, regional and national strategic priorities supporting transformation of health service delivery through innovation. The Innovation Manager will provide an update to the IPRG and NHS Fife Research, Innovation and Knowledge Oversight Group (RIK OvG) on high impact innovations progressing through the ANIA pathway.

Figure 1: Flow chart of projects through Innovation Governance Framework



7.2 Reducing the barriers to national innovation adoption

NHS Fife is a member Board of HISES and our processes have been designed to articulate with processes already established within the HISES governance framework. Innovation Projects supported by HISES, looking to test an innovation, will follow a robust governance process to manage innovation across the test bed, which is consistent with the governance structures across each of the partner Boards and there is representation from the NHS Fife in the senior HISES team and governance structures and pathway. The HISES governance pathway does not include projects for adoption.

Innovation team within NHS Fife, works with, and attend regular meetings with groups involved in the Scottish Innovation landscape including regional monthly meetings with CfSD, InnoScot Health, DataLoch and locally with Fife HSCP. NHS Fife is a contributing member of the HISES Network group and quarterly Oversight Group, SHIP and Scotland Innovates bi-monthly pipeline meeting, National Innovation Project Managers monthly meeting, and has engagement with the Scottish Health Technology Group (SHTG).

The ANIA Pathway is the mechanism for adoption of innovation for a small number of high impact innovations. The process for consideration and adoption of new innovations in NHS Fife from the ANIA pathway is under development. NHS Fife interacts with the ANIA team at regular meetings with the South East Test Bed and at the SHIP pipeline bi-monthly meeting.

It is planned that the NHS Fife Innovation team will communicate and update the RIK OvG on the current ANIA Pathway pipeline following feedback from the HISES representative on the Innovation Design Authority board. Awareness of the ANIA Pathway pipeline will allow for discussions and consideration of proposed national adoption innovations within NHS Fife in advance of the Stage Gate points when CEOs are informed or consulted.

7.3 Development of ScotCOM medical degree at University of St Andrews

University of St Andrews is developing a new five-year MBChB programme for medical students (ScotCOM), with NHS Fife as its partner Board. NHS Fife will develop suitable clinical placements to align with the St Andrews curriculum.

8. Workforce

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve staff health and wellbeing

- *Develop and deliver an action plan to support safe staffing legislation*
- *Develop and deliver a sustainability plan for the nursing and midwifery workforce*
- *Deliver specific actions from the workforce strategy to support both patient care and staff wellbeing*

8.1 Develop a sustainable nursing and midwifery workforce

The nursing and midwifery workforce plays a vital role in the delivery of healthcare services and ensuring an adequate and well-supported nursing and midwifery workforce is essential for maintaining safe, quality care.

This section explores the challenges faced by NHS Fife in terms of supply, retention, and vacancies, and provide trajectories for 2023, 2024 and 2025.

Supply Challenges

One of the key challenges is the supply of registered nurses (RNs). There is a growing demand for nursing professionals due to an aging population, increased prevalence of chronic diseases, and advancements in healthcare technology.

However, the supply of nurses has not kept pace with this demand. Factors contributing to this challenge include the aging nursing workforce, limited enrolment in nursing programmes, and competition from other sectors.

a) Age profile

The median age for nurses and midwives in NHS Fife is 44 years, however 20.2% of the nursing workforce is aged over 55 (NES Turas Data March 2023). This percentage is higher in specific services with district nursing, learning disability and mental health nursing demonstrating that over 25% of nurses are aged 55 or over.

b) Student Intake

The shortfall of new nursing students starting their degrees in 2022 means that there will be fewer newly qualified practitioners (NQPs) in 2025. This means that the gap between the number of registered nurses needed and those entering the workforce is set to widen.

The significant reduction of 20% in student places that took place between 2010 and 2013 continues to impact workforce numbers. The increase in adult and mental health student places from 2013 – 2019 has returned to pre-2010 levels.

Student attrition rates continue to cause concern. The number of applicants for nursing courses in Scotland in 2023 is 24% down compared to the same point last year.

c) Newly Qualified Practitioners

We begin recruiting students, who are due to graduate from September, in February and March each year. In March 2022, we recruited 180 WTE students across Fife; this dropped to 155 in June, but with less than 145 WTE eventually joining us.

This year, we again recruited 180 WTE (this includes a rise of 10 WTE in midwifery). Of this 129 WTE were adult nurses, but this has already dropped to 112 WTE. There is concern that only 130 WTE will join us this year.

d) Vacancies

There are significant vacancy challenges. These vacancies arise due to retirements, resignations, and difficulties in attracting new nurses. Staff shortages can strain the remaining workforce, increase workload, and potentially compromise patient care.

The vacancy rate is part of the NES published data. The vacancy gap being reported for Fife is 12.9% for March 2023 (data is embargoed until June 2023). The anticipated published figure assumes that the establishment equates to staff in post plus all advertised vacancies. This methodology loses its accuracy due to how we advertise posts (bulk recruitment, targeted recruitment, student recruitment etc).

We can calculate an approximation of vacancies using the WTEs from the financial system, noting these do not provide an actual representation of vacancies due to staff who do not generate a WTE, and other caveats related to translating financial information into workforce numbers. Nursing & Midwifery funded establishment in the ledger at March totals 4267, estimated vacancies based on difference between WTEs worked in March compared to the funded establishment is 424 WTE, approximately 10% of our nursing workforce.

There has been an agreement with Directors of Finance, Workforce and Nursing to use 10% as a realistic vacancy rate. NES data suggests 587 WTE vacancies. Work between Workforce and Finance describes 329 WTE RN vacancies of less than 3 months, 55.6 WTE between 3 and 6 months and 18.5 WTE over 6 months – a total of 403 WTE RN vacancies.

e) Turnover

Turnover rate has increased from December 2022 (10.8%) to 13.5% in March 2023 (based on NES data).

Supply Opportunities

a) International Recruitment

International recruitment is recognised as a contribution to the medium-long term solution with this being a positive experience to date for both the Board and the International Recruits, working in collaboration with Yeovil Hospitals Foundation Trust. The cost is £12k per nurse with funding from SG in Acute to date for 23 in 2021/22, 50 in 2022/23 and for 7 in HSCP making a total so far of 80 RNs.

There is no confirmation of continued funding by SG, but organisational agreement is required to maintain the potential pipeline. There is however a stop/start arrangement with Yeovil Trust disrupting a consistent flow. Currently, there are 28 RNs in post with 15 completing OSCEs (Objective Structured Clinical

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Examinations) for registration, however, this can take 4–6 months from arrival to registration.

There is now an International Recruitment Coordinator in post within the Workforce Directorate and a PPD Facilitator in post in order for OSCE prep to be all in-house.

NHS Fife can support 8 IRs per month with limiting factors being accommodation and OSCE support. To do this we require confirmation of the additional funding required from SG.

b) Return to Practice

We have 5 applicants for programme to commence this year.

c) Open University

5 places have been made available to Fife - in discussion with Open University for additional places.

d) HNC Route

There have been 16 applicants for HNC with interviews planned in May 2023. This 2-year course allows entry to 2nd year of pre-reg nursing course.

e) Assistant Practitioners

The development of bands 2 to 4, particularly the role of the Assistant Practitioner, is being implemented to support a sustainable workforce.

- Cohort 1 (n=21) started PDA in April- should qualify January 2024
- Cohort 2 (n= 44) start PDA in August- should qualify May 2024
- Cohort 3 (n tbc) start PDA in January 2025

8.2 eRostering

Work is progressing on the implementation of eRostering, with plans for roll out to the next phase of services being agreed. Business as usual resource requirements are currently work in progress, with initial agreement for the Workforce Directorate to host eRostering in future once full implementation has been realised.

Implementing eRostering can bring numerous benefits to NHS Fife. Key advantages include:

1. Efficient workforce management: eRostering streamlines the process of creating, managing, and updating staff rotas. It allows for automated rostering, reducing the administrative burden on managers and ensuring optimal allocation of staff resources.
2. Time and cost savings: The automation of rostering processes saves time for both managers and staff. Manual rostering can be time-consuming and prone to errors, whereas the eRostering system can quickly generate rosters, taking into account various factors such as staff availability, skill mix, and workload requirements. By reducing the time spent on rostering, managers can focus on other critical tasks. Moreover, efficient rostering leads to better staff utilisation, minimising overtime costs and reducing the need for supplementary staff.
3. Enhanced staff satisfaction: the eRostering systems has an online app feature which allows staff members to indicate their availability,

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preferences, and requests for time off. Time spent requesting leave on paper forms and delays in manager's response is replaced with a simple, online solution.

4. Improved patient safety: Effective rostering plays a vital role in ensuring patient safety. With eRostering, managers can ensure appropriate staffing levels, skill mix, and continuity of care. By accurately matching staff to patient needs, the risk of errors and adverse events can be reduced. Additionally, as the system is implemented, including the Safecare model, the system can provide real-time visibility into staffing gaps or potential issues, enabling proactive adjustments to maintain patient safety standards.
5. Compliance with regulations: NHS Fife must comply with working time directives and contractual obligations. eRostering systems can help automate compliance monitoring by tracking staff working hours, rest breaks, and leave entitlements. This ensures that rostering practices align with legal and regulatory requirements, reducing the risk of non-compliance.
6. Data-driven decision making: eRostering can generate a wealth of data related to staffing patterns, workload distribution, and resource allocation. Analysing this data can provide valuable insights for workforce planning. Managers can identify trends, predict staffing needs, and make data-driven decisions to improve efficiency and resource allocation in the long term.

In summary, implementing eRostering will lead to efficient workforce management, time and cost savings, improved staff satisfaction, enhanced patient safety, compliance with regulations, and data-driven decision making. It will significantly transform the rostering process and contribute to the overall effectiveness and performance of NHS Fife.

8.3 Health & Care Staffing Act 2019 – Safe Staffing legislation

Work is progressing across professions in preparation for full implementation of the Health and Care (Staffing) (Scotland) Act 2019 on 1 April 2024. Teams are currently in testing Guidance chapters. Learning from the plans for implementation of the legislation across nursing, midwifery and other clinical professions, is being shared across the organisation.

8.4 Staff Health & Wellbeing

Supporting wellbeing and maximising attendance is a key focus of our recovery work. In addition, we continue to work on creating a culture of kindness, where employees look after each other. This is a shared commitment led by our Board and our Executive team working in partnership with our staff. “Well@Work” is the branding of NHS Fife’s employee Health and Wellbeing programme.

NHS Fife has a range of core staff wellbeing services in place as part of the tiered approach to wellbeing, starting at local level within teams / wards. This includes:

- Occupational Health Service
- Spiritual Care
- Peer Support
- Staff Listening Service and
- Psychology Staff Support

Our approach is focused on the Four Pillars of Wellbeing, as detailed in the diagram below, with each area of wellbeing being supported by:

- Workplace policies, processes, and guidance
- Internal wellbeing initiatives
- Resources available to those employees who need them
- Communications for all employees on wellbeing and how to access support



8.5 Recruitment & Retention of Staff

In addition to the work described above and in Section C below in relation to our Bank & Agency Programme, a number of other initiatives are ongoing within NHS Fife to support recruitment and retention of staff, including within our Medical & Dental and Pharmacy functions and through development of extended roles in terms of advanced practitioners, consideration of areas where Physicians Associates and other MAPs could be employed, skill mix and improved use of technology.

9. Digital

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



*To deliver value
and sustainability*

- *Develop the digital medicines programme*

9.1 Optimising M365

We will establish a secure baseline in the M365 products and national tenancy by October 2023 and implement federation with Local Authority by October 2023.

We will assess future options for maximisation of M365 products in line with current licence/capacity restrictions and the work of National Groups by December 2023.

9.2 National digital programmes

Within D&I, we are committed to strengthening the use of national and regional systems for delivery of key programmes in which economies of scale can be realised. We have committed to a number of programmes which will continue to be delivered over the Medium Term. These include:

- e-Rostering – NHS Fife have begun the rollout of the National rostering system which supports staff to deliver services. This will conclude during the medium-term plan period
- Community Health Index (CHI) – We are collaborating with the national team to deliver this programme.
- Child Health – This programme had a reset in 2022, therefore we continue to support whilst a new programme timeline is delivered.
- M365 – Maximising Benefits and federation – M365 was rolled out during the pandemic, there are a number of areas which still require to be maximised whilst also supporting more joined up utilisation across Health and Social Care.
- GP IT – To deliver a new GP IT system is currently being taken through governance within Fife and will be implemented within the medium term.
- HEPMA – NHS Fife are in the process of signing a contract to deliver Hospital Electronic Prescribing and Medicines Administration across both acute and community areas.
- Laboratory Information Management System (LIMS) – NHS Fife are one of three early implementation boards and are working closely with other boards to deliver this programme locally, regionally and nationally.
- PACS – Fast Access to images, NHS Fife have undertaken several upgrades of the current PACS system implemented in Fife, following contract award, NHS Fife will consider the best approach to implementation and work with colleagues within Radiology to implement the new PACS system into NHS Fife.

- Vaccination and Immunisation – continue to support this work ongoing within this area.
- Radiology Information System (RIS) – Consideration to a new national approach to RIS is being undertaken if this is brought forward, NHS Fife will support the inclusion of this work within their plan.
- Digital Pathology – Has been implemented within NHS Fife we will continue to collaborate closely with teams to ensure safety standards continue to be met.

9.3 Organisational Digital Maturity Exercise

NHS Fife completed a digital maturity exercise in 2019 this will be repeated in 2023. The results of the previous Digital Maturity exercise helped to shape the priorities for NHS Fife. The 2023 study will be undertaken to ensure consistency with the delivery plan we are undertaking and ensuring that any emerging themes that have not already been considered are part of the key ambitions for our next digital strategy scheduled for delivery in 2024.

9.4 Leadership in digital

We will plan our delivery for both our service users and those who utilise digital but we will also focus internally to ensure that we continue to upskill in order to meet the demands of the workforce and ensure that leaders across health and care are equipped with the necessary skills, we are therefore committed to undertaking training locally and also highlighting to leaders across the board when digital programmes are offered, in the medium term example of the areas are:-

- Information Technology Infrastructure Library (ITIL) – Digital have committed to the continued support of ITIL for those working within the digital environment.
- Digital Leadership – An MSc Course is available and will be cascaded to relevant teams, with leaders within the organisation supported to undertake this qualification.
- Digital Mindset Masterclasses – We will support the cascading of these sessions to our senior leadership team in order to create a shared understanding of the challenges of digital delivery.
- KIND – Senior Leaders within digital are signed up to the KIND network and are committed to supporting and rolling out training which is identified within this programme to teams both internal to digital and externally where appropriate.

Roles and Pathways – Digital are in the process of creating a skills matrix which will support those interested in a career in digital in achieving their ambitions. In addition, NHS Fife digital are supporting modern and graduate apprenticeships to support the ongoing delivery of digital and show the benefits of a career in digital to young people within the local community.

9.5 Scottish Health Competent Authority

NHS Fife will undergo the NIS (Network and Information Systems) audit in July 2023. Following the completion of the report the NIS Action Plan will be created and presented to the Information Governance and Security Steering Group and the Digital and Information Board for awareness and assurance. Both groups will

then track the progress of the Action Plan in the normal manner. Items of note will also be escalated through the standing governance arrangements as required.

NHS Fife continues to seek confirmation of the strategy for the Cloud Centre of Excellence (CCoE) and its associated services. On identification of these then direct engagement, in relation to support of compliance with NIS will form part of the Action Plan. At present engagement with CCoE is based on their national role in informing threat intelligence and identification.

9.6 Paperlite project

The Paperlite project as it was known has been reshaped into an Electronic Patient Record programme, with key benefits beginning to be derived, which will be around 70% complete within the medium-term delivery timescale. The programme will focus on maximum utilisation of our key cornerstone systems, providing value to the NHS whilst also reducing the need for paper in delivery of clinical care. This focus will also be directly related to those system suppliers who have proven their ability to keep pace with the requirement for well design and rapid pace developments. This will support our clinical teams to deliver care, with information which is up to date at point of care, therefore improving clinical decision making and the patient experience.

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

Examples of Key deliverables are:

- Our strategic programmes will ensure we maximise the use of existing systems through the extension of Electronic Patient Record programme, as the most appropriate way to support the design and deliver our services.
- The inclusion of innovation in our strategic framework will bridge the gap and support implementation of a true EPR for NHS Fife, that is available to patient through a digital “doorway”, while recognising the need for alternatives in supporting those that find themselves excluded from the digital world.
- Near Me – The pandemic saw the introduction of Near Me within Fife for all Acute, Community and Mental Health services, this was further supported by the introduction of Near Me, Near You with specialised Near Me rooms in the community for those who do not have connectivity at home. In the medium-term NHS Fife will continue to support the use of Near Me for group consultation. NHS Fife are also aware of further work being undertaken within the HSCP to support the rollout of Near Me within Social Work services and will support this process by sharing lessons learned with teams.
- Digital Front Door – NHS Fife will extend its digital front door through the continued introduction a digital hub for patients, which supports patients to have key clinical information in relation to their care their engagement with services, and their ability to have access to staff and services through the use of digital exchange including modern telephony solutions. NHS Fife have also recently introduced ‘Elsie’ to support digital preassessment within orthopaedics, in the medium term there is an ambition to further expand the use of this technology. We will continue to commit to this both at a local level and with supporting the introduction of any recommendations which we receive from Scottish Government which will support this key area.

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- Digital Pathways – Through introduction of digital pathways for COPD, Heart Failure, Asthma, Monitoring at Home for Blood Pressure and platforms which support this care such as Inhealthcare, Lenus and the Right Decision Service. NHS Fife are concerned with the number of platforms which are in use across Scotland, but we will work to ensure that our community understands access points for delivery of their care.
- Digital Mental Health Support – Digital will work with Mental Health teams to ensure we support the ongoing work which is being undertaken as part of Care in the Digital Age.
- Digital Inclusion – Ensuring that access to services is equal for all, that no one is left behind in the move to a digital future, we will work closely with services to ensure that we meet their needs whilst also ensuring that we develop pathways and services which meet the needs of all service users especially those who are most vulnerable in our society.

9.7 Digital Scotland Service Standard

Previously known as Digital First, NHS Fife are committed to aligning our digital deliveries with this methodology to ensure services are based on the needs of users, are sustainable and continuously improving, secure and resilient, and that good technology choices made.

10. Climate

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



*To deliver value
and sustainability*

- *Implement actions to support climate emergency*

10.1 Decarbonise fleet

NHS Fife are to remove all fossil – fuelled small and light commercial vehicles in the NHS Fleet. We will also ensure all small and light commercial vehicles are powered by renewable alternatives by 2025 and no longer buy or lease large fossil fuelled vehicles by 2030. We are however reliant on larger vehicles, especially tail lift vehicles, becoming more financially viable. To support the transformation of our fleet, we will continue to install electric vehicle charging points throughout the NHS estate and collaborate across the public sector on charging infrastructure.

We are heavily reliant on the Transport Scotland grant funding and have submitted a 2023/24 bid to the 'Switched-on fleet' grant for 8 light commercial vehicles, increasing the percentage of light commercial EVs to approximately 60%. If our 2023/24 bid to the Switched-on Fleet Grant is successful, we will increase the charge point network by 8 double charge points increasing the total number of charge points across NHS Fife to 77.

10.2 Achieve waste targets

The new tenders for waste have within them a mandated data return for all 15 categories of waste. These new contracts will improve our data collection. We also use the data from invoices to augment the information on the current national data system (RIO), which is of limited use currently. We are investigating the installation of bulk scales to confirm some of the data produced by contractors.

An annual audit of the very basic "what is going in which bin" ensures that we are gradually improving the segregation of waste. This ensures that more is presented for recycling and less is seen as Domestic waste, which has reduced by 15%.

Our contractor for domestic waste collection is Fife Council. Fife Council continues to invest in processing which ensures the minimum of waste goes to landfill. We will be working with Fife Council to ensure that we can extract data from their system which evidence progress to the target, ensuring no more than 5% of domestic waste goes to landfill. We will also ensure that we can demonstrate our waste is treated to meet the target of 70% of domestic waste is composted or recycled in conjunction with Fife Council.

There will be continued investment in and increase the use of dewatering equipment to reduce the overall weight/volume of food waste disposed of. We will invest in the National Catering Information System to better control production waste and improve the timeliness of ordering. We will continue to follow/improve on SG direction in the withdrawal of some disposables and introduce Reverse vending.

We will also take part in trials of re-usable PPE, ensure laundering improvements to reduce the use of disposable curtains and mopheads and will pursue the

installation of a heat recovery system within laundry. The latter utilising hot water to be re-circulated and reduce gas consumption.

10.3 Reducing medical gas emissions

There is a commitment to ending the use of desflurane and will therefore promote Sevoflurane as the first-choice option within Anaesthetics. The use of Tiva will also be promoted and encouraging the use of regional or local anaesthetics to reduce the need for volatile gases.

Work is ongoing to decommission nitrous oxide manifolds across the estate. A nitrous oxide mitigation team will be formed then discuss and document our approach to eliminating piped nitrous oxide. By the end of 2023, these reductions will be incorporated as part of our annual reporting process.

10.4 Learning from the National Green Theatre Programme

Having already made great progress in implementing the National Green Theatres programme, our next steps will involve further development of the theatre action plan to align with the national green theatre programme. NHS Fife has learned through our Regional Group of the steps taken in the implementation of Green Theatres by NHS Lothian and are looking to incorporate these into our Action Plan which is being developed for 2023/24.

This year we will create a green theatres project group which will involve recording the progress that has already been made and then identifying areas that still need focused on to fully implement the national green theatre programme across NHS Fife. We have actioned 7 areas of the green theatre programme with all other areas being in progress. Using a tracking document to monitor our progress across the areas outlined in the 'bundles', we will create a timeline and plans for achieving the remaining targets.

10.5 Implementing of a building energy transition programme

To begin the implementation of a building energy transition programme, we have started the process of creating net zero road maps for all NHS Fife sites. Within these, they have provided an analysis of current energy consumption and created action plans on how to reduce emissions and meet targets.

To become a net-zero health service by 2040 we will have all 12 net-zero road maps completed by the end of year 1. Then, using the completed road maps we will identify the measures to take that will allow us to deliver a 75% reduction by 2030, compared to 1990. We will then outline the funding we are going to apply for in order to carry out these projects and curate a plan as to how they can be implemented as soon as possible. We will put in funding applications for some of the projects that need to take place and aim to deliver those over the next 7 years between now and 2030.

10.6 Implementing the Scottish Quality Respiratory Prescribing guide

Our quality improvement approach for implementation of the Scottish Quality Prescribing Guide includes:

- Implement recommendations from Respiratory Quality Prescribing Guide
- Review of local prescribing guidance following publication of the Respiratory Prescribing Guide and reflecting formulary choices, which have considered environmental factors

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- Further local communication and education
- Person-centred reviews (as above)
- Utilise ScriptSwitch® and other electronic prescribing systems to promote formulary choices and to highlight overuse of SABAs
- Respiratory prescribing will be reviewed through the Fife Prescribing Forum, utilising primary and secondary care prescribing data, benchmarking, and National Therapeutic Prescribing indicators

NHS Fife is one of three NHS Boards participating in redesign to transition from three separate formularies to a single East Regional Formulary (ERF). As part of this process, the Respiratory prescribing section was reviewed in October 2021 and released in December 2021.

The ERF group was tasked with reviewing inhaler choices based on the following criteria: Efficacy, Safety, Cost Effectiveness and Environmental impact. This represented the first time that Formulary Committee made a conscious effort to include environmental considerations in Formulary choices. To guide prescriber selection, a clear sign has been added to the inhaler poster to enable environmentally friendly choices of inhalers.

NHS Fife is currently awaiting publication of the Scottish Quality Respiratory Prescribing Guide (SQRPG), due April 2023. To pre-empt the SQRPG, ERF Committee is establishing an Expert Working Group of Clinicians and Respiratory Pharmacists to review how we utilise the current choices of formulary inhalers in order to assess how current choices affect the environment. A plan will then be developed to improve inhaler choices to reduce greenhouse gas emissions and limit detrimental effects on the climate. The ERF group will align discussions with the SQRPG.

10.7 Implementing an Environmental Management System

We have engaged with HDR to implement an Environmental Management System (EMS) across NHS Fife. They attended site in May to carry out an initial assessment of Victoria Hospital, with the intention of populating an EMS at this site first. We are aiming to populate an EMS at our largest site, Victoria first, with the intention of rolling out our EMS across all NHS Fife sites moving forward. Phase 1 of EMS implementation will involve Victoria Hospital, and this will be done in quarter 3 giving us 6+ months. Phase 2 will involve EMS implementation at all major sites and phase 3 will be EMS implementation at all sites. We also aim to have full implementation of an EMS at 2 sites by the end of quarter 4. By the end of quarter 1 we want to have a full plan written as to how we are going to progress with our EMS over the next year.

Section B: Finance and Sustainability

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To deliver value and sustainability

- *Deliver year one actions of the financial improvement and sustainability programme*

Medium-term Financial Plan

We have recently submitted our medium-term financial plan to Scottish Government which sets out the key risks to delivery of financial balance in-year and over the medium-term. Discussion is ongoing with Health Finance Directorate colleagues in relation to our key planning assumptions including:

- Ongoing distance from our NRAC share and the cumulative impact of this on the financial position
- Unsustainable levels of reliance on bank and agency staffing to support significant workforce availability challenges
- Requirement to maintain all surge capacity throughout the full year
- Significant cost pressure within our SLAs with other NHS and Independent Sector Providers
- Increasing cost pressure within SLAs for Mental Health and Learning Disability Services
- Inflationary pressures impacted by record global energy costs, across a number of areas, particularly PFI contracts which are directly linked to RPI
- Reduced levels of funding for planned care services
- Significant increasing costs across acute prescribing budgets

NHS Fife continues to operate out with the agreed Board risk appetite in relation to delivering value and sustainability. The financial plan does however set out a realistic and credible plan to respond effectively to this over the medium-term. During 2023/24, we will continue to utilise the infrastructure we put in place previous year to help support delivery and identification financial and productive opportunities.

Establishment of Financial Improvement and Sustainability Programme

We are committed to supporting the Scottish Government's Sustainability and Value programme and have plans in place to deliver the 3% recurring savings target required by the programme.

We have established an executive led Financial Improvement and Sustainability (FIS) Programme which contains a range of activities to deliver increased capacity and productivity and to release cash efficiencies and cost reduction. During 2023/24 we have established 3 key cost improvement initiatives to reduce; bank and agency spend, surge capacity and corporate overheads. We also have a significant medicines optimisation plan and a range of initiatives to reduce property and asset management costs.

Section C: Workforce Planning and Sustainability

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve staff health and wellbeing

- *Develop and deliver an action plan to support safe staffing legislation*
- *Develop and deliver a sustainability plan for the nursing and midwifery workforce*
- *Deliver specific actions from the workforce strategy to support both patient care and staff wellbeing*

Workforce Plan

The Board's three-year Workforce Plan for 2022 to 2025 was published in November 2022 and gave a commitment to the development of Directorate / Service based Workforce Plans, which in turn would form the supporting action plan to achieve the commitments set out in the Workforce Plan.

As part of the Board's Strategic Planning & Resource Allocation process, all services were provided with and submitted documentation in support of meeting this commitment, which enabled workforce projections aligned to the Workforce Plan to be captured, alongside workforce commitments, priorities and risks aligned to service deliverables. This demonstrated our triangulated approach to Service, Finance and Workforce Planning.

The details submitted have been harvested and are in the process of being analysed, so that Directorate and Service based workforce plans can be completed by the end of quarter 2 of 2023/2024. This will allow us to map corporate priorities across to the SPRA submissions, identifying those submissions that may impact the future shape of the staffing complement, and highlight any sustainability pressures, included within the Workforce Plan for 2022 to 2025.

Through our joint work with Fife HSCP workforce colleagues, we have contributed to their Workforce Action Plan, reinforcing the linkages necessary in workforce terms with our partners, including Fife Council and the voluntary and third sectors.

Key Priorities

The key priorities in the Workforce Plan for 2023/24 are:

a) General Practice Sustainability

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. NHS Fife initiated a tender process for external bids in early 2023, for three General Practices in this category, working towards an outcome of stability and resilience. The initial tender process has been agreed and will be implemented over 2023/24. This is part of a longer-term plan to ensure safe and effective service delivery and ongoing management of 2c General Practices. The aim being to develop

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resilience and enhance sustainability across Primary Care Services and anticipating future pressures on General Practice.

b) International Recruitment

This has been a positive experience for both NHS Fife and the candidates, and it is hoped that international recruitment will increase and expand to other professions over 2023/24. Unfortunately, it will not be possible to recruit Midwives or Mental Health Nurses internationally due to incompatibilities with NMC requirements for training, for around another 6 months.

c) Development of Assistant Practitioner and Healthcare Support Worker Roles

Our Band 2 to 4 workforce progression will focus on establishing a recruitment programme, career development from Band 2 through to post registration and support for managers and educators.

d) Youth Employment, Employability

Last year dedicated leadership on the Employability agenda supported NHS Fife is progressing our aims in this area which sit at the heart of the Employer commitments in our Anchor Organisation delivery plan. Lessons learned from our first-year delivery are now informing our intended planning for an increased capacity for our Modern Apprenticeship (MA) programme expansion. This work will also be informed by the Director of Workforce's role in the newly established NHS Scotland Anchors Workforce Strategic Group.

In 2023/24 we will grow our MA numbers in partnership with Fife College with initial focus on our Healthcare Support Worker workforce, aligning with the work being led by our Nursing & Midwifery Workforce Group to support Band 2-4 progression to address establishment gaps within this job family. As well as building numbers in Nursing & Midwifery we will develop plans to increase our MA provision across other professions and to integrate this work with Foundation Apprenticeship activity as we build our connections with local schools to open access to increased numbers of school leavers accessing health & social care career pathways.

As part of this initiative, links are being established with NHs Fife's Executive Directors with Head Teachers across the 18 secondary schools in Fife.

e) Health & Wellbeing Framework

The NHS Staff Health & Wellbeing Framework was published in December 2022 and is aligned to the Population Health & Wellbeing Strategy. Given the importance of and continued focus on Staff Health and Wellbeing generally and in the context of the legacy of the pandemic, confirming our intentions was key. The Framework clearly sets out the ambitions, focus, structure and reporting arrangements for staff health and wellbeing activity within the Board and takes account of current and evolving work in this area.

In addition, the Framework aligns to the commitments set out in the three-year Workforce Plan, Annual Delivery Plan and National Workforce Strategy, with the emphasis on the "Nurture" pillar of the five pillars of the workforce journey.

The infrastructure to support this has been enhanced this year by the opening of new Staff Hubs on several of NHS Fife sites, providing staff with bright, modern spaces to relax, refresh and recharge.

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f) Implementation of Safe Staffing - The Health and Care (Staffing) (Scotland) Act 2019.

NHS Fife is working towards implementation of the Act in 2024 and will undertake Chapter Guidance testing, as part of the work commissioned by HIS and SG. This includes the establishment of a local reference group covering all clinical disciplines, actively using the current real-time staffing tools to identify risks to care arising due to staffing issues, ensuring staff are aware of these, and that relevant staff have appropriate training and time and resources to implement them. This is in advance of the implementation of eRostering, which will facilitate escalation and reporting once the “Safe Care” module is live.

g) Bank & Agency Programme

Work on delivering a more sustainable and cost-effective approach to the use of Bank and Agency staff is a high priority area for NHS Fife.

An existing commitment made by the Executive to create a consolidated single Staff Bank for the management of all supplementary staffing needs has now been expanded under a new Bank & Agency Programme led by the Director of Workforce which will aim to deliver a revised model to contribute to financial and workforce sustainability to meet current and future service needs.

The Programme will be to deliver the aims set out by the national Supplementary Staffing Task & Finish Group including the adoption of the National Principles for the Management of Agency Workforce Supply to NHS Scotland Health Boards. As the model is developed it will align with our broader work on staff recruitment and retention noted above and will reflect and work compatibly with the introduction of the new national e-Rostering solution and implementation of the Health and Care (Staffing) (Scotland) Act 2019.

Section D: Value Based Health and Care

The Realistic Medicine (RM) Plan is being rolled out to embed Realistic Medicine across Fife. Engagement meetings with stakeholders suggest that communication is the most important factor in embedding Realistic Medicine in Fife. A risk workshop was organised with the RM and NHS Fife Clinical Governance Teams to identify RM risks. A stakeholder analysis workshop was also undertaken, and Communications and Engagement Plan developed. A Benefits Workshop has been undertaken to identify benefits and enable benefits realisation. A workshop is being planned to support governance arrangements. Engagement meetings were held with the Realistic Prescribing steering group to identify areas of collaboration.

Process mapping exercises were undertaken with a Sexual Health Consultant and a Consultant Surgeon on their process of engaging with patients and sending letters to them. This was undertaken for the Organisational Learning Group (OLG). It helped to identify areas of efficiency and improvements in patient satisfaction.

The 'Questions that matter' (QTM) RM tool has been developed for use in Fife and has been rolled out to patients. The tool ensures that patients are able to reflect on questions to ask ahead of consultations. A one-page digital version and QR code have been developed with excellent feedback. The RM message has been embedded on Desktops in NHS Fife with fantastic feedback and request for more information from staff.

Engagement meetings have been undertaken with the NHS Fife Communication team to identify areas of collaboration, such as developing Communications Matrix (workshop). Information on Realistic Medicine are to be rolled out to staff on desktops, hospital screens and pop-up banners. Information Realistic Medicine is now on the NHS Fife Staff intranet (Blink). There has been engagement with RM network meetings and other NHS Boards (such as NHS Ayrshire and Arran) to share learning and practice. We plan to work with Realistic Prescribing and other teams to reduce waste and enable strategies for a greener, sustainable health care system.

We plan to align our work with the 5 strategic priorities of the Scottish Government. With regards to encouraging staff to access the RM Module on TURAS, we will engage with Directors and workforce committees and ensure that staff have easy access to the RM module on TURAS via the staff intranet (Blink). We will also engage with NHS Education for Scotland (NES) to ensure the TURAS module contents flow better.

There are plans to engage with the General Medical Council (GMC), GP clusters and staff and disseminate information about RM through grand rounds. With regards to encouraging patients and families to ask the BRAN (Benefits, Risks, Alternatives, Nothing) Questions, we plan to engage with the Patient Experience Team to embed RM principles, engage with patients and continue to roll out the QTM that contains BRAN questions. We plan to mainstream person centred stories and collaborate with communications and Information technology to ensure that information on BRAN questions is placed on patient and staff facing sides of NearMe (video conferencing) with prompts on IT systems on the BRAN questions.

With regards to evaluation of shared decision making from patients, we plan to undertake a variety of strategies including surveys, analysing data from care opinion and staff engaging with patients to fill feedback forms. With regards to

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supporting local teams work with the Centre for Sustainable Delivery (CfSD) to roll out the Active Clinical Referral Triage (ACRT), Patient Initiated Review (PIR) and Effective and Quality Intervention (EQUIP) Pathways, we plan to engage with local teams to facilitate RM sensitive pathways. Taking cognisance of encouraging local teams to engage with the CfSD to consider current and future Atlas of Variation, we plan to collaborate with colleagues at Public Health Scotland to facilitate better understanding and consideration of this with local teams in Fife.

Section E: Integration

In Fife we have embraced the legislation associated with the Public Bodies (Joint Working) (Scotland) Act 2014, which requires NHS Boards and local authorities to collaborate to integrate the provision of health and social care services known as ‘health and social care integration’.

This focuses not only what we do, but, also how we do it, developing our culture of Integration based on interagency parity and respect. We describe our collaborative approach to Integration as “Team Fife”, recognising integration across health services, joint working with the Health and Social Care Partnership (HSCP) and multi-agency working across local authority and third and independent sectors in line with our community planning aspirations described within the Plan for Fife. It is by working collegiately together towards a common purpose to improve outcomes for the people of Fife that we will make greatest impact in people’s lives and support our workforce.

Fife HSCP provides a wide range of delegated health and care services for NHS Fife and Fife Council. We have worked together to ensure close alignment between the Population Health and Wellbeing Strategy and Fife HSCP Strategic Plan, and we will work together to deliver and develop services for people in Fife.

Fife Health and Social Care Partnership has a three-year ‘Strategic Plan 2023 to 2026’ that sets out the future direction of all health and social care services across Fife. This includes how the nine National Health and Wellbeing Outcomes for Health and Social Care will be delivered locally, along with the six Public Health Priorities for Scotland.

The Partnership’s Strategic Plan is supported by transformational and business enabling strategies and delivery plans. The opportunity provided by being co-terminus is that we can evidence clear alignment to both the Integration Joint Board and NHS Fife statutory responsibilities.

Some key examples of joint working that can evidence “integration in action” in Fife are:

- Collegiate work to support capacity and flow supporting the use of the whole system OPEL tool enabling whole system response using common language and agreed action in response to service pressures and risk.
- The Primary Care Strategy is jointly commissioned through professional leads in NHS Fife and Fife IJB Chief Officer to enable the recovery, quality and sustainability of Primary Care
- The Prevention and Early Integration strategy and delivery plan is another example of strong joint working aligned to Public Health Priorities and galvanising a whole system response to promoting population health and wellbeing across the life span.
- The collective efforts to support prevention are also evidenced through joint working in relation to unscheduled care to support joint improvement actions to enable the right care, right place, first time.
- We are also joining up an enhancing our collective approach to communications, participation and engagement evidenced through strategy

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development and supporting us to engage meaningful with the people of Fife to inform our priorities.

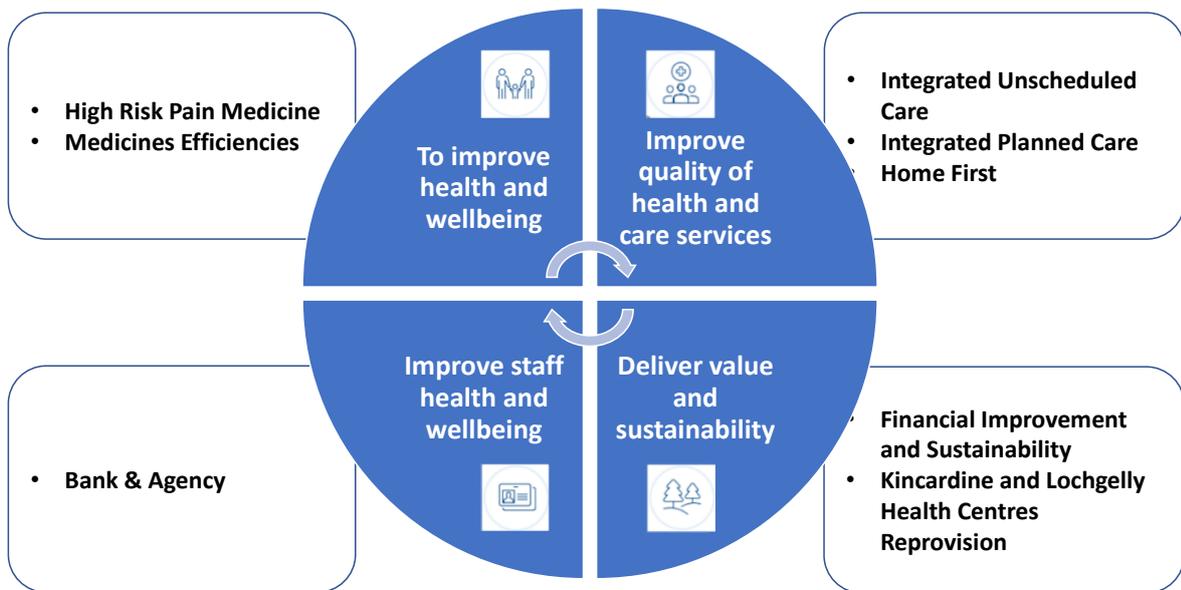
- Through our Community Planning Partnerships, we are supporting delivery against the Plan 4 Fife with the focus on place, people and community wealth building.

Section F: Improvement Programmes

NHS Fife and Fife Health and Social Care Partnership have established Programme Management Offices to manage and deliver the key strategic improvement programmes for the respective organisations.

We have high aspiration to support improvement and transformation of services in Fife. This is supported by a Programme Management Approach in both NHS Fife and the Health and Social Care Partnership which recognising the multi-agency integration of many programmes of work within the community. The examples below relate to the programmes aligned to NHS Fife services recognising there are a range of wider improvement programmes also aligned to Fife Council delegated services not listed within this plan.

The diagram below illustrates the programmes currently underway. A more detailed table with objectives and outcomes for each programme can be found in Appendix D.



Appendices

Appendix A: New Outpatient Capacity Projections by Specialty

Specialty	Urgency	April 2023 Planned	May 2023 Planned	June 2023 Planned	July 2023 Planned	August 2023 Planned	September 2023 Planned	October 2023 Planned	November 2023 Planned	December 2023 Planned	January 2024 Planned	February 2024 Planned	March 2024 Planned
All Specialties	All Urgencies	7573	7372	7364	7565	7340	7432	7421	7432	7421	7436	7436	7436
All Specialties	Routine												
All Specialties	Urgent												
Anaesthetics	All Urgencies	0	0	0	0	0	0	0	0	0	0	0	0
Anaesthetics	Routine												
Anaesthetics	Urgent												
Cardiology	All Urgencies	130	130	130	130	130	130	130	130	130	130	130	130
Cardiology	Routine												
Cardiology	Urgent												
Dermatology	All Urgencies	843	642	642	843	642	642	642	642	642	642	642	642
Dermatology	Routine												
Dermatology	Urgent												
Diabetes/Endocrinology	All Urgencies	48	48	48	48	48	48	48	48	48	48	48	48
Diabetes/Endocrinology	Routine												
Diabetes/Endocrinology	Urgent												
ENT	All Urgencies	871	871	871	871	871	871	871	871	871	871	871	871
ENT	Routine												
ENT	Urgent												
Gastroenterology	All Urgencies	125	125	125	125	125	125	125	125	125	125	125	125
Gastroenterology	Routine												
Gastroenterology	Urgent												
General Medicine	All Urgencies	0	0	0	0	0	0	0	0	0	0	0	0
General Medicine	Routine												
General Medicine	Urgent												
General Surgery (inc Vascular)	All Urgencies	715	715	707	707	707	723	712	723	712	727	727	727
General Surgery (inc Vascular)	Routine												
General Surgery (inc Vascular)	Urgent												
Gynaecology	All Urgencies	750	750	750	750	750	750	750	750	750	750	750	750
Gynaecology	Routine												
Gynaecology	Urgent												
Neurology	All Urgencies	233	233	233	233	233	233	233	233	233	233	233	233
Neurology	Routine												
Neurology	Urgent												
Neurosurgery	All Urgencies	0	0	0	0	0	0	0	0	0	0	0	0
Neurosurgery	Routine												
Neurosurgery	Urgent												
Ophthalmology	All Urgencies	518	518	518	518	518	553	553	553	553	553	553	553
Ophthalmology	Routine												
Ophthalmology	Urgent												
Oral & Maxillofacial Surgery	All Urgencies	169	169	169	169	169	210	210	210	210	210	210	210
Oral & Maxillofacial Surgery	Routine												
Oral & Maxillofacial Surgery	Urgent												
Oral Surgery	All Urgencies	0	0	0	0	0	0	0	0	0	0	0	0
Oral Surgery	Routine												
Oral Surgery	Urgent												
Orthodontics	All Urgencies	74	74	74	74	74	74	74	74	74	74	74	74
Orthodontics	Routine												
Orthodontics	Urgent												
Other	All Urgencies	770	770	770	770	770	770	770	770	770	770	770	770
Other	Routine												
Other	Urgent												
Pain Management	All Urgencies	88	88	88	88	88	88	88	88	88	88	88	88
Pain Management	Routine												
Pain Management	Urgent												
Plastic Surgery	All Urgencies	49	49	49	49	49	49	49	49	49	49	49	49
Plastic Surgery	Routine												
Plastic Surgery	Urgent												
Respiratory Medicine	All Urgencies	192	192	192	192	192	192	192	192	192	192	192	192
Respiratory Medicine	Routine												
Respiratory Medicine	Urgent												
Restorative Dentistry	All Urgencies	0	0	0	0	0	0	0	0	0	0	0	0
Restorative Dentistry	Routine												
Restorative Dentistry	Urgent												
Rheumatology	All Urgencies	186	186	186	186	162	162	162	162	162	162	162	162
Rheumatology	Routine												
Rheumatology	Urgent												
Trauma & Orthopaedics	All Urgencies	1316	1316	1316	1316	1316	1316	1316	1316	1316	1316	1316	1316
Trauma & Orthopaedics	Routine												
Trauma & Orthopaedics	Urgent												
Urology	All Urgencies	496	496	496	496	496	496	496	496	496	496	496	496
Urology	Routine												
Urology	Urgent												

Appendix B: TTG Capacity Projections by Specialty

Specialty	Urgency	April 2023 Planned	May 2023 Planned	June 2023 Planned	July 2023 Planned	August 2023 Planned	September 2023 Planned	October 2023 Planned	November 2023 Planned	December 2023 Planned	January 2024 Planned	February 2024 Planned	March 2024 Planned
All Specialties	All Urgencies	1138	1139	1139	1144	1144	1145	1162	1162	1163	1164	1164	1164
All Specialties	Routine												
All Specialties	Urgent												
ENT	All Urgencies	90	90	90	90	90	90	90	90	90	90	90	90
ENT	Routine												
ENT	Urgent												
Gastroenterology	All Urgencies												
Gastroenterology	Routine												
Gastroenterology	Urgent												
General Surgery (inc Vascular)	All Urgencies	190	190	190	190	190	190	190	190	190	190	190	190
General Surgery (inc Vascular)	Routine												
General Surgery (inc Vascular)	Urgent												
Gynaecology	All Urgencies	101	101	101	101	101	101	101	101	101	101	101	101
Gynaecology	Routine												
Gynaecology	Urgent												
Neurology	All Urgencies												
Neurology	Routine												
Neurology	Urgent												
Ophthalmology	All Urgencies	222	222	222	222	222	222	226	226	226	226	226	226
Ophthalmology	Routine												
Ophthalmology	Urgent												
Oral & Maxillofacial Surgery	All Urgencies	52	52	52	52	52	52	52	52	52	52	52	52
Oral & Maxillofacial Surgery	Routine												
Oral & Maxillofacial Surgery	Urgent												
Oral Surgery	All Urgencies												
Oral Surgery	Routine												
Oral Surgery	Urgent												
Orthodontics	All Urgencies												
Orthodontics	Routine												
Orthodontics	Urgent												
Other	All Urgencies	51	51	51	51	51	51	51	51	51	51	51	51
Other	Routine												
Other	Urgent												
Plastic Surgery	All Urgencies	30	30	30	30	30	30	30	30	30	30	30	30
Plastic Surgery	Routine												
Plastic Surgery	Urgent												
Rheumatology	All Urgencies												
Rheumatology	Routine												
Rheumatology	Urgent												
Trauma & Orthopaedics	All Urgencies	267	268	268	273	273	274	287	287	288	289	289	289
Trauma & Orthopaedics	Routine												
Trauma & Orthopaedics	Urgent												
Urology	All Urgencies	135	135	135	135	135	135	135	135	135	135	135	135
Urology	Routine												
Urology	Urgent												

Appendix C: Diagnostic Capacity Projections by Key Test

New Elective Diagnostic Test - Activity Projections	Urgency	April 2023 Planned	May 2023 Planned	June 2023 Planned	July 2023 Planned	August 2023 Planned	September 2023 Planned	October 2023 Planned	November 2023 Planned	December 2023 Planned	January 2024 Planned	February 2024 Planned	March 2024 Planned
All Endoscopy	All Urgencies	899	899	899	899	899	899	899	899	899	899	899	899
All Endoscopy	Routine												
All Endoscopy	Urgent												
All Endoscopy	Urgent Suspicion Cancer												
All Endoscopy	Bowel Screening												
Upper Endoscopy	All Urgencies	291	291	291	291	291	291	291	291	291	291	291	291
Upper Endoscopy	Routine												
Upper Endoscopy	Urgent												
Upper Endoscopy	Urgent Suspicion Cancer												
Lower Endoscopy (other than colonoscopy)	All Urgencies	131	131	131	131	131	131	131	131	131	131	131	131
Lower Endoscopy (other than colonoscopy)	Routine												
Lower Endoscopy (other than colonoscopy)	Urgent												
Lower Endoscopy (other than colonoscopy)	Urgent Suspicion Cancer												
Colonoscopy	All Urgencies	450	450	450	450	450	450	450	450	450	450	450	450
Colonoscopy	Routine												
Colonoscopy	Urgent												
Colonoscopy	Urgent Suspicion Cancer												
Colonoscopy	Bowel Screening												
Cystoscopy	All Urgencies	27	27	27	27	27	27	27	27	27	27	27	27
Cystoscopy	Routine												
Cystoscopy	Urgent												
Cystoscopy	Urgent Suspicion Cancer												
All Radiology	All Urgencies	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222
All Radiology	Routine												
All Radiology	Urgent												
All Radiology	Urgent Suspicion Cancer												
Magnetic Resonance Imaging	All Urgencies	944	944	944	944	944	944	944	944	944	944	944	944
Magnetic Resonance Imaging	Routine												
Magnetic Resonance Imaging	Urgent												
Magnetic Resonance Imaging	Urgent Suspicion Cancer												
Computer Tomography	All Urgencies	1285	1285	1285	1285	1285	1285	1285	1285	1285	1285	1285	1285
Computer Tomography	Routine												
Computer Tomography	Urgent												
Computer Tomography	Urgent Suspicion Cancer												
Non-obstetric ultrasound	All Urgencies	1993	1993	1993	1993	1993	1993	1993	1993	1993	1993	1993	1993
Non-obstetric ultrasound	Routine												
Non-obstetric ultrasound	Urgent												
Non-obstetric ultrasound	Urgent Suspicion Cancer												
Barium Studies	All Urgencies												
Barium Studies	Routine												
Barium Studies	Urgent												
Barium Studies	Urgent Suspicion Cancer												

Appendix D: Improvement Programmes

Strategic Priorities	Programme	Objectives	Benefits / Outcomes
 <p>To improve health and wellbeing</p>	<p>High Risk Pain Medicine</p>	<p>Develop a High Risk Pain Medicines Patient Safety Programme to:</p> <ol style="list-style-type: none"> Understand how pain is currently managed across Fife including examples of good practice, in order to increase: <ul style="list-style-type: none"> learning, educational opportunities and understanding with the people of Fife regarding the use of High Risk Pain Medicines; to enable more effective and safer pain management solutions options and the use of supported self-management solutions for pain management. Reduce the prescribing culture and use of High Risk Pain Medicines across all NHS Fife settings. 	<ul style="list-style-type: none"> Improved Quality of Life for Service Users / Patients Safe and effective use of HRPM medicines no matter what setting in NHS Fife Appropriate initiation, review and stopping of HRPM. Improved financial efficiency for NHS Fife in relation to HRPM.
	<p>Medicines Efficiencies</p>	<ol style="list-style-type: none"> Formulary Compliance – patients to be changed to formulary alternative medicines, where appropriate. Reducing Medicine Waste – reduce waste in patients own homes, hospitals and care homes Realistic Prescribing – ensure effective prescribing of medicines and to reduce polypharmacy 	<ul style="list-style-type: none"> Cost-effective, quality and appropriate prescribing for the population of Fife in line with change in demographics
 <p>Improve</p>	<p>Unscheduled Care Programme, specifically supporting:</p> <ol style="list-style-type: none"> Care Closer to Home 	<p>The guiding principles for all the work underway for Unscheduled Care to ensure the safety and wellbeing of patients and staff, and support the public to access the right care, at the right time,</p>	<ul style="list-style-type: none"> Improved and increased number of pathways that ensure that patients are directed to the right place across the whole system Increase in people directed to alternative

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Strategic Priorities	Programme	Objectives	Benefits / Outcomes
quality of health and care services	2. Redesign of Urgent 3. Discharge without Delay	first time for urgent care.	pathways • Increase in scheduled appointments
	Planned Care Programme, specifically Remobilisation of Elective Programme	Implement CfSD tools and development of speciality specific improvement plans to improve service efficiency	<p>Timely: manage the reduction of flow of referrals coming through to secondary specialties and reducing waiting lists and waiting times.</p> <p>Person-Centred: Providing the right care by the right person at the right time, involved from the outset and to have information/guidance to make choices for next steps in the management of their symptoms/condition.</p> <p>Effective & Efficient: Clinicians can offer improved methods of access to service when systems are robust.</p> <p>Equitable: Implement pathways and sharing best practice across the nation that will promote less unwarranted variation.</p>
	Home First	1. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission. 2. Services will be redesigned/developed in an integrated manner, with a focus on prevention, anticipation and supported self-management. 3. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. 4. Services will be redesigned/developed so they are flexible to growing and changing	<ul style="list-style-type: none"> • Reduction in admissions through interventions of a team (Data will demonstrate number of bed days avoided through community intervention) • Reduction of admissions from Care Homes • Number of 'At Risk' individuals avoidably Admitted (or re-admitted) to hospital • Reduction in Digital Summoning of Support (Telecare, Rapid Response, etc.) that rapidly meets / de-escalates need • Reduced number of "delayed days" (Total Number of Days in Delay)

Strategic Priorities	Programme	Objectives	Benefits / Outcomes
		<p>demands, as well as being sustainable.</p> <p>5. Assessment and planning of treatment/care will be co-ordinated.</p> <p>6. Data will lead the planning and commissioning of services.</p>	
 <p>Improve staff health and wellbeing</p>	Bank / Agency Project	<ul style="list-style-type: none"> • Finance – to deliver a £10 million pounds reduction in bank and agency spend in 2023/24. • Workforce – To create a consolidated single Staff Bank for the management of all supplementary staffing needs. • To communicate the benefits of joining Staff Bank, the new rules around 'On Framework Agencies only' and offer consistent messaging around polices and processes to managers and staff 	<ul style="list-style-type: none"> • Delivery against the savings target • Improvements in Bank / Agency processes
 <p>Deliver value and sustainability</p>	<p>FIS Programme</p> <p>Kincardine and Lochgelly Health and Wellbeing Centres Provision</p>	<p>Overseeing the following work:</p> <ul style="list-style-type: none"> • Bank/Agency Spend • Reduce Surge Capacity • Corporate Spend <p>Progress the Full Business Case process in line with Scottish Government timelines and funding availability.</p>	<ul style="list-style-type: none"> • Financial Control

Meeting:	Finance Performance & Resources Committee
Meeting date:	11 July 2023
Title:	Financial Improvement and Sustainability Programme Progress Report
Responsible Executive:	Margo McGurk, Director of Finance and Strategy
Report Author:	Maxine Michie, Deputy Director of Finance

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Government policy / directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper outlines the progress of the Financial Improvement and Sustainability Programme in finance year 2023/24.

2.2 Background

Based on our funding and expenditure assumptions, as described in our medium term financial plan submitted to SG IN March 2023, we will require recurring financial savings of circa £19.5m per annum over the next 5 years to achieve a sustainable financial position within three years and begin to repay the brokerage required from Scottish Government to support delivery of financial balance. All Boards are expected to engage with the national Sustainability and Value (S&V) programme, reflecting this work at a local level to support delivery of a cost reduction target of 3% per annum and productivity and related improvements in line with the programme aim.

To make more effective use of our resources we are focusing on delivery of a small number of cost improvement projects which have the potential to release significant financial efficiencies. These include

- £10m reduction on Bank and Agency staffing
- £5m reduction on Surge Capacity
- TBC Corporate Overheads

2.3 Assessment

Reduction in Bank & Agency Spend £10m Health Board Retained

In Finance year 2022/23 the spend on bank and agency across both nursing and medical staffing is detailed in Appendix 1, circa £48m for the year, representing an average of £4m per month. This spend is across both Health Board (HB) retained and Health Board (HB) delegated services. If we look at **health board retained only**, average spend per month is circa £1.96m. In addition, spend on agency staffing across estates and facilities services was a further £0.425m with the majority spent on laundry staffing.

At the end of April, spend on bank and agency across both nursing and medical staffing is detailed in Appendix 2, circa £3.8m for the month for both HB retained and HB Delegated, not significantly different to the average monthly spend in 2022/23. If we consider HB retained spend only, again the spend in April is not significantly different to the previous year. To deliver the cost improvement target of £10m across HB retained services, spend on supplementary staffing would need to reduce on average £0.834m per month.

During April and into May there has been significant activity by service in responding to Scottish Government's directions on the use of agency staffing, DL (2023)14 Supplementary staffing Agency Controls. These actions have been taken alongside the ongoing work of the International Recruitment Oversight Group, Healthcare Support Worker and Assistant Practitioner (band 2-4) Career Development Framework Group and the recent rapid recruitment event.

Reduction in Surge Capacity £5m Health Board Retained.

There are plans to reduce capacity within ward 6 at VHK by up to 50% over the summer months and relocate surge activity within ward 9 to enable continued flexibility to manage surge activity across the site. This will involve changing locations with ENT service which are currently in ward 9. The reduction in resource requirement following the move to ward 9 is currently being considered and will be brought forward to the next FIS programme Board. Reductions in surge capacity requires close collaboration between Acute Services and the HSCP at a time when the HSCP will be working towards reducing their surge capacity.

Reduction in Corporate Overheads

A number of areas for consideration was presented to the May FIS Programme Board that require prioritisation to concentrate efforts on delivery of schemes on a phased basis. Further analysis is required to identify priority areas and move work forward.

Medicines Optimisation

Whilst not one of the three focus areas, work continues to drive out cost improvements across medicines with the Medicines Optimisation Board working to a target of £1m. Work is still ongoing at this time of the year to scope out the potential opportunities.

Major Contract Review

Work continues on the refinancing of one of the boards major PFI contracts with a view to delivering a reduction in the annual unitary charge in the latter half of the current calendar year.

All Directorates are reporting continued efforts to drive out efficiencies across their services but at this time of year all schemes remain in the pipeline stage. It is anticipated more detail will become available in future months.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

This paper sets out the progress of the Financial Improvement and Sustainability Programme.

2.3.4 Risk Assessment / Management

The Board continues to operate outwith the agreed Board risk appetite in relation to delivering value and sustainability. Workforce challenges and inflationary challenges could continue to adversely affect delivery of the FIS programme as in the previous financial years. Robust scrutiny of actions taken supported by a strong data evidence base will assist to mitigate risks.

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

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

2.3.6 Climate Emergency & Sustainability Impact

Effective financial planning, allocation of resources and in-year management of costs supports the Board's likelihood of meeting the aims and targets outlined by the [NHS Scotland Climate Emergency & Sustainability Strategy](#).

2.3.7 Communication, involvement, engagement and consultation

The Financial Improvement & Sustainability Programme Board reports to EDG with updates to the Finance, Performance and Resources Committee.

2.3.8 Route to the Meeting

This paper has not been to any other meeting but is a summary update on the work of the FIS programme which has been presented and discussed at the FIS Programme Board.

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, 2022/23 Bank & Agency Spend
- Appendix No. 2, April 2023 Bank & Agency Spend

Report Contact

Maxine Michie

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Appendix 1

Bank and Agency Spend to March 2023

	AGENCY SPEND			BANK SPEND			Grand Total	
	Medical	Locums	Nursing	Total	Medical NHS	Nursing		Total
	£	£	£	£	£	£		£
Director Of Acute Services	11,489		252	11,741		77,215	77,215	88,956
Emergency Care & Medicine	2,694,830		4,843,155	7,537,985	424,137	3,190,833	3,614,970	11,152,955
Planned Care & Surgery	1,098,690		584,640	1,683,330	803,953	1,488,035	2,291,988	3,975,318
Women, Children + Clinical Ser	988,334		14,911	1,003,245	650,019	694,040	1,344,059	2,347,304
Corporate Services				0	36,251	66,199	102,450	102,450
Health Board retained	4,793,343		5,442,958	10,236,301	1,914,360	5,516,322	7,430,682	17,666,983
Emergency Care Covid-19 Costs			481,531	481,531		307,704	307,704	789,235
Emergency Care Cv19 Set Aside	1,899,933		1,393,122	3,293,055	597,326	404,165	1,001,491	4,294,546
Planned Care Covid-19 Costs			246,746	246,746		187,466	187,466	434,212
Wc+cs Covid-19 Costs			1,653	1,653		207,865	207,865	209,518
Corporate Services			21,888	21,888		74,516	74,516	96,404
HB Retained Covid-19	1,899,933		2,144,940	4,044,873	597,326	1,181,716	1,779,042	5,823,915
HEALTH BOARD RETAINED TOTAL	6,693,276		7,587,898	14,281,174	2,511,686	6,698,038	9,209,724	23,490,898
Community Care Services	668,203		3,934,222	4,602,425	314,821	4,626,871	4,941,692	9,544,117
Complex And Critical Services	4,146,733		3,093,739	7,240,472	545,430	4,051,185	4,596,615	11,837,087
Primary Care + Prevention Serv	614,856		727	615,583	1,503,242	363,920	1,867,162	2,482,745
Professional/business Enabling				0		14,654	14,654	14,654
H&SCP	5,429,792		7,028,688	12,458,480	2,363,493	9,056,630	11,420,123	23,878,603
Community Care Services			161,294	161,294	142,013	164,357	306,370	467,664
Complex And Critical Services			34,926	34,926		66,096	66,096	101,022
Primary Care + Prevention Serv						28,923	28,923	28,923
Covid-19 Vaccination Costs			-9	-9		394,366	394,366	394,357
H&SCP Covid-19	0		196,211	196,211	142,013	653,741	795,754	991,965
H&SCP TOTAL	5,429,792		7,224,899	12,654,691	2,505,506	9,710,371	12,215,877	24,870,568
Grand Total	12,123,068		14,812,797	26,935,865	5,017,192	16,408,409	21,425,601	48,361,466

Appendix 2

Bank and Agency Spend to April 2023

	AGENCY SPEND			BANK SPEND			Grand Total
	Medical	Locums	Nursing	Medical NHS	Nursing	Total	
	£	£	£	£	£	£	
Emergency Care & Medicine	310,853	565,125	875,978	80,220	242,983	323,203	1,199,181
Planned Care & Surgery	66,442	74,779	141,221	94,678	75,705	170,383	311,604
Women, Children + Clinical Ser	29,900	349	30,249	36,111	38,748	74,859	105,108
Corporate Services		160	160	4,384	6,297	10,681	10,841
Health Board retained	407,195	640,413	1,047,608	215,393	363,733	579,126	1,626,734
Community Care Services	130,033	327,183	457,216	134	251,070	251,204	708,420
Complex And Critical Services	762,843	329,248	1,092,091	29,039	262,712	291,751	1,383,842
Primary Care + Prevention Serv	42,869		42,869	72,578	26,210	98,788	141,657
Professional/business Enabling			0			0	0
H&SCP	935,745	656,431	1,592,176	101,751	539,992	641,743	2,233,919
Grand Total	1,342,940	1,296,844	2,639,784	317,144	903,725	1,220,869	3,860,653

Meeting:	Finance, Performance & Resources Committee
Meeting date:	11 July 2023
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Bryan Archibald, Planning & Performance Manager

1 Purpose

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

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

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

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. We will transition to the 2023/24 ADP in due course.

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

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

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

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

2.3 Assessment

Performance has been hugely affected during the pandemic. To support recovery, NHS Fife is progressing the targets and aims of the 2022/23 Annual Delivery Plan (ADP), which was submitted to the Scottish Government at the end of July 2022. New targets will be devised for 2023/24.

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

WT = Waiting Times

RTT = Referral-to-Treatment

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

DTT = Decision-to-Treat-to-Treatment

Operational Performance – Acute Services / Corporate Services

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

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

Finance

Measure	Update	Forecast	Current Status
Revenue Resource Limit	Monthly	£10.8m	High level of risk in relation to the delivery of our full savings target programme for the year.
Capital Resource Limit	Monthly	£9.1m	Achieving

2.3.1 Quality/ Patient Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

A mapping of key Corporate Risks to measures within the IPQR is provided via a Risk Summary Table 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 June IPQR will be available for discussion at the meeting on 11 July.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 22 June and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

The report is being presented to the FPR Committee for:

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

3 List of appendices

None

Report Contact

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Planning and Performance Manager

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Fife Integrated Performance & Quality Report

FINANCE, PERFORMANCE & RESOURCES

Produced in June 2023

Introduction

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

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

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

The IPQR comprises the following sections:

- a. Corporate Risk Summary**
Summarising key Corporate Risks and status.
- b. Indicatory Summary**
Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.
- c. Assessment**
Summary assessment for indicators of continual focus.
- d. 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), relevant to indicators are incorporated accordingly. Currently based on those within ADP2022/23 with transition to ADP2023/24 in due course.

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
20 June 2023

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

a. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	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
Total	18	13	5	0	0		

Summary Statement on Risk Profile

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

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

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

Risk Key	
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 2023/24 2023/24 TBC	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Bench marking
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	Month	Mar-23	43	○	▲	▼	●
	Major/Extreme Adverse Events - % Actions Closed on Time	70%	Month	Mar-23	27.6%	●	▼	▼	●
	HSMR	N/A	Year Ending	Dec-22	0.97	●	—	—	●
	Inpatient Falls	6.91	Month	Apr-23	7.58	○	▼	▼	●
	Inpatient Falls with Harm	1.65	Month	Apr-23	1.42	○	▲	▲	●
	Pressure Ulcers	0.89	Month	Apr-23	0.96	○	▲	▼	●
	SAB - HAI/HCAI	18.8	Month	Apr-23	13.5	○	▲	▲	● QE Dec-22
	C Diff - HAI/HCAI	6.5	Month	Apr-23	20.2	○	▼	▼	● QE Dec-22
	ECB - HAI/HCAI	33.0	Month	Apr-23	30.4	○	▼	▼	● QE Dec-22
	S1 Complaints Closed in Month on Time	80%	Month	Apr-23	55.3%	●	▼	▼	● 2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Apr-23	21.7%	○	▲	▲	● 2021/22
	S2 Complaints Due in Month and Closed On Time	N/A	Month	Apr-23	13.2%	●	▼	▲	●
Operational Performance	IVF Treatment Waiting Times	90%	Month	Mar-23	100.0%	●	▶	▶	●
	4-Hour Emergency Access (A&E)	95%	Month	May-23	74.4%	○	▲	▼	● Apr-23
	4-Hour Emergency Access (ED)	82.5%	Month	May-23	66.1%	○	▲	▼	● Apr-23
	Patient TTG % <= 12 Weeks	100%	Month	Apr-23	44.6%	●	▼	▼	● Dec-22
	New Outpatients % <= 12 Weeks	95%	Month	Apr-23	50.0%	●	▼	▼	● Dec-22
	Diagnostics % <= 6 Weeks	100%	Month	Apr-23	50.1%	●	▼	▼	● Dec-22
	Cancer 31-Day DTT	95%	Month	Apr-23	97.9%	○	▲	▼	● QE Dec-22
	Cancer 62-Day RTT	95%	Month	Apr-23	84.4%	○	▲	▼	● QE Dec-22
	Detect Cancer Early	29%	Year Ending	Sep-22	27.7%	●	▲	▲	● 2020, 2021
	Freedom of Information Requests	85%	Month	May-23	84.8%	●	▶	▼	●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	May-23	8.0%	●	▲	▲	● QE Dec-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Apr-23	4.4%	○	▼	▲	● QE Dec-22
	Antenatal Access	80%	Month	Dec-22	86.1%	●	▼	▲	● CY 2022
	Finance	Revenue Resource Limit Performance	(£10.8m)	Month	May-23	(£7.9m)	●	—	—
Capital Resource Limit Performance		£9.1m	Month	May-23	£0.298m	●	—	—	●
Staff Governance	Sickness Absence	4.00%	Month	Apr-23	6.18%	○	▲	▼	● YE Mar-22
	Personal Development Plan & Review (PDPR)	80%	Month	May-23	39.8%	●	▲	▲	●
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Jan-23	246	●	—	—	● YT Sep-22
	CAMHS Waiting Times	90%	Month	Apr-23	67.7%	○	▼	▼	● QE Dec-22
	Psychological Therapies Waiting Times	90%	Month	Apr-23	70.5%	○	▼	▼	● QE Dec-22
	Drugs & Alcohol Waiting Times	90%	Month	Dec-22	96.5%	●	▼	▲	● QE Dec-22
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Dec-22	95.1%	○	▲	▲	● QE Dec-22
Immunisation: MMR2 at 5 Years	92%	Quarter	Dec-22	86.3%	○	▼	▼	● QE Dec-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. Assessment

OPERATIONAL PERFORMANCE



To improve the quality of health and care services

5



Moderate

		Target	Current
4-Hour Emergency Access	<i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	95%	74.4%

May performance increased to 74.4% and continues the upward trend from March 23. Performance is now just below the average for the past 24 months. Performance in VHK also continues to trend upwards, increasing from 64.7% in April to 66.1% in May.

Unplanned attendances per day saw a notable increase from 231 in April to 253 in May and this is highest number since June 2022 (which saw 260 per day).

Planned attendances saw a notable increase at VHK from 176 in April to 262 in May.

The number of 8-hour breaches has dropped to 458 in May from 536 in April; and 12-hour breaches dropped by over a quarter from 147 to 104: but both remain higher than numbers reported at the same time last year.

Performance has been trending upwards despite the higher presentation numbers which has also shown an upwards trend since February. Several focussed areas of work, led by the ED improvement group, have targeted areas where small gains could be achieved, and improvements have been seen in: minors triage and performance; number of 8 & 12 hour breaches reducing; reduced overcrowding; and when running increased redirections via CBC. A robust action plan has been developed and the group meets fortnightly to analyse and review data. Further work to review the triage/minors nurse skill mix is underway with a successful TOC being extended. An extensive review and work programme is near completion to develop a new public facing social media and comms presence with posters, signage and social media updates scheduled for July. The theme will focus on right place right care, suggesting alternatives for ED. In parallel, we are running a survey for all self-presenters in collaboration with Patient Relations regards the motivations for coming to ED and asking people where they would have liked to have gone and if they have tried to access care prior to attendance. This will support the corporate aim of increasing access to care by giving us an understanding of where we should be targeting resources. A refurbishment of the waiting room is also planned for July and this will coincide with the main ED doors re-opening to the public.

Patient TTG (Waiting)	<i>All patients should be treated (inpatient or daycase setting) within 12 weeks of decision to treat</i>	100%	44.6%
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Monthly performance fell from the 47.5% seen in March 2023 to 44.6% in April and takes it back to the same level seen in February. The waiting list continues the same steady upward trend. The number of patients waiting over 12 weeks has risen again following the slight reduction in March and is now at the highest level on record (3789) as is those waiting over 26 weeks (1581). The number of patients waiting over 52 weeks has risen to 417 though this is not as high as was seen in Mar 2021 (448).

Quarterly publication of health board comparison figures is due within the week.

Following a slight improvement in March 2023 performance continued to deteriorate in April as available core capacity is unable to meet current demand and the additional activity funded through extra waiting times money in Q4 2022/23 stopped. Following confirmation of the funding available for waiting times in 2023/24 trajectories for activity and waiting times were submitted to the Scottish Government in April 2023. It is projected that activity will be 99% of that delivered in 2019/20 due in the main to Clinical Staff vacancies and consequently due to the continuing gap in capacity that there will be a deterioration in the waiting times over the year.

There were 14 patients waiting over 2 years in April. The number waiting over 18 months (78 weeks) and one year (52 weeks) were 79 and 417 respectively all of which were slightly better than projected but worse than in March 2023. The main specialities of concern for long waits are Orthopaedics, General Surgery, Urology, Gynaecology and Plastic Surgery. As waiting times increase there are proportionally more patients being assessed as urgent in some specialities which is leading to increasing waits for routine patients. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 78 weeks.

It is not possible to undertake any additional activity to reduce the backlog and deliver the long waiting targets given the level of funding available and continued pressures in unscheduled care, staff absence and vacancies.

Efforts continue to look for productive opportunities to maximise use of capacity and to validate the waiting lists.

New Outpatients	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	95%	50.0%
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Monthly performance has dipped from 52% in March 2023 to 50% in April. The number of patients waiting less than 12 weeks has decreased from 13,811 in Mar 23 to 13,696 in Apr 23; but all other waits have seen an increase. The overall waiting list has increased to 27,408 and is now at the highest level on record.

Quarterly publication of health board comparison figures is due within the week.

After a period of stability performance has deteriorated in April as available core capacity is unable to meet current demand and the additional activity funded through extra waiting times money in Q4 2022/23 stopped. Following confirmation of the funding available for waiting times in 2023/24 trajectories for activity and waiting times were submitted to the Scottish Government in April 2023. It is projected that activity will be 96% of that delivered in 2019/20 due in the main to Clinical Staff vacancies and consequently that there will be a deterioration in the waiting times over the year.

There were no patients waiting over 2 years in April. The number waiting over 18 months (78 weeks) and one year (52 weeks) were 73 and 1147 respectively both of which were slightly better than projected but worse than in March 2023. The main specialities of concern for long waits are Gastroenterology, General Surgery, Neurology, Gynaecology and Vascular Surgery. 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. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 52 weeks.

It is not possible to undertake any additional activity to reduce the backlog and deliver the long waiting targets given the level of funding available and continued pressures in unscheduled care, staff absence and vacancies.

Efforts continue to look for productive opportunities to maximise use of capacity and to validate the waiting lists.

Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	50.1%
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Monthly performance continues on a downward trend and for April 2023 it is at the lowest point (50%) since June 2020. Both Endoscopy and Radiology are reporting 50% (patients waiting less than 6 weeks): for Endoscopy, this is only slightly lower than recent highs seen in Nov22 & Mar23; for Radiology, this represents the lowest monthly performance since June 2020.

Overall, the number of those waiting over 6 weeks (4432) is more than double that of April 22 (2110); and those waiting over 13 weeks has more than trebled (1904 compared to 596).

Quarterly publication of health board comparison figures is due within the week.

Following confirmation of the funding available for waiting times in 2023/24 trajectories for activity and waiting times were submitted to the Scottish Government in April 2023. In endoscopy performance for patients waiting over 6 weeks stabilised at around 50% for the last 2 Quarters of 2022/23 as capacity has been able to meet the demand for new patients. It is projected that activity will meet demand and enable a gradual reduction in long waiting patients over the year if there are no unexpected increases in demand, vacancies or unscheduled care pressures. There were 13 endoscopy patients waiting over 1 year (52 weeks) in April and the number waiting over 26 weeks was 164 both of which were slightly worse than projected and in March 2023. There has been an increased demand for urgent surveillance patients which reduced the capacity for long waiting new patients. As waiting times increase there are proportionally more patients being referred and assessed as urgent which is leading to increasing waits for routine patients.

In Radiology performance has been on a downward trend since Q3 of 2022/23 due to a reduced level of funding, increased demand in all modalities and challenges with vacancies in Ultrasound. It is projected that capacity in radiology will not meet the increasing demand. Moreover, as the proportion of urgent outpatient referrals increases and the demand for inpatient scans continues, it is projected that waiting times will deteriorate over the year for all modalities. There were no radiology patients waiting over 1 year or 26 weeks in April 2023 which is in line with projections and the same as in March 2023. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been experiencing long waits. It is not possible to undertake any additional activity to meet the increased demand in radiology or for surveillance patients in endoscopy given the level of funding available. Efforts continue to look for productive opportunities to maximise use of capacity and to validate the waiting lists.

Cancer 31-Day DTT	<i>95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment</i>	95%	97.9%
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Monthly performance in April continued on the same upward trajectory as was seen in March and at 97.9% is now above target; above average for the past 24 months; and on par with April 2022. The number of eligible referrals dropped to 94 in April and this is the lowest number since October 2022 which saw 92 (previous months were: Jan 121; Feb 121; Mar 119).

There were 23 breaches in QE April 2023 with 91% attributable to Urology (14 breaches were for Prostate). Quarterly publication of health board comparison figures will not be available until the next reporting period. Urology remains our most challenged specialty with delays to surgery. Both breaches related to capacity issues within theatres. The range of breaches were 2 to 18 days (average 10 days, previous month average 46 days). Focused efforts on reducing the urology surgical backlog have impacted on the standard for this month.

Cancer 62-Day RTT	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	95%	84.4%
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Monthly performance increased further from 72.2% in March 2023 to 84.4% in April which is on par with April of 2022. Similar to the 32-Day DTT, the number of eligible referrals dropped in April to 64 which is the lowest number since October 2022 at 60 (three most recent months were: Jan 80; Feb 83; Mar 72).

There were 57 breaches in QE April 2023 with 38 of these (67%) attributable to Prostate. Quarterly publication of health board comparison figures will not be available until the next reporting period. 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 and Bone Scans. All breaches were due to lack of resources at stages within the pathway. The range of breaches were 10 to 65 days (average 23 days, previous month average 47 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. Performance is expected to decrease again in May.

Delayed Discharges	<i>The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce</i>	5.0%	4.4%
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The % of bed days lost to 'standard' delays achieved target for the third month in a row. May 2022 saw a significant drop in performance but this did not repeat in May 2023.

The number of bed days lost to 'Code 9' delays in May was 118 less than the month prior and the daily average for the month of May 2023 decreased again to 35.6 from 40.7 in April.

The weekly discharge profile from Acute hospital remains significantly higher than the previous year. Standard delays remain low with sustained improvement.

Targeted work at verification meetings to reduce 51X codes continues. A solicitor to work in the HSCP to support this work has been recruited for 12 months.

For community PDDs, targeted work is required to ensure more timely pathways to care homes. A new initiative linked to Care Home waits is the introduction of Community Care Home Coordinators in five external group care homes and one for internal homes. The time to assess will reduce by having this dedicated resource. Assistant review practitioners are now based in community hospitals and will be placed in the VHK week beginning 18th June. Designated Social workers are now linked to community sites and the VHK to carry out timely onsite holistic assessment.

Test of Change for weekend discharge supporting Acute MDT continues. The outcome measures will include increased discharge numbers at weekends and improved flow at start of normal working week.

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

(£10.8m)

(£7.9m)

The current financial position and forecast at May 2023, indicates the Board position continues to be beyond the agreed Board risk appetite in relation to delivering value and sustainability. The financial position at 31 May shows an overspend of £7.985m which is significantly in excess of the anticipated £1.811m overspend for May (2/12ths of £10.865m projected deficit reported to the NHS Board in March and submitted to Scottish Government).

This position reflects the continuing impact of the historic and emerging cost pressures set out in the medium-term financial plan. Key cost drivers continue to be, additional supplementary staffing costs to cover sickness absence, vacancies, and surge capacity combined with increases in medicines costs and continuing covid legacy costs. Service Level Agreements and contracts with external healthcare providers are also significantly overspent. In the main the SLA overspend is driven by increased costs from NHS Tayside which were previously funded directly by SG to NHS Tayside on behalf of NHS Fife along with high costs of SLAs and contracts with both NHS and independent providers for mental health services.

Work is underway to deliver the £15m cost improvements required in 2023/2024 with significant activity in April and May responding to Scottish Government's directions on the use of agency staffing, DL (2023)14 Supplementary staffing Agency Control.

At the beginning of June Scottish Government confirmed additional recurring funding to be allocated on an NRAC basis to all territorial boards, with weighting to Boards behind NRAC parity, bringing those boards to 0.6% from parity. This results in additional NRAC funding for NHS Fife for 2023/24 of £8.3m, representing total NRAC funding of £9.3m for the financial year. Whilst this additional funding will improve the board financial position it still remains the case that the £15m cost improvements must be delivered to secure a balanced position at the financial year end and meet the government's requirement of 3% recurring savings in 2023/24.

Capital Expenditure

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

£9.1m

£0.298m

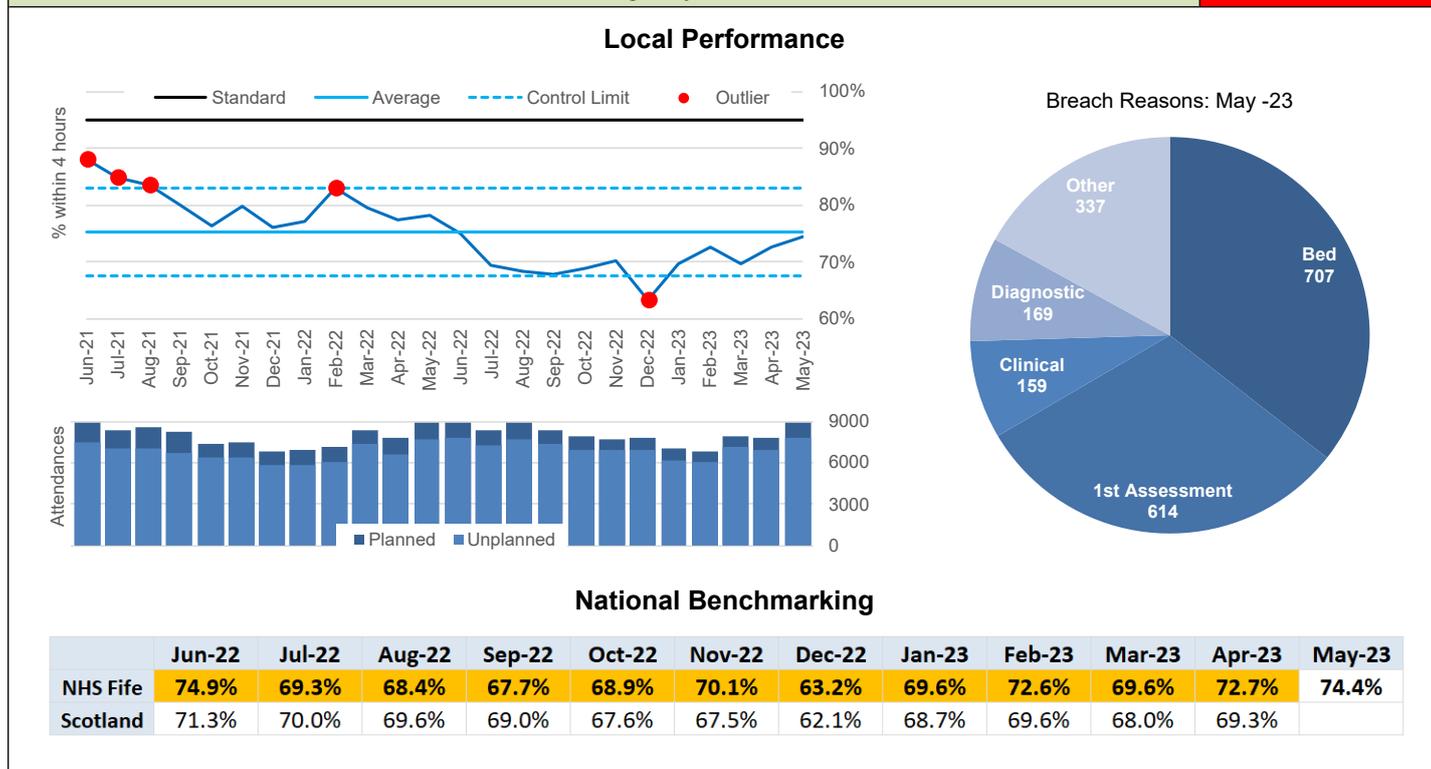
The total anticipated capital budget for 2023/24 is £9.096m. A relatively low level of capital expenditure has been incurred during the month of May which is not unusual at this very early stage in the financial year with the majority of capital expenditure occurring in the latter half of the financial year.

d. 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
74.4%



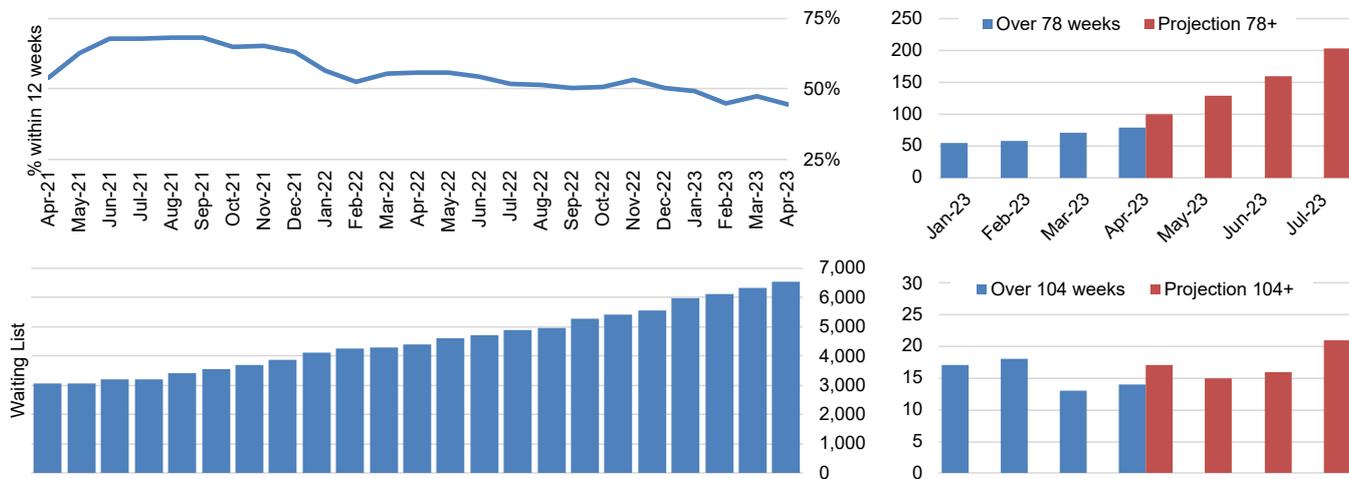
Key Deliverable		End Date
Enhance and optimise our ECAS/AU1 assessment		Aug-23 At risk
Key Milestones	Review AU1 assessment area	Aug-23 On track
	Enhance pathways into ECAS	Aug-23 On track
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach		Sep-23 At risk
Key Milestones	Improve access to Integrated Assessment Team services for frailty positive patients. Develop an in-reach physio model to support earlier diagnosis/treatment.	Mar-23 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	Sep-23 On track
	Call Before You Convey - support clinical decision making with SAS to increase redirections from VHK	Sep-23 On track
Implement an enhanced triage model within QMH to support scheduling of FNC/ED flow		Mar-23 Complete
Redesign of Urgent Care in close working with partners		Aug-23 On track

Patient TTG

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

Performance
44.6%

Local Performance



National Benchmarking

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
NHS Fife	55.9%	55.6%	54.3%	51.6%	51.4%	50.5%	50.6%	53.3%	50.3%	49.4%	44.9%	47.5%	44.6%
Scotland	32.8%	32.5%	31.5%	30.9%	31.4%	31.2%	33.0%	33.5%	31.0%				

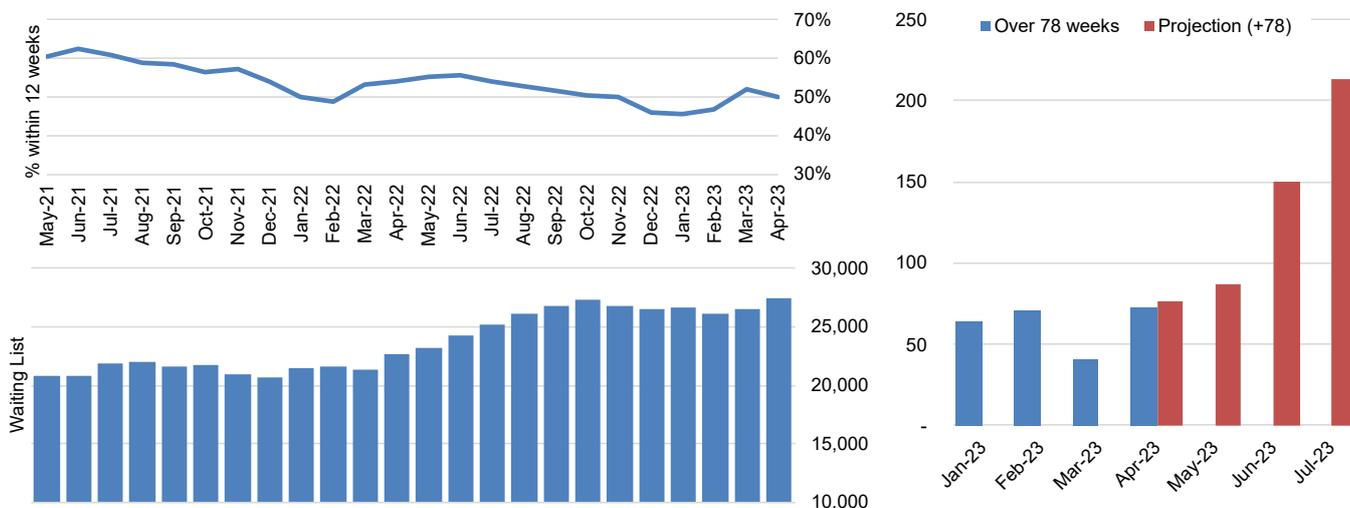
Key Deliverable	End Date
Reducing long waits; TTG	Mar-24 At risk
Preassessment	Mar-23 Complete
Elective Orthopaedic Centre	Mar-23 Complete
Maximise utilisation of QMH Theatres	Jul-23 On track
Optimising Theatres on VHK site - Clinical prioritisation of VHK Theatres	Mar-23 Complete

New Outpatients

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

Performance
50.0%

Local Performance



National Benchmarking

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
NHS Fife	53.9%	55.3%	55.4%	53.9%	52.9%	51.5%	50.2%	49.9%	45.8%	45.6%	46.6%	52.0%	50.0%
Scotland	48.9%	49.6%	49.1%	49.1%	48.4%	46.3%	47.0%	47.0%	44.1%				

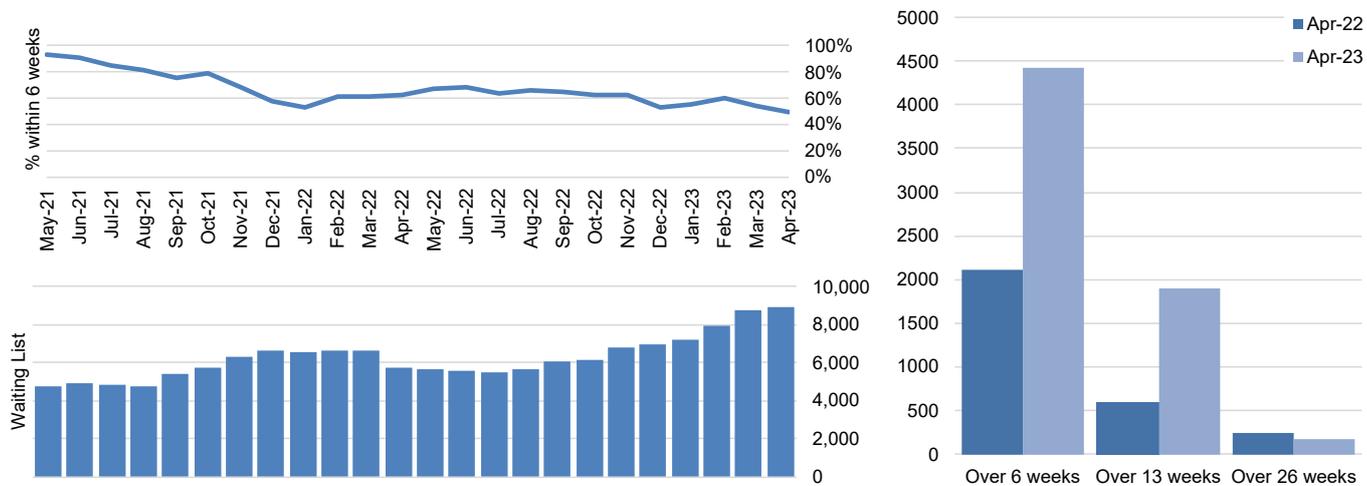
Key Deliverable		End Date
Reducing long waits; Outpatients		Mar-24 At risk
Key Milestones	ACRT and PIR - Continue rollout throughout 2021/22 to all appropriate services	Mar-24 At risk
	Three step validation process of waiting lists will be implemented	Mar-24 Off track

Diagnostics Waiting Times

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

Performance
50.1%

Local Performance



National Benchmarking

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
NHS Fife	63.1%	67.8%	63.6%	63.5%	66.0%	64.7%	62.5%	62.9%	53.4%	55.3%	59.9%	54.7%	50.1%
Scotland	45.2%	47.0%	47.5%	44.7%	46.0%	47.9%	47.7%	50.6%	53.4%	45.4%	53.0%	52.1%	

Key Deliverable

Reducing long waits; Diagnostics

End Date

Mar-24
At risk

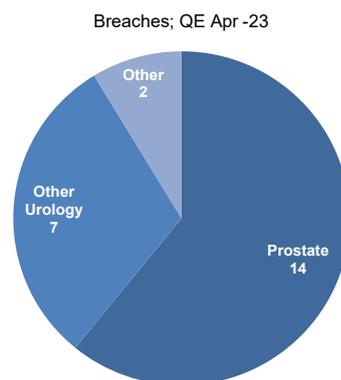
Radiology -7 day working

Mar-24
Off track

Cancer 31-Day Diagnosis to Treatment

95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment

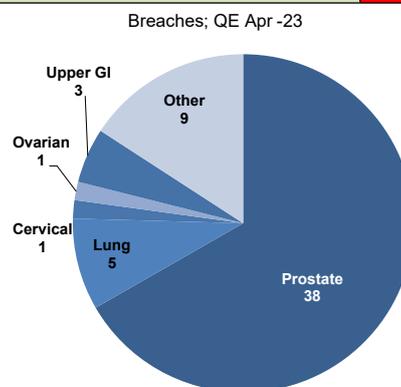
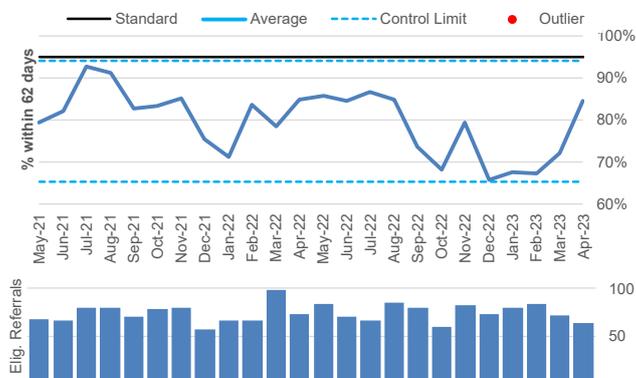
Performance
97.9%



Cancer 62-Day Referral to Treatment

95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral

Performance
84.4%



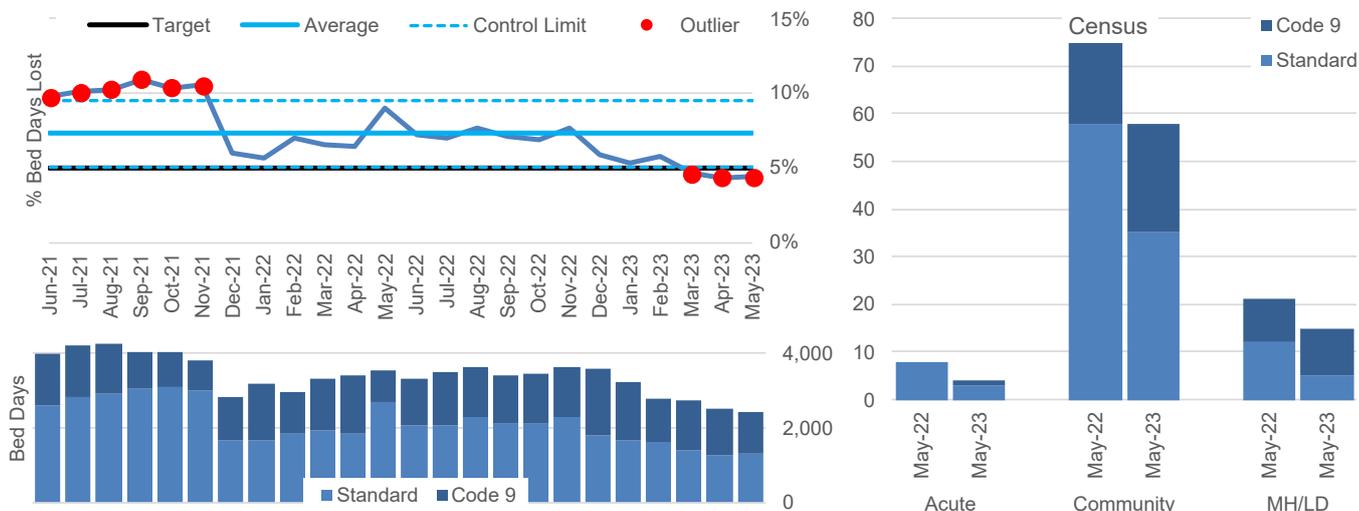
Key Deliverable		End Date
Implementation of Cancer Framework and delivery plan in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services		Mar-24 On track
Key Milestones	ECDC development/expansion	Jun-23 Off track
	Development of single point of contact hub (SPOCH)	Sep-22 Complete
	Review of cancer workforce	Mar-23 Complete
	Environmental needs of cancer services	Mar-23 Complete
	Continued public and patient engagement	Mar-23 Complete
	Increased access to trials linking with R, I & K	Mar-23 Complete
	Optimal and timed patient pathways (including BSC), aligning to Effective Cancer Management Framework	Mar-24 Off track
Delivery of Cancer Waiting Times		Mar-24 Off track
Key Milestones	Deliver improved Digital solutions to support delivery of Cancer Waiting Times performance.	Mar-24 Proposal
	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-24 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
4.4%

Local Performance



National Benchmarking

% Bed Days Lost		Quarter Ending									
		2020/21			2021/22			2022/23			
		SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC
NHS Fife	Standard	6.8%	5.4%	5.7%	9.2%	10.4%	9.0%	6.4%	7.6%	7.3%	6.8%
	All	10.1%	9.6%	10.9%	14.4%	14.8%	12.4%	11.1%	11.8%	11.8%	11.6%
Scotland	Standard	5.1%	4.8%	4.6%	5.0%	6.7%	7.1%	7.2%	7.2%	7.9%	8.0%
	All	7.1%	7.3%	7.3%	7.4%	9.3%	9.6%	10.3%	10.2%	10.7%	11.1%

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
Complete
- 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
Complete
- 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. Jul-23
On track
- Reduce admissions from ED and GP presentation by early IAIT assessment and use of out of hospital pathways for those who are screened for frailty at point of presentation Dec-22
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
Complete
- 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
Complete
- 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
Complete

Continue to reduce delayed discharge		Dec-23 On track
Key Milestones	Reduce hand offs in discharge processes	Feb-23 Complete
	Reduce the number of patients delayed in hospital awaiting the appointment of a Welfare Guardian	Apr-23 Complete
	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	Dec-23 Complete
	Promotional campaign to support the Moving on Policy to help with decision making of moving on patients	Dec-23 Complete
	Planned Date of Discharge Project	Mar-23 Complete
	Front Door Model	Mar-23 Complete
	Electronic referrals	Dec-23 On track

Finance

NHS Boards are required to work within the revenue and capital resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)

**Revenue
(£7.9m)**

**Capital
£0.298m**

Finance detail has been provided in a separate SBAR submitted by our Finance colleague.

Meeting:	Finance, Performance & Resources Committee
Meeting date:	11 July 2023
Title:	Financial Performance & Sustainability Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Maxine Michie, Deputy Director of Finance

1 Purpose

This report is presented for:

- Assurance

This report relates to:

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

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

- Safe
- Effective
- Person Centre

2 Report summary

2.1 Situation

This paper represents a new presentation of the financial performance and financial sustainability of the Board. The financial position at the end of May 2023 is measured against the Medium-term Financial Plan approved at the NHS Board meeting on 28 March 2023. The plan sets out an underlying deficit of £25.9m partly mitigated by a £15m cost improvement plan, with a projected residual gap of £10.9m. The medium-term plan detailed how the board will work towards delivering the financial improvement and sustainability required across the medium-term. This included assessment of the areas of greatest risk which will challenge the delivery of the plan.

2.2 Background

The Board financial position is sitting beyond the agreed Board risk appetite in relation to delivering value and sustainability.

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate

A £7.9m revenue overspend is reported for the first two months of the 2023/24 for Health Board retained Services. This position reflects the continuing impact of the historic and emerging financial pressures set out in the medium-term financial plan. The areas of greatest financial challenge including risk and uncertainty are detailed in the main body of the paper.

2.3 Assessment

At the end of March 2023, the Scottish Government acknowledged the position outlined in our financial plan for 2023-24 and advised the Board to undertake the following actions by 30 June 2023.

- To provide an update on progress against actions set out in the financial recovery plan, including the work carried out in collaboration with the IJB and regional partners.
- Develop a plan to deliver 3% recurring savings in 2023-24 and develop options to meet any unidentified or high-risk savings balance.
- Development of other measures to be taken to further reduce the financial gap.
- Review of key underlying drivers of the deficit and specific risks as presented within the Financial Plan.
- Focus on addressing Covid-19 legacy costs, including additional bed capacity.

Significant work is ongoing in relation to our financial improvement and sustainability programme to mitigate the financial gap and deliver against SG's expectations laid out above.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

Financial implications are detailed in the paper.

2.3.4 Risk Assessment / Management

Delivering a balanced financial position and financial sustainability in the medium-term continues to be reported as high risk in the NHS Board's corporate risk register, outwith the Board's agreed risk appetite for value and sustainability. This reflects the ongoing financial

consequences of operational challenges, the uncertainty around planning assumptions and outstanding funding allocations.

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

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

2.3.6 Climate Emergency & Sustainability Impact

There are no direct implications arising from this report.

2.3.7 Communication, involvement, engagement and consultation

This paper has been prepared following completion of the financial month end process in consultation with senior finance colleagues and directorate managers.

2.3.8 Route to the Meeting

The information contained within this paper is presented for consideration for the first time and has not been previously considered by the other groups as part of its development.

2.4 Recommendation

- Assurance

3 List of appendices

None

Report Contact

Maxine Michie

Deputy Director of Finance

nmaxine.michie@nhs.scot

1. Financial Position May 2023

1.1 This report details the financial position for NHS Fife to 31 May 2023. A £7.9m revenue overspend is reported for the first two months of the 2023/24 financial year for Health Board retained services. This position reflects the continuing impact of the historic and emerging financial pressures set out in the medium-term financial plan. The financial position is currently tracking beyond the agreed Board risk appetite in relation to delivering value and sustainability. The areas of greatest financial challenge including risk and uncertainty are referenced in the main body of the paper.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services				
Clinical Services				
Acute Services	272,252	46,934	51,904	-4,970
IJB Non-Delegated	10,005	1,690	1,646	44
External Service Commissioning	98,689	16,503	17,658	-1,155
Non Clinical Services				
Property & Infrastructure	90,881	15,382	15,739	-357
Support Services	84,605	14,960	15,503	-543
Other				
Corporate	32,447	2,836		2,836
Income	-31,315	-5,255	-5,296	41
Cost Improvement Target*	-12,420	-2,070		-2,070
Sub-total Core position	545,144	90,980	97,154	-6,174
Projected Financial Gap	-10,865	-1,811	0	-1,811
TOTAL HEALTH BOARD RETAINED SERVICES	534,279	89,169	97,154	-7,985

* CIP of £2.479 relating to 2022/23 accounted for across services

2. Health Board Retained Services

- 2.1 The financial position at 31 May shows an overspend of £7.985m which is significantly in excess of the anticipated £1.811m overspend for May (2/12ths of £10.865m planned gap). This position reflects the ongoing capacity and staffing pressures across the Acute Services Division in terms of additional supplementary staffing costs to cover sickness absence, vacancies and surge capacity) combined with increases in medicines costs and continuing covid legacy costs.
- 2.2 Although significant progress was made in the financial year 2022/23 towards increasing our NRAC share, the medium-term financial plan confirmed we remain at 0.8% from parity. The cumulative impact of not receiving our full NRAC share of available funding is providing additional financial challenge to the Board. At the beginning of June Scottish Government confirmed additional recurring funding to be allocated on an NRAC basis to all territorial boards, with weighting to Boards behind NRAC parity, bringing those boards to 0.6% from

parity. This results in additional NRAC funding for NHS Fife for 2023/24 of £8.3m, representing total NRAC funding of £9.3m for the financial year. This additional funding will significantly reduce the level of brokerage required for 2023/24, a detailed assessment of the full impact is underway.

Acute Services

- 2.3 The Acute Services Division reports an overspend of £4.970m. This is mainly driven by costs of supplementary staffing across both nursing and medical staffing budgets coupled with significant overspends in medicines, predominantly within Haematology, Neurology and Dermatology. Surge and Covid expenditure are also included within the Acute overspend with an ongoing focus on covid exit strategy to minimise the financial impact.
- 2.4 Included in the ASD position is an overspend on specialties defined as “large hospital services” which form part of IJB Set Aside budgets. At the end of May, set aside services are reporting an overspend of £2.107m which is being funded on a non-recurring basis by the board.

External Service Commissioning

- 2.5 Service Level Agreements and contracts with external healthcare providers are £1.155m overspent. In the main this overspend is driven by increased costs from NHS Tayside which were previously funded directly by SG to NHS Tayside on behalf of NHS Fife along with high costs of SLAs and contracts with both NHS and independent providers for mental health services.

Corporate Services

- 2.6 Corporate Directorates including Property and Infrastructure are reporting large overspends at the end of May. This is due to several factors including the impact of inflation across catering supplies, PPP contracts, energy and waste and confirmation of funding allocations which have not been anticipated in the financial position.

3. Financial Improvement & Sustainability Programme

- 3.1 Key to delivering our financial plan forecast outturn is the delivery of our financial improvement and sustainability programme. Scottish Government expect all Boards to engage with the national Sustainability and Value (S&V) programme, reflecting this work at a local level to support delivery of a cost reduction target of 3% per annum and productivity and related improvements in line with the programme aims. In line with our financial plan a cost improvement target of £4.6m has been delegated to the partnership and £15m will be the responsibility of Health Board retained services to deliver. Detailed work is underway to track the level of savings delivered on a monthly basis and this will be included in the report going forward.

Bank and Agency Staffing

- 3.2 In relation to reducing our spend on agency staffing there has been significant activity by services in responding to Scottish Government’s directions on the use of agency staffing, DL (2023)14 Supplementary staffing Agency Controls.
- 3.3 In parallel with the work to reduce reliance on agency staffing there are also a number of initiatives underway to increase our substantive nursing staff levels. These include the work of the International Recruitment Oversight Group, the Healthcare Support Worker and Assistant Practitioner (band 2-4) Career Development Framework Group and the recent rapid recruitment event.

3.4 The spend on supplementary staffing has not reduced at the end of May mainly due to the time required for the actions being taken to bed in. However, spend with off-framework agencies is reducing with only known and specific requirements remaining with off framework agencies from June.

Reducing Surge Capacity

3.5 There are plans to reduce surge capacity within ward 6 at VHK by up to 50% over the summer months and relocate surge activity to ward 9 to enable continued flexibility to safely manage surge activity across the site. We anticipate the financial impact of this change will start to emerge from September.

Corporate Overheads

3.6 In relation to reducing corporate overheads, several areas for consideration were presented to the May FIS Programme Board that require prioritisation to concentrate efforts on delivery of schemes on a phased basis. Further analysis is required to identify priority areas and move work forward. We anticipate a firm plan to be agreed by September.

Medicines Optimisation

3.7 Work continues to drive out cost improvements across other spend categories including medicines with the Medicines Optimisation Board working to a target of £1m.

Major Contract Review

3.8 Work also continues on a major contract review to deliver recurring cost reductions.

Digital Services

3.9 Early work has been considered by the May FIS Programme Board to propose initiatives to deliver efficiencies in relation to paperless contact for some services and reviews of all digital contracts.

4 Health & Social Care Partnership

4.1 Health services in scope for the Health and Social Care Partnership report an overspend of £2.986m. Detailed financial reporting for the partnership sits with the IJB.

	Annual Budget	YTD Budget	YTD Spend	YTD Variance
Budget Area	£'000	£'000	£'000	£'000
Fife Health & Social Care Partnership	405,780	68,797	71,783	-2,986
TOTAL HEALTH DELEGATED SERVICES	405,780	68,797	71,783	-2,986

5. Financial Forecast - Risk Assessment

Workforce Cost Pressures

5.1 Like every board we are experiencing significant levels of expenditure in supplementary staffing arising from workforce challenges and system wide additional capacity issues. A Bank and Agency programme Board has been established to oversee reduction in this

area of expenditure and to ensure compliance with the SG direction in relation to moving away from the use of off-framework agencies.

Funding Assumptions

- 5.2 The availability and quantum of funding and resources to support all access targets including patient treatment time guarantee, outpatients, diagnostics and mental health is uncertain. There is a risk we will not secure sufficient planned care funding to deliver activity targets and regular review of funding and performance will be required with relevant actions taken to mitigate risk. NHS Fife has employed substantive staff to deliver waiting times rather than supplementary staffing and waiting lists initiatives as much as possible. There is a risk that the impact of national pay awards for these substantive posts may not be fully funded in waiting times allocations.

External Service Commissioning

- 5.3 NHS Lothian have plans to move away from their current cost model for Service Level agreements to a Patient Level information and Costing system which provides increased accuracy for costing of services and activity. This planned change will increase our SLA with NHS Lothian by circa £2m per annum. We anticipate engaging with NHS Lothian on this issue over the summer months.
- 5.4 We are following up with Scottish Government colleagues the implications of the withdrawal of funding to NHS Tayside for Service Level agreements paid on behalf of NHS Fife. The size of the financial risk to the Board is £1.5m per annum.

Unscheduled Care Hospital Capacity

- 5.5 We are continuing to incur costs on unfunded surge capacity in response to the high demand for unscheduled care services. If the demands on unscheduled care continue in 2023/24 at the same levels currently experienced, there is a risk we may be unable to deliver the reduction planned.

Covid Cost Legacy

- 5.6 Whilst SG have confirmed there will be no Covid funding going forward apart from recurrent funding commitments for Vaccinations, Test and Protect activities, additional PPE requirements and some specific Public Health Measures and Public Health, we anticipate additional spend will continue to be incurred by the board in managing both the pandemic and its impact on services. A group has been established within the Acute Services division to review and reduce legacy Covid expenditure as much as possible without compromising patient safety or staff wellbeing.

Acute Medicines

- 5.7 The extent of the cost increases associated with new secondary care medicines remains a high risk. However, we have been advised to assume an NRAC share of an additional £100m for New Acute Medicines (total £250m for 2023/24) on a non-recurring basis by Scottish Government. This will result in an additional funding allocation of circa £7m for NHS Fife although the final amount is still to be confirmed.

6 Capital

- 6.1 The total anticipated capital budget for 2023/24 is £9.096m and is summarised in the table below. This reflects a Capital Resources Limit (CRL) of £7.764m as advised by the Scottish

Government plus anticipated allocations for a number of specific projects. The distribution of the formulary budget allocated by SG has been discussed in detail and agreed at FCIG meetings in April and May 2023. The Scottish Government have indicated that capital funding availability will be limited until 2026/27 and until then the focus is to fund projects that have been approved and committed to by SG.

	Annual Budget	YTD Spend	Full Year Spend
	£'000	£'000	£'000
Statutory Compliance	1,500	25	1,500
Clinical Prioritisation Contingency	750	0	750
Capital Equipment	725	13	725
Digital & Information	1,391	183	1,391
Queen Margaret Day Case Expansion	1,114	19	1,114
Mental Health Estate Interim Programme	1,000	0	1,000
Acute Projects	700	0	700
Capital Staffing Costs	271	57	271
Capital Repayment	200	0	200
Formula Capital Reserve	113	0	113
HEPMA	1,160	0	1,160
LIMS	172	0	172
Total	9,096	298	9,096

6.2 A relatively low level of capital expenditure has been incurred for the period reported which is not unusual at this very early stage in the financial year with the majority of capital expenditure generally occurring in the latter half of the financial year due to tender lead in times.

7 Recommendation

7.1 The committee is asked to discuss and take assurance on the information provided in relation to the:

- Health Board retained reported core overspend of £7.985m
- Progress with the Financial Improvement and Sustainability Programme
- HSCP overspend position of £2.986m
- Financial Forecast Risk Assessment
- Progress on the capital programme.

Fife Capital Investment Group Meeting

(Meeting on 19 April 2023)

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

MINUTE OF FIFE CAPITAL INVESTMENT GROUP MEETING

**Wednesday 19 April 2023 at 2.00pm
on Teams**

Present: Neil McCormick, Director of Property & Asset Management (NMcC) **(Chair)**
 Maxine Michie, Deputy Director of Finance (MM)
 Rose Robertson, Assistant Director of Finance (RR)
 Jim Rotheram, Head of Facilities (JR)
 Paul Bishop, Head of Estates (PB)
 Tracy Gardiner, Capital Accountant (TG)
 Ben Johnston, Head of Capital Planning/Project Director (BJ)
 Claire Dobson, Director of Acute Services (CD)
 Janette Keenan, Director of Nursing (JK)
 Alistair Graham, Associate Director of Digital and Information (AG)

In Attendance: Fiona Forrest, Deputy Director of Pharmacy (FF)
 Christopher Conroy, Clinical Services Manager (CC)
 Kerrie Donald, Executive Assistant to Director of Finance & Strategy (KD)

<p>1.0</p>	<p>WELCOME AND APOLOGIES</p> <p>Apologies were received from, Margo McGurk, Director of Finance and Strategy, Nicky Connor, Director of HSCP, Dr Chris McKenna, Medical Director, Ben Hannan, Director of Pharmacy and Medicines, and David Miller, Director of Workforce and Lisa Cooper, Head of Primary and Preventative Care Services.</p>	
<p>2.0</p>	<p>PRIORITISATION OF FUNDING ALLOCATION 2023/24 FOR NHS FIFE / CAPITAL PROPOSALS</p> <p>It was highlighted, £557,000 remains within the capital core allocation however due to inflation and the increasing costs of building works, it was noted NHS Fife need to establish ways of re-using the existing estate to prevent additional building work costs. FCIG members discussed the current proposals for capital funding put forward from directorates within NHS Fife. It was noted Mental Health currently have an allocation of £1m however this may need to be reduced to assist ongoing additional mental health programmes.</p> <p>After discussion, FCIG members agreed for £500,000 to be removed from the backlog maintenance allocation, with £250,000 to be allocated to Clinical Prioritisation, and the remaining £250,000 to be allocated to support additional acute projects.</p>	

	TG to update the capital proposal budget to reflect agreed changes by FCIG members and circulate round members for completion.	TG
3.0	NOTES OF PREVIOUS MEETING The note of the previous meeting held on 1 March 2023, was approved, and agreed as an accurate record.	
4.0	ROLLING ACTION LIST The Action List was updated accordingly.	
5.0	MINUTES OF OTHER COMMITTEES 5.1 Clinical Prioritisation Group The minute of the meeting held on 9 March 2023 and 13 April 2023 were noted by the group. 5.2 Capital Equipment Management Group The minute of the meeting held on 3 November 2022 and 10 January 2023 was noted by the group.	
6.0	MATTERS ARISING No matters arising.	
7.0	GOVERNANCE 7.1 Mental Health Inpatient Environments: Anti Ligature Risk Mitigation Update PB noted a business case is currently being created and will be brought to FCIG at a later date once completed. It was noted CD and NMCC are to meet with NC to agree a location for the new mental health ward and an update would be presented to a future FCIG meeting. KD to update workplan.	KD
8.0	PLANNING 8.1 Capital Budget 2023/24 TG to update the capital proposal budget to reflect agreed changes by FCIG members and circulate round members for completion. 8.2 NTC Project Update BJ advised the NTC centre has been completed below budget and a potential VAT return is due to NHS which may help boost other projects underway however, it is unsure how much NHS will receive or when it will be received.	

	<p>After discussion, it was agreed a final NTC capital report should be presented to FCIG at the next meeting, and future NTC project updates are to be removed from the workplan. KD to update the workplan.</p> <p>8.3 Kincardine & Lochgelly Project Update</p> <p>BJ noted the projects have currently been paused due to funding being unavailable until 2026. No further updates provided.</p> <p>8.4 Mental Health Strategy</p> <p>BJ advised an initial Mental Health strategy agreement is due to be presented to the Project Board for review within the next few months and will come to FCIG for member's review also.</p> <p>8.5 Five Year Capital replacement Programme & Updated Equipment Request Form (ERF)</p> <p>RR presented the paper noting it highlights the work completed to date on the 2023/24 capital plan and the 2024/25 – 2028/29 5-year plan. It was noted FCIG agreed to the below recommendations at the March 2023 meeting:</p> <ul style="list-style-type: none"> • The capital equipment 5-year plan should be endorsed by the respective SLT or equivalent group prior to being submitted to CEMG (and NIB) for consideration. • FCIG as the parent group will have oversight through regular CEMG reporting and will approve the respective plans. • All SBARs should be endorsed by the respective SLT or equivalent group prior to being sent to CEMG for consideration. • All supported SBARs should be accompanied with a fully completed Equipment Request Form, signed by the SLT Director, prior to being sent to CEMG for consideration. <p>After discussion, it was agreed for 5-year plans to be sent to directors for cascading to their directorate for completion, before returning to the director for sign off and returning to CEMG.</p> <p>RR presented the updated ERF to the group noting changes have been incorporated to meet with strengthen governance requirements. FCIG endorsed the 5-year plan and updated ERF, pending the following change: 'Medical Physics' to change to 'Medical Equipment Technical Services'</p>	<p>BJ KD</p> <p>RR</p>
<p>9.0</p>	<p>ISSUES TO BE ESCALATED TO EDG</p> <p>N/A</p>	
<p>10.0</p>	<p>AOCB</p> <p>N/A</p>	

11.0	DATE OF NEXT MEETING Friday 26 May 2023, 10:30am – 12pm, via MS Teams.	
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Fife Capital Investment Group Meeting

(Meeting on 26 May 2023)

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

MINUTE OF FIFE CAPITAL INVESTMENT GROUP MEETING

**Friday 26 May 2023 at 10:30am
on Teams**

Present: Margo McGurk, Director of Finance & Strategy / Deputy Chief Executive (MMcG) **(Chair)**
 Neil McCormick, Director of Property & Asset Management (NMcC)
 Maxine Michie, Deputy Director of Finance (MM)
 Jim Rotheram, Head of Facilities (JR)
 Paul Bishop, Head of Estates (PB)
 Tracy Gardiner, Capital Accountant (TG)
 Claire Dobson, Director of Acute Services (CD)
 Alistair Graham, Associate Director of Digital and Information (AG)

In Attendance: Claire Steele, Head of Pharmacy Medicines Supply & Quality (CS)
 Chris Conroy, Clinical Services Manager (CC)
 Kerrie Donald, Executive Assistant to Director of Finance & Strategy (KD)

1.0	<p>WELCOME AND APOLOGIES</p> <p>Apologies were received from; Ben Hannan - Director of Pharmacy and Medicines, Rose Robertson - Assistant Director of Finance, Dr Chris McKenna - Medical Director, Ben Johnston – Head of Capital Planning / Project Director, David Miller - Director of Workforce, Janette Keenan - Director of Nursing, Nicky Connor – Director of HSCP, and Lisa Cooper - Head of Primary and Preventative Care Services.</p>	
2.0	<p>NOTES OF PREVIOUS MEETING</p> <p>The note of the previous meeting held on 19 April 2023, was approved, and agreed as an accurate record.</p>	
3.0	<p>ROLLING ACTION LIST</p> <p>There are no outstanding actions.</p>	
4.0	<p>MINUTES OF OTHER COMMITTEES</p> <p>5.1 Clinical Prioritisation Group</p> <p>The minute of the meeting held on 13 April 2023 was noted by the group. PB highlighted at the May meeting, members of the Clinical Prioritisation Group agreed to allocate £72k of funding to changing the road outside A&E to allow the doors to be open again and support the needs of the service. It was noted this agreement will be noted in the May 2023 minutes.</p>	

	<p>5.2 Capital Equipment Management Group</p> <p>The minute of the meeting held on 2 March 2023 was noted by the group. PB and TG highlighted 5 year plans from services have been submitted and reviewed to indicate services top priorities. Top priority items for all services in 2023/24 totalled £661K with FCIG agreeing to proceed with all top priorities noting an overspend of £161K.</p>	
<p>5.0</p>	<p>MATTERS ARISING</p> <p>No matters arising.</p>	
<p>6.0</p>	<p>GOVERNANCE</p> <p>6.1 Ambulatory Care Update</p> <p>CD noted the development of ambulatory care was a corporate objective in 2022/23 and is part of the population Health and Wellbeing Strategy. A business case is currently being developed to increase the offer of ambulatory care that can be given by NHS Fife. It was highlighted the business case proposes to use ward 10 to deliver additional ambulatory care however due to the capital and revenue requests, the proposal must be considered by SLT and EDG prior to coming to FCIG for consideration. Following a query from MMcG, it was agreed for the proposal to be presented to FCIG at the September meeting. KD to update workplan to reflect.</p> <p>6.2 Primary Care Premises Framework / Strategy</p> <p>NMcC provided an overview of the paper noting NHS Fife are currently reviewing the existing buildings to maximise what can be provided. Members are asked to review the strategy and advise of any changes to be made prior to the paper being presented at the Finance, Performance and Resources Committee in July.</p>	<p>KD</p>
<p>7.0</p>	<p>PLANNING</p> <p>7.1 Five Year Capital Replacement Programme</p> <p>TG noted 5-year capital plans have been ratified from SLT and senior teams with only a few queries being followed up. MM noted once the full 5-year plan has been finalised, it will be submitted to Mike Conroy on 9 June 2023 for consideration by the National Equipping Infrastructure Board. It was highlighted the finalised plan will be circulated round FCIG members for approval prior to sending to Mike Conroy on 9 June 2023.</p> <p>7.2 Five Year Clinical Prioritisation and Statutory Compliance Programme</p> <p>NMcC provided an overview of the paper noting the paper focuses on backlog maintained and statutory compliance over the 5 year period. It was highlighted sector managers are currently in the process of finalising their proposals for backlog maintenance, to be submitted to the Head of Estates where a consolidated programme of work will be agreed for 2023/24. MMcG noted an update on work completed from the 5 year programme should be re-visited mid-year. KD to update workplan to reflect.</p>	<p>MM/TG</p> <p>KD</p>

	<p>7.3 Five Year Digital Programme</p> <p>AG provided an overview of the 5 year digital programme noting the report focuses on the infrastructure replacement programme only. It was highlighted NHS Fife has a moderate tolerance level regarding infrastructure due to capital availability however mitigating actions are in place to manage the challenges. AG further advised, the priorities noted in the report are scoped pieces of work that can be executed if capital becomes available through other sources and supply chains are able to support. Following a query from MMcG, it was noted some of the priority items on the 5 year digital programme could be added onto the 5 year equipment replacement programme list for submission to the National Infrastructure Board. AG and MM agreed to discuss and update the 5 year replacement programme list accordingly.</p> <p>7.4 Property & Asset Management Strategy (PAMS)</p> <p>NMcC noted the Property & Asset Management Strategy has been reviewed by NHS Fife and is in the process of aligning with NHS Fife’s Population Health and Wellbeing Strategy. It was highlighted the paper sets the proposal for the current strategy to be rebranded as ‘Whole System Property and Asset Management Strategy’, which will become a significant enabler for delivery of the Population Health and Wellbeing Strategy, along with other local strategies. NMcC highlighted the timescale for FCIG to review the rebranded strategy would be August 2023, with the strategy then going to the September Committee’s and the Board. KD to update workplan to reflect.</p> <p>7.5 Kincardine & Lochgelly Project Update</p> <p>NMcC noted as funding is unlikely to be available before 2026, the team have been completing design documentation and planning permissions for both projects to allow work to commence as soon as funding becomes available. It was highlighted when funding becomes available, market testing will need to take place.</p> <p>7.6 Mental Healthy Strategy</p> <p>NMcC advised the Project Board has reviewed the initial agreement highlighting there are a number of outstanding areas in the agreement to be completed prior to submitting to the Committee’s, IJB and Board for review.</p>	<p>AG/MM</p> <p>KD</p>
<p>8.0</p>	<p>PERFORMANCE</p> <p>8.1 Capital Expenditure Report</p> <p>TG provided an overview highlighting the changes as discussed at the April FCIG meeting. TG highlighted £100K has been identified for the pharmacy robot however MM confirmed that this had not been agreed and should be removed. Following discussion, it was agreed for NMcC to submit a paper to the next FCIG meeting highlighting the costs and risks associated with completing the interim work on the mental health wards.</p>	<p>NMcC</p>

9.0	<p>ISSUES TO BE ESCALATED TO EDG</p> <p>N/A</p>	
10.0	<p>AOCB</p> <p>NMcC highlighted NHS Fife are currently bidding for 2 schemes from Scottish Government to assist with the low carbon agreement. It was noted the schemes will see windows and street lighting being replaced at Queen Margaret Hospital as well as investment in recapturing the heat produced from the laundry department. Bids for the schemes are to be submitted to Scottish Government before the end of June 2023, and any updates will be provided to FCIG for information.</p>	
11.0	<p>DATE OF NEXT MEETING</p> <p>Wednesday 16 August 2023, 2pm – 3:30pm via MS Teams</p>	

NHS Fife Procurement Governance Board

(Meeting on 28 April 2023)

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

MINUTE OF NHS FIFE PROCUREMENT GOVERNANCE BOARD (PGB)

**Friday 28 April 2023,
Via MS Teams**

Present: **Benjamin Hannan (BH) (Chair), Director of Pharmacy & Medicines**
 Kevin Booth (KB), Head of Financial Services & Procurement
 Michael Cambridge (MC), Associate Director of Procurement
 Paula Lee (PL), Head of Procurement
 Maxine Michie (MM), Deputy Director of Finance
 Paul Bishop (PB), Head of Estates

In Attendance: Kerrie Donald, Executive Assistant

<p>1.0</p>	<p>WELCOME AND APOLOGIES</p> <p>Apologies were received from:</p> <ul style="list-style-type: none"> • M. McGurk, Director of Finance & Strategy / Deputy Chief Executive • C. Dobson, Director of Acute Services • J. Keenan, Director of Nursing • W. Brown, Employee Director • R. Robertson, Assistant Director of Finance • S. Slayford, Principal Auditor • C. McKenna, Medical Director • A. Valente, HSCP Chief Finance Officer. 	
<p>2.0</p>	<p>NOTES OF PREVIOUS MEETING</p> <p>The note of the meeting held on 22 February 2023 was agreed as an accurate record.</p>	
<p>3.0</p>	<p>ACTION LOG</p> <p>It was agreed that the action log will be updated accordingly out with the meeting.</p>	
<p>4.0</p>	<p>CAPACITY AND CAPABILITY ACROSS THE ORGANISATION</p> <p>4.1 PROCUREMENT RISK REPORT</p> <p>KB introduced the paper to the group advising the three existing risks remained at the same level. KB provided an overview of each risk and the current mitigations in place highlighting risk 2187 should be reduced to a medium risk at the next meeting due to the recruitment of two senior posts within the Procurement team.</p> <p>With regards to Risk 2189 KB advised that item 6.1 was specifically created to address this risk that is likely to remain at its current (high) level.</p>	

	<p>Following a query from BH, it was agreed for PL to provide MM and BH with details of posts requiring escalation to the Director of Workforce, due to the length of time awaiting review and associated service risk.</p> <p>The Procurement Governance Board endorsed the update.</p> <p>4.2 PROCUREMENT KEY PERFORMANCE INDICATORS</p> <p>PL presented the paper to the group highlighting the paper reflects a full year review. It was noted the total purchase order of spend via Pecos for 2022/23 was £116m, of which £62.6m was high value Pecos orders (orders with a value greater than or equal to £50k) and £56k was low value Pecos orders (orders with a value less than or equal to £50). PL further noted, as of 31 March 2023, the cost pressure for NHS Fife was £430k, resulting in a net cost pressure of £25k.</p> <p>The Procurement Governance Board endorsed the update.</p>	PL
5.0	<p>SPEND PROFILING AND EFFICIENCY OPPORTUNITIES</p> <p>5.1 NATIONAL PROCURMENT GAP REPORT</p> <p>PL presented the paper to the group highlighting several frameworks have remained on the plan since the previous meeting however work on these frameworks will be commencing soon. The current GAP sits at £189,442 with a net cost pressure of £91,442 from the implementation of National frameworks currently being utilised by NHS Fife.</p> <p>Following a query from MM regarding upcoming renewal of Orthopaedic National frameworks which will impact on the National Treatment Centre, it was agreed for PL to bring an update paper to a future meeting highlighting the cost impact of the framework prices for the National Treatment Centre.</p> <p>The Procurement Governance Board took assurance from the update.</p> <p>5.2 NATIONAL PROCURMENT WORKPLAN</p> <p>PL presented the paper to the group noting there are less contract frameworks in 2023/24 (141 in total) than there were in 2022/23 (153 in total), due to the current volatile marketplace. Following a query from MM, it was agreed for PL and MM to discuss the services/departments that require further support and engagement to explore if any changes could be made to their products to reduce spend within the service.</p> <p>The Procurement Governance Board endorsed the update.</p>	PL PL / MM
6.0	<p>OBJECTIVES AND PROGRESS</p> <p>6.1 PROCUREMENT OBJECTIVES 2023/24</p> <p>KB introduced the paper noting the objectives were developed in response to the risks currently faced with achieving efficiency savings, and to assist the Board in achieving long term financial sustainability. KB confirmed that the objectives will be carried out in conjunction with the prioritisation of exploration and communication of any National Opportunities that may arise. BH queried the content of the objectives and why they did not include wider aspects of</p>	

	<p>procurement, it was agreed the title of the paper should be updated to specify that the objectives are in relation to Risk 2189 - addressing Procurements inability to support the delivery of efficiencies due to the current volatile nature of the economy .</p> <p>KB spoke about the work carried out by Procurement with regards to the Boards Anchor Institute objectives and following discussion, it was agreed an update on the Community Building Wealth Project should be presented at the next meeting, to show a wider variety of projects supported by the Procurement team.</p> <p>The Procurement Governance Board endorsed the update.</p>	KB
7.0	<p>AOCB</p> <p>N/A</p>	
8.0	<p>DATE OF NEXT MEETING</p> <p>Wednesday 30 August 2023, 9am via MS Teams</p>	

FINANCE, PERFORMANCE & SCRUTINY COMMITTEE

(Meeting on 17 March 2023)

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



Fife Health & Social Care Partnership

Supporting the people of Fife together

MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE FRIDAY 17 MARCH 2023 AT 10.00 AM VIA MICROSOFT TEAMS

Present: Alastair Grant, NHS Non-Executive Board Member [Chair]
Alistair Morris, NHS Board Member
John Kemp, NHS Non-Executive Board Member
Cllr Dave Dempsey
Cllr David Alexander
Cllr Graeme Downie
Cllr David Graham

Attending: Nicky Connor, Director of Health & Social Care
Audrey Valente, Chief Finance Officer
Lynne Garvey, Head of Community Care Services
Lisa Cooper, Head of Primary and Preventative Care Services
Lynn Barker, Associate Director of Nursing
Helen Hellewell, Associate Medical Director

In attendance:

Danielle Archibald, Service Manager, Adult Services
Avril Sweeney, Manager, Risk Compliance
Lesley Gauld, Team Manager, Strategic Planning
Chris Campbell, Team Manager, Quality Assurance
Gillian Muir, Management Support Officer (Minutes)

Apologies for Absence: Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Rona Laskowski, Head of Critical and Complex Care Services
Ben Hannan, Director of Pharmacy and Medicines
Margo McGurk, Director of Finance

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

2.	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interests were noted.</p>	
3.	<p>MINUTE OF PREVIOUS MEETING – 20TH JANUARY 2023</p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p>	
4.	<p>MATTERS ARISING / ACTION LOG</p> <p>The action log was reviewed. All actions noted have been actioned and are complete.</p>	
5.	<p>FINANCE UPDATE</p> <p>Audrey Valente presented report which detailed the projected outturn position based on information available to December 22 / January 23. Delegated services are projecting an underspend of £11.3m and an explanation of the main variances can be found in the papers on pages 20, 21 and 22.</p> <p>Budget set in March last year on the basis that any undelivered savings brought forward would be achieved in this financial year. The value brought forward was £3.8m and as of December 66% is being projected to be delivered. However, some of these include substitute savings to replace the originally intended savings. In addition, two savings in particular were approved to be met from reserves those being Total Mobile and MORSE until further work is progressed.</p> <p>Current projected position in terms of COVID spend is spend of £15.5m against reserves of £35m. A balance of £20m will be returned to Scottish Government.</p> <p>In total reserves of £79m were brought forward into this financial year and projected year end position as noted in Appendix 2 is that there will be a balance of £25m remaining at the end of the year.</p> <p>There is one new proposal for the use of the reserves as per paragraph 9 of the report that being £104k for the renewal of hospital beds to ensure safety of patients.</p> <p>Committee were asked to approve the monitoring position and the reserves held at December / January.</p> <p>The discussion was opened up to Committee members and items raised included vacancies within Community Services, in particular Care at Home, high level of medical locum use in hospital long term care, taxi spend, confidence in the planning assumptions and year end outcome.</p> <p>Alastair Grant confirmed Committee were assured of the financial position, approved the monitoring position and gave approval for the reserves to be presented to the IJB.</p>	

6. FINANCIAL PLAN / REVENUE BUDGET & MEDIUM-TERM FINANCIAL STRATEGY

Audrey Valente presented report which detailed the revenue budget and medium-term financial strategy for the IJB and H&SCP, setting out the budget gap facing the Partnership over the medium-term period of 2023/24 – 2025/26.

The gap in 2023/2024 is estimated at £20.9m rising to £35m over the medium-term period. The options to close the gap are noted on page 33. Appendix 3 to the paper also provides a position over the medium term with proposals to close the gap also included and categorised as either efficiency, service redesign or transformation.

From 2023/2024 the value of savings being proposed equates to £21.4m some £0.5m above the gap being reported. It is recognised within the paper that there is a risk of failure of delivery in year one given the late approval of savings and it is recommended that reserves of £10m are earmarked recognising this risk. This would take the projected balance to below the 2% policy level. The balance will remain under review throughout the financial year.

The Committee were asked to examine and consider the medium-term financial strategy whilst recognising that the information may be subject to change as a result of a variety of external factors such as Scottish Government funding, demography and changes in inflationary assumptions.

Audrey Valente noted that for the first time there is an appendix which provides direction at a service level which indicates budget available to both NHS Fife and Fife Council at that service level whilst recognising the need to deliver savings to ensure balanced budget. This will continue to evolve until final approval is requested at the IJB at the end of March, however keen to hear members views about content and level of detail included in that directions appendix.

The discussion was opened up to Committee members and items raised included set aside, charging, directions appendix, earmarked savings, the management of underspend and how these will be materialised particularly if recruitment increases.

Members also provided comment on the paper stating it was excellent, balanced, giving the right amount of detail to understand the picture.

Comment was also made with regards to the volume of information received, repeated information and the expectation of members to absorb the detail.

Officers thanked members for their comments and assured Committee that these would be taken on board.

Alastair Grant confirmed Committee agreed to all recommendations as set out within the report.

<p>7.</p>	<p>FINANCE, PERFORMANCE AND SCRUTINY STRATEGIC RISK REGISTER</p> <p>Report presented to Committee for awareness and discussion.</p> <p>Report sets out the IJB’s strategic risks that may pose a threat to the partnership in achieving its objectives in relation to financial and performance management.</p> <p>The risk register was last presented in full to the Committee on 16th September 2022 and a follow up report on the highest scoring risks was presented on 11th November 2022.</p> <p>The risks held on the risk register continue to be managed by the risk owners and were last reviewed in February 2023. They are presented in order of residual risk score and currently there are four risks which have a high residual risk score.</p> <p>In addition to this risk register there are a number of risks and risk registers at an operational level within the partner bodies risk systems and operational risks that are of concern are escalated to SLT and to a strategic level if necessary.</p> <p>At a recent IJB development session further work was undertaken on reviewing the risk register in line with the revised strategic plan which will inform the risk register going forward. Additionally work is underway to develop a deep dive process for risks and again further reports will be brought back to future Committees.</p> <p>Members provided their comments and remarked that they looked forward to the deep dive.</p>	
<p>8.</p>	<p>REVIEW OF THE IJB RISK MANAGEMENT POLICY AND STRATEGY</p> <p>Report brought for discussion and approval of the IJB Risk Management Policy and Strategy to the IJB.</p> <p>Noted this is a key supporting strategy for the delivery of the strategic plan and has been agreed by the Strategic Planning Group.</p> <p>The Risk Management Policy and Strategy was originally created in 2016 in line with the Integration Scheme and was refreshed 2019, however subsequently the Integration Scheme itself was reviewed which had a direct impact on the IJB Risk Management Policy and Strategy so this required to be reviewed again in line with the revised Integration Scheme and also the refreshed strategic plan.</p> <p>Work has been ongoing with the Senior Leadership Team, the risk management teams within the partner bodies and the internal auditors and the current revised draft is shown in appendix 1.</p>	

	<p>The refresh of the risk management policy and strategy has considered development of risk appetite and as you are all aware this is currently a work in progress that will be incorporated once it is fully agreed. Distinction between process for IJB Strategic Risk and processes for partner operational risk and the clarity around that and also the organisational restructure both the IJB itself and the partnership.</p> <p>The risk management policy and strategy was circulated to all IJB members prior to an update being provided at the development session on Friday 24th February where the key priorities shown here on page 92 and the delivery plan actions shown on page 102 were outlined.</p> <p>A short life working group has been set up to support completion of the delivery plan actions and these will be reported on and monitored by the Strategic Planning Group and Audit and Assurance Committee going forward.</p> <p>Alastair Grant confirmed Committee approved to recommend approval to the IJB.</p>	
<p>9.</p>	<p>GRANTS TO VOLUNTARY ORGANISATIONS – AWARDS FOR 2023/24</p> <p>Report brought to Committee to approve the Grants to the Voluntary Sector on behalf of the Health & Social Care Partnership for next financial year 23/24 as outlined in appendix 1.</p> <p>Members were asked to note that awards may be subject to change brought about by the conclusion in the coming months of the partnerships reimagining of the third sector projects as well as the exercise of analysing reserves held by organisations. Any changes to these will be brought back for Committee’s attention.</p> <p>Noted appendix 2 has also been provided for information which gives further details on individual organisations who are the subject of these funding awards.</p> <p>The discussion was opened up to Committee members and items raised included a query whether there was any overlap to beneficiaries and whether there were efficiencies that could be made by irradiating any overlap?</p> <p>Alastair Grant confirmed the Committee approved the recommendations as highlighted in the report.</p>	
<p>10.</p>	<p>COMPLAINTS AND COMPLIMENTS</p> <p>Report provided to Committee for information and discussion and provides an overview of the complaints closed by the H&SCP for the period of January - December 2022, the volume responded to in the required timescales and the outcome and themes.</p> <p>Noted the necessary reallocation of resources across the partnership during the COVID pandemic has had an impact on the number of complaints closed</p>	

	<p>during 2022 and on the number of those responded to within the required timescales.</p> <p>The drop in performance in relation to timescales during 2022 has been recognised and steps have been taken to introduce additional resource to help support the complaints process with a view to improving performance, sustaining improvements going forward and providing better analytical information.</p> <p>Noted whilst timescales are important it is also the quality of the interaction with the individual and or their family which is critical in the complaints process ensuring accuracy and quality of responses. It was also noted that the number of complaints upheld by the SPSO has decreased and the number of complaints closed without being progressed by the SPSO has increased which is an indication there is improvement in the Partnerships processes around complaints handling.</p> <p>Members provided their comments on the report.</p>	
<p>11.</p>	<p>STRATEGIC PLAN – DELIVERY PLAN 2023</p> <p>Report submitted to Committee for review and discussion to ensure the Partnership meets the requirements within the Public Bodies (Joint Working) (Scotland) Act 2014 to deliver the Strategic Plan.</p> <p>The Strategic Plan for Fife 2023 to 2026 sets out the vision and future direction of health and social care services in Fife over the next three years.</p> <p>The Delivery Plan 2023 provides the foundation to assess the Partnership’s performance, and the progress towards implementation of the Strategic Plan, over the next calendar year. The Strategic Planning Group has oversight of the Delivery Plan and provides regular reports to the Quality and Communities Committee, and IJB.</p> <p>Committee were asked for their comments and agreement to progress through the IJB.</p> <p>The discussion was opened up to Committee members and items raised included SMART objectives and clarification around the strategy delivery plans.</p> <p>Members also provided comment with regards to the layout and content of the papers, and these were noted by Officers,</p> <p>Alastair Grant confirmed Committee were in agreement to progress to the IJB, but perhaps with an explanation that there is more detail to follow and this is what is available currently.</p>	
<p>12.</p>	<p>TRANSFORMATION BOARD UPDATE – JANUARY 2023</p> <p>Report presented to Committee to provide assurance that programmes and projects within the remit of the HSCP Programme Management Office (PMO) are safely and effectively monitored and delivered. Report covers the reporting period October 2022 to January 2023.</p>	

	<p>Report notes no change in terms of RAG status from previous reporting period and no new escalations being reported to either SLT or Committee, however strategic support is required to further address the funding gap in terms of the delivery 2018 GMS Contract. Appendix 1 contains the risk log and appendix 2 portfolio dashboards.</p> <p>The PMO continues to work with the Finance Team and others to look at where benefits can be realised whether it be cost efficiency or cost avoidance.</p> <p>Audrey Valente advised that previous comments around formatting of documents and information presented to members was noted and these comments would be taken on board for future Transformation updates.</p>	
13.	<p>MAINSTREAMING THE EQUALITY DUTY AND EQUALITY OUTCOMES PROGRESS REPORT – JANUARY 2023</p> <p>In April 2016, the IJB approved and published its Mainstreaming Report and Equality Outcomes in accordance with the Equalities Act 2010.</p> <p>To continue to meet the obligations of the Act, the IJB must comply with a number of duties and publish reports highlighting the progress made in these areas with the last report being published in 2018. Progress towards the equality outcomes has continued since then and examples of that work are contained within the report.</p> <p>Over the next three years the Partnership will work towards implementing the new set of equality outcomes as outlined in the new Strategic Plan with the support from the Equality and Human Rights Commission and the IJB Equality Peer Support Network.</p> <p>Alastair Grant thanked Officers for the comprehensive report and confirmed Committee were satisfied this is presented to the IJB for approval.</p>	
14.	<p>ITEMS FOR HIGHLIGHTING</p> <p>Alastair Grant confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board on 31st March 2023.</p>	
15.	<p>AOCB</p> <p>No issues were raised under AOCB.</p>	
16.	<p>DATE OF NEXT MEETING</p> <p>Friday 12th May 2023 at 10.00am via MS Teams.</p>	

PRIMARY MEDICAL SERVICE SUB-COMMITTEE

Primary Medical Service Sub-Committee

(Meeting on 6 June 2023)

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

MINUTES OF THE PRIMARY MEDICAL SERVICE SUB-COMMITTEE HELD ON TUESDAY, 6 JUNE 2023 HELD BY TEAMS

PRESENT:

Mrs N Taylor (NT) (Chairperson)	Dr D Lindsay (DL)
Dr H Hellewell (HH)	Mrs M McGurk (MM)
Dr F Henderson (FH)	

IN ATTENDANCE:

Mrs L Cooper (LC)	Mr C Sharkey (CS)
Miss D Watson	

NO	HEADING	ACTION
1	CHAIRPERSON'S WELCOME AND OPENING REMARKS The Chair welcomed the Committee members.	
2	DECLARATION OF MEMBERS' INTERESTS Dr Lindsay advised he had an interest in item 11 as his practice is based in Kirkcaldy.	
3	APOLOGIES FOR ABSENCE Apologies were received from Dr S Lim, Dr C McKenna, Dr S Mitchell, Mr C Conroy and Miss L Neave	
4	MINUTES OF PREVIOUS MEETING The minute of the meeting held on 7 March 2023 was acknowledged and agreed as a true record of proceedings.	
5	MATTERS ARISING – ACTION POINTS	
	(a) <u>Table of Actions</u>	
40.22	NT advised that the percentage of grants given to applications from practices would be reviewed once the funding allocation for 2023/24 was confirmed.	NT/LN
6a	NT informed the Committee that a piece of work, which was being supported by the Project Management Office, was underway to identify all the required actions when a practice was to be handed back. This would include notifying neighbouring practices.	NT
8	This action point will be discussed under agenda item 5(c).	
10	NT advised that initial discussions regarding the role and remit of the PMSSC had taken place at a meeting on 17 May 2023. A further meeting will be held in due course to discuss details in more depth so that this Committee, which was constituted before the Partnership took over, is correct in terms of constitution and	

decision making. These changes will form part of the review currently being carried out by LC. **NT**

LC informed the Committee there will be a meeting in June with Nicky Connor and Dr McKenna to present the findings and recommendations from the review, before being progressed through the formal governance structure for a decision.

10 HH confirmed she will discuss the process should the Committee's Terms of Reference change with the Board Secretary Gillian MacIntosh. **HH**

(b) Registration Advice – Levenmouth Cluster

NT advised that a letter had been received from Dr Sharon Mullan on behalf of the Levenmouth cluster requesting an extension of the restriction of patient movement in the Cluster's area until Methilhaven and Kennoway issues were more stable.

FH stated from an LMC point of view this was a reasonable and sensible request. Given that this had been in place for some time for Methilhaven. Going forward it would not make sense to change now with further instability likely in the area with Kennoway Medical Practice due to become a 2c practice.

HH confirmed she supported this request as it would maintain stability in the area as Kennoway would become a 2c practice around the time the Methilhaven CCLM was completed.

HH asked that this be extended to December when it could be reviewed. This would give time for a plan for moving forward with Methilhaven's remaining patients and Kennoway to be finalised.

(c) Application from Rothes Medical Practice to close Thornton Branch Surgery

NT advised that Rothes Medical Practice had provided a business case to support the application to close their Thornton Branch Surgery which this Committee had considered at its March meeting.

NT stated the practice had provided narrative around patient numbers and GP sessions. She also advised that she was meeting with the practice manager as they had sustainability concerns they wanted to discuss.

FH was of the opinion that, given the additional evidence the practice had provided, she supported the application to close Thornton as it was clear the practice has ongoing sustainability issues. She also stated that the Thornton premises would require significant repairs to make it viable.

LC queried what the practices communications plans would be to advise the affected patients should this application be supported. She also confirmed that she supported the request.

HH suggested a joint communication between the partnership and the practice be put out to the patients regarding the closure. In

addition this could highlight the pharmaceutical services available in Thornton.

??

6 PMS EXPENDITURE BUDGET

CS advised this paper was the final budget for 2022/23. The final budget was £67.754m, this didn't include £1.1m which has been held in reserve for back scanning and improvement works at Bennoch Medical Practice.

He confirmed the final position for 2022/23 was a £247k overspend. This was primarily because of a £425k overspend on 2c practices, mainly due to locum costs.

The improvement grant budget for 2022/23 was £100k. £27.5k worth of work was brought forward from 2021/22, which gave a budget of £127.5k. £151k was committed to projects in 2022/23 as it was known there would be slippage with £23.5k top sliced from the 2023/24 budget to cover any work which fell into the next financial year. In total £103k was spend and £24.5k of ongoing work has been accrued.

CS confirmed work was ongoing around the projects that had been carried forward to 2023/24 to ascertain if the practices would be proceeding with their applications or if the monies could be returned to the IGS pot to be utilised for new bids.

CS advised that by the next PMSSC, forecasts would be available for 2023/24 and he hoped it would be known what the budget uplift from the SG would be.

7 IMPROVEMENT GRANT

An application from Inverkeithing Medical Practice had been received and as the grant would be more than £5k it was referred to the PMSSC for consideration.

However the application, which was for automatic doors did not provide enough information for the Committee to make a decision, it was therefore decided that the practice should be asked to give the reason they were requesting funding to replace their current doors.

NT

8 APPLICATION FROM ROTHES MEDICAL PRACTICE FOR GOLDEN HELLO

An application for a Golden Hello payment due to difficulties around the recruitment and retention of GPs had been made by the Rothes Medical Practice.

HH was of the opinion that the practice had provided good evidence of the work they had done to try and recruit new doctors. However, as any decision made by this Committee would set a precedent for future applications, she felt there should be a matrix of criteria drawn up in conjunction with the LMC, which could be used to assess similar applications.

FH agreed the application was a good attempt by the practice to recruit a GP rather than hand back their contract to the Board. She advised that she would support this application, and believed that it would cost the Board

much less to provide the practice with a Golden Hello than it would if they became a 2c practice.

MM agreed with HH that a criteria for approval of such applications should be produced as approval of this application would most likely lead to similar applications being received from other practices.

It was agreed that the practice should be advised that their application would be on a short term hold, to allow time for a matrix to be created and a decision for this application could be sought virtually rather than at the next meeting in September.

NT

9 KENNOWAY MEDICAL PRACTICE SBAR

LC advised the Committee that Kennoway Medical Practice had been receiving support from the Partnership after they had advised them of sustainability issues, however the position had developed further with the single-handed GP giving formal notice that the practice will be terminating their contract from 30 September 2023.

LC highlighted that this practice was within the Levenmouth Cluster which presently has sustainability challenges with the Methilhaven practice currently going through the CCLM process and advised the Partnership was working with the other Cluster practices around this.

LC stated that the practice had 4,183 patients at the time the paper was written and that the premises was owned by NHS Fife and was currently leased to the practice.

LC advised the options appraisal process was already underway for Kennoway. The three options being considered were, retaining the practice as a 2c practice, undertaking the CCLM process if suitable, including seeking interest from interested practices or putting the practice out to tender.

LC stated the paper had been brought to the Committee for information and noting that the practice will cease their contract on 30 September and become 2c from 1 October 2023, and to give assurance that the Partnership was supporting the practice through this process.

HH highlighted that the Kennoway practice's boundary extends into the North East Fife and Glenrothes Clusters geographical areas, so this would also have an affect on a number of practices out with the Levenmouth Cluster, therefore it was key to find a good solution to minimise the adverse effects on patients and the neighbouring practices.

10 PARK ROAD OPTIONS APPRAISAL VERBAL UPDATE

LC gave a verbal report advising the Committee the Partnership was working closely with the Park Road Practice to ensure a place of safe and effective delivery.

LC confirmed that an options appraisal would be completed presently. She also confirmed that a neighbouring practice has shown some interest which was currently being appraised with regard to feasibility.

LC advised that the options for the practice are either remain 2c, move through the CCLM process or formally tender.

LC confirmed that once the option appraisal was complete the recommendations would be brought to this Committee for support.

11 PATH HOUSE/NICOL STREET PROGRESS REPORT – VERBAL UPDATE

LC reminded the Committee that due to all the GPs retiring from the Nicol Street Practice they had given notice that they would be terminating their contract, however as they had given substantial notice, it allowed for time to consult with neighbouring practices, resulting in Path House Medical Practice taking over Nicol Street's patient list.

LC confirmed this was on track for the contract to be passed to Path House by 1 August 2023.

LC also advised that due to a planning application by Path House, news of the takeover came into public domain around a week before the Comms Teams Public Communications were scheduled to be released. The Comms team had worked closely with both Path House and Nicol Street to endeavour to recover the situation.

LC confirmed she and HH would be meeting with local counsellors tomorrow and would be emphasizing that this should be seen as a positive outcome, highlighting both the practice and the Partnership had been proactive in trying to ensure the population of Kirkcaldy had continued and safe access to Primary Medical Services.

DL advised the Committee that many patients in Kirkcaldy were not happy as they felt they were being forced to move to Path House. He stated it would be good if this could be turned into a positive rather than a negative.

FH enquired whether the movement of patients in Kirkcaldy had been suspended to ensure the stability of the other Kirkcaldy practices.

NT advised that there was a three month restriction on patients moving within Kirkcaldy or applying to PSD for assignment. This would be reviewed in October, three months after the transfer of patients to Path House in August.

12 PROPOSAL FOR PALLIATIVE CARE, CARE HOMES AND EXTENDED HOURS SBAR

This paper was withdrawn prior to the meeting.

13 TENDER PRACTICES UPDATE

LC provided an update on the 2c tender process and advised that the next steps were to reconvene the Tender Group, followed by a standstill period in line with the procurement policy.

14 CCLM PRACTICE PROGRESS REPORT – VERBAL UPDATE

LC confirmed the Partnership was working with the Methilhaven Surgery to move 4,000 of their patients to the neighbouring practices of Airlie Medical Practice and Muiredge Surgery. The process was now underway and was being carried out using a phased approach to support a safe transfer.

LC advised an appeals process had been agreed for anyone who may want to appeal against the decision to align them to a new practice. She

confirmed there had been two appeals from the 500 patients notified to date. Both appeals had been resolved.

LC confirmed that once the CCLM was complete in mid October there would be around 2,000 patients left on Methilhaven's list. She also confirmed that the practice would continue to receive support from the Partnership.

15 ROUTINE REPORTING

The Committee noted the content of the report.

16 AOCB

There was no AOCB.

17 DATE OF NEXT MEETING

The next meeting will be held on Tuesday, 7 September 2023. The remaining date for 2023 is 5 September at 1pm.

The provisional dates for 2024 are 5 March, 4 June, 3 September and 3 December at 1pm

PHARMACY PRACTICES COMMITTEE

PHARMACY PRACTICES COMMITTEE

(Meeting on 31 May 2023)

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

**REPORT OF THE PHARMACY PRACTICES COMMITTEE HEARING HELD ON WEDNESDAY
31ST MAY, AT 9.30 AM VIA MICROSOFT 365 TEAMS**

Present:

Appointed by NHS Fife

Mr Alastair Grant (**Chair**)
Ms Sandra Auld, Lay Member
Mr Robert Cook, Lay Member
Mr Roy Izatt (Observer)

Nominated by Fife Area Pharmaceutical Committee

Mr John Brown APC Representative Non Contractor Pharmacist replaced Ms Cara McKenzie
Mr Brian Timlin, APC Representative Contractor Pharmacist

In Attendance:

Mrs Nicola Taylor, Interim Primary Care Manager, Primary and Preventative Care
Mr Stephen Walclawski, Independent Legal Assessor, Central Legal Office
Mrs Karen Brewster, Note Taker
Miss Dianne Watson, Note Taker
Ms Martine Stewart, Observer

INTRODUCTION/BACKGROUND

APPLICATION FOR INCLUSION IN NHS FIFE'S PHARMACEUTICAL LIST

The hearing was called to consider an application submitted by Ms Lisa Duncan, to provide general pharmaceutical services from premises situated within Saline Community Centre, 13 Main Street, Saline, KY12 9TL.

Under Regulation 5(10) of the NHS (Pharmaceutical Services) (Scotland) Regulations 2009 ("The Regulations") the Pharmacy Practices Committee (PPC) were required to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the applicant's proposed premises were located.

- a) The Regulations require that the Committee shall have regard to:-
- the pharmaceutical services already provided in the neighbourhood of the premises named in the application by persons whose names are included in NHS Fife's Pharmaceutical List;
 - any representations received by the Board under paragraph 1 of the afore mentioned Regulations;

- any information available to the Committee which, in its opinion, is relevant to the consideration of the application;
 - the consultation analysis report submitted in accordance with regulation 5A;
 - the pharmaceutical care services plan; and
 - the likely long term sustainability of the pharmaceutical services to be provided by the applicant.
- b) It was noted that copies of the following had been supplied to the members of the Committee, the Applicant and those who submitted a representation and had accepted the invitation to attend the hearing.
- Application Form A (1) and Consultation Analysis Report (CAR) and additional information supplied by the Applicant being:
 - i) Letter from Councillor Sam Steele, Scottish National Party
 - ii) Letter from Shirley-Anne Sommerville, MSP for Dunfermline
 - iii) Statement of Support from Saline and Steelend Community Council
 - iv) Statement of Support from residents living in Saline
 - v) Letter of Support from Jennifer Walls, Practice Manager, Oakley Medical Practice, via David Chisholm, Saline and Steelend Community Council
 - vi) Facebook comments from general population
 - vii) Letter from Councillor Graeme Downie, Scottish Labour Councillor for West Fife & Coastal Villages
 - viii) Letter from Councillor Conner Young, Conservative and Unionist Party for West Fife & Coastal Villages
 - ix) Article re Approved affordable homes in Saline
 - Representations received from :-
 - Dears Pharmacy, Oakley, Fife
 - Saline and Steelend Community Council
 - NHS Fife's Area Pharmaceutical Committee
 - NHS Fife's Director of Pharmacy
 - A map of the area indicating the location of the proposed Pharmacy, existing Pharmacies and GP Surgeries
 - An extract from the proposed Fife Local Development Plan
- c) The Chair determined that the hearing should take the form of an oral hearing and the applicant and those who submitted a representation were given the opportunity to attend the hearing. Those who accepted the invitation are listed below:-
- i. Ms Lisa Duncan, Applicant
 - ii. Mr Mayhar Nickkho-Amiry, Representing Dears Pharmacy
 - iii. Mr David Chisholm, Saline and Steelend Community Council
- d) The Committee noted that written notification of the application from Ms Lisa Duncan was issued to the under-noted within 10 working days of the application being received in accordance with paragraph 1 of schedule 3 of the Regulations:-
- i. NHS Fife's Area Pharmaceutical Committee

- ii. NHS Fife's GP Sub Committee
- iii. Pharmacies in High Valleyfield and Oakley, Fife
- iv. Local Community Council
- v. Director of Pharmacy

It was also noted that the Application had been provided to NHS Fife's Director of Pharmacy and the relevant Divisional General Manager of the Health and Social Care Partnership.

- e) The Committee noted that written representations were received from the under noted within the required 30 days of written notice being sent to them:-
 - i. Mr Mahyar Nickkho-Amiry, Dears Pharmacy, Oakley, accompanied by Mr Conner Daly
 - ii. Mr David Chisholm, Community Council
 - iii. NHS Fife's Area Pharmaceutical Committee
 - iv. NHS Fife's Director of Pharmacy

No.

01/23 CHAIR'S WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the hearing, and round the table introductions were made.

02/23 DECLARATION OF MEMBERS INTERESTS

Prior to the commencement of the hearing, the Chair asked the members whether any of them had an interest to declare or are associated with a person who has any personal interest. The Chair then asked the Applicant and interested parties whether any person assisting them at the hearing was appearing in the capacity of Counsel, Solicitor or paid advocate.

There was one declaration of interest, Ms Cara McKenzie, Non-Contractor Representative from the APC, who had been involved in the original Application submitted to the PPC in 2019 and the re-hearing in 2022, therefore Ms McKenzie had to stand down as this application was to be classed as a new Hearing with a new constitution of the Committee. The meeting was deferred until the Chair had Legal Advice from the CLO that the hearing could proceed. The meeting was re-convened at 11am where Mr John Brown was present as Non Pharmacy Contractor Representative in Ms McKenzie's place. There were no persons making representation, paid advocates.

03/23 FORMAT OF HEARING

The Chair briefed those in attendance of the intended format of the hearing.

The Chair advised that the Applicant would be asked to make their submissions, followed by questions from the interested parties, then from members of the Committee.

The interested parties would then be asked, in turn, to make their submission, followed by questions from the Applicant, the other interested parties and then the Committee.

The interested parties would then be given the opportunity to sum up, followed by the Applicant.

04/23 APPLICANT'S ORAL SUBMISSION

Mrs Duncan thanked everyone for attending to discuss and consider her application to open a new Pharmacy from premises situated within Saline Community Centre, 13 Main Street, Saline, KY12 9TL.

Mrs Duncan (LD) spoke to her presentation (Attached as Appendix 1)

05/23 INTERESTED PARTIES QUESTION THE APPLICANT

05/23.1 Mr Chisholm had no questions for Mrs Duncan (LD).

05/23.2 Mr Nickkho-Amiry had no questions for LD

06/23 COMMITTEE MEMBERS QUESTION THE APPLICANT

06/23.1 Questions from Mr Ms Sandra Auld (SA) to the Applicant (LD)

SA reported that she had visited the site and noticed there was still work to be done on the premises, although she could not see inside. SA asked LD if she could tell her what work had to be done and if she was aware of the timescale in which the work would be carried out.

LD stated that she had been in extensive communication with Fife Council regarding the Community Centre, and reported that there is a small portion of the Community Centre that would become the pharmacy. The work that had been discussed, was to make sure that the pharmacy would be isolated from the rest of the centre so the centre could remain open if the pharmacy was closed. Currently there is planning permission in place for change of use. A pharmacy shop fitter has drawn up initial plans that can be implemented if the application was to be approved. LD hoped this would be up and running within four to six weeks, if not before.

06/23.2 Questions from Mr Robert Cook (RB) to the Applicant (LD)

RB had also carried out a site visit by bus and he could see that getting from Saline to Oakley was extremely difficult. He believed there were no facilities, particularly in Saline or Oakley where you can actually sit down and spend time before catching the bus back. RB asked LD if she was of the opinion that, if the bus service was to improve, her application would not be required.

LD believed that the distance still remains a big difficulty to access pharmaceutical services for many people. She felt that she could only comment on the existing bus service that and thought that the likelihood of any improvement in the service was very unlikely. She could see that the bus service has been a bone of contention for 25 years, if not longer and that realistically she could not see any point in discussing an improvement in the bus service as a way to improve the pharmaceutical service.

To clarify, LD was of the opinion that the distance and the difficulty for some people to access pharmaceutical services, with accompanying children, mobility issues, or mental health issues, or even just the actual physical act of trying to get to somewhere outside the neighbourhood, can be problematic. Even if in the unlikely event that the bus service was suddenly to improve, which LD believed was unlikely, this would not address the issue.

RB asked LD if they were of the opinion that it was possible, given the fluctuations in the demand for prescriptions, LD could end up being in a position where she would not be viable for a short term if it fluctuates down below a certain threshold and she would need to rely on patients from outlying areas coming to the pharmacy, or did she think that she would need to rely on that anyway to remain viable, or was she relying solely on the neighbourhood.

LD believed that the most important thing was to emphasise that the neighbourhood defines where the pharmacy is, but the catchment area, which she described, was what contributes to

the viability of the pharmacy. This being the neighbourhood of Saline and Steelend which has a population of approximately 1200 people. When including both the neighbourhood, of Saline and Steelend and the catchment area of Saline and Steelend the population is approximately 2100.

In terms of prescription figures, these generally increase year on year, and the figures that the Committee were advised of was 3000 items per month, from an information request that she had actioned that covered the years 2015 to 2018 which included the population that lived in the three data zones, the numbers remained stable, although increasing slightly, each year. LD stated that she did not know if she fully understood the question.

RC felt that the viability of the proposed pharmacy would depend on whether the fluctuations in prescriptions in the area might drop from time to time which is not continuous, looking at the information in the Pharmaceutical Care Services Report, there is a drop in prescriptions in some areas. RC asked If the demand was to drop would LD then rely on outlying areas for the viability.

LD believed this would not be the case. LD had mentioned in her presentation that she has an independent prescribing qualification which would generate an additional income into the pharmacy. LD advised that she would be the pharmacist who would be working in the pharmacy. The pharmacy income would not just be depending on the number of prescriptions dispensed, it would also be dependent on other services that are provided. Over the last 10 years or so income from other services has increased and there is an initiative that more services are provided by pharmacies with a resulting increase in remuneration from that. There are other sources of income other than solely prescriptions. From what she could view from the data, in the three years that she was able to access there was a cycle. Looking at local pharmacies in the area, prescription growth has also appeared, so she would not have any concerns about there being a drop in the number of prescriptions as she believed this was fairly stable and given the population, that number can only grow.

06/23.3 Questions from Mr John Brown (JB) to the Applicant (LD)

JB referred to the Applicants statement regarding the catchment area, the demographic population is about 2100 and based on the Pharmaceutical Care Services Report from 2020, the average population per community pharmacy is 4316.

LD believed this is what we need to look at, the average is just that, it's an average. So within that, there will be areas that have got many more numbers of population and there will be many that have got less numbers of population. The difficulty of a rural community is that there is a population that can be dispersed which makes access difficult for them. LD believed that the important thing is that we have to consider how this population reflects on the viability of the pharmacy and she did not feel that having a slightly less than average population figure is a reason not to want to be able to provide pharmaceutical service to that population.

JB pointed out that regarding viability, LD had stated that she thought the catchment area will be approximately 3000 items per month to be dispensed and asked if she is aware of the Fife average per community pharmacy.

LD was unsure, but believes the average is 5 to 6 thousand. She was uncertain if she was getting confused with the Scottish average.

JB stated his final questions were around the Pharmaceutical Services that had been documented in the CAR. He enquired how the applicant proposed, should NHS Fife determine there was a requirement for them, to build in the following services; injection equipment

provision, pharmaceutical advice care to care homes, palliative care network, just in case programme and anticoagulant monitoring into her capacity planning.

LD believed it would be in her capacity as it would be an entirely new service and the capacity is there to introduce and maintain as much as she could.

JB pointed out that LD had mentioned delivery services, in relation to how the current operation works from Oakley Pharmacy, which he did not notice in the report. JB asked if this would be something that's going to be offered in rural areas.

LD clarified that she did not mention the delivery service specifically in relation to Oakley but that a delivery service is not the same as a pharmaceutical service. LD confirmed that a delivery service would be offered if there was a demand for one.

06/23.4 Questions from Mr Brian Timlin (BT) to the Applicant (LD)

BT asked LD if the neighbourhood she has defined is Saline or Saline and Steelend.

LD confirmed that the neighbourhood is Saline and Steelend.

BT asked if the population of 1200 is Saline or if it is Saline and Steelend.

LD confirmed it is Saline and Steelend.

BT asked the applicant to confirm how close her catchment area, based on the three postcodes mentioned, went to both Oakley and Dunfermline?

LD advised that the catchment area had been made up of postcodes from three datazones, which were Saline South, Saline North and Knockhill Landward.

BT asked what that constitutes on the map.

LD believed it would be Saline North which extends to cover the area around the top part of Saline and Steelend, Saline South, which extends down towards Cowstrandburn which is the road that takes you down to Oakley and Upper Kinnaider and then the Knockhill, which is the area to the north of Saline, which basically is the large rural hinterland that extends up towards the Perth and Kinross border.

BT asked, when looking at the size on the map and trying to identify if some of the population would actually be closer to Oakley than Saline, if LD was of the opinion the population would always be closer to Saline.

LD believed that there would be some of the population slightly closer to Oakley, but identified a group of two or three settlements that are on the road down to Oakley, which would be a fairly limited amount of people, that would be closer to Oakley, but the majority are closer to Saline. The reason those three data zones were chosen was because they basically make up the Saline and Steelend Community Council area, which is why LD needed to reflect on this area.

BT asked if it would be fair to say that those people around the college Cowstrandburn area and other populations that are in her catchment area may also be in the Oakley catchment area.

LD agreed that potentially it could be argued that the settlements are slightly closer to Oakley, although the catchment for the school is Saline so LD could understand what he was saying in

terms of, there may be a slight overlap in catchment area but she felt that the facilities that are used by the people, especially for schools and things like that, it would be closer and they would use Saline as their main town. LD was of the opinion that if people that live in the settlements were asked, they would probably say that they were associated with Saline and not Oakley. LD advised that there was a sense of neighbourhood, but understood that there may be an overlap in catchment.

BT noted that LD had calculated that, there is 1200 of a population in Saline and Steelend, but to help with the viability, LD advised there may be a population of about 2100 which would generate about 3000 items. BT asked if it would be fair to say that LD cannot assume to get 100% of prescription items and there will more than likely be a percentage which will, in their day to day life, choose Dunfermline or Oakley instead.

LD agreed. Although it's not apparent from the map, north of Saline towards Perth and Kinross, there are a whole series of settlements from Blairingone, Forest Mill and Crook of Devon which do not have pharmacies, and the closest pharmacy to them, she believed, would be towards Dollar where LD assumed many people in these settlements would use the route down through Saline. LD felt she was underestimating her catchment area and being honest, would agree that it would not be possible to take 100% of the scripts that are generated in these post code areas but believed the potential was there to be able to serve these people.

In regards to the refit, BT asked LD to explain what stage LD had progressed to with the planning permission, which has been going on since 2019, and asked what has been done and what has still to be done.

LD advised that she had planning permission for change of use for the area to be used as the pharmacy. Full planning permission has been discussed with Fife Council but is currently on hold until the outcome of her application to the PPC was known.

BT asked if LD could give an overview, if there were walls to be knocked down, as he had not seen any refit plans and if there is a consultation room. Also what sort of size will it be.

LD confirmed that the premises would be small, currently it is two existing rooms within the Community Centre and the only alterations will be the movement of some doors that are within the centre, so the pharmacy could be isolated, but still allow the centre to remain open, for example in the evening. These will be external works, so that they are not within the pharmacy itself. There is already a disabled access, but it's just to allow the pharmacy to be isolated, so the centre can remain functioning when the pharmacy is closed.

BT asked what the square meterage or the square footage would be.

LD responded, compact and bijou, but did not have the plans to hand to give an exact size.

BT asked if the size is fit for purpose.

LD confirmed it would be a small pharmacy. LD had employed a pharmacy specialist shop fitter, to come out to make sure that it would be fit for purpose and when he was able to draw up the plans, he was happy that it would be adequate. LD advised that the other important thing was that because it is set within the Community Centre there is room for expansion.

Questions from the Chair (AG) to the Applicant (LD)

06/23.5 Going back to the original survey done in 2019, AG appreciated It might be a different situation now, but one of the points was, there had been a desire noted for late night opening, and asked if that was something she ever thought about or responded to.

LD stated that if this pharmacy were to be approved, it would be her business in terms of it's something that would be there for her to grow and to respond to demand as seems fit. If there was a huge demand for a late opening one night, then she would be stupid not to comply with that. So if the community would tell LD that they needed to be open to 7pm or 8pm one night and she was consistently hearing that message, then LD would absolutely comply with those requests. This pharmacy would not be part of a chain but her livelihood so LD would do anything to keep the community happy.

AG asked if post pandemic, LD believed the argument for a community pharmacy in Saline and Steelend has strengthened and what her thoughts are on the impact to pharmaceutical services..

LD felt it was a resounding yes to that. Her experience of the last few years was that LD started to locum a few months before the pandemic hit, and it was a quite a time to be working as a community pharmacist and what she noticed over the last 18 months or so was that the fallout has been because GP access has never really gone back to what it was. LD tended now to see people that are coming to the pharmacy who should be seen by doctors. On an almost daily basis, LD calls surgeries to make appointments for people because they are presenting with a red flag and symptoms, with the lack of access to a healthcare professional. In LD's opinion it is compounding what we have seen with the pandemic, and LD was sure everyone was already hearing reports about that. There are more people presenting with cancers that are progressed too far or that they are presenting with heart disease that have been undiagnosed. LD believed it is purely because there is a perceived difficulty for people to see a GP. Many people are intimidated or can find it very difficult to negotiate the system that is in place now to go through a telephone triage and they are not comfortable with it and much prefer face to face or just to be reassured that no, that's fine we can do something to help you here or no you need to speak to the doctor about this. LD believed that currently Saline is sufficiently isolated from access to pharmaceutical services and that people are potentially falling through the gaps. LD believes that Saline absolutely needs a pharmacy.

07/23 INTERESTED PARTIES' ORAL SUBMISSIONS

a) i. Mr David Chisholm (DC)

DC thanked the Committee for the opportunity to speak on behalf of the Community Council in support of Lisa's application.

Hopefully everybody's read the written statement and it's attachments, so I'm not proposing to speak at any length. However, there are several matters that I would like to reiterate, but before doing that, can I just comment on the area, the question is, Saline and Steelend is a large geographical area, from Saline itself you can go 2 miles to the West to the Clackmannanshire border and there are people living out there who identify with Saline and Steelend, and I think this issue with identification is really important. It's more than just geographically, I live here. It's where you feel comfortable. So you've got people out to the West, to the East, it goes as far as the Red Craig's crossroads, which is the main road from Dunfermline up towards Crieff. To the North it takes you right up to the Perth and Kinross border and we know about how people identify with it, because for 10 years now we've produced a regular newsletter which is distributed to all homes, or it's available as an electronic copy, and it's what people use to find out what's happening in their community and that's the kind of place we are as there is a lot of identification and pride in where people live. I hope the panel can take that on board.

Can I also comment on the issue, how much space is available in the Community Centre and put my retired architect hat on, I've been with LD on this visit and it doesn't involve any kind of

structural work, it's compact, but it actually works quite well in terms of the overall use of the community centres.

Can I just go back to the geographical area, to the South It is true that there is a small community at Kinnedar Park about halfway down the road to Oakley where there are 25 homes. There was somebody from Kinnedar Park around the Community Council meeting last night and she actually asked the question, would they be able to use the pharmacy. Certainly people in Kinnedar Park are recipients of our newsletter and identify with Saline and Steelend and on the road down to Gowk Hall you have Cowstrandburn, which is not much more than a hamlet, so on that southern sector, there's probably not more than about 50 homes. Most of it is above the B913, and B914.

Since the last hearing, planning permission has been granted for the 39 houses for people with disabilities and for elderly people, and it is actually part of a land package which will accommodate several hundred more homes, although the thought is there may be about 100 more family houses out on the West Road.

In terms of the key issues for us as a community, you will have seen from the comments that people have commented on our dedicated Facebook page and they described the poor service they are receiving from Dears Pharmacy. Now whilst this is a major concern, it's not central to our argument for having a pharmacy in Steelend. The problem is the difficulty that many people have getting to Oakley to collect their prescriptions or to speak to a pharmacist it rather requires using a car and we take sustainability in our community very seriously and we shouldn't be encouraging people to use cars when there is a perfectly viable alternative which involves walking.

The buses are costly and infrequent and unreliable, and in response to the question could we see an improvement in service, absolutely not. Since the last hearing, the service has been altered again and there are now parts of the area which are not served by bus at all, or if they are just a couple of times a day, so it's not something that could be relied upon.

The second issue for us is that in its preparation for the local development plan, Saline and Steelend has been identified as an isolated rural community. They made it a case study and included it in this living world local initiative and I think that's quite important to us. We have to recognise that there are a number of reasons people might travel out of the area to reach other services, we are never going to get a cinema in Saline so you travel out with. But in terms of essential things, I think LD emphasised this, access to health is one of the key things and we do have a shop and the potential now to have a pharmacy.

So we are very keen on the idea of the 20 minute neighbourhood, which the Scottish Government are also promoting and you'll see that in the letters of support we have from our elected members, both councillors, and our MSP, people do recognise this and reject completely the argument put forward previously that somehow Saline and Steelend was part of Oakley, nothing could be further from the truth but this is the final thing, the most important benefit is providing the opportunity for anyone feeling unwell or the sick family member to walk to the pharmacy and get advice from somebody they know and trust and I would emphasise these last few words that people have already got to know Lisa. She attends our Community Council meetings, contributes to or resort on Facebook. She is already part of the community and that is really important. In relation to the question you asked about demand, my impression based on monitoring Facebook and just being generally active in the village, there is an increased demand. I think the effect of the pandemic is to kind of remind people of their abilities, and I think people are much more health aware, you see it in people, seeking advice from one another. I think that's so important that there will be somebody in the village that they can go to and have a conversation with and be reassured or be redirected. And that's really what I need to say except that of course this is supported by Oakley Health Centre who, to

quote them, it would reduce the amount of on the day demand that they are currently having to deal with, so it might be a dozen people who aren't phoning them up trying to get appointments or standing at the reception desk getting angry. Thank you.

08/23 INTERESTED PARTIES QUESTION MR DAVID CHISHOLM (DC)

i. Questions from the Applicant (LD) to Mr Chisholm (DC)

LD had no questions for DC.

ii. Questions from Mr Mahyar Nickkho-Amiry (MN) to Mr Chisholm (DC)

Firstly MN asked how he could claim that people can travel miles from the North, East and West to Saline, but they cannot travel 2 miles to Oakley from Saline.

DC stated that he did not say people cannot travel, but that some people rely on a car and others use the bus service. DC was of the opinion that the one thing people would not do is walk.

Secondly MN stated that he had requested so many times, as part of this ongoing consultation, prior to him taking over the pharmacy, to meet with the Community Council and they had blocked him from attending.

DC reported that the Community Council had not blocked MN. He believed that during lockdown, as a Community Council, they had gone almost two years without meeting.

MN reported that even prior to the Application being heard, the Community Council made it clear he was not welcome.

DC did not think this was the case but stated that he had accepted an invitation from MN to have coffee with him and that MN had made his position clear that he was hostile towards this application. This was duly reported to the Community Council and they saw no value after the hearing had been arranged in speaking to MN.

MN confirmed that he had not been hostile. DC apologised.

09/23 COMMITTEE MEMBERS QUESTION MR DAVID CHISHOLM

09/23.01 Questions from Ms Sandra Auld (SA) to Mr Chisholm (DC)

SA was disappointed that there was no mention of the need for or the desire for a new pharmacy within the Community Development Plan when the points for development and the objectives for development were mentioned and she felt it would have been helpful if the need for a pharmacy or the aim for that may have been mentioned.

DC asked if SA was referring to the Community Action Plan. SA confirmed that it was.

DC was unsure if the updated version of the Community Action Plan had been distributed as it had been delayed due to lockdown but he believed that the need for improved health provision was explicit, requiring more services, certainly, when they are considering planning application for more houses, it is the first thing people say, that infrastructure is inadequate.

09/23.02. Questions from Mr Robert Cook (RC) to Mr Chisholm (DC)

RC stated that DC mentioned people identifying with Saline and asked if he believed there was more emphasis on identification rather than need and therefore it looks more like a convenience.

DC was aware that people use other pharmacies, including Crossford. Steelend is, as the Council now acknowledge, an isolated rural community and that people are looking for as many services as they require to be within a community. He believed that although ambitious, in time, more things will be introduced and that the most important thing is to have a medically trained person within the community.

RC stated, from an outsider's point of view it looks like more of a convenience issue. People would like a new pharmacy as it saves them from travelling to Oakley.

DC was of the opinion that a new pharmacy was attractive in its own right, whether Oakley existed or not. DC believed a pharmacy was very valuable to have in the community.

RC related to the issue of the population growing and along with old age comes health issues and more medical need. RC asked if DC accepted that, the housing being built for people who are disabled and who are less mobile, there are some people who would have carers who could be picking up the medication for them.

DC agreed this could be the case. DC advised that the first testimonial that LD read out, with the emphasis on, 'this caring, sharing community', which is generally the case in Saline, that people do look after one another and would be much more inclined to say to a neighbour or a friend, could you pop into the pharmacy and collect my prescription if the pharmacy was in Saline, but not the case if it was Oakley. When it comes to care, we have aspirations to have people caring, paid carers actually within our community instead of travelling out. People have been travelling from other places and want to be much more self-sufficient.

09/23.04 Questions from Mr John Brown (JB) to Mr Chisholm (DC)

JB had no questions.

09/23.05 Questions from Mr Brian Timlin (BT) to Mr Chisholm (DC)

BT had no questions.

09/23.06 Questions from the Chair (AG) to Mr Chisholm (DC)

From a Community Council point of view, in regards to the Consultation Analysis Report, AG asked if DC was speaking objectively on behalf of most of the community, or some of the Community.

DC stated that the Community Council was confident that he was speaking on behalf of most of the community in regards to the Consultation analysis Report, due to the Facebook page, which is widely used apart from the few people who avoid social media altogether and that provides a platform for debate. The other thing is that, a newsletter is published every month or two, so nobody in the community has an excuse, is able to say I don't know what's going on. People do. So yes, I am confident that I am speaking on behalf of most of the community in regards to the Consultation Analysis Report. The Community Council had pointed out in the submission they made, they were going to have a dedicated pharmacy page, it attracted 130 members within 24 hours. It's a talking point in the community now.

10/23 Mr Nickkho-Amiry (MN) spoke to his presentation (attached Appendix 2.)

INTERESTED PARTIES QUESTION MR NICKKHO-AMIRY (MN)

10/23.01 Questions from the Applicant (LD) to Mr Nickkho-Amiry (MN)

LD asked for clarification from MN as she felt that he seemed to be under the impression that the rent for the prospective pharmacy would be paid to the Community Council. LD was not entirely sure why he was under that impression as the agreement that LD has is with Fife Council, which is unrelated to the Community Council, and certainly does not fund the Community Council.

MN thanked LD for clarifying.

LD asked if MN had ever travelled between Saline and Oakley, by foot or by car.

MN confirmed that he had.

LD could not understand why MN could not see the difference between travelling between Saline and Steelend and Saline and Oakley. Obviously that's just to do with the position of the different settlements on the map, but there's a natural link between the two villages of Saline and Steelend. She pointed out that MN had mentioned that the route between Saline and Oakley doesn't have pavements and it's a 60 miles per hour speed limit. LD was confused as to why he would equate the two and asked for his comments.

MN confirmed that he was merely pointing out the distance of the neighbourhood that LD had defined, and that LD was basically saying if you go from one end to another, it makes no difference, but if you go from north to South, it does make a difference.

LD reported that this is because the argument is that you would then be travelling out with the neighbourhood. LD stated that MN also commented that 314 responses is a poor response to the Consultation Analysis Report and asked what he considered to be a good response.

From MN's point of view it's all arbitrary, over half the population would have been a good response in his own personal opinion, this is not fact.

LD stated that she had looked through some previous applications and agreed, the Consultation Analysis Report is a tool for the PPC and just gives an indication of the feeling of the community for the application. LD stated that, this is the first time she had ever heard that 314 responses has been classed as a poor response.

LD asked if MN would agree that in fact the neighbourhood for the pharmacy in Oakley is in fact Oakley and what he is describing is actually the catchment area which exists almost by default because there are no other pharmacies in the catchment area. So by default, people have to use Oakley as the nearest pharmacy and LD asked if he thought this was a more accurate way to describe it.

MN confirmed, as he had stated in his presentation and summary, in reference to the neighbourhood, residents have to leave Saline and Steelend to travel to Oakley which does form part of the relevant neighbourhood and it does include the outlying villages, including Gowkhal.

LD wondered if perhaps a different way to look at it would be, Saline and Steelend may currently consist more of his catchment area as opposed to his neighbourhood.

MN felt that this would be for the committee to decide, what the neighbourhood is.

LD asked if MN was familiar with how residents in a catchment area or neighbourhood view themselves and if he thought this should be taken into account when a neighbourhood is defined.

MN reiterated, this is for the committee to decide.

10/23.02 Questions from David Chisholm to Mr Nickkho-Amiry (MN)

DC asked if MN felt it was wrong in this day and age to be encouraging people to use their cars on journeys which could actually be made unnecessary.

MN highlighted that he was still very disappointed in the behaviour of the Community Council in the run up to the Hearing.

MN was of the opinion that the choice was up to the individual whether or not people out with Saline and Steelend use their vehicles to travel as it is their own choice and they can decide how they wish to commute to and from other amenities.

DC asked where MN obtained his information about the bus service. Running from early morning to late at night. DC believed this wasn't the case. DC recalled from the last Hearing asking if MN knew the cost of a bus fare and he said he didn't. DC confirmed the cost is £3 for an adult fare and if travelling with children it can be anything from £12 to £15 for the journey, which isn't 7 minutes, it can take up to 2 to 3 hours including waiting time for some people. DC's final question was, did MN read the experiences from people living in Saline. DC emphasised that the Community Council are pretty scrupulous about allowing people to join that particular Facebook Group and a lot of comments are regarding the difficulty in getting to Oakley.

MN had read the comments and was aware of the number of times that posts had been made in the run up to this Hearing on Facebook repeatedly asking for comments and feedback.

CD asked how many times MN was referring to by stating 'repeatedly'.

MN confirmed by repeatedly he was referring to the number of times the comment "we've now created a Facebook Group for that" was posted on Facebook. He believed that every person is entitled to give an opinion. MN stated that the overall overwhelming majority of patients that use Dears Pharmacy on a daily basis have no issues with how they run their pharmacy and when they are made aware of a patient having an issue, they work with them to resolve it.

The Hearing was adjourned at this point (1pm) for lunch and restarted at 1.30pm

11/23 COMMITTEE MEMBERS QUESTION MR NICKKHO-AMIRY (MN)

11/23.01 Questions from Sandra Auld (SA) to Mr Nickkho-Amiry (MN)

SA stated that she was sorry to hear about the amount of bad feeling that has transpired as this process has progressed, she believed it was really unfortunate and completely undesirable. SA reported that, MN had made reference to the Consultation Analysis Report being out of date and pointed out that this was the document that they had to work from and the information that's there, which they have to base their information on.

SA noted that 273 people responded and said yes to there being gaps and deficiencies in the service and when she carried out the site visit she took time to speak to people that she met in the street or in the shop, and one of the questions that she asked specifically was around whether they felt the existing service was adequate. Two of them in particular had answered

no and when SA inquired further they made reference around deliveries of medicines and they both said that they previously received deliveries which had now been stopped. SA asked MN if there had been an issue with service deliveries or were these just exceptional circumstances.

MN reported that the reason he made reference to the Consultation Analysis Report, being completed before Dears took over, was a statement of fact. He stated that he understood that SA will need to look at that, but given the fact that other parties are bringing in additional new evidence including Facebook comments and other things like that, he felt it was important to actually acknowledge that if the Consultation Analysis Report had been done since Dears took over, there may have been a different set of responses.

In relation to deliveries, MN confirmed that Dears Pharmacy currently have free delivery service which they offer all day every day Monday to Saturday. It's a free service that's not paid for by the Government. Dears get no remuneration for it, so when a pharmacy chooses to do a delivery service, they're doing that out of their own good will which the government does not reimburse. It's not actually an NHS service, therefore they will normally deliver to a customer's house once and if they're not in, they will leave them a card. They then ask the customer to get back in touch, then try again. After they have tried to deliver twice to that same household and the customer is still not in, Dears will ask the customer, in the spirit of trying to continue to offer a free service to everyone, to come and collect it from the pharmacy. Dears Pharmacy never say no to a delivery. Dears get frequently asked by the surgery across the street and other surgeries if they can help them out because they know that they have an all day delivery service, and they will frequently go and collect prescriptions quickly, and deliver it to their customers. From that aspect, bearing in mind that Oakley and surrounding areas are quite rural, Dears have introduced a 24/7 prescription collection machine, which is actually one of the highest used ones that they have in their company and in the UK. When in contact with the manufacturer, Oakley and rural areas have a lot of people that use modern technology, they use the app for watching their repeats and they use the locker. People have to travel, so they like to use the bakery next door or the Chinese takeaway or the fish and chip shop. So when they arrive to collect their prescription and make a trip out with Saline and Steelend, they love the fact that they can go at 8pm when the pharmacy is closed and they can still collect their prescriptions from the locker in a safe way because they've been given a pin number. Customers have signed up to that service and Dears are trying to improve the accessibility. The number of deliveries has reduced slightly because more and more people like the fact that they can access their prescriptions at a time that suits them. Normally with a delivery service, it's whenever they can deliver to customers as it's a free service.

MN confirmed that, in general, the only time they have ever said no to a patient is when they have been to the house twice in the space of days, and the patient is constantly not in, in which case, in order to keep it a free service, they would say no. Dears Pharmacy make patients aware of this and ask if they have someone who can collect their prescription. There's times where a delivery has been attempted three or four times to that patient and it's just a matter of chance that they're out at hospital appointments or likewise, and in this case the pharmacy would work with them, but everything is treated on a case by case basis, and they never say no to deliveries. Dears try to be economical with their deliveries by delivering to certain streets at the same time using vehicles which have a much lower emission by transitioning to electric vehicles.

MN reported that he is still waiting to put solar panels on the extension in Oakley Pharmacy to try and make the pharmacy green, but trying to get hold of solar panels in this current climate is incredibly difficult.

11/23.02 Questions from Robert Cook (RC) to Mr Nickkho-Amiry (MN)

RC asked if MN could you tell him what time the last bus is at night from Oakley to Saline.

MN believed, with Stagecoach, the first bus starts at 6.43am and the last bus is at 8.53pm.

RC stated that he was looking at a bus timetable which states the last bus from Oakley to Saline is 4pm. He reported that the last bus from Saline to Oakley is 4.20pm and asked how customers would be able to get the last bus from Saline to Oakley. RC believed there was nothing in Oakley for people to do apart from wait at the bus stop.

MN declared that there are a bit more shops in Oakley than in Saline. He stated that bus 28 is at 6:35pm to Oakley and there is a bus at 6.58pm which is quite a long one. And there is a bus at 22.40pm, according to Stagecoach's website.

RC informed MN that the number 28 bus does not go through Oakley, it goes from Dunfermline to Saline to Falkirk. He pointed out that the fact that MN said there is an early morning bus service which runs until late at night does not concur with the 4A bus timetable which runs through Oakley.

RC stated that he was in Oakley on a site visit and could see the premises are quite small. In his opinion there seemed to be an oversubscription of convenience shops in Oakley, as there are three shops within 5 minutes of each other and Saline has one shop. Based on that information, RC had picked up the community use plan that was left in the Community Centre in Oakley, about building communities and making use of community spaces, for everyone, which includes Saline at the moment but Saline Community Centre seems to be closed. With Fife Council and other providers building houses in Saline which is a growing population, RC asked MN if he thought that Saline deserves a community centre and other facilities within Saline to meet the growing population demand.

MN responded, firstly, obviously there is a high number of car ownership and 89% of people have a car, so there is a small proportion of people that would use a bus in relation to the pharmacy and asked if RC informed Dears pharmacy team that he was there to do a site visit as they would have shown him the back of Dears Pharmacy. The pharmacy is 225 square metres and has its own path which leads to three consultation rooms. In MN's opinion, Dears Pharmacy is quite a large pharmacy compared to most others.

RC didn't tell the pharmacy team he was there to carry out a site visit as he liked to just turn up and have a look for himself.

MN reported that the pharmacy is deceptive, it's long and narrow. It is quite a sizable for pharmacy. MN stated that when he bought the pharmacy it was only 65 square metres and they added a 150 square metre extension on and redeveloped the car park at the back. A considerable sum of money has been spent on the pharmacy, as it had been neglected before it was taken over. It was not working in the way that he would expect a pharmacy to operate, therefore that's why all the relevant changes were made, and why he referred to the Consultation Analysis Report.

In relation to amenities within Oakley, MN confirmed that there are a large number of convenience shops but highlighted the fact that today the Committee is here to understand whether or not the services that the applicant's trying to apply for is necessary and the existing pharmaceutical services are inadequate, not if there is a pharmacy in Saline and not the fact that the customer, the patients and the population of Saline travel out with their area for other facilities and they come to the current pharmacy in Oakley as well as using other pharmacies is provided as adequate then that satisfies the legal test. MN stated that Oakley Pharmacy are providing an adequate service and in their opinion they are open the hours they have, and they have a multitude of different ways to speak to patients, where they don't have to come in as patients do with GP appointments, these things can be done remotely. This can be by

telephone or video consultation, if patients don't want to make that journey into the pharmacy, the pharmacy can still deliver the medication the same day.

RC stated that The Pharmaceutical Care Services Report 2022, states that overall there are no identified gaps in provision of pharmaceutical services in Fife. It is important to continue to support development of Community pharmacy services, through staff training and to ensure that there is a robust infrastructure in place to guarantee the continuity in pharmaceutical services, which is stated in their report in the very first page. RC asked MN if there was any truth in the feedback that people say his service is oversubscribed, he cannot deal with demand and he has to farm out prescriptions to other pharmacies, in which he thought Glenrothes had been mentioned.

MN disagreed and said this was absolutely untrue. He went on to say they can comfortably dispense the current prescription volumes in Oakley Pharmacy. What they have done is made a decision which is to continue to work with the fact that they do know that GPs are struggling with appointments and to maximise the use of their pharmacies, like other pharmacies, other chains who also operate in the same manner. Dears Pharmacy have essentially a way where they use what's called a Hub and Spoke, which means that they can dispense items at their hub in a way that, it's in the same turn around the patient's currently get and it allows them to spend even more time with patients. They have done this to greatly enhance patient care because they are getting an abundance of patients that are coming into the pharmacy asking for services. That is why unlike other pharmacies, where they may only have one consultation room like the applicant is applying for, as far as he could see and he apologised if this was incorrect, but there's one consultation room. Oakley Pharmacy has 3 consultation rooms in the pharmacy which allows patients to do that, but by allowing to actually dispense in that modern way, which is how modern pharmacies currently dispense, using 24/7 collection lockers, using Hub and Spoke dispensing, it allows them to continue to do what they do at the standards that they require and what customers expect.

RC reiterated, do you currently provide other pharmacists with your prescriptions to fulfil because you can't fulfil them.

MN stated that there are two pharmacists every day at Oakley Pharmacy, unlike all our other pharmacies, this is a very unusual model. MN stressed that most pharmacies only have one pharmacist, Oakley has a pharmacy prescriber, and they frequently get referred patients from the surgery where the pharmacist will sit down with patients. He has a prescription pad, so he can assess them. The pharmacy has two other consultation rooms to provide a wide range of services, so by doing what they are currently doing with their Hub and Spoke technology, it allows them to still dispense the items in the same manner using modern technology, using the same level of pharmaceutical care, but in a modern way, which is no different to how other pharmacies operate.

RC again reiterated, is it true that your pharmacy cannot fulfil because you have to send your prescriptions somewhere else.

MN confirmed this was not the case, the reason being that it is a misconception. MN explained that essentially what he would say is, when a patient comes in and puts in a repeat request to the surgery on Monday, this will take 48 hours, so typically the surgery normally turn around a prescription in 48 hours. However, If the surgery has an issue in terms of timings or they need to do a review or there is a change, or the doctor wants to see them, or there isn't enough doctors to sign a prescription, that leads to a delay. That delay then means that the pharmacy get the prescription at a later time, then the patients can sometimes unfortunately blame the pharmacy for why it's taking so long. Secondly, In terms of how they operate within the pharmacy, like with every other pharmacy, they use a number of different wholesalers, which

unfortunately in this current climate, there is a shortage of certain medication despite them using seven different wholesalers from time to time if they cannot get hold of a certain item. So what they then have to do is go back to the GP with a suggestion of an alternative that then has to be authorised by the GP to come back to the pharmacist, so patients sometimes unfortunately misconstrue the fact that the pharmacy have an issue of turning around the prescription. This all takes time.

RC said he understood that but asked again, do you send other pharmacists your prescriptions.

MN again disagreed. He explained he has a hub above one of the pharmacies in Glenrothes that dispenses and supports the dispensing for their group. That hub dispensing items in the same manner in the same timelines that the patient will normally expect. So typically if a patient put their prescription in on a Monday, they would normally collect it on a Thursday. The patient still has no discrepancies with them either way, the patient still gets the items in the same timeline, which is done in a smarter way and allows them to maximise patient care.

RC asked if MN agreed if there was a pharmacy in Saline and Steelend they could work together to meet the demand of the people in Saline and Steelend and also asked how many prescriptions he dispensed for Saline alone roughly.

MN thought Dears pharmacy dispensed approximately 2,500 items for Saline. MN believed that you would need to assume that if a pharmacy was to be granted in Saline that every single item is going to go there again, as you have seen by the applicant, who keeps extending the area of the neighbourhood, but then the catchment is going to then affect the viability. MN stresses that they need to look at the Legal Test and the services, whether they are necessary or desirable, and if they are adequate. Those are the questions that we're here today to answer, the fact is, no community pharmacy, unless owned by the same company, are ever going to do things in unison, they will do things to support patients by occasionally lending each other medication if they have an item which they are having difficulty in sourcing but Oakley provide an adequate service to the community of Saline and Steelend and all the surrounding areas around Oakley. If a pharmacy opens it would affect the viability of Oakley pharmacy because ultimately, and as you may or may not have seen, one of the largest chains in the UK, Lloyd's pharmacy is leaving because its pharmacies are not viable. It's not simply about dispensing prescription volumes, it's incredibly difficult, you've got to be able to dispense a certain volume, and there are certain other elements you need to do. So for Dears Pharmacy, they support the Community by providing them with an adequate service, even though they are not in Saline and Steelend, in terms of physically, but they provide them with an adequate service.

11/23.03 Questions from John Brown (JB) to Mahyar Nickkho-Amiry (MN)

JB asked what the average prescription turn around for the Oakley pharmacy was for the whole catchment.

MN confirmed the turnaround for the whole catchment is 72 hours from when patients order their repeat prescription.

JB meant volume not turn around. So the volume of prescriptions turned around per month.

MN confirmed, typically about 13,000 to 14,000 items.

JB referred to Lisa's comments earlier, noting that the national average is 5,000 to 6,000 items, and asked if MN is aware of a national average of prescription turnaround per month for a community pharmacy.

MN believed the national average is around 8,000.

JB asked what the size of the catchment area is for the Oakley pharmacy in total.

MN believed it is about 6,500, but that's because Oakley Health Centre used to be two separate GP practises and the Health Board merged them into one practice which increased their capability. MN understood this happened a couple of years before they took over.

JB stated that if these numbers are accurate and above the national average, could that determined the fact that there might be requirement for further pharmacy service provision in the area.

MN did not believe that this is the case, because if you were to look for example at Glenrothes, there are a handful of pharmacies that are doing between 12 and 20,000 items. In Glenrothes there are quite a lot of rural, outlying areas, so he did not think prescription volume would come into play, it depends on whether or not you have the correct facilities, do you have the right pharmacist, do you have the right way of doing it. Oakley Pharmacy have all of those by having two pharmacists, three accuracy checking technicians and 12 support staff. So the correct number of members of the team to allow them to do what they need to do.

JB referred to adequacy of service regarding thresholds concerning pharmaceutical services, school services provision. For community pharmacies, which probably can be noted as being tested, particularly during the pandemic, asked MN if he would say that these thresholds have been tested in Dears Pharmacy in Oakley.

MN confirmed that all community pharmacies have been tested and every pharmacist, everyone who was involved in healthcare especially in pharmacy. Although he felt he was biased, but everyone who was involved in pharmacy throughout the whole of the pandemic has done a stellar job basically supporting the communities. Dears successfully kept every one of their pharmacies open. MN believed they went above and beyond what they needed to do. Dears Pharmacy increased their delivery vehicles fleet by 50% during the pandemic, they went from doing approximately 7000 deliveries pre pandemic across their eight pharmacies in Fife, and now doing close to 18,000 deliveries which they do for free with no remuneration.

JB asked how many times since 2019 Dears Pharmacy in Oakley had to close unannounced.

MN confirmed they had never had to close any of their pharmacies.

11/23.04 Questions from Brian Timlin (BT) to Mahyar Nickkho-Amiry (MN)

BT asked how often Dears Pharmacy deliver to Saline.

MN confirmed that Dears deliver to Saline throughout the day, so they will typically go back and forth throughout the day. The driver starts when the pharmacy opens 8:30am and he works until 3pm and then a separate delivery driver covers from 1pm until 6pm, so there is an overlap. Saturdays, there is a delivery driver between 9am and 1pm.

BT asked how many deliveries Dears would do in a month to Saline and Steelend.

MN confirmed it would be approximately 7,000 deliveries per month.

BT asked if Dears Pharmacy teams would execute Pharmacy First over the telephone where required and deliver.

BT confirmed that they had implemented this service by telephone and video call using NHS Near Me and the pharmacy does in excess of 750 consultations per month. They never turn anyone away even when they do not have an appointment.

11/23.05 Questions from the Chair (AG) to Mahyar Nickkho-Amiry (MN)

AG noted that one of the representations came from an MSP, which the Applicant had done in April, who stated that many find the current trip to Oakley difficult or even unmanageable due to not having a car are forced to use unreliable public transport for elderly or vulnerable residents, so having a pharmacy available locally would also be far more convenient and help alleviate some of their weekly stress and anxiety. AG asked how MN would respond to that statement.

MN stated that Dears have a free delivery service which they operate every day of the week, so if a patient cannot manage to the pharmacy, they will deliver to them. They also have the facility to help them with acquiring not only prescriptions, so if they were needing some over the counter medication or they were needing some toiletries they have the facility to be able to help deliver these items too.

AG suspected that MN's main point, in terms of the Legal Test, he believed that where Dears Pharmacy is based in Oakley and part of the neighbourhood, they are providing a service that meets the needs and therefore he does not see the need for a community pharmacy based in Saline.

MN believed that if they were to look at what they have said throughout the process, as a rural pharmacy which Oakley is, it supplies not only Oakley but a significant number of other rural communities in and around the area of Oakley and they support patients by offering them a free delivery service. MN advised that the Pharmacy also have a number of ways for customers to come and collect their items at a time that suits them, including their locker. They have an app for them to be able to talk to the pharmacists or staff. They have embraced more technology to try and make sure that they are doing as they are right now. If a patient needs to talk on Teams they also have the facility to do that. So Dears pharmacy are providing them with an adequate service, if a patient cannot come to them, they will bring the pharmacy to the patient. MN appreciated that every village would love to have its own pharmacy but stated that it has to be viable. MN also stated that Oakley are providing an adequate service in their opinion and although it's not Saline and Steelend, patients still have adequate use to the pharmacy out with the neighbourhood that was previously determined.

12/23 **APPLICANT SUMMING UP**

The neighbourhood off the proposed pharmacy is Saline and Steeled. The catchment area is the rural area surrounding the neighbourhood stretching to the north around the A77 and south towards the A907. The closest pharmacy is in Oakley - 2.4 miles from the proposed premises. Access is difficult for those with no car, and a round trip by bus takes nearly one and a half hours. The bus service is notoriously unreliable. You cannot walk to Oakley Pharmacy, and this is recognised by Fife Council who categorise Saline and Steeled as an isolated Rural Community. All these factors combined means that the pharmaceutical service to the neighbourhood cannot be considered easily accessible in an equitable manner to the population. Access to pharmaceutical services should be easily accessible for everyone and in this neighbourhood they are not. The population of the neighbourhood and the catchment area is approximately 2100, generating in excess of 3,000 items per month. There is no doubt that the proposed pharmacy would be viable. My approach to this application has been clear, open and professional at all times. I am wholeheartedly committed to the application and will be living locally. I feel strongly that this application passes the legal test and I respectfully ask that the committee grant this application to secure pharmaceutical services for the residents of Saline and Steelend.

13/23 INTERESTED PARTIES SUMMING UP

13/23.01 Mr David Chisholm (DC)

I want to emphasise we are not making a case against Dears Pharmacy. They will remain a successful business for years to come. We are making the case for a pharmacy in Saline and Steelend to serve local people and it's not just about collecting prescriptions. The most important element is there being a medically qualified person in our village so people can ask questions or seek reassurance and then obtain medication. But it's that face to face contact that's very important.

13/23.02 Mr Mahyar Nickkho-Amiry (MN)

I would like to reiterate the following comments. Dears Pharmacy are of the opinion that the applicant's neighbourhood is too small, it does not consider the judicial guidance and the few residents who commented on this would have been unaware of the large amount of legal case law on the subject the applicant has. The Applicant has confirmed the neighbourhood, but then has subsequently expanded her catchment area. In order to try and get the numbers up from 1200 to 2100 and then subsequently after that to expand it to even further out with areas, it's not consistent and is actually wrong. Residents do leave Saline in the course of their daily lives to access Oakley with relative ease, given the high car ownership of 89%. Oakley does form part of the relevant neighbourhood in our opinion. However, the exact definition is unlikely to matter as the panel will consider pharmacy services provided to the neighbourhood by pharmacies located outside of it. Our pharmacy services Saline and Steelend. Dears Pharmacy provide services which are much better than simply being adequate and our services are available within a journey to well over 90% of the population within 7 minutes. There is no inadequacy in pharmaceutical services and therefore we respectfully ask for the application to be refused.

14/23 NOTIFICATION OF OUTCOME

14/23.1 The Chair asked all those present whether or not they felt they had had a fair hearing. They all confirmed that they had.

14/23.2 The Chair thanked the Applicant and the interested parties for their attendance and before asking them to leave advised them that the decision would be notified to them in accordance with the timescales laid down in Schedule 3 of the Regulations.

APPLICANT, INTERESTED PARTIES, CLO REPRESENTATIVE AND PRIMARY CARE MANAGER WITHDREW FROM THE HEARING.

15/23 COMMITTEE DISCUSSION

15.23.1 The PPC were required and did take into account all relevant factors concerning the issue of:-

- a) Neighbourhood
- b) Adequacy of existing Pharmaceutical Services in the neighbourhood and, in particular, whether the provision of Pharmaceutical Services at the premises named in the Application were necessary or desirable in order to secure adequate provision of Pharmaceutical Services in the neighbourhood in which the premises were located.

15.23.2 **Neighbourhood**

Having considered the evidence presented to it by the Applicant, the interested parties, the Consultation Analysis Report, NHS Fife's Pharmaceutical Services Report and the PPC's observations from the site visit, the PPC had to decide firstly the question of the neighbourhood in which the premises to which the application related were located.

The committee noted the neighbourhood as defined by the Applicant. The Committee also took into account the views expressed by the interested parties.

- DC confirmed many of the small communities out with the villages of Saline and Steelend identified themselves as being part of the proposed neighbourhood;
- MN was of the opinion that the neighbourhood should be extended to include Oakley, Blairhall, Carnock and Gowkhill to the south as rural areas were interdependent on each other; and
- MN advised that the definition of neighbourhood from a PPC ruling in Northern Ireland, which has been approved by the Scottish Court, stated that it was impossible to lay down any general rule as to the extent of the area indicated by the word vicinity in country districts, people are said to be neighbours, that is, to live in the same neighbourhood who live many miles apart.

When seeking to define the neighbourhood the committee considered a number of factors including:-

- SA advised that when she had done her site visit she had felt a real sense of self definition of the community, a strong delineation between Oakley and Saline;

Accordingly the Committee agreed that the definition of the neighbourhood would be as follows:-

North: The open land to Busses Farm
East: Hilltop Farm
South: Kinneddar Park
West: Saline Shaw

15.23.3 **Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability**

Having reached a conclusion as to the defined neighbourhood, the Committee was then required to consider the adequacy of Pharmaceutical Services within or to that neighbourhood and, if the Committee deemed them inadequate, whether the granting of the Application was necessary or desirable in order to secure adequate provision of Pharmaceutical Services in the defined neighbourhood.

In order to assist the Committee in reaching their decision, they took into account the following:-

Consultation Analysis Report (CAR)

The Committee considered and noted the content of the CAR:

- Evidence supporting the applicants defined neighbourhood was identified in the CAR – Question 2 – Do you think there are gaps/deficiencies in the existing provision of pharmaceutical services in this neighbourhood? 273 respondents out of 314 responses said yes;
- Question 4 – Do you think the pharmaceutical services being proposed by Saline Pharmacy are required within this neighbourhood? 243 respondents out of 314 responses said yes;

- RC believed the CAR indicated the respondents felt it would be easier and more convenient to have a pharmacy in their neighbourhood.

NHS Fife's Pharmaceutical Services Report

The Committee agreed there were no pharmaceutical services provided within the neighbourhood therefore their discussion would be around the services provided to the area from out with the neighbourhood.

JC was of the opinion that the applicant had not clearly defined what pharmaceutical services are not currently being provided to the neighbourhood, or shown any inadequacy with the current service, other than the issue to travelling out with the neighbourhood, especially if they did not have a car. He advised that an inadequate bus service did not necessarily define the pharmaceutical services themselves. JC also highlighted that the current pharmaceutical provider has put several models in place to allow smarter care to patients in the area.

RC pointed out that not everyone has access to the internet, or are comfortable with it, to be able to access these services and that accessing the pharmacy was an issue if you did not have a car as the bus service to Oakley was poor, with the last bus being at 4pm, resulting in patients without cars having to rely on someone taking them or a taxi.

In response to the Chair asking the pharmacy committee members if current pharmaceutical services were acceptable, JC advised the basic core service function of a pharmacy was to provide medicine to patients based on prescriptions.

JC stated in response to comments that it would be beneficial to have a healthcare professional in Saline, was that it was a pharmacist's role to support GPs not replace them.

SA advised she was interested that a small number of residents had made negative comments regarding the delivery service Dears provided when she spoke to them during her site visit as their medicines had not been delivered.

She stated she was taken by the services Dears provided in Oakley as they sounded very comprehensive and forward thinking but she got the impression the people in the neighbourhood did not feel the same way.

SA was of the opinion that pharmaceutical services being provided to the neighbourhood were not adequate because residents could not get their medicines delivered when they needed them.

BT agreed that the bus service to Oakley was unreliable. He also thought that it would never be known where the failing arose with the delivery service issue highlighted by SA, whether Dears had tried to deliver twice or not.

RC stated he was tending towards the pharmaceutical services to the neighbourhood not been adequate due to a delivery service not being sufficient, especially for immobile patients together with some patients having no internet access.

Information available to the Board which, in its opinion, is relevant to consideration of the application

The Committee took note of the CAR and feedback from Committee member's site visits.

The likely long-term sustainability of the Pharmaceutical Services to be provided by the Applicant

RC was concerned that the pharmacy would be viable in its own right in the neighbourhood or would it rely on prescriptions coming from out with the area but wondering if the 2.5k prescriptions Dears currently process from the neighbourhood would be enough.

BT advised that he thought 2.5k prescriptions would be an extremely large number for a population of 1,200 to generate, especially when 89% of households have at least one car and 41% have two, leaving only around 10% with no access to a car.

SA stated she thought that this was a great opportunity to support a community by having a resident pharmacist providing Pharmacy First and support the local GP practice. However she said that she was struck how little else there was in the community and did not want a pharmacy to be set up only to fail.

AG agreed it would be good to have a local pharmacist, but that it was critical not to damage the current pharmaceutical service provider who has invested a lot of money in his Oakley premises.

BT concurred that Dears had invested heavily and that their Hub and Spoke were the future of pharmacy and was what all pharmacies should be doing. This enabled pharmacists to be more customer facing.

As to the viability of a new pharmacy he said Pharmacy First would attract an additional payment as would Ms Duncan's IP qualification, however the IP payment was not guaranteed to be a long term one.

He stated that he felt the population of 1,200 was really low but as long as the Applicant, Ms Duncan attracted the IP payment it may make the pharmacy viable. He confirmed the average population for a pharmacy neighbourhood was 4,800.

JC was also of the opinion that that as the population was so far below the national average it posed a risk to the viability of the business. He also highlighted that too many pharmacies in an area also poses a risk to businesses.

RC agreed that the small area and a population of 1,200 made him wonder if it could sustain a pharmacy, especially as there was no guarantee all the residents would use the proposed pharmacy in Saline.

AG advised that from a finance point of view it did not sound very viable, but that there was such passion for the proposal in the neighbourhood that he felt they would make it work.

AG asked if the voting members of the Committee had enough information to make a decision.

SA and RC both agreed that they were ready to vote on the decision.

IN ACCORDANCE WITH THE STATUTORY PROCEDURE THE PHARMACIST CONTRACTOR MEMBERS OF THE COMMITTEE, NOTE TAKERS AND HEALTH BOARD STAFF WERE EXCLUDED FROM THE DECISION PROCESS

COMMITTEE VOTE AND DECISION

In accordance with the Legal Test, the Committee considered whether existing provision of Pharmaceutical Services in the neighbourhood was adequate. If it decides that such a provision is adequate, that is the end of the matter and the Application must fail.

In considering the Application the Committee took account of all relevant factors concerning neighbourhood and adequacy of existing Pharmaceutical Services in the neighbourhood in which the premises were located, in terms of regulation 5(10).

It also took account of all information available to it which was relevant to the Application. For the reasons set out above it was the view of the Committee that the provision of Pharmaceutical Services to the neighbourhood was currently inadequate and for the reasons discussed the provision of a Pharmacy was necessary to secure adequate Pharmaceutical Services. The Committee was therefore not required to consider the question of desirability. The Committee agreed that the proposed Application should be granted.

16/23 ATTENDEES RETURN TO HEARING FOR DECISION

The Committee agreed that the Board would notify the applicant and interested parties in due course.

Hearing Closed.