

NHS Fife Finance, Performance & Resources Committee

Tue 19 September 2023, 13:30 - 15:30

Via MS Teams

Agenda

13:30 - 13:30 1. Apologies for Absence

0 min

Verbal

Alistair Morris

13:30 - 13:30 2. Declaration of Members' Interests

0 min

Verbal

Alistair Morris

13:30 - 13:35 3. Minutes of Previous Meeting held on Tuesday 11 July 2023

5 min

Enclosed

Alistair Morris

 Item 03 - Finance Performance Resources Committee Minutes (Unconfirmed) 20230711.pdf (5 pages)

13:35 - 13:35 4. Matters Arising / Action List

0 min

Enclosed

Alistair Morris

 Item 04 - Finance, Performance & Resources Committee Action List.pdf (2 pages)

13:35 - 14:05 5. QUALITY / PERFORMANCE

30 min

5.1. Financial Performance Report

Enclosed

Margo Mcgurk

 Item 5.1 - SBAR Financial Performance Report.pdf (10 pages)

5.2. Integrated Performance & Quality Report

Enclosed

Exec Leads

 Item 5.2 - SBAR Integrated Performance & Quality Report.pdf (4 pages)

 Item 5.2 - Integrated Performance & Quality Report.pdf (18 pages)

5.3. Labs Managed Service Contract (MSC) Performance Report

Enclosed

Claire Dobson

 Item 5.3 - SBAR Labs Managed Service Contract (MSC) Performance Report.pdf (4 pages)

 Item 5.3 - Appendix 1 Labs Managed Service Contract (MSC) Performance Report.pdf (35 pages)

 Item 5.3 - Appendix 2 Labs Managed Service Contract (MSC) Performance Report.pdf (3 pages)

14:05 - 14:20 6. GOVERNANCE MATTERS

15 min

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

Enclosed *Margo Mcgurk*

- Item 6.1 - SBAR Corporate Risks Aligned to Finance, Performance & Resources Committee.pdf (5 pages)
- Item 6.1 - Appendix 1 Corporate Risks Aligned to Finance, Performance & Resources Committee.pdf (7 pages)
- Item 6.1 - Appendix 2 Corporate Risks Aligned to Finance, Performance & Resources Committee.pdf (1 pages)

6.2. Corporate Calendar – Proposed Finance, Performance & Resources Committee Dates 2024/25

Enclosed *Gillian MacIntosh*

- Item 6.2 - Corporate Calendar Proposed Finance, Performance & Resources Committee Dates 202425.pdf (1 pages)

6.3. Delivery of Annual Workplan 2023/24

Enclosed *Margo Mcgurk*

- Item 6.3 - Delivery of Annual Workplan 2023-24.pdf (5 pages)

14:20 - 15:15 7. STRATEGY / PLANNING

55 min

7.1. Annual Delivery Plan 2023/24

Enclosed *Margo Mcgurk*

- Item 7.1 - SBAR Annual Delivery Plan 2023-24.pdf (3 pages)
- Item 7.1 - Appendix 1 Annual Delivery Plan 2023-24.pdf (63 pages)
- Item 7.1 - Appendix 2 Annual Delivery Plan Sign Off Letter from Scottish Government.pdf (30 pages)

7.2. Fife Capital Investment Group Reports 2023/24

Enclosed *Maxine Michie*

- Item 7.2 - SBAR Fife Capital Investment Group Report 2023-24.pdf (4 pages)

7.3. Property & Asset Management Strategy (PAMS)

Enclosed *Neil McCormick*

- Item 7.3 - SBAR Property & Asset Management Strategy (PAMS).pdf (3 pages)
- Item 7.3 - Appendix 1 Property & Asset Management Strategy (PAMS).pdf (18 pages)

7.4. Primary Care Premises Framework

Enclosed *Neil McCormick*

- Item 7.4 - SBAR Primary Care Premises.pdf (5 pages)
- Item 7.4 - Appendix 1 Primary Care Premises.pdf (33 pages)
- Item 7.4 - Appendix 2 Primary Care Premises.pdf (5 pages)

7.5. Control of Entry – Pharmaceutical List

Enclosed *Nicky Connor*

- Item 7.5 - SBAR Control of Entry Pharmaceutical List.pdf (5 pages)
- Item 7.5 - Appendix 1 Control of Entry Pharmaceutical List.pdf (1 pages)
- Item 7.5 - Appendix 2 Control of Entry Pharmaceutical List.pdf (1 pages)

15:15 - 15:25 8. ANNUAL REPORTS / OTHER REPORTS

10 min

8.1. Planned Care Programme Plan 2023/24 Update

Enclosed *Claire Dobson*

 Item 8.1 - SBAR Planned Care Programme Plan 2023-24 Update.pdf (9 pages)

15:25 - 15:30 9. LINKED COMMITTEE MINUTES

5 min

9.1. Fife Capital Investment Group held on 16 August 2023 (unconfirmed)

Enclosed

 Item 9.1 - Fife Capital Investment Group Minutes held on 16 August 2023 (unconfirmed).pdf (5 pages)

9.2. Procurement Governance Board held on 30 August 2023 (unconfirmed)

Enclosed

 Item 9.2 - Procurement Governance Board held on 30 August 2023 (unconfirmed).pdf (4 pages)

9.3. IJB Finance, Performance & Scrutiny Committee held on 12 May 2023 (confirmed) & 6 July 2023 (unconfirmed)

Enclosed

 Item 9.3 - IJB Finance, Performance & Scrutiny Committee held on 12 May 2023 (confirmed).pdf (7 pages)

 Item 9.3 - IJB Finance, Performance & Scrutiny Committee held on 6 July 2023 (unconfirmed).pdf (10 pages)

15:30 - 15:30 10. ESCALATION OF ISSUES TO NHS FIFE BOARD

0 min

10.1. To the Board in the IPQR Summary

Verbal *Alistair Morris*

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

Verbal *Alistair Morris*

15:30 - 15:30 11. ANY OTHER BUSINESS

0 min

Fife NHS Board

Unconfirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 11 JULY 2023 AT 9.30AM VIA MS TEAMS

Alistair Morris Chair

Present:

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

In Attendance:

Nicky Connor, Director of Health & Social Care
Ben Hannan, Director of Pharmacy & Medicines
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Maxine Michie, Deputy Director of Finance
Kevin Reith, Deputy Director of Workforce (*for item 5.2.1 only*)
Pauline Anne Cumming, Risk Manager (*for item 5.2 only*)
Kerrie Donald, Executive Assistant to the Director of Finance & Strategy (*minutes*)

Chair's Opening Remarks

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

1. Apologies for Absence

Apologies were noted from members Wilma Brown (Employee Director), Alastair Grant (Non-Executive Director), Margo McGurk (Director of Finance & Strategy) and attendees Claire Dobson (Director of Acute Services) and Neil McCormick (Director of Property & Asset Management).

2. Declaration of Members' Interests

There were no members' interests to declare.

3. Minute of the last Meeting held on 9 May 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 Annual Internal Audit Report 2022/23

The Deputy Director of Finance presented the report, highlighting it is the final report for 2022/23, which was approved at the Audit & Risk Committee on 23 June 2023. The report references several challenges the Board faces in relation to deliverability of national performance targets. However, it also acknowledges that these challenges are faced across all NHS Scotland Boards.

The Chair highlighted that the report shows effective performance and a positive direction of travel for NHS Fife.

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

5.2 Corporate Risks Aligned to Finance, Performance & Resources Committee

The Risk Manager joined the meeting and presented the paper, highlighting that no additional risks or changes to the scoring of the corporate risks have been made. However, it was highlighted that the levels of assurance have been refined to indicate either substantial, reasonable, limited or no assurance.

Following a query by the Chair regarding risk 7, the Chief Executive noted NHS Fife has been very overt and specific with Scottish Government regarding the current financial position and continues to plan activity based on the current workforce. However, she confirmed the gap remains as part of the overall financial pressure for 2023/24.

J Kemp, Non-Executive Director, queried if there was evidence available to highlight what resources and staffing would be required to reduce the diagnostic waiting times. Following discussion with members, it was agreed a planned care programme report should be brought to the September committee meeting encompassing the risk register, IPQR and ADP, to give members assurance on the actions underway to mitigate risk, whilst also highlighting what money, equipment and staffing would be needed to reduce the diagnostic waiting times.

Action: Director of Acute Services / Medical Director

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

5.2.1 Deep Dive – Bank & Agency Work

The Deputy Director of Workforce joined the meeting and presented the bank and agency deep dive paper, providing therein an update on the work of the Bank and Agency Programme Board.

Following a query from J Kemp, Non-Executive Director, the Deputy Director of Workforce confirmed savings from changes with bank and agency spend would be noticeable within quarter 2 and 3 of the 2023/24 financial year. The Deputy Director of Finance highlighted there has been a significant decrease in the volume of invoices

received from agency staffing and highlighted that although NHS Fife are moving to framework agencies, saving will still be made due to the difference in hourly and commission rates charged, which will be evident within quarter 2 of the financial year. The Deputy Director of Finance further noted funding has been secured to recruit a further 17 international recruits, noting however the process can take between 4-6 months for recruiting internationally.

The Director of Pharmacy & Medicines highlighted that the changes to bank and agency staffing is a multi-phased approach, with each stage being underpinned with appropriate financial release. After discussion, it was agreed a paper would be brought to a future committee meeting outlining each phase, with financial insight, to give assurance to committee members.

Action: Director of Pharmacy & Medicine / Director of Acute Services / Director of Finance & Strategy / Director of Workforce

The Committee took **assurance** from the deep dive.

5.3 Delivery of Annual Workplan 2023/24

The Head of Corporate Governance & Board Secretary presented the workplan, highlighting that, due to annual leave, the Labs Managed Service Contract Performance Report and Potential PFI Re-Financing for VHK Phase 3 Report has been deferred to the September committee meeting.

The Committee noted the deferred items and took **assurance** from the report.

6. STRATEGY / PLANNING

6.1 Annual Delivery Plan 2023/24

The Chief Executive presented the paper, highlighting that the Annual Delivery Plan maps NHS Fife's corporate objectives into the priorities set by Scottish Government. Following its submission, the Committee were pleased to note the positive feedback on the Annual Delivery Plan received from Scottish Government.

The Chair praised the paper, noting the Annual Delivery Plan is very clear with appropriate drive and ambition behind it.

The Committee **endorsed** the report.

6.2 Financial Improvement and Sustainability Programme Progress Report

The Deputy Director of Finance advised the paper presented to the committee provides an update from the May 2023 meeting. The Financial Improvement and Sustainability Board (FIS) has since met at the end of June 2023 and a verbal update could be provided on its deliberations. The Deputy Director of Finance noted that, at the end of May 2023, the £15m savings target were target for being met, however additional cost improvement plans were identified at the June 2023 FIS Board meeting. The Medicines Optimisation Board are firming up plans to deliver £1m of savings over the coming months and the Acute Service Division have identified £1.5m of savings including Covid legacy costs, with a potential further £0.5m currently being scoped.

The Deputy Director of Finance further highlighted that work continues with the re-financing of PFI contracts, however conclusions will not be known until later in the calendar year. Work is ongoing to review corporate overheads, specifically assessing areas going paperlite, to ensure digital solutions are optimised as significant savings can be made in areas with a reduced dependency on paper.

The Chair thanked the Deputy Director of Finance for the verbal update, noting the position at June 2023 is more positive and recognises the significant effort being put in from the teams to create recurring and sustainable savings.

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

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Health & Social Care provided an overview of the Delayed Discharge section of the report, highlighting the percentage of bed days lost to 'standard' delays has achieved target for the third month in a row. Care Home Coordinators have been introduced as a new initiative to support the timely transfer of individuals through the pathway from hospital to the care setting.

The Chief Executive provided an overview of the report, highlighting 4-hour emergency access remains difficult. However, the main performance trajectories show an overall improvement across all sites, including minor injuries. Challenges remain with inpatient day cases, noting long waits continue within Orthopaedics, General Surgery, Urology, Gynaecology and Plastic Surgery. However, it was noted the new day surgery treatment room at Queen Margaret Hospital will open in August 2023, thereby creating additional capacity due to releasing a theatre for use.

The Chair advised that the phrase *"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"* could be strengthened in future reports to recognise that in achieving the target trajectory agreed with Scottish Government as part of the ADP, that NHS Fife requires to determine options to manage the additional £1.8m cost pressure arising.

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

7.2 Financial Performance and Sustainability Report

The Deputy Director of Finance presented the report, highlighting that the paper reflects the financial position as of May 2023 and the data included within is prior to the notification of the additional £8.3m NRAC funding received in June 2023.

Following a statement made from the Chair regarding the use of NRAC money being maximised in areas to show improvements, the Chief Executive highlighted that as NRAC funding is received as a consequence of the change in demographics of the population, statistics have shown in a number of years the population of over 65s will increase by 35% and will directly impact on the demographic presentation of patients coming into the emergency department.

The Chief Executive advised that the NRAC money will be targeted in a planned way at areas that can clearly demonstrate how financial investment can bring a positive impact to patients and performance, and proposals will in future be presented to committees for discussion and endorsement.

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 19 April 2023 (confirmed) & 26 May 2023 (unconfirmed)
- 8.2 Procurement Governance Board held on 28 April 2023 (unconfirmed)
- 8.3 IJB Finance, Performance & Scrutiny Committee held on 17 March 2023 (confirmed)
- 8.4 Primary Medical Services Committee held on 6 June 2023 (unconfirmed)
- 8.5 Pharmacy Practice Committee held on 31 May 2023 (unconfirmed)

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

9.1 To the Board in the IPQR Summary

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

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

There were no issues to escalate to the Board.

10. ANY OTHER BUSINESS

There was no other business.

11. DATE OF NEXT MEETING

The next meeting will be held on Tuesday 12 September 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 19 September 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 CP / MM	13/09/22 15/11/22 11/07/23 19/09/23	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 11/07/23 – CP and MM to confirm timescale for workforce vacancies to be included within IPQR. 05/09/2023 – Investigating use of published vacancy information by PHS for Medical and dental staff, Nursing & Midwifery staff and AHPs. If suitable, will be included in the next versions of the IPQR.	In progress / on hold
2.	11/07/22	Corporate Risks Aligned to FP&R	A planned care programme report to be brought to the September committee meeting encompassing the risk register, IPQR and ADP to highlight the actions underway to mitigate risk, while also highlighting what money, equipment and	CD / CMcK	19/09/23	05/09/2023 – Report added to September FP&R Agenda for discussion.	Closed

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
			staffing would be needed to reduce the diagnostic waiting times.				
3.	11/07/22	Bank & Agency Work	Report to be brought to a future committee meeting outlining each phase in the Bank & Agency staffing approach, with financial insight, to give assurance to committee members.	DM	19/09/23	05/09/2023 – Report to be brought to November Committee meeting. Workplan updated accordingly	Closed

Meeting:	Finance, Performance & Resources Committee
Meeting date:	19 September 2023
Title:	Financial Performance Report at 31 July 2023
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 provides a presentation of the financial performance and financial sustainability of the Board at the end of July 2023 measured against the key planning assumptions within the Medium-term Financial Plan approved at the NHS Board meeting on 28 March 2023. The MTFP 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 £10.9m revenue overspend is reported for the four months of 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 but also reflects the limited progress to deliver against the agreed £15m cost improvement programme. 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. However, this work requires to be expedited with further measures identified to mitigate the increasing financial gap.

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 Management Teams.

2.3.8 Route to the Meeting

EDG – 07/09/2023

2.4 Recommendation

- Assurance

3 List of appendices

None

Report Contact

Maxine Michie

Deputy Director of Finance

maxine.michie@nhs.scot

1. Financial Position July 2023

1.1 This report details the financial position for NHS Fife to 31 July 2023. A £10.9m revenue overspend is reported for the four months of the 2023/24 financial year for Health Board retained services. Despite the receipt of additional financial sustainability allocations for NRAC and New Medicines Funding from Scottish Government during June, the Board financial position continues to track beyond the agreed Board risk appetite in relation to delivering value and sustainability.

Revenue Financial Position as a July 2023

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
<u>Clinical Services</u>				
Acute Services	281,126	95,107	103,116	-8,009
IJB Non-Delegated	9,539	3,191	3,070	121
Non-Fife & Other Healthcare Providers	98,689	32,940	35,399	-2,459
<u>Non Clinical Services</u>				
Estates & Facilities	92,733	30,965	31,766	-801
Board Admin & Other Services	88,371	29,857	30,294	-437
<u>Other</u>				
Financial Flexibility & Allocations	28,512	4,110		4,110
Income	-32,591	-10,992	-11,101	109
23-24 Cost Improvement Target	-12,420	-4,140	-522	-3,618
Sub-total Core position	553,959	181,038	192,022	-10,984
Financial Gap	-10,865	-3,622		-3,622
SG Financial Sustainability Allocation	10,865	3,622		3,622
TOTAL HEALTH BOARD RETAINED SERVICES	553,959	181,038	192,022	-10,984
<u>Health & Social Care Partnership</u>				
Fife H & SCP	410,904	134,129	140,561	-6,432
TOTAL HEALTH DELEGATED SERVICES	410,904	134,129	140,561	-6,432
TOTAL	964,863	315,167	332,583	-17,416

2. Health Board Retained Services

2.1 The financial position at 31 July shows an overspend of £10.984m predominately occurring within our Acute Services Division, External Healthcare providers and limited progress across our cost improvement programme. 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. Additionally, non-recurring New Medicines funding, £6.852m was also confirmed. The letter received from SG further confirmed the funding was predicated on Boards continuing to work towards delivery of 3% recurring savings in year supported by local and national Sustainability & Value arrangements. A pro rata share of the additional funding received has been reflected in the July financial position reported in the table above.

- 2.2 During July we received several allocations including £7.827m for Planned Care (Waiting Times) which has been baselined as well as Cancer Waiting Times £0.776m and funding for a mobile scanner and Endoscopy £1.447m. The remaining anticipated funding for New Medicine Funding £10.279m was also received. In year allocations provided by SG policy teams continue to be reviewed for pay award impact and will be notified in due course. The impact of ongoing pay award discussions and negotiations, most specifically the Junior Doctor Pay Award, and the confirmed Senior Medical staff award for 2023/24 remain outstanding but are anticipated to be funded in full by SG.
- 2.3 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. Although the impact of pay awards for 2022/23 and 2023/24 have been funded in our waiting times funding allocation for 2023/24 prior years remain unfunded. There is a risk that the impact of historic national pay awards for these substantive posts will remain unfunded.
- 2.4 Although there has been significant positive activity across all services to respond to the government's directions on the use of agency staffing, moving away from off framework agencies, there has not been a reduction in the overall use of temporary staffing when compared with the run rate incurred in 2022/23. Plans are progressing to reduce the surge capacity footprint by 50% but not until the midway point of the financial year and therefore limiting the level of cost reductions that can be achieved. The 3 cost improvement focus areas laid out in the financial plan are currently behind target and consequently other measures are required to provide the resilience needed to deliver the £15m in year cost reduction target.
- 2.5 The Acute Services Division reports an overspend of £8.009m. This is mainly driven by costs of supplementary staffing across both nursing and medical staffing budgets coupled with significant overspends in surgical sundries and external SLAs for Laboratory services. Surge and Covid expenditure are also included within the Acute overspend with an ongoing focus on covid exit strategy to minimise the financial impact.
- 2.6 Included in the ASD position is an overspend on specialties defined as "large hospital services" which form part of IJB Set Aside budgets. At the end of July, set aside services are reporting an overspend of £4.319m which continues to be funded on a non-recurring basis by the board.
- 2.7 Service Level Agreements and contracts with external healthcare providers are £2.459m 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.

2.8 Corporate Directorates including Property and Infrastructure have improved their position in July over the reported June figures. The main areas concern continue to be; the impact of inflation across PPP contracts, energy, property maintenance and confirmation of funding allocations. Work will continue to reduce spend in line with available resources.

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 is the responsibility of Health Board retained services to deliver. At the end of July, progress to deliver on our cost improvement target has been limited. Whilst a lot of actions have been taken forward to create the infrastructure required to support the delivery of cost efficiencies, we are significantly behind on delivering targets pushing delivery into quarters 3-4 of the financial year.

3.2 As a result of limited progress to deliver cost reductions in line with the financial plan for 2023/24, it is essential that there is a concentrated focus not only on the areas for cost improvement identified in the financial plan but also to bring forward as quickly as possible pipeline schemes and the other pieces of work which would bring resilience to the cost improvement plan. It is clear from the July financial position the board needs to deliver on its £15m cost improvement programme despite the additional NRC and NMF received in June given the divergence between the actual financial position and the approved financial plan for 2023/24. The table below summaries efficiency savings delivered to date measured against the financial plan, £1.171m to July.

Cost Improvement Plans	Target per Fin Plan	Achieved M4	Projected
	£m	£m	£m
Temporary Staff Reduction	10.00	0.00	10.00
Surge Capacity Reduction	5.00	0.00	0.60
Corporate Overheads	0.00	0.00	0.00
Medicines	0.00	0.51	1.32
Vacancy Factor (Corporate)	0.00	0.04	0.14
Acute Services	0.00	0.10	1.39
Balance Sheet Review	0.00	0.52	1.55
	15.00	1.17	15.00

Bank and Agency Staffing

3.3 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.

3.4 In parallel with the work to reduce reliance on agency staffing there are also several 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 block

recruitment event. In addition, unregistered staff pools have been created within the Planned Care and Emergency Care directorates to support the underlying long-term vacancies.

- 3.5 During June a “block recruitment” event took place with a view to recruit both registered and unregistered staff. The event proved to be a success predominately across unregistered staff and the process to enable successful candidates to commence employment with NHS Fife is underway with a small number of staff with commencement dates in July.
- 3.6 The spend on supplementary remains significant for July which is higher than the rate of spend in the previous financial year. It is worth noting spend with off-framework agencies has significantly reduced with only known and specific requirements remaining with off framework agencies from June. However, that spend has been pushed onto framework agencies and bank staff. The actions being taken to reduce the reliance on temporary staffing described above take time to bed in and to favourably impact the level of spend. Consequently, we anticipate seeing reduction in temporary staffing spend coming through the system in August/September onwards.

Reducing Surge Capacity

- 3.7 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. At the end of July spend on surge is £1.2m of which approximately £0.9m has been incurred on temporary staffing.

Corporate Overheads

- 3.8 In relation to reducing corporate overheads, several areas for consideration were presented to the July FIS Programme Board. Further analysis is required to identify priority areas and move work forward. We anticipate a firm plan to be agreed by September.

Medicines Optimisation

- 3.9 Work continues to drive out cost improvements across other spend categories including medicines with the Medicines Optimisation Board working to a target of £1m. Plans are in place to drive out cost improvements of £1.3m with £0.514m delivered as at month 4.

Major Contract Review

- 3.10 Work also continues on a major contract review to deliver recurring cost reductions. No projections have been factored into the financial position yet as the impact for this financial year and beyond is still not confirmed. However, work remains on target to deliver this significant piece of work by the end of the calendar year. There is a level of confidence that this review will release significant and importantly, recurring cost reductions over the remaining term of the contract.

Digital Services

- 3.11 Work has been considered at the July FIS Programme Board to initiatives to deliver efficiencies in relation to paperless contact for some services and reviews of all digital contracts. This work will be taken forward alongside a wider review of corporate overheads.

3.12 Balance sheet Review

A review of the Balance sheet has confirmed financial flexibilities of £0.522m to date with scope to deliver a further £2m by the end of the financial year. It is important to note that, whilst helpful, this flexibility is non-recurring in nature.

- 3.13 To deliver the cost improvement target in full over the remaining months of the financial year will be very challenging. A concerted focus is required to expedite actions to reduce

temporary staffing, remove legacy covid costs, reduce surge capacity and reduce corporate overheads.

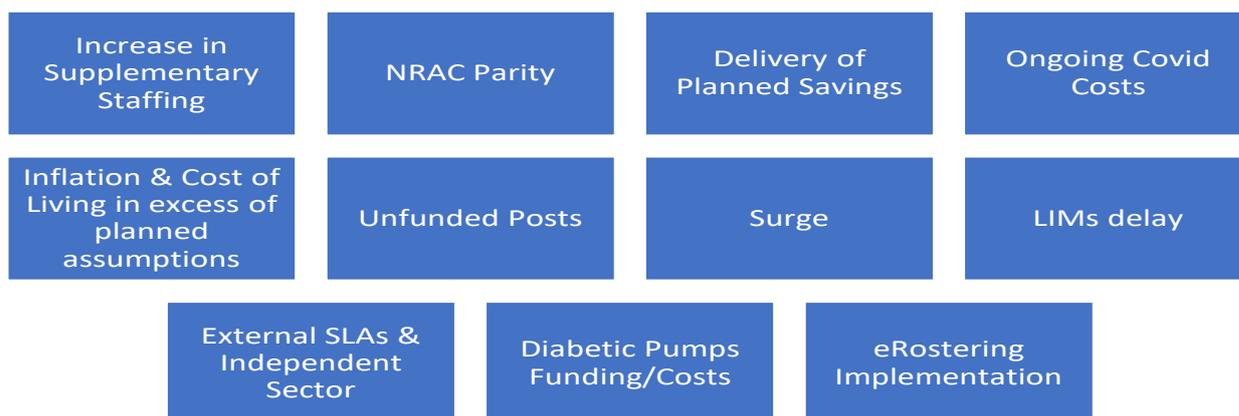
4 Health & Social Care Partnership

4.1 Health services in scope for the Health and Social Care Partnership report an overspend of £6.432m. Detailed financial reporting for the partnership sits with the IJB.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Fife Health & Social Care Partnership	410,904	134,129	140,561	-6,432
TOTAL HEALTH DELEGATED SERVICES	410,904	134,129	140,561	-6,432

5. Financial Forecast - Risk Assessment – Recovery Options

5.1 On 10 August the Director of Finance & Strategy presented on potential financial position recovery options following the Q1 review. The forecast outturn position could deteriorate beyond the current financial plan assumptions if expenditure levels continue and no further actions are possible to mitigate this at a local level. Whilst this is an extremely challenging position, the EDG agreed that we must corporately develop and focus on further actions to manage the forecast position to get, as close to, or lower than, the current financial plan position of £10.9m overspent. The main cost areas driving this deteriorating position are set out in the diagram below.



Managing the in-year position – Horizon 1

5.2 EDG agreed the need to consider the current financial year and the plans to work towards in-year financial balance as Horizon 1. There are a range of established projects as set out in section 3 which we must continue to progress.

- 5.3 EDG agreed to continue the focus on reducing supplementary staffing, particularly agency staff recognising that the target reduction in this area is proving hugely challenging. A different lens was agreed where agreement was reached to focus on determining the impact and effectiveness of the additional measures taken over the past 12 months to increase substantive staffing to enable a reduction in premium cost agency staffing. This will include reflection on the impact of International Recruitment, the introduction of the Assistant Nurse Practitioner role and the increase in ward based administrative staff. It was agreed that the importance of increasing the resilience of our core staffing levels remains a far superior option, in terms of patient care and staff wellbeing, as the same time as delivering cost reduction.

A number of further areas of focus for Horizon 1 are noted below.

External Service Commissioning

- 5.4 NHS Lothian have plans to change their current cost model for Service Level agreements to a Patient Level information and Costing system (PLICs) which provides increased accuracy for costing of services and activity. This planned change will increase our SLA with NHS Lothian by circa £1m per annum. We anticipate engaging with NHS Lothian on this issue over the next few months.
- 5.5 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.

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 far 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 risk and will continue to be reviewed.

Taking a Medium-Term Approach (Horizons 2&3)

- 5.8 EDG confirmed commitment to progressing the Horizon 1 areas noted above but also undertook to assess the viability of a range of other options to seek to deliver greater value and, where possible, cost reduction over the more medium term. In relation to Horizon 2 options being explored include Service Redesign, Estates Review, Reducing Corporate Overheads, Optimising Digital Opportunities and review of Waste systems. The main focus agreed for Horizon 3 is driving forward the Values Based Healthcare discussion with clinicians to determine whether there are opportunities to realise greater value from the c£900m revenue budget based on considering how services might be delivered in the future. The latter is a discussion which is emerging in most Boards and at a national level but which will require public and political engagement.

6. Capital

6.1 The total anticipated capital budget for 2023/24 is £11.165m and is summarised in the table below. This reflects a Capital Resource 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. The most significant financial risk for the capital plan is the lack of funding to progress capital investment priorities including the development and improvement of our estate alongside our capital equipment stock.

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2023/24 £'000
Statutory Compliance/Backlog			
Maintenance	1,500	25	1,500
Clinical Prioritisation	1,450	118	1,450
Capital Equipment	1,240	88	1,240
Digital & Information	500	65	500
Mental Health Review	1,000	-	1,000
QMH Upgrade	1,114	692	1,114
HEPMA	1,707	188	1,707
LIMS	420	165	420
GreenSpace Project	150	-	150
Fleet Decarbonisation	486	-	486
Project Team	271	110	271
Capital Repayment to SG	200	-	200
To be allocated	1,613	-	1,613
Capital to revenue	(486)	0	(486)
Total Capital Expenditure 2023/24	11,165	1,451	11,165

6.2 A relatively low level of capital expenditure has been incurred for the period reported which is not unusual at this 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 £10.984m
- Progress with the Financial Improvement and Sustainability Programme
- HSCP overspend position of £6.432m
- Financial Forecast Risk Assessment – Recovery Options
- Progress on the capital programme.

Meeting:	Finance, Performance & Resources Committee
Meeting date:	12 September 2023
Title:	Integrated Performance & Quality Report – Finance, Performance & Resources
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Bryan Archibald, Planning & Performance Manager

1 Purpose

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

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

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

2.2 Background

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

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

included in the IPQR and redistributed prior to going to the Committees. This streamlines local reporting for governance purposes with quarterly national reporting to the Scottish Government.

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

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

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

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

2.3 Assessment

Performance has been hugely affected during the pandemic. To support recovery, NHS Fife is progressing the targets and aims of the 2023/24 Annual Delivery Plan (ADP), which was submitted to the Scottish Government at the end of July 2023. New targets are being 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%	Achieving
DD (Bed Days Lost)	Monthly	5%	Not achieving

Finance

Measure	Update	Forecast	Current Status
Revenue Resource Limit	Monthly	-	High level of risk in relation to the delivery of our full savings target programme for the year and the management of existing and emerging cost pressures
Capital Resource Limit	Monthly	£11.17m	Capital expenditure progressing in line with the agreed plan.

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 August IPQR will be available for discussion at the meeting on 12 September.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 17 August and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

The report is being presented to the FPR Committee for:

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

3 List of appendices

None

Report Contact

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Fife Integrated Performance & Quality Report

FINANCE, PERFORMANCE & RESOURCES

Produced in August 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. Projected & Actual Activity**
Comparing projected Scheduled Care activity to actuals.
- d. Assessment**
Summary assessment for indicators of continual focus.
- e. Performance Exception Reports**
Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2023/24, relevant to indicators are incorporated accordingly.

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

MARGO MCGURK
Director of Finance & Strategy
15 August 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		

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

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.

Corporate Risk 3 - COVID 19 Pandemic - Risk Rating **Reduced**

Following review by the Public Health and Wellbeing Committee, the current rating of this risk is reduced from Moderate(12) to Moderate(9) in light of the continued effectiveness of vaccination and the reduced impact of illness in the population.

b. Indicator Summary

Section	Indicator	Target 2023/24 2023/24 TBC	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	Month	Jun-23	44	○	▼	▲	●
	Major/Extreme Adverse Events - % Actions Closed on Time	50%	Month	Jun-23	39.1%	●	▲	▼	●
	HSMR	N/A	Year Ending	Mar-23	0.96	●	—	—	●
	Inpatient Falls	6.91	Month	Jun-23	6.83	○	▼	▲	●
	Inpatient Falls with Harm	1.65	Month	Jun-23	1.52	○	▼	▼	●
	Pressure Ulcers	0.89	Month	Jun-23	1.05	○	▼	▲	●
	SAB - HAI/HCAI	18.8	Month	Jun-23	10.3	○	▲	▲	● QE Mar-22
	C Diff - HAI/HCAI	6.5	Month	Jun-23	17.2	○	▼	▼	● QE Mar-22
	ECB - HAI/HCAI	33.0	Month	Jun-23	17.2	○	▲	▲	● QE Mar-22
	S1 Complaints Closed in Month on Time	80%	Month	Jun-23	64.1%	●	▲	▲	● 2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Jun-23	16.2%	○	▲	▲	● 2021/22
S2 Complaints Due in Month and Closed On Time	N/A	Month	Jun-23	17.1%	●	▲	▲	●	
Operational Performance	IVF Treatment Waiting Times	90%	Month	Mar-23	100.0%	●	↔	↔	●
	4-Hour Emergency Access (A&E)	95%	Month	Jul-23	76.0%	○	▼	▲	● Jun-23
	4-Hour Emergency Access (ED)	82.5%	Month	Jul-23	69.0%	●	▼	▲	● Jun-23
	Patient TTG % <= 12 Weeks	100%	Month	Jun-23	44.4%	●	▲	▼	● Mar-23
	New Outpatients % <= 12 Weeks	95%	Month	Jun-23	48.3%	●	▼	▼	● Mar-23
	Diagnostics % <= 6 Weeks	100%	Month	Jun-23	47.0%	●	▼	▼	● Mar-23
	Cancer 31-Day DTT	95%	Month	Jun-23	97.6%	○	▲	▼	● QE Mar-23
	Cancer 62-Day RTT	95%	Month	Jun-23	74.4%	○	▼	▼	● QE Mar-23
	Detect Cancer Early	29%	Year Ending	Dec-22	27.6%	●	▼	▲	● 2020, 2021
	Freedom of Information Requests	85%	Month	Jul-23	92.0%	●	▲	▲	●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Jul-23	9.7%	●	▼	▲	● QE Dec-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Jul-23	6.1%	○	▼	▲	● QE Dec-22
	Antenatal Access	80%	Month	Mar-23	86.1%	●	▲	▲	● CY 2022
Finance	Revenue Resource Limit Performance	-	Month	Jul-23	(£10.98m)	●	—	—	●
	Capital Resource Limit Performance	£11.17m	Month	Jul-23	£1.451m	●	—	—	●
Staff Governance	Sickness Absence	4.00%	Month	Jun-23	6.61%	○	▲	▼	● YE May-23
	Personal Development Plan & Review (PDPR)	80%	Month	Jul-23	40.4%	●	▲	▲	●
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Mar-23	301	●	—	—	● YT Sep-22
	CAMHS Waiting Times	90%	Month	Jun-23	74.1%	○	▲	▲	● QE Mar-23
	Psychological Therapies Waiting Times	90%	Month	Jun-23	67.5%	○	▼	▼	● QE Mar-23
	Drugs & Alcohol Waiting Times	90%	Month	May-23	89.6%	●	▲	▼	● QE Mar-23
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Mar-23	92.5%	○	▼	▼	● QE Mar-22
Immunisation: MMR2 at 5 Years	92%	Quarter	Mar-23	86.4%	○	▲	▼	● QE Mar-22	

Performance Key

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

SPC Key

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

Change Key

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

Benchmarking Key

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

c. Projected and Actual Activity

		Month End				Quarter End	Quarter End	Quarter End
		Apr-23	May-23	Jun-23	Jun-23	Sep-23	Dec-23	Mar-24
Better than Projected Worse than Projected No Assessment (NOTE: Better/Worse may be higher or lower, depending on context)								
ED 4-hour Performance (VHK only)	Projected	67.9%	69.1%	70.6%				
	Actual	64.7%	66.5%	71.3%				
	Variance	-3.2%	-2.6%	0.7%				
Elective Activity Diagnostics	Projected	5,121	5,121	5,121	15,363	15,363	15,363	15,363
	Actual	4,166	4,393	4,207	12,766			
	Variance	-955	-728	-914	-2,597			
Elective Activity New Outpatients	Projected	7,573	7,372	7,364	22,309	22,337	22,274	22,308
	Actual	6,092	7,583	7,550	21,225			
	Variance	-1,481	211	186	-1,084			
Elective Activity TTG	Projected	1,138	1,139	1,139	3,416	3,433	3,487	3,492
	Actual	957	1,204	1,242	3,403			
	Variance	-181	65	103	-13			
Long Waits Diagnostics > 26 weeks	Projected	140	122	109	109	63	10	0
	Actual	164	171	171	171			
	Variance	24	49	62	62			
Long Waits New Outpatients > 104 weeks	Projected	0	0	0	0	74	212	352
	Actual	0	0	1	1			
	Variance	0	0	1	1			
Long Waits New Outpatients > 78 weeks	Projected	77	87	150	150	339	849	1358
	Actual	73	92	85	85			
	Variance	-4	5	-65	-65			
Long Waits TTG > 104 weeks	Projected	17	15	16	16	67	173	351
	Actual	14	15	20	20			
	Variance	-3	0	4	4			
Long Waits TTG > 78 weeks	Projected	99	128	159	159	305	547	893
	Actual	79	88	84	84			
	Variance	-20	-40	-75	-75			
Cataracts Average per 1/2 day session	Projected				4.5	4.5	4.5	4.5
	Actual							
	Variance				-4.5			
Arthroplasty 4 joint sessions	Projected				25.0%	25.0%	25.0%	25.0%
	Actual	6.0%	12.0%	12.0%	10.0%			
	Variance				-15.0%			
Same Day Procedures Knee Arthroplasty	Projected				1.9%	1.9%	1.9%	1.9%
	Actual							
	Variance				-1.9%			
Same Day Procedures Hip Arthroplasty	Projected				4.3%	4.3%	4.3%	4.3%
	Actual							
	Variance				-4.3%			
Cancer Waiting Times 31-Day	Projected				93.8%	94.1%	94.3%	94.5%
	Actual	97.9%	94.5%	97.6%	96.5%			
	Variance				2.7%			
Cancer Waiting Times 62-Day	Projected				81.9%	82.8%	85.0%	85.4%
	Actual	84.4%	75.3%	74.4%	77.5%			
	Variance				-4.4%			
CAMHS 18 Weeks RTT	Projected	85.0%	85.0%	85.0%				
	Actual	85.3%	84.8%	76.2%				
	Variance	0.3%	-0.2%	-8.8%				
CAMHS Waiting List <= 18 weeks	Projected	213	209	216	216	228	235	200
	Actual	249	268	244	244			
	Variance	36	59	28	28			
CAMHS Waiting List > 18 weeks	Projected	71	89	116	116	98	42	0
	Actual	43	48	70	70			
	Variance	-28	-41	-46	-46			
CAMHS Waiting List > 52 weeks	Projected	0	0	0	0	0	0	0
	Actual	0	0	0	0			
	Variance	0	0	0	0			
Psychological Therapies 18 Weeks RTT	Projected	67.5%	69.4%	66.1%				
	Actual	56.2%	58.5%	55.5%				
	Variance	-11.3%	-10.9%	-10.6%				
Psychological Therapies Waiting List <= 18 weeks	Projected	888	888	888	888	888	888	888
	Actual	1448	1602	1460	1460			
	Variance	560	714	572	572			
Psychological Therapies Waiting List > 18 weeks	Projected	1394	1575	1660	1660	1569	1680	1604
	Actual	1128	1136	1173	1173			
	Variance	-266	-439	-487	-487			
Psychological Therapies Waiting List > 52 weeks	Projected	255	237	219	219	165	111	57
	Actual	248	286	273	273			
	Variance	-7	49	54	54			

d. Assessment

OPERATIONAL PERFORMANCE



To improve the quality of health and care services

5



Moderate

		Target	Current
4-Hour Emergency Access	<p>National Standard: 95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</p> <p>Local target by March 2024: 82.5% of ED patients to wait less than 4 hours from arrival to admission, discharge or transfer</p>	95.0%	76.0%
		82.5%	69.0%

A&E (all sites)

Performance in July decreased to 76% and but remains above the 24-month average.

Unplanned attendances decreased from 7943 in June to 7424 in July and average per day reduced to 239 (-26 compared to month previous; +5 compared to year previous).

Planned attendances saw a decrease from 412 in June to 366 in July (-161 since May 23).

The number of 8-hour breaches decreased from 311 in June to 233 in July; and 12-hour breaches decreased from 59 in June to 10 in July. These figures are notably better than breaches reported in July 2022 (589 for 8hr; 125 for 12hr).

ED (VHK only)

Performance in July decreased slightly from 71.3% to 69.0%. Unplanned attendances decreased from 5956 in June to 5740 in June (-216 compared to month previous; +8 compared to previous year).

Planned attendances saw a decrease from 185 in June to 156 in July (-100 since May 23).

The overall attendances at VHK ED continue to be higher than attendances at the start of the year and the number of admissions remains at an average on 33%.

Flow through the hospital has been supported with a weekend discharge team which has improved overall opening positions on Mondays. Challenges remain when occupancy of ED is high, impacting on available assessment space resulting in increased waits for 1st assessment.

Work continues with the F&NH for redirection and increased use of the Rapid Triage Unit for clinically appropriate patients.

Patient TTG (Waiting)	<i>All patients should be treated (inpatient or daycase setting) within 12 weeks of decision to treat</i>	100%	44.4%
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Monthly performance increased from 43.6% in May 2023 to 44.4% in June.

Waiting list numbers continue to trend upwards for waits of 'within 12 weeks' and 'over 12 weeks'. Waits 'over 26 weeks' & 'over 52 weeks' remained at 1953 & 448 respectively. Waits 'over 78 weeks' saw a reduction from 88 in May to 84 in June. Waits 'over 104 weeks' increased from 15 to 20, taking it beyond projected figures.

The overall waiting list increased by <2% from May to June.

Overall performance against the 12 weeks standard has stabilised in June 2023. However, as available core capacity (including that funded through waiting times allocation from SG) is unable to meet the demand, it is anticipated that there will continue to be a deterioration in waiting times in line with projections over the year. Overall demand was greater than projected in Q1 and this, along with the core capacity gap, has resulted in an increase in waiting list size with over 3,900 patients waiting for a procedure at the end of June 2023.

There were 20 patients waiting over 2 years in June which is worse than anticipated largely due to a capacity constraint in one specialist area which is being actively looked at to resolve. The number waiting over 18 months (78 weeks) and one year (52 weeks) were 88 and 448 respectively, both of which are better than projected but worse than in March 2023. The main specialities of concern for long waits remain Orthopaedics, General Surgery, Urology, Gynaecology and Plastic Surgery. As routine 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.

New Outpatients	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	95%	48.3%
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Monthly performance continues to decrease, reducing from 49.6% in May 2023 to 48.3% in June. Most waits saw increases: 'over 52 weeks' increased by 16.3%, though this remains below the projected figures. Waits 'over 78 weeks' saw a decrease from 92 to 85. There is one recorded instance of a wait 'over 104 weeks' which is the first since August 2022 and is outwith the projected figures.

The overall waiting list increased by 3.5% from May to June.

Performance has continued to deteriorate in June as available core capacity (including that funded through waiting times allocation from SG) is unable to meet increasing demand. It is anticipated that there will continue to be a deterioration in waiting times in line with projections over the year. Demand is greater than projected in Q1 and this along with the core capacity gap has resulted in an increase in waiting list size with over 29,000 patients waiting at the end of June 2023.

The number waiting over 2 years (104 weeks), 18 months (78 weeks) and one year (52 weeks) were 1, 85 and 1556 respectively, all of which apart from 2-year waits were slightly better than projected but worse than in March 2023. The main specialities of concern for long waits are Cardiology, Diabetes and Endocrinology, 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 routine patients who have been waiting more than 52 weeks.

Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	47.0%
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Monthly performance reduced from 49.9% in May 2023 to 47.0% in June, continuing the gradual downward trend seen since February 2023. For patients waiting less than 6 weeks, Endoscopy saw a small increase in performance (from 46.8% to 47.0%) and Imaging saw a decrease (from 50.2% to 46.9%).

In terms of waiting list numbers, Imaging increased by 475 to 8770 (the highest on record). MRI saw numbers increase from 1280 to 1393 in June having seen a reduction in May. CT saw a small decrease (from 1587 to 1546); but Ultrasound saw an increase (from 5428 to 5831) to the highest recorded monthly numbers. The diagnostic waiting list overall increased from 9186 in May to 9657 in June (the highest on record).

The number of those waiting over 6 weeks continues to increase, from 4604 in May to 5120 in June, though this is less than the projected figure of 5339.

In endoscopy, performance for patients waiting over 6 weeks stabilised at around 50% for the last 5 months as capacity has just been able to meet the demand for new patients. However, the number of long waiting routine patients has increased as there has been an increased demand for urgent and urgent surveillance patients. It is anticipated that this trend will continue in the coming months and the projected gradual reduction in long waiting patients over the year will not be met. There were 16 endoscopy patients waiting over 1 year (52 weeks) in June and the number waiting over 26 weeks was 171, both of which are worse than projected and in March 2023.

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. There were no radiology patients waiting over 1 year or 26 weeks in June 2023 which is in line with projections and the same as in March 2023. As projected, capacity in radiology is not meeting the increasing demand and, as the proportion of urgent outpatient referrals increases and the demand for inpatient scans continues, waiting times for routine outpatient tests will deteriorate for all modalities. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been experiencing long waits.

Cancer 31-Day DTT	<i>95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment</i>	95%	96.5%
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Monthly performance in June 2023 increased to 96.5% which is above target and just short of the 24-month average of 97%. The number of eligible referrals increased from 127 in May to 173 in June (+75 since April).

There were 12 breaches in QE June 2023, all of which were attributable to Urology (6 for 'Prostate' and 6 for 'Other'). The most recent quarterly publication from Public Health Scotland, covering the quarter ending March 2023, showed that NHS Fife was in the lower-range of all Mainland Health Boards having been in the upper and mid ranges for the previous 14 quarters.

There were three urology breaches in June, all prostate. There was a delay in post MDT and oncology outpatient appointments for two of the patients and one due to a delay in robotic prostate surgery.

Both oncology and robotic surgery capacity remain an issue.

Range 12-62 days with an on average breached by 37 days.

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%	79.5%
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Monthly performance in June 2023 increased to 79.5% which is just above the 24-week average of 79%. The number of eligible referrals increased from 85 in May to 88 in June (+22 since April).

There were 48 breaches in QE June 2023 with 28 of these (58.3%) attributable to Prostate.

The most recent quarterly publication from Public Health Scotland, covering the quarter ending March 2023, showed that NHS Fife was in the mid-range of all Mainland Health Boards.

Urgent suspected cancer referrals remain stubbornly high, particularly in breast, colorectal and urology. In terms of performance urology continues to be our biggest challenge with 13 breaches seen. The main reasons attributing to breaches were delays between many steps throughout the pathway, with the exception of waits to 1st outpatient appointment. The CRUK nurse-led pathway pilot to improve waits from Referral to MDT is due to go live in August. The range of breaches for prostate 10-158 days, average 63 days. There were further three lung breaches, two cervical breaches, one colorectal and one urology other. These breaches were due to lack of resources in oncology, SACT, radiotherapy, surgery and referral to 1st outpatient appointment. Range for all breaches 2-158 days, average 47 days.

Delayed Discharges	<i>The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce</i>	5.0%	6.1%
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The % of beds days lost to 'standard' delays increased from 4.9% in June 2023 to 6.1% in July. This is above the 5% target but less than the 24-month average of 7%.

The number of bed days lost to 'Code 9' delays in July decreased by 56 compared with June (-5.1%).

The number of bed days lost 'Excluding Code 9' increased by 352 in July compared with June (+24.6%; an increase in daily average from 47.7 to 57.5).

Comparing year-on-year, the numbers in delay at census point was similar overall for Community, though the percentage associated with 'Code 9' delays was slightly less in June 2023. For the past 9 months, MH/LD has seen higher 'Code 9' delays than the corresponding month the previous year (average for Nov21-Jul22 was 9; average for Nov22-Jul23 was 14).

Discharge Hub weekly performance profile continues to see between 90 to 100 discharges. Comparing year on year this has increased by 40 more patients per week being discharged home or to a homely setting. Integrated discharge teams in Acute and Community continue to ensure Planned Day of Discharge is effective and efficient. Multi-disciplinary team working plus daily and weekly verification ensures timely operational responsiveness to discharge planning. This continues to improve flow as well as patient and staff experience. Further collaborative working with Acute colleagues to embed Planned day of Discharge within planned care remains a priority. Test of change has been undertaken with the Front Door and Hub team collaboratively working with Acute colleagues to support criteria led discharge. This is having a positive impact in reduction of planned care boarding patients and improved flow that is reflective in reduced OPEL score at the start of normal working week. Designated Social workers and Assistant Review practitioners are now embedded within Acute and Community Hubs supporting timely and holistic assessments.

Targeted piece of work to have verification meetings for 51X codes continue to have impact.

For community PDDs, targeted work is required to ensure more timely pathways to care homes as a new initiative to address the Length of Stay linked to Care Home waits community care home coordinators have been employed in five group care home businesses and one for internal homes. The time to assess will reduce by having this dedicated resource.

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

See below*

(£10.98m)

The position for Health Retained at July 2023 is an overspend of £10.98m as previously reported Scottish Government has given additional funding relating to NRAC parity and New Medicine Funding. This has been allocated to support achieving financial balance.

The main drivers of the overspend are supplementary staffing, external SLAs, ongoing Covid Legacy costs and the cost of surge. Inflation and the cost-of-living pressures are in excess of the levels identified in the Financial Plan. One final area that merits highlighting is the lack of traction on the delivery of planned savings.

*The forecast for revenue outturn as reported to EDG is a potential overspend of £20m however plans are being formulated to recover the position and achieve financial balance.

Capital Expenditure

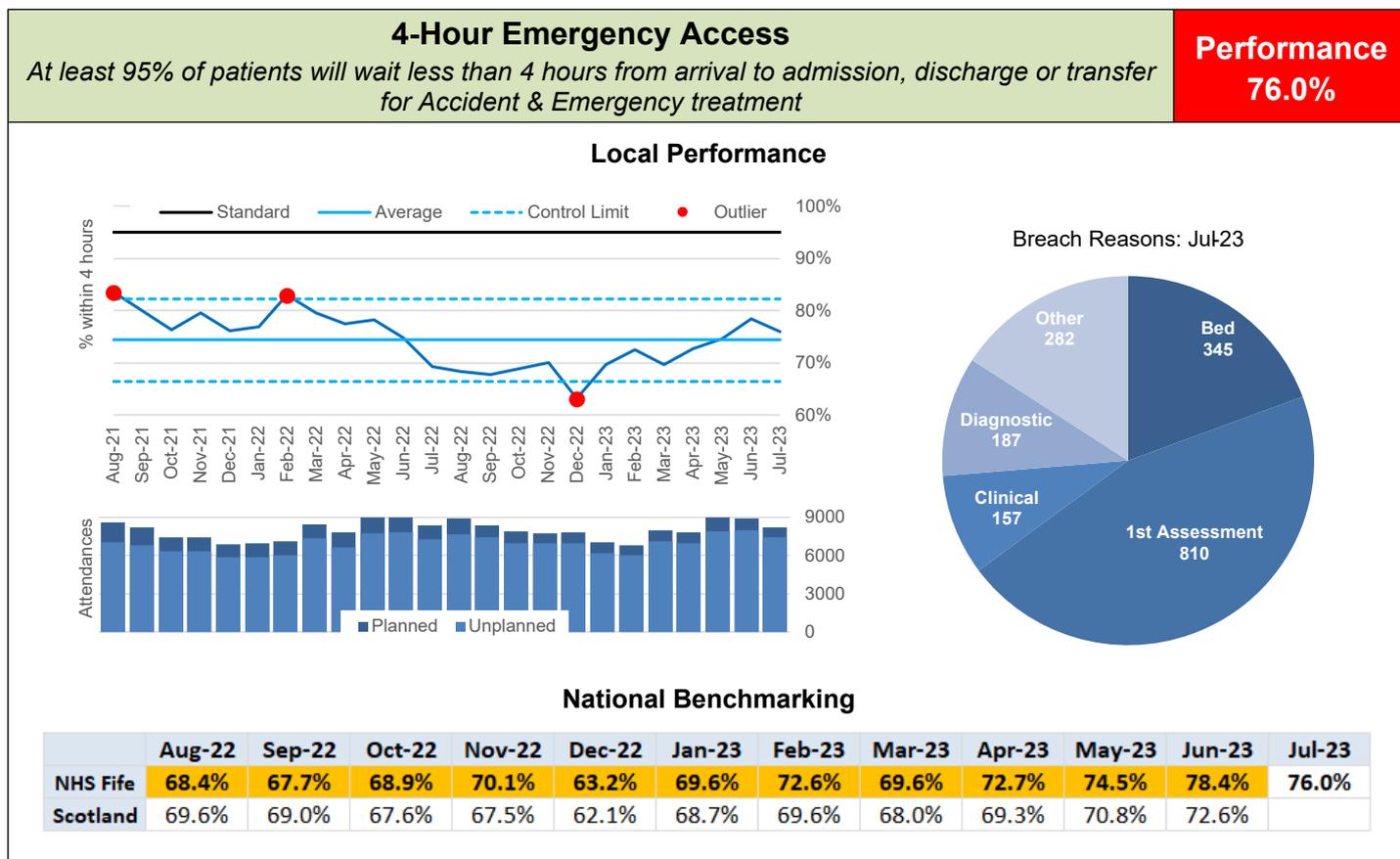
Work within the capital resource limits set by the SG Health & Social Care Directorate

£11.17m (£1.451m)

The Capital Forecast for July 2023 reflects Capital Resource Limit (CRL) of £7.764m as advised by Scottish Government plus anticipated allocations for a number of specific projects as discussed at FCIG.A relatively low level of capital expenditure has been incurred for the period which is not unusual at this relatively early stage in the financial year. The majority of capital expenditure generally occurs in the latter half of the financial year.

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

e. Performance Exception Reports



Key Deliverable		End Date
Off track	At risk	On track
Complete	Suspended	Proposed
Develop and scope ambulatory models of care supporting early supported discharge and admission prevention		Sep-23
Key Milestones	Relocation of Haematology Day Unit to VHK site and increase treatment capacity to provide a sustainable service meeting legislative guidelines and future-proof patient services for Haematology patients in Fife	Apr-23
	Outcome report and future demand/capacity planning based on results of the 22/23 Ambulatory Care SLWG	Apr-23
	Detail requirements by specialty and workforce requirements to support	Apr-23
	Scope option appraisals and submit for approval	Jun-23
	Approval	Sep-23
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach		Sep-23
Key Milestones	ED Staffing model proposal to EDG	Aug-23
	In collaboration with HSCP, develop an in reach model for people requiring mental health support UCAT. Develop an in reach model for people requiring addictions support for recovery and crises management	Sep-23
	In collaboration with HSCP, develop appropriate alternatives to attendance at A&E, minimise the need for admission, and reduce length of stay and increase options and processes for timely and appropriate discharge	Sep-23
Improve Same Day Emergency Care and rapid assessment pathways		Jun-24
Key Milestones	Sustainable staffing model in RTU	Jul-23
	Develop and integrated pathway between RTU and OPAT/ECAS with seamless pathways from Primary Care	Jul-23
	Expansion of ECAS out of hours	Aug-23
	Increase to 7-day service OPAT	Jun-24

FINANCE, PERFORMANCE & RESOURCES: OPERATIONAL PERFORMANCE

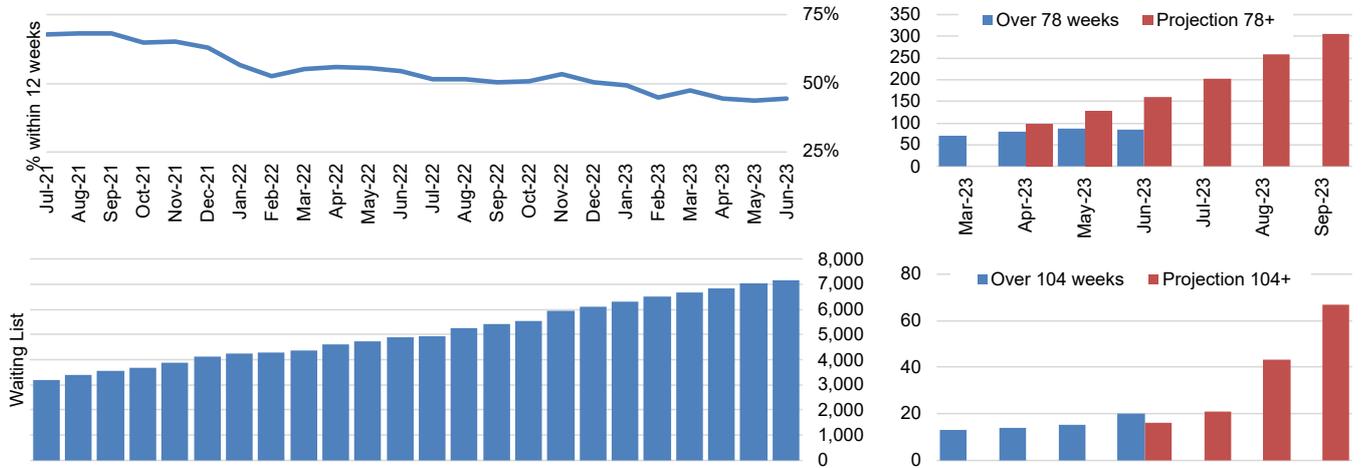
Develop a workforce and delivery model that is financially sustainable		Oct-23
Key Milestones	Establish a Finance and Workforce Group	Jun-23
	Conduct an options appraisal to determine a sustainable workforce model that will provide value for money: Review inward referral routes and scrutinise current model against role descriptions	Jul-23
	Develop options appraisal for submission to FNC SOG.	Sep-23
	Identify upskilling opportunities for the FNC to strengthen confidence and build capacity of staff	Sep-23
	Delivery of the model agreed following appraisal and ratification at FNC SOG.	Oct-23
Improve existing pathways and develop new pathways that ensure patients receive the right care at the right time		Oct-23
Key Milestones	Establish a Pathways Group	Jun-23
	Establish a FNC Clinical Governance Group	Jun-23
	Improve and increase number of pathways FNC can access: Review existing pathways in and out of the Flow Navigation Centre (FNC) and identify new opportunities and areas for expansion	Jul-23
	Develop robust verification process to identify opportunities for pathway development/improvement	Jul-23
	Progress pathway development/improvement after ratification at FNC Clinical Governance Group	Sep-23
	Review list of identified pathways for development and present prioritisation for progression to the FNC Strategic Oversight Group (SOG) for ratification	Aug-23
	Develop internal communication plans to ensure people access are in the right place, at the right time	Sep-23
	Test, evaluate, and implement pathways using a data driven and QI approach	Oct-23
Develop data metrics and KPIs that assure and promote confidence in the effectiveness of the FNC		Oct-23
Key Milestones	Establish a Data and Digital Group	Jun-23
	Develop an improvement plan for data collection and reporting ensuring confidence and assurance in the data: Scrutinise the current methods of data collection and reporting and identify opportunities for improvement with Flow Navigation Centre and Planning and Performance teams	Jul-23
	Understand local and national sources for data collection	Aug-23
	Review business case submitted by FNC for implementation of Trak Care interface with Adastra to improve data collection	Aug-23
	Submit exploration conclusions and recommendations to Flow Navigation Centre (SOG for ratification)	Aug-23
	Work with FNC Clinical Care Governance and Assurance (CCGA) group on agreement of definitions for 'front door', 'redirection', and 'admission avoidance' to provide consistency and clarity for data	Jul-23
	Draft KPI's to be submitted to FNC SOG	Sep-23
	Develop KPI dashboard for FNC following approval	Oct-23
Improve scheduling processes within FNC increasing the use of Near Me where appropriate and further utilise the Rapid Triage Unit (RTU) as a means of scheduling patients		Dec-23
Key Milestones	Work with the FNC Pathways Group to identify opportunities for scheduling in line with pathways development	Jul-23
	Work with the FNC to ensure they are technically able to book appointments for patients in to MIU / ED	Aug-23
	Work with FNC Clinical Governance group to identify digital requirements within manual process for scheduling Hot Clinics	Dec-23
	Embrace use of digital technology for virtual consultations through increasing the use of Near Me: Review referral processes within FNC and identify opportunities for appropriate use of Near Me	Aug-23
	Provide training to refresh / upskill staff in use of Near Me	Sep-23

Patient TTG

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

Performance
44.4%

Local Performance



National Benchmarking

	Sep-20	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23
NHS Fife	47.1%	65.0%	52.0%	69.4%	69.3%	65.0%	57.1%	55.6%	52.2%	51.3%	47.8%
Scotland	30.6%	37.8%	35.6%	39.8%	38.4%	35.4%	34.7%	32.0%	32.2%	31.7%	32.3%

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Enhance Theatre efficiency					Mar-24
Key Milestones	Improve ERAS visibility and development of robust mechanisms for reporting				Mar-24
	Engagement with national drives toward standard high volume same procedure lists (Cataracts)				Oct-23
	Reduce unwarranted variation and adopt minimum standards per procedure across theatre productivity, day case activity and start and finish times				Dec-23
	Roll-out of Buddy Health digital platform in Orthopaedics for Preassessment				Oct-23
Develop, Enhance and re-invigorate Regional Networks					Dec-23
Key Milestones	Development of regional working with OMFS				Dec-23
	Regional Network with Tayside for Vascular				Dec-23
	Regional working with Tayside for Plastic Surgery				Dec-23
	Regional Working with Lothian for routine surgery of childhood				Dec-23
	Good links with Lothian and SE Networks for Cancer				Dec-23
	Regional working with Forth Valley for Breast Service				Oct-23
	Refresh small volume SLAs to streamline decision making				Dec-23

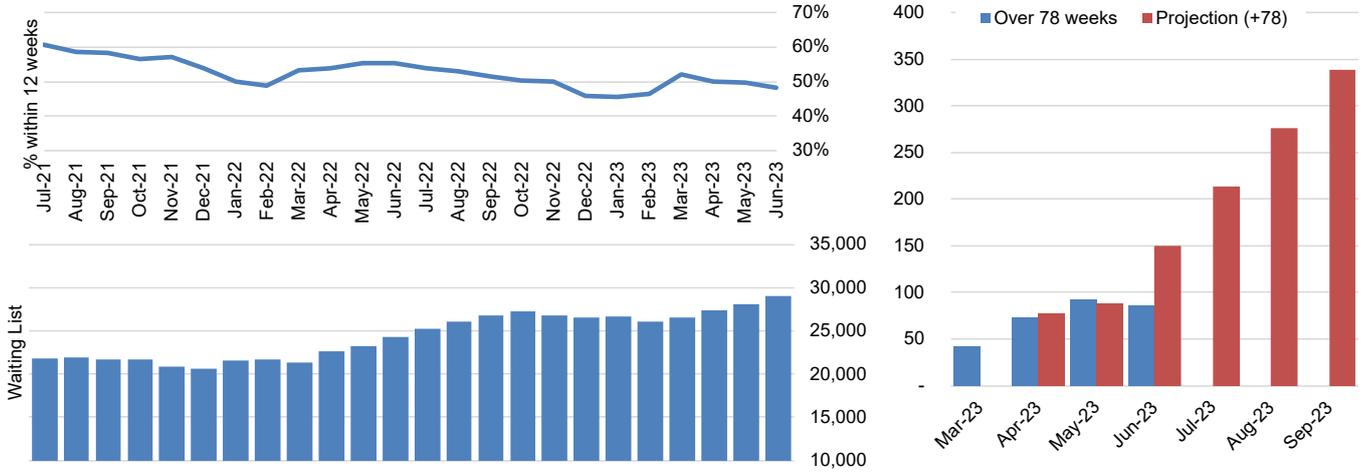
Operationalise NTC		Mar-24
Key Milestones	Operationalise Lothian patients being treated in NTC; Sep-23	Sep-23
	Development of a regional network to help support image guided injection; Mar-24	Mar-24
	Identify high volume pathways for redesign; Mar-24	Mar-24
Maximising Scheduled Care capacity		Mar-24
Key Milestones	Explore re-allocation QMH to reduce high volume backlog in specialties; Oct-23	Oct-23
	Deliver actions within System Flow Improvement Plan to protect planned care capacity (SSSU); Mar-24	Mar-24
	Identify and remove barriers to optimise BADS procedures within a day case setting in QMH; Oct-23	Oct-23
	Capital investment to create procedure room in QMH Day Surgery facility; Jul-23	Jul-23
Validation of waiting lists for patients waiting over 52 weeks including engagement with the National Elective Co-ordination Unit (NECU) to support validation		Apr-24
Key Milestones	Contact with NECU team	Apr-23
	Procure Electronic system for administrative Validation	Apr-23
	Agree implementation plan with Digital team	Jun-23
	Date set for NECU team to present to Senior Leaders in Acute Division	Jun-23
	Obtain NECU protocols	Jun-23
	Amend local systems and processes in line with NECU protocols	Jul-23
	Implement Digital solution	Aug-23
Embedding potential alternatives for treatment		Mar-24
Key Milestones	Meet with HSCP to look at waiting well options - using orthopaedics as test	Apr-23
	Test access to 'The Well ' for orthopaedics	May-23
	Evaluate data from initial test of Change for Orthopaedics to understand resource implications	Jul-23
	Develop a plan of how to scale up test of change	Aug-23
	Access to 'The well' for priority specialities	Mar-24

New Outpatients

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

Performance
48.3%

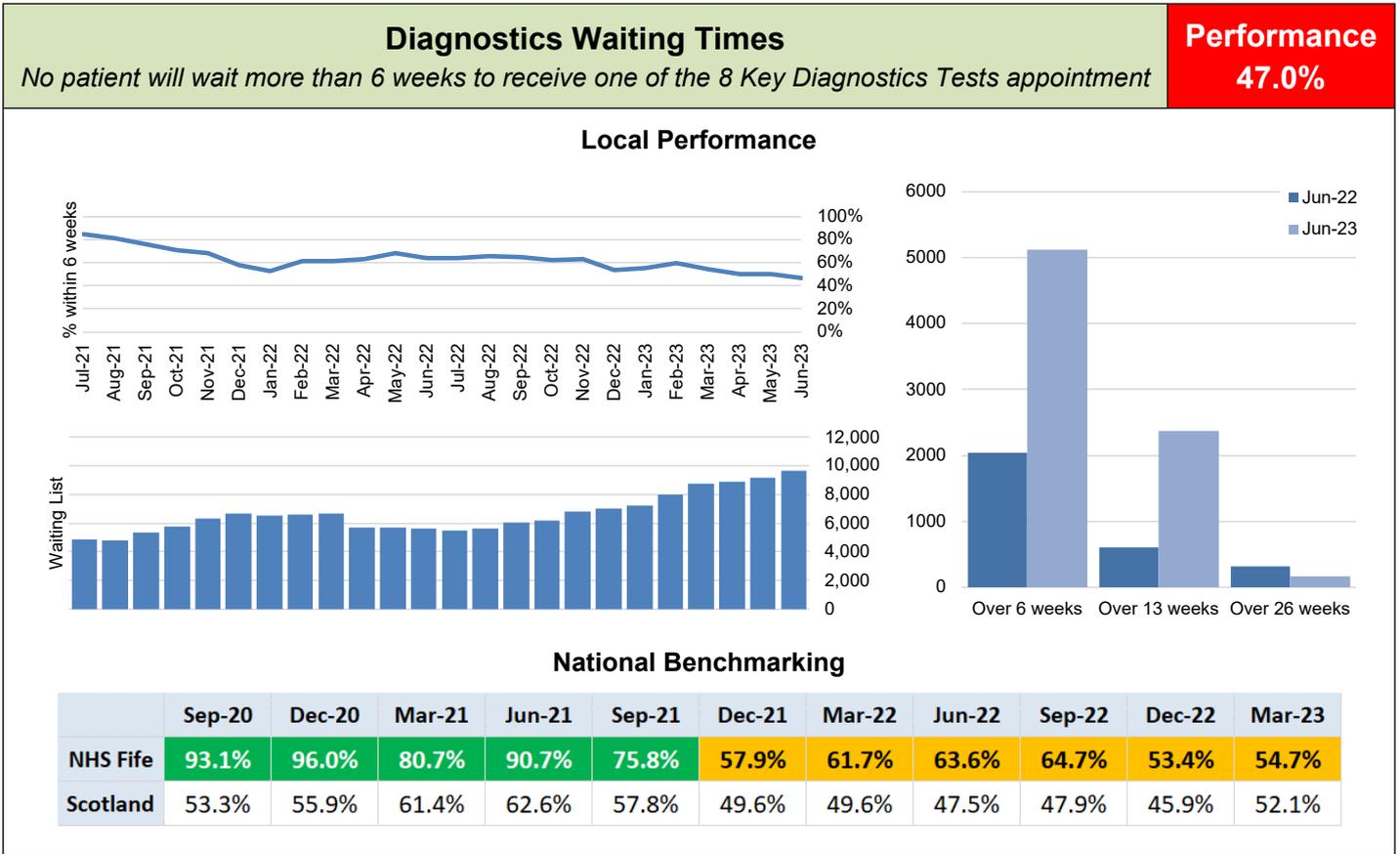
Local Performance



National Benchmarking

	Sep-20	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23
NHS Fife	56.6%	57.0%	52.6%	62.2%	57.9%	53.5%	53.4%	54.8%	51.0%	45.6%	51.5%
Scotland	46.6%	48.0%	48.5%	53.8%	48.9%	47.1%	50.1%	49.5%	47.0%	44.1%	47.1%

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Review and redesign Outpatient capacity to maximise capacity and timely access					Oct-23
Key Mileston	Engagement with national ENT Access QI project; Oct-23				Oct-23
	Review processes to optimise space and templates in line with Royal College recommendations; Oct-23				Oct-23
Implement robust ACRT processes					Dec-23
Key Milestones	Engage with services establish contacts and agree which sub-specialties are suitable				Apr-23
	Establish implementation group and prioritise services				May-23
	Work with 11 services to map patient pathways				Oct-23
	Commence review of outcomes and communications for 2 services (Dermatology, Urology), roll out in one service (Dermatology)				Oct-23
Implement robust PIR processes					Dec-23
Key Milestones	Engage with services establish contacts and agree which sub-specialties are suitable				Apr-23
	Establish implementation group and prioritise services				May-23
	Work with 11 services to map patient pathways				Oct-23
	Commence review of outcomes and communications for 2 services (Dermatology, Urology), roll out in one service (Dermatology)				Oct-23

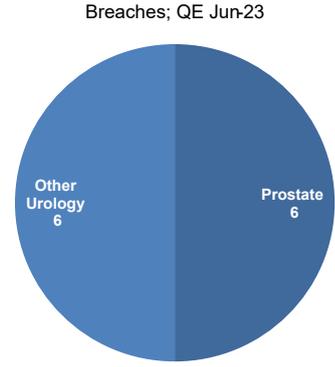
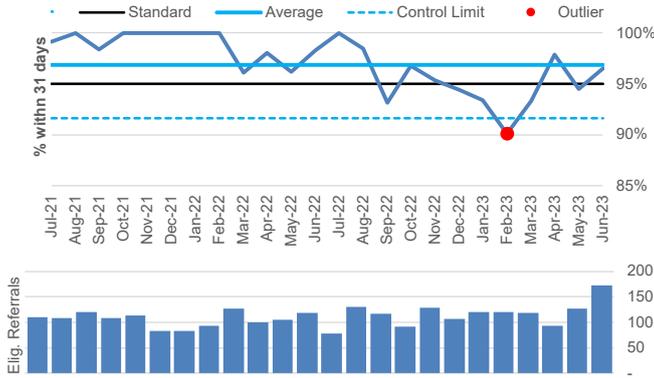


Key Deliverable						End Date
Off track	At risk	On track	Complete	Suspended	Proposed	
Expanding Endoscopy capacity and workforce						Dec-23
Key Milestones	Develop MDT Improvement Project Team to identify areas for streamlining to national drivers as well as local needs; Jun-23					Dec-23
	Testing and delivery of improved booking processes; Aug-23					Aug-23
	Implementation of Nurse Cystoscopy pathway; Dec-23					Dec-23
	Recruitment of full-time education co-ordinator and introduction of monthly training session for all Endoscopy staff; Dec-23					Dec-23
	Development of existing RCDS pathways; Oct-23					Oct-23
	Review and re-vetting of Surveillance backlog; Oct-23					Oct-23
To achieve additional capacity to meet 6 week target for access to 3 key Radiology diagnostic tests (MR,CT&US)						Mar-25
Key Milestones	Confirm waiting times funding allocation for 2023/24					Dec-23
	Determine capacity gap for MR,CT,US based on WT funding for additional activity					Dec-23
	Access funding streams e.g. cancer waiting times funding to support the delivery of additional activity in CT					Dec-23
	Develop equipment and workforce plan					Mar-24

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

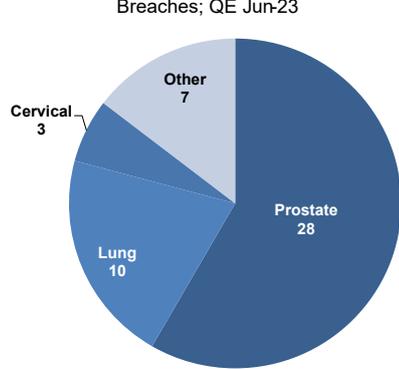
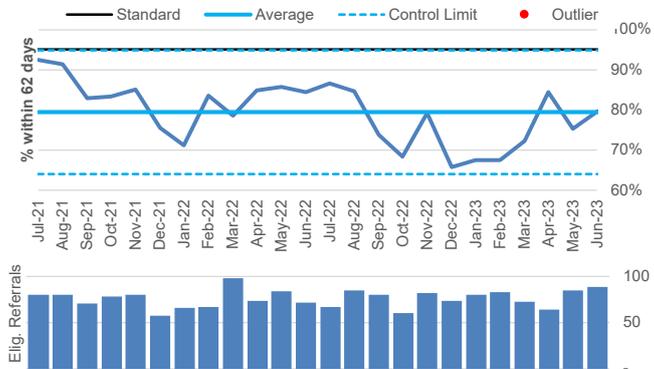
Performance 96.5%



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 79.5%



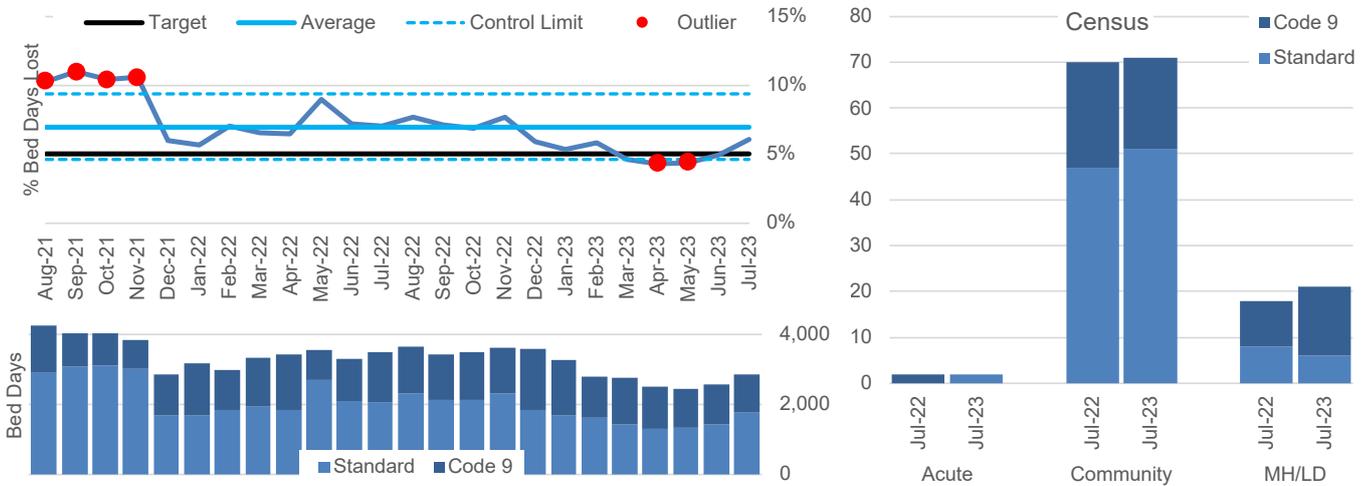
Key Deliverable		End Date
Off track	At risk	On track
Complete	Suspended	Proposed
Adoption of the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times		Mar-24
Key Milestones	Work toward implementation of the Effective Breach Analysis SOP	Mar-24
	Undertake a deep dive in relation to prostate performance and explore a nurse led model within the service	Oct-23
	To embed the Realistic Medicine Framework into Cancer Services	Mar-24
	Continue to review cancer pathways to reduce waits between steps in the pathway, including agreement of specific milestones to improve efficient escalation	Mar-24
	Review protocol and guidance for GP direct access to CT	Oct-24
	Scope the opportunity for community pharmacists to develop a referral pathway for lung and head & neck	Dec-23
	Audit GP referrals	Sep-23
	Introduce ACRT into cancer services	Mar-24
	Develop the Regrading Framework	Dec-23
	Ensure all MDT Terms of Reference are up to date	Oct-23
	Improved digital tracking solution	Mar-24
To ensure routine adherence to optimal diagnostic pathways		Mar-24
Key Mileston	Recruit to additional cancer lung posts	Sep-23
	Measure improvement	Aug-23
	Recruit to urology posts	Aug-23

Delayed Discharges (Bed Days Lost)

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

Performance
6.1%

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 Five	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 **End Date**

Off track	At risk	On track	Complete	Suspended	Proposed
Improve flow within the VHK site, reducing length of stay and number of patients boarding. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub					Aug-23
Key Milestones	Develop weekend discharge support team to improve flow across 7 days including criteria led discharge capability				Aug-23
	Improved use of electronic systems to improve flow including electronic bed requests				Aug-23
	Effective use of PDD data to pre plan occupancy of discharge lounge				Aug-23
Early intervention: enhancing workforce skillsets to support new models of care ensuring early discharge and prevention of admission and local frameworks for frailty					Mar-24
Key Milestones	Enhance skills in Community Nursing to further support early discharge and prevention of admissions through administration of IV antibiotics				Dec-23
	Enhance outpatient parenteral antibiotic therapy service delivered by Hospital at Home				Dec-23
	To build the capacity of the existing MCN service to include an MCN for Frailty				Dec-23
	To increase direct referrals from Scottish Ambulance Service to the Community Respiratory Service for exacerbations of chronic respiratory conditions to reduce unnecessary admissions to acute hospitals				Dec-23
	Review and redesign of Assessment and Rehabilitation Centre model				Mar-24

Discharge without Delay: PPD goals in community hospitals; transforming roles / skill mix		Dec-23
Key Milestones	Care at Home Assessment Practitioners, social workers and MHOs to be based within the Community Hospitals across Fife, working with the Patient Flow Co-ordinators, Physio's and OT's to identify and assess early those requiring support from Care at Home to return to their own home, ensuring PDD's are met	Oct-23
	Increase capacity of Fife Equipment Loan Store Service (FELS) to deliver and collect community equipment on behalf of Fife residents in a timely manner. This critical service will support timely hospital discharge and prevention of admission to hospital or long term care whilst meeting the current demands (Nov23) move to DWD on first driver	Nov-23
	Transformation of Community Nursing roles to meet the needs of the community: increase number of ANPs (role in identifying and treating frailty) and unregistered B4; fully utilising B2&3 and working closely with Care at Home to support where possible and reduce footfall	Dec-23
	Reduce delayed discharge by further embedding Planned Day of Discharge using a criteria led discharge approach	Dec-23
Bed Base: reduce the dependency on inpatient rehabilitation and deliver it at home or in a homely setting		Dec-24
Key Miles	Deliver enhanced care and rehabilitation community services to support the delivery of care within the right environments for the people of Fife	Dec-24
Home First: people of Fife will live long healthier leaves at home or in a homely setting		Dec-24
Key Milestones	Enhance integration and collaboration with Hospital at Home and Acute Services to ensure early supported discharge of step down referrals are facilitated in a timely manner	Dec-23
	Implement measurement and reporting tool for the successful implementation of the Home First vision	Dec-23
	Look at frequent admission patients and explore reasons for failed admission to strengthens discharge planning	Dec-23
	Enable Prevention and Early Intervention through creation of new pathways and single point of access to coordinate care in the community	Dec-24

Meeting:	Finance Performance and Resources Committee
Meeting date:	19 September 2023
Title:	Laboratories Managed Service Contract
Responsible Executive:	Claire Dobson, Director of Acute Services
Report Author:	Robyn Gunn, Head of Laboratory Services

1 Purpose

This report is presented for:

- Assurance

This report relates to:

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

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

- Effective

2 Report summary

2.1 Situation

This annual report fulfils a recommendation made in an audit report which was presented in August 2019 by the FTF Internal Audit Service on Service Contract Expenditure – Managed Service Agreement for Laboratory Services Report No. B29/19

The scope of the audit was to evaluate and report on controls established to manage the risks relating to the operational governance and financial monitoring of this contract.

This SBAR describes the status of the contract for 2022/2023. The value of the contract was £2.54m (compared to £2.36m in 2021/22) with VAT saving standing at £508k

2.2 Background

A Managed Service Agreement for Laboratory Services between NHS Fife and Roche Diagnostics was signed in May 2014 with an agreed commencement date of 1st April 2015 for a contract term of seven years, ending in March 2022. NHS Fife laboratories participated in a regional Managed Service Contract Tender with NHS Lothian and NHS Borders which was awarded to Roche Diagnostics in November 2020 and NHS Fife laboratories transitioned to this new contract 1st April 2022.

2.3 Assessment

Performance and Governance

This report reviews the first year of the new contract and therefore includes some transitional arrangements. Due to delays with the delivery and installation of the new equipment we have been unable to move to the cost per reportable test model however the implementation is now progressing well and it is anticipated we will move to the new charging mechanism for the majority of tests by September 2023.

There was an increase in spend of around £180k which is due to increased demand for certain tests (NTproBNP, Folate, Procalcitonin and HbA1c for example). The laboratory actively demand-manages testing as far as possible but has to respond to changes in national pathways (for example HbA1C in diabetes diagnosis) and recovery projects.

Monthly financial statements are issued by Roche, these are reviewed by the Head of Laboratory Services and the Finance Business Partner and are discussed with the Roche Commercial Finance Business partner and Customer Account Manager at a monthly finance meeting. The Quarterly Business Review also includes a financial performance and budget statement overview which is distributed/discussed with the wider laboratory team and representatives from finance and procurement.

A biannual Regional Strategic meeting is also held to carry out a high level overview of the entire regional contract.

Authorised Variations

See below for a list of in-year contract changes. As the regional contract initially included Blood Sciences only and the previous contract in NHS Fife had covered all Laboratories most of these contract change notices cover the addition of Microbiology and Histopathology services for NHS Fife.

No	Board	Title	Reason	Value p/a
1	Region	Addition of Radiometer Blood Gas Equipment and Consumables	The Board wishes to include blood gas equipment and consumables from Radiometer into the Managed Service Contract.	412,579.58
6	Fife	Addition of Cellular Pathology for NHS Fife	The Board wishes to add instruments and reagents from multiple suppliers to the Managed Service Contract. This is in order to cover the requirements of the Cellular Pathology service in NHS Fife.	179,624.19
8	Fife	Addition of Radiometer Blood Gas Equipment for NHS Fife	The Board wishes to include 2 additional blood gas instruments from Radiometer into the Managed Service Contract, for NHS Fife.	14,259.06
10	Fife	Fife Molecular + POCT	Inclusion of services currently provided within previous NHS Fife MSC, cover Molecular and POCT	1,242,638.00
11	Fife	Addition of Hologic Consumables for NHS Fife	Reagents for PAP staining in Non-Gynae Cytology. Ties in with CCN006	3,150.00
13	Fife	Benchtop Immunoassay Analyser + Legionella Testing Kits	New analyser for reading of Sofia 2 Legionella Urinary Antigen test kit which has replaced Meridian Legionella Urinary Antigen test. Replaced due to failure of Meridian kit to detect UK NEQAS Legionella Urinary antigen positive samples.	2,487.54
14	Fife	Addition of Advanced Instruments OsmoPRO for NHS Fife	The Board wishes to include an osmometer from Advanced Instruments along with additional controls and reagents to their Managed Service Contract. Multi sample osmometer will help deal with increased workload due to Covid.	30,107
15	Fife	Addition of BioMerieux MS Prime & Reagents for NHS Fife	The Board wishes to include a VITEK MS PRIME instrument along with additional reagents from BioMerieux as part of their Managed Service Contract.	79,013.48
18	Fife	Addition of Tosoh Haemoglobinopathies	The Board wishes to add a haemoglobinopathy service for NHS Fife to their Managed Service Contract	8,311.16
19	Fife	Spectrophotometer	Replacement for older model, major spare parts no longer available for older model. Instrument is required for emergency tests	5,648.20

KPI Refunds (service deductions)

KPI refunds totalled £10,299.08 in the reporting period. These were assigned under existing KPIs until the new equipment is installed and accepted in to use.

Period 22-23	Supplier	Fail	Time Overdue	Service Points	Value
Q1	Roche	Fault Response – Band A	47 hrs 58 mins	376	£4,029.61
Q1	Roche	Fault Response – Band B	28 hrs	224	£1,854.54
Q2	Roche	Fault Response – Band A	3hrs 41 mins	24	£85.56
Q2	Roche	Fault Response – Band B	30 hrs	240	£2,149.29
Q3	Roche	Fault Response – Band A	3 hrs	24	£85.56
Q3	Roche	Fault Response – Band B	6 hrs	48	£225.81
Q3	Roche	Complete System Downtime – CS	2 hrs	30	£116.94
Q3	Symex	Fault Response – Band A	23 hrs	184	£1,481.65
Q4	Roche	Engineering Response Times	6 hrs	48	£225.81
Q4	Roche	Complete System Downtime CS	1 hr	15	£44.31

2.3.1 Quality / Patient Care

The contract is managed to both meet and evidence the requirements of laboratory accreditation to ISO 15189 as assessed by UKAS

2.3.2 Workforce

The Roche MSC includes a £10k training budget to support staff training and development.

2.3.3 Financial

This managed service has enabled NHS Fife to realise VAT savings of £508k

2.3.4 Risk Assessment / Management

See attached risk assessment

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

An impact assessment has not been completed because the contract only relates to the provision of equipment, reagents and consumables

2.3.6 Climate Emergency & Sustainability Impact

Both Roche and procurement have programmes around sustainability, these are reviewed at the Biannual Strategic business review and NHS Fife laboratories are actively engaging with the Roche team on sustainability projects.

2.3.7 Communication, involvement, engagement and consultation

Not applicable

2.3.8 Route to the Meeting

This paper has been prepared in conjunction with the Laboratory Finance business partner and Roche Customer Account Manager and will be tabled at the Laboratory Committee meeting for information.

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, MSC Quarterly Business Review Q4
- Appendix No. 2, Risk Assessment

Report Contact

Robyn Gunn
Head of Laboratory Services
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Optima// Managed Pathology Service Business Review Report – Q4 2022/2023

Scotland East Region: NHS Fife

Optima// Managed Pathology Service
Business Review Report – Q4 2022/2023
NHS Fife



Executive Summary

NHS Fife is in year one of their Managed Service Contract which is part of the Scotland East Region Managed Service Contract. This commenced on 01 April 2022 and includes all department and disciplines within the NHS Fife pathology service.

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1. Contract Overview

1.1. Contract Scope and additions

Provision of fully managed laboratory services to enable the delivery of all blood based assays performed by NHS Fife's Pathology laboratories. The original contract includes tests performed within Clinical Biochemistry, Haematology (including Coagulation) and Serology (including Immunology) but has also been extended to include Cellular Pathology, Microbiology and Molecular Diagnostics.

Contract Start Date 01 April 2022

Contract Term: until 31 July 2032, end date of the East Region Contract

1.2. Indexation Term

The CPI, as published by the ONS in January, for the preceding 12 months, will form the basis for the annual price review for the Managed Service Contract, capped at 2.5%. This relates to suppliers included in the original contract and may differ for suppliers added at a later stage, or carried over from the previous NHS Fife Managed Service Contract.



1.3. Contract Governance Structure

NHS Fife

Name	Role	Contact Details
Robyn Gunn	Head of Laboratory Services	Robyn.Gunn@nhs.scot 01592 643355 ext 28855
Sarah Dack	Service Manager – Blood Sciences	Sarah.Dack@nhs.scot 01592 729987
Stephen McGlashan	Service Manager – Microbiology	Stephen.Mcglashan@nhs.scot 01592 648095
Mairiead MacLennan	Acting Service Manager - Microbiology	mairiead.maclennan@nhs.scot 01592 643355 ext 20726
Derek Selbie	Service Manager – Pathology	Derek.Selbie@nhs.scot 01592 648095
Heather Holmes	Consultant Clinical Biochemist	Heather.Holmes@nhs.scot 01592 648174
Jacqueline Adamson	Management Accountant	Jacqueline.Adamson@nhs.scot 01592 643355
Lisa Logan	BMS Manager - Microbiology	Lisa.Logan@nhs.scot 01592 643355
Jane Murray	Senior Procurement Officer	Jane.Murray21@nhs.scot

Roche Diagnostics Ltd

Name	Role	Responsibility	Contact Number
Lesley Hawthorn	Regional Customer Account Manager – North	Regional Manager	lesley.hawthorn@roche.com 07740 735 270
Maureen Polson	Customer Account Manager	Responsible for all aspects of the contract	maureen.polson@roche.com 07738 028507
Emma Westwick	Customer Account Manager	Responsible for all aspects of the contract	Emma.Westwick@roche.com 07793 267112
Martin Adderley	Managed Service Solution Manager	Responsible for Third Party Solutions	Martin.Adderley@roche.com 07912 163730
Jenna Robertson	CS Sales Specialist	Roche Centralised Solutions	Jenna.Robertson@roche.com 07764 660630
Lee McMullen	CPS Sales Specialist	Roche Point of Care	lee.mcmullen@roche.com 07712 548 642
Garry Cusack	Molecular System Account Manager	Roche Molecular	garry.cusack@roche.com 07841 363742
Connor Roddie	Tissue Diagnostics Sales Specialist	Roche Tissue Diagnostics	Connor.Roddie@roche.com 07802 860 894
Shannen Hawkes	Commercial Finance Business Partner	Financial Reporting & Analysis	Shannen.Hawkes@roche.com 01444 256 846
Chris Catty	Senior Contract Lifecycle Specialist	KPI Reporting & Change Control	01444 256862 chris.catty@roche.com

1.4. Instrument List

Instruments which have been fully implemented on the basis of a signed acceptance form

Supplier	Location/Department	Model	Serial Number	Service Level	Renewal Date
Roche Pre Analytics	Victoria Hospital - Biochemistry	c8100	1404-04	Comprehensive	31-03-2023*
Roche Chemistry		c702 module	14A3-05	Comprehensive	31-03-2023*
		c702 module	14A4-05	Comprehensive	31-03-2023*
		c 502 module	1477-09	Comprehensive	31-03-2023*
Roche Immunoassay		e 602 module	1490-12	Comprehensive	31-03-2023*
		e 602 module	1494-06	Comprehensive	31-03-2023*
		e 602 module	1495-10	Comprehensive	31-03-2023*
Roche Post Analytics		p501	1047	Comprehensive	31-03-2023*
Roche Molecular	Victoria Hospital - Microbiology	cobas x 480	3876	Comprehensive	31-03-2024
Roche Tissue	Victoria Hospital - Histopathology	BENCHMARK ULTRA STAINER	320853	Comprehensive	31-03-2024
		BENCHMARK ULTRA STAINER	321714	Comprehensive	31-03-2024
		BENCHMARK ULTRA STAINER	318604	Comprehensive	31-03-2024
Roche Blood Gas	Victoria Hospital - TBC			Comprehensive	31-03-2024
		cobas b 123	13041		
		cobas b 123	13052	Comprehensive	31-03-2024
		cobas b 123	13047	Comprehensive	31-03-2024
		cobas b 123	13054	Comprehensive	31-03-2024
		cobas b 123	13104	Comprehensive	31-03-2024
		cobas b 123	13098	Comprehensive	31-03-2024
		cobas b 123	13158	Comprehensive	31-03-2024
		cobas b 123	13207	Comprehensive	31-03-2024
		cobas b 123	13171	Comprehensive	31-03-2024
		cobas b 123	13163	Comprehensive	31-03-2024
Advanced Instruments	Victoria Hospital - Biochemistry	OsmoPRO	22050607A	Comprehensive	31-03-2024
BD	Victoria Hospital - Microbiology	BACTEC FX	FT0119	Comprehensive	30-09-2023
		BACTEC FX	FB0077	Comprehensive	30-09-2023
		BACTEC FX	FT2991	Comprehensive	30-09-2023
Biomerieux		Vitek V2	2XL4192	Comprehensive	31-08-2023
		Vitek MS	51185	Comprehensive	31-08-2023
		MYLA	C23512T51H	Comprehensive	31-08-2023
DiaSorin	Victoria Hospital - Serology	Liaison XL	2210001922	Comprehensive	30-11-2023**
Hologic	Victoria Hospital - Cell Path	ThinPrep Genesis Processor	P0134A22D0	Full	31-03-2027
Launch	Victoria Hospital - Microbiology	DS2	1DSA0289	Comprehensive	30-09-2023
Nikon	Victoria Hospital - Haematology	ECLIPSE Ci-L	704836	N/a	On lab contract



Supplier	Location/Department	Model	Serial Number	Service Level	Renewal Date
		ECLIPSE Ci-L	704788	N/a	On lab contract
NorthStar	Victoria Hospital - Biochemistry	Bio-UV Spectrophotometer	DBM23012210006	Under Warranty	31-02-2024
Panasonic	Victoria Hospital- South Laboratory	Medical/Pharma Fridge 486L	16120542	PMI & Call out as required	01-12-2023
	Victoria Hospital- South Laboratory	PMedical/Pharma Fridge 486L	16120558	PMi & Call out as required	01-12-2023
Quidel	Victoria Hospital – Microbiology	Sofia2	20002652		12-12-2023
Sebia	Victoria Hospital - Biochemistry	Hydrasys 2	1690	Comprehensive	31-03-2024
		Capillarys 2	3554	Comprehensive	31-03-2024
Sysmex	Victoria Hospital - Haematology	XN9000	Fife1	Comprehensive	30-10-2023
		XN 10	15866	Comprehensive	31-10-2023
		XN 10	15867	Comprehensive	31-10-2023
		XN 10	15868	Comprehensive	31-10-2023
		TS500	6008321	Comprehensive	31-10-2023
		RPU	050052	Comprehensive	31-10-2023
		Inversa	046954	Comprehensive	31-10-2023
		SP10	1185	Comprehensive	31-10-2023
		EPU	PC1	Comprehensive	31-10-2023
		EPU	PC2	Comprehensive	31-10-2023
		EPU	PC3	Comprehensive	31-10-2023
		CS5100	11751	Comprehensive	30-11-2023
		CS5100	11752	Comprehensive	30-11-2023
		G8 Tracked	13423304	Comprehensive	31-10-2023
		G8 (standalone)	13884803	Comprehensive	31-10-2023
		GX	10322909	Comprehensive	31-10-2023
	Queen Margaret Hospital	XS100	71310	Comprehensive	31-10-2023
		GX	10322809	Comprehensive	31-10-2023
	Victoria Hospital - Biochemistry	Piccolo Xpress	P20233	Call out as and when required	N/a
Thermo	Victoria Hospital - Biochemistry	GCMS	715000114	Comprehensive	10-03-2024
		TSX Fridge	1141275201210916	Under Warranty	
		TSX Fridge	1141277901210916	Under Warranty	
Werfen	Victoria Hospital - Immunology	OLYMPUS CX41 Fluro Microscope & Camera	4M43318	N/A	

* Equipment uninstalled, new equipment info to be included once available

** Equipment uninstalled, awaiting Instrument Acceptance Form for replacement

2. Financial Performance

2.1. Unitary Charge 2022_23

Category	Bud FY	Projection FY	Var	%
Fixed	191,653.92	132,771.48	58,882.44	30.72%
KPI Credits		(15,305.73)	15,305.73	
Management Fee	37,988.28	37,988.28	(0.00)	(0.00%)
Semi-Fixed	203,969.64	190,735.12	13,234.52	6.49%
Variable	1,944,449.76	2,197,524.76	(253,075.00)	(13.02%)
Grand Total	2,378,061.60	2,543,713.91	(165,652.31)	(6.97%)

Variable Spend - Roche	Bud FY	Projection FY	Var	%
Roche Centralised Solutions (RCS)	701,252.38	916,517.47	(215,265.09)	(30.70%)
Roche LAB DIGITAL SOLUTIONS (LDS)		0.00	0.00	
Roche Molecular Diagnostics (RMD)	9,868.18	7,384.18	2,484.00	25.17%
Roche Point of Care (POC)	177,364.54	205,228.11	(27,863.57)	(15.71%)
Roche Tissue diagnostics (RTD)	97,565.70	91,940.45	5,625.25	5.77%
Grand Total	986,050.80	1,221,070.21	(235,019.41)	(23.83%)

Variable Spend - 3rd Party	Bud FY	Projection FY	Var	%
ABBOTT RAPID DIAGNOSTICS LTD	772.02	675.36	96.66	12.52%
ADVANCED INSTRUMENTS LTD	6,677.60	8,059.02	(1,381.42)	(20.69%)
AGILENT TECHNOLOGIES LDA UK LTD		3,195.15	(3,195.15)	
ALPHA LABORATORIES LTD	2,064.74	2,343.88	(279.14)	(13.52%)
BECTON DICKINSON UK LTD	47,250.54	39,642.21	7,608.33	16.10%
BIOMERIEUX UK LTD	80,531.68	96,085.15	(15,553.47)	(19.31%)
BIO-RAD LABORATORIES LTD	5,902.42	927.47	4,974.95	84.29%

Cambridge Life Sciences Ltd	2,228.94	(2,228.94)	
CELLPATH LTD	5,317.80	3,103.53	2,214.27 41.64%
DIASORIN LTD	57,218.56	73,886.10	(16,667.54) (29.13%)
E&O LABORATORIES LTD	36,519.98	41,369.01	(4,849.03) (13.28%)
FISHER SCIENTIFIC UK LTD	1,176.30	299.66	876.64 74.53%
GENTA MEDICAL LTD		12,085.86	(12,085.86)
HOLOGIC LTD		5,695.20	(5,695.20)
LAUNCH DIAGNOSTICS LTD	38,813.38	39,950.20	(1,136.82) (2.93%)
LEICA MICROSYSYSTEMS UK LTD	19,570.62	7,082.52	12,488.10 63.81%
MAST GROUP LTD	1,843.10	2,912.38	(1,069.28) (58.02%)
MEDSCIENCE DISTRIBUTION LTD	2,945.36		2,945.36 100.00%
Missing		0.00	0.00
NorthStar Scientific Ltd	1,378.42	575.00	803.42 58.29%
Pro-Lab Diagnostics	1,594.12	4,457.31	(2,863.19) (179.61%)
PROTECH MEDICAL LTD	1,337.52	514.67	822.85 61.52%
QIAGEN LTD	200,744.84	177,864.86	22,879.98 11.40%
QUIDEL IRELAND LTD		3,906.00	(3,906.00)
RADIOMETER LTD		7,877.23	(7,877.23)
RANDOX LABORATORIES LTD		1,037.59	(1,037.59)
SARSTEDT LTD	2,141.54	948.85	1,192.69 55.69%
SEBIA UK LTD	27,327.76	23,899.10	3,428.66 12.55%
SHANDON DIAGNOSTICS LTD	5,240.44	3,411.00	1,829.44 34.91%
SOLMEDIA LTD		6,999.60	(6,999.60)
SYMEX UK LTD	311,073.94	351,809.44	(40,735.50) (13.10%)
TCS BIOSCIENCES LTD	112.98	236.54	(123.56) (109.36%)
TECHNOPATH DISTRIBUTION LTD	48,993.30	8,427.05	40,566.25 82.80%
THERMO ELECTRON MANUFACTURING LTD	305.68	1,452.74	(1,147.06) (375.25%)
THERMO MICROGENICS	3,599.16	853.53	2,745.63 76.29%



THERMO OXOID	38,197.84	40,788.41	(2,590.57)	(6.78%)
TRINITY BIOTECH PLC	168.10	1,095.09	(926.99)	(551.45%)
WERFEN	9,579.22	758.90	8,820.32	92.08%
Grand Total	958,398.96	976,454.55	(18,055.59)	(1.88%)



2.2. In Year CCNs

CCNs relevant to NHS Fife

CCN No.	CCN Title	CCN Signature Date	Total Cost p.a	VAT Savings
CCN 010	Addition of Microbiology Molecular and POCT Testing for NHS Fife	16/09/2022	£1,242,638.00	£248,527.60
CCN 011	Addition of Hologic Consumables for NHS Fife	27/10/2022	£3,150.00	£630.00
CCN 013	Addition of Quidel Sofia2	27/10/2022	£2,487.54	£497.51
CCN 014	Advanced Instruments Sub-Contract	13/10/2022	£30,107.00	£6,021.40
CCN 015	Addition of BioMerieux MS Prime	14/10/2022	£79,013.48	£15,802.70
CCN 018	Addition of Tosoh Haemoglobinopathies for NHS Fife	08/12/2022	£8,311.16	£1,662.23
CCN 019	Addition of NorthStar Uvikon Spectrophotometer for NHS Fife	11/01/2023	£5,648.20	£1,129.64

See Appendix 2 for full list of contract change notices (CCNs) relevant to NHS Fife

2.3. Pending Change Control Notices

CCN No.	Date Requested	CCN Title	Date Issued
CCN 022	20/04/2023	Changes to Sysmex Equipment for NHS Fife	24/04/2023



2.4. Pending IAFs

CCN No.	Vendor Name	CCN Title	IAF Status
CCN 003	Systemx UK Ltd	NHS Fife Equipment from Systemx	Released to CAM
CCN 015	BioMerieux UK Ltd	Addition of BioMerieux MS Prime	Released to CAM
CCN 018	Tosoh Bioscience Ltd	Addition of Tosoh Haemoglobinopathies for NHS Fife	Released to CAM



2.5. Statement Overview

Financial Position	Value
Opening Balance	(819,681)
Total Invoices/Credits YTD	3,074,202
Total Charges YTD	(2,543,714)
Closing Balance	(289,193)



2.6. Summary YTD Expenditure

Charge Type	Act YTD	Budget YTD	Var	% Var	Prior Year YTD	% Act vs PY	FY Projection
Fixed	132,771.48	191,653.92	58,882.44	30.72%	203,653.92	53.39%	132,771.48
Semi-Fixed	190,735.12	203,969.64	13,234.52	6.49%	186,172.54	(2.39%)	190,735.12
Management Fee	37,988.28	37,988.28	(0.00)	(0.00%)	36,042.00	(5.12%)	37,988.28
KPI Credits	(15,305.73)		15,305.73		(6,490.59)	(57.59%)	(15,305.73)
(blank)					(4,622.84)		
Variable	2,197,524.76	1,944,449.76	(253,075.00)	(13.02%)	1,946,898.97	(11.40%)	2,197,524.76
Grand Total	2,543,713.91	2,378,061.60	(165,652.31)	(6.97%)	2,361,654.00	(7.16%)	2,543,713.91

Vendor	Act YTD	Budget YTD	Var	% Var	Prior Year YTD	% Act vs PY	FY Projection
Roche Centralised Solutions (RCS)	916,517.47	701,252.38	(215,265.09)	(30.70%)	740,384.92	(19.22%)	916,517.47
Roche LAB DIGITAL SOLUTIONS (LDS)	0.00		0.00				0.00
Roche Molecular Diagnostics (RMD)	7,384.18	9,868.18	2,484.00	25.17%	19,006.61	157.40%	7,384.18
Roche Point of Care (POC)	205,228.11	177,364.54	(27,863.57)	(15.71%)	185,750.49	(9.49%)	205,228.11
Roche Tissue diagnostics (RTD)	91,940.45	97,565.70	5,625.25	5.77%	96,256.59	4.69%	91,940.45
Grand Total	1,221,070.21	986,050.80	(235,019.41)	(23.83%)	1,041,398.61	(14.71%)	1,221,070.21

Vendor	Act YTD	Budget YTD	Var	% Var	Prior Year YTD	% Act vs PY	FY Projection
ABBOTT RAPID DIAGNOSTICS LTD	675.36	772.02	96.66	12.52%	618.03	(8.49%)	675.36
ADVANCED INSTRUMENTS LTD	8,059.02	6,677.60	(1,381.42)	(20.69%)	7,533.96	(6.52%)	8,059.02
AGILENT TECHNOLOGIES LDA UK LTD	3,195.15		(3,195.15)				3,195.15
ALPHA LABORATORIES LTD	2,343.88	2,064.74	(279.14)	(13.52%)	2,013.61	(14.09%)	2,343.88
BECTON DICKINSON UK LTD	39,642.21	47,250.54	7,608.33	16.10%	44,829.72	13.09%	39,642.21
BIOMERIEUX UK LTD	96,085.15	80,531.68	(15,553.47)	(19.31%)	89,413.49	(6.94%)	96,085.15
BIO-RAD LABORATORIES LTD	927.47	5,902.42	4,974.95	84.29%	3,315.38	257.46%	927.47
Cambridge Life Sciences Ltd	2,228.94		(2,228.94)		1,877.19	(15.78%)	2,228.94
CELLPATH LTD	3,103.53	5,317.80	2,214.27	41.64%	4,345.33	40.01%	3,103.53



DIASORIN LTD	73,886.10	57,218.56	(16,667.54)	(29.13%)	65,522.53	(11.32%)	73,886.10
E&O LABORATORIES LTD	41,369.01	36,519.98	(4,849.03)	(13.28%)	34,095.26	(17.58%)	41,369.01
FISHER SCIENTIFIC UK LTD	299.66	1,176.30	876.64	74.53%	739.33	146.72%	299.66
GENTA MEDICAL LTD	12,085.86		(12,085.86)				12,085.86
HOLOGIC LTD	5,695.20		(5,695.20)				5,695.20
LAUNCH DIAGNOSTICS LTD	39,950.20	38,813.38	(1,136.82)	(2.93%)	37,089.37	(7.16%)	39,950.20
LEICA MICROSYSTEMS UK LTD	7,082.52	19,570.62	12,488.10	63.81%	14,047.44	98.34%	7,082.52
MAST GROUP LTD	2,912.38	1,843.10	(1,069.28)	(58.02%)	2,914.98	0.09%	2,912.38
MEDSCIENCE DISTRIBUTION LTD		2,945.36	2,945.36	100.00%			
Missing	0.00		0.00		0.00		0.00
NorthStar Scientific Ltd	575.00	1,378.42	803.42	58.29%	653.90	13.72%	575.00
Pro-Lab Diagnostics	4,457.31	1,594.12	(2,863.19)	(179.61%)	2,630.05	(40.99%)	4,457.31
PROTECH MEDICAL LTD	514.67	1,337.52	822.85	61.52%	1,404.31	172.86%	514.67
QIAGEN LTD	177,864.86	200,744.84	22,879.98	11.40%	186,166.89	4.67%	177,864.86
QUIDEL IRELAND LTD	3,906.00		(3,906.00)				3,906.00
RADIOMETER LTD	7,877.23		(7,877.23)				7,877.23
RANDOX LABORATORIES LTD	1,037.59		(1,037.59)		294.12	(71.65%)	1,037.59
SARSTEDT LTD	948.85	2,141.54	1,192.69	55.69%			948.85
SEBIA UK LTD	23,899.10	27,327.76	3,428.66	12.55%	26,565.40	11.16%	23,899.10
SHANDON DIAGNOSTICS LTD	3,411.00	5,240.44	1,829.44	34.91%	5,012.20	46.94%	3,411.00
SOLMEDIA LTD	6,999.60		(6,999.60)				6,999.60
SYMEX UK LTD	351,809.44	311,073.94	(40,735.50)	(13.10%)	299,631.92	(14.83%)	351,809.44
TCS BIOSCIENCES LTD	236.54	112.98	(123.56)	(109.36%)	81.70	(65.46%)	236.54
TECHNOPATH DISTRIBUTION LTD	8,427.05	48,993.30	40,566.25	82.80%	26,239.59	211.37%	8,427.05
THERMO ELECTRON MANUFACTURING LTD	1,452.74	305.68	(1,147.06)	(375.25%)	407.01	(71.98%)	1,452.74
THERMO MICROGENICS	853.53	3,599.16	2,745.63	76.29%	4,873.56	470.99%	853.53
THERMO OXOID	40,788.41	38,197.84	(2,590.57)	(6.78%)	37,234.63	(8.71%)	40,788.41
TRINITY BIOTECH PLC	1,095.09	168.10	(926.99)	(551.45%)	889.76	(18.75%)	1,095.09



WERFEN	758.90	9,579.22	8,820.32	92.08%	5,059.70	566.71%	758.90
Grand Total	976,454.55	958,398.96	(18,055.59)	(1.88%)	905,500.36	(7.27%)	976,454.55



2.7. Aged Open Orders

Vendor Name	365+ Days	181 - 365 Days	91 - 180 Days	0 - 90 Days	Grand Total
AGILENT TECHNOLOGIES LDA UK LTD		438			438
BECTON DICKINSON UK LTD	0	0		10,338	10,338
BIOMERIEUX UK LTD	2,406		281	1,831	4,518
CELLPATH LTD	181			226	407
DIASORIN LTD	0	0	0	1,843	1,843
E&O LABORATORIES LTD		6	420	776	1,201
GENTA MEDICAL LTD		706	16	1,060	1,782
GRIFOLS UK LTD		44,713	42,982	87,417	175,112
LAUNCH DIAGNOSTICS LTD				3,415	3,415
LEICA MICROSYSTEMS UK LTD	268	197		507	971
PRO-LAB DIAGNOSTICS			431	621	1,051
PROTECH MEDICAL LTD	8			598	607
QIAGEN LTD	3,120	1,445	956	8,862	14,382
Roche Centralised Solutions (RCS)				220	220
Roche LAB DIGITAL SOLUTIONS (LDS)		0			0
Roche Point of Care (POC)	4,253				4,253
Roche Tissue diagnostics (RTD)		105	525		630
SHANDON DIAGNOSTICS LTD			127		127
SYSMEX UK LTD	24,747	2,829	1,340	2,699	31,614
TCS BIOSCIENCES LTD				46	46
TECHNOPATH DISTRIBUTION LTD		557			557
THERMO MICROGENICS	384				384
THERMO OXOID	92	799	495	1,754	3,140
WERFEN	0				0



2.8. Over & Under Expenditure – Products Overs

Vendor	ProductLine	Material	MaterialNumber	Act YTD	Budget YTD	Var
Roche Centralised Solutions (RCS)	PCT	PCT Brahms-Roche Elecsys cobas e100 V2.1	09318712190	37,658.16		(37,658.16)
Roche Centralised Solutions (RCS)	TNT	Troponin T hs Elecsys cobas e 200 V2.1	09315322190	33,450.30		(33,450.30)
Roche Centralised Solutions (RCS)	ProBNP	proBNP G2 Elecsys cobas e 100 V2.1	09315268190	23,206.50		(23,206.50)
SYSMEX UK LTD	3rd party	Fluorocell WDF (2x42ml)	06635920001	66,418.77	46,108.80	(20,309.97)
DIASORIN LTD	3rd party	LIAISON tTG IgA	08100292001	42,168.75	22,057.50	(20,111.25)
Roche Centralised Solutions (RCS)	HIV combi	HIV combi PT Elecsys cobas e 100 V2	08924163190	18,249.82		(18,249.82)
QIAGEN LTD	3rd party	artus CT/NG QS-RSQ Kit 96	08466823001	98,110.50	80,970.56	(17,139.94)
Roche Centralised Solutions (RCS)	anti-SARS-CoV-2 S	Anti-SARS-CoV-2 S Elecsys cobas e 200	09289267190	14,844.91		(14,844.91)
Roche Point of Care (POC)	GLU	ACCU-CHEK INFORM II 50 CT UK F2	05942861018	78,209.20	64,409.96	(13,799.24)
SYSMEX UK LTD	3rd party	G8 Variant Injections Cpx	07341601001	56,323.01	43,903.64	(12,419.37)
Roche Centralised Solutions (RCS)	cobas 8100_AliquoterModule	FB Tube 2.5ml,75x13 Rd PP (bag of 1,000)	07178573001	11,985.48		(11,985.48)
Roche Centralised Solutions (RCS)	TNT	Troponin T hs Elecsys E2G 300 V2.1	09315357190	11,928.80		(11,928.80)
Roche Centralised Solutions (RCS)	PTH	PTH Elecsys E2G 300	07251068190	11,691.30		(11,691.30)
Roche Centralised Solutions (RCS)	ProBNP	proBNP G2 Elecsys E2G 300 V2.1	09315284190	11,601.00		(11,601.00)
Roche Centralised Solutions (RCS)	B12	Vitamin B12 G2 Elecsys cobas e 100	07212771190	33,280.02	22,586.52	(10,693.50)
Roche Point of Care (POC)	cobas b 123 <1>	cobas b 123 FLUID PACK COOX 700	05170052001	42,250.50	31,922.72	(10,327.78)
Roche Centralised Solutions (RCS)	Anti-HCV	Anti-HCV G2 Elecsys cobas e 100	06368921190	16,243.17	5,919.54	(10,323.63)
Roche Centralised Solutions (RCS)	Syphilis	Syphilis Elecsys cobas e 100 V2	09014977190	8,909.00		(8,909.00)
Roche Centralised Solutions (RCS)	B12	Vitamin B12 G2 Elecsys E2G 300	07028121190	7,783.80		(7,783.80)



Unders

Vendor	ProductLine	Material	MaterialNumber	Act YTD	Budget YTD	Var
Roche Centralised Solutions (RCS)	TNT	Troponin T hs Elecsys cobas e 200 V2	08469717190	29,161.92	29,161.92	29,161.92
Roche Centralised Solutions (RCS)	HIV combi	HIV combi PT Elecsys cobas e 100	05390095190	20,168.92	20,168.92	20,168.92
TECHNOPATH DISTRIBUTION LTD	3rd party	Multichem IA+ 3lev Inc Tum Mkrs (12x5ml)	05717574001	3,344.25	22,295.00	18,950.75
QIAGEN LTD	3rd party	eNAT collection Kit 300	08466858001	26,772.90	43,401.72	16,628.82
Roche Centralised Solutions (RCS)	PCT	PCT Brahm (Roche) Elecsys cobas e100 V2	08828644190	14,644.90	14,644.90	14,644.90
LEICA MICROSYSTEMS UK LTD	3rd party	low-profile disp Blades (10 x 50) DB80LX	06511988001	13,047.58	13,047.58	13,047.58
Roche Centralised Solutions (RCS)	PIGF	PLGF Elecsys cobas e 100	05144671190	11,515.56	11,515.56	11,515.56
Roche Centralised Solutions (RCS)	sFLT1	sFLT1 Elecsys cobas e 100	05109523190	11,515.56	11,515.56	11,515.56
QIAGEN LTD	3rd party	QIAstat-Dx Gastrointestinal Panel	09065814001	10,457.40	10,457.40	10,457.40
Roche Centralised Solutions (RCS)	ProBNP	proBNP G2 Elecsys cobas e 100 V2	08836736190	10,314.02	10,314.02	10,314.02
Roche Centralised Solutions (RCS)	Syphilis	Syphilis Elecsys cobas e 100	06923348190	9,663.76	9,663.76	9,663.76
WERFEN	3rd party	Monolisa HCV Ag-Ab ULTRA Version 2	07678045001	8,018.70	8,018.70	8,018.70
SYSMEX UK LTD	3rd party	INNOVANCE D-Dimer 300 Tests	08304025001	21,279.16	28,841.20	7,562.04
TECHNOPATH DISTRIBUTION LTD	3rd party	Multichem-S+ Level 1 (Chem&CRP)(15x10ml)	05717515001	7,224.00	7,224.00	7,224.00
TECHNOPATH DISTRIBUTION LTD	3rd party	Multichem-S+ Level 3 (Chem&CRP)(15x10ml)	05717531001	7,224.00	7,224.00	7,224.00
TECHNOPATH DISTRIBUTION LTD	3rd party	Multichem-S+ Level 2 (Chem&CRP)(15x10ml)	05717523001	6,622.00	6,622.00	6,622.00
QIAGEN LTD	3rd party	QIAAsymphony DSP Virus/Pathogen Midi Kit	07313900001	20,194.32	26,796.88	6,602.56
Roche Centralised Solutions (RCS)	TRANS	TRSF Gen.2, 100Tests, cobas c, Integra	03015050122	5,006.94	5,006.94	5,006.94
Roche Centralised Solutions (RCS)	Testosterone	Testosterone G2 Elecsys cobas e 100	05200067190	4,688.40	4,688.40	4,688.40



2.9. Annual Training Fund

2022/2023	Associated PO	Annual Fixed Fund
Annual Fund		£10,000.00
Random Training	FLS11786567	£1,800.00
IBMS Certificate of Achievement	FLS11756177	£137
IBMS - SQMIDG	FLS12339267	£450
Course Funds (50% Funding) HG & FG	Payroll	£1,806
Bms502cm - Semester 2 (January ? May)	FLS12107409	£758.04
Bms514 Crm - Bms514 Crm: 25297 Haematology And Transfusion Science - 15	FLS12107409	£1,137.06
Bms525cm - Bms525cm: 15220 Clinical Immunology - 15 Credits ? Level 6 -	FLS12107409	£1,137.06
Bms624 Crm - Semester 1 (september ? January):	FLS12107409	£1,137.06
Balance		£1,637.78

2.10. Lab Enabling Fund

Historic Fund	Associated PO	Fixed Fund
Annual Fund		£23,167.84
Balance		£23,167.84

2022/2023	Associated PO	Annual Fixed Fund
Annual Fund		£12,000.00
Camera/Intercom System		£2,705.35
Dissection Table Extraction		£6,362.40
Dissection Table Extraction Electrical Work		£988.40
Balance		£1,933.85

2023/2024	Associated PO	Annual Fixed Fund
Annual Fund		£12,000.00
Dissection Table Extraction Installation		£2,310.00
Balance		£9,690.00

3. Performance Review Q4 2022_23

Equipment in use from the previous Managed Service Contract will be measured against the previous KPIs, until the replacement equipment is live.

3.1. KPI Report – Measured by the Health Board

KPI	Target	Data from Health Board	Investigation response
KPI 1 – Urgent Test TAT	90%	None reported	

3.2. KPI's by Exception– Measured by Roche

Vendor	Comment
ADVANCED INSTRUMENTS LTD	1 KPI Failure
CELLPATH LTD	No KPI Failures
DIASORIN LTD	No KPI Failures
GRIFOLS UK LTD	1 KPI Failure
HOLOGIC LTD	1 KPI Failure
LEICA MICROSYSTEMS UK LTD	1 KPI Failure
Roche Diagnostics Ltd	3 KPI Failures
SEBIA (UK) LTD	1 KPI Failure
SOLMEDIA LTD	No KPI Failures
SYSMEX UK LTD	No KPI Failures
THERMO ELECTRON MANUFACTURING LTD	No KPI Failures

KPI Failures by Supplier

Vendor	KPI Name	Pass Target	Score	Comments
ADVANCED INSTRUMENTS LTD	Fault Response - Band C	100.00%	0.00%	Customer agreed to delay due to engineer holiday.
HOLOGIC LTD	Delivery of goods	97.00%	66.70%	Reduced customer service team generated delay in order processing.
LEICA MICROSYSTEMS UK LTD	Delivery of goods	97.00%	90.00%	4 Unique Orders 10 Individual Orders 1 line delayed due to out of stock items
Roche Diagnostics Ltd	Engineering Response Times	100.00%	86.67%	Band A: 2 of 10 Failed, Band B: All 5 passed
Roche Diagnostics Ltd	Complete System Downtime CS	100.00%	99.85%	Downtime 189 minutes
Roche Diagnostics Ltd	SCOT EAST Consumable availability	99.00%	98.10%	

For full list of KPI scores see Appendix 4

Roche Engineering Response – Band A:

Case Number	Time (H:MM)	1st Reported Time	Arrival Time	Site Name	Instrument	Serial Number
CAS-0017258808-1	07:54:00	27/03/2023 09:36	28/03/2023 08:58	Victoria Hospital Clinical Biochemistry South Laboratory	cobas 8000 cobas ISE module (double)	AQ1465-01
CAS-0017268985-1	11:15:00	28/03/2023 14:45	30/03/2023 07:45	Victoria Hospital Clinical Biochemistry South Laboratory	cobas 8000 cobas Transport Line	AGTRANS139



System Availability:

MONTH	Serial Number	Instrument	Down Time	Target %	Achieved %
Jan-23	Q413041	COBAS B 123 < 4 > POC SYSTEM	11626	97.00	73.96
Jan-23	K4313575	BENCHMARK ULTRA STAINER MODULE	5407	97.00	87.89
Feb-23	Q413098	COBAS B 123 < 4 > POC SYSTEM	4177	97.00	89.64
Mar-23	AQ1465-01	COBAS 8000 COBAS ISE MODULE (DOUBLE)	1644	97.00	96.32
Mar-23	K4313575	BENCHMARK ULTRA STAINER MODULE	1379	97.00	96.91



KPI Refund Calculation 2022_2023

Period 22-23	Supplier	Fail	Time Overdue	Service Points	Value
Q1	Roche	Fault Response – Band A	47 hrs 58 mins	376	£4,029.61
Q1	Roche	Fault Response – Band B	28 hrs	224	£1,854.54
Q1	DiaSorin	TBC	TBC	TBC	TBC
Q2	Roche	Fault Response – Band A	3hrs 41 mins	24	£85.56
Q2	Roche	Fault Response – Band B	30 hrs	240	£2,149.29
Q3	Roche	Fault Response – Band A	3 hrs	24	£85.56
Q3	Roche	Fault Response – Band B	6 hrs	48	£225.81
Q3	Roche	Complete System Downtime – CS	2 hrs	30	£116.94
Q3	Systemex	Fault Response – Band A	23 hrs	184	£1,481.65
Q4	Advanced Instruments	Fault Response - Band C	1 hr	8	£18.38
Q4	Roche	Engineering Response Times	6 hrs	48	£225.81
Q4	Roche	Complete System Downtime CS	1 hr	15	£44.31

Safety Notifications

"A Safety Board Notification / Field Safety Notification provides actions / information related to product quality issues, regulatory issues, field safety corrective actions or other Safety Board related topics and is typically associated with a risk to patient health. Roche has a regulatory obligation to inform our customers about the issue described/reported in a timely and efficient manner. Therefore, from a regulatory point of view, it is vital that each customer provides Roche with the location of all devices in the primary and secondary care settings to ensure notices are sent to the responsible person, within a customer site, to implement the actions stated in the notice."



Appendix 1 – Action Tracker

Actions will be documented on a Smartsheet tracker. Link to be circulated after the meeting.

Appendix 2- Contract Change Notices

CCN No.	Date Requested	CCN Title	Accepted / Rejected	CCN Signature Date	Total Cost p.a	VAT Savings
CCN 001	21/10/2021	Addition of Radiometer Blood Gas Equipment and Consumables*	Accepted	02/12/2021	£412,579.58	£82,515.92
CCN 006	21/02/2022	Addition of Cellular Pathology for NHS Fife	Accepted	29/03/2022	£0.00	£0.00
CCN 008	19/05/2022	Addition of Blood Gas Instruments for NHS Fife	Accepted	17/06/2022	£14,259.06	£2,851.81
CCN 010	21/07/2022	Addition of Microbiology Molecular and POCT Testing for NHS Fife	Accepted	16/09/2022	£1,242,638.00	£248,527.60
CCN 011	14/09/2022	Addition of Hologic Consumables for NHS Fife	Accepted	27/10/2022	£3,150.00	£630.00
CCN 013	15/09/2022	Quidel Sub Contract for NHS Lothian	Accepted	27/10/2022	£2,487.54	£497.51
CCN 014	05/10/2022	Advanced Instruments Sub-Contract	Accepted	13/10/2022	£30,107.00	£6,021.40
CCN 015	05/10/2022	Addition of BioMerieux MS Prime	Accepted	14/10/2022	£79,013.48	£15,802.70
CCN 018	10/11/2022	Addition of Tosoh Haemoglobinopathies for NHS Fife	Accepted	08/12/2022	£8,311.16	£1,662.23
CCN 019	05/12/2022	Addition of NorthStar Uvikon Spectrophotometer for NHS Fife	Accepted	11/01/2023	£5,648.20	£1,129.64
CCN 022	20/04/2023	Changes to Sysmex Equipment for NHS Fife	Pending		£23,707.54	£4,741.51

*Relates to both NHS Lothian and NHS Fife

Appendix 3 –KPI

Service Levels and Service Points System Downtime and Complete System Downtime

	Band	Permitted System Downtime expressed in hours per Quarterly Period	Service Failure Points per Component for each relevant hour above the Permitted System Downtime
System Downtime – measured per System during Service Hours	Band A	44	5
	Band B	66	3
	Band C	88	3
Complete System Down Time measured during Service Hours Unapproved Downtime resulting in Reportable Results not being reported from the relevant System in respect of Urgent Critical Tests	Not applicable – applies in respect of each every System	2	15

System Downtime is the sum of the Unapproved Downtime for all Component of the relevant System.

Test Turnaround Time

	Service Level	Service Points
Test Turnaround Time. Reportable Results must be available for Urgent Critical Tests in under 1 hour on 90% of occasions measured over a Quarterly Period	90% measured as a percentage of the Urgent Critical Tests.	ten (10) Service Failure Points per each zero point one percent (0.1%) below Service Level

**Service Levels and Service Failure Points
Response Time and Engineer Response Time**

	Band	Hours	Service Points for each relevant hour above Service Level
Engineer Response Time (Core hours) Note – Service Levels to apply in respect of Interim Components	Band A	6	8
	Band B	By 6pm on the next Working Day	8
	Band C	By 6pm on the next Working Day	8

Band A Systems	Site	Systems
A1	South Laboratory	Pre/Post analytics, Clinical Biochemistry, WPDM,
A2	South Laboratory	FBC, Coagulation
A3	Queen Margaret Hospital	Haematology Clinic FBC
A4	South Laboratory	Immunoassay
A5	North and South Laboratory and Victoria Hospital	SMS (Middleware solutions)
Band B systems	Site	Systems
B1	Victoria Hospital wards and South Laboratory	Blood Gas
B2	South Laboratory	Serology
B3	South Laboratory	Immunology
B4	South Laboratory and Diabetes Clinics at Victoria Hospital and Queen Margaret Hospital	HbA1C
B5	South Laboratory	Haematology, ESR
Band C systems	Site	Systems
C1	South Laboratory	Electrophoresis, Drugs of abuse confirmations, CSF spectrophotometry, Osmolality
C2	South Laboratory	Haemoglobinopathy screening

ANNEX 4

Illustration of Service Failure Points

Service Failure Points	Service Credits								
1	£1.00	51	£245.81	101	£639.81	151	£1,123.48	201	£1,676.77
2	£2.64	52	£252.58	102	£648.69	152	£1,133.92	202	£1,688.46
3	£4.66	53	£259.41	103	£657.62	153	£1,144.37	203	£1,700.18
4	£5.96	54	£266.29	104	£666.57	154	£1,154.86	204	£1,711.92
5	£9.52	55	£273.22	105	£675.56	155	£1,165.37	205	£1,723.68
6	£12.29	56	£280.20	106	£684.59	156	£1,175.91	206	£1,735.46
7	£15.25	57	£287.23	107	£693.65	157	£1,186.48	207	£1,747.26
8	£18.38	58	£294.31	108	£702.74	158	£1,197.07	208	£1,759.09
9	£21.67	59	£301.43	109	£711.86	159	£1,207.69	209	£1,770.94
10	£25.12	60	£308.61	110	£721.02	160	£1,218.34	210	£1,782.82
11	£28.70	61	£315.84	111	£730.22	161	£1,229.01	211	£1,794.71
12	£32.42	62	£323.11	112	£739.44	162	£1,239.71	212	£1,806.63
13	£36.27	63	£330.43	113	£748.70	163	£1,250.44	213	£1,818.58
14	£40.23	64	£337.79	114	£758.00	164	£1,261.19	214	£1,830.54
15	£44.31	65	£345.21	115	£767.32	165	£1,271.97	215	£1,842.53
16	£48.50	66	£352.66	116	£776.66	166	£1,282.78	216	£1,854.54
17	£52.80	67	£360.17	117	£786.07	167	£1,293.61	217	£1,866.57
18	£57.20	68	£367.72	118	£795.49	168	£1,304.47	218	£1,878.62
19	£61.70	69	£375.31	119	£804.94	169	£1,315.35	219	£1,890.70
20	£66.29	70	£382.95	120	£814.43	170	£1,326.26	220	£1,902.79
21	£70.98	71	£390.63	121	£823.95	171	£1,337.19	221	£1,914.91
22	£75.75	72	£398.35	122	£833.50	172	£1,348.15	222	£1,927.06
23	£80.62	73	£406.12	123	£843.06	173	£1,359.14	223	£1,939.22
24	£85.58	74	£413.93	124	£852.69	174	£1,370.15	224	£1,951.40
25	£90.60	75	£421.78	125	£862.33	175	£1,381.19	225	£1,963.61
26	£95.71	76	£429.67	126	£872.00	176	£1,392.25	226	£1,975.84
27	£100.90	77	£437.61	127	£881.71	177	£1,403.34	227	£1,988.09
28	£106.17	78	£445.59	128	£891.44	178	£1,414.45	228	£2,000.36
29	£111.52	79	£453.61	129	£901.21	179	£1,425.59	229	£2,012.66
30	£116.94	80	£461.66	130	£911.00	180	£1,436.75	230	£2,024.97
31	£122.44	81	£469.76	131	£920.83	181	£1,447.94	231	£2,037.31
32	£128.00	82	£477.90	132	£930.69	182	£1,459.15	232	£2,049.67
33	£133.63	83	£486.08	133	£940.57	183	£1,470.39	233	£2,062.05
34	£139.34	84	£494.30	134	£950.49	184	£1,481.65	234	£2,074.45
35	£145.11	85	£502.55	135	£960.43	185	£1,492.93	235	£2,086.87
36	£150.95	86	£510.86	136	£970.41	186	£1,504.24	236	£2,099.31
37	£156.85	87	£519.19	137	£980.41	187	£1,515.58	237	£2,111.78
38	£162.82	88	£527.56	138	£990.45	188	£1,526.94	238	£2,124.26
39	£168.85	89	£535.98	139	£1,000.51	189	£1,538.32	239	£2,136.77
40	£174.94	90	£544.43	140	£1,010.60	190	£1,549.73	240	£2,149.29
41	£181.09	91	£552.91	141	£1,020.72	191	£1,561.16	241	£2,161.84
42	£187.30	92	£561.44	142	£1,030.87	192	£1,572.61	242	£2,174.41
43	£193.58	93	£570.00	143	£1,041.05	193	£1,584.09	243	£2,187.00
44	£199.91	94	£578.60	144	£1,051.25	194	£1,595.59	244	£2,199.61
45	£206.30	95	£587.24	145	£1,061.49	195	£1,607.12	245	£2,212.24
46	£212.75	96	£595.91	146	£1,071.75	196	£1,618.67	246	£2,224.89
47	£219.25	97	£604.62	147	£1,082.04	197	£1,630.24	247	£2,237.57
48	£225.81	98	£613.36	148	£1,092.36	198	£1,641.84	248	£2,250.26
49	£232.42	99	£622.14	149	£1,102.71	199	£1,653.46	249	£2,262.97
50	£239.09	100	£630.96	150	£1,113.08	200	£1,665.11	250	£2,275.71

Appendix 4 –Glossary

Fixed Costs	Charges constant for the contract term & not subject to annual indexation. Commonly instrument charges or management fees.
Semi-Fixed Costs	Charges subject to annual indexation as specified in the contract. Commonly instrument maintenance charges.
Variable Costs	Charges associated with reagents & consumables purchases, which can vary in volume and would be subject to annual indexation.
Unitary Charge	Forecast value of the contract year used for billing purposes.
Actual	Spend as charged through the customer statement.
Forecast	Predicted spend as billed.
Variance	The difference between actual & forecast spend.
Projected	Estimated quarterly or year-end spend based on actual spend to date.

Appendix 5 – KPI Results

Vendor	KPI Name	Pass Target	Score	Comments
ADVANCED INSTRUMENTS LTD	Complete System Downtime	100.00%	100.00%	
	Equipment Availability - Band C	97.00%	98.50%	
	Fault Response - Band C	100.00%	0.00%	Customer agreed to delay due to engineer holiday.
CELLPATH LTD	Consumable availability	99.00%	99.00%	
	Delivery of goods	97.00%	97.00%	
	Shelf Life	100.00%	100.00%	
	Notification of Product Change	100.00%	100.00%	
DIASORIN LTD	Contract Change Notifications	100.00%	100.00%	
	Complete System Downtime	100.00%	100.00%	
	Equipment Availability - Band B	97.00%	100.00%	
	Fault Response - Band B	100.00%	100.00%	
GRIFOLS UK LTD	System Downtime	100.00%	99.00%	511-0001363 - 5H DT - 99% Uptime 511-0001567 - 5H DT 99% Uptime
	Middleware Downtime	100.00%	100.00%	
	Core Test Repertoire Non-Availability	100.00%	100.00%	
	Expected On-Site Engineer Response Time Band A	100.00%	100.00%	
	Expected On-Site Engineer Response Time Band B	100.00%	100.00%	

Vendor	KPI Name	Pass Target	Score	Comments
	Expected On-Site Engineer Response Time Band C	100.00%	100.00%	
	Delivery of goods	97.00%	100.00%	
	Preventative Maintenance	100.00%	100.00%	No PPM in Q1
	Shelf Life	100.00%	100.00%	
	Notification of Product Change	100.00%	100.00%	
	Contract Change Notifications	100.00%	100.00%	
HOLOGIC LTD	System Downtime	98.00%	100.00%	
	Consumable availability	99.00%	100.00%	
	Delivery of goods	97.00%	66.70%	Reduced customer service team generated delay in order processing.
	Preventative Maintenance	100.00%	100.00%	due May 2023
	Shelf Life	100.00%	100.00%	
	Notification of Product Change	100.00%	100.00%	no notifications published this reported quarter
	Contract Change Notifications	100.00%	100.00%	no change to repertoire with this reported quarter.
LEICA MICROSYSTEMS UK LTD	Delivery of goods	97.00%	90.00%	4 Unique Orders 10 Individual Orders 1 line delayed due to out of stock items
	Shelf Life	100.00%	100.00%	
	Notification of Product Change	100.00%	100.00%	

Vendor	KPI Name	Pass Target	Score	Comments
	Contract Change Notifications	100.00%	100.00%	
Roche Diagnostics Ltd	System Availability	97.00%	99.38%	
	Critical System Failure	98.00%	100.00%	No Cases
	Engineering Response Times	100.00%	86.67%	Band A: 2 of 10 Failed, Band B: All 5 passed
	Complete System Downtime CS	100.00%	99.85%	Downtime 189 minutes
	Complete System Downtime Blood Gas	100.00%	98.89%	Downtime 1436 minutes
	Complete System Downtime MOL	100.00%	100.00%	
	SCOT EAST Service Downtime	100.00%	100.00%	
	SCOT EAST Consumable availability	99.00%	98.10%	
SEBIA (UK) LTD	Complete System Downtime	100.00%	100.00%	not urgent critical tests
	Equipment Availability - Band C	97.00%	99.80%	
	Fault Response - Band C	100.00%	100.00%	
SOLMEDIA LTD	Consumable availability	99.00%	100.00%	
	Delivery of goods	97.00%	100.00%	
	Shelf Life	100.00%	100.00%	
	Notification of Product Change	100.00%	100.00%	
	Contract Change Notifications	100.00%	100.00%	
SYSMEX UK LTD	Complete System Downtime	100.00%	100.00%	

Vendor	KPI Name	Pass Target	Score	Comments
	Equipment Availability - Band A	98.00%	100.00%	
	Equipment Availability - Band B	97.00%	100.00%	
	Fault Response - Band A	100.00%	100.00%	
	Fault Response - Band B	100.00%	100.00%	
THERMO ELECTRON MANUFACTURING LTD	Complete System Downtime	100.00%		Data not provided by supplier
	Equipment Availability - Band C	97.00%		Data not provided by supplier
	Fault Response - Band C	100.00%		Data not provided by supplier

RECORD OF GENERAL RISK ASSESSMENT (Based on HSE's Five steps to risk assessment)



Department	Laboratories
Service	Finance
Version	1.0
Manager Responsible	Donna Galloway
Risk Assessor(s)	Jacqueline Adamson, Finance Business Partner, WCCS

Step 1(a)- Description of Process

A Managed Service Agreement for Laboratory Services exists between NHS Fife and Roche Diagnostics. There is no specific risk recorded on the risk register. This risk assessment seeks to ascertain if there is a financial risk or risk of the laboratory contract not performing and affecting operational service requirements.

Step 1(b) What are the risks	Step 2- Who/what might be harmed & how	Step 3(a)- Current Controls	Step 3(b) Evaluate the risks
That the contract will not deliver on the original criteria upon which it was agreed	Laboratory services – Haematology, Blood Transfusion, Microbiology and Cellular Pathology – will not be provided as per the contract agreed. This will impact on patient care.	Roche provides a comprehensive quarterly Business Service Report which includes contract scope and additions, unitary charge, contract change notices, statement overview, summary of year to date expenditure against forecast, KPI report and action tracker. There is a quarterly review meeting and a clear process for Dispute Resolution within the contract	Remote (1) x Major (4) = 4
That contract monitoring arrangements will not identify all delivery failures resulting in financial clawback.	Clawback payments may be incorrect which will affect revenue for NHS Fife	Service failures are recorded on QPulse and this process is robust and in line with the ISO 15189 accreditation held by all of the laboratories. A breakdown of clawback payments is included in the quarterly business report.	Unlikely (2) x Minor (2) = 4
That variations to the contract are appropriately identified, agreed and costed.	Inappropriately authorised variations will be in breach of Standing Financial Instructions.	A process has been agreed with the Director of Finance around variations to the contract that includes appropriate authorisation in line with SFIs	Possible (3) x Moderate (3) = 6

That the contract will not perform efficiently	Planned level of service will not be achieved and there may be a financial impact	There are processes in place to ensure that the contract is managed efficiently; quarterly review meetings, planned v actual service breakdown and a monthly meeting between the NHS Fife Finance Business Partner and the Roche Management Accountant representative.	Possible (3) x Moderate (3) = 9
That the contract will overperform against yearly forecast.	Adverse financial impact as costs rise.	The quarterly Business Service Report identifies over and underperforming consumables which allows laboratory managers to identify potential rising costs. In addition to this, all areas of the laboratory apply robust demand optimisation principles to testing of patient specimens.	Possible (3) x Minor (2) = 6

Severity Likelihood		Negligible 1		Minor 2		Moderate 3		Major 4		Extreme 5	
Certain	5	Yellow	5	Amber	10	Red	15	Red	20	Red	25
Likely	4	Yellow	4	Amber	8	Red	12	Red	16	Red	20
Possible	3	Green	3	Yellow	6	Amber	9	Amber	12	Red	15
Unlikely	2	Green	2	Yellow	4	Yellow	6	Amber	8	Amber	10
Remote	1	Green	1	Green	2	Green	3	Yellow	4	Yellow	5

Step 3(c)- What Further Action is Necessary? Step 4- Record Your Findings and Implement Them

Action Required	Person Responsible	Action Date	Action Taken	Completed Date
Prepare SBAR to describe the performance of the contract, the authorised variations, service deductions and information around performance of the contract for the DoF annually and before the Unitary Payment is agreed for the following year.	Donna Galloway	June 2020		

Has the risk assessment been agreed with your line manager?	Yes
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Manager's Signature & Date



Gemma Couser, GM, WCCS

16th December 2019

Have the findings of this risk assessment been communicated to all relevant people?

Yes

Method(s) of communication

Electronic distribution on Q pulse

Risk assessment completed by (print name & designation)

Signature Donna Galloway, Head of Laboratory Services

Date 28th November 2019

How soon should this assessment be reviewed and how regularly afterwards? Bi-annually, when practices change or following an incident.

Step 5- Review your assessment and update if necessary

Review carried out by (print name & designation)

Signature



Acting Head of Laboratory Services

Date 01/06/2021

Signature



Date

20/06/2023

Signature

Date

Signature

Date

This assessment should be reviewed immediately following an incident or if there have been significant changes in work activity

Meeting:	Finance, Performance and Resources Committee
Meeting date:	19 September 2023
Title:	Corporate Risks Aligned to the Finance, Performance & Resources Committee
Responsible Executive:	Margo McGurk, Director of Finance & Strategy, NHS Fife
Report Author:	Pauline Cumming, Risk Manager, 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 11 July 2023.

The Committee is invited to:

- note the Corporate Risks detail as at 5 September 2023 set out in Appendix 1;
- review all information provided against the Assurance Principles in 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 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.
- One risk mapped to the Strategic Priority 'To improve health and wellbeing' and aligned to the Clinical Governance Committee has reduced its risk rating.

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.

Table 1 Strategic Risk Profile

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		

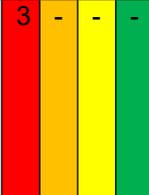
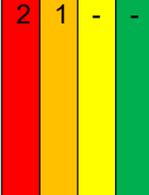
Summary Statement on Risk Profile
 Current assessment indicates delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.
 Mitigations in place to support management of risk over time with some risks requiring daily assessment.
 Risk Improvement Trajectory for high risks and Corporate Risk Register assessment in place.

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

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 Risk 7 and 8.
 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 	Mitigations updated for Risks 13 and 15.

Key Updates

Risk Description

The Committee is asked to note the following change to Risk 7 - Access to outpatient, diagnostic and treatment services.

The Committee is advised that in the Internal Controls Evaluation (ICE) report B08/23, Internal Audit commented that the pre-existing risk description did not fully convey the level of system challenge and recommended changing the risk wording from '**could**' in '*This time delay **could** impact clinical outcomes for the population of Fife*' to '**will**'.

The Risk Owner has considered the suggested rewording and agreed to the change. This is reflected in Appendix 1.

Risk Mitigations

The Committee is asked to note the updated mitigations for Risk 13. They describe the current level of challenge in delivering against the 3 main areas of efficiency set out in the financial plan.

Risk Target Date

It was previously reported, that an indicative target date, rather than a date fixed at year end, should be set for each risk.

This approach has been applied to all but Risk 7. It is not yet possible to provide a definitive target date for this risk, as the modelling for the service delivery backlog has not been completed nationally, or locally, for some specialties.

Deep Dive Reviews

Deep dive reviews will continue to be commissioned by the governance committees, or via a recommendation from EDG or the Risks & Opportunities Group. Going forward, generally, though not exclusively, deep dives will be carried out on deteriorating corporate risks associated with the committee's remit.

No deep dive is being reported to this meeting of the Committee, however the Q1 Financial Performance and Forecast report (agenda item 5.1) describes the current position in relation to corporate risk 13.

Next Steps

The Corporate Risk Register will continue to be updated to match the committee cycle, including through review at the ROG and recommendations to EDG.

The format and content of the Register and corporate risk reports will continue to evolve. Feedback from Committees and other stakeholders will be considered in order to reach consensus on priority areas for further development and / or improvement.

Connecting to Key Strategic Workstreams

The ROG will continue to deliver 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 support 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 that no further action was required.

2.3.6 Climate Emergency & Sustainability Impact

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

2.3.7 Communication, involvement, engagement and consultation

This paper reflects a range of communication and engagement with key stakeholders including EDG on 17 August 2023.

2.3.8 Route to the Meeting

- Claire Dobson, Director of Acute Services on 5 September 2023
- Margo McGurk, Director of Finance & Strategy on 1 September 2023
- Neil McCormick, Director of Property & Asset Management on 1 September 2023

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

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

Report Contact

Pauline Cumming
Risk Manager, NHS Fife
Email pauline.cumming@nhs.scot

Summary of Corporate Risks Aligned to the Finance, Performance & Resources Committee
as at 5 September 2023

 To improve the quality of health and care services								
No	Risk Description	Mitigation	Current Risk Level	Target Risk Level & Rating by dd/mm/yy	Current Risk Level Trend	Risk Appetite Moderate	Risk Owner	Primary Committee
6	<p>Whole System Capacity</p> <p>There is a risk that significant and sustained admission activity to acute services, combined with challenges in achieving timely discharge to</p>	<p>The combination of application of our OPEL process on a daily basis and the improvement work through our Integrated Unscheduled Integrated Care and Planned Care programmes provides the operational and strategic response to the challenges posed through this risk.</p> 	High 20	Mod 9 by 30/04/24	◀▶	Above	Director of Acute Services	Finance, Performance & Resources

	downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised.							
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 will impact clinical</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> <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>	High 20	It is not yet possible to provide a target risk level & date as modelling has not been completed nationally, or locally, for some specialities.	◀▶	Above	Director of Acute Services	Finance, Performance & Resources

	<p>outcomes for the population of Fife.</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> <p>Discussions continue with Scottish Government around the need for additional funding to help reduce the waiting times for long waiting routine patients.</p>						
8	<p>Cancer Waiting Times</p> <p>There is a risk that due to increasing patient referrals and complex cancer pathways, NHS Fife will see further deterioration of Cancer Waiting Times 62-day performance,</p>	<p>The prostate project group continues with actions identified to improve steps in the pathway. The nurse-led model went live in August 23. A deep dive into urology performance challenges is being undertaken.</p> <p>The initiation of the lung pathway has been improved to reduce waits between steps in the pathway including integration with the Single Point of Contact Hub.</p> <p>Weekly meetings with Scottish Government (SG) and quarterly monitoring of the Effective Cancer Management Framework continue.</p> <p>The Effective Cancer Management Framework has been updated and actions have been identified for 2023-24. 65% of</p>	High 15	Mod 12 by 30/04/24		Above	Director of Acute Services	Finance, Performance & Resources

	<p>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 actions have been completed</p> <p>An action plan has been developed and is progressing well to implement the Effective Breach Analysis Standard Operating Procedure in to NHS Fife.</p> <p>Work has commenced to take forward the Re-grading Framework which has now been published. An action plan has been developed based on the recommendations.</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 September 2023. Patient and staff evaluation questionnaires 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.</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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To deliver value
and sustainability

No	Risk Description	Mitigation	Risk Level	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Risk Appetite Moderate	Risk Owner	Primary Committee
13	<p>Delivery of a balanced in-year financial position</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</p>	<p>Agreed focus on 3 main areas of cost improvement as part of the medium-term financial plan. FIS Programme focus is to continuously monitor these areas with regular reporting to the EDG & NHS Fife Board.</p> <p>The EDG has considered the outcome of the Q1 Financial Performance and Forecast report and has concluded there is a need to explore further areas for efficiency savings and productive opportunities in light of the current challenge in delivering against the 3 planned areas of focus. A range of potential schemes has been identified which EDG has committed to exploring and recommending action on over the coming months.</p>	High 16	Mod 12 by 31/03/24	◀▶	Above	Director of Finance & Strategy	Finance, Performance & Resources

	from Scottish Government.							
14	<p>Delivery of recurring financial balance over the medium-term</p> <p>There is a risk that NHS Fife will not deliver the financial improvement and sustainability programme actions required to ensure sustainable financial balance over the medium-term.</p>	<p>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>	High 16	Mod 12 by 31/03/24	◀▶	Above	Director of Finance & Strategy	Finance, Performance & Resources
15	<p>Prioritisation & Management of Capital funding</p> <p>There is a risk that lack of prioritisation and control around the utilisation of</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. A further iteration will be presented to the Board in September 2023.</p> <p>Fife Capital Investment Group (FCIG) reviewed the 2022/23 position which showed full utilisation of significant capital</p>	Mod 12	Mod 8 (by 01/04/26 at next SG funding review)	◀▶	Within	Director of Property & Asset Management	Finance, Performance & Resources

	limited capital and staffing resources will affect our ability to deliver the PAMS and to support the developing Population Health and Wellbeing Strategy.	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

Risk Assurance Principles:

Board

- Ensuring efficient, effective and accountable governance

Standing Committees of the Board

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

Committee Agenda

- Agenda Items should relate to risk (where relevant)

Seek Assurance of Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chairs Assurance Report

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

Year End Report

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

General Questions:

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

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

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

Level of Assurance:

Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance
			

FINANCE, PERFORMANCE & RESOURCES COMMITTEE

DATES FOR FUTURE MEETINGS

Date
Tuesday 7 May 2024
Tuesday 16 July 2024
Tuesday 10 September 2024
Tuesday 12 November 2024
Tuesday 14 January 2025
Tuesday 11 March 2025

Please note that all meetings take place via **MS Teams** / in the **Staff Club** (TBC) and start at **9.30am**

A pre-meeting of Non-Executive Members is routinely held, beginning at **9am**

* * * * *

FINANCE, PERFORMANCE AND RESOURCES COMMITTEE

ANNUAL WORKPLAN 2023/24

Governance - General							
	Lead	09/05/23	11/07/23	19/09/23	14/11/23	16/01/24	12/03/24
Minutes of Previous Meeting	Chair	R	R	R	R	R	R
Action List	Chair	R	R	R	R	R	R
Escalation of Issues to NHS Board	Chair	R	R	R	R	R	R
Governance Matters							
	Lead	09/05/23	11/07/23	19/09/23	14/11/23	16/01/24	12/03/24
Annual Assurance Statement 2022/23	Board Secretary	R					
Annual Internal Audit Report 2022/23	Director of Finance & Strategy		R				
Committee Self-Assessment	Board Secretary						R
Corporate Calendar / Committee Dates	Board Secretary			R			
Corporate Risks Aligned to Finance, Performance & Resources Committee - Deep Dives	Director of Finance & Strategy	R Bank & Agency Work	R Bank & Agency Spend	R No Deep Dive Reviewing Critical Pathways	R Cancer Waiting Times	R Prioritisation & Management of Capital funding	R
Delivery of Annual Workplan 2023/24	Board Secretary	R	R	R	R	R	R
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					R Draft	R Approval
Review of General Policies & Procedures	Board Secretary	R			R		
Review of Terms of Reference	Board Secretary						R Approval

Strategy / Planning							
	Lead	09/05/23	11/07/23	19/09/23	14/11/23	16/01/24	12/03/24
Annual Delivery Plan 2023/24	Director of Finance & Strategy		R	R	R	R	R
Annual Budget Setting Process 2023/24	Director of Finance & Strategy	R					
Corporate Objectives	Director of Finance & Strategy / Associate Director of Planning & Performance	R					
Fife Capital Investment Group Reports 2023/24	Director of Finance & Strategy / Director of Property & Asset Management	R		R	R	R	R
Financial Improvement and Sustainability Programme Progress Report	Director of Finance & Strategy		R	Removed	R	R	R
Medium Term Financial Plan	Director of Finance & Strategy				R		R
Orthopaedic Elective Project	Director of Nursing	R		Removed		Removed	Removed
Primary Care Strategy Progression	Director of Health & Social Care		Removed				
Property & Asset Management Strategy (PAMS)	Director of Property & Asset Management			R			
Strategic Planning & Resource Allocation Process 2024/25	Director of Finance & Strategy				R		R
Control of Entry Pharmaceutical List	Director of Pharmacy & Medicines / Director of Health & Social Care			R			
Project Hydra	Director of Property & Asset Management				R	R	R
Quality / Performance							
	Lead	09/05/23	11/07/23	19/09/23	14/11/23	16/01/24	12/03/24
Financial Position – Mid-Year Review 2023/24	Director of Finance & Strategy			Removed			
Integrated Performance & Quality Report	Exec. Leads	R	R	R	R	R	R

Quality / Performance							
	Lead	09/05/23	11/07/23	19/09/23	14/11/23	16/01/24	12/03/24
Financial Performance & Sustainability Report <i>(Added to workplan June 2023)</i>	Director of Finance & Strategy		R	Removed	R	R	R
Labs Managed Service Contract (MSC) Performance Report	Director of Acute Services		Deferred to next meeting	R			
Procurement Key Performance Indicators	Head of Financial Services & Procurement	R		Removed	R		R
Tender Process for 2C GP Practices <i>(also goes to PHWC)</i>	Director of Health & Social Care	R Private Session		R Private Session			
Annual Reports							
	Lead	09/05/23	11/07/23	19/09/23	14/11/23	16/01/24	12/03/24
Annual Procurement Report 2022/23	Head of Financial Services & Procurement				R		
Linked Committee Minutes							
	Lead	09/05/23	11/07/23	19/09/23	14/11/23	16/01/24	12/03/24
Fife Capital Investment Group	Chair	R 18/01 & 01/03	R 19/04 & 26/05	R 16/08	R 27/09	R 08/11	R 13/12 & 24/01
Procurement Governance Board	Chair	R 22/02	R 28/04	R 30/08		R 25/10	R 28/02
IJB Finance, Performance & Scrutiny Committee	Chair	R 20/01	R 17/03	R 12/05 & 06/07	R 15/09	R 10/11	TBC
Primary Medical Services Sub-Committee	Chair	R 07/03	R 06/06		R 05/09	R 05/12	
Pharmacy Practice Committee	Chair	Ad-hoc Meetings					

Other / Adhoc							
	Lead	09/05/23	11/07/23	19/09/23	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			Deferred to next meeting	R		
Mental Health Estates Initial Agreement	Medical Director		Deferred to next meeting	Deferred to next meeting	R		
Primary Care Premises Framework	Director of Property & Asset Management			R			
Financial Performance Report	Director of Finance & Strategy			R			
Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)							
	Lead	09/05/23	11/07/23	19/09/23	14/11/23	16/01/24	12/03/24
Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme	Director of Pharmacy & Medicine	R Private Session		R Private Session			
Community Asset Transfer (CAT) - Lucky Ewe Appeal	Director of Property & Asset Management	R Private Session		R Private Session			
Potential PFI Re-financing – VHK Phase 3	Director of Property & Asset Management		Deferred to next meeting	R Private Session - Progress Update	R Final		
Planned Care Programme Report (Action from July Committee meeting)	Director of Acute Services & Medical Director			R			
Bank & Agency Staffing - Phased Approach Report (Action from July Committee meeting)	Director of Workforce				R		

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:	19 September 2023
Title:	Annual Delivery Plan 2023/24
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented to the Committee for:

- Assurance

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 to the Scottish Government (SG) on 8 June 2023 and resubmitted, following request for further information, on 26 June.

This paper provides the committee with assurance that the ADP has now been agreed with the Scottish Government.

2.2 Background

The guidance for Annual Delivery Plan (ADP) 2023/24 and Medium-Term Plan (MTP) 2023/26 was received on 28 February 2023. This guidance was intended

to support a more integrated and coherent approach to planning and delivery of health and care services, setting out prioritised high-level deliverables and intended outcomes to guide detailed local, regional and national planning, and inform improvement work.

The ADP is focussed on planning for the 10 Scottish Government recovery drivers:

1. Primary and Community Care
2. Urgent and Unscheduled Care
3. Mental Health
4. Planned Care
5. Cancer
6. Health Inequalities
7. Innovative healthcare and technologies
8. Workforce
9. Digital
10. Climate Change

2.3 Assessment

Following submission of the ADP documents on 8 June, formal feedback from Scottish Government policy departments was received on 28 June 2023.

NHS Fife responded to the feedback and submitted a formal response to the feedback on 26 July 2023. Our response includes a revised version of the ADP1 with additional information in the dental and diabetes sections.

Formal sign off of the ADP from Scottish Government was received on 11 August 2023 and the revised ADP and sign off letter from the Scottish Government has been attached for formal approval.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

Workforce planning is key to the ADP process.

2.3.3 Financial

Financial planning is key to the ADP process.

2.3.4 Risk Assessment/Management

Risk assessment is part of ADP process.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

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

- Executive Directors' Group 17 August 2023
- Public Health & Wellbeing Committee 4 September 2023
- Clinical Governance Committee 8 September 2023
- Staff Governance Committee 14 September 2023

2.4 Recommendation

The committee is asked to:

- **Take assurance** from the Annual Delivery Plan 2023/24
- **Note** the ADP Review Feedback for 2023/24

List of appendices

1. Annual Delivery Plan 2023/34
2. ADP Sign Off letter from Scottish Government

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Population Health & Wellbeing Strategy

Annual Delivery Plan 1 2023/24



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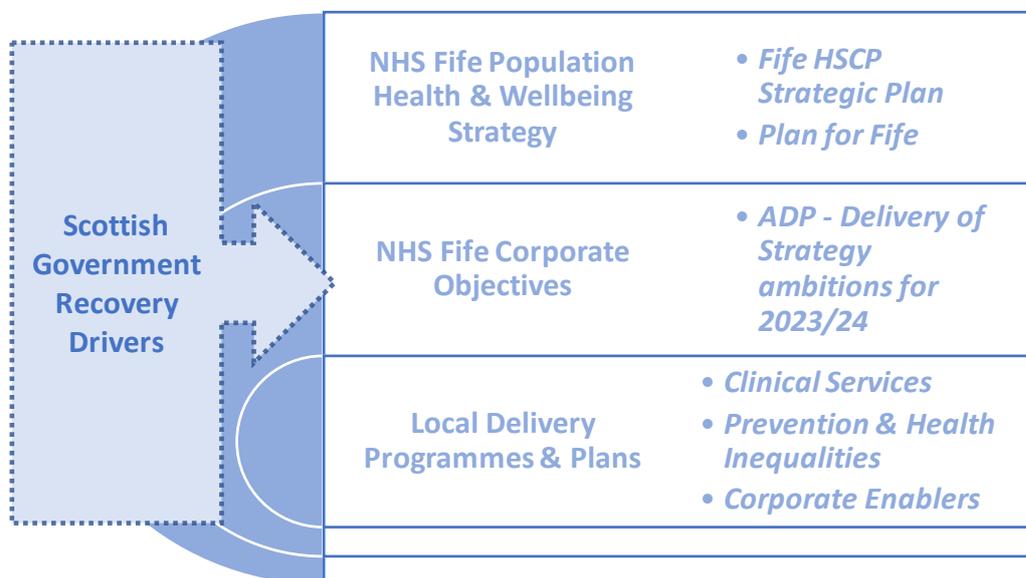
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Planning Context

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 their 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 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 our 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 vision for the future of primary care services, we are enabling multidisciplinary working to support people in the community and to 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 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.

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- Developing low risk chest pain pathways to ensure care in the right place and right time.
- Work collectively to improve service 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.

Specific projects are under way and ongoing in Fife in relation to diabetes prevention and weight management services:

- Health Promotion Dietitians obtained additional funding from Scottish Government, to build local capacity and strengthen support around childhood obesity prevention in the early years. The bid was in partnership with Fife Council Early Years team and NHS Lothian to implement the HENRY core training train the trainer (TTT) package to produce 8 HENRY trained facilitators (4 in Fife). HENRY core training builds the skills, confidence, and knowledge of the early years workforce to support families to lead healthy lifestyles by providing practical support on healthy eating, physical activity and parenting strategies around food and behaviour. Core training, as part of TTT model, took place across Fife and was offered to the early year's workforce: To date Fife has trained 92 members of the early years' workforce in this approach with more scheduled to be trained.
- Family focused sessions, relating to Child Health Weight, are supporting being active as a family and working together to make small healthy changes.
- Diabetes Prevention Programme 'Let's Prevent Diabetes' is a six-hour course that empowers individuals to make positive lifestyle changes to prevent or delay the onset of type 2 diabetes. This is delivered face to face, online or digitally. This programme forms part of the national Diabetes Education and Self-Management for Ongoing and Newly Diagnosed (DESMOND) package of support, designed by the NHS and Leicester Diabetes Centre. All individuals are invited to a weight management programme, where appropriate.
- Operationalised pathway supporting diet and lifestyle management of gestational diabetes to help achieve optimal blood glucose control to reduce associated complications for both mother and baby. Let's Prevent Diabetes programme offered post-partum to reduce risk of developing type 2 diabetes. Weight management support offered post-partum as appropriate.
- A two-year intensive weight loss programme which aims to help those living with type 2 diabetes to achieve and maintain remission. Involves total diet replacement, food reintroduction and maintenance phases. Based on evidence from the Diabetes Remission Clinical Trial (DiRECT).
- Various Weight Management Programmes supporting diet and behaviour changes which can lead to the improved management of the key cardiovascular risk factor conditions.
- Operationalised pathway supporting individuals before and after bariatric surgery. Sustained diet and behaviour changes along with significant weight loss can result in improved management of the key cardiovascular risk factor conditions.

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, improve flow and 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 admission, use resources more efficiently and effectively, increase capacity and provide a more flexible service.
- All Fife Care Home 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 will 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.

National indicators to measure access are being developed and will include number of dentists resigning from dental list and joining dental list. This will be a useful measure of workforce but will not accurately capture WTE and hours working on NHS dental care versus private care. This level of data is not available. Independent dental contractors advertise for posts and NHS Fife only has responsibility for recruiting to the Public Dental Service (PDS). NHS Fife, like other NHS Boards, are experiencing challenges recruiting.

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,

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Cowdenbeath, Cardenden and Kirkcaldy access) across Fife where we are able to provide this service.

The PDS in Fife is committed to providing support, 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 four 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.

Test of change proposal from Q2 is a pilot initiative being developed to provide short courses of targeted care in order to 'stabilise' patients' oral health. This service will be provided out of hours to reduce the impact on the PDS in-hours. Control measures will include ensuring the patients are signposted to the correct service. An options appraisal has been worked through and a preferred model is being worked up. The success of the pilot will be reliant on dentists and dental nurses and administrative staff coming forward to work in the service, which will be in addition to their normal contracted hours. The Dental SMT are very aware of potential unintended consequences and reducing risks so as not to destabilise current services, particularly the OOH dental service. Successes from these tests of change will be used to spread and sustain service from Q3.

The HSCP Primary Care Strategy 2023/2024 will focus on recovery, quality, and sustainability across all of primary care including GDS and PDS. Implementation of this will commence from August 2023. A delivery plan will ensure a focus on developing a sustainable workforce within dental services working collectively with independent contractors and the PDS to improve access to service across Fife.

Primary Care will explore innovative ways to maximise current workforce capacity to deliver dental care and optimise outcomes.

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 continue.

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, sustainable workforce across Urgent Care Services and consistent Urgent Care support to Primary Care in hours.

We will expand on the current system-wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models, a sustainable workforce across Urgent

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Care Services and consistent Urgent Care support to Primary Care in hours. This will align with the continued implementation of the Primary Care Improvement plan 2023/24 and national planning and direction as the model of 24/7 urgent care evolves.

We will implement year 1 of the delivery 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 orthopaedic assessment protocols to achieve faster transfers to 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 and results can be undertaken and 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 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 H@H 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 ambulatory models of care to improve person-centred outcomes including admission avoidance, decreasing length of stay by 10% to 4.5 days and reducing readmission rates. This can also support chronic disease management clinics with rapid access slots where appropriate 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 the 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 through an outreach model which will be developed to support people at home.
- Develop 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.

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- 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.
- Support and embed 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. This 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.

Fife Health & Social Care Partnership hold multidisciplinary 'verification' meetings to ensure continuous review of patients clinically fit for next stage of care with confirmed pathways of care in place and identified Planned Dates of Discharge. Daily and Weekly verification meetings feed into the weekly Whole System verification meeting where assurance at a senior level (Head of Service chairs) is provided covering patients in all aspects of delay. Any patients who can be discharged at the weekend are identified through this process.

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 the NHS Fife Population Health and Wellbeing Strategy.

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

Data analysis and user feedback will contribute to planning and decision making. There is a continuous process of audit undertaken within the service which directs planning focus.

The following planning assumptions are being given careful consideration.

- The ongoing significant impact of COVID-19 on the Health and Care System including Maternity Services. Maternity Services will also require to adapt to any future effects of COVID-19.

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- Balancing the capacity to maintain current service provision and 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), alongside local mandatory training. There is also 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.

- Service redesign and delivery options
- Service development and establishment of new services in response to investment and creation of new tiers of service and/or clinical pathways within established services
- Staff training 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 efficiency measures including the introduction of Enhanced Psychological Practitioners
- Developing and supporting provision delivered by other services through 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 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 Digital & Information team to introduce a new patient appointment system and also an electronic patient record system. Timelines dictate 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) service across both front-line health services commissioned through 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 can be found 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 Orthopaedics 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 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.

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 at the Queen Margaret Hospital (QMH) to release theatre capacity through capital investment to increase procedures which can be conducted under local anaesthetic. Work is underway and 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 the national drive 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 will be used 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. This will be 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.
- Match Ultrasound rooms with sonographer availability, this may require additional local footprint or adapting existing resources.
- Minimise 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. 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	0
Over 26 Weeks	109	63	10	0
Over 6 Weeks	373	250	140	10
Total List Size	755	785	795	795
Radiology 4 key diagnostic tests				
Over 52 Weeks	0	0	0	0
Over 26 Weeks	0	0	0	0
Over 6 Weeks	4966	6577	8188	9799
Total List Size	9107	10718	12329	13940

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.
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 the 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 plans 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.
- 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 is 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 have a 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 the 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.

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 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 GPs 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 partner (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 Medium Term 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

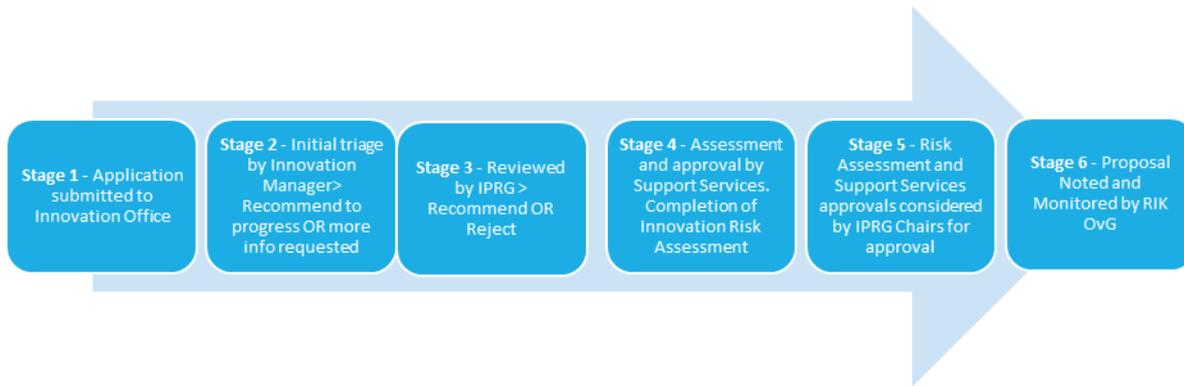
NHS Fife has invested in supporting innovation at a local level, with an Innovation Manager and Clinical Innovation Champion within Research, Innovation and Knowledge (RIK), and a Programme Manager, PMO, Innovation and Technical Design in Digital and Information (D&I). This resource also supports deeper 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 engaged locally with Fife Council, 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 align 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 with from 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 attends 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 the Implementation of the Health & Care (Staffing) (Scotland) Act 2019 (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 and high 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 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 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.

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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, 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

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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

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 has finalised 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 outwith 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 the Implementation of the Health & Care (Staffing) (Scotland) Act 2019 (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 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 eighteen 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.

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,

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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 supporting

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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.

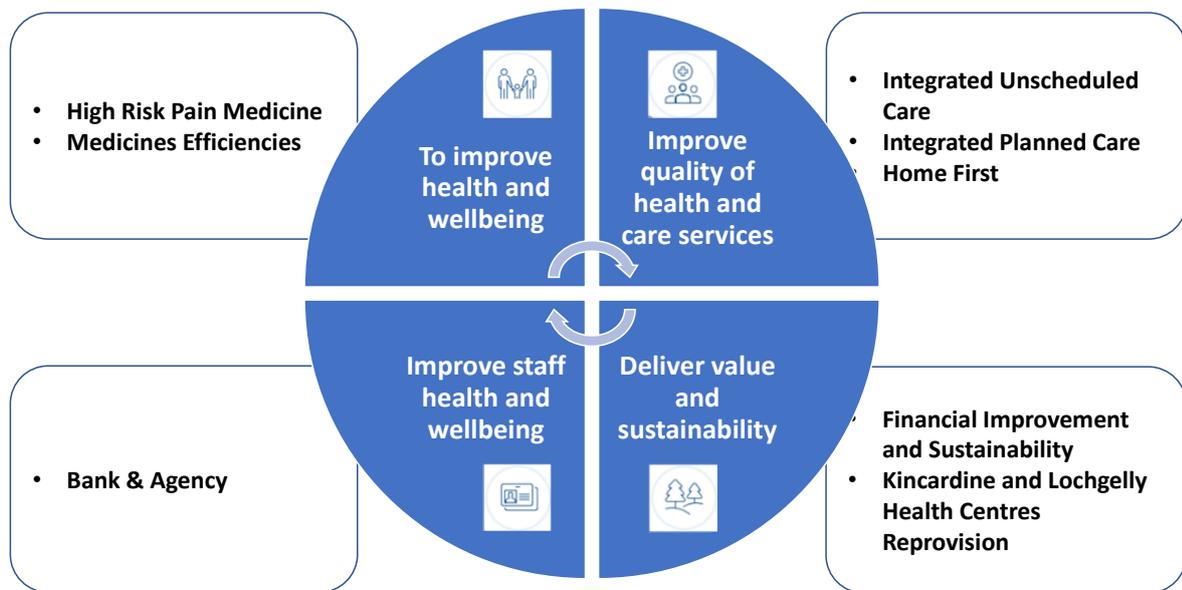
- Through our Community Planning Partnerships, we are supporting delivery against the Plan 4 Fife with the focus on place, people and community wealth building.

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 recognises 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/ 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 quality of</p>	<p>Unscheduled Care Programme, specifically supporting:</p> <ol style="list-style-type: none"> Care Closer to Home Redesign of Urgent 	<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, first time for urgent care.</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

Strategic Priorities	Programme	Objectives	Benefits / Outcomes
health and care services	3. Discharge without Delay		<ul style="list-style-type: none"> • Increase in people directed to alternative 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	<ol style="list-style-type: none"> 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 demands, as well as being sustainable. 	<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
		5. Assessment and planning of treatment/care will be co-ordinated. 6. Data will lead the planning and commissioning of services.	
 Improve staff health and wellbeing	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 policies and processes to managers and staff 	<ul style="list-style-type: none"> • Delivery against the savings target • Improvements in Bank / Agency processes
 Deliver value and sustainability	FIS Programme	Overseeing the following work: <ul style="list-style-type: none"> • Bank/Agency Spend • Reduce Surge Capacity • Corporate Spend 	<ul style="list-style-type: none"> • Financial Control
	Kincardine and Lochgelly Health and Wellbeing Centres Provision	Progress the Full Business Case process in line with Scottish Government timelines and funding availability.	



T: 0131-244 2480

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11 August 2023

Dear Carol

NHS FIFE : ANNUAL DELIVERY PLAN 2023/24

Thank you for submitting your Annual Delivery Plan (ADP), setting out your operational priorities and key actions for 2023/24. May I take this opportunity to thank you and your team for all the hard work that has gone into the preparation, and subsequent review, of the ADP over the last few months.

As set out in the Delivery Plan Guidance issued in February, this year's ADP process is intended to move us forward from the volatility of the last three years and make further progress along the path towards recovery and renewal as set out in *Re-mobilise, Recover, Re-design: the framework for NHS Scotland*. As such, the guidance was framed around 10 'drivers of recovery' and we welcome the considered way in which you have responded to these when developing your 2023/24 Plan.

Following discussions between our teams, I am now satisfied that your 23/24 Annual Delivery Plan broadly meets our requirements and provides a shared understanding between the Scottish Government and NHS Fife regarding what is to be delivered in 2023/24.

There are a small number of areas where some further detailed work is required and these have already been discussed with your team. Annex 1 sets out a summary of our agreed joint position on key milestones and deliverables for 2023/24.

In moving to focus on delivery of the Plan, we do this through strengthened engagement around the quarterly updates and the six-monthly joint Executive meetings – the next round of which is currently being scheduled for September/October.

My team will be in touch shortly to discuss your recently submitted Medium Term Plans (MTP), which provide the opportunity to set annual plans within a medium-term context. We wish to use these MTPs as the basis on which we can work in a collaborative way with Boards to ensure that they provide a robust foundation on which we can build stronger medium and long term planning capacity and capability both within Scottish Government and Boards.

Looking ahead, we will continue to build on the foundations of the annual planning process that have been laid here. In particular, we will work to ensure the ADP planning and reporting cycle is better integrated with financial and workforce planning, as well as enhanced regional and national planning. Our intention is also to bring forward the planning timetable for 2024/25, with the aim of finalising ADPs earlier in the year, and we look forward to working



with your Planning team on this to ensure we can meet this aim without placing undue pressure on Boards during busy periods.

One again, many thanks to you and all your colleagues, and we look forward to continuing to work with you as we plan and deliver the highest possible quality of care for patients, improve the experience of our staff and ensure the best possible value for citizens. If you have any questions about this letter, please contact Paula Speirs, Deputy Chief Operating Officer, in the first instance (paula.speirs@gov.scot).

Yours sincerely

A handwritten signature in black ink, appearing to read 'JCBurns', with a long horizontal flourish underneath.

JOHN BURNS
NHS Scotland Chief Operating Officer

Annex 1 : Fife 2023/24 ADP Review Feedback and Responses

Primary & Community Care

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Comments
1.1	<p>Within your response, set out what you will deliver in terms of the scaling of the MDT approach by quarter and set out expected impact in terms of increased activity, extended hours.</p>	<p>ADP sets out a plan, through the Primary Care Strategy and Delivery Plan, to review the integration of Primary Care nursing teams and all primary care workforce, to aid more sustainable workforces but also equitable provision of Immunisation, CTAC and Chronic Disease Management.</p> <p>Detail is missing for FIF-PPCS-02 on specific milestones, targets and actions that will be progressed during 23/24 or narrative to explain challenges in providing this detail. This will help monitoring of actions against this deliverable.</p> <p>There is scope to mention the preventative role of public health nursing services e.g. Health Visitors, Family Nurses and School Nurses and how they might work across multidisciplinary teams in the community.</p>	<p>Additional milestones have been added to FIF-PPCS-02.</p> <p>As the prevention and early intervention strategy is implemented from Q3, scoping will identify opportunities to enhance integration of services including community children's services to maximise health and wellbeing for people in Fife applying a life course approach.</p>	<p>Content</p>
1.2	<p>Plans to deliver a sustainable Out of Hours service, utilising multi-disciplinary teams.</p>	<p>It is noted that the overall ambition is to develop plans for 24/7 'Urgent Care Hubs', interfacing between Primary and Secondary care, creating sustainable workforces across Urgent Care Services and create consistent Urgent Care support to Primary Care.</p> <p>It is encouraging to hear the Board's plans to expand their Urgent Care infrastructure and the continued development of urgent care pathways.</p> <p>We would ask that ADP2 (FIF-UUC-005 and FIF-PPCS-01) sets out further detail on key actions, milestones and associated risks in relation to this, reflecting the criticality of a</p>	<p>Within Fife, Urgent Care Services (USCF) – Fife's OOH Service – has a sustainable workforce model, with well-established MDT, supporting GPs as Senior Clinical Decisions Makers. Along with a well-developed MDT, UCSF host Fife's Flow Navigation Centre (FNC) and leadership team is integrated within our In-Hours Urgent Care team.</p> <p>The aims for 2023-2024 are to expand on this replicate and test our OOHs Urgent Care model in-hours, however this is reliant on additional funding given ongoing constraints with PCIP funding and the priorities directed by MOU2.</p>	<p>Content</p> <p>We are grateful for the Board's update, and note the milestones and dependency on factors mentioned.</p>

		more resilient service for this winter.	Additional milestones have been added to FIF-PPCS-01 within ADP2 but are dependent on funding and workforce availability. FIF-UUC-05 is now FIF-PPCS-23.	
1.3	Build and optimise existing primary care capacity to align with existing and emerging mental health and wellbeing resources with primary care resource – with the aim of providing early access to community-based services.	It is noted that there are plans to establish MHWPCS within GP clusters or localities, with three initial test sites have been identified and then roll out across the 7 localities of Fife. More detail around optimising primary care capacity could be included. Further detail is however requested in FIF-CCCS-13 on key actions, milestones and associated risks of delivery. Without the detail on quarterly milestones, it will be challenging to monitor progress against this plan. As requested in 1.3, we would also ask that you provide detail on plans to optimise primary care capacity within the project to establish MHWPCS.	Additional milestones have been added to FIF-CCCS-13.	Content
1.4	In 2023/24, set out plans and approaches for the early detection and improved management of the key cardiovascular risk factor conditions: diabetes, high blood pressure and high cholesterol.	RE T2DPF: no specific actions around type 2 diabetes prevention/ weight management services in relation to this action (1.4)	Section added to ADP1 and deliverable added to ADP2.	Content
1.5	In parallel with development of the national frailty programme, outline the approach of primary care to frailty and particularly managing those at most risk of admission. This should include the approach to progressing plans for Care Homes to have regular MDTs with appropriate professionals.	Mental Health Performance Build 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. All Fife Care Home 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-	Noted	Content

		actively manage symptoms and offer support to avoid admission to hospital.		
1.6	Increase capacity for providing in-hours routine and urgent dental care for unregistered and deregistered dental patients.	<p>The Scottish Government recently advised NHS Boards of a further revision of the Scottish Dental Access Initiative (SDAI) capital scheme to include four areas in Fife which took effect from 26 April 2023. It is hoped that this initiative will attract interest from dental practices.</p> <p>The Board's accompanying narrative provides a good indication of the actions which it will undertake to support access, however these are not well defined in ADP2 milestones and mitigating controls. Workforce concerns are particularly highlighted as a key risk but mitigations are not articulated. There is no consideration of baseline metrics and stretch targets to improve.</p> <p>It would be helpful to understand how some actions will be taken forward, including further detail on the tests of change proposed from Q2.</p>	<p>Additional content added to ADP1 and deliverable FIF-PPCS-05 has been updated.</p> <p>National indicators include calls to dental advice line, number of patients seen in OOH dental services which are currently recorded by PDS to give baseline metrics.</p>	Content
1.7	<p>As part of the objective of delivering more services within the community, transition delivery of appropriate hospital-based eyecare into a primary care setting, starting with the phased introduction of a national Community Glaucoma Scheme Service.</p> <p>Within your response, please include forecast 2023/24 eyecare activity that will transition from hospital to primary care settings.</p>	The Scottish Government is of the understanding that NHS Fife had the capacity to potentially go live with the Community Glaucoma Service in 2023/24. Please can the Board explain why their aim is to go live in April 2024.	Noted	Content, noting that it has been agreed to follow up on go live timeline for Community Glaucoma service as part of ADP progress update
1.8	Review the provision of IPC support available to Primary Care, including general practice and dental practice	The Board has described its first steps to implementing the IPC workforce strategy in both the acute and primary care. An Oversight Board	Deliverable FIF-NURS-08 on ADP2 has been updated. Initially mapped to wrong deliverable.	Content

		<p>has been convened to develop a local integrated service delivery plan with the HAI exec lead and DoN working immediately on strengthening the HP, AMR and IPC workforce.</p> <p>More clarity is requested on timescales and addition of detail relating to IPC to GP, dental and primary care.</p>		
N/A	General Comment	<p>It is encouraging to see such a comprehensive set of deliverables relating to primary and community care. Although many of these are in addition to the set of areas requested in the Delivery Plan Guidance, it would be helpful to understand the scale of resource available to deliver on this wide set of actions.</p>	<p>Resource is either via current base lined budgets and/or non-recurring monies for specific programmes of work. Our workforce as our most valuable asset and resource are critical to success of the deliverables and any plans are anchored against our HSCP and NHS Fife workforce strategies. There is however known high level risks associated with workforce which is not specific to individual services but across all disciplines and finance and we have mitigating actions in place which are formally recorded and managed with robust oversight and governance of change activities. Digital capacity as a resource is also critical to achieving many of the deliverables within the plan and again, we are aligned with the digital strategy to seek opportunities for progression and completion</p>	Content

Unscheduled Care

No	Key Result Areas	Initial SG Feedback	Board Comments	SG Final Sign Off Comments
2.1	Boards are asked to set out plans to progress from the De Minimis Flow Navigation Centre (FNC) model to further optimise.	Although there are actions set out in relation to elements of the FNC, we would ask for confirmation of your commitment to meet the De Minimis Specification	<p>Planned work/actions to progress development of FNC</p> <p>Ability to carry out video consultations is in place but not currently being used, within the scope of the improvement plan for 2023/24 (NearMe).</p>	Content

			<p>Able to transfer patient record to receiving department / clinic but currently manual process. This is to be reviewed as part of Data & Digital workstream.</p> <p>Ability to capture process measures data within unscheduled care linked data is not in place. Adastra use needs to be reviewed and the outcomes / data being recorded. Work to be actioned by the operational team and then to be reviewed as part of Data & Digital workstream.</p> <p>Confirmation is required on what the standardised national referral process is. Referrals do come from other areas and accepted.</p> <p>Scoping work to be undertaken to identify what further work is required in relation to a Directory of Services that includes availability. Fife Referral Organisational Guidance (FROG) provides information on services and referral processes but not availability of appointment slots.</p> <p>Open access for all GP referrals 24/7 (SDEC) but scheduling processes still being built to allow visibility of appointment times / slots for Emergency and Ambulatory Care. To be reviewed as part of Data & Digital Workstream.</p> <p>Technically able to pass requests for transport to the appropriate provider (HB provider/SAS), where patient's need non-public transport, is not in place. This has not been identified as a requirement through FNC as a process is in place.</p>	
2.2	Extend the ability to 'schedule' unscheduled care by booking patients into slots which reduce	Although FIF-UUC-04 references scheduling of unscheduled care, further detail is required on	All people including children accessing and assessed as requiring clinical consultation via FNC are able to be booked into slots available	Content

	self-presentation and prevent over-crowding.	specific milestones, targets and delivery risks. There is potential to include School Nurses and Health Visitors in this work to improve outcomes for mothers, babies and young people.	dependant on their care need. Improvement work continues to seek opportunities for scheduling people for care across the wider system including ambulatory care pathways. Booking systems already are in place across other services including primary care and opportunities to enhance or develop scheduling across the health and social system are being explored as part of a programme of transformational change.	
2.3	Boards to outline plans for an integrated approach to all urgent care services including Primary Care OOH and community services to optimise their assets.	There are no clear plans on integrated approach to urgent care services involving OOHs and Community services.	OOH within Fife delivered by urgent care services (USCF) are well established with pathways available to support care navigation to the right place and right time across the system. A host of professional-to-professional lines and channels for communication are established. This includes but not withstanding community nursing, community pharmacy, mental health services, social work and social care, care homes and Scottish ambulance service. At present to support safety and as a contingency primary care services including primary medical services can access UCSF if necessary.	Content
2.4	Set out plans to implement and further develop OPAT, Respiratory and Hospital at Home pathways.	Although there is reference in FIF-COMC-07 to alternatives to inpatient care, further detail is required on specific actions and trajectories.	Also see FIF-EMER-03 in ADP2 Deliverable FIF-COMC-07 within ADP2 has been updated. The below KPIs will be monitored as part of Home First Programme. <ul style="list-style-type: none"> • Reduce the number of times that H@H Service reaches maximum capacity from 10 (baseline) to 5 by Oct-23 • Increase in the numbers of patients of 	Content

			<p>complex community care prevented from re-admission to hospital with exacerbations of chronic respiratory disease from 50 (baseline) to 60 by Oct-23</p> <ul style="list-style-type: none"> • Increase in the numbers of patients with respiratory disease who are prevented from re-admission to hospital with exacerbations of their chronic condition from 15 (baseline) to 25 by Oct-23 	
2.5	Set out plans to introduce new pathways, including paediatrics and heart failure.	No detail provided in respect of this ask.	<p>Detail was provided in ADP1 section 2.2.2.</p> <p>Deliverables will be added to ADP2 when applicable.</p> <p>We will explore development of the Paediatric Rapid Review clinic, including options around Near-Me, for 'urgent' referrals and potentially to review children sent home from ED. Achievement of this deliverable will be dependent on stabilisation of Paediatric Middle-grade rota.</p> <p>Acute Cardiology Service scoping options to appoint Heart Failure nurse for front door in reach admission prevention.</p> <p>The below KPIs will be monitored as part of Home First Programme.</p> <ul style="list-style-type: none"> • Increase in the numbers of patients with heart failure who are prevented from re-admission to hospital with exacerbations of their chronic condition from 56 	Content

			(baseline) to 68 by Oct-23	
2.6	Boards are asked to set out plan to increase assessment capacity (and/or footprint) to support early decision making and streaming to short stay pathways.	Although the ADP makes reference to various actions to reduce length of stay, further detail is required, as set out in 2.6, including milestones and targets on forecast length of stay reduction into short-stay wards and reduction in boarding.	<p>A short stay enhanced triage model (RTU) has been implemented. Target 60 patients per week with LoS for area less than 6 hrs with average <4 hrs, meeting target projection of 4hrs by Nov23.</p> <p>Medical Admissions Unit LoS to reduce from 24hrs to 18hrs by Nov23. Currently 19 hrs.</p> <p>Target of no boarding to Surgical Admissions Unit. But in the event, it occurs, numbers should not exceed 4 patients.</p> <p>Average boarding to Planned Care wards should not exceed average monthly figure of 25.</p>	Content
2.7	Set out plans to deliver effective discharge planning seven days a week, through adopting the 'Discharge without Delay' approach.	Although FIF-COMC-02 does include response to 2.7, further detail on specific actions and trajectories, by quarter, is required.	<p>Please also refer to ADP2 deliverable FIF-EMER-04</p> <p>Weekend planning will include Friday verification of ECD patients to ensure Criteria Led Discharge can be maintained over Saturday & Sunday. Increase flow through reduced opening occupancy on Saturday morning. The aim to increase Weekend discharges by 10% by August 2023 and 15% by December 2023 and maintain through to March 2023.</p> <p>ADP1 section 2.3.1 denotes goal to have no more than 44 standard delays across Acute and Community settings.</p> <p>The below KPIs will also be monitored as part of Home First Programme.</p> <ul style="list-style-type: none"> • Deliver a sustained reduction in delayed discharges in the acute setting so no patient is 	Content

			<p>waiting in delay by Dec-23</p> <ul style="list-style-type: none"> • Increase the number of Planned Discharge Date (PDD) being met from 60% (baseline) to 90% by Dec-23 	
2.8	<p>Outline your approach to move towards full delivery of the Best Start Programme, as outlined in your Plan submitted to the Best Start Programme Board in Autumn 2022. This should include summary of the delivery and assurance structures in place including oversight at Board level.</p>	<p>Good description of governance. Although there is much description of risks and challenges, this needs to be balanced out with more detail on proposed actions and milestones for 2023/24.</p>	<p>Please refer to ADP2 deliverable FIF-WCCS-04</p>	Content
	<p>General comment</p>	<p>It is encouraging to see such a comprehensive set of deliverables, however, many of them are missing specifics on plans and trajectories beyond Q1. Reflecting the criticality of these actions on a more resilient service for this winter, we would ask that further detail on milestones and quarterly trajectories is provided for FIF-UUC-04, FIF-EMER-01, FIF-EMER-02, FIF-EMER-03, FIF-EMER-04, FIF-UUC-02, FIF-COMC-02, FIF-COMC-04, FIF-COMC07, FIF-COMC-08.</p>	<p>Deliverables have been reviewed and updated appropriately. Further milestones will be incorporated in due course as planning for winter progresses.</p>	Content

Mental Health

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
3.1	Build capacity in services to eliminate very long waits (over 52 weeks) for CAMHS and PT	<p>Mental Health Performance</p> <p>CAMHS</p> <p>Trajectories provided, in the required template, but as a pdf. Could we have the excel file please?</p> <p>Continue focus on initiatives to deliver, achieve and maintain the 18-week referral to treatment standard and increase capacity.</p> <p>The ADP lacks clarity on which initiatives, specifically Fife will focus on, and the impact these will have on overall performance.</p> <p>Project that the CAMHS standard will be achieved by March 2024.</p> <p>CAMHS will build capacity to deliver improved services underpinned by agreed standards and specifications for service delivery. Fife CAMHS will achieve the standards set within the National CAMHS Service Specification.</p> <p>CAMHS Early Intervention Service is in place to ensure the right support is delivered at the right time by the right services.</p> <p><u>Psychological Therapies</u></p> <p>Trajectories provided, in the required template, but as a pdf. Could we have the excel file please?</p> <p>NHS Fife project that they will meet the PT standard by December 2024.</p> <p>On-going recruitment activity is a key component of building capacity.</p> <p>Demand-capacity data is collated and interrogated routinely and is used to inform improvement actions. The service has a</p>	Noted	Content



		<p>detailed plan of improvement actions which relate to both the waiting times target and improving access to PTs.</p> <p>Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits (over 52 weeks) and meet & maintain the 18-week referral to treatment waiting times standard. Fife Psychology Service will have capacity to meet demand, achieve & sustain the LDP access and waiting times standard for PTs.</p>		
3.2	Outline your plans to build capacity in services to deliver improved services underpinned by these agreed standards and specifications for service delivery.	<p>ADP sets out 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.</p> <p>Partners within Fife HSCP will continue to build capacity across services to achieve the standards set within the National Neurodevelopmental Specification for children and young people.</p> <p>Fife HSCP will achieve the standards set within the National Neurodevelopmental Specification.</p>	Noted	Content
3.3	Boards should report on the timetable to achieve full compliance with CAPTND data set and/or plans to improve quality as above which may include work to replace or enhance their systems to achieve compliance.	<p>Mental Health Performance</p> <p>Fife CAMHS have robust data collection processes in place that supports the delivery of local priorities and aligns to national standards.</p> <p>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</p>	Noted	Content

		<p>adapt to future data collection requirements.</p> <p>The Psychology Service is currently working with NHS Fife Digital & Information team to introduce a new patient appointment system and also an electronic patient record system.</p> <p>Mental Health Services will have a robust data gathering and analysis system to allow for service planning and development.</p> <p>Improve compliance with CAPTND dataset. Fife Psychology Service will have improved systems to support compliance with the CAPTND data set</p> <p>Timelines dictate that the service will be better placed to achieve full compliance with CAPTND data set during 2023/24.</p>		
3.4	<p>Boards are asked to set out their plans to increase mental health services spend to 10% of NHS frontline spend by 2026 and plans to increase the spend on the mental health of children and young people to 1%.</p>	<p>Although recognising the challenges in the Medium-Term Financial Plan and noting current discussions with Health Finance colleagues, we still require further detail on how NHS Fife plan to increase their MH services spend to the PfG commitment of 10% by 2026 and to increase the spend on the MH of C&YP to 1%.</p>	<p>Early discussions are being established with Chief Finance Officer and DoF to explore this situation. The Fife Mental Health Strategic Implementation Group has commissioned a needs assessment which will be available to inform local strategic improvements within 2023 calendar year. The outcomes from the Needs Assessment will inform the financial discussions.</p> <p>Mental Health spend will be reviewed to take into account the significant level of spend via SLAs elsewhere in Scotland and indeed cross border activity.</p>	<p>Content</p> <p>SG Lead will pick up with Board during routine engagement</p>

Planned Care

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
4.1	Identifying a dedicated planned care bed footprint and associated resource by Board/hospital to enable a “hospital within a hospital” approach in order to protect the delivery of planned care.	Although it is noted that protected planned care beds has been established for orthopaedics, via NTC-Fife and also that Ward 24 has been reconfigured to provide an increased bed base for elective activity. We would ask however for clarity if this is protected.	Ward 24 has 9 inpatient beds for elective and emergency activity for Gynaecology. In extremis there may be occasions where a female patient may be boarded into ward 24, but to date elective activity has been sustained and none cancelled as a result of bed capacity.	Content
4.2	Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.	NHS Fife are creating a procedure room in day surgery facility at QMH to release theatre capacity to increase procedures which can be conducted under LA, noting it is 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 would ask for confirmation on plans to further extend day surgery and for 23-hour surgery.	Completion of Procedure room now delayed for early September due to issues with static flooring in procedure room. 5-6/10 sessions occupied within procedure room. Exploring demand for local cases with specialities. In terms of transfer of lists from VHK – General Surgery, ENT and OMFS will all transfer suitable lists to QMH.	Content
4.3	Set out plan for 2023/24 to reduce unwarranted variation, utilising the Atlas Maps of variation and working with CfSD and respective Specialty Delivery Groups (SDGs) and Clinical Networks.	Comprehensive set of actions on work with CfSD to reduce unwarranted variation aligning to ATLAS of variation. It is also noted that NHS Fife are participating and engaging with the national drive toward standard high volume same procedure lists such as Cataracts. Clinical engagement with CfSD SDGs is encouraged in support of the implementation of national pathways, including Endometriosis for Gynaecology and development of an NHS Fife sustainable model including training for local consultants. TTG and NOP Capacity Projections by Specialty provided and Same Day Knee and Hip Replacement Projections	We are currently focusing on the roll out of ACRT and PIR within national and local priority specialities but plan to develop our plans for the Atlas of Variation later in 2023/24. This will be reported through the Integrated PC Board, including any proposed trajectories. Ongoing work with ophthalmology to increase throughput. Meeting with IPCT 13/7 who support test of change. Plans to introduce/trial HIIT lists for hernias at QMH. Date TBC. Same day hip and knee projections will be unchanged, clinically seeing an increase in patients with multiple pathology and frailty. Increasing number of arthroplasty patients	Content

		provided, in line with BADS guidance. Further detail is requested in relation to forecast reductions as set out in 4.3.	deemed not fit for surgery at pre-assessment stage. Staffing gaps in pre-assessment resulting in reduced number of available patients assessed fit for surgery and impacting on theatre utilisation.	
4.4	Approach to validation of waiting lists for patients waiting over 52 weeks, including potential alternatives for treatment. Board responses should also outline level of engagement with the National Elective Co-ordination Unit (NECU) to support validation.	Engagement with NECU commenced early 2023 Adopt NECU process locally to improve current processes and moving from paper-based systems which have been in place for the past 2 years to implement NETCALL	None required	Content

Cancer Care

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
5.1	Set out actions to expand diagnostic capacity and workforce, including endoscopy and its new alternatives	<p>Reviewing efficiencies in service, with designated project manager(s), exploring tests of change, regular audits undertaken.</p> <p>For radiology - introduction of text reminder service, improve processes for utilisation of patient cancellations, monitor performance in utilisation of unused slots, weekend CT lists etc.</p> <p>Commitment to continue to prioritise USCs.</p> <p>Diagnostic capacity projections included (for endoscopy and radiology) from April 23 – March 24, forecasting a static position.</p> <p>Further detail is required, as requested, in the diagnostic plans as part of your 62 day improvement plan, by cancer type.</p>	<p>Please refer to deliverables on ADP2 relating to Endoscopy (FIF-PLAN-06) and Radiology (FIF-WCCS-03)</p> <p>Additional funding was unsuccessfully requested for Cancer WT therefore we have no additional capacity to offer.</p> <p>NHS Fife prioritise USC when vetting referrals to Radiology and will continue to do so.</p>	<p>Content</p> <p>Fife has developed a 62 day improvement plan which will be supported by expected levels of cancer waiting times funding (to be released Aug 23).</p>
5.2	Plan for continued roll out of RCDS's – both Board level and regional approaches will be required.	One of first RCDSs in Scotland and already expanded into UGI with consideration underway to open access to pathway up to pharmacy.	Noted	Content
5.3	Set out plans to achieve full adoption of Framework for Effective Cancer Management	Little detail on actions is provided to deliver the Framework, or immediate priorities, however performance trajectories have been provided - 85.4% at March 24 for 62 day and 94.5% by March 24 on 31	Please refer to ADP2 deliverable FIF-QGC-07, this has been updated since submission.	<p>Content</p> <p>Quarterly FECM returns will continue to be closely monitored by officials.</p>

		<p>day. We would ask that you reflect the actions that will be included within the quarterly returns summarising progress in delivering FECM.</p> <p>Officials will review these alongside the Board's 62 day improvements plan, mentioned above.</p>		
5.4	Outline plans to improve the quality of cancer staging data	NHS Fife have already identified areas for improvement locally which is to be welcomed, with staging data collection for Prostate to 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. For bladder, record pathological T staging prior to each TURBT (Trans Urethral Resection of Bladder Tumour) procedure and pathological TNM staging prior to cystectomy.	Noted	Content
5.5	<p>Confirm you have:</p> <ul style="list-style-type: none"> Implemented or have plans to implement provision of single point of contact services for cancer patients Embed referral, where clinically appropriate, to Maggie's prehab service and use of national prehab website in cancer pathways Assurance of routine adherence to optimal diagnostic pathways and Scottish Cancer Network clinical management pathways Embed the Psychological Therapies and Support Framework 	<p>ADP covers all areas requested and confirmation of future engagement responded to. Good evidence of activities and target milestones.</p> <p>Single point of contact – established for USC, colorectal or urological and to be expanded to lung cancer also this year.</p> <p>Many services (4 mentioned) have a dedicated pathway navigator. Looking to expand this to include breast.</p> <p>Maggie's Prehabilitation – comprehensive with universal sessions for anyone with a cancer diagnosis.</p> <p>Adherence to Pathways - A project group has been set up to implement the Optimal Lung Cancer Pathway.</p> <p>Psychological framework – psychological support is already embedded. Looking to use the framework to ensure equitable access to psychological support across Fife and tumour groups, and identify areas for further development.</p> <p>Signposting and referrals – all patients diagnosed with cancer are referred to Macmillan Improved Cancer Journey (ICJ). Potential to reference CHAS and existing relationships for children</p>	Noted	Content

	<ul style="list-style-type: none"> • Signposting and referral to third sector cancer services embedded in all cancer pathways <p>In addition, Boards are asked to confirm that they will engage and support with future data requests and advice to deliver the upcoming National Oncology Transformation Programme.</p>	<p>who need to access palliative care</p> <p>Risk noted in relation to workforce and non-recurrent funding not secured.</p>		
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Health Inequalities

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
6.1	<p>Summarise local priorities for reducing health inequalities taking into account national strategies around Race, Women's Health Plan and any related actions within most recent Equality Mainstreaming Report</p>	<p>Specific action in FIF-WCCS-05 to target vaccination uptake amongst vulnerable populations (including minority ethnic people), and to capture uptake data</p> <p>Potential to provide further detail on how health services are identifying and supporting patients in poverty e.g. requirement for Health Visitors to support income maximisation and build links with LA Money Advice Services.</p> <p>No explicit reference to WHP in 6.1 but is well accounted for in 1.4 and 6.4.</p>	<p>In partnership with Fife Child poverty group and the tackling poverty, preventing crisis group, there will continue to be a focus in maximising household income through work with CARF in relation to Money talks and the embedding of the financial inclusion referral pathway which all midwives, health visitors and FNP have been trained in. The uptake and use will be monitored, and any improvements identified and implemented.</p>	Content
6.2	<p>Set out actions to strengthen the delivery of healthcare in police custody and prison; ensuring improvement in continuity of care when people are transferred into prison and from prison into the community. Boards are also asked to set out any associated challenges in delivering on the actions.</p> <p>This should include actions to allow primary care staff to have access to prisoner healthcare records and delivery against MAT Standards.</p>	<p>The Exec Level lead has been named although it seems the role is shared – more context on this approach would be welcomed.</p> <p>There is, however, no reference in ADP2 on plans, actions or milestones to deliver 6.2 in relation to strengthening delivery of healthcare in police custody and prison, including continuity of care or implementation of MAT Standards by 2025 in custody settings.</p>	<p>NHS Fife confirm that the executive lead for prison healthcare is the Director of Health and Social Care and those in custody is the Director of Acute Services.</p> <p>Detail added to ADP2 (FIF-CCCS-14) on how the organisation will ensure that the mental health needs of individuals in custody or leaving prison is effective and provided with equitable interventions aligned to rest of the Fife population.</p>	Content

	Boards are also asked to state their Executive Lead for prisons healthcare and those in custody, reflecting that the prisoner population is spread across all Board areas.	We welcome the commissioning of hospital liaison although it is not clear what this will do and how those in or leaving custody will benefit – we would ask for clearer outcome measurement of this in ADP2.		
6.3	Set out plan to deliver the National Mission on Drugs specifically the implementation of MAT Standards, delivery of the treatment target and increasing access to residential rehabilitation.	ADP includes examples of work being progressed to support delivery of MAT standards. Although ADP1 sets out specific timelines, this needs to be reflected in ADP2 FIF-CCCS-09.	FIF-CCCS-09 has been removed, please see FIF-BUSE-01, FIF-BUSE-02 and FIF-BUSE-03 in relation to MAT Standards.	Content
6.4	Establish a Women's Health Lead in every Board to drive change, share best practice and innovation, and delivery of the actions in the Women's Health Plan.	ADP reflects action to deliver on the WHP Plan, including appointment of lead and local priorities.	Noted	Content
6.5	Set out approach to developing an Anchors strategic plan by October 2023 which sets out governance and partnership arrangements to progress anchor activity; current and planned anchor activity and a clear baseline in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community.	Comprehensive response.	Noted	Content
6.6	Outline how the Board will ensure Patients have access to all information on any relevant patient transport (including community transport) and travel reimbursement entitlement.	No reference to the Young Patients Family Fund either in ADP or embedded weblink.	Parents and families of infants and children cared for within the in-patient Paediatric and Neonatal services are signposted to the Young Patients family fund for assistance with travel and subsistence costs, with written information available in both areas.	Content

Innovation Adoption

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
7.1	Set out the approach and plans to work with ANIA partners (coordinated by CfSD) to adopt and scale all approved innovations coming through the ANIA pipeline. This should include an outline of Board resource to support the associated business change to realise the	Strong response noting that NHS Fife has invested in supporting innovation at a local level. This resource also supports deeper engagement with the South East Innovation Test Bed (HISES), as one	Noted	Content

	benefits, which could include collaborative approaches to adoption.	of the three member Boards (Fife, Lothian and Borders), providing stakeholder input, leadership and strategic input. A realistic approach is set out in local adoption of ANIA, noting that the process for consideration and adoption of new innovations in NHS Fife from the ANIA pathway is under development.		
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Workforce

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
8.1	<i>Support all patient-facing Boards to implement the delivery of eRostering across all workforce groups</i> Resources to be identified locally to support business change and roll out of e-Rostering/safer staffing too including optimal integration between substantive and flexible staff resource.	ADP1 provides a strong response to benefits of erostering and noted that plans for roll out to the next phase of services has been agreed. ADP2 however doesn't include any corresponding actions or milestones to progress implementation of the benefits set out in ADP1. This detail is requested to support monitoring of proposed milestones.	New deliverable added to ADP2 around BAU following implementation.	Content

Digital

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
9.1	Optimising M365 Boards to set out plans to maximise use and increase benefits of the Microsoft 365 product. Plans should consider collaborative (local/regional/national) to offer alternative options for the delivery of programme benefits. This should include: Outlining how you will develop and improve digital skills of the workforce to realise the full operational benefits of M365	NHS Fife will establish a secure baseline in the M365 products and national tenancy by October 2023 and implement federation with Local Authority by October 2023. NHS Fife 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.	NHS Fife has an existing M365 Programme Team that is able to support the approach to roll out of M365. These resources are currently working directly with the national team on the implementation of Infrastructure Readiness and Security and Compliance baselines in line with the Operational Delivery Group. These controls also support the safe and secure use of Teams, Sharepoint, OneDrive and	Content

		Lack of detail around what resources are being used to roll out M365, along with detailing the approach being used to deliver the business change.	Local Authority Federation. An assessment on future stages will be considered once the renegotiation with Microsoft is complete.	
9.2	Boards to provide high level plans for the adoption/implementation of the national digital programmes	NHS Fife 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, which have been included in the ADP. The ADP lacks clarity around the high-level milestones for 23/24, issues/challenges around the implementation and any identified resource pressures.	The milestones are set by the NSS Programme teams leading CHI, GP IT etc. We await the SG delivery plan finalisation to be able to make the detail assessment requested. The local ADP can be made available to provide further detail on current status.	Content
9.3	Boards to complete the Organisational Digital Maturity Exercise to be issued in April 2023, as fully as possible and in collaboration with their respective Integrated Authority(ies).	Not applicable	Noted	Content
9.4	Boards should outline: <ul style="list-style-type: none"> Executive support and commitment to how you are optimising use of digital & data technologies in the delivery of health services and ongoing commitment to developing and maintaining digital skills across the whole workforce How candidates accepted on to the Digital Health and Care Transformational Leaders master's Programme are being supported and how learning is being shared across the organisation 	The Psychology Service is currently working with NHS Fife Digital & Information team to introduce a new patient appointment system and also an electronic patient record system. 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	Noted	Content

		2023 and will be engaging with NECU shortly.		
9.5	Boards to demonstrate progress against the level of compliance with the <u>Refreshed Public Sector Cyber Resilience Framework</u> via the independent audit process. Health Boards should outline processes in place for engaging with the Cyber Centre of Excellence (CCoE) as part of compliance with the NIS regulations.	Slight lack of detail on the training being offered	Noted	Content

Climate

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
10.1	Set out proposed action to decarbonise fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest).	<p>Gives a high level overview of progress to date and future ambitions in-line with objectives.</p> <p>It would be useful to have further information on the type and size of current charging infrastructure, perhaps referencing the Board's Switched on Fleets funding bid.</p> <p>Reliance on the Switched on Fleets funding stream is noted and is consistent across NHSScotland Boards. However, it would be useful to know what work, if any, is being done outwith this funding stream.</p>	<p>We believe our 2023/24 bid for infrastructure funding will be successful and the additional work will mean that we have a total of 77 charging points across NHS Fife. This will mean that (subject to a little change in behaviours/routines) we will have sufficient charge points in place to service all of our small vehicle fleet as they are changed to EVs (excluding the Enterprise Pool Cars).</p> <p>Out with this funding stream, wherever funds allow we are routinely switching to EV leased vehicles.</p> <p>We are reviewing the overall number of vehicles required with a view to reducing numbers. This will have the effect of increasing our % of vehicles which are EV.</p>	<p>Content</p> <p>NHS Fife demonstrates a positive commitment and trajectory to 2025 targets and beyond.</p>
10.2	Set out plan to achieve waste targets set out in DL (2021) 38.	<p>The performance data provided does not align with data provided by the Board in the past 6 months as part of a national Roue Map project and we would ask this to be reviewed and clarified so both data sets align. Whilst we commend the commitment to the existing targets the route</p>	<p>NHS Fife have asked for clarification on what performance data is being referred to and are unable to provide a complete response at this time.</p> <p>Food waste We are about to start a pilot in North East Fife to strengthen what we do. Due to our style of food</p>	Content

		<p>map data shows that the health board has considerable work to do to achieve these targets ongoing.</p> <p>Continued investment in food waste equipment and in national catering system is noted and welcomed.</p> <p>No specific reference is made to supporting the circular economy, also referenced in DL (2021)38. Circular Economy activities.</p> <p>The significant work done by the WMO in NHS Fife to reduce waste is noted. Regular auditing, communication about good segregation and the involvement of the WMO in the green theatre programme locally has greatly helped to engage clinical staff.</p> <p>The comments around the national tool on reporting is concerning but consistent across NHS Scotland currently. The WMO has been very proactive in ensuring that waste data is still reported and has developed an individual reporting system to ensure consistency.</p> <p>There is no reference to a waste management group which would be useful to identify the objectives and forward plan for the Board.</p> <p>Given that there is still work to be done by the Board it would be useful to have a plan on how the Board intends to meet the targets in the 18 months until the deadline of 2025.</p>	<p>service at Victoria Hospital (VHK), Queen Margaret Hospital (QMH) and Cameron Hospital, we have no production waste. Traditionally this has only been directed at patient food waste - not the food that NHS Staff bring in for consumption - this has increased dramatically with COVID and closures of staff facilities. The figures I am using are only benchmarked from 2017 - using OLLECO collections, this captures all food that comes directly out of the kitchens. We introduced food waste processing prior to 2015.</p> <p>Circular economy: practical examples We have our own in-house version of Warp-it as we have recycled furniture for years. We are in the process of getting Warp-it set up for NHS Fife.</p> <p>We routinely recover/refurbish chairs to avoid buying them.</p> <p>We are currently re-using masses of Fife Council desks from buildings they are closing.</p> <p>We are currently re-using vaccine centre equipment.</p> <p>In addition, we are currently measuring the wood and metal at VHK.</p> <p>Waste Management Group There is a quarterly waste management group for NHS Fife that is chaired by the waste management officer.</p> <p>Targets Our Domestic waste contractor uses energy from waste technology. We are already in</p>	
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			<p>discussion with CIRECO however waste segregation is still measured in what we present rather than what they are working on which includes further segregation of waste. Re-launch of dry mixed recycling (DMR) following COVID (most wards or areas removed all of their bins and these have not been replaced). NHS assure are also getting up to 40% of all clinical orange bag waste recycled but this is reflected in NHS Scotland total clinical waste - not detailed down to health boards.</p> <p>PC waste is recycled through our eHealth colleagues and these figures are not recorded in the recycling process.</p> <p>We are counting DMR, cardboard and confidential waste as this is recycled following shredding.</p> <p>Next 18 months We will review our figures and the gathering thereof.</p> <p>We will roll out success of food waste pilot from North East Fife.</p>	
10.3	Set out plan to reduce medical gas emissions – N2O, Entonox and volatile gases – through implementation of national guidance.	<p>Medical gases is a high priority area, please be clear about timelines for each gas mitigation project.</p> <p>Would be helpful if the clinical leads are identified for each gas mitigation project.</p>	<p>ADP2 updated accordingly.</p> <p>A nitrous oxide mitigation group has been established. This group also includes the remit for Entonox. Our clinical lead for both Nitrous Oxide and Entonox is Katie Hunter, Consultant Anaesthetist.</p> <p>Phase one of Victoria hospital Kirkcaldy has decommissioned its Nitrous oxide Manifold. We hope to have Phase 3 at VHK Nitrous Oxide manifold decommissioned by the end of August.</p>	Content

			<p>QMH and phase 2- VHK have already been decommissioned. Leaving us with no Nitrous oxide manifolds hopefully by end of August.</p> <p>In relation to Entonox we are awaiting a SG document detailing ask of boards and then will be able to provide timelines.</p>	
10.4	Set out actions to adopt the learning from the National Green Theatre Programme; provide outline for greater adoption level.	HB has established group and has been tracking progress and will continue to do so. Appears limited to initial actions only and not on going work.	<p>The board are fully committed to delivering the green theatre agenda. We have developed a local agenda which outlines that there are 17 ongoing sustainability projects in theatres which are included as part of our local action plan. The green theatres action plan will be further developed in line with the bundles provided by the centre for sustainable delivery.</p> <p>The sustainability tracker document previously referenced has 2 sections: open and closed actions. Open actions refer to those that are ongoing and closed refers to actions that have been completed.</p>	Content
10.5	Set out approach to develop and begin implementation of a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources.	Good high-level overview and clear reference to Energy Transition programme. Clear focus of year 1 to complete net zero roadmaps. Would clearly define whether Year 1 is 2023/24 or not. Where possible, add more clearer objectives on which (if any) decarbonisation measures that will be undertaken during 2023/24.	<p>ADP2 updated accordingly.</p> <p>We confirm that year one is 2023/24. We will have completed all 12 roadmaps by December 2023 and by March 2024 will have identified the measures we need to take to reach targets.</p> <p>We have already started the process of decarbonisation on many of our sites. Measures taking place during 2023/24, fund dependant include:</p> <ul style="list-style-type: none"> • Cameron Hospital steam decentralisation project which involves decentralising 	<p>Content</p> <p>Clear objectives highlighted for 2023/24.</p>

			<p>steam to ground source heat, design complete to RIBA 3 and now into next design stage with DNO.</p> <ul style="list-style-type: none"> • Laundry Heat Recovery Project • The installation of double-glazed windows at Whyteman's Brae is underway. • Decarbonising Dalgety Bay Health Centre - Route to net-zero through installing air source heat pumps, LED Lighting & solar PV • Decarbonisation of Fife College of Nursing - Route to net-zero through installing LED Lighting, new windows and building insulation 	
10.6	<p>Set out approach to implement the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant.</p>	<p>ADP includes NHS Fife's quality improvement approach for implementation of the Scottish Quality Prescribing Guide</p> <p>Good to see clear plan and incorporation of environmental issues within respiratory prescribing involving the multidisciplinary team in anticipation of the quality prescribing guide release.</p>	Noted	Content
10.7	<p>Outline plans to implement an approved Environmental Management System.</p>	<p>The Board worked with HDR, a consultancy, to implement an EMS across NHS Fife. A very high-level outline plan has been provided with soft timescales, phase 1 has commenced and while they have included that it would take 6 months to roll out, timescales for phases 2 and 3 are needed. Further clarity around the phases and implementation plan with timescales is needed.</p>	<p>We have created an 'NHS Fife EMS implementation Roadmap' which outlines exactly how we will implement an EMS across our estate. Focusing on Victoria Hospital as our Pilot site, we will use this document as a way of steering our EMS activities and ensuring we have an effective system in place. The roadmap outlines the steps we will take across the next 2 years. The first 3 phases</p>	Content

			<p>are expected to take circa 18 months.</p> <p>Phase 1 which will occur over the next 6 months will involve developing our EMS team before carrying out a legal review. This will involve focusing on legislation and identifying the aspects that need to be addressed immediately as a starting point as well as defining legislative responsibilities.</p> <p>Upon completion of phase 1, Phase 2 will take around 8 months and involve creating a full Environmental Policy defining NHS Fifes' Environmental commitments and developing full impacts and aspects register as well as defining NHS Fifes environmental objectives and targets and defining key roles and responsibilities in relation to EMS.</p> <p>Phase 4 will involve developing the correct EMS documentation, defining operational control over aspects of our operations that impact the environment and ensuring staff with EMS responsibilities have the correct training. At the end of this phase, we will have an effective EMS in place.</p>	
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Finance & Sustainability

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
1.1	Delivery of ADP / Financial Plan	<p>The financial information within the submitted ADP aligns to that presented in the Boards 2023-24 financial plan.</p> <p>We recognise the financial challenges presented by the Board and we will monitor its progress against the 2023-24 financial plan through the in-year financial performance return process, beginning with the Quarter One review.</p> <p>In addition, a revised financial plan is due to be submitted at the end of June 2023 that will provide an updated forecast for 2023-24 and further detail on expected delivery of savings.</p>	<p>Deliver year one actions of the financial improvement and sustainability programme.</p> <p>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.</p> <p>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.</p>	Content

Value Based Health Care

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
1.1	Outline the executive sponsorship arrangements of the local Realistic Medicine Clinical Lead and Team.	<p>No mention of the exec sponsorship</p> <p>In line with the condition of funding set out would expect to see a clear link to the named exec sponsor of RM locally.</p>	The Executive Sponsor is the Medical Director the NHS Fife (Dr Chris McKenna)	Content
1.2	Indicate the connection to and overall approach of the local RM Action Plan, including the 5 key areas stipulated as conditions of funding.	<p>RM action plan to align our work with the 5 strategic priorities of the Scottish Government</p> <p>Links to local action plan highlighting the alignment of the 5 key areas to RM funding.</p>	Our RM plan, submitted to the RM team at SG in May 2023 has been explicitly aligned with the 5 strategic priorities which are implicit in ADP 1 and have been highlighted in bold in the RM plan (encouraging staff to access RM module on Turas, parents and	Content

			<p>families encouraged to ask BRAN questions, evaluation of shared decision making from patients' perspectives, supporting local teams work with centre for sustainable development roll out ACRT, PIR and EQUIP and encouraging local teams consider current and future atlas of variation).</p> <p>Notwithstanding, there were other related actions in the preceding action plan (2022/23) that have been rolled over into the new RM plan (2023/24) as are still relevant in embedding RM in NHS Fife. The 5 priorities are now embedded in updated version of ADP2.</p>	
1.3	Outline the governance arrangements for monitoring the delivery of the local RM Action Plan.	<p>A risk workshop was organised with the RM and NHS Fife Clinical Governance Teams to identify RM risks.</p> <p>More detail needed on how the local governance structure and how that is connected to the local RM team and how it will monitor delivery and impact.</p>	<p>The current RM programme team includes the Executive Sponsor, Associate director clinical governance, the RM leads and senior project manager. The Realistic Medicine Clinical Leads directly report to MD and the RM Senior Project Manager is line managed by the Associate Director of Quality & Clinical Governance who reports to the Medical Director.</p> <p>RM in NHS Fife sits within the wider Clinical Governance departmental team where team members provide support that enable mainstreaming RM to the different departments in Fife. RM is now embedded in the ADP, SPRA and different departments (such as cancer).</p> <p>Regular meetings with Associate Director of Quality & CG to ensure we are delivering against our action plan. There are regular monthly RM team meetings. RM is on agendas as standing item and instrumental in a number of strategies in Fife. There are also regular update meetings</p>	Content

			<p>with the clinical governance senior managers team.</p> <p>Links have been made within NHS Fife to CfSD champions and planning an Atlas of Variation presentation as a topic for discussion in global cafe at Governance Workshop billed for September 2023.</p> <p>Following the risk workshop, we are planning a Governance Workshop to discuss with other departments on the best governance arrangements for embedding RM in Fife and if there are better ways that can be implemented. From the Governance Workshop, the governance structures and reporting processes to NHS Board will be agreed and implemented.</p> <p>Delivery and impact are monitored through surveys, interviews, workshops and focus group discussions. Progress reports are currently shared through the ADP, MTP, SPRA and Snapshot reports (to Scottish Government, through the RM National Team).</p>	
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Meeting: Finance, Performance and Resources Committee
Meeting date: 19 September 2023
Title: Fife Capital Investment Group Report 2023/24
Responsible Executive: Margo McGurk, Director of Finance & Strategy
Report Author: Maxine Michie, Deputy Director of Finance

1 Purpose

This is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

The total anticipated capital budget for 2023/24 is £11.165m and is summarised in the table below. This reflects the Capital Resources Limit (CRL) of £7.764m as advised by the Scottish Government together with several anticipated allocations which are expected over the remainder of the financial year. 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.

Funding	Annual Budget £m	Spend July 2023 £m	Forecast Outturn £m
Core Capital Resource Limit	7,764	1,451	7,764
Capital To Revenue	(486)	0	(486)
National Equipping Board allocation	504	0	504
Anticipated Allocations	3,383	0	3,383
Total Capital Expenditure 2023/24	11,165	1,451	11,165

The anticipated allocations relate to several Digital & Information Projects including HEPMA, LIMS and other ongoing projects. Additional monies have been secured since the beginning of the financial year, including £0.504m for equipment following successful bids to the national infrastructure and Equipping Board over the summer period, £0.150m for a Greenspace project £0.486m to support decarbonising our commercial fleet.

2.2 Assessment

As in previous financial years, capital expenditure is largely incurred in the second half of the financial year and 2023/24 will not be different. At this time in the year no significant risks are being identified but risks do remain with long lead in times within the supply chain and continued inflationary challenges. One exception to this position is in relation to the roll out of LIMS which is challenged with delay which is highly likely to lead to cost pressure on available resources. Capital expenditure to July totals £1.451m and is summarised in the table below.

CAPITAL PROGRAMME EXPENDITURE REPORT - JULY 2023

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2023/24 £'000
Statutory Compliance/Backlog	1,500	25	1,500
Clinical Prioritisation	1,450	118	1,450
Capital Equipment	1,240	88	1,240
Digital & Information	500	65	500
Mental Health Review	1,000	-	1,000
QMH Upgrade	1,114	692	1,114
HEPMA	1,707	188	1,707
LIMS	420	165	420
GreenSpace Project	150	-	150
Fleet Decarbonisation	486	-	486
Project Team	271	110	271
Capital Repayment to SG	200	-	200
To be allocated	1,613	-	1,613
Capital to revenue	(486)	0	(486)
Total Capital Expenditure 2023/24	11,165	1,451	11,165

HEPMA – Following lengthy negotiations, and significant engagement from CLO, the HEPMA Contract is in the final stages of drafting, all changes have been approved by HEPMA Leads and the final contract will be presented to National Services Scotland (NSS) Contract Approval Board (CAB) for signature on behalf of NHS Fife.

LIMS – As noted above delays to the roll out of the LIMS will most likely lead to additional cost. A revised Business Case has been drafted to address the increased funding requirements which will be updated following discussion with the outgoing current supplier in relation to extension arrangements.

Queen Margaret Upgrade Works – Work is expected to be completed by August/September 2023. The Planned Care Directorate are currently developing plans to optimise use of the additional facilities the upgrade works will provide.

Clinical Prioritisation - Spend to date primarily relates to the external reconfiguration works at ED on the VHK site and room upgrades within Outpatients at the VHK site.

The National Infrastructure and Equipping Board requested boards submit their equipping requirements for the next 5 years including 2023/24 through to 2028/29 by mid-June. At the beginning of August, we were notified by the NIB lead we had been awarded £0.504m to replace equipment within the Xray rooms at the Victoria hospital. The same communication advised that we would be notified of potential funding for 2024/25 in the next couple of months.

2.2.1 Quality/ Patient Care

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

2.2.2 Workforce

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

2.2.3 Financial

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

2.2.4 Equality and Diversity, including health inequalities

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

2.2.5 Climate Emergency & Sustainability impact

There are no direct climate emergency and sustainability implication arising from this report. However, several sustainability projects are included in our capital expenditure programme.

2.3.6 Communication, involvement, engagement and consultation

All capital schemes require appropriate communication and engagement through FCIG, FCIG subgroups and specific project groups established for approved projects.

2.3.7 Route to the Meeting

Fife Capital investment group

2.3 Recommendation

This paper is presented to the Committee for:

- Assurance

3 List of appendices

N/A

Report Contact

Maxine Michie

Deputy Director of Finance

maxine.michie@nhs.scot

Meeting:	Finance, Performance & Resource Committee
Meeting date:	19 September 2023
Title:	Whole System Property & Asset Management Strategy (2023/24)
Responsible Executive:	Neil McCormick, Director of Property & Asset Management
Report Author:	Ben Johnston, Head of Capital Planning

1 Purpose

This report is presented for:

- Discussion
- Decision

This report relates to:

- Government policy / directive
- 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

Presentation of NHS Fife Property and Asset Strategy 2023/24.

2.2 Background

The current guidance provided to Boards for the development of asset plans is set out in CEL 35 (2010): Strategic Property and Asset Management Guidance for NHSScotland Developing a Property and Asset Management Strategy (PAMS).

CEL 35 (2010) requires all NHS Scotland bodies to have a Property and Asset Management Strategy (PAMS) which is reviewed and approved by its Board annually and submitted to the Health Finance - Infrastructure Division in a timeframe consistent with the submission of Local Delivery Plans. This requirement was suspended during the period of the pandemic and current plans are now deemed outdated.

The Scottish Government's Health Finance - Infrastructure Division's view is that a longer term integrated whole system planning approach will be more sustainable - providing a clear and considered whole system plan will provide a stronger case for investment in health and social care infrastructure, which will be necessary to both meet future requirements and address the significant challenges of an ageing and deteriorating estate.

2.3 Assessment

Given the current context, NHS Fife have taken the opportunity this year to rationalise our previously recognised PAMS and transform it into an integrated Whole System Property and Asset Management Strategy. We believe that it now connects more succinctly with our local strategies including our Population Health and Wellbeing Strategy.

The document if supported will provide the strategic context in which to develop our Whole System Initial Agreement which is likely to be instructed by Scottish Government soon.

2.3.1 Quality / Patient Care

The Whole System Property & Asset Management Strategy will be a significant enabler for delivery of the Population Health and Wellbeing Strategy together with other local strategies. Therefore, it will contribute significantly towards Quality / Patient Care.

2.3.2 Workforce

We anticipate that the Whole System Property & Asset Strategy will make a significant positive impact on our workforce providing better places to work and learn/develop from.

2.3.3 Financial

The Whole System Property & Asset Management Strategy contains a section dedicated to funding.

2.3.4 Risk Assessment / Management

The Whole System Property & Asset Strategy outlines the key risks. The financial outlook remains a challenge to deliver the scope and speed of our ambition - prioritisation of our plan will therefore become a requirement.

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

We are in the process of arranging an EQIA Stage 1 to complement the Whole System Property & Asset Management Strategy. There will also be obvious links to our ambitions as an Anchor Institution which will be highlighted within the document.

2.3.6 Climate Emergency & Sustainability Impact

Climate Emergency and Sustainability Impact falls under one of our strategic priorities within the Population Health and Wellbeing Strategy. However, given this priority is so integral to property and assets, a dedicated section is afforded to this area within the Whole System Property & Asset Management Strategy.

2.3.7 Communication, involvement, engagement and consultation

The document will be produced in draft for comment at the meetings/committees noted below:

- Fife Capital Investment Group - 16 August 2023
- Executive Director Group - 7 September 2023
- Finance Performance and Resources Committee - 19 September 2023
- NHS Fife Board - 26 September 2023

2.3.8 Route to the Meeting

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

- FCIG - 16 August 2023
- Executive Director Group - 7 September 2023

2.4 Recommendation

This paper is provided for:

- **Discussion**
- **Decision** - FP&R Committee for endorsement prior to approval by the Board when it meets on 26 September 2023.

3 List of appendices

The following appendices are included with this report:

- Whole System Property and Asset Management Strategy

Report Contact

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Whole system property and asset management strategy

2023



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Published August 2023

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www.nhsfife.org

Executive overview

I am delighted to present NHS Fife’s Whole System Property and Asset Management Strategy. Following the publication of our **Population Health and Wellbeing Strategy** earlier in 2023, we have taken the opportunity to align our efforts across our whole system whilst responding to our strategic priorities. This will contribute towards our anchor principles and vision which is “living well, working well and flourishing in Fife”.

Whole System Planning will enable us to take a more holistic long-term view of health services in Fife. Tailoring provision and recognising the interdependencies between services could lead to a more sustainable long-term offer for our citizens. Making changes to our property and asset portfolio will contribute significantly towards this vision.

It is recognised that funding is currently constrained. In addition, NHS Fife have the legacy of an existing aging estate to continue to maintain and manage. These constraints may impact the speed and scale of our ambition, although we are confident that over the long-term, our flexible approach and collaborative outlook with Local and National partners, will produce positive outcomes.

A further key challenge that we face relates to the Climate Emergency where we have taken on the challenge to reduce our carbon emissions to net zero by 2040. To this end we have developed carbon zero road maps for nine of our sites with a further three in progress. In addition, we have accessed decarbonisation scheme funding to complete £1.8m of investment projects in FY22/23 and will make further significant applications over the next 3 years. Although this policy represents a huge challenge for us, there is an inspiring opportunity to decarbonise our estate for the health of our planet. It is therefore a challenge we will embrace and deliver with our partners.

One of our most significant successes for FY22/23 was the completion of our National Treatment Centre for Fife Orthopaedics. The project was handed over on 20 March 2023 and formally opened by the First Minister on 24 March 2023. The project was delivered on time and within budget representing a successful outcome given national and international uncertainty during delivery. The project showcases the Board’s ability to deliver high-profile infrastructure projects. Most of all, the building will facilitate our high-performing Orthopaedic team to flourish and provide excellent care for years to come.

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Associated strategies and plans	15



Neil McCormick
Director of Property and
Asset Management

Introduction

NHS Fife provides healthcare to a population of more than 370,000 and employs around 8,500 staff. Covering a large rural area with varied geography and several centres of population we have property and assets across Fife. NHS Fife requires to balance increasing demand through demographic changes with pressure on both capital and revenue resources. Our Population Health and Wellbeing Strategy and Whole System Planning approach will allow us to shape our services and estate sustainably, providing excellent healthcare provision locally and hospital care when people need it. We also recognise the added value our estate may bring to local populations, and we will continue to deliver against our Green Space Strategy in conjunction with our partners and stakeholders.

Estates, Facilities and Capital Planning is a significant directorate with a core revenue budget of £80m (not including capital investment) and a staff complement in the order of 1,100 or 900 whole time equivalents.

Our directorate's remit is diverse, but our main objective is to provide safe and appropriate facilities to facilitate patient care and to help with the day-to-day running of our services across Fife. Our departmental structure is noted below.

Estates

Facilities

Capital Planning

Health & Safety

Property

Sustainability

Compliance



80,000

hectares of land



70+

NHS sites



370,000

people served

Population health and wellbeing strategy

NHS Fife's Population Health and Wellbeing Strategy has been developed through extensive engagement with our communities, staff, patients, and partners. The work has highlighted what matters to the people of Fife when they need health care services and how communities want to be supported in maintaining and improving their health and wellbeing. There is therefore a clear emphasis on prevention and early intervention whilst continuing to provide excellent hospital care when it is required.

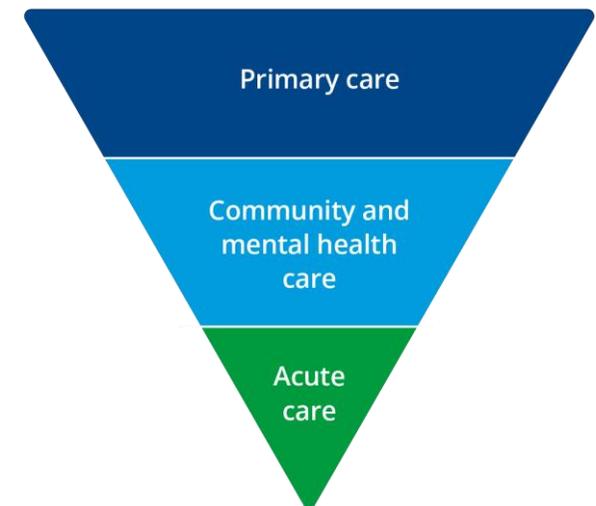
Within the overall vision of the Strategy, four key priority themes have been developed to direct our work against. These are:

- **Improve health and wellbeing:** This priority is about working to close the inequality gap ensuring that all people of Fife can flourish from cradle to grave. It is about prevention and the creation of opportunities to allow individuals to improve their own health and wellbeing.
- **Improve the quality of health and care:** This priority is about the provision of the safest and best possible health and care services for the people of Fife. It includes providing person-centered integrated health care in the most appropriate setting, and close to home as far as possible.
- **Improve staff experience and wellbeing:** This priority is about valuing and looking after our staff. It is also about providing opportunity for staff to develop and excel at what they do. We can support this priority through providing excellent places for staff to work, learn and rest.
- **Deliver value and sustainability:** This priority is about using our resources wisely to ensure our services are sustainable to meet our population's needs. This includes providing the right services in the right places with the right facilities and ensuring the best use of our land and assets. It is also about reducing energy usage and carbon emissions.

Within the following pages we have described emerging requirements from our whole system and developed a matrix to show how these relate to our Population Health and Wellbeing Strategy.



Scan the QR code or visit our website to read the strategy.



Primary care

Primary Care proportionately represents the first point of contact for individuals seeking access to health and wellbeing services which are supported by multi-disciplinary teams. Sustainable primary care services are vitally important to support people's health and wellbeing and reduce the need for hospital admittance.

These are our current key property and asset priorities relating to Primary Care:

- We have recently developed a Primary Care Premises Strategy. This together with our Primary Care Strategy will guide our future investment plans.
- Starting in 2022, we commenced a programme of work dealing with short and medium-term priorities identified within the Primary Care Premises Strategy.
- We have progressed the designs and business cases for the Lochgelly and Kincardine Health and Wellbeing Centres as far as we can and await capital funding from Scottish Government (forecast to be received in 2026).
- Our Primary Care premises strategy also recognises the long-term need for major investment in premises in Glenrothes, Kirkcaldy, Dunfermline, and North-East Fife. Developments in these areas will help to address existing pressures, space required for additional workforce, and the expansion of housing through the Local Development Plan.
- To enable GP sustainability, we will continue to support practices who wish to take advantage of GP sustainability loans and over the long-term with the support from Scottish Government will work towards transferring ownership for all GP premises in Fife.



Community and mental health care

In line with our Care at Home Strategy, there are benefits in providing care at people's homes or within a domestic setting and models of care continue to be developed to facilitate this strategy. This in turn will allow community hospitals to focus on the provision of specialist and neurological rehabilitation beds together with complex clinical care beds.

Fife's Mental Health Strategy is comparable where there is a focus on providing community-based services locally as far as possible with appropriate specialist inpatient beds for patients who require additional support and care.

These are our current key property and asset priorities relating to Community and Mental Health Care:

- We have helped to support the development of a Mental Health Estate Initial Agreement (business case) which is the first step towards progressing with major proposed changes to our Mental Health Inpatient Estate. The Initial Agreement also recognises the need to develop of our community mental health services and we will support this from a property and asset perspective as the emerging clinical model matures. There is also a need for short term improvements in our Mental Health facilities while we progress the business case for more significant change.
- As the Care at Home Strategy is implemented, it will permit assessment and consideration concerning our existing community hospital sites and potential future rationalisation. The same will be true for our mental health inpatient estate where there is a desire to move away from multiple sites to a single site. These strategies could lead to potential opportunities to use our estate differently as part of our anchor institution ambition.



Acute care

The global pandemic significantly impacted on our acute services affecting our ability to meet patient demand which has meant that our performance has deteriorated in common with other NHS Boards across Scotland. Changes and investment in our whole system including primary, community and mental health services will help to offer a greater level of sustainability concerning acute care.

In addition, our Acute Directorate have strategic plans of their own to help with demand, capacity, and sustainability. It is anticipated that changes to our acute services will be accommodated within our existing estate at Victoria Hospital, Kirkcaldy and Queen Margaret Hospital, Dunfermline with the emphasis being around evolution of our acute estate rather than revolution.

These are our current key property and asset priorities relating to Acute Care:

- Support the Acute Directorate to achieve their strategic objectives, including:
 - Re-design of urgent and emergency care
 - Improvement of cancer care
 - Completion of our National Treatment Centre for Fife Orthopaedics
 - Development of day surgery service at Queen Margaret Hospital, Dunfermline
 - Development of our ambulatory care services
 - Re-design of women’s services
 - Improvement of dermatology services at Victoria Hospital, Kirkcaldy
 - Improvement and rationalisation of services within our Phase 1 estate at Victoria Hospital, Kirkcaldy.
- Our major acute hospital in Kirkcaldy is a mature site with the first development completed in 1890 and the most recent in 2023 (NTC). At this stage in its lifecycle there is a need to plan how the site might be developed into the future. To enable this, we have commissioned and completed a master-plan development framework for the site which will help to control how we meaningfully protect and enhance site development moving into the future.



Sustainability

To enable our national response to the global climate emergency the NHS Scotland Climate Emergency and Sustainability Strategy 2022-2026 and a policy for NHS Scotland on the climate Emergency and Sustainable Development – DL (2021) 38 have been published. Our local response to this strategy and policy is as follows:

- We are developing a dedicated sustainability team so that we can robustly manage our sustainability programme and achieve our objectives.
- We have started the process of creating net-zero carbon road maps for all NHS Fife sites as part our building energy transition programme. These road maps will be invaluable in giving us a blueprint of exactly what we need to do to achieve net-zero emissions and the costs associated with that.
- We have already completed several (£1.8m) energy efficiency projects across our estate and will make further significant applications over the next 3 years. These include lighting upgrades, building fabric improvements, installation of solar panels and zero carbon heating installations.
- In alignment with our anchor institution ambitions, we feel that the way we use our greenspace in the future could make a positive contribution towards biodiversity, promoting local food, developing local skills, generating renewable energy, and adapting to our changing climate. To enable this, we have published our 2030 Greenspace Strategy which covers six key themes helping to inform how our greenspace is developed.
- We are prioritising the decarbonisation of our fleet in line with government targets. We will ensure all our small and light commercial vehicles are powered by renewable alternatives by 2025 and we will no longer buy or lease large fossil fuelled vehicles by 2030. To support the transformation of our fleet, we will continue to install electric vehicle charging points throughout our estate and collaborate across the public sector on charging infrastructure.
- To encourage more sustainable travel throughout our workforce we have partnered with technology platform MobilityWays which aims to encourage active travel in order to bring down commuter emissions. Additionally, we are in the process of finalising a Travel Strategy for NHS Fife in partnership with TravelKnowhow Scotland which provides the basis to implement the necessary behaviour change elements associated with supporting and encouraging active and sustainable travel choices.



Whole system enablers

Over and beyond improving our front-line health and care services, there are several other priorities for the organisation which we will support in respect to property and assets, these are:

- Medicines Automation – we are striving to automate the storage and supply of medicines within pharmacy and clinical areas to safeguard and increase efficiency of the service via the provision of a sustainable, safe, and secure automated healthcare environment.
- Medical Devices – we will make changes to the way we manage the inventory of our medical devices. This will improve clinical governance around patient safety, whilst assisting with maintenance and investment decisions connected to lifecycle and replacement.
- Medical Education – as part of the strategy to tackle workforce supply issues in the health sector, the Scottish Government has instigated a significant expansion to the number of places available at Scottish universities to train medical students. The expansion brings the opportunity for NHS Fife to align with the University of St Andrews and be the primary partner in a new medical degree and this would lead the Board towards achieving Teaching Health Board Status. To enable this, there will be a requirement to improve our teaching facilities and capacity – we are working closely with Medical Education colleagues to deliver these facilities.
- Staff Wellbeing Hubs – with financial support from Fife Health Charity we continue to deliver a programme of staff wellbeing hubs across our estate. These facilities contribute towards our commitment to provide a healthy working environment for our staff.
- Agile Office Space – the global pandemic has changed the way we work with many of us choosing to work flexibly between different office spaces and home. This has created an opportunity to make our assets more efficient creating more space for clinical use. To maximise the potential of this opportunity we will need to invest in providing appropriate agile work environments whether that be within our own estate or shared with our public sector partners in Fife.
- Decontamination of medical devices – at present we rely upon a neighbouring Board for our decontamination needs. There have been resilience issues in respect to this arrangement. We also know that across Scotland we do not have enough capacity or resilience generally. Through representation on the Decontamination Collaborative Programme (DCP) we are expressing our desire for Fife to be considered as an appropriate location to establish a Regional Decontamination Unit.



Whole system property and asset management strategy matrix

The matrix below sets out our emerging property and asset priorities against the key priorities in our Population Health and Wellbeing Strategy.

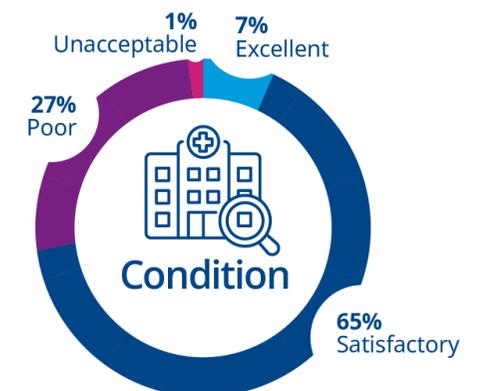
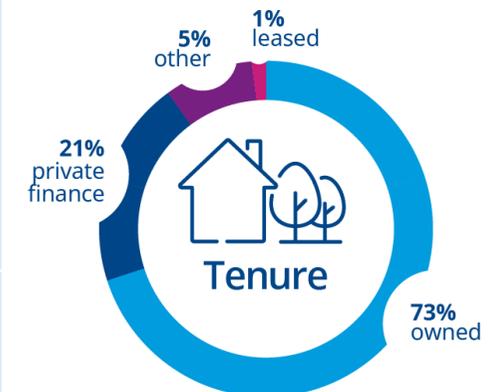
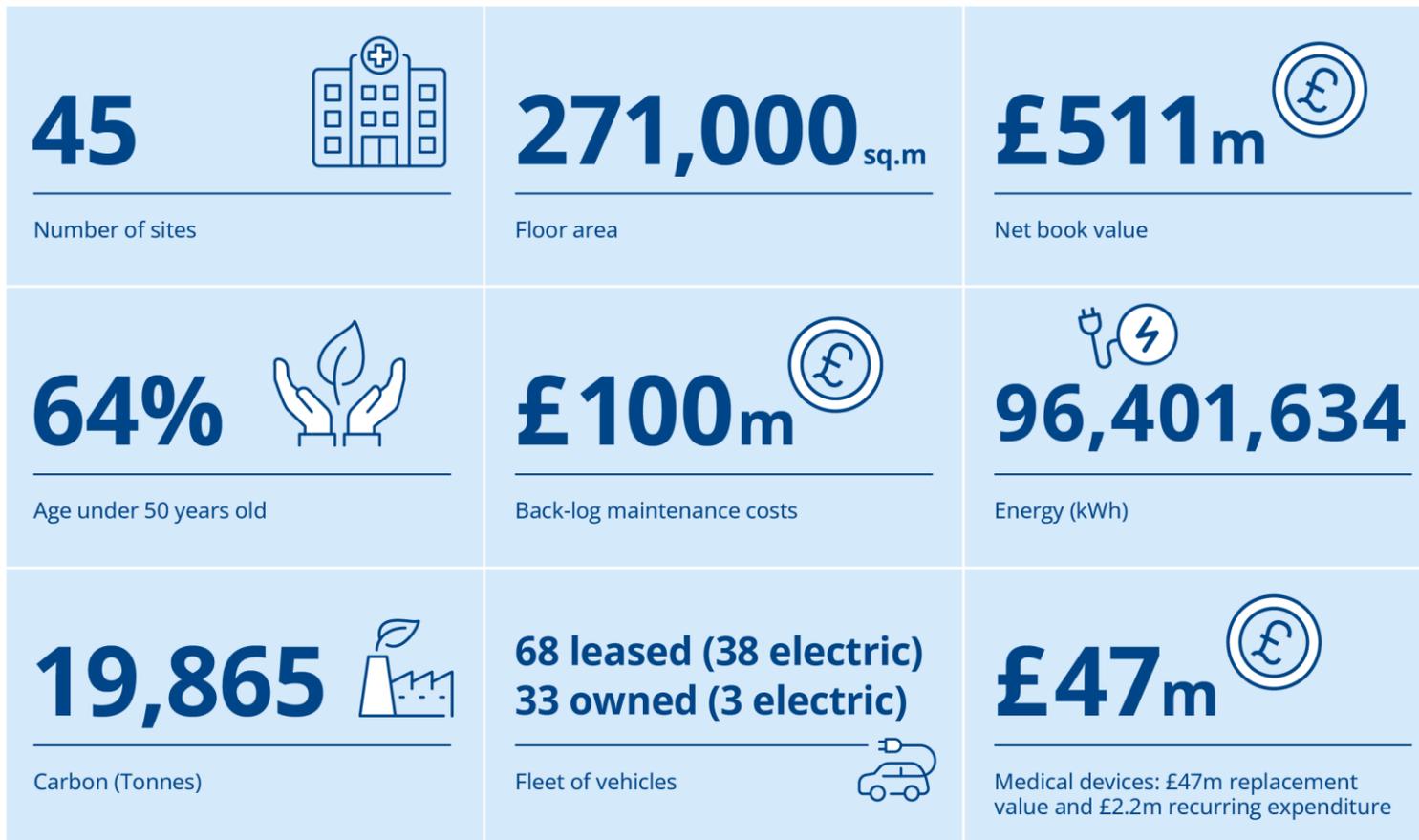
	 Improve health and Wellbeing	 Quality of health and care	 Improve staff experience and wellbeing	 Deliver value and Sustainability
Primary Care				
Primary Care Premises Strategy	X	X	X	X
Minor works programme		X		X
Health and Wellbeing Hubs	X	X	X	X
GP sustainability loan support				X
Community and Mental Health Care				
Mental Health Estate – improvement and rationalisation	X	X	X	X
Community Hospital Estate – improvement and rationalisation		X		X
Acute Care				
Emerging acute projects		X		X
VHK masterplan development framework		X	X	X

	 Improve health and Wellbeing	 Quality of health and care	 Improve staff experience and wellbeing	 Deliver value and Sustainability
Sustainability				
Net zero carbon road maps and implementation	X			X
2030 greenspace strategy and implementation	X			X
Fleet decarbonisation	X			X
Sustainable travel	X			X
Whole System Enablers				
Medicines automation		X		X
Management of medical devices		X		
Medical education – teaching health board status		X	X	X
Staff wellbeing hubs	X		X	
Agile office space			X	X
Decontamination facility		X		X

Maintaining our assets

We are aware that capital funding will be constrained over the short to medium term at least. Therefore, in order to maintain or improve service provision it is imperative that we recognise the need to invest in our significant existing assets to ensure that remain viable and sustainable. We will continue to invest in priority sites and built assets. We will also maintain a sustainable inventory of medical devices and move towards a decarbonised electric fleet.

The current state of the Board's property and assets is summarised below.



Funding

Context and outlook

Within this Whole System Property and Asset Management Strategy it's clear that we have much to do. The extent and speed to which we can realise our ambition and the ambition of our Population Health and Wellbeing Strategy will be constrained by numerous factors; one of these is availability of capital funding.

We are aware that capital funding provided by the Scottish Government will be constrained over the short-term (to 2026). Thereafter we anticipate an enhanced capacity to enable delivery of our programme. Over the short-term we will need to primarily rely upon our annual core capital formula, which is in the order of £7.8m. This allocation will only enable us to maintain a relatively static position in respect to managing our existing estate and assets. We will continue to work collaboratively with the Scottish Government to agree future capital planning assumptions so that we can develop our programme flexibly around these.

Expenditure

For the financial year 2022/23 we received capital funding in the order of £30.7m with almost 50% of this relating to our National Treatment Centre. Other funding beyond our core capital formula was agreed with Scottish Government in year. For financial year 2023/24 we are currently projecting an expenditure of £9.2m with Scottish Government.

Funding sources

There are several sources of funding which can contribute to financing the Capital Investment Plan, these are:

- Scottish Government annual core capital formula
- Scottish Government discretionary in year capital enhancement
- Scottish Capital Investment Group – business cases for larger schemes
- Energy efficiency grants (several)
- National Infrastructure Board - Equipping
- Fife Health Charity for the enhancement of patients and staff
- Additional Cost of Teaching (ACT) fund



As we move forward, we may need to think more creatively about how we provide new assets and spaces. For example, there are opportunities to rent existing vacant spaces on or near our high streets within local communities. There are also opportunities to deliver community hubs in partnership with Fife Council where health and wellbeing space is provided as part of a much larger interconnected development. These ideas would be funded by revenue via lease arrangements.

Whole system initial agreement

Scottish Government have proposed that all Boards develop a Whole System Initial Agreement setting out interlinked investment priorities over the longer term. Once agreed this would enable business cases to be developed more dynamically and credibly against agreed capital planning assumptions. It is intended that this Whole System Property and Asset Management Strategy will provide the strategic intent for the Whole System Initial Agreement.

Risk

There is a risk that the lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to deliver this Whole System Property and Asset Management Strategy and Population Health and Wellbeing Strategy. This will be managed in the first instance through our Fife Capital Investment Group where planning and expenditure is agreed prior to committee oversight. We will also continue to collaborate with Scottish Government in respect to future capital planning assumptions and development of our Whole System Initial Agreement.

Governance

The diagram below summarises the arrangements through which this Whole System Property and Asset Management Strategy will be governed.



Many of the priorities set out within our Whole System Property and Asset Management Strategy will be long-term and will remain static until they are delivered. There will also be emerging priorities not captured at this time. We will continue to update this document annually.

Associated strategies and plans



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Meeting:	Finance Performance & Resources Committee
Meeting date:	19 September 2023
Title:	Primary Care Premises Framework/Strategy
Responsible Executive:	Neil McCormick, Director of Property & Asset Management
Report Author:	Neil McCormick, Director of Property & Asset Management

1 Purpose

This report is presented for:

- Assurance
- Discussion
- Decision

This report relates to:

- Emerging issue
- Government policy / directive
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

[PCA\(M\)\(2018\)08](#) provides guidance to NHS Boards, Integration Authorities and GP contractors on the implementation of the policy for GP Premises as set out in the National Code of Practice for GP Premises.

[The National Code of Practice for GP Premises, 2017](#) sets out the support for a long-term shift to a model where General Practitioners (GPs) do not own their premises. In addition, it provides a code of practice where a GP wishes the Board to acquire property or take on

some of their responsibilities under an existing lease. To enable this vision the GP Premises Sustainability Fund was established to allow GPs to access interest-free secured loans. This fund allows partners to release capital and encourage GPs to become partners in practices who own their own premises by reducing the up-front costs of becoming a GP partner. The code describes the planned transition over a 25-year period to a model where GP contractors no longer own their premises.

[The General Medical Services Contract Scotland, 2018](#) sets out the future focus for the GP role as “expert medical generalists” and the requirement for some tasks, historically carried out by GPs, to be undertaken by a wider multi-disciplinary Primary Care team, in addition to building on the role of GP clusters.

2.2 Background

Following approval from the NHS Board in July 2021, NHS Fife has taken on the head lease for Auchtermuchty Health Centre, Auchtermuchty and made significant progress towards agreeing terms for Primrose Lane Practice, Rosyth. A further four practices have also asked to be transferred and are on our register with a further two, post 2030.

Practice	End Date of Lease
Primrose Lane Medical Practice (now complete pending upgrade work)	04/06/2025
Markinch Medical Practice	05/03/2026
Benarty Medical Practice	21/09/2030
Leslie Medical Practice	07/06/2032
Tayview Medical Practice	02/09/2032

A total of 20 Sustainability Loan applications have been received by Scottish Government for Fife GP Premises and of those the following have now been completed:

Loans completed	7
Loans applications withdrawn	4
Loan applications in progress	9
Total	20

The Board asked for a review of Primary Care Premises to be brought forward prior to further work being undertaken in this area.

2.3 Assessment

A Primary Care Premises Review has now been undertaken which considers the following:

- Identification of the appropriateness of current Primary Care Premises including technical assessment of condition, functional suitability, utilisation and quality of estate.
- Assessment of estate requirements to implement a Primary Care Transformation Programme.
- Establishing investment priorities to inform the updated Property & Asset Management Strategy.
- Informing discussions with Fife Council in a more proactive way in terms of future housing development and population changes.

The scope of the exercise specifically included:

- Determining the clinical room requirements to support all existing Primary Care Services taking account of potential changes in practice populations and new housing developments.
- Assessing the impact of the new GMS Contract including all of the additional workforce roles and services eg space to accommodate Primary Care Mental Health Nurses, Physiotherapy, Pharmacotherapy etc.
- Identifying opportunities to better use and improve the existing estate and to highlight areas for major capital investment.

This in turn will allow:

- Primary Care Premises with the potential capacity to deliver the full range of services outlined within the Transforming Primary Care Programme.
- Improved access to functionally suitable Primary (& Social) Care Premises.

The draft Report is attached at Appendix 1.

In addition, a wide range of short-term and medium-term Premise Improvements have been undertaken with Primary Care Improvement Funds from the Health & Social Care Partnership (HSCP) and these have been detailed in Appendix 2.

2.3.1 Quality / Patient Care

This report relates to the sustainability of Primary Care services which is essential to ensure continued quality in the delivery of Primary Care.

2.3.2 Workforce

This change in emphasis may help with the future recruitment and retention of GPs and the deployment of multi-disciplinary teams within localities.

2.3.3 Financial

In simple terms, NHS Fife and the HSCP already hold the budget for the leases from third-party landlords as these are already reimbursed to practices as a matter of course.

There is a cost of delivering the short-term improvements required which has been estimated at approximately £2m. This has been identified by the HSCP and work has started to deliver the additional capacity within existing practices.

There will be a financial implication to the provision of the longer-term aims of the report when delivering a sustainable position in Dunfermline, Glenrothes and Kirkcaldy. These potential developments will require to be fully understood and costed as part of a wider business planning approach, in conjunction with a wider whole-system approach.

2.3.4 Risk Assessment / Management

The key risks with respect to Primary Care Premises are related to Delivering Value and Sustainability:

- Sustainability of GMS Services mitigated by the development of a Primary Care Services Strategy developed with the HSCP - this may, in turn, lead to further pressures in the delivery of GMS services in the form of 2C practices. For example, a number of surrounding premises developments have had to be considered following sustainability issues in the Methilhaven Practice, Buckhaven.
- Commercial Risk with respect to property transactions (audited on an annual basis) and advice from the Central Legal Office (CLO) and the District Valuer.
- There is also a risk that finances may not be available to deliver further medium- and long-term developments to maintain a sustainable position in the larger settlements in Fife.

2.3.5 Equality and Diversity, including Health Inequalities and Anchor Institution Ambitions

An Impact Assessment has not yet been completed but will be carried out in conjunction with the Property & Asset Management Strategy in due course.

2.3.6 Climate Emergency & Sustainability Impact

Providing sustainable care in local communities will reduce the need for the local population to travel unnecessarily. Future Primary Care buildings will be designed to deliver carbon neutrality and we are currently investigating the possibility of retrofitting environmental technologies into existing buildings to make them more energy efficient.

Issues such as the number of inhalers prescribed within Primary Care and single use instruments could be reduced to provide a corresponding reduction in greenhouse gas emissions.

2.3.7 Communication, Involvement, Engagement and Consultation

The Board has had wide stakeholder engagement in the development of the Lochgelly and Kincardine Health & Wellbeing Hubs and the concept of the wider GMS Contract implementation is in line with the wider Health & Wellbeing Strategy for NHS Fife.

Specific discussions have taken place:

- Stakeholder Workshop, 19 January 2022

2.3.8 Route to the Meeting

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

- Portfolio Board, 12 May 2022 (progress update)
- GMS Premises Group, 29 September 2022
- Fife Capital Investment Group (FCIG), 7 December 2022
- EDG, 10 August 2023
- Fife Capital Investment Group (FCIG), 16 August 2023
- Finance, Performance & Resources Committee, 19 September 2023

2.4 Recommendation

Members are asked to discuss and take assurance from the Report so that it can be more widely circulated as part of the Property & Asset Management Strategy as an enabler for the recently approved Primary Care Strategy and the wider Health and Wellbeing Strategy.

Members are also asked to endorse, for Board approval, the register for the transfer of third-party leases to the Board and the transfer of these leases no sooner than 5-years before the original leases are due to expire.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Fife Primary Care Premises Report
- Appendix 2, List of Improvements made to Premises

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NHS Fife

Primary Care Services & Premises Review

INTERIM REPORT

8th August 2023



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Executive Summary

1. The new General Medical Services (GMS) contract, published in 2018, introduced a number of additional roles that are to be delivered by multi-disciplinary primary care teams; this fundamentally changes the way in which primary care services will be delivered. In particular, it identified a number of new workforce roles that is likely to create a requirement for additional accommodation in primary care premises in the future.
2. Buchan + Associates were commissioned by Hub East Central, on behalf of NHS Fife, to conduct a review of primary care services and premises considering the implementation of new GMS contract and a range of other drivers including new housing developments. The objective was to identify the investment priorities for primary care premises across NHS Fife.
3. The approach undertaken included the following key stages:
 - **Data Gathering** – national, local, Board level and practice level information
 - **Establishing Trends** – demographic, housing, impact of new models of care, increased use of Information Technology and smarter working
 - **Future Capacity Planning** – identification of the capacity required to deliver demand by practice, highlighting gaps
 - **Prioritised Investments** – identifying the investments both short-term minor modifications and long term major capital investments required
4. The table below summarises the key areas for major capital investment:

Table 1: Key areas for long-term major capital investment

Cluster	Practice/Premises	Investment
Glenrothes	Roths	Major new build for some of the practices. Those not redeveloped would potentially transfer cluster based services to the new development.
	North Glen	
	Cos Lane	The new development would include all cluster hub services.
Kirkcaldy	St Brycedale	Major new build for some of the practices. Those not redeveloped would potentially transfer cluster based services to the new development.
	Path House	
	Nicol Street	The new development would include all cluster hub services.
Dunfermline	Nethertown	Major new build for some of the practices. Those not redeveloped would potentially transfer cluster based services to the new development.
	New Park	
	Hospital Hill	
	Millhill	The new development would include all cluster hub services.
	Bellyeoman	
North East	Cupar (Eden Villa & Bank Street)	Property extension and site masterplanning to provide additional capacity for the impact of new housing.

(**Appendices C1 & C2** provide an overview of planned minor property modifications and operational changes)

5. As a result of significant new build housing within each of the areas it is likely that developer contributions could be sought for any proposed new facility within the clusters outlined above. This will be taken forward with the Fife Council as plans emerge.

6. To support the investment priorities outlined above a number of immediate actions are required including the prioritisation of investments and the development of a Strategic Assessment. Furthermore, in line with the Board's scheme of delegation, expenditure in excess of £0.250m will require Board approval via a local business case. Expenditure in excess of £1.5m will require Scottish Government approval in line with the national infrastructure investment appraisal process as per the Scottish Capital Investment Manual.
7. In addition to long-term investments a number of other recommendations have been made including:

Table 2: Additional Recommendations & Actions

Timeline	Action
Immediate <3months	Establish a future delivery model for all Health Board delivered services e.g. Allied Healthcare Professional Services, District Nursing, Midwifery, Health Visiting etc.
	Establish the current space utilised by Health Board delivered service – locations, frequency of use and actual occupancy via OccupEye
	Determine the overall revenue funding for new primary care services and the likely implementation timeline for new workforce roles
	Agree and confirm the long list of minor modifications and improvements - Appendix C1
	Agree and confirm the long list of operational changes – Appendix C2
	Confirm the cluster hub locations
	Approve the major investment required by practice / premises within the next 5 years
	Develop the Strategic Assessment for combined primary care investment priorities
	Engage with NHS Fife E-Health
	Engage with Fife council regarding developer contributions and wider opportunities
Short-term <18 months	Understand the total space required for all Health Board delivered services in line with the future model of care
	Determine the overall cost and programme for all the minor modifications (Appendix C1) and where they require further design development
	Develop a programme of operational review that highlights changes to room allocations dependent on the agreed requirement for all services. This should include any changes to financial apportionment of costs between Health Board and practices.
	Develop the Programme Initial Agreement for all major capital investments
Medium-term <3 years	Deliver the programme of minor modifications and improvements
	Ensure investment in E-health
	Develop the Outline and Full Business Cases including Option Appraisal & site selection for major capital investment

1 Background & Approach

1.1 Aims & Objectives

1.1.1 The new GMS contract, published in 2018, introduced a number of additional roles that are to be delivered by multi-disciplinary primary care teams; this fundamentally changes the way in which primary care services will be delivered. In particular, it identified a number of new workforce roles that is likely to create a requirement for additional accommodation in primary care premises in the future.

1.1.2 Buchan + Associates were commissioned by Hub East Central on behalf of NHS Fife to conduct a review of primary care services and premises with the aim to:

- Identify the appropriateness and functionality of current primary care premises;
- Assess the estate requirements to enable the implementation of the primary care transformation programme;
- Establish the investment priorities to support an updated Property & Asset Management Strategy; and
- Develop the Strategic Assessment to support the proposed investment.

1.2 Scope

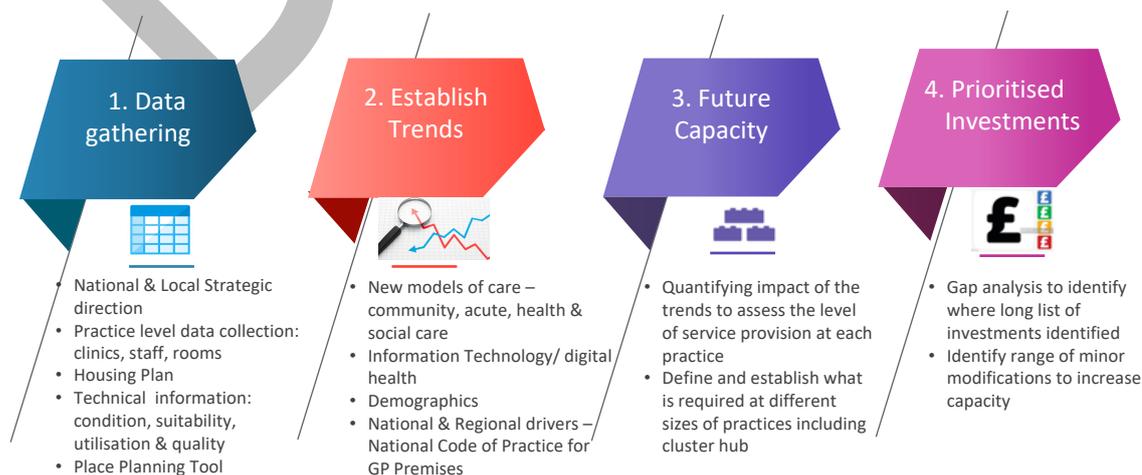
1.2.1 The scope of the exercise specifically included:

- Determining the clinical room requirements to support all existing primary care premises taking account of potential changes in practice populations and new housing developments;
- Assessing the impact of the new GMS contract including all the additional workforce roles and services e.g. space to accommodate Primary Care Mental Health Nurses, Physiotherapy, Pharmacotherapy etc; and
- Identifying opportunities to better use and improve the existing estate and to highlight areas for major capital investment.

1.3 Approach

1.3.1 The approach undertaken followed four key stages set out below; the outputs and analysis from each stage is described in each of the following sections of this report:

Figure 1-1: Approach



2 Data Gathering

2.1 Overview

2.1.1 A range of information was reviewed at the following levels; details of which are set out in the sections which follow:

- National Strategic Drivers for Change;
- NHS Fife and Fife Health & Social Care Partnership Drivers for Change;
- Local Authority information; and
- Practice level information.

2.2 National Strategic Drivers for Change

2.2.1 The key information reviewed at a national context included:

- **General Medical Services Contract Scotland, 2018**

2.2.2 This sets out the future focus for the GP role as “expert medical generalists” and the requirement for some tasks, historically carried out by GPs, to be undertaken by a wider multi-disciplinary primary care team; this also highlighted the need to build on the role of GP clusters. The new GMS contract provided the catalyst to informing the NHS Fife Primary Care Transformation Programme.

- **National Code of Practice for GP Premises, 2017**

2.2.3 This document sets out the support for a long-term shift to a model where GPs do not own their premises. In addition, it provides a code of practice where a GP wishes the Board to acquire property or take on some of their responsibilities under an existing lease. To enable this vision the GP Premises Sustainability Fund was established to allow GPs to access interest-free secured loans. This fund allows partners to release capital and encourage GPs to become partners in practices who own their own premises by reducing the up-front costs of becoming a GP partner. The code describes the planned transition over a 25 year period to a model where GP contractors no longer own their premises.

- **What should Primary Care look like for the next generation Phase II, 2021**

2.2.4 A report on the findings from a review undertaken by the Scottish Government, Health and Sport Committee. A key theme concentrated on workforce and new ways of working with a strong desire for GPs to remain at the heart of the medical hub, sharing responsibility with other professionals. A number of areas of focus are noted including: patient centred approach, preventative focus, community wide approach to wellbeing and use of data and technology. It highlighted a greater role for Health & Social Care Partnerships to use their influence to drive and monitor closely the workings and effectiveness of community healthcare; this includes the work of GPs through their strategic commissioning plans and the localities they have established. In addition, it clarifies the importance of prevention, the need for patients to take responsibility for their own health and increased social prescribing.

- **Smarter Working, Scottish Future Trust**

2.2.5 Scottish Futures Trust has been supporting many public sector organisations to follow their example in setting up flexible, agile working environments. This includes the creation of different “zones” (Talk Zone, Quiet Zone, Desk Zone & Work booths) to carry out specific tasks rather than dedicated desk spaces for every individual. In addition, providing staff with

the technology and facilities to work flexibly from any location including home, office and on the move.

- **Place - One Public Sector Approach, Scottish Future Trust**

2.2.6 Across the public sector, there is a growing focus on Place which requires a One Public Sector approach. This approach looks at how public assets can be deployed collaboratively to enable joined up services, achieve better outcomes for communities, deliver efficiencies and savings and provide leverage for economic growth. There is a drive to collocate and integrate a number of public services within open-flexible working environments.

2.3 **NHS Fife Drivers for Change**

2.3.1 Locally within NHS Fife and Fife Health & Social Care Partnership several data and information sources were reviewed including:

- **Fife Primary Care Improvement Plan (PCIP)**

2.3.2 The plan sets out the transformational change required in primary care to support the population of Fife. In particular, the agreed local priorities to shift workload from GPs to the following services:

- Vaccination Transformation Programme (VTP);
- Community Treatment & Care Services (CTAC);
- Pharmacotherapy Services;
- In hours Urgent Care - Advanced Nurse Practitioners (ANPs) & Urgent Care Practitioner; and
- Multi-disciplinary teams: Mental Health triage nurse, Musculoskeletal (MSK) Physio First Response and Local Area Co-coordinators

2.3.3 The new workforce roles are on a phased roll out across GP clusters with full implementation expected by 2024.

2.3.4 Indicative 4 year revenue funding allocations have been provided by the Scottish Government to implement the new GMS contract and the local PCIP. However, additional capital funding will be required to support the PCIP, this report sets out the potential primary care premises investment required to enable sufficient space for full roll out.

- **Digital at the Heart of Delivery; Digital & Information Strategy 2019-2024**

2.3.5 Within the strategy, key workstreams relate to Primary Care Digital Transformation and a Health and Care Portal. Furthermore, a key priority within the Health & Social Care Strategic Plan (2019-22) includes, *“working with communities, partners and our workforce to effectively transform, integrate and improve our services”*. Technology developments are noted as a key deliverable with a commitment that Digital solutions for Health and Care will be central to all transformation plans.

- **Property & Asset Management Strategy 2021**

2.3.6 The latest PAMS was provided which included information about all primary care buildings (NHS, GP owned, and leased premises). The information on three of the six facets covering:

physical condition, functional suitability and space utilisation have used as part of the analysis.

2.4 **Local Authority information**

2.4.1 The Local Development Plan (LDP) and associated Housing Land Audit (HLA) was obtained for Fife (*note this is the 2020 version; an update is due imminently and the information will be updated once published*). A list of the source information can be found in **Appendix A**.

2.4.2 This provided information on the likely housing developments within each cluster area.

2.5 **Place Planning Tool information**

2.5.1 Information from the Place Planning tool developed by Scottish Government was made available. The place-based needs assessment included consideration of the following factors:

- Community demographic need;
- Community health needs;
- Supporting infrastructure; and
- State of estate.

2.5.2 The Place based characteristics within NHS Fife were noted as:

- Higher than average health needs;
- Aging but not increasing population;
- Shortage of GP coverage; and
- Lack of estate capacity.

2.5.3 The key priority areas identified within the tool are set out below:

Figure 2-1: Approach

Locality	Identified priority areas
Cowdenbeath	Lochgelly
	Cardenden
	Kelty
Dunfermline	Kincardine
	Valleyfield
	Oakley
Kirkcaldy	Path House
	Kirkcaldy Health Centre
Mid Fife & Glenrothes	Leven
North East Fife	Auchtermuchty

2.5.4 These will be considered in the overall evaluation of investment priorities.

2.6 **Practice Level information**

2.6.1 A data collection proforma was developed and issued to all practices to return with information on the following key areas:

- current clinic timetable – information on what clinic runs in what room each day;
- number and type of rooms available within the practice and any commentary on its functionality / usefulness;
- current practice workforce and any visiting services – both whole time equivalent (WTE) and sessions based at the practice.

- 2.6.2 This information provided a snapshot of the space and people currently within primary care and was analysed to determine the following factors:
- what new roles were in place in the practice;
 - what space is available (vacant clinic rooms per day) to accommodate new services;
 - issues relating to the condition of the rooms; and
 - opportunities to convert under-used space e.g. education rooms.
- 2.6.3 To date all but one practice has returned the proforma.
- 2.6.4 To complement the information returned, 23 practices were visited across a number of clusters. In total this represented circa 45% of the total practices in Fife.
- 2.6.5 It should be noted that the information represents a snapshot about room usage; this may have changed following the submission of information.

DRAFT

3 Future Trends & Impact

3.1 Overview

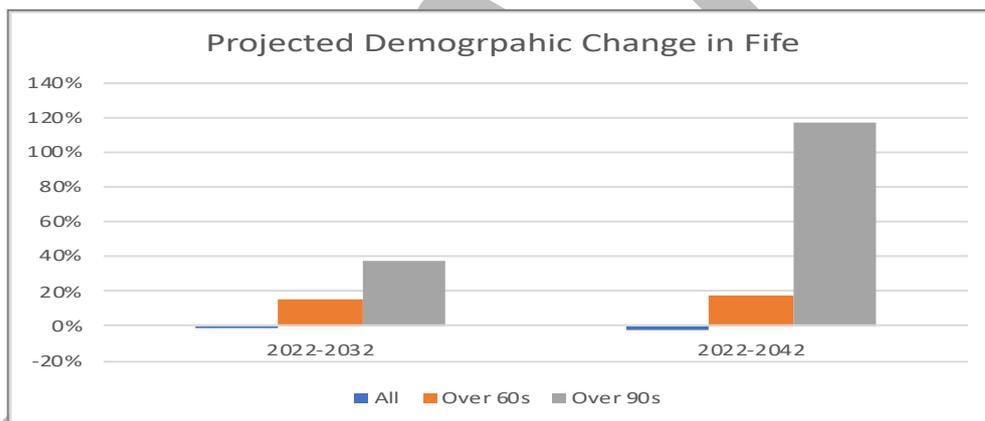
3.1.1 This section of the report outlines the future trends and likely impact to primary care premises in relation to the following areas:

- Demographic growth;
- Housing impact;
- Primary Care Improvement Plan;
- Creation of cluster hub premises/practices;
- Future delivery models for Allied Health Professionals (AHPs) and
- Smarter working and technology.

3.2 Demographic change

3.2.1 The General Registrar of Scotland (GROS) population projections were obtained and used to determine how the practice population could change in the future. In addition to the overall percentage growth, the growth in over 60s and 90s is also shown.

Figure 3-1: Demographic trend – 10 year projection

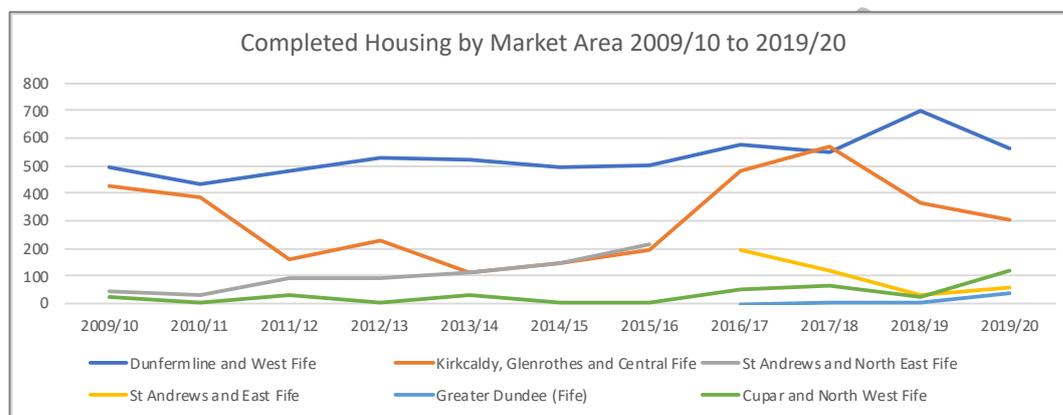


3.2.2 The total population of NHS Fife is likely to see a small reduction over the next 10 and 20 years. However, growth by circa 20% is expected within the 65+ age group by 2042; this group represents 33% of the population. Similarly significant growth, 40% by 2032 and over 100% in 20 years time, within the over 90s although they only represent 1-2% of the total population. It is likely that whilst overall practice populations are likely to experience relatively low growth, the case mix / age will change significantly, and is likely to require an

increased frequency and duration of consultations, more home visits and more chronic disease management.

3.3 Housing impact

3.3.1 There has been significant house building across Fife over the last 10 years as shown in the chart below:



3.3.2 Annually, there has been 500+ new houses built within Dunfermline and West Fife and 200-400 in Kirkcaldy, Glenrothes and Central Fife over the last 10 years.

3.3.3 As outlined, the Housing Land Audit was used as the source information in determining the potential new housing impact.

3.3.4 A rate of 50% new Fife residents was assumed e.g. 50% would be internal movements. In addition, the average household size of 2.16 was assumed based on 2020¹ rate for Fife.

3.3.5 A summary of the likely new houses and potential population impacts is shown below:

Figure 3-2: Housing Impact

Cluster	With Planning Permission	Allocated in LDP/SHIP	Number New Houses	Maximum Population impact	If 50% new residents
Dunfermline and West Fife	3,819	7,525	11,344	24,276	12,138
Kirkcaldy, Glenrothes and Central Fife	2,577	4,970	7,547	16,151	8,075
St Andrews and East Fife	568	2,103	2,671	5,716	2,858
Greater Dundee (Fife)	171	70	241	516	258
Cupar and North West Fife	189	2,042	2,231	4,774	2,387
Total	7,324	16,710	24,034	51,433	25,716

3.3.6 There are a number of cluster areas where the largest potential impact is likely to be seen; these both had historically high numbers of new homes.

- **Dunfermline and West Fife:** potential for over 11,000 new homes with the potential for over 12,000 additional new patient registrations.

1

<https://statistics.gov.scot/slice?dataset=http%3A%2F%2Fstatistics.gov.scot%2Fdata%2Faver-age-household-size&http%3A%2F%2Fpurl.org%2Flinked-data%2Fsdmx%2F2009%2Fdimension%23refPeriod=http%3A%2F%2Freference.data.gov.uk%2Fid%2Fyear%2F2020>

- **Kirkcaldy, Glenrothes and Central Fife:** potential for over 7,000 new homes with the potential for over 8,000 new patient registrations.

3.4 Primary Care Improvement Plan Service Impact

3.4.1 Discussion with service leads for each area of PCIP was undertaken and this identified the likely future workforce on full roll out. The table below summarises the assumptions made and likely impact:

Figure 3-3: Primary Care Improvement Fund – New services & roles

Service / Role	Description of change	Assumptions	Impact to Practices
Vaccination Transformation Programme (VTP)	Board delivered vaccination programme from fewer locations e.g. minimum of 1-2 hubs in each cluster.	Reduction in some aspects of Practice Nurse activity allowing increasing time for long-term conditions management and anticipatory care planning.	No impact, already addressed as part of the VTP. However, there is a key opportunity to co-locate with any new developments; this should be considered to make best use of space.
Community Treatment & Care Services (CTAC)	Board delivered Treatment room services including centralised phlebotomy service from fewer locations e.g. minimum of 1-2 hubs/cluster.	Information on the number of sessions required for CTAC and phlebotomy to be provided by the service and factored into room requirements.	No change to non-Hub practice locations. Cluster Hub practices likely to require more Treatment room capacity. Total of 68wte for CTAC and 36wte phlebotomy (including cover). Cover removed and any existing phlebotomy sessions netted off from gap in sessions.
Pharmacotherapy Services	2.5 wte Pharmacy for every 5,000 population across a range of roles: 20% senior pharmacists; 30-40% face to face; 30% practice pharmacists; 20-30% face to face 40% technicians; 20% face to face 10% support worker; 0% face to face Summary circa 25% of total workforce would be face to face time	Added additional capacity to reach this rate at all practices.	197 wtes requiring non-clinical space plus access to a clinical room to see patients - assumed circa 55% time in practices with 25% clinical based on weighted workforce roles. Identify cluster hub locations for the non-practice component of roles.
Primary Care Mental Health Nurses (PCMHN); Psychology; Link Workers	1 wte per 5,000 per population	Based on rate, less existing sessions in post. Note some practices have opted out currently.	77 wtes require access to an interview room; assumed all face to face.
Advanced Practice Physiotherapists (APP)	1 APP per 20,000 population	Based on rate, in addition to any existing sessions	20 wtes requiring clinical space in primary care. There may be an opportunity to outreach to small practices, but aspiration is to be embedded in practice teams.

Urgent Care - Advanced Nurse Practitioners (ANP)	1 ANP per 12,000 population	Note no roles in place currently, however, several practices have an employed ANP role.	Assumed all new posts require clinical capacity.
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3.4.2 The total NHS Fife wide impact of the new roles on full implementation would be over 300wte. The cluster and practice level future practice room capacity are outlined at section 4. Given the scale of additional workforce it will be a significant challenge for practices to accommodate these staff and services without change.

3.5 *Hub Premises*

3.5.1 As part of the implementation of PCIP there is a move to creating Hub premises where a number of services are provided for a wider catchment population.

3.5.2 To determine the future capacity required potential Hub(s) premises were identified within each cluster as set out below:

Figure 3-4: Hub Premises

Cluster	Hub Premise(s)	Comments
North East	Cupar St Andrews	Likely to be mini-hubs; less services in hub due to the rural nature of the cluster.
Dunfermline	No clear hub premise	Noted within future major investments; requirement for new hub premises.
Kirkcaldy	Kirkcaldy Health Centre Future new build as replacement Hub to release space at Kirkcaldy	Alternatively, may require new hub premises within the cluster as part of a major future investment.
Glenrothes	Glenwood Health Centre Future new build as replacement Hub to release space in Glenwood.	Likely to require new hub premises within the cluster as part of a major future investment.
Cowdenbeath	New Lochgelly Health Centre	
South West Fife	Dalgety Bay Primrose Lane	Potential for adjacent space to Primrose Lane to provide cluster hub for SW Fife.
Levenmouth	Within Randolph Wemyss Memorial Hospital site	Redevelopment of area within RWMH site for cluster hub.

3.5.3 A number of clusters already have premises that provide elements of the Hub role. Others require further development to identify their specific Hub role and associated services. In establishing the priorities, the suggested Hub role above has been factored into the requirements.

3.6 *Allied Health Professionals (AHP) services*

3.6.1 A number of AHP services move towards a different service delivery model as part of reboilisation plans. This looked to deliver a higher level of service provision from fewer locations; to improve the efficient deployment of workforce and provide a more sustainable service model. In some areas this model will improve the use and occupancy of specialist rooms and release space on other locations.

3.6.2 Through engagement with each AHP service they have sought to identify their future delivery model across Fife including the locations for care delivery.

3.6.3 The table below sets out the emerging model for each AHP service by cluster:

Figure 3-5: AHP Service Model

Cluster	Physiotherapy	Podiatry	Dietetics
North East	Bases at Cupar & St Andrews with outreach at Auchtermuchty and Anstruther	5 locations: Cupar; St Andrews; Anstruther; Newport & Howe of Fife (Ladybank). Additional capacity required at Cupar to facilitate shift from Newburgh	Main locations Cupar & St Andrews including staff based with outreach at Howe of Fife
Dunfermline	Opportunity to shift some MSK & rehab from QMH to non-hospital setting. Retain services linked with other outpatients. Including service provision for SW cluster	Single location at Queen Margaret Hospital (Carnegie Unit); service links with number of outpatient clinics - Orthopaedics & Diabetes Lynebank (office space only)	Single cluster hub and staff base plus QMF (MDT) within new development in Dunfermline; some from QMH
Kirkcaldy	Opportunity to shift some MSK & rehab from Victoria hospital to non-hospital setting retain ortho)	Two locations – Kirkcaldy (Wyteman’s Brae within Victoria Hospital Campus) and (links with outpatient clinics Orthopaedic & Diabetes) and Burntisland.	Single cluster hub and staff base plus Victoria Hospital. - consider within new development in Kirkcaldy
Glenrothes	Future single location within cluster; shift from Glenwood & Pitteuchar. Consider space for Children & Young People’s Physio service currently provided outwith cluster at RWMH.	One or 2 locations within the cluster. Require additional 2 rooms at Glenwood or Glenrothes Hospital to release space in Pitteuchar; Markinch & Cos Lane.	Single cluster hub plus Glenrothes hospital - consider as part of new build within cluster; shift from Glenwood
Cowdenbeath	Within Cowdenbeath and new Lochgelly health centre	Within Cowdenbeath, Cardenden and new Lochgelly health centre	Within Cowdenbeath, Cardenden and new Lochgelly health centre
South West Fife	Opportunity to shift some Dalgety Bay to Dunfermline Retain High Valleyfield	Dalgety Bay, Rosyth, High Valleyfield & new Kincardine health centre.	Dalgety Bay; Rosyth & Oakley
Levenmouth	Retain Randolph Wemyss Memorial Hospital as single site	3 locations: Randolph Wemyss Memorial Hospital & Kennoway Health Centre & Leven Health Centre.	Single cluster hub within RWMH cluster hub plan; shift from Leven & Cameron Hospital
Overall	Shift procedure/ Injections for hospital setting to primary care.	Moved to few locations post-pandemic	Move to fewer locations for staff based and clinical deliver

3.7 *Smarter Working & Technology*

- 3.7.1 The increased use of technology, in particular the opportunity this provides to work more flexibly and smarter, is a significant factor in establishing future accommodation requirements for primary care premises. This opportunity will be further enhanced when NHS Fife progress with the replacement of GP IT system to a new cloud-based model promoted through the National GP IT Programme.
- 3.7.2 This model provides the Primary Care Multidisciplinary Teams with the option to federated patients in a multi practice or cluster format to support modern working practices and the implementation of the Primary Care Improvement Programme. In essence it allows a clinical professional to review, access and maintain a patient's records from any location, without the need to log into multiple systems.
- 3.7.3 The new model also allows patients, from multiple practices, to attend a single care location, while having their record maintained in real time and updates being reflected within the patient's own registered practice.
- 3.7.4 Future provision of office accommodation should be planned with the following principles and learning from other organisations which have moved to this way of working:
- Use of smart devices and access to clinical information from hand-held devices and tablets;
 - Open-plan flexible non-cellular office space;
 - Use of different zones – Quiet Zone; Meeting Zone; Working Zone; and
 - Desk spaces planned taking consideration of different requirements e.g.
 - Full-time desk-based staff 1:1
 - Part-time desk-based staff 1:2
 - Visiting / flexible based staff 1:5
 - Remote access – no desk requirement.
- 3.7.5 It will be essential to ensure that relevant technology is in place to support flexible working prior to any change. Investment in technology, to allow improved access to clinical records by staff, is highlighted within the investment priorities.

4 Future Capacity & Investment required

4.1 Overview

4.1.1 This section of the report outlines the future capacity requirements across each of the cluster areas. To support this the core services envisaged within different sizes of practices has been identified.

4.1.2 The approach taken to identify areas for investment was based on the following principles:

- Size and scale of the impact of PCIP in terms of additional workforce requiring space;
- Identified Hub locations;
- Extent to which there is capacity within current clinic timetables; and
- Potential housing developments within the area.

4.1.3 The practices/premises identified for investment are shown based on the following timeline:

- Minor investment – within next 18 months;
- Medium investment – within the next 3 years; and
- Major investment – over the next 3 years. This is representative of the timeline required for major capital investment and allows for full business case development in line with Scottish Government requirements.

4.2 Practice Services by size

4.2.1 To define the capacity required in primary care a workshop was held with representation from across NHS Fife primary care services to identify the services that are likely to be in provided within different sizes of premises. This session also explored the potential for cluster based models for a range of services.

4.2.2 For the purposes of planning, three different sizes of premises were established based on the range of population served:

- Small premises - up to 3,500 practice population;
- Medium premises between 3,500 - 6,500 practice population; likely to be a single practice but may have branch practice(s);
- Large premises/practices between 6,500 to 10,500 population
- Extra Large premises - over 10,500 population; likely to accommodate multiple practices within the one building and a significant range of Health Board delivered services.

4.2.3 The table below identifies the services likely to be provided within each premise size. This is not prescriptive but offered to assist planning. It is noted that rural practices would require a different approach.

Figure 4-1: Services by Premise Size

Service	Comments/ Workshop feedback	Small (<3,000)	Medium (3,000-6,000)	Large (6,000 – 10,500)	Extra Large (over 10,500)/ Cluster hub
Number of practices		4	17	22	7
General practice (GP/ANP, Practice Nurse)	Core GMS team within all practice teams	Y	Y	Y	Y
Urgent Care Model – ANP led	Integral part of all practice teams and based in all practices	?	Y	Y	Y
District Nurse	Keen to retain links with team; note that may require an office base in larger premises/practice locations	Visiting	Visiting	Visiting	Y –staff base here
Health Visiting/ Midwife/ School Nurse	Less links with practice teams; can be in standalone location or cluster hub.	N	N	?	Y or could be in separate location
Vaccination Transformation Programme / Immunisations	May need to consider accessing slots in rural and deprived population areas.	N	N	N	Y or could be in separate location
Community Treatment & Care	Phase 1 element retained in all practices to ensure access. Larger locations to include additional treatment rooms as part of phase 2 roll out	Phase 1	Phase 1	Phase 1	Phase 1 & 2
Pharmacotherapy	55% of total workforce time within practice. Balance within cluster hubs.	Y	Y	Y	Y
First Contact Physio / practitioner	Integral part of all practice teams and based in all practices. Some remote access in very small practices with limited sessions.	Y	Y	Y	Y
Community Mental Health		Y	Y	Y	Y
Therapy service (MSK Physio, Podiatry, SLT, Dietetics, OT, Paeds, Community rehab)	Can be in standalone location or a cluster hub.	N	N	?	Y
Admin base for other staff		N	N	N	Y

4.2.4 An estimate of the space required for the size of practice/premises has been developed in the form of a “Standard Schedule of Accommodation”. A copy of which is shown at **Appendix B**. This provides an initial estimate of the likely space required in line with latest building note guidance, however, this has been updated to reflect the new primary care workforce.

4.3 Dunfermline Cluster

4.3.1 The table below summarises the future capacity for each practice within Dunfermline considering PCIP clinical staff. A RAG (Red/Amber/Green) status has been used to identify the scale of additional capacity and the potential of cluster housing impact. Practice owned premises are indicated by a *.

Figure 4-2: Dunfermline Cluster – Future Capacity

Practice	PCIP Sessions	Additional Capacity	Investment proposed	
			Type	Requirement
Linburn Road	26	2 rooms 1TR	Short term/operational	Remove records create 1 clinical room - G03; to give room natural daylight will need to include access from reception to practice manager office & admin office (rooms 1&2) Create Phlebotomy room from - store G36 - replace door with window 1st floor - convert locker room to office (IT requirements only) for Family nurse practitioner from F16. Fit IT within large meeting room to create open plan in F04 Review current use and allocation of space within building; there is some capacity within the existing building. E.g. Move DN upstairs from other sites in the cluster Hospital Hill.
Nethertown*	41	3 rooms 1.5 TR	Minor works Major investment	Back scan records & create room from records store. Longer term new build – Dunfermline hub.
New Park*	42	3 rooms; 1TR	Major investment	Considered within new Dunfermline build.
Hospital Hill Surgery*	28	3 rooms 1 TR	Minor works	Create 1 room from District nurse base. Remove records and additional IT / data sockets to create flexible admin space in area. Longer term new build – Dunfermline hub.
Millhill*	31	3 rooms 1 TR	Minor works Major investment	Short term shift to cluster hub. Longer term new build – Dunfermline hub.
Bellyeoman*	37	3 rooms 1.5 TR	Minor works Major investment	Create room at reception. Longer term new build – Dunfermline hub.
Primrose Lane*	26	2 rooms 1TR	Minor works	Minor works planned to provide 3 rooms. Improved use of MSK room. DN/HV offices released if staff accommodated within hub. Potential to redevelop the adjacent vet space to provide an interim cluster hub prior to a new build.
Cluster		8,000 new houses		Major new build up to 4 practices and a cluster hub including range of AHP services - Dietetics (+staff base), physiotherapy services for the cluster (rehab, MSK) within new development; releasing some space at Queen Margaret Hospital and Primrose Lane practice.

- 4.3.2 Across the cluster there is the requirement to find clinical space for an additional circa. 19 rooms on full implementation of the PCIP. There are pressure points for new housing developments within the cluster which will require a long-term solution as part of the major investment proposed.
- 4.3.3 There is potential to develop an interim cluster hub at Primrose Lane if adjacent space within the veterinary practice is available. The longer term recommendation is a new build for a number of practices plus the development of cluster hub services.
- 4.3.4 All but one premise is owned by GPs therefore a multi-practice development within Dunfermline would also help to address the shift in ownerships from practice to the Health Board, in line with Code of Practice.
- 4.3.5 Information on the functional suitability, quality and utilisation from the Property & Asset Management Strategy is only available for NHS owned premises, however, the Place

Planning tool developed by Scottish Government was reviewed regarding priorities for need. This did not identify any priorities within the Dunfermline cluster.

4.4 *Levenmouth Cluster*

4.4.1 Analysis for the Levenmouth cluster is shown below:

Figure 4-3: Levenmouth Cluster – Future Capacity

Practice	PCIP Sessions	Additional Capacity	Investment proposed	
			Type	Requirement
Kennoway	14	None	None	Space within existing template.
Scoonie	45	3 rooms; 1TR	Operational Minor works	Reconfiguration of space following digitisation of medical records. Room 009 convert to clinical. Additional It sockets and configuration of admin/records to accommodation admin staff. Room 16&17 redecorate; upgrade Rooms 16&17 redecorate; upgrade - cabinets; flooring. Address infrastructure issues within building
Airlie	27	2 rooms; 1TR	Operational	Could any services transfer to cluster hub?
Muiredge*	28	2 rooms;1TR	Operational	Could any services transfer to cluster hub?
Methilhaven*	21	2 rooms; 1TR	Operational	Could any services transfer to cluster hub?
Cluster		Minimal new housing	Minor works	Redevelopment of hub space within Randolph Wemyss Memorial Hospital site. This would serve as single location for physiotherapy and Dietetics and one of 3 locations for podiatry services for the cluster. Additional podiatry office space required for cluster team.

4.4.2 Across the cluster there is a requirement to identify clinical space for circa. 9 rooms on full implementation of the PCIP.

4.4.3 The proposal to create a cluster hub at Randolph Wemyss Memorial Hospital will release some space within practices. Further analysis is required to quantify the impact for all practices within the cluster.

4.4.4 The Place Planning tool developed by Scottish Government identified Leven Health Centre (Scoonie practice) as a priority area for investment.

4.5 *Kirkcaldy Cluster*

4.5.1 Analysis for the Kirkcaldy cluster is shown below:

Figure 4-4: Kirkcaldy Cluster – Future Capacity

Practice		PCIP Sessions	Additional Capacity	Investment proposed		
				Type	Requirement	
Burntisland		20	1 room;1TR	Minor	Move paed & paed secretary and convert 2 offices to clinical. Convert health education to treatment rooms (require air ventilation). Convert HB reception to office and move HV then convert HV office to clinical. Full redecoration of GP space	
Kinghorn		9	No return; maximum 2		Open up waiting space by removing pram store Full redecoration - floors; cabinets; doors	
Bennoch		422	4 rooms	Minor works	Existing plan to create 3 rooms. Balance to be provided in the cluster hub.	
Kirkcaldy Health Centre	Eggerton	44	7 rooms 3TR	Minor works	Remove medical records; create Practice Manager (PM) & secretaries office. Create store in waiting areas. PM office & secretary room become 2 clinical rooms create interview room from store (+3 rooms).	Redevelop 4 reception and waiting areas to create additional consulting rooms (+4). Rooms 41 & 42 need upgrading - flooring; cabinets & redecoration
	Fordyce & Partners	37			Remove medical records; create office. PM office becomes 1 clinical room. Create store in waiting areas and create interview room from store (+2 rooms).	
	McKenna & Partners	40				
	Health Board				Reallocate space. HB space underutilised would provide minimum of 15 sessions Likely capacity +2 rooms.	
St Brycedale*		24	1 room; 1 TR	Operational	Additional capacity within cluster hub?	
Path House*		47	4rooms; 1.5 TR	Major investment	Longer term major investment in new premises for some practices with shift of services to release space in others.	
Nicol Street*		23	2 rooms; 1TR	Major investment		
Cluster			2500 new houses		Cluster hub; short-term within Kirkcaldy Health Centre. Provision of physiotherapy services for the cluster (rehab, MSK) and Dietetics within new development; releasing some space at Victoria Hospital and Whyteman's Brae sites.	Longer term within new development.

4.5.2 Across the cluster there is the requirement to find clinical space for an additional circa 18 rooms on full implementation of the PCIP.

4.5.3 Kirkcaldy Health centre has been identified as the initial cluster hub; however, it is unlikely to be able to accommodate all future space requirements. Long term, the recommendation is to build a new facility for a number of practices plus cluster hub services. In addition, there are pressure points for new housing developments within the cluster which will require a long-term solution. All premises highlighted for investment are owned by GPs therefore a multi-practice new development within Kirkcaldy would also help to address the shift in ownership from GP to health board.

4.5.4 The Place Planning tool identified Path House and Kirkcaldy Health Centre as priority area.

4.5.5 The Place Planning tool identified Path House and Kirkcaldy Health Centre as priority area for investment.

4.6 North East Fife Cluster

4.6.1 Analysis for the North East Fife cluster is identified below:

Figure 4-5: North East Fife Cluster – Future Capacity

Practice	PCIP Sessions	Additional Capacity	Investment proposed	
			Type	Requirement
Anstruther Medical Practice	21	<1 room 1TR	Operational Minor works	Redistribute HB & practice space. Some vacant spaces in both could be repurposed. Reconfiguration of reception space following digitisation of medical records; includes adding in window Convert meeting room/baby clinic (00.A0.004) into 2 treatment/consulting rooms. move door to ensure access to room 00.Ao.017 to put 2 offices in public part of the building and access by patients Redevelop office within health board area to Treatment Room
Pitcairn* & Leuchars*	15	1TR		Rebalance what provided from each site.
Tayport* & Newport*	34	Within		Rebalance what provided from each site.
Abernethy* & Newburgh*	14	<1 room 1TR		Rebalance what provided from each site.
Pipeland Medical Practice	53	7 rooms 3TR	Operational Minor works	Opportunity to redistribute healthboard and practice space. Convert 2 x Practice Manager offices & medical records = 3-4 rooms. Admin room could be used for pharmacy.
Blackfriars Medical Practice, St Andrews	33			Reallocate spaces throughout building – duplication within Pipeland practice & need to understand wider campus space. Potential further phase to redevelop reception and waiting areas to create additional clinical rooms (at this stage not costed part of further potential work)
Eden Villa	25	5 rooms 2TR	Operational Minor works	Convert medical records into clinical. Potential convert rehab gym to clinical consultant rooms if MSK can move to multi-purpose room
Bank Street Medical Group	30			Convert health visitors' office space to 3 rooms; space available on upper floor of building for this staff group Full redecoration of GP space Shift CTAC /Phlebotomy to OPD as part of need to understand wider campus space and opportunity to reconfigure/redevelop. Potential to add 1 st floor in the longer term.
Coast Health: Pittenweem* & Elie*	19	2 rooms 1TR	Minor works	Convert attic for use by all practice admin and create a staff room with stair from waiting area. Convert reception and admin to 2 rooms. Re-designate staff room as consulting room.
Howe of Fife Medical Practice*	18	1 room 1TR	Minor works	Reconfiguration of space following digitisation of medical records into additional rooms Shift clinics to adjacent NHS ladybank clinic.

Practice	PCIP Sessions	Additional Capacity	Investment proposed	
			Type	Requirement
Auchtermuchty*	22	2 rooms 1TR	Minor works	Create new office for community nursing where medical records located. Community nursing room converted to 2 clinical rooms.
Cluster		2,500 new houses		Within St Andrews and Cupar. New houses; potential 2 nd floor at Cupar health centre. AHP services main location Cupar, St Andrews with outreach to range of sites Anstruther and Auchtermuchty, Newport and Howe of Fife. Additional podiatry and prep room required in Cupar plus access to desk space.

4.6.2 Across the cluster there is the requirement to find clinical space for circa 17 rooms on full implementation of the PCIP.

4.6.3 In addition, there are pressure points for new housing developments within the cluster which will require a long-term solution as part of major capital investment.

4.6.4 Given the rurality of the cluster, it is envisaged that services are more likely to be split across a number of locations with larger centres in St Andrews and Cupar.

4.6.5 The Place Planning tool identified Auchtermuchty as a priority area for investment.

4.7 Cowdenbeath Cluster

4.7.1 Analysis for the Cowdenbeath cluster is shown below:

Figure 4-6: Cowdenbeath Cluster – Future Capacity

Practice	PCIP Sessions	Additional Capacity	Investment proposed	
			Type	Requirement
Cowdenbeath*	36	4 rooms 2TR	Minor Operational	Back scan of records to create additional space. Create 1 room from medical records; split PM office to create a second clinical room; empty and convert interview room to 3 rd clinical room. CTAC clinics could move to Rowan Terrace.
Benarty*	15	<1 room 1TR		
Crossgates*	28	2 rooms 1TR		Capacity within Kelty facility.
Cardenden	14	2 rooms 1TR	Minor works	Opportunity to review HB space and reconfigure following digitisation of medical records into 2 rooms.
Kelty	27	none		
Cluster		1,500 new houses		Cluster hub planned within new Lochgelly development. AHP services delivered for cluster within new Lochgelly, Cowdenbeath & Cardenden health centre.

4.7.2 Across the cluster there is a requirement to find clinical space for 8 rooms on full implementation of the PCIP.

4.7.3 The Place Planning tool identified Cardenden and Kelty and Lochgelly as priority areas for investment.

4.8 Glenrothes Cluster

4.8.1 Analysis for the Glenrothes cluster is shown below:

Figure 4-7: Glenrothes Cluster – Future Capacity

Practice	PCIP Sessions	Additional Capacity	Investment proposed		
			Type	Requirement	
Glenwood	22	5 rooms 2TR	Operational Minor works	Redistribute space HB to practices e.g. HB room 6 & 2. Create shared spaces for practices PCIP staff - PCMH, FCP. 3rd CTAC Treatment Room within minor ops. Medical records space released – 2 rooms. Medical records space released; convert room upstairs to 01.A0.010 to office room 00.A0.025 on ground floor to be converted to a staff room. Room (00.A0.030) convert from staff room for Mental Health Nurse (interview room set up)	Split multi-purpose room into 2 consulting rooms – could be podiatry to allow released space at Rothes & Cos Lane. Redevelop HB reception & waiting area – 2 rooms.
Lomond	36				
Rothes & Thornton	33	4 rooms 1TR	Minor works Major investment	Cease services at Thornton branch. Shift Podiatry & MSK to cluster hub(s).	Poor building fabric – considered for new build. This could help address workforce sustainability issues.
North Glen*	22	1 room 1TR	Operational Major investment	Shift midwives; FAST; psychiatry will release 4 sessions	Major development
Cos Lane*	31	4 rooms 1TR	Operational Major investment	Podiatry & AHPs shift offsite – release 1-2 rooms. 4 sessions available at Dovecot clinic. Shift CTAC to hub.	
Leslie*	21	< 1room 1TR		Treatment room in hub	
Markinch*	20	<1 room 1TR			
Cluster		3,000 new houses		Dovecot clinic / Glenrothes hospital –	Within new development Provision of Dietetics, Podiatry and Physio services for the cluster (rehab, MSK) within new development; releasing space at Glenwood & Pitteuchar, Markinch & Cos Lane.

4.8.2 Across the cluster there is a requirement to find clinical space for 14 additional rooms on full implementation of the PCIP.

4.8.3 In addition, there are pressure points for new housing developments within the cluster which will require a long-term solution to be identified as part of major capital investment.

4.8.4 The Place Planning did not identify any priorities within the Glenrothes cluster.

4.9 *South West Fife Cluster*

4.9.1 Analysis for the South West Fife cluster is shown below:

Figure 4-8: South West Fife Cluster – Future Capacity

Practice	PCIP Sessions	Additional Capacity	Investment proposed	
			Type	Requirement
High Valleyfield	7	none	Minor works	Capacity within existing facility. Clarity over future AHP service delivery could release space. Address infrastructure issues. Opportunity to utilise Child Development Centre space to facilitate moves from other locations to release space e.g. DN/HVs.
Inverkeithing* & Dalgety Bay	40	4 rooms 3TR	Minor works	Inverkeithing: reconfiguration of space following digitisation of medical records to create 1 -2 rooms from reception. Dalgety Bay: Shift DNs back to office; release meeting room. General clinical room - split into 2 rooms 1 consult/1 interview. Podiatry test room; redesignated for pharmacotherapy. Room 5 convert to clinical - flooring, remove units and decorate
Oakley Medical Practice	28	2 rooms 1TR	Operational Minor works	Significant space available if a number of areas are redeveloped and record storage is resolved. Health Board reception; baby clinic (30m2); meeting room (29m2). Will also address infrastructure issues
Park Road Rosyth	16	2 rooms 1TR	Operational Minor works	Back scan and remove records to create admin space; move admin from clinical room. Shift some sessions to hub?
Charlestown*	10	None		Capacity within existing facility
Cluster		500 new houses		Potential to redevelop the building adjacent to Primrose Lane to create a cluster hub Opportunity to shift some Physiotherapy Dalgety Bay to Dunfermline. Retain High Valleyfield

4.9.2 Across the cluster there is a requirement to find clinical space for 8 additional rooms on full implementation of the PCIP.

4.9.3 There is requirement to consider the best location for the cluster hub; there is potential for a development at Primrose Lane which could serve several of the cluster practices and some of Dunfermline practices.

4.9.4 The Place Planning tool identified Valleyfield, Kincardine and Oakley as priority areas for investment.

5 Summary & Recommendations

5.1 Overview

5.1.1 A thorough review of primary care premises across NHS Fife has been carried out. This has outlined significant immediate pressure is being faced by the majority of practices when seeking to find space for the new workforce within primary care. In addition, there are substantial housing developments across the area which in the medium and longer term will provide a further need for increased primary care accommodation.

5.1.2 The review has highlighted areas for major capital investment and a number of short, medium and long term investment priorities which are summarised in the sections below.

5.2 Major Capital Investment

5.2.1 It is recommended that the following areas are taken forward as major capital investment priorities:

Figure 5-1: Major Capital Investment Priorities

Cluster	Practice/Premises	Investment
Glenrothes	Roths	Major new build for some of the practices. Those not redeveloped would potentially transfer cluster based services to the new development. The new development would include all cluster hub services.
	North Glen	
	Cos Lane	
Kirkcaldy	St Brycedale	Major new build for some of the practices. Those not redeveloped would potentially transfer cluster based services to the new development. The new development would include all cluster hub services.
	Path House	
	Nicol Street	
Dunfermline	Nethertown	Major new build for some of the practices. Those not redeveloped would potentially transfer cluster based services to the new development. The new development would include all cluster hub services.
	New Park	
	Hospital Hill	
	Millhill	
	Bellyeoman	
North East	Cupar (Eden Villa & Bank Street)	Extension and site masterplanning to identify additional capacity for mitigate the impact of new housing.

5.3 Immediate-term (3 months)

5.3.1 It is recommended that the following tasks are undertaken by the suggested leads within the next three months. To support this, an initial list of all minor modifications and operational changes highlighted in section 4 is shown in **Appendices C1 & C2**.

Figure 5-2: Immediate Actions (<3months)

Action	Lead	Purpose
Establish the future delivery model for all Health Board delivered services e.g. Allied Healthcare Professional Services, District Nursing, Midwifery, Health Visiting etc.	Service leads	To identify the space required in practices and cluster hubs.
Establish the current space utilised by Health Board delivered services – locations, frequency of use and actual occupancy via OccupEye.	Facilities Management Teams	To identify areas of poor room utilisation that could be redistributed.
Determine the overall revenue funding for new primary care services and the likely implementation timeline for new workforce roles.	Primary Care Finance lead	To confirm funding for posts where space is being created and the likely timing of requirements.
Agree and confirm the long list of minor modifications and improvements - Appendix C1.	Primary Care Premises SLWG & Estates	Develop a master list of minor investment required.
Agree and confirm the long list of operational changes - Appendix C2.	Primary Care Premises SLWG & Estates	Develop a master list of operational changes.
Confirm the cluster hub locations.	Primary Care Premises SLWG	To provide clarity about what space is required in Hub and non-Hub practices.
Approve the major investment practices / premises within next 5 years.	Primary Care Premises SLWG	To identify the investment likely to require a business case process to obtain capital investment.
Develop the Strategic Assessment for the combined primary care investment priorities.	Programme Manager	Initial stage to start to seek capital funding.
Engagement with NHS Fife E-Health.	Programme Manager	Identify and prioritise investment in E-health to support PCIP.
Engagement with Fife council regarding developer contributions and wider opportunities.	Estates	Ensure NHS Fife can obtain developer contributions.

5.4 Short-term (within 18 months)

5.4.1 The following tasks are recommended within the next 18 months:

Figure 5-3: Short-term Actions (within 18 months)

Action	Lead	Purpose
Understand the total space required for all Health Board delivered services to deliver the future model of care.	Facilities Management & Premises lead	To determine overall space requirements in hubs and practices.
Determine the overall cost and programme for all minor modifications included at Appendix C1 and identify where they require further design input.	Primary Care Premises SLWG	Develop a master list of investment and seek capital funding from NHS FV.
Develop a programme of operational reviews and changes to room allocations that are dependent on the agreed requirements for all services. This should include any changes to the financial apportionment of costs between the Health Board and practices.	Primary Care Premises SLWG	Reallocation of space, where required, across a number of large sites with a significant level of HB delivered services.
Develop the Programme Initial Agreement for all major capital investments.	Programme Manager	Identify initial business case requirements.

5.5 *Medium-term (less than 3 years)*

5.5.1 The following tasks are recommended within the next 3 years:

Figure 5-4: Medium Actions (within 3 years)

Action	Lead	Purpose
Undertake the programme of minor modifications.	Estates & Capital Planning	Deliver increased capacity within primary care where feasible within existing buildings.
E-health investment	Programme Manager	Implement new e-Health solutions for primary care.
Develop the Outline and Full Business Cases including option appraisal & site selection for major capital investments.	Programme Manager	Identify subsequent business case stages. There may be potential for a single stage process dependent on the capital value.

Appendix A: Local Authority Information Sources

<https://www.fife.gov.uk/kb/docs/articles/planning-and-building2/planning/development-plan-and-planning-guidance/local-development-plan-fifeplan>

note this is 2020; an update is due imminently and the information will be updated once published.

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Appendix B: Property: Standard Schedule of Accommodation

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General Medical Practice Premises - Minimum room sizes			Guidance Comments		Current guidance		Small Practice (1,000 - 2,000 sq GP)				Medium (3,000 - 6,000 sq GP)				Large (6,000 - 10,500 sq GP)				Extra Large (10,500 - 22,000 sq GP)				
Room size (sqm)	Area (sqm)	Area (sqm)	Room size (sqm)	Number of rooms	Total Area (sqm)	Comments	Room size (sqm)	Number of rooms	Total Area (sqm)	Comments	Room size (sqm)	Number of rooms	Total Area (sqm)	Comments	Room size (sqm)	Number of rooms	Total Area (sqm)	Comments	Room size (sqm)	Number of rooms	Total Area (sqm)	Comments	
General Medical Practice Premises - Minimum room sizes																							
Patent Interface																							
Entrance lobby & pram parking		Consider wheelchair and pram movements - from outside - Assume	0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0	0.0		
Waiting area		Area per consulting room - add 3sqm wheelchair waiting space	6.0	7.5	17.7	1.0	17.7	2.1 per room (SCV) plus 3m2 waiting space	24.0	1.0	24.0	24.0	1.0	24.0	51.3	1.0	51.3	2.1 per room (SCV) plus 3m2 waiting space	101.7	1.0	101.7	2.1 per room (SCV) plus 3m2 waiting space	
Children's play		Planned within waiting area space; will vary with practice size	9.0	20.0	9.0	1.0	9.0		9.0	1.0	9.0	20.0	1.0	20.0	20.0	1.0	20.0		20.0	1.0	20.0		
Patients' reception		Add for practice size - ensure wheelchair turning circle	6.0	7.5	6.0	1.0	6.0	1 staff reception point	6.0	1.0	6.0	1 staff reception point	12.0	1.0	12.0	1.0	12.0	2 staff reception point (1 reception + 1 desk space)	12.0	1.0	12.0	2 staff reception point (1 reception + 1 desk space)	
W/C: disabled, assisted		Consider peninsular layout per SHFN20 - 2.5sqm	4.5	5.5	4.5	1.0	4.5		4.5	1.0	4.5	4.5	2.0	9.0	4.5	2.0	9.0		4.5	4.0	18.0		
W/C: ambulant		Within consulting suite: 4.5sqm for 2 persons	3.5	4.5	2.5	2.0	5.0		2.5	2.0	5.0	2.5	4.0	10.0	2.5	4.0	10.0		2.5	6.0	15.0		
Baby changing		Room accessible to men and women and not within disabled toilet	4.5	5.0	4.5	1.0	4.5		4.5	1.0	4.5	4.5	1.0	4.5	4.5	1.0	4.5		4.5	2.0	9.0		
Changing Places PAMIS		Space relates to separate room	4.5	5.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0		
Breast feeding		Added in place of breast feeding - flexible room	9.0	1.0	9.0	1.0	9.0		9.0	1.0	9.0	9.0	1.0	9.0	9.0	1.0	9.0		9.0	2.0	18.0		
Sub Total					8.0	55.7		8.0	62.0		8.0	11.0	115.8		8.0	17.0	183.7		8.0	20.0	207.7		
Administration/Clerical/Staff																							
Staff reception		Per staff position	4.5	4.5	0.0		0.0	included in reception area	0.0		0.0	0.0		0.0	0.0		0.0	included in reception area	0.0		0.0	included in reception area	
Administration office(s)		As required by Practice - see notes section 3 of SHFN36	9.0	1.0	9.0	1.0	9.0	2 person admin support inc mail & printing	13.5	1.0	13.5	3 person admin support inc mail & printing	22.5	1.0	22.5	5 person admin support inc mail & printing	45.0	1.0	45.0	10 person admin support inc mail & printing	90.0	1.0	90.0
Shared office space		Added from Guidance	1.0	0.0	0.0		0.0	No office assumed for visiting staff	18.0	1.0	18.0	4 desk spaces provided for visiting staff	18.0	2.0	36.0	2 x 4 desk spaces provided for visiting staff	54.0	4.0	216.0	4 x 4 desk spaces provided for other staff - assumed base for HV/DN and Assumed 2 practice's	54.0	4.0	216.0
Practice Manager's office		Areas per GP (but determined by Practice details)	12.0	12.0	12.0	1.0	12.0		12.0	1.0	12.0	12.0	1.0	12.0	12.0	1.0	12.0		12.0	2.0	24.0	Assumes 2 practice's	
Medical records room		Assumed electronic	3.5	7.5	0.0		0.0	Assumed electronic	0.0		0.0	0.0		0.0	0.0		0.0	Assumed electronic	0.0		0.0	Assumed electronic	
Mail/photocopying room		As required by Practice or add to Administration office area	0.0	0.0	0.0		0.0		0.0		0.0	0.0		0.0	0.0		0.0		0.0		0.0		
Practice library		Add 7sqm if study facility required	12.0	12.0	12.0	1.0	12.0		12.0	1.0	12.0	12.0	1.0	12.0	19.0	1.0	19.0		19.0	1.0	19.0	Assumes study as per guidance	
Staff multipurpose room (meeting, training and library)		As may be specified by Practice minimum 12sqm	12.0	1.0	12.0	1.0	12.0	1 multi-purpose room circa 6 people	24.0	1.0	24.0	1 multi-purpose room circa 12 people	37.5	1.0	37.5	1 multi-purpose room circa 20 people	75.0	1.0	75.0	2 multi-purpose room circa 20 people	150.0	1.0	150.0
Sub Total					8.0	45.0		8.0	79.5		8.0	6.0	127.0		8.0	16.0	379.0		8.0	20.0	379.0		
Staff facilities																							
Staff cloakroom/toilets		As required by Practice	0.0	0.0	0.0		0.0	Assumed in staff room	0.0		0.0	0.0		0.0	0.0		0.0	Assumed in staff room	0.0		0.0	Assumed in staff room	
Staff shower		Assumes with handbasin within compartment	3.3	3.3	3.3	0.0	0.0		3.3	1.0	3.3	3.3	2.0	6.6	3.3	2.0	6.6		3.3	2.0	6.6		
Staff change/lockers		For 1 GP through to 35sqm for 10 GPs	12.5	12.5	12.5	1.0	12.5		12.5	1.0	12.5	12.5	1.0	12.5	32.0	1.0	32.0		45.0	1.0	45.0		
W/C: staff, disabled		Assumes with handbasin within compartment - min 1 male and 1 female	2.0	2.0	4.0	1.0	4.0		4.0	1.0	4.0	4.0	2.0	8.0	4.0	2.0	8.0		4.0	2.0	8.0		
W/C: staff, ambulant		Assumes with handbasin within compartment - min 1 male and 1 female	2.25	2.25	2.25	4.0	9.0		2.25	4.0	9.0	2.25	6.0	13.5	2.25	6.0	13.5		2.25	6.0	13.5		
Sub Total					6.9	25.5		6.9	41.3		6.9	7.0	63.1		6.9	19.0	247.5		6.9	19.0	247.5		
GP patient services																							
GP/ Nurse consulting/ Examination rooms		As required by Practice	14.0	16.5	16.5	2.0	33.0	2 x GP/ANP	16.5	4.0	66.0	4 x GP/ANP	16.5	7.0	131.5	7 x GP/ANP	16.5	15.0	247.5	15 x GP/ANP	16.5	30.0	495.0
GP (training) consulting room		As required by Practice	17.0	17.0	17.0	0.0	0.0	no trainees assumed	17.0	0.0	0.0	no trainees assumed	17.0	1.0	17.0	1 trainee place	17.0	2.0	34.0	2 trainee places	17.0	4.0	68.0
Nurse consulting room(s)		Can combine as clinic session rooms	12.0	12.0	16.5	1.0	16.5	1 PN assumed flexible use by others	16.5	1.0	16.5	1 PN assumed flexible use by others	16.5	1.0	16.5	1 PN assumed and flexible use by other clinical staff	16.5	2.0	33.0	2 trainee places	16.5	4.0	66.0
Nurse reporting/support room/office		Administrative use - as required by Practice	9.0	9.0	0.0		0.0		0.0		0.0	0.0		0.0	0.0		0.0		0.0		0.0		
Examination room(s)		Consider wheelchair movements	7.5	5.0	0.0		0.0	included rooms all flexible C/E	0.0		0.0	0.0		0.0	0.0		0.0	included rooms all flexible C/E	0.0		0.0	included rooms all flexible C/E	
Nurse treatment room		Assumes Treatment room centralised in Hub	14.0	0.0	0.0		0.0		14.0	0.0	0.0	Assumes Treatment room centralised in Hub	14.0	0.0	0.0	Use of larger treatment / minor casualty rooms	14.0	0.0	0.0	Use of larger treatment / minor casualty rooms	14.0	0.0	0.0
Sub Total					5.0	49.5		5.0	82.5		5.0	23.0	33.5		5.0	14.0	180.0		5.0	14.0	180.0		
Board services																							
Interview room(s)		1 @ 9sqm should be provided for wheelchair use	9.0	9.0	9.0	1.0	9.0	Pharmacy / PCMHN	9.0	2.0	18.0	Pharmacy / PCMHN	9.0	4.0	36.0	Pharmacy / PCMHN	9.0	7.0	63.0	Pharmacy / PCMHN	9.0	14.0	126.0
Phlebotomy room		1 @ 9sqm should be provided for wheelchair use	9.0	9.0	9.0	1.0	9.0		9.0	1.0	9.0	9.0	1.0	9.0	9.0	1.0	9.0		9.0	2.0	18.0		
Consulting room(s)		Separate consulting and examination rooms are generally now not recommended	14.0	16.5	16.5	1.0	16.5	Physio/Podiatry/Vision staff	16.5	1.0	16.5	Physio/Podiatry/Vision staff	16.5	5.0	82.5	Physio/Podiatry/Vision staff	16.5	10.0	165.0	Physio/Podiatry/HV/DN assumed based	16.5	20.0	330.0
Treatment room/minor surgery room(s)		If more than one treatment room is included, then the second one can be smaller - 13.5 - 15sqm	18.0	20.0	20.0	1.0	20.0	assumes Treatment room centralised in Hub	20.0	1.0	20.0	assumes Treatment room centralised in Hub	20.0	2.0	40.0	2 Treatment room as spoke provider	20.0	4.0	80.0	3 Treatment room (later side services provided)	20.0	8.0	160.0
Reception room			8.0	8.0	0.0		0.0		0.0		0.0	0.0		0.0	0.0		0.0		0.0		0.0		
Physio/ Podiatry area			30.0	0.0	0.0		0.0		30.0	0.0	0.0	30.0	0.0	0.0	30.0	0.0	0.0		30.0	0.0	0.0		
Dental Treatment room		Size generally similar to consulting/examination room	15.0	16.0	0.0		0.0		0.0		0.0	0.0		0.0	0.0		0.0		0.0		0.0		
Therapy room			15.0	16.0	0.0		0.0		15.0	2.0	30.0	flexible use rooms for therapy services	15.0	2.0	30.0	flexible use rooms for therapy services	15.0	2.0	30.0	flexible use rooms for therapy services	15.0	2.0	30.0
Sub Total					4.0	54.5		4.0	63.5		4.0	23.0	380.0		4.0	47.0	718.5		4.0	47.0	718.5		
Storage and ancillary support																							
Cleanse storage		Per floor level	7.0	10.0	10.0	1.0	10.0		10.0	1.0	10.0	10.0	1.0	10.0	10.0	1.0	10.0		10.0	2.0	20.0		
Treatment room store(s)		As required by Practice	6.0	6.0	6.0	1.0	6.0		6.0	1.0	6.0	6.0	1.0	6.0	6.0	1.0	6.0		6.0	4.0	24.0		
Equipment storage		As required by Practice	6.0	6.0	6.0	1.0	6.0	combined equip/general	6.0	1.0	6.0	combined equip/general	12.0	1.0	12.0	combined equip/general	12.0	2.0	24.0	combined equip/general	12.0	4.0	48.0
Stationery and books		As required by Practice	2.0	1.0	2.0	1.0	2.0		2.0	1.0	2.0	2.0	1.0	2.0	2.0	1.0	2.0		2.0	2.0	4.0		
General/multi-purpose store(s)		As required by Practice	6.0	6.0	6.0	1.0	6.0		6.0	1.0	6.0	6.0	1.0	6.0	6.0	1.0	6.0		6.0	2.0	12.0		
Clean Utility			15.0	1.0	15.0	1.0	15.0		15.0	1.0	15.0	15.0	1.0	15.0	15.0	1.0	15.0		15.0	2.0	30.0		
Dirty Utility			8.0	1.0	8.0	1.0	8.0		8.0	1.0	8.0	8.0	1.0	8.0	8.0	1.0	8.0		8.0	2.0	16.0		
Disposal storage (clinical, sharps etc)		Determined by Practice size and collection frequency	3.0	3.0	6.0	1.0	6.0		6.0	1.0	6.0	6.0	1.0	6.0	6.0	1.0	6.0		6.0	1.0	6.0		
General refuse (local authority)		Generally wheeled bins located externally in screened area	0.0	0.0	0.0		0.0		0.0		0.0	0.0		0.0	0.0		0.0		0.0		0.0		
Binogen cylinder store		Small cylinder on external wall	0.0	0.0	0.0		0.0		0.0		0.0	0.0		0.0	0.0		0.0		0.0		0.0		
Ceiling heights		Larger rooms/apaces will require a minimum of 2.7sqm	3.4	2.7	0.0		0.0		0.0		0.0	0.0		0.0	0.0		0.0		0.0		0.0		
Sub Total					7.0	54.0		7.0	60.0		7.0	9.0	72.0		7.0	18.0	159.0		7.0	18.0	159.0		
Plant services/IT																							

Appendix C1: Minor Property Modifications

Cluster	Practice/Premises	Minor Modifications/ Operational Change
North East	Anstuther	<ul style="list-style-type: none"> Reconfiguration of reception space following digitisation of medical records; includes adding in window Convert meeting room/baby clinic (00.A0.004) into 2 treatment/consulting rooms. move door to ensure access to room 00.Ao.017 to put 2 offices in public part of the building and access by patients Redevelop office within health board area to Treatment Room
	St Andrews	<ul style="list-style-type: none"> Convert 2 x Practice Manager (PM) office & medical records = 3-4 rooms. Admin room next to pharmacy Potential further phase to redevelop reception and waiting areas to create additional clinical rooms (<i>at this stage not costed part of further potential work</i>)
	Cupar	<ul style="list-style-type: none"> Convert medical records into rooms (lightwell) Convert health visitors office space to 3 rooms (00.CO.042); space available on upper floor of building for this staff group Full redecoration of GP space Potential rehab unit (00.DO.029) split into if MSK can move to multi-purpose room (room 00.DO.055)
	Pittenweem	<ul style="list-style-type: none"> Convert attic for all practice admin and staff room with stair from waiting area. Convert reception and admin to 2 rooms. Re-designate staff room as consulting room.
	Howe of Fife	<ul style="list-style-type: none"> Reconfiguration of space following digitisation of medical records
	Auchtermuchty	<ul style="list-style-type: none"> Create new office for community nursing where medical records located. Community nursing room converted to 2 clinical rooms.
Glenrothes	Glenwood	<ul style="list-style-type: none"> Split multi-purpose room into 2 consulting Redevelop HB reception & waiting area – 2 rooms Medical records space released – convert room upstairs to 01.A0.010 to office Room 00.A0.025 on ground floor to be converted to a staff room Room (00.A0.030) convert from staff room for Mental Health Nurse (interview room set up)
Kirkcaldy	Kirkcaldy Heath Centre	<ul style="list-style-type: none"> Remove medical records; create office & release PM office for consulting x 2 practices (Egerton & Fordyce) plus secretaries office (Egerton). Create store in waiting area. Improve treatment room Rooms 41 & 42 need upgrading - flooring; cabinets & redecoration Remove medical records (Fordyce) create store and convert to interview room, Redevelop 3 x reception and 4 x waiting area into single reception and waiting area. Requires detailed planning to establish what is possible
	Kinghorn	<ul style="list-style-type: none"> Open up waiting space by removing pram store Full redecoration - floors; cabinets; doors
	Burntisland	<ul style="list-style-type: none"> Move paed & paed secretary and convert 2 office to clinical.

Cluster	Practice/Premises	Minor Modifications/ Operational Change
		<ul style="list-style-type: none"> Move paed & paed secretary and convert 2 offices to clinical. Convert health education to treatment rooms (require air ventilation). Convert HB reception to office and move HV then convert HV office to clinical. Full redecoration of building
Levenmouth	Leven Health Centre	<ul style="list-style-type: none"> Reconfiguration of space following digitisation of medical records. Room 009 convert to clinical. Additional It sockets and configuration of admin/records to accommodate admin staff. Room 16&17 redeccorate; upgrade Rooms 16&17 redeccorate; upgrade - cabinets; flooring
	Randolf Wemyss Memorial Hospital	<ul style="list-style-type: none"> Develop cluster hub capacity (work already planned)
Dunfermline	Linburn Road	<ul style="list-style-type: none"> Remove records create 1 clinical room - G03; to give room natural daylight will need to include access from reception to practice manager office & admin office (rooms 1&2) Create Phlebotomy room from - store G36 - replace door with window 1st floor - convert locker room to office (IT requirements only) for Family nurse practitioner from F16. Fit IT within large meeting room to create open plan in F04
	Nethertown	<ul style="list-style-type: none"> Back scan records & create room from records
	Hospital Hill	<ul style="list-style-type: none"> Create 1 clinical rooms from District Nurse base. Remove records and additional IT / data sockets to create flexible admin space in area
	Bellyeoman	<ul style="list-style-type: none"> Create 1 room from reception (work already planned / underway)
	Primrose Lane	<ul style="list-style-type: none"> Minor works planned to provide 3 rooms (work already planned) Opportunity to redevelop adjacent Vet space for cluster hub
Cowdenbeath	Cowdenbeath	<ul style="list-style-type: none"> Back scan of records to create additional space. Create 1 room from medical records; split PM office create 2nd clinical room; empty and convert interview room to 3rd clinical room.
	Cardenden	<ul style="list-style-type: none"> Reconfiguration of space following digitisation of medical records to create 2 rooms Investment to address infrastructure issues
South West	Oakley	<ul style="list-style-type: none"> Significant space available if number of areas redeveloped and record storage resolved. Health Board reception; baby clinic (30m2); meeting room (29m2)
	Park Road, Rosyth	<ul style="list-style-type: none"> Back scan and remove records to create admin space; move admin from clinical room
	Valleyfield	<ul style="list-style-type: none"> Potential opportunity to utilise Child Development Centre space and create cluster hub space
	Inverkeithing / Dalgety Bay	<ul style="list-style-type: none"> Inverkeithing: reconfiguration of space following digitisation of medical records to create 1 -2 rooms from reception. Dalgety Bay: General clinical room split into 2 rooms 1 consult/1 interview. Room 5 convert to clinical - flooring, remove units and decorate

Appendix C2: Operational Changes

Cluster	Practice/Premises	Minor Modifications/ Operational Change
North East	Anstruther	<ul style="list-style-type: none"> Redistribute HB & practice space. Some vacant spaces in both could be used.
	St Andrews	<ul style="list-style-type: none"> Opportunity to redistribute space HB/practice Reallocate spaces throughout building – duplication within Pipeland practice & need to understand wider campus space. Shift school records from room 00.A0.017 into one of the store rooms (or off site) and do some office moves which would free up at least 2 or 3 offices
	Cupar	<ul style="list-style-type: none"> Shift CTAC/Phlebotomy to OPD
	How of Fife	<ul style="list-style-type: none"> Shift clinics to adjacent NHS ladybank clinic
Glenrothes	Glenwood	<ul style="list-style-type: none"> Redistribute space HB to practices e.g. HB room 6 & 2. Create shared spaces for practices PCIP staff- PCMH; FCP.
	Roths	<ul style="list-style-type: none"> Cease services at Thornton branch Shift Podiatry & MSK to cluster hub(s)
	Cos Lane	<ul style="list-style-type: none"> Podiatry & AHPs shift offsite – release 1-2 rooms 4 sessions available at Dovecot clinic Shift CTAC to hub
Kirkcaldy	Kirkcaldy Health Centre	<ul style="list-style-type: none"> Reallocate HB space – 3 x underutilised room
	Burntisland	<ul style="list-style-type: none"> Re-allocation HB space?
Levenmouth	Leven Health Centre	<ul style="list-style-type: none"> Reallocation given practice merger
	Airlie/Methilhaven/Muriedge	<ul style="list-style-type: none"> Could some sessions be transferred to hub
Dunfermline	Linburn Road	<ul style="list-style-type: none"> Redistribute space Operational change move DN upstairs from other sites e.g. Hospital Hill.
	New Park / Millhill	<ul style="list-style-type: none"> Short term shift any services to cluster hub
	Primrose Lane	<ul style="list-style-type: none"> District Nurses /Health Visitors potential to move offsite and provide 2 x office rooms upstairs Improved use of MSK room
Cowdenbeath	Cowdenbeath	<ul style="list-style-type: none"> Shift CTAC clinics could shift to Rowan Terrace.
	Benarty	<ul style="list-style-type: none"> Could additional admin space be found to locate pharmacy and release clinical space
	Crossgates	<ul style="list-style-type: none"> Can TR/phlebotomy move to hub / Kelty
	Cardenden	<ul style="list-style-type: none"> Opportunity to review use of HB space
South West	Park Road, Rosyth	<ul style="list-style-type: none"> Shift DN/HV to High Valleyfield
	Valleyfield	<ul style="list-style-type: none"> Clarity over future AHP service delivery could release space for redevelopment Opportunity to shift DN/HV offices to vacant space on this site; releasing space within other sites in the cluster.
	Inverkeithing / Dalgety Bay	<ul style="list-style-type: none"> Dalgety Bay: Shift DNs back to office; release meeting room Establish if Podiatry test room still used or if it can be redeveloped

Appendix 2: Minor Property Modifications (resulting in additional clinical space)

Cluster	Practice/Premises	Minor Modifications/Operational Change	Additional usable space
North East	Anstruther (Skeith Health Centre)	Reconfiguration of reception space following backscanning of medical records Divide meeting room/baby clinic into 2 consulting rooms	1 treatment room 1 consulting room
	St Andrews (St Andrews Community Hospital)	Convert redundant Practice Manager office to consulting room Convert records room into large consulting room after backscanning of medical records	1 consulting room 1 consulting room
	Cupar Health Centre	Convert 2 medical records stores to small consulting rooms, install lightwells Convert meeting room to a consulting room Move hospital health records to main hospital, convert records office to consulting room, convert records space to replacement training room	2 consulting rooms 1 consulting room 1 consulting room
	Ladybank Clinic	Convert PM office to a consulting rooms, install lightwells (PM relocated) Divide DNs office to create 2 consulting rooms (DNs relocated) Relocate DNs office and create additional admin spaces	1 consulting room 2 consulting rooms 4 admin spaces
	Howe of Fife Surgery	Reconfiguration of records space following backscanning of medical records to create additional admin space	4 admin spaces
	Auchtermuchty Surgery	Convert admin office to consulting room Convert Computer room to consulting room Reconfiguration of reception space following backscanning of records to create additional admin spaces Reconfiguration of DNs office to create additional admin spaces	1 consulting room 1 consulting room 6 admin spaces 2 admin spaces
Glenrothes	Glenwood Health Centre	Divide multi-purpose room into 2 consulting rooms Convert redundant record space to staff pantry, convert existing staff area to be consulting room Convert interview room to consulting room Convert existing records space into Pharmacy base Convert existing store room into Health Visitor base Provide improved access to small ensuite office creating accessible small interview room	1 consulting room 1 consulting room 1 consulting room 6 admin spaces 3 admin spaces 1 interview room
	Dovecot Clinic	Divide baby clinic to create 3 consulting rooms Refurbish redundant Dental space to create admin spaces	2 consulting rooms 6 admin spaces
	Pitteuchar Health Centre	Convert baby clinic to teaching room/consulting room (ACT funded) Convert SALT office to consulting room (ACT funded) Backscan records and create additional admin space	1 consulting room 1 consulting room 5 admin spaces
Kirkcaldy	Kirkcaldy Health Centre	Backscan medical records; create offices & release PM and secretarial office for conversion to consulting rooms Convert meeting space to treatment room Refurbish existing unusable consulting room, fit external window	2 consulting rooms 1 treatment room 1 consulting room
	Bennochty Surgery	Backscan records , remodel reception and records space to create 4 consulting rooms (Premises Improvement Grant funded)	4 consulting rooms
	Burntisland (Masterton Health Centre)	Convert 2 office spaces to consulting rooms Convert Health Education room to consulting room with new skylight Convert HV office to hot desk for all visiting clinicians Refurbish 2 existing poor quality consulting rooms Refurbish GP records area to create additional admin spaces	2 consulting rooms 1 consulting rooms 4 admin spaces 3 admin spaces
	Path House Surgery	Convert admin space to create 1 consulting room Convert existing reception area into consulting room, recreate new reception Extension to create additional 2 consulting room planned for 2023	1 consulting room 1 consulting room 2 consulting rooms

Cluster	Practice/Premises	Minor Modifications/Operational Change	Notes
Levenmouth	Leven Health Centre	Reconfiguration of space following back scanning of medical records to create additional admin space Convert vacated secretarial office to consulting room Refurbish 2 existing poor quality consulting rooms	6 admin spaces 1 consulting room
	Cannons Surgery, Methil	Significant extension planned for late 2023 giving 7 additional consulting rooms and support facilities	7 consulting rooms
	Muiredge Surgery Buckhaven	Conversion of staff mess to consulting room, reprovision of mess in existing storage area Significant extension planned for 2023 to create 2 additional consulting rooms and additional admin spaces	1 consulting room 2 consulting rooms 4 admin spaces
	Randolph Wemyss Memorial Hospital	Develop cluster hub capacity at RWMH (currently used for Methilhaven GP and completed slightly before main project)	11 consulting rooms suite of admin spaces
Dunfermline	Linburn Road Health Centre	Back scan records and create 6 admin spaces Create small consulting room from store Convert locker room to office	6 admin spaces 1 consulting room 1 admin office
	Nethertown Surgery	Back scan records & create consulting room in room vacated Re-arrange reception area to create additional admin spaces Create clinical triage area by relocating HVs	1 consulting room 2 admin spaces 1 admin room
	Hospital Hill Surgery	Create 1 treatment rooms from vacated District Nurse base Back scan records and create additional admin space in vacated records space	1 treatment room 6 admin spaces
	Bellyeoman Surgery	Create phlebotomy room from existing store	1 consulting room
	Millhill Surgery	Refurbish existing interview room to create a consulting room	1 consulting room
	New Park Surgery	back scan records area, reconfiguration of vacated records space to accommodate admin staff (vacated admin area for future project giving 2 consulting rooms)	4 admin spaces
Cowdenbeath	Cowdenbeath Surgery	Refurbish existing interview room to create a consulting room	1 consulting room
South West	Oakley Health Centre	Back scan records to allow combining of the reception areas, convert current NHS reception to consulting room Convert office to consulting room	1 consulting room 1 consulting room
	Park Road, Rosyth	Refurbish existing meeting room to create a consulting room	1 consulting room
	Primrose Lane Surgery Rosyth	Conversion of existing Veterinary practice to provide 4/5 rooms (work currently being planned for 2023 as part of lease renewal)	4/5 consulting rooms
	Inverkeithing Surgery	Inverkeithing reconfiguration of vacated records space to create 1 consulting room and new reception/admin area	1 consulting room
	Dalgety Bay Health Centre	Dalgety Bay Divide baby clinic to create 2 consulting rooms Convert utility store to consulting room Refurbish interview room to consulting room	1 consulting room 1 consulting room

Appendix 2A: Enabling Operational Changes

Cluster	Practice/Premises	Minor Modifications/Operational Change	Notes
All sites housing GP services had patient records removed for backscanning			
North East	Anstruther(Skeith Health Centre)	Refurbish existing Podiatry & Physio room to be more flexibly used as general consulting rooms	
	Ladybank Clinic	Refurbish existing poor quality consulting room to be used more flexibly	
	Cupar Health Centre	Relocation of hospital medical records department and admin staff to main hospital	
	Howe of Fife Surgery	Relocate Cardiac Team from Ladybank Clinic to Stratheden Hospital Operate Howe of Fife Surgery & Ladybank Clinic as a single campus	
Glenrothes	Glenwood Health Centre	Redistribute accommodation between Practices and Health Board staff	
	Dovecot Clinic	Create new staff room in redundant Dental space	
Kirkcaldy	Kinghorn Health Centre	Upgrade basement admin area to allow relocation of HVs from Burntisland	
	Burntisland (Masterton Health Centre)	Relocate Paed Consultant and admin staff to Whytemans Brae	
	Whytemans Brae Hospital	Creation of MHS base to allow relocation of various staff from various sites	
Dunfermline	Linburn Road Health Centre	Relocate DN from Hospital Hill to Linburn Road Health Centre Relocate staff within Linburn road by creating additional admin space on 1st floor	
	Nethertown Surgery	Relocate HVs to Lynebank Hospital to create available space at nethertown Surgery	
Cowdenbeath	Cowdenbeath Surgery	Relocation of some services to space at Cowdenbeath Clinic	
South West	Oakley Health Centre	Combining of Health Board and GP receptions	

Meeting: Finance, Performance and Resources
Committee

Meeting date: 19 September 2023

Title: Control of Entry – Pharmaceutical List

Responsible Executive: Nicky Connor – Director of Health and Social Care

Report Author: Lisa Cooper, Head of Primary and Preventative Care
Services
Chris Conroy, Programme Director, PPC
Nicola Taylor, Interim Primary Care Manager

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Emerging issue
- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper is presented to inform and assure the current position and recovery plan to support process of applications for new pharmacy contracts across Fife. Despite a paper being presented in June 2021 from NHS Lothian to Board Chief Executives (BCE)s outlining challenges with the current process and subsequently Scottish Government (SG) agreeing that the legislation supporting this process required reform, NHS Fife are required to develop a clear plan within the constraints of current regulations.

Compounded by multiple factors, not least the Covid-19 Pandemic, a recovery plan has

been developed to move to a more manageable and sustainable position in regards to progress of applications for additions to Fife's Pharmaceutical list, with 25 applications currently being processed by the Primary Care Contracting (PCC) team.

2.2 Background

As outlined within NHS Fife's Pharmaceutical Care Services plan 2022¹, there are 86 contracted community pharmacies in Fife. These are well distributed across the region and meet the access needs of the vast majority of the population, with no large gaps being identified. In addition the report has not identified unmet need for new community pharmacies across Fife. Whilst there is no standard as to the number of population that should be served by a pharmacy, however population per Community Pharmacy in Fife is similar to other boards, and is lower than the national average. The distribution of community pharmacies across Fife allows wide access to their many services.

The NHS (Pharmaceutical Services) (Scotland) Regulations 2009², as amended, defines the process NHS Boards must follow when receiving applications for new pharmacy contracts across Fife. Expressions of interest (EOIs) from potential applicants are unsolicited and not necessarily reflective of Community Pharmacy need across Fife. The process is very prescriptive and must be delivered as set out in the appropriate Regulations, whilst also requiring a significant resource to take forward EOIs through Pharmacy Practices Committee (PPC) Hearing stage (not withstanding if the outcome of PPC hearing is appealed).

Such are the challenges surrounding this process, NHS Lothian wrote to BCEs in June 2021 to highlight challenges with the process which affects all Health Boards and put forward recommendations, namely in regard to the requirement for regulatory reform. The Scottish Government (SG) have subsequently agreed that this is under review, however there is no indicative timescales to deliver this.

Reflecting challenges faced by Health Boards across Scotland, within the constraints of current regulations, NHS Fife/Fife HSCP has faced the following challenges in taking forward applications:

- During the Covid-19 Pandemic it was not possible to progress applications for new pharmacy contracts as the process was officially paused for a considerable period of time, this has therefore resulted in a backlog.
- Challenges in convening a quorate PPC. In line with regulatory requirement, the PPC is constituted of a Chair (non-executive director) and a minimum of two Lay Members and two Pharmacy Representatives. The Chair of the committee is appointed by the NHS Board, the two pharmacy representatives are appointed by the Area Pharmaceutical Committee, with the two lay members nominated via the public partnership forms. Whilst now in place, there were challenges in sourcing a chair and lay members, resulting in a lay member being co-opted from another Health Board area. An advert is currently out for a new Lay Member.

¹ [June 2022 Pharmaceutical Care Services in NHS Fife 2021/22 \(scot.nhs.uk\)](https://www.scot.nhs.uk)

² [The National Health Service \(Pharmaceutical Services\) \(Scotland\) Regulations 2009 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

- Delay in appeals being considered by the National Appeals Panel (NAP). This national group is currently not convening due to the absence of a chair, with currently two Fife appeals sitting with NAP (7 appeals in total awaiting review from NAP).

Below outlines the key steps in the applications process (see Appendix.1 for flow-chart of process), outlining the number of applicants pending at each stage of the process:

1. Pre-application – 20
2. Joint Consultation – 0
3. Produce Consultation Analysis (CAR) report/ Application – 1
4. Pharmacy Practices Committee Hearings – 2
5. National Appeals Panel - 2

2.3 Assessment

The Primary Care Contracting (PCC) team are currently taking forward a recovery plan, as outlined within Appendix.2, which is founded on the following principles:

- Progress as a priority those applications whereby the application is due to be heard at a PPC – this is on track to be concluded by end of calendar year 2023
- Make contact with all applicants who have submitted an Expression of Interest (EOI) to ensure they still wish to progress with the application process
- For those wishing to progress their application, commence in line with process outlined within Appendix.1, being explicit with applicant about timescales of progressing process
- In line with above and detailed within Appendix.2, in recognition of the resource required to take applications forward, implement a plan that is manageable and sustainable based on current capacity of the PCC team and PPC. Indicatively, based on current EOIs, this would see some applications not being taken forward until Mid-July 2024, which will be explained to interested parties during pre-application meetings.

The recovery plan is reflective of the considerable work required to progress current live applications, whereby the PCC team may be administrating as many as 12 different applications at different stages at one time, with a small time frame to progress the work. It is also important to highlight that NAP timelines cannot be influenced by an NHS Board, including any outstanding cases to be heard there, therefore may impact on the timescales in taking forward applications.

The recovery plan will be under constant review by Pharmacy colleagues and PCC team to determine, in line with NHS Fife's future Pharmaceutical Care Services plan, any future gaps in provision which would necessitate the requirement to reprioritise applications. Progress against applications will continue to be shared to the public via NHS Fife website (see Community Pharmacy).

2.3.1 Quality / Patient Care

Whilst applications for new pharmacy contracts being granted may increase customer choice, access to and provision of service across Fife, there is no current provision gap across Fife.

Each PPC requires a public consultation which last 90 days and similarly for the remainder of the process further prescriptive timescales are set.

2.3.2 Workforce

Adequate PCC staffing is required to support the overall process of managing each PPC as well as the post meeting work required. As NHS Fife only has one Pharmacy Practices Committee there are limitations to the number of meetings that can be held as well as co-ordination of suitable dates where all parties are available which proves challenging on many occasions.

There are at minimum six steps in the application process. The prescriptive timescales laid out in the aforementioned Regulations allow for the process to span over at least nine months which is considerable in terms of the start to the end of the process.

2.3.3 Financial

No financial impact to NHS Fife but could potentially be for those pharmacy contractors seeking to progress through the process (see 3.3.4).

2.3.4 Risk Assessment / Management

Due to the regularity requirements for this process including the right to appeal and the availability of the NAP, there is a risk regarding public and elected member's expectation regarding access to a new and/or local pharmacy.

The PCC team have kept the interested parties informed of progress with apologies for any perceived delays.

There is a risk for interested parties who have either started the process or waiting to begin the process could potentially be in possession of premises which could incur a fee.

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

Community Pharmacy has a clear role in supporting access to care in the right place, right time and reducing health inequalities across Fife.

2.3.6 Climate Emergency & Sustainability Impact

There are no perceived environmental impacts. It can be suggested that increased access to pharmacies could reduce environment impact if less requirement to travel

2.3.7 Communication, involvement, engagement and consultation

A clear communication plan will be aligned to this recovery plan, including public communications via public facing website and elected members briefings regarding progress

2.3.8 Route to the Meeting

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

- This paper has been produced in partnership between NHS Fife Pharmacy Team and Fife HSCP Primary and Preventative Care senior management team.
- Considered and supported by Pharmacy SLT Tuesday 2nd August 2023.
- Considered and supported by HSCP SLT Assurance 8th August 2023
- Considered and supported by NHS Fife EDG on 17th August 2023

2.4 Recommendation

NHS Fife Finance, Performance and Resources Committee is asked to:

- **Note** the work progressed to date to support and manage pharmaceutical applications in line with volume of applications and regulations governing this process
- Be **assured** on the recovery plan and the approach detailed within this paper and appendixes to manage this

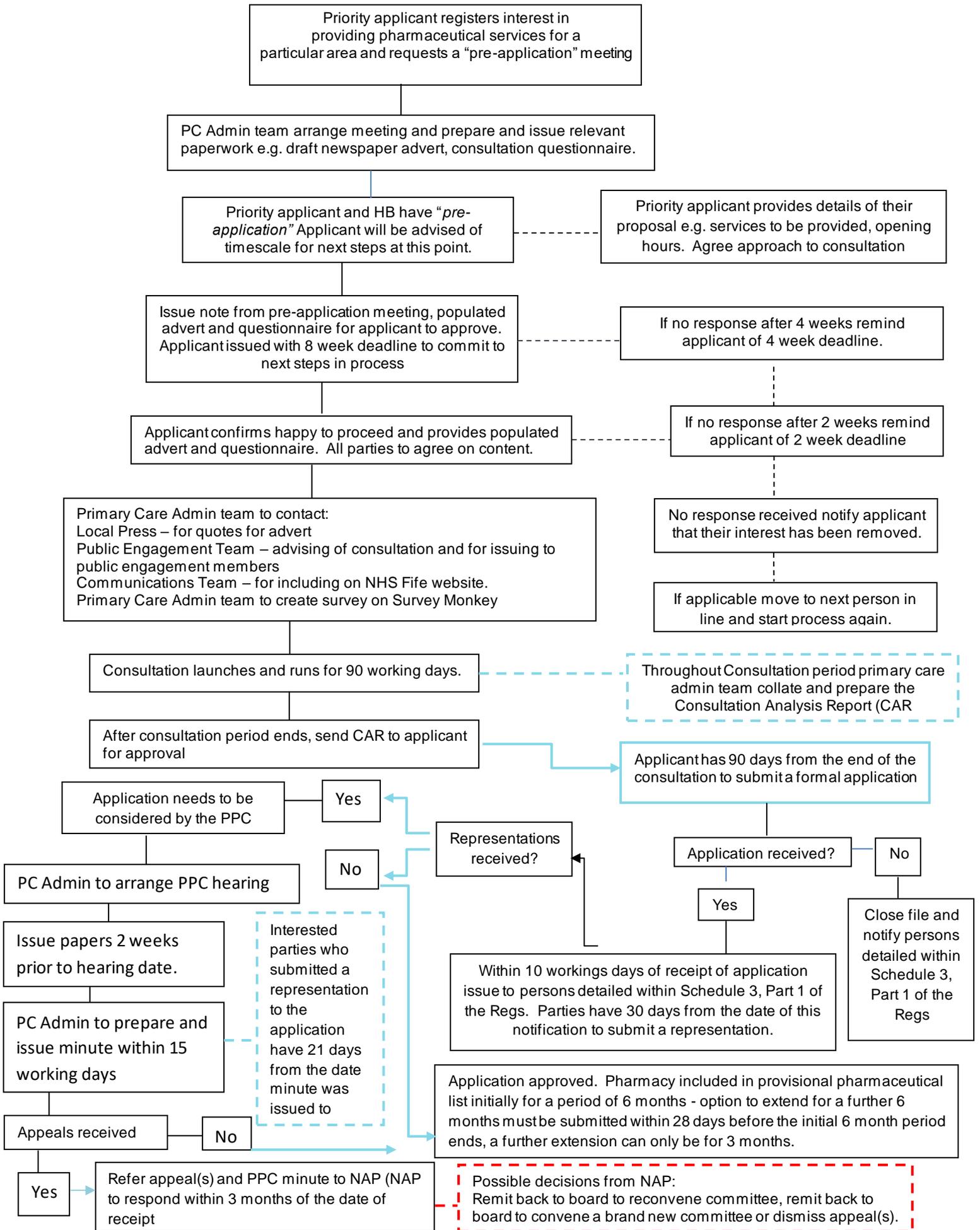
3 List of appendices

The following appendices are included with this report:

- Appendix 1: Process Flowchart
- Appendix 2: Recovery Work plan

Report Contact

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Meeting: Finance, Performance and Resources Committee

Meeting date: 19 September 2023

Title: Planned Care Delivery Plan 2023/4 Update

Responsible Executive: Claire Dobson, Director of Acute Services

Report Author: Andrea Wilson, General Manager, Waiting Times

1 Purpose

This is presented for:

- Discussion

This report relates to the:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Planned Care Planning Guidance for 2023/24 was issued to NHS Boards in February 2023, £103M was allocated on a NRAC basis for 2023/24 and it was anticipated that NHS Fife's allocation would be in the region of £7M against NHS Fife's waiting list programme costs of £8.87M. A paper was presented to EDG in April 2023 who supported the delivery of the 2023/24 Planned Care Plan and associated trajectories at £8.7M recognising that there was a likely £1.87M financial gap which would be monitored and managed by ASD.

A letter was received in August 20203 confirming NHS Fife's 2023/24 funding allocation of:

NHS Fife NRAC share of 103M	Pay Uplift	Total
£7,057,909	£769,000	£7,826,909

The funding available includes an uplift for Agenda for Change (AfC) both for 2022-23 and 2023-24 rates and this allocation will be base lined from 2024/25 onwards. The priorities for Planned Care remain on reducing long waits and supporting sustainable recovery.

2.2 Background

The key priorities outlined in the Planned Care Planning guidance for 2023/24 relevant to this report are:

Long Waits

The following targets are due to be delivered during 2023/24; however, there is a need to continue to focus on reducing those long waits over 18 months / two years:

- One year for outpatients in most specialities by the end of March 2023
- Eighteen months for inpatient / day cases in most specialities by the end of September 2023

Boards were also asked to prioritise plans to address long waits in the most challenged TTG specialties: orthopaedics; gynaecology; general surgery; ENT, and Urology.

Protecting Diagnostics

Radiology

Recognising that imaging capacity and waiting times are critical to supporting delivery of long waits targets and cancer waiting times Boards were asked to:

- Schedule planned surveillance scans within due dates to support patient treatment pathways (not currently reflected in waits or activity);
- Target outpatient capacity on cancer pathways then longest waits with the aim of reducing waits over 26 weeks;

Endoscopy

Similar to Radiology, Endoscopy Service provision encompasses the dynamics of new, surveillance waiting lists and emergency workload and early diagnosis of cancer and reduction of long waits are key priorities. Boards were asked to:

- Improve access to services and eliminate waits over one year.

Productive opportunities

While it is important that recovery and reducing long waits are the immediate focus, ensuring that the process of recovery delivers long term sustainability is fundamental and service innovation and redesign as well as creating additional capacity is central to this. To achieve this, Boards were asked to work with the Centre for Sustainable Delivery (CfSD) on a range of national, high impact, transformation programmes that were expected to be adopted and upscaled.

The Planned Care plan supported by EDG and submitted as part of the NHS Fife's ADP for 2023/24 included projections for activity, waiting list size and waiting times for Outpatients, Inpatient and Day Case procedures (TTG) and Diagnostics which would be achieved by the £8.78M waiting times programme. We are now 5 months into the delivery of this programme.

2.3 Assessment

Data on performance against the trajectories, current demand and waiting times position is available up until the end of July 2023.

Outpatients

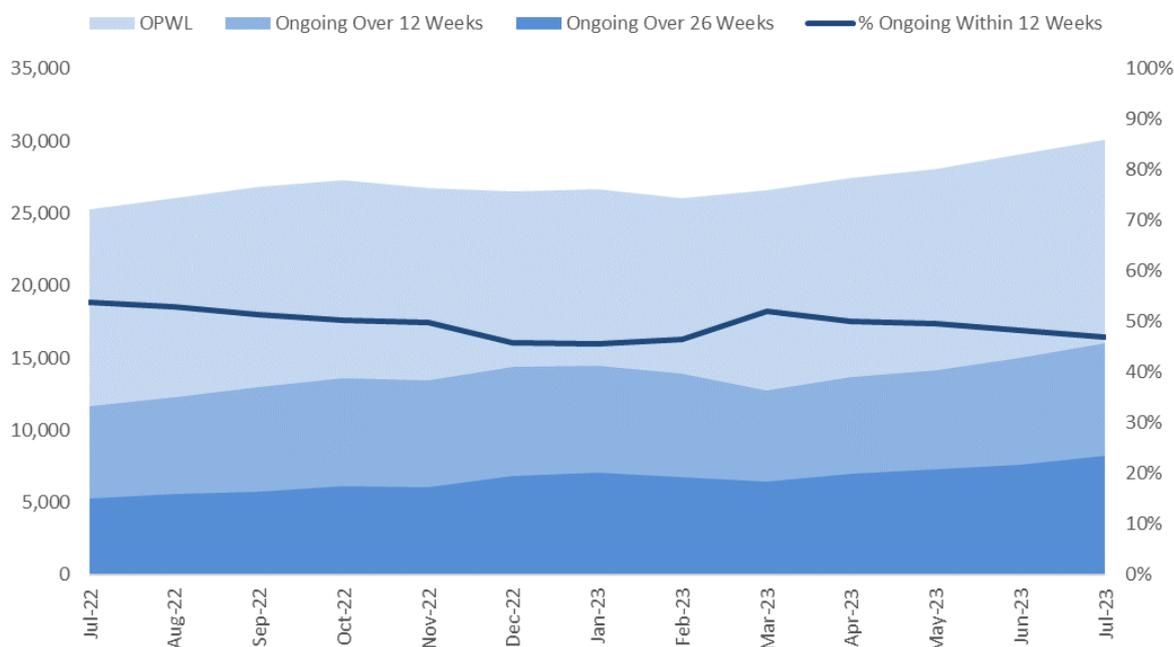
Data as at end July 2023 – 4 months of activity

Table 1

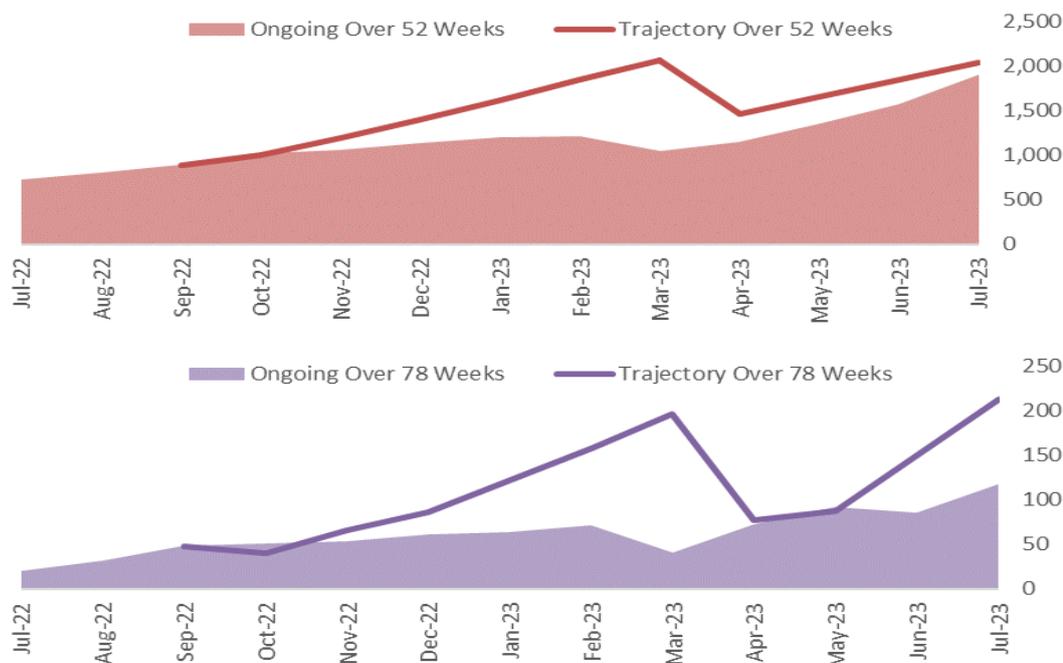
	Projected	Actual	Difference
Referrals accepted (Demand)	31,824	32,477	+ 653
Activity (Capacity)	29,874	27,643	- 2231
Waiting list size	27,667	30,097	+ 2430
Number waiting over 52 weeks	2284	2193	- 91
Number waiting over 78 weeks	496	186	- 310
Number waiting over 104 weeks	0	2	+ 2

Overall demand for new outpatients has been greater than expected and is now greater than in 2019 prior to the pandemic. Activity for the first 4 months overall has been less than projected mainly in Dermatology, ENT, Gynaecology, Neurology, Respiratory and Vascular due to a combination of vacancies, sickness absence and/or clinic capacity not able to be fully remobilised. This along with an increased proportion of urgent referrals has led to a greater than anticipated waiting list size. Table 1 above

Waiting times over all have increased month on month since March 2023 when the funding received in addition to our £8.78 million waiting times plan ended.



This increase in waiting times has generally been in line with or better than the trajectories submitted apart from the numbers waiting over 104 weeks which as at the end of July sat at one patient when zero were projected. It was not anticipated that we would see an increase in patients waiting over 104 weeks until the end of September.



Whilst the waiting times are in line with what was anticipated it is nevertheless of concern that performance is deteriorating. We are no longer meeting or reducing the number of patients waiting over 18 months or 2 years. The specialities showing the greatest and/or fastest increases in numbers of longer waiting patients (>52 weeks) are Vascular, General Surgery, ENT, Urology, Cardiology, Gastroenterology, Endocrinology, Neurology, Respiratory and Gynaecology. There are also some specialities which have improved their overall performance; Medical Paediatrics, Ophthalmology (cataracts) and a number of subspecialities (hand, shoulder and foot and ankle) in orthopaedics. The focus continues to be on urgent and urgent suspicious of cancer patients.

Inpatients/Day cases

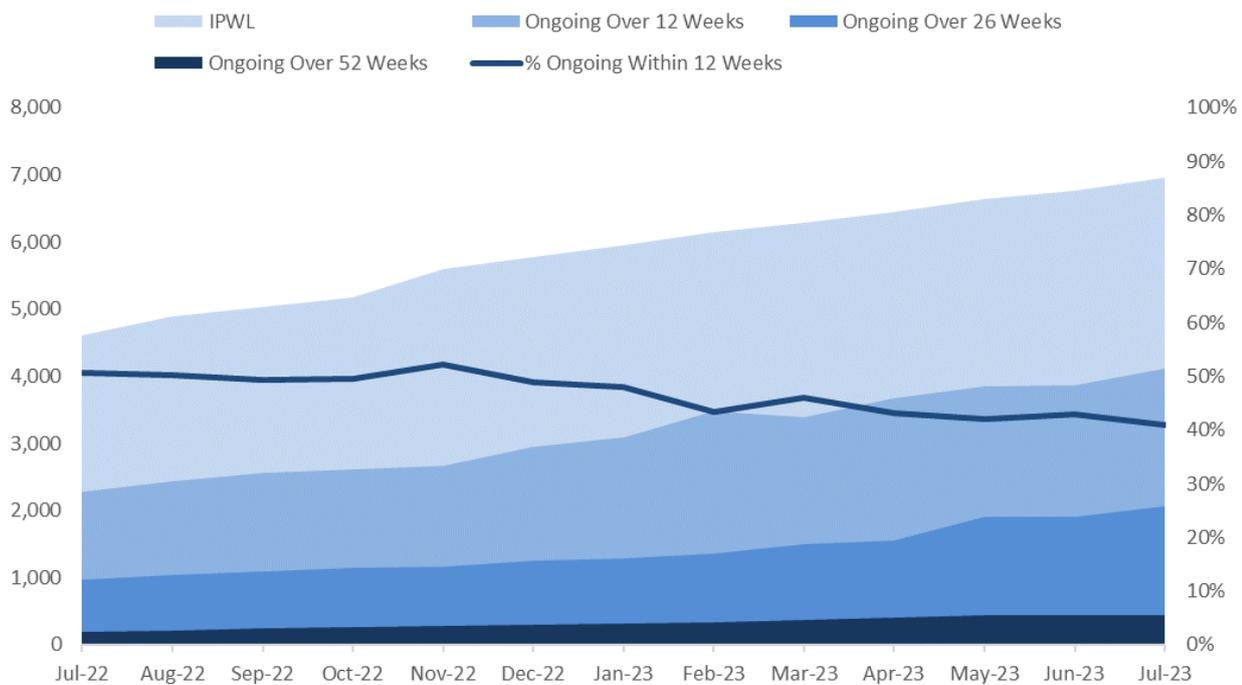
As at end July 2023, 4 months of activity

Table 2

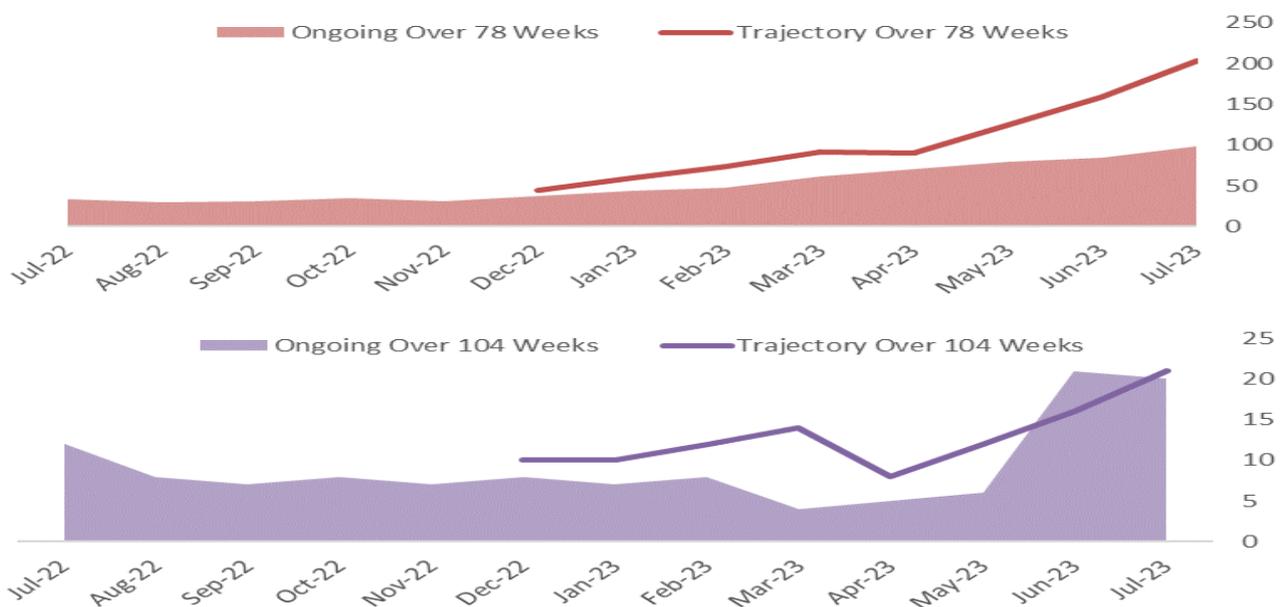
	Projected	Actual	Difference
Referrals accepted (Demand)	5,388	5,388	0
Activity (Capacity)	4,480	3,957	- 523
Waiting list size	7,356	7,359	+ 3
Number waiting over 52 weeks	804	445	- 359
Number waiting over 78 weeks	203	99	- 104
Number waiting over 104 weeks	21	20	-1

Overall demand for new procedures has been as expected and is now greater than in 2019 prior to the pandemic. Activity for the first 4 months overall has been less than projected mainly in Cardiology, Gynaecology, Plastics, Surgical Paediatrics, Breast, and Vascular. This has been due to a combination of vacancies, reduced demand in some specialities (Vascular and Breast) and planned reductions as a result of reconfiguration of services Orthopaedics and Gynaecology). Along with an increased proportion of urgent demand, this has led to an anticipated increase in waiting list size. Table 2 above

Waiting times over all have increased month on month since July 2022.



This increase in waiting times has generally been in line with the trajectories submitted although the numbers waiting over 104 weeks has remained higher than anticipated partly due to difficulty in securing capacity for a specialist gynaecological procedure and the increase in demand for urgent procedures in all specialities which is resulting in increased waits for routine patients. Performance against the 78 week target is better than projected.



Whilst the waiting times are in line with what was anticipated it is nevertheless of concern that performance is deteriorating. We are unable to reduce the number of patients waiting over 18 months or 2 years and this is projected to worsen over the coming year although our performance in comparison to other Boards in Scotland is good as was the case in 2019. The specialities of greatest concern for longer waiting patients (>52 weeks) are General Surgery, Urology, Plastics, Ophthalmology, Orthopaedics and Gynaecology. The focus continues to be on urgent and urgent suspicious of cancer patients.

Diagnostics

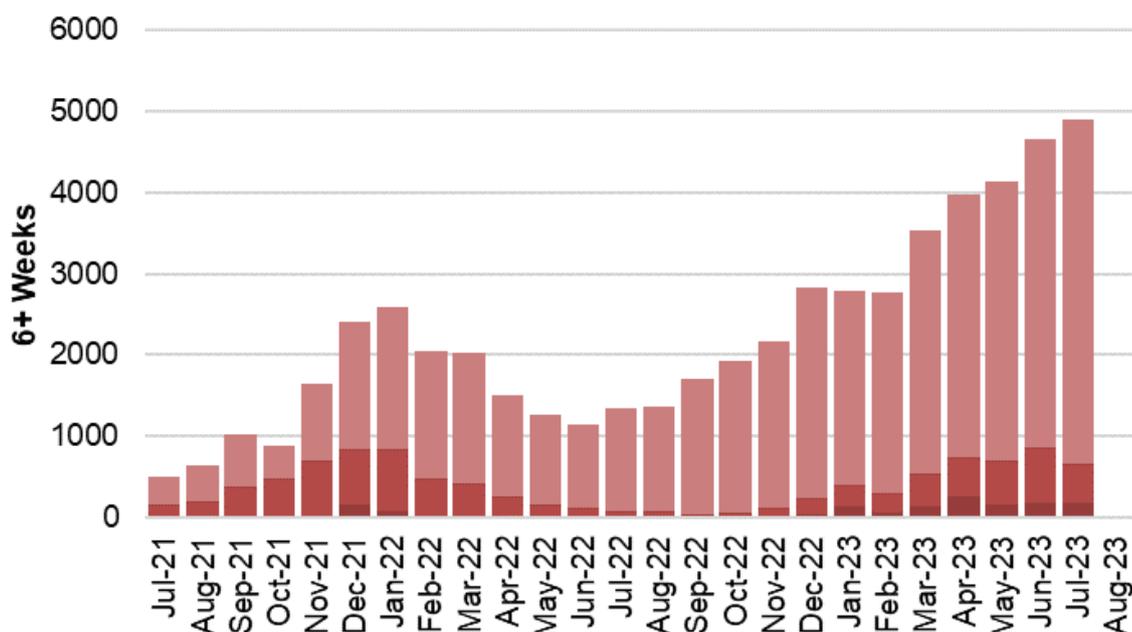
Radiology As at end July 2023, 4 months activity

Table 3

	Projected	Actual	Difference
Referrals accepted (Demand)	19,036	19,744	+ 708
Activity (Capacity)	16,888	17,232	+ 344
Waiting list size	9644	8772	- 872
Number waiting over 6 weeks	5503	4899	- 604
Number waiting over 26 weeks	0	5	+ 5
Number waiting over 52 weeks	0	0	0

Overall demand for new procedures has been greater than projected and is now greater than in 2019 prior to the pandemic. Activity for the first 4 months overall has been more than projected mainly in MRI and CT due to additional MRI van capacity funded centrally and the unexpected presence of CT van required for emergency capacity. Activity for Ultrasound has been less than projected due to continued challenges with vacancies. The waiting list size is less than projected due to the additional capacity. Table 3 above

After a short period of stability at the beginning of 2023 waiting times over all have increased month on month since March 2023 when the funding received in January addition to our £8.78 million waiting times plan for 2022/23 ended and demand increased.



Whilst the waiting times are in line with what was anticipated it is of concern that performance is deteriorating. We have seen in July for the first time patients waiting over 26 weeks in radiology (in ultrasound) and this is projected to worsen over the coming year and our performance in comparison to other Boards in Scotland is now significantly worse than it was in 2019. The modalities of greatest concern are CT and Ultrasound. As projected capacity in radiology is not meeting the increasing demand and as the proportion of urgent outpatient referrals increases and the demand for inpatient scans continues waiting times for routine outpatient imaging will deteriorate for all modalities. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been experiencing long waits. Clinical validation of the waiting lists

continue with action taken to expedite referrals as required. Efforts continue to recruit to the vacant ultrasound posts.

Endoscopy As at end July 2023, 4 months activity

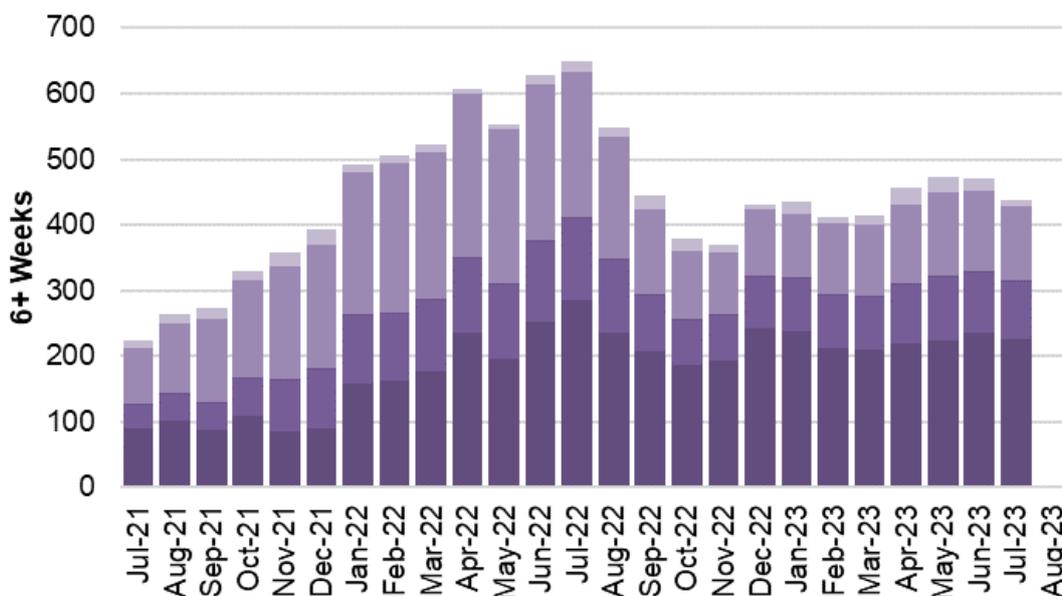
Table 4

	Projected	Actual	Difference
Referrals accepted (Demand)	2496	2389	-107
Activity (Capacity)	3596*	2207	-1398
Waiting list size	780	817	+37
Number waiting over 6 weeks	418	439	+21
Number waiting over 26 weeks	94	152	+58
Number waiting over 52 weeks	0	13	+13

***This figure includes capacity available for both new and review (surveillance) activity**

Overall demand for new procedures has been slightly lower than expected and slightly less than in 2019 prior to the pandemic. Activity for the first 4 months has been less than projected, however, the capacity figure includes all of the available endoscopy capacity which is used flexibly to manage emergency, Urgent, urgent suspicious of cancer, surveillance and new referrals. Table 4 above

The waiting times in endoscopy for new endoscopy referrals has remained reasonably stable since December 2022 but the position is worse than projected at this point..



As the proportion of new urgent and urgent surveillance referrals has increased the waiting times for routine patients has not improved as anticipated and there continue to be patients waiting over a year for an endoscopy. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been experiencing long waits. Clinical validation of the waiting lists continue with action taken to expedite referrals as required

2.3.2 Quality/ Patient Care

As highlighted above the gap between capacity and demand and the subsequent rise in waiting list size and increased waiting times particularly for patients who have been assessed as routine is of significant concern. The impacts of long waits are wide reaching and detrimental to population health and well being. This and the need to support people while they are awaiting an appointment

or procedure has been recognised by the Integrated Planned Care Programme Board (IPCPB) and work is underway to develop a proactive approach to waiting well.

Productive Opportunities

NHS Fife continues to be very active in working with the Centre for Sustainable Delivery (CfSD) to maximise productive opportunities across Planned Care. A number of local improvement initiatives are also underway to maximise the use of the available capacity we have and to prioritise services for those patients who have the greatest clinical need. This work is overseen and promoted by the IPCPB.

As requested by the Scottish Government as part of the Planned Care plan for 2023/4 the Acute Services Division has identified areas to ensure the consistent delivery of planned care:

QMH	VHK
Day Surgery and Theatre Suite Ophthalmology	National Treatment Centre Day Surgery Unit Surgical Short Stay Day Intervention Unit Ward 33 Orthopaedic Assessment bay

2.3.3 Workforce

The approach continues to be to recruit to substantive posts where possible or to offer additional sessions to cover vacancies in short term when staff indicate their willingness to do this.

2.3.4 Financial

There is an expectation that the waiting times plan will be delivered within the financial resources agreed by EDG in April 2023. Potential options to close the funding gap include but are not be limited to:

- Identifying other potential funding streams for example any slippage in Cancer Waiting Times funding
- Deferring appointment to any vacant posts funded from the £6.77m recurring waiting times funding plan
- Deferring appointment to any vacant posts funded from core funding

Currently, the Acute Services Division can deliver the capacity and performance based on £8.7m and the current workforce model. ASD will continue monitor and support where possible with other funding streams, as well as maximising productive opportunities and reviewing recruitment to vacant posts

2.3.4 Risk Assessment/Management

There are a number of risks that may affect the delivery of the numbers of patients waiting as outlined above:

- Inability to close the financial gap due to the substantive posts required and funded from this allocation.

- Continued increase in referrals significantly above levels anticipated for 2023/24 will further accelerate the increase in the waiting list size.
- Unscheduled care pressures requiring use of the protected planned care capacity and an increase in on call commitments for Emergency Care Consultants leading to a reduction in clinician capacity, theatre capacity and cancellation of theatre procedures and further deterioration in waiting times.
- Staff absence impacting on ability to deliver core capacity.
- Difficulty in appointing to vacant clinical posts in key speciality areas reducing core capacity.
- Resurgence of COVID-19 levels/emergence of new variant requiring designated COVID inpatient bed capacity, increased ICU capacity leading to reduction in physical capacity and clinician availability.

The likelihood that the level of activity outlined in the plan will be unable to be delivered is likely and the consequence of this in terms of patient experience and business interruption is major.

This paper relates to Corporate Risk 7. Access to Out-patient, Diagnostic, and Treatment Services. The overall risk is assessed as High with a target this year of achieving moderate; this will require continued monitoring and revision as necessary and is out with the Boards risk appetite.

In addition, this situation will impact on Corporate Risk 14. Delivery of recurring financial balance over the medium term, again this will challenge the Boards risk appetite.

2.3.5 Equality and Diversity, including health inequalities

Every effort has been made to ensure that as far as possible the needs of all patients are met and that there is equity of access during the delivery of the Planned Care Plan. There is a particular focus on Health Inequalities

2.4 Recommendation

The committee is asked to:

- **Discussion**

Examine and note the progress made in delivery of the Planned Care Plan for 2023/24 and the current waiting tiems position.

2 List of appendices

None

Report Contact

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FIFE CAPITAL INVESTMENT GROUP MEETING

16 AUGUST 2023

No issues were raised for escalation to the Finance, Performance & Resources Committee.

MINUTE OF FIFE CAPITAL INVESTMENT GROUP MEETING

**Wednesday 16 August 2023 at 2:00pm
on MS Teams**

Present: Neil McCormick, Director of Property & Asset Management (NMcC)
(Chair)
 Margo McGurk, Director of Finance & Strategy / Deputy Chief Executive (MMcG)
 Jim Rotheram, Head of Facilities (JR)
 Paul Bishop, Head of Estates (PB)
 Tracy Gardiner, Capital Accountant (TG)
 Claire Dobson, Director of Acute Services (CD)
 Dr Chris McKenna, Medical Director (CMcK)
 Ben Johnston, Head of Capital Planning / Project Director (BJ)
 David Miller, Director of Workforce (DM)
 Janette Keenan, Director of Nursing (JK)
 Lisa Cooper, Head of Primary and Preventative Care Services (LC)
 Wilma Brown, Employee Director (WB)

In Attendance: Claire Steele, Head of Pharmacy Medicines Supply & Quality (CS)
 Rona Laskowski, Head of Complex & Clinical Care Services (RL)
 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), Maxine Michie (Deputy Director of Finance), Nicky Connor (Director of HSCP) and Alistair Graham (Associate Director of Digital and Information).</p>	
2.0	<p>NOTES OF PREVIOUS MEETING</p> <p>The note of the previous meeting held on 26 May 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 Contingency Group</p> <p>The minute of the meeting held on 8 June 2023 and 13 July 2023 were noted by the group.</p>	

	<p>5.2 Capital Equipment Management Group</p> <p>The minute of the meeting held on 4 May 2023, 1 June 2023 and 6 July 2023 were noted by the group. PB highlighted as vice Chair of CEMG, several queries have been raised from CEMG members regarding the process and availability of funding for equipment that becomes condemned and has an immediate impact on clinical services. MMcG highlighted NHS Fife are awaiting confirmation of additional capital monies which once confirmed, will be discussed at FCIG to agree immediate priorities around where money should be allocated.</p> <p>Following a querying regarding condemned equipment on the Capital Equipment Plan, it was advised only equipment with a risk rating of 25 have received funding for replacement. Condemned equipment requests raised at CEMG are noted on the Capital Equipment Plan however only have a risk rating of 20 and therefore have not been a high priority for replacement.</p>	
<p>5.0</p>	<p>MATTERS ARISING</p> <p>No matters arising.</p>	
<p>6.0</p>	<p>GOVERNANCE</p> <p>6.1 PPP Performance Monitoring Report</p> <p>NMcC provided an updated on the PPP Performance Monitoring Report noting the paper will be presented at the Executive Directors Group (EDG) on 7 September, and the Finance, Performance and Resources Committee (FP&R) on 14 November for endorsement, prior to going to the NHS Fife Board for approval on 28 November 2023.</p> <p>FCIG noted the annual report for the 2 PPP projects in Fife and approved the paper for endorsement at EDG and FP&R, and approval at the NHS Fife Board.</p> <p>6.2 Mental Health Inpatient Environments: Anti Ligature Risk Mitigation Update</p> <p>RL provided an overview of the report noting the paper was previously brought to FCIG for approval in June 2022 to being planning a programme of work to refurbish the Mental Health areas with the highest risk. The report provides the updated position within the Mental Health areas, and requests FCIG's approval to proceed with the following actions:</p> <ul style="list-style-type: none"> • Refurbishment is prioritised, as based on the findings of the risk assessments; • An advanced suite of costings is developed and managed by the Project Board; • Programme works are endorsed and implemented; • A communication plan is developed and implemented to support the programme of refurbishment; • Ward 3 remains in the Mental Health estate until the delivery and completion of the replacement of the Mental Health estate redesign; • Ravenscraig ward relocates to Queen Margaret Hospital Ward 3; • Respective corporate risk registers of NHS Fife and Fife IJB reflect the current ligature risk, and the management actions underway to mitigate these. <p>Following a query from NMcC, it was advised the proposal to move a service from Kirkcaldy to Dunfermline would be treated under Health Improvement Scotland as a major service change and would need to be consulted with Health Improvement Scotland and workforce.</p>	

MMcG also requested for the recommendation to indicate the in-year costs of NHS Fife allocating £1m funding from the existing capital budget, and £0.5m from Health & Social Care Partnership Mental Health allocation.

FCIG noted the paper and approved the recommendations including the additional recommendation from MMcG. FCIG also agreed for the paper to be presented at EDG for further awareness and endorsement.

6.3 Mental Health Estate Initial Agreement

CMcK provided an update on the Mental Health Estate Initial Agreement noting discussions have taken place to continue the momentum with the project recognising there will be a delay in progressing the project through Scottish Government. It was noted the initial agreement sets NHS Fife's ambition on moving to a modern, fit-for-purpose, mental health estate that focuses on the delivery of inpatient services when needed, recognised the attachment to community services in order to deliver a different model of mental health care moving forward. It was highlighted that the consultation through the initial agreement describes the need to move to a single inpatient site which acts as a hub to community services across the 7 localities in Fife.

BJ noted the actions required, subject to capital funding being available, following the completion of the initial agreement. However, it was highlighted the key ask for 2023/24 is the commitment to the site selection process and the £100k associated with this action.

It was advised the paper will be presented at EDG (7 September), Clinical Governance Committee (8 September), FP&R (19 September), and the NHS Fife Board (26 September) as well as the H&SCP Quality and Community Committee followed by the Integrated Joint Board for endorsement and approval.

FCIG endorsed the paper for approval.

6.4 National Infrastructure Board – 5 Year Equipment Plan

TG noted the 5 year Capital Equipment Plan was submitted at the beginning of July 2023 to the National Infrastructure Board however since submission, additional funding of £504K has been approved for 2 radiology rooms. The National Infrastructure Board are now looking at the submissions for the 2024/25 plans to see what support can be provided and have asked Boards to ensure their 2024/25 plans are up to date.

FCIG noted the update.

7.0

PLANNING

7.1 Property & Asset Management Strategy (PAMS)

BJ provided an update on the PAMS paper noting the document sets out what NHS Fife are striving for, and links into the Population Health and Wellbeing Strategy, as well as NHS Fife's strategic priorities. The paper will go through the NHS Fife governance route for approval noting feedback and comments on the documents are encouraged.

FCIG endorsed the paper for progress through the NHS Fife governance route for approval.

	<p>7.2 Kincardine & Lochgelly Project update</p> <p>BJ advised the team have been tidying up the project to ensure work can commence once funding becomes available. It was noted the project has attracted lots of public interest and responses to FOI requests are being responded to when received.</p> <p>7.3 Primary Care Premises Strategy</p> <p>NMcC provided an updated on the Primary Care Premises Strategy Paper noting the number of premises currently going through sustainability loans has been updated, along with the number of practices that requested third party leases to be taken over by the board. It was also advised appendix 2 notes all minor property modifications that have been made and are going to be made. NMcC thanked all teams involved in their continued effort with the Primary Care Premises Strategy.</p> <p>FCIG endorsed the paper for progress through the NHS Fife governance route for approval.</p>	
8.0	<p>PERFORMANCE</p> <p>8.1 Capital Expenditure Report</p> <p>TG provided an overview of the Capital Expenditure Report highlighting the clinical prioritisation contingency balance currently sits at £239K. All capital equipment funding has been allocated and work is ongoing to ensure all equipment is received and receipted before the end of the financial year. It was noted NHS Fife has received £150K funding for Greenspace resulting in a formula capital balance of £113K. It was highlighted a bid for additional funding for fleet decarbonisation has also been made.</p>	
9.0	<p>ISSUES TO BE ESCALATED TO EDG</p> <p>NMcC highlighted during a recent HIS inspection at the Victoria Hospital, ward 5 has been closed and moved to ward 10 due to the aging nature of the ward and some outstanding work waiting to be completed. It was noted CD has instigated a new phase 1 oversight meeting to discuss how to utilise the £700K allocated from the capital plan. Initial actions are to make the ward 5 area usable, as well as making improvements on ward 6 and ward 9 to bring them up to standard. It was noted funds may be required from backlog maintenance and other projects to ensure money is available to complete the work and ensure these areas are fit for purpose. It was noted this is a significant risk and will require FCIG to manage and ensure resources are prioritised accordingly.</p>	
10.0	<p>AOCB</p> <p>N/A</p>	
11.0	<p>DATE OF NEXT MEETING</p> <p>Wednesday 27 September 2023, 11am – 12:30pm via MS Teams</p>	

MINUTE OF NHS FIFE PROCUREMENT GOVERNANCE BOARD (PGB)

**Wednesday 30 August 2023,
Via MS Teams**

Present: **Margo McGurk (MMcG) (Chair), Director of Finance & Strategy / Deputy Chief Executive**
 Paul Bishop (PB), Head of Estates
 Kevin Booth (KB), Head of Financial Services & Procurement
 Michael Cambridge (MC), Associate Director of Procurement
 Claire Dobson (CD), Director of Acute Services
 Alistair Graham (AG), Associate Director Digital & Information
 Paula Lee (PL), Head of Procurement
 Chris McKenna (CMcK), Medical Director
 Maxine Michie (MM), Deputy Director of Finance
 Audrey Valente (AV), HSCP Chief Finance Officer.

In Attendance: Graeme Smith, Medicines Supply Chain Manager
 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"> • B. Hannan, Director of Pharmacy & Medicines • W. Brown, Employee Director • R. Robertson, Assistant Director of Finance • S. Slayford, Principal Auditor 	
<p>2.0</p>	<p>NOTES OF PREVIOUS MEETING</p> <p>The note of the meeting held on 28 April 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 noting Procurement retain 3 risks at present.</p> <p>Risk 2187, in relation to the capacity within the Procurement function has seen improvement since the last quarter due to the Contracts and Compliance Manager and the Operational Manager now being in post. Recruitment is ongoing for the Commodity Team Leader posts and the Operational Team Leader. In addition, the Lead Buyer job description, previously awaiting evaluation, has now been approved, allowing recruitment to commence in the following quarter. The aim is for all posts to be recruited to before the end of the calendar year, on the assumption that suitable candidates are available. It is noted however, a senior member of the Procurement team has commenced maternity leave and as there is no</p>	

	<p>available internal backfill, this has resulted in a reduced capacity and senior experience within the team. The risk therefore has remained moderate.</p> <p>Risk 2189, in relation to the current volatile nature of the economic climate resulting in significant cost pressures and an increased inability to achieve efficiencies, continues to remain high however the team continue to monitor and minimise cost pressures whenever possible, along with investigating and taking forward any savings opportunities that are identified.</p> <p>Risk 2372, in relation to global supply issues resulting in inability to meet previously achieved deadlines for capital purchases, remains moderate due to the restricted capital funding in 2023/24. It was noted that work to expedite all approved orders is ongoing to reduce the risk ahead of the Year End.</p> <p>Following a query from the Chair, it was advised the lack of appropriately skilled Procurement candidates for recruiting is reflected across other NHS Boards including Tayside and Lothian.</p> <p>The Procurement Governance Board endorsed the update.</p> <p>4.2 PROCUREMENT KEY PERFORMANCE INDICATORS</p> <p>PL provided an in-depth analysis of the key performance indicators presented within the paper, highlighting the average monthly purchase order spend via Pecos is £16.8m, and as of 31 July 2023, the total purchase order spend is £67m. It was further noted, as of 31 July 2023, validated procurement savings totalled £394k whilst cost pressures totalled £427k resulting in a net cost pressure of £34k. Payment performance remained an area of focus and as of 31 July 2023, 87% by value and 82% by volume of suppliers were paid within 10 days whilst 94% by value and 92% by volume were paid within 30 days. Customer feedback continues to improve and 76% of feedback was rated as excellent which builds on the 63% presented in the previous quarters report.</p> <p>Following a query from AG, it was noted although there is not a KPI on reviewing non-Pecos activity, it is a working objective for the team to reduce the volume of transactions going through e-authoriser as Procurement do not have sight of these transactions. PL noted an update on the objective will be reported back to the group at a future meeting.</p> <p>The Chair thanked the team for the detailed report and highlighted the significant improvement the Procurement team have made.</p> <p>Following a query from MM, it was advised the revenue efficiency savings are reported periodically to the Finance Business Partners however PL advised further communication on revenue savings to the Finance Business Partners and services could be enhanced.</p> <p>CMcK queried if there is any intention to implement single sign-on to the updated Pecos system. PL noted work is ongoing with the Digital and Information team to implement single sign-on.</p> <p>The Procurement Governance Board endorsed the update.</p>	<p>PL</p>
<p>5.0</p>	<p>SPEND PROFILING AND EFFICIENCY OPPORTUNITIES</p> <p>5.1 NATIONAL PROCURMENT WORKPLAN</p> <p>PL presented the paper presenting an in-depth analysis of the updated workplan, highlighting 44 contract frameworks are currently live within NHS Fife. PL noted there are fewer frameworks in 2023/24 than there were in 2022/23 due to the lack of resources to develop and renew frameworks and highlighted an estimated cost pressure of £326k. The reduction</p>	

	<p>in frameworks is a result of the limited available resource at National Procurement to progress revised frameworks and potentially will result in NHS Fife having to increase its local contract negotiations.</p> <p>Following a query from the Chair on price variations within National Frameworks, PL advised National Procurement price banding is calculated based on the percentage used by the Board, further noting Boards agreeing to collaborate, resulting in a higher percentage used, will receive a greater discount.</p> <p>The Procurement Governance Board took assurance from the update.</p> <p>5.2 ANCHOR INSTITUTE PROCUREMENT OBJECTIVES</p> <p>KB presented the paper noting item 2.3.3 in the paper should read “The Total Non-Pay Spend for NHS Fife in 2022/23 was £355m”.</p> <p>An overview of the paper was presented to the group highlighting the action plan that has been developed in line with the expectations from Scottish Government where Procurement can support the anchor ambitions. It was advised key elements from the action plan are being incorporated into the Boards Anchor Institute Strategic Plan, as led by the Public Health Team. The current key achievements of the plan were noted along with several key actions that will be progressed in the coming months.</p> <p>Following a query from the Chair, KB noted the ongoing work presented within the paper has been provided and updates are discussed at the fortnightly Anchor Operational Group. KB will share the paper with the wider Community Wealth Building Group, as requested.</p> <p>The Procurement Governance Board endorsed the update.</p>	KB
6.0	<p>NATIONAL REPORTING ON PROCESS OF PROCUREMENT</p> <p>6.1 ANNUAL PROCUREMENT REPORT SUBMITTED TO FINANCE, PERFORMANCE & RESOURCES COMMITTEE</p> <p>KB introduced the paper noting it is the report for 2022/23 and demonstrates how key pieces of work are being carried out and delivered by the Procurement team to meet the requirements of the Procurement Strategy and those of the Procurement Reform Act. KB highlighted key elements of the report confirming that the content complied with the reporting requirements of the Scottish Government. The report will be published on NHS Fife’s website, once approved by the Board, for Stakeholder awareness.</p> <p>The Chair thanked the team for the Annual Report and praised the significant and ongoing work completed within the Procurement Team.</p> <p>The Procurement Governance Board endorsed the update and recommended its distribution to the FP&R committee.</p>	
7.0	<p>GOVERNANCE</p> <p>7.1 TERMS OF REFERENCE</p> <p>KB introduced the Terms of Reference advising minor amendments have been made. The update builds upon the in-depth review that was carried out during the Internal Audit assignment in 2021/22.</p>	

	The Procurement Governance Board approved the Terms of Reference.	
8.0	AOCB N/A	
9.0	DATE OF NEXT MEETING Friday 27 October 2023, 10am via MS Teams	

UNCONFIRMED

FINANCE, PERFORMANCE & SCRUTINY COMMITTEE

12th May 2023

No issues were raised for escalation to the Finance, Performance & Resources Committee.



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE FRIDAY 12TH MAY 2023 AT 10.00 AM VIA MICROSOFT TEAMS

Present: Alastair Grant, NHS Non-Executive Board Member [Chair]
Colin Grieve NHS Non-Executive 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
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Vanessa Salmond, Head of Corporate Services

In attendance:

Dr Joanna Bowden
Avril Sweeney, Manager, Risk Compliance
Gillian Muir, Management Support Officer (Minutes)

Apologies for Absence: Rona Laskowski, Head of Critical and Complex Care Services
Ben Hannan, Director of Pharmacy and Medicines
Margo McGurk, Director of Finance
Helen Hellewell, Associate Medical Director

No.	Item	ACTION
1.	<p>WELCOME AND APOLOGIES</p> <p>Alastair Grant welcomed everyone to the meeting and extended a welcome to Colin Grieve and Vanessa Salmond who join Committee in the capacity of Non-Executive Board Member NHS Fife and Head of Corporate Services respectively.</p> <p>Apologies were noted as above and all were reminded of meeting protocols.</p>	

	<p>Those present were asked that, in an effort to keep to timings, all questions and responses should be as succinct as possible.</p> <p>Members were advised that a recording pen would be in use during the meeting to assist with minute taking.</p> <p>Following the issue of a revised agenda Alastair Grant advised he had made the decision to amend the agenda to allow more time to be spent on the papers now tabled. Those papers not presented today would be carried over to a future meeting.</p>	
2.	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interests were noted.</p>	
3.	<p>MINUTE OF PREVIOUS MEETING – 17TH MARCH 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>FIFE SPECIALIST PALLIATIVE CARE SERVICES</p> <p>The Committee considered a report from Lynne Garvey, Head of Service, Community Care Services outlining a proposal of a new delivery model.</p> <p>The report provided an overview of the current model that was developed in response to the COVID pandemic, how the clinical service model of palliative care will be delivered in response to local and national recommendations and the positive impact the model has had on the workforce.</p> <p>The report was brought to Committee to support a decision being made to address the permanent re-provision of palliative care in Fife. The report also sets out a whole system response to enable the IJB to reach a decision so that services can continue to deliver high quality, person centered, best value care to the people of Fife.</p> <p>The discussion was opened up to Committee members and items raised included taxi provision, how patients and families would be given reassurance and support and reassurance that a patient can change their mind at home to hospice care and as a result of the feedback received at the Development session plans have altered what was the feedback and changes made?</p>	
	<p><u>Decision</u></p>	

	<p>The Committee :-</p> <ul style="list-style-type: none"> (1) Noted the contents of the report. (2) Took assurance that the model can deliver improved performance and outcomes within the financial envelope supporting best value. (3) Took assurance that the model is being reviewed from a quality perspective through the Quality and Assurance Committee. (4) Confirmed support to implement the 7-day enhanced community service model, which has been operational since April 2020, delivered through service transformation and within existing resources. (5) Agreed with the model and support the direction going to the IJB for issuing to NHS Fife. <p>It was noted that Cllr Downie intimated that he was not yet comfortable supporting the report recommendations but supported the report going forward to the IJB.</p>	
<p>6.</p>	<p>FINANCE UPDATE</p> <p>Audrey Valente advised that unfortunately she was not yet in a position to provide a provisional outturn which had been fully agreed with both partners.</p> <p>With regards to the reserves position this would be shared with Committee today in the form a slide.</p> <p>Audrey Valente asked Committee if they were comfortable, she would share the finance report next week with the final updates and would appreciate if members could agree its contents via e-mail for onward consideration by the IJB on the 26th May.</p> <p>The Committee considered the report as tabled.</p> <p>The report provided an overview of the financial position (provisional outturn) of the delegated and managed services based on 31st March 2023. The forecast for Fife Health & Social Care Partnership is currently a surplus of £8.463m which is an adverse movement from that reported at December / January. An explanation of the reasons for the movement are explained on pages 17,18,19 of the report, however noted one of the main reasons relates to the treatment of unspent additional funding received from Scottish Government.</p>	

	<p>It was also noted that the close of the financial year 2023 for the IJB is one of the best positions it has been in.</p> <p>Audrey Valente shared the reserves appendix with members and talked through the reserves position.</p> <p>The discussion was opened up to Committee members and items raised included moving budgets, how does a budget become negative and the savings tracker.</p> <p><u>Decision</u></p> <p>The Committee :</p> <ol style="list-style-type: none"> (1) Took assurance that there is robust financial monitoring in place. (2) Agreed onward submission to the IJB for approval of the financial monitoring position as at March 2023 and the use of reserves as at March 2023 subject to the finalised report and figures being received for approval via e-mail. 	
<p>7.</p>	<p>PERFORMANCE REPORT</p> <p>The Committee considered a report from Fiona McKay, Head of Strategic Planning, Performance & Commissioning.</p> <p>The report provided an overview of progress and performance in relation to the National Health and Social Care Outcomes; Health and Social Care – Local Management Information and Health and Social Care – Management Information. A number of areas within the report were highlighted for members information.</p> <p>The discussion was opened up to Committee members and items raised included the purpose of the information contained within the report and how to get the best out of the information being provided and the change in trend within CHAMS service as noted on p69 of the report.</p> <p><u>Decision</u></p> <p>The Committee :-</p> <ol style="list-style-type: none"> (1) Took assurance of the Partnerships current position. (2) Examined and considered the implications of areas within the report that require further scrutiny. (3) Agreed onward progression to the IJB. 	

	<p>(4) Development Session on Performance to be arranged for members to provide further information and awareness.</p>	
8.	<p>ANNUAL ASSURANCE STATEMENT</p> <p>The annual statement is required from the Finance, Performance & Scrutiny Committee to provide assurance to the IJB that the financial position is kept under review and performance is monitored against key non-financial targets in accordance with the scope of services as defined in the Integration Scheme.</p> <p><u>Decision</u></p> <p>The Committee :-</p> <p>(1) Agreed submission to the IJB following confirmation with regards to the chair signatory due to the change in chair in the middle of the year and amendment to the attendance table for Dave Dempsey and Graeme Downie to show their attendance from July 2022.</p>	
9.	<p>DEEP DIVE REVIEW REPORT FOR IJB RISK 3 – FINANCE</p> <p>The Committee considered a report from Avril Sweeney, Team Manager, Compliance.</p> <p>The report provided an overview of the risk reporting framework which is currently in development noting that a deep dive on individual high scoring risks would then be taken to the relevant Governance Committee.</p> <p>The purpose of the deep dive review will be for members to gain assurance that risks are being effectively managed within appetite and appropriate tolerance levels.</p> <p>As part of its remit, as set out in the Terms of Reference, the Finance, Performance and Scrutiny Committee will monitor and provide detailed scrutiny on Finance and Performance risks on behalf of the IJB. The Finance, Performance and Scrutiny Committee last received a report on all the IJB Strategic risks assigned to the Committee on 17 March 2023.</p> <p>Audrey Valente provided a presentation giving further detail on the risk noting that this format was a test of change to gauge whether the template is fit for purpose or whether further improvements are required.</p> <p>The discussion was opened up to Committee members and items raised included taking the whole finance risk as one would it be easier</p>	

	if split down into areas, whether the risk score should be amended to reflect a lower risk score and thoughts and comments were provided on the template.	
	<p><u>Decision</u></p> <p>The Committee :-</p> <p>(1) The Committee discussed the draft deep dive review template and provide their comments and suggestions for improvement.</p>	
10.	<p>ITEMS FOR HIGHLIGHTING</p> <p>Alastair Grant confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board on 26th May 2023.</p>	
11.	<p>AOCB</p> <p>No issues were raised under AOCB.</p>	
12.	<p>DATE OF NEXT MEETING</p> <p>Thursday 6th July 2023 at 10.00am via MS Teams.</p>	

FINANCE, PERFORMANCE & SCRUTINY COMMITTEE

6 JULY 2023

No issues were raised for escalation to the Finance, Performance & Resources Committee.



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE THURSDAY 6 JULY 2023 AT 10.00 AM VIA MICROSOFT TEAMS

Present: Alastair Grant, NHS Non-Executive Board Member [Chair]
Colin Grieve NHS Non-Executive Board Member
John Kemp, NHS Non-Executive Board Member
Cllr Dave Dempsey
Cllr David Alexander
Cllr David Graham

Attending: Nicky Connor, Director of Health & Social Care
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Audrey Valente, Chief Finance Officer
Lynne Garvey, Head of Community Care Services
Lisa Cooper, Head of Primary and Preventative Care Services
Vanessa Salmond, Head of Corporate Services

In attendance:

Jamie Kirkby, Service Manager, Older People's Services
Gillian Muir, Management Support Officer (Minutes)

Apologies for Absence: Cllr Graeme Downie
Rona Laskowski, Head of Critical and Complex Care Services
Ben Hannan, Director of Pharmacy and Medicines
Margo McGurk, Director of Finance
Helen Hellewell, Associate Medical Director
Lynn Barker, Associate Director of Nursing

No.	Item	ACTION
1.	WELCOME AND APOLOGIES Alastair Grant welcomed everyone to the meeting. Apologies were noted as above and all were reminded of meeting protocols. Those present were asked that, in an effort to keep to timings, all questions and responses should be as succinct as possible.	

	Members were advised that a recording pen would be in use during the meeting to assist with minute taking.	
2.	DECLARATIONS OF INTEREST No declarations of interests were noted.	
3.	MINUTE OF PREVIOUS MEETING – 12TH MAY 2023 The minutes of the last meeting were agreed as an accurate record of discussion.	
4.	MATTERS ARISING / ACTION LOG The action log was reviewed. All actions noted have been actioned and are complete. Agreed for future Committees updates should be gathered ahead of the meeting and a progress report included in the action note. Vanessa Salmond action for all Governance Committees.	VS /GM ACTION
5.	FINANCE	
5.1	Finance Update The Committee considered a report from Audrey Valente, Chief Finance Officer detailing the financial position (provisional outturn) of the delegated and managed services as at 31 st May 2023. Noting that the forecast for the Partnership is currently a deficit of £4.751m. It is also noted that the savings position is currently projecting the Partnership is on track to deliver 67% of its savings with a requirement to utilise reserves to fund the remaining 33%. This will require the Partnership to use £7m of reserves against the £10m which has been set aside and approved by the IJB in March. Should the position remain, the Partnership will be returning £3m to reserves taking the balance back to £10m. However, if unable to reduce overspend by the year end reserves will be required to be utilised to offset overspend. The report presented also refers to the next steps to bring a recovery plan back to the next meeting of the Committee. It is essential that this recovery plan brings the budget back in balance to ensure that there is no further depletion of reserves in order to remain at just below the policy minimum of 2%. Audrey Valente also highlighted the report asks for a further £1.5m use of reserves be approved. These are noted and itemised in appendix 2 of the report.	AV ACTION

	<p>Reference was also made to the recent Development Session and noted the pack provided contained a discussion document. This document will be turned into a SBAR which will be taken to the IJB at the end of the month, but to allow for good governance it is proposed to circulate something around members of the Committee following the drop-in sessions to incorporate any views and comments before submission to the IJB.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included earmarked reserves, GP prescribing, allocation of monies from partners, hospital and long-term care line variation, modernising administration services showing amber yet overspend showing £0 and gas and electric forecast.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Took assurance that there is robust financial monitoring in place. 2. Agreed onward submission to the IJB for approval of the financial monitoring position as at May 2023. 3. Agreed onward submission to the IJB the use of reserves as at May 2023 	<p>AV ACTION</p>
<p>5.2</p>	<p>Funded Establishment Vacancies</p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer.</p> <p>The report is brought to Committee following an action to understand more fully the vacancy position within the Partnership. This is the second such report and provides an extract from the monitoring report as at the end of March 2023.</p> <p>The report highlights the complexities in pulling this information together and notes that there are very different approaches taken across the partner organisations to report vacancies with bank and agency one example. Noted the use of turnover allowance is also a contributing factor.</p>	

	<p>In summary there is an indicative 486 vacancies due to the treatment of bank and agency and turnover allowance. Noted 486 vacancies equates to 8% of the current FTE within the Partnership but can be taken down to closer to 5-6% once take into account bank and agency.</p>	
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	<p>The discussion was opened up to Committee members and items raised included can we afford to rectify the position to recruit those individuals, clarity sought around having an establishment number that cannot be funded, what do we do next and how in the future can we develop a strategy to use these figures to make good decisions about which posts we prioritise filling?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Fully discussed the report recognising the complexities associated with consolidating the information and noted the approaches to reporting vacancies vary across the two partner organisations. 	
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<p>5.3 Risk Appetite Statement</p>	<p>The Committee considered a report from Avril Sweeney, Team Manager Compliance and presented by Audrey Valente.</p> <p>This report follows on from the work carried out by IJB members and SLT since December 2022 including the work at the Development Session in February this year.</p> <p>The risk appetite classifications have been applied to the key risk impacts for the IJB and the results are set out within the risk appetite statement in Appendix 1. The risk appetite statement also sets out where risk appetite and risk tolerance sit within the risk process and how the risk tolerance levels are applied to the levels of risk appetite.</p> <p>Once agreed it is the intention to apply the risk appetite initially to all the IJB strategic risks and to use this when considering risks relating to decisions being taken by the IJB. This will include decisions around strategy development, budget proposals and setting of priorities.</p> <p>The discussion was opened up to Committee members and items raised included a query around the number of risk levels as set out in the tables.</p> <p><u>Decision</u></p> <p>The Committee</p>	
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	<ol style="list-style-type: none"> 1. Discussed the report presented. 2. Agreed onward submission of the draft risk appetite statement for approval to the IJB with the caveat of updating the report as discussed. 	
6.	PEERFORMANCE	
6.1	<p>Annual Performance Report</p> <p>The Committee considered a report from Fiona McKay, Head of Strategic Performance, Planning and Commissioning.</p> <p>The Report is provided to Committee to provide assurance that Fife Health and Social Care Partnership is meeting its legislative requirements under Section 42 (Integration authority: performance Report) of the Public Bodies (Joint Working) (Scotland) Act 2014.</p> <p>The main body of the Report focuses on performance during 2022 to 2023 and includes examples and case studies of innovations and improvements completed during this timescale and is structured around both the old and new strategic plan.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included Fife’s population downward trend and any impact this would cause on services.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the report presented. 2. Agreed onward submission of the Annual Report to the IJB with the amendments highlighted by members. 	
6.2	<p>Fife Alcohol & Drug Partnership Annual Report</p> <p>The Committee considered a report by Elizabeth Butters, Service Manager, Fife Alcohol & Drug Partnership and presented by Fiona McKay.</p> <p>The report provides a background and an update on the work undertaken by the ADP during its second year of service development based on the new funding to meet the Drug Mission Policy and priorities and delivery of the second plan for implementation of the new MAT Standards.</p> <p>Noted the report is presented in two sections with the first being a local</p>	

	<p>report reflecting on progress against the Fife ADP Strategy 2020 - 2023 and the second a template required by the Scottish Government to assess ADP compliance with recommendations attached to the funding.</p>	
	<p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included queries with regards to same day prescribing across all sites, why does the report review alcohol deaths in 2020, whether Committee were being assured this is an accurate report or whether the strategy is right and are happy with the work being undertaken.</p> <p>Query also raised in relation to the 1971 Drug Act and whether seeing a relaxation of some of the barriers that got in the way?</p> <p>Question was also raised in relation to how drug deaths in Fife relate to drug deaths elsewhere in the UK and in areas of comparative deprivation?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the report presented. 2. Took assurance that the work undertaken by Fife ADP is in line with the ADP Strategy 2022 – 2023. 3. Agreed onward submission of the Annual Report to the IJB. <p>ACTION – FMc to look into question raised re how drug deaths in Fife relate to drug deaths elsewhere in the UK and in areas of comparative deprivation?</p>	<p>FMc ACTION</p>
<p>6.3</p>	<p>Transformation & PMO Report</p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer.</p> <p>Report is brought to the attention of 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.</p> <p>The report provides an update on the six programmes of work currently being progressed and indicates the significant work being progressed to support SLT with the development of business cases which relate to the medium-term financial strategy and closure of the budget gap.</p>	

	<p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included query in relation to new builds and what this meant and when will the H&SCP Finance Manager develop financial reporting for the Transformation portfolio?</p>	
	<p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Took assurance of the current position as outlined in the report. 	
7.	STRATEGIES	
7.1	<p>Primary Care Strategy</p> <p>The Committee considered a report from Lisa Cooper, Head of Primary and Preventive Care.</p> <p>The development of the Primary Care Strategy has been jointly commissioned by the Director of Fife Health and Social Care Partnership (and NHS Fife Medical Director to support delivery of high quality accessible and sustainable services for the population of Fife and is a first for Scotland approach.</p> <p>The Strategy is one of the nine key strategies supporting the delivery of the Strategic Plan and also underpins NHS Fife’s Population Health and Wellbeing Strategy and the Partnership’s collective commitment to the anchor ambitions.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included how will we know if successful in achieving the outcomes and the importance on workforce to be able to deliver the primary care improvement plan and address the budget gap.</p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the report. 2. Approved the submission of the Primary Care Strategy to progress to the IJB. 3. Noted that a performance and assurance framework is being developed to monitor implementation and will form the basis of future reports for assurance and decision making. 	
7.2	<p>Home First Strategy</p> <p>The Committee considered a report from Lynne Garvey, Head of Community Care Services.</p>	

	<p>The report introduces the Home First Strategy, as enclosed in Appendix 1, being the strategic direction for the Home First model in Fife and sets out the transformational initiatives relevant to the three critical elements of the strategy: prevention and early intervention, person centred at the heart of all care decisions and a whole systems approach.</p> <p>The Home First Programme is the delivery mechanism for the Home First Strategy and is an action orientated response to the recommendations in the national guidance. The programme approach helps to ensure the activity being undertaken by relevant services is also aligned with local strategic priorities as highlighted in the Home First Strategy.</p> <p>The focus of the transformational programme of works is to develop the future model of community care in an integrated manner, with a focus on prevention, anticipation and supported self-management to realise the vision. There will be an emphasis on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission to hospital. Services will be redesigned/ developed so they are flexible to growing and changing demands, as well as being sustainable.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report and were particularly pleased to note the KPI information is in quantitative SMART objectives and noting the report to be exemplary and very clear in what trying to achieve. It was also noted that as the Primary Care Strategy becomes more developed it would be good to see some of the action plans flowing from there done in the same way. Members also noted again the critical nature of the workforce to deliver this strategy and the financial aspects of that including the financial savings and cost implications.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the report. 2. Agreed onward submission of the Home First Strategy in Fife to the IJB. 3. Noted the Home First Standards and Key Performance Indicators which will form the basis for future reports. 4. Took assurance that the Home First Strategy has been developed in line with the Medium-Term Financial Strategy. 	
<p>7.3</p>	<p>Carers Strategy</p>	

	<p>The Committee considered a report presented by Fiona McKay, Head of Strategic Planning Performance and commissioning.</p> <p>The Carers (Scotland) Act 2016 requires the Partnership to review and publishes the local Carers Strategy at least every three years. A draft strategy is presented to Committee for the period 2023 – 2026. This combines the strategies for adult carers and young carers in a single strategy document.</p> <p>The new strategy reports on progress to date and what further work requires to be undertaken and has been developed by adult and young carers, partners in the third sector and colleagues from across the Partnership and has been approved for presentation to Committee by the Carers Strategy Group.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included the scoring in the risk register and whether the risk levels were correct?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the report presented. 2. Approved the submission of the Carers Strategy 2022 to 2023 to the IJB. 	
<p>8.</p>	<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 28th July 2023.</p>	
<p>9.</p>	<p>AOCB</p> <p>No issues were raised under AOCB.</p>	
<p>10.</p>	<p>DATE OF NEXT MEETING</p> <p>Friday 15th September 2023 at 10.00am via MS Teams.</p>	